# **Project Closeout Report**

Submitted to Large Project Oversight on 2/02/2021

### GENERAL INFORMATION

Project Name: Field Services Electronic Health Records System (EHR)

Agency Name: Human Services

Project Sponsor: Dr. Rosalie Etherington

Project Manager: Kris Vollmer, Justin Anderson

### SCHEDULE AND COST METRICS

|                      | Baseline<br>Start Date | Baseline<br>End Date | Baseline<br>Budget | Actual<br>Finish Date | Schedule<br>Variance | Actual Cost | Cost<br>Variance |
|----------------------|------------------------|----------------------|--------------------|-----------------------|----------------------|-------------|------------------|
| Original<br>Baseline | 5/11/2017              | 12/12/2018           | \$5,894,647        | 7/31/2020             | ~ 335 days<br>behind | \$7,049,896 | 16% Over         |
| Final<br>Baseline    |                        | 7/31/2020            | \$7,048,047        | 7/31/2020             | 0%                   | \$7,049,896 | 0%               |

#### Notes:

The project finished on time and on budget per its final baseline.

### MAJOR SCOPE CHANGES

| Deliverable | Description                                     | Cost Change   | Schedule Change               |  |
|-------------|---|---------------|-------------------------------|--|
|             | Enlighten Analytics to myAvatar was descoped    |               |                               |  |
| G.03        | before project baseline                         | \$ -          | No Impact to overall schedule |  |
| J.02        | Pilot Test was descoped before project baseline | \$ -          | No Impact to overall schedule |  |
|             | Orchard Harvest System Client/Patient           |               |                               |  |
| E.05        | Identification Conversion                       | \$ 5,625.00   | No Impact to overall schedule |  |
|             | Configuration Package Forms Design,             |               |                               |  |
| F.07        | Development and Release                         | \$ 103,280.00 | No Impact to overall schedule |  |
|             | Avatar to Therap Interface Analysis, Design,    |               |                               |  |
| V.01        | Development, and Release                        | \$ 40,000.00  | No Impact to overall schedule |  |
|             | Additional dashboard (WHODAS Trends) added to   |               |                               |  |
| G.02        | KPI Dashboard                                   | \$ 14,800.00  | No Impact to overall schedule |  |
|             | Configuration Package Reports and Widgets       |               |                               |  |
| G.07        | Design, Development, and Release                | \$ 66,200.00  | No Impact to overall schedule |  |
| V.02        | AR Console Implementation and Training          | \$ 20,000.00  | No Impact to overall schedule |  |
|             | Meaningful Use version changed from MU1/2 to    |               |                               |  |
| G.05        | MU3   | \$ 67,500.00  | No Impact to overall schedule |  |
|             |   |               | Project end date moved from   |  |
| C.01        | Change in the kiosk caused rebaseline 2         | \$ -          | 3/1/2020 to 7/31/2020         |  |

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### **OBJECTIVES**

| Business Objective  | Measurement Description  | Met/<br>Not Met | Measurement Outcome  |
|---|--|-----------------|--|
| Client-centric, certified Electronic<br>Health Records System | The business does not have a client-centric, certified Electronic Health Records system that complies with current federal regulations | Met             | myAvatar is an ONC certified<br>Electronic Health Records<br>System that is client-centric                     |
| Ability to manage the continuum of behavioral health care     | The business does not have an integrated set of tools to manage the continuum of behavioral health care provided by the state          | Met             | myAvatar a single integrated system that manages the continuum of behavioral health care provided by the state |

#### POST-IMPLEMENTATION REPORT

Post-Implementation Reports are to be performed after a project is completed. A "PIR" is a process that utilizes surveys and meetings to determine what happened in the project and identifies actions for improvement going forward. Typical PIR findings include, "What did we do well?" "What did we learn?" "What should we do differently next time?"

### Lesson Learned, Success Story, Idea for Next Time, Etc.

The added 24/7 on site support was critical to end user use of the system and adoption at go-live. This included the "at the elbow" support for physicians where they could get questions answered immediately with the "open office hours" room.

It was crucial to have meeting agendas and notes sent out to keep everyone aligned. It provided the ability to reference back to previous notes in future discussions when an implementation spanned years. In the future, having a better plan for handoff in crucial project roles could significantly reduce the amount of onboarding time.

While the availability of subject matter experts was identified, there was no contingency plan developed for losing key SME's. Future projects would benefit from having a wider pool of SME's informed of project decisions in order to fill in in times of need.

The vendor was very good about sending people out for face-to-face contact on some of the more complex issues that were a struggle to complete as the Go-Live date approached.

There were several instances where a clearly defined acceptance process was not defined for items such as reports, forms, and widgets. The project would have benefitted from spending additional time addressing quality metrics before creating these items.