

TRANSCRIPTION: Straight Talk with Mary Ackenhusen: February 2015, True North Forum – Part 1

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On new leadership competencies

MARY: We have a huge challenge in front of us and the only way we're going to be successful against the challenge is if we have really above average people. The competencies we are going to talk about are really one piece of a number of things we're trying to do to make our culture even stronger and more united.

On too much time spent in meetings

MARY: So how often do you sit in a meeting and wonder, "Why am I here?" We have a culture of great inclusiveness, which is good up to a point, but when it creates too much workload then we need to rethink it. We need to have fewer, but more thoughtful meetings. They don't have to happen just because they're on schedule – you need to make sure they happen for a reason and if they're not needed, they're cancelled. And secondly, be very selective of who goes to those meetings. You have to think of it in terms of you're spending money every time you do this. So just like how you're very careful in terms of your supplies budget, your labour scheduling, all those things – it's the same thing.

On CST

MARY: So a lot of you have heard me talk about CST, our number one quality project. It's a top priority for Vancouver Coastal and Providence Health Care. It is our foundation going forward. If we can't get CST in place and get it right, we're going to be like a bank that's working on paper. And would you ever go to a bank that works on paper these days? No way. And having CST in place is going to allow us to standardize how we care so we're caring using best practise protocols ever time, or at least every time it's appropriate. The physician or nurse will know what that best practise standardized approach is and can make a decision on that. It's going to be what allows us to move into the modern world of adding apps and all those other kinds of things to our health care system so that it's being managed by our patients – patients are empowered to help manage their own health care. So it's fundamental to our success in the long-run.

I don't think it's any secret that there's been some delays and so I want to talk a little bit about that. So, it was scheduled to go live, I think, this fall at St. Mary's and that would be followed by Lions Gate. But there have been delays and so it's quite clear that no sites will go live in 2015, the current year. The reason is while we've had a very fast-paced project, which you may be aware if you've been working on it that the timelines are very short and that we're working very hard to meet the work plan. But the issue is not the timeline as much as we are not yet satisfied that the design that has been completed in something you may have heard about called Playbooks, which is basically the design and the workflows, the new design, the new workflows. We're not satisfied that the quality of that is what we would expect. And if we don't have the quality of that appropriate then when we turn it on, it's not going to provide safe care, it's not going to work for the clinicians, it's not going to provide safe care so it's really,

really important to get it right at this point. We have to design it right to match the clinical needs as well as the workflow needs and it's not there yet. So there has been a lot of back and forth between Team IBM, the consortium, the service vendor and the project office, which represents Vancouver Coastal, PHSA and Providence. In terms of trying to rectify this, there is a team working on a remediation plan, which would rectify the errors, the shortcomings that are seen in the design. For the moment, that is expected to take an additional 23 weeks, so about five months, though in fairness, the first six weeks of that five months is doing a detailed planning of that remediation. So five months may become something longer than five months. I doubt it'll become shorter than five months so we don't really know yet until we do that detailed planning. So stay tuned on that.

I guess the takeaway message is we're fully, fully committed for all the reasons I started with in terms of how important this is for our future. We are fully committed to CST, we're fully committed to implementing the Cerner solution, we're fully committed to having a quality product. My biggest fear, and it truly is my biggest fear, is that we will invest all this money, use all your efforts, all of these resources, stress everybody to make this happen and then not get it right. Because that's happened way too many times in other jurisdictions and we can't afford not to get it right. We're trying to slow it down so we get it right.

So somebody said, somebody smarter than me said, and it's so true, that CST is kind of like our problem child. You love everybody in your family...a lot...all of your children. But sometimes you have to take special attention to that one that's a problem child. So, out of all the things we're doing right now, my attention is clearly focused on the problem child right now – or perhaps it's the star child that has great potential, but I just need to nudge that child a bit to help them realize that potential. That's how we're thinking about CST – it's our star child who will soar and help us if we give her the right support.