

APPENDIX 20



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 1

Ensure Timely Access to Health Care Services

Access to Care: Chronic Disease Management
Health Care Scheduling System (HCSS)
Public Health

Project Name: Access to Care, Chronic Disease Management Program (CDMP)

Project Executive: Terry Hill, MD

Project Sponsor: Thomas Bzoskie, MD

Project Manager: Corey Langdale

E-Mail:	Corey.Langdale@cdcr.ca.gov		
Phone	(916) 712-0580	Proj ID:	PRJ031
Start Date:	July 2008	Est Finish Date:	December 2009

Solution Vision:

Apply process improvement concepts and specifically Plan-Do-Study-Act (PDSA) cycles to improve the quality of care to the patient inmate population. Also move to a Chronic Disease Management and Primary Care model for the clinic visit.

Project Description:

- Pilot PDSA cycles and process improvement concepts to six (6) pilot sites for chronic disease management and then deploy statewide.
- Improve clinic efficiency by moving to the planned visit and primary care model

Organization Impact:

The Chronic Disease Management Program impacts all CDCR resources including facilities, human resources, and Information Technology.

Project Purpose:

Create a collaborative environment where custody and health care staff collectively guarantee access to care and improvements in morbidity and mortality which will meet constitutional standards of care.

Strategic Plan Objectives:

- Primary Goal: 1:Timely Access to Care
- Objective: **1.2: Staffing & Processes for Health Care Access**
- Actions: Fully Implement Health Care Access Teams

Major Milestones

Milestones	Planned	Actual
Selection of Vendor	Apr 08	Apr 08
Kick-Off of CDMP	Jul 08	Jul 08
Conduct Learning Sessions for pilot sites	Nov 08	Nov 08
Produce Change Package	Dec 08	Jan 09
Conduct Diabetes Learning Sessions for pilot sites	Jan, Mar, May 09	Jan Session Complete
Conduct Statewide Learning Sessions	Jan-Nov 09	Jan Session Complete
Conduct Regional Workshops	Feb-Dec 09	

Key Work Products:

1. Monthly leadership reports
2. Change Package
3. ACIC Survey reports

Dependencies/Constraints:

1. Centralized support for policy change
2. Devotion of adequate institution staff
3. Registry development and roll out
4. Training in rapid cycle qlty improvement
- 5.

Risks:

1. Lack of adequate institution resources.
2. Aggressive electronic registry roll out schedule.
3. Post and Bid process within state nursing classification could result in team instability.
4. Change management is challenging, difficult to measure and hard to sustain.
5. Travel Restrictions imposed by Governor

Project Team:

Annette Lambert, Team Lead
 Deborah Roberts, Nursing Consultant
 Darrin Dennis, Nursing Consultant
 Liana Lianov, MD, QI Chief Med. Officer
 Cathi Murdoch, Custody Administrator
 Vickie Bertucci, Custody Captain
 Kent Imai, MD, Physician Consultant
 Lori Weiselberg, HMA Consultant
 Lyndon Greco, Analyst Support
 Jennifer Smith, Clerical Staff

Specific Performance Measures:

1. By 12/30/2008, 80 percent or more of all pilot institution clinics will have an Assessment of Chronic Illness Care (ACIC) Chronic Disease Model grade of "B" or better.
2. By 03/31/2009, 80 percent or more of all pilot institution clinics will have an Assessment of Chronic Illness Care (ACIC) Chronic Disease Model grade of "B" or better.
3. By 03/31/2009, 95 percent or more of the daily point of care visits in pilot clinics will be entered in the state's Care Management Registry.
4. By 6/30/2009, 95 percent or more of the daily point of care visits in pilot institutions will be entered in the state's Care Management Registry.

Additional Information (Optional):

Lifecycle: The project is in the pilot implementation stage having delivered the Chronic Disease Primary Care model to the 6 pilot sites through 4 learning collaboratives. Lifemasters nurses are on site at each of the pilot clinics to promote the delivery of the model to the other clinics through March-09. The next step in the pilot implementation stage is for the delivery of the Diabetes/Hep C Learning Collaborative to the 6 pilots sites through Aug-2009. The first of three learning sessions on Diabetes has been completed.

The project is also in the implementation stage for statewide delivery of Asthma Learning Collaboratives from Jan-2009 through October 2009. The first of three learning sessions on Asthma has been completed. Regional Workshops have also been scheduled to run from Feb-2009 to Dec-2009 to allow Quality improvement advisors to integrate Asthma, Diabetes and HEP C pilot programs into the normal operations throughout all institutions.

A change package has been distributed to all institutions based on the pilot program efforts. Statewide Chronic Care program policies have been drafted and approved. The policies will be disseminated at the end of February.

1.

Project Name: Health Care Scheduling System (HCSS)

Project Executive: Elaine Bush

**Project Sponsors: Jamie Mangrum, Dr. Terry Hill,
Karen Rea**

Project Manager: Sara Davis

E-Mail:	sara.davis@cdcr.ca.gov		
Phone	(916) 214-6213	Proj. ID:	PRJ013
Start Date:	06/23/2008	Est. Finish Date:	01/06/2012

Solution Vision:

Implement an enterprise-wide approach to health care scheduling within the adult California Department of Corrections and Rehabilitation (CDCR) institutions.

Project Description:

The overall Health Care Scheduling System (HCSS) will schedule medical, dental, and mental health care appointments for offenders based upon mandated health care requirements, offender requests, referrals, medical orders, and on-going treatment plans.

Organization Impact:

This project will impact schedulers, medical/dental/mental health staff, external health care providers, custody, transportation, and offenders.

Project Purpose:

Avoid health care scheduling conflicts and missed appointments, allow for a consolidated view of an offender's schedule, comply with legally mandated timeframes and metrics, and optimize resources.

Strategic Plan Objectives:

Primary Goal: 1: Timely Access to Care

Objective: 1.3: Scheduling and Tracking System

Actions: 1.3.1: Strategic Offender Mgmt System

Major Milestones

Milestones	Planned	Actual
Release of RFI	10/2/08	10/2/08
Release of RFP	1/07/09	1/09/09
Responses Due from Vendors	2/23/09	2/23/09
Vendor Evaluation & Final Selection	7/06/09	Pending
Solution Ready for Rollout	6/30/10	Pending
Complete Rollout at 33 Institutions	1/6/2012	Pending

Key Work Products:

1. Request for Information (RFI)
2. Request for Proposal (RFP)
3. Vendor Evaluation & Recommendation
4. HCSS Solution & Documentation
5. Rollout Plan
6. Support Plan

Dependencies:

1. CDCR Strategic Offender Management System (SOMS) and Business Information System (BIS) projects
2. CPHCS Clinical Data Repository (CDR) project
3. CPHCS Network and Data Center projects

Constraints:

1. Time constraints of subject matter experts and core team members who may be on multiple projects

Major Risks:

1. Solution not commercially available from a single vendor that includes Health Care, Corrections, and Scheduling
2. Environmental risk of large number of offenders and large size of individual institutions plus frequent movement of offenders
3. Combining scheduling for both health care and custody requires achieving consensus on business rules
4. Solution rollouts for multiple solutions in the same timeframe may overwhelm staff at institutions
5. Organizational change management considerations

Project Team:

The team will consist of representatives from Medical, Mental Health, Dental, IT, Nursing, Administration, Human Resources, and the Project Manager. The core team will be supplemented by various subject matter experts. Gartner Consulting will be assisting the team during the RFP and Vendor Evaluation phases.

Specific Performance Measures:

Development of a health care scheduling solution which meets the requirements of our corrections environment

Additional Information (Optional):

We have just begun the Vendor Evaluation & Selection (Procurement) Phase.

Project Name: Public Health Unit
Project Executive: Dwight Winslow
Project Sponsor: Janet Mohle-Boetani
Project Manager: David Forbes

E-Mail:	David.Forbes@cdcr.ca.gov		
Phone	916-764-4703	Proj ID:	PRJ006
Start Date:	12-1-2008	Est Finish Date:	12-1-2010

Solution Vision:

To ensure that public health prevention and control services are standardized, and provided to all patient-inmates and CDCR staff in 33 adult correction institutions statewide. The expansion of public health policies and procedures into primary care will help make clinical operations more Proactive, Planned and Cost-effective.

Project Description:

Develop the people, processes and technology in support of a Public Health Unit. In order to do this the project will include a four (4) pilots as well as an institutional staffing assessment. Various Information Systems will be enhanced to capture Public Health data.

Organization Impact:

This project influences the clinical practice of all 33 adult correction institutions, and benefits both employees and inmates throughout CDCR.

Project Purpose:

To ensure adequate public health prevention and control in order to reduce the likelihood of disease outbreaks and illness at all institutions.

Strategic Plan Objectives:

- Primary Goal: 1:Timely Access to Care
- Objective: 1.2:Staffing and Processes for Health Access
- Actions: Develop people, policies and technology to enable public health care prevention and control

Major Milestones

Milestones	Planned	Actual
Needs Assessment and Design for Public Health Unit information systems	7-1-09	
Implement Public Health Pilots	8-30-09	
Evaluate Public Health Pilots	12-1-09	
Develop and Complete Action Plan, including required staff enhancement	12-1-10	
Implement Management and Tracking Systems for Public Health Unit	12-1-10	

Key Work Products:

1. Pilot Evaluation and Action Plans for:
 - a. Public Health Nursing
 - b. Tuberculosis Alert Coordinator
 - c. Employee Public Health
 - d. Inmate Peer Education
2. Public Health Nurse Staffing Assessment and Workload Analysis
3. Public Health Unit Systems Analysis and Design
4. Action Plan for Pilots and Workload Analysis
5. Ongoing Tracking Processes and Systems for all sections in the Public Health Unit.

Dependencies:

1. All Pilot Action plans require completion of their respective Evaluation and Action Plans
2. Action Plan require the completion of pilots and Workload Analysis
3. Public Health Unit System Analysis and Design precedes development work

Constraints:

1. Public Health Unit expansion requires executive approval for staff acquisition

Risks:

1. Acceptance of public health policy and procedures may vary between institutions.
2. IT Infrastructure may not be adequate for broad adoption of required IT solutions.

Project Team:

1. Dave Forbes, Project Manager
2. Dr. Janet Mohle-Boetani, Project Sponsor
3. Nancy Snyder, Nurse Consultant Program Review

Specific Performance Measures:

1. Progress Against Schedule
2. Resolution of risks and issues
3. # of nurses trained in public health procedures and policies

Additional Information (Optional):

N/A

Where the Project is in the Lifecycle:

The project is now in the planning phase. Many project artifacts such as the Project Charter and Governance Plans have been completed and are in review phase. All required project planning artifacts will be complete before next months report.

The scope and schedule for the project is now complete, but will be updated as the project progresses. The process for these updates will be explained in the Project Management plan that will be complete by the end of February.



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 2

Establish a Prison Medical Program

Access to Care Registry
Emergency Response Initiative
Prodagio (HCDMS)

Project Name: Access to Care, Registry

Project Executive: Terry Hill

Project Sponsor: Tom Bzoskie, MD

Project Manager: Cary Amo

As of Date: January 15, 2009

E-Mail:	Cary.amo@cdcr.ca.gov		
Phone	(916) 217-4124	Proj ID:	PRJ-071
Start Date:	10/2/2008	Est. Finish Date:	6/30/2009

Solution Vision:

The Receiver's job is to establish constitutionally adequate prison medical care as quickly as practicable and in a way which will be sustainable. A highly visible and volatile area of care involves managing and monitoring inmates with certain chronic diseases using improved workflows and automation. This will result in improved healthcare and reduced crisis management and associated costs treating inmates in a reactive, emergency mode.

Project Description:

The Registry Project is a software application which supports the monitoring and management of certain patient populations with chronic diseases. It uses as its starting point, a software application called CDEMS originally developed by the Washington State Disease Prevention and Control Program, first released for use by other healthcare organizations in 2002 at no cost. The Registry is designed around a progress note that facilitates standardization of care for patients with a particular chronic condition(s). Printed progress notes, patient lists, and summary reports are generated for use by clinical staff. For CDCR, the Registry Application is being dramatically enhanced and will focus on the highest priority, chronic diseases, initially Asthma, Diabetes and Hepatitis C.

Organization Impact:

The first Phase of the Registry will be limited to 6 pilot Institutions, implementing in a single clinic, single PCP using a single Virtual Machine (the application and data will be accessed via the Internet using desktop computers in the Institution. However, the actual application and data will be physically housed on Servers at 501 J St. and eventually at the new Data Center. Phase 2 of the Registry will be to expand to all clinicians within the pilot clinics within each of the 6 pilot sites to 5. Phase 3 will be to roll out the use of Registry to all clinics within the 6 pilot institutions. Future phases of the project will be to deploy the Registry into the remaining 27 Institutions in a similar fashion as the pilot sites.

Key Work Products:

1. Registry Software Application
2. Change Package
3. Virtual Machine solution
4. On-site Training

Dependencies:

1. EIS – CODB (DDPS) Data Extract
2. Maxor for Pharmacy Data
3. Quest for Lab Data
4. Foundation Labs for Lab Data
- 5.

Constraints:

1. Possible contention for technical resources at Quest supporting CDR/Lab interface.
2. The Registry technology platform will change (Software Version 2) with Phase 2 Implementation.

Risks:

1. Conversion of the Access DB platform for Phase 2.
2. Old network connectivity at any of our implementation sites can impact use of Registry until HCIT Lan/Wan implemented.
3. Stability of the Production Processing environment at 501 J St. is not as reliable as a Data Center environment .

Project Team:

Cary Amo – Project Manager

Larry Hicks - Staff Information Systems Analyst

Jackie Khoury – Mechanical & Technical
Occupational Trainee

Allie Baker – Research Analyst II

Joseph Castelli – Contract Consultant

Willis Moore – Contract Consultant

Darrin Dennis – Nurse Consultant

Karey Hart – Associate Programmer Analyst

Specific Performance Measures:

1. Clinics can identify their patients with chronic diseases.
2. Clinics can track patient progress improvements.
3. The type of care provided for specific Dx's can be tracked to determine best practices.
4. Improved tracking of patients based upon their risk and/or acuity level(s).

Systems Life Cycle: Phase 1 of the Registry (version1 of the application) is currently in the Deployment Phase for our Pilot Sites. Phase 2 (version 2 of the application, SQL Server Backend) is in development.

Project Purpose:

The Registry Project is a tactical solution to improve the quality of care provided to patients suffering from certain chronic diseases. Initially, the diseases that will be monitored are Asthma, Diabetes and Hepatitis C. New diseases will be added over time.

Strategic Plan Objectives:

Primary Goal: 2: Medical Home

Objective: 2.2 Chronic Care

Actions: 2.2.1 Chronic Care Initiative

Major Milestones

Milestones	Planned	Actual
Project Team formed	10/20/08	10/20/08
Project Kickoff	10/23/08	10/23/08
Training Learning Session 4	11/19/08	11/19/08
Development & Testing Software Version 1	11/24/08	12/05/08
Phase 1 Go Live	1/06/09	1/23/09
Phase 2 Scope and Plan	12/08	2/28/09
Development & Testing Software Version 2	12/22/08	TBD
Phase 2 Go Live	TBD	
Phase 3 Go Live	TBD	

Additional Information (Optional):

- 1.
- 2.
- 3.

Project Name: Emergency Medical Response
Project Executive: Dr. Terry Hill
Project Sponsor: Karen Rea; Dr. Dwight Winslow
Project Manager: Rich Klutz

E-Mail:	Richard.Klutz@cdcr.ca.gov		
Phone	916-807-0654	Proj ID:	PRJ036
Start Date:	03/01/08	Est Finish Date:	06/01/09

Solution Vision:

A standard medical emergency response system that meets community standards and reduces avoidable morbidity and mortality.

Project Description:

Develop an Emergency Response System that meets community standards and includes standard policy and procedures, training and certification in emergency response, and acquisition and placement of appropriate emergency response equipment.

Organization Impact:

Reduced morbidity and mortality; training and certification activities; equipment inventory and maintenance activities; documentation, medical oversight, quality improvements.

Project Purpose:

Standardize the structure and organization of the CDCR Emergency Medical Response System including policy, equipment and personnel certification and training.

Strategic Plan Objectives:

Primary Goal: 2: Medical Program

Objective: 2.3 Improve Emergency Response to Reduce Avoidable Morbidity and Mortality

Actions: 2.3.1 Immediately finalize, adopt and communicate an Emergency Medical Response System policy to all institutions

2.3.2 By July 2009, develop and implement certification standards for all clinical staff and training programs for all clinical and custody staff

2.3.3 By January 2009, inventory, assess and standardize equipment to support emergency medical response

Major Milestones

Milestones	Planned	Actual
Pre-implementations and video conference	12/05/08	12/05/08
Follow-up implementations	01/31/09	01/29/09
Equipment assessment	01/31/09	01/31/09
Post implementations	03/30/09	
BLS/ACLS training	05/30/09	

Key Work Products:

1. Emergency Medical Response Program Policies and Procedures
2. Certification and Training standards for all clinical staff
3. EMR equipment inventory and standards

Dependencies:

- 1.

Constraints:

1. EMR training standards may be constrained by labor relations considerations.

Risks:

1. Budget delays could delay standardization of EMR equipment.
2. Inaccurate and/or untimely training and equipment inventories will prevent timely standardization.
3. Lack of a single point of contact in institutions responsible for EMR equipment support and maintenance may hinder full compliance with equipment inventory and maintenance requirements.

Project Team:

Wesley Capon	Ivan Gallardo
Cynthia Ramsey	Dr. Alan Frueh
Wendy Lee	Mel Lewis
Dora Galvez-Moretti	Cathi Murdoch
Mary Barnett	Ian Branaman

Specific Performance Measures:

1. Policy Adoption
2. % Certified and Trained
3. % Equipment Standardized

Additional Information (Optional):

Status as of 02/15/09:

Emergency Medical Response Policy and Procedure Implementation

- All implementation follow-up visits were completed on January 29, 2009 per schedule.
- Thirteen post implementation audits have been completed. Due to travel restrictions the remaining audits will be completed by the institutions with oversight by NCPR's via telephone or by day trips by NCPR's. The current plan is to complete the remaining audits by the end of March, 2009 per the original schedule.
- The team has initiated collection of best practices for dissemination to all institutions and also has started collection of proposals for potential changes to the policy.

Emergency Medical Equipment Standardization

- Emergency medical equipment assessment and a standard list of equipment (automated external defibrillators, defibrillators, transport gurneys, suction pumps, Oximeters and crash carts) completed on January 31, 2009 per schedule.
- Automated external defibrillators (AED's) and defibrillators were procured and delivered to the institutions. The expedited procurement of this equipment saved approximately \$100,000. In-service training on the new equipment has been initiated by the vendor.
- The team continues to work with the institutions and with regional health care managers to finalize the number of additional emergency medical equipment needed for the next procurement cycle.
- A revised EMR bag and major supplies reorder form has been developed by Procurement Services.

Develop and Implement Certification Standards for all clinical staff and training programs for all clinical and custody staff

- It is anticipated that the training contract for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) will be approved by the Department of General Services by the end of February. This contract will provide ACLS/BLS training classes at 16 institutions that chose to be part of the new contract.
- A new full-time Workforce Development training manager has been assigned to the project.

Project Name: Prodagio / Health Care Document Management System (HCDMS)
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, Mitzi Higashidani
Project Manager: Ned Dickson

E-Mail:	ned.dickson@cdcr.ca.gov		
Phone	(916) 317-2935	Proj ID:	PRJ009
Start Date:	10/1/2006	Est Finish Date:	2/5/2009

Solution Vision:

Improve the medical services contracting processes by implementing electronic document creation, workflow management and storage for contracts and invoice payments.

Project Description:

Configure, pilot and implement the Health Care Document Management System (HCDMS) which includes separate but integrated applications for invoice processing and contracts management.

Organization Impact:

Stakeholders include Plata Contracts and Health Care Invoice Processing Branches, CDCR Accounting and all 33 Institutions. Implementation requires new business processes and enterprise-scale technology.

Project Purpose:

1. Reduced medical contract processing time.
2. Reduced invoice payment processing time.

Strategic Plan Objectives:

Primary Goal: 2. Medical Program
Objective: 2.4 Specialty Care and Hospitalization
Actions: 2.4.3 Specialty Care Invoice Payments

Major Milestones

Milestones	Planned	Actual
Pilot (CCWF, CMF, PBSP, SQ)	12/11/06	2/18/07
VSPW, CSP SAC	1/28/08	1/28/08
FSP	2/25/08	6/2/08
SOL	6/23/08	6/23/08
CCC, HDSP	7/28/08	7/28/08
COR, SATF	8/11/08	8/11/08
CIM, CIW, CRC	10/15/08	10/30/08
DVI, MCSP, SCC	10/30/08	10/30/08
ASP, CMC, PVSP, SVSP	12/4/08	12/4/08
CCI, KVSP, NKSP, LAC, WSP, CRC, CTF	1/15/09	1/15/09
CAL, CEN, CVSP, ISP, RJD	2/5/09	2/5/09

Key Work Products:

1. Pilot system implementation at first four institutions and two Regional Accounting Offices (RAOs)
2. Implementations at each remaining institution and RAO

Dependencies:

1. Network access required for all users.
2. Integration of Prodagio with BIS requires upgrade of Prodagio software. Software upgrade is planned but not currently funded.

Constraints:

1. Implementation cannot proceed faster than HQ Invoice Processing team can support added workload
2. All users must have access to CDCR network and PC workstations.

Risks:

1. System or business processes fail to scale up to provide adequate performance.
2. Limited network connections at Institutions delays implementation
3. Network capacity limitations impact system performance

Project Team:

Team Members	Role
Ned Dickson	Project Manager
Quan Vu	Application Support
Anna Kula	Application Support
Kevin Rollins	Help Desk Lead
Antoine Hernandez	Help Desk
Michelle Ogata	Project Stakeholder (Invoicing)
Gayle Fifield	Project Stakeholder (Accounting)
Marnell Voss	Project Stakeholder (Contracts)

Specific Performance Measures:

1. Progress against schedule
2. % of invoices paid within 30 days
3. % of non-bid contracts created within 30 days
4. % of bid/master contracts created within 60 days

Additional Information (Optional):

- 1.
- 2.
- 3.

Current Lifecycle Stage:

- **Contracts Management** – entering Maintenance and Operations Phase, with all 33 institutions completed.
- **Invoice Processing** – Implementation halted after 12 institutions completed.

Contracts Management

Implementation of Prodagio Contracts for management of medical services contracts has been completed. The final Prodagio Contracts training sessions for Institution Contract Analysts were given by CPHCS Contracts Branch this last month. Prodagio Contracts is now available and in use at all 33 institutions plus HQ. CPHCS Contracts Branch has planned additional follow-up and refresher training classes.

Invoice Processing

Healthcare Data Invoicing and Providers Services (HIDPS) Branch has completed the effort to work off the invoice inventory that existed in Prodagio when its use was discontinued.

As part of the transition to manual invoice adjudication HIDPS Branch is scanning invoices into Prodagio to assist in tracking invoice status.



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 3

*Recruit, Train & Retain Professional Medical Care
Workforce*

On Line Exams

Project Name: On-Line Exams
Project Executive: Jamie Mangrum
Project Sponsor: Kathy Stigall
Project Manager: Keith Meyerhoff

E-Mail:	keith.meyerhoff@cdcr.ca.gov		
Phone	916 215-4662	Proj ID:	not assigned
Start Date:	12/8/2008	Est Finish Date:	6/30/2009

Solution Vision:

On-Line Exams will enable Human Resources to accelerate the hiring process: Candidates will be able to complete exams at the same time they apply. HR will be able to enter exams without the involvement of State Personnel Board.

Project Description:

Develop a web based examination system that integrates employment exams into the on-line recruitment and applicant tracking systems.

Organization Impact:

More efficient hiring process in Human Resources. Reduced turnaround time in the hiring of a professional quality medical care workforce. Increased capacity in HR to staff for the new facilities.

Project Purpose:

Develop a web based examination system that integrates employment exams into the on-line recruitment and applicant tracking systems.

Strategic Plan Objectives:

- Primary Goal:
3:Recruit, Train Retain Medical Workforce
- Objective:
- Actions:

Major Milestones

Milestones	Planned	Actual
Project Charter	12/19/2008	12/30/2008
Contract Finalized	12/26/2008	1/13/2009
Project Plan	12/26/2008	1/5/2009
Project Scope Defined	2/28/2009	
Project Kickoff	1/5/2009	1/5/2009
Requirements Completed	3/15/2009	
UI Design Completed	3/31/2009	
Alpha Version Delivered	5/1/2009	
Beta Version Delivered	6/1/2009	
Go Live	6/30/2009	

Key Work Products:

1. Inception - Project Charter
2. Inception - Project Plan
3. Requirements - Use Case Document
4. Design -Mockups of Key User Interfaces
5. Design - Prototype
6. Development - Test Plan
7. Implementation - User Documentation
8. Implementation - Training Plan

Dependencies:

1. Contract Complete and Signed by 12/26/2009 – Done 1/23/2009

Constraints:

1. The two primary client departments are Selection Services and Workforce Planning, both within Human Resources. Both departments are very busy but there participation is vital. A possible constraint is the amount of time they can commit. They have been very willing to commit time so far.

Risks:

1. Project scope needs to be clarified, specifically how much of the current exam and certification system provided by SPB will be replaced by this new system and for what job classes. Project Charter will help clarify as well scope definition in early phase or requirements.
2. The examination scoring module will be a complex algorithm. One vendor has already failed to understand and implement this process for the State Personnel Board. Therefore clear understanding of the user requirements and an early prototype are recommended to mitigate this complexity risk.

Project Team:

Keith Meyerhoff – Project Manager
 Daisy McKenzie – Client Manager
 Lesa Saville – Client Manager
 Michelle Stone – Vendor Project Manager

Subject Matter Experts:

1. Teresa Graber
2. Rosie Jauregui
3. Allison Sanjo
4. Julia Shelmire
5. Tom Gjerde

Specific Performance Measures:

1. In cooperation with clients, develop specific

Project Status 2/13/2009
 Requirements Gathering is now taking place.

Project Kickoff meeting was held on 1/16/2009. Since then we have conducted seven requirements meetings. Most of the meetings have been web conferences with the vendor, Hodes IQ, participating by phone or Webex. The Hodes team was on-site for two of the meetings.

The Use Cases we developed in November and December gave us a head start towards defining the requirements. The first meetings with the vendor were to review the use cases. Later meetings have focused on page design and more specific questions about exam development.

Most of the last meeting had to do with minimum qualifications and how exam questions can be entered and scored. This is an important milestone because it was identified as a risk (above). Thus far the Hodes team seems to have demonstrated a good understanding of the concepts.

The project is on schedule. Next important milestone is a requirements document from the vendor and a proof of concept prototype to be delivered by the end of March.

project milestones and deliverables per schedule.

2. Set up criteria for system performance measures: capacity, speed, and efficiency.
3. With client departments, develop measures of system effectiveness. For instance, reduction in the number of days a position remains open from job requisition to hire date.

Additional Information (Optional):

1. Seven requirements meetings have been held in the past month, all with the Hodes IQ team present either by web conference or on-site.
2. We have had excellent participation from the client departments in Human Resources, Workforce Development and Selection Services.



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 4

Implement a Quality Improvement Program

Business Information System, HR/Nursing
Business Information Systems (BIS)
Health Care Appeals Tracking

Project Name: Business Information System (BIS)

HR/Nursing

Project Executive: Betsy Chang-Ha, Kathy Stigall

Project Sponsor:, Jamie Mangrum

Project Manager: Senthil K Muniappan

E-Mail:	Senthil.muniappan@cdcr.ca.gov		
Phone:	916 764 4766	Proj ID:	PRJ075
Start Date:	10/28/2008	Est Finish Date:	6/30/2009

Solution Vision:

Implement standardized, streamlined business processes that are integrated and based on industry best practices

Project Description:

Implementation of CDCR’s Business Information System (SAP human resources for all CPHCS and Shift Planning for Nursing) for CPHCS

Organization Impact:

Major positive impact on headquarters and institution personnel due to the implementation of new, standardized HR business processes and automated tools

Project Purpose:

Standardize, automate and integrate CPHCS' human resources, Post & Bid and Shift Planning business processes for the headquarters and all 33 institutions

Strategic Plan Objectives:

Primary Goal: 4:Quality Improvement Programs

Objective: 4.2: Quality Improvement Program

Actions: 4.2.3: Statewide Process Improvement Programs

Major Milestones

Milestones	Planned	Actual
Release 2 Pilot OM/PA Go-Live	3/2/2009	
Release 2 Pilot SS/Time Go-Live	4/1/2009	
Release 2 Statewide OM/PA Go-Live	4/1/2009	
Release 2 Statewide SS/Time Go-Live	5/1/2009	
Release 2 EG/Travel /LSO/WC Go-Live	6/1/2009	
Release 2 PCP/FI Int Payroll I/F Go-Live	7/1/2009	
Release 2 Completion	7/15/2009	

Key Work Products:

1. Identification of CPHCS BIS HR/Nursing users and security roles (02/28/2009)
2. CPHCS BIS HR/Nursing Training and Support Plan (02/28/2009)
3. Identification of business processes, security roles and system configuration requiring modification for CPHCS HR/Nursing (03/15/2009)
4. Power users Sign-off for UAT (03/31/2009)
5. Change Agents and Steering committee Sign-off for Release 2 completion (06/30/2009)

Dependencies:

1. CDCR BIS Project – Release 1B implementation
2. BIS and CPHCS networks/active directories (single sign-on)
3. Access to Care initiatives for related data gathering, HR policies and procedures
4. Nurse Staffing Assessment methodology
5. 10,000 Bed project – HR related policies and procedures

Constraints:

1. Insufficient number of SAP/BIS experienced trainers

Risks:

1. CDCR planned deployment approach (“big bang”)
2. Not all CPHCS requirements met during initial implementation
3. Not enough trainers available from CPHCS
4. Aggressive time line for implementation

Project Team:

CPHCS's core project team consists primarily of the project manager, who is acting as the Receiver's one of the two BIS representatives and advisor, supported by subject matter experts, who will participate in project workshops and user acceptance testing.

Specific Performance Measures:

1. Standardized business processes for headquarters and institutions
2. Integrated budget, accounting, procurement and human resources
3. On-line, real-time shift planning and scheduling
4. Automated HR Reporting

Where the Project is in the life cycle:

Release 2 BIS functions, including human resources, shift planning/time management and position budgeting, are nearing completion of development and began user acceptance testing in mid January 2009. Deployment to headquarters and the institutions is planned to be conducted in four phases, beginning in April 2009. All functions are planned to be operational in all locations by July 2009.

The project is in 'System development' or 'Realization' phase with around 95% completed. System design ('Blue printing') has already been completed and key stakeholders signed-off.

Though the 'Blue printing' or design is completed, some of the HR/Nursing related designs may need to be revisited and signed-off to make sure all the design requirements are considered and incorporated into the final work product. One session with HR has already been done to validate the design with the field processes. In addition to this, identifying the train-the-trainers, power users, training logistics are some of the high priority items dealt with.

Key milestones coming up are:

User Acceptance Testing	- 2/27/2009
Train the Trainers	- 2/27/2009
End User Training (PA, OM)	- 3/31/2009
End User Training (SS/Time)	- 3/31/2009
Release 2 Pilot OM/PA Go-Live	- 3/2/2009
Release 2 Pilot SS/Time Go-Live	- 4/1/2009
Release 2 Statewide OM/PA Go-Live	- 4/1/2009
Release 2 Statewide SS/Time Go-Live	- 5/1/2009
Release 2 Statewide EG/Travel/LSO/WC Go-Live	- 6/1/2009
Release 2 Statewide PCP/FI I/F/Payroll I/F Go-Live	- 7/1/2009
Release 2 Completion	- 7/15/2009

Project Name: Business Information System (BIS)
Project Executive: Mitzi Higashidani, Kathy Stigall
Project Sponsor: Jamie Mangrum
Project Manager: Gary Mengers

E-Mail:	Gary.Mengers@cdcr.ca.gov		
Phone	916 502-9606	Proj ID:	PRJ030
Start Date:	11/2/2007	Est Finish Date:	10/30/2009

Solution Vision:

Implement standardized, streamlined business processes that are integrated and based on industry best practices

Project Description:

Implementation of CDCR’s Business Information System (SAP financials, supply chain management and human resources) for CPHCS

Organization Impact:

Major impact on headquarters and insitution personnel due to the implementation of new, standardized business processes and automated tools

Project Purpose:

Standardize, automate and integrate CPHCS's financial, procurement and human resources business processes for the headquarters and all 33 institutions

Strategic Plan Objectives:

- Primary Goal: 4:Quality Improvement Programs
- Objective: 4.2: Quality Improvement Program
- Actions: 4.2.3: Statewide Process Improvement Programs

Major Milestones

Milestones	Planned	Actual
Release 1A (core financials) Go-Live	7/1/2008	6/30/2008
Release 1A.5 (budgets) Go-Live	10/1/2008	9/15/2008
Release 1B (accounting and procurement) Go-Live	11/3/2008	11/3/2008
Release 2 (human resources) Go-Live	4/1/2009	
Release 1C (CPHCS requirements) Go-Live	7/1/2009	

Key Work Products:

1. Identification of CPHCS BIS users and security roles
2. CPHCS BIS user training
3. Identification of business processes, security roles and system configuration requiring modification for CPHCS

Dependencies:

1. CDCR BIS Project - configuration and implementation
2. Prodiagio/CMD system for medical contracts
3. BIS and CPHCS networks/active directories (single sign-on)
- 4.
- 5.

Constraints:

1. Limited number of SAP/BIS experienced trainers and support personnel

Risks:

1. CDCR planned deployment approach (aggressive timeline)
2. Not all CPHCS requirements met during initial implementation
3. Delay in approval of BIS SPR & contract amendment caused some delays

Project Team:

CPHCS's core project team consists primarily of the project manager, who has acted as the Receiver's BIS representative and advisor, supported by subject matter experts, who have participated in project workshops and user acceptance testing. To support deployment, four CPHCS staff attended BIS train-the-trainers classes and are training/supporting CPHCS staff.

Specific Performance Measures:

1. Standardized business processes for headquarters and institutions
2. Integrated budget, accounting, procurement and human resources
3. On-line, real-time financial reporting
4. Timely processing of vendor and provider payments

Project Lifecycle Status:

The Release 1 BIS functions, including budget, accounting and procurement, were implemented on November 3, 2008 and are currently operational in CDCR and CPHCS headquarters. There are a number of system, training and business process issues that are being addressed prior to additional deployment. Institutions, including health care, are preparing for their implementations and will begin training in March 2009 for the northern region, continuing April through June for the central and southern region institutions. All institutions are planned to be operational by July 1, 2009 with the Release 1 BIS functions.

Release 2 BIS functions, including human resources, shift planning/time management and position budgeting, are nearing completion of development and began user acceptance testing in mid January 2009. Deployment to headquarters and the institutions is planned to be conducted in four phases, beginning in April 2009. All functions are planned to be operational in all locations by July 2009. In addition, CPHCS specific requirements modifications for BIS will be addressed beginning in February 2009, with a planned implementation during July through September 2009.

Project Name: Health Care Appeals Tracking System
Project Executive: Mr John Hagar
Project Sponsor: Ms Theresa Kimura-Yip and
 Mr Jamie Mangrum
Project Manager: Stan Ketchum

E-Mail:	stan.ketchum2@cdcr.ca.gov		
Phone	916-802-0353	Proj ID:	PRJ091
Start Date:	01/16/09	Est Finish Date:	12/31/09

Solution Vision:

The HCAT is a project to improve efficiency and effectiveness of appeals process and reporting, helping to meet Turnaround Plan of Action goals in objectives for Appeals program.

Project Description:

Implement Microsoft Dynamic Customer Relationship Management (CRM) software in support of the Health Care Appeals Program. The scope includes requirements gathering, design, installation, configuration, automated conversion, testing, training, implementation, and production support.

Organization Impact:

- Eliminate manually logging and classifying appeals.
- Streamline and standardize the appeals process.
- Register appeals from all sources and institutions.
- Reduce or eliminate the use of paper based appeals.
- Electronically route appeals without the risk that the appeal will get lost or misplaced.
- Promote greater accountability for responding to appeal requests.
- Collect and aggregate statewide appeal information to meet Court ordered reporting requirements.

Project Purpose:

Use Microsoft Dynamic Customer Relationship Managers (CRM) to develop a centralized database to track appeals status, and implement a Microsoft Outlook based workflow process to help manage and improve appeals processing quality and timeliness.

Strategic Plan Objectives:

Primary Goal: Implement a Quality Assurance and Continuous Improvement Program

Objective: 4.5. Establish a Health Care Appeals Process, Correspondence Control and Habeas Corpus Petitions Initiative

Major Milestones

Milestones	Planned	Actual
Release RFO	01/17/09	01/17
Vendor Start	4/3/09	
Design Complete	TBD	
Development Complete	TBD	
System Test Complete	TBD	
User Test Complete	TBD	
Training Complete	TBD	
Deployment Complete	12/31/09	

Key Work Products:

1. Contract for system integrator
2. Requirements and Design
3. Test and implementation
4. User and System Administrator Training
5. Turnover and Maintenance

Dependencies:

1. Network Project
2. Data Center Project

Constraints:

1. The new system must use Microsoft Dynamics CRM
2. The system cannot be implemented until the

Risks:

1. Source data quality (33 Access databases)

Project Team:

Mr Stan Ketchum - Project Manager
 Ms Theresa - Mental Health

Specific Performance Measures:

1. Operational central database
2. 33 Access databases converted
3. At least 1 user trained at each institution

Additional Information (Optional):



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 5

Medical Support Infrastructure

Central Fill Pharmacy
Centralized Dictation & Transcription
Claims Management and Invoice Processing
Clinical Imaging Services
Data Center & End User Migration (DC&EUM)
Enterprise Architecture
Health Care Data Center Migration
Healthcare Network Infrastructure
Laboratory Services Management
Mental Health Tracking System (MHTS)
Telemedicine Services
VoIP and Unified Communication

Project Name: Central Fill Pharmacy Project

Executive: John Hagar

Project Sponsor: Betsy Chang-Ha, Jamie Mangrum

Project Manager: Erick Rendón

E-Mail:	Erick.Rendon@cdcr.ca.gov		
Phone	916-956-5045	Proj ID:	PRJ072
Start Date:	December 2008	Est Finish Date:	March 2010

Solution Vision:

Implement a centralized pharmacy to consolidate ordering and logistic distribution of prescriptions; reducing cost and unnecessary waste while improving tracking of medications to increase patient utilization.

Project Description:

Central Fill Pharmacy will fill prescriptions for all 33 correctional centers. It will order bulk pharmaceuticals, pre-package them and automatically fill orders entered in GuardianRx. The facility will have automated inventory management; medication checks and provides distribution of prescriptions by next business day to all facilities.

Organization Impact:

Immediate reduction in tasks done by sites personnel. Increase ability for Pharmacist to focus on patient interactions, better tracking of prescriptions and extended hours to enter orders late in the day at sites. Savings will be realized through centralized ordering, increase adherence to Pharmacy and Therapeutic Committee recommendations and decrease overall inventory in stock based on accurate inventory levels.

Project Purpose:

To reduce cost and errors; increase patient utilization by better patient tracking and reduce waste by limiting local pharmacies to limited stock.

Strategic Plan Objectives:

- Primary Goal: 5.0 Medical Support Infrastructure
- Objective: 5.1 Pharmacy Programs
- Actions: 5.1.3 Central-Fill Pharmacy

Major Milestones

Milestones	Planned	Actual
Project Charter	TBD	Dec 08
Team identification	TBD	Dec 08
Project Kickoff	TBD	Jan 09
Automation vendor contract	TBD	Jan 09
Site design	Mar 09	
Site leasing contract	May 09	
Site process to construction	July 09	
Construction begins	Sept 09	

Key Work Products:

1. Site Designs
2. Leasing Contract
3. Project management documentation

Dependencies:

1. Architectural design and approvals
2. Pharmacy Site Leasing Contract
3. CPHCS Network Project
4. Maxor Pharmacy (Guardian) Project
5. Data Center Project

Constraints:

1. Maxor Guardian Rollout Schedule / Decisions
2. CPHCS Network Rollout Schedule / Decisions
3. Procurement
4. Construction

Risks:

1. State mandated furloughs affecting key SME
2. LEED Certification time and cost
3. Losing key resources
4. Long lead times for service contracts
5. Long lead times for procurement

Project Team:

Project Manger: Erick Rendón

Maxor National Pharmacy Services: Dick Cason

Cornerstone Automation: Michael Doke / Gary Greiner

Department of General Services: Sally Morphis

Resource Management: Jeanette Kellogg

Contractor PM - TBD

Specific Performance Measures:

1. Quality Assurance Matrix
2. Service Matrix
3. Delivery Matrix

Additional Information (Optional):

The project is still technically in initiation / planning.

The current efforts are still focused on clarifying all design, electrical, code requirements necessary for the Central Fill Pharmacy in order to negotiate the leasing agreement. We have solidified most requirements and will have the fire marshal inspect the drawing prior to hand off to the landlord for the bidding process and leasing contract negotiations; this will be done by the Department of General Services. Once completed construction plans will be drawn out including LEED requirements, permits pulled and finally construction on the build out begin. Identification of items not previously identified or budgeted is being evaluated to absolute needs.

A key risk is the reduction of work time due to key employees secondary to mandated work furloughs, and the Business Operations SME will be retiring in June; due to the delays of getting contracts signed and the long leasing period; I am concerned that this role will suffer in transition and affect our schedule.

While trying to plan ahead and foresee possible road blocks one of the states' initiatives to be green and obtain LEED Certification, will definitely impact both cost and time. The cost will increase by 15% and the timeline will be increase at minimum by one month. Currently we are looking at a tentative construction completion by January of 2010, with the first beta site going live in March of 2010 and full implementation by Winter 2010/2011. I will keep all inter-dependencies projects on my radar and incorporate their needs will attempting to pull back this date.

Project Name: Centralized Dictation & Transcription
Project Executive: Dr. Terry Hill / Bonnie Noble
Project Sponsor: Jamie Mangrum
Project Manager: Denise Harris

E-Mail:	Denise.Harris@cdcr.ca.gov		
Phone	916-206-7276	Proj ID:	PRJ019
Start Date:	07/01/08	Est Finish Date:	12/30/09

Solution Vision:

Implement a centralized dictation and transcription solution that standardizes health record documentation at the enterprise-level.

Project Description:

The purpose of this project is to implement a centralized dictation and transcription department for four pilot institutions: San Quentin (SQ), Valley State Prison for Women (VSPW), Central California Women’s Facility (CCWF), and CSP-Los Angeles County (LAC).

Organization Impact:

This project will have a major impact on CPHCS in that it will provide CPHCS clinical staff with immediate access to patient health information at the point-of-care. The solution will better enable analysis, reporting, and clinical decision-making required to accurately determine patient health status, prepare recommendations, and ensure patient safety in prescriptive actions.

Project Purpose:

The purpose of this project is twofold: (1) a model for centralized dictation and transcription statewide; and; (2) improvement in timeliness and accuracy of transcribed documents.

Strategic Plan Objectives:

- Primary Goal: 5: Medical Support Infrastructure
- Objective: 5.2: Health Records
- Actions: 5.2.1: Standardize Health Records Practice

Major Milestones

Milestones	Planned	Actual
Dictation & Transcription Assessment	04/08	04/08
Approved Project Charter	07/08	07/08
Server Vendor Selection	10/08	10/08
Turnkey Facility	02/09	
Staffed and Trained Dept.	03/09	
Pilot Closeout & Eval	12/09	

Key Work Products:

1. Project Charter
2. Project Schedule
3. Post Pilot Evaluation and Recommendation

Dependencies:

1. CPHCS Network Project
2. CPHCS Data Center Project

Constraints:

1. CPHCS Network Rollout
2. CPHCS Data Center Implementation

Risks:

1. Verizon Data Center availability
2. Network availability
3. Incompatible component structure; component integration to achieve operability

Project Team:

The Centralized Dictation and Transcription project team is comprised of approximately 30 team members that include representative staff from CPHCS, California Prison Receivership Corporation, VerizonBusiness and Crescendo.

Specific Performance Measures:

1. 150 lines/hr per medical transcriber
2. 98% accuracy rate for all transcribed documents
3. 24 hour turnaround time for all transcribed reports
4. All pertinent medical records dictated and transcribed.

Additional Information (Optional):

1. Working with Verizon to add network drops at pilot institutions
2. Purchasing desktops and network printers as needed

The Centralized Dictation and Transcription project is in the procurement phase. Contract with Crescendo, dictation and transcription software vendor, was signed in November, 2008. Servers and all ancillary equipment arrived at data center. Expect to have all telecommunications circuits in place by mid March 09. Working with Crescendo on workflow documentation in preparation for train the trainer sessions and system implementation. Need department location in the Sacramento area identified so that downstream tasks may be completed. Department lead (HPM II) hired. Working with Plata Support HR to hire transcribers. Working with Plata Support and Labor Relations teams to accomplish union notification requirement.

Project Name: Claims Mgt. and Invoice Processing
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, CIO
Project Manager: Holly Lasiter

E-Mail:	Holly.lasiter@cdcr.ca.gov		
Phone	916-764-4677	Proj ID:	PRJ066
Start Date:	11/29/08	Est Finish Date:	11/29/10

Solution Vision:

Provide a healthcare claims processing system that is typically found in commercial or public health plans. The system will utilize industry standard coding and allow standard reporting, benchmarking and utilization management. The system will improve the quality, efficiency, and timeliness of payments to health care vendors serving CDCR's patient population, while also implementing effective cost management.

Project Description:

Contract with a qualified third party administer to take over claims processing services for an initial period of 24 months (with three 12 month options) to put into practice the required improvements prior to transition of all operations back to State control.

Organization Impact:

Using industry standard coding will allow CPHCS to perform standard reporting and benchmarking. Utilization Management will have access to data necessary to make decisions in specialty care. Claims processors will be elevated to other jobs.

Project Purpose:

Enable CPHCS to administer healthcare claims and capture utilization and payment data for ongoing analysis and reporting.

Strategic Plan Objectives:

- Primary Goal: 5. Establish Medical Support
- Objective: 5.2 Establish Standardized Health Records Practice
- Actions: 5.2.1 Create a roadmap for Achieving an Effective Management System

Major Milestones

Milestones	Planned	Actual
Issue Request for Proposal	12/10/2008	12/10/2008
Bidder's Conference	12/19/2008	12/19/2008
Deadline for questions	12/31/2008	12/31/2009
Respond to questions	1/7/2009	1/7/2009

Milestones	Planned	Actual
Proposals due	1/29/2009	1/29/2009
Notification for interviews	2/17/2009	2/13/2009
Announce selection	3/2/2009	
Contract Start Date	3/23/2009	

Key Work Products:

1. Request for Proposal
2. Vendor Proposals
3. Signed Vendor Contract
4. Statement of Work
5. Service Level Agreement

Dependencies:

1. Health Information Management
2. Contracts Medical Database (CMD)
3. CPHCS Data Center Project
4. ProdAgio Enhancement
5. IT Security
6. OBIS / DDPS
7. Utilization Management
8. BIS (SAP)
9. Clinical Data Repository

Constraints:

1. Backlog of unpaid claims
2. ProdAgio does not have capability to adjudicate and pay healthcare claims.
3. Interfaces to other systems

Risks:

1. Ability to establish electronic data submittal to SCO.
2. Ability to compile contract rate data for submittal to TPA.
3. Security of TPA having access to sensitive inmate location data.

Project Team:

Holly Lasiter, Project Manager
 Mitzi Higashidani, Executive Sponsor
 Michelle Ogata, Business Sponsor
 Dr. Ricki Barnett, Business Owner
 Dawn Kearns, Business Owner
 Marnell Voss, Contracts
 Shelby Chapman, Data SME
 Ned Dickson, Technical SME

Specific Performance Measures:

1. Business Requirements
2. Vendor Selection
3. Vendor Proposals

The Request for Proposal, Bidders' Library and associated addendums are posted on the CPHCS Web site. Final proposals were received January 29, 2009. The top candidates were notified of vendor interviews and will attend those interviews on February 18. The project is on track for the contract to be awarded early March with work starting after contract negotiations.

Project Name: Clinical Imaging Services
Project Executive: Terry Hill, MD
Project Sponsor: Bonnie Noble, Jamie Mangrum, Justin Graham
Project Manager: Craig Casey

E-Mail:	Craig.Casey@cdcs.ca.gov		
Phone	916-764-4730	Proj ID:	PRJ017
Start Date:	09/02/2008	Est Finish Date:	2011

Solution Vision: To provide appropriate and timely imaging and interpretation services for the incarcerated population at all CDCS institutions and facilities. Install centralized and distributed management and infrastructure to sustain and refine/improve these services indefinitely.

Project Description: Implement the Enterprise Imaging & Radiology Assessment & Planning remediation roadmap presented July 14, 2008 to the Receiver.

Organization Impact: This project will significantly impact CDHCS clinical staff in all CDCS locations with the provision of tools and infrastructure for the timely diagnosis/evaluation of inmate patients within the institutions.

Project Purpose: Provide minimum acceptable level of ancillary care to CDCS incarcerated population.

Strategic Plan Objectives:

- Primary Goal: 5:Medical Support Infrastructure**
- Objective: 5.3: Radiology and Laboratory Services**
- Actions: 5.3.1: Establish strategy for improvements and implement.**

Major Milestones

Milestones	Planned	Actual
Complete final draft of RFP	Sept 26	Sept 26
Finalize & release	Oct 3	Oct 6
Conduct solicitation	Nov 7	Nov 7
Vender selection	Dec 5	Dec 8
Completion of negotiations	Dec 23	Jan 8
Project Charter	Dec 30	
Contract signing/close initial procurement phase	Approx Dec 30	Jan 13
Start of Management firm engagement	Jan 5, 2009	Jan 12
Detailed project plan	Mar, 2009	
Kickoff meeting	Mar 5	
Complete Artifacts	Mar 13	

Key Work Products:

1. Approved vender contract. (complete)
2. Project Charter
3. Completed institutional assessments and interim staffing model.
4. Detailed project plan.

Dependencies:

1. CDHCS Data Center project.
2. CDHCS Telemedicine project.
3. CDHCS Network project.
4. Clinical and executive recruiting success.

Constraints:

1. CPHCS network rollout schedule
2. Recruitment of imaging leadership roles throughout the State.
3. Successful & timely negotiation with radiology equipment vender(s).

Risks:

1. Lack of institutional resources.
2. As yet undefined schedules and interaction with parallel projects engaging the institutions.

Project Team:

The CPHCS core project team is comprised of approximately thirty (30) team members and key stakeholders including contributors from CPHCS, CDCS, MSI and selected subcontractors. This team will engage/include the management and staff from every institution in the State during the life cycle of this project.

Specific Performance Measures:

Performance measures will be developed as part of detailed project planning and reviewed on a regular basis with the Project Steering Committee.

Additional Information (Optional):

Current Project Status:

McKenzie Stephenson formally engaged for implementation for the Receiver's Imaging Services Roadmap on January 12th, 2009. In addition to the planned three remediation teams, a fourth "executive SWOT team has been traveling to address several critical equipment and personnel issues that have been unresolved for extended periods.

Phase 0, The MSI teams are working through a schedule of institutional visits in order to complete the assessment cycle, included in Phase 0. To date 26 visits have been completed with an additional 37 visits planned through April. The planning phase duration was anticipated to be 10-12 weeks but site visit scheduling limitations will add approximately four weeks to the schedule. Phase 0 will overlap Phase 1 which is scheduled to start in mid March. Preparation for the stakeholder's Kickoff meeting, scheduled for the first week in March is underway. WebEx and/or video conferencing will be used. The invite list is expected to exceed 170.

Project Name: Data Center & End User Migration
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, Liana Bailey-Crimmins
Project Manager: Fred Wood

E-Mail:	Fred.Wood@cdcr.ca.gov		
Phone	916.215.5235	Proj ID:	PRJ002
Start Date:	11/14/08	Est Finish Date:	3/31/10

Solution Vision:

Migration of existing CPHCS staff and hardware within CDCR to the new network infrastructure and support for new CPHCS staff, hardware, and applications connectivity.

Project Description:

CPHCS is implementing a new medical-grade data center to support the CPHCS network infrastructure consisting of Headquarters and thirty-three (33) adult institutions. The DC&EUM Project will migrate existing CPHCS staff and hardware, integrating Active Directory, MS Exchange, local LAN to LAN applications connectivity, and new network infrastructure and support for new CPHCS staff and applications.

Organization Impact:

Impacts all existing CPHCS staff and affected portions of CDCR. During the migration, CPHCS staff will continue to use the CDCR network infrastructure to access their applications until they are called for in the migration plan to be "cutover" to the new network path.

Project Purpose:

The DC&EUM Project is a downstream component of the initiative to implement a new medical-grade data center for existing and future CPHCS, staff, hardware, and applications.

Strategic Plan Objectives:

Primary Goal: 5. Medical Support Infrastructure

Major Milestones

Milestones	Planned	Actual
Project Charter completed and approved	Jan 09	
Acquire EUM Specialist Team (EMC ²)	Jan 09	Jan 09
Complete Pilot application migration activities (for CDR and D&T)	CDR 4/09 D&T 6/09	

Major Milestones Continued:

Milestones	Planned	Actual
Complete migration of all existing CPHCS network objects at HQ and all 33 institutions managed on the new CPHCS network.	Oct 09	
Complete migration of all CPHCS staff operating on new CPHCS network	Mar 10	

Key Work Products:

1. Project Charter
2. EUM Design Documents
3. EUM Plan
4. EUM Integration Plan

Dependencies:

1. Torrance data center contract secured
2. Healthcare IT network implementation
3. Acquire EUM Specialist Team (EMC²)

Constraints:

1. All Data Center Infrastructure prerequisites

Risks:

1. Lack of participation and allocation of CDCR EIS staff and/or lack of cooperation from Institutional management could result in failure to meet estimated project completion schedule
2. Failure to properly identify all CPHCS objects for migration could result in failure to meet EUM Project Scope

Project Team:

The core EUM Project team is comprised of CPHCS executives, managers, and technical support staff; project management consultant and technical advisor (subject matter expert), EUM consultant specialist team, and subject matter experts from Microsoft and Quest. Experts from CDCR EIS and other areas supplement the core team as needed.

Specific Performance Measures:

1. 100% of CPHCS network objects and end users migrated successfully
2. Local LAN to LAN connectivity

Additional Information:

The Data Center & End User Migration Project (DC&EUM) is a downstream component of the initiative to implement a new medical-grade data center for existing and future CPHCS, staff, hardware, and applications.

The DC&EUM Project or “Data Center Phase II” is in the Planning Phase and currently concerned with project staffing and start-up activities. The Project Charter is now in review in February and the End User Migration consultant specialist EMC² is just now on board with the full team beginning by the first week in February 2009. EMC² will begin vetting the Active Directory migration design document. Also working with the Data Center “Phase I” infrastructure effort to coordinate all dependent downstream activities.

Project Name: Enterprise Architecture
Project Executive: John Hagar
Project Sponsor: Jaimie Mangrum
Project Manager: Mark Griffith

E-Mail:	mark.griffith@cdcr.ca.gov		
Phone	(916) 764-4516	Proj ID:	PRJ069
Start Date:	11/17/08	Est Finish Date:	

Solution Vision:

Establish an Enterprise Architecture (EA) program for CPHCS based on the State's and Federal EA programs.

Project Description:

Create EA program and adopt EA framework and models, methodology, standards and governance plan.

Organization Impact:

Enterprise Architecture will have a major impact on CPHCS by adopting policies, standards and governance for all CPHCS IT projects.

Project Purpose:

Improve interoperability and efficiencies across all CPHCS IT projects. Establish architectural framework and requirements for project development efforts and RFP's. Provide enterprise level business, data, and technical models. Leverage the Health Information Technology Executive Committee (HITEC) governance for enterprise architecture for all CPHCS IT projects.

Strategic Plan Objectives:

Primary Goal: 5:Medical Support Infrastructure

Objective:

Actions:

Major Milestones

Milestones	Planned	Actual
Project Kickoff	11/17/08	11/17/08
Initial interviews	12/23/08	
Project Charter Approved	3/1/09	
PMO Governance Plan	3/1/09	
Communication Plan	3/1/09	
Data Center Questionnaire	3/1/09	
IT Projects Roadmap	2/1/09	2/1/09
Business Architecture Model Template	3/1/09	

The Enterprise Architecture Program has accomplished the following during this reporting period:

- PMO Governance Plan
- Program Charter
- Communication Plan
- Data Center Questionnaire
- IT Projects Roadmap
- Business Architecture Model Template
- Key Interviews
- Collaboration with CDCR and OSI

We are currently preparing for Business Architecture Model Template training for all PM's and business personnel and will be working to create the enterprise business model over the next month. We are also working on Technical Standards, Framework documentation for Infrastructure, SOA and Virtualization, creation on a architecture review board and will be conducting many more interviews and meetings with PM's and key business members.

Project Name: Healthcare Data Center
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, Liana Bailey-Crimmins
Project Manager: Denise Harris

E-Mail:	denise.harris@cdcr.ca.gov		
Phone	(916) 323-2309	Proj ID:	PRJ018
Start Date:	05/08	Est Finish Date:	06/09

Solution Vision:
 Implement a medical-grade data center as part of the healthcare network to enhance access to and management of inmate/patient information.

Project Description:
 Implement a data center to support the CPHCS network infrastructure consisting of Headquarters and thirty-three (33) adult institutions. Integration of Active Directory, E-mail, Call Center, Centralized Services, and Network Storage to support CPHCS organizational requirements. Migration of existing Pilot CPHCS staff and hardware within CDCR to the new network infrastructure and support for new CPHCS staff and hardware.

Organization Impact:
 Impacts all CPHCS staff and respective portions of CDCR. During the transition, CPHCS staff will continue to use the CDCR network infrastructure to access their applications. All CPHCS staff and hardware will be centralized on the CPHCS network allowing for improved user management.

Project Purpose:
 Design and implement a new medical-grade data center for existing and future CPHCS staff and hardware. Phase one includes data infrastructure and two pilot applications in production: Clinical Data Repository and Centralized Dictation & Transcription

- Strategic Plan Objectives:**
Primary Goal: 5:Medical Support Infrastructure
Objective: (not found in Receiver's Plan of Action)
- By April 2009, have a fully-functional data center to support CPHCS staff and hardware
 - By April 2009, complete a migration of all existing CPHCS network objects (Active Directory users, computers, and groups) from CPHCS Headquarters and CDCR's 33 adult institutions to the new CPHCS network managed through the data center

Major Milestones

Milestones	Planned	Actual
Project Charter completed & approved	Jan 09	
CPHCS Data center completed	May 09	
Pilot migration completed (Clinical Data Repository)	April 09	
Pilot migration completed (Dictation & Transcription)	Jun 09	

- Key Work Products:**
1. Project Charter
 2. Data Center Design Documents
 3. Risk management Plan
 4. Integration Plan

- Dependencies:**
1. Torrance data center contract secured
 2. Healthcare IT network implementation
 3. Migration software procured
 4. Migration and Integration services RFO

- Risks:**
1. Lack of a fully-defined and agreed-to Scope Statement could result in a failure to fulfill the project product
 2. Lack of participation and allocation of CDCR EIS staff and/or lack of cooperation from Institutional management could result in failure to meet the estimated project completion date
 3. Failure to properly identify all CPHCS objects for migration could result in failure to meet the Project Scope

Project Team:
 The core project team is comprised of CPHCS executives, managers, and technical support staff; project management consultant and technical advisor; Experts from CDCR EIS, VerizonBusiness (prime contractor); other areas may supplement the core team as needed.

- Specific Performance Measures:**
1. 100% of CPHCS network objects migrated
 2. Pilot Applications in production
 3. Call Center availability 24x7x365

Additional Information (Optional):

This project is in the procurement phase. Most equipment has been shipped or planned ship dates have been identified. Equipment shipped is being asset tagged by the vendor. CPHCS staff will need to travel to the data center soon to verify equipment receipt so that the vendors may be paid. Given travel restrictions, we will need a management decision as to how to accomplish the inventory verification. Temporary cages are being built at the data center for CDR and Dictation and Transcription to support application development and testing prior to production roll out.

Project Name: Health Care Network
Project Executive: Jamie Mangrum
Project Sponsor: Liana Bailey-Crimmins
Project Manager: Evan Nordstrom-Victor Krause

E-Mail:	evan.nordstrom@cdcr.ca.gov		
Phone	916-764-4850	Proj. ID:	PRJ010
Start Date:	09/05/2007	Estimated Finish Date:	12/31/2009

Solution Vision:

Build a dedicated high-speed data network for CPHCS.

Project Description:

Design, build, install and maintain a dedicated high-speed data network for 33 institutions and CPHCS HQ.

Organization Impact:

This project will have a major impact on CPHCS and CDCR. A dedicated Health Care Network will allow the delivery of applications and electronic communication between all 33 institutions and CPHCS HQ. Having this ability will prove invaluable to the organization.

Project Purpose:

To enable health care workers the ability to utilize current and future technology to improve healthcare delivery to the patients.

Strategic Plan Objectives:

Primary Goal: Timely access to health care

Objective: A complete, working data network

Actions: Installation of a data network

Major Milestones

Milestones	Planned	Actual
Institution WAN site surveys	12/21/07	01/03/08
Develop detailed design	02/01/08	02/01/08
Install WAN data circuits into each institution	04/30/08	31 institutions complete
Install 'Phase I' LAN equip. into each institution	02/01/09	33 institutions complete
Install 'Phase II' LAN equip. into each institution	12/18/09	6 institutions complete
Test and configure Phase II LAN	03/01/10	
Final Test of each Network	03/15/10	
Project Closure (33 institutions + HQ 501J tested and completed)	03/31/10	

Key Work Products:

1. Detailed design Site Survey Reports
2. Detailed design Site LAN documents
3. Detailed design Wireless LAN documents
4. Construction Statements of Work
5. Bill of Materials PO
6. 'Final Test Complete' Documents

Dependencies:

1. CDCR to install Single Mode Fiber at all 33 institutions.
2. CDCR facilities to increase electrical and cooling capacities to support additional power requirements.
3. Collaborate with CDCR Facilities and Assoc. Business Wardens (ABW), to secure adequate floor space for CPHCS equipment.
4. Coordinate with ABW's to schedule construction activities within their institutions.

Constraints:

- 1.

Risks:

1. Space availability within institutions for additional network hardware.
2. Available facilities (electrical power and cooling) within institutions for additional network hardware
3. The ability to install high-speed data circuits into remote institution locations.
4. Vendor capabilities.
5. Scope Creep caused by 'late' additions from other projects.
6. Out-of-Scope additions to cover orphaned or currently unassigned issues.

Project Team:

The Health Care Network project team is comprised of two (2) Program Managers, monitoring, controlling, and assisting the activities of several vendors and CDCR staff.

Specific Performance Measures:

1. Data Circuit installation intervals
2. Site prep. intervals (space and power)
3. Phase I install/completion progress
4. Phase II install/completion progress
5. Phase III install/completion progress
6. Final Test of completed Network from each prison to the Data Center

Additional Information (Optional):

AS of January 15, 2009, 33 institutions + HQ (501 J st.) have had Phase I implemented.

Phase I was the installation of major hardware into the TELCO rooms of each institution and increasing the power and cooling required to support the added equipment.

Phase II is complete at four institutions and in progress at four others, with eight additional locations scheduled.

Phase II consists of installing Switch racks, Wireless Access Points, Uninterruptable Power Supplies and LAN drops inside of numerous buildings within each institution. Each institution will require an average of over 800 LAN drops (computer outlets in the wall), spread amongst the buildings, with the majority going into the clinics.

Phase III is on track to start Feb. 23, 2009 at the first two pilot locations, the remaining two pilots to start two weeks later. Additional Phase III rollouts to commence at follow on institutions after the four pilots are finished.

Phase III will consist of testing and validating the HealthCare Network, "as it exists within each institution". Pilot Sites of LAC, VPW, CCW, and SQ, are a priority. Connection between the Data Center and the four pilots will be tested as well.

A new requirement of identifying available power within range of the LAN outlets has been added. Talks with VANIR were productive, as VANIR is tasked with construction activities at all 33 institutions and power assessments are a part of the first steps.

Synopsis:

At the end of the HealthCare Network Project, (estimated to be on/before March 31, 2010), each institution will have a complete and functional high-speed data system connected to the Data Center.

Executive Project Data Sheet**As of: February 15, 2009****Project Name: Laboratory Services Management****Project Executive: Terry Hill, M.D.****Project Sponsor: Bonnie Noble****Project Manager: Steve Ruhnau**

E-Mail:	steve.ruhnau@cdcr.ca.gov		
Phone	916-956-7514	Proj ID:	PRJ008
Start Date:	8/1/2007	Est. Finish:	6/30/2011

Solution Vision:

The project vision is to reduce inefficiency and improve timeliness of medical care for CDCR inmate-patients, by creating and implementing a statewide strategy to improve operations for clinical laboratory services. This redesign of lab services will improve business processes to better enable eventual integration of other healthcare system improvements as they come on-line, including overhauls of information technology and HIM. Long term improvements will require the infrastructure to support an enterprise Laboratory Information System (LIS) and clinical data repository needs.

Project Description:

Following and Assessment Stage the project is entering a Remediation Stage where the project will procure a professional laboratory management firm to stabilize lab services and implement "Phase 1" recommendations from the Navigant Assessment Report of April 2008. This effort will also support CPHCS decisions towards a long term laboratory services solution strategy.

Organization Impact:

Seventy percent of medical decisions are supported by lab results. Consequently, stabilizing and improving lab performance and results will have a substantial positive impact on medical decisions across the CDCR health care enterprise. These improvements will have significant impacts on staff that produce, manage, and use lab results.

Project Purpose:

To improve health care to patients through more effective laboratory services including more timely and accurate results.

Strategic Plan Objectives:

Primary Goal: 5. Establish Medical Support Infrastructure
Objective: 5.3 Estab. Effective Radiology & Lab Services
Actions: 5.3.1 Establish Strategy for Improvements

Major Milestones:

Milestones	Planned	Actual
Complete Lab Assessment	4/7/2008	4/7/2008
Hire Lab Srvcs Proj Mgr	2/2/2009	2/2/2009
Release RFP for Lab Remed.	3/18/2009	
Lab Remed. Contract Start	6/29/2009	
Lab Remed. Phase 1 Done	6/30/2011	

Key Work Products:

1. Establish Core Leadership Team for Lab Services
2. Establish Exec Steering Committee for Lab Services
3. RFP prepared and ready to distribute to Bidders for Lab Services Remediation
4. Remediation Vendor Selection Recommendation
5. Completed Remediation Vendor Contract
6. Remediation Roadmap Milestones to be established by selected Remediation Vendor

Dependencies:

- Establishment of Core Leadership Team
- Integration with HIM project
- Integration with Clinical Data Repository project
- Coordination with 10k Bed project (lab support)

Constraints:

- Timely approval of RFP components

Risks:

- *Limited Vendor Interest* – existing service providers (Navigant and NMG) may inhibit RFP response participation from other vendors.
- *Short Proposal Period* – proposal preparation periods are short for vendors because a contract must be in place before next fiscal year, where contract start dates are subject to uncertain budget approval dates.

Project Team:

Project Manager - Steve Ruhnau

Core Leadership Team – Bonnie Noble, Jamie Mangrum, Justin Graham, Nadim Khoury, Jim Lett, Denny Sallade, Glen Moy, Dwight Winslow

Specific Performance Measures:

1. Achieve Planned Milestone Dates listed above

Project Name: Mental Health Tracking System (MHTS) Upgrade

Project Executive: Mr John Hagar

Project Sponsor: Dr Marion Chiurazzi and Mr Jamie Mangrum

Project Manager: Carl Block

E-Mail:	carl.block@cdcr.ca.gov		
Phone	916-708-0644	Proj ID:	PRJ039
Start Date:	10/28/08	Est Finish Date:	7/31/09

Solution Vision:

Upgrade the current Mental Health Tracking System (MHTS) to provide improved application stability and multi-user access, plus improved data consistency and real-time reporting.

Project Description:

Complete an upgrade of the Mental Health Tracking System application replacing 32 separate Access databases with a web application and a single centralized database.

Organization Impact:

Streamlined centralized reporting of Mental Health information.

Drastically reduced retyping of mental health records when a patient-inmate transfers to a new institution.

Reduce data corruption from copying current 32 databases

Centralize maintenance of MHTS

Project Purpose:

Upgrade MHTS application to improved technologies to provide central database for future integration with Health Care Scheduling System.

Strategic Plan Objectives:

Primary Goal: 5 Medical Support Infrastructure

Objective: 5.4 Establish Clinical Information Systems

Actions: N/A

Major Milestones

Milestones	Planned	Actual
Project Charter Approved	11/21/08	11/18/08
Requirements Approved	12/19/08	12/24/08
Design Complete	3/13/09	
Development Complete	5/22/09	
System Test Complete	6/3/09	
User Test Complete	7/8/09	
Training Complete	7/13/09	
Deployment Complete	7/31/09	

Key Work Products:

1. Web forms that replicate legacy MHTS functions
2. Database Consolidation
3. User and System Administrator Training

Dependencies:

1. Network Project
2. Data Center Project
3. Maxor Pharmacy Project
4. Clinical Data Repository

Constraints:

1. Development contract ends 30 Jun 2009 and needs to be extended to 31 July 2009

Risks:

1. Possible scope increase due to vast number of previously un-met user requirements
2. Source data quality (MHTS-Legacy, DDPS, and Keyhea data)
3. Training - 22 of the institutions do not use the latest version of MHTS-Legacy
4. Sufficient internet connectivity at institutions
5. Short time for deployment

Project Team:

Mr Carl Block - Project Manager

Dr David Leidner - Mental Health

Mr Mike Morrison - Mental Health

MGT of America - Technical Implementers

Mr Andy Hall - IT Manager

Ms Tuong-Nga Nguyen - IT Staff Programmer

Ms Bernadette Serrano - IT Operations

Specific Performance Measures:

1. Operational central database
2. 32 MHTS-Legacy databases converted
3. At least 1 user trained at each institution

Additional Information (Optional):

1. California Medical Facility (CMF) uses FileMaker-Pro instead of MHTS. CMF's database is outside the scope of this project.
2. Several institutions have created extra databases that depend on MHTS. Upgrade of these applications is out of scope.

As of 2/14/09, the MHTS Upgrade project is in the design phase. Requirements were approved 1/24/09. The preliminary design review was held on 1/16/09. The first of two phases of database consolidation is complete. User Interface design focus group meetings have been held 1/30/09 and 2/11/09. The critical design review is scheduled for 2/24/09.

Project Name: Telemedicine
Project Executive: Bonnie Nobel
Project Sponsors: Linda McKenny
 Dr. Justin Graham
Project Manager: Delane Roberts

E-Mail:	delane.roberts@cdcr.ca.gov		
Phone	916-956-7638	Proj ID:	Tbd
Start Date:	2/1/09	Est Finish Date:	2/1/10

Solution Vision:
 Expand and improve telemedicine capabilities.

Project Description:
 This is an initial project of the telemedicine program. The scope has not yet been determined. Tentatively, this project will identify and implement solutions that benefit to the program in the short term, the short term being about six months.

Organization Impact:
 Tbd

Project Purpose:
 Tbd

Strategic Plan Objectives:
Primary Goal: 5 Establish Medical Support Infrastructure
Objective: 5.5 Expand and Improve Telemedicine Capabilities
Actions: N/A

Major Milestones

Milestones	Planned	Actual
Project Charter Approved	tbd	
Requirements Approved	tbd	
Design Complete	tbd	
Development Complete	tbd	
System Test Complete	tbd	
User Test Complete	tbd	
Training Complete	tbd	
Deployment Complete	tbd	

Key Work Products:

Tbd

Dependencies:

Tbd

Constraints:

Tbd

Risks:

Tbd

Project Team:

Delane Roberts - Project Manager

Other members tbd

Specific Performance Measures:

Tbd

Additional Information (Optional):

The Telemedicine Provider On-Boarding project is also part of the Telemedicine program, and is just being completed.

Project Name: Voice Over Internet Protocol (VoIP) and Unified Messaging

Project Executive: Jamie Mangrum

Project Sponsor: Jamie Mangrum, Liana Bailey-Crimmins

Project Manager: Doug Williams

E-Mail:	Doug.Williams@cdcr@ca.gov		
Phone	916.956.8120	Proj ID:	PRJ068
Start Date:	11/3/08	Est Finish Date:	6/2010

Solution Vision:

Migration of existing CPHCS staff within CDCR to the new VoIP network infrastructure and support for new CPHCS staff, connectivity to VoIP network.

Project Description:

CPHCS is implementing a new medical-grade data center to support the CPHCS network infrastructure consisting of Headquarters and thirty-three (33) adult institutions. The VoIP Project will migrate existing CPHCS staff to the new VoIP network infrastructure and provide support for new CPHCS staff.

Organization Impact:

Impacts all existing CPHCS staff and affected portions of CDCR. During the migration, CPHCS staff will continue to use the CDCR legacy voice network until they are migrated “cutover” to the new VoIP platform.

Project Purpose:

The VoIP Project is a downstream component of the initiative to implement a new medical-grade data center for existing and future CPHCS, staff, hardware, and applications.

Strategic Plan Objectives:

Primary Goal: 5. Medical Support Infrastructure

Major Milestones

Milestones	Planned	Actual
Project Charter approved	Feb 09	
SOW completed and approved	March 09	

Major Milestones Continued:

Milestones	Planned	Actual
VoIP design and project plan	March 09	
Begin VoIP deployment	June 09	

Key Work Products:

1. Project Charter
2. VoIP SOW
3. VoIP design documents
4. VoIP project plan
5. VoIP deployment plan and schedule

Dependencies:

1. Senior Management decision on Global VoIP dependency issues.
2. Torrance Data Center up and running
3. Healthcare IT network deployed to all sites

Constraints:

1. 100% of CPHCS network locations migrated successfully.
2. No loss of critical connectivity between CPHCS and CDCR systems at institutions.

Risks:

1. Lack of participation and allocation of CDCR EIS staff and/or lack of cooperation from Institutional management could result in failure to meet desired project deployment schedule
2. Failure to develop acceptable VoIP solution to CDCR institutional requirements could result in failure to meet VoIP Project Scope and deployment schedule.

Project Team:

The core VoIP Project team is comprised of CPHCS executives, managers, and technical support staff; project management consultant and technical advisor (subject matter expert). Experts from CDCR, EIS and other areas supplement the core team as needed.

Specific Performance Measures:

1. 100% of CPHCS network locations migrated successfully.
2. No loss of critical connectivity between CPHCS and CDCR systems at institutions.

Additional Information:

The Voice Over Internet Protocol (VoIP) and Unified Messaging Project is a downstream component of the initiative to implement a new medical-grade data center and IT network for existing and future CPHCS, staff, hardware, and applications.

Often referred to as “VoIP” the Voice Over Internet Protocol (VoIP) and Unified Messaging Project is in the Initiation Phase and currently concerned with developing project SOW and identifying start-up activities and dependencies. The Project Charter will be crafted for review in January. The Project Plan, Deployment Plan and Schedule will be developed in a cascade fashion once the SOW is approved.



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 6

Clinical, Administrative & Housing

10K Bed HR
10K Bed-Administrative-Support-Facilities (ASF Team)
10K Bed IT Activation Project
CPHCS HQ Consolidation
Site Activation - 33 Institutions

Project Name: 10K Bed – HR Staffing (ASF)
Project Executive: John Hagar
Project Sponsor: Steve Cambra
Project Lead: Karen Coffee
Project Manager: Chris Salmon

E-Mail:	Chris.salmon@cdcr.ca.gov		
Phone	916-708-8848	Proj ID:	PRJ0??
Start Date:	November 2008	Est Finish Date:	March 2009

Solution Vision:

Hire 14,000 staff for seven CPHCS 10,000 Bed facilities.

Project Description:

Establish a staffing model for the 10,000 bed project. The Staffing model includes organization charts and counts of staff in each facility.

Organization Impact:

1. Budget planning information.
2. Workforce development planning information.
3. Staffed facilities

Project Purpose:

Provide organizational staffing model to allow activation of 10,000 Beds.

Strategic Plan Objectives:

Primary Goal:

Objective: Manage and Report on the activation tasks

Actions: Plan, Monitor and Report

Major Milestones

Milestones	Planned	Actual
Complete “Staffing Level” Coordination for Master Schedule	03/01/09	
Complete Preliminary Staffing Review	03/01/09	

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Key Work Products:

1. Action Plan/Schedule for the completion of work products.
2. Action Item Tracking Tool.
3. Risk and Issues Tracking Tool.

Dependencies:

1. Leadership Decisions.
2. Staffing/Resource.

Constraints:

1. Aggressive schedule/timeframes

Risks:

1. Scope is in question with CPHCS.

Project Team:

Sponsor: Steve Cambra
 Team Lead: Dave Runnels
 Assistant Team Lead: Lisa Heintz
 Project Manager: Mitch Vaden
 Owner Rep.: Michael Bean
 Owner Rep.: Tom Felker
 HR Lead: Karen Coffee
 Procurement Lead: Susan Lew
 IT Lead: David Noronha

Specific Performance Measures:

1. Milestones, activities and task deliverables:
 - Facility Design,
 - Staffing Plan.

Current Lifecycle Status:

The Administrative Support Services and Facilities project is currently in the Planning phase of the project lifecycle. We are on schedule to complete the milestones specified above. Tasks and deliverables completed to date include:

- Documented ASF Team Charter
- Identified potential design impact areas-assigned team leaders
- Completed mandatory review of FPS Version 2
- Assessed and identified FPS areas with design/space/operational impact
- Assigned/obtained resources to address all impact areas.
- Developed/submitted Whitepapers to Leadership for review/decision
- Documented all Leadership recommendations and communicated to IPD
- Completed red line comparison of FPS Version 2 and 3
- Completed November action plans for remaining 90-day deliverables

In addition, the ASF Team has assessed and identified Facility Program Statement (FPS) areas with design, space or operational impacts, and submitted recommendation white papers to leadership for decision. The team has received decisions on the following facility design areas:

- Plant Maintenance
- Mails Services
- Food Service
- Fire Protection
- Security Perimeter
- Entrance Building
- Administration Building
- Visiting Room Location
- Central Control Location
- Fleet Management

Project Name: 10K Bed – Administrative Support Facilities (ASF)
Project Executive: John Hagar
Project Sponsor: Steve Cambra
Project Lead: David Runnels
Project Manager: Mitch Vaden

E-Mail:	mitch.vaden@cdcr.ca.gov		
Phone	916-764-4485	Proj ID:	PRJ078
Start Date:	November 2008	Est Finish Date:	March 2009

Solution Vision:

Activate seven Prison Health Care Facilities (10,000 Beds), in support of Goal # 6 of the Receiver’s Turn Around Plan of Action.
Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Project Description:

Develop a Service Delivery Program Model and identify the Organizational and Staffing Design necessary to support seven new California Prison Health Care facilities. Work closely with the Joint Venture Integrated Project Delivery (JV-IPD) Teams to develop a facility design that will support the mission of the California Prison Health Care Receivership.

Organization Impact:

1. Defined Facility Design.
2. Defined Facility Staffing Plan.
3. Provide information needed by the JV-IPD Teams to complete the facility design.

Project Purpose:

Provide Service Delivery Program Model and Organizational staffing Model to allow activation of 10,000 Beds in seven facilities on time, within budget and scope.

Strategic Plan Objectives:

Primary Goal: 6: Clinical, Administrative Housing
Objective: Manage and Report on the activation tasks
Actions: Plan, Monitor and Report

Major Milestones

Milestones	Planned	Actual
Complete “Staffing Level” Coordination for Master Schedule	12/12/08	12/12/08
Complete Preliminary Staffing Review	12/15/08	12/15/08

Complete Preliminary Analysis and Receive Decision on:	12/19/08	12/19/08
Evaluate Procurement Strategic Plan	12/31/08	12/24/08
Complete Warehouse Design Review	12/31/08	12/24/08
Complete Food Service Process	12/31/08	12/24/08
Complete Final Prototypical Facility Staffing Plan	03/13/09	
90-Day Project Closure	03/27/09	

Key Work Products:

1. Action Plan/Schedule for the completion of work products.
2. Action Item Tracking Tool.
3. Risk and Issues Tracking Tool.

Dependencies:

1. Completion of TVD/EVD processes.
2. Staffing/Resource.

Constraints:

1. Aggressive schedule/timeframes

Risks:

1. Lack of agreement on Staffing Model Deliverable components.

Project Team:

Sponsor:	Steve Cambra
Team Lead:	Dave Runnels
Assistant Team Lead:	Lisa Heintz
Project Manager:	Mitch Vaden
Owner Rep.:	Michael Bean
Owner Rep.:	Tom Felker
HR Lead:	Karen Coffee
Procurement Lead:	Susan Lew
IT Lead:	David Noronha

Specific Performance Measures:

1. Milestones, activities and task deliverables:
 - Facility Design,
 - Staffing Plan.

Current Lifecycle Status:

The Administrative Support Services and Facilities project is currently in the Planning phase of the project lifecycle. We are on schedule to complete the milestones specified above. Tasks and deliverables completed to date include:

- Documented ASF Team Charter
- Identified potential design impact areas-assigned team leaders
- Completed mandatory review of FPS Version 2
- Assessed and identified FPS areas with design/space/operational impact
- Assigned/obtained resources to address all impact areas.
- Developed/submitted Whitepapers to Leadership for review/decision
- Documented all Leadership recommendations and communicated to IPD
- Completed red line comparison of FPS Version 2 and 3
- Completed November action plans for remaining 90-day deliverables

In addition, the ASF Team has assessed and identified Facility Program Statement (FPS) areas with design, space or operational impacts, and submitted recommendation white papers to leadership for decision. The team has received decisions on the following facility design areas:

- Plant Maintenance
- Mails Services
- Food Service
- Fire Protection
- Security Perimeter
- Entrance Building
- Administration Building
- Visiting Room Location
- Central Control Location
- Fleet Management

In the first quarter 2009, ASF team members were embedded with and provided support for the Target-Value Design (TVD) and Extreme-Value Design (EVD) teams working on the 10,000 Bed project. They were very instrumental in the effort to generate and evaluate the 8 Big Ideas that resulted from the TVD processes. They provided subject matter expertise and administrative support in the analysis and cost-cutting activities performed by the TVD/EVD teams.

Executive Project Data Sheet**Project ID: 10K Bed IT project:** PRJ064**Project Executive:** Jamie Mangrum**Project Sponsor:** David Noronha**Project Manager:** Fred Eichstaedt

E-Mail:	Fred.Eichstaedt@cdcr.ca.gov		
Phone	(916) 764-4749	Proj ID:	PRJ064
Start Date:	Jan. 2009	Est Finish Date:	2013

Solution Vision:

The 10K bed program is designing, building and activating seven hospital facilities that will house 10,000 patient inmates in support of Goal # 6 of the Receiver's Turn Around Plan of Action. The 10K Bed IT Activation Project, together with other 10K bed partners and stakeholders is developing an IT program that will support all the IT application, infrastructure and operational needs of the seven hospitals.

Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Project Description:

Definition, management and reporting on the tasks, activities and projects for the IT activation of 10,000 beds. Gather requirements from all end users of the new facilities ensuring fitness for use and within planned budgets. Perform gap analyses and when needed supplement the project with sub-projects providing a complete and successful implementation of the hospital IT systems.

Strategic Plan Objectives:Primary Goal: 6: Clinical, Administrative HousingObjective: Manage and Report on the activation tasksActions: Plan, Monitor and Report**Major Milestones**

Milestones	Planned
Project requirements gathering	Mar. 2009
Selection of Vendor / Applications	Jun. 2009
Establish Project Schedule and develop project management plans	Mar. 2009
Develop detailed project schedule.	Mar. 2009
Activation of the First Facility	Feb. 2011
Activation of the Second Facility	Apr. 2011
Activation of the Third Facility	Jul. 2011
Activation of the Fourth Facility	Jan. 2012
Activation of the Fifth Facility	Jun. 2012
Conduct Learning Sessions	

As of: February 15, 2009**Key Project Work Products**

1. Fully documented list of IT requirements for the seven new facilities

Dependencies/Constraints

1. Project budgeting timetables.
2. Aggressive schedule and timeframes
3. Staffing and Resource availability.

Risks:

1. Funding
2. Needs of the facilities over or under the needs of Receivers "Turn Around Plan of Action"
3. Scope / Focus

Project Core Team Members

Team Members	Role
Jamie Mangrum	Executive Sponsor
David Noronha	Program Development
Dennis Hirning	Program Development
Fred Eichstaedt	Project Manager
Dave Winters	Infrastructure Lead
William Roush	Records Coordinator
Staff ISA	Application Lead
Bonnie Noble	Medical & Ancillary Services
Amy Rassen	Nursing / Medical / LTC
Dave Runnels	Security and Transportation
Lisa Heintz	Security and Transportation
Wendy Stills	Recidivism Rehab.
Paul Carlisle	Physical Rehab.
Michael Barks	Dental

Specific Performance Measures:

1. Project in compliance with Goal # 6 of the Receiver's Turn around Plan of Action.

Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Additional Information (Optional):

This project is unique from the others; most of the IT requirements for the seven new hospitals are being met with projects currently in progress in the 33 institutions. However as the meetings currently in process with our 10K bed champions bear fruit; we may see gaps between what is installed in the existing institutions and what is needed in the new hospitals. We may need to deploy new projects, modify existing projects, or modify customer expectations. This project is currently in very early stages of the Initiation life cycle. The following activities are currently in progress;

- New employee orientation, peer networking, team kickoff and development.
- Project realization and objective creation.
- Project requirement gathering
- Updating project applications and prison end user expectation matrix, defining gaps, customers, and project owners.
- Project definition
- Schedule development
- Identified the need for a “Case Management” project
- May need to create projects to support the following;
 1. Case Management
 2. Law Library
 3. Food Menu
 4. E-Learning
 5. Visitor Scheduling
 6. Mail system
 7. Trust Balance Account
 8. 10K Bed support for Claims Processing
 9. 10K Bed support for Chart Tracking
 10. 10K Bed support for Telemedicine
 11. 10K Bed support for HCSS
 12. 10K Bed support for Clinical Laboratory
 13. 10K Bed support for Pharmacy System
 14. 10K Bed support for Radiology PACS
 15. 10K Bed support for Document Management
 16. 10K Bed support for Dictation and Transcription
 17. 10K Bed support for BIS
 18. 10K Bed support for SOMS
 19. 10K Bed support for Clinical Data Repository

Project Name: Headquarters Consolidation Project
Project Executive: John Hagar
Project Sponsor: Glenn Welker
Project Manager: Diane O'Connor

E-Mail:	Diane.O'Connor@cdcr.ca.gov		
Phone	445-1101	Proj ID:	070
Start Date:	November 17, 2008	Est Finish Date:	2012

Solution Vision:

Relocate HCS Headquarters staff to a single building location or campus environment

Project Description:

Plan and consolidate Headquarters HCS program staff from current multiple real estate locations to a single building or campus office environment enabling Headquarters program collaboration, cost control and unified management of HCS.

Organization Impact:

This project will have a major impact on all Headquarters Program staff in that they will be able to better collaborate, meet, organize and manage HCS from a single location. The solution will provide a single point of presence for the HCS HQ Program infrastructure and administration. The single presence will allow HCS Management to function as a unified organization utilizing consolidated infrastructure and resources to better manage HCS in the future.

Project Purpose:

To provide a single presence for HCS HQ Management in the Sacramento region.

Strategic Plan Objectives:

Primary Goal: 6: Clinical, Administrative Housing

Objective: 6.1: Upgrade Program

Actions: 6: Clinical, Administrative Housing

Major Milestones

Milestones	Planned	Actual
Project Kick Off	12/8/08	12/8/08
Phase I		
Project Data Sheet	12/08/08	12/08/08
Project Charter (draft)	12/31/08	12/31/08
Project Charter submitted to Steering Committee	TBD	
Project Charter approved	TBD	
Analysis PDS to all HQ programs for staff projections, supporting documentation and signature	2/2/2009 due 2/13/09	
Phase II: Initiation	TBD	

Key Work Products:

1. Deliverable I: PDS
2. Deliverable II: Project Charter for Approval.
3. Deliverable III: Consolidated Program staff data to include supporting documents.

Dependencies:

1. Executive Level approval of project Charter.
2. Funding for leased space, build to suit or lease to own.

Constraints:

1. Search for space will be based on staffing projections for current FY 08/09 funded/ approved positions and projected future positions with supporting backup and program/division level management approval through FY 2013.
2. Confidentiality during project request phase does not allow for obtaining actual real estate availability.
3. Project site is constrained to specific location (Downtown Sacramento or within 15 miles of Downtown Sacramento) unless otherwise stated by Executive Level Management

Risks:

1. Lack of approved funding
2. Charter not approved for any reason
3. Cost will be estimated at high level until project charter is approved and is made public via the request for space (form 9, form10) to Department of General Services.

Project Team:

The Headquarters Relocation core project team is comprised of approximately 5 team members that include representative staff from HCS Business Operations.

Specific Performance Measures:

1. Acceptance of documentation
2. Approval of Charter

Additional Information (Optional):

The following assumptions have been made and may be changed/corrected by Executive Management:

1. HQ Consolidation project to complete 2011-2013 (TBD)
2. Location to be downtown Sacramento or

Roll up program data packets and present staff projection, supporting documentation and square footage required to John Hagar for checkpoint/approval	2/20/09	
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2/20/09

The Headquarters Consolidation Project is in the Request Phase as of 12/31/2008.

- within 15 miles of downtown
- 3. A check point will be held within Phase II with steering committee to determine moving forward before requesting real estate search via Department of General Services. (DGS will make search public)
- 4. An estimated price per square foot will be provided within the Project Charter for feasibility purposes before making project public via Department of General Services. The estimates will be the current average lease rates per square foot for office space located: Downtown Sacramento, Natomas, West Sacramento, Rancho Cordova and Elk Grove (unless specifically requested from Executive level Management)
- 5. Headcount estimate data through FY 2013 will be provided via current funded positions and supporting data for projected positions. This data will be approved by program managers and division directors.
- 6. Formula used to determine space size will be determined by the State Standards (SAM Guide)

Project Name: Site Activations, 33 Existing
Project Executive: John Hagar
Project Sponsor: Richard Kirkland
Project Manager: Stephen M. Haag

E-Mail:	Stephen.haag@cdcr.ca.gov		
Phone	(916) 323-4226	Proj ID:	
Start Date:	November 2008	Est Finish Date:	January 2012

Solution Vision:

Ensure a safe, predictable, effective transition from construction activities to health care delivery operations at each of CDCR’s 33 existing adult institutions.

Project Description:

Activation planning is the process of defining, developing and executing activities associated with opening, moving into and initiating health care delivery at the new or renovated health care facilities.

Organization Impact:

Major impact on institutional personnel due to the level of planning and detail necessary to ensure a safe, predictable, effective transition to occupancy and health care delivery operations.

Project Purpose:

Develop detailed site specific activation plans for occupancy and transition to health care delivery operations at each of CDCR’s 33 institution locations.

Strategic Plan Objectives:

Primary Goal: 6. Provide for Necessary Clinical, Administrative and Housing Facilities.
Objective: 6.1 Upgrade administrative and clinical facilities at each of CDCR’s 33 Institution locations to provide patient-inmates with appropriate access to care. Objective: 6.3 Complete Construction at San Quentin State Institution.
Actions: Plan, Monitor, and Report on the development of activation plans at each of CDCR’s 33 Institution locations.

Major Milestones

Milestones	Planned	Actual
Complete San Quentin Activation	12/01/2009	
Complete Avenal, Mule Creek, and 8 other sites TBD.	12/31/2010	
Complete balance of sites TBD	12/31/2011	

Key Work Products:

1. Activation plan for each of CDCR’s 33 existing locations.
2. Schedule of activations for each of CDCR’s existing locations.
3. Schedule and Milestone Management

Dependencies:

1. Assessments and planning activities for program and construction is completed.
2. Availability of dedicated activation staff at project sites.
Construction activities remain on schedule.

Constraints:

1. Continued project funding

Risks:

1. Not enforcing the transition from design and construction to activation/health care delivery at the new facility.
2. Eighteen to twenty-four month lead times are the norm. We have substantially less time/site.
3. Availability of dedicated staff at the project sites.
4. Resource requirements are not yet fully identified.

Project Team:

The core project team is comprised of:

Richard Kirkland – Project Sponsor
 Lorretta Fine – Deputy Director of Activation Planning
 Stephen Haag – Project Manager

Executives, managers, technical support staff, and other site specific contributors support the core team and required.

Specific Performance Measures:

1. On-time transition to operations at each of CDCR’s 33 existing adult institutions.
2. Successful mitigation of risks.

Additional Information (Optional):

1. An ancillary goal is to boilerplate the task lists and activation plans as much as possible early in the site selections to reduce the impacts and refine the processes moving toward completion of 33 sites.

As of February 15, 2009:

Spaces and Equipment for the new CHSB are under review. Approximately 700 spaces have been identified for review categorized into Medical, Dental, Mental Health, Custody, and Administration. To date approximately 200 items of equipment are in the review process. Activity is brisk and urgent on the SQ project with an anticipated occupancy date for the end of this year. A draft copy of the equipment review process is under consideration among the leadership team. Once adopted, this review process will be utilized to formulate a "Standardized Equipment Catalog" for use in equipment planning and acquisition for the additional institutions. Details of a communications plan, roles and responsibilities, Processes, and Reporting Structure are currently being formulated among the Constructor (Hensel Phelps), The Institution (SQ), the Construction Management Firm (Vanir) and CPR Headquarters. The project charter is under review with the Activation Leadership Team.

As of January 15, 2009:

Key activation contributors have been identified at SQ. Spaces, Equipment, Staffing, Initial supply components, reviewed and assembled into an activation check list. Assessments and preplanning efforts have been completed on four additional sites (Avenal, Mule Creek, CA Training Center, and CA Rehabilitation Center).

As of December 15, 2008

This project is in the very beginning of the initiation lifecycle stage. The Associate Director of Activation Planning has been brought on board. Construction is in progress at San Quentin and initial contacts have been made with local representatives at the site. The outer building envelope is nearly weather tight. Construction is estimated to be complete by the end of 2009. Initial requirements planning and project tracking for the creation of the SQ activation plan are in development at the very beginning stages.

APPENDIX 21



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 1

Ensure Timely Access to Health Care Services

Access to Care: Chronic Disease Management
Access to Care: Utilization Management
Health Care Scheduling System (HCSS)
Nurse Staffing Assessment
Public Health
Dialysis Transition Program

Project Name: Access to Care, Chronic Disease Management Program (CDMP)

Project Executive: Dwight Winslow, MD

Project Sponsor: Thomas Bzoscik, MD

Project Manager: Corey Langdale

E-Mail:	Corey.Langdale@cdcr.ca.gov		
Phone	(916) 712-0580	Proj ID:	PRJ031
Start Date:	July 2008	Est Finish Date:	December 2009

Solution Vision:

Apply process improvement concepts and specifically Plan-Do-Study-Act (PDSA) cycles to improve the quality of care to the patient inmate population. Also move to a Chronic Disease Management and Primary Care model for the clinic visit.

Project Description:

- Pilot PDSA cycles and process improvement concepts to six (6) pilot sites for chronic disease management and then deploy statewide.
- Improve clinic efficiency by moving to the planned visit and primary care model

Organization Impact:

The Chronic Disease Management Program impacts all CDCR resources including facilities, human resources, and Information Technology.

Project Purpose:

Create a collaborative environment where custody and health care staff collectively guarantee access to care and improvements in morbidity and mortality which will meet constitutional standards of care.

Strategic Plan Objectives:

- Primary Goal: 1:Timely Access to Care
- Objective: **1.2: Staffing & Processes for Health Care Access**
- Actions: Fully Implement Health Care Access Teams

Major Milestones

Milestones	Planned	Actual
Selection of Vendor	Apr 08	Apr 08
Kick-Off of CDMP	Jul 08	Jul 08
Conduct Learning Sessions for pilot sites	Nov 08	Nov 08
Produce Change Package	Dec 08	Jan 09
Conduct Diabetes Learning Sessions for pilot sites	Jan, Mar, May 09	Jan, Mar Complete
Conduct Statewide Learning Sessions	Jan-Nov 09	Jan, Mar Complete
Conduct Regional Workshops	Feb-Dec 09	Feb Complete

Key Work Products:

1. Monthly leadership reports
2. Change Package
3. ACIC Survey reports

Dependencies/Constraints:

1. Centralized support for policy change
2. Devotion of adequate institution staff
3. Registry development and roll out
4. Training in rapid cycle qlty improvement
- 5.

Risks:

1. Lack of adequate institution resources.
2. Aggressive electronic registry roll out schedule.
3. Change management is challenging, difficult to measure and hard to sustain.

Project Team:

Annette Lambert, Team Lead
 Deborah Roberts, Nursing Consultant
 Darrin Dennis, Nursing Consultant
 Liana Lianov, MD, QI Chief Med. Officer
 Cathi Murdoch, Custody Administrator
 Vickie Bertucci, Custody Captain
 Kent Imai, MD, Physician Consultant
 Lori Weiselberg, HMA Consultant
 Lyndon Greco, Analyst Support
 Jennifer Smith, Clerical Staff

Specific Performance Measures:

1. By 12/30/2008, 80 percent or more of all pilot institution clinics will have an Assessment of Chronic Illness Care (ACIC) Chronic Disease Model grade of "B" or better.
2. By 03/31/2009, 80 percent or more of all pilot institution clinics will have an Assessment of Chronic Illness Care (ACIC) Chronic Disease Model grade of "B" or better.
3. By 03/31/2009, 95 percent or more of the daily point of care visits in pilot clinics will be entered in the state's Care Management Registry.
4. By 6/30/2009, 95 percent or more of the daily point of care visits in pilot institutions will be entered in the state's Care Management Registry.

Additional Information (Optional):

- 1.

Lifecycle: The project is in the implementation stage for statewide delivery of Asthma Learning Collaboratives through October 2009. The first two Learning Sessions have been completed, statewide policies have been delivered and all institutions are in the process of integrating the new primary care model. Regional Workshops kicked off with a modified internet based Web Ex session due to recent travel restrictions. The slimmed down version of the workshop completed in February and discussions continue on the most effective and cost efficient way to continue to run workshops through Dec-2009 to allow quality improvement advisors to integrate Asthma, Diabetes and HEP C pilot programs into the normal operations throughout all institutions.

Additionally, the six original pilot sites have completed a second learning session on Diabetes and will continue learning sessions through May-09 when the pilot program will end and all institutions will work in tandem to complete implementation of the Primary Care model and all chronic disease states.

software and train selected users throughout the state.		
Migrate Central Region institutions to the InterQual production server for data collection	Nov. 2008 – Jan. 2009	Jan. 8, 2009
Migrate Southern Region institutions to the InterQual production server for data collection	Feb. 2009 – March. 2009	March 6, 2009
Migrate Northern Region institutions to the InterQual production server for data collection	April 2009 – May 2009	
Monitor, evaluate, and support InterQual implementation	Jan. 2009 – Dec. 2009	
Establish pilot criteria and census data for Bed Access processes	Dec. 2008 – March. 2009	
Establish pilot sites to create and evaluate bed census process and data	Dec. 2008 – June 2009	
Implement bed access processes to remaining institutions	July 2009 – Aug. 2010	
Maintenance and Operations turnover	Sept. 2010 – Oct. 2010	
Project closure	Oct. 2010	

- criteria and approved, including all appeals
5. Number of 602s relating to Specialty Referral denials
 6. Number of appointments within:
 - 14 days (Urgent)
 - 90 days (Routine)
 7. Weekly backlog analysis for:
 - Urgent referrals
 - Routine referrals
 8. Number of Hospital aberrant days
 9. Average daily census of hospital beds
 10. MAR subcommittee meetings:
 - Minutes kept (Yes or No)
 - Weekly meetings (Yes or No)
 11. Daily rounds for institutional bed occupancy
 - % compliance
 12. Daily review community bed occupancy
 - % compliance

Lifecycle:

1. Project initiation phase complete
2. InterQual training for UM nurses complete
3. RFS project pilot site wrapping up (FSP – will be migrating to production on January 5, 2009)
4. Central Region institutions being prepped for InterQual migration to production server – January 5, 2009
5. InteQual Central Region data gathering relating to RFSs – Jan. – Feb, 2009.
6. Southern Region InterQual rollout – February – April, 2009
7. Northern Region InterQual rollout – May – July, 2009
8. Bed Access Central Region pilot project – start date Dec. 4, 2009

Project Name: Access to Care, Utilization Mgmt.
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, CIO, Dr. Ricki Barnett, Clinical Manager
Project Manager: Bob Johnson

E-Mail:	Bob.johnson@cder.ca.gov		
Phone	(916) 207-1043	Proj ID:	PRJ032
Start Date:	July 8, 2008	Est Finish Date:	October 31, 2010

Solution Vision:

To provide evidence based decision tools and interdisciplinary review processes to increase access to Specialty Care and reduce morbidity and mortality at the state’s institutions.

Project Description:

- To standardize medical necessity criteria for specialty care referrals using evidence based medical guidelines.
- To standardize medical necessity criteria for infirmary bed occupancy using consistent interdisciplinary concurrent review processes.

Organization Impact:

Access to Care – Utilization Management projects impacts all CDCR resources, current projects and respective portions of CDCR in one form or another.

Project Purpose:

To standardize medical necessity criteria for specialty care referrals using evidence based medial guidelines, and infirmary bed occupancy using consistent interdisciplinary concurrent review processes.

Strategic Plan Objectives:

Primary Goal: 2 Prison Medical Program Services

Objective:

- Improve Specialty Care and Hospitalization

Actions:

- By June 2009, establish standard utilization management and care management processes and policies applicable to referrals to specialty care and hospitals

Major Milestones

Milestones	Planned	Actual
Establish pilot site criteria and performance measures for Specialty Care processes	Aug. – Sept. 2008	Sept. 2008
Implement InterQual criteria based decision	Oct. – Dec. 2008	Dec 15, 2008

Key Work Products:

1. Weekly core project minutes
2. Weekly implementation team meeting minutes
3. Bi-weekly executive steering committee meeting minutes
4. Specific Access to Care – Utilization Management project reports
5. Specific Access to Care – Bed Access Management project reports

Dependencies:

1. Executive level support to ensure project success.
2. Adequate resources allocated throughout lifecycle of project.
3. Adequate funding through lifecycle of project
4. Adequate space provisions for working conditions
5. Local level support to ensure project success
6. Information system for referrals, scheduling, tracking and reporting

Risks:

1. Inadequate resource staffing could result in project not meeting projected end date
2. Slippage in other project schedules could impact Utilization Management project schedule and milestones
3. Inadequate hardware or incomplete network connections could impact project implementation schedule

Project Team:

Dr. Ricki Barnett, Clinical Manager
 Bob Johnson, Project Manager
 Rick Robinson, Team Lead
 Beatrice Dube, Nursing Consultant
 Angel Cardona, Nursing Consultant
 Mo Mock, Nursing Supervisor
 Gary White, Nursing Supervisor
 Nora Estillore, Nursing Supervisor
 Blake Lim, Analyst Support
 Genifer Espinoza, Clerical Support

Specific Performance Measures:

1. Total number of Request for Services (RFS)
2. Total number of RFS approved and denied after all appeals
3. Number of RFS meeting InterQual criteria and approved, including all appeals
4. Number of RFS not meeting InterQual

Project Name: Health Care Scheduling System (HCSS)

Project Executive: Elaine Bush

**Project Sponsors: Jamie Mangrum, Dr. Terry Hill,
Karen Rea**

Project Manager: Sara Davis

E-Mail:	sara.davis@cdcr.ca.gov		
Phone	(916) 214-6213	Proj. ID:	PRJ013
Start Date:	06/23/2008	Est. Finish Date:	01/06/2012 (33 institutions)

Solution Vision:

Implement an enterprise-wide approach to health care scheduling within the adult California Department of Corrections and Rehabilitation (CDCR) institutions.

Project Description:

The overall Health Care Scheduling System (HCSS) will schedule medical, dental, and mental health care appointments for offenders based upon mandated health care requirements, offender requests, referrals, medical orders, and on-going treatment plans.

Organization Impact:

This project will impact schedulers, medical/dental/mental health staff, external health care providers, custody, transportation, and offenders.

Project Purpose:

Avoid health care scheduling conflicts and missed appointments, allow for a consolidated view of an offender's schedule, comply with legally mandated timeframes and metrics, and optimize resources.

Strategic Plan Objectives:

Primary Goal: 1:Timely Access to Care

Objective: 1.3: Scheduling and Tracking System

Actions: 1.3.1: Strategic Offender Mgmt System

Major Milestones

Milestones	Planned	Actual
Release of RFI	10/2/08	10/2/08
Release of RFP	1/07/09	1/09/09
Responses Due from Vendors	2/23/09	2/23/09
Vendor Evaluation & Final Selection	7/06/09	Pending
Solution Ready for Rollout	6/30/10	Pending
Complete Rollout at 33 Institutions	1/6/2012	Pending

Key Work Products:

1. Request for Information (RFI)
2. Request for Proposal (RFP)
3. Vendor Evaluation & Recommendation
4. HCSS Solution & Documentation
5. Rollout Plan
6. Support Plan

Dependencies:

1. CDCR Strategic Offender Management System (SOMS) and Business Information System (BIS) projects
2. CPHCS Clinical Data Repository (CDR) project
3. CPHCS Network and Data Center projects

Constraints:

1. Time constraints of subject matter experts and core team members who may be on multiple projects

Major Risks:

1. Solution not commercially available from a single vendor that includes Health Care, Corrections, and Scheduling
2. Environmental risk of large number of offenders and large size of individual institutions plus frequent movement of offenders
3. Combining scheduling for both health care and custody requires achieving consensus on business rules
4. Solution rollouts for multiple solutions in the same timeframe may overwhelm staff at institutions
5. Organizational change management considerations

Project Team:

The team will consist of representatives from Medical, Mental Health, Dental, IT, Nursing, Administration, Human Resources, and the Project Manager. The core team will be supplemented by various subject matter experts. Gartner Consulting will be assisting the team during the RFP and Vendor Evaluation phases.

Specific Performance Measures:

Development of a health care scheduling solution which meets the requirements of our corrections environment

Additional Information (Optional):

We are in the Vendor Evaluation & Selection (Procurement) Phase.

Project Name: Nurse Staffing Assessment Team
Project Executive: B. Chang-Ha
Project Sponsor: J. Hagar
Project Manager: G. Robinson

E-Mail:	greg.robinson@cdcr.ca.gov		
Phone	916-956-2851	Proj ID:	
Start Date:	May 2008	Est Finish Date:	

Solution Vision:

Fiscal approval of budget for recommended nursing positions (classification mix and volume) to provide constitutional care to persons in custody.

Project Description:

There are two primary objectives:

1. Develop a methodology to equitably and adequately staff the facilities with a validated proper classification mix of nursing staff.
2. Extend recommendations to the Receivers office concerning actual levels required to adequately staff the facilities

Organization Impact:

Decrease in overtime and registry usage by properly enumerating and allocating the right classification mix and volume of nursing staff used in institutions, based on a sound methodology.

Project Purpose:

Provide models of nursing staff needs for all institutions according to future model of delivery of care.

Strategic Plan Objectives:

Primary Goal: To provide Finance and other stakeholder departments (e.g. CDCR Human Resources) with sound reasoning for proper recommendations of amounts and types of nurses required for institutions to deliver nursing care.
Objective: Create documentation to support end goals
Actions: Perform onsite assessments (data gathering) and offsite methodologies in support of the objectives.

Major Milestones

Milestones	Planned	Actual
Develop Methodology	June 2008	June 08
Develop Audit Tools	July 08	July 08
San Quentin Audit	July 08	Aug 08
San Quentin Report	Aug 08	Aug 08
SATF Audit	July 08	Sept 08

Key Work Products:

1. Nurse Staffing Assessment Methodology
2. Levels of Nursing Care based of acuity of Inmate Diseases and Conditions
3. Primary Care Model for the Delivery of Health Services
4. Facility Matrix

Dependencies:

1. Availabilities to RN to complete workload
2. Access to Care initiatives for related data gathering

Constraints:

1. Need for additional temporary (Registry) staff to perform best practice assessments under revised methodology

Major Risks:

1. Steering Committee lack of full engagement

Project Team:

Carmen Hobbs, RN, MSN (SRN II); Lilia Meyer, RN (NCRP), Ted Udseth, RN (SRN III), Wendy Carlsen, RN (SRN II); Suzanne Hermreck (SSA); Greg Robinson (PM)

Specific Performance Measures:

1. Project calendar
2. Written Reports
- 3.

Additional Information (Optional):

SATF Report	Sept 08	Sept 08
PBSP Audit	Oct 08	Oct 08
CIW Audit	Nov 08	Nov 08
Revise Methodology	Nov 08	Nov 08
Present Finding and Recommendations to John Hagar	Dec 08	Dec 08
SATF Medication Administration Pilot	Feb 09- July 09	In Progress
Inpatient, OHU Pilot	Aug 09 – Dec 09	Planned

Current Project Positioning Within Lifecycle

The project has entered the approved pilot implementation phase for the Medication Administration nursing function. The general methodology and piloting approach was approved in Dec 08 by the Chief of Staff and the project is in Green status. It is moving forward in conjunction with integrated efforts with the Medication Administration Process Improvement Project and the Access to Care initiatives.

Project Name: Public Health Unit
Project Executive: Dwight Winslow
Project Sponsor: Janet Mohle-Boetani
Project Manager: David Forbes

E-Mail:	David.Forbes@cdcr.ca.gov		
Phone	916-764-4703	Proj ID:	PRJ006
Start Date:	12-1-2008	Est Finish Date:	12-1-2010

Solution Vision:

To ensure that public health prevention and control services are standardized, and provided to all patient-inmates and CDCR staff in 33 adult correction institutions statewide. The expansion of public health policies and procedures into primary care will help make clinical operations more Proactive, Planned and Cost-effective.

Project Description:

Develop the people, processes and technology in support of a Public Health Unit. The project will include four (4) pilots as well as an institutional staffing assessment. Information Systems will be enhanced to capture Public Health data.

Organization Impact:

This project influences the clinical practice of all 33 adult correction institutions, and benefits both employees and inmates throughout CDCR. **Project Purpose:**

Project Purpose:

To ensure adequate public health prevention and control and reduce the likelihood of disease outbreaks and morbidity at all institutions.

Strategic Plan Objectives:

Primary Goal: **1:**Timely Access to Care

Objective: **1.2:**Staffing and Processes for Health Access

Actions: Develop people, policies and technology to enable public health care prevention and control

Major Milestones

Milestones	Planned	Actual
Needs Assessment and Design for Public Health Unit information systems	7-1-09	
Implement Public Health Pilots	8-30-09	
Evaluate Public Health Pilots	12-1-09	
Develop and Complete Action Plans	TBD	
Implement Public Health Surveillance Systems	5-1-10	

Key Work Products:

1. Pilot Evaluation and Action Plans for:
 - a. Public Health Nursing
 - b. Tuberculosis Alert Coordinator
 - c. Employee Public Health
 - d. Inmate Peer Education
2. Public Health Nurse Staffing Assessment and Workload Analyses
3. Public Health Unit Systems Analysis and Design
4. Action Plan for Pilots and Workload Analysis
5. Ongoing Tracking Processes and Systems for all sections in the Public Health Unit.

Dependencies:

1. All Pilot Action plans require completion of their respective Evaluation and Action Plans
2. Action Plans require the completion of pilots and Workload Analysis
3. Public Health Unit System Analysis and Design precedes development work

Constraints:

1. Public Health Unit expansion requires executive approval for staff acquisition

Risks:

1. Acceptance of public health policy and procedures may vary between institutions.
2. IT Infrastructure may not be adequate for broad adoption of required IT solutions.

Project Team:

1. Dave Forbes, Project Manager
2. Dr. Janet Mohle-Boetani, Project Sponsor, CMO
3. Nancy Snyder, Nurse Consultant Program Review

Specific Performance Measures:

1. Progress Against Schedule
2. Resolution of risks and issues
3. # of nurses trained in public health procedures and policies

Additional Information (Optional):

N/A

Where the Project is in the Lifecycle:

This project is now leaving the planning phase and entering the execution phase. As expected, project start-up documents are complete and most have been reviewed by the project sponsor.

This project will require the completion of four (4) public health pilots and integration of Public Health information system requirements. One of these pilots, Inmate Peer Education, has already begun; the pilot design is complete and is being submitted for broad review. The other 3 pilots are being designed currently and their respective design documents will be submitted for review shortly.

System design documents are already well underway; but will require more effort to consider input from the development teams and all 33 CDCR institutions.

Project Name: Dialysis Transition Program
Project Executive: Dr. Dwight Winslow
Project Sponsor: Dr. Nadim Khoury
Project Manager: Rich Klutz

E-Mail:	Richard.Klutz@cdcr.ca.gov		
Phone	916-807-0654	Proj ID:	PRJ093
Start Date:	02/01/09	Est Finish Date:	09/30/09

Solution Vision:

Ensure continuity of care and reduce the cost of services by transitioning contract dialysis services to CPHCS with central management of the program.

Project Description:

Transition the current contracted dialysis services provided at WSP, KVSP and SATF to CPHCS owned and operated services at WSP and SATF.

Organization Impact:

Creation of a CPHCS dialysis program that is managed and staffed by civil service staff; Creation of dialysis support positions; operation of dialysis equipment by civil service staff; reduction of dialysis locations from three to two and reduction of sites from four to two; and transfer of inmate/patients requiring dialysis from KVSP to SATF and WSP; reduction of dialysis cost by an estimated \$24.9 million over eight years.

Project Purpose:

To provide continuity of care along with the most cost effective care by transitioning dialysis services from contract services to civil service with centralized management.

Strategic Plan Objectives:

Primary Goal: 1:Timely Access to Care

Objective:

Actions:

Major Milestones

Milestones	Planned	Actual
Dialysis Administrator position established	4/1/09	
New classification series approved by SPB	4/15/09	
Contract Nephrologist	5/1/09	
Dialysis equipment acquisition options	5/1/09	
New positions established in budget	7/1/09	
IT system acquisition	7/1/09	
Hire new staff	9/30/09	
Transition to in-source	10/1/09	

Key Work Products:

1. Position descriptions, advertisements and related hiring documents for Patient Care Technician (Dialysis); Bio-Medical Technician; Dialysis Administrator; Nephrologist; Clinical Social Worker, Clinical Dietician, Medical Secretary and Registered Nurses.
2. Dialysis equipment acquisition.
4. Dialysis equipment maintenance contract
5. Statewide contract for dialysis chemicals and other disposable supplies
6. Dialysis specific patient records software
7. Clinical standards for the program
8. Interfaces to other CPHCS systems documented and/or implemented.

Dependencies:

1. None identified at this time.

Constraints:

1. Equipment, software, maintenance services and supplies must be procured within State policy, guidelines and processes.
2. New positions must be established and classified within State policy, guidelines and processes.
3. The dialysis transition program must be implemented as quickly as possible to enable expeditious accrual of cost savings.
4. The dialysis transition program must follow established CPHCS Project Management Office project management processes and procedures.

Risks:

1. Conflicting project priorities may impact the project schedule;
2. Transition of patient records from existing systems to the new system may be more complex than expected; and
3. Hiring new staff and managers may take longer than expected.
4. Negotiations with equipment vendors may take longer than expected;

Project Team: Dr. Nadim Khoury, Andrew Greene, Louise Solorio, Rich Klutz

Specific Performance Measures:

1. Successful transition of all patients to the dialysis sites at WSP and SATF using civil servants to manage and staff the operation.

Status as of March 15, 2009:

- The Project Charter has been approved.
- Project detailed planning has been initiated with project stakeholders.
- A five year equipment cost plan has been developed.
- A project staffing profile has been developed.
- CPHCS Human Resources is preparing documents for new classification approval at SPB during April.
- CPHCS Contracts has prepared documents for contract Nephrologist support.
- Research into dialysis specific patient records software has been initiated.



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 2

Establish a Prison Medical Program

Access to Care Registry
Emergency Response Initiative
Mini-Region Implementation Project

Project Name: Access to Care, Registry
Project Executive: Dwight Winslow, MD
Project Sponsor: Tom Bzoskie, MD
Project Manager: Cary Amo
As of Date: March 13, 2009

E-Mail:	Cary.amo@cdcr.ca.gov		
Phone	(916) 217-4124	Proj ID:	PRJ-071
Start Date:	10/2/2008	Est. Finish Date:	6/30/2009

Solution Vision:

The Receiver's job is to establish constitutionally adequate prison medical care as quickly as practicable and in a way which will be sustainable. A highly visible and volatile area of care involves managing and monitoring inmates with certain chronic diseases using improved workflows and automation. This will result in improved healthcare and reduced crisis management and associated costs treating inmates in a reactive, emergency mode.

Project Description:

The (Care Management) Registry is a software application which supports the monitoring and management of patient populations with certain chronic diseases. The Registry is designed around a progress note that facilitates standardization of care for patients with a particular chronic condition(s). Printed progress notes, patient lists, exception and summary reports and visit summaries are generated for use by clinical staff. For CDCR, the Registry Application will initially focus on the highest priority chronic diseases; Asthma, Diabetes and HepC.

Organization Impact:

The first Phase of the Registry will be limited to 6 pilot Institutions, implementing in a single clinic, single PCP using a single Virtual Machine (the application and data will be accessed via the Internet using desktop computers in the Institution. However, the actual application and data will be physically housed on Servers at 501 J St. and eventually at the new Data Center. Phase 2 of the Registry will be to convert the Pilot sites to version 2 of the software (single data base). Phase 3 will be to roll out the use of Registry Version 2 to a single clinic to the remaining 27 Institutions. The last phase of implementation will be to deploy the use of the Registry in all clinics, all 33 Institutions.

Key Work Products:

1. Registry Software Application
2. Change Package
3. Virtual Machine solution
4. On-site Training

Dependencies:

1. EIS – CODB (DDPS) Data Extract
2. Maxor for Pharmacy Data
3. Quest for Lab Data
4. Foundation Labs for Lab Data
- 5.

Constraints:

1. Possible contention for technical resources at Foundation Labs supporting CDR/Lab interface.
2. The Registry technology platform will change (Software Version 2) with Phase 2 Implementation.

Risks:

1. Conversion of the Access DB platform for Phase 2.
2. Old network connectivity at any of our implementation sites can impact use of Registry until HCIT Lan/Wan implemented.
3. Stability of the Production Processing environment at 501 J St. is not as reliable as a Data Center environment.

Project Team:

Cary Amo – Project Manager

Larry Hicks - Staff Information Systems Analyst

Jackie Khoury – Mechanical & Technical
Occupational Trainee

Allie Baker – Research Analyst II

Joseph Castelli – Contract Consultant

Willis Moore – Contract Consultant

Darrin Dennis – Nurse Consultant

Specific Performance Measures:

1. Clinics can identify their patients with chronic diseases.
2. Clinics can track patient progress improvements.
3. The type of care provided for specific Dx's can be tracked to determine best practices.
4. Improved tracking of patients based upon their risk and/or acuity level(s).

Systems Life Cycle: Phase 1 of the Registry (version1 of the application) is currently in the Deployment Phase for our Pilot Sites. Version 1.1 (new reports) is in development and test. Version 2 of the application, (SQL Server Backend and electronic interfaces for Pharmacy, Lab and expanded DDPS elements) is in development.

Project Purpose:

The Registry Project is a tactical solution to improve the quality of care provided to patients suffering from certain chronic diseases. Initially, the diseases that will be monitored are Asthma, Diabetes and Hepatitis C. New diseases will be added over time.

Strategic Plan Objectives:

Primary Goal: 2: Medical Home

Objective: 2.2 Chronic Care

Actions: 2.2.1 Chronic Care Initiative

Major Milestones

Milestones	Planned	Actual
Project Team formed	10/20/08	10/20/08
Project Kickoff	10/23/08	10/23/08
Training Learning Session 4	11/19/08	11/19/08
Development & Testing Software Version 1	11/24/08	12/05/08
Phase 1 Go Live	1/06/09	1/23/09
Software Version 2 Scope and Plan - Draft	12/08	2/23/09
Software Version 2 Scope and Plan - Final	3/31/09	
Development & Testing Software Version 2	4/23/09	
Phase 2 Go Live – Pilot Sites (requires Registry software Version 2)	4/24/09	
Phase 3 – Single Desktop all 33 Institutions	TBD	

Additional Information (Optional):

- 1.
- 2.
- 3.

Project Name: Emergency Medical Response
Project Executive: Dr. Terry Hill
Project Sponsor: Betsy Chang Ha; Dr. Dwight Winslow
Project Manager: Rich Klutz

E-Mail:	Richard.Klutz@cdcr.ca.gov		
Phone	916-807-0654	Proj ID:	PRJ036
Start Date:	03/01/08	Est Finish Date:	06/01/09

Solution Vision:

A standard medical emergency response system that meets community standards and reduces avoidable morbidity and mortality.

Project Description:

Develop an Emergency Response System that meets community standards and includes standard policy and procedures, training and certification in emergency response, and acquisition and placement of appropriate emergency response equipment.

Organization Impact:

Reduced morbidity and mortality; training and certification activities; equipment inventory and maintenance activities; documentation, medical oversight, quality improvements.

Project Purpose:

Standardize the structure and organization of the CDCR Emergency Medical Response System including policy, equipment and personnel certification and training.

Strategic Plan Objectives:

Primary Goal: 2: Medical Program

Objective: 2.3 Improve Emergency Response to Reduce Avoidable Morbidity and Mortality

Actions: 2.3.1 Immediately finalize, adopt and communicate an Emergency Medical Response System policy to all institutions

2.3.2 By July 2009, develop and implement certification standards for all clinical staff and training programs for all clinical and custody staff

2.3.3 By January 2009, inventory, assess and standardize equipment to support emergency medical response

Major Milestones

Milestones	Planned	Actual
Pre-implementations and video conference	12/05/08	12/05/08
Equipment standardization	01/31/09	1/31/09
Follow-up implementations	01/31/09	1/29/09
Post implementation audits	03/30/09	*
BLS/ACLS training program	06/30/09	

Key Work Products:

1. Emergency Medical Response Program Policies and Procedures
2. Certification and Training standards for all clinical staff
3. EMR equipment inventory and standards

Dependencies:

- 1.

Constraints:

1. EMR training standards may be constrained by labor relations considerations.

Risks:

1. Budget delays could delay standardization of EMR equipment.
2. Inaccurate and/or untimely training and equipment inventories will prevent timely standardization.
3. Lack of a single point of contact in institutions responsible for EMR equipment support and maintenance may hinder full compliance with equipment inventory and maintenance requirements.

Project Team:

Wesley Capon	Ivan Gallardo
Cynthia Ramsey	Dr. Alan Frueh
Wendy Lee	Mel Lewis
Dora Galvez-Moretti	Cathi Murdoch
	Ian Branaman

Specific Performance Measures:

1. Policy Adoption
2. % Certified and Trained
3. % Equipment Standardized

Additional Information (Optional):

* Post implementation audits suspended due to travel restrictions. A self audit program was initiated and the first round of self audits is due April 1st for HQ review.

Status as of March 15, 2009

EMR policy

- Self audit tool and sample audit distributed to all institutions with completion date of April 1 for return to HQ for review and analysis.
- Draft audit and Emergency Medical Response Review Committee (EMRRC) sustainability processes developed and reviewed within the project team.
- Collection of potential revisions to the EMR policy continues.

BLS/ACLS certification and training programs

- CDCR contract for BLS/ACLS and first responder training approved for 16 institutions
- Continued focus and follow-up on physician and mid-level BLS/ACLS training program
- A new survey is being distributed for nurse BLS/ACLS training needs
- Certification requirements continue to be reviewed by project staff

Equipment standardization

- The final shipment of EMR bags and supplies received from the vendor and shipped to institutions.
- Project staff continues to research and disseminate information regarding AED upgrade programs that will provide a significant savings vs replacement of the equipment.
- Final equipment needs have been verified and will be provided to CPHCS executives with a recommendation for priority procurement.
- Completed a 5 year EMR equipment budget projection for annual replenishment and expanded placement of EMR equipment.

Project Name: Mini-Region Implementation Project

**Project Executive: Dr Dwight Winslow
Karen Rea, CNE**

**Project Sponsor: Dr Bruce Barnett
Cheryl Schutt, RCNE**

Project Manager: Carl Block

E-Mail:	carl.block@cdcr.ca.gov		
Phone	916-708-0644	Proj ID:	PRJXXX
Start Date:	2/5/09	Est Finish Date:	3/30/10

Solution Vision:

Provide inmates with timely access to appropriate medical care, as measured by a reduced backlog of requests for medical services in the Receiver’s 4th region (“Mini-Region”) consisting of COR, SATF, ASP, and PVSP.

Project Description:

Install effective primary care teams at all four mini-region institutions. The primary care teams will be accountable for providing timely, cost-effective preventative and acute care to inmates, all of whom will be assigned to specific primary care teams.

Organization Impact:

Eliminate the current backlog of requests for medical services at COR, SATF, ASP and PVSP (7342 and 7632).

Reduce costs of medical services provided by external providers in the mini-region, including specialty services, acute hospitalizations and prescription medications.

Hire stable workforce of healthcare providers who are committed to delivery of high-quality medical services at California prisons.

Strategic Plan Objectives:

- Primary Goal: 3 Recruit, Train and Retain a Professional Quality Medical Care Workforce
- Objective: 3.1 Recruit Physicians and Nurses to Fill Ninety Percent of Established Positions
- Objective: 3.2 Establish Clinical Leadership and Management Structure
- Secondary Goal: 4 Implement Quality Improvement Programs
- Objective: 4.1 Establish Clinical Quality Measurement and Evaluation Program
- Objective: 4.2 Establish a Quality Improvement Program
- Objective: 4.3: Establish Medical Peer Review and Discipline Process to ensure Quality Healthcare

Major Milestones

Milestones	Planned	Actual
Project Charter Approved	2/18/09	2/18/09
Assign Patients to Providers	4/30/09	
Form Primary Care Teams	4/30/09	
Train Primary Care Teams	5/31/09	
Institute Local Peer Reviews	6/30/09	
Implement External Inspections	8/31/09	
Allocate or Build Required Space	12/31/09	
Hire Personnel to Fill-Out Teams	3/30/10	

Key Work Products:

1. Hire physicians and support staff to provide sufficient medical personnel in mini-region
2. Allocate or build space to enable physicians and support staff to provide effective service
3. Organize physicians and support staff into primary care teams

Dependencies:

1. Approval of budget to build space and or increase utilization of existing space.

Constraints:

1. Budget for hiring physicians and support staff
2. Budget for increased staff hours and/or building new facilities to provide work space for physicians and support staff.

Risks:

1. Inability to hire needed medical personnel in the mini-region
2. Insufficient budget to provide adequate work-space for medical staff
5. Short time for execution of plan

Project Team:

Dr. Bruce Barnett – Regional Medical Director
Cheryl Schutt – Regional Director of Nursing
Cathi Murdoch – Custody Support
Mr Carl Block - Project Manager

Specific Performance Measures:

1. Health Care Services Request (Form 7362)
2. Requests for Service (Form 7243)
3. Staff Vacancies

Additional Information (Optional):

During March, The Mini Region Team developed the assessment paper as required in the Charter.



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 3

*Recruit, Train & Retain Professional Medical Care
Workforce*

On Line Exams

Project Name: On-Line Exams
Project Executive: Jamie Mangrum
Project Sponsor: Kathy Stigall
Project Manager: Keith Meyerhoff

E-Mail:	keith.meyerhoff@cdcr.ca.gov		
Phone	916 215-4662	Proj ID:	not assigned
Start Date:	12/8/2008	Est Finish Date:	6/30/2009

Solution Vision:

On-Line Exams will enable Human Resources to accelerate the hiring process: Candidates will be able to complete exams at the same time they apply. HR will be able to enter exams without the involvement of State Personnel Board.

Project Description:

Develop a web based examination system that integrates employment exams into the on-line recruitment and applicant tracking systems.

Organization Impact:

More efficient hiring process in Human Resources. Reduced turnaround time in the hiring of a professional quality medical care workforce. Increased capacity in HR to staff for the new facilities.

Project Purpose:

Develop a web based examination system that integrates employment exams into the on-line recruitment and applicant tracking systems.

Strategic Plan Objectives:

Primary Goal:

3:Recruit, Train Retain Medical Workforce

Objective:

Actions:

Major Milestones

Milestones	Planned	Actual
Project Charter	12/19/2008	12/30/2008
Contract Finalized	12/26/2008	1/13/2009
Project Plan	12/26/2008	1/5/2009
Project Scope Defined	2/28/2009	In process
Project Kickoff	1/5/2009	1/5/2009
Requirements Completed	3/15/2009	In process
UI Design Completed	3/31/2009	In process
Alpha Version Delivered	5/1/2009	
Beta Version Delivered	6/1/2009	
Go Live	6/30/2009	

Key Work Products:

1. Inception - Project Charter
2. Inception - Project Plan
3. Requirements - Use Case Document
4. Design -Mockups of Key User Interfaces
5. Design - Prototype
6. Development - Test Plan
7. Implementation - User Documentation
8. Implementation - Training Plan

Dependencies:

1. Contract Complete and Signed by 12/26/2009 – Done 1/23/2009

Constraints:

1. The two primary client departments are Selection Services and Workforce Planning, both within Human Resources. Both departments are very busy but there participation is vital. A possible constraint is the amount of time they can commit. They have been very willing to commit time so far.

Risks:

1. The requirements are more complex than originally estimated by the vendor. Go live date is firm. It may be necessary to move some deliverables into a secondary phase to be completed in July and August. Current discussion on this with the vendor. Jamie is aware.
2. Complexity of the minimum qualifications module has been resolved. Chris Nardon, project manager for the Hodes iQ team has a full understanding of the algorithm and has presented a viable approach. This is no longer a risk issue.

Project Team:

Keith Meyerhoff – Project Manager
 Daisy McKenzie – Client Manager
 Lesa Saville – Client Manager
 Michelle Stone – Vendor Project Manager

Subject Matter Experts:

1. Teresa Graber
2. Rosie Jauregui
3. Allison Sanjo
4. Julia Shelmire
5. Tom Gjerde

Specific Performance Measures:

1. In cooperation with clients, develop specific

Project Status 3/13/2009
Functional Design is now taking place.

Requirements Gathering is completed. The Hodes iQ team has exhibited a very good grasp of the state hiring process.

We have had several meetings on design approach. Much of this has to do with gap analysis since the base system that will be deployed is Hodes iQ Applicant Tracking. Because of the risk of complexity, it may be necessary to defer some deliverables past the 7/1/2009 go live date. This will not affect our ability to bring up exams on 7/1. Deferred functions will be admin and assistance type features.

Hodes team is preparing a functional design spec to be presented by the end of March.

project milestones and deliverables per schedule.

2. Set up criteria for system performance measures: capacity, speed, and efficiency.
3. With client departments, develop measures of system effectiveness. For instance, reduction in the number of days a position remains open from job requisition to hire date.

Additional Information (Optional):

1. Eight meetings have been held over this past month to continue defining requirements, discuss technical, approach, present proposed functional design ideas, etc. Using web conferencing.
2. Continue to have exceptional participation and cooperation among the CPHCS client departments and the vendor, Bernard Hodes Group.



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 4

Implement a Quality Improvement Program

Business Information System, HR/Nursing
Business Information Systems (BIS)
Medication Administration Process Improvement Project (MAPIP)

Project Name: Business Information System (BIS)
Project Executive: Mitzi Higashidani, Kathy Stigall
Project Sponsor: Jamie Mangrum
Project Manager: Gary Mengers

E-Mail:	Gary.Mengers@cdcr.ca.gov		
Phone	916 502-9606	Proj ID:	PRJ030
Start Date:	11/2/2007	Est Finish Date:	10/30/2009

Solution Vision:

Implement standardized, streamlined business processes that are integrated and based on industry best practices

Project Description:

Implementation of CDCR’s Business Information System (SAP financials, supply chain management and human resources) for CPHCS

Organization Impact:

Major impact on headquarters and insitution personnel due to the implementation of new, standardized business processes and automated tools

Project Purpose:

Standardize, automate and integrate CPHCS's financial, procurement and human resources business processes for the headquarters and all 33 institutions

Strategic Plan Objectives:

- Primary Goal: 4:Quality Improvement Programs
- Objective: 4.2: Quality Improvement Program
- Actions: 4.2.3: Statewide Process Improvement Programs

Major Milestones

Milestones	Planned	Actual
Release 1A (core financials) Go-Live	7/1/2008	6/30/2008
Release 1A.5 (budgets) Go-Live	10/1/2008	9/15/2008
Release 1B (accounting and procurement) HQ Go-Live	11/3/2008	11/3/2008
Release 2 (human resources) HQ Go-Live	4/1/2009	
Release 1C (CPHCS requirements) Go-Live	7/1/2009	

Key Work Products:

1. Identification of CPHCS BIS users and security roles
2. CPHCS BIS user training and support
3. Identification of business processes, security roles and system configuration requiring modification for CPHCS

Dependencies:

1. CDCR BIS Project - configuration and implementation
2. Prodiagio/CMD system for medical contracts
3. BIS and CPHCS networks/active directories (single sign-on)

Constraints:

1. Limited number of SAP/BIS experienced trainers and support personnel

Risks:

1. CDCR planned deployment approach (aggressive timeline)
2. Not all CPHCS requirements met during initial implementation
3. Delay in approval of BIS SPR & contract amendment caused some delays
4. CDCR’s readiness to support the system and users after the IBM on-site team is gone (currently scheduled for September 2009)

Project Team:

CPHCS's core project team consists primarily of the project manager, who has acted as the Receiver's BIS representative and advisor, supported by subject matter experts, who have participated in project workshops and user acceptance testing. To support deployment, four CPHCS staff attended BIS train-the-trainers classes and are training/supporting CPHCS staff.

Specific Performance Measures:

1. Standardized business processes for headquarters and institutions
2. Integrated budget, accounting, procurement and human resources
3. On-line, real-time financial reporting
4. Timely processing of vendor and provider payments

Project Lifecycle Status:

The Release 1 BIS functions, including budget, accounting and procurement, were implemented on November 3, 2008 and are currently operational in CDCR and CPHCS headquarters. There are a number of system, training and business process issues that are being addressed prior to additional deployment. Institutions, including health care, are preparing for their implementations and will begin training in April 2009 for the northern region, continuing May through June for the central and southern region institutions. All institutions are planned to be operational by July 1, 2009 with the Release 1 BIS functions.

Release 2 BIS functions, including human resources, shift planning/time management and position budgeting, are nearing completion of development and began user acceptance testing in mid January 2009. Deployment to headquarters and the institutions is planned to be conducted in four phases, beginning in April 2009. All functions are planned to be operational in all locations by July 2009. In addition, CPHCS specific requirements modifications for BIS will be addressed beginning in March 2009, with a planned implementation during July through September 2009.

Project Name: Business Information System (BIS)

HR/Nursing

Project Executive: Betsy Chang-Ha, Kathy Stigall, Karen Rea

Project Sponsor:, Jamie Mangrum

Project Manager: Senthil K Muniappan

E-Mail:	Senthil.muniappan@cdcr.ca.gov		
Phone:	916 764 4766	Proj ID:	PRJ075
Start Date:	10/28/2008	Est Finish Date:	6/30/2009

Solution Vision:

Implement standardized, streamlined business processes that are integrated and based on industry best practices

Project Description:

Implementation of CDCR’s Business Information System (SAP human resources for all CPHCS and Shift Planning for Nursing) for CPHCS

Organization Impact:

Major positive impact on headquarters and institution personnel due to the implementation of new, standardized HR business processes and automated tools

Project Purpose:

Standardize, automate and integrate CPHCS' human resources, Post & Bid and Shift Planning business processes for the headquarters and all 33 institutions

Strategic Plan Objectives:

Primary Goal: 4:Quality Improvement Programs

Objective: 4.2: Quality Improvement Program

Actions: 4.2.3: Statewide Process Improvement Programs

Major Milestones

Milestones	Planned	Actual
Release 2 Pilot OM/PA Go-Live	4/6/2009	
Release 2 Pilot SS/Time Go-Live	5/1/2009	
Release 2 Statewide OM/PA Go-Live	6/1/2009	
Release 2 Statewide SS/Time Go-Live	7/1/2009	
Release 2 EG/Travel /LSO/WC Go-Live	6/1/2009	
Release 2 PCP/FI Int Payroll I/F Go-Live	7/1/2009	
Release 2 Completion	7/15/2009	

Key Work Products:

1. Identification of CPHCS BIS HR/Nursing users and security roles (02/28/2009)
2. CPHCS BIS HR/Nursing Training and Support Plan (02/28/2009)
3. Identification of business processes, security roles and system configuration requiring modification for CPHCS HR/Nursing (03/15/2009)
4. Power users Sign-off for UAT (03/31/2009)
5. Change Agents and Steering committee Sign-off for Release 2 completion (06/30/2009)

Dependencies:

1. CDCR BIS Project – Release 1B implementation
2. BIS and CPHCS networks/active directories (single sign-on)
3. Access to Care initiatives for related data gathering, HR policies and procedures
4. Nurse Staffing Assessment methodology
5. 10,000 Bed project – HR related policies and procedures

Constraints:

1. Insufficient number of SAP/BIS experienced trainers

Risks:

1. CDCR planned deployment approach (“big bang”)
2. Not all CPHCS requirements captured and incorporated into design
3. Not enough trainers available from CPHCS
4. Aggressive time line for implementation
5. Not enough Resources to support the new business processes
6. Relevant discussions with all bargaining units and labor unions not completed

Project Team:

CPHCS's core project team consists primarily of the project manager, who is acting as the Receiver's one of the two BIS representatives and advisor, supported by subject matter experts, who will participate in project workshops and user acceptance testing.

Specific Performance Measures:

1. Standardized business processes for headquarters and institutions
2. Integrated budget, accounting, procurement and human resources
3. On-line, real-time shift planning and scheduling
4. Automated HR Reporting

Where the Project is in the life cycle:

Release 2 BIS functions, including human resources, shift planning/time management and position budgeting, are nearing completion of development and began user acceptance testing in mid January 2009. All functions are planned to be operational in all locations by July 2009. In addition, CPHCS specific requirements modifications for BIS will be addressed beginning in March 2009, with a planned implementation (not firmed up) during July through September 2009.

The OM/PA 'Realization' phase and User Acceptance Testing are completed. Train-the-Trainer is in progress for OM/PA Pilot go-live on April 6, 2009. Overall, the project is in 'System development' or 'Realization' phase with around 85% completed. System design ('Blue printing') has already been completed and key stakeholders signed-off.

Though the 'Blue printing' or design is completed, some of the HR/Nursing related designs may need to be revisited and signed-off to make sure all the design requirements are considered and incorporated into the final work product. One session with HR has already been done to validate the design with the field processes for OM/PA. In addition to this, identifying the train-the-trainers, power users, training logistics are some of the high priority items dealt with.

Key milestones coming up are: (Still under discussion and re-planning efforts going on)

User Acceptance Testing	- 2/27/2009
Train the Trainers	- 3/16/2009
End User Training (PA, OM)	- 3/31/2009
End User Training (SS/Time)	- 4/30/2009
Release 2 Pilot OM/PA Go-Live	- 4/1/2009
Release 2 Pilot SS/Time Go-Live	- 5/1/2009
Release 2 Statewide OM/PA Go-Live	- 6/1/2009
Release 2 Statewide SS/Time Go-Live	- 7/1/2009
Release 2 Statewide EG/Travel/LSO/WC Go-Live	- 6/1/2009
Release 2 Statewide PCP/FI I/F/Payroll I/F Go-Live	- 7/1/2009
Release 2 Completion	- 7/15/2009

Project Name: Medication Administration Process Improvement Program (MAPIP)

Project Executive: Karen Rea

Project Sponsor: J. Hagar

Project Manager: G. Robinson

E-Mail:	greg.robinson@cdcr.ca.gov		
Phone	916-956-2851	Proj ID:	
Start Date:	January 2009	Est Finish Date:	June 2010

Solution Vision:

Develop and implement efficient medication management system to reduce patient medication errors and maximize quality in medication administration.

Project Description:

SATF and CSP-Corcoran have been given the opportunity to develop an efficient and effective medication management system to be used as a model for all CDCR. The goal of this pilot is to use research, evidence-based practice, and imagination to implement drastic changes promoting effectiveness, efficiency and quality improvement that will not only enhance medication delivery, but the delivery of healthcare services in general. It is our goal to redesign ineffective systems into efficient, streamlined, quality systems that serve the needs of our inmate-patients, make the best use of our staffing resources, decrease medication errors and decrease 602 medical appeals

Organization Impact:

Decrease in costs associated with inefficient pill lines.

Project Purpose:

Develop new policies, procedures and protocols related to decreasing quality of care and increasing efficiencies around the administration of medications to inmates.

Strategic Plan Objectives:

Primary Goal: To provide facility healthcare staff with the proper protocol, processes, and classifications required to efficiently provide quality medication administration to inmate population.

Objective: Create policies, procedures and protocols to meet primary goal.

Actions: Perform onsite assessments and audits of existing processes; review for improvements both on and offsite by panel of experts.

Key Work Products:

1. Medication Administration Audit Tool
2. Medication Administration Studies
3. Medication Administration Process Improvement Plan

Dependencies:

1. Nurse Staffing Assessment: development of proper staffing volume and classification mixes for medication administration functions
2. Nurse Classifications: development of accurate descriptions for new nurse classifications
3. Access to Care: development of delivery models which enable and support efficiencies provided under this project

Constraints:

1. Buy-in of changes by large audience (i.e. all leadership of healthcare within the facility, in addition to custody)

Major Risks:

1. Need to coalesce a large body of variant concerns and thoughts concerning medication administration protocol

Project Team:

Karen Rea, Donnie Nicholas, Cheryl Schutt, Carmen Hobbs; Wendy Carlsen; Suzanne Hermreck ; Greg Robinson

Specific Performance Measures:

1. Project calendar
2. Written Reports
- 3.

Additional Information (Optional):

Major Milestones

Milestones	Planned	Actual
Develop MAPIP Audit Tool	Jan 09	Jan 09
Approval for Audit Tool	Feb 09	Delayed due to new committee exploring and completing this.
Develop MAPIP Pre-audit Guidelines and Protocol	Feb 09	Jan 09
Approval for Pre-audit Guidelines and Protocol	Feb 09	Feb 09
Develop MAPIP Methodology	Jan 09	Jan 09
Approval for Methodology	Feb 09	Delayed – dependency on Audit Tool approval
Begin pilot of new MAPIP methodological processes	March 09	March 09

Current Project Positioning Within Lifecycle

Workgroup and core clinical team meetings have commenced and are on target with weekly deliverables. New workgroup team leads have been named, and administrative duties assigned. Project plans for each workgroup have been created and tie into an integrated project plan; All work commenced on 3/2/09 on schedule with weekly reports of process and barriers reported by each team on Mondays.



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 5

Medical Support Infrastructure

Central Fill Pharmacy
Centralized Dictation & Transcription
Change Management
Claims Management and Invoice Processing
Data Center & End User Migration (DC&EUM)
Enterprise Architecture
Health Care Data Center Migration
Laboratory Services Management
Mental Health Tracking System (MHTS)
Telemedicine Services - Telemed

Project Name: Central Fill Pharmacy Project
Executive: John Hagar
Project Sponsor: Bonnie Noble, Jamie Mangrum
Project Manager: Erick Rendón

E-Mail:	Erick.Rendon@cdcr.ca.gov		
Phone	916-956-5045	Proj ID:	PRJ072
Start Date:	December 2008	Est Finish Date:	May 2010

Solution Vision:

Implement a centralized pharmacy to consolidate ordering and logistic distribution of prescriptions; reducing cost and unnecessary waste while improving tracking of medications to increase patient utilization.

Project Description:

Central Fill Pharmacy will fill prescriptions for all 33 correctional centers. It will order bulk pharmaceuticals, pre-package them and automatically fill orders entered in GuardianRx. The facility will have automated inventory management; medication checks and provides distribution of prescriptions by next business day to all facilities.

Organization Impact:

Immediate reduction in tasks done by sites personnel. Increase ability for Pharmacist to focus on patient interactions, better tracking of prescriptions and extended hours to enter orders late in the day at sites. Savings will be realized through centralized ordering, increase adherdson to Pharmacy and Therapeutic Committee recommendations and decrease overall inventory in stock based on accurate inventory levels.

Project Purpose:

To reduce cost and errors; increase patient utilization by better patient tracking and reduce waste by limiting local pharmacies to limited stock.

Strategic Plan Objectives:

- Primary Goal: 5.0 Medical Support Infrastructure
- Objective: 5.1 Pharmacy Programs
- Actions: 5.1.3 Central-Fill Pharmacy

Major Milestones

Milestones	Planned	Actual
Site design	Mar 09	Mar 09
Site leasing contract	May 09	
Site construction drawings	Aug 09	
Automation tested (Texas)	Sep 09	
Site construction begins	Oct 09	
Automation installed (CA)	Jan 09	
Construction complete	Mar 10	
Beta-site implementation	May 10	

Key Work Products:

1. Leasing Contract
2. Construction Plans
3. Procurement

Dependencies:

1. Architectural design and approvals
2. Pharmacy Site Leasing Contract
3. CPHCS Network Project
4. Maxor Pharmacy (Guardian) Project
5. Data Center Project

Constraints:

1. Maxor Guardian Rollout Schedule / Decisions
2. CPHCS Network Rollout Schedule / Decisions
3. Construction lease agreement
4. Procurement

Risks:

1. State mandated furloughs affecting key
2. LEED Certification time and cost
3. Losing key resource in June
4. Long lead times for procurement

Project Team:

Project Manger: Erick Rendón
 Maxor National Pharmacy Services: Dick Cason
 Cornerstone Automation: Michael Doke / Gary Greiner
 Department of General Services: Sally Morphis
 Resource Management: Jeanette Kellogg
 Contractor PM - TBD

Specific Performance Measures:

1. Quality Assurance Matrix
2. Service Matrix
3. Delivery Matrix

Additional Information (Optional):

The project is still technically in initiation / planning.

A major milestone of delivering design requirements and specifications handed over to landlord has been completed. Entering bid out phase and then directs negotiations for lease of Central Fill Pharmacy by Department of General Services. Once completed construction plans will be drawn out including LEED requirements, permits pulled and finally construction on the build out begin.

Budgets assessment of next 5 years completed with modifications after tenant negotiations.

A key risk is the reduction of work time due to key employees secondary to mandated work furloughs, and the Business Operations SME will be retiring in June and am concerned the momentum will suffer due to change in staff; delays of payment for automation invoices hampering vendor from purchasing large portions of equipment for the sorters and pre-packing machinery.

The states insistence to obtain LEED Certification, will definitely impact both cost and time. The cost will increase by 15% and the timeline will be increase at minimum by one month. Currently we are looking at a tentative construction completion by earliest March of 2010, with the first beta site going live in May of 2010 and full implementation by Winter 2010/2011. I will keep all inter-dependencies projects on my radar and incorporate their needs will attempting to pull back this date.

Project Name: Centralized Dictation & Transcription
Project Executive: Dr. Dwight Winslow/ Bonnie Noble
Project Sponsor: Jamie Mangrum
Project Manager: Denise Harris

E-Mail:	Denise.Harris@cdcr.ca.gov		
Phone	916-206-7276	Proj ID:	PRJ019
Start Date:	07/01/08	Est Finish Date:	12/30/09

Solution Vision:

Implement a centralized dictation and transcription solution that standardizes health record documentation at the enterprise-level.

Project Description:

The purpose of this project is to implement a centralized dictation and transcription department for four pilot institutions: San Quentin (SQ), Valley State Prison for Women (VSPW), Central California Women’s Facility (CCWF), and CSP-Los Angeles County (LAC).

Organization Impact:

This project will have a major impact on CPHCS in that it will provide CPHCS clinical staff with immediate access to patient health information at the point-of-care. The solution will better enable analysis, reporting, and clinical decision-making required to accurately determine patient health status, prepare recommendations, and ensure patient safety in prescriptive actions.

Project Purpose:

The purpose of this project is twofold: (1) a model for centralized dictation and transcription statewide; and; (2) improvement in timeliness and accuracy of transcribed documents.

Strategic Plan Objectives:

- Primary Goal: 5: Medical Support Infrastructure
- Objective: 5.2: Health Records
- Actions: 5.2.1: Standardize Health Records Practice

Major Milestones

Milestones	Planned	Actual
Dictation & Transcription Assessment	04/08	04/08
Approved Project Charter	07/08	07/08
Server Vendor Selection	10/08	10/08
Turnkey Facility	02/09	
Staffed and Trained Dept.	03/09	
Pilot Closeout & Eval	12/09	

Key Work Products:

1. Project Charter
2. Project Schedule
3. Post Pilot Evaluation and Recommendation

Dependencies:

1. CPHCS Network Project
2. CPHCS Data Center Project

Constraints:

1. CPHCS Network Rollout
2. CPHCS Data Center Implementation

Risks:

1. Verizon Data Center availability
2. Network availability
3. Incompatible component structure; component integration to achieve operability

Project Team:

The Centralized Dictation and Transcription project team is comprised of approximately 30 team members that include representative staff from CPHCS, California Prison Receivership Corporation, VerizonBusiness and Crescendo.

Specific Performance Measures:

1. 150 lines/hr per medical transcriber
2. 98% accuracy rate for all transcribed documents
3. 24 hour turnaround time for all transcribed reports
4. All pertinent medical records dictated and transcribed.

Additional Information (Optional):

1. Working with Verizon to add network drops at pilot institutions
2. Purchasing desktops and network printers as needed

The Centralized Dictation and Transcription project is in the procurement phase. Contract with Crescendo, dictation and transcription software vendor, was signed in November, 2008, purchase order number was issued in March, 2009. Servers and all ancillary equipment arrived at data center. Expect to have all telecommunications circuits in place by mid March 09. Working to finalize workflow configuration with Crescendo in preparation for train the trainer sessions and system implementation. Expect final workflow configuration by mid March, 2009. Identified department location in the Sacramento area: 1300 National Drive and notified CPHCS network PMs to facilitate CPHCS network installation at centralized office. Department lead (HPM II) hired. On-boarding to begin mid March 2009. Working with Plata Support HR to hire transcribers. Working with Plata Support and Labor Relations teams to accomplish union notification requirement.

Project Name: Cultural Change Transformation
Project Executive: Elaine Bush
Project Sponsor: Betsy Chang Ha
Project Manager: Greg Robinson

E-Mail:	Greg.robinson@cdcr.ca.gov		
Phone	(916) 956-2851	Proj ID:	67
Start Date:	11-17-08	Est Finish Date:	12-31-11

Solution Vision: Transform the integrated, complex culture involving the various layers of custody, healthcare, and administration, to enable the acceptance, sustenance, and development of the new programs aimed at improving the quality and outcomes of care for inmates in the California state prison system.

Project Description: Cultural Change Transformation for the full scope of the Receivership program.

Organization Impact: A culture of service excellence and quality that is sustainable

Project Purpose: Change Management is the mission critical foundation to meet the objectives of the Receiver’s Turnaround Plan of Action.

Strategic Plan Objectives:

Primary Goal: #5 Infrastructure

Objective: To create a self sustaining culture of service excellence and quality within Healthcare, It and Custody/Corrections

Actions: Define change

Major Milestones-Planning Phase

Milestones	Planned	Actual
Core Executive Team formation (Cultural Change Strategy Council)	Feb 09	Feb 09
Cultural Change Strategy vetted and approved	March 09	Potentially delayed due to organizational change; vetting to occur with new Advisory Board
Pilot Sites identified and notified	March 09	
Change Teams (facility, administration, project layers) formed	April 09	
Pilot Project Plans formed	April 09	

Key Work Products: Pending governance approval

1. CARE framework deliverables (cultural assessment highlights, survey data, evidence based programs to develop culture)

Dependencies:

1. All 49 project initiatives, as this project interweaves all projects and must integrate with their timelines and deliverables according to its own project schedule and plan

Constraints/Challenges:

1. A diverse set of personality and behavioral styles across the organization
2. Trained incapacity
3. Enormous and diverse set of external and internal influences/drivers
4. Appropriate resources with the knowledge and experience initiated at the right time, place and with necessary tools.

Risks:

1. Focus of various players amid competing priorities and cultural change seen as lower priority
2. Funding for small team of management consultants to gather and maintain activities for all 49 projects

Project Team: (in development)

Betsy Chang-Ha, Steve Cambra ,Joe McGrath, Karen Rea, Jamie Mangrum, Dwight Winslow, Karen Rea

Specific Performance Measures:

1. Inmate, employee satisfaction
2. Improved employee retention
3. Quality improvement evidence

Additional Information (Optional):

Pilot commencements	June 09	

Current Project Lifecycle Status:

New Cultural Change Transformation Council (CCTC) formed, consisting of CDCR and CPR executives. New charter and goals formed to ensure that this project acts as the glue that interweaves all live project initiatives (currently numbered at 49), leveraging economics of scale to enable change to be accepted more readily at all levels, by enacting a proactive approach to involvement of proposed and pending change as initiated by the Receivership project.

With the most recent change to the organization (departure of John Hagar and Terry Hill), it is anticipated that the vetting and approval of the strategy may be delayed by 2 weeks. In any event, the direction of communication strategy development as well as culture change integrated organizational design for Portfolio I is underway and in full motion.

Project Name: Claims Mgt. and Invoice Processing
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, CIO
Project Manager: Holly Lasiter

E-Mail:	Holly.lasiter@cdcr.ca.gov		
Phone	916-764-4677	Proj ID:	PRJ066
Start Date:	11/29/08	Est Finish Date:	11/29/10

Solution Vision:

Provide a healthcare claims processing system that is typically found in commercial or public health plans. The system will utilize industry standard coding and allow standard reporting, benchmarking and utilization management. The system will improve the quality, efficiency, and timeliness of payments to health care vendors serving CDCR's patient population, while also implementing effective cost management.

Project Description:

Contract with a qualified third party administer to take over claims processing services for an initial period of 24 months (with three 12 month options) to put into practice the required improvements prior to transition of all operations back to State control.

Organization Impact:

Using industry standard coding will allow CPHCS to perform standard reporting and benchmarking. Utilization Management will have access to data necessary to make decisions in specialty care. Claims processors will be elevated to other jobs.

Project Purpose:

Enable CPHCS to administer healthcare claims and capture utilization and payment data for ongoing analysis and reporting.

Strategic Plan Objectives:

- Primary Goal: 5. Establish Medical Support
- Objective: 5.2 Establish Standardized Health Records Practice
- Actions: 5.2.1 Create a roadmap for Achieving an Effective Management System

Major Milestones

Milestones	Planned	Actual
Issue Request for Proposal	12/10/2008	12/10/2008
Bidder's Conference	12/19/2008	12/19/2008
Deadline for questions	12/31/2008	12/31/2009
Respond to questions	1/7/2009	1/7/2009

Milestones	Planned	Actual
Proposals due	1/29/2009	1/29/2009
Notification for interviews	2/17/2009	2/13/2009
Announce selection	3/2/2009	
Contract Start Date	3/23/2009	

Key Work Products:

1. Request for Proposal
2. Vendor Proposals
3. Signed Vendor Contract
4. Statement of Work
5. Service Level Agreement

Dependencies:

1. Clinical Data Repository (CDR)
2. Contracts Medical Database (CMD)
3. State Controllers Office (SCO)
4. Business Information Systems (BIS)
5. Health Care Scheduling System (HCSS)
6. Utilization Management System

Constraints:

1. Ability for TPA to access inmate locator data through CDR. CDR team is not scoped to support development of web service.
2. Interface with SCO will not be ready for initial implementation

Risks:

1. If CDR is delayed and interface is not ready for initial implementation then TPA will need a manual or alternate process to access inmate locator data
2. If SCO interface is not ready for initial implementation then TPA will deliver hard copy claim schedules to SCO
3. If CMD interface is not ready for initial implementation then TPA may need to store processed claims data until interface is ready or CPHCS to create a temporary database.

Project Team:

Holly Lasiter, Project Manager
 Mitzi Higashidani, Executive Sponsor
 Michelle Ogata, Business Sponsor
 Dr. Ricki Barnett, Business Owner
 Dawn Kearns, Business Owner
 Marnell Voss, Contracts
 Shelby Chapman, Data SME
 Ned Dickson, Technical SME

The procurement process has progressed to a site visit with the top candidate. Next week, after the site visit, we expect to make the announcement to the selected vendor. The goal is to have the vendor under contract by early April.

Project Name: Data Center & End User Migration

Project Executive: TBD

Project Sponsor: Jamie Mangrum, Liana Bailey-Crimmins

Project Manager: Fred Wood

E-Mail:	Fred.Wood@cdcr.ca.gov		
Phone	916.215.5235	Proj ID:	PRJ002
Start Date:	11/14/08	Est Finish Date:	3/31/10

Solution Vision:

Migration of existing CPHCS staff and hardware within CDCR to the new network infrastructure and support for new CPHCS staff, hardware, and applications connectivity.

Project Description:

CPHCS is implementing a new medical-grade data center to support the CPHCS network infrastructure consisting of Headquarters and thirty-three (33) adult institutions. The DC&EUM Project will migrate existing CPHCS staff and hardware, integrating Active Directory, MS Exchange, local LAN to LAN applications connectivity, and new network infrastructure and support for new CPHCS staff and applications.

Organization Impact:

Impacts all existing CPHCS staff and affected portions of CDCR. During the migration, CPHCS staff will continue to use the CDCR network infrastructure to access their applications until they are called for in the migration plan to be "cutover" to the new network path.

Project Purpose:

The DC&EUM Project is a downstream component of the initiative to implement a new medical-grade data center for existing and future CPHCS, staff, hardware, and applications.

Strategic Plan Objectives:

Primary Goal: 5. Medical Support Infrastructure

Major Milestones

Milestones	Planned	Actual
Project Charter completed and approved	Jan 09	
End User Migration Design	Mar 09	Mar 09
Complete Pilot application migration activities (for CDR and D&T)	CDR 6/09 D&T 6/09	

Major Milestones Continued:

Milestones	Planned	Actual
Complete migration of all existing CPHCS network objects at HQ and all 33 institutions managed on the new CPHCS network.	Oct 09	
Complete migration of all CPHCS staff operating on new CPHCS network	Mar 10	

Key Work Products:

1. Project Charter
2. EUM Design Documents
3. EUM Plan
4. EUM Integration Plan

Dependencies:

1. Torrance data center contract secured
2. Healthcare IT network implementation
3. Acquire EUM Specialist Team (EMC²)

Constraints:

1. All Data Center Infrastructure prerequisites

Risks:

1. Lack of participation and allocation of CDCR EIS staff and/or lack of cooperation from Institutional management could result in failure to meet estimated project completion schedule
2. Failure to properly identify all CPHCS objects for migration could result in failure to meet EUM Project Scope

Project Team:

The core EUM Project team is comprised of CPHCS executives, managers, and technical support staff; project management consultant and technical advisor (subject matter expert), EUM consultant specialist team, and subject matter experts from Microsoft and Quest. Experts from CDCR EIS and other areas supplement the core team as needed.

Specific Performance Measures:

1. 100% of CPHCS network objects and end users migrated successfully
2. Local LAN to LAN connectivity

Additional Information:

The Data Center & End User Migration Project (DC&EUM) is a downstream component of the initiative to implement a new medical-grade data center for existing and future CPHCS, staff, hardware, and applications.

The DC&EUM Project or “Data Center Phase II” is in the Planning Phase and currently concerned with End User Migration design and the establishment of a test lab for proof of concept testing of this design. Also working with the Data Center “Phase I” infrastructure effort to coordinate all dependent downstream activities.

Project Name: Enterprise Architecture**Project Executive: John Hagar****Project Sponsor: Jaimie Mangrum****Project Manager: Mark Griffith**

E-Mail:	mark.griffith@cdcr.ca.gov		
Phone	(916) 764-4516	Proj ID:	PRJ069
Start Date:	11/17/08	Est Finish Date:	

Solution Vision:

Establish an Enterprise Architecture (EA) program for CPHCS based on the State's and Federal EA programs.

Project Description:

Create EA program and adopt EA framework and models, methodology, standards and governance plan.

Organization Impact:

Enterprise Architecture will have a major impact on CPHCS by adopting policies, standards and governance for all CPHCS IT projects.

Project Purpose:

Improve interoperability and efficiencies across all CPHCS IT projects. Establish architectural framework and requirements for project development efforts and RFP's. Provide enterprise level business, data, and technical models. Leverage the Health Information Technology Executive Committee (HITEC) governance for enterprise architecture for all CPHCS IT projects.

Strategic Plan Objectives:

Primary Goal: 5:Medical Support Infrastructure

Objective:

Actions:

Major Milestones

Milestones	Planned	Actual
Project Kickoff	11/17/08	11/17/08
Initial interviews	12/23/08	12/23/08
Project Charter Approved	3/1/09	
PMO Governance Plan	3/1/09	3/1/09
Communication Plan	3/1/09	3/1/09
Data Center Questionnaire	3/1/09	3/1/09
IT Projects Roadmap	2/1/09	2/1/09
Business Architecture Model Template	3/1/09	3/1/09

The Enterprise Architecture Program has accomplished the following during this reporting period:

- Business Architecture Rollout/Training/Help
- SOA Architecture Framework Discovery
- Project Architecture Rollup Document
- Project Data Center Questionnaire Rollup
- Data Center Project Dates Document
- Executive Steering Committee Meeting
- Meeting with EIS/EA Tool Info Meeting
- Architecture Review Board Meetings
- Technology Projects Meeting

We are currently working with PM's to define the Business Architecture Model which has been rollout out to some of the PM's already We are also working on Technical Standards, Framework documentation for Infrastructure, SOA and Virtualization, participating in the architecture review board and will be conducting many more interviews and meetings with PM's and key business members.

Project Name: Healthcare Data Center
Project Executive: Elaine Bush
Project Sponsor: Jamie Mangrum, Liana Bailey-Crimmins
Project Manager: Denise Harris

E-Mail:	denise.harris@cdcr.ca.gov		
Phone	(916) 323-2309	Proj ID:	PRJ018
Start Date:	05/08	Est Finish Date:	06/09

Solution Vision:

Implement a medical-grade data center as part of the healthcare network to enhance access to and management of inmate/patient information.

Project Description:

Implement a data center to support the CPHCS network infrastructure consisting of Headquarters and thirty-three (33) adult institutions. Integration of Active Directory, E-mail, Call Center, Centralized Services, and Network Storage to support CPHCS organizational requirements. Migration of existing Pilot CPHCS staff and hardware within CDCR to the new network infrastructure and support for new CPHCS staff and hardware.

Organization Impact:

Impacts all CPHCS staff and respective portions of CDCR. During the transition, CPHCS staff will continue to use the CDCR network infrastructure to access their applications. All CPHCS staff and hardware will be centralized on the CPHCS network allowing for improved user management.

Project Purpose:

Design and implement a new medical-grade data center for existing and future CPHCS staff and hardware. Phase one includes data infrastructure and two pilot applications in production: Clinical Data Repository and Centralized Dictation & Transcription

Strategic Plan Objectives:

Primary Goal: 5:Medical Support Infrastructure

Objective: (not found in Receiver's Plan of Action)

- By April 2009, have a fully-functional data center to support CPHCS staff and hardware
- By April 2009, complete a migration of all existing CPHCS network objects (Active Directory users, computers, and groups) from CPHCS Headquarters and CDCR's 33 adult institutions to the new CPHCS network managed through the data center

Major Milestones

Milestones	Planned	Actual
Project Business Requirements completed & approved	Jan 09	Mar 09
CPHCS Data center completed	April 09	
Pilot migration completed (Clinical Data Repository)	April 09	
Pilot migration completed (Dictation & Transcription)	Jun 09	

Key Work Products:

1. Project Charter
2. Data Center Design Documents
3. Risk management Plan
4. Integration Plan

Dependencies:

1. Torrance data center contract secured
2. Healthcare IT network implementation
3. Migration software procured
4. Migration and Integration services RFO

Risks:

1. Lack of a fully-defined and agreed-to Scope Statement could result in a failure to fulfill the project product
2. Lack of participation and allocation of CDCR EIS staff and/or lack of cooperation from Institutional management could result in failure to meet the estimated project completion date
3. Failure to properly identify all CPHCS objects for migration could result in failure to meet the Project Scope

Project Team:

The core project team is comprised of CPHCS executives, managers, and technical support staff; project management consultant and technical advisor; Experts from CDCR EIS, VerizonBusiness (prime contractor); other areas may supplement the core team as needed.

Specific Performance Measures:

1. 100% of CPHCS network objects migrated
2. Pilot Applications in production
3. Call Center availability 24x7x365

Additional Information (Optional):

This project is in the implementation phase. Data center is 56% complete. Most equipment has been staged, configured and installed. CPHCS completed initial visit to Torrance data center to start equipment verification process. Temporary cages are being built at the data center for CDR and Dictation and Transcription to support application development and testing prior to production roll out. Working on Backup expansion needed to fully deploy backup technologies, forest to forest trust and security infrastructure.

Executive Project Data Sheet**As of: March 15, 2009****Project Name: Laboratory Services Management****Project Executive: Terry Hill, M.D.****Project Sponsor: Bonnie Noble****Project Manager: Steve Ruhnau**

E-Mail:	steve.ruhnau@cdcr.ca.gov		
Phone	916-956-7514	Proj ID:	PRJ008
Start Date:	8/1/2007	Est. Finish:	6/30/2011

Solution Vision:

The project vision is to reduce inefficiency and improve timeliness of medical care for CDCR inmate-patients, by creating and implementing a statewide strategy to improve operations for clinical laboratory services. This redesign of lab services will improve business processes to better enable eventual integration of other healthcare system improvements as they come on-line, including overhauls of information technology and HIM. Long term improvements will require the infrastructure to support an enterprise Laboratory Information System (LIS) and clinical data repository needs.

Project Description:

Following and Assessment Stage the project is entering a Remediation Stage where the project will procure a professional laboratory management firm to stabilize lab services and implement "Phase 1" recommendations from the Navigant Assessment Report of April 2008. This effort will also support CPHCS decisions towards a long term laboratory services solution strategy.

Organization Impact:

Seventy percent of medical decisions are supported by lab results. Consequently, stabilizing and improving lab performance and results will have a substantial positive impact on medical decisions across the CDCR health care enterprise. These improvements will have significant impacts on staff that produce, manage, and use lab results.

Project Purpose:

To improve health care to patients through more effective laboratory services including more timely and accurate results.

Strategic Plan Objectives:

Primary Goal: 5. Establish Medical Support Infrastructure
Objective: 5.3 Estab. Effective Radiology & Lab Services
Actions: 5.3.1 Establish Strategy for Improvements

Major Milestones:

Milestones	Planned	Actual
Complete Lab Assessment	4/7/2008	4/7/2008
Hire Lab Svcs Proj Mgr	2/2/2009	2/2/2009
Release RFP for Lab Remed.	3/18/2009	
Lab Remed. Contract Start	6/29/2009	
Lab Remed. Phase 1 Done	6/30/2011	

Key Work Products:

1. Establish Core Leadership Team for Lab Services
2. Establish Exec Steering Committee for Lab Services
3. RFP prepared and ready to distribute to Bidders for Lab Services Remediation
4. Remediation Vendor Selection Recommendation
5. Completed Remediation Vendor Contract
6. Remediation Roadmap Milestones to be established by selected Remediation Vendor

Dependencies:

- Establishment of Core Leadership Team
- Integration with HIM project
- Integration with Clinical Data Repository project
- Coordination with 10k Bed project (lab support)

Constraints:

- Timely approval of RFP components

Risks:

- *Limited Vendor Interest* – existing service providers (Navigant and NMG) may inhibit RFP response participation from other vendors.
- *Short Proposal Period* – proposal preparation periods are short for vendors because a contract must be in place before next fiscal year, where contract start dates are subject to uncertain budget approval dates.

Project Team:

Project Manager - Steve Ruhnau

Core Leadership Team – Bonnie Noble, Jamie Mangrum, Justin Graham, Nadim Khoury, Jim Lett, Denny Sallade, Glen Moy, Dwight Winslow

Specific Performance Measures:

1. Achieve Planned Milestone Dates listed above

Project Name: Mental Health Tracking System (MHTS) Upgrade

Project Executive: Mr Jamie Mangrum

Project Sponsor: Dr Marion Chiurazzi

Project Manager: Carl Block

E-Mail:	carl.block@cdcr.ca.gov		
Phone	916-708-0644	Proj ID:	PRJ039
Start Date:	10/28/08	Est Finish Date:	9/30/09

Solution Vision:

Upgrade the current Mental Health Tracking System (MHTS) to provide improved application stability and multi-user access, plus improved data consistency and real-time reporting.

Project Description:

Complete an upgrade of the Mental Health Tracking System application replacing 32 separate Access databases with a web application and a single centralized database.

Organization Impact:

Streamlined centralized reporting of Mental Health information.

Drastically reduced retyping of mental health records when a patient-inmate transfers to a new institution.

Reduce data corruption from copying current 32 databases

Centralize maintenance of MHTS

Project Purpose:

Upgrade MHTS application to improved technologies to provide central database for future integration with Health Care Scheduling System.

Strategic Plan Objectives:

Primary Goal: 5 Medical Support Infrastructure

Objective: 5.4 Establish Clinical Information Systems

Actions: N/A

Major Milestones

Milestones	Planned	Actual
Project Charter Approved	11/21/08	11/18/08
Requirements Approved	12/19/08	12/24/08
Design Complete	3/13/09	
Development Complete	8/4/09	
System Test Complete	8/18/09	
User Test Complete	9/22/09	
Training Complete	9/29/09	
Deployment Complete	9/30/09	

Key Work Products:

1. Web forms that replicate legacy MHTS functions
2. Database Consolidation
3. User and System Administrator Training

Dependencies:

1. Network Project
2. Data Center Project
3. Maxor Pharmacy Project
4. Clinical Data Repository

Constraints:

1. Development contract ends 30 June 2009 and needs to be extended to 30 June 2010

Risks:

1. Possible scope increase due to vast number of previously un-met user requirements
2. Source data quality (MHTS-Legacy, DDPS, and Keyhea data)
3. Training - 22 of the institutions do not use the latest version of MHTS-Legacy
4. Sufficient internet connectivity at institutions
5. Short time for deployment

Project Team:

Mr Carl Block - Project Manager

Dr David Leidner - Mental Health

Mr Mike Morrison - Mental Health

MGT of America - Technical Implementers

Mr Andy Hall - IT Manager

Ms Tuong-Nga Nguyen - IT Staff Programmer

Ms Bernadette Serrano - IT Operations

Specific Performance Measures:

1. Operational central database
2. 32 MHTS-Legacy databases converted
3. At least 1 user trained at each institution

Additional Information (Optional):

1. California Medical Facility (CMF) uses FileMaker-Pro instead of MHTS. CMF's database is outside the scope of this project.
2. Several institutions have created extra databases that depend on MHTS. Upgrade of these applications is out of scope.

During February, The Development Contractor slowed the work on MHTS because they had not been paid by the state since their October invoice. The slowdown resulted in changing the baseline schedule to complete the MHTS Upgrade project at the end of Sept 2009.

As of 3/15/09, the MHTS Upgrade project is in the design phase. Requirements were approved 1/24/09. A major design review was held 3/10/09. Because of the detail in the design, the team was unable to review the entire design as planned in the allotted time. Database design be completely reviewed by 3/17/09. User Interface design will be completely reviewed by 3/25/09. We do not anticipate a slip in future milestones (on the new schedule) due to the incomplete design review on 3/10/09.

Project Name: Telemedicine Services
Project Executive: Jamie Mangrum
Project Sponsors: Linda McKenny
Justin Graham
Bonnie Noble

Project Manager: Delane Roberts

E-Mail:	delane.roberts@cdcr.ca.gov		
Phone	916-956-7638	Proj ID:	Tbd
Start Date:	2/1/09	Est Finish Date:	6/30/2011

Solution Vision:

Expand and improve telemedicine capabilities.

Project Description:

This is an initial project of the telemedicine program. The scope has not yet been determined.

Organization Impact:

Tbd

Project Purpose:

Tbd

Strategic Plan Objectives:

Primary Goal: 5 Establish Medical Support Infrastructure

Objective: 5.5 Expand and Improve Telemedicine Capabilities

Actions: N/A

Major Milestones

Milestones	Planned	Actual
Project Charter Approved	4/01/08	
Requirements Approved	tbd	
Design Complete	tbd	
Development Complete	tbd	
System Test Complete	tbd	
User Test Complete	tbd	
Training Complete	tbd	
Deployment Complete	tbd	

Key Work Products:

Tbd

Dependencies:

Tbd

Constraints:

Tbd

Risks:

Tbd

Project Team:

Delane Roberts - Project Manager

Other members tbd

Specific Performance Measures:

Tbd

Additional Information (Optional):

The Telemedicine Provider On-Boarding project is also part of the Telemedicine program, and is just being completed.

This Month:

- **Drafted Project Charter**
- **Documented existing telemedicine scheduling processes**
- **Proposed a high level design for an interim scheduling solution**
- **Selected a SME to assist with telemedicine project (Marc Stern, MD).**

Next Month:

- **Meet with Telemedicine Leadership Core Team**
- **Begin process to document existing processes relative to:**
 - **Technical support**
 - **Mental health telemedicine**
 - **Telemedicine services at the provider hubs**
 - **Telemedicine services at the institutions**
- **Advance design of interim scheduling solution**
- **Work to develop an inventory of telemedicine assets and needs**
- **Work with Marc Stern, Linda McKenny, and others to articulate an overall vision for telemedicine services**
- **Continue to evolve the Charter based on the vision that we articulate and seek approval from the stakeholders**



CALIFORNIA PRISON HEALTH CARE SERVICES PROJECT DATA SHEETS

GOAL 6

Clinical, Administrative & Housing

10K Bed-Administrative-Support-Facilities (ASF Team)
10K Bed-Integrated Care Team (IC Team)
10K Bed IT Activation Project
Site Activation - 33 Institutions

nProject Name: 10K Bed – Administrative Support Facilities (ASF)

Project Executive: John Hagar

Project Sponsor: Steve Cambra

Project Lead: David Runnels

Project Manager: Mitch Vaden

E-Mail:	mitch.vaden@cdcr.ca.gov		
Phone	916-764-4485	Proj ID:	PRJ078
Start Date:	November 2008	Est Finish Date:	March 2009

Solution Vision:

Activate seven Prison Health Care Facilities (10,000 Beds), in support of Goal # 6 of the Receiver’s Turn Around Plan of Action.

Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Project Description:

Develop a Service Delivery Program Model and identify the Organizational and Staffing Design necessary to support seven new California Prison Health Care facilities. Work closely with the Joint Venture Integrated Project Delivery (JV-IPD) Teams to develop a facility design that will support the mission of the California Prison Health Care Receivership.

Organization Impact:

1. Defined Facility Design.
2. Defined Facility Staffing Plan.
3. Provide information needed by the JV-IPD Teams to complete the facility design.

Project Purpose:

Provide Service Delivery Program Model and Organizational staffing Model to allow activation of 10,000 Beds in seven facilities on time, within budget and scope.

Strategic Plan Objectives:

Primary Goal: 6: Clinical, Administrative Housing
Objective: Manage and Report on the activation tasks
Actions: Plan, Monitor and Report

Major Milestones

Milestones	Planned	Actual
Complete “Staffing Level” Coordination for Master Schedule	12/12/08	12/12/08
Complete Preliminary Staffing Review	12/15/08	12/15/08

Complete Preliminary Analysis and Receive Decision on:	12/19/08	12/19/08
Evaluate Procurement Strategic Plan	12/31/08	12/24/08
Complete Warehouse Design Review	12/31/08	12/24/08
Complete Food Service Process	12/31/08	12/24/08
Complete Final Prototypical Facility Staffing Plan	03/13/09	03/13/09
<i>90-Day Project Closure</i>	03/27/09	

Key Work Products:

1. Action Plan/Schedule for the completion of work products.
2. Action Item Tracking Tool.
3. Risk and Issues Tracking Tool.

Dependencies:

1. Completion of TVD/EVD processes.
2. Staffing/Resource.

Constraints:

1. Aggressive schedule/timeframes

Risks:

1. None.

Project Team:

Sponsor:	Steve Cambra
Team Lead:	Dave Runnels
Assistant Team Lead:	Lisa Heintz
Project Manager:	Mitch Vaden
Owner Rep.:	Michael Bean
Owner Rep.:	Tom Felker
HR Lead:	Karen Coffee
Procurement Lead:	Susan Lew
IT Lead:	David Noronha

Specific Performance Measures:

1. Milestones, activities and task deliverables:
 - Facility Design,
 - Staffing Plan.

Current Lifecycle Status:

The Administrative Support Services and Facilities project is currently in the Planning phase of the project lifecycle. We are on schedule to complete the milestones specified above. Tasks and deliverables completed to date include:

- Documented ASF Team Charter
- Identified potential design impact areas-assigned team leaders
- Completed mandatory review of FPS Version 2
- Assessed and identified FPS areas with design/space/operational impact
- Assigned/obtained resources to address all impact areas.
- Developed/submitted Whitepapers to Leadership for review/decision
- Documented all Leadership recommendations and communicated to IPD
- Completed red line comparison of FPS Version 2 and 3
- Completed November action plans for remaining 90-day deliverables

In addition, the ASF Team has assessed and identified Facility Program Statement (FPS) areas with design, space or operational impacts, and submitted recommendation white papers to leadership for decision. The team has received decisions on the following facility design areas:

- Plant Maintenance
- Mails Services
- Food Service
- Fire Protection
- Security Perimeter
- Entrance Building
- Administration Building
- Visiting Room Location
- Central Control Location
- Fleet Management

In the first quarter 2009, ASF team members were embedded with and provided support for the Target-Value Design (TVD) and Extreme-Value Design (EVD) teams working on the 10,000 Bed project. They were very instrumental in the effort to generate and evaluate the 8 Big Ideas that resulted from the TVD processes. They provided subject matter expertise and administrative support in the analysis and cost-cutting activities performed by the TVD/EVD teams.

Project Name:
10K Bed – Integrated Care (IC) Team
Project Executive: John Hagar
Project Sponsor: Steve Cambra
Project Lead: Amy Rassen
Project Manager: Tray Freeman

E-Mail:	Tracy.Freeman@cdcr.ca.gov		
Phone	916-662-4760	Proj ID:	064
Start Date:	November 2008	Est Finish Date:	June 2009

Solution Vision:

Activate seven Prison Health Care Facilities (10,000 Beds), in support of Goal # 6 of the Receiver’s Turn Around Plan of Action.

Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Project Description:

Develop a Service Delivery Program Model and identify the Organizational and Staffing Design necessary to support seven new California Prison Health Care facilities. Work closely with the Joint Venture Integrated Project Delivery (JV-IPD) Teams to develop a facility design that will support the mission of the California Prison Health Care Receivership.

Organization Impact:

1. Defined Facility Design.
2. Defined Facility Staffing Plan.
3. Defined Patient Care model
4. Provide information needed by the JV-IPD Teams to complete the facility design.

Project Purpose:

Provide Service Delivery Program Model and Organizational staffing Model to allow activation of 10,000 Beds in seven facilities on time, within budget and scope.

Strategic Plan Objectives:

Primary Goal: 6: Clinical, Administrative Housing
Objective: Manage and Report on the activation tasks
Actions: Plan, Monitor and Report

Major Milestones

Milestones	Planned	Actual
Complete Initial drafts of Patient Care Models	12/15/08	12/15/08
Complete Initial drafts of Patient Care Models	12/15/08	12/15/08

	12/19/08	12/19/08
Draft staffing Models	12/31/08	12/31/08
Patient Care Model	1/15/09	1/14/09
Revised Space Program	1/15/09	3/5/09
Complete Model Facility Staffing Plan	3/31/09	
Complete Final Prototypical Facility Staffing Plan	3/31/09	
Review /Collaborate Prototype Design	5/15/09	
Prototype Design Completed	5/31/09	
30-Day Project Closure	6/30/09	

Key Work Products:

1. Action Plan/Schedule for the completion of work products.
2. Action Item Tracking Tool.
3. Risk and Issues Tracking Tool.

Dependencies:

1. Leadership Decisions.
2. Staffing/Resource.

Constraints:

1. Aggressive schedule/timeframes

Risks:

1. TBD

Project Team:

Sponsor:	Steve Cambra
Team Lead:	Amy Rassen
Assistant Team Lead:	Suzanne Streater
Project Manager:	Tray Freeman
Owner Rep.:	Kathy Page
Owner Rep.:	Cindi Ricker
Owner Rep.:	Catherine Knox
Owner Rep.:	Jim Lett

Specific Performance Measures:

1. Milestones, activities and task deliverables:
 - Facility Design,
 - Staffing Plan
 - Integrated Patient Care Mode
 - Facility Prototype Design

Executive Project Data Sheet

Project ID: 10K Bed IT project: PRJ064

Project Executive: Jamie Mangrum

Project Sponsor: David Noronha

Project Manager: Fred Eichstaedt

E-Mail:	Fred.Eichstaedt@cdcr.ca.gov		
Phone	(916) 764-4749	Proj ID:	PRJ064
Start Date:	Jan. 2009	Est Finish Date:	2013

Solution Vision:

The 10K bed program is designing, building and activating seven hospital facilities that will house 10,000 patient inmates in support of Goal # 6 of the Receiver's Turn Around Plan of Action. The 10K Bed IT Activation Project, together with other 10K bed partners and stakeholders is developing an IT program that will support all the IT application, infrastructure and operational needs of the seven hospitals.

Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Project Description:

Definition, management and reporting on the tasks, activities and projects for the IT activation of 10,000 beds. Gather requirements from all end users of the new facilities ensuring fitness for use and within planned budgets. Perform gap analyses and when needed supplement the project with sub-projects providing a complete and successful implementation of the hospital IT systems.

Strategic Plan Objectives:

Primary Goal: 6: Clinical, Administrative Housing

Objective: Manage and Report on the activation tasks

Actions: Plan, Monitor and Report

Major Milestones

Milestones	Planned
Project requirements gathering	Apr. 2009
Selection of Vendor / Applications	Jun. 2009
Establish Project Schedule and develop project management plans	Apr. 2009
Develop detailed project schedule.	Apr. 2009
Activation of the First Facility	Feb. 2011
Activation of the Second Facility	Apr. 2011
Activation of the Third Facility	Jul. 2011
Activation of the Fourth Facility	Jan. 2012
Activation of the Fifth Facility	Jun. 2012
Conduct Learning Sessions	

As of: March 15, 2009

Key Project Work Products

1. Fully documented list of IT requirements for the seven new facilities

Dependencies/Constraints

1. Project budgeting timetables.
2. Aggressive schedule and timeframes
3. Staffing and Resource availability.

Risks:

1. Funding
2. Needs of the facilities over or under the needs of Receivers "Turn Around Plan of Action"
3. Scope / Focus

Project Core Team Members

Team Members	Role
Jamie Mangrum	Executive Sponsor
David Noronha	Program Development
Dennis Hirning	Program Development
Fred Eichstaedt	Project Manager
Dave Winters	Infrastructure Lead
William Roush	Records Coordinator
Staff ISA	Application Lead
Bonnie Noble	Medical & Ancillary Services
Amy Rassen	Nursing / Medical / LTC
Dave Runnels	Security and Transportation
Lisa Heintz	Security and Transportation
Wendy Stills	Recidivism Rehab.
Paul Carlisle	Physical Rehab.
Michael Barks	Dental

Specific Performance Measures:

1. Project in compliance with Goal # 6 of the Receiver's Turn around Plan of Action.
Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Additional Information (Optional):

This project is unique from the others; most of the IT requirements for the seven new hospitals are being met with projects currently in progress in the 33 institutions. However as the meetings currently in process with our 10K bed champions bear fruit; we may see gaps between what is installed in the existing institutions and what is needed in the new hospitals. We may need to deploy new projects, modify existing projects, or modify customer expectations. This project is currently in very early stages of the Initiation life cycle. The following activities are currently in progress;

- New employee orientation, peer networking, team kickoff and development.
- Project realization and objective creation.
- Project requirement gathering
- Updating project applications and prison end user expectation matrix, defining gaps, customers, and project owners.
- Project definition
- Schedule development
- Identified the need for a “Case Management” project
- May need to create projects to support the following;
 1. Case Management
 2. Law Library
 3. Food Menu
 4. E-Learning
 5. Visitor Scheduling
 6. Mail system
 7. Trust Balance Account
 8. 10K Bed support for Claims Processing
 9. 10K Bed support for Chart Tracking
 10. 10K Bed support for Telemedicine
 11. 10K Bed support for HCSS
 12. 10K Bed support for Clinical Laboratory
 13. 10K Bed support for Pharmacy System
 14. 10K Bed support for Radiology PACS
 15. 10K Bed support for Document Management
 16. 10K Bed support for Dictation and Transcription
 17. 10K Bed support for BIS
 18. 10K Bed support for SOMS
 19. 10K Bed support for Clinical Data Repository

Project Name: Site Activations, 33 Existing
Project Executive: John Hagar
Project Sponsor: Richard Kirkland
Project Manager: Stephen M. Haag

E-Mail:	Stephen.haag@cdcr.ca.gov		
Phone	(916) 323-4226	Proj ID:	
Start Date:	November 2008	Est Finish Date:	January 2012

Solution Vision:

Ensure a safe, predictable, effective transition from construction activities to health care delivery operations at each of CDCR’s 33 existing adult institutions.

Project Description:

Activation planning is the process of defining, developing and executing activities associated with opening, moving into and initiating health care delivery at the new or renovated health care facilities.

Organization Impact:

Major impact on institutional personnel due to the level of planning and detail necessary to ensure a safe, predictable, effective transition to occupancy and health care delivery operations.

Project Purpose:

Develop detailed site specific activation plans for occupancy and transition to health care delivery operations at each of CDCR’s 33 institution locations.

Strategic Plan Objectives:

- Primary Goal: 6. Provide for Necessary Clinical, Administrative and Housing Facilities.
- Objective: 6.1 Upgrade administrative and clinical facilities at each of CDCR’s 33 Institution locations to provide patient-inmates with appropriate access to care.
- Objective: 6.3 Complete Construction at San Quentin State Institution.
- Actions: Plan, Monitor, and Report on the development of activation plans at each of CDCR’s 33 Institution locations.

Major Milestones

Milestones	Planned	Actual
Complete San Quentin Activation	12/01/2009	
Complete Avenal, Mule Creek, and 8 other sites TBD.	12/31/2010	
Complete balance of sites TBD	12/31/2011	

Key Work Products:

1. Activation plan for each of CDCR’s 33 existing locations.
2. Schedule of activations for each of CDCR’s existing locations.
3. Schedule and Milestone Management

Dependencies:

1. Assessments and planning activities for program and construction is completed.
 2. Availability of dedicated activation staff at project sites.
- Construction activities remain on schedule.

Constraints:

1. Continued project funding

Risks:

1. Not enforcing the transition from design and construction to activation/health care delivery at the new facility.
2. Eighteen to twenty-four month lead times are the norm. We have substantially less time/site.
3. Availability of dedicated staff at the project sites.
4. Resource requirements are not yet fully identified.

Project Team:

The core project team is comprised of:

- Richard Kirkland – Project Sponsor
- Lorretta Fine – Deputy Director of Activation Planning
- Stephen Haag – Project Manager

Executives, managers, technical support staff, and other site specific contributors support the core team and required.

Specific Performance Measures:

1. On-time transition to operations at each of CDCR’s 33 existing adult institutions.
2. Successful mitigation of risks.

Additional Information (Optional):

1. An ancillary goal is to boilerplate the task lists and activation plans as much as possible early in the site selections to reduce the impacts and refine the processes moving toward completion of 33 sites.

As of March 15, 2009:

A draft copy of the equipment review process in under consideration among the leadership team in preparation of development of a Standardized Equipment Catalog for use in equipment planning and acquisition for the remaining 31 existing institutions.

The preliminary Activation List has been prepared for Avenal State Prison (ASP). Approximately 223 clinical & medical spaces totaling approximately 42,000 SqFt is left to complete of construction already underway at ASP.

Construction, occupancy, and activation of ASP are scheduled for the end of this year. An initial introductory meeting with project stakeholders including CPHCS, ASP, and Vanir CM personnel has been completed. Details of the communications plan; rolls and responsibilities, processes, and reporting are currently being formulated among the Key activation team members / contributors.

Work is continuing as SQ with an anticipated occupancy date scheduled for the end of this year. Preliminary activation planning work is underway with Mule Creek State Prison (MCSP).

The project charter is under review with the Activation Leadership Team.

As of February 15, 2009:

Spaces and Equipment for the new CHSB are under review. Approximately 700 spaces have been identified for review categorized into Medical, Dental, Mental Health, Custody, and Administration. To date approximately 200 items of equipment are in the review process. Activity is brisk and urgent on the SQ project with an anticipated occupancy date scheduled for the end of this year. A draft copy of the equipment review process in under consideration among the leadership team. Once adopted, this review process will be utilized to formulate a "Standardized Equipment Catalog" for use in equipment planning and acquisition for the additional institutions. Details of a communications plan, rolls and responsibilities, Processes, and Reporting Structure are currently being formulated among the Constructor (Hensel Phelps), The Institution (SQ), the Construction Management Firm (Vanir) and CPR Headquarters. The project charter is under review with the Activation Leadership Team.

As of January 15, 2009:

Key activation contributors have been identified at SQ. Spaces, Equipment, Staffing, Initial supply components, reviewed and assembled into an activation check list. Assessments and preplanning efforts have been completed on four additional sites (Avenal, Mule Creek, CA Training Center, and CA Rehabilitation Center).

As of December 15, 2008

This project is in the very beginning of the initiation lifecycle stage. The Associate Director of Activation Planning has been brought on board. Construction is in progress at San Quentin and initial contacts have been made with local representatives at the site. The outer building envelope is nearly weather tight. Construction is estimated to be complete by the end of 2009. Initial requirements planning and project tracking for the creation of the SQ activation plan are in development at the very beginning stages.