**Project Management Plan**

Begin completing this Project Management Plan with your team before year’s end, i.e., by December 2021. Teams will have the opportunity to review/revise their Project Management Plans throughout the 18-month Initiative at each of the on-site meetings. The collective data from all the teams’ completed project management plans will be invaluable as we share and learn from this collaborative experience.

**Team: Project Title:**

|  |  |  |
| --- | --- | --- |
| I. | Vision Statement  (markers of success by March 2023; Refer to Toolkit #6 after meeting one) | *Addressing the people of Evansville’s access to care deficits.*  *Enhance residency recruitment in a DEI manner.* |
| II. | Team Objectives  (‘needs statement,’  project requirements, project assumptions, stakeholders, etc.) |  |
| III. | Team Members & Accountability  (list of team members from Toolkit #7 [after meeting one] and who is accountable for what) | |  | | --- | | \*Adrian Singson, MD | | Robert Ficalora, MD FACP | | Margaret Beliveau, MD FACP | | James Butler, MD | | Mariyam Wajid, MD | | Roudi Bachar, MD | | Shawn Gill, MD | | Chelsea Benmessaoud, MD | | Rob McLin | | Tara Ellerman | |
| IV. | Necessary Resources  (staff, finances, etc.) |  |
| V. | Measurement/Data Collection Plan  (Refer to Toolkit #2) | Primary Outcomes (Post Discharge Clinic Project):   1. Increase capture of at-risk patients with a PCP.   2) Decrease in readmission rate.  3) Decrease in ER visits.  Primary Outcome (Resident Application Project):   1. Increase female resident application and invitations to our program for AY 2021-2022.   Secondary Outcome (Female Resident Recruitment Project):  Increase in female and ethnic diversity in residency Match to our program for AY 2021-2022  ---  Post Discharge Clinic Project:  -We will pull admission rate and ER visit data around our target population from the hospital’s Quality Department as our baseline data.  -We will use the Quality Department to pull demographic data to identify our target population: Medicaid patients and at-risk patients >65 yo.  -We will use the post discharge clinic to identify no-doc patients who fit out target population.  Resident Application Project:  -We will use prior female resident Match data as a baseline.  -We have access to last year’s Match questionnaires regarding why candidates opted to Match in other locations.  -We will utilize ERAS supplemental application for this as well  -After Match Day, we will use these same tools to measure impact of intervention on this year’s Match.  ---  Post Discharge Clinic Project:   1. Readmission rate of target population. 2. ER visit rate of target population. 3. Number of patients in target population who get established with a PCP after following up in the post discharge clinic. 4. Number of residents who go thru PDC and get established at Residency-Faculty Practice (ask GSH nurse manager if we are connecting TCMs with Residency Faculty Practice).   Resident Application Recruitment Project:   1. Number of female applicants who Match to our program in AY 2021-2022.   Number of gender and number of ethnic diversity matches compared to last year. |
| VI. | Stakeholder Communication Plan (may be helpful to draft a flow chart of team members & senior management; Refer to Toolkits #3 and #5) | Post Discharge Clinic Project:  -NI8 team🡪PDC clinic 🡪 Ascension St Vincent’s C-suite.  Resident Application Project:  -NI8 team 🡪 Residency recruitment 🡪 residency program director. |
| VII. | Potential Challenges  (engagement, budget, time,  skills gaps, etc.; Refer to Toolkit #4) | Our NI8 team discussed several barriers to both the Post Discharge Clinic project and the Residency Application project. 1) We were challenged last year, and anticipate challenges this year, with a lack of personnel and resources for data mining. 2) We anticipate that the latest COVID-19 surge will impact employee and residency accessibility to perform duties for both projects. 3) We are challenged with a 2-year track record of a paucity of female residents recruited to the program; this generates concern that the program may build a reputation that will deter further female applicants. 4) Last year, we did not aggressively recruit team members from other disciplines; we discussed incorporating support from these other disciplines, such as nursing and pharmacy. |

|  |  |  |
| --- | --- | --- |
| VIII. | Opportunities for Scholarly Activity  (potential publications, conference presentations, etc.) |  |
| IX. | Markers  (project phases, progress checks, schedule, etc.;  Refer to *NI VII Roadmap to 2023*) |  |

*Sections X thru XV to be completed first quarter 2023 for “Final Proceedings” booklet:*

|  |  |  |
| --- | --- | --- |
| X. | Success Factors | *The most successful part of our work was….*  *We were inspired by….* |
| XI. | Barriers | *The largest barrier encountered was….*  *We worked to overcome this by….* |
| XII | Surprises | *What surprised you and why?* |
| XIII. | Lessons Learned | *What would be the single most important piece of advice to provide another team embarking on a similar initiative and how to be successful?* |
| XIV. | Expectations Versus Results | *On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything), how much of what you set out to do was your team able to accomplish and how were your results the same or different from your expectations?*  *1 2 3 4 5 6 7 8 9 10* |
| XV. | Sustainability and Next Steps | What does your CEO need to know to help keep your work sustainable? |