Project Plan
Practice Fusion EHR Implementation

Document Control

Document Information

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Document History

Version	Issue Date	Changes
1.0	*May 16th, 2022*	*1.1 Project Charter, 1.2 Project Scope*
2.0	*May 23rd, 2022*	*1.3 Milestones, 1.4 Phases, 1.5 Activities, 1.6 Tasks, 1.7 Effort, 1.8 Resources, 2.1 Gantt Chart, 2.3 Assumptions, 2.4 Constraints*
3.0	*June 20th, 2022*	*Appendix B Practice Fusion Electronic Health Record Test Plan, Appendix C: Technical Quality of Assessment Plan, Appendix D: Logical/Physical Assessment Plan, Appendix E: Patient Flow Activity, Appendix F : Fishbone Diagram, Appendix G: FEMA*
4.0	*June 21st, 2022*	*Appendix H: Stakeholder Analysis (Stakeholder Interview & Influence/Interest Grid)*
5.0	*June 22nd, 2022*	*Appendix I: Go-Live Checklist*
6.0	*June 28th, 2022*	*Appendix J: Qualitative Interview Questions for Post Electronic Health Record Implementation*

Document Approvals

Role	Name	Signature	Date
Project Sponsor	Professor Tennille Gifford		May 27th, 2022
Project Manager	Robert Taylor Martin, Jr.		May 27th, 2022

Table of Contents

1 Planning Basis

1.1 Project Charter

A. Purpose

The Waverly Family Health Services have decided to implement an electronic health record (EHR) called Practice Fusion. Although the clinic has no prior experience implementing an EHR, the implementation of the new EHR will mitigate patient safety events from occurring, such as medication errors due to pulling the wrong medication for a patient, minimization the risk of loss of patient health information due to the security systems that will be implemented such as specific user access to information per employee role and username and password, and compliance with HIPAA rules and accrediting and licensure agencies. Also, it will provide patients access to their health information, which meets meaningful use criteria. Based on general business performance and how much your business brings in with card receivables, the initial funding will come from the American Express business loans under the Merchant Financing program with a one-year term offer loan amount of $20,000 to cover all start-up costs, labor, hardware, and unforeseen costs.

The implementation process will first consist of evaluating the current organization's workflows for every department, defining the needs and preferences of the organization to have in the EHR, deployment of selection and training of users, staff education, and complete implementation roll-out from go-live day to full adoption in six months.

1.2 Scope

The Waverly Family Health Services have decided to implement an electronic health record (EHR) called Practice Fusion. Although the clinic has no prior experience implementing an EHR, the implementation of the new EHR will mitigate patient safety events from occurring, such as medication errors due to pulling the wrong medication for a patient, minimization the risk of loss of patient health information due to the security systems that will be implemented such as specific user access to information per employee role and username and password, and compliance with HIPAA rules and accrediting and licensure agencies. Also, it will provide patients access to their health information, which meets meaningful use criteria. Based on general business performance and how much your business brings in with card receivables, the initial funding will come from the American Express business loans under the Merchant Financing program with a one-year term offer loan amount of $20,000 to cover all start-up costs, labor, hardware, and unforeseen costs.

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1.3 Milestones

- Initial Project Planning to Kick Off Project (Engagement)
- Needs analysis to Assess Technical Readiness (Assessment)
- Funding/Budget Agreement (Preparation & Planning)
- Data Migration (Deployment)
- User Training/EHR Demonstration (Deployment)
- Go Live (Deployment)
- Validation by Peers (Post-Implementation)
- Transition to Operations (Post-Implementation)

List and describe the key project milestones within the following table. Examples are provided that you may utilize:

Milestone	Description	Delivery Date
Initial Project Planning to Kick Off Project	The engagement meeting brings together key stakeholders, team members, and vendors who will work in partnership to implement the EHR	05/10/22
Needs analysis to Assess Technical Readiness	The project team will conduct a technical needs analysis to evaluate gaps in technology or business processes used to support the funding and development of the project	05/17/22
Funding/Budget Agreement	Despite the demonstrated importance of Practice Fusion EHR implementation, there is a great deal of uncertainty if the budget can produce the ROI; enhance service delivery, reduce costs, increase revenue, reduce waste, and improve population health	05/24/22
Data Migration	Involves identifying and implementing configurations to include authorized users, assigning role-based access, local reporting requirements, and migration trials	05/31/22
User Training/EHR Demonstration	Preparing for Go-Live, this process involves vendor engagement and demonstration, staff training, and meeting to coordinate implementation activities	06/07/22
Go-Live	This is the culmination of time, effort, and money, and its success will be measured in staff adoption, impact on the finances, and the value it brings to the patient. As a significant milestone, this marks the launch of our EHR. It is also worth mentioning. Once launched, the legacy system cannot be integrated with the new platform without compromising security or losing all new data	06/14/22
Validation by Peers	After the launch, we still need vendor support to address issues and communication with the team to validate EHR adoption, and they grow accustomed to the new system	06/21/22
Transition to Operations	Best practices to support EHR adoption. Leadership should make it clear to staff that they are here to help them navigate the system, bridge gaps between the old workflow and the new EHR, and help to keep the focus on patient care during the process	06/24/22

1.4 Phases

- Project Initiation
- Project Planning
- Project Execution
- Project Closure

Phase	Description	Sequence
Project Initiation	• Initial Project Planning to Kick Off Project • Needs analysis to Assess Technical Readiness	Phase # 1
Project Planning	• Funding/Budget Agreement	Phase # 2
Project Execution	• Data Migration • User Training/EHR Demonstration • Go Live	Phase # 3
Project Closure	• Validation by Peers • Transition to Operations	Phase # 4

1.5 Activities

- Recruit your implementation committee from stakeholder groups
- Outline your expected implementation costs and define the total budget
- Schedule your implementation
- Migration of patient and practice data
- Create a user training program
- EHR testing (learn through virtual practice and intense interactive boot camp)
- Clearly define go-live activities
- Define critical success factors and evaluation strategies

Phase	Activity	Description	Sequence
Project Initiation	Recruit & Develop EHR Leadership Team	Responsibilities include handling the project's overall success, including hitting requirements and meeting deadlines for the roll-out of the new EHR system	1
Project Planning	Define Cost and Budget	Prepare and review vendor contracts, engage staff to optimize workflow for patient care and ROI, and identify system hardware requirements	2
Project Execution	Timescale	Confirm timeline with the vendor, evaluate clinician readiness, schedule staff training, ensure adequate downtime planning and protocols are in place	3
Project Execution	Migration of Patient Data	Work with subject matter experts and project team to identify, define, collate, document, and communicate the data migration requirements. Manage assigned risks and monitor potential impacts as part of the data migration plan. Perform data migration audit, reconciliation, and exception reporting. Develop best practices, processes, and standards for effectively carrying out data migration activities.	4
Project Execution	Create Training Program	Require training and end-user competency for system access and establish a policy for end-users who do	5

		not meet the requirements. Determine the number of end-users who need training. Develop a process to manage current and future end-users who need training. Treat physician training like the organization's credentialing process.	
Project Execution	EHR Testing	Verify an EHR for user identification, authentication, and emergency access procedures. Validates that a system's activity logs consistently record all user activities focusing on the attempts to access PHI and ensuring that logs provide sufficient information. Validate an EHR's functionality works according to the requirements specification under normal and extreme loads.	6
Project Execution	Define Go-Live Activities	Reduce patient load, assess workflow utilization, gather feedback, test system processes,	7
Project Closure	Post Evaluation	Continue consistent messaging and accountability around implementation. Confirm everyone has been trained and plan refresher pieces of training.	8

1.6 Tasks

A '*task*' is simply an item of work to be completed within the project. List all tasks required to undertake each activity within the following table:

Phase	Activity	Task	Sequence
Project Initiation	• Delivers a Project Charter • Defines the preliminary project cost, scope, roles, and timeline • Formalizes the existence of the project • Approves the project to advance to the Planning Phase	• Develop a project charter activity for the project planning phase • Set a Baseline Project Plan activity for the project planning phase • Determine project standards and procedures activity of the project planning phase • Describe the project scope, alternatives, and feasibility activity of the project planning phase • Close down the project activity of the project planning phase	1st

Project Planning	• Specifies the in-scope requirements for the project to facilitate creating the work breakdown structure • Spells out the breakdown of the project into tasks and sub-tasks • Lists the entire schedule of the activities and detailing their sequence of implementation • Indicates who will do what work, at which time and if any special skills are needed to accomplish the project tasks • Specifies the budgeted cost to be incurred after the project • Focuses on vendors outside your company and subcontracting • Plans for possible risks and considering optional contingency plans and mitigation strategies • Assess quality criteria to be used for the project • Designs the communication strategy with all project stakeholders	• Establish an effective implementation team • Finalize EHR goals and priorities • Establish implementation strategies • Document the agreed process and scope • Conduct internal and vendor planning meetings • Finalize a detailed implementation plan document • Establish benchmarks to measure project success	2nd
Project Execution	• Outlines systems and procedures to help finish your project within your organization's requirements • Assigns clear responsibilities and accountabilities to your team members • Motivate, encourages, and cheer the team on • Pauses to celebrate each incremental victory • Explains the rationale and motivation behind your decisions to get buy-in from your team • Owns mistakes and implements course corrections as needed • Fosters a healthy level of internal disagreement; wants the team to feel comfortable coming forward to explain their concerns	• Execute the project scope • Manage the team's work • Recommend changes and corrective actions • Manage project communication with stakeholders • Conduct team-building exercises • Celebrate project milestones and motivate team members • Hold status review meetings to keep the project moving toward success • Document all changes to the project plan	3rd

Project Closure	• Consults with appropriate teams to transition the project to operations • Facilitates Project Closure/Lessons Learned Meetings • Consults on completing the Project Closure Report • Brainstorms team celebration ideas • Obtains acceptance of the project deliverables • Hands off operations and support responsibilities • Documents the lessons learned throughout the project • Formalizes closure. Obtains sign-off from the project sponsor and project manager	• Schedule and conduct a Project Closure/Lessons Learned Meeting • Reassign project team members • Complete the Project Closure Report with input from the project team. The report will confirm in writing from the key stakeholders and project team that the project is complete • Complete the Project Closeout Checklist • Conduct the Project Satisfaction Survey • Close and deactivate the project • Arrange for an appropriate celebration of the work completed	4th

1.7 Effort

For each task listed above, quantify the likely 'effort' required to complete the task.

Phase	Task	Effort
Project Initiation	• Develop a project charter activity for the project planning phase • Set a Baseline Project Plan activity for the project planning phase • Determine project standards and procedures activity of the project planning phase • Describe the project scope, alternatives, and feasibility activity of the project planning phase • Close down the project activity of the project planning phase	*2% of 60 days = 1.2 days or 28.8 hours*
Project Planning	• Establish an effective implementation team • Finalize EHR goals and priorities • Establish implementation strategies • Document the agreed process and scope • Conduct internal and vendor planning meetings • Finalize a detailed implementation plan document	*21.5% of 60 days = 12.9 days or 309.6 hours*

	• Establish benchmarks to measure project success	
Project Execution	• Execute the project scope • Manage the team's work • Recommend changes and corrective actions • Manage project communication with stakeholders • Conduct team-building exercises • Celebrate project milestones and motivate team members • Hold status review meetings to keep the project moving toward success • Document all changes to the project plan	*76.5% of 60 Days = 45.9 Days or 1101.6 hours*
Project Closure	• Schedule and conduct a Project Closure/Lessons Learned Meeting • Reassign project team members • Complete the Project Closure Report with input from the project team. The report will confirm in writing from the key stakeholders and project team that the project is complete • Complete the Project Closeout Checklist • Conduct the Project Satisfaction Survey • Close and deactivate the project • Arrange for an appropriate celebration of the work completed	*3 days or = 72 hours*

1.8 Resources

The clinic has a high-speed T-line, which provides internet and Wi-Fi access throughout the clinic. There are computer workstations throughout the clinic. Each clinic exam room (4) has a workstation consisting of a Dell "all-in-one" desktop with 8GB of ram, an Intel i7 processor, and a 23-inch screen. The units are wall-mounted, and the monitor is on an articulated arm allowing the patient to see the screen when the clinician wants to share information. Each Medical Assistant (MAs), front office clerk, biller, and directors have similar workstations. The workstation configurations meet the minimum standards for utilizing the web-based EHR. Each exam room has a printer for printing out discharge instructions. They contain a blue bin for recycling shredding. Shredding bins are in the front and back-office, labs, and offices.

Tasks – Policy and Procedures regarding cyber security for the following:	**Resource**

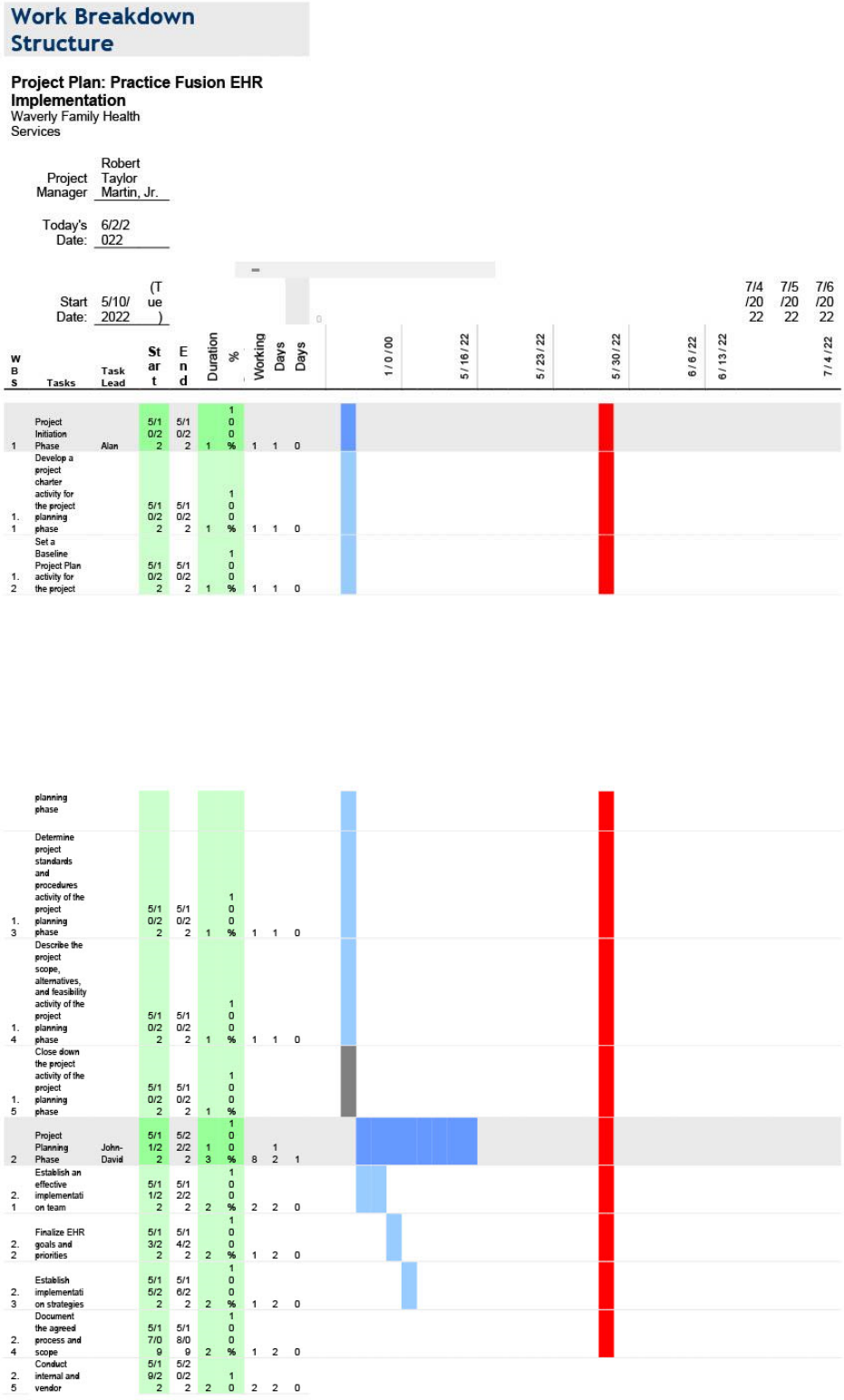
• Training and awareness of cyber threats	Systems Administration Team /Personnel
• Segregating access to systems based upon job title or role	Systems Administration Team /Personnel
• Maintaining training logs on annual and just-in-time training as needed	Systems Administration Team
• Reviewing all activity and assuring that all staff have received training	HR
• Training staff annually on downtime procedures when we don't have access to the EHR	HR
• Training staff on cyber threats and how to avoid them, such as avoiding phishing emails, spam, and non-secure website access	Clinical Research Informatics Team, Member, or Designee
• Conducting an annual risk assessment and sharing the results with all staff to receive their input	Organization
• Delineating who can access PHI and the consequences for accessing PHI when one is not authorized to do so	Security Officer
• Training staff on software that screens access automatically when they access any systems in the clinic	Systems Administration Team
• Training Staff on access determined by the system roles assigned	Systems Administration Team /Personnel

Tasks – Hardware, Software, and Physical Systems	**Resource**
• Access controls for the physical environment, including who has custody of those access controls and can grant access to other	Security Officer
• Management of physical keys for doors, cabinets, and emergency access	Key Control Officer
• One-person designee with the responsibility of managing access for all staff. If staff are terminated, or a key is lost, the designated access control person will obtain a new key and acquire access keys and codes from terminated staff	Security Officer
	Board of Directors

• Audit plan as part of this policy to review access by staff and role	
• Maintaining a facility security plan with a map that is part of our disaster plan	Manager
• Devices that monitor all access points within the clinic and generate reports that are reviewed by leadership to ensure only authorized staff have physical access and access to controls	Security Officer/ Systems Administration Team
• Public access to workstations	Security Officer/ Systems Administration Team
• Workstation access, including data access by role. We can also audit all activity for appropriate usage	Security Officer/ Systems Administration Team
• Hardware purchases, placement, and movement	Security Officer

2 Project Plan

2.1 Schedule (Gantt chart)



Work Breakdown Structure

Project Plan: Practice Fusion EHR Implementation
Waverly Family Health Services

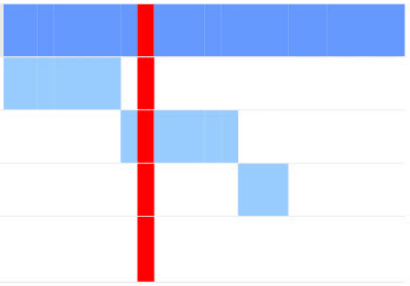
Project Manager: Robert Taylor Martin, Jr.

Today's Date: 6/2/2022

Start Date: 5/10/2022 (Tue)

WBS	Tasks	Task Lead	Start	End	Duration	%	Working Days	Days
1	Project Initiation Phase	Alan	5/10/22	5/20/22	1	100%	1	0
1.1	Develop a project charter activity for the project planning phase		5/10/22	5/20/22	1	100%	1	0
1.2	Set a Baseline Project Plan activity for the project planning phase		5/10/22	5/20/22	1	100%	1	0
1.3	Determine project standards and procedures activity of the project planning phase		5/10/22	5/20/22	1	100%	1	0
1.4	Describe the project scope, alternatives, and feasibility activity of the project planning phase		5/10/22	5/20/22	1	100%	1	0
1.5	Close down the project activity of the project planning phase		5/10/22	5/20/22	1	100%		
2	Project Planning Phase	John-David	5/10/22	5/25/22	13	100%	8	2 1
2.1	Establish an effective implementation team		5/10/22	5/25/22	2	100%	2	2 0
2.2	Finalize EHR goals and priorities		5/10/22	5/24/22	2	100%	1	2 0
2.3	Establish implementation strategies		5/10/22	5/26/22	2	100%	1	2 0
2.4	Document the agreed process and scope		5/10/22	5/30/22	2	100%	1	2 0
2.5	Conduct internal and vendor		5/10/22	5/26/22	2	100%	2	2 0

	planning meetings				0%				
2.6	Finalize a detailed implementation plan document	5/2 1/2 2	5/2 2/2 2	2	100%	0	2	0	
2.7	Establish benchmarks to measure project success	5/2 2/2 2	5/2 2/2 2	1	100%	0	1	0	
3	Project Execution Phase	Bryant	5/2 3/2 2	7/0 6/2 2	4	100%	3	4	5	1
3.1	Execute the project scope		5/2 3/2 2	5/3 1/2 2	9	100%	7	9	0
3.2	Manage the team's work		6/0 1/2 2	6/0 9/2 2	9	100%	7	9	0
3.3	Recommend changes and corrective actions		6/1 0/2 2	6/1 8/2 2	9	100%	6	9	0
3.4	Manage project communication with stakeholders		6/1 9/2 2	6/2 7/2 2	9	100%	6	9	0
3.5	Conduct team-building exercises		6/2 8/2 2	7/0 6/2 2	9	100%	7	9	0



2.2 Dependencies

Activity	Depends on	Dependency Type
Recruit your implementation committee from stakeholder groups	Key Stakeholders	Start-to-start
Outline your expected implementation costs and define the total budget	Project Manager	Start-to-finish
Schedule your implementation	Project Manager	Start-to-finish
Migration of patient and practice data	Project Manager	Start-to-finish
Create a user training program	Project Manager	Start-to-finish
EHR testing (learn through virtual practice and intense interactive boot camp)	Project Manager	Start-to-finish
Clearly define go-live activities	Project Manager	Start-to-finish
Define critical success factors and evaluation strategies	Project Management Team	Finish-to-finish

2.3 Assumptions

- By highlighting how the current state is often fragmented and typically assumes that other guidelines or standards cover their open issues
- Contrary to popular belief, these departments will significantly assist you in defining requirements, where the performance is inadequate, and why you hope to improve it. Internal audits can fill gaps left by previous collection or existing intelligence databases, provide risk and mitigating controls, and offer methods to assess risk levels
- In addition to making auditors and lawyers close confidants as strategic friendships, involving policy creation, approval, and implementation also implies that they enjoy some capacity and flexibility to act and identify local comparative advantages and relevant development projects, including adequate responsibilities and resources

2.4 Constraints

- You accomplish the goal of increasing your organization's security posture and building security into efforts, thus achieving a win-win situation
- The most crucial relationships will be with your compliance, legal, and audit departments
- Once relationships have been established, creating a governance team means duties of various levels have been codified in policy, legislation, standards, oversight, financing, administration, performance monitoring, evaluation, feedback, and redress mechanisms
- In addition to providing the appropriate training and exercises, this group's ultimate responsibility will be to identify existing security measures and operations where security may be an issue

3 Quality and Test Plan

Attached in the appendices are the system testing activities, technical quality, and the logical/physical assessment plan for implementing the Practice Fusion EHR system and ensuring it runs smoothly before Go-Live. Spanning a period of 76.5% of 60 Days = 45.9 Days or 1101.6 hours, we will be running unit and functional, design, and integration testing as well as performance and stress testing. This will ensure that we know the potential for disaster, reduce costs, shorten product development, and achieve a reputation for safe and highly reliable products and processes before it goes live and is archived by the system.

3.1 Appendix A: Project Charter

3.2 Appendix B: Practice Fusion Electronic Health Record Test Plan

3.3 Appendix C: Technical Quality of Assessment Plan

Defining technical safeguards as the policy and procedures that protect electronically protected health information and control its access, the only stipulation is that ePHI – whether at rest or in transit – be encrypted once it travels beyond an organization's internal firewalled servers. This is so that any breach of confidential patient data renders the data unreadable, undecipherable, and unusable. After that, organizations are free to select whichever mechanisms are most appropriate.

3.4 Appendix D: Logical/Physical Assessment Plan

The standards are another line of defense for protecting Waverly Family Health Services to define physical safeguards as physical measures, policies, and procedures to protect a covered entity's electronic information systems and related buildings and equipment from natural and environmental hazards and unauthorized intrusion' EHR called Practice Fusion.

The Physical Safeguards focus on physical access to ePHI irrespective of its location. ePHI could be stored in a remote data center, in the cloud, or on servers located within the premises of the HIPAA-covered entity. They also stipulate how workstations and mobile devices should be secured against unauthorized access.

A. General Information

Information to be provided in this section is general and provides the necessary information about the organization of the project and project participants.

Project Sponsor:	Professor Tennille Gifford
Project Manager:	Robert Taylor Martin, Jr.
Prepared by:	Robert Taylor Martin, Jr.
Date:	May 27, 2022

B. Purpose

The Waverly Family Health services have decided to implement an electronic health record (EHR) called Practice Fusion. Although the clinic has no prior experience implementing an EHR, the implementation of the new EHR will mitigate patient safety events from occurring, such as medication errors due to pulling the wrong medication for a patient, minimization the risk of loss of patient health information due to the security systems that will be implemented such as specific user access to information per employee role and username and password, and compliance with HIPAA rules and accrediting and licensure agencies. Also, it will provide patients access to their health information, which meets meaningful use criteria. Based on general business performance and how much your business brings in with card receivables, the initial funding will come from the American Express business loans under the Merchant Financing program with a one-year term offer loan amount of $20,000 to cover all startup costs, labor, hardware, and unforeseen costs.

The implementation process will first consist of evaluating the current organization's workflows for every department, defining the needs and preferences of the organization to have in the EHR, deployment of selection and training of users, staff education, and complete implementation rollout from go-live day to full adoption in six months.

C. Constraints and Assumptions

It highlights how the current state is often fragmented and assumes that other guidelines or standards cover their open issues. You accomplish the goal of increasing your organization's security posture and

building security into efforts, thus achieving a win-win situation. The most crucial relationships will be with your compliance, legal, and audit departments. Contrary to popular belief, these departments will significantly assist you in defining requirements, where the performance is inadequate, and why you hope to improve it. Internal audits can fill gaps left by previous collection or existing intelligence databases, provide risk and mitigating controls, and offer methods to assess risk levels. In addition to making auditors and lawyers close confidants as strategic friendships, involving policy creation, approval, and implementation also implies that they enjoy some capacity and flexibility to act and identify local comparative advantages and relevant development projects, including adequate responsibilities and resources. Once relationships have been established, creating a governance team means duties of various levels have been codified in policy, legislation, standards, oversight, financing, administration, performance monitoring, evaluation, feedback, and redress mechanisms. In addition to providing the appropriate training and exercises, this group's ultimate responsibility will be to identify existing security measures and operations where security may be an issue.

D. Project Scope Statement

The Waverly Family Health services have decided to implement an electronic health record (EHR) called Practice Fusion. Although the clinic has no prior experience implementing an EHR, the implementation of the new EHR will mitigate patient safety events from occurring, such as medication errors due to pulling the wrong medication for a patient, minimization the risk of loss of patient health information due to the security systems that will be implemented such as specific user access to information per employee role and username and password, and compliance with HIPAA rules and accrediting and licensure agencies. Also, it will provide patients access to their health information, which meets meaningful use criteria. Based on general business performance and how much your business brings in with card receivables, the initial funding will come from the American Express business loans under the Merchant Financing program with a one-year term offer loan amount of $20,000 to cover all startup costs, labor, hardware, and unforeseen costs.

The implementation process will first consist of evaluating the current organization's workflows for every department, defining the needs and preferences of the organization to have in the EHR, deployment of selection and training of users, staff education, and complete implementation rollout from go-live day to full adoption in six months.

E. Resource Requirements

The clinic has a high-speed T-line, which provides internet and Wi-Fi access throughout the clinic. There are computer workstations throughout the clinic. Each clinic exam room (4) has a workstation consisting of a Dell "all-in-one" desktop with 8GB of ram, an Intel i7 processor, and a 23-inch screen. The units are wall-mounted, and the monitor is on an articulated arm allowing the patient to see the screen when the clinician wants to share information. Each Medical Assistant (MAs), front office clerk, biller, and directors have similar workstations. The workstation configurations meet the minimum standards for utilizing the web-based EHR. Each exam room has a printer for printing out discharge instructions. They contain a blue bin for recycling shredding. Shredding bins are in the front and back office, labs, and offices.

Policies and procedures regarding cyber security for the following:

- *Training and awareness of cyber threats*
- *Segregating access to systems based upon job title or role*
- *Maintaining training logs on annual and just-in-time training as needed*
- *Reviewing all activity and assuring that all staff have received training*
- *Training staff annually on downtime procedures when we don't have access to the EHR*

- *Training staff on cyber threats and how to avoid them, such as avoiding phishing emails, spam, and non-secure website access*
- *Updating staff on all policies related to HIPPA and HIPPA violations*
- *Conducting an annual risk assessment and sharing the results with all staff to receive their input*
- *Delineating who can access PHI and the consequences for accessing PHI when one is not authorized to do so*
- *Training staff on software that screens access automatically when they access any systems in the clinic*
- *Training Staff on access determined by the system roles assigned*

Hardware, Software, and Physical Systems

- *Access controls for the physical environment, including who has custody of those access controls and can grant access to other*
- *Management of physical keys for doors, cabinets, and emergency access (including the elevator in disaster scenarios)*
- *One-person designee with the responsibility of managing access for all staff. If staff are terminated, or a key is lost, the designated access control person will obtain a new key and acquire access keys and codes from terminated staff*
- *Audit plan as part of this policy to review access by staff and role*
- *Maintaining a facility security plan with a map that is part of our disaster plan*
- *Devices that monitor all access points within the clinic and generate reports that are reviewed by leadership to ensure only authorized staff have physical access and access to controls*
- *Public access to workstations*
- *Workstation access, including data access by role. We can also audit all activity for appropriate usage*
- *Hardware purchases, placement, and movement*

F. Risks

An unsecured fax machine that is connected to a telephone line. We have a policy for managing faxes, and we do not send anything out until we have received confirmation fax from the intended recipient. We only receive some lab results from the imaging center. The fax machine is in the central work area and is not accessible to the public. They are unsecured off hours, and we have no way to lock them down after hours. Lab data is received via sitting in the fax machine, which is picked up in the morning. Although all workstations and cabinets that contain PHI, such as charts, are locked down at the end of each day, so cleaning staff cannot access any electronic information, policies are in place that describes who has access to data and where to get access, such as keys and logins by staff.

G. Success Metrics: Criteria for Evaluating Project Success and Milestones

Under the Merchant Financing program with a one-year term offer loan amount of $20,000 to cover all startup costs, labor, hardware, and unforeseen costs, the implementation process will first consist of evaluating the current organization's workflows for every department, defining the needs and preferences of the organization to have in the EHR, deployment of selection and training of users, staff education, and complete implementation rollout from go-live day to full adoption in six months.

F. Key Stake Holders

- *Dr. Waverly, Clinic Owner and Medical Director (*Key Stakeholder)*
- *Dr. Jones, Physician and Clinic Partner (*Key Stakeholder)*
- *Mrs. Jones, Clinic Director (*Key Stakeholder)*

F. Executive Summary

Waverly Health Center continues to see growth and opportunities to serve the community in new ways.

Project Title: *Practice Fusion Electronic Health Record System Implementation*

Description: *The project involves implementing the Practice Fusion Electronic Health Record (EHR) system in Waverly Family Health services. Practice Fusion electronic health record system implementation project is set to improve efficiency and quality of health care services at Waverly Family Health services*

Benefits:

- *Providing accurate, up-to-date, and complete information about patients at the point of care*
- *Enabling quick access to patient records for more coordinated, efficient care*
- *Securely sharing electronic information with patients and other clinicians*
- *Helping providers more effectively diagnose patients, reduce medical errors, and provide safer care*
- *Improving patient and provider interaction and communication, as well as health care convenience*
- *Enabling safer, more reliable prescribing*
- *Helping promote legible, complete documentation and accurate, streamlined coding and billing*
- *Enhancing privacy and security of patient data*
- *Helping providers improve productivity and work-life balance*
- *Enabling providers to improve efficiency and meet their business goals*
- *Reducing costs through decreased paperwork, improved safety, reduced duplication of testing, and improved health*
- *Enhanced patient access to care, valid billing of patients, and proper scheduling of the health care services*

Scope: *Implement a user-friendly electronic health record employing an application service provider*

Duration: *6 months*

Funding/Budget*:* Merchant Financing program with a one-year term offer loan amount of $20,000.00 to cover all startup costs, labor, hardware, and unforeseen costs

Risks: *Physical Security, Administrative and Technical Safeguards*

Key Stakeholders:

- *Dr. Waverly, Clinic Owner, and Medical Director*
- *Dr. Jones, Physician and Clinic Partner*
- *Mrs. Jones, Clinic Director*

5.2 Appendix B: Practice Fusion Electronic Health Record Test Plan

Test	Components	Date	Responsibility	Accepted
Unit & Functional Testing	Each primary function performs as specified in the user manual.		Mrs. Wright	
	Design changes/customizations are present & work as requested. Document all changes for reference.		Mrs. Wright	
	Screens appear as expected (content and placement of fields, codes, drop-down menus, and messages).		Mrs. Wright	
	No spelling errors or color changes. Readable icons.		Mrs. Wright	
	An appropriate representation of content can be printed if necessary for legal purposes.		Mrs. Wright	
	Entries that have been corrected and their corrections are both displayed accurately.		Mrs. Wright	
	Fields edits (e.g., valid values, options, defaults) function as expected.		Mrs. Wright	
	Alerts and clinical decision support provide appropriate reminders and prompts. Use scripts to test various scenarios.		Mrs. Wright	
System Testing	Workflows send and receive data properly between systems (e.g., between EHR and pharmacy or billing, PMS messages, and EHR). Use scripts to test various scenarios.		Mr. Lawrence	
	Interfaces between applications move data wholly and correctly. Test both sending and receiving when interfaces are bi-directional.		Mr. Lawrence	
	Connectivity with external organizations is accurate and complete as authorized (e.g., portal access to/from hospital/clinic, continuity of care record to referrals, personal health records for patients, disease management to/from health plan).		Mr. Lawrence	
	System access is appropriate per assigned privileges. The test attempts to gain access when not authorized.		Mr. Lawrence	
	Data are processed accurately in graphs, tables, claims, client summaries, reports, etc.		Mr. Lawrence	
	Data correctly populate registries, reporting warehouses, etc.		Mr. Lawrence	
Integrated Testing (simulates live environment)	Ensure all system components that share data or depend on other features work together correctly.		Ms. Smith	

Test	Components	Date	Responsibility	Accepted
	Ensure that workflows reflect actual new processes and workflows.		Ms. Smith	
	Ensure that usage is defined in and follows policies and procedures. Reinforce training as applicable.		Ms. Smith	
	Ensure that the help desk, support personnel, and other aids function correctly.		Ms. Smith	
	Ensure that EHR works with all human-computer interface devices and modalities (e.g., tablets, PDAs, voice recognition, and speech commands as applicable).		Mr. Lawrence	
	Attempt to break the system by testing mission-critical and high-risk functions, such as situations requiring exception logic (e.g., overrides to clinical decision support), handoffs from one process to another, and when you may have a series of events over some time (e.g., assessments performed at designated intervals).		Mr. Lawrence	
Performance & Stress Testing	Measure response times for critical transactions or interactions with the system, and ensure they are within acceptable limits, which may be defined in the contract.		Ms. Wright	
	Simulate an extremely high volume of activity on the system, such as would exceed anticipated peak loads of system usage.		Ms. Wright	
	Measure the time it takes to generate reports and data dumps and the impact on system performance.		Mr. Lawrence	

5.3 Appendix C: Technical Quality of Assessment Plan

Overview

The following is an overview of technical safeguards and requirements. The audit tool contains specific requirements.

- **Implement a means of access control**– This not only means assigning a centrally controlled unique username and PIN code for each user but also establishing procedures to govern the release or disclosure of ePHI during an emergency.
- **Introduce a mechanism to authenticate ePHI**– This mechanism is essential to comply with HIPAA regulations, as it confirms whether ePHI has been altered or destroyed unauthorizedly.
- **Implement tools for encryption and decryption**– This guideline relates to the devices used by authorized users, which must have the functionality to encrypt messages when they are sent beyond an internal firewalled server and decrypt those messages when they are received.

- **Introduce activity audit controls**– The audit controls required under the technical safeguards are there to register attempted access to ePHI and record what is done with that data once it has been accessed.
- **Facilitate automatic logoff**– Although only addressable, this function logs authorized personnel of the device they use to access or communicate ePHI after a pre-defined period. This prevents unauthorized access to ePHI should the device be left unattended.

Security Privacy Concern	Existing Controls to Mitigate Risk	Impact of Risk (i.e., High, Med, or Low)	Mitigation Plan
• If your practice does not have policies regarding hardware and software that can record and examine information system activity, then inappropriate use of information systems and access to ePHI can go undetected	(1) We audit all users access every 3 months, and we can see which systems, databases, or EHR are accessed at any time by anyone. (2) Copies of our audits are maintained for 7 years (3) All of our audits are reviewed by leadership and shared with staff to understand threats and vulnerabilities. We audit access controls to software, hardware, and physical buildings every 6 months	Low	-Develop, document, and disseminate to workforce members an audit and accountability policy that addresses purpose, scope, roles, responsibilities, management commitment, coordination among organizational entities, and compliance; procedures to facilitate the implementation of the audit and accountability policy and associated audit and accountability controls. [NIST SP 800-53 AU-1]
• Human threats, such as an unauthorized user, can vandalize or compromise the confidentiality, availability, and integrity of ePHI • Unauthorized disclosure (including disclosure through theft or loss) of ePHI can lead to identity theft	(1) We have a policy regarding who has access to our systems and electronic and hard copy data. (2) We have policies that assign roles for incident response and detail how staff function during downtimes, emergencies, and incident responses and annual training that governs downtime activity.	Medium	-Implement technical policies and procedures for electronic information systems that maintain ePHI to allow access only to those persons or software programs that have been granted access rights as specified in §164.308(a)(4).
• Your practice might not be able to identify which business activities are at highest risk and subsequently determine the appropriate frequency and scope of its audits if it does not use the results of its previous risk analyses	(1) We perform a risk analysis every year, including all hardware, software, databases, physical access, and HIPAA contracts (2) Although we encrypt all data, we know we can't determine if someone intercepted our data while in transit	High	-Implement hardware, software, and procedural mechanisms that record and examine activity in information systems containing or using ePHI. [45 CFR §164.312(b)] -Document and disseminate an audit and accountability policy that addresses purpose, scope, roles, responsibilities, management commitment, compliance, procedures, and the coordination necessary among key stakeholders to implement the audit. [NIST SP 800-53 AU-1] -Use the risk-based categorization of key audit events (e.g., activities that create, store, and transmit ePHI) to determine the scope and frequency of audits. [NIST SP 800-53 AU-2]

5.4 Appendix D: Logical/Physical Assessment Plan

Overview

The following is an overview of physical safeguards and requirements. The audit tool contains specific requirements.

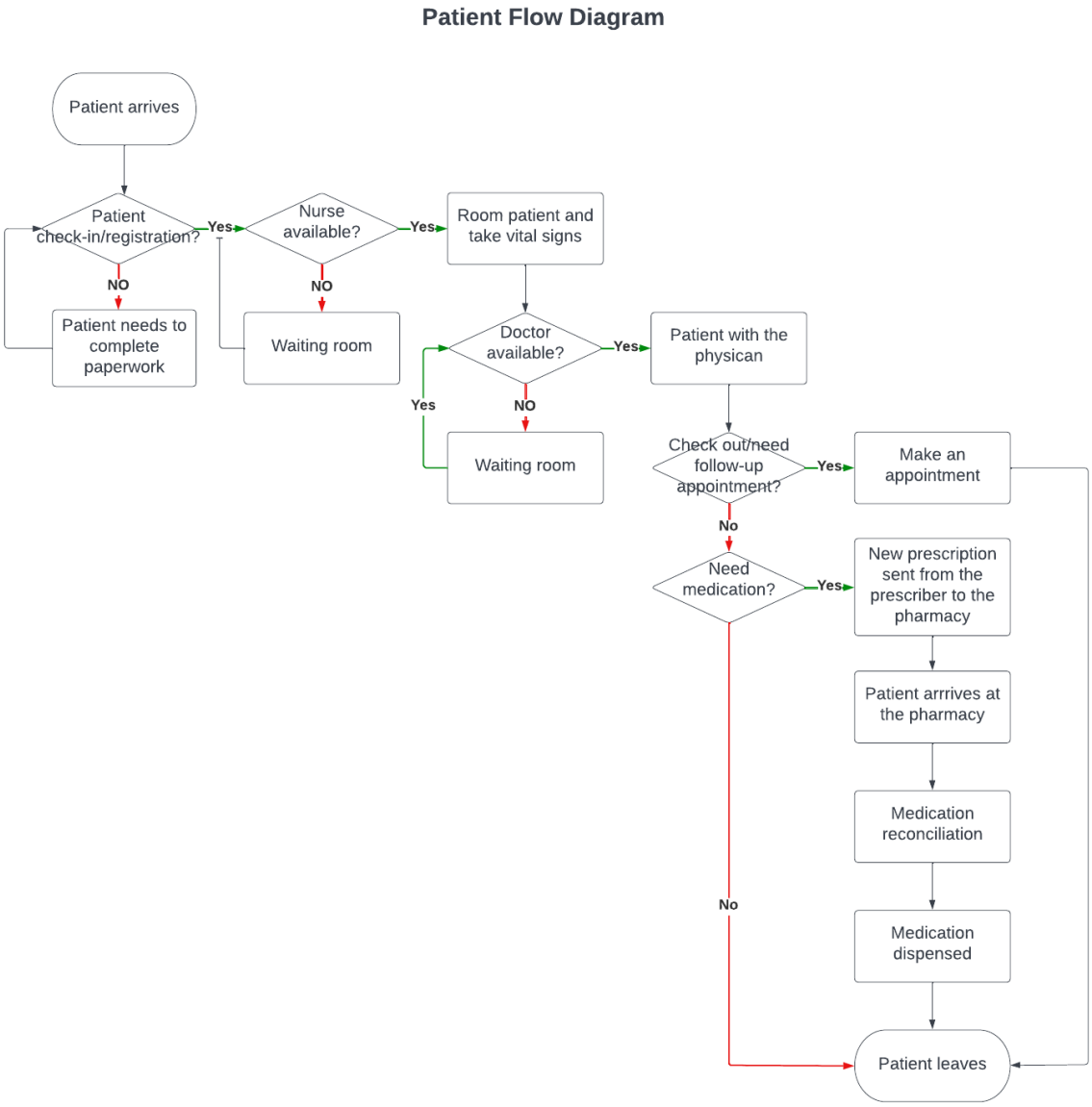
- **Facility access controls must be implemented (addressable)** – Procedures must be introduced to record any person who has physical access to the location where ePHI is stored. This includes software engineers, cleaners, and even a handyman coming to change a light bulb. The procedures must also include safeguards to prevent unauthorized physical access, tampering, and theft.
- **Policies relating to workstation use (required)** – Policies must be devised and implemented to restrict the use of workstations that have access to ePHI, to specify the protective surrounding of a workstation (so that the screen of a workstation cannot

be overlooked from an open area) and govern how functions are to be performed on the workstations.

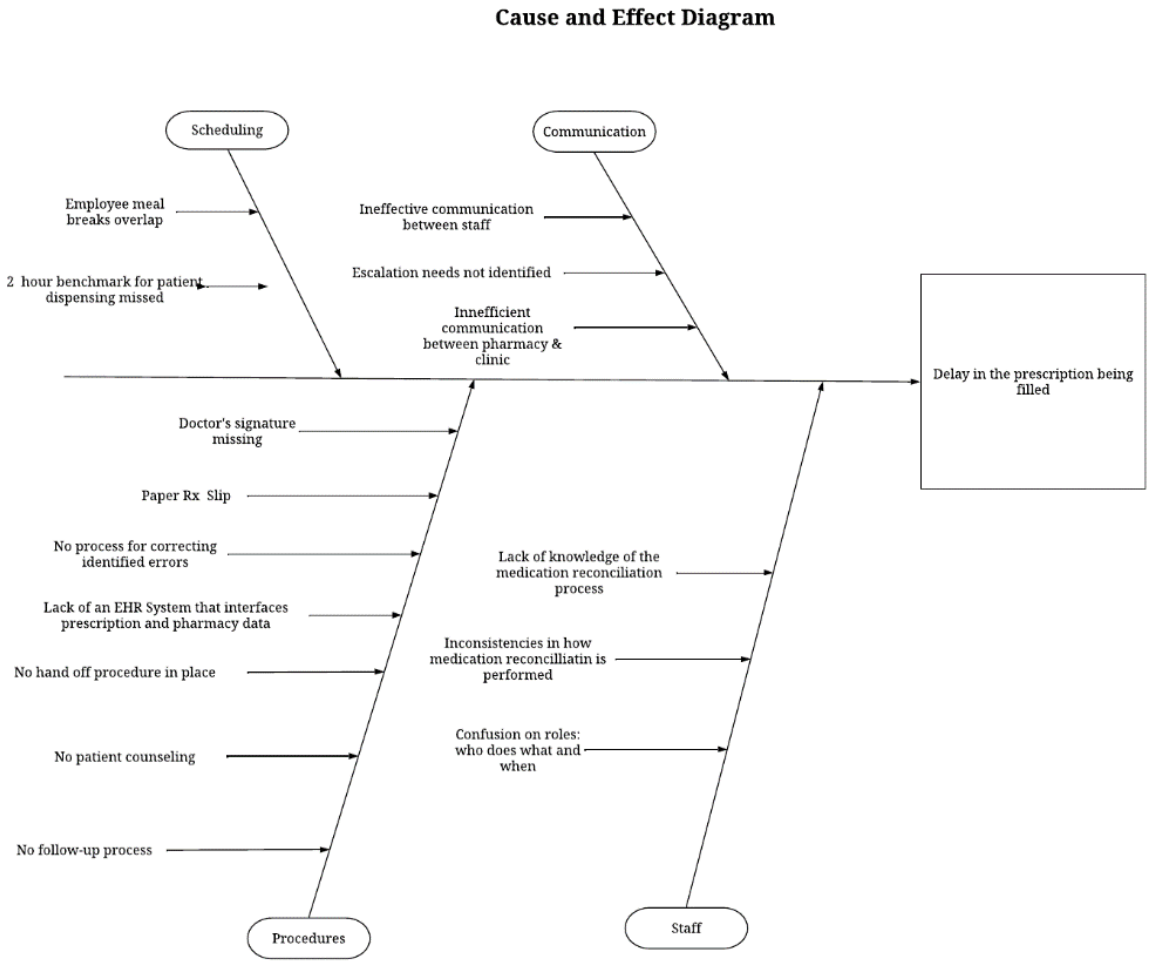
- **Policies and procedures for mobile devices**– If mobile devices are allowed access to ePHI, policies must be devised and implemented to govern how ePHI is removed from the device before it is re-used.
- **Inventory of hardware** – A list of all hardware must be maintained, together with a record of the movements of each item. An exact retrievable copy of ePHI must be made before any equipment is moved.

Security Privacy Concern	Existing Controls to Mitigate Risk	Impact of Risk (i.e., High, Med, or Low)	Mitigation Plan
• Natural threats, such as hurricanes, tornadoes, and earthquakes can cause damage or loss of ePHI. • Human threats include an unauthorized user who can vandalize or compromise the integrity of ePHI. Unauthorized disclosure and loss or theft of ePHI can lead to identity theft.	(1) Each clinic exam room has a workstation consisting of a Dell "all-in-one" desktop with 8GB of ram and Intel i7 processor, a 23-inch screen, a printer for printing out discharge instructions, and a blue bin for recycling shredding. There are shredding bins in the front and back-office areas and labs and offices. (2) The units are wall-mounted, and the monitor is on an articulated arm allowing the patient to see the screen when the clinician wants to share information. (3) Each Medical assistant (MA), front office clerk, biller, and director have similar workstations. (4) The workstation configurations meet the minimum standards for utilizing the web-based EHR.	High	-Limit entrance to and exit the facility using one or more physical access methods. -Control access to areas within the facility that are designated as publicly accessible. -Secure keys, combinations, and other physical access devices. [NIST SP 800-53 PE-3]
• Environmental threats, such as power failure and temperature extremes, can cause damage to your information systems	(1) Assigns dedicated personnel with support staff for surveillance monitoring, who is accountable for optimizing the implementation and functionality of devices and diversion monitoring software reporting capabilities. (2) We have a courtesy workstation for patients and visitors in our lobby. We monitor all activity on this computer, and it does not have the capability of accessing any of our clinical databases, EHR, or HIPAA-sensitive databases. (3) Hardware purchases, placement, and movement. This policy designates one person as being responsible for tracking and granting access. No staff can add software, download software, or peripheral devices, and we conduct an audit every six months for this activity.	Low	-Have a plan designed to control physical access to information systems that have ePHI, including the facilities and rooms where your information systems are located. [45 CFR §164.310(a)(1)]
• Natural and environmental threats, such as fire, water, loss of power, and temperature extremes, can compromise the function and integrity of your practice's information systems.	(1) Emergency incident responses and annual testing of the plan. That plan aligns with our backup plan and emergency contingency plan	High	Establish an alternate processing site to continue operations by: -Having appropriate agreements to permit the transfer and resumption of information services. -Ensuring required equipment and supplies are on site. -Ensuring applicable security safeguards are in place. [NIST SP 800-53 CP-7] When necessary, establish an alternate worksite to continue operations that include: -Security controls. -Continuous monitoring of control effectiveness. -Incident reporting and response. [NIST SP 800-53 PE-17]

5.5 Appendix E: Patient Flow Activity



5.6 Appendix F: Fishbone Diagram



5.7 Appendix G: FMEA

Process Analyzed: Patient Flow Activity
Team Leader/Facilitator: Robert Taylor Martin, Jr.
Date FMEA Started: May 17, 2022
Date FMEA Ended: Throughout the Life of the Process

Team Members:

Name	Position (Key Stakeholder)	Name	Position (Project Team Member)
Dr. Waverly	Clinic Owner and Medical Director	Mrs. Johnson	Physician's Assistant (PA)
Dr. Jones	Physician and Clinic Partner	Mrs. Wright	MSN, NP
Mrs. Jones	Clinic Director	Ms. Felps	Front Office Clerk
		Ms. Smith	Medical Assistant (MA), Back Office
		Mr. Lawrence	Clinic Accounts & Billing

The proposed FMEA methodology has several advantages compared to traditional risk management approaches. Considering security as a high-quality information system that processes, communicates,

and produces data with high confidentiality, integrity, and availability, the proposed information security technology through the FMEA methodology incorporates implementation guidance, assessment procedures, and baselines. FMEA, as a continuous process, can use the approach to analyze any vulnerability in an existing information system and to offer proactive recommendations to protect the system against potential threats. In addition to determining how the Practice Fusion EHR Implementation might fail, the ability to anticipate security issues early allows Mrs. Wright, Mr. Lawrence, Ms. Smith, key stakeholders, and project team members to prevent potential failures or vulnerabilities.

Process Step/Input	Potential Failure Mode	Potential Failure Effects	SEVERITY (1-10)	Potential Causes	OCCURRENCE	Current Controls	DETECTION (1-10)	RPN	Action Recommended	Responsible	Actions Taken	SEVERITY (1-10)	OCCURRENCE (1-10)	DETECTION (1-10)	RPN
What is the process, change or feature under investigation?	In what ways could the step, change, or feature go wrong?	What is the impact on the patient if this failure is not prevented or corrected?		What causes the step, change or feature to go wrong? (How could it occur?)		What controls exist that either prevent or detect the failure?			What are the recommended actions for reducing the occurrence of the cause or improving detection?	Who is responsible for making sure the actions are completed?	What actions were completed (and when) concerning the RPN?				
Optimizing Patient Flow Activity	Failing to achieve clinic-wide patient flow puts patients at risk for suboptimal care and potential harm	It makes patients feel safe when they enter the clinic and keeps nurses from having to defend their actions in the courtroom	9	*Ineffective scheduling of activities and resources *Lack of staff to help facilitate patient flow *Poor centralized knowledge about the location and status of each patient	3	Reduce Demand	4	108	*Work in partnership with specialty practices, community-based services, Skill Nursing Facilities, urgent care centers *Decrease overutilization of clinic and hospital services	Mrs. Jones	*Extended hours in primary care *Level-loaded elective services such as removing kidney stones, repairing hernias, and PreOp Care	8	7	7	392
			9		3	Match Capacity and Demand	2	54	*Continuously assess the status of capacity and patient demand *Employ short/long-term system-wide strategies to align capacity	Dr. Waverly	*Used data analysis to determine patterns of patient demand & created staffing patterns for physicians and nurses to meet demand	7	6	2	84
			9		3	Redesign the System	1	27	*Employ Lean principles, constraint management, and quality improvement strategies throughout the clinic	Dr. Jones	*Discharged patients when they met the medial readiness criteria *Used separately designated suites for elective surgical and emergent surgeries	2	4	5	40

5.8 Appendix H: Stakeholder Analysis

Stakeholder Interview

Category	Name	Objectives/Questions Topics to Cover (adjust as necessary): ☐ Special Interests ☐ Influence ☐ Dependencies ☐ Critical Timelines / Risks ☐ Actions required
Non-clinical Staff (could be listed by department or agency)	Mrs. Jones	* Tasked with identifying and evaluating threats to the confidentiality of PHI * Develops and implements training for all incoming and existing employees * Periodically perform security audits of all technology and networks that employees use to ensure that all safety practices are followed and are still the best procedure for the organization
	Ms. Phelps	Serves as a company's first contact with customers and potential customers
	Ms. Smith	Supports the front office staff by processing patient records and billing claims
	Mr. Lawrence	Generates healthcare claims to submit to insurance companies to obtain payment for medical services
Clinical staff (could be listed by department or agency)	Dr. Waverly	Oversees the operations of a healthcare facility according to rules and regulations set by state and county programs, federal and local laws, and Medicaid/Medicare
	Dr. Jones	Maintain financial strength, increase competition, and grow capital requirement of IT infrastructure to boost return-on-equity
	Mrs. Jones	For anyone that resigns or is terminated from the Clinic, Mrs. Jones is responsible for completing password access to Practice Fusion EHR, Billing Software, and calendar for managing appointments for patients
	Mrs. Wright	Provides patients with care through the use of team coordination, attention to detail, and deductive reasoning
	Mrs. Johnson	Conduct physical exams, counsel on preventive health care, and write prescriptions
Admin staff (this might include your practice manager and medical director)	Dr. Waverly	Oversees the operations of a healthcare facility according to rules and regulations set by state and county programs, federal and local laws, and Medicaid/Medicare
	Mrs. Jones	For anyone that resigns or is terminated from the Clinic, Mrs. Jones is responsible for completing password access to Practice Fusion EHR, Billing Software, and calendar for managing appointments for patients
	Dr. Jones	Trained to provide leadership in developing and supervising the patient's overall health care plan
Outside personal or agencies	Department of HHS	Protect and strengthen equitable access to high-quality and affordable healthcare
Vendors	Practice Fusion	Cloud-based ambulatory EHR platform
	American Express	Merchant Financing Program
	Dell	Provides the right business computer for employees depending on their role, workflows, workspace, and productivity needs
	AT&T	It helps providers and insurers deliver a better patient experience as well as accelerate the secure and compliant sharing of information internally
	Jones Billing Service	Has to the billing module in the EHR, computer systems from the server, and paper-based charts
	Paper Shredding Company	Provides services to health care organizations for the HIPPA compliant management and destruction of HIPPA data
	Lab Processing Company	All lab work is performed at the offsite location, as no blood samples are drawn in the Clinic
	Medical Supply Company	Order front and back-office supplies through this company, including all medications and biologics (vaccines)
	Subcontractors	Have a policy covering subcontractors of our business associate agreements to ensure they meet HIPPA requirements
Patients	Women giving birth	Receives health services across their lifespan
	Newborns (birth to 2 months of age)	
	Children from birth to young adulthood (1-20 years of age)	
	Adults (21-64 years of age)	
	Geriatrics (starting from the age of 65 years old)	
Misc.	Business Associates	Have business associate agreements with all entities that access our PHI, regardless of the purpose for accessing the PHI
External to Clinic (this could be outside organizations like practices that have a contract for referring patients)	Community Hospitals, Skilled Nursing Facilities, Rehab Facilities, Psychiatric /Mental Health Facilities, Home Healthcare Agencies, Individuals in Palliative Care or Hospice	Improving clinic-wide patient flow provides a vision for clinicians and staff engaged in reducing or shaping patient demand
Finance	Dr. Waverly Dr. Jones Mrs. Jones	Achieve optimal profit, both in the short and long-term

Influence / Interest Grid

KEEP SATISFIED Dr. Waverly Dr. Jones Mrs. Jones Mrs. Johnson Mrs. Wright Ms. Phelps Ms. Smith Mr. Lawrence	**MANAGE CLOSELY** Practice Fusion Business Associates Jones Billing Service Paper Shredding Company Lab Processing Company Medial Supply Company Subcontractors
MONITOR (MINIMUM EFFORT) Patients Dell Technologies AT&T	**KEEP INFORMED** Community Hospitals Skilled Nursing Facilities Rehab Facilities Psychiatric /Mental Health Facilities Home Healthcare Agencies Individuals in Palliative Care or Hospice American Express

5.9 Appendix I: Go-Live Checklist

STAGE	PRACTICE TASKS Recommended for successful movement along the EHR Implementation Roadmap	MILESTONE CHECKLIST To demonstrate measurable action along the EHR Implementation Roadmap (Indicate the date when each milestone is completed)	
ASSESSMENT	* Complete readiness assessment * Assess current workflow (identify pain points) * Begin or continue regular staff meetings (at least monthly) * Assign physician champion * Organize an EHR selection/implementation team * Assign an individual (EHR team leader) or team to lead practice changes * Commit to - Full provider engagement to enter data - Workflow changes necessary to maximize results	Date	Milestone
		5/17	Readiness assessment completed
		5/17	Readiness/next steps reviewed
		5/10	Physician champion assigned
		5/10	Team leader assigned for practice changes
		5/17	Current workflow processes assessed
		5/10	Proposed implementation target date
PLANNING	* List clinic goals and priorities * Translate identified EHR goals into available EHR system functions and features * Identify staff at lower levels of readiness, address their concerns * Develop a timeline and project plan * Gain support from team members and staff, prepare staff for changes * Complete a cost/benefit analysis and ROI for an EHR system	Date	Milestone
		5/24	The clinic has identified goals, priorities, and any staff concerns
		5/17	EHR goals and associated system functions are listed
		5/24	Business plan developed, includes such items as: - Target implementation schedule/timeline - Estimates of EHR budget and ROI - Measurable EHR goals
SELECTION	* Schedule structured demonstrations * Evaluate vendors and create a short list of 2–3 vendors * Review EHR systems by: - Run vendors through a clinic-specific case scenario - Obtaining at least three vendor references * Identify/ select vendor(s) for hardware and IT/network support for all services and products not included in EHR * Negotiate contracts, including all aspects of implementation, training, and technical support * Continue workflow assessment and changes	Date	Milestone
		5/24	Negotiate contracts and financing
		5/17	EHR vendor selected
		5/17	Hardware vendor selected
		5/17	Network support/IT vendor selected for IT needs that are not included in the EHR package
IMPLEMENTATION	* Draft EHR system implementation plan and timetable * Assign data manager/administrator * Assure data conversion and testing completed * Create data recovery and security plans * Assure interfaces are completed and tested for: - Practice Management System - Laboratory - Other (Equipment, Radiology, Referrals) * Determine a "go-live" date * Train staff * Plan and hold a pre-Go-Live dress rehearsal * Celebrate success and address problems	Date	Milestone
		5/31	Implementation plan completed
		5/24	Contracts completed and signed
		5/10	Data manager assigned
		5/31	Data conversion and testing completed
		5/31	Interfaces tested and working properly
		6/14	"Go-live" completed and celebrated
EVALUATION	* Conduct post-go-live reviews of implementation * Conduct additional staff training as needed * Evaluate EHR system goals met to date * Verify vendor has provided technical infrastructure to capture clinical measures for quality reporting * Run sample Meaningful Use and clinical quality reports * Work directly with your facilitator to track your progress	Date	Milestone
		6/21	Post-go-live reviews for EHR goals, implementation, and additional staff training completed
		6/21	Schedule additional staff training
		6/21	Data capture verification completed with the vendor
		6/21	Meaningful Use and clinical quality reports generated
		6/21	Assess full Use of the EHR system and address lags
IMPROVEMENT	* Commit to continuous review of clinical and administrative processes * Systematically increase the number of EMR functions used by providers and staff. * Identify and target additional care management and process improvement opportunities * Use EHR to optimize the practice of evidence-based medicine * Participate in user groups * Continue creating quality reports	Date	Milestone
		6/24	Reanalyze clinical and administrative processes
		6/24	Functions used to increase monthly
		6/24	Review performance reports
		6/24	Identify quality improvement opportunities
		6/24	Redesign work processes to use EHR clinical decision support tools with each patient encounter

5.10 Appendix J: Qualitative Interview Questions for Post Electronic Health Record Implementation

1. Has the EHR met the goals and expectations initially set forth?

    a. About the quality of care

    b. Concerning clinic efficiency and cost savings

    c. Patient safety

    d. Unexpected outcomes

    e. Other issues

2. Has the project been a success, failure, or combination? Describe where you have realized success and where it is deemed a failure.

3. Is your interpretation of needed resources accurate now that the implementation is complete? If not, how is it different? What advice do you have for others about going through this process?

4. Please talk about how often you receive a drug alert in a typical session (4 hours) and if this is changing since you went live with the EHRS?

5. Describe how the workflow was impacted (lab results, prescription refills, tracking referrals, etc.). How have these changes benefited your practice?

6. Has your communication with the CEO/Physician/Nurse Practitioner leader and staff remained consistent and constant? If not, why not, and how has it changed?

7. How well were staff prepared for the implementation process? How did they react during the implementation?