

Telestroke – The Pas

Project Initiation Document (PID)

Project #: MBT 2013-5b

Created: 3/13/2014

Modified: MM/DD/YYYY

Template Version: 1.1

Document Version:	1.0
Document Status:	Initial Draft
Project Lead:	Jason Macdonald
PRINCE2 Process:	Initiating a Project

Document Version Control

Document Creation Date: MM/DD/YYYY			
Date	Author	Version	Change Description
3/13/2014	Jason Macdonald	1.0	Draft

Memorandum of Understanding (MOU) Information

This following table lists the required information for MOU between the site and MBTelehealth.			
The Pas Health Complex		MOU Effective Date (Pro-Rated):	
Type of Codec(s):	SX20 Fixed Codec w Monitor	Number of Fixed Codecs:	2
		Number of Mobile Codecs:	0
Stethoscope Required (Y/N):	N	Number of Stethoscopes:	0
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Document Approvals

This document requires the below approval(s).			
Name	Signature	Title	Date
Gwendolyne Nyhof	Via email	Manager, MBTelehealth Program	March 14, 2014
Susan Alcock		MB Stroke Strategy Acute Care Coordinator	

Document Distribution List

This following table lists all stakeholders that will obtain a copy of this document.	
Name	Title
Gwendolyne Nyhof	Manager, MBTelehealth Program
Susan Alcock	MB Stroke Strategy Acute Care Coordinator
Jon Dolan	Infrastructure Support Analyst, MBTelehealth
Cristin Smook	Stroke Strategy Program Coordinator, Northern Health Region
Jason Macdonald	Project Analyst, MBTelehealth
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Project Background

Stroke is the leading cause of death and disability in Canada. Acute stroke assessment and treatment within the established 4.5 hour window of benefit (usually using the drug rtPA) can help reverse stroke damage. Because a neurologist must be consulted before treatment can begin, patients who present to facilities without 24 hour neurology services must await transport for care, usually delaying treatment to outside the window of benefit.

Manitoba Health has provided MBTelehealth (MBT) with funding to support the purchase of video conference solutions for the following 10 sites; Bethesda Hospital

- Boundary Trails Health Centre
- Brandon Regional Health Centre
- Dauphin Regional Health Centre
- Portage Hospital
- Selkirk General Hospital
- St. Boniface Hospital
- The Pas Health Complex
- Thompson General Hospital

Each of the rural sites has 24 hour on call CT scan and has been given the option to participate. This project will focus on the implementation of videoconference equipment and the development of processes and protocols to support Telestroke in The Pas Health Complex.

Business Problem/Need

As identified in the project background section of this document, stroke is the leading cause of death and disability in Canada. Without a neurology consult, rtPA cannot be administered therefore patients must be excluded from receiving treatment or await transport for care. The objective of this initiative is to be able to provide this care through the use of video conference technologies in order to allow for treatment to be administered at the site where the patient presents which will reduce the need for transport and decrease the wait time for treatment.

Stakeholders

- Clients in the The Pas Health Complex catchment area
- Staff at The Pas Health Complex
- Neurologists at HSC and other sites
- Manitoba Health
- MBTelehealth

Project Definition

This project will support the implementation of new video conference equipment within the He The Pas Health Complex to assist in the delivery of hyper acute stroke care.

Objectives

The objectives of the Telestroke project are as follows:

- Determine and procure appropriate videoconference solutions to suit the needs of the site
- Add telehealth capabilities in the resuscitation room and the special care unit in The Pas Health Complex.
- Assist in the design and workflow process that will facilitate integration of the telehealth solution for hyper acute stroke care between the two facilities
- Ensure all necessary staff are trained in use of the video conference equipment and understand the standards and procedures related to usage

Scope / Exclusions

This project will implement video conference capabilities in the resuscitation room and the special care unit in The Pas Health Complex. The start of telestroke activities in The Pas will be dependent on the set up of HSC as a hub for acute stroke care and hours of operation will be determined based on the availability of the Neurologist team.

Element	Included	Excluded
Video Conference Equipment Procurement	X	
Installation and configuration of required data drops and power outlets	X	
Equipment installation and setup	X	
Business process design and documentation	X	
Training on video conference equipment	X	
Training on standards and procedures	X	
Video Conference solution for rooms other than listed		X

Major Deliverables (Products)

Title / Description	Completion Date
Change Management – Process Documentation	May 13, 2013
Technical Certification	May 15, 2013
Training Checklist	May 21, 2013

Change Management – The change management product will determine the processes for managing telehealth activities at the sites as well as the key resources required. Change management involves facilitated discussions on existing practices and design and documentation of how these practices will work once the necessary resources are in place. MBT will facilitate and document these processes and provide to the project team for future reference.

Technical Certification - The Technical Assessment Form will be completed by a member of the MBT Technical Services team to identify key information about the sites such as technical contacts, connectivity type, connectivity risks, room and equipment recommendations and any other identified technical risks. It will identify requirements for rooms and completion of this document will initiate the equipment procurement and drop installation/configuration activities. Once all activities have been finished; a Technical Certification will be completed to confirm that the solution is fit for use. More information on this deliverable is available in the Connectivity and Set-Up Product Description.

Training/Testing - The training product is comprised of user training on video conference equipment, and MBT procedures. Equipment training is completed in person and over video to reinforce learning and includes as much hands on activity as possible. In addition to training, the project team will also use this time to test the solution and connect for dry runs to identify gaps in processes prior to the go live date of initiative.

Business Case

Benefits Expected (From Expanding Telestroke in Canada Report – Sept 2012)

Telestroke has proven very successful in increasing access to rtPA, both internationally and in Canada. Ontario, for instance, achieved an rtPA rate of over 30%, compared to Canada's average of 8%.

Telestroke is both cost effective and desired by patients. Overall benefits of telestroke include:

- More ischemic strokes are prevented, and more are treated to reduce subsequent brain damage
- Patients have better health outcomes, plus lower health care and long term social support costs
- Patient satisfaction with the healthcare system is increased
- Regional inequities in access to and standards of care are reduced
- Improved clinical collaboration and processes, and better deployment of human resources

MBT will provide available data as requested however; the MB Stroke Strategy Acute Care Coordinator will be responsible for all benefit evaluation and reporting.

Risks

- Hub Site not completed – There is a risk that the HSC site which is intended to be the Hub for acute stroke care may not be ready to support The Pas Health Complex when it is set up and ready. The same project team is working with the HSC site so will be aware of the activities of that project and will manage stakeholder expectations accordingly.
- Resources – Resources are not in place to provide 24/7 on call Neurology support as identified in best practice documentation. Until there are sufficient resources, support will only be offered between the hours of 0800-1700. Additional discussions will be required in order to facilitate support outside these identified hours as technical support is also not currently available 24/7 for the video conference equipment.
- Stakeholder Buy In – Lack of stakeholder buy in makes achieving project objectives difficult. MBT will use the ADKAR methodology to ensure stakeholder have an Awareness of the change, a Desire to participate and support the change, the Knowledge on how to change, the Ability to implement the required skills and behaviors and to provide Reinforcement to sustain the change.
- Equipment Delays – If equipment delivery is delayed, project activities and estimated timelines will be impacted which may cause the program start date to be delayed. The equipment delivery and installation estimates are based on past experience and relationships with the vendor. Should delays occur, the vendor will notify MBT as soon as possible and impacts and alternatives will be discussed by the project team. Delivery and installation within identified timelines will be the responsibility of the vendor.
- Drop/Power Installation Delays - If drop/power installation and configuration is delayed, other project activities will be impacted which may cause timelines to exceed project tolerances. The site lead is responsible for contracting the necessary work and will provide the MBT project lead with timelines based on contractor estimates.
- Users Unable To Run Equipment Independently - The expected benefits of the video conference solution implementation will not be reached if users are unable to operate the equipment independently. In this project a failed event could negatively impact patient care by delaying treatment. MBT provides initial training as part of project activities and will provide ongoing and ad hoc training as required to ensure the solution is utilized to its full capacity. MBT also provides technical support within identified operating hours to support end users in the use of the video conference equipment.

Summary Costs

MBT has been provided with funds to support the purchase of the necessary capital equipment to support the purchase of one videoconference solution for this initiative. Additional funding has been secured through the Canadian Stroke Network to support the purchase of the second solution. Ongoing operating will be the responsibility of Northern Regional Health (NRH). NRH has been provided with a quote for the ongoing operating costs to be recovered by MBTelehealth. Implementation costs are due on receipt of invoice which will be forwarded on completion of this Project Initiation Document (PID).

In addition to video conference equipment, the cost of a PACs viewer and connection will also be covered within the scope of this project. The vendors have provided a quote (see Appendix A for document location) identifying the cost of the solutions that were determined to be suitable for the sites. MBT will be responsible for the equipment costs as well as power and data drop installation and/or connectivity requirements that are identified in the Technical Site Assessment (see Appendix A for location). Those costs are not identified within this document and will be paid from the Manitoba Health allocated funds.

Project Organization

Role Allocation

Name	Role	Contact Info
Gwendolyne Nyhof	Project Executive	gnyhof@mbtelehealth.ca
Jason Macdonald	Project Manager	jmacdonald@mbtelehealth.ca
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Nancy Muller	Project Team	nmuller@mbtelehealth.ca
Tim Spencer	Project Team	sboles@mbtelehealth.ca

Roles & Responsibilities

Project Executive – Responsible for ensuring that the project is achieving its objectives and delivering a product that will achieve the forecasted benefits. Must approve changes to project scope, budget or timelines.

Project Manager – The MBT resource responsible for day-to-day management of the project. They are responsible for planning and managing project scope, timelines, resources and communication and ensuring deliverables are completed on time and within the identified budget.

Senior Supplier – The MBT resource responsible for the technical integrity of the project.

Senior User – The site resource(s) responsible for specifying the needs of those who will use the projects products and ensuring the necessary stakeholders are involved in project activities.

Project Team – staff that have been assigned project activities or have interests in the project outcomes

Project Plan

Timeline & Stage

This project consists of 5 stages. See Appendix B for a detailed project activity schedule.

Stages

Stage	Feb	Mar	Apr	May	Jun	Milestone Description	Date
Stage 1 Planning	X					Site assessment Product Initiation Document	March 14, 2014
Stage 2 Connectivity and Set Up	X	X	X	X		Equipment ordered Drop/power install and config Equipment install and testing Technical Certification	May 21, 2014
Stage 3 Change Management			X	X		Process Documentation	May 21, 2014
Stage 4 Training/Testing				X	X	Training Checklist	May 23, 2014
Stage 5 Close					X	Project Closed	June 10, 2014

Tolerances

Level	Time	Resource / Effort	Budget	Quality / Scope
Project	+/- 30 days	N/A	+/- \$1000	No tolerance all issues require RFC

Planning Assumptions and Constraints

Assumptions

- MBT will use existing resources to support this implementation
- Each site have invested staff and will allocate appropriate resources for the project activities
- CSN Project has funding available for capital equipment costs
- NRH has funding available for ongoing operating expenses
- Site staff will support sessions independently with ongoing training and service desk support

Constraints

- Timelines identified in Appendix B

Dependencies

- The implementation of Telestroke in The Pas is completely dependent on the completion of the HSC site and the Neurologist support team.

Project Controls

Project Management Method

The project will be managed using PRINCE2™ (2009 Edition)

Authority and Approvals

Approval For	By	Notes / Limits
Project/Stage Authorization	Project Executive and Senior User	If within project tolerance
Request For Change (RFC)	Project Executive and Senior User	For previously approved products, otherwise the PM if still within tolerance
Issues	Project Manager	If within stage tolerance
Project Completion	Project Executive and Senior User	

Reviews

Review	Format	Reviewers	Frequency
End Project Review	Email	PM, Project Board	Once
Quality Review	Informal	PM, Team	Once
Checkpoint Review	Highlight Report	PM, Team	Monthly
Risk Review	Risk Register Review	PM, Team	Weekly

Project Communication

What	Format	From	To	When
Highlight Report	Document Template	PM	Project Board	Monthly
Project Issues, Off-specs and RFCs	Email/Phone Call	Anyone	PM	As required
Approved Changes	Email	Project Executive	PM, Senior User	As required
Exception Report	Email	PM	Project Executive	As required

Quality Management

The project will undergo monthly updates of deliverable status. The quality management process will include ongoing risk assessments and ongoing dialogue with key stakeholders including internal network staff, provincial and regional health programs, external network users, and external project partners. Any anticipated shortfalls will be brought to the attention of the Project Board with proposed mechanisms to address these changes

Issue, Change and Escalation Management

Issues will be identified by the PM or project team and added to the issue log. The PM will then complete an impact analysis to determine if the issue is within tolerances or not. If it is within tolerances, work will continue as planned. If it is not within tolerances, the PM will complete an exception report and submit it to the Project Executive and Senior User for approval. If the exception is accepted, the issue log is updated and the PM will update the necessary planning documents. If it is not accepted, the project may be terminated. See diagram in Appendix C for further clarification.

Risk Management

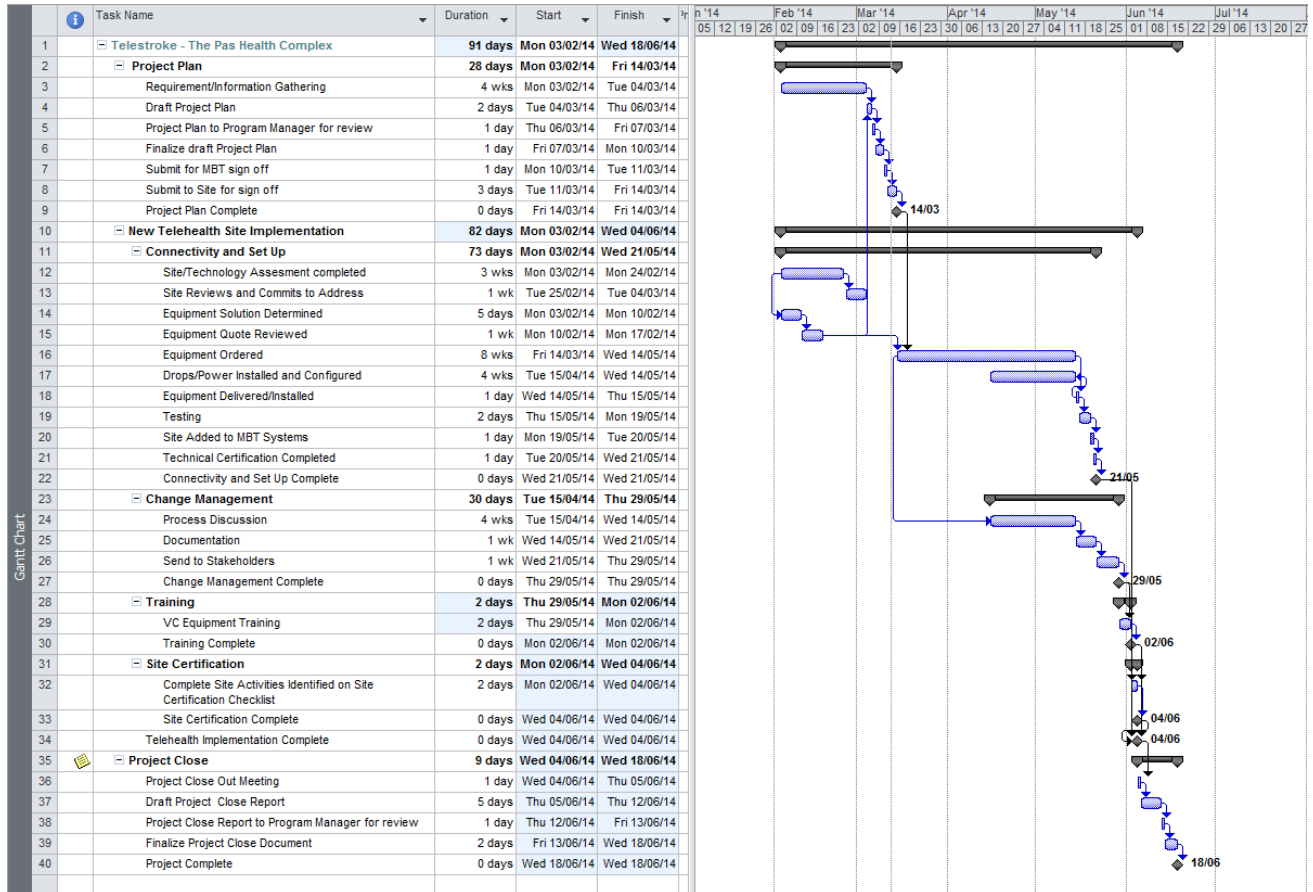
Refer to Appendix D

APPENDIX A – Document Reference Listing

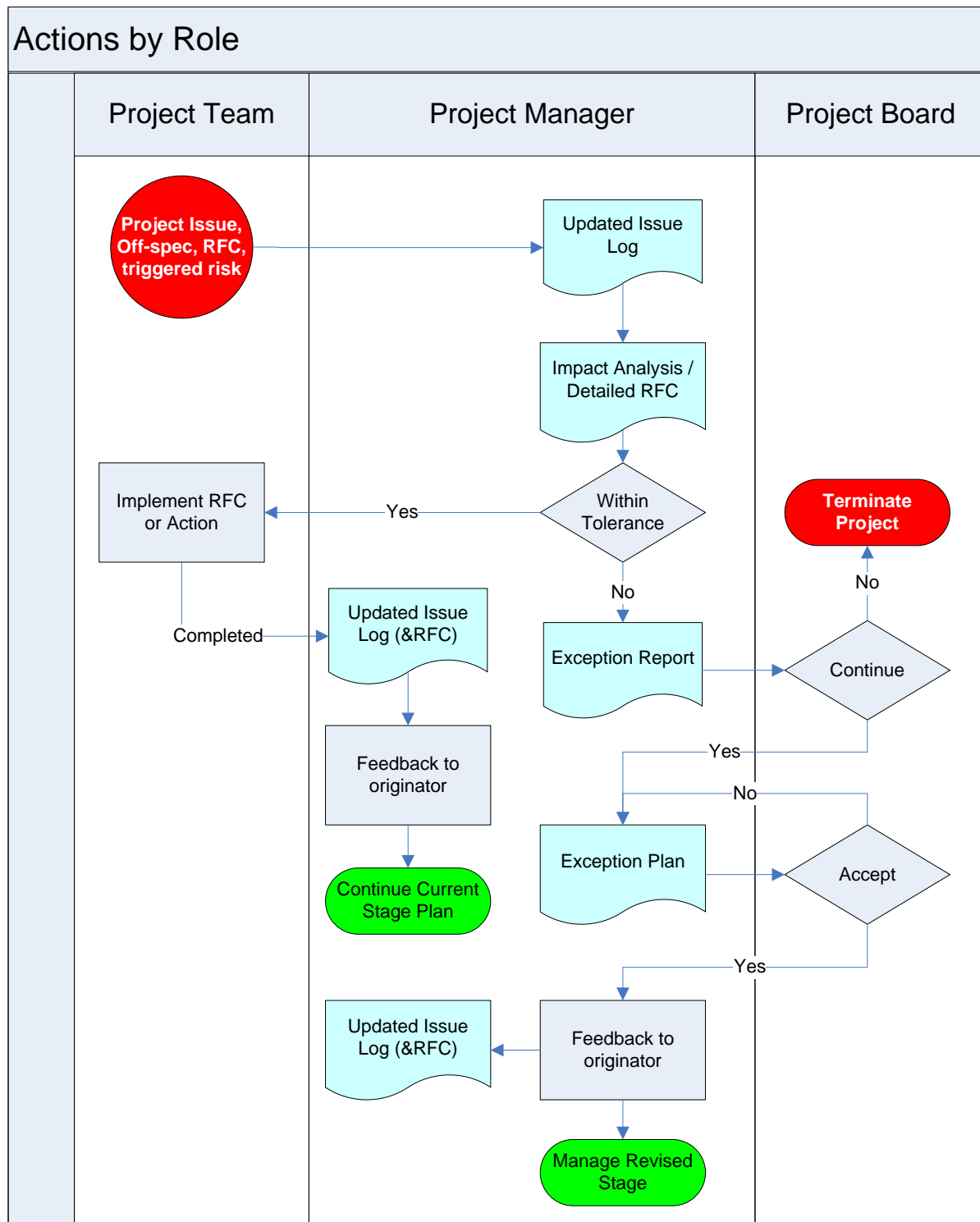
This following table lists all external documents that were referenced in this document.

Document Title	Description	Location
Change Management Product Description	Complete deliverable description. Available to new site upon request	MBT PMO
Connectivity and Set Up Product Description	Complete deliverable description. Available to new site upon request	MBT PMO
Equipment Quote	Quote from Vendor for VC solution	Project Executive and Senior Users
New Site Estimate	Quote from MBT for Year 1 and ongoing costs	MBT PMO and customer
New Site/Program Training Checklist	Checklist of completed training requirements	MBT PMO
Request for Change	Document to inform and seek approval for change from Project Executive	MBT PMO
Technical Certification	Checklist of completed technical requirements	MBT PMO
Technical Site Assessment	Site, room and solution recommendations	PM and customer
Training Product Description	Complete deliverable description. Available to new site upon request	MBT PMO

APPENDIX B – Project Schedule



APPENDIX C – Issue, Change and Exception Management



APPENDIX D – Risk Management

Risk Register

The Project Manager will maintain a Risk Register throughout the project lifecycle. As risks are identified, they will be added to the register for ongoing tracking. If risks are realized, they will be categorized using the chart below and the appropriate response strategy will be undertaken.

Risk Category

	Level of Risk				
	Consequences / Impact				
	Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	1	2	3	4	5
5 (almost certain)	M	H	H	E	E
4 (likely)	M	M	H	H	E
3 (moderate)	L	M	M	H	H
2 (unlikely)	L	M	M	M	H
1 (rare)	L	L	L	M	M

Risk Response Strategy

Category	Description	Definition
E	Extreme Risk: Immediate action required, project board usually involved	Mitigation Strategy identified and approved for implementation Weekly status reporting to project board
H	High Risk: Management responsibility should be specified and appropriate action taken	Mitigation Strategy identified and approved for implementation Weekly monitoring of risk triggers
M	Moderate Risk: Managed by specific monitoring or response procedures	Mitigation Strategy identified. Weekly monitoring of risk triggers
L	Low Risk: Manage by routine procedures	Risk triggers monitored