



- **COMPUTERIZED PROVIDER ORDER ENTRY PROJECT** •

*Sample Implementation Project Charter  
Pilot and Roll out Plan*

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*Navin, Haffty & Associates*

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## **INTRODUCTION**

### **Purpose and Use of the Project Charter**

A project charter provides the foundation for initiating a project, in that it defines the scope, objectives, and overall project approach. It contains information required to initiate a project, such as high level project plans and the organization and staffing approach, as well as a methodology for performing and managing changes to the project.

A project charter is essentially a contract. It may not be legally binding on the parties involved, but nevertheless, it does represent a formal agreement and commitment between executive sponsors, the project team manager/leader and the project team. As such, it is the professional responsibility of all project members to treat this agreement seriously and make every effort to meet the commitment it represents.

The Sample Health System CPOE Project charter is designed to:

- Document the agreement between the executive sponsors(s), project team leader and project team
- Provide a clear statement of purpose of the CPOE project and the project deliverables
- Define the project roles and responsibilities, including those of the vendor(s), and project consultants
- Provide the baseline for scope and expectation management
- Establish a mechanism for measuring the projects success against the project goals

Any questions regarding the project charter should be directed to CPOE Project Lead/Consultant, Information Systems, at xxx-xxx-xxxx or via email at [name@facility.com](mailto:name@facility.com)

## **Executive Summary**

The scope of this project is to pilot Computerized Provider Order entry (CPOE) on \_\_\_ units: \_\_\_\_\_ at \_\_ Campus and the \_\_\_\_\_ units at \_\_\_\_\_ Campus. As part of the project implementation, the pilot units will convert to the use of the ANY SOFTWARE Order Management software. Through the Order Management software, nursing will have the same view of orders as the pilot physicians and will be trained to enter orders via the ANY SOFTWARE CPOE module. Participation by the medical staff in the pilot will be encouraged but not mandated. Orders that are not entered by the medical staff on the pilot units will be entered by nursing.

The pilot physicians will utilize CPOE from \_\_\_\_\_. The \_\_\_\_\_ are not part of the project scope for LIVE but will be considered a priority post LIVE initiative. Nursing will access CPOE from the Nursing Status board. The status board is being rolled out to the pilot units as part of the on line clinical documentation project and will be operational prior to the CPOE pilot.

The ultimate goal of this project is to establish a successful pilot of CPOE on each campus that will lead ultimately to the rollout of CPOE to all inpatient units. The pilot of CPOE is part of the patient safety objectives established by *Insert: elaborate on the impetus for CPOE.*

The project organization/structure includes an Executive Sponsor, a Physician Champion, a Project Leader/consultant, a part time Project Advisor/consultant, a core team with multi-disciplinary representation, and a physician led sub committee structure to address clinical content and order set development. Existing committee structures will also be leveraged ad hoc to review policy, facilitate decision making, evaluate process related changes, address work flow, and provide recommendations and input into the overall set up and design. The plan will include weekly calls with the Vendor to ensure that ANY SOFTWARE is aligned to support the project and that issues are identified and resolved expeditiously.

The project committee structure includes a weekly project Core Team meeting that is co-chaired by the project leader and physician champion. The Core Team has representation from nursing, pharmacy and IT and will include ad hoc membership as the agenda warrants. A Steering Committee is held monthly and is comprised of senior leaders at Any Health System including the Executive Sponsor, the Director of IT, the project leader, the physician champion and the project advisor/consultant. Ad hoc committee structures may arise on an as needed basis as determined by the Core Team. Each ad hoc committee will set its goals and objectives based on the mandate from the project Core Team.

Vendor supplied training and implementation support will be part of the overall implementation strategy/plan.

## **Project Scope**

### *Goals and Objectives*

#### **Goal:**

The goal of this project is to establish a successful pilot of computerized provider order entry on each campus that will lead to a roll out of CPOE on all inpatient units. The adoption of computerized provider order entry (CPOE) is a strategic, patient safety focused corporate initiative that will provide the foundation for the implementation of other advanced clinical applications at Any Health System.

#### **Objectives:**

- Pilot computerized provider order entry on ANY SOFTWARE version \_\_\_ on 2 inpatient units: \_\_\_\_\_ at \_\_\_ Campus and the \_\_\_\_\_ units at \_\_\_ Campus. The pilot will be coupled with the required use of physician electronic signature.
- Develop a comprehensive project plan that documents the resources and implementation requirements to successfully manage the project.
- Develop a project team structure to address related requirements for the project including order set development and clinical content. The use of EBM SOFTWARE health and other predecessor projects will be built into the overall plan and resource model.
- Develop detailed work flow diagrams to align work flow process with system build
- Develop a comprehensive physician engagement strategy & communication plan to enlighten the organization and to gain corporate acceptance of the project goals and objectives.
- Develop an infrastructure assessment/plan that will address all hardware, networking and peripheral requirements to successfully implement this project. The plan will include a review of physician remote access and other technologies.
- Identify/complete environmental changes to the nursing area(s) to ensure that providers have a work space to support physician ordering.
- Develop comprehensive testing plans and test scripts for testing all requirements of the system.
- Conduct unit, integrated and parallel testing to ensure that all system requirements are fulfilled.
- Prepare a comprehensive training plan and training materials with a focus on a 'train the trainer' approach to competency.
- Develop a physician specific training plan utilizing a multi-media approach and inclusive of one to one training opportunities for the pilot physicians.
- Monitor the overall project and successfully communicate project status and issues to the Sample Health System community.
- Develop/modify organizational policies and procedures that reflect changes in process flow as a result of the transition to provider ordering.
- Review/modify existing Downtime policies and procedures to reflect new process.
- Develop a comprehensive Go LIVE plan and resource model to ensure that resources are aligned to support the physician ordering process.

### **Logical and Organizational Scope**

#### **Locations in Scope:**

- Pilot at one location-indicate campus if appropriate
- Indicate Unit/location at other areas/campuses

#### **Locations/Areas Not In Scope:**

- Document locations/areas not in scope
- Indicate areas not in scope as well as locations

#### **Departments in Scope:**

- Medical Affairs
- Nursing
- Pharmacy
- Laboratory
- Radiology
- Dietary
- Therapies (RT/PT/ST/OT)
- Health Information Management

#### **ANY SOFTWARE modules in Scope:**

- Computerized Physician Order Entry & *Insert: indicate software for nursing if different*
- Pharmacy module
- Electronic Medical Record (EMR) software
- Electronic Signature
- Indicate how nursing will electronically access/acknowledge physician order orders
- Other modules should be clearly delineated
- Nursing Documentation *and Insert: indicate impact given CPOE*

#### **Non ANY SOFTWARE in Scope:**

- EBM SOFTWARE Health for Order Set development-not integrated into ANY SOFTWARE
- Delineate other software that would be utilized to assist with Physician Adoption

#### **Out of Scope:**

- Indicate clearly what is not in scope in this section

### **Project Risks**

The project is at high risk due to \_\_\_\_\_. It will be important that this project remain a corporate priority and that resources remain committed throughout the project life cycle. Any Health System has many competing projects (clearly indicate this as part of the risk and related to the time-frame and priorities) documentation that compete for the same resources. This project, and other competing projects, will need to be evaluated to determine what negative impact it has to the CPOE project and adjustments made expeditiously to ensure project success. CPOE is being marketed as part of the (indicate branding for the project here). It will be important that a corporate 'vision' regarding CPOE continue to evolve within the context of the (brand name) initiatives. Without a clearly communicated corporate 'vision', CPOE will likely be perceived by the clinical community as a \_\_\_\_\_ and not as a primary patient safety goal of the organization.

### **Project Assumptions**

1. The version of the ANY SOFTWARE that the pilots will utilize will be determined & inserted.
2. Existing committees will be leveraged ad hoc for internal expertise and to expedite decision making. A physician led committee to address clinical content and order set development will be created. This committee will have primary responsibility for the prioritization of which order sets to review/build utilizing EBM SOFTWARE for evidence based medicine.
3. Indicate group that will be utilized for work flow and key decisions.
4. Customizations may be required from ANY SOFTWARE. They will need to be evaluated early in the process and expedited to ensure they are coded/delivered prior to LIVE.
5. The Nursing Status Board will be rolled out and nursing will be trained on electronic acknowledgement of orders as a predecessor to converting to CPOE.
6. The infrastructure to support the addition of CPOE has been evaluated by the Vendor and internal IT technical staff and will not result in response time issues that hamper physician use of the software.
7. An evaluation of remote access for physicians has been evaluated and options exist for access from home and office and/or a strategy is in place to support that option in the near future.
8. Pilot physicians will be utilizing Electronic Signature as a predecessor to CPOE.
9. Physician use of CPOE will be encouraged but not mandated for the pilot phase. The project sponsors through the Project Steering Committee will, however, propose a time-frame for mandating CPOE for adoption by the Medical Executive committee.
10. A roll out plan will not be developed until the pilot units are LIVE and a post evaluation period has been completed. It will be important to address issues that arise on the pilot units prior to the organization committing to a roll out plan.
11. Nursing will be trained on entering physician medication orders for non CPOE physicians. Training will include verbal, telephone, FAX and written orders. *(The role of nursing with CPOE is a decision point in the roll out of CPOE).*
12. An OE analyst will review and recommend a plan for managing order source house-wide and develop a plan/recommendation to migrate the organization to Order Management.
13. Pilot units will be trained on Order Management which is accessed through the Nursing Status Board. An evaluation process for who would need access to Order Entry will be part of the roll out process.
14. Detailed Process Maps will be developed as part of the project implementation plan.

### **Project Assumptions (continued)**

15. Project Management and issue resolution will be expedited by the timely review of all deliverables & approval of all project decisions by the project sponsor(s).
16. The Executive Sponsor(s) and CPOE Project Steering Committee will assign the appropriate resources as required to achieve the timelines stated in the project work plan.
17. ANY SOFTWARE VENDOR will actively participate in the project planning and execution process and will be expected to help the organization minimize risk.

### **Project Dependencies**

1. The software and hardware is delivered and installed by the \_\_\_\_ delivery date.
2. The software is upgraded to ANY SOFTWARE (indicate version).
3. A Pharmacy Informatics position will be created and staffed to support the CPOE build and on going support. This position is critical to the project.
4. EBM SOFTWARE Health order set content will be purchased and utilized to fast track order set development. *Insert: this is not a requirement however elaborate on care standardization and where this fits in the implementation plan.*
5. (Address construction and work flow configuration on the units early in the process)-The pilot units have extremely limited desk space. A plan will need to be developed that will look at the physical space on the units and evaluate where a physician work space can be accommodated. It is important for physician adoption that access to a PC that is proximate to the charts is in place for MD ordering. In addition, until the electronic MAR is operational, a dedicated Provider Order entry printer will need to be located on the pilot units.

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### **Project Principles**

- Project has Senior Administrative support
- Internal resources will be committed
- Strategically leverage internal expertise and clinical leadership in the implementation
- CPOE must be a physician led initiative
- CPOE is not a technology initiative-it is a change in the way an organization delivers care
- Participation and involvement must occur across the organization & at all levels-an organizational 'vision' with CPOE at the core
- Strapping new technology on old processes will not be successful-process redesign is essential to system design, build and acceptance
- Device access facilitates end user acceptance
- Order sets are a key to success and will be prioritized for adoption
- Project Management is essential to success
- Maintain the budget
- Make the hard decisions, manage scope effectively
- Minimize risk
- Make necessary changes efficiently
- Complete on time – Indicate Date or emphasis
- Clear Lines of Responsibility
- Focus on the big things
- Heavy emphasis on Training
- Communicate, communicate, communicate

## **Deliverables**

The following is a summary of the project deliverables. It is the intention of the Project Core Team to produce and publish a finalized detailed work plan and critical pathway no later than \_\_\_\_\_. At that time, due dates for the deliverables will be established.

### **Project Management:**

- Consulting Support-Project Advisor and Project Lead
- Project Work plan
- Project Charter
- Project Organizational Chart & Project Resource model (Internal & External Resources)
- Communication Plan & Physician Engagement Strategy
- Risk Mitigation Plan
- Project Status Reports
- Project Scope Change Request Log
- Project Issues Log
- Project Approvals

### **Technical Environment:**

- Hardware Installation (PC's and peripherals)

### **Application Development:**

- Software Modification Identification
- Software Modification Development

### **Testing:**

- Develop Software Acceptance Testing Methodology Plans
- Perform Acceptance Testing
- Integration Test Design/Plans
- Perform Integration Testing
- Develop Parallel Test Plan
- Perform Parallel Testing

### **Training:**

- Vendor supplied training to the Core Team
- Education and Training Plan
- Develop Training Materials
- Perform End-User Training

### **Live:**

- Develop Go-Live Plan with Resource Support Model
- Go-Live
- Post Live Support

**Implementation Approach**

This project will follow the following methodology for system implementations:

<b>Planning Phase</b>	<b>System Specifications</b>		<b>Implementation Planning</b>	
	<b>System Design</b>	<b>Development</b>	<b>Implementation</b>	<b>Live/Post Live</b>
<input type="checkbox"/> Device planning	<input type="checkbox"/> Software Acceptance Testing (DTS)	<input type="checkbox"/> Document Software Acceptance Test Results	<input type="checkbox"/> Integrated Testing	<input type="checkbox"/> Cutover Strategy
<input type="checkbox"/> Project Charter	<input type="checkbox"/> ANY SOFTWARE Dictionary Training	<input type="checkbox"/> Application Visits	<input type="checkbox"/> Parallel Testing	<input type="checkbox"/> Go Live Plan
<input type="checkbox"/> Master Project Plan	<input type="checkbox"/> System Build & Configuration	<input type="checkbox"/> Software Development	<input type="checkbox"/> Training & Proficiency Sign Off	<input type="checkbox"/> Go LIVE Resource Model
<input type="checkbox"/> Communications Plan & Physician Engagement Strategy	<input type="checkbox"/> Device & Physical Space Requirements	<input type="checkbox"/> Device deployment & physical space modifications	<input type="checkbox"/> System Tuning	<input type="checkbox"/> Live
<input type="checkbox"/> Contingency & Risk Mitigation Plan	<input type="checkbox"/> System Access Strategy	<input type="checkbox"/> Implement Operational Procedures		<input type="checkbox"/> Post-Live support
<input type="checkbox"/> Operational Modeling/Workflow	<input type="checkbox"/> Order Set Development & Physician Favorites	<input type="checkbox"/> Implement Order Sets (paper)		
<input type="checkbox"/> Order Set Development & Physician Favorites	<input type="checkbox"/> Application Unit Testing	<input type="checkbox"/> Application Unit Testing Validation		
<input type="checkbox"/> Operational Modeling/Workflow	<input type="checkbox"/> Report Requirements	<input type="checkbox"/> Integrated Test Plan Development		
<input type="checkbox"/> Software modifications & custom specs	<input type="checkbox"/> Training Methodology, Organization & Structure	<input type="checkbox"/> Training Plan Execution & Competency Development		

### **A. PROJECT ROLE MAP AND COMMUNICATION STRATEGY**

The Project Role Map and Communication Strategy document diagrammatically the roles and communication structure for all individuals that may be involved with the Computerized Physician Order Entry Project in some way. The role map documents the relationships among these individuals.

Throughout the project, it will be very important that all individuals on the role map are appropriately informed about the project status and project issues pertinent to their area.

The role map communication strategy is a plan for communicating with these individuals throughout the project. The communication strategy identifies who needs project information, how or in what forum the project information will be communicated, and who is responsible for the communication.

### **B. PROJECT ORGANIZATION: PROJECT RESOURCES AND STRUCTURE**

The CPOE Project structure includes the following:

- CPOE STEERING COMMITTEE
- CORE TEAM
- EVIDENCE BASED MEDICINE (EBM) COMMITTEE
- EXECUTIVE SPONSOR
- PHYSICIAN LEADER/CHAMPION
- PROJECT TEAM LEADER/CONSULTANT
- PROJECT ADVISOR/CONSULTANT
- NURSING INFORMATICS
- NURSING QI/EDUCATION
- NURSING OPERATIONAL LEADERS
- PHARMACY INFORMATICS LEADER
- PHARMACY TEAM LEADER
- NURSING CHAMPION/PILOT SUPER USER
- EDUCATION & TRAINING COORDINATOR
- TESTING COORDINATOR
- WORKFLOW PROJECT LEAD
- OPERATIONAL TEAM LEADERS (PROCESS LEADS)
- APPLICATION LEADS
- RN END USERS
- ANCILLARY END USERS
- PROJECT COORDINATOR

**C. PROJECT ORGANIZATIONAL STRUCTURE**

**INSERT ORGANIZATION CHART HERE**



**D. PROJECT TEAM MEMBERS, ROLES AND RESPONSIBILITIES**

Executive Sponsor(s)	<ul style="list-style-type: none"> <li>• Supports the activities of the project team throughout the organization</li> <li>• Ensures achievement of overall project objectives</li> <li>• Ensures that adequate resources are aligned to the project</li> <li>• Approves changes to project scope</li> <li>• Approves/recommends strategies for project risk mitigation</li> <li>• Approves operational process changes</li> <li>• Review and resolve significant 'show stopper' issues</li> </ul>
Project Team Leader/Consultant	<ul style="list-style-type: none"> <li>• Provides overall leadership &amp; direction for all aspects of the project</li> <li>• Defines/manages contractual obligations with Any Software and other project related Vendors</li> <li>• Manages project resources/teams and facilitates project communication throughout the organization</li> <li>• Ensures issues are managed and escalated as appropriate</li> <li>• Defines project scope and manages 'scope creep'</li> <li>• Defines and ensures project deliverables are met</li> <li>• Develops project work plan</li> <li>• Provides day to day direction to the project team</li> <li>• Conduct work product/deliverable reviews</li> </ul>
Project Advisor/Consultant	<ul style="list-style-type: none"> <li>• Brings expertise in the planning and management of CPOE</li> <li>• Advises the organization &amp; executive committee on the overall project strategy, organization, management, and structure to ensure project success</li> <li>• Provides cross-disciplinary expertise in information systems, clinical system integration, clinical operations, and infrastructure management</li> <li>• Develops the Project Charter and Communication plan along with other key stakeholders</li> <li>• Communicates status to the project Steering/Oversight Committee</li> <li>• Monitor and report project status against project critical pathway to executive Steering/Oversight Committee</li> <li>• Helps manage expectations throughout the organization</li> </ul>

- Conduct work product/deliverable reviews

**D. PROJECT TEAM MEMBERS, ROLES AND RESPONSIBILITIES (CONTINUED)**

Pharmacy Informatics	<ul style="list-style-type: none"> <li>• Brings clinical, operational and IT expertise in the area of pharmacy and pharmacy operations</li> <li>• Brings expertise in the build, design and integration requirements within pharmacy</li> <li>• Assists the pharmacy in the assessment of current state workflow and the evolvement of future state vision</li> <li>• Assists in the overall design/schema of the pharmacy module to achieve/maintain optimal integration with order entry &amp; ensure operational efficiencies</li> <li>• Assists the pharmacy in the prioritization &amp; overall management of the implementation</li> <li>• Actively participates in issue resolution, project plan development, scope development &amp; management</li> <li>• Works with ANY SOFTWARE &amp; the project team to ensure project deliverables are met</li> </ul>
Physician Leaders/ Informatics	<ul style="list-style-type: none"> <li>• Leads committee structure/Physician Advisory group</li> <li>• Serves in a liaison role between medical staff, clinical community, &amp; IT</li> <li>• Recommends clinical content and priorities based on physician input</li> <li>• Helps build the clinical case for CPOE</li> <li>• Ensures that physician input is solicited &amp; reflected in decision making</li> <li>• Ensures timely &amp; thoughtful response to physician issues as they arise</li> <li>• Assist with pilots and roll out planning &amp; provides critical feedback in the build of CPOE</li> <li>• Involved in peer training &amp; coaching on the use of CPOE</li> </ul>
Nursing Informatics	<ul style="list-style-type: none"> <li>• Brings clinical, operational and IT expertise in the area of nursing and clinical operations</li> <li>• Brings expertise in the build, design and integration requirements within the NUR module and interfacing applications such as POM &amp; pharmacy</li> <li>• Assists nursing in the assessment of current state workflow and the evolvement of future state vision</li> <li>• Serves as primary liaison between IS &amp; clinical end users to ensure/facilitate communication and requirements for implementation are decided upon/met</li> <li>• Assists with scope management &amp; expectation setting</li> </ul>

**D. PROJECT TEAM MEMBERS, ROLES AND RESPONSIBILITIES (CONTINUED)**

<p>Nursing Clinical Leaders/ Operational Leads</p>	<ul style="list-style-type: none"> <li>• Brings clinical content expertise to the design, build, testing and Go LIVE phases of the project</li> <li>• Provides leadership within the organization and within the project team to ensure project deliverables are met</li> <li>• Brings clinical and operational depth to the design and integration requirements to make the project successful</li> <li>• Assists the project team in recommendations for managing operational, clinical and cultural changes necessary to move the project forward</li> <li>• Serves as a patient safety advocate/champion</li> <li>• Facilitates the communication about the project among peers and clinical &amp; operational leaders within the organizational structure</li> <li>• Actively participates in the decision making &amp; prioritization of items/issues as they arise</li> </ul>
<p>Pharmacy Clinical Leader</p>	<ul style="list-style-type: none"> <li>• Brings pharmaceutical content expertise to the design, build, testing and Go LIVE phases of the project</li> <li>• Provides leadership within the pharmacy and within the project team to ensure project deliverables are met</li> <li>• Understand the regulatory regulations/requirements &amp; ensures that patient safety standards are met/aligned</li> <li>• Assists the project team in recommendations related to project build, in particular related to medication entry and documentation practices</li> <li>• Serves as a patient safety advocate/champion</li> <li>• Facilitates the communication about the project among peers and clinical &amp; operational leaders within the organizational structure</li> <li>• Actively participates in the decision making &amp; prioritization of items/issues as they arise</li> </ul>
<p>Work Flow Project Lead</p>	<ul style="list-style-type: none"> <li>• Facilitates group discussions to diagram out work flow process changes with CPOE</li> <li>• Skilled in facilitation and modes of flow chart documentation such as FMA's and Fishbone diagrams</li> <li>• Brings clinical &amp; Operational expertise to facilitate discussions of current &amp; future state</li> <li>• Actively participates in the decision making &amp; prioritization of items/issues that arise</li> </ul>

**D. PROJECT TEAM MEMBERS, ROLES AND RESPONSIBILITIES (CONTINUED)**

<p>IT Clinical Analysts</p> <p><u>Primary IT Contact:</u> R.N.-Nursing/Order Entry</p> <p><u>Ad Hoc:</u> Analyst-Pharmacy Analysts-Ancillaries</p>	<ul style="list-style-type: none"> <li>• Brings clinical and IT expertise to the project</li> <li>• Advocates for the end user community and ensures that projects in progress are not risked/compromised throughout the implementation</li> <li>• Brings application related expertise and serves as a primary contact with the Vendor for issue logging, tracking and resolution</li> <li>• Actively participates in the project team meetings to understand/facilitate the system build process</li> <li>• Works with the end user community on 'operationalizing' changes</li> <li>• Works with the project team on the development of testing plans and training materials</li> <li>• Actively participates in issue resolution, project plan development, scope development &amp; management</li> <li>• Works with ANY SOFTWARE &amp; the project team to ensure project deliverables are met</li> </ul>
<p>RN Clinical End Users</p> <p>Nursing Informatics Council Members</p> <p>Clinical Coordinators on Pilot Units</p>	<ul style="list-style-type: none"> <li>• Serves in a super user type of capacity advocating for the staff level nurse and providing content expertise to the day to day process within the nursing unit</li> <li>• Assists in the formulation of work flow documentation and processes</li> <li>• Highlights for the team current state issues and practices</li> <li>• Serves as a project &amp; patient safety advocate</li> <li>• Participates in the development of testing plans and training materials</li> <li>• Actively participates in issues resolution, project plan development, scope development and management</li> <li>• Gains content expertise to assist in the training plan/process</li> </ul>
<p>Nursing QI/Education</p>	<ul style="list-style-type: none"> <li>• The Nursing QI representative brings regulatory expertise to the project design and build and ensures that project deliverables are appropriately aligned with regulatory requirements</li> <li>• Assist in the development/decision making process related to cultural, clinical and operational recommendations/changes to ensure project success.</li> <li>• Align education, communication and policy and procedural changes to support the adoption of the technology in the clinical areas</li> </ul>

**D. PROJECT TEAM MEMBERS, ROLES AND RESPONSIBILITIES (CONTINUED)**

<p>Physician/Nursing Champion Roles</p> <p><u>Physician(s)</u></p> <p><u>Nursing:</u></p>	<ul style="list-style-type: none"> <li>• Serve as project champions and supporters of the project objectives</li> <li>• Play visible roles in the overall management of the project in particular related to the development of clinical content and prioritization of system design/modifications</li> <li>• Serves on the project Steering/Oversight Committee meetings to ensure that the project remains aligned to the needs of the clinical community</li> <li>• Serves as primary liaison to the project Directors/Leaders to facilitate adoption of the technology in the clinical community</li> <li>• Serves in a chair and/or co chair capacity to the Physician Advisory and Nursing IT related meetings/structures to report on project progress and prioritization</li> </ul>
<p>Education &amp; Training Coordinator</p>	<ul style="list-style-type: none"> <li>• Develops a Master Unit Training Plan</li> <li>• Defines the resource model to be utilized for training</li> <li>• Ensures availability/adequacy of training environment</li> <li>• Responsible for the development of training materials</li> <li>• Responsible for the organization/delivery of user training</li> <li>• Updates appropriate committees on the status of Education &amp; Training</li> </ul>
<p>Testing Coordinator(s)</p>	<ul style="list-style-type: none"> <li>• Develop a comprehensive Master Testing Plan</li> <li>• Develops the test criteria &amp; plan with members of the core team</li> <li>• Defines the resource model for test execution &amp; sign off</li> <li>• Updates appropriate committees on the status of Education &amp; Training</li> </ul>
<p>Ancillary End Users  (Indicate name and area)</p>	<ul style="list-style-type: none"> <li>• Serves in a super user type of capacity advocating for the staff level end user and providing content expertise to the day to day process within their area of expertise.</li> <li>• Assists in the formulation of work flow documentation and processes</li> <li>• Highlights for the team current state issues and practices</li> <li>• Serves as a project &amp; patient safety advocate</li> <li>• Participates in the development of testing plans and training materials</li> <li>• Actively participates in issues resolution, project plan development, scope development and management</li> <li>• Gains content expertise to assist in the training plan/process</li> </ul>

**D. PROJECT TEAM MEMBERS, ROLES AND RESPONSIBILITIES (CONTINUED)**

<p>Clinical Coordinator/ Support</p> <p>*-Administrative support to the project is an important to maintaining minutes &amp; other critical follow up</p>	<ul style="list-style-type: none"><li>• Schedule/coordinate team meetings*</li><li>• Maintain project files</li><li>• Update project work plan/management tool</li><li>• Maintain issues and scope change logs</li><li>• Takes minutes at Core team &amp; Executive level meetings to be reviewed by the project Director</li></ul>
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## **PROJECT MEETINGS**

In order to maintain good communication with project team members and the hospital Community a series of standing meetings will be conducted. These meetings will follow established protocols to ensure that the meeting objectives are met. The following meetings will be held:

### **Project Steering Committee Meeting**

The project Steering Committee meeting will be held monthly at a day/time to be determined. The committee will be comprised of senior leaders and key stakeholders. The primary role of the committee will be to define project scope, monitor project progress, approve project strategies, and ensure the overall success of the project. Issues that cannot be resolved at the Core Team level are also escalated to Steering for resolution by the Executive Sponsors.

### **Project Implementation Team Meetings (Core Team)**

The project core team meets weekly on Wednesday's at 10 a.m. The team meeting will include all working members of the project team. The project team leader and each section/task leader will provide a succinct status of current activities, planned activities and significant issues. The project team may establish Temporary Action Groups (TAGs) to resolve issues or implement specific decisions. Issues that cannot be resolved by the project team will be escalated to the Executive Sponsors.

### **Temporary Action Groups (TAGs)**

Temporary Action Group meetings will be held on an as needed basis. Each TAG will set its goals and objectives based on the mandate from the project team. The TAG will report recommended issue solutions to the project team. Minutes will be taken and distributed by the TAG leader or designee.

### **Evidence Based Medicine Quality Committee**

This committee will prioritize the creation of standardized evidence-based order sets in preparation for computerized physician order entry. As a physician led committee, this group will evaluate existing order sets for modification and prioritize the development of other order sets and clinical content. The Chair of the Clinical Quality committee and the date/time of the meeting have not yet been established.

### **Issue Management**

Issue management is a collaborative effort among the entire project team. The Project Team Leader is responsible for the overall issue management process and works with the Core team for issue resolution. The Core Team will approve all issue resolutions. “Show-stopper” issues which cannot be resolved will be referred to the Executive Sponsors for resolution. “Show-stopper” issues will also be discussed by the Project Team Leader at the Single Provider/Conversion Project Team Leader meetings to assess impact to the project-at-large.

The following issue management approach will be used to ensure that project issues are identified and resolved in a timely manner throughout the project.

#### **Identify/Submit Issues:**

Project issues may be submitted by members of the project team or the Project Team Leader. The person who submits the issue will document it by completing the Issue Worksheet. These issues will be entered into a database (MS Access or MS Excel) for appropriate tracking and problem resolution.

The objective of the Issue Worksheet is to capture sufficient information to evaluate and act on the issue. Descriptions of the “key” Issue Worksheet sections follow:

**Any Software Routine:** Identifies where within the application the user experienced the problem; this field helps narrow the problem for replication and problem solving

**Patient Unit #/Account #:** Identifies the patient Medical Record # and/or account number being used when problem occurred (if applicable)

**Short Description of Problem field:** A short description of the issue/problem being reported; will be used as identifier in the Access database

**Long Description of Problem field:** This section provides a description of the issue. It is important to document as much information about the issue as possible. If supporting materials are required, they should be attached to the Issue Worksheet.

**Potential Solution to Problem:** This section provides proposed resolutions to the issue. The person who submits an issue will include proposed resolution to the issue, where possible.

**Severity:** There are three levels of severity:

**High Severity (H):** means significant impact on the overall project and/or department operations (e.g., cause of delay, changes the scope, hinders the quality, and increases cost).

**Medium Severity (M):** means moderate impact on the overall project and/or department operations.

**Low Severity (L):** means limited impact on the overall project and/or department operations

### Identify/Submit Issues: continued

**Problem Log #:** Access generated (or assigned) unique identifier for tracking/follow-up

### **Issue Logging:**

Issues will be logged and tracked via an Access database Issues Tracking log. Issue logs will be distributed at the Core Team meetings.

### Review/Screen Issues:

The Project Team Leader and members of the project team (individuals may vary per issue) will review issue worksheets and decide whether to accept, defer or reject new issues based on the following criteria:

- **Accept:** Issues that are relevant to this project. Issues that warrant formal documentation.
- **Reject:** Issues that are not relevant to this project. Issues that do not warrant formal documentation. Issues that will not impact the success of the project.
- **Merge:** Issues that are closely related to other already identified issues.
- **Defer:** Issues that can not be reviewed at this time or were originally and after investigation deferred. Deferred issues will be assigned a 'deferred until' date. Deferring an issue does not mean the issue will not be accepted, it will be screened at a later date.
- **Resolved:** Issues that have a definitive resolution and require no further investigation.

### Evaluate Issues/Identify Possible Resolutions:

Accepted issues will be evaluated to identify possible resolutions. This may involve meetings to discuss alternatives, etc. If the issue resolution is clear, the action items will be assigned and the issue will be closed. If the issue needs further evaluation, the issue will be assigned to the appropriate project member who will be responsible for identifying and evaluating possible resolution alternatives.

### Issue Approval:

The Project Team Leader, in consultation with the project team, or the executive sponsors, will select the appropriate resolution alternative for the issue and identify the appropriate action items including:

- tasks/work steps
- deliverables/work products
- resources/responsibilities
- quality/completion criteria

### Close Issue:

When an issue is resolved, the Project Team Leader (or designee) will close the issue in the Issues Tracking Log.

### Sample Issue Worksheet

Submitted by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date & Time of problem: \_\_\_\_\_

Any Software Routine: \_\_\_\_\_ DTS # \_\_\_\_\_

TEST: Patient Unit # \_\_\_\_\_ Patient Acct # \_\_\_\_\_

Issue involves outside interface? Yes \_\_\_\_\_ No \_\_\_\_\_

Issue is not OE related? Y/N\_\_\_\_ Which module is involved? \_\_\_\_\_

Short Description of Problem (1 Line): \_\_\_\_\_

Long Description of Problem (steps to recreate): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a rule is invoked, what are the rule # and/or description: \_\_\_\_\_

\_\_\_\_\_

Potential Solution to problem (how should it work): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported to: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**Problem Severity:**  H  M  L Documentation Attached?  Yes  No

Is this problem reproducible?  Yes  No

=====Do Not Write Below =====

Reported to: \_\_\_\_\_ @ \_\_\_\_\_ Date & Time: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Retested OK by: \_\_\_\_\_ Expected Resolution Date: \_\_\_\_\_

OPEN  RETEST  CLOSED  **Access Problem Log #** \_\_\_\_\_

***Risk Management:***

In order to minimize the risks associated with the project, formal risk assessment and management will be conducted. Project risks will be evaluated periodically throughout the project by the Executive Sponsors, Project Team Leader, with input from the Project Group Leaders.

***Scope Change Management:***

The following scope change management process will be used to ensure that the CPOE Project is managed to the original scope, as defined in this charter.

***Initiate Change:***

Any member of the Core Team may propose a change to the scope of the project. The requester will initiate the process by completing a Change Management Request Form (see attached).

Proposed changes must be approved for investigation by the Project Team Leader prior to investigation of the change and its impact on the schedule and deliverables.

The objective of the Change Request Definition Form is to capture sufficient information to evaluate and act on each proposed change. Descriptions of the Change Management Request Form follow:

***Priority:*** There are four scope change priority levels:

**Critical:** implies that the requester believes that the project cannot proceed unless the change is incorporated, because the change is critical for the success of the project.

**Important:** implies that the requester believes there will be significant negative impacts, or major opportunities missed, if the change is not incorporated

**Desirable:** implies that the requester believes that the benefits associated with making the change outweigh the costs, but the project can without the change.

**Post-live:** implies that the requester would like the change evaluated for inclusion on the project evolution plan (post-live plan)

***Description of Proposed Change:*** This section provides an explanation of the change described in terms of what it seeks to achieve rather than how it will be implemented. If the proposed change refers to a specific deliverable previously completed, the deliverable should be referenced and appropriate documentation attached to the request form.

*Reason for Change (Benefits):* This section explains why the change should be made and must support the priority assessment. It should include the tangible benefits expected if the change is made, who will benefit and in what time frame, and exactly how they will benefit.

*Implications of Not Making the Change:* This section should specify negative consequences, such as impact on patient care and anticipated lost opportunity costs, for failing to implement the change.

*Related Change Request:* This section is particularly important if dealing with a change request investigation. However, other changes come in related clusters, and it may be desirable to highlight these interrelationships or have this change request investigated in conjunction with several others. Bundling several desirable or important priority investigations may generate a critical change recommendation.

*Attachments/References:* The supporting documentation to assist in understanding the change.

As the above-described information is used to assess whether to spend time and effort investigating the proposed change, it is critical that the requester section data be correct and provides information to allow an estimation of the investigative effort. The Project Team Leader, in conjunction with the Group Leaders, should follow up with the requester and reject the change if insufficient data is provided.

*Log and Track Change Request:*

A project Change Request Log will be maintained by the administrative support person. It will include the following information for each request:

- Project Change Request Number
- Date Received
- Requester Name
- Priority of Request
- Brief Description of Request
- Name of Project Team Member Investigating the Change
- Current and Final Disposition Status
- Final Disposition Date

All scope change requests will be distributed periodically to the entire team for informational purposes.

### Evaluate Change Request

The Project Team Leader will determine the team members who need to be involved in the investigation of the request. The objective of the investigation is to determine exactly what implementing the change will mean to the project. In effect, the investigator must informally scope, define, estimate, and schedule the change in order to make a before and after comparison. The results of the investigation will be documented on the Change Request Assessment Form (see attached) containing the following sections:

*Scope Impact:* What elements of the charter are impacted and how?

*Deliverable Impact:* What modifications must be made to existing deliverables and how extensive?

*Work Effect Impact:* What level of resource consumption must be expected in order to implement the modifications? Estimates need to consider effort, duration, budget, and assumptions related to proficiency, productivity, etc.

*Schedule Impact:* What happens to commitments that the Project Team has already made? Can the schedule be adjusted internally to the Project Team or do these modifications affect people outside the team?

*Project Resources Impact:* Given the change will be implemented, who must make the modification? Consider skill, proficiency, and role requirements.

*Other Implications:* Are there any financial impacts?

*External Implications:* Assess the potential impact of implementing or not implementing the change on other related projects, either concurrent or downstream. Consider the impact on commitments the project has made to other projects.

*Overall Assessment/Recommendation:* the assessment and recommendation should identify the following:

1. Has the change requester identified a legitimate change opportunity, and
2. Do the benefits associated with implementing the change outweigh ALL costs to both this project and any other impacted projects?

Include alternative solutions to the proposed changes that may be considered less significant in terms of impact and cost.

Disposition of Change Requests

Before implementation, each change request must be presented to the Project Team Leader for acceptance, rejection, or deferral

- If it is rejected, the Project Team will file the request
- If it is deferred, the Project Team will determine the timing for follow up and file the request
- If it is accepted, it will be assigned priority and scheduled for approval by the Executive Sponsors

The Project charter and work plan will be adjusted accordingly.

Refer to Sample Change Request Definition and Change Request Assessment Forms on the following pages.



### Change Management Request Form

Project Name: \_\_\_\_\_ Dept/Area: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Priority: \_\_\_\_\_ Critical      Important \_\_\_\_\_ Desirable \_\_\_\_\_ Post LIVE \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Description of Proposed Change:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Change (Benefits):

\_\_\_\_\_  
\_\_\_\_\_

Implications for Not Making the Change:

\_\_\_\_\_  
\_\_\_\_\_

Related Change Requests:

\_\_\_\_\_

Attachments/References:

\_\_\_\_\_

---

**DO NOT WRITE BELOW THIS LINE/SHADED AREA FOR PROJECT MANAGEMENT USE ONLY**

Approved for Investigation (Y/N)? \_\_\_\_\_ Change Request ID #: \_\_\_\_\_

Project Director/ Lead Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Investigation Assigned to: \_\_\_\_\_

Investigation Start Date: \_\_\_\_\_ Investigation Due Date: \_\_\_\_\_

Analyst Review: Work Estimate: \_\_\_\_\_ Hours      Training Estimate: \_\_\_\_\_ Hours

Other Depts. Involved/Impacted: \_\_\_\_\_

Procedure/Policy Changes Required:

Comments: \_\_\_\_\_

Recommended Action:    Accept     Defer     Reject     Modification Approval:

Approved by: \_\_\_\_\_ Dept. \_\_\_\_\_ Date: \_\_\_\_\_ Workday Estimate: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Dept. \_\_\_\_\_ Date: \_\_\_\_\_

Applications and Functions Affected: \_\_\_\_\_

### Change Request Assessment Form

Change ID # \_\_\_\_\_ Date of Recommendation: \_\_\_\_\_

Investigator Name: \_\_\_\_\_

Scope Impact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deliverable Impact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Effort Impact: \_\_\_\_\_  
\_\_\_\_\_

Schedule Impact: \_\_\_\_\_  
\_\_\_\_\_

Project Resources Impact: \_\_\_\_\_  
\_\_\_\_\_

Other Implications \_\_\_\_\_

External Implications: \_\_\_\_\_

Overall Assessment/Recommendations: \_\_\_\_\_  
\_\_\_\_\_

**Project Team Leader:**

**Disposition (Approve/Reject/Defer):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approval:**

The below signature signifies concurrence by the project team members and acknowledgement by the project sponsor(s) that there is agreement between the client and the CPOE project team to the project approach, tasks, activities, scope and deliverables.

PARTICIPANT	ORGANIZATION	SIGNATURE

Leading provider of  
Meditech consulting and  
professional services

## Appendices

The following pages include:

Appendix A Project Work plan & Milestones Document

Appendix B Client Resources

Appendix C IT Resources

Appendix D Work Flow Documentation

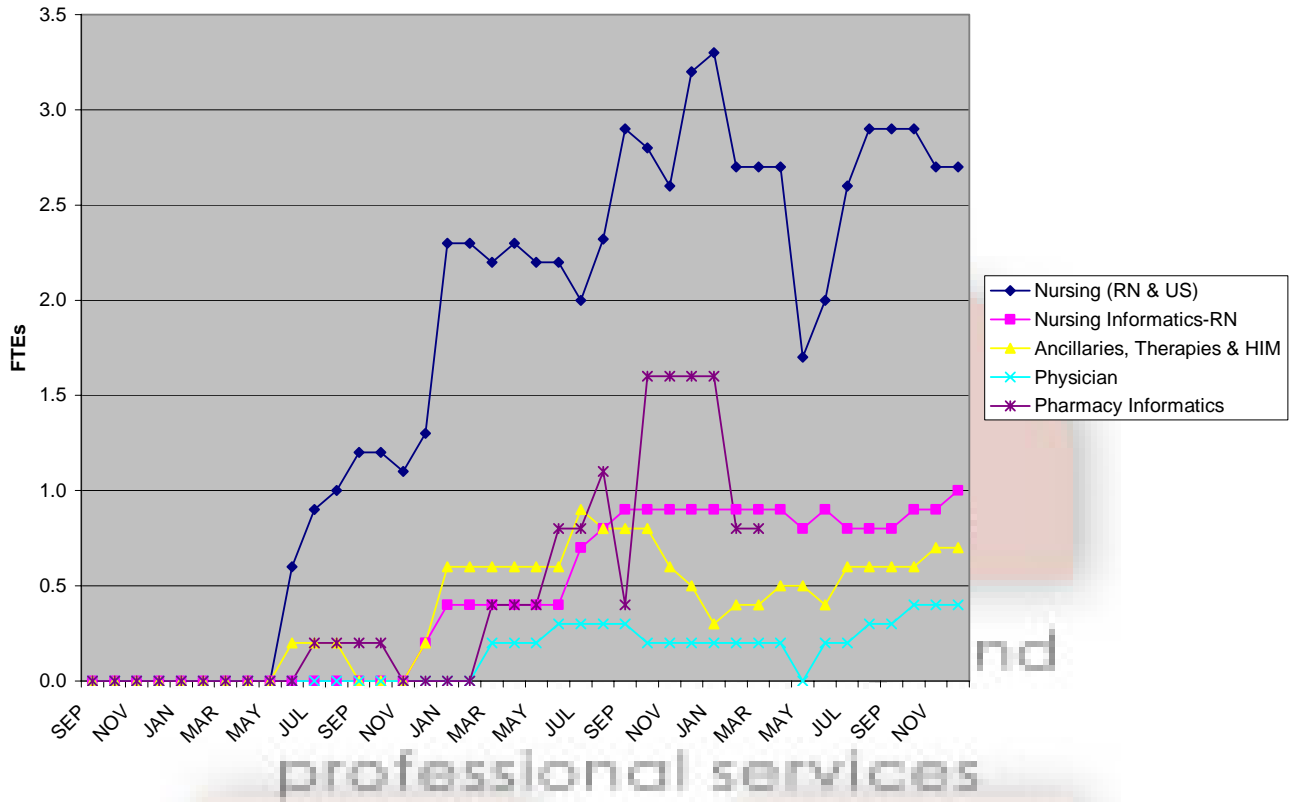


## Appendix A: Project Work Plan and Milestone Document



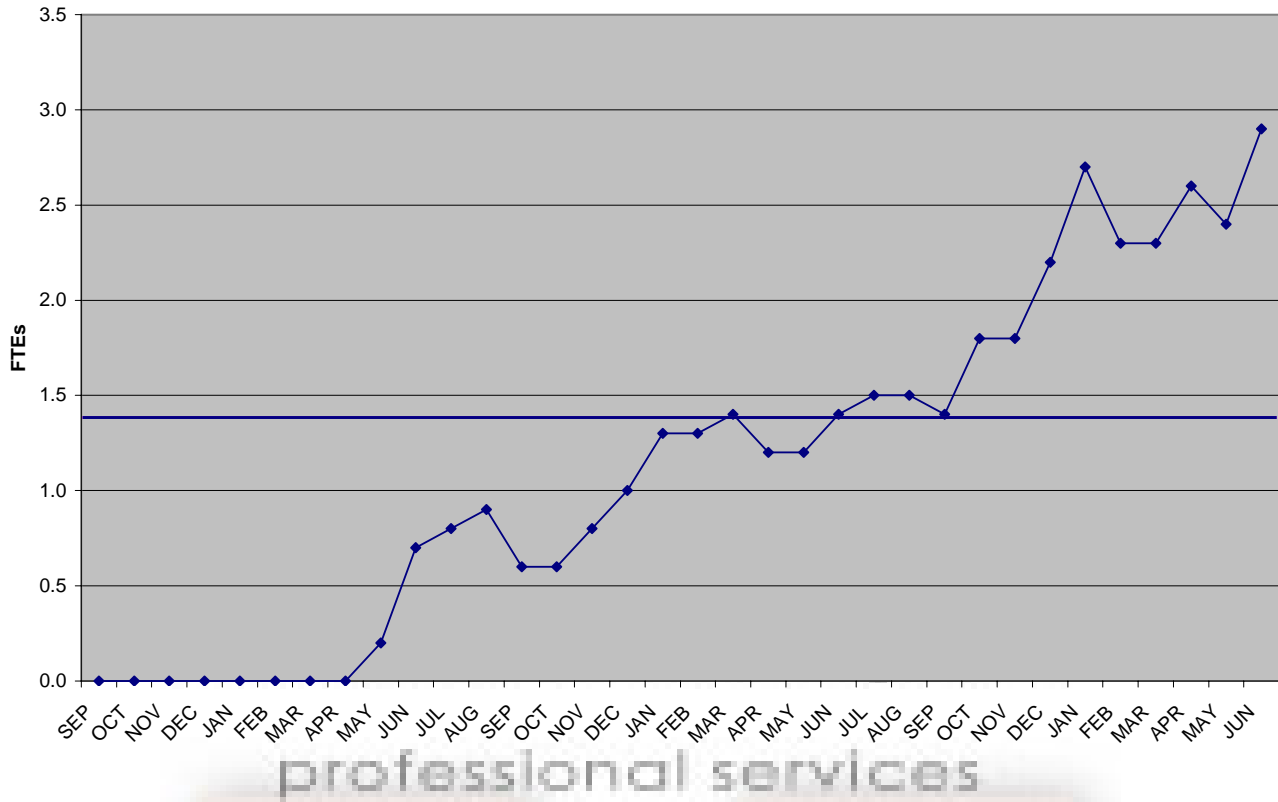
Appendix B:

**IT Tactical Plan  
 Client Resource Requirements**



Appendix C:

IT Tactical Plan  
IS Resource Requirements



professional services



Appendix D:

Insert Workflow Documentation

