**Project Milestone 4 - Summer 2020**

**Communications Management Plan**

**EVM Indicators**

**Control Plan**

**2205 MSA 6600 6E1 502W LEC 43109**

**EHR implementation of a web portal with a database at**

**Catskill Family Practice**

**Project Manager (BSTC)**

**Venkata Sai Suneeth Ravilla**

**Summer 2020**

**Bowling Green State University, Ohio**

**Communication Management Plan Version1.0**

**June 26**

**Project Name:** EHR implementation at Catskill Family Practice

1. **Stakeholder Communications Requirements**

Communicating with stakeholder is key in CFP project as the implementation requires a custom-built to EHR for meeting the specific needs of the project. However, keeping informed to Dr. Ackerman plays an important role while communicating as he is certainly not a lifelong fan of the EHR project. This project involves developing software as well as implementing new hardware at Catskill Family Practice, so conducting timely meetings, scheduling calls and gathering feedback will help in keeping the project on track. Weekly meetings with the CPF staff is required to collect the feedback and suggestions about the developed work by BSTC.

1. **Communications summary**

Below given table summarizes multiple meetings planned with various stakeholders, type of communication, who will deliver the communication and when it will be appropriated or the frequency of dissemination. As communication has taken place, the key details will be filed and accessible throughout the team as an email. If any more meetings required once the project starts, it will be added to the below list of communications. At times there might be a clash between CFP meeting with patients but it needs to be re-scheduled accordingly. The inputs and outputs from the meetings are documented properly for further development of the project. Participants including stakeholders, CFP personnel, Project team are part of the meetings.

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| --- | --- | --- | --- | --- |
| **Stakeholder/ Staff** | **Communication Name** | **Delivery Method** | **Producer** | **Due Date/ Frequency** |
| Project meeting (CFP) | Bi-Weekly status report | 30min Meeting | Suneeth Ravilla | Wed. Morning at 8AM |
| Sponsor and Champion | Weekly status report | Short meeting | Suneeth Ravilla | Monday at 9AM |
| Complete team | Project Announcement | Email, announcements, department meetings | Dr. Sharath Sasidharan, Suneeth Ravilla | June 30 |
| Project team | Weekly status report | 1 hour meeting | BSTC team | Tues at 1 PM |
| Project team | Daily status report | 30min meeting | BSTC team | Mon- Fri at 5PM |
| Local Community | Facility suggestion | 2 hours meeting | Dr. Winkle, CFP personnel, BSTC | June 26 at 3PM |
| Design Team | Design Meeting | hard copy, short meeting | Walden, Suneeth Ravilla | June 27 at 3PM |

1. **Guidelines**

* Make use of email when there needs to be a proof of communication, but do not share any sensitive information over an email.
* CFP staff feedback needs to be taken in a template and the details of information need to relevant towards the required software.
* After the meeting is conducted, key points need to be highlighted and must be sent to the meeting attendees within a day.
* Ensure that the title of the email is specific or general.
* Be smart and try to provide suggestions like ideas, negotiate things which are not in reach or which is not in scope if required in the meetings.
* Make sure that relevant information is sent to the right person and no miscommunication between the irrelevant teams.
* Meeting should have an agenda and only required personnel should attend.

1. **Escalation Procedures for resolving issues**

As this is the first project for BSTC in health care each issue needs to be addressed and noticed by PM so that it helps in resolving the issues in future. If the issue cannot be resolved together, they need to take this to a higher level to ensure there is no delay in the work. There is no point in taking each and every issue to the stakeholder sometimes higher authority from BSTC can also help in providing right solutions, only when the issue is out of hands and it is causing delay to the project then it needs to informed to stakeholder. Before escalating any peer members first cross-check with the manager and then proceed as sometimes it might be an excusable issue.

1. **Revision Procedures for this document**

In future, if there is any change to the plan, it should be approved by the project manager. The version number should be updated and the plan should be forwarded to the complete team.

1. **Glossary of Common Terminology**

**Personnel –** The actual team of the workforce whose efforts are recorded and engaged in the project. It relates to the specific team members.

**EVM Indicators**

The project has started to the execution phase and has a successful run. BSTC team feel that they might be lagging from the scheduled deadlines and it needs to be monitored. So using the monitoring technique Earned Value Management (EVM) to identify the current position of the project, whether they are lagging or completing it on time or advancing the project. Upon performing the analysis, EVM indicators showed that the current stage of the project after 6 months the value of SPI is 0.80 and CPI is 0.75. When the analysis is conducted 2 months back which is after 4 months the value of SPI is 1.50 and CPI is 1.10.

SPI indicates the schedule performance index generally, it deals with time and it is scaled based on Earned Value and Planned Value with a balanced value of 1. Considering the project at 4 months the value of SPI 1.50 indicates that the project is running ahead of the schedule. The scheduled delay calculated during that time showed that the project is 50% ahead of what is planned in the first 4 months and upon continuing the same speed to complete the project, it is assumed that it will take 12/1.50 = 8 months to complete the project which is 4 months ahead of planned time. But now after 2 months from this point of assumption, the SPI value is projected to 0.80 which has steep decrease. It shows that only 80% of the work has been completed in the given schedule of 6 months. There is a delay of 20% of the work which is scheduled in the first 6 months after the project has started. If this delay is not covered there is a high risk that the project will not be completed by the expected time and upon calculating the same amount of delay till the end of the project, it will take 12/0.80 = 15 months which means that it will take additional 3 months to complete the project. Therefore, the new projected time estimate is 15 months.

CPI means the Cost Performance Index, it deals with the cost of the project and it is scaled based on Earned Value and Actual Cost with a balanced value of 1. Considering the project at 4 months the value of CPI 1.10 indicates that the project is performing well against the budget. The cost variance calculated during that time showed that the project has completed 4 months work less than the scheduled budget and it is assumed that it will take $1.45 million / 1.10 = $1.31 million to complete the project which is $ 0.14 million less than the scheduled budget. But now after 2 months from the point of assumption, the CPI value is projected to 0.75 which has massive decrease and it affects the budget of the project. It shows that it took $1 to complete $0.75 worth of work for the first 6 months of the project. If this continues then obviously we need more than the scheduled budget of $1.45 million to complete the project. In fact, it takes $1.45 million / 0.75 = $1.93 million which is an overrun of $0.48 million.

By overviewing the SPI and CPI, at the 6-month point, and SPI of 0.80 tells that only 75% of the expected work has been completed and a CPI of 0.75 tells that it took $1 to complete $0.75 worth of work. Hence, at the 6- month point, it is projected there will be a delay of 3 months over the original time estimate of 24 months and a cost overrun of $0.48 million over the original cost estimate of $1.45 million.

**Control Plan**

Upon indication from EVM analysis, it is important to plan wisely to make sure the project is completed on time within the scheduled budget. During the period there is an opportunity for an additional implementation so the scope needs to be updated as well.

**Scope**

**Issue:**

The scope of the project is developed when the project has been assigned to BSTC. But after 6 months of implementation, Dr. Ackerman had an opportunity to visit other hospitals in the country and he is very much impressed by the state-of-the-art EHR technologies that were being used at these facilities and were impressed by their plans for the future. He has also observed that along with EHR, Body Area Networks (BAN) implementation has to be developed. The scope needs to be updated and it indirectly affects the cost and time of completing the project,

**Suggestions:**

* Currently, BAN technology is still under development and there is no much scope in terms of today. It might be very popular later on which helps CFP in attracting customers. But there is no sort of proof or evidence that it will be successful. However, it takes a certain period of time to complete the development of BAN, what I would suggest here is by implementing BAN after the completion of this project.
  + **Reason:** Using this approach would help in completing the EHR implementation project on time with no additional cost.
* Agreeing with Dr. Ackerman and proceeding with implementation of BAN. This approach would lead to extending the deadline of the project and the budget of the project will be increased.
  + **Reason:** As the current position of the project is not good as the budget is consumed more and it takes extra time for completing the project. Using additional techniques might help in overcoming these two criteria but with only 6 months of time left, it might be only a doable scenario but cannot be assured.

**Time**

**Issues:**

Upon performing EVM techniques after the execution process started when performed analysis after 6 months the project might not be completed as per the scheduled end date. Also due to inexperience of BSTC personnel for the EHR implementation.

**Suggestions:**

* Closely looking at the Critical Path Analysis to check whether the activities which are not on the critical path are way ahead in completion. Which means that activities that are way ahead are not on the critical path so trading off the employees in critical path who are working extraordinarily.
  + **Reason:** This approach will help in speeding up the critical path work and it will help in completing the project on time.
* As the resources in BSTC are inexperienced in implementing EHR, hiring additional resources to the tasks which are assigned in a critical path.
  + **Reason:** Hiring new resource will help in reducing the time by nearly half of the critical paths and it will help in completing the project sooner.

**Cost**

**Issue:**

From the analysis of EVM indications, it is found that at the time of 6 months of the project the CPI is lower which leads to the additional cost to complete the project.

**Suggestions:**

* By using the contingency/ management reserves to cover the cost of the completion of the project.
  + **Reason:** Using this approach will help in not ramping of the project due to lack of money to complete the project.
* From the past expenses of the project and new implementations with better resources, forecasting the cost estimate for the next few months and trying to reduce the cost where ever it is possible.
  + **Reason:** When the costs are forecasted there can be a chance like looking at how the costs can be reduced in future it helps in reducing the costs by implementing a strategy that can reduce the cost.