

Project RESCUE-D

Project Summary, SWOT Analysis, Risk Mitigation Plan, and Performance Dashboard

Timeline and Scheduling

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Project Summary

Project RESCUE-D (Resilient Electronic Systems Continuity Using Education During Downtime Events) is a hospital-wide effort at Pittsburgh Trauma Medical Center (PTMC) that aims to help the organization maintain safe patient care during both planned and unexpected electronic system outages (Taylor Pearson, 2026). The main goals of the project are to create clear downtime workflows, ensure staff are well-trained and confident in their skills, and establish reliable communication and recovery processes. The project focuses on making the organization more resilient, keeping patients safe, complying with regulations, and reducing disruptions when technology is unavailable.

During implementation, Project RESCUE-D encountered several challenges. Although the original project charter provided a structured sequence of implementation phases, it did not identify specific target dates for milestone completion (Taylor Pearson, 2026). As implementation progressed, workflow analysis delays affected downstream activities and required leadership to reevaluate the project's critical path and scheduling priorities. Instead of immediately extending the timeline, the Executive Steering Committee chose a risk-based approach, focusing first on high-acuity clinical departments and seeking to recover the schedule through parallel workstreams. Similar implementation challenges have been reported in other healthcare information technology projects, where stakeholder engagement and leadership support play a critical role in project outcomes (Nordmark et al., 2022).

From a timeline and scheduling perspective, Project RESCUE-D demonstrates both strengths and opportunities for improvement. A SWOT analysis provides a structured framework for evaluating those internal strengths and weaknesses along with external opportunities and threats that may affect project success (Agency for Healthcare Research and Quality, n.d.).



SWOT MATRIX

INTERNAL FACTORS

STRENGTHS +

- + 1) Strong executive sponsorship and governance
- + 2) Risk-driven leadership prioritizing patient safety
- + 3) Clearly defined PMO structure and executive oversight
- + 4) Ability to optimize the schedule through parallel workstreams
- + 5) Established project monitoring using dashboards and milestone tracking

WEAKNESSES -

- 1) Limited milestone specificity and schedule slippage
- 2) Staffing shortages delaying workflow validation
- 3) Vendor dependencies affecting implementation timelines
- 4) Declining stakeholder engagement among frontline staff
- 5) Competing enterprise initiatives

EXTERNAL FACTORS

OPPORTUNITIES +

- + 1) Fast-tracking appropriate project activities
- + 2) Expansion of the Downtime Champion Program
- + 3) Improved frontline communication and engagement
- + 4) Enhanced milestone monitoring using project dashboards
- + 5) Risk-Driven Milestone Prioritization

THREATS -

- 1) Cybersecurity events during incomplete implementation
- 2) Continued staffing shortages and workforce turnover
- 3) Vendor delays affecting critical milestones
- 4) Scope Changes Requiring Milestone Revisions
- 5) Organizational change fatigue reducing participation

SWOT Matrix Justifications

Strengths (Internal, Positive)

Strong Executive Sponsorship and Governance

Executive leadership has remained actively engaged throughout Project RESCUE-D by providing oversight, allocating resources, and supporting decision-making. Strong leadership is associated with improved project outcomes (Project Management Institute [PMI], 2021).

Risk-Driven Leadership Prioritizing Patient Safety

Leadership's decision to prioritize high-risk clinical areas over maintaining the original schedule shows a strong commitment to patient safety. Risk-based prioritization supports safer implementation and effective use of resources (American Nurses Association [ANA], 2022).

Clearly Defined PMO Structure and Executive Oversight

The PMO provides governance, monitors milestone performance, and coordinates project activities across stakeholders. Effective project governance improves accountability and supports informed decision-making throughout implementation (PMI, 2021).

Ability to Optimize the Schedule Through Parallel Workstreams

The PMO identified opportunities to recover lost time by safely overlapping selected project activities. Similar healthcare implementations have shown that flexible project management approaches can improve schedule performance while maintaining project quality (Nordmark et al., 2022).

Established Project Monitoring Using Dashboards and Milestone Tracking

Executive dashboards allow leadership to monitor project health, milestone completion, and schedule performance throughout implementation. Ongoing performance monitoring supports early identification of project risks and timely corrective action (Sipes, 2025).

Weaknesses (Internal, Negative)

Limited Milestone Specificity and Schedule Slippage

Although the project charter outlines a phased implementation schedule, it does not identify any specific calendar dates for completion of milestones, making schedule variances more difficult to recognize. This weakness became evident as workflow analysis delays began affecting downstream activities and the project's critical path (Taylor Pearson, 2026; PMI, 2021).

Staffing Shortages Delaying Workflow Validation

Limited staff availability has slowed workflow observations and competency validation activities. Healthcare implementation projects consistently identify staffing constraints as barriers to successful project execution (Nordmark et al., 2022).

Vendor Dependencies Affecting Implementation Timelines

The project depends on multiple external vendors to complete technology-related milestones. Vendor delays have the potential to directly affect schedule performance and the project's critical path (Sipes, 2025).

Declining Stakeholder Engagement Among Frontline Staff

Frontline participation has been inconsistent despite strong executive support. Meaningful stakeholder engagement, training, and organizational buy-in are consistently associated with more successful digital health implementations (O'Brien et al., 2023).

Competing Enterprise Initiatives

Simultaneous enterprise initiatives, including the Epic upgrade and Cybersecurity Enhancement Project, compete for staffing, leadership attention, and project resources, increasing schedule risk and limiting implementation capacity. Effective resource allocation is essential to maintaining schedule performance (PMI, 2021).

Opportunities (External, Positive)

Fast-Tracking Appropriate Project Activities

The PMO identified opportunities to recover lost time by completing selected activities concurrently rather than sequentially. When carefully managed, fast-tracking can improve schedule performance without compromising patient safety or project quality (Sipes, 2025).

Expansion of the Downtime Champion Program

Expanding the Downtime Champion program can improve frontline engagement and support successful implementation. Clinical champions have been shown to increase user acceptance and strengthen organizational change efforts (Hobensack et al., 2024).

Improved Frontline Communication and Engagement

Using unit huddles, leadership rounding, demonstrations, and just-in-time education provides opportunities to strengthen staff engagement throughout implementation. Effective communication and stakeholder involvement improve adoption of healthcare technology and workflow changes (Hobensack et al., 2024).

Enhanced Milestone Monitoring Using Project Dashboards

Expanding executive dashboards to include milestone completion, schedule variance, and critical path metrics would improve project visibility and support earlier intervention when delays occur. Performance dashboards promote data-driven decision-making and continuous project monitoring (PMI, 2021).

Risk-Driven Milestone Prioritization

Prioritizing implementation in high-acuity clinical areas allows resources to be focused where patient safety risks are greatest. A phased approach also provides opportunities to apply lessons learned before expanding implementation across the organization (ANA, 2022).

Threats (External, Negative)

Cybersecurity Incidents During Project Implementation

A significant cyberattack before downtime preparedness activities are fully implemented could disrupt patient care and delay organizational recovery. Healthcare organizations continue to face increasing cybersecurity threats that require ongoing preparedness and risk management (U.S. Department of Health & Human Services, 2010).

Continued Staffing Shortages and Workforce Turnover

Persistent staffing shortages may continue to delay workflow validation, staff education, and competency assessments. Workforce instability has been identified as a common barrier to successful healthcare technology implementation (Nordmark et al., 2022).

Vendor Delays Affecting Critical Milestones

Because several project activities depend on external vendors, delays in vendor deliverables could continue to affect milestone completion and overall schedule performance. Active vendor management is essential for minimizing implementation risks (PMI, 2021).

Scope Changes Requiring Milestone Revisions

Changes in project scope or organizational priorities may require milestone revisions, schedule adjustments, and reallocation of project resources. Effective change control is essential to minimize impacts on the project's critical path (PMI, 2021).

Organizational Change Fatigue Reducing Participation

Staff experiencing frequent organizational changes may become less engaged in project activities, reducing participation in training and workflow validation. Sustained communication and leadership support are important strategies for maintaining engagement during implementation (Nordmark et al., 2022).



RISK ASSESSMENT MATRIX TEMPLATE

Risk	Impact Level (High=3, Med=2, Low=1)	Likelihood (High=3, Med=2, Low=1)	Mitigation Strategy	Responsible Party	Total Risk Score (Impact X Likelihood)
Workflow analysis delays affecting downstream milestones	High (3)	High (3)	Prioritize workflow validation in high-risk departments, protect staff time for observations, and monitor milestone completion weekly.	PMO / Nursing Leadership	9
Competing enterprise initiatives limiting project resources	High (3)	High (3)	Use a risk-driven implementation strategy to prioritize critical path activities and defer lower-priority deliverables when appropriate.	Executive Steering Committee	9
Vendor delays affecting the critical path	High (3)	Medium (2)	Conduct regular vendor status meetings, monitor deliverables, and develop contingency plans for critical milestones.	PMO / Vendor Liaison	6
Staffing shortages delaying workflow validation and training	High (3)	Medium (2)	Coordinate staffing schedules, use Downtime Champions to support education, and focus resources on high-acuity departments first.	Nursing Leadership	6
Scope changes requiring milestone revisions	Medium (2)	Medium (2)	Follow formal change control procedures and evaluate schedule impacts before approving scope changes.	PMO / Executive Steering Committee	4
Limited milestone specificity reducing schedule visibility	Medium (2)	Medium (2)	Add target completion dates, milestone reviews, and dashboard monitoring to improve schedule tracking and early identification of delays.	Project Manager / PMO	4
Reduced frontline engagement slowing implementation	Medium (2)	Medium (2)	Expand unit huddles, leadership rounding, and the Downtime Champion program to improve participation and organizational readiness.	Clinical Educators / Nurse Managers	4

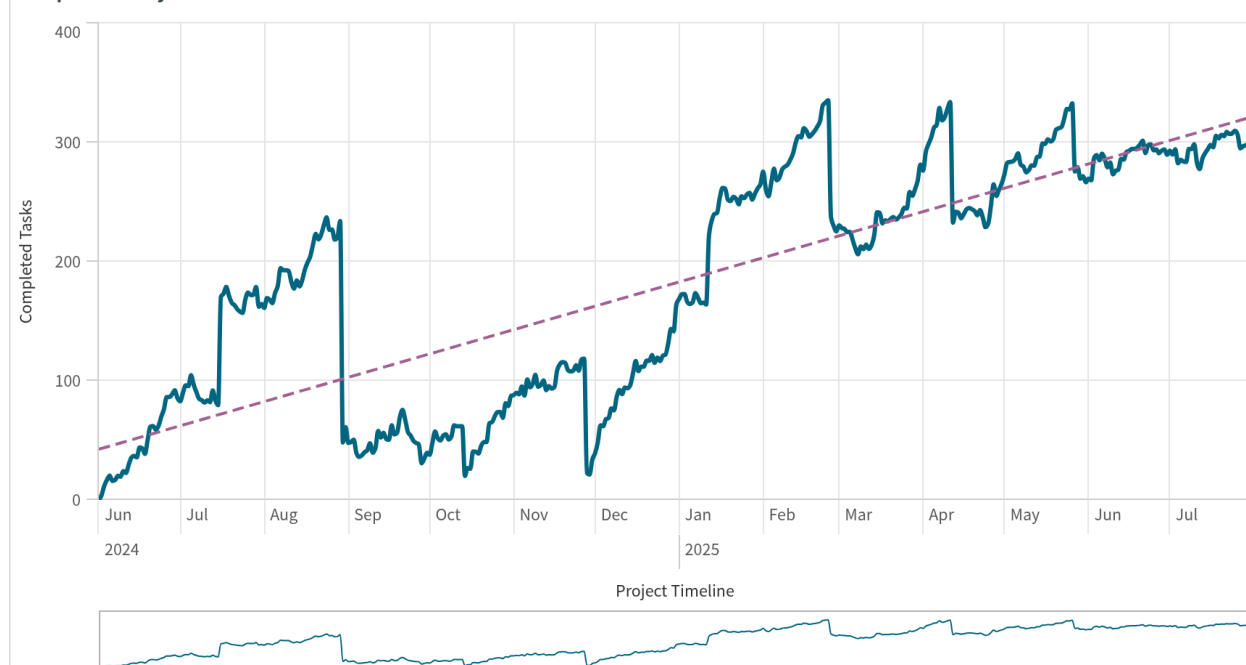
Justification of Risk Mitigation Strategies

The risks identified in Project RESCUE-D have the greatest potential to affect the project timeline, milestone completion, and overall organizational readiness. Workflow analysis delays, competing enterprise initiatives, staffing shortages, and vendor dependencies have already contributed to schedule changes and required leadership to adjust project priorities. To help keep the project moving forward, the mitigation strategies focus on closely monitoring milestones, prioritizing high-risk work, following a formal change control process, and maintaining regular communication with stakeholders. These strategies are intended to reduce schedule delays while protecting patient safety, supporting milestone completion, maintaining organizational readiness, and keeping the overall project timeline on track.

The proposed mitigation strategies are supported by current project management and healthcare informatics guidance. The *PMBOK® Guide* recommends continuously identifying, monitoring, and responding to project risks throughout the project life cycle to minimize their impact (PMI, 2021). Likewise, the National Institute of Standards and Technology (2012) recommends evaluating both the likelihood and impact of risks to help organizations prioritize mitigation efforts. The Office of the National Coordinator for Health Information Technology (ONC) also emphasizes the importance of strong governance, stakeholder engagement, workflow redesign, and staff education during health information technology implementations (ONC, 2025). Together, these recommendations support the mitigation strategies developed for Project RESCUE-D.

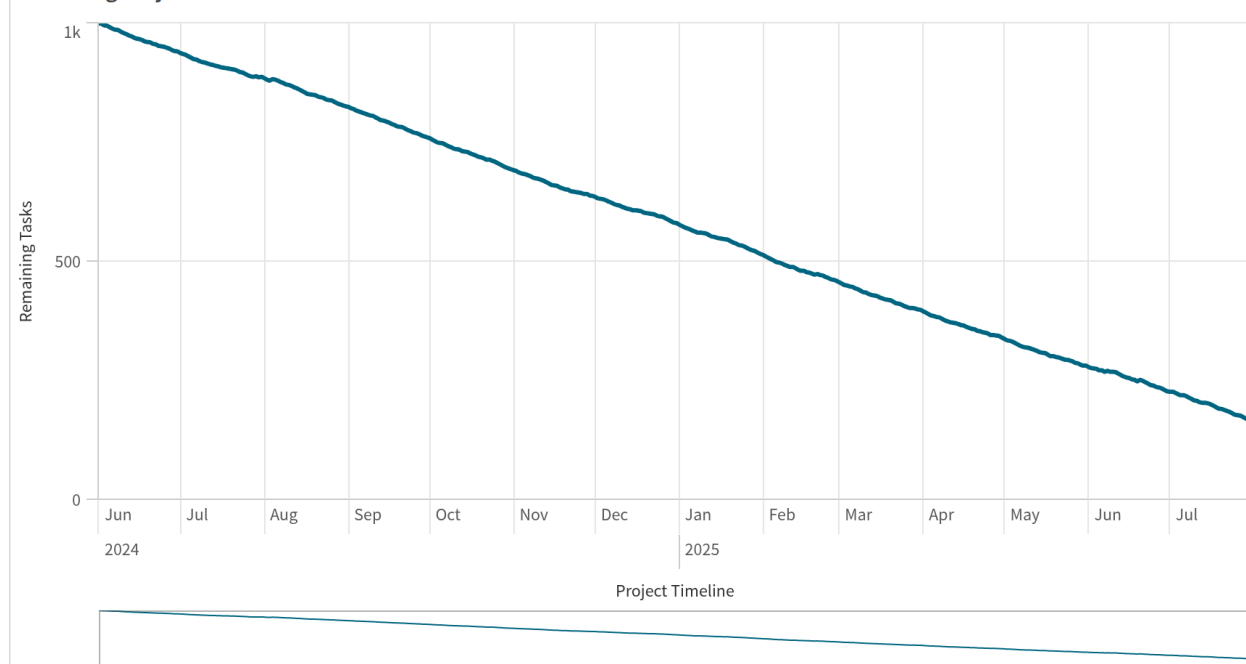
Project RESCUE-D Schedule Performance Dashboard

Completed Project Tasks Over Time



Created by the author using Qlik Sense (Qlik, 2026).

Remaining Project Tasks Over Time



Created by the author using Qlik Sense (Qlik, 2026).

Qlik Project Performance Dashboard: Summary and Insights

The Project RESCUE-D Schedule Performance Dashboard gives executive leadership a visual summary of project progress by tracking both remaining and completed work across the project timeline. The burndown and burnup charts allow the Project Management Office (PMO) and Executive Steering Committee to assess schedule performance, identify risks as they arise, and determine whether recovery strategies are improving progress toward project completion. Consistent monitoring of project performance enables timely decisions and supports best practices for schedule control and risk management (PMI, 2021).

The burndown chart shows a steady reduction in remaining project tasks over time, which reflects ongoing progress despite implementation challenges. Although the overall trend is positive, flatter slopes on the chart point to periods of slower progress and highlight potential bottlenecks that require leadership intervention. In the context of Project RESCUE-D, these slowdowns may stem from staffing shortages, workflow validation delays, competing priorities, and vendor dependencies. By closely tracking remaining tasks, leadership can spot schedule variances early and take corrective action before delays threaten the project's critical path (Sipes, 2025, Chapter 6).

The burnup chart tracks completed tasks over the same period and confirms that project work moved forward even during periods of slower productivity. Noticeable drops and plateaus may correspond to times when implementation slowed due to staffing constraints, resource shifts, workflow changes, or competing initiatives. In response, leadership prioritized high-acuity clinical areas, launched parallel workstreams when possible, and adopted a risk-driven implementation strategy. While progress was uneven, the overall upward trend shows steady movement toward project goals.

For leadership, these dashboard visualizations offer practical decision support by highlighting schedule trends that milestone reports may not reveal. Executives can use the dashboard to track project health, assess mitigation strategies, allocate resources to key workstreams, and decide if further schedule adjustments are needed. Ongoing performance monitoring encourages proactive risk management and supports evidence-based decisions that safeguard patient safety and sustain organizational readiness (PMI, 2021).

Generative Artificial Intelligence (AI) Attestation

I attest that I used a generative AI tool in accordance with course guidelines and assignment-specific permissions. I used ChatGPT (OpenAI, 2026) on July 14, 2026 to help brainstorm ideas, organize my report, improve wording and grammar, suggest APA citations, and explain project management concepts. The prompt(s) used included: “Can you look at this information and help me extract what I need for this assignment?” I used ChatGPT again on July 15, 2026 to help me gather insights from the Qlik dashboards that I created. I used Grammarly on July 15, 2026 to check grammar and refine sentence clarity (Grammarly, 2026).

All AI-generated content was critically reviewed, edited, and appropriately integrated with my own academic and clinical reasoning.

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