**Project Assumptions**

✓ HMG will use a single patient medical record in the EMR across the enterprise.

✓ HMG is responsible for overseeing ongoing proper clinical usage of the EMR and related components.

✓ To be developed during implementation;
  o Global policies and Procedures
  o Site specific policies and procedures

✓ Sites/Providers will not have the ability to decline EMR implementation.

✓ Key decisions will be designated to be answered at the central (HMG) level vs. site level (Practice).

✓ Assigned tasks will be provided to team members in a timely manner with sufficient lead time.

✓ Individual site implementation teams/personnel will complete tasks related to implementation within the timeline specified by the EMR Project Team.

✓ Providers will have remote access via Citrix gateways from any location with Internet access.

✓ No interfaces will need to be developed for the Enterprise set-up or the initial site outside of those interfaces designated as Core EMR Interfaces as approved by the Executive Steering Committee and documented in section 2 of the EMR Project Charter.

✓ No site will go live unless those interfaces designated as Core EMR Interfaces are functioning as expected.

✓ Schedules/demographics from GE Group Management are transferred in the timeframe and manner expected.

✓ Training is mandatory.
  o Users will be given adequate time for training needs.
  o Each site will designate individual (s) to be trained and “Certified” as superuser(s) for “onsite” basic application support/training questions.
  o Will be provided at appropriate times and location to accommodate patient care

✓ Quality, fewer “lost “ charts, improved access, and qualifying for the Meaningful Use funding are driving goals for the HMG EMR implementation.

✓ The HMG EMR Project Team will build and maintain all components of the EMR where modifications could affect more than one user.

✓ Each site/specialty will preload problems, medications and allergies into the EMR at the time expected to support implementation requirements.

✓ With appropriate workflow redesign, providers can return to greater than or equal to 95% of pre-EMR productivity within three months without adding more staff.
Project Risks

Low Risk Assessment

✓ If vendor support is not timely or does not meet expectations the implementation process could be compromised.
  o Set expectations early.
  o Create an environment of communication.
  o Use project management processes

✓ Support by BayCare must be timely to meet expectations of the implementation process.

Medium Risk Assessment

✓ New interfaces will need to be developed.
  o Schedule 6 months to create a new interface.
  o Additional resource - External vendor/developer may be necessary.
  o Identify needs as early as possible.
  o Communicate interface needs and risks.
  o MPP, Cerner, and GE Group Management interoperability and interfaces are unknown at this point.

✓ Duplicate accounts in the GE Group Management system could create duplicate records in the EMR.
  o Assign personnel to run reports/monitor duplicate accounts in GE Group Management.
  o Run duplicate account reports.
  o Use one unique internal ID per patient (one patient to one account).

✓ A flexible training schedule will need to be considered as we progress, affording us the ability to accommodate the specific needs of the site groups.
  o Monitor dedicated training times.
  o Identify new training rooms/avenues if space/time is too limited for implementation needs.

✓ Adequate support for and by the EMR project team must be a priority for a successful and timely enterprise-wide implementation.

High Risk Assessments

✓ Positive – Proactive communication needs to go out from leadership to ensure proper adoption of our EMR.
  o Strong central voice that implementation will occur.
  o All providers will be expected to use EMR.
  o Develop marketing strategies.
  o Develop a centralized communication platform for users.
  o Allow flexible/creative training opportunities.

✓ There will be clinical areas that will need customized clinical content that will not be available from the EMR vendor. This content will need to be developed internally.

✓ As sites are implemented, it is recommended to have a reduction of patient visits until providers are comfortable with the application.
  o Maximize training opportunities prior to site “go live”.
  o Have individual superusers on-site to assist with clinical application questions.
  o Decrease schedules as necessary to facilitate implementation activities.

✓ Individuals with access to the EMR have instant access to all records in the database.
  o Develop/Approve Confidentiality Guidelines & processes.
  o Regular reporting and investigation by site managers of chart access by providers/staff.