

Lessons Learned for Local Solutions

Glen Kearns and Gino Picciano

The WTIS project delivered a provincial platform that was flexible enough to allow local integration by each participating hospital. As a result, local efforts were led by hospital IT professionals who could best determine how to adapt their systems to enable connection with the WTIS. Here, two hospital executives share their thoughts on their local experiences.

IN: What challenges do healthcare providers face when deploying an IM/IT solution?

GK: The biggest challenges are dedicating the time and resources to focus on change-management and business process redesign, ensuring there's a robust project management structure with strong communication functions, and maintaining a patient focus at the centre of the project.

GP: Generally, the challenge in implementing a new IM/IT solution in healthcare is not the technology itself, but rather the integration of the solution with multiple pre-existing business processes. In a multi-site facility, the variation in process between different operating room (OR) sites is significant, especially at the detailed process level. The WTIS was deployed to 150+ surgeons' offices at The Ottawa Hospital, each with unique pre-surgical booking and consultation record-keeping practices that did not necessarily align with the required WTIS business process.

Obtaining and sustaining a satisfactory level of end user support for the system is another common challenge, as technology is increasingly being introduced into the organization. Often, the necessary resources are allocated for the develop-

ment and implementation phases, but determining and making provision for ongoing maintenance resources frequently remains a challenge.

Government-mandated IM/IT solutions can be challenging because they are not usually the product of internal or end user requests. As a result, challenges arise in staying up-to-date with ongoing changes and communicating the changes and system benefits. The short turnaround times or inopportune timing for the organization can be problematic.

IN: Do you feel the common challenges were addressed in the development and deployment of the WTIS?

GK: The challenges were addressed to the gold standard level. As we were part of the Beta group, the provincial project team spent time at our site reviewing our existing processes related to OR booking. This allowed us to be proactive in our approach and complete some activities prior to implementation.

The formal project management methodology was also outstanding. Project team roles were clearly defined and a formal communications strategy ensured that regular, timely information and progress updates were delivered in useful formats. For example, the project dashboards were invaluable to track progress and issues.

Improving access to key services for patients was always at the forefront of our work. The ongoing feedback from the project team on our current state and future deliverables provided the momentum to drive our team to achieve project milestones, while ensuring that the patient remained the focus of the project.

IN = Interviewer GK = Glen Kearns GP = Gino Picciano

GP: The initial WTIS deployment was managed by our IS/IT department with dedicated project management, system analyst and administrative support. The WTIS team's implementation approach ensured high-quality development of resource tools, management of timelines, and investigation, documentation and resolution of both business process and technological impacts of the new system prior to implementation. Assigning a dedicated WTIS coordinator at our hospital to provide system users ongoing support before, during and after WTIS implementation was critical. Our WTIS coordinator became fully immersed in the details and ongoing operation of the system, gaining a full understanding of the workflow associated with the new system to manage ongoing system expansions. The coordinator successfully developed relationships with surgeons and end users, monitoring compliance and maintaining regular two-way communication about system improvements.

The continued leadership of our Surgical department, division heads and senior management greatly contributed to achieving success in business process redesign, implementation and usage of the WTIS.

IN: What measures did you/your hospital take to ensure the WTIS was successful?

GK: To ensure success for the WTIS, we:

- developed a steering committee comprised of senior leaders including the Executive Vice-President, Chief of Staff and Chief of Surgery;
- assigned dedicated hospital resources to the WTIS project;
- deferred other internal IM/IT projects;
- obtained strong support from hospital decision-support staff to communicate progress and changes internally; and
- made sure all clinicians received individual attention, and provided computers and on-site technical support, as required.

GP: To ensure that the WTIS was successful, we insisted that all staff comply with the WTIS project requirements and complete all related activities according to plan. We employed a near closed-loop process, with daily oversight and review on all levels.

IN: Now that your hospital is using the WTIS have you seen any impact to other IM/IT initiatives?

GK: I would say that the robust WTIS project management methodology and resources have now influenced the way other local projects are being deployed.

GP: The WTIS has brought new information and a new workload to the hospital organization – in some cases duplicating data collection. The initial impact on new and existing information systems was the collection and storage of WTIS-related

information within internal systems. The added workload of managing WTIS cases certainly added scope to a recent IS/IT initiative at The Ottawa Hospital, which saw the deployment of one corporate surgical information–management system.

To reduce the workload associated with the WTIS, new web-based HL7 interfaces have been developed to automate some of the wait list–management tasks internally.

The expansion of WTIS to capture wait list data for all surgeries has added impetus for electronically linking WTIS data collection from surgeons' offices with existing surgical booking processes. The WTIS has been seen across the province as a partial driver for moving forward with electronic and remote booking systems in many hospitals.

IN: Are local stakeholders taking advantage of the opportunity to help shape the system moving forward? How does the ongoing maintenance and upgrade of the WTIS compare with other IM/IT initiatives you've been involved in?

GK: Yes, our LHIN now has an MRI Task Team using the WTIS data to plan regional access for MRI services. We are also working with the WTIS operations team and LHIN to determine how best to leverage the system and capture and report detailed wait list information to align with our collaborative effort to increase access to appropriate care for patients.

GP: The Ottawa Hospital has been highly engaged in the ongoing evolution of the system through the various provincial stakeholder groups, managed by CCO, including the development of the WTIS business intelligence tool, iPort Access. The Wait Time Information Program has also made possible the uptake of suggestions for improvement through their heightened focus on system change requests submitted by hospital users.

As in other provincial implementations, the hospital cannot control when WTIS system changes impact business process. Mandatory changes with mandated timelines sometimes create resource or project scheduling challenges that would have been avoided if the system had been internally managed.

About the Authors

Glen Kearns is the Integrated Vice-President for Clinical Support Services at London Health Sciences Centre and St. Joseph's Health Care for London, Ontario. Glen serves the departments of Medical Imaging, Pharmacy, Laboratory Medicine, Food Services, Biomedical Engineering and Telemedicine, and continues to work with stakeholders to improve access and the use of information technology to advance the patient care experience, quality and patient safety.

Gino Picciano is the current Senior Vice-President and Chief Operating Officer at The Ottawa Hospital. During the implementation of the WTIS at the Ottawa Hospital, Gino had the added responsibility of Chief Information Officer overseeing the introduction of the WTIS at the hospital. He has also been an active participant in local and provincial eHealth initiatives.