

Benefits Realisation

A description of the approach at LTHT

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Background

- Clinical pharmacist with a background in medicines information and medicines risk management
- eMedicines Lead Pharmacist since 2008, with experience of an eDischarge system implementation
- Part of a multidisciplinary team implementing an ePMA system

Why benefits are important...

- Benefits should drive the change, from the business case onwards
- Monitoring benefits helps to direct the project and inform decision making
- Delivering benefits is key to a successful project implementation

But, measuring and tracking benefits is often overlooked or under resourced.

The Integrated Digital Care Fund (formerly Safer Hospitals, Safer Wards): Benefits Management Process

Stage 1: Identify (complete – you are at Stage 2)

Product:
Value for Money (VfM) profile

What:
A spreadsheet providing an early view of your expected benefits, both financial and non-financial. Includes estimated costs and shows the anticipated VfM return (total financial benefit divided by cost)

When:
During the application process

Why:
It helps you build support amongst internal stakeholder and demonstrates that the project meets the required level of return for central investment (>1 to 1 for ePrescribing and >1.5 to 1 for all other projects)

Stage 2: Define & Plan

Product:
Statement of Planned Benefits

What:
A Word document providing greater detail of each benefit and when you expect to achieve them. Includes relevant dependencies, assumptions and describes how each benefit will be measured

When:
Within one month of receiving your award or this document (whichever is the latter). Updated periodically as more information about individual benefits becomes known.

Why:
Understanding key dependencies, governance arrangements, and how/when benefits will be measured improves your chances of achieving them. It also gives your local contact in the IDC Fund/SHSW team the information they need to support you properly

Stage 3: Track & Realise

Product:
Benefits Tracker

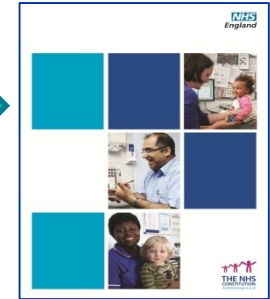
What:
A spreadsheet used to record progress against each benefit. It shows when they start to accrue and the actual value delivered

When:
Updated once every three months after completing your Statement of Planned Benefits

Why:
Tracking benefits is an essential part of measuring progress towards your main objectives. As a whole, the Integrated Digital Care Fund/SHSW needs to show that the benefits delivered justify the original investment. It will also provide a basis for future funding rounds

Stage 4: Evaluate

Product:
Post-Project Review



What:
A Word document that compares the benefits defined in the 'Statement of Planned Benefits' with what was achieved on the ground

When:
Once the initial project has been completed and associated changes have had time to bed-in. It may be updated several times for major change programmes.

Why:
Recording the outcomes and benefits you deliver is a good way of communicating success within your organisation. Where actual benefits vary from those expected (more, less or different) the difference can also be recorded here. This should provide a valuable resource for future projects in the Trust and the wider NHS community

Stage 1: Identify the benefits

- Benefits were listed in the business case under the following categories:
 - Patient safety
 - Clinical effectiveness
 - Quality and clinical governance
 - Operational productivity
- Identified with the help of previous project experience and discussion with other NHS trusts
- Alongside this we developed a benefits list

	C	D	E	F	G	H	I	J	K	
	WHAT			HOW		WHEN		WHO	STATUS	
	Benefit category (linked to business case)	Expected Benefit	Type	Measure	Method	Pre Go-Live	Post Go-Live	Owner		
1										
2	Patient Safety	Eliminate the prescribing of medicines that patients are allergic to.	Quantitative	Number of instances where medicines are prescribed to allergic patients	Extract data from Datix. Obtain data for all wards and generate a count by ward.					
3				Number of instances where medicines are prevented from being prescribed to allergic patients	Generate an eP system report to count: 1. The number of times a user has tried to prescribe a drug the patient is allergic to. 2. The number of times an allergy warning has been issued. 3. The number of times an allergy warning has been overridden.	N/A	Y - when report available, at 3 monthly intervals.			
4				Number of allergic reactions caused by a medication in a given period.	Extract data from Datix. Obtain data for all wards and generate a count by ward.	Y (12 months data)	Y (6-12 months after go-live)			
5					Obtain casenotes from go-live wards. Extract information related to allergic reactions and count occurrences.	Y	N/A			
6	Patient Safety	Eliminate inpatient transcription errors.	Quantitative	Number of transcription errors reported.	Extract data from Datix. Obtain data for all wards and generate a count by ward.	Y (12 months data)	Y (6-12 months after go-live)			
7		Eliminate inpatient prescription to eDAN transcription errors.		Chart to eDAN transcription errors	Examine a 2 week snap shot of eDANs on go-live wards to count the number of transcription errors.	Y	Y (3 months after go-live)			Dependent
8	Patient Safety	Reduced prescribing errors. To include: wrong dose, wrong route, wrong frequency, unintended duplication, ambiguous or illegible prescriptions.	Quantitative	Number of prescribing errors	Extract data from Datix. Obtain data for all wards and generate a count by ward.	Y (12 months data)	Y (6-12 months after go-live)			
9					System report to highlight what warning messages are generated and the response from the prescriber.	N/A	Y - when report available, at 3 monthly intervals.			
10	Clinical Effectiveness	The ability to target patients for clinical review.	Qualitative	eMeds user survey - how working practice changes as a result of						Relates to Could there for medical

Stage 2: Define and Plan

- From initial list we have chosen 11 key benefits
- Majority can be baselined with data that is already being collected
- We have chosen not to measure impact on length of stay
- We expect new benefits and to become apparent as the project progresses; these will be logged
- We also expect to find disbenefits and they will also be logged

Benefits – examples:

- Medicines allergies
 - Eliminate the prescribing of medicines that patients are allergic to
 - Reduce allergic reactions caused by medication
 - Measured by incident data, system data and IMPACT
- Missed doses
 - Reduce missed doses
 - Measured by incident data, system data and prescription chart audit
- Time savings
 - Reduced time looking for charts, ordering medicines, administering medicines
 - Measured by user survey



Start early and keep it simple

- Identifying benefits for the business case is just the start
- What are key issues for organisation?
- What do you already measure?
- Prioritise

Any questions?

Benefits guidance for ePrescribing
available from NHSE at

http://www.technologystrategy.england.nhs.uk/pg/cv_content/content/view/121292/65825?cview=67602&cindex=0