



Healthcare Executive's Perspective

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HEALTHCARE



Objectives

- Case study using St. Michael's Hospital experience with implementation of a hospital wide patient care system including CPOE & Closed Loop Medication Administration
- Key Factors to Successfully Obtaining Executive leadership support
- Lessons learned





Case Study: Background

- **St. Michael's Hospital:**
 - \$500 +M, 475 bed operating budget
 - 5,250 + staff
 - 2M square fee of space in the heart of downtown Toronto
 - Known as the city's 'Urban Angel' since being founded by the Sisters of St. Joseph in 1892
 - A Catholic academic health sciences centre affiliated with the University of Toronto
 - Committed to innovative patient care, teaching and research





Case Study: Background

- **St. Michael's Hospital:**
 - Acute care and Palliative care programs
 - Largest hemophilia program in Canada
 - Largest cystic fibrosis program in North America
 - Downtown Trauma Centre for the Greater Toronto area
 - Reputed for providing compassionate care for all who enter its doors, especially those who are disadvantaged in Toronto's inner city
 - Large referral centre for highly complex care patients





Case Study: Strategic Plan

- Patient care transformation project began in 2003
- Hospitals' Strategic Plan commitment to **continuously improve patient care and safety and quality**
- Hospital's 5 year Corporate Plan for 2007-11 put emphasis on quality and patient safety
 - Highlighted information management as a strategic enabler for continuous improvements in patient care
 - Made CPOE a **Board level objective**
 - As a direct result – CPOE kicked off Sept 2010
- A major milestone in Patient Care and Safety was achieved through deployment with Computerized Provider Order Entry (CPOE) and Closed Loop Medication Administration
- This involved 'harnessing the power of workflow technology to transform clinical practice and best practices' at St. Michael's Hospital





Case Study: Strategic Partnerships

- **With Executive Team**

- The full Executive team was engaged and reviewed the project development as this was a major project for transforming the organization's care deliver processes
- Everyone met every 2 weeks to review project
- **The 'top' must make it a priority to be experienced as a priority in other parts of the organization**

- **With Physicians & Clinical Leaders**

- Clinical informatics leaders for physicians and nurses
- Workflow re-design and change management – with the goal of making it easier for physicians and clinical leaders – make it easier for them
 - Reduce clinician time searching for information
 - Make it easier and faster to order the right test; medication
 - Serve as a great learning tool

- **With Program Leaders:**

- With the CPOE implementation, each program leader was encouraged to conduct **assessments and process re-design**

- **With the healthcare IT provider:**

- Worked side by side with the healthcare IT provider to **transfer knowledge**

- **= Tremendous uptake because of an engaged community!**

- Physicians, nurses, and pharmacists were involved in developing order sets

- **= Successful goal achievement through metrics** – e.g. medication order turn around time to first dose for antimicrobials; reduction of medication errors





Case Study: Closed Loop Medication Management = Ensures Safety

- Ensure the 8 Checks for safe medication administration through medication bar code administration at the patient's bedside
- Closed loop medication management – **improves patient care and safety** by ensuring that the right drugs are given to the right patient at the right time and by reducing time to first dose





Case Study: Closed Loop Medication Management = Ensures Safety

- Critical in today's environment of healthcare as patients are sicker and more complex, so it is **critical to have systems that provide alerts and guidance to clinicians** to ensure they are providing the right drug each and every time
- Building tools to help clinicians at the bedside





Case Study: Best Practice Leader

- In 2012, St. Michael's became the first university teaching hospital to be designated as Hospital Information Management System Society (HIMSS) level 6 in Canada – this comprises 0.2% of hospitals in Canada to implement CPOE and Closed Loop Medication Administration
 - Recognized by international organizations such as HIMSS as an

"innovative Canadian teaching and research academic medical facility that has developed the virtual ward'... providing comprehensive and excellent patient care!"





Key Success Factor

- Executive and Board leadership champion and leverage the project
- Hospital's Strategic Plan – align with Quality and Patient Safety
- Hospital's Corporate Goals and Objectives – embed priorities for patient safety, with a roadmap and clearly established measures of success
- Develop Partnerships with IT System Providers and Clinical Transformation Organizations
- Engage clinicians and physicians
- Communicate successes and metrics
- Recognize this is a continuous journey of quality improvement
- Having achieved goals, continuously strive for transformation and innovation
- Clinical informatics leaders for nursing/physicians





Lessons Learned

- “Make haste slowly” – change management for clinicians is challenging and takes time
- Recognize the need to invest heavily in continuing education and training methods
- Must be an annual organizational objective
- Metrics speak for themselves when it comes to patient safety – increasing transparency to medication errors highlights importance of project, e.g.,
 - Number of medication errors
 - Near misses occurring
- The project is very expensive – it is a sacrifice of other capital and expansion of other projects to achieve this – must invest time, capital, and self to make it work
- Knowledge of GS1 Standards and Service at the time could have made life easier

Remember this is a clinical transformation journey with the goal of patient safety and quality.





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