Thank You!

Caregroup Harvard Case Solution & Analysis

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Looking Ahead

With an active and formalized problem management process, CareGroup can expect fewer problems that produce major incidents and a shorter time to recovery because all available data will be brought to bear identifying and solving those problems. It also ensures that problems are tracked well and that they feed into the organization's change management process. As problems are solved more quickly, the service desk will receive fewer complaints about the same incidents and productivity in other parts of CareGroup operations will improve.

What Systems Contributed To the Network's Collapse

- The overall network had high complexity - individual smaller networks had been added one at a time during the merger. The network had gradually become "out of sync" - there was no clear pathway for data
- There was not an effective back-up plan for electronic downtime - the facilities had the forces and capability of operating on a paper-based system, but the staff were not fully trained and prepared. In the initial stages, there were orders to frequently bounce between using paper and parts of the electronic system when they would come back up

What Went Wrong?

- In November 2002, a researcher at the library was experimenting with a file sharing application
- Byte-flicking of the problem to blue. An auditing software activated in an undetected way
- This was application began to replace surrounding networks and wiped out segments, eventually causing the data and touch across the network
- On November 13, 2002, the network at the CareGroup went down for about four days
- No one at the IT show house was able to identify the problem, internally. Cisco experts were called in with their "A Best Case"

Issues

- Users made casual changes to the network over time - these changes seemed minor at the time they were made. As users made small changes, there was no consideration to how it would affect other parts of the network
- Network components were not up to date - at the root of one of the network's issues was an old model router which was over 4 years old. This ultimately needed to be replaced in order to bring the network back up
- There were no experts on-site to monitor the network - CareGroup spent the first 24 hours attempting to diagnose and correct the problem. Without a contract in place with a field expert, they wasted time and endured an immeasurable amount of panic
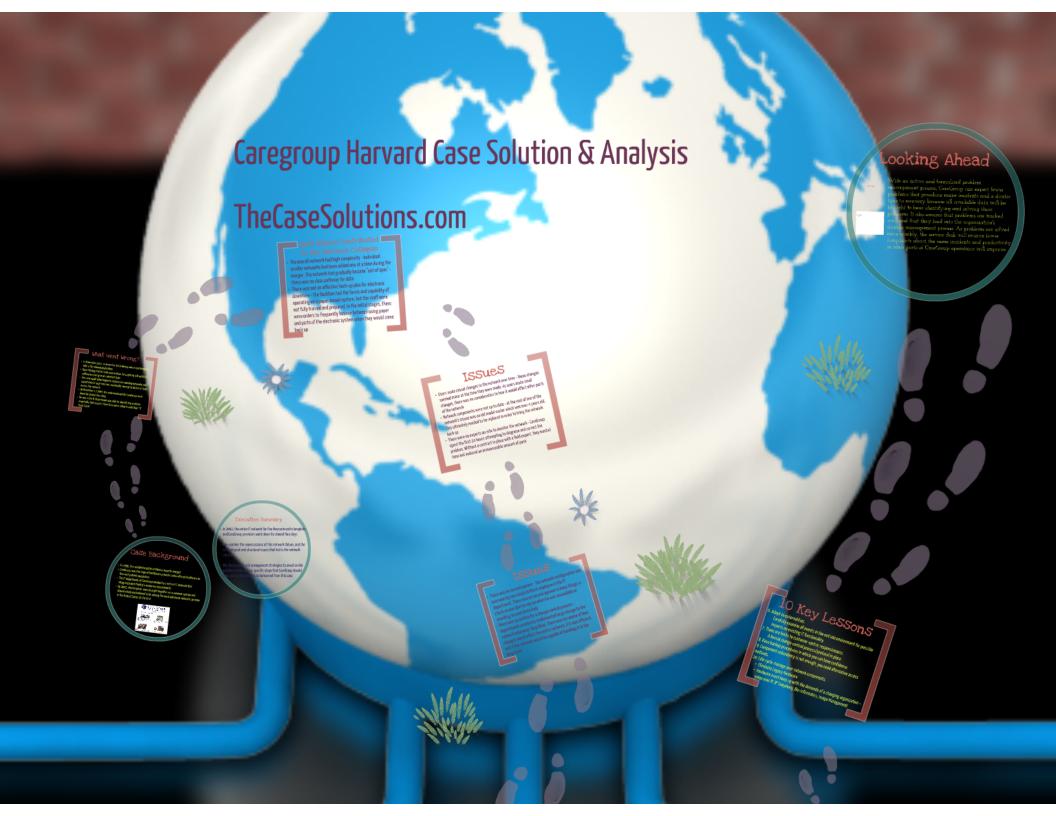
Executive Summary

In 2002, the entire IT network for five Massachusetts hospitals and CareGroup providers went down for almost four days.

We examine the repercussions of this network failure, and the technological and structural issues that led to the network failure.

We also provide risk management strategies to avoid similar problems in the future, specific steps that CareGroup should take, and 10 key lessons to be learned from this case

Case Background

- In 1996, five notable hospitals in Boston, Massachusetts merged CareGroup was the name of healthcare provider who offered healthcare to this and patient populations
- The IT department of CareGroup needed to be in tune of IT networks that integrated across facility's systems and departments
- By 2002, CareGroup's IT was brought together in a common system and moved ahead as believed to be among the most advanced networks up-to-date in the United States at the time

Issues

- There was no formal approach - the network configuration was overseen by one single brilliant employee in the IT department. There was no formal approach to keep things in check on one else to rely on when he was unavailable or unwilling to contribute time
- There was no policy for a change control process. There was frequently experimental large change to the department whenever they liked. There was no review of how network changes affect the entire network, if it was efficient, and if the network would be capable of handling it in the long term

10 Key Lessons

6. Adapt to externalities.
   CareGroup assesses all events in the outside environment for possible impacts in reacting if functionality.
7. There are limits to centrally-control responsiveness.
   A formal change control and process-oriented is place.
8. Have backup processes in which you can have confidence.
9. Component redundancy is not enough; you need alternative process methods.
10. Life-cycle change your network components.
    - Eliminate Legacy Hardware
    - Hardware must keep up with the demands of a changing organization - these over IP, IP Telephony, Bio-informatics, Image Management

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Case Background

- In 1996, five sizable hospitals in Massachusetts merged
- CareGroup was the team of healthcare providers who offered healthcare to this vast patient population.
- The IT department of CareGroup needed to create an IT network that integrated each facility's numerous departments
- By 2002, the hospitals were brought together on a common system and shared what was believed to be among the most advanced network systems in the United States at the time

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Beth Israel Deaconess Hospital *Needham*

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MOUNT AUBURN HOSPITAL

What went wrong?

- In November 2002, a researcher in CareGroup was experimenting with a file sharing application
- Upon finding that his wife was in labor, he suddenly left with the software running in an untested state
- This new application began to explore surrounding networks and copied data in large volumes, eventually moving terabytes of data across the network
- On November 13 2002, the entire network for CareGroup went down for almost four days
- No one in the IT department was able to identify the problem- eventually field experts from Cisco were called in with their "IT Swat Team"

What Issues Contributed to the Network Collapse

- The overall network had high complexity - individual smaller networks had been added one at a time during the merger. The network had gradually become "out of spec"- there was no clear pathway for data

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