

Context and Assumptions

This work plan reflects the current focus for the Health Sector Standing Committee on Information Management and Information Technology (SCIMIT). This work plan has been prepared at the request of the Standing Committee of Interdisciplinary Chairs (STOIC) and is intended for review and approval by Leadership Council.

SCIMIT is a Ministry of Health (the Ministry) and Health Authority collaborative forum and governance body. The purpose of SCIMIT is to undertake work on behalf of the Standing Committee of Interdisciplinary Co-Chairs (STOIC) and ultimately Leadership Council, and provide direction, guidance and governance to supporting committees and working groups, in relation to initiatives/efforts intended to achieve transformation of the health care system in alignment with the strategic priority areas and goals identified in the *BC Health System Strategy*.

Specific assumptions and constraints regarding this draft work plan:

- The *IM/IT Enabling Strategy* reflects the key strategic priorities and enablers for health sector IM/IT. These priorities were developed to support the policy directions of the health sector, including primary and community care, surgical services and rural health. The six priorities outlined in this document include:
 - Health Information Exchange
 - Data Sharing for Decision Support
 - Patient-centered Information and Technology
 - Health Information Standardization
 - Health Sector Governance and Investment
 - Health Shared IM/IT Services
- **Within the next 18 months, the top three strategic priorities of SCIMIT will be Health Information Exchange, Health Information Standardization and IM/IT Governance and Investment.** Detailed action plans will be developed in each of these areas, and subject to inclusion in this SCIMIT work plan.
- SCIMIT is completing an 18 month action plan, which moves the *IM/IT Enabling Strategy* to action and implementation.
- It is assumed that SCIMIT's 18 action plan will directly support specific service delivery improvements being articulated in the balanced scorecards by the leads in primary and community, rural and surgical services.

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- It is assumed the leads in primary and community, rural and surgical services will complete the balanced scorecard by the end of November and the enablers (finance, HR and IM/IT) will then add their content. The completed scorecards will be presented to STOIC for approval. With this approval, it is assumed SCIMIT's 18 month action plan is also approved.
- Most of the strategic projects at the SCIMIT table involve the development and oversight of health sector-wide plans. Oversight of strategic efforts within these plans will also become part of the SCIMIT work plan and will be included as each plan is finalized.

Draft Work Plan

<i>Title</i>	<i>Description</i>	<i>Timeline</i>	<i>Deliverable(s)</i>
<i>Strategic Projects</i>			
IM/IT Strategy Map and Scorecard Development	Formulate and publish the IM/IT portions of the health sector strategic management framework, in support of the five overarching strategy maps and scorecards.	<ul style="list-style-type: none"> • Development in November and December, 2015 • Review and approval in January and February, 2016 	<ul style="list-style-type: none"> • Scorecards completed with IM/IT content and ready for STOIC approval.
IM/IT 18-Month Action Planning	Prepare an integrated plan for delivering needed IM/IT service excellence across priority areas identified in the IM/IT Strategy Map and Balanced Scorecard.	<ul style="list-style-type: none"> • Development in November and December, 2015 <i>NOTE: this action plan will be a living document and will be updated regularly.</i> 	<ul style="list-style-type: none"> • SCIMIT's IM/IT 18-Month Action Plan
Health Information Exchange (Priority 1) and Health Information Standardization (Priority 2)	Leveraging existing efforts across the sector, this suite of projects will position the province to move towards shared care planning through the integration of clinical information systems, the creation of a virtual single health record for each patient and the piloting of advanced	<ul style="list-style-type: none"> • <i>Detailed plans and timelines are currently under development as part of the IM/IT 18-Month Action Plan</i> 	Sector-level IM/IT services, information and infrastructure that support: <ul style="list-style-type: none"> • standardized information exchange, • advanced workflow interactions (including eReferral, surgical

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Title	Description	Timeline	Deliverable(s)
	capabilities, like eReferral.		booking), and <ul style="list-style-type: none"> • sharing and access to a wider range of clinical information content (including lab, medication and immunization information and medical images and reports).
Continuous Improvement			
Health Sector IM/IT Governance Reform (Priority 3)	Undertake streamlining of sector-level IM/IT governance and investment in accordance with recommendations laid out in the latest IM/IT Enabling Strategy.	<ul style="list-style-type: none"> • <i>Detailed plans and timelines are currently under development as part of the IM/IT 18-Month Action Plan</i> 	<ul style="list-style-type: none"> • Common and Shared Interest Policy and associated Funding and Resource Framework • Capital planning and expenditure review process
Health Shared IM/IT Services	Continue the move to the shared services model for the health sector. This effort is managed through SCIMIT's Standing Committee on Technology Strategy (TSSC).	<ul style="list-style-type: none"> • <i>Detailed plans and timelines are currently under development as part of the IM/IT 18-Month Action Plan</i> 	<ul style="list-style-type: none"> • Desktop re-Procurement • Supply Chain System Implementation • Health sector plan for HR Systems Refresh (payroll and scheduling)
Infrastructure Review	Reviews and go-forward plans are required for aging systems, including HNI and HIAL/PLIS. The latter is required as an enabler of HIE.	<ul style="list-style-type: none"> • <i>Detailed plans and timelines are currently under development as part of the IM/IT 18-Month Action Plan</i> 	<ul style="list-style-type: none"> • HNI review and go-forward plan • HIAL/PLIS review and go-forward plan
Core Functions / Operations			
Monthly Committee	<i>(adapt from ToR)</i>	<ul style="list-style-type: none"> • Ongoing monthly meetings 	<ul style="list-style-type: none"> • Records of Decision

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<i>Title</i>	<i>Description</i>	<i>Timeline</i>	<i>Deliverable(s)</i>
Meetings			<ul style="list-style-type: none">• Etc.

STANDING COMMITTEE on IM/IT
LIST OF COMMITTEES
Joint Participation - MoH & HA Staff
November 2015

Name	Purpose	Chair	# of Members
Enterprise Architecture Standing Committee (EASC)	Govern and oversee architectural efforts, whether stand-alone or part of a larger initiative, where the efforts are of common or shared interest to the BC Health Sector. The committee meets monthly.	Philip Barker (FHA), Paul Shrimpton (MoH)	1 MOH 5 HA 1 HSSBC
<ul style="list-style-type: none"> Enterprise Architecture Working Group 	Reports to EASC provide project resources, strategic oversight, peer reviews, and expert guidance during the development of the BC Health Enterprise Architecture Program Committee meets weekly	Rick Conolly (MOH)	7 HA 2 HSSBC 11 MOH
<ul style="list-style-type: none"> Health Information Exchange Working Group 	Reports to EASC HIEWG is to provide subject matter expertise, review deliverables and make recommendations to the HIE-EA team, in support of the execution of the initiative, as outlined in the associated Request for Architecture Services. The HIEWG will remain in place for the duration of the initiative or as otherwise decided by the chairs of the group. Requirements for continued operation of the group and/or similar or related bodies (i.e., beyond the duration of the initial visioning phase) will be addressed as recommendations from the initiative. Committee meets as required.	Guy Friswell (MOH)	9 HA 2 FNHA 5 Dr. of BC 4 MOH

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Name	Purpose	Chair	# of Members
Health Information Standards Standing Committee (HISSC)	<p>Govern, promote and oversee health information standards of common or shared interest to the BC Health Sector</p> <p>The committee meets monthly.</p>	<p>Dr. Bill Clifford (NHA), Paul Shrimpton (MoH)</p>	<p>1 clinical 1 Dr of BC 1 FNHA 5 HA 1 HSSBC 4 MOH 1 PHC 2 academic</p>
<ul style="list-style-type: none"> Clinical Document Architecture Adoption Working Group 	<p>Reports to HISSC</p> <p>TOR is being rewritten</p>	<p>Cindie Robertson (IHA) Jeff Aitkin (MOH)</p>	<p>13 HA 1 Dr. of BC 1 consultant 5 MOH</p>
Health Information Privacy Security Standing Committee (HIPSSC)	<p><i>Note</i>, this committee is not yet set up. The Provincial Health Information Privacy & Security Council became the SCIMIT Standing Committee, with Dr. Fyfe as a co-chair. Elevating HIPSC to become a governance Standing Committee has not been successful (largely due to the operational focus of the overly broad membership), and we are regrouping to form a new more focused governance SC for Privacy and Security</p>	<p>Dr. Mary Lyn Fyfe (VIHA), Mariana Diacu (MoH)</p>	<p>Has not yet convened membership</p>

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<ul style="list-style-type: none"> • Health Information Privacy Security Council (HIPSC) 	<p>Reports to HIPSSC</p> <p>The Health Information Privacy Security Council (HIPSC) is a centralized Committee composed of cross Health sector privacy and security leaders from British Columbia's (BC) Health Authorities, First Nations Health Authority, the Ministry of Health, key Denominational Affiliates and Health Shared Services BC (HSSBC). It has two central purposes:</p> <ol style="list-style-type: none"> 1. To identify and collaborate on information privacy, security, related information management issues and health care sector trends with a goal of establishing a harmonized and consistent approach to managing issues and trends of cross health sector relevance and import to all representative entities. 2. To provide local and provincial stakeholders with a centralized mechanism to obtain harmonized expert advice and direction about integrating information privacy and security into the design of their initiatives to achieve intended strategic and clinical value from them and appropriately safeguard personal and health information and data assets about the citizens of British Columbia <p>The committee meets monthly</p>	<p>Cathy Yaskow (VIHA) Shelly Korobanik (IHA)</p>	<p>30 HA 2 FNHA 1 HSSBC 4 MOH</p>
<ul style="list-style-type: none"> ○ Education Harmonization Working Group 	<p>Reports to HIPSC</p> <p>In process of being established</p>	<p><i>Not yet established</i></p>	<p><i>Not yet established</i></p>

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○ Privacy Breach Standardized Coding Working Group	Reports to HIPSC In process of being established	<i>Not yet established</i>	<i>Not yet established</i>
Service Operations Standing Committee (SOSC)	Guide and direct the operation of common or shared health sector IM/IT service operations interests. It ensures alignment to health sector IM/IT strategic goals and furthers clinical objectives by establishing sector level objectives and providing directions to guide health sector IM/IT service operations decision-making In-scope applications will, at a minimum, initially include eHealth operations (e.g., Panorama, PLIS, HIAL, etc.) and Registries (Client, Provider, and EMPI Services). See appendix 1 for a full list of common/shared interest applications in the scope of this committee. This list will be updated as new applications/services are added. The committee meets monthly.	Oliver Gruter-Andrew (VPP), Guy Cookson (MoH)	6 HA 1 MOH 1 HSSBC 1 FNHA
Solution Delivery Standing Committee (SDSC)	Guide and direct the portfolio of solutions in areas of common or shared interest as selected and prioritized by SCIMIT and the BC Health Priorities and Investment Standing Committee The committee meets monthly.	Joseph Mendez (FNHA), Tracee Schmidt (MoH)	Has not yet convened membership
Priorities and Investment Standing Committee (PISC)	Deferred start up. SCIMIT established a Working Group action on Oct 2nd to address PI issues. Led by Oliver Gruter-Andrew (VPP), Joseph Mendez (FNHA), Tracee Schmidt (MoH)	<i>Not yet established</i>	<i>Not yet established</i>
Technology Strategy Standing Committee (TSSC)	Develop and oversee the overall vision and strategic direction for IT across the sector The committee meets monthly.	Philip Barker (FHA), Phil White (HSSBC)	1 MOH 1 FNHA 5 HA 1 HSSBC

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Name	Purpose	Chair	# of Members
<ul style="list-style-type: none"> • Technology Advisory Group (TAG) 	<p>Reports to TSSC</p> <p>TAG focuses on the alignment, reliability and cost-effectiveness of the technical infrastructure which enables the efficient sharing of healthcare information in BC. It recommends strategies, tactics, architectures, policies, standards, guidelines, best practices, enabling mechanisms and other initiatives for meeting the technical infrastructure needs of the BC health system.</p> <p>The committee meets monthly.</p>	<p>Brian Armstrong, HSSBC</p>	<p>4 HSSBC 1 FNHA 7 HA 1 MOH</p>
<ul style="list-style-type: none"> ○ Cloud Working Group 	<p>Reports to TAG</p> <p>The working group is new and documentation is currently being drafted.</p>	<p>unavailable at this time</p>	<p>unavailable at this time</p>
<ul style="list-style-type: none"> ○ Data Centre Working Group 	<p>Reports to TAG</p> <p>The working group is new and documentation is currently being drafted.</p>	<p>unavailable at this time</p>	<p>unavailable at this time</p>
<ul style="list-style-type: none"> ○ Desktop Advisory Working Group 	<p>Reports to TAG</p> <p>The Group will recommend strategies, desktop roadmaps, tactics, architectures, policies, standards, guidelines, best practices, enabling mechanisms and other initiatives for meeting the desktop infrastructure needs of the BC health system.</p> <p>The committee meets monthly.</p>	<p>Provincial Manager, Desktop Engineering Services (HSSBC)</p>	<p>4 HA 2 HSSBC</p>

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Name	Purpose	Chair	# of Members
○ Network Working Group	<p>Reports to TAG</p> <p>The working group recommends strategies, tactics, architectures, policies, standards, guidelines, best practices and other deliverables as needed for meeting the networking needs of the BC health system.</p> <p>The committee meets monthly.</p>	Gerry Neufeld, Provincial (HSSBC)	4 HA 6 HSSBC
○ Security Working Group	<p>Reports to TAG</p> <p>No information available at this time; it has been requested from HSSBC</p>	unavailable at this time	unavailable at this time
○ Storage Working Group	<p>Reports to TAG</p> <p>The Group will recommend strategies, roadmaps, tactics, architectures, documentation and communication, policies, standards, guidelines, best practices, and enabling mechanisms for service delivery and other initiatives for meeting the storage infrastructure needs of the combined 6 Health Authorities.</p> <p>The committee meets monthly.</p>	Mike D'Angelo (HSSBC)	3 HA 3 HSSBC 1 org. unknown

Committees that are candidates for future alignment are:

- Client Subject ID Working Group (aligned potentially to HISSC)
- Registries Change Advisory Board (aligned potentially to SOSC)
- Panorama Change Advisory Board (aligned potentially to SOSC)
- iEHR/PLIS Change Advisory Board (aligned potentially to SOSC)
- iEHR/PLIS Joint Operating Committee (aligned potentially to SOSC)
- iEHR/PLIS Joint Executive Committee (aligned potentially to SOSC)
- HIAL Change Advisory Board (in process of being established | aligned potentially to SOSC)



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Leadership Council

The Audit of the Panorama Public Health System Action Plan and Next Steps

February 18, 2016

Deborah Shera
Assistant Deputy Minister
Ministry of Health



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Agenda

- Summary of Public Accounts sessions
- Update on the Panorama Action Plan
- Next Steps



OAG Key Findings

1. Commission an independent review of Panorama and other alternative systems to meet the current and future needs of public health in BC
2. Review MOH's project management practices to ensure future IT projects are managed in accordance with good practice
3. Review MOH's contract management practices to ensure future IT projects are managed in accordance with good practice
4. Review MOH's current leadership practices and develop a collaborative strategy for future IT projects



Response Summary

- Two sessions with Select Standing Committee on Public Accounts
- Presented Ministry response (in the OAG report published Aug 13)
 - Context on the Panorama build national decision making governance structure
 - Timeline of key events highlighting impacts of H1N1 national response on Public Health SME availability
 - Benefits that have and continue to be delivered
- Presented the Ministry's action plan



Main Focus of Questions

1. Cost:
 - Accounting for the cost increases for both the national and provincial projects
2. Vendor Accountability:
 - Contractual terms with IBM around acceptance
3. Procurement:
 - The thinking behind changing the contractual terms vs re-procurement
4. Ministry's Continued Commitment to Panorama
 - Wanted full acceptance of recommendation #1



1st Progress Update to SSCPA February 2nd

- Presented a progress update on the Ministry's action plan (to follow)
- Confirmed our intent to ensure transparency throughout
- Next report back likely June
- This Committee's response is of interest
- Note: In parallel, the OAG is looking at IT Projects in general in the public sector – recognition that Panorama is not unique



Ministry Targeted Improvements for Large IT Projects

Principles:

- Clear Process
- Grounded objectives/deliverables linked to patients and fiduciary value proposition
- Competent costing, budget allocation and contract procurement/negotiation (including risk sharing profile)
- Excellent governance
- Excellent project management across “lifecycle” and independent expert project assurance
- Excellent contract management (including off-ramp provisions)
- Excellent standardized record keeping



Action Plan - OAG Finding #1

Meet Current and Future Needs of Public Health

Action Plan	Anticipated Completion	Progress
Develop a 3-5 year business plan to address key functionality and design issues.	June 2016	<ul style="list-style-type: none">• Consultant hired to lead the business plan development.• Work is underway.
Undertake an annual survey of Panorama end users to assess satisfaction, clinical benefit and adoption.	Annual, beginning early 2016	<ul style="list-style-type: none">• Design of assessment methodology commenced.<ul style="list-style-type: none">• Leverage Island Health's annual user survey• Spring 2016 launch, results early summer.
Undertake an annual environmental scan to evaluate other compatible public health products.	Spring 2016	<ul style="list-style-type: none">• Informal Fall report completed.<ul style="list-style-type: none">• Did not identify other available 'COTS' systems that offers the suite of integrated services Panorama does.• Developing a more robust, repeatable methodology to perform a more comprehensive assessment in 2016.



Action Plan - OAG Findings #2

Project Management

Action Plan	Anticipated Completion	Progress
<p>1. Strengthen project management and delivery structure:</p> <ul style="list-style-type: none">Consolidate expertise and strengthen project management capacity	On-going	<ul style="list-style-type: none">Strengthened the mandate of the Project Management Office and increased resources.<ul style="list-style-type: none">Structure to be used to achieve best practise.Implementing plan to support training, mentoring and recruitment for both IT and non IT projects. A 'community of practice' approach.Continued collaboration with the OCIO.Implementing standard records management.
<p>2. Achieve best practices:</p> <ul style="list-style-type: none">Evaluate our current practices and identify gapsDevelop an action plan to achieve best practices	March 2016	<ul style="list-style-type: none">Developed industry standard processes, gates, documentation and approvals.These evaluations and processes will be reviewed by external experts prior to final approval.



Action Plan - OAG Findings #3

Contract Management

Action Plan	Anticipated Completion	Progress
3. Review contract management processes and implement recommendations	March 2016	<ul style="list-style-type: none">External review of Health Sector IM/IT Divisional contract management processes commenced.



Action Plan - OAG Findings #2 & 3

Project Management & Contract Management

Action Plan	Anticipated Completion	Progress
<p>4. Confirm our approach – <i>Expert Validation</i></p> <ul style="list-style-type: none">Engage independent expertise to review our action plan on project management, contract management, and governanceEnsure independent project assurance on large complex projectsImplement project review board with panel of experts	<p>September 2016</p>	<ul style="list-style-type: none">Completed competitive procurement.Engaged EY on December 15, 2015.<ul style="list-style-type: none">External review of Ministry practise in managing large, complex IT initiatives.Evaluation of Ministry governance, contract and project management practise and provide recommendations.Evaluating models for panel of experts and developing terms of reference.Continued collaboration with OCIO to leverage their available expertise.<ul style="list-style-type: none">Have engaged for independent assurance review of cost estimating on a large project.



Action Plan - OAG Finding #4

Leadership & Collaboration

- The Ministry of Health has realigned the provincial governance structure to enhance accountability and to play an integrating and coordination role.
- Finalizing 18 month plan for IM/IT Health Sector projects through the Standing Committee on Health Sector IM/IT.



Panorama Update

- Release 2.5.7 - Delivered Fall 2015
 - Lab Use Optimized
 - Consistent display and interpretation of lab results.
 - Laid foundation for automated lab result delivery (March 2016 starting with BC Public Health Lab).
 - Delivered a significant number (1000+) user improvements and enhancements across all modules.
- Successful pilot of Mass Immunizations in Island Health
- Release 2.5.8 - March 2016
 - Tuberculosis (TB) related enhancements related to medication management functionality and TB drug adherence calculations .
 - Supports TB and sexually transmitted infections (STI) deployments and automated lab result feed connection.
 - Improved management of Vaccine Inventory functionality including returns and adverse storage conditions.



Concluding Comments

Collectively we need to:

- Provide strong leadership on the clinical objectives underlying each IT transformation project
- Have continued dialogue at senior executive levels about how we manage these projects
- Prepare for CST and other audits (BC Services Card)

For Panorama we need to:

- Continue drive to deliver on action plan commitments guided by the foundational principles
- Complete transition to PHSA
- Deliver on priority business plan items to maximize benefit to public health