

LESSONS LEARNED

Secure Texting Project

Lion's Gate Hospital

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Throughout each project life cycle, lessons are learned and opportunities for improvement are discovered. As part of a continuous improvement process, documenting and sharing lessons learned helps project teams and others discover the root causes of problems that occurred and avoid them in later project stages or future projects.

1. What was supposed to happen?

The original goal was to:

- Have 1/3 of physicians at Lions Gate Hospital using HipLink secure messaging service.
- Increase physician efficiency with communications.
- Compliment existing communications methods.
- Increase professional and collaborative communication regarding patient care among physicians.

2. What actually happened? Why?

- Initial survey of interest was high but uptake once the service became available was very low. Approximately 20 out of the 70 physicians who signed up used it.
- The frustration with the technology was high.
- Even though physicians stated they were interested, the level of buy-in to make the project a success was never achieved.

3. What project circumstances were not anticipated?

- The amount of work needed to ensure culture change at the site to embrace a new way of working.
- Health Authority policy release on the use of texting and secure platforms.
- Issues arose with the hospital Wi-Fi and firewalls resulting in issues with technology functionality.
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4. What worked well that to incorporate into future decision-making? Why?

- Process to assess interest across departments was positive.
- Process to approve the project at the working group and with the health authority administration was positive.

5. What did not work that we definitely don't want to do in the future? Why not?

- Engagement beyond the initial interest assessment was not considered. In future, the group would want to ensure strategies encourage ongoing engagement to encourage adoption of changes or new tools.
- On-the-ground technology support was inadequate; there were many issues and little resources for help. If another technology project was to go forward, this would be a key piece to consider.
- The launch event was not successful. There were a lot of technology issues which did not engender a positive response from the physician group. It is believed the initiative never recovered from this first impression.
- The initial group of physicians who participated in the pilot prior to full launch were physicians who were very experienced with technology. This did not help prepare the project team to develop:
 - an appropriate response strategy to mitigate problems for physicians with less technology experience and;
 - when a technology problem was presented, a comprehensive action plan to address the issue.
- A project manager was not hired for this project. Therefore, a lot of work was left to the physician lead to carry out on their own. Ensuring a project manager is hired for future projects will help to alleviate the burden of projects from physician leads.
- Discussions and analysis of requirements that did occur with all appropriate stakeholders i.e., hospital operations and IT departments, vendor, etc. needed to be more robust.

6. Did the project impact the degree of collaboration and collegiality among physicians, and with the health authority administration?

- The project initially engendered excitement among physicians, as it was a physician-initiated idea which was being supported and funded. Administration had listened and supported the launch of the project.
- Since the usage rate was so low, the service is not believed to have made an impact on physician collaboration and communication regarding patient care, in the way it was intended.