

Words from the Street: Delivering on a Provincial Mandate at the Local Level

Jenny Cockram and Keary Fulton-Wallace

At the local level, Hospital Project Managers (PMs) were single points of contact for the provincial WTIS project team and were responsible for delivering on all aspects of the WTIS deployment within hospitals. Here, two PMs share their WTIS deployment experience from Beta/Phase I (completed in March 2006) and Phase II (completed in December 2006). It was through valuable insight and feedback such as this that the provincial WTIS project team was able to make improvements for smoother deployment in subsequent phases.

IN: How did the WTIS project compare to other healthcare information management/information technology (IM/IT) projects you've been involved in?

JC: The WTIS was a focused project with very tight timelines that could not be missed. As one of the Beta hospitals, we had a very strong sense of teamwork because we were playing a big role in providing input for future phases. There was also a sense of excitement because we had the support to bring technology to physician offices that might have been disinclined to move in that direction without this initiative.

KFW: Compared to other projects I've been involved in, the WTIS was much more intense and had the added pressure of being implemented within very short timelines.

"The WTIS was a focused project with very tight timelines that could not be missed. As one of the Beta hospitals, we had a very strong sense of teamwork because we were playing a big role in providing input for future phases."

IN: What challenges did you face in managing the WTIS project at the hospital level?

JC: There were several significant challenges to overcome. The first was in ensuring timely and practical communication to all parties and departments involved. This included surgeons' offices – some that didn't necessarily use email or voicemail; individuals in various departments who faced potential workflow changes; responding to clinical questions while answers were still being developed; and keeping senior management up-to-date on progress. We also had to overcome the perception that this was a non-critical care project, which meant providing and regularly repeating benefit statements from the perspectives of the hospital, surgeon offices and patients.

Also, as implementing Internet connectivity was a hospital responsibility, we faced some challenges in gaining access to

IN = Interviewer JC = Jenny Cockram KFW = Keary Fulton-Wallace

physician offices and resourcing for this in terms of people and equipment.

KFW: Our initial challenges were very similar to the above. With very limited resources, we faced tight timelines for deliverables. Ensuring enough information technology support within our hospital was particularly challenging. Working directly with surgeons and their offices was also a challenge, including persuading them to support and participate in the initiative. As the project team was also learning along the way, there were challenges at times in getting consistent and timely responses to clinical questions.

When surveyed for Lessons Learned at the conclusion of Phase III in March 2007, Hospital PMs reported on their experiences in deploying the WTIS:

- 80% had worked with other hospitals in their local health integration network (LHIN), either formally or informally.
- 92.9% reported that they were adequately supported by their dedicated WTIS Site Leads; 100% reported using their Site Leads to stay up-to-date on project activities.
- 78.5% had used the online collaboration tool to stay up-to-date with the project.
- 58.5% reported that the project training materials (Super User, Train-the-Trainer, WTIS Coordinator) were appropriately timed to provide stakeholders the necessary technical background and reporting skills for a successful go-live.
- 65.5% agreed that the testing support from the WTIS project team was adequate.

The WTIS project team's efforts to incorporate Phase II feedback into Phase III resulted in significant improvements:

- 62.1% of Hospital PMs agreed they had enough resource support at their hospital to deploy the WTIS and/or EMPI systems (compared with 29% in Phase II).
- 58.6% felt that project timelines were adequate for hospital teams to complete deliverables (compared with 19% in Phase II).
- 79.3% agreed that communications were easy to understand (compared with a previous 49%).

IN: What aspects of the WTIS deployment approach were most helpful to your hospital achieving success?

JC: The WTIS project team allowed for flexibility in understanding and supporting hospitals in dealing with local needs. A large part of this was accomplished with an effective support model. Having single points of contact and providing clear points of communication meant that hospitals knew where to

turn for information. It also allowed the WTIS project team to understand unique hospital challenges. Because hospitals were grouped together based on similarities, there were opportunities to learn from one another and work together.

“Compared to other projects I’ve been involved in, the WTIS was much more intense and had the added pressure of being implemented within very short timelines.”

Tools to support deployment and communication, such as newsletters, indicator reports to monitor weekly progress and project plans, were also well received. These were a complement to a support model that allowed hospital project teams to stay focused and to a certain extent set their own deadlines within the key project timelines.

KFW: The WTIS project team supported us by providing lots of helpful material (although at times it was a bit overwhelming) and by making subject matter experts available to hospitals throughout the project.

“Project teams should also ensure they have ways of gathering input from those doing more of the day-to-day work, ensuring a better understanding of workflow requirements and internal workings of hospitals.”

IN: What should healthcare IM/IT projects consider in order to improve deployment experiences in the future?

JC: Do not assume all hospitals have the same level of support from senior management teams. Helping hospital teams maintain executive support is critical. Project teams should also ensure they have ways of gathering input from those doing more of the day-to-day work, ensuring a better understanding of workflow requirements and internal workings of hospitals. Also, projects should provide a robust system for sharing and storing information centrally; email can become unruly.

KFW: Project teams should consider involving a range of hospital staff in the first round of data gathering rather than relying solely on physician input, as physicians do not always understand the details of internal office processes. I would also

suggest that projects provide more opportunities for hospitals to share “best practice” methodology with each other to avoid re-inventing the wheel.

The two Hospital PMs interviewed for this commentary offered the following advice for PMs involved in future healthcare IM/IT projects at the regional or local levels:

- Communications should be ongoing and should highlight the short- and long-term benefits to all stakeholder groups throughout the project.
- Establish a local project steering committee with strong representatives from each affected area to ensure buy-in from senior management and clinicians.
- Don't assume anything, and don't be afraid to ask questions: you may be surprised at how many others are wondering the same thing... and at the answers you get!
- Ensure there is a process for getting timely responses to questions and, in turn, have a clear process in place to get your hospital stakeholders the information they need.
- When working with physicians, be sure to include their administrative staff in planning.
- Ensure test plans reflect real-life situations, and identify which teams and systems need to be involved in testing at the beginning so that resources can be secured as early as possible.
- Think about the IM/IT system as an integrated solution to reduce duplication of data entry for hospitals and clinicians.
- Collaborate and learn from others. Most hospitals are willing to share information and experiences. Don't be afraid to ask peers how they handled their implementation and what were their lessons learned.
- Ensure you have adequate clinical support from the beginning of the project.

About the Authors

Jenny Cockram is an independent consultant specializing in e-Health solutions, bringing technology and people together. She was the overall Project Manager to Grand River Hospital during the Beta Phase of the WTIS project and became an advisor for the WTIS project for subsequent deployment and expansion.

Keary Fulton-Wallace is the Performance Management and Wait Time Coordinator for the Huron Perth Healthcare Alliance. She has been active in the Performance Management and Utilization community since 1990. She currently sits on the Wait Time Data Quality Working Group for Cancer Care Ontario.