King County

Electronic Medication Administration Record

<Project #>

Benefit Realization Report

Prepared By: Susan Doerr

Date: June 4, 2012

Revision History

Version #	Revision Date	Revised by	Description
1.1	10/26/2010	Gary Tripp	Changed logo
1.2	4/15/2012	Karl Nygard	Updated and added detail

1.0 Value Received

Each IT project should have a value which will be realized by the department either during or after the project completes. This identifies the value received by implementing a project solution in a department or unit and compares it to the value projected by the Business Case and any supporting benefit worksheets, including:

- Financial value
- Quantifiable value to the county
- Quantifiable value to the public
- Value from non-quantifiable benefits

The primary goal of this document is to track the benefits of a project over time and be able to answer the question "Was this project successful and in what areas?" A secondary goal is to compare the ongoing realized benefits to those that were estimated at the beginning of the project, and for subsequent updates. This allows us to answer the question "How do the benefits realized relate to those used to justify the project?" These two questions are of paramount importance in the oversight and government of all projects.

1.1 Metric description and collection method:

Please list the metrics that you will use to define and track the success of this project from a benefits standpoint. If someone asks, "show me how this project was successful or not" these are the metrics which define success, and which should be reported on a regular basis. For each metric, please also state how they will be collected.

Metric	Collection Method
# of paper MARs eliminated	Pre- and post-implementation count of paper MARs
Reduction in Pharmacy Technician time to process paper MARs	Pre- and post-implementation time studies
Reduction in Administrative Specialist II time to scan and perform quality assurance on paper MARs	Pre- and post-implementation time studies
Reduction in use of consumable supplies	Pre- and post-implementation orders of paper and printer ink by the pharmacies

1.2 Transition plan:

If the metric definition, collection method, and reporting are not determined by the business owner and recipient of the benefits above, please detail how the ongoing business owner will take ownership of the metrics, collection, tracking, and reporting of these benefits.

Department Director Signature: _____

1.3 Operational Efficiencies Benefit Measurements (as applicable)

Description	Metric	Baseline	Target	Actual	% Accomplished
Reduced time spent by nurses to review paper MARs for errors and patient refusals, compare MARs with patient lists, and flag MARs for narcotics	Reduction in nursing hours preparing for medication pass	2,600 hours/year	zero hours per year		
Reduced time to print and organize paper MARs	Reduction in Pharmacy Technician staff time	521 hours/year	zero hours/year		
Reduced time to scan and perform quality assurance on scanned paper MARs	Reduction in Administrative Specialist II staff time	935 hours/year	zero hours/year		
Reduced time for medical and psychiatric providers to retrieve paper MARs and adjust scanned images in order to review scanned MARs	Minutes to retrieve and adjust images of MARs	380 hours per year	zero hours/year		

1.4 Annual Cost Savings Measurements (as applicable)

Description	Initial Projected Cost Savings/avoidance/revenue (from business case) 2014 Savings only	Updated Savings/ avoidance/ revenue	Actual Savings/ avoidance/ revenue	Explanation of Variance
Reduced Pharmacy Technician hours	($12,750)			
Reduced Administrative Specialist II hours	($22,952)			
Reduced	($1,052)			

consumption of paper and printer ink used to print 31,400 paper MARs per year				
Reduced medical and psychiatric provider hours	($28,665)			

1.5 Other Benefits:

Please detail any significant benefits of the project that departments, customers, or others will receive beyond any cost savings or efficiencies (which should be detailed above). This could include benefits of risk reduction (please note how, why, and by how much), cost avoidance, or other areas of benefit not easily distilled to a single monetary value.

The eMAR will enhance quality and reduce risk by:

- Reducing errors and improving legibility of the MAR;
- Providing visual cues to indicate when medications are due or late;
- Improving documentation to refute potential inmate claims regarding lack of care;
- Assuring timely availability of clinical information for provider and administrative decision-making.