

PITO Action Plan

<Practice Name>

Version: 1.0

Date: <Date>

Group Lead(s): <COP Lead or Practice Lead>

PITO Local Relationship Manager: <LRM >

Contributors:

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I. Background

The Physician Information Technology Office (PITO) is an outcome of the 2006 Agreement, where the provincial government and the BCMA agreed to work collaboratively to “co-ordinate, facilitate and support information technology planning and implementation for physicians ... including the development and implementation in British Columbia of standardized systems of EMRs.”

This document was drafted as the result of voluntary application to the PITO program and subsequent group Orientation Meeting and Readiness Assessment conducted by the PITO Local Relationship Manager. This document is now owned and updated by the Group Lead and the Physician Leads.

A. Purpose

The purpose of this document is to serve as a common guide and project planning tool between the Physician Leads, Group Lead, project team members and the PITO Local Relationship Manager to support the timely achievement of the below stated project goals.

B. Goals

The primary objective of this project is to implement Electronic Medical Records and consequently to improve clinic operations, increase job satisfaction, to improve the quality of medical record keeping and consequently improved patient care.

Project Goal	Measure	By when
1. Example: Enhance management of HbA1c's		

II. Project Team

Role	Name	Responsibility
Local Relationship Manager¹	<LRM>	Risk Assessment, project management support, Needs Analysis support, post implementation review and evaluation. Initial communication with Health Authority and Practice Support Program (PSP) contacts. Coordination with MOH and Telus.
Group Lead (Overall Lead Contact)	<Group Lead>	Responsible for budget, timeline, resource requirements, status reporting, risk management, issue tracking, project documentation and vendor contracts
Physician Lead (Practice Lead)	<Physician Lead>	Responsible for project team identification and selection, budget approval, project purpose, goal setting, EMR selection criteria, clinical value, uptake and benefits realization
MOA Lead (Practice Lead)	<MOA lead>	Responsible for readiness and needs assessments, workflow review, goal setting, communications plan (staff, patients, project team), EMR selection criteria, approval of customization requests, uptake and benefits realization
Nursing Lead	<Nursing Lead>	Participate in readiness and needs assessments, workflow review, goal setting, communications plan and EMR selection criteria. Responsible for any CDM toolkit deliverables.
Technology Lead		Responsible for LAN and Hardware requirements, review of EMR vendor quotes and Service Level Agreement. LAN and Hardware <i>installation and support services (when not provided by the EMR vendor)</i> .
EMR Application expert(s)	Billing – Scheduling – CDM – EMR –	Will work with EMR Vendor on EMR set up and configurations, customizations, testing, and downtime procedures. Sign off of Acceptance testing. Responsible for ongoing data quality and training.
Vendor Selection Committee		Responsible for approving EMR selection criteria, attending demos, reviewing quotes, ranking responses and selecting a vendor
EMR Vendor		Implementation planning, workflow review and re-design, configuration, customization, test case and test plan development, user acceptance testing, integration testing, hardware installation and testing, go-live planning, training plan, training material development and delivery, downtime procedures, go-live support, ongoing support and maintenance. PharmaNet, MediNet or Excelleris access.
Health Authority (HA) Practice Support Program (PSP)		TBD
Health Authority (HA) Information Technology (IT)		Remote access from Hospital site.

¹ Please see PITO Statement of Work for exact PITO services and funding commitments.

III. Scope of EMR Implementation

The following items will be completed as result of the project and are the responsibility of the Group Lead, Physician Lead(s), Relationship Manager² and EMR Vendor as documented above.

In scope: (examples)

- Pre-implementation planning and current state analysis
- Installation, configuration, testing and training of EMR software and hardware
- Process review and optimization
- Implementation planning, go-live support
- PharmaNet, MediNet or Excelleris access
- LAN installation (cables and devices) and testing
- Private Physician Network (PPN) connectivity and secure email
- Remote access for physician to EMR from home and hospital
- Post-implementation Review and Evaluation

Out of scope: (examples)

- Renovations
- Interfaces
- Telecommunication and hand-held devices

² Please see PITO Statement of Work for exact PITO services and funding commitments.

IV. Communications Plan

A. Internal:

How will your project team communicate with each other? How often will you meet? Who needs to be involved in the decision making process?

Group	Communication Method	Date / Frequency
• LRM-Group Lead Regular Status Meeting	Phone (45 minutes). Meeting notes sent by email.	Weekly
• Practice Leads (if multiple practices)	Group Lead to email updates and action items.	Weekly
• Full Team	Face-to-face	Monthly
• Physicians	TBD	
• MOAs	TBD	
• Nursing	TBD	

If there are multiple practices, please document communication plans for each sub-group.

Group	Communication Method	Date / Frequency
• Practice A physicians		
• Practice A staff		
• Practice B physicians		
• Practice B staff		
• Etc.		
•		
•		

B. External Stakeholders:

How will you communicate with your external stakeholders about the project? Will they be affected? If so, how and when? Refer to your Context Diagram (Appendix A) for impacted parties.

External Stakeholder	Communication Method	Date / Frequency
• Health Authority PSP	LRM email and phone updates	Informal
• Health Authority IM/IT		
• Hospitals (staff, MA, etc)		
• Other physician practices		
• Labs		
• Patients	Patient notice at reception.	1 month prior to Go-Live

V. Risk

The following risks were identified as a result of the Readiness Assessment conducted by the PITO Local Relationship Manager and practice lead. The mitigation strategies were designed with the Group Lead.

Risk Category	Mitigation Strategy	Risk Level	Owner

VI. Timeline

A. External Timeline Dependencies

- Health Authority project timelines (remote access, data interfaces, etc)
- Vendor resource availability
- PSP project timelines
- Field Resource availability

