

ENSE 885AS/496AB, Computer Supported Collaborative Work (Spring/Fall 2018) Project Requirements (Charter)

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Vision

To empower and foster a culture of participation for innovation.

Narrative

eHealth Saskatchewan (eHS) is a Treasury Board Crown within the province of Saskatchewan providing Information Technology (IT) support to Saskatchewan's health sector. Through the vision "Empower Patients. Enable Care," eHS has a goal and purpose to improve the quality of health care across the province for both patients and health care providers. In the organization's ongoing effort to achieve this goal and purpose, eHS focuses on the sustainability of their services by fostering an internal culture of innovation. In operationalizing a culture of innovation, eHS employees are encouraged to individually and collaboratively trial new ideas and innovations through Plan, Do, Check, Act (PDCA) cycles with the goal of improving quality, cost, delivery, safety, and engagement within eHS.

To help manage and promote the internal culture of innovation/PDCA cycles, a web-based (SharePoint 2013)/computer supported collaborative work (CSCW) system called "Challenge 100" was designed and developed. Although the Challenge 100 CSCW tool was a success with respect to the sheer number of innovations shared and trailed internally (1000+ ideas input), the usability of the tool left much to be desired. In March 2017, a team of ten eHS employees refreshed the 100 Challenge program, re-branding it to "eIDEAS" and re-envisioning the people, process, and technology interactions through a current and future state process mapping activity. Through this, the team assessed and redeveloped the design, delivery, and tracking methods to support eHealth's ongoing journey to transform the way we work. See Appendix B for a breakdown of the future state (the guide to design and development)

eHS wants the re-imagined eIDEAS tool to empower a sustainable internal culture of innovation, better enabling the sharing of ideas and the visibility of individual and collaborative work. The focus of eIDEAS is to begin with an idea at the local level (maximum of one work unit), visualizing the work from following key activities

Engagement	Development	Advancement	Decision	Linkage	Reporting
Leads/Managers invite their unit staff to find operational problems. The unit staff will enter the chosen problem on the eIDEAS site. Collaborate with Lead/Manager during a face-to-face meeting to advance the most promising ideas.	Chosen ideas are taken to huddle for further idea development and task assignments.	Once tasks are complete, the idea is trialed for a specific period of time.	Lead/Manager checks the trial and determines lessons learned and efficiencies (QDCSE) ¹ . A face-to face meeting with the idea submitter occurs to discuss whether they will adopt, adjust or abandon the idea. Take the decision to the team huddle.	Once an idea is adopted, a Work Standard and a training schedule are developed. Lead/Manager post results on the Visual Daily Map (VDM) and recognition is given.	Benefits, participation rate and number of ideas are tracked and reported on a dashboard located on the eIDEAS landing page.

¹ See the Appendix A for a description of QDCSE framework

Rationale and principles

- Employee engagement and satisfaction is enhanced by their input and voicing their expertise.
- Transparent programs result in better value for clients and employees.
- Idea recognition is most effective when it is immediate.
- Successfully implementing innovative ideas depends on commitment from all levels of the organization.

Stakeholders

- eHS staff and employees: Janice Wilby (primary contact), Danica Navarro (Supporting eHS Business Analyst), eHS Finance Team (and potentially others)
- Tim Maciag (University of Regina/Course Instructor)
- ENSE 885AS students (Spring 2018) & ENSE 496AB students (Fall 2018)

Assumptions

- **License:** MIT (<https://opensource.org/licenses/MIT>)
- **Process stack:** Agile, Scrum, Lean, User Story Mapping, Balsamiq
- **Technology stack:** ASP.NET Core (with Razor pages), SQL (LocalDB) server
- **Team roles:** Designers, Developers, Testers (User & System)
- Project will be divided into four phases
 - Phase 1: Design vision, lo/hi-fi prototype, and evaluation, May – June 2018
 - Phase 2: Scrum review and reflection, June – August 2018
 - Phase 3: Design (re)vision and product development, September – December 2018
 - Phase 4: Scrum review, reflection, and product testing & integration, January – March 2019

ENSE 885AS GitHub web-spaces

- Braintrust: <https://github.com/rstancu/braintrust>
- Weekend Warrior: <https://github.com/ENSE885AS/eIDEAS1>

Milestones

Phase 1	Deliverable (ENSE 885AS + eHealth)	Due
Milestone 1	Requirements analysis/elicitation	May 23, 2018
Milestone 2	Hi-fidelity prototype, usability evaluation package	June 6, 2018
Milestone 3	Usability evaluation analysis and results/summary	June 13, 2018
Milestone 4	Hi-fidelity prototype alternations and project documentation	June 20, 2018
Phase 2	Deliverable (eHealth + Tim)	Due
Milestone 1	Scrum review & reflection	August 31, 2018
Phase 3	Deliverable (ENSE 496AB + eHealth)	Due
Milestone 1	(Re)visioning & user story map	September 27, 2018
Milestone 2	MVP/Sprint 1	October 11, 2018
Milestone 3	MVP/Sprint 2	October 25, 2018
Milestone 4	MVP/Sprint 3	November 15, 2018
Milestone 5	MVP/Sprint 4/Product delivery	December 6, 2018
Phase 4	Deliverable (eHealth + Tim)	Due
Milestone 1	Scrum review, reflection, & product testing & integration	March 31, 2019



University
of Regina

Faculty of
Engineering and
Applied Science



Authorization

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date and year first above written.

University of Regina

Dr. Tim Maciag
Lecturer
Faculty of Engineering & Applied Science

Signed/Approved date: April 30, 2018

eHealth Saskatchewan

Roxane Eberle
Director, Resources
Culture Collaboration Innovation Division

Signed/Approved date: April 30, 2018

Appendix A

QDCSE metrics and definition

- **Quality:** Customer satisfaction. Best product or service delivery through the eyes of our patients, clients, residents, families and the general public. Example: A team chooses a random sampling of their customers each month and sends out a short one-minute survey.
- **Cost:** Cost effective service delivery (the highest quality service for the dollars spent). Example: A team works through an improvement initiative to reduce the need for overtime hours for patching.
- **Delivery:** Shortest time to deliver service just when it is needed, just where it is needed and in just the right amount. Example: A team works through an improvement initiative to reduce the minutes required to resolve requests.
- **Safety:** Safest service that is defect free – 100% reliable, appropriate and accurate. Example: A team works through an improvement initiative to develop and trial a policy for communicating personal health information with service desk analysts.
- **Engagement:** Highest engagement of staff – enhanced by the ability to deliver high quality, safe and timely services. Example: A team generates several ideas together toward achieving their targets.

Plan-Do-Check-Act breakdown (PDF also supplied in URCourses)





