

Delivering ePMA in 10 weeks: What does it take?

Several factors contributed to success, but which one played the most crucial role in ensuring rapid and efficient implementation?

Clinical Engagement played a pivotal role in the successful implementation. The full support and active involvement of clinical roles such as doctors, pharmacists, and nurses were instrumental. Furthermore, the commitment and expertise of the implementation team were vital. Their extensive knowledge and expertise were central to the implementation process whilst ensuring it met our clinical requirements.

The approach of framing the implementation as a **clinical improvement project** significantly contributed to our success. The collaboration and commitment of the clinical team, the dedicated support of the implementation team, and the strategic focus on clinical improvement all played indispensable roles in the rapid and efficient implementation.

How did experience and insights from other trusts shape the project and affect the implementation speed?

The experiences and insights from trusts like Wye Valley NHS Trust played a crucial role in shaping our project here and accelerating its implementation. Wye Valley NHS Trust generously shared their lessons learned and provided practical solutions for implementation. Several other trusts were also on hand, creating a **rich knowledge-sharing environment**.

Additionally, Wye Valley's insights and approaches within the remit of Information Governance (IG) were invaluable in understanding and addressing local issues unique to our trust. Their guidance provided innovative ideas on approaching various aspects of the project. The **knowledge exchange** and **virtual collaboration** were instrumental in shaping the successful implementation.

What led to the additional roll-out in the remaining community hospitals since the project was due to a pause after the initial pilot?

The decision to continue the rollout to the remaining community hospitals was driven by **enthusiasm** and **feedback from clinicians** during the initial pilot phase. On the last day of the rollout, clinicians who worked across multiple sites expressed their strong desire to see the system implemented in their respective hospitals. They offered their support willingly, demonstrating their commitment to the project without being prompted.

This feedback was instrumental in our decision-making process. We took this valuable input back to the board, where we collectively redesigned the rollout plan. The board provided their level of sign-off, acknowledging the importance of continuing the implementation to benefit a wider range of clinical teams and patients while also maintaining momentum.

This decision to continue the rollout was a testament to the **positive impact of the ePMA system** and the dedication of our clinical staff to enhancing patient care through this technology.

Was there a chance to capture lessons learnt during the go-live?

Absolutely, during the actual go-live phase, we were proactive in capturing lessons learned to inform the remaining roll-outs. We also established structured **review periods** between go-lives. These intervals provided valuable opportunities to reflect, learn, and address any issues before progressing to the next rollout. This deliberate approach ensured that we continuously refined and optimised the implementation process, resulting in even smoother subsequent rollouts.

In response to user feedback and evolving needs, we maintained an agile approach, implementing **configuration changes** swiftly. This enabled us to address immediate concerns and improve the user experience in real time.

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