Collaborative Discussion 1: Summary Post

Question 1: What do you believe are the three most common reasons for project failure?

Poor leadership. Leadership and accountability impact every aspect of the project. Ineffective leadership jeopardises internal and external communications, technical direction, task priorities, and adherence to schedule and budget (Lehtinen et al., 2014; Tulane University, n.d.).

Poorly defined or continuously changing requirements. Requirements determine the design, resource allocations, and development activities for a technical solution. Furthermore, requirements dictate the success and acceptance criteria. If the customer and project team do not share a common understanding of project requirements, success is all but impossible (Lehtinen et al., 2014; McGrath, 2008; Yaraghi, 2015).

Unrealistic resource estimation. Estimation is the primary basis to secure the resources required for project execution. Failure to understand the skills, labour hours, and time required to successfully address requirements frequently leads to budget overruns and project failures (McGrath, 2008; Lehtinen et al., 2014)

Question 2: Give two examples of failures that support your choices (there are several examples in the lecturecast).

U.S. Department of Health and Human Services (HHS) Healthcare.gov. Launched in 2013 after years of political contention from local constituencies to the White House, Healthcare.gov was designed to allow Americans to sign up for affordable health insurance (Bleiberg & West, 2015; Goldstein, 2016; HHS Office of the Inspector General, 2016). Within two hours of launch, the site crashed and prevented millions of users from signing up for medical coverage (Goldstein, 2016); HHS Office of the Inspector General, 2016). The official report from HHS stated, "[m]ost critical was the absence of clear leadership, which caused delays in decision-making and a lack of clarity in project tasks" (HHS Office of the Inspector General, 2016). This website had a cost over-run of more than $150 million in first year after launch, alone (Baker, 2014).

U.S. Department of Defense (DoD) and Department of Veterans Affairs (VA) Integrated Electronic Health Record (iEHR). Initiated in 2009 and terminated in 2013 without implementation, the DoD and VA attempted to develop an information system capable of sharing medical information between the two agencies (Melvin, 2013; Vogel, 2013). A lack of management produced disjointed, patchwork efforts due to a lack of direction and performance goals (Vogel, 2013). Ultimately, this effort was cancelled without implementation after costing taxpayers approximately $1 billion (Melvin, 2013).

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