Soliciting the Organization for Support

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Introduction

Incorporating unit-dose or automated processes into the medication use system has the potential to introduce wide-reaching changes within an organization. These projects usually entail long-term structural transformations that are strategically important. The scale of these projects tends to be large, the projects themselves require substantial investment,] and the changes affect most or all of the staff members. The change usually takes place over a period of months or even years and can even be transformational for an organization. To that end, it is necessary to solicit and obtain the organization's support for such changes.

The leadership of most healthcare organizations will require that a business case be developed to help them understand the need for the change, the resources required, and the benefits to the organization and the people it serves, and to help them prioritize the proposal against other proposals.

Furthermore, if such a change is to be successful, it is important that employees who will be affected by the change be involved early in the project;[1] the importance of their sense of ownership should not be underestimated.

It begins
with a
vision…

Developing a Business Case

A business case describes the rationale supporting a request for funding and/or approval for a project or initiative.[2] It should help the potential sponsor of the project make a decision about whether the project should proceed and if the potential sponsor should fund the project. The business case should therefore articulate how the proposed change adds value to the organization's patient care delivery model and the patients it serves, and what resources are required to create that value.

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The business case answers these questions:

> **How does the proposed change add value to the organization's patient care delivery model and the patients it serves?**

> **What resources are required to create that value?**

Align:

- Business Plan
- Strategic direction
- Financial state

Listed below are some key principles that should be considered when developing the value proposition:

- Safety of both patients and staff
- Quality of care
- Risk management
- Best practices and processes
- Service excellence
- Satisfaction of both patients and staff

Before developing the business case for a unit-dose system, it is imperative to understand the current strategic direction and financial status of the organization. In particular, is the organization driven by strategy, or is strategy driven by budget? In addition, to prepare the business case requires an understanding of the focus of the senior leadership team. For example, what perspectives will they expect to be considered in the case?

The Treasury Board of Canada Secretariat's Business Case Template[3] provides general information about what should be included in a business case. The following is a summary of that information:
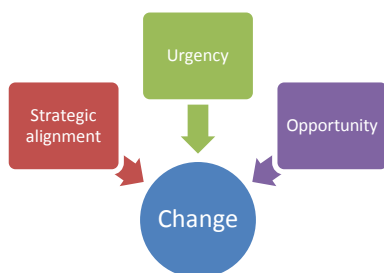
- Description of the strategic context that supports the case for a change
- Statement of scope of the proposal, including exclusions
- Presentation of options (regardless of whether they are viable)
- Short list of options that are viable
- Comparison of viable options (based on factors such as cost, risks, benefits, advantages, disadvantages)
- Recommendation in support of the preferred option
- Description of plans to implement the project and sustain it thereafter

Refer to MedBuy's Medication System Automation: A Business Case Template for Pharmacy (July 2011) for detailed information on developing a business case for automated medication distribution systems.

Note: For information about estimating the costs associated with the project, please refer to the section Developing the Project Plan.

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Garnering the Commitment of Senior Leadership

The senior leadership of the organization or institution must be convinced that a unit-dose system of drug distribution will have benefits warranting its implementation, including the following:

- improvements in patient safety
- suitability to meet requirements for accreditation
- affordability
- smooth transition from the current system
- acceptability to all staff directly involved in the program (primarily nursing and pharmacy staff members)
- avoidance of negative effects on other members of the heathcare team (primarily physicians)

To these ends, it is suggested that leaders in the pharmacy and nursing departments collaborate to educate and gain the support of senior leaders on the merits of a unit-dose system by means of the following approaches:

- providing information on the anticipated reduction in medication-related errors and subsequent adverse medication events
- noting that the provision of medications in ready-to-use formats via unit-dose programs is supported by Accreditation Canada's Managing Medications[5] Standard 7.3
- demonstrating, through case studies from other sites, that the overall cost will not be excessive
- providing reassurance that, through good planning, the transition can be achieved with minimal disruption
- demonstrating the benefits of the system in terms of allowing health care professionals to practise to their full scope (e.g., nursing time can be freed up for direct patient care by transferring preliminary preparation of medication doses from nurses' sphere of responsibility to the somewhat more controlled and efficient environment of the pharmacy, under the auspices of properly trained pharmacy technicians, possibly supplemented with automated dispensing equipment)

"Sufficient urgency around a strategically rational and emotionally exciting opportunity is the bedrock upon which all else is built."[4]

"By reducing the complexity of a task or a component part of the system, the likelihood of error can be reduced.

Standardization and automation of tasks are mechanisms to reduce complexity."[6]

Leading through the Process

Recognizing the human side of change is often key to successful change within an organization. Responsibility for managing change lies with managers and other senior leaders. It is their responsibility to facilitate and enable change and to communicate with employees about what is happening. Their approach should be both strategic and systematic to support people and the organization as a whole through the transition period.

No single methodology for managing change will fit every organization, and there are many models and methodologies to choose from. Even so, practices, tools, and techniques must be adapted to the particular situation.

John Kotter, a leading expert in leadership, has developed an 8-step process[7] for leading change:

1	• Establishing a sense of urgency
2	• Creating the guiding coalition
3	• Developing a change vision
4	• Communicating the vision for buy-in
5	• Empowering broad-based action
6	• Generating short-term wins
7	• Never letting up
8	• Incorporating changes into the culture

To reduce the effect of the change to unit-dose drug distribution on physicians:

- ☑ Keep them informed of the conversion to the unit-dose system
- ☑ Answer and address their questions and concerns

A new medication-use system can have far-reaching effects, and how well people transition to the new system can affect the success of the change. In addition, an individual's response to the change can have a rippling effect throughout the work team and beyond. In his book *The Process of Transition*,[8] revised in November 2012, John Fisher illustrates his model, of how individuals cope with change. This is an excellent reference for managers who are helping staff to deal with personal change during a project.

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2.   Business case guide. Ottawa (ON): Treasury Board of Canada Secretariat; 2009 [cited 2012 Mar 5]. Available from: http://www.tbs-sct.gc.ca/emf-cag/business-rentabilisation/bcg-gar/bcg-gar01-eng.asp#T1

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4.   Kotter JP. Accelerate! Harv Bus Rev. 2012; 90(11):44-52, 54-8.

5.   Managing medications standards. Qmentum Program 2010. Ottawa (ON): Accreditation Canada; 2009.

6.   Ackroyd-Stolarz S. Frameworks for improving safety and quality. In: MacKinnon NJ, editor. Safe and effective. The eight essential elements of an optimal medication-use system. Ottawa (ON): Canadian Pharmacists Association; 2007. p. 19-39.

7.   Kotter JP. Leading change. Boston (MA): Harvard Business School Press; 1996. 187 p.

8.   Fisher J. Fisher's process of personal change – revised 2012. Self-published; © 2000-2012 [cited 2012 Nov 26]. Available from: www.businessballs.com/personalchangeprocess.htm

Additional Resources

Business Cases

Automated Unit Dose Drug Distribution Business Case (Nov 2008) (Fraser Health region, British Columbia)

Bedside Medication Verification Business Case (Sault Area Hospital, Sault Saint Marie, Ontario)

Business Case Template Long Form (Vancouver Coastal Health, Vancouver, British Columbia)

Business Case Template Short Form (Vancouver Coastal Health, Vancouver, British Columbia)

Business Case Business Case Usage Guidelines (Vancouver Coastal Health, Vancouver, British Columbia)

MedBuy's Medication System Automation: A Business Case Template for Pharmacy. (July 2011)

Change Management

A framework and toolkit for managing eHealth change: people and processes. Ottawa (ON): Canada Health Infoway, Pan-Canadian Change Management Network; 2011 [cited 2012 Nov 26]. Available from: https://www.infoway-inforoute.ca/index.php/progress-in-canada/managing-change

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