



The SaferCare Initiative Update

March 31, 2025

Timeline update: Haida Gwaii on track, Fort St. James & Terrace pushed

Due to ongoing consultations with the Ministry of Health and the financial uncertainty within the province, the SaferCare Steering Committee has made the difficult decision to push out the go live dates for Fort St. James and Ksyen Hospitals further into 2026. The current planned go live dates for both Haida Gwaii sites (Masset and Daajing Giids) remains on track for late October 2025.

Delayed sites	Original go live date	New go live date
Fort St. James	November 2025	First half of 2026
Terrace (Ksyen)	January/February 2026	Second half of 2026

The SaferCare Steering Committee remains committed to the success of the SaferCare initiative and supporting impacted teams through the transition in new ways of working and use of the Cerner system. The SaferCare team will further refine the plans and timelines once funding is confirmed.

If you have questions, please reach out to the SaferCare Executive Sponsors:

Angela De Smit, Lisa Zetes-Zanatta, Dr. Ronald Chapman, or Jeff Hunter.

What has the SaferCare team been working on?

Important system build work continues behind-the-scenes as well as preparation for the first go lives on Haida Gwaii this fall (see the visual below). Here are some key activities the project team has completed since the last SaferCare update:

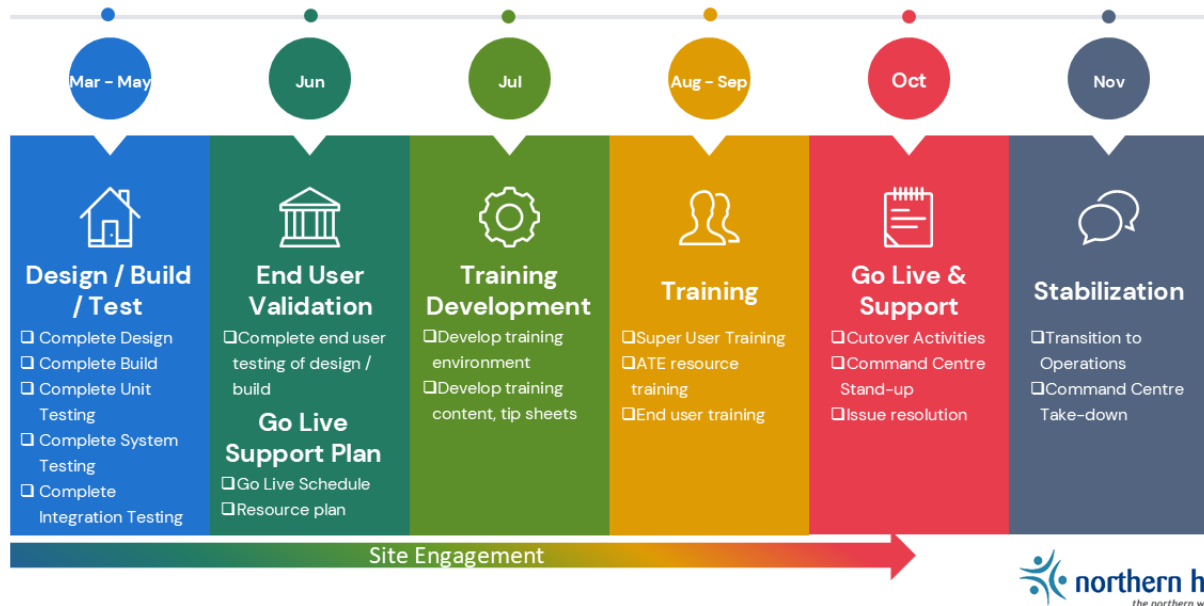
- Design/Build/Unit Testing phase is closed – the team has moved into issue tracking for break/fix and change control for any new SaferCare system build.
- System Testing phase is in progress – 97% complete overall (140/145 test scripts). Remaining 5% is on hold until after integration testing.
- Integration Testing 1 (IT1) is scheduled – first major end-to-end technical testing event is scheduled for April 1-4.

Not sure what system build work or IT1 means? See the [January 2025 SaferCare update](#) to get an overview of this important work.



SaferCare Timeline – Haida Gwaii

Overall project timeline and major activities between now and go live at the first site.



Pictured: This is the plan for both Haida Gwaii sites. These key activities will be used for learning and use at other go lives, with timing and activities to vary based on site size etc.

The “why” behind SaferCare

As the first go lives get closer, it’s important to understand the significance of SaferCare and why we are taking on this project at NH. This video was developed in May 2023 give an overview of what SaferCare is, why the initiative is important at NH, and some of the exciting future possibilities. If you haven’t seen it, check it out now.

Note: Some individuals in the video have changed roles since the video was created.



<https://youtu.be/Y3uFxNo1Hzk>



Staff spotlight: Joan Vanderlee



Joan is the Regional Manager for Hospitals & Long-Term Care in the IMIT department. As part of the SaferCare team, her role involves managing the build and design of the SaferCare Cerner system, facilitating its implementation, and leveraging past experience. SaferCare is focused on digital enablement in hospital settings, however Joan is also involved with other digital transformation work at NH.

“The Palliative Care group has been working on integrating digital processes into their operations. Despite not being part of SaferCare, they have received tremendous feedback on the benefits of these digital processes. Currently, much of NH’s documentation remains in paper records, which is not ideal for patient and family experiences, nor for the clinicians who work as a team to provide end-of-life care.”

How she got involved with SaferCare

I became involved with SaferCare as a requirement of my current role and because of my experience with Cerner and the benefits I saw using it as our clinical system. Back in 2005, I signed up to evaluate the proposed Cerner system as a nursing representative. I participated in week-long working sessions and attended world cafes. I then became the team lead for the nursing, physician, and clinical components of Cerner. The benefits of the new digital clinical system were clear to me.

For example, as a nurse, the ability to see a patient's relevant history in Cerner before treating them is a significant advantage and the decrease in duplicate documentation on numerous forms is a time saver. The availability of having the patient information at your fingertips and not looking for the chart (either current or past records) is of tremendous value.

Note: Starting in 2007, NH began using the Cerner digital hospital EMR or electronic medical record system.

Highlights of her role

For me, the biggest highlights of my job include converting others on the benefits of using an EMR, bringing in new staff, and acting as a translator between clinical and technical aspects of the system. Advocating for both patients and staff, as well as for technology, is a crucial part of my role.