



Design of an innovative pharmaceutical platform for a public hospital

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Abstract

Objective: This study is based on the idea that if there are many opportunities for change in the hospital, this one remains impotent for catalyzing and managing the organizational change, especially for the design of projects change. The objective is to develop a heuristic organizational change in the case of pharmaceutical platform design, and decline it to an operating model for the hospital manager.

Methods: An intervention-research perspective is used in a hospital in the outskirts of Paris for nearly 5 years, which allowed us to immerse in the field for more than 100 days, and to participate in this project since its initiation until the opening of the new pharmaceutical platform.

Results: From a methodological point of view, our study's results allow to identify the major chokepoints of a heuristic for piloting the organizational change projects in hospitals. The proposed approach takes into account the hospital professional bureaucracy specificities, and allows us to highlight the caution need for a researcher who wishes to import industrial management tools in the hospital.

Conclusion: Our proposed approach provided an interesting conceptual framework for change management, and reconfiguration of hospital processes.

Keywords: public hospital, projects change, value analysis, pharmaceutical platform.

Introduction

CHM hospital is a public hospital in Paris region which includes 1000 inpatient beds and covers a consultation unit in ambulatory care of 1000 detainees, representing for the hospital nearly 500 additional patients. The hospital has embarked on an innovative project design-construction of a new pharmaceutical platform, integrating the latest advances in technology: acquisition of automata for global or personalized medicine dispensing, computerization of the pharmacy supply chain management, and centralized reconstitution of cytotoxic.

This project needs a serious reflection on the design of an organizational model, the complete reconfiguration of information system, the definition of local needs and the choice of equipment and automata that are more from prototypes than real

operational robots. Positioned in an intervention-research perspective.¹, which allowed us to "immerse yourself in the ground" for more than 100 days, we participated in this project since its initiation until the opening of the new pharmaceutical platform. Our approach is inspired from the value analysis and the management by the value, for controlling complex projects.^{2,3}. From a methodological point of view, our study' results help identify the major chokepoints of piloting the organizational change projects in hospitals.

This paper is organized as follows. Following this introduction, section 2 details the functional analysis of the new pharmaceutical platform. In section 3, we present our proposed model for piloting change. The last section contains some concluding remarks and some limitations of our proposed approach.

Methods

The methodology used for the design of target organization of future pharmaceutical platform is inspired from functional analysis approach. This one is useful for group construction whose results materialized in form of "octopus" are used in communication.^{4,5} We selected a few key points of this approach to deduce a methodological framework for managing a development project:

- The modeling phase of the target organization in its environment,

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- The research phase of meaning, profile representation of the target organization by a functional tree,
- The phase of functions characterization to define specifications of the future organization for each target process. This has been the operating target scenario used to define architectural specifications (local) and techniques (automata, equipment, information system).

Target Construction by Actors

As researcher-speaker, we have positioned ourselves as a methodological facilitator of a working group of 11 people consisting of pharmacists, hospital director as project manager, IT manager, biomedical engineer, works engineer, healthcare direction, health managers, and preparers. Three sessions of 2 hours are been needed to validate the target organization model by the actors (Figure 1). The group worked on an object defined as "the organizational model of the CHM pharmacy at 5 years".

The environmental elements and the different actors of target organization of the CHM pharmacy are called "external environments". They cover all pharmaceutical activities, identified and qualified by the working group. From these "external environments", 10 significant functions are selected as described in table 1.

The description of the 10 functions characterizes the expected target organization of the future pharmaceutical platform. Highly visual, the "octopus" model and its repository of functions are used to communicate about the project, and to validate it institutionally. All functions do not have the same "value". Some are directly related to the utility removed from product service by the pharmacy (example: F9), and others incorporate more subjective esteem dimension (example: F10) where everyone is proud of the project supported by the pharmacy.

Crystallization of the organization representations

We used the functional tree, which can provide a profile of the target organization as perceived and experienced by the actors, and as they wish that the pharmacy may be positioned in the facility (figure.2). Among the various functional trees representing the meaning given to the future organization by the working group, the profile "clinical" is chosen by consensus.

Historically, the position of pharmacy in hospitals is often different from that profile because it's attached to economic services for a long time, and it's regularly treated as a "logistics" classic, such as hotel or equipment distribution services.

Results

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The piloting model of change

As illustrated by figure 3, the functional octopus is declined in the form of specific criteria in 3 structural axes that constitute the operating dimension of the piloting model of proposed change. The explanation of various functions is made by criteria that specify the function, its operating principles, requirements and desired levels of performance. The rigor and precision of functional analysis have allowed us to decline, in addition to 800 criteria, the organizational specifications, and thus establish the functional rules of the future pharmaceutical platform.

Scenario organization-procedures: It is a detailed organization manual of future pharmaceutical platform. New improving activities of safety processes are thus formalized and implemented. Each activity is described using criteria on which an analysis of residual risks is performed. The organizational framework and the risks analysis stemming from functional analysis are valid at the time of implementation of new organization and that they must evolve. They are by no means a fixed state.

Information System (IS): The specifications of the IS are complicated in the hospital because the integration was not drawn in advance and its architecture is the result of the superposition of transverse/vertical software series, without single data source containing all the data for a patient. For hospital pharmacy, the IS is

often limited to a tool for inventory management, and traceability of certain expensive products. The trend towards more security leads to a complete system for automatizing pharmaceutical analysis of prescriptions, dispensations management, and administrative management.

For CHM, we developed the masterplan of the pharmaceutical IS and selected software used by future pharmaceutical platform. We propose a focus on a specific example of IS specifications for the particular process of anticancer chemotherapies management. The softwares on the market cover all activities from the prescription until receiving chemotherapy, through inventory management. These are vertical software and are not integrated with the rest of the pharmaceutical IS. They generate the existence of several patient records: chemotherapy, general, or two supports prescription: one for cancer and one for the other drugs. Medical and pharmaceutical practices demanded this type of orientation, but it makes impossible consultation in one place, of all drugs prescribed for a patient.

The CHM needs are fixed from functional analysis of the processes of chemotherapies production, and according to *flexibility* criterion, by a pharmacy working group involving prescribers of cancer chemotherapy and health managers

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of these services. The set has been formalized in a specification divided into six following chapters:

- Management of pharmaceutical data,
- Management of chemotherapy regimens,
- Management of manufacturing,
- Products delivery management,
- Products administration management,
- Management of the activity: traceability, costs, production statistics.

A tender was launched and candidates responded by checking functional analysis grid (table 2). The choice of the candidate is conducted on the differences between the responses and the specified requirements, by measuring the compliance rate with various levels of flexibilities.

Technical specifications: The entanglement between equipment and IS are strong and we had to deal with functional requirements broken down into technical specifications for equipment and heavy purchases procedures of public hospitals reporting to the procurement code. The majority of heavy equipment of the pharmacy depends on computer tools that represent about 5% of equipment costs and upon which depend on the proper functioning of automata. However, these

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12 monitoring IT tools are not always "linked" to equipment; it is possible to acquire a
13 computer tool and equipment separately for the sake of overall performance.
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16 At CHM, such a case is happened, and the question of project management,
17 which should logically be under the IT service provider for the interfaces creation
18 between equipment and hospital IS became the critical point. We were faced with
19 this ground reality, since the IT service providers refused to wear the project
20 management. But for an institution like CHM, the automata represented a colossal
21 investment of 1.4 million Euros, and depended on proper functioning of software at
22 35,000 euros. For proper functioning of automata, CHM decided to use
23 procurement procedure "competitive dialogue" type, comparable to former tenders
24 on the performance. This procedure allowed us to build with suppliers, the
25 technical specifications of equipment and associated IS (co-construction logic) to
26 align the reality with the needs on the ground.
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Architectural specifications: They arise from the proposed risk management and reconfiguration of "pharmacy" processes, which have been documented in a specification called "detailed technical program." This document is divided into 2 volumes:

- *Functional program:* it lists the functions or processes identified by specifying the flow of personnel and materials they generate. This is a general description of how to operate, which synthetically incorporates the operating target scenario elements,
- *The list of local which constitute pharmacy,* specifying the target surfaces, functions that are performed, operating principles, structure of local, its layout, furniture, its equipment, and potential sources of danger. We implemented a standard form (Table 3) for each local of the pharmacy, and which was approved by the working group.

From these documents, the architectural competition has been launched and the plans have been established. The offers analysis between 3 candidates was performed by measuring differences between architectural specifications, and offers for different items of "local" records.

Conclusion

The approach we propose provided an interesting conceptual framework for change management, and reconfiguration of hospital processes in the sense that:

- The design phase of change project, guided by functional approach, allows including "the meaning of the project in a broader sense". Thus, functional tree use provides an appropriate framework for a shared vision on the future, and participates in the federation of logics of actors (pharmaceutical, medical, nursing and managerial).
- The medical profession legitimacy is strong in hospital because its values are around care. Today, budgetary logic helps to restore legitimacy to manager. However, if the catalyst for change is in with the manager attributions, it cannot do without pilotage instruments, reconcilers between medical and administrative.
- The proposed model is operating and allows users to restore their place. Too long, hospital staff (doctors and pharmacists) have been disconnected from organizational and architectural choices, enrolled in the institutional projects. The functional model variation according to structural axes is an operating guide to integrate and continuously monitor the user needs

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integration. It helps make legitimate in the stakeholders eyes, the change project.

However, our approach has some limitations that are mainly due to its maturity. The model would need to be tested at a larger scale to be validated empirically. We also emphasize that road is long between the approaches of change management and the implementation of change itself, as distance is great between understanding of the context, choosing a method, its implementation, its pilotage, as decision-making in hospital is still problematic, and linked to a random of uncontrollable reforms.

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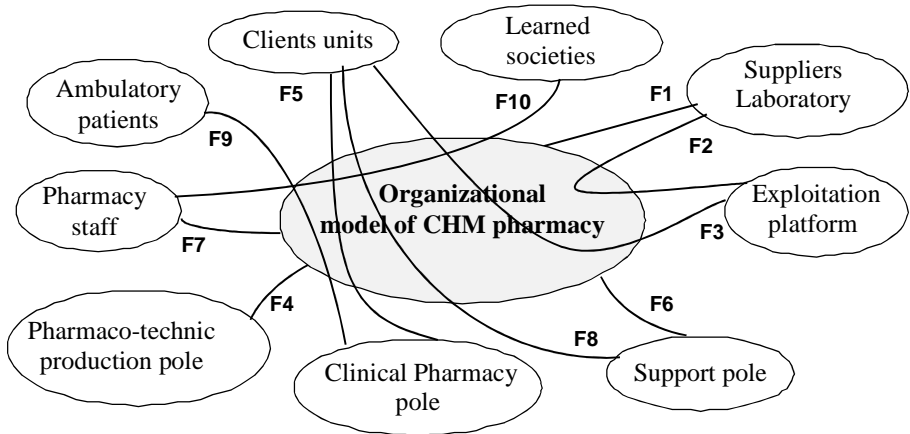


Fig.1- Model of target organization of future pharmacy

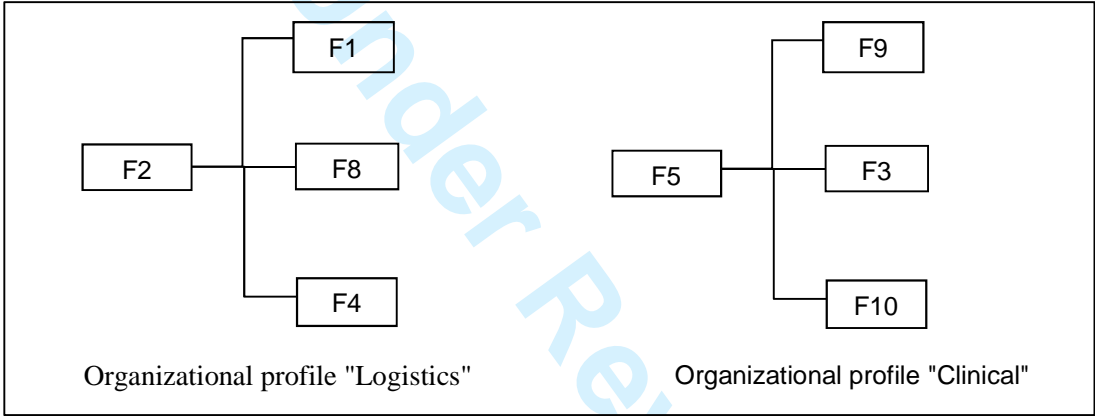


Fig. 2- Functional Trees: meaning and ownership of the target

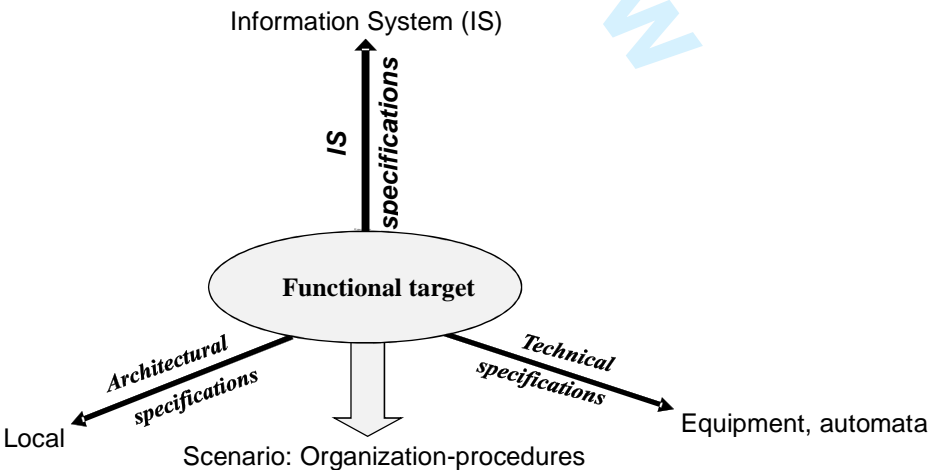


Fig. 3- The Piloting model of change

Table 1 The repository of the 10 functions

No.	The functions
F1	Manage procurement, inventory, and receive supplier deliveries.
F2	Supervise, plan and sequence the production and distribution of drugs and sterile medical devices
F3	Make delivery of drugs and sterile medical devices in "global"
F4	Ensure pharmaco-technique production in area with controlled atmosphere.
F5	Meet the needs of client units, prescribers, caregivers, and patients, in advising to the therapeutics use.
F6	Ensure hygiene, maintenance, and disposal of waste pharmaceuticals.
F7	Make secretarial and administrative management of the pharmacy.
F8	Ensure transfer logistics between various sites, pharmacy, and care units.
F9	Make delivery of "registered" drugs by patient
F10	Inform, ensure visits, disseminate information, and communicate on innovative project of CHM pharmacy.

Table 2 Extract of Information system specifications

Criteria characterizing the functions	Flexibility
Patient identification	x
Number of patient (patient record or observation number)	x
Patient date of birth	x
Patient sex	x
Hospitalization service	x
Active ingredient prescribed	x
Prescribed dose	x
The product administration duration	x
The product administration route	x
Free comments / prescription	x
Identification of the person who provided the product	x

Table 3 Interactions "Functions - Local"

<i>Local record: Store of drugs storage</i>	
Local type	Store "Drugs" of the operating platform
Number of local	1
Target area	150 m ²
<i>Surface contribution</i>	<i>Related functions</i>
20%	F1: Manage procurement, inventory, and receive supplier deliveries
30%	F3: Make delivery of drugs and sterile medical devices in "global"
40%	F9: Make delivery of "registered" drugs by patient
Use and principles of operation	
Storage and distribution of drugs into "global" and "registered" per patient. The teams of preparers work in parallel for the activities of global distribution, and nominative individual dispensation.	
Collection of drugs is carried out using different automata. At maximum 6 preparers will be attributed at the same time to these tasks, and possibly a 7th for supply management and inventory.	
<i>Structure of local</i>	
Need natural light, personal are working continuously during the day	
Local open, no intermediate partitioning	
<i>Furniture and equipment</i>	
<i>Quantity</i>	<i>Quality</i>
5	Automata of storage such storage with computer control
2	Automata of nominative individual dispensation with computer control
1	Storage shelves over 4 floors and 130 linear meters
2	Workstations of office type
1	Worktop of large area (3m ²)
8	Carts of dispensation on wheels
8	Electrical sockets
2	Telephone sockets
5	Computer sockets
1	Electrical power of automata
1	Regulation of hygrometry and temperature
1	General lighting
1	Specific lighting
Local planning	
<i>Quantity</i>	<i>Quality</i>
1	Flooring industrial type and washable
1	False ceiling soundproof
1	Washable wall covering
1	Ventilation and air renewal system