



Faculty of Medicine

2016 MEDIT STATUS REPORT

Software & Systems

Deliver Teaching Tracking & Payment System (TTPS) for tracking undergraduate teaching

- Launched July 1, 2016 to entire MD Undergraduate Program
- Created over 5800 of 7000 clinical faculty profiles within TTPS
- 189 staff members are using TTPS; 91% indicated they were comfortable with beginning to use the system

Up Next: Synchronizing clinical faculty information with other UBC systems



Capacity & Connectivity

Increase video conferencing (VC) capacity

- VC Anywhere extended education session availability province-wide, on any device. (35 programs on boarded)
- Enabled connectivity with more than 33 towns outside the Lower Mainland
- Completed acquisition of new bridge, which will enable broader reach and greater flexibility for 2017
- Completed 50% of lecture recording and delivery (MED Video on Demand) refresh

Up Next: Migrate to next generation VC bridge platform; complete MED Video on Demand refresh; roll out Skype for Business



Governance & Client Relations

Establish a client engagement (CE) framework

- Framework completed and shared with MedIT portfolio
- Re-engaged with over 70% of clients that were originally engaged during the Future of IT project
- Facilitated and managed over 100 client inquiries and requests for IT services
- Created a client dashboard on MedNet, providing MedIT staff with knowledge of Faculty of Medicine (FoM) units

Up Next: Re-engage with remaining 30% of Future of IT groups



Deliver a new curriculum management system (CMS) to MD Undergraduate Program

- Launched base functionality using the Entrada platform
- Shorter time required to report on curriculum
- Collaborating with Queen's and Ottawa universities on CMS development (process, structure and technology)
- UBC Medicine has one of the most comprehensive curriculum maps for medical education in the world

Up Next: Complete Curriculum Management Unit reporting requirements; refactor the Educational Activity Forms; transition to the Learning Experience Initiative



Improve connectivity by upgrading the Vancouver General Hospital networks

- Refreshed three research network cores to meet increased capacity demands over the next 7 - 10 years and lessens the potential for service disruptions
- Simplified the network allowing better management, security, access and speed to services offered from Point Grey to UBC IT

Up Next: Upgrade network equipment in DHCC, increase network resiliency for all buildings at VGH campus



Update Service Level Commitments (SLC) with all existing MedIT clients and onboard two new clients

- On boarded three new clients (Centre for Health Services & Policy Research, Dermatology and Surgery)
- Created SLC documentation for all MedIT units
- Signed a SLC detailing the support commitments with 14 of 15 clients, which had outdated or no Service Level Agreements in place

Up Next: Continue onboarding new clients (e.g. Department of Medicine, Administrative unit)



Simplify access to UBC systems by migrating 20% of faculty account holders to Campus Wide Login (CWL)

- All MedIT teams have been migrated (integrated)
- 32% of users and 24% of computers were integrated
- Integration at Point Grey and Vancouver General were run concurrently

Up Next: Integrate remaining FoM staff, plan integration for research staff



Improve access to learning materials by rolling out Wi-Fi at four Northern Health and four Vancouver Coastal/PHSA/Providence Health clinical (VPP) sites

- Rolled out Eduroam® platform at one Fraser Health, ten Interior Health, and two Northern Health sites
- UBC invited to be a part the VPP and Fraser Health wireless initiatives (roll out projects health authority wide)

Up Next: Roll out Eduroam® at remaining Interior Health sites; finalize Eduroam® design for Island Health; VPP and Fraser Health wireless roll outs



IT Governance Committee (ITGC) helps set MedIT priorities for 2017/18

- ITGC formed and renamed FoM IT Committee
- Championed/endorsed improvements to UBC's hospital-based network services
- Developed formal interactions with Health Authority partners
- FoM leadership more aware of service gaps and challenges
- Enabled deeper engagement with 'Federated IT' staff

Up Next: Establish guidelines for service categories and decision making, define core services and costs

