Background
The Health Design Forum held on 10 April 2013 discussed the topic: “Benefits Realisation”. This topic explored benefits realisation tools and approaches for use in the Victorian Public Health Sector (VPHS), with the following focus areas:

- Explain benefits realisation concepts and processes.
- Identify reasons why benefits realisation techniques are used poorly or not used at all in health related projects.
- Identify local, national and international health IT projects that have performed benefits realisation well, and examine the reasons for this, the techniques used, and the measures applied. Identify areas of commonality and difference.
- Identify benefits realisation methodologies and/or tools, available to health organisations, that support an effective approach to benefits realisation.
- Identify options available to health organisations in conducting benefits realisation effectively, and in alignment with the program/project size, complexity and value.
- Identify key measures that would be applicable to health IT programs, especially those involving implementation of a major clinical system, such as a new ED or EMR system.

Findings
The findings from the OCIO and Gartner papers on Benefits Realisation were largely consistent, and may be distilled to the following key points:

1. Victorian health organisations should look to adopt benefits realisation techniques within their organisations for key programs and projects.
2. The benefits realisation approach used should be tailored to suit the project or program of work, and the capabilities of the respective health service, with this possibly requiring a degree of expert assistance. Typically there are four major stages in the benefits realisation process or framework:
   a. Phase 1 – Benefits management strategy and benefits realisation case
   b. Phase 2 – Benefits profile and benefits mapping
   c. Phase 3 – Benefits realisation plan
   d. Phase 4 – Benefits evaluation and review
3. Health organisations should focus on identifying and managing the key benefits from a project or program and not attempt to identify and track every potential benefit.

The discussion within the HDF was robust, with many good points being made, as follows:

- One of the keys is being able to identify benefits that key stakeholders and funders will accept, especially in regard to release of staff time. Easily measurable benefits, such as savings when a legacy system is decommissioned are easier to “sell”.
Conversely, some present felt that they could “sell” savings such as staff efficiencies, especially when this enabled reduction in staff per ward or unit, or an increase in beds / patient services.

Health system sustainability was raised as a key concern, with the entire HDF agreeing that this presented a significant future challenge both the health services and to government.

It was recommended that health services focus on selecting between six to ten benefits per project to focus on for benefits realisation purposes.

A comment made towards the end of the workshop highlighted the need for health services to understand their current state, before making changes and before identifying areas for benefit delivery.

The following summary points were made by the HDF chair in his closing remarks, reflecting the themes of the workshop:

1. A single benefits realisation framework would be extremely useful from a health service perspective, with six to ten benefits measures defined.
2. Managing multiple stakeholders is a challenge but also a fact of life for health services.
3. Benefits realisation, to be done effectively relies on pervasive and effective leadership.
5. How do health services address the barriers to effective benefits realisation?
6. Understand your organisation prior to embarking on major projects with associated benefits realisation activities.
7. Be prepared to publish the benefits realisation material you develop to aid the sector in adopting the approach.

The group requested that more information and a recommendation be made regarding models for use for benefits realisation especially in an EMR implementation project context, which many of the attendees’ organisations are considering.

At the process level, the OCIO and Gartner recommend the adoption of the ARCHI benefits realisation framework as it provides significant benefits through its specific alignment with the health sector. This framework is complex however and will require resource commitment from health services to ensure effective use.

In terms of specific benefit measures; this is an area that the HDA attempted to avoid within the report as the strategic goals and priorities of a given health service may not be consistent with other health services’ priorities. The HDA also finds it difficult to make recommendations regarding potential areas of improvement within a health service. The health service is much better placed to assess their current performance and identify areas where improvement would be possible.

Some of the strategic goals of the organisation, that the implementation of the EMR system may contribute to include:

1. Improved efficiency and hence capacity
   a. Reduction in avoidable readmissions
   b. Reduction in medications errors
   c. Business process related time savings and savings in staff time to complete key tasks
   d. Reduced length of stay for patients
2. Financial benefits (i.e. a positive return on investment)
3. Improved patient experience
4. Improved clinician and other user experience
5. Environmental benefits, i.e. improved sustainability

Related documents

- Health Design Authority Benefits Realisation, March 2013
- Gartner paper – Benefits Realisation Should be Integral to Any Healthcare System, April 2013