

Q&As - CST Design Extension

November 17, 2014

Q. Why has design been extended?

The CST project was scheduled to transition from design into testing at the end of October 2014. Design has now been extended because more time is required to complete the design work, and because there is a need to further validate the design in the Cerner system. The validation checks are to ensure the system has been built to reflect the requirements that our design teams outlined and that it meets our collective needs.

As part of the validation work we are currently reviewing clinical playbooks, to check their completeness and accuracy before we start testing. Clinical playbooks are the outputs of each of the Design Teams and serve as a key tool for testing and transformational learning teams. The first few playbooks have not been accepted as complete by our Health Organizations following comprehensive reviews. There are two reasons for this: some of the teams have outstanding design work to complete, and all teams need more time to validate what they have designed in the Cerner system. We are now working to understand the implications and to determine specifically what impact this will have on the project, including how much time is needed to complete this work and the best approach.

Q. What is the priority right now?

Design and design validation is our collective priority. It is important that the design teams have the opportunity to review the work they have done in the Cerner system to ensure they have confidence in what has been designed and built before testing begins. This work is still in progress. The priority is to ensure that we have well-designed workflows and a well-designed system that meets our expectations of improving patient care. Team IBM is working with us to develop a plan that captures the work we need to do to finish design and the approach for completing it.

Q. What is the plan for completing validation and finishing design work?

Team IBM is working with us to develop a plan to capture all of the things we need to do to finish design and an approach for completing this work. This includes validation and completion of data collection worksheets as well as iterative design and build.

Q. Will there be an impact to the project schedule or budget?

To ensure the project continues to meet our quality requirements and will meet the needs of clinicians and their patients, the design sub-phase of the project will continue until the work is completed. As a result, the testing sub-phase cannot begin yet. Once we have an agreed plan with Team IBM, project leaders will use the new plan to make an informed decision about impacts to the project's budget and schedule, including the timing of implementation to sites. It is worth noting that it is common for a healthcare project of this size and complexity to require timeline adjustments in order to meet quality objectives.

Q. Does this mean that the work the design teams have done is not high quality?

No, this extension to the design sub-phase does not reflect badly on our design teams. The work they have completed to date is valuable, impressive and high quality – there is just more to do. It was always our

intent to design iteratively, so our design teams could see their work being built, identify gaps and course correct as required. This process helps to ensure we are confident in our new workflows and the system we are creating. It is the responsible thing to do for our patients, staff, physicians and taxpayers. We want to acknowledge the hard work of those who have contributed their expertise.

Q. Is this delay impacting our relationship with Team IBM?

We continue to work in close partnership with Team IBM, our consulting partner, to complete the enterprise design and build work that is currently underway. The CST Executive Steering Committee and Project Board, which includes our CEOs, have been working with Team IBM’s leadership team to help us move forward. As we continue to make progress, the design teams, which consists of both Health Organization and Team IBM staff, will collectively review and discuss the clinical playbook feedback. They will then jointly develop a plan to move forward to address outstanding concerns and necessary actions.

Q. Will subject matter experts from regional areas have an opportunity to be involved in validation?

This is being considered, in-line with the design validation processes that still need to take place, as part of our planning work with Team IBM.

Q. Who is making decisions about how we proceed?

The CST Executive Steering Committee and Project Board, which includes our CEOs, have been heavily involved in making decisions and working with Team IBM’s leadership team to help us move forward. The design teams are obviously critical in this process and have been meeting with CST leadership multiple times a week as we work to finish design.

Q. When will we know more?

Once we have an agreed plan with Team IBM, project leaders will be able to provide more information about next steps and impacts. We know how important it is that we continue to keep you informed, and we commit to keeping the lines of communication open. We will share new information as it becomes available.

Q. How to find out more or voice concerns?

You can reach the CST change management team via info@CSTproject.ca (use subject line: Design Extension) or by calling our confidential CST voicemail box: 604-675-2510 x22454.

Alternatively, you can contact the CST Executive Sponsor or CST Executive Director/Transformation Lead for your organization.

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