

# eTesting Team: An Innovative Model

## The Problem

Beth Israel Deaconess Medical Center set a goal to develop and implement an electronic medication administration record (eMAR) which would improve safety, efficiency and workflow around the medication process. The Integrated Medication Management System (IMMS) team defined one of the guiding principles to include front-line staff in all phases of the project. One of the most important areas for clinical staff involvement is in the actual eMAR program; the design, functionality and usability of the application.

## Aim/Goal

Develop a team of clinical users to work with IS developers in the iterative process of design, development and implementation of electronic clinical applications. The team would use current clinical experiences, practice standards and knowledge of workflow to test the application and make recommendations for enhanced usability.

## The Team



The eTesting Team includes representatives from Nursing, Pharmacy, Medical Staff and Information Systems. Jenny Barsamian RN CNS, Caroline Gooding RN, Chrissy Bookbinder RN, Betsy Rose RN, Emily Keenan RN, Jean Campbell RN MS, Dave Grosso, Rachel Hutchinson RN MS, Tricia Bourie RN MS, Mary Ellen Gunning RN, Mary Biagiotti RN, John Hrenko Pharm D. Not pictured - Kevin Afonso, Jean Hurley, Allison MacLeay, David Feinbloom MD, David Mangan Pharm D, Sharon O'Donoghue RN CNS, Sarah Wheeler RN, and Liz Carvelli RN

## The Interventions

- Weekly all-day meetings beginning March 2013
- Team education of IMMS work and eMAR requirements
- Review of all policies and practice guidelines related to medication administration
- Review of current workflow for medication administration
- Developed model scenario for new process
- Review and testing of hardware installed at bedsides as well as iPad at Omnicell and handheld devices for nurses
- Developed training plan and outline for eMAR Basics Class for all RN and Pharmacy users
- Planned Go-Live process and support for clinical units

## Team Accomplishments

- 5** months of active testing, iterating and preparing
- 3** units live in 3 months, Plus PACU and Farr 9 in March
- 52** training sessions
- 261** nurses/users trained in 4 hour classes, Plus 96 PACU RNs
- 2486** hours of on-unit support during go-lives
- 3000+** unique patients with medication administration via eMAR
- 250,000+** medication administrations documented via barcode verification

## Lessons Learned

- Keeping an open mind to new ideas and suggestions allows for other possibilities.
- Communication within the team and to others outside the process needs to be a priority as updates happen quickly.
- Output of the group is greater than that of an individual; discussions build understanding.

## Next Steps/What Should Happen Next

- Begin work on development for ED, ICUs and Oncology
- Expand pool of trainers and go-live supporters
- Develop sustainable model for continuous training
- Expand scope and expertise to other clinical applications

**For more information, contact:**

**Tricia Bourie, RN, MS, Program Director, Nursing Informatics**  
[tbourie@bidmc.harvard.edu](mailto:tbourie@bidmc.harvard.edu)