

**Health Sciences Placement Network of BC
(HSP*net*)**

Project Charter

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Table of Contents

Background 1

Project Terminology 2

Project Purpose 2

Goals and Objectives 2

Critical Success Factors and Assumptions 3

Project Scope 4

Project Organization 4

Project Schedule 5

Project Management Procedures 6

 Status Reporting 6

 Change Control..... 6

 Project Communications 6

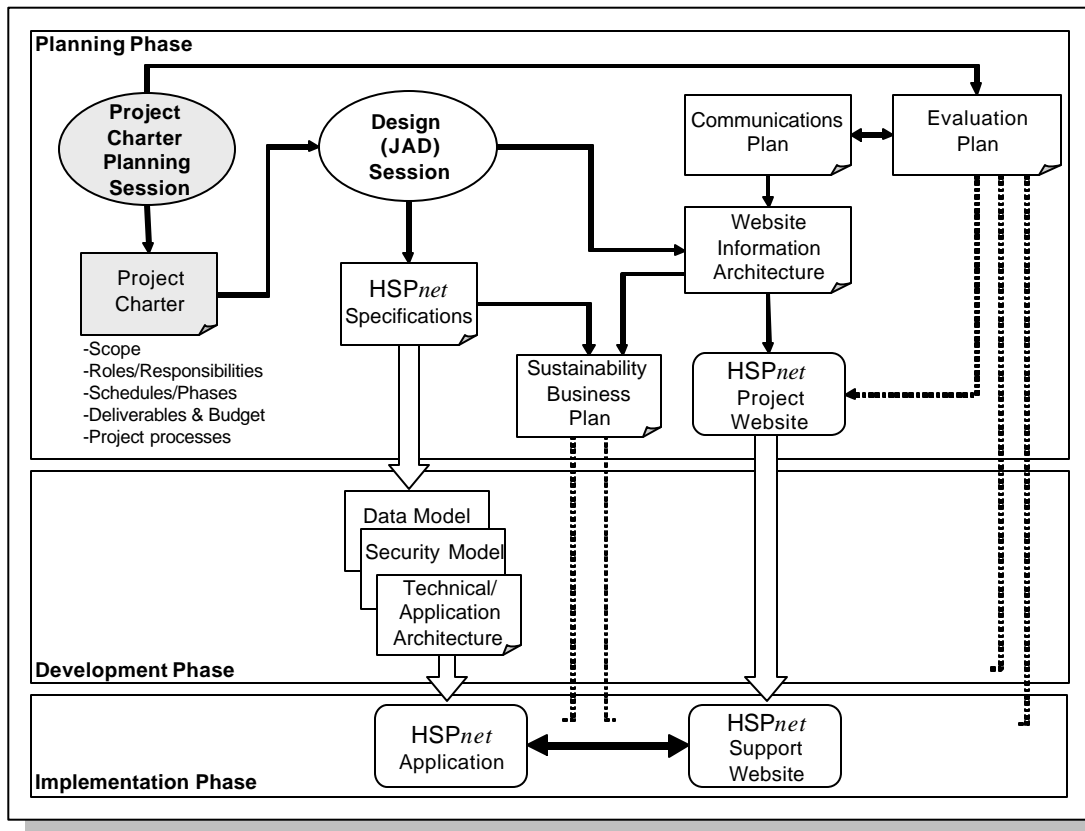
 Evaluation..... 6

 Risk and Issue Management..... 7

Health Sciences Placement Network of BC (HSP_{net}) Project Charter

Background

COUTH has received \$258,000 in project funding from the Ministry of Health Planning to develop and implement HSP_{net}, a provincial information system for coordinating health sciences student placements. The funding will support the project over a one-year period, at the end of which HSP_{net} will commence operations under an ongoing business model to be defined during the Planning Phase of the project.



The Project Charter defines and will guide HSP_{net} Project activities during the coming year, which will be divided as shown above into a Planning Phase, a Development Phase, and an Implementation Phase. This document represents the input of a broad cross-section of stakeholders during a planning session held on April 2, 2002.

The Project Charter outlines:

- ◆ Terminology to be used throughout the project
- ◆ Project Purpose, goals and objectives
- ◆ Scope
- ◆ Roles, responsibilities and resources
- ◆ Project phases and timelines
- ◆ Processes for communications, evaluation, and issue management

Project Terminology

For the purposes of this project, the following terminology will be used:

Discipline – A health sciences field of expertise such as Nursing, Medical Radiography, or Pharmacy.

(Educational) Program – A set of educational requirements leading to an established designation or competency such as BScN, Medical Radiography Technician, or Pharmacist.

Placing Agency – Typically a health sciences educational institution, but can be any organization that places a student.¹

Receiving Agency – A health authority or private health service provider that receives a student placement request.

Push Workflow – The process whereby a Placing Agency sends placement requests to one or more potential Receiving Agencies.

Pull Workflow – The process whereby a Receiving Agency alerts one or more potential Placing Agencies of its interest/capacity to receive a placement.

Project Purpose

The purpose of the HSP_{net} Project is to introduce a province-wide system for coordinating and evaluating health sciences student placements.

HSP_{net} will support processes for:

- Initiating, considering, and accepting or rejecting placement requests
- Tracking status of requests and placements
- Reporting on placement activities
- Evaluating placement outcomes

Goals and Objectives

There was consensus that the goals of HSP_{net} should serve not only the operational requirements of coordinating student placements, but should also support associated education and research activities.

¹ Some health authorities currently track, for example, in-house Preceptor training within their student placement system by identifying their own agency as the “school” and the educational program as “Preceptor Training.” This additional type of placement tracking would be optional and needs to be counted separately from inter-agency placements, which are the focus of this project.

(Long Term) HSP_{net} Goals	(One-Year) Project Objectives
Track and evaluate 100% of student placement activities	<ul style="list-style-type: none"> - Implement HSP_{net} in 100% of health authorities and in a majority of health science educational institutions - Include the ability to accommodate requests from non-users of HSP_{net} (e.g. out of province requests)
Improve our ability to analyze, plan and increase placement capacity	<ul style="list-style-type: none"> - Define “baseline” characteristics and accommodate trend analysis against baselines - Identify “oversubscription” problems, system bottlenecks, opportunities to promote equity - Develop and publish profiles of participating organizations and competencies for each discipline
Establish an ongoing forum for planning, support, and improvement of student placements	<ul style="list-style-type: none"> - Introduce a website that supports both project activities and long-term communication and information sharing - Develop and publish a shared knowledge base including risk management requirements and best practices, common policies and forms, etc.
Significantly streamline placement processes	<ul style="list-style-type: none"> - Provide on-line functions to initiate, redirect, accept/deny, and confirm placements - Eliminate duplicate processes for collecting, sharing, tracking, and reporting on placement data
Ensure the ongoing sustainability and improvement of HSP _{net}	<ul style="list-style-type: none"> - Achieve agreement on mechanisms and resources to cover costs of ongoing operation and minor upgrades - Identify funding sources and mechanisms to prioritize requirements for future enhancement

Critical Success Factors and Assumptions

- ◆ Availability of common, standard technologies to facilitate by a wide range of by participating agencies.
- ◆ Near-ubiquitous access: any place, any time, any (authorized) person.
- ◆ Widespread adoption among Placing and Receiving Agencies (may require incentives or directives to participate)
- ◆ Ability to accommodate occasional requests from “external” agencies (e.g. local school boards)
- ◆ Ability to facilitate group and individual placements
- ◆ Ability to accommodate both “push” and “pull” workflows

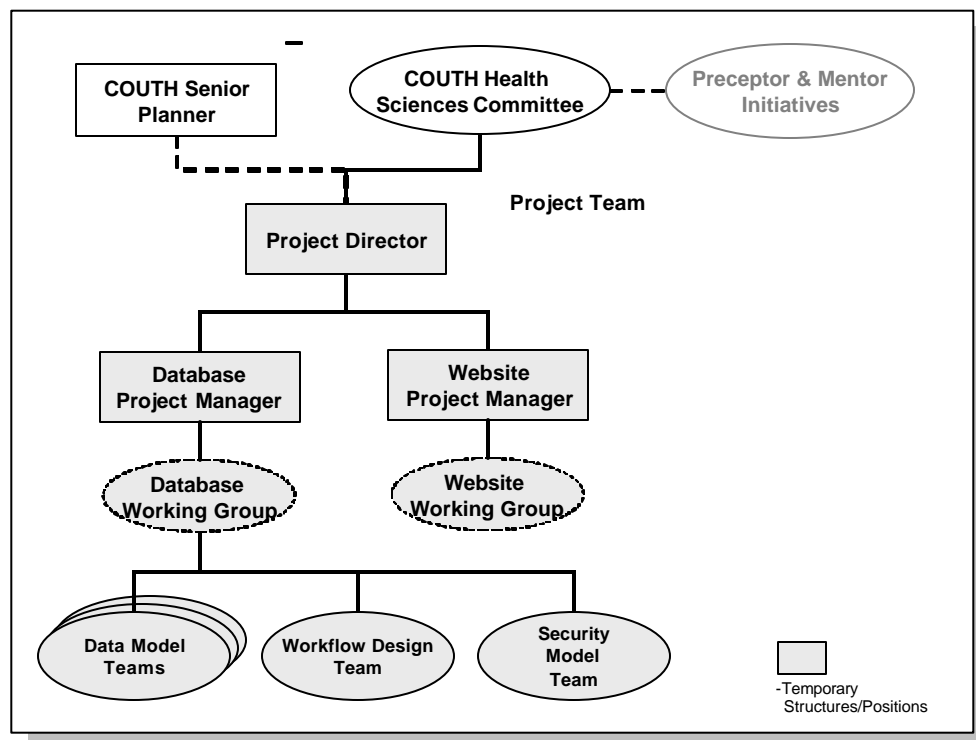
Project Scope

In Scope	Future Scope
<ul style="list-style-type: none"> ◆ Push and pull placement workflows ◆ “Manual” participation by non-users of HSP_{net} ◆ Requests from public and private Placing Agencies² ◆ Requests to public and private Receiving Agencies ◆ Access by Placing and Receiving Agencies, Placement Sites, Program instructors ◆ <i>Design scope</i> to incorporate medical students ◆ <i>Design scope</i> to assume future direct access by students to their information as appropriate 	<ul style="list-style-type: none"> ◆ MSI’s, residents (Family Practice residents a priority) ◆ Electronic linkages to existing Student Information Systems (to facilitate import of student profiles into HSP_{net}) ◆ Student access (profile update, placement request, placement status tracking, post-placement evaluation) ◆ Instructor access for student evaluations

Project Organization

The COUTH Health Sciences Subcommittee has agreed to serve as **Project Steering Committee** (see Appendix 1 for Terms of Reference). The Steering Committee is accountable to the COUTH Executive Committee and will provide overall Project direction.

Reporting to the Steering Committee is the **Project Team**, comprised of a COUTH senior planner, other COUTH resources as available, and the external consulting team contracted for this Project.



² Policy issues, such as those related to educational standards and impact of participation, need to be addressed in order to include private Placing Agencies.

The **Project Director** is accountable to the Steering Committee for project objectives and deliverables, with the COUTH Senior Planner acting as contract administrator. The Project Director provides overall project management in terms of project plan development and maintenance, and is responsible for production of key project documents: the Project Charter, Sustainability Business Plan, Communications Plan, and Evaluation Plan.

The Project Director oversees the work of members of her consulting team: the **Database Project Manager** and **Website Project Manager**, and additional subcontractors throughout the Project as necessary.

The Project Team will oversee the activities of two key working groups (**Database Working Group** and **Website Working Group**) and may also work with multiple task groups, to be identified during the Planning Phase. Working Groups will seek representation across disciplines and geographic areas and will likely meet throughout the Development and Implementation Phases, whereas **Task Groups** will generally be smaller in size and will meet only to address a specific subset of project activity.

Participating Agencies will need to identify representatives to participate in Project committees and groups, and will also contribute resource time to review and comment on key documents including the Project Charter, Sustainability Business Plan, HSP_{net} Requirements Definition, Data Model, and Security Model.

Project Schedule

A project plan for the Planning Phase is attached as Appendix 2. The plan outlines the following project milestones during this phase:

Responsibility / Deliverable	Target Date
<p>Project Team</p> <ul style="list-style-type: none"> ◆ Schedule Project Charter Planning Session, JAD Session ◆ Coordinate stakeholder consultation for: <ul style="list-style-type: none"> ○ Project Charter ○ HSP_{net} Requirements Definition ○ Sustainability Business Plan ◆ Evaluate Communications Plan ◆ Coordinate evaluation of Planning Phase 	<ul style="list-style-type: none"> ◆ March 15, 2002 ◆ May 7, 2002 ◆ May 31, 2002 ◆ June 6, 2002 ◆ May 30, 2002 ◆ June 11, 2002
<p>Consultants</p> <ul style="list-style-type: none"> ◆ Draft Project Charter ◆ Facilitate JAD Session ◆ Launch Project Website ◆ Finalize HSP_{net} Requirements Definition ◆ Draft Sustainability Business Plan ◆ Develop Communications Report ◆ Develop Evaluation Report ◆ Develop Recommendations for Development Phase 	<ul style="list-style-type: none"> ◆ April 5, 2002 ◆ April 9, 2002 ◆ May 6, 2002 ◆ May 14, 2002 ◆ May 31, 2002 ◆ June 11, 2002 ◆ June 11, 2002 ◆ June 25, 2002

Development Phase – The Development phase, scheduled to commence at the end of June, will encompass activities to design, build and test the HSP_{net} application. During this time, participants for the Pilot will be identified.

Implementation Phase – The final phase is expected to start in January, 2003 and will consist of both the HSP_{net} Pilot and eventual province-wide rollout (target March 31, 2003).

Project Management Procedures

Status Reporting

The Project Director will report on status against the Project Plan at bi-weekly Project Team meetings and at monthly Steering Committee meetings. In addition, regular status reports will be published on the Project Website.

Change Control

Changes to Project scope, budget, and other aspects of this Project Charter will occur only upon approval of the Steering Committee. In addition, the Steering Committee will be advised of significant changes to dates in the Project Plan if such changes are expected to impact Project cost, achievement of objectives, or ability to meet milestones.

Project Communications

A detailed Communications Plan (Executive Summary attached as Appendix 3) has been developed to guide the Planning Phase. The Plan guides project communications with an emphasis on development and maintenance of a website to support information sharing among Project stakeholders. Key components of the website during this phase will be:

- ◆ Project Overview and Background
- ◆ FAQ's
- ◆ Project Status
- ◆ Feedback Area – Opportunity to comment on key documents, prototype screens, etc.
- ◆ Contact Us – Project contact information (Project Team, committees and groups)
- ◆ Community Development Area – spotlight on key Project contributors, “early adopters,” and their activities

Primary audiences identified for the Project include Placing and Receiving Agencies, committees and councils involved with health sciences education, and the BC Ministries of Health Services and Health Planning. Secondary audiences include health sciences students and potential students.

Evaluation

The Evaluation Plan outlines a focus on participant satisfaction and HSP_{net} performance. Proposed measures include:

- ◆ Participant Satisfaction
 - Project processes
 - Project deliverables
 - Project success against objectives
- ◆ ISPS Functionality/Performance
 - Website user satisfaction
 - ISPS user satisfaction

Measurement tools and processes will include:

- ◆ Steering Committee and Working Group Meetings
- ◆ JAD Session – Evaluation Form
- ◆ Website – Feedback tools
- ◆ Website and/or Email – Participant Surveys
- ◆ Project Participants Database
- ◆ HSP^{net} Pilot Evaluation
 - Functionality – HSP^{net}, website
 - Performance – HSP^{net}, website
 - User training materials
 - User support
- ◆ ISPS Launch Evaluation
 - Functionality – HSP^{net}, website
 - Performance – HSP^{net}, website
 - User training materials
 - User support

Risk and Issue Management

Responsibility for a risk management process will reside with the Project Team, who will establish procedures to support decision-making about project risks. A scorecard will be developed to identify the high risk activities and develop a plan for managing those risks.

High risk activities will be rated according to likelihood of occurrence and potential impact on Project cost, schedule or performance. Mitigating actions for each high risk activity will then be proposed, yielding a residual risk assessment. Both initial and residual ratings will be summarized and presented to the Steering Committee, and an update of this summary will be incorporated into their monthly status report.