Premortem Process Helps Health System Successfully Upgrade Lab Information System

A major California health care provider, sought to upgrade its laboratory information system (LIS) to help enhance patient safety, productivity, and meet a regulatory requirement to submit public health results to the California registry, CalRedie. To address the LIS upgrade risks up-front and help ensure project success, Freed proposed that the upgrade team engage in a premortem project risk assessment to brainstorm all of the possible reasons the upgrade could fail.

A major California health care provider, sought to upgrade its laboratory information system (LIS) to help enhance patient safety, productivity, and meet a regulatory requirement to submit public health results to the California registry, CalRedie. The LIS upgrade promised to streamline clinical workflow and address critical clinical and business performance needs.

Planning for a project as complex as a major LIS upgrade and ensuring that regulatory criteria are satisfied took

nearly a year and involved representatives from a diverse team of subject matter experts from the health system. Freed Associates noted that the LIS upgrade team members, representing multiple disciplines and departments, worked together but were focused on their own respective areas of responsibility, as is typical of large organizations. Because of staff time commitments and the nature of large projects, intra-staff communication focused on specific details of the project, but fell short of addressing a "big picture" approach to the challenges and risks of the LIS upgrade.

To address the LIS upgrade risks up-front and help ensure project success, Freed proposed that the upgrade team engage in a premortem project risk assessment to brainstorm—prior to the go-live date—all of the possible reasons the upgrade could fail. Premortem planning, showcased in the *Harvard Business Review* and other journals, enables a work team to engage in "prospective hindsight" and anticipate and mitigate project problems before they occur.

Goal

The health system wanted to maximize the probability of post-launch success of the LIS initiative and reduce or eliminate possible project failures. Freed identified a premortem project risk assessment as the most appropriate and beneficial tool to address the health system's risk mitigation needs.

Strategy

Key to the success of a premortem project risk assessment is the depth and quality of the information gathered. For this premortem session, Freed invited a dozen project team members, purposely representing a diversity of departments, responsibilities and organizational ranks. Generally, the more postmortem participants who have domain expertise over project deliverables, the better the outcome. Freed's project manager for this complex project participated as an attendee; a separate Freed consultant facilitated the meeting.

Health system attendees were not informed up-front that they would be engaging in a premortem assessment. This was to ensure creative thinking and open and not "censored" input during meeting dialogue. To make sure that attendees would give this meeting their full attention, the meeting was purposely held at an internal off-site location free from the typical distractions of nearby work stations, cell phones and other electronic devices.

Tactics

The meeting began with Freed's consultants briefly explaining the premortem process and asking attendees to envision that the LIS project Go Live had failed by all accounts. Phone calls were coming into the team with a large volume of issues being reported, Lab users were unhappy, and stakeholders were demanding a full account. "What went wrong? What could have been done differently? How could we have better prepared so that next time we don't make the same mistakes again?" Attendees were then asked to brainstorm—without any limitations—why

this project failed and jot each individual response on a small sticky note. Lastly, each attendee was asked to share one additional reason for project failure that hadn't already been mentioned.

The Freed facilitator gathered the dozens of sticky notes submitted by attendees and asked everyone to vote on their top three reasons for the project's failure. These reasons involved:

- Operational preparedness
- Database migration
- Communications planning

Freed's facilitator then divided the attendees into three random groups, assigned each group one of the top three reasons for the project's failure, and asked them to write down what should have happened to prevent this failure and the staff members who needed to be involved. Based on this crucial input, Freed and the attendees determined who would ultimately be responsible to work together to resolve each of the major potential project failure points.

Following this meeting, Freed's consultants summarized all of the issues identified and the proposed interventions discussed, then followed up with the individuals designated as responsible for resolving the identified risks.

Results

Freed's premortem assessment exceeded the expectations of the health system—to the degree that when the LIS project was successfully launched without issues, the health system's leaders specifically called out Freed's premortem process as a critical component to the success of the initiative. Tellingly, health system staff members who had been a part of the premortem process asked if Freed could apply it to a subsequent new Freed-led project.

Testimonial

According to a health system IS analyst: "The premortem meeting proved to be a very worthwhile exercise, which enabled us to identify key tasks needed for our go-live and any gaps in our preparations—for example, ensuring that a database back-up was validated before go-live, and contingency and back-out planning was broadly communicated. This was also an opportunity to bring together representatives from the various teams involved in our project and discuss concerns, potential failure points, and how to mitigate them."

"End-user operational preparedness and communication planning were both important factors to the success of the project. The premortem meeting was a perfect forum to identify and assess the most effective communication channels. The premortem discussions also highlighted the need to schedule regular check-ins with end users and ensure that a super-user was present for each shift."

Conclusion

The health system viewed Freed's premortem process as critical to the success of its LIS upgrade. As shared by a health system analyst: "The outcomes from our premortem meeting were an essential component for the success of our project."

Health systems with similarly complex projects may also wish to consider implementing a Freed premortem process. Beyond a project's size and scope, the premortem can be applied to other potential risk factors including the project's length, visibility, dollar value, and operational value.

