knowledge17

WORK at LIGHTSPEED™

Engaging Stakeholders Through Request, Demand, Project, and SDLC

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servicenow

Session Overview



Objectives

Learn how:

- Our portal built on the ServiceNow Content Management System has changed the way we communicate with our stakeholders.
- We integrated Request Fulfillment, Demand Management, Project Management, and Agile Development (SDLC) offerings into a flexible, extensible, and automated solution.



What You Will Learn

- How we manage unrelated work with a generic framework
- What we learned from a failed attempt to deliver
- Importance of designing for reuse
- Leveraging out of the box capability

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Speaker Introduction



NAME: Nathan Bost

TITLE: ITSM Excellence Program Team Lead

FUNCTION: IT

COMPANY: Duke Health

EXPERIENCE: 3 years IT Service Management (Duke Health); 5 years Remote Technical support (IBM)

EXPERTISE: Request Fulfillment; Agile Development (SDLC); Business Process Discovery and Design; Certified Curry Consumer

ACHIEVEMENTS: Streamlined Agile Development and Testing processes; First successful Duke Health User Portal; Demand Management Framework

CURRENT PROJECTS: Enterprise Process Discovery, Design and Re-Engineering; Streamline Service Transition Readiness Assessment Process

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Speaker Introduction



NAME: Glyn Tomkins

TITLE: ITSM Excellence Program Director

FUNCTION: IT

COMPANY: Duke Health

EXPERIENCE: 29 years IT Experience: 24 great years at IBM (then two more!); 3 years at Duke Health

EXPERTISE: IT Service Management; Full Software Development Lifecycle; Service Ownership; Business Operations Management; Business Process Discovery and Design.

ACHIEVEMENTS: IBM Watson Scrum Master; IBM Certified Executive Project Manager

CURRENT PROJECTS: Enterprise Process Discovery, Design and Re-Engineering; CMDB (it never ends)

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Name: Duke University Health System

Industry: Healthcare

Market Focus: DUHS combines the Duke University School of Medicine, the Duke University School of Nursing, the Duke Clinic, and the member hospitals into a system of research, clinical care, and education.

Top doctors providing quality care ranked among THE BEST IN THE NATION.



ADVANCING HEALTH **TOGETHER**

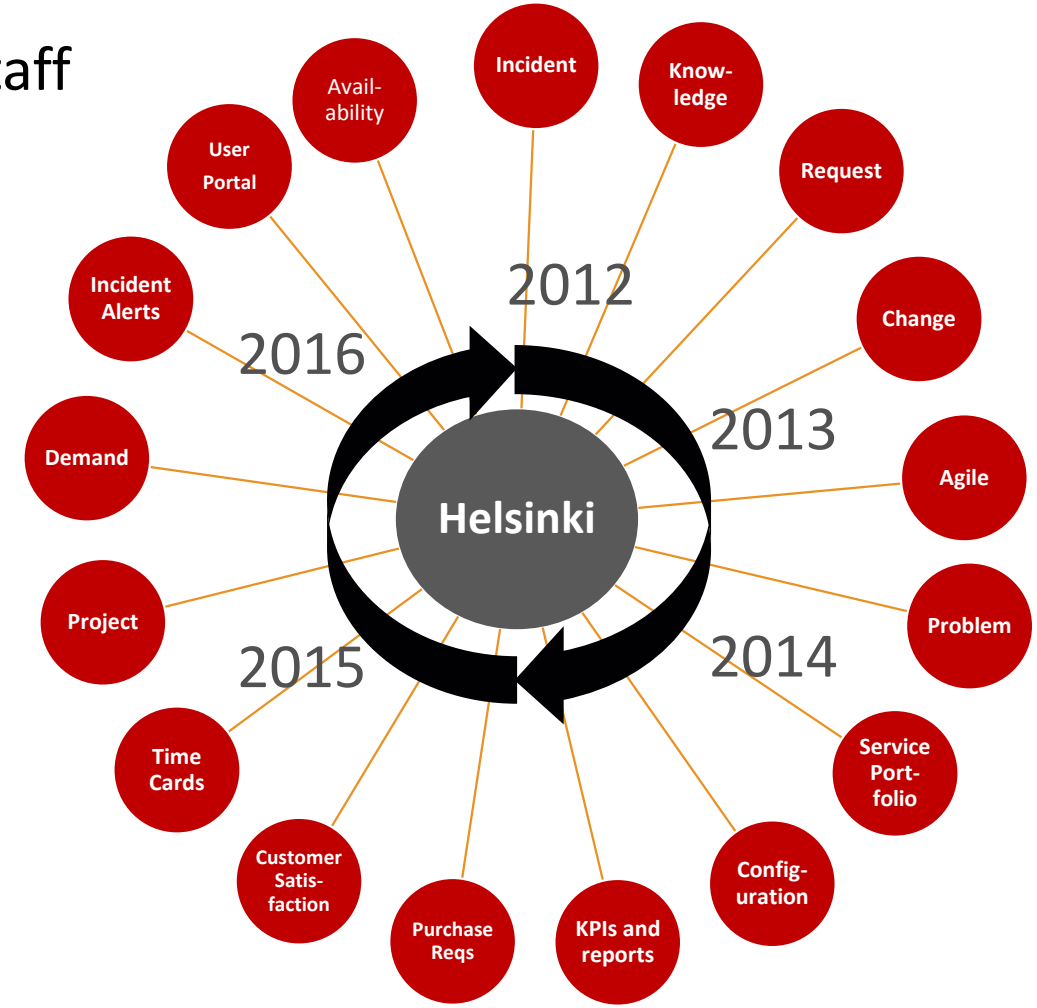
- Deliver tomorrow's health care today
- Accelerate discovery and its translation
- Create education that is transforming
- Build healthy communities
- Connect with the world to improve health globally

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Duke Health

- Academic medical institution ~35,000 faculty & staff
  - Patient care
  - Education
  - Research
- Large, complex organization
- Duke Health Technical Services
  - 800+ staff
  - near 100% ITIL trained & certified
- ServiceNow customer since 2012
  - Share an instance with Duke University - essentially a completely different organization



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Before We Get Started: Who are Our Stakeholders?

- Customers and Users
  - There is a difference!
    - A customer is someone who buys ($$) our services. This is the person or group that defines and agrees to our service level targets, sets priorities, provides governance.
    - A user is the person who uses the IT service on a day-to-day basis. The consumers of the services that we provide.
    - There is a distinct difference. We use the ITIL definition and we are careful at Duke Health in referring to the two distinctly.
- IT teams
  - Analysts
  - Project Managers and Team Leaders
- IT Senior Leaders

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A Highly Unstructured Environment

- IT Teams lacking any consistency in how they engage their users and customers.
  - Using their own IT-centered terminology
  - Inconsistent policies
  - Unique and undocumented processes
  - A plethora of tooling
- Development teams lacking structure in their development and release processes.
  - Requests disappearing into the “typical IT Black Hole”
  - Work just not getting done
- No structured governance of IT by the business
  - Patchy and inconsistent at best

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The Broader Perspective

- Duke Health had recently completed implementing a multi-year project to implement Epic throughout the University Health System
  - Minimized customization during implementation
  - Now a deep desire within the clinical community for IT to begin to deliver
  - Duke Health had amassed 3,000-4,000 enhancement requests and had attempted to organize them with little or no success.



Epic is an enterprise-grade Electronic HealthCare Record (EHR) system:

- "*Epic* develops software to help people get well, help people stay well, and help future generations be healthier."
- " 190 million patients have a current electronic record in *Epic*."

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The Broader Perspective

- Duke Health had historically attempted but failed to deliver an end user IT portal
- We had significant success with an established and maturing agile SDLC process used to manage ServiceNow development
- We were also beginning the journey of implementing Demand Management and Project Management into ServiceNow.

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We were also Failing



- Need:
  - Manage development and delivery of reporting requests
- Proposed Solution:
  - Comprehensive catalog item
- Why did we fail?
  - Solution was specific and unique to a particular team
  - Highly customized and rigid
  - More complex than necessary
  - The process was too nebulous, undocumented and in a continual state of flux

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Identifying the Non-Obvious

- Different groups were asking for the same thing
- Success would require:
  - A generic solution built for reuse
  - Designing a more flexible solution that would adapt to changing needs
  - A solution that did not restrict agility of various teams
  - Minimizing custom ServiceNow development as team needs change



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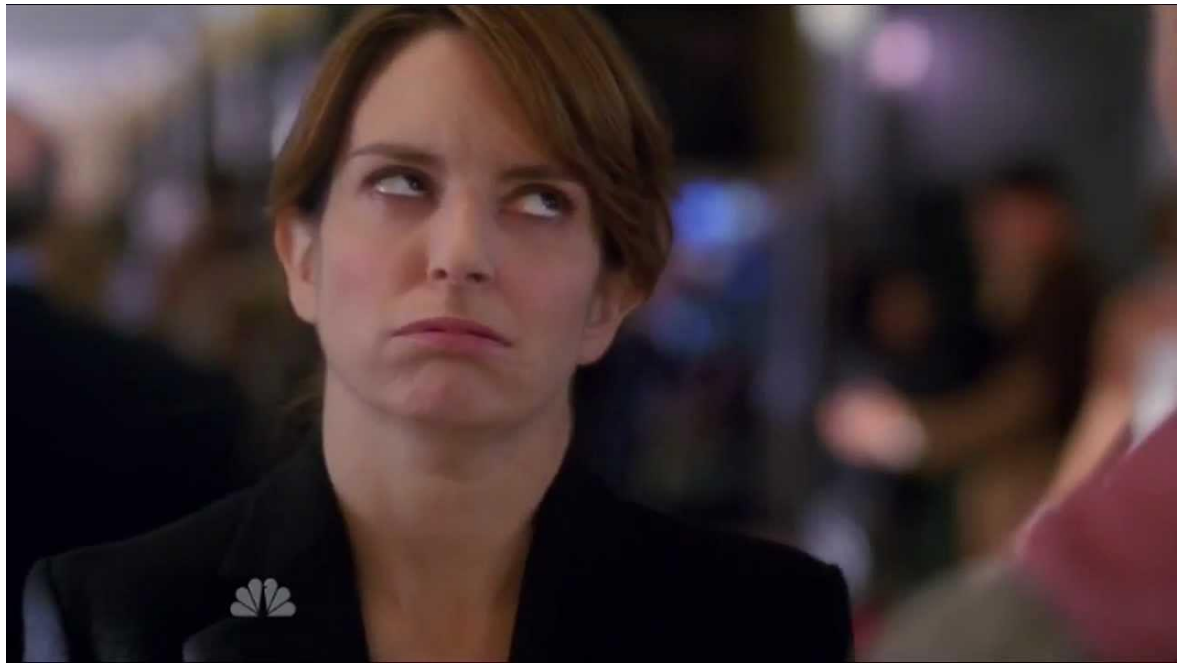
At the Core it Came Down to the Same thing

- Every team needed to manage “stuff”
  - For one team it was reporting stuff
  - For another Epic Optimization stuff
  - For a third stuff to customize another application
- But they effectively wanted to do the same things with their stuff
  - Document it
  - Prioritize it
  - Develop and deliver it
  - Manage it
  - Expose it



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The ServiceNow Agile Development Module Does that!



- Agile terminology made our teams roll their eyes!
  - “Stories”
  - “Scrums”
  - “Grooming”
  - “Sprints”
  - “Releases”
  - “Retrospectives”
- SDLC module at its core
  - documents stuff
  - prioritises stuff
  - delivers stuff
  - manages stuff
  - exposes stuff

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Agile Development Seemed to Fit but …

- How would it need to be adapted for a larger, more complex development teams?
- How would we expose the status back to the requestors?
- How would we hide agile jargon?
- How would we handle transparency to governance?

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Our Steps to Implementation

- Engaged our *Epic* team to understand…
  - Their existing “Liaison” process
  - How they “groom” their work and manage their backlog
  - How they were planning to engage stakeholder groups
- We identified our principles:
  - Out of the box implementation wherever possible
  - Minimal Customization
  - Maximizing the opportunity for reuse of the solution
- A period of intense negotiation and compromise ensued!!!

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Key Requirements Emerged

1. Single point of entry for end users.
2. Single place for Clinical Stakeholders.
3. Consistent input funneled into the development process.
4. Methods to handle the unhappy paths.
5. Report on the Process.
6. Adaptable to changes in development.
7. Leverage strengths of each ServiceNow module.
8. Flexibility with minimal configuration.

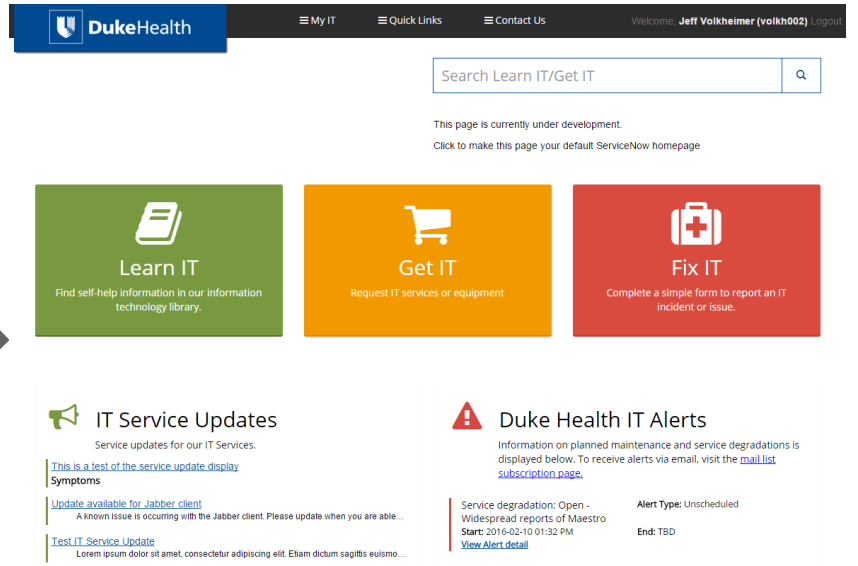
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How does this Work?

- It all starts with an End User…



Visits the Duke Health Portal



End User

- Has no idea what is “easy” or “hard”
- Doesn’t understand (or care) how the work is managed
- Just wants to be able to make a request and know when it will be fulfilled

Goals

- ✓ Consistent and friendly user experience
- ✓ Easy to use & simple interface
- ✓ Needs access to current status of “My Requests” in terms they understand

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Two Potential Outcomes

Easy & No Change Control

- Just Do It!
  - Work managed as a Request
  - Follows all existing processes

✓Done!

Hard Or Change Needed

- Needs some oversight
- Work may be split across modules
- May require multiple processes

Big? Demand / Project

Small / Med? SDLC

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Larger Items Require More Scrutiny

Big? Demand / Project



IT Senior Leadership



PMO / Project Managers

- Demands generated from initial Request
  - Strategic validation
- Projects generated from Demand
  - Project progresses through defined project phases
- Current status shown to users and stakeholders via Duke Health IT Portal
- PMs & Senior Leadership work primarily in Project & Demand modules

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Smaller Items Still Get Some Customer Oversight

Small / Med? Go to SDLC



Product Managers / IT Liaisons



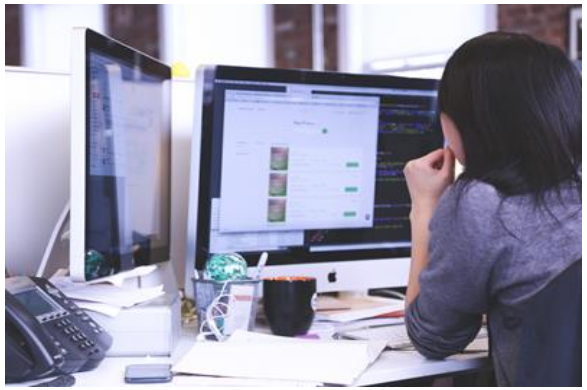
Business / Clinical Governance

- IT Liaisons review incoming work with Business & Clinical Governance.
- Scrutiny & prioritization process differs from product to product.
  - Consistent tooling
- Demands & Projects may generate work items in SDLC or Request.

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Beginning Actual Work

Once prioritized, go to Dev



Development Team

- Single place to manage their work, due dates, priorities, etc.
  - Agile Development (SDLC) module
- Overall status reported to user through RITM
  - Development communication is hidden from users
  - Comments > User Communication field

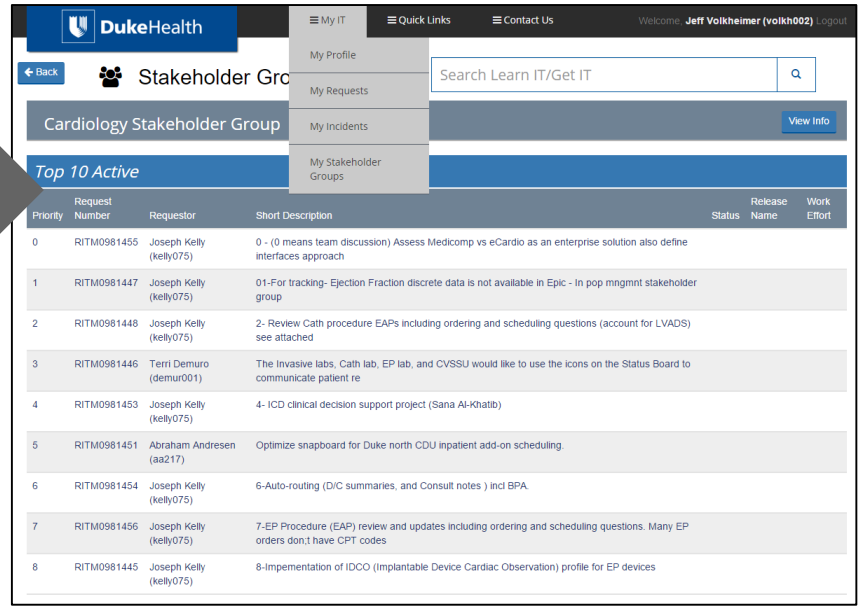
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Transparency to Business / Clinical Governance



Business / Clinical Governance

Visits the Duke Health Portal



- Need to be able to review and understand past, current, and future work i.e. transparency
- Need to have the right level of detail
- Ability to approve or reject work
- Has to be easy!

- Same place they go to interact with IT in other ways
- They can see in progress or completed work
- Liaisons curate this list to include only things relevant to the stakeholders
  - We are not prescriptive about what appears in this list!

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Loss Of Transparency

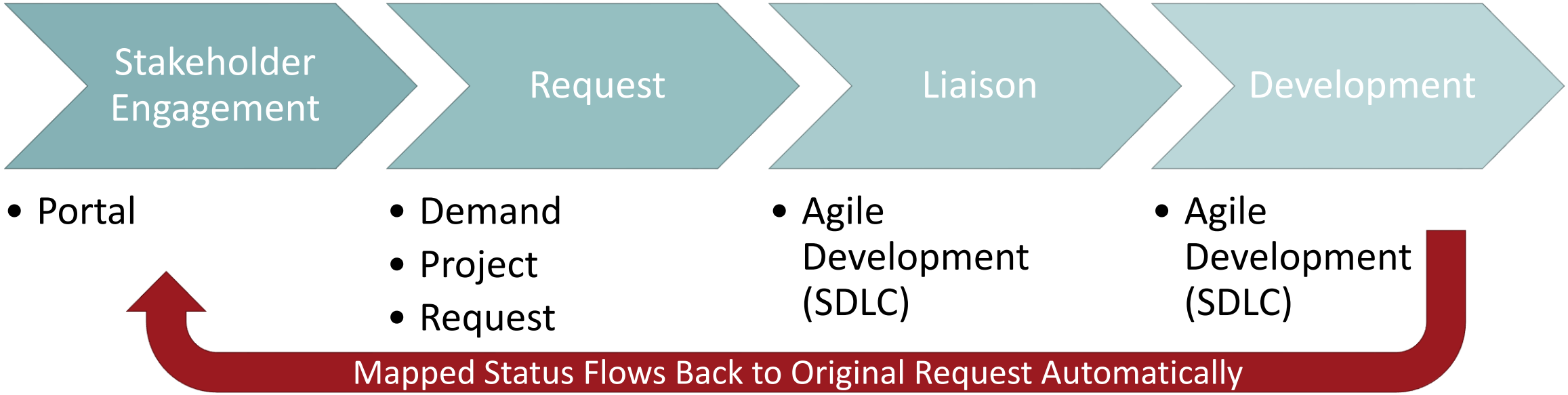


- Portal
- Demand
- Project
- Request
- SDLC
- SDLC

- As a request moves deeper into our processes, Users lose visibility into progress.
- It becomes harder to communicate with a User on their terms.
  - It takes effort for a IT staff member to do this!
- Users might not understand (or care) about the underlying work that has to happen to fulfill the request.

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Solution: Map Status Back to the Request



- The original Request remains open, regardless of the underlying workflow.
- Status flows back to that Request, so Users and Customers alike do not need to understand the underlying ServiceNow work streams.
- Users of SDLC follow their normal processes and communication happens automatically.

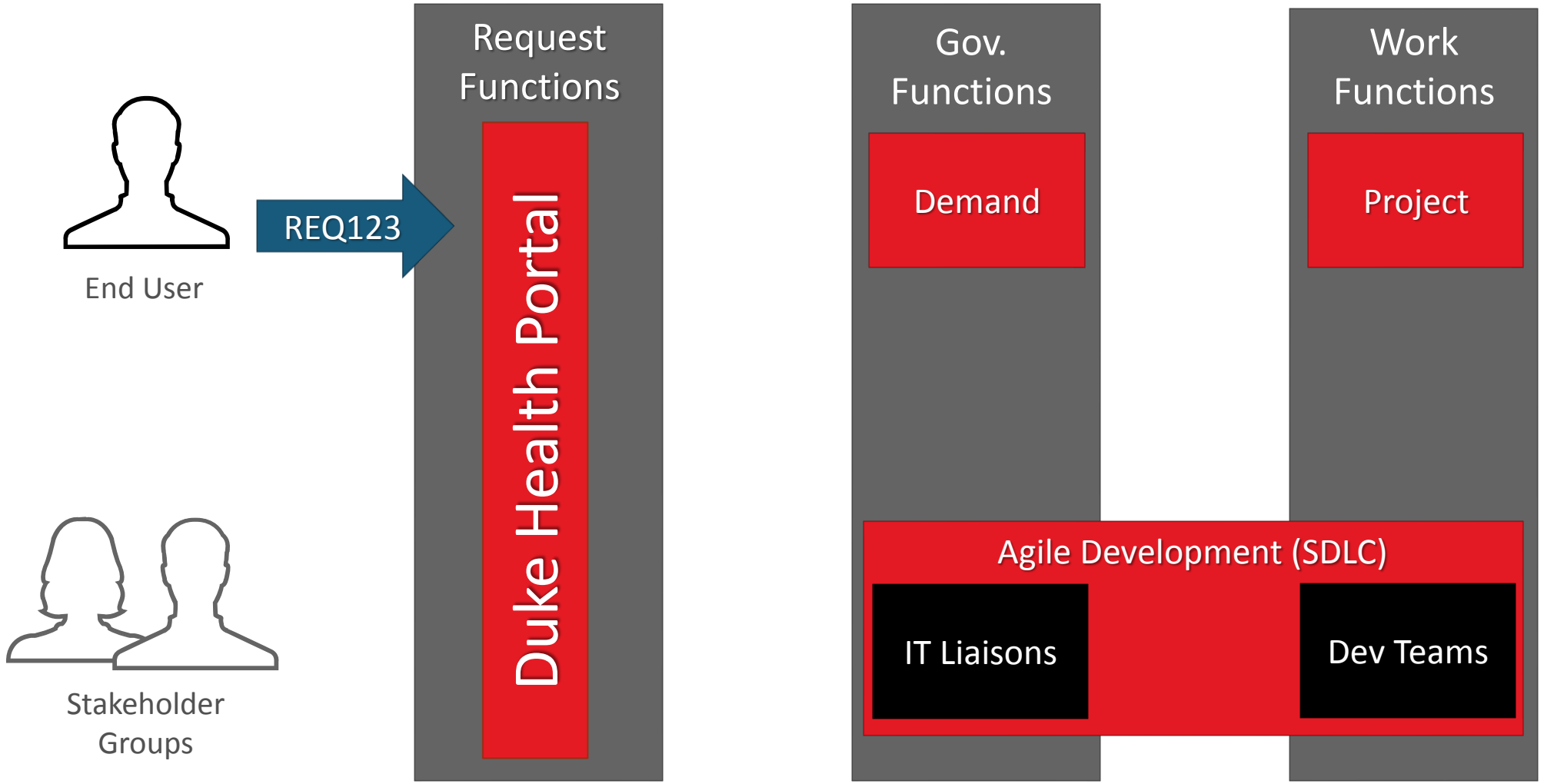
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Sample Statuses

SDLC Status	Portal View – User/Customer Sees
Draft	N/A
Stakeholder Review	New – Ready to be approved and prioritized
Grooming	Approved – Ready to be scoped by IT
Ready	Scheduled – Ready to be developed
Work in progress	Development started
Ready for Test	Development complete - Ready to be tested

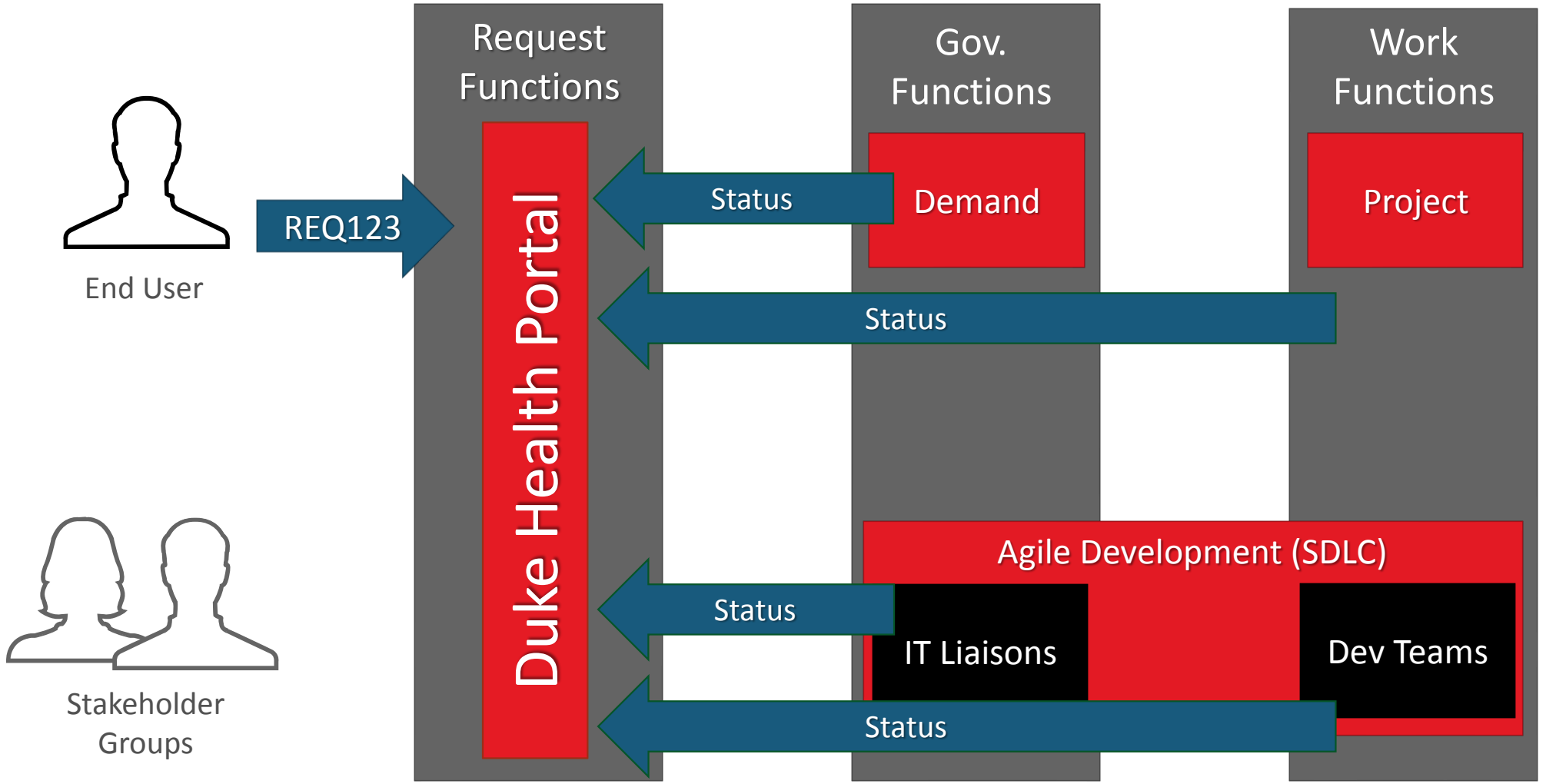
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The Full Stack



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The Full Stack



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Business Benefits

- Ability to group individual work items into releases.
- Better management of priorities.
- Work management framework that can be adapted to meet needs.
- Transparency to the requester and clinical or other stakeholders for better governance and prioritization.
- Consistent tooling across other teams within DHTS.
- Integration with Duke Health IT Portal provides clinical users a single place to submit requests.
- Widespread adoption.
  - From 1 to 22 Products

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Top Takeaways

1

Look for common requirements across stakeholders.

2

Maximize value by leveraging out of the box capabilities to minimize customizations needed.

3

Be realistic and patient with your stakeholders – it will take time to bring them on board.

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Thank You

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Q & A

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Thank You

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