

APPENDIX 22

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

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.

Recent changes to the organizational structure has largely put these efforts on hold. At present activities have been limited to that involving the MAPIP project. Over the past 30 days, change activities have been involved in constructing the prioritization definitions and documents/presentations for project initiatives out of the PMO.

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

Project Executive: Dwight Winslow, MD

Project Sponsor: Thomas Bzoscie, MD

Project Manager: Corey Langdale

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	On-hold
Conduct Statewide Learning Sessions	Jan-Nov 09	On-hold
Conduct Regional Workshops	Feb-Dec 09	On-hold

Key Work Products:

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

Dependencies/Constraints:

1. Project is in to process of being re-scoped; revised dependencies pending outcome of planning meetings

Risks:

1. Re-scoping effort required cancellation of planned learning sessions and regional workshops.

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 CDMP project has been put on hold. The Access to Care Integrated Leadership team is currently discussing scope and deliverables. Project data sheet will be updated to reflect new objectives as soon as planning is complete.

Project ID: Access to Care – Reception Center

Process Improvement

Project Sponsor: Jamie Mangrum, CIO

Project Manager: David Vercoe

Start Date: 07/01/08

Estimated Finish Date: June, 2010

Project Goal Statement:

The Reception Center process will provide initial triage to 100% of the Reception Center inmates on the day of arrival and a comprehensive healthcare assessment within two business days, providing the foundation of care management by establishing identification and timely treatment of contagious diseases, acute and chronic illness, or other health problems.

Project Tradeoff Matrix

	Not Flexible	Somewhat Flexible	Most Flexible
Resources		X	
Schedule			X
Scope	X		

Deliverables

1. Plan-Do-Study-Act assessment of reception processes.
2. Monthly reporting to Senior Leadership.
3. Rollout of new processes to twelve Reception Centers.
4. Ongoing evaluation and mentoring of Reception health care teams.

Major Milestones

Milestones	Planned	Actual
Determine pilot site	August, 2008	August, 2008
Hire project staff including physicians, project managers, nurses and leaders	Summer, 2008	Summer, 2008
Naming of appropriate staff, Subject Matter Experts, etc	Summer, 2008	Summer, 2008
Pilot site completion	December, 2008	December, 2008
Assessment complete – Remaining Sites	June, 2009	
Implementation Complete	May, 2010	

Dependencies/Constraints

1. Project is in to process of being re-scoped; revised dependencies pending outcome of planning meetings

Project Core Team Members

Team Members	Role
Annette Lambert	Access to Care Team Lead
Jayne Russell	Reception Team Lead
Mary Ann Simanello, RN, PhD	State-wide Nursing Consultant
Dr. Brett Williams	A2C Clinical Manager
Dr. Grace Song	Reception Clinical Mgr.
Doug Mudgett, RN	Nursing Manager
Michael McDonald	Custody Representative
Corey Langdale	A2C Project Manager
David Vercoe, PMP	Reception Project Mgr.
Project Subject Matter Experts	Health Care Managers Physician Champions
Site Subject Matter Experts	Associate Wardens Local Nurse Champion Local Physician Champion

Key Work Products

1. TDB

Risks/Constraints

1. Ricks to be re-assessed when project resumes

Specific Performance Measures

1. 95 percent or more of all inmates will have received a full health screening within two business days after arrival at the pilot institution Reception Center.
2. 95 percent or more of priority medications will be delivered to the inmate within 24 hours of arrival at the pilot institution Reception Center.
3. 95 percent or more of patients who needed primary care provider-line follow up appointments will be scheduled prior to leaving the pilot institution Reception Center.
4. 99 percent or more of Reception Center inmates will be triaged by a registered nurse or provider on the day of arrival.

Lifecycle:

The Reception Center project has been put on hold. The Access to Care Integrated Leadership team is currently discussing scope and deliverables. Project data sheet will be updated to reflect new objectives as soon as planning is complete.

Project Name: Access to Care – Primary Care/Sick Call

Project Executive: Dr. Kent Imai
Project Sponsor: Dr. Jeff Carrick
Project Manager: Brian Spray
Start Date: 07/08/08
Estimated Finish Date: 12/31/09 (revised)
Updated by: Brian Spray

Project Objective Statement:

The Primary Care/Sick Call project will create new standardized, reliable, and measurable sick call processes that will streamline workflow and ensure inmate/patients timely and quality access to medical care at all California Department of Corrections and Rehabilitation (CDCR) institutions. Within the scope of its individual Access to Care domain, the Primary Care/Sick Call project will promote the transition to a primary care model of care, emphasizing care coordination and accountability for patient outcomes.

Matrix

	Not Flexible	Somewhat Flexible	Most Flexible
Resources			X
Schedule	X		
Scope		X	

Deliverables (revised Feb 2009)

1. Project is in to process of being re-scoped; revised deliverables pending outcome of planning meetings

Major Milestones (revised Feb 2009)

Milestones	Planned	Actual
Establish pilot site criteria and performance measures for processes	11/13/08	11/13/08
Choose pilot sites to participate in sick call	11/13/08	11/13/08
Visit pilot sites to evaluate and establish process flows	12/23/08	12/23/08

Major Milestones

Milestones	Planned	Actual
Complete pilot site baseline data collection	2/28/09	3/27/09
Complete pilot implementation and evaluation at MCSP, CCWF and RJD.	On-hold	
Complete revisions and receive approval for new sick care chapter 4 policy	On-hold	
Complete implementation of approved sick call models and policies	On-hold	
Transfer project functions to programmatic operations	12/31/2009	

Dependencies/Constraints

1. Project is in to process of being re-scoped; revised dependencies pending outcome of planning meetings

Project Core Team Members

Team Members	Role
TBD	Clinical Manager
Doug Mudgett	Nursing Lead
Brian Spray	Project Manager
Richard Martin	Team Lead
TBD	Nursing Consultant
TBD	Nursing Consultant
Vickie Bertucci	Correctional Consultant
TBD	Core Team Member
Amanda Johnson	Clerical Support
Vacant	IT Consultant

Key Work Products

1. TBD

Specific Performance Measures

1. By 7/31/09 in pilot clinics 75%+ of medical 7362s collected will have time stamp.
2. By 7/31/09 in pilot clinics 80%+ of requests for clinical services will have clinical evaluation within 24 hours.
3. By 7/31/09 in pilot clinics 80%+ of scheduled routine will be seen by PCP within 14 days of triage.
4. By 7/31/09 in pilot clinics 70%+ of scheduled follow-ups will be seen within specified timeframe of face to face.

Issues

1. Project on hold pending re-scope
2. Data collection on-hold pending outcome of scope planning
3. Resources have been reassigned; team will have to be re-staffed when project resumes

Lifecycle:

The sick call project has been put on hold. The Access to Care Integrated Leadership team is currently discussing scope and deliverables. Project data sheet will be updated to reflect new objectives as soon as planning is complete.

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

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	3/31/09
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 April 15, 2009:

- Cost/Benefit appendices for the Central Region, San Quentin and California Medical Facility have been added to the Project Charter.
- Project detailed planning continues with project stakeholders.
- A Budget Change Proposal concept paper was completed for the project.
- Research into dialysis specific patient records software continues.
- The Dialysis Administrator has been hired and works out of the Central Region.
- Procurement Services continue research and development of a CPHCS statewide dialysis consumable supplies contract which will be used until the Department of General Services finalizes a statewide dialysis supplies contract.

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

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 April 15, 2009

EMR policy

- Received 20 self audits which are being reviewed by the EMR Nurse Consultant Program Review (NCPR).
- Began receiving Emergency Medical Response Review Committee (EMRRC) meeting documentation. EMR staff are reviewing and analyzing the minutes.
- Collection of potential revisions to the EMR policy continues.
- Continued to work with CPHCS/CDCR forms groups to get three EMR forms approved for the CDCR form catalogue.

BLS/ACLS certification and training programs

- Continued focus and follow-up by Clinical Operations on physician and mid-level (physician assistants and nurse practitioners) BLS/ACLS training program. Certification information is being captured in Credential Smart information system.
- Nursing services is conducting a series of surveys to determine BLS and ACLS training needs. The first survey collected information about BLS and ACLS for employees in the Triage and Treatment Areas (TTA's). The survey indicated that 86% of employees working in the TTA's are ACLS certified (100% American Heart Association certified) and 99% of employees working in the TTA's are BLS certified (99% American Heart Association certified).

Equipment standardization

- A Budget Change Proposal concept paper for FY20010/11 was completed to establish multi-year, regular funding for EMR equipment standardization and expanded placement.

Project Name: Health Information Management
Project Executive: Jamie Mangrum
Project Sponsor: Justin Graham, MD, MS and
 Bonnie Noble, RN, PhD.
Project Manager: Michelle Colodzin

Start Date:	9/1/2008	Est Finish Date:	2/13/2009

Solution Vision:

Objective of the HIM project is to contract for health records management and staffing functions to transition the current HIM operation to one based on industry best practices and standards applicable to the correctional environment. The goal is for the selected vendor to establish a health information organization including management and line staff, policies and procedures, quality assurance and governance so that the health records function is able to smoothly transition to the long term goal of an Electronic Health Record (EHR).

Project Description:

Phase I: This phase of the project will deliver HIM compliance standards, a current status assessment and a remediation bridge plan/roadmap that will serve as the infrastructure for Phase II the Master (HIM Remediation) Work Plan

Organization Impact:

The Health Information Management Project will introduce changes that will ensure timely updates to inmate-patient health records and provide a complete and accurate health record to clinical/medical staff whenever and wherever needed.

Project Purpose:

Phase I will deliver a comprehensive roadmap to CPHCS that will be the basis for the Master Work Plan that will be presented to the Receivership for approval in February 2009.

Strategic Plan Objectives:

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

Major Milestones

Milestones	Planned	Actual
Project Kickoff	9/2008	9/2008
Project Charter Approval	9/2008	11/2008
Deliverable I	10/2008	10/2008
Deliverable II	11/2008	11/2008
Deliverable III	1/2009	2/18/09
Phase I Completion	2/2009	TBD

Key Work Products:

1. Project Charter (Phase I)
2. HIM Project Steering Committee Charter
3. Deliverable I: Compliance, Regulations and Best Practices (Analysis and Recommendations)
4. Deliverable II: Current State Assessment
5. Deliverable III: Remediation Roadmap

Dependencies:

1. Acceptance of Compliance Standards
 - a. Best Practices
 - b. Privacy Policy
2. Comprehensive current state assessments
3. Completion of the electronic document management system using EMC Documentum and OrionHealth or a clinic frontend portal/system.

Constraints:

1. Time limitations
2. Undocumented processes and procedures
3. Competition for internal resources

Risks:

1. Delay in SME consultation to other projects due to cancellation of the SOURCECORP contract may result in rework for HIM and/or other dependent projects

Project Team:

The HIM Project team is currently comprised of approximately seven (7) team members that include representative staff from CPHCS, CPR, and SOURCECORP. SOURCECORP team members will roll-off the project no later than May 31, 2009

Specific Performance Measures:

1. Monthly HIM Steering Committee Meetings
2. Internal Peer Review
3. Executive Sponsors Review
4. Status Reports (all levels)

Additional Information (Optional):

1. Lifecycle Phase: Execution/Development
2. SOURCECORP was issued a Stop Work Order and Contract Termination notice on March 30, 2009.
3. Two SOURCECORP SMEs remain on the project to close-out current activities and assist with development of a transition plan. These team members will be rolled-off the project no later than the end of May 2009.
4. An HIM Working Group was established to address short, medium and long-term strategies for maintaining project progress.

Project Name: Medication Administration Process Improvement Program (MAPIP)

Project Executive: Karen Rea

Project Manager: G. Robinson

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.

Major Milestones

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):

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	March 09
Begin pilot of new MAPIP methodological processes	March 09	March 09

Current Project Positioning Within Lifecycle

Workgroup tasks are delivering on time; process flow mapping is drawing to a close with the deliverable of flow maps being produced. The next phase will integrate the maps to produce the ‘best practice’ map.

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

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 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
Ms. Cheryl Schutt, Regional Director of Nursing
Ms. 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. The number of pending inmate requests for service have been reduced to reasonable numbers because weekend and evening clinics have been implemented to address the backlog of requests. Vacant physician positions are being rapidly filled, with 10 physicians in the pipeline to become state employees in the near future.

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

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
SATF Report	Sept 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):

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

Staffing assessment is ongoing in conjunction with the work being performed on the MAPIP project, and remains dependent upon results being produced in Access to Care initiatives.

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

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) evaluations 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	
Perform Public Health Evaluations	12-01-09	
Develop and Complete Action Plans	12-01-10	
Implement Public Health Surveillance Systems	5-1-10	

Key Work Products:

1. 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 Workload Analyses and Action Plan
3. Public Health Unit Systems Analysis and Design
4. Ongoing Tracking Processes and Systems for all sections in the Public Health Unit.

Dependencies:

1. Action Plans require the completion of respective evaluations and workload analysis
2. 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

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Where the Project is in the Lifecycle:

This project will require the completion of four (4) public health evaluations and integration of Public Health information system requirements. One of these evaluations, Inmate Peer Education, continues to progress. The design for this evaluation has now been broadly reviewed. A draft design of another evaluation, TB Alert Coordinator, is now complete and is being reviewed. The designs for the other 2 evaluations are being developed currently.

System design documents are complete for the clinical data registry and are under development for CDR. The CDR specifications will require more effort to consider input from the development team and all 33 CDCR institutions. A prototype that includes public health registry requirements is currently being developed.

Executive Project Data Sheet

As of: 04/15/2009

Project Name: Panoramic Dental Imaging

Clarity ID: PRJ097

Project Executive: Diana Toche, DDS
Project Sponsor: Jamie Mangrum
Start Date: 09/02/08 **Est. Finish Date:** 06/30/11

Solution Vision:

To provide appropriate and timely Panoramic and intra-oral dental imaging and interpretation services for the incarcerated population at all CDCS institutions and facilities.

Project Description, Phase 1:

Increase image capacity. Allow storage of many more digital Panoramic and intra-oral dental images preventing the possibility for deletion of new or existing images.

All existing and new digital Panoramic/intra-oral images generated at CDCR dental clinics must be retained indefinitely.

Organization Impact:

DCHCS, IDSP currently uses Planmeca Promax X-Ray Devices at the various prison sites installed in their most basic configuration. They are currently paired with a stand-alone viewing and image storage workstation. The current configuration fails to meet certain legal requirements. Unfortunately, there is currently a potential for deletion of images when the limited workstation storage capacity is filled. Consequently, digital image retention is the primary focus of Phase 1.

Project Purpose:

Plan and execute the installation of sufficient digital storage across CDCR dental operations to ensure all images are retained as required under the law.

Strategic Plan Objectives:

Primary Goal: 5: Medical Support Infrastructure
Objective: 5.3: Radiology and Laboratory Services
Actions: 5.3.1: Establish Strategy for Improvements

Major Milestones

Milestones	Planned	Actual
Create new SOW	4/30/09	
Contract Amendment	5/8/09	
Qualified installation scripts		
Begin installation rollout		

Key Work Products:

1. SOW
2. Detailed Installation Scripts
3. P&P updates for interim image retention

Dependencies:

1. Change Order for MSI involvement
1. Availability of contracted services
2. Timely release of purchase orders

Constraints:

1. Purchase orders not delivered in a timely manner.
2. Complexity of storage installation.

Major Risks:

TBD

Project Team:

The core project team is comprised of select MSI management and SMEs under the guidance of the PMO. Leadership for this project is comprised of the State Dental Director and select staff.

Specific Performance Measures:

1. Achieve consensus on scope and requirements for Phase 1 of the project
2. Prepare process flow diagrams and use cases that are approved by SMEs
3. Timely installation of needed additional storage devices for digital images.

Current Status:

This project has been put on hold for evaluation. MSI has been engaged to produce a new, narrowly defined SOW to cover the interim storage needs for dental images until a networked, integrated statewide solution is in place. MSI plans to engage Western Blue as a sub-contractor and assume responsibility for this phase of the project in its entirety. Phase II activities, as detailed in the original SOW are encompassed in the current Performance Agreement with MSI for Imaging Services.

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

Start Date:	10/28/2008	Est Finish Date:	9/30/2009

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	5/4/2009	
Release 2 Pilot SS/Time Go-Live	7/1/2009	
Release 2 EG/Travel /LSO/WC Go-Live	8/1/2009	
Release 2 PCP/FI Int Payroll I/F Go-Live	8/1/2009	
Release 2 Pilot Completion	9/30/2009	

Key Work Products:

1. Identification of CPHCS BIS HR/Nursing users and security roles
2. CPHCS BIS HR/Nursing Training and Support Plan
3. Identification of business processes, security roles and system configuration requiring modification for CPHCS HR/Nursing
4. Power users Sign-off for UAT
5. Change Agents and Steering committee Sign-off for Release 2 completion (09/30/2009)

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
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 August 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 May 4, 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.

Project Name: Clinical Data Repository
Project Executive: Glen Moy / Justin Graham
Project Sponsor: Jamie Mangrum
Project Manager: Tammy Sullivan-King

Start Date:	07/01/2008	Est Finish Date:	06/30/2010

Solution Vision:

Implement a centralized clinical data repository and portal solution that serves as the foundation for an enterprise-level, integrated Health Information Management System.

Project Description:

Compile health data - Clinical, Mental Health, and Dental - obtained from several disparate data sources into a unified health information management system.

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:

To begin establishing a longitudinal (end-to-end) Electronic Health Record for every CDCR inmate.

Strategic Plan Objectives:

- Primary Goal: 5:Medical Support Infrastructure
- Objective: 5.4: Clinical Information Systems
- Actions: 5.4.1: Medical Data Repository

Major Milestones

Milestones	Planned	Actual
Solution Design Approved	12/5/08	
Solution Design Complete		
Solution Build & Test Begin	03/02/07	
Testing Plan Approved	4/20/09	
Training Plan Approved	4/30/09	
Pilot Site #1 Training	4/20/09	
Pilot Site #1 Go Live	6//26/09	
Pilot Site #2 Training	7/6/09	
Pilot Site #2 Go Live	7/13/09	
Pilot Site #3 Training	7/20/09	
Pilot Site #3 Go Live	7/27/09	

Key Work Products:

1. Solution Design Document
2. Re-Baselined Project Schedule
3. CDR Project Plan

Dependencies:

1. CPHCS Network Project
2. CPHCS Data Center Project
3. CPHCS End-User Computer Rollout
4. Maxor Pharmacy (Guardian) Project
5. Trading Partner Data Agreements – Quest and Foundation Laboratories

Constraints:

1. CPHCS Network Rollout Schedule / Decisions
2. Maxor Guardian Rollout Schedule / Decisions
3. CPHCS Data Center Implementation Schedule / Decisions

Risks:

1. Verizon Data Center availability
2. Source Data from CDCR legacy systems quality and availability
3. VzB and IBM Technical Collaboration

Project Team:

The Clinical Data Repository’s core project team is comprised of approximately thirty (30) team members that include representative staff from CPHCS, California Prison Receivership Corp., IBM, Oracle, Initiate Systems, and Orion Health.

Specific Performance Measures:

1. User Group Sessions w/Subject Matter Experts are held to validate and approve use cases.
2. Scope and requirements are agreed upon and validated by system component (Clinical Portal, Clinical Data Repository, Enterprise Master Patient Index) Subject Matter Experts
3. Key System Performance Indicators (as stated in Solution Outline Document)

Additional Information (Optional):

Phase Alignment CPHCS/IBM:

1. Currently in the Planning/Solution Design Phase
2. Budget Forecast is available upon request.

The Clinical Data Repository Project is currently in the Solution Build & Test Phase having completed the solution design collaborative with VzB. The IBM team is engaged in the re-baseline of the project schedule to include the hours increase prescribed post the Solution Design phase while continuing with solution Development and Integration Test activities.

In March, the project team's primary focus is ensuring that QA and PROD solution stacks are seated properly within the VzB Data Center A (DCA). This includes a collaboration effort between the IBM and VzB technical teams with IBM performing the build of QA with VzB providing oversight and VzB performing the build of PROD with IBM oversight.

The new date issued for Pilot 1 Go-Live remains as June 26, 2009 although the seating processes at the DCA has created unforeseen hindrances. This date shall remain the target until information is provided that would drive a schedule modification.

Project Name: Central Fill Pharmacy Project
Executive: Elaine Bush
Project Sponsor: Bonnie Noble, Jamie Mangrum, Justin Graham
Project Manager: Erick Rendón

Start Date:	December 2008	Est Finish Date:	Dec 2011

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	

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. Long lead time in payments of invoices
3. LEED Certification time and cost
4. Losing key resource in June
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):

Beta-site implementation

May 10

The project is still technically in planning.

A major milestone of delivering design requirements and specifications handed over to landlord has been completed. Have met with landlord and currently in negotiations for the leasing contract between landlord and 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; while initial down payment for has been completed, continual delays in payment will hamper 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 due to implementing 2 to 3 prisons in staggered format we anticipate completion by Winter 2012. 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

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 implementation phase. Department lead (HPM II) hired. On-boarding completed in March 2009. Working with Plata Support HR to hire transcribers. Expect to have all telecommunications circuits in place by mid April 09. Finalized workflow configuration with Crescendo in preparation for train the trainer sessions and system implementation to begin week of April 13th and complete by May 1st.

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

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
Interim Equipment Services contracts awarded	Apr 10	
Initiate file room remediation visits	Apr 13	
Ultra Sound mobile contact language complete	Apr 24	
General Rad RFP Draft	Apr 28	
Flourosocopy Equip. RFP Draft	Apr 30	
Proposal for Interim Dental Support	Apr 30	

Key Work Products:

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

Dependencies:

1. CPHCS Data Center project.
2. CPHCS Telemedicine project.
3. CPHCS 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, CDCR, 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 ILCT

Additional Information (Optional):

Current Project Status:

Phase 0, The MSI Operations team have finished a schedule of institutional visits in order to complete the assessment cycle, included in Phase 0. Phase 0 was formally closed on March 16th with some residual work remaining for the Professional Services team to complete, due to scheduling issues. Phase 0 will overlap Phase 1 which is scheduled to start in mid March. The stakeholders Kickoff meeting was very well attended and generally considered informative and a good use of attendee's time.

The Operations team has prepared document sets covering current and future state workflows in the institutions. These will be used in conjunction with other documents for the stabilization visits beginning next week. The visits are sequenced based on the availability of supplies for file room cleanup process. Pre-notification letters have gone out. Reviewing and developing job descriptions for radiology staff and technologists.

The Technical team met with EMC Documentum vendor, dental leadership and Crescendo's technical staff to understand issues and functionality as it relates to RIS/PACS. Documented initial draft of proposed new equipment requirements and associated power needs. This team continues to address critical equipment issues at some sites (tracked in the Issues Log).

The Professional Services team is working to complete visits to a few remaining sites. This team, in collaboration with all of MSI, CPHCS, etc. is driving to complete rewrites/updates of select service contract language for imaging equipment currently in the field. Work is also progressing on development of RFP language for basic radiology and fluoro equipment to support SQ and ASP construction timelines.

Project Name: Clinical Assessment Tool

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

Project Sponsor: Dr Ricki Barnett

Project Manager: Carl Block

Start Date:	3/12/09	Est Finish Date:	7/31/09

Solution Vision:

Provide a short-term capability to gather general clinical assessment information about patients in the Receiver’s 4th Region (Mini-Region) to enable executive decision making based on patient population information.

Project Description:

Create an automated tool to collect and store patient assessment population data in a central database and allow for statistical reports to executives based on the collected information. The tool shall be designed to be used in areas without network connectivity, such as Infirmaries, Yards, and Reception Centers.

Organization Impact:

Enables executives to make policy decisions supported by statistical information about the patient population in the Mini Region.

Minimizes workload on clinical staff by creating an automated tool in a hand-held computer to ease data collection.

Strategic Plan Objectives:

Primary Goal: 1 Ensure Timely Access to Health care Services

Objective: 1.4 Standardized Utilization Management System and Case Management System

Major Milestones

Milestones	Planned	Actual
Project Charter Approved	4/20/09	
Test Paper-Based Assessment Tool	4/20/09	
Define Automated Assessment Requirements	4/30/09	
Implement Software for Automated Assessment Tool	5/31/09	
Test Automated Tool	6/15/09	
Deploy Automated Tool to Pilot Site	6/24/09	
Deploy Automated Tool across Mini-Region	6/30/09	

Key Work Products:

1. Automated Assessment Tool that can be operated on hand-held computers in Mini-Region
2. Central database to store assessment results
3. Statistical reports from central database

Dependencies:

1. Procurement of handheld computers
2. Network capable of operating with handheld computers

Constraints:

1. State CIO must approve waiver to purchase non-standard handheld computers

Risks:

1. CDCR network may be unable to operate with handheld computers at some institutions.
2. Insufficient budget to purchase additional hand-held computers.
3. Several project team members are working on other projects in parallel
4. Short time for execution of plan.

Project Team:

Mr. Carl Block, Assessment Project Manager
 Dr Jim Lett, Physician
 Mr. David Noronha, Software Development
 Mr. Tjetjep Effendie, Software Development
 Mr. Bob Johnson and Dave Vercoe, Handheld Computers

Specific Performance Measures:

1. Perform automated assessment at 4 mini-region institutions
2. Extract statistical report for each institution

Additional Information (Optional):

The project is in the requirements gathering planning phase. During early April, Mr Effendie developed a prototype of the electronic assessment tool. Dr Lett performed initial visits to the mini-region institutions in order to validate the questions on the paper-based assessment tool.

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

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. Improved healthcare and reduction in crisis management should result.

Project Description:

The 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. Implementation Phase 2 has been redefined. It will now entail deployment of a single, centrally located desktop and printer in each of the 33 Institutions. The workflow model has been changed from Point of Care data entry by clinicians to Back Office clerical data entry from Patient worksheets completed by clinicians in the Yard clinics. The clerical role will include generating reports and updated patient worksheets for clinician to capture data on chronically ill patients during follow up visits. Regional and Statewide Administration will also be able to generate reports on various types conditions or utilization of medications and types of lab results.

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) was cancelled by Sponsors in favor of a revised scope of effort for Version 2. Version 2 will support a Back Office, centralized data entry by a clerk (OA or OT). The Registry clerks (one at each Institution) will enter data from Patient Worksheets filled out by clinicians during chronic disease patient visits. A recommended system and operation workflow will be provided to all Institutions as part of pre-implementation training. Version 2 will also include Web-based reporting at facility, regional and statewide levels.

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
Revised Scope and Vision	3/23/09	3/23/09
Development & Testing Software Version 2	4/23/09	
New Clinical forms and procedures tested in a clinic	5/15/09	
Deployment to 33 sites	6/30/09	

5. 95 % of identified Asthma Patients are identified in each institution are capture in the Registry within 1 week of implementation.

Additional Information (Optional):

- 1.
- 2.
- 3.

Project Name: Maxor Pharmacy Conversion
Project Sponsor: Betsy Chang Ha, Jamie Mangrum
Project Manager: Ed Mondragon

Start Date:	June 2007	Est. Finish Date:	December 2009

Solution Vision:
 Implement a computerized prescription software management system in all institutions to improve tracking, safety and dispensing of drugs with enterprise wide information availability.

Project Description:
 Pharmacy software conversion – Implement Guardian Rx software in all 33 adult prison pharmacies. Execute workflow processes, policies and procedures necessary to support best practice pharmacy operations throughout the prison and across all disciplines.

Organization Impact:
 Improvement of processes, policies and procedures by site personnel. Improved dispensing accuracy and accountability of prescriptions.

Project Purpose:
 Manage and process medications to safely and accurately dispense and administer medications.

Strategic Plan Objectives:
 Medical Support Infrastructure
 Pharmacy Program
 Pharmacy Policies and Practices

Major Milestones

Milestones	Planned	Actual
Complete 19 pharmacy conversions	January 2009	January 2009
Complete 21 pharmacy conversions	March 2009	
Complete 23 pharmacy conversions	April 2009	
Complete 25 pharmacy conversions	May 2009	

Specific Performance Measures:

1. Point of service metrics pharmacy
2. Point of service metrics nursing

- Key Work Products:**
1. Pharmacy workflow modifications
 2. Clinical process modifications
 3. Medical management gap analysis
 4. Network and Migration Plan
 5. Weekly project workflow plan
 6. Budget documentation
- Dependencies:**
1. Third party software vendors
 2. Space constraint --pharmacy size
 3. Space constraint--Computer access locations
 4. Network dependency- Healthcare Network project and the information technology infrastructure build out project
 5. Procurement dependency
 6. Construction dependent-- if necessary
 7. Clinical staffing and recruiting dependant

- Constraints:**
1. Network Rollout Schedule
 2. Existing infrastructure
 3. Data Center Implementation Schedule

- Risks:**
1. Network performance issues with existing infrastructure
 2. Space and/or construction requirements
 3. Long lead times for equipment or network installations

Project Team:

Team Members	Role
Ed Mondragon	Project Management Lead
David Thomas	Project Management
Jason Gentry	Project Management
Phil Jarvis	Project Management
Erick Rendon	Central Fill Project Management
Grace Dodd	Clinical Process Improvement Advisor Lead
Rosalia Malonzo	Clinical Process Improvement Advisor
Suellen Clayworth	Clinical Process Improvement Advisor
Gloria Myers	Clinical Process Improvement Advisor
Terri Van Aalst	Clinical Process Improvement Advisor
Debra Truelock	Sr. Analyst
Peter Boyum	Analyst
Breanna Long	Office Technician
David Williams	SISA Special Projects
John Dovey	Custody Liaison

3. Network speed and availability**Additional Information (Optional):**

1. Pre-implementation software integration work is in progress at Pelican Bay.
2. Carepoint purchase order has been approved and software modifications have begun.
3. Revisiting the project schedule due to other mitigating factors such as construction and other project schedules.

Project Lifecycle:

The project is in the execution and controlling phase. The team converted the pharmacies at Salinas Valley which brought the total conversions to 20 by March 2009. The team is currently in the implementation phase at CA Correctional Institute, Wasco, Pelican Bay and CA Rehabilitation Center.

One additional institution will begin their pharmacy conversion each month beginning in April 2009 and the central pharmacy implementation will run concurrently to finish with the last pharmacy conversion.

Project Name: Electronic Medication Administration Record (eMAR)

Project Executive: Elaine Bush

Project Sponsor: Bonnie Noble, Jamie Mangrum, Justin Graham

Project Manager: Erick Rendón

Start Date:	February 2009	Est Finish Date:	Dec 2011

Solution Vision:

Implement an eMAR system to compliment the centralized pharmacy system; the eMAR system will track, log and provide current prescription history at any point of service to employees at all 33 prisons.

Project Description:

The implementation of an Electronic Medication Administration Record (eMAR) solution will compliment and integrate well with Guardian Rx. The eMAR will improve patient safety, efficient medication administration and documentation while increasing patient medication tracking, inventory control, patient utilization and compliance data. These benefits all fall under the receivers goals to “integrate use of electronic MAR and barcode checking to ensure that the right medication is administered to the right patient at the right time.”

Organization Impact:

Immediate reduction in tasks done by sites personnel but eliminating paper trials and ability to locate patients medications history from any point of service in all facilities once fully installed. 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.

Project Purpose:

To reduce cost and errors; increase patient utilization by better patient tracking and reduce waste by limiting local pharmacies to limited stock because eMAR will be tied to inventory management system and update real time.

Strategic Plan Objectives:

Primary Goal: 5.0 Medical Support Infrastructure

Objective: 5.1 Pharmacy Programs

Actions: 5.1.3 Electronic Medication Administration Record

Major Milestones

Milestones	Planned	Actual
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Key Work Products:

1. Request for information
2. Review Request for information
3. Grant FRO

Dependencies:

1. Maxor Pharmacy (Guardian) Project
2. Data Center Project
3. Network Project

Constraints:

1. Maxor Guardian Rollout Schedule / Decisions
2. CPHCS Network Rollout Schedule / Decisions
3. Central Fill Pharmacy
4. Procurement

Risks:

1. State mandated furloughs affecting key
2. Pharmacist Subject Matter Expert
3. Funding
4. Long lead times for procurement

Project Team:

Project Manger: Erick Rendón

Consulting: Project Manager

Specific Performance Measures:

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

Additional Information (Optional):

Develop and send RFI	Feb 09	Feb 09
Review RFI with sponsor	Mar 09	Mar 09
Contract for RFO	Apr 09	
Develop RFP	Jul 09	
Select Vendor	Aug 09	
Beta-Site implementation	May 10	

The project is still technically in analysis phase. We have met with a small group and selected a high level scope. We sent out over 35 RFI's and received responses from 7 vendors. Most vendors are able to meet the overall high level scope but many question still are unanswered. Reviewed responses and determined that due to budget, we can not proceed until at least the beginning of next fiscal year.

Our next steps is to obtain funding, EAW was developed and submitted for budgeting. Unfortunately because the initial RFI scope was so broad the cost estimates are too high in my opinion since the vendors could not adequately price based on scope and since only a few responded the average ongoing cost is estimated too high. We also need to select a consulting firm to assist us with developing an RFP and then processing the RFP to select a vendor.

The preliminary estimate is that eMAR will be implemented concurrently with Central Fill Pharmacy.

Project Name: Health Care Appeals Tracking System

Project Sponsor: Ms Theresa Kimura-Yip and Mr Jamie Mangrum

Project Manager: Stan Ketchum

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	02/17/09	02/18
Vendor Start	4/3/09	7/1/09
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):

The project has been placed on hold until July 2009 due to budget constraints. Despite the delay to July, Eskel Porter has been selected to implement HCATS and the contract is been executed for a July 1 start date.

Project Name: Health Care Scheduling System (HCSS)

Project Executive: Elaine Bush

**Project Sponsors: Jamie Mangrum,
Dr. Dwight Winslow, Karen Rea**

Project Manager: Sara Davis

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 & Intent to Award	7/09/09	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
6. State Budget delays will affect project schedule
7. High level of dependence on SOMS, Network, and Data Center schedule

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

Additional Information (Optional):

We are in the Vendor Evaluation & Selection (Procurement) Phase. Tier 1 and Tier 2 evaluations are complete and 3 Finalist vendors have been selected. Vendor Demonstrations have been scheduled for later in April. Finalist vendors will be submitting their Best and Final Offers by June 8, 2009.

Project Name: Laboratory Services Management

Project Executive: Terry Hill, M.D.

Project Sponsor: Bonnie Noble

Project Manager: Steve Ruhnau

Start Date:	8/1/2007	Est. Finish:	6/30/2012

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	3/19/2009
Lab Remed. Contract Start	8/1/2009	
Lab Remed. Phase 1 Done	6/30/2012	

Key Work Products:

1. Establish Core Leadership Team for Lab Services - Done
2. Establish Exec Steering Committee for Lab Services - Pending
3. RFP prepared and ready to distribute to Bidders for Lab Services Remediation - Done
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. Outreach efforts were conducted to mitigate this risk
- *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. Outreach was conducted to make vendors aware early to mitigate this risk.
- *Project Manager Re-Assignment* – The Lab PM was re-assigned to Program Mgmt work for Ancillary Services which will delay selection and start of remediation vendor by 3-4 weeks.

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

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 Rosie Williams - IT Operations Manager

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 4-15-09, the MHTS Upgrade project is in the development phase. A series of 3 design reviews were held in March 2009. After the development team completed the final design review on 3-25-09, the project manager authorized them to begin development of the database conversion tool. The final design document will be provided to the government after verification that the planned database schema appropriately captures all converted legacy data.

The project is approximately 2-weeks behind schedule. Primary reason for the delay was the need to hold addition design reviews to complete the review of all aspects of the system. Secondary reason is that data conversion is more problematic than anticipated, and M headquarters has requested standardizing a number of data fields that were not standardized in MHTS-Legacy.

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

Start Date:	2/1/09	Est Finish Date:	2/01/2011 (to be confirmed)

Solution Vision:

This project will deliver an improved telemedicine program to CPHCS, resulting in significantly improved access to care and quality of care for CDCR inmates, while significantly reducing cost and increasing effectiveness of health care service delivery at CDCR institutions, and providing a positive return on investment.

Project Description:

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

Organization Impact:

- Reduces cost
- Improves access to care

Project Purpose:

Improve and expand telemedicine services.

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	5/01/09	
Project Plan and Schedule approved	7/1/09	
Phase 0 deliverables (process documentation and gap analysis) completed and approved	7/1/09	
Phase 1 deliverable (Project Roadmap) completed and approved	10/1/09	
Phase 2 deliverables completed (TBD)	tbd	
Phase 3 deliverables completed (TBD)	tbd	
Closeout deliverables completed	tbd	

Key Work Products:

The key work products are shown below, by phase.

Project Initiation

- Project Charter

Project Planning

- Project Plan
- Project Schedule

Procurement

- Procurement documents to be determined.

Execution

For each Execution phase

- Detailed Project Schedule

Phase 0:

- Documentation of existing process flows.
- A detailed gap analysis setting forth necessary improvements.
- The design, development, and implementation of an interim automated scheduling solution.

Phase 1:

- Telemedicine Roadmap.

Phase2:

- Telemedicine Pilot
- Other Phase 2 deliverables will be developed in the Phase 1 Telemedicine Roadmap.

Phase 3:

- To be developed in the Phase 1 Telemedicine Roadmap

Closeout

- Lessons Learned Report
- Other closeout deliverables to be determined

Specific Performance Measures:

Tbd

Dependencies:

The following information technology in scope items are dependent on the completion of the associated systems:

- Integrate telemedicine with the Health Care Scheduling System (HCSS), under development.
- Integrate telemedicine with Laboratory Services system, under development.
- Integrate telemedicine with the Clinical Imaging Services system, under development.
- Integrate telemedicine with electronic records management system under development.
- Integrate telemedicine with other CDCR systems, existing and under development, to be determined.

The project is dependent on continued support and funding from CPHCS and CDCR.

The project is dependent on the availability of human resources to serve as project team members, and as subject matter experts.

Other dependencies will be discovered and logged as the project progresses.

Constraints:

Tbd

Risks:

Risk of poor adaption of telemedicine because of resistance to change within CDCR

Risk of delay in other Receivership projects upon which parts of the telemedicine program are dependent. Most important are initiatives relating to scheduling, imaging, lab, and medical records.

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 has been completed.

Activities This Month:

1. Produced process documentation relative to the scheduling and telemedicine equipment maintenance functions
2. Prepared surveys of telemedicine assets and needs. Assets include telemedicine equipment, staff, and physical space. Needs are represented by the backlog of specialty services at the various institutions.
3. Prepared an initial budget for the telemedicine project, and reviewed with Project Management Office.
4. Initiated the development of an interim scheduling system to address telemedicine scheduling needs until the Health Care Scheduling System becomes available.
5. Published an initial draft of the Project Charter and sent to sponsors for review.

Activities Next Month:

1. Meet with Telemedicine Leadership Core Team
2. Document existing processes relative to:
 - a. Technical support
 - b. Mental health telemedicine
 - c. Telemedicine services at the provider hubs
 - d. Telemedicine services at the institutions
 - e. Advance design of interim scheduling solution
3. Complete an inventory of telemedicine assets and needs
4. Publish version 1.0 of Charter and review with sponsors.
5. Publish initial project schedule

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

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

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	In progress
Monitor, evaluate, and support InterQual implementation	Jan. 2009 – Dec. 2009	Ongoing
Establish pilot criteria and census data for Bed Access processes	Dec. 2008 – March. 2009	March 31, 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 (consists of subprojects listed separately on project data sheets)

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

Start Date:	11/2/2007	Est Finish Date:	6/30/2010

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 Pilot Go-Live	5/4/2009	
Release 1B (accounting) Regional Accounting Offices Go-Live	5/4/2009	
Begin Institution Pilot	6/1/2009	
Release 1C (CPHCS requirements) Go-Live	1/1/2010	
All Institutions Live	6/30/2010	

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 initial core project team consisted primarily of the project manager, who acted as the Receiver's BIS representative and advisor, supported by subject matter experts, who participated in project workshops and user acceptance testing. To support HQ deployment, four CPHCS staff attended BIS train-the-trainers classes and trained/supported CPHCS staff. To support the remainder of CPHCS’s deployment, the project team has been expanded to include two additional project managers and several more subject matter experts.

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. An institution is planned to begin pilot operations on July, 1 2009 and will include health care and all Release 1 and 2 functions. The schedule for the deployment of the remainder of the institutions will be determined based on successful pilot operations.

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. Organization management and personnel actions is planned for deployment to headquarters (as a pilot) beginning in May 2009. All functions are planned to be operational in headquarters and the pilot institution by July 2009. In addition, CPHCS specific requirements modifications for BIS are planned to be addressed after July 2009, with a tentative implementation date of January 1, 2010.

Project Name: Claims Mgt. and Invoice Processing

Project Sponsor: Jamie Mangrum, CIO

Project Manager: Holly Lasiter

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	4/2/2009
Contract Start Date	3/23/2009	4/13/2009

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 may 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 vendor has been awarded and is under contract.

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

Start Date:	12/8/2008	Est Finish Date:	8/14/2009

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	3/18/2009
Project Kickoff	1/5/2009	1/5/2009
Requirements Completed	3/15/2009	
UI Design Completed	4/30/2009	In process
Alpha Version Delivered	5/21/2009	
Beta Version Delivered	6/10/2009	
Integration Test/Soft Launch	6/22/2009	
Go Live	7/1/2009	

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. Complexity risk has been resolved by defining two follow-on releases which will be completed after 7/1/2009. All pages that are part of the exam-taking process will be complete on 7/1; some of the pages for admin function and reports will be completed during July/Augus.

Project Team:

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

Follow on Phase 1	7/24/2009	
Follow on Phase 2	8/14/2009	

Project Status 4/14/2009
 Functional Design is being finished up. Development is well underway.

First draft of functional design document has been published. It consists of descriptions of page functionality and rough mockups. More polished mockups will be reviewed with Human Resources on April 30.

The Hodes development team is proceeding with database design and development based on the functional design as written.

Project continues to be on target for a 7/1/2009 launch. We have accepted that not all functionality can be completed on time. Two follow on phases have been defined that will be completed in July and August. However the outward facing functionality, the pages that will enable on-line exam testing from the candidate's point of view, will all be done on time. There will be no increase in cost because of the increased duration.

in the number of days a position remains open from job requisition to hire date.

Additional Information (Optional):

- 1.

Executive Performance Contract Summary
Project Name: VoIP and Unified Messaging

April 15, 2009

Project ID: PRJ068
Project Sponsor: Jamie Mangrum (& Liana Bailey-Crimmins)
Project Manager: Doug Williams
Start Date: 11/2008
Estimated Finish Date: 12/11
Updated by: Doug Williams

Receiver's Plan Goal: 5 – Medical Support Infrastructure.

Solution Vision:
 Migration of existing CPHCS staff within CDCR to the new VoIP network infrastructure. Also, support for the new CPHCS staff, connectivity to VoIP network.

Project Purpose:
 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.

Strategic Plan Objectives:
Primary Goal: 5:Medical Support Infrastructure

Project Outcome:
 Successful and timely migration of existing CPHCS staff within CDCR to the new VoIP platform and network infrastructure.

Deliverables

1. 100% of CPHCS network users and locations migrated successfully to new VoIP platform.
2. No loss of current critical connectivity between CPHCS and CDCR users at institutions.

Major Milestones

Milestones	Planned	Actual
Approved Project Charter	May 09	
SOW completed and approved.	May 09	
VoIP design and project plan	May 09	
Begin VoIP deployment	July 09	

Dependencies/Constraints

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

Project Core Team Members

Team Members	Role
John Hagar	Project Executive
Jamie Mangrum	CPHCS CIO
Doug Williams	Project Manager
Jamie Mangrum and Liana Bailey-Crimmins	Business Sponsor
Sandy Coash	Program Sys Analyst
Fred Wood	Project Mgr DC & EUM

Key Work Products

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

Specific Performance Measures

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

Issues

1. Failure to develop acceptable VoIP solution to CDCR institutional PSS (Prison Security System) requirements could result in failure to meet VoIP Project Scope and deployment schedule.

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

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 T&D)	CDR 6/09 T&D 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 Project 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 and pilot applications (T&D and CDR) efforts to coordinate all dependent downstream activities.

Project Name: Enterprise Architecture

Project Sponsor: Jaimie Mangrum

Project Manager: Mark Griffith

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

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 Infrastructure completed	April 09	
Pilot migration completed (Clinical Data Repository)	June 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 76% complete. Most equipment has been staged, configured and installed. Temporary cages are 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.

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

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 IIB' LAN equip. into each institution	12/18/09	8 institutions complete
Test and configure Phase IIC LAN	03/01/10	4 institutions complete
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. Budget and schedule

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. Budget and schedule changes
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 April 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 IIB is complete at eight institutions and in progress at four others, to complete the fiscal year. Phase IIB 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 IIC is complete at four institutions with testing to the MPLS. Two additional institutions are scheduled, starting next week.

Phase IIC consists of testing and validating the HealthCare Network, "as it exists within each institution". Pilot Sites of LAC, VPW, CCW, and SQ, are a priority. (all but SQ are completed)

Connection between the Data Center and the four pilots will be tested as soon as the Data Center goes live.

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 June 30, 2010), each institution will have a complete and functional high-speed data system connected to the Data Center.

Project Name: Headquarters Consolidation Project
Project Executive: Clark Kelso
Project Sponsor: Glenn Welker
Project Manager: Diane O'Connor

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 Internal Kick off with sponsor	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	
Liaison assignment from all branches for staffing analysis	2/4/2009	2/10/2009
Liaison managed Analysis PDS to all HQ programs for staff projections, supporting documentation and signature	2/18/2009 due 3/12/09	3/18/2009

Key Work Products:

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

Dependencies:

1. Executive Level approval for Initiation of project Charter following analysis data.
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. Project Charter not approved for initiation phase following analysis.

Project Team:

The Headquarters Relocation core project team is comprised of approximately 3 team members that include representative staff from HCS Business Operations.

Specific Performance Measures:

1. Executive level approval of project moving from Request phase to Initiation will be based on analysis completion and data review.

Additional Information (Optional):

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

1. HQ Consolidation project to complete 2011-

Roll up program data packets and present staff projection, supporting documentation and square footage required to Elaine Bush for checkpoint/approval.	4/30/09	
Complete charter package to include staffing, square footage requirements, estimates for relocation, transportation analysis and current lease space expenditures.	5/15/2009	

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

April 14, 2009 - Data sheets delivered and entered into space formula spread sheet by unit (104 units). Work is in progress to review and verify that the data is correct and that all back up documentation (Letters to Appoint under blanket vs. approved BCP) is provided. Diane O'Connor continues to meet with division liaisons for missing back up and misclassified positions. New completion date has been set by Glenn Welker (Sponsor) for April 30.

- 2013 (TBD)
- 2. Location to be downtown Sacramento or 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)

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

Project Executive: Elaine Bush

Project Sponsor: David Runnels

Project Lead: Wendy Still

Project Manager: Mitch Vaden

Start Date:	November 2008	Est Finish Date:	April 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
Continued support for TVD/EVD process	03/14/09	04/15/09
<i>90-Day Project Closure</i>	04/30/09	

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. 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 – Activation Program

Project Executive: David Runnels

Project Sponsor: Steve Cambra

Project Lead: Amy Rassen & Wendy Still

Project Manager: David Noronha

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 (7 facility)	3/31/09	4/10/09
Complete Final Prototypical Facility Staffing Plan	3/31/09	4/10/09
Complete 7 to 6 facilities staffing change	4/10/09	4/30/09
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 & Wendy Still
Co-Team Lead:	Tom Felker
Project Manager:	David Noronha
Owner Rep.:	Kathy Page
Owner Rep.:	Cindi Ricker
Owner Rep.:	Mike Bean
IT Rep.:	Dennis Hirning

Specific Performance Measures:

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

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APPENDIX 23

CALIFORNIA HEALTHCARE RECEIVERSHIP CORPORATION
Discussion and Analysis of Unaudited Financial Statements
For the Period July 1, 2008 through April 30, 2009

The April 30, 2009 financial statements of the California Prison Health Care Receivership Corp (CPR) are presented in compliance with the measurement focus, basis of accounting and financial presentation set forth by the Government Accounting Standards Board (GASB), and include a Statement of Net Assets and General Fund Balance (Balance Sheet) and a Statement of Activities and General Fund Revenues, Expenditures and Changes in Fund Balance (Revenues and Expenses). In lieu of comparing net asset and operating activities to prior period amounts, operating activities are compared to budget.

Revenues related to investment earnings are greater than what had been budgeted due to the actual draw down of cash from the appropriation to the Receivership. The draw down is completed quarterly or on an as needed basis, based on both projected operating and capital requirements of the Receivership. The amount of expected capital expenditures in any given period materially influences the amount of the draw.

A review of expenses included on the unaudited statement of activities compared to what was budgeted for the ten months ended April 30, 2009 shows a total difference of \$1,272,632 or 1.5% variance over budget. Two line items or activities in the statement account for the majority of the difference.

Legal and Professional fees were \$2,056,082 or 15% over budget. This is primarily a result of the delay in obtaining construction financing, as it was anticipated that construction related legal fees would be capitalized. In addition, there have been unanticipated legal fees arising from the Receiver's motion to hold the Governor in contempt for failing to finance the Receiver's construction programs. Other expenses were \$1,423,886 above budget. The receivership has hired the marketing and recruitment firm Bernard Hodes to assist in the campaign to recruit and hire professional medical staff to work for the CDCR. These costs of recruitment for CDCR Medical and nursing staff had originally been considered a CDCR budget item, but were paid by the Corporation to avoid delays in initiating the program.

Capital assets increased by \$66.9 million for the ten months ending April 30, 2009. Of the total expenditures for capital assets, \$44.6 million was related to program management services for the 10,000 bed project. The remaining expenditures were primarily for various capital improvements at San Quentin, Interim Modular's for Avenal and CDCR information system improvements.

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
Statement of Revenues, Expenditures and Changes in Fund Balance - General Fund - Budget to Actual
For the seven months ended January 31, 2009

	Final Budget	Actual (Budgetary Basis)	Variance between Final Budget and Actual
Revenues:			
State of California appropriation to Receivership	\$96,147,258	\$96,147,258	\$ -
Investment earnings	\$495,831	\$763,867	268,036
Total revenues	96,643,089	96,911,125	268,036
Expenditures:			
Prison health care administration and oversight:			
Current:			
Salaries and benefits	\$3,041,381	2,920,997	120,384
Legal and professional services	9,701,962	10,625,249	(923,287)
Travel	303,668	207,216	96,452
Rents and leases	42,000	59,854	(17,854)
Office expenses	58,842	53,147	5,695
Telephone and network	20,300	41,422	(21,122)
Insurance	49,881	36,134	13,747
Other	112,260	\$1,550,812	(1,438,552)
Capital outlay	59,300,527	59,300,527	-
Total expenditures	72,630,821	74,795,358	(2,164,537)
Change in fund balance	\$ 24,012,268	22,115,767	\$ (1,896,501)
GAAP basis difference - compensated absences		-	
Fund balance - July 1, 2008		4,041,586	
Fund balance - January 31, 2009		\$ 26,157,353	

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION

Statement of Net Assets and General Fund Balance Sheet

January 31, 2009

	<u>General Fund</u>	<u>Adjustments (Note 1)</u>	<u>Statement of Net Assets</u>
Assets			
Current assets:			
Cash	\$37,019,689	\$ -	\$ 37,019,689
Prepaid items	\$0	-	-
	<u>37,019,689</u>	<u>-</u>	<u>37,019,689</u>
Noncurrent assets:			
Deposits with others	\$621,728	-	621,728
Capital assets, net	-	\$94,656,604	94,656,604
	<u>-</u>	<u>\$94,656,604</u>	<u>94,656,604</u>
Total assets	<u>\$ 37,641,417</u>	<u>94,656,604</u>	<u>132,298,021</u>
Liabilities			
Liabilities:			
Accounts payable	\$4,404,744	-	4,404,744
Accrued salaries and benefits	\$175,123	-	175,123
Other accrued expenses	\$6,904,198	-	6,904,198
Compensated absences	-	236,414	236,414
	<u>-</u>	<u>236,414</u>	<u>236,414</u>
Total liabilities	<u>11,484,065</u>	<u>236,414</u>	<u>11,720,479</u>
Fund Balance/Net Assets			
Fund balance:			
Reserved for prepaid items and deposits with others	621,728	(621,728)	-
Unreserved, undesignated	25,535,624	(25,535,624)	-
	<u>25,535,624</u>	<u>(25,535,624)</u>	<u>-</u>
Total fund balance	<u>26,157,352</u>	<u>(26,157,352)</u>	<u>-</u>
Total liabilities and fund balance	<u>\$ 37,641,417</u>		
Net assets:			
Invested in capital assets, net of related debt		94,656,604	94,656,604
Unrestricted		25,920,939	25,920,939
		<u>25,920,939</u>	<u>25,920,939</u>
Total net assets		<u>\$ 120,577,543</u>	<u>\$ 120,577,543</u>

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
Statement of Activities and General Fund Revenues, Expenditures and Changes in Fund Balance
For the seven months ended January 31, 2009

	General Fund	Adjustments (Note 2)	Statement of Activities
Revenues			
Program revenues:			
Operating grants and contributions:			
State of California appropriation to Receivership	\$96,147,258	-	96,147,258
General revenues:			
Investment earnings	\$763,867	-	763,867
Total revenues	\$96,911,125	-	96,911,125
Expenditures/Expenses:			
Prison health care administration and oversight:			
Current:			
Salaries and benefits	\$2,920,997	-	2,920,997
Legal and professional services	\$10,625,249	-	10,625,249
Travel	\$207,216	-	207,216
Rents and leases	\$59,854	-	59,854
Insurance	\$36,134	-	36,134
Other	\$1,645,381	-	1,645,381
Depreciation	\$0	\$1,630,552	1,630,552
Capital outlay - Fixed Assets	\$9,300,527	(59,300,527)	-
Total expenditures/expenses	74,795,358	(57,669,975)	17,125,383
Change in fund balance	22,115,767	(22,115,767)	-
Change in net assets	-	57,669,975	79,785,742
Fund balance/net assets - July 1, 2008	4,041,586	45,874,174	40,791,801
Fund balance/net assets - January 31, 2009	\$ 26,157,353	\$ 81,428,382	\$ 120,577,543

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
Statement of Revenues, Expenditures and Changes in Fund Balance - General Fund - Budget to Actual
For the eight months ended February 28, 2009

	<u>Final Budget</u>	<u>Actual (Budgetary Basis)</u>	<u>Variance between Final Budget and Actual</u>
Revenues:			
State of California appropriation to Receivership	\$96,147,258	\$96,147,258	\$ -
Investment earnings	<u>\$566,664</u>	<u>\$791,015</u>	<u>224,351</u>
Total revenues	<u>96,713,922</u>	<u>96,938,273</u>	<u>224,351</u>
Expenditures:			
Prison health care administration and oversight:			
Current:			
Salaries and benefits	\$3,475,861	3,290,934	184,927
Legal and professional services	11,087,599	11,639,729	(552,130)
Travel	347,048	219,026	128,022
Rents and leases	48,000	62,236	(14,236)
Office expenses	67,248	55,608	11,640
Telephone and network	23,200	43,019	(19,819)
Insurance	57,006	41,201	15,805
Other	128,296	\$1,602,894	(1,474,598)
Capital outlay	<u>66,415,829</u>	<u>66,415,829</u>	<u>-</u>
Total expenditures	<u>81,650,087</u>	<u>83,370,477</u>	<u>(1,720,389)</u>
Change in fund balance	<u>\$ 15,063,834</u>	13,567,796	\$ (1,496,039)
GAAP basis difference - compensated absences		-	
Fund balance - July 1, 2008		<u>4,041,586</u>	
Fund balance - February 28, 2009		<u>\$ 17,609,382</u>	

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION

Statement of Net Assets and General Fund Balance Sheet

February 28, 2009

	<u>General Fund</u>	<u>Adjustments (Note 1)</u>	<u>Statement of Net Assets</u>
Assets			
Current assets:			
Cash	\$28,105,643	\$ -	\$ 28,105,643
Prepaid items	\$0	-	-
	<u>28,105,643</u>	<u>-</u>	<u>28,105,643</u>
Noncurrent assets:			
Deposits with others	\$615,906	-	615,906
Capital assets, net	-	\$101,538,970	101,538,970
	<u>-</u>	<u>\$101,538,970</u>	<u>101,538,970</u>
Total assets	<u>\$ 28,721,549</u>	<u>101,538,970</u>	<u>130,260,520</u>
Liabilities			
Liabilities:			
Accounts payable	\$968,725	-	968,725
Accrued salaries and benefits	\$175,123	-	175,123
Other accrued expenses	\$9,968,320	-	9,968,320
Compensated absences	-	236,414	236,414
	<u>-</u>	<u>236,414</u>	<u>236,414</u>
Total liabilities	<u>11,112,168</u>	<u>236,414</u>	<u>11,348,582</u>
Fund Balance/Net Assets			
Fund balance:			
Reserved for prepaid items and deposits with others	615,906	(615,906)	-
Unreserved, undesignated	16,993,475	(16,993,475)	-
	<u>16,993,475</u>	<u>(16,993,475)</u>	<u>-</u>
Total fund balance	<u>17,609,381</u>	<u>(17,609,381)</u>	<u>-</u>
Total liabilities and fund balance	<u>\$ 28,721,549</u>		
Net assets:			
Invested in capital assets, net of related debt		101,538,970	101,538,970
Unrestricted		17,372,968	17,372,968
		<u>17,372,968</u>	<u>17,372,968</u>
Total net assets		<u>\$ 118,911,938</u>	<u>\$ 118,911,938</u>

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
Statement of Activities and General Fund Revenues, Expenditures and Changes in Fund Balance
For the eight months ended February 28, 2009

	General Fund	Adjustments (Note 2)	Statement of Activities
Revenues			
Program revenues:			
Operating grants and contributions:			
State of California appropriation to Receivership	\$96,147,258	-	96,147,258
General revenues:			
Investment earnings	\$791,015	-	791,015
Total revenues	\$96,938,273	-	96,938,273
Expenditures/Expenses:			
Prison health care administration and oversight:			
Current:			
Salaries and benefits	\$3,290,934	-	3,290,934
Legal and professional services	\$11,639,729	-	11,639,729
Travel	\$219,026	-	219,026
Rents and leases	\$62,236	-	62,236
Insurance	\$41,201	-	41,201
Other	\$1,701,521	-	1,701,521
Depreciation	\$0	\$1,863,488	1,863,488
Capital outlay - Fixed Assets	66,415,829	(66,415,829)	-
Total expenditures/expenses	83,370,477	(64,552,341)	18,818,135
Change in fund balance	13,567,796	(13,567,796)	-
Change in net assets	-	64,552,341	78,120,137
Fund balance/net assets - July 1, 2008	4,041,586	45,874,174	40,791,801
Fund balance/net assets - February 28, 2009	\$ 17,609,382	\$ 96,858,720	\$ 118,911,938

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
Statement of Revenues, Expenditures and Changes in Fund Balance - General Fund - Budget to Actual
For the nine months ended March 31, 2009

	<u>Final Budget</u>	<u>Actual (Budgetary Basis)</u>	<u>Variance between Final Budget and Actual</u>
Revenues:			
State of California appropriation to Receivership	\$96,147,258	\$96,147,258	\$ -
Investment earnings	<u>\$566,664</u>	<u>\$812,860</u>	<u>246,196</u>
Total revenues	<u>96,713,922</u>	<u>96,960,118</u>	<u>246,196</u>
Expenditures:			
Prison health care administration and oversight:			
Current:			
Salaries and benefits	\$3,910,338	3,636,955	273,383
Legal and professional services	12,473,234	11,553,843	919,391
Travel	390,425	241,878	148,547
Rents and leases	54,000	66,025	(12,025)
Office expenses	75,653	66,499	9,154
Telephone and network	26,100	49,983	(23,883)
Insurance	64,131	46,595	17,536
Other	144,329	\$1,579,981	(1,435,652)
Capital outlay	<u>65,898,127</u>	<u>65,898,127</u>	<u>-</u>
Total expenditures	<u>83,036,337</u>	<u>83,139,887</u>	<u>(103,550)</u>
Change in fund balance	<u>\$ 13,677,585</u>	13,820,231	\$ 142,646
GAAP basis difference - compensated absences		-	
Fund balance - July 1, 2008		<u>4,041,586</u>	
Fund balance - March 31, 2009		<u>\$ 17,861,817</u>	

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION

Statement of Net Assets and General Fund Balance Sheet

March 31, 2009

	<u>General Fund</u>	<u>Adjustments (Note 1)</u>	<u>Statement of Net Assets</u>
Assets			
Current assets:			
Cash	\$22,347,927	\$ -	\$ 22,347,927
Prepaid items	\$0	-	-
	<u>22,347,927</u>	<u>-</u>	<u>22,347,927</u>
Noncurrent assets:			
Deposits with others	\$386,857	-	386,857
Capital assets, net	-	\$100,788,332	100,788,332
	<u>-</u>	<u>\$100,788,332</u>	<u>100,788,332</u>
Total assets	<u>\$ 22,734,784</u>	<u>100,788,332</u>	<u>123,523,116</u>
Liabilities			
Liabilities:			
Accounts payable	\$1,727,727	-	1,727,727
Accrued salaries and benefits	\$175,123	-	175,123
Other accrued expenses	\$2,970,118		2,970,118
Compensated absences	-	236,414	236,414
	<u>-</u>	<u>236,414</u>	<u>236,414</u>
Total liabilities	<u>4,872,968</u>	<u>236,414</u>	<u>5,109,382</u>
Fund Balance/Net Assets			
Fund balance:			
Reserved for prepaid items and deposits with others	386,857	(386,857)	-
Unreserved, undesignated	17,474,959	(17,474,959)	-
	<u>17,861,816</u>	<u>(17,861,816)</u>	<u>-</u>
Total fund balance	<u>17,861,816</u>	<u>(17,861,816)</u>	<u>-</u>
Total liabilities and fund balance	<u>\$ 22,734,784</u>		
Net assets:			
Invested in capital assets, net of related debt		100,788,332	100,788,332
Unrestricted		17,625,403	17,625,403
		<u>118,413,735</u>	<u>118,413,735</u>
Total net assets		<u>\$ 118,413,735</u>	<u>\$ 118,413,735</u>

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
Statement of Activities and General Fund Revenues, Expenditures and Changes in Fund Balance
For the nine months ended March 31, 2009

	General Fund	Adjustments (Note 2)	Statement of Activities
Revenues			
Program revenues:			
Operating grants and contributions:			
State of California appropriation to Receivership	\$96,147,258	-	96,147,258
General revenues:			
Investment earnings	\$812,860	-	812,860
Total revenues	\$96,960,118	-	96,960,118
Expenditures/Expenses:			
Prison health care administration and oversight:			
Current:			
Salaries and benefits	\$3,636,955	-	3,636,955
Legal and professional services	\$11,553,843	-	11,553,843
Travel	\$241,878	-	241,878
Rents and leases	\$66,025	-	66,025
Insurance	\$46,595	-	46,595
Other	\$1,696,463	-	1,696,463
Depreciation	\$0	\$2,096,424	2,096,424
Capital outlay - Fixed Assets	65,898,127	(65,898,127)	-
Total expenditures/expenses	83,139,887	(63,801,703)	19,338,184
Change in fund balance	13,820,231	(13,820,231)	-
Change in net assets	-	63,801,703	77,621,934
Fund balance/net assets - July 1, 2008	4,041,586	45,874,174	40,791,801
Fund balance/net assets - March 31, 2009	\$ 17,861,817	\$ 95,855,646	\$ 118,413,735

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
Statement of Activities and General Fund Revenues, Expenditures and Changes in Fund Balance
For the ten months ended April 30, 2009

	Final Budget	Actual (Budgetary Basis)	Variance between Final Budget and Actual
Revenues:			
State of California appropriation to Receivership	\$96,147,258	\$96,147,258	\$ -
Investment earnings	\$566,664	\$829,862	263,198
	96,713,922	96,977,120	263,198
Expenditures:			
Prison health care administration and oversight:			
Current:			
Salaries and benefits	\$4,344,814	3,898,309	446,505
Legal and professional services	13,858,869	11,802,787	2,056,082
Travel	433,802	245,594	188,208
Rents and leases	60,000	69,618	(9,618)
Office expenses	84,058	68,902	15,156
Telephone and network	29,000	50,844	(21,844)
Insurance	71,256	49,227	22,029
Other	160,362	\$1,584,248	(1,423,886)
Capital outlay	66,908,804	66,908,804	-
	85,950,965	84,678,333	1,272,632
Change in fund balance	\$ 10,762,957	12,298,787	\$ 1,535,830
GAAP basis difference - compensated absences		(54,276)	
Fund balance - July 1, 2008		4,041,586	
Fund balance - April 30, 2009		\$ 16,286,097	

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
Statement of Activities and General Fund Revenues, Expenditures and Changes in Fund Balance
For the ten months ended April 30, 2009

	General Fund	Adjustments (Note 1)	Statement of Net Assets
Assets			
Current assets:			
Cash	\$18,431,485	\$ -	\$ 18,431,485
Prepaid items	\$0	-	-
	18,431,485	-	18,431,485
Noncurrent assets:			
Deposits with others	\$380,209	-	380,209
Capital assets, net	-	\$101,566,073	101,566,073
	-	101,566,073	101,566,073
Total assets	\$ 18,811,695	101,566,073	120,377,768
Liabilities			
Liabilities:			
Accounts payable	\$1,968,479	-	1,968,479
Accrued salaries and benefits	\$141,741	-	141,741
Other accrued expenses	\$415,378	-	415,378
Compensated absences	-	182,138	182,138
	-	182,138	182,138
Total liabilities	2,525,598	182,138	2,707,736
Fund Balance/Net Assets			
Fund balance:			
Reserved for prepaid items and deposits with others	380,209	(380,209)	-
Unreserved, undesignated	15,905,887	(15,905,887)	-
	15,905,887	(15,905,887)	-
Total fund balance	16,286,096	(16,286,096)	-
Total liabilities and fund balance	\$ 18,811,695		
Net assets:			
Invested in capital assets, net of related debt		101,566,073	101,566,073
Unrestricted		16,103,959	16,103,959
		16,103,959	16,103,959
Total net assets		\$ 117,670,032	\$ 117,670,032

CALIFORNIA HEALTH CARE RECEIVERSHIP CORPORATION
 Statement of Activities and General Fund Revenues, Expenditures and Changes in Fund Balance
 For the ten months ended April 30, 2009

	General Fund	Adjustments (Note 2)	S Activities
Revenues			
Program revenues:			
Operating grants and contributions:			
State of California appropriation to Receivership	\$96,147,258	-	96,147,258
General revenues:			
Investment earnings	\$829,862	-	829,862
Total revenues	\$96,977,120	-	96,977,120
Expenditures/Expenses:			
Prison health care administration and oversight:			
Current:			
Salaries and benefits	\$3,952,585	(54,276)	3,898,309
Legal and professional services	\$11,802,787	-	11,802,787
Travel	\$245,594	-	245,594
Rents and leases	\$69,618	-	69,618
Insurance	\$49,227	-	49,227
Other	\$1,703,995	-	1,703,995
Depreciation	\$0	\$2,329,360	2,329,360
Capital outlay - Fixed Assets	66,908,804	(66,908,804)	-
Total expenditures/expenses	84,732,609	(64,633,720)	20,098,889
Change in fund balance	12,244,511	(12,244,511)	-
Change in net assets	-	64,633,720	76,878,231
Fund balance/net assets - July 1, 2008	4,041,586	45,874,174	40,791,801
Fund balance/net assets - April 30, 2009	\$ 16,286,097	\$ 98,263,383	\$ 117,670,032

APPENDIX 24

Vendors Engaged by the Receiver During this Reporting Period Relating to Services to Assist the Receivership in the Development and Delivery of Constitutional Medical Care Within the California Department of Corrections and Rehabilitation (“CDCR”) and its Prisons

During the last reporting period, the Receiver has engaged the following vendors relating to services to assist the Office of the Receiver in the development and delivery of constitutional care within CDCR and its prisons:¹

A. Establishing a Medical Support Infrastructure

Health Information Management

CDCR issued a request for proposal for an integrated Strategic Offender Management System (SOMS). This was a solution-based procurement, the purpose of which was to secure a vendor to provide a modern integrated SOMS to replace the existing legacy systems, both automated and manual, and integrate and/or eliminate some interface systems. This acquisition was via the Expedited Formal bid process. Proposals were solicited at the Receiver’s website from all interested companies. Conceptual proposals were received from ACS, Ciber, EDS and IBM. Final proposals were received from EDS and IBM. EDS was selected.

B. Provide for Necessary Clinical, Administrative and Housing Facilities

Avenal

The Receiver issued a request for qualifications to solicit material testing and inspection services during construction at Avenal State Prison, using the Urgent Informal bid process. Bids were solicited from Neil O. Anderson & Associates, Inc., Kleinfelder Group, Wallace & Kuhl, and Construction Testing & Engineering, Inc. Neil O. Anderson & Associates, Inc. was selected.

¹ For the sake of brevity, vendor subcontracts are not listed herein. Information about subcontracts, however, can be provided to the Court upon request.