

# Beth Israel Deaconess Medical Center

## CommunityONE MEDITECH 6.1 READY Implementation Project Charter

CommunityONE



Beth Israel Deaconess Hospital  
Milton • Needham • Plymouth

September 2016

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## I. INTRODUCTION

The purpose of this document is to formalize the scope and processes for the implementation of the MEDITECH 6.1 System at the Beth Israel Deaconess Community Hospitals (BIDMC). Information in this document will and should be used to clarify the project, which has been titled “CommunityONE”. This project is following MEDITECH’s READY Level 3 implementation structure.

It is expected that this document will be utilized throughout the project to clearly articulate project management practices. This document should be reviewed periodically by BIDMC Community Affiliates CIOs (BID-M, BID-N, BID-P), CommunityONE Project Directors, and CommunityONE Project Manager and be used to orient new participants.

This Project Charter document provides the guidelines by which the project will be managed. The actual documents that are created throughout the project by both BIDMC and Huron Consulting should be placed in CommunityONE BIH Project Management file. This electronic or paper project book serves to document the project's status, activities, issues, decisions and outcomes in accordance with best practice project management processes.

Guiding principles direct the thinking and establish the methodology for the members of the project team. The following philosophies are included as a starting point. Others can be added to this initial list by the project team. The guiding principles are emphasized, highlighted and reinforced during the project.

### Guiding Principles

- Support **Integration and Standardization** of processes and workflow across the Beth Israel Deaconess System
- Use a **Team Approach**, with decisions supporting overall needs
- Use a **Collaborative Process** which enables those with separate interests to work together toward shared goals
- **Communicate, Communicate, Communicate**
- Strive to **Meet Deadlines**
- **Dedicate Yourself** – make the project a Top Priority
- Be **Flexible and Adaptable to Change**
- **Seize Opportunities to re-engineer and improve processes rather than try to duplicate current state**
- Make decisions based on overall health system needs and **Best Practice**

## **II. COMMUNITYONE MISSION**

“To develop, implement and manage single, patient focused BIDMC Community Hospital EHR using principles of best practice to support clinical excellence, fiscal accountability and a productive experience for all.”

### III. PROJECT OBJECTIVES

The following have been identified as primary business and project objectives to be addressed by this implementation.

#### Overall Objective

The core goal of the project is to successfully implement the MEDITECH 6.1 platform across the 3 community BIDMC hospitals – BID – Milton, BID – Needham, BID – Plymouth. The final product should be a web enabled, cloud hosted platform that meets the needs of each organization while promoting standardization and meeting the mission of the project. This will be achieved by:

- Standardization
  - Leverage standardization to enhance patient safety, create efficiencies, increase effectiveness, and create a patient focused record
  - Leverage technology in every aspect of hospital operations to make the most current information available to all parties real time and reduce or remove reliance on paper records
  - Use standardization to:
    - Establish best practices and achieve top ratings for quality, safety and performance
    - Improve patient flow and avoid delays
    - Reduce any preventable errors
    - Provide clear documentation of processes
    - Provide structure to help ensure that important steps do not get skipped
    - Improve communication at key points such as handoffs and transitions of care
    - Reduce variability and provide predictability of results
    - Support audits
    - Improve training
    - Promote efficiencies and productivity
    - Streamline the support model with standard system configurations
    - Increase efficiencies of resources needed to build and maintain systems
  
- Physician Access and Use of Systems
  - Promote 100% adoption of CPOE and management of orders electronically
  - Electronic ordering of medications for inpatients and discharge prescriptions
  - Electronic inpatient notes including history and physicals, procedure notes, progress notes, consultant reports and discharge summaries
  - Enable capture of structured data to support decision support and quality reporting
  - Improve documentation specificity and timeliness
  - Improve the medication reconciliation process
  - Standardize processes and streamline workflow with consistent placement of key data, making it easier to find information
  - Improve efficiency and strive to appropriately decrease patient length of stay
  - Enable all care providers to access and act on physician orders immediately
  - Enable all care providers to view physician notes immediately

- Enable care providers to view current clinical results and status electronically
  - Enable interoperability to share clinical data across care settings
  - Decrease turnaround time for medication delivery, results reporting and completion of diagnostic tests
  - Provide appropriate access to hardware and supporting IT infrastructure to access and utilize systems
  - Provide clinical decision support
  - Improve and foster patient safety and quality of care
- Integration and Technology
    - Improve data quality through advanced clinical decision support and best practice adherence
    - Improve productivity by automation and leveraging new applications and features
    - Improve the flow of data with system integration
    - Improve information accessibility and timeliness
    - Reduce duplicate processes wherever possible
    - Increase automation of hospital operations
- Regulatory and Compliance
    - Meet the meaningful use requirements for the American Recovery and Reinvestment Act (ARRA) for comprehensive electronic health record documentation and access
    - Meet all CMS reporting requirements with focus on electronic Clinical Quality Measures
    - Meet all aspects of Joint Commission requirements that pertain to Electronic Health Records
    - Meet all MA state regulations per Chapter 224
    - Increase regulatory compliance and reporting for all other reporting agencies

#### IV. PROJECT SCOPE AND DEFINITION

The project scope and definition identifies the details of the project - what product, features and functionality are being implemented, what is being replaced – including current systems and manual processes.

##### Scope

BIDMC is implementing the MEDITECH 6.1 system. The GO LIVE is scheduled for March 1, 2018. Software suites/modules to be implemented include:

MEDITECH Product Mnemonic	MEDITECH Product Description	Milton	Needham	Plymouth
BCA	Business and Clinical Analytics	x	x	x
CM	Case Management	x	x	x
CMS	Content Management System	x	x	x
CC	Critical Care	x	x	x
DR	Data Repository	x	x	x
EDM	Emergency Department Management	x	x	x
EMR/PCM	Enterprise Medical Record Physician Care Manager (PAPD – PDOC and EMR)	x	x	x
GL/FA	General Ledger and Fixed Assets	x	x	x
HIM	Health Information Management	x	x	x
HIM/ABS	Health Information Management – Abstracting	x	x	x
HIM/SCA	Health Information Management – Scanning	x	x	x

MEDITECH Product Mnemonic	MEDITECH Product Description	Milton	Needham	Plymouth
Home Care	Home Care – Hospice	N/A	N/A	x
HR	Human Resources and payroll	x	N/A	x
ITS	Imaging and Therapeutic Services	x	x	x
LAB/MICRO	Laboratory and Microbiology	x	x	x
LAB/BBK	Laboratory – Blood Bank	x	x	x
LAB/PATH	Laboratory – Pathology	x	x	x
MM/AP	Supply Chain Management – Materials Management and Accounts Payable	x	x	x
ONC	ONC – Oncology	N/A	N/A	x
NURSING PCPS	Patient Care and Patient Safety (Nursing)	x	x	x
PHA	Pharmacy	x	x	x
PHM	Patient Health Management – Patient Portal	x	x	x
QM/RM	Quality Management and Risk Management	x	x	x
REG/CWS/ABS	Patient Access - Scheduling and Referral Management – Registration, Community Wide Scheduling, CAS – Abstracting	x	x	x
Revenue Cycle	Revenue Cycle (B/AR, Patient	x	x	x



MEDITECH Product Mnemonic	MEDITECH Product Description	Milton	Needham	Plymouth
	Accounts and Claims)			
SUR	SUR – Surgical Services	x	x	x

**Non-MEDITECH Products will include:**

NON MEDITECH	Product	Needham	Milton	Plymouth	Comments
3M	Encoder/360 version 2	x	x	x	
DR. FIRST	E Prescribing	x	x	x	
Access eForms	Forms	x	x	x	With signature pads
FDB (First Data Bank)	Formulary	x	x	x	See copy of product lines
Interbit	Faxing	x	x	x	
Change Healthcare	Eligibility	x	x	x	
Craneware	Chargemaster	x	x	x	
IMO	Nomenclature	x	x	x	
Blue Elm	Data Rep	x	x	x	
Acmeware	eCQMs, MU	x	x	x	
Summit Healthcare	Interfaces	x	x	x	

## MEDITECH Historical Data Conversions

MEDITECH HISTORIC MODULE	MEDITECH 6.16 APPLICATION	COMMENTS - ALL CONVERSIONS INCLUDE THREE HOSPITALS
ABS	ABS	Case Mix historical information
BLOOD BANK	BBK	Blood Bank information
DEMO RECALL		Demographic information
FIXED ASSETS	FA	Assets and Accumulated Depreciation
GL	GL	General Ledger Actual and Budget dollars
ITS/RAD	ITS	RAD Exam/Impression Text
MPI	MPI	MPI visit history, medical record numbers
Patient Account	PA	*Full Detail
Payroll	PP	Employee Demographic Information/YTD Balance (Milton and Plymouth only)
B/AR	Revenue Cycle	Not in MT Contract
RAD/ITS	ITS	RAD Exam/Impression Text
SCA	Scanning	Chart to Chart
PATHOLOGY	PATH	Historical Pathology Specimen Information
AP		Not in MT Contract – check

### HISTORIC Data (needed at the local level)

Historical data that will be maintained includes, but is not limited to:

- Data Repository data
- Patient Portal data
- Data from clinical systems (presented via links to endusers): Milton – Magic, Needham – Magic, Plymouth – 6.0

### MEDITECH 6.16 Interfaces

The goal of this project is to create a complete Electronic Health Record. To meet this goal, every attempt will be made to interface systems that contribute to the complete EHR at each organization. Any product that cannot meet standard interface specifications will be evaluated for inclusion in the Cold Feed interface tool or to be scanned into the system. These will be treated on case by case basis and will be evaluated on cost, value and ongoing burden. A complete list of in scope interfaces is attached as Appendix A and is valid as of 10/1/16

## **MEDITECH Implementation Methodology**

The MEDITECH READY LEVEL 3 implementation methodology will be utilized for the CommunityONE project implementation methodology.

- **R**apid Adoption
- **E**vidence Based
- **A**dvanced Workflows
- **D**edicated Team
- **Y**our Success

This methodology is grouped into 3 phases.

Phase I Design and Demo of five months duration

Phase II Training, Testing and Build of ten months duration

Phase III Optimization of two months duration after the live date

All three phases require the hospital Core Teams, HSM Consultants and MEDITECH's implementation team working together in a collaborative work environment.

## **PROJECT EXPECTATIONS**

- The MEDITECH Magic system and 6.0 systems in use today will be replaced by MEDITECH 6.1, although these systems will continue to be available after go live for viewing historical data
- The goal is to maintain or enhance functionality that exists today. Areas that are manual should be automated when possible. Areas that are already electronic should be evaluated for improved process, workflow and system use to enhance efficiency and productivity as well as improve patient care.
- Standard Content and Best Practices will be implemented whenever possible and appropriate. Opportunities to improve or enhance processes will be pursued and implemented. If a core team chooses not to implement a best practice recommendation or pursues a non-integrated approach, this will be documented a standardized change control process. All changes will require review and approval as defined by governance structure.
- Major workflow and integrated processes will be reviewed and standardized across facilities
- Although MEDITECH is a comprehensive Hospital Information System, MEDITECH does not provide functionality for department-specific specialty areas. Certain niche systems will need to be maintained for department use with interfaces to MEDITECH whenever possible. All admission, ordering, discharge, medication administration, problem list, medication reconciliation processes should be performed in MEDITECH. MEDITECH functionality will be used in all instances rather than using a competing third party system to perform functions which can be accomplished in MEDITECH.

- BIDMC may have competing third party systems that may be duplicative. These systems will be reviewed and a timeline and plan developed to standardize on one system.
- Decision documentation will be created to support the continued use of a third party system if the Core Team determines the MEDITECH functionality does not adequately meet their operational needs.
- Customization of the MEDITECH system is strongly discouraged. Customization will be allowed only with approval of the Executive Team.
- MEDITECH has provided recommendations for staffing for the core teams. Core team leaders and members must have sufficient time to dedicate to the project as per the MEDITECH recommendations.
- Other hospital information system projects will be limited when possible so that IS resources can be applied appropriately to the CommunityONE project. Other projects and activities will be kept to a minimum so that attention and focus can be applied to the CommunityONE project and so that other projects are not competing for the same resources.
- The Project Leadership Team (Executive team is referenced here several times. Executive Team should be defined earlier in the document. It is unclear if the executive team refers to CIO project leadership (which I think it does) vs. the executive Steering committee will provide management guidance and support to the project and assist with bottlenecks and roadblocks, resource utilization and priorities.
- A team approach will be used during the implementation and decisions will benefit and support the facilities. This means that some compromises may be necessary.
- Departments will identify super users and system experts to promote department ownership and responsibility for the system. These super users will assist with training and testing and provide live coverage and support for all shifts during go live and post live.
- Training will be provided for all end user staff in a roles based manner.
- A Physician Advisory Committee (PAC) will provide dedicated time and availability to assist with design, testing, processes analysis and training preparations.
- Physicians will receive one-on-one or small group trainings prior to the go live date as well as dedicated support after the go live date for questions and to reinforce the new work processes and activities.
- The Medical Staff Bylaws and Policies will be updated to reflect documentation requirements and best practice use of the electronic capability of the new system.

## Risks

A Risk list will be maintained and communicated with suggested risk management strategies. Risks are issues that can escalate to the point of endangering the success of the project. Common Risks that may be encountered are listed below as examples.

Risk	Potential Impact	Mitigation Strategy
CommunitONE core team resources are not able to meet deadlines and timeline	Delay in design, delay in dictionary build, delay in testing and training, impact to go live date	Core team members will meet weekly to review progress including tasks completed, tasks to be done and open issues. Coordinators will escalate to Project Leadership Team if delays occur. Core team leaders will report progress monthly on ability to meet milestone dates.
IS resources are not able to meet deadlines and timeline	Delay in testing and training, impact to go live date	Project Leadership will meet weekly to review tasks completed, tasks to be done and open issues and adjust priorities as necessary. Core Team Leaders will escalate to Project Directors if delays occur. Project Directors will report progress weekly to Project Leadership on ability to meet milestone dates.
Key core team members leave the group and/or organization during the implementation	Delay in design, delay in dictionary build, delay in testing and training, impact to go live date	Quickly identify other persons to fill roles if necessary. Promote camaraderie and team building during the project among team members.
Physician resources are not participating or are not able to spend dedicated time on the project.	Delay in design, delay in testing and training, impact to go live date	Have multiple physician resources available to assist with project. Coordinators will escalate to Project Leadership Team if delays occur.
Participation is limited due to staffing requirements and operational needs	Delay in design, delay in testing and training, impact to go live date, inadequate input from department staff and management with too much reliance on IS or consulting staff	Identify key resources that can be allocated to project and participate in core teams; Program Directors will escalate to Project Leadership when resource and/or staffing problems occur.
Training and meeting rooms are not available when needed for scheduling purposes	Delay in build, delay in testing and training, impact to go live date	Review MEDITECH schedule for training as soon as possible; Identify and schedule all rooms which are needed during the implementation.

Devices and hardware are not ready in time to meet deadlines and timeline	Delay in testing and training, impact to go live date	Develop and implement a plan to increase utilization of hardware/devices available to all users (desktops, carts, etc.) Confirm devices that will be used and date of implementation so that proper testing and practice can be accomplished per the timeline. Communicate delays as soon as possible.
Data conversion and preservation decisions are delayed or not confirmed leaving limited time for design and testing	Maintenance of legacy systems for a longer period of time; data is not converted accurately, impacting quality of care, flow of revenue and compliance requirements; impact to go live date	Confirm needed conversions promptly. Design best method of maintenance for data that is required to be maintained. Adequately test conversion routines to confirm accuracy. Obtain department sign off on validation of conversions.
Interface testing is delayed or restricted due to third party vendor limitations or problems with the testing platforms or environments	Delay in testing and training, impact to go live date	Confirm interface plan and scenarios early in the process; Obtain department sign off and validation of interface testing.

## **Governance –**

Governance is a set of structures, roles, processes, and accountabilities which require collaboration across a set of widely dispersed constituents and stakeholders in order to optimize performance. It provides a decision making framework that is logical, robust and repeatable to govern projects. The result is a structured approach to assuring the project goals are met and kept on target. The governance framework is supported by structure, roles, processes, and accountabilities.

### **Project governance will:**

- Outline the relationships between all internal and external groups involved in the project
- Describe the proper flow of information regarding the project to all stakeholders
- Ensure the appropriate review of issues encountered within each project
- Ensure that required approvals and direction for the project is obtained at each appropriate stage of the project
- Provide a clear escalation pathway for any issue encountered during the course of the implementation or beyond.

### **Executive Committee**

The executive sponsor for this project is the Senior Executive Team since all major organizational areas are impacted by the CommunityONE project. The Executive Committee will be made up of Senior Executive Team members from each of the organizations and will include the following roles:

CEO/President: BID Milton, BID Needham, BID Plymouth

CFO: System, BID Milton, BID Needham, BID Plymouth

CMO: BID Milton, BID Needham, BID Plymouth

CNO: BID Milton, BID Needham, BID Plymouth

CIO: System, Community, BID Milton, BID Needham, BID Plymouth. The Executive Committee will act as the CommunityONE Transformation Sponsors and are responsible for inspiring compliance with the guiding principles. The Executive Committee will assist with resource allocation and has final approval on the plan and any deviations from the plan and budget. The Executive Committee will be the final point of escalation for project decisions and will be provided with sufficient details to make an informed decision. The Executive Committee will meet on a monthly basis during Phase 2 and Phase 3 of the implementation.

### **Physician Advisory Committee (PAC)**

The Physician Advisory Committee will provide physician champions and physician participation for the project. Project updates will be provided to the Physician Advisory Committee on a monthly basis. Physician support will extend to the Medical Executive Committee through Physician Advisory Committee participation. The Physician Advisory Committee will also have a role in assuring that Physician driven content is vetted and that Physician input is embedded into the design and implementation of the system. Please refer to the PAC Charter for a full description of the Committee.

### **Financial Advisory Committee (FAC)**

The Financial Advisory Committee will provide oversight and decision approval for aspects of the project that either impacts the revenue cycle and financials of the hospitals; or that have a budgetary impact. The Financial Advisory Committee will meet monthly. The Financial Advisory Committee will be comprised of the following membership:

CFO: System, BID Milton, BID Needham, BID Plymouth

Patient Financial Services Directors: BID Milton, BID Needham, BID Plymouth

CIOs: Community, BID Milton, BID Needham, BID Plymouth

Ad hoc membership may include: HIM Directors, Controllers, Budget Directors, and Patient Access Directors

#### **Clinical Advisory Committee (CAC)**

The Clinical Advisory Committee will provide oversight and decision approval for aspects of the project that impacts the clinical workflows of the hospitals and that are not explicitly being handled by the Physician Advisory Committee. The Clinical Advisory Committee will meet monthly. The Clinical Advisory Committee will be comprised of the following membership:

CNO: BID Milton, BID Needham, BID Plymouth

CIOs: Community, BID Milton, BID Needham, BID Plymouth

Project Director, Clinical

NUR Core Team Leader

Ad hoc membership may include: Ancillary Department Directors (Lab, Pha, Rad, Rehab, Nutrition, and Case Management); Nursing Directors; Nurse Educators

#### **Quality Advisory Committee (QAC)**

The Quality Advisory Committee will provide oversight and decision approval for aspects of the project that impact quality and any reported quality metric. The Quality Advisory Committee would be a portion of the System Quality Leadership monthly meeting and have the added membership of the CIO's. The Quality Advisory Committee would meet monthly.

#### **Project Leadership**

The Project Leadership team is responsible for executing the overall project plan associated with the successful completion of the CommunityONE project. They are responsible for assuring resources, escalating decision documents to the advisory committees as described above, and managing the vendor relationship between Huron, MEDITECH and all other associated vendors. The Project Leadership Team is comprised of the following roles, all of which are further described below:

CIOs: Community, BID Milton, BID Needham, BID Plymouth

Project Directors: Clinical – Physician; Clinical – Nursing, Financial – Revenue Cycle, Financial – General Financials and Interfaces

Project Manager

CIO Responsibilities include:

- Attending weekly Project Leadership and CIO Only meetings
- Liaising with Senior Management at their organizations
- Acting as an escalation point with the Project Directors for anything relating specifically to their organization
- Assuring their organization is resourced appropriately
- Working with senior management to minimize other projects
- Addressing project risks
- Managing facility specific budgets with CFO
- Assuring infrastructure at their local organizations
- Promoting the goals and mission of the project while assuring their facility needs are met
- Triaging decisions that are brought to the leadership meetings to the correct Advisory committees assuring that the details are accurate and sufficient for an informed decision to be made.

Project Director Roles include:

- Executing the project plans for the modules they are responsible for.



- Escalating appropriately when an issue is brought to them from their core teams.
- Understanding where each core team leader is with their project
- Advocating for additional resources as needed
- Providing weekly updates to leaders with focus on key milestones and risks
- Leading Core Team leads in activities related to the successful completion of the project

## V. PROJECT ORGANIZATION

### **Project Management**

The Project Management Team provides project management leadership, methodology and structure to the implementation. Responsibilities include participation in governance meetings, IS and Core Team meetings and status meetings as well as management of implementation timelines, training dates, resources and organization goals to ensure deliverables are met.

Project management leadership for the implementation includes:

BIDMC – Steve O’Halloran  
Huron Consulting – Judy Fiske  
MEDITECH – Gloria Gomez

### **Project Manager, Coordinators and Core Team**

The Project Manager responsibilities include:

- Responsible for creating the project charter
- Develops resource staffing plan to support install
- Works with designated staff at Huron Consulting, MEDITECH and BIDMC
- Create and manage the project plan and coordinate all project activities to the established timeline
- Identify any project gaps or risks
- Define clear escalation process
- Provide Current State and Future State Assessment documents for review and sign off by Project Sponsors
- Help review, research and prioritize any problems or issues
- Attends weekly status meetings/calls
- Provide transparent communication to all project participants
- Confirm organizational readiness

Core Team Leader responsibilities include:

- Coordinate implementation of assigned modules
- Attend multiple product training sessions
- Management integration between applications
- Assist in delegating workload responsibilities
- Hold regular status meetings with their application
- Help review and research problems and/or issues
- Lead the Meaningful Use initiative

Core team member responsibilities include:

- Assisting with implementation tasks
- Attending all training sessions for the department
- Ensuring site specific dictionaries are built
- Validating dictionaries, conversion data and interfaces
- Developing test plans
- Developing training materials and training end users

It is essential that the core team meet on a weekly basis for project task updates, status updates and review of decisions, issues or other discussion topics. Each core team member should have a dedicated amount of time or a stated percentage of time to devote to the

project. See Addendum C for detailed information on core team members and contact information.

### **Technical Director**

The technical director responsibilities include:

- Supports the operating system, works with the hardware vendor
- Works with MEDITECH's Technical Account Manager (TAM) on technical issues
- Supports/troubleshoots hardware including network, end user devices and printers
- Supports non-MEDITECH software and interfaces
- Assures service delivery

### **Other Consulting Team Resources**

The consulting team provides support to the core teams with certified MEDITECH expertise.

Consulting team responsibilities include:

- Assist with current state assessments and data gathering
- Workflow re-design
- Future workflow development using Best Practices
- Provide coordination oversight for physician/provider training and Go Live Plan
- Integrated testing plan development and support
- Go Live support

## VI. PROJECT PLAN

An Integrated Project Plan is being developed and includes all activities for planning, design, build, devices, testing, and training. MEDITECH activities are included in the plan as well all internal activities and tasks required by the core team and others within the organization to complete the project.

The Project Plan includes specific information on activities including tasks, start date, end date, resources and % complete. The plan will be updated on a monthly basis throughout the implementation by the Project Manager.

### Key Dates / Milestones

Project milestones identify major events which must take place at a specific time in a particular order. The critical path of the project will be established to identify milestones which must be met in order to remain on schedule. The critical path and dates for this project includes:

	<b>Start</b>
Project Kickoff	January 2016
Workflow Analysis / Process Improvement	January 2016
Best Practice Training System Delivery	February 2016
CLPP Clinical Leadership Preparedness	January 2016
FLPP Financial Leadership Preparedness	March 2016
Integrated Training/Visits/ Webinars	March 2016
Cloud/Hosting DELL MSITE Infrastructure Setup	March 2016
Delivery of Software / Test System / Standard Content	May 2016
Future State Workflow/Process Improvement Recommendation	May 2016
Standard Content/Best Practice Review	May 2016
Dictionary Build and Test	May 2016
Conversion Planning	May 2016
Interface Planning and Implementation	August 2016
MIS User/Provider Provisioning Planning	September 2016
MIS Peripheral Device Planning (Printer/Scanners)	September 2016
End User and Physician Training Strategy	October 2016
WPL 6.16 Delivery	November 2016
BCA Business and Clinical Analytics Delivery	December 2016
End User and Physician Training Plan present to PAC/FAC	January 2017
Web Acute 6.16 Software Delivery	April 2017
Integration Test	Aug/Sept/Oct 2017
End User Training	Jan 2018
RASS 120 Day Readiness Assessment	November 2017
Parallel Testing	October & November 2017
RASS 90 Day Readiness Assessment	December 2017
Provider/Physician Training	January 2018
RASS 45 Day Readiness Assessment	January 2018
LIVE Environment Creation	January 2018
LIVE Environment Copy	January 2018
GO LIVE Planning	February 2018
GO LIVE	March 2018
Post GO LIVE Optimization	May 2018
MEDITECH Implementation to Support Services Hand Off	July 2018

## **Testing Methodology**

MEDITECH delivers a standard product which is then updated by the core teams with unique dictionary, file, table and parameter changes to meet the needs of the department. All dictionaries, files, tables and parameters which have been entered into the system will be tested and verified. The levels of testing include Unit Testing, Integration Testing and Parallel Testing. Progressing successfully through each level of testing increases confidence in the system and provides a foundation for the next testing level.

### **Unit Testing**

Unit testing includes testing by each area to thoroughly review the individual application or module within the department. All functions will be validated to ensure performance to the specifications to which the files were designed and built. Every procedure or file must be tested. All department features and functionality are checked. Product testing is conducted by the core team members.

MEDITECH has Validation Guides for each module which will be used as a starting point for the unit test. Scenarios which are unique or specific to the department will be added to the testing. In addition to the MEDITECH Validation Guides, a Unit Testing Checklist by Application will also be used to identify areas for testing and confirmation of successful testing with a sign off by the Core Team Leader.

### **Integration Testing**

Integration testing is a structured and controlled test to simulate the flow of information from the beginning of the process to the end (i.e. starting with scheduling/admissions/registration through the ancillary departments to billing and financials). The transfer or interaction of key data is validated between applications. Policies and procedures are also reviewed and updated to reflect system changes. The integration test is a validation that data is flowing between modules, within the system, appropriately and correctly.

The integration test is conducted by the core team members as well as super users. Specific scenarios should be developed for the integration test. The testing should be structured and monitored and conducted more than one time. A successful integration test must be completed prior to beginning end-user training. Issues should be logged, tracked and prioritized to identify any items which must be corrected prior to the end-user training. Any corrected items must be retested and verified.

### **Parallel Testing**

Parallel testing uses "live" data to provide a coordinated system test that is performed simultaneously throughout all departments. The parallel will allow the users to perform a full test of all applications. The parallel test is a "dress rehearsal" for go-live or a mock go live and involves users from all shifts. The parallel test will highlight process, workflow and training effectiveness as well as test the placement and operational readiness of peripheral devices. Issues will be logged, tracked and prioritized to identify any items which must be corrected prior to go live. Any corrected items must be retested and verified.

### **End User Training Plan**

A training plan will be developed for all areas affected by the system. The training plan will identify the staff to be trained, the schedule and the training topics. The Enduser Training coordinator, in conjunction with each core team will be responsible for developing the training materials and curriculum for the end user training. A "train the trainers" approach is used. This approach takes a group of super users who are involved with all of the testing and the training to reinforce their skills and knowledge of the system. The super users will also

be called upon to support the go live and the ongoing maintenance of the system after go live.

The end user training begins after the successful completion of the integration test. At this point, the system has been tested and verified and there is overall confidence in the finished product. Any outstanding issues which affect the end users will be identified and communicated during the training sessions. A process to keep end users updated on changes will also be identified and carried out through go live as well as for maintenance and support of the system. A formal training plan will be created and appended to this document no later than 1/31/17.

### **Go Live Plan**

A go-live plan will be prepared for system production use. This plan covers all the preparation activity leading up to the go-live date as well as several days or weeks after the go-live date. Items included in the plan are:

- MEDITECH Setup and Preparation for moving the TEST to the LIVE area
- Software and File Freeze Dates
- Procedures for Transition from the legacy systems to the MEDITECH system for charges, printing and other department procedures
- Backload of Data and detailed activity for each Data Conversion
- Transition Plan for Interfaces
- Peripheral Devices Rollout and Confirmation
- Backup procedures and systems
- Downtime Procedures
- Staffing Plans and Escalation Procedures
- Access / Security Confirmation
- Regular Status Meetings at Go Live and continuing after Go Live

The go live plan includes each detailed activity and task similar to the project plan. The go live plan will be developed approximately 60 days before the go live and be reviewed with the core team and all key players on a weekly basis up until the go live date.

## VII. COMMUNICATION PLAN

Proactive communication is important on all projects. Project management leadership must ensure team members, customers, and stakeholders have the information they need to do their jobs. Communication is also a vital way to manage expectations about how the project is going and who needs to be doing what.

A Communication Plan helps to manage communication in the most efficient and effective manner. Effective communication is providing information in the right format, at the right time, and with the right impact. Efficient communication is providing the information that is needed without adding extra fluff.

The project stakeholders have been identified. These stakeholders are essentially groups of people, such as a physician group, that have similar communication needs. The communication needs for each stakeholder has been identified to determine the appropriate update and timeframe for the update. See *CommunityONE Communication Plan* for details.

## VIII. ISSUE MANAGEMENT

Issues will be identified and discussed at each core team meeting and project status meetings. An Issue Log will be established and updated. Any item which impedes the forward progress of the implementation will be included as an issue. Typical types of issues may include interdepartmental issues spanning two or more departments, hardware delays or problems, conversion or interface issues, hospital decisions which must be made, and process or procedural changes.

In addition to issue management at the project level, issues may need to be identified and managed at the department or core team level. These types of issues are internal to the department or area. If resolution cannot be achieved on internal or department issues, then the issue should be escalated to the project level so that proper attention and support can be given to resolve the issue.

Issues which require MEDITECH advice or assistance will be entered as a task on the MEDITECH web site. All key core team members will have access to the MEDITECH web site to enter issues/tasks directly to MEDITECH and review responses. MEDITECH issues which have been entered and are not being addressed in a timely or satisfactory manner will be escalated for resolution using this internal escalation process:

- Core Team Leader
- Project Director
- Project Manager/Project Leadership Team
- MEDITECH HCIS Coordinator

In addition, issues which are not being addressed in a timely or satisfactory manner may be escalated at MEDITECH using the following escalation process for each module/product:

- Application Specialist
- Application Analyst
- Supervisor
- Manager
- HCIS Coordinator
- Implementation Manager
- Executive Sponsor



**X APPROVAL AND SIGN OFF**

**Approved by** \_\_\_\_\_  
Executive Sponsor

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Executive Sponsor

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Addendum A – Interfaces file name (OV MAGIC interfaces.xlsx)

Addendum B – Core Team Requirements – MEDITECH and Customer (Core Team.xlsx)

Addendum C – CommunityONE Communication Plan

## **Addendum C – Communication Plan**

**Communication is a critical attribute of any successful project. The plan below outlines the frequency and methods that will be used, at a minimum, to communicate to various audiences regarding the status and activities of the CommunityONE MEDITECH implementation. It is the responsibility of the Project Leadership team to create and promote consistent messaging around the project, milestones and key information.**

### **Meetings**

- CIO Community Affiliates, CIOs (BID-M, BID-N, BID-P)/Huron Project Manager meeting– weekly Mondays 10:00am – 12:00pm
- Full Team meetings- monthly schedule rotate locations
- Project Leadership team – weekly on Fridays 8am – 1:00pm
- MEDITECH Weekly call – weekly Wednesdays 2:00pm – 3:00pm
- HURON Project Manager/C-1 Project Directors – Weekly one on one meetings
- Executive Committee Meeting - Committee meetings will occur monthly for the entirety of CY17
- Advisory Committee Meetings – Committee meetings will occur monthly for the entirety of FY 2017.

### **Agendas**

Agendas for all meetings will be created to guide meeting content and inform discussion.

All Agendas will be stored on the Shared drive for future reference.

CIO Community Affiliates, CIOs BID-M, BID-N, BID-P/Huron Project Manager meeting - Project Manager to create agenda and lead meeting

CommunityONE Project Leadership team meeting - Project Manager to create agenda and lead meeting

HURON Project Manager/C1-Project Directors – Project Manager to create agenda and lead meeting

MEDITECH Weekly Call – Project Manager to create and lead meeting

### **Status Reports**

Project Executive Status Reports – Project Manager to create and send to CIOs. It is the expectation that the status report will be shared as deemed appropriate by the local CIO with their respective senior management teams.

### **Communication**

Local CIOs to will keep the local organization updated. At a minimum:

- Weekly activities will be shared
- The local intranet will be updated to include key project information
- Senior Management teams will be updated at regular intervals
- Hospital leadership will be updated at least quarterly
- Medical Staff Office and Communications leaders will be engaged to promote clear and consistent messaging

Local CIOs to oversee and lead local communication efforts

Community CIO to keep BIDMC Leadership updated

Board Meeting updates – as invited by local hospital CEOs

**HURON Consultant Meetings**

HURON Project Manager and consultant team – Team of 13 consultant’s weekly meeting  
Tuesday at BIDP 8:00am. Judy Fiske PM to lead meetings