Form Rev. 2/5/2008



IT Project Status Report For an MHSA-Funded IT Project

Please send the Signed Original to the following address:

California Department of Mental Health Information Technology Attention: MHSA-IT 1600 9th Street, Room 141 Sacramento, CA 95814

Additionally, please E-mail a **Soft Copy** to: **DMH.MHSA-IT@dmh.ca.gov**

PROJECT INFORMATION							
Project Name: Electronic Health R		Record	DMH Project ID #: SC-01		SC-01		
Executive Sponsor: Title:	· · · · · · · · · · · · · · · · · · ·		-		anta Cla	ra	
Project Status x On Schedule		Budget S	Status in Approved Budget	Report for	Quarter	Ending: 07/31/2010	
		Over			Project Start Date: October 2009 Project End Date: June 2015		
MHSA IT Project Conta Telephone Number: E-mail Address:	act Persor	n's Name:	Sheila Yuter (Primary) 408-885-3885 Sheila.Yuter@hhs.sccg	•	408-885-	ments (Secondary) -7085 ments@hhs.sccgov.org	
Project Objectives: To provide a comprehe integrated environmen			edical record for consume viders.	ers that can	be share	ed in a secure and	

	MAJOR MILESTONE STATUS					
Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned End	Actual End	Status
Initiation / Planning Phase	 Select Project Manager Identify Stakeholders EHR Readiness Assessment Document Business Need Document Assumptions and Constraints Develop Charter Develop Project Scope Statement Identify Team Members Obtain Resources Create Activity List Develop Schedule Develop Quality Measures Determine Communication and Change Management Plan Develop Change Control Plan Risk Assessment Develop final Project Management Plan 	Oct 2009	Oct 2009	Jan 2011		On Schedule
Procurement	♦ Vendor Service Agreement / Contract for Services	July 2010	July 2010	Dec 2010		On Schedule
Requirements Phase	Document: Functional and Data Requirements Component Requirements Performance Requirements Operational Requirements Security Requirements Legal Requirements Future Requirements	July 2010		Feb 2011		Not Started

Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned End	Actual	Status
Contractor Strategy	 Contract Agencies Requirements EHR Transition and funding Functional & Data Requirements Component Requirements Security Requirements Reporting and Monitoring 	Jan 2010		Dec 2013		On Schedule
Design Phase	 Identify key processes Form workgroups of key staff to develop current workflows Facilitate workgroups and capture current procedures Validate accuracy of workflow documentation Analyze the workflows and identify opportunities for improvement Review opportunities and modified workflows with staff Create standard procedures for common and often repeated processes Post and distribute to staff for review and comments Review workflows with vendor and synchronize with system constraints as necessary Revise workflows and procedures or modify system to meet workflow needs, as feasible and appropriate Train staff on new procedures 	Jan 2011		July 2011		Not Started

Planned End Planned Start Actual End Actual Start **Project Phase** Deliverables / Milestones Contract with system vendor Construction Phase Design all aspects of the EHR to implement the modules (Software not in use as well as complete any needed workflow review Deployment for COTS) and software redesign • Review and adjust current modules and functions that MH has purchased. • Work with the vendor to build all master files, templates, documents, reports and security. New modules to be constructed: o Basic Management o Referral Management Scheduling Census Management Clinical Care o Recovery Companion July Dec o Clinical Orders Not Started Interface to Pharmacy 2011 2011 Interface to Laboratory o G/L Interface to Lawson o Quality Management Billing and Accounts Receivable Managed Care – Provider Authorizations Managed Care Payor Operations – Network Development Managed Care Payor Operations – Claims Processing (Adjudication) Decision Support Automate appointment scheduling, and the execution of lab orders and medication prescribing in a secure online environment, interfacing to the proper ancillary systems. Develop training strategy and plan

Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned End	Actual End	Status
Testing Phase	 Define the overall strategy and detailed test plans Develop test case, scripts or scenarios aligned with requirements Execute the performance and documentation of testing activities, defect and error detection and defect resolution Report to stakeholders the status of testing and whether the system is ready for release Evaluate the success of the testing process and implement improvements 	Nov 2011		Dec 2011		Not Started
Implementation Phase	 Develop and Execute Implementation Plan Scope Verification Risk Audits Corrective Action Execute Training Strategy and Plan Upgrade Hardware / Network Infrastructure Develop and Execute Support Plan Implement Practice Management System Implement ePrescribing Implement interfaces Implement Provider Portal Implement Client Portal 	Jan 2012		Dec 2014		Not Started
Post-Implementation Phase	 Confirm work is done to requirements Formal Acceptance of Deliverables Index and archive records / Knowledge Base 	Jan 2015		March 2015		Not Started
PIER	 ◆ Objectives Achieved ◆ Lessons Learned ◆ Corrective Action ◆ Next Steps 	March 2015		June 2015		Not Started

TOTAL PROJECT BUDGET INFORMATION							
Include All Funding Sources (MHSA And Any Other County Funding)							
Category	Budgeted Costs	Actual Costs to Date					
Staff (Salaries & Benefits)	\$4,890,000	\$122,950					
Hardware Purchase	\$600,000	0					
Software	\$3,100,000	0					
Administrative Overhead	\$286,000	0					
Other Expenses	\$3,000,000	0					
Contract Services	\$ 2,525,000	0					
Total Project Costs	\$ 14,401,000	\$122,950					

Performance Measurement Category	Planned to Date	Actual to Date	Estimate to Complete (ETC)
Project Hours	1,985	1,625	
Project Cost	\$149,086	\$122,950	\$14,278,050

Justification (If Actual And Planned Differ By More Than 10%):

STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES

STATUS

 Project is on schedule. Initiation activities are complete and we continue planning. Resources are being obtained and activity list and schedule for implementation tasks are expected to be complete by January 2011.

ACCOMPLISHMENTS

- Select Project Manager
- Identify Stakeholders
- ♦ EHR Readiness Assessment
- Document Business Need
- Document Assumptions and Constraints
- Develop Charter
- Develop Preliminary Project Scope Statement
- Identify Team Members and Resource Needs
- ♦ Develop Change Control Plan
- Develop Project's Vision, Goals and Guiding Principles

SCHEDULED ACTIVITIES

- ♦ Obtain Resources
- Create Activity List
- Develop Schedule
- Develop Quality Measures
- Determine Communication and Change Management Plan
- Complete Risk Assessment
- Develop Final Project Management Plan
- Approval of Final Project Management Plan

RISK AND ISSUE MANAGEMENT

Risk And Issue List Report

(Please Provide The Risk And Issue Log Along With Mitigation, Contingency Plan For Each Risk And Resolution Plan For Each Issue.)

Risk management planning will be done in the near future. The plan will document the process of deciding how to approach and plan risk management activities. Key elements of the risk management plan are:

- 1. Risk Identification (identifies and documents all the risks that can affect the project).
- 2. Risk Analysis
 - Qualitative risk analysis (determine the consequences of identified risks on project objectives).
 - Quantitative risk analysis (assign numeric probabilities to each risk and their impact on project objectives)
- 3. Risk response planning (decide what actions are needed to reduce threats, including assignment of a risk owner to each risk)
- 4. Risk monitoring and control (respond to risks as they occur; define the process for updating the plan, create a "watch list", monitor actions the owner is to take.

Below is the listing of some of the initial risks that have been recognized.

Risk (Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.)	Probability	Impact	Timeframe	Response	Escalate d To DMH
 Leadership fails To mandate the use of the EHR Identify workflow inefficiency and implement standards provide ownership of the project 					
Project Schedule Not adequately defined Slips due to scope creep Unable to meet mandates of 2014					
System Performance System availability and speed High maintenance Loss of data No access to chart					
Inadequate Training Insufficient Resources Poor workflow design					
	(Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.) Leadership fails To mandate the use of the EHR Identify workflow inefficiency and implement standards provide ownership of the project Project Schedule Not adequately defined Slips due to scope creep Unable to meet mandates of 2014 System Performance System availability and speed High maintenance Loss of data No access to chart Inadequate Training Insufficient Resources	(Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.) Leadership fails To mandate the use of the EHR Identify workflow inefficiency and implement standards provide ownership of the project Project Schedule Not adequately defined Slips due to scope creep Unable to meet mandates of 2014 System Performance System availability and speed High maintenance Loss of data No access to chart Inadequate Training Insufficient Resources Poor workflow design	(Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.) Leadership fails To mandate the use of the EHR Identify workflow inefficiency and implement standards provide ownership of the project Project Schedule Not adequately defined Slips due to scope creep Unable to meet mandates of 2014 System Performance System availability and speed High maintenance Loss of data No access to chart Inadequate Training Insufficient Resources Poor workflow design	(Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.) Leadership fails To mandate the use of the EHR Identify workflow inefficiency and implement standards provide ownership of the project Project Schedule Not adequately defined Slips due to scope creep Unable to meet mandates of 2014 System Performance System availability and speed High maintenance Loss of data No access to chart Inadequate Training Insufficient Resources Poor workflow design	(Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.) Leadership fails To mandate the use of the EHR Identify workflow inefficiency and implement standards provide ownership of the project Project Schedule Not adequately defined Slips due to scope creep Unable to meet mandates of 2014 System Performance System availability and speed High maintenance Loss of data No access to chart Inadequate Training Insufficient Resources Poor workflow design

County Approvals

Nancy Pena, Ph.D. – Director Mental Health Department Date Phone

Dennis Kotecki – SCVHHS CIO Date Phone

Prepared By:

Sue Clements, PMP - MHSA TN Project Manager Date Phone

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