Project Planning Activity

L4 Application Support Lead

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# Brief

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| Project Brief |
| Anthizo is a healthcare company who has been working in their area for a while.  They have been providing a variety of different services to private clients in the area in a variety of different specialties.  They are in the process of moving into new premises which have been custom built for them, but as the staff started transferring the paper records of their clients’ they thought that maybe there might be a better solution for storing customer details and booking and scheduling appointments, especially as they have heard the senior management talking about expanding into other areas.  Within Anthizo (not including the Senior Management) they have;   * Office Manager * 3 secretaries * 4 receptionists * 12 Doctors/Consultants/Medical Specialists * 6 nurses * 1 IT Technician   When this thought was raised with senior management they thought that it would be a good idea but are still trying to identify what their requirements are going to be for this new electronic system.  At present you have been approached to lead on the project in your role Application Support Lead. |

# Research

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| Research |
| You have conducted some research at Anthizo and below is what you have gathered.  The following list is the staff, their role and their departments   |  |  |  | | --- | --- | --- | | Name | Department | Role | | Kamal McDowell | N/A | Office Manager | | Kelsey Roberts | Paediatrics | Secretary | | Julian Clayton | Dermatology | Secretary | | Gil Blair | Orthopaedics/Neurology | Secretary | | Micah Foster | Paediatrics | Receptionist | | Sasha Rutledge | Dermatology | Receptionist | | Lynn Osborn | Orthopaedics | Receptionist | | Natalie Sawyer | Neurology | Receptionist | | Dr Vivien Alvarado | Paediatrics | Consultant | | Dr Asher Becker | Paediatrics | Senior Doctor | | Dr Gemma Scott | Paediatrics | Junior Doctor | | Dr Madeline Russo | Dermatology | Consultant | | Dr Gareth Hall | Dermatology | Senior Doctor | | Dr Rahim Franco | Dermatology | Junior Doctor | | Mr Perry Brown | Orthopaedics | Consultant | | Dr Harriet Huffman | Orthopaedics | Senior Doctor | | Dr Mason Fisher | Orthopaedics | Junior Doctor | | Mrs Ivy Fry | Neurology | Consultant | | Mr Malachi Walker | Neurology | Senior Doctor | | Dr Lacy Hunt | Neurology | Junior Doctor | | Charles Huffman | Paediatrics | Nurse | | Kerry Hays | Paediatrics | Nurse | | Isabelle Carter | Dermatology | Nurse | | Kaseem Barnes | Orthopaedics | Nurse | | Rhonda Brewer | Orthopaedics | Nurse | | Norman Gil | Neurology | Nurse | | Jenna Flores | N/A | IT Technician |   One of the things you noticed when looking at the diaries is that no appointments can be made in any department between 1 and 3 on a Friday as this is when the consultants have a meeting to discuss issues. If the issues warrant it, the issues may be raised with senior management. Other staff (such as other doctors or the office manager) may be invited to that meeting as needed. There is an in tray in the staff area for people to drop in issues to be brought up during that meeting.  Most issues however are resolved by talking to the relevant secretary or the office manager or IT technician and most communication is currently verbal with no paper trail..  To check availability for appointments the receptionist contacts the secretary as they keep the diaries for the doctors within their departments.  Any queries relating to policies and procedures are raised with the Office Manager.  Any technical queries are first raised with the Office Manager who then raises it with the IT Technician.  You spoke to Kamal about this new system and they said the following:  “This system is going to be an absolute blessing for our staff. It’s going to span across all the departments, and the receptionists will be able to see the calendars for the various doctors and make/cancel appointments on the system and check-in patients without having to go through the secretaries which will leave the secretaries able to manage the transcribing of the doctor’s notes onto the system for each patient. New patients and their medical details however will still need to be inputted by the secretaries, but the receptionists should be able to see the basic details about the patients but no sensitive information. The doctors should be able to see the full patient details along with any historic notes or letters that have been sent out to the customer. The consultants are notorious for changing their minds about what they want and how they want to do things, so do expect them to make demands for extra things to be added.”  The data stored about the patients in addition to their medical records are their name, contact details and date of birth.  During an observation of current working practices, Micah, whilst on hold with Kelsey, when trying to make an appointment in paediatrics did make the comment that it would be so much easier if the patients could make, amend and cancel their own appointments.  Julian, speaking on behalf of the secretaries during a focus group said that they need to be able to quickly move between patients as they have to not only enter new patients into the system, but also type up the scrawled notes that the doctors make during their appointments.  Lacy, who attended the focus group, stated that they make hand-written notes during appointments as it allows them to use shorthand and not be focused on typing on the computer during the appointment. They also said that it is important that the notes and any correspondence with the patient is present on their record as it is possible that the patient will see different doctors during their treatment and therefore, they need to refresh their memory or inform themselves about a patient before seeing them.  The nurse representative Chaz (Charles) said that they also see patients and need an appointment system, but they may need to attend appointments with the doctors. In addition to this Paediatrics and Orthopaedics often have Day patients in and on those days there needs to be 1 doctor (not the consultant) and a nurse on duty. Chaz say`s that it is the norm for the Junior and Senior doctor to split the weekdays between them and on the days they are on the ward they do not do appointments. Isi (Isabelle) and Norman do not have separate appointments with the patients as they are always on ward duty and have no capacity for them.  Jenna was concerned about where the system would be and what the plans were in relation to security, back-ups, speed, and availability, as during the opening hours downtime of systems has to be minimised. Jenna stated that the consultants need simple to understand and easy to use interfaces because they are not the most comfortable at using computer systems. Jenna believes that Perry has never even turned his computer on and that he probably doesn’t know where the power button for it is.  Kerry said during an interview that she needs to see the patients medical conditions but doesn’t need to see detailed notes or correspondence sent to the patient by the doctor.  Kamal said they need to know who is where and doing what of their medical staff and that they need to be very careful with the system in terms of access, but that any system needed to be unobtrusive and not cause extra work for the staff. They also said that if you have any other ideas for the system that you should include them if they are going to be useful.  Sasha said that the patients need to be told where their appointments are, who they are with and the time of the appointment. They also said that sometimes patients were confused about what department they should be going to so maybe they should get that information too.  Gil, whilst staring at 6 handwritten diaries trying to find a particular appointment and also work out when an appointment could be fit into one of the calendars said that the only people making, amending or cancelling appointments for her departments should be her, but if this system works then the receptionists and the patients can also do it. She said that the doctors cannot be trusted to do anything with the appointments other than to see what appointments they have. |

# Activities

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| Task Description | |
| 1 | Create a document which is going to be the project plan for the project for Anthizo.  It needs to have a front cover, contents and page numbers.  You should use styles to assist you in auto-generating the contents page. |
| 2 | **Business Purpose**  Explain why Anthizo wants this new application, what is the business case for it and why do you believe that it will benefit the business. |
| 3 | **Methodologies**  Consider the various methodologies that could be used to produce the system that Anthizo want.  Compare and contrast the methodologies and then present the method that you think would be best for the project. |
| 4 | **Roles**  Taking into consideration the methodology that you have chosen, describe what roles are going to be needed and explain what are the responsibilities of each role are. |
| 5 | **Communication**  The staff in various roles are going to need to communicate with each other and to the Senior Management team.  Describe and explain what methods of communication should be put into place between the team producing the system and with Anthizo and also within the production team itself and why those are needed.  Detail what sorts of communication are going to be taking place and in what situations this communication is occurring.  Identify what sort of systems are going to need to be in place to monitor and track the progress of the team and who will need access to it. |
| 6 | **Laws and Legislation**  As Anthizo is a private healthcare company there are laws and legislation that they will need to consider, and laws and legislation that the development company will need to consider.  Detail and explain what laws and legislation are going to be relevant in this situation and what will need to be taken into consideration when planning the production of the system. |
| 7 | **Functional Requirements**  From the Research section extract the functional requirements for the system, detail these in a list with a numbering system you will be able to follow and understand later |
| 8 | **Non-Functional Requirements**  From the Research section extract the non-functional requirements for the system, detail these in a list with a numbering system you will be able to follow and understand later |
| 10 | **User Personas**  From your work so far create user personas for the users who will be using the system |
| 9 | **User stories**  Create user stories that summarise the requirements from the point of view of the users.  Identify which requirements are being met by each user story and check that you have covered all the requirements you have identified in with your user stories.  Prioritise your User Stories in such a way that you have an order of importance so that you know which you will be focusing on first. |
| 10 | **Success criteria/Definition of Done**  For each user story define the definition of done or success criteria for each user story |
| 11 | **Prioritisation**  Choose a prioritisation method explain why you have chosen that method.  Use this method to prioritise your user stories and assign guesstimated timings for each task. |
| 12 | **Project Plan – Timings**  Organise your user stories in to a plan where you have an estimate of the timings and summarise how long the project will take.  Specify and justify the resources you believe will be required to complete the project within this timescale |
| 13 | **Summary**  Summarise your project report. |

# End of Day Reflection

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| End of Day | |
| 1 | * On ELMS find the reflection for the course. * Complete the reflection choosing the relevant duties for the topic covered that day * If you haven’t yet used the material covered during today’s session then write about how you will cover it in future. * Attach your project report and any other activity sheets * Choose your trainer as the processor for your log * Select sign-off checkbox * Press save and close |