

Chilton IT Integration Project

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Building Professionalism and Excellence in Project Managers





Atlantic
Health System

Chilton IT Integration Project

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Agenda

- Introduction to Atlantic Health System (AHS)
- Strategic Initiative
- Project Scope & Deliverables
- Project Timeline
- Key Challenges
- Project Integration Management
- Applying Lessons Learned
- Wrap-up and Q&A
- *HealthCare Term References*



About Atlantic Health System (AHS)

- Five hospital system in Northern NJ
 - Morristown Medical Center
 - Overlook Medical Center
 - Newton Medical Center
 - Goryeb Children's Hospital
 - **Chilton Medical Center**

- 12,114 Employees
- 3,168 Physicians
- 1,415 Licensed Beds
- 72,892 Admissions
- 205,898 ED Visits
- 824,046 Outpatient Visits
- 63,393 Births

- **Average Number of ISS Projects / Year: 125+ (80+% run by PMO)**
 - Technology Projects
 - Physician Alignment
 - IT Construction Projects



Morristown Medical Center



Information Services and Support PMO

- IT based PMO started in 2002 – PMO Manager & 3 FTEs
 - Upgrades, new implementations, department moves
- Today – PMO Manager, 8 FTEs (6 PMPs) & 3 Consultants
 - Hospital Merger/ Acquisition, Data Center Migration, Enterprise Implementations
- Vision: The ISS Project Management Office (PMO) will be the **gold standard for project management** across the organization by **continuously** demonstrating and **improving projects through best practice** and high performance while supporting the organization's key strategic initiatives.



Information Services and Support PMO

- Mission: The ISS PMO will be responsible for the:
 - **development** and execution of standard project management **methodology**, processes and tools.
 - delivering business value through successful delivery, oversight and **coordination of all assigned projects** within the ISS portfolio.
 - establishing **a career path for resources** who desire to improve their skill set in project management.
 - **project management training**, development and mentoring of resources assigned to the project manager role.



Strategic Initiative

- Changing the landscape of HealthCare in the US
 - ACA (Affordable Care Act)
 - HITECH (Health Information Technology for Economic and Clinical Health Act)
- Hospital mergers allow more fiscal resources to improve:
 - patient care
 - health care technology
 - other clinical services.
- Chilton Hospital joins AHS to ensure both institutions remain at the forefront of medicine and technology.



Strategic Initiative

Short-term initiatives have included the following:

- Establish network connection to facilitate:
 - migration of all personnel to AHS' payroll, HR, financial and other key applications.
 - email and calendar co-existence
 - support the consolidation of business office functions at AHS' corporate headquarters.



Strategic Initiative

Short-term initiatives have included the following:

- Retain clinical systems for Meaningful Use, ICD-10, clinical documentation improvement
- Participate in new clinical system selection and migration
- Continue local initiatives such as:
 - participation with HIE, ARRA Stage 2
 - expansion E H R
 - physician compliance with on-line documentation
 - individual physician efforts such as BYOD
- Replace our physician practice/E H R system deployment efforts with the solution provided by AHS.



Project Scope & Deliverables

- Implement technical solutions to support the business requirements for the following Atlantic Health System areas as defined by the organization:
 - Human Resources
 - Finance/ Accounting
 - Finance/ Patient Financial Services
 - Finance/ Payroll
 - Finance/ Business Advisory Services
 - Strategic Sourcing
 - Laboratory
 - Medical Staff Office



Project Timeline

- Initiation – April 2013
 - Attend Leadership Sessions – Business Presentations
 - SharePoint Cloud Site

- Planning – 5/1/13 - 7/1/2013
 - Develop joint Project Management Plan
 - Completed Network, AD & Exchange architectures

- Monitoring, Executing and Controlling 6/1/13 – 12/31/13
 - Project Integration Management

- Closure – 12/7/13 – 1/31/2014
 - Phase Two Identification



Key Challenges

- Creating cross functional workgroups incorporating members from Atlantic Health IT; Atlantic Health business units; Chilton IT; Chilton business units, Vendors.
- Establishing safe environment for team members.
- Time delay due to NJ State approval.
- Creating integrated architecture between two disparate environments.
- Competing priorities at both AHS and Chilton.



Project Success Factors

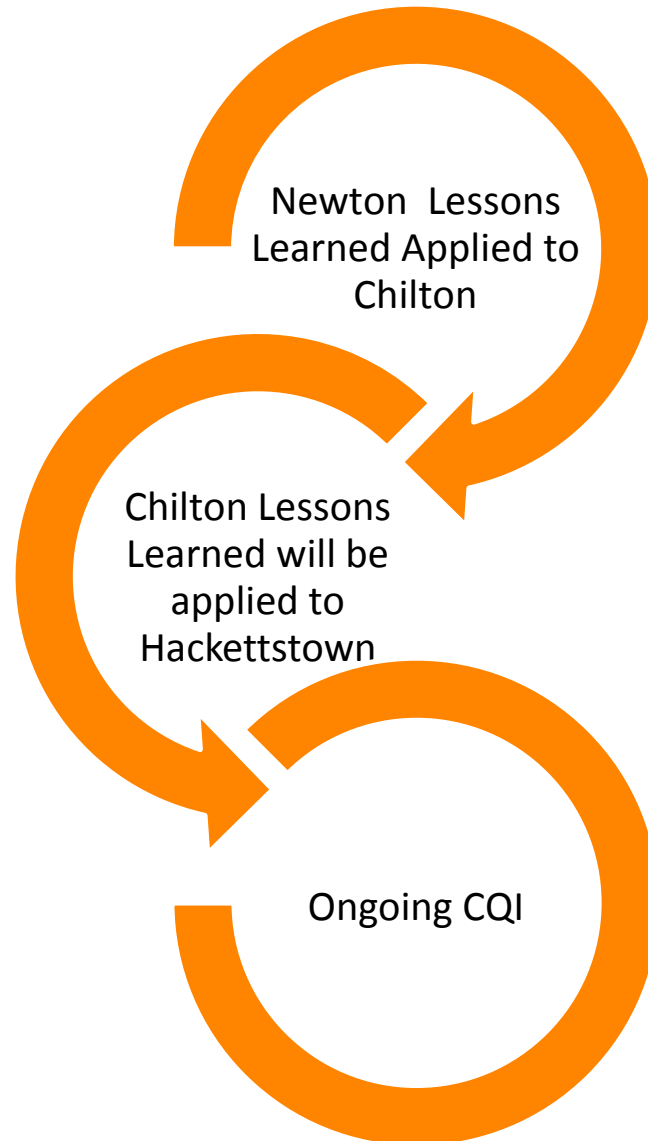
- Project Integration Management
 - Co-chairs IT Steering Meetings
 - Correlate technical and application requirements
 - Key project milestones kept in synch
 - Network connectivity
 - Time clock testing
 - Email addresses for PeopleSoft
 - Package build for application deployment

- Estimated dollars spent \$1.4MM (400K under budget)




- Lessons Learned



Applying Lessons Learned






Applying Lessons Learned

Process	Newton	Chilton	Future
Administrative	 An executive steering committee comprised of NMC and AHS Sr. Mgt. Did not include PM	PM Attended executive steering committee meetings.	New Standard Process
Administrative	 An IT Steering committee was created 3 mos. prior to go live.	An IT Steering committee was created at the start of the project.	New Standard Process
Administrative	 1 Senior Project Manager to manage 25 project teams	2 Senior Project Managers to manage project teams	New Standard Process



Applying Lessons Learned

Process	Newton	Chilton	Future
Communications	 Cloud based SharePoint site created for project.	Cloud based SharePoint site created for project.	New Standard Process
Communications	 Manual process to distribute communications to new employees.	Scripted welcome email from AHS CIO with EE#, AD login information and AHS Email address information.	New Standard Process
Communications	 Workgroups divided into Clinical vs. Financial Communication Challenges	Decreased scope enabled easier communications	Will vary depending on scope of initiative






Applying Lessons Learned

Process	Newton	Chilton	Future
Planning	<p>👎 Limited time to complete comprehensive planning. Planning and execution occurred simultaneously for several projects within the program</p>	<p>Leadership recognized the need for thorough project initiation and planning phases.</p>	<p>Will vary by project based on business decisions</p>
Scope - Infrastructure	<p>👎 No Network access available in time for implementation of Phase I applications</p>	<p>Network implementation completed prior to end user training</p>	<p>New Standard Process</p>
Scope – Infrastructure		<p>👎 New IP addresses assigned already in use.</p>	<p>Signoff by Network Engineer on IP Scheme, using Infoblox to check prior to distribution to a new location/site.</p>



Applying Lessons Learned

Process	Newton	Chilton	Future
Scope - Infrastructure	 Global Address List (GAL) Merge maintaining existing domain	AHS AD & Exchange Co-Existence	New Standard Process
Scope – Data Security	 Conducted Security Audit, developed remediation plan.	Conducted Security Audit, developed remediation plan.	New Standard Process
Scope – Data Security	 Implemented of a Firewall and IDS (Intrusion Detection System) in place on network between AHS and NMC.	Implemented of a Firewall and IDS (Intrusion Detection System) in place on network between AHS and Chilton.	New Standard Process



Applying Lessons Learned

Process	Newton	Chilton	Future
End User Support	👉 Help Desks were collapsed into one at time of go live.	Provided single phone number for support. Continued with existing Help Desk and provided support from AHS CSC.	May vary based on project scope.
End User Training	👍 Comprehensive training plan to conduct multiple training sessions.	Comprehensive training plan to conduct multiple training sessions	New Standard Process
End User Training	👉 Documentation provided to end users based on training classes provided.	Created a single end user document to provide information on all new applications and email and domain login information.	May vary based on project scope.

Applying Lessons Learned

Process	Newton	Chilton	Future
Go Live Planning and Execution	👍 Created comprehensive go live plan. Held round table practice rounds prior to go live.	Utilized new Go Live Planning Workbook Template (from DC Migration)	New Process Standard
Go Live	👉 March 2011 – HR/Payroll/ Finance November 2011 – All Hospital Operations (70+ Applications)	Phased – Network, AD & Exchange, Applications Group 1 and Group 2	May vary, but phased approach preferred.
Lessons Learned	👍 Developed standard PMO Survey Monkey Tool in conjunction with LL Template.	Developed standard PMO Survey Monkey Tool in conjunction with LL Template.	New Standard Process

Lessons Learned – Project Team Feedback Positive

- Teams were fantastic and worked well together. The Chilton team was forthcoming, efficient, and very knowledgeable. This helped facilitate the process of creating a good and well thought out and documented design.
- Total team working together to get the job done.
- Outstanding commitment, collaboration with Chilton resources and the overall quality of effort was fantastic.
- We had a great team that wasn't afraid to speak up and challenge, correct, and debate possible solutions. This needs to be the norm!
- Good spirit, good sense of humor, quick responses from both parties, PM is awesome and responsive.
- Meetings were of great help.



Lessons Learned – Project Team Feedback

Opportunities for Improvement

- Overall, conference calls are great, but people need to speak up or be asked to speak louder and non-speakers need to put phones on mute until need to participate.
- Specifically dedicated resources from the various departments with accountability and ownership. All team members working together, rather than in silos, and ensuring that employees are covered no matter what.
- We need to discuss, who should be on the implementation team and get some level of dedication for "face-to-face" meetings with Finance and HR.
- Though we are supposedly "SMEs" on AD and Exchange on the operations side, we didn't have the ability or the experience to come up with proper email co-ex architecture because of the scale of this project. We wasted lots of hours. We should have engaged the third party consultants earlier in the process. It's not every day that we merge AD and Exchange.



Wrap Up

Require Lessons Learned at the end of projects & commit to using them to improve your projects

Advocate for the end user, you can never go wrong

Take care of your project teams and listen to their concerns

Examine and continue to work on communication plans



Questions



Gracias

Teşekkürler

Grazie

Merci

Thank You

Dielen
Dank

Ευχαριστώ

Obrigado!

תודה



Reference

The **American Recovery and Reinvestment Act of 2009 (ARRA)**, commonly referred to as **the Stimulus** or **The Recovery Act**, was an [economic stimulus](#) package enacted by the [111th United States Congress](#) in February 2009 and signed into law on February 17, 2009, by [President Barack Obama](#). ARRA included the enactment of the [Health Information Technology for Economic and Clinical Health Act](#), also known as the [HITECH Act](#).^[39]

Health Information Technology for Economic and Clinical Health Act (HITECH Act) was enacted under Title XIII of the [American Recovery and Reinvestment Act of 2009](#). Under the HITECH Act, the [United States Department of Health and Human Services](#) is spending \$25.9 billion to promote and expand the adoption of [health information technology](#) such as an Electronic Health Record.



Reference

An **electronic health record (EHR)** is a systematic collection of electronic health information about an individual patient or population.^[1] It is a record in digital format that is theoretically capable of being shared across different health care settings. In some cases this sharing can occur by way of network-connected, enterprise-wide information systems and other information networks or exchanges. EHRs may include a range of data, including [demographics](#), medical history, medication and allergies, [immunization](#) status, laboratory test results, radiology images, vital signs, personal statistics like age and weight, and billing information.

Meaningful Use – Stage 1, 2 - The first steps in achieving meaningful use are to have a certified electronic health record (EHR) and to be able to demonstrate that it is being used to meet the requirements based on criteria set by? Stage 2 focuses more on information exchange and patient engagement criteria.



Reference

Affordable Care Act (ACA) aka “Obamacare” – A US Federal statute enacted with the goals of increasing the quality and affordability of [health insurance](#), lowering the [uninsured rate](#) by expanding [public](#) and [private](#) insurance coverage, and reducing the costs of healthcare for individuals and the government. It introduced a number of mechanisms—including mandates, [subsidies](#), and [insurance exchanges](#)—meant to increase coverage and affordability.



Reference

- ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification /Procedure Coding System) consists of two parts ICD-10-CM for diagnosis coding and ICD-10-PCS for inpatient procedure coding. On **October 1, 2014**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability Accountability Act \(HIPAA\)](#).
- The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

[http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413\[1\].pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413[1].pdf)



Reference

Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.

<http://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>

