Sample PM Outputs from Healthcare Project Management text by Schwalbe and Furlong, 2013

- **Initiating:** business case, stakeholder analysis, charter
- **Planning:** project management plan, scope statement, requirements traceability matrix, WBS, project schedule, cost baseline, quality metrics, human resource plan, project dashboard, probability/impact matrix, risk register, supplier evaluation matrix, stakeholder management plan
- **Executing:** deliverables, milestone report, change requests, project communications, issue logs
- **Monitoring and controlling**: earned value chart, accepted deliverables, quality control charts, performance reports
- **Closing:** project completion form, final report, transition plan, lessons-learned report, contract closure notice

Business Case Executive Summary

- **Background**
  - Ventilator Associated Pneumonia (VAP) has been identified by the IHI as a preventable condition
    - The IHI has developed a bundle of five care elements, that when followed in their entirety, has been proven in independent studies to reduce the incidence of VAP by at least 50%
  - CMS has adopted the CDC's method for identifying patients with VAP and will no longer pay for the treatment of VAP, considering it a Hospital Acquired Condition (HAC)
    - Takes effect in 19 months
    - All major third party payers are expected to follow suite immediately thereafter
  - AHS identified 212 cases of VAP last calendar year
  - VAP rates have increased 8% over the past 5 years at AHS
  - VAP, or complications as a result of VAP, can result in death
    - for 17% of VAP patients over 65
    - for 8% of VAP patients under the age of 2
  - VAP is expensive to treat
    - The cost to treat VAP averages $17,000 per patient
    - The reimbursed charges to treat VAP averages $23,000 per patient
    - At 212 cases last year, we were paid $4.9M by payers, incurred $3.6M in costs, resulting in $1.3M in profit
  - If AHS has 212 cases again next year
    - 11 patients may die under our care (based on our patient demographic and the stated averages)
    - we will not receive $4.9M in revenue
    - it will cost us $3.6M in costs
    - it will result in AHS losing a total of $8.5M (cost to treat plus lost reimbursement)
    - we may be exposed to litigation if we can't prove we are following the IHI ventilator best practices bundle
- **Solution**
  - Implement a reporting system that will alert caregivers on the floor when the IHI best practices are not being followed
  - Institute work flow changes that will hardwire the best practices into clinical care
  - Hold clinicians accountable for adhering to the best practices
  - Hold clinicians accountable for documenting adherence to the best practices
- **Cost**
  - $875,000 to $980,000 year 1
  - $0 subsequent years (support absorbed by current labor)
- **Payback**
  - Seven month payback period
- **Schedule**
  - Implemented in all units in one year

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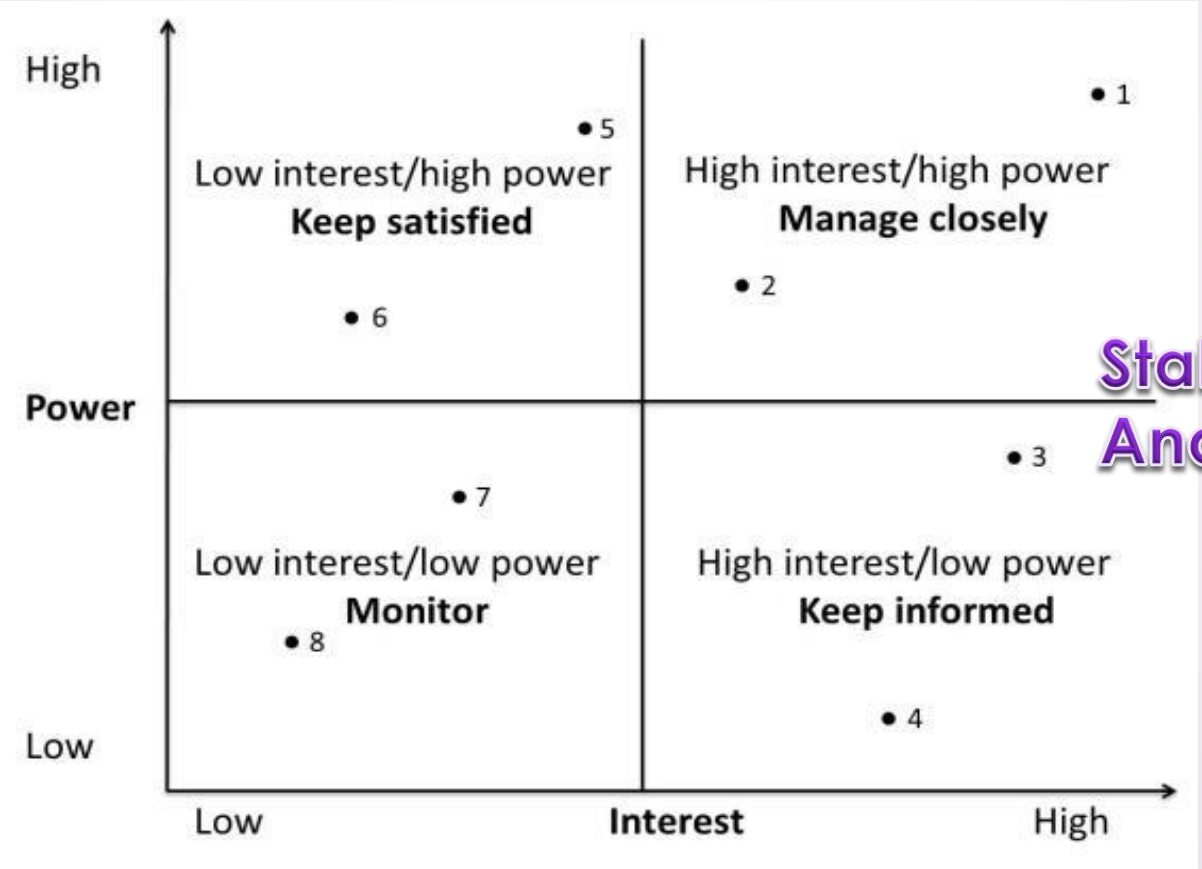
Business Case

Power/Interest Grid



Stakeholder Analysis

Project Charter

May 21

PROJECT TITLE

Ventilator Associated Pneumonia (VAP) Reduction – "VAPR"

PROJECT TIMELINE

Start: July 1 **Projected Finish Date:** June 30

PURPOSE

VAP costs AHS over $3.6M per year in costs, and puts our patients at risk for severe and sometimes fatal consequences. VAP is considered preventable by CMS, having worked with the Institute for Healthcare Improvement to develop a set of best practices that, if followed, has been proven to reduce VAP by 50% in other healthcare facilities. AHS will implement a system to collect and report compliance with the best practices in order to better manage VAP in order to better serve our patients healthcare needs. Since VAP is considered preventable, it is no longer reimbursable by CMS or major payers as of July 1, which will also put a financial burden on our organizations.

BUDGET

The VAPR project is expected to cost $980,000 over one year, with a total TCO of $980,000 over three years.

PROJECT MANAGER

VAPR has been broken down into two phases. The first phase is a proof of concept and the data collection/reporting system and will be managed by Jeff Birdwell, PMP from the PMO's office. The second phase includes clinical process reengineering, training, and monitoring and will be managed by Pat Wager, RN, from the analytics department.

Project Charter

SUCCESS CRITERIA

This project will be considered successful if the sponsor rating is at least 8/10 upon project completion and VAP incidence rate drops by at least 50% within six months of implementation. Incidence rates will be determined based on the number of VAP events per 1000 ventilator days.

APPROACH

- All work to be completed by internal staffing, where possible.
- Project to be broken up into two major phases that will overlap their work, requiring the two project managers to work closely together throughout the project.
- Phase I, VAPRware, is concerned with the proof of concept, data collection and data reporting. It is primarily a technology project but will require the cooperation of and collaboration with analytics and nursing in order to identify the required data elements and their source systems.
- Phase II, VAPRflow, is concerned with clinical workflow reengineering, and is primarily a clinical project that will require working with the Nursing Documentation Committee and Medical Executive Committee in order to gain their input and support.
- Training to be developed and delivered by the Nurse Educator Team under the direction of the Phase II project manager. All training will be computer-based training (CBT) and will be included in annual training requirements for all clinicians.
- The cost of any work conducted on behalf of the project will be paid by the project budget, with the exception of the time nurses spend in training.

PROJECT LEADERSHIP (NAMES, ROLES, AND SIGN-OFF)

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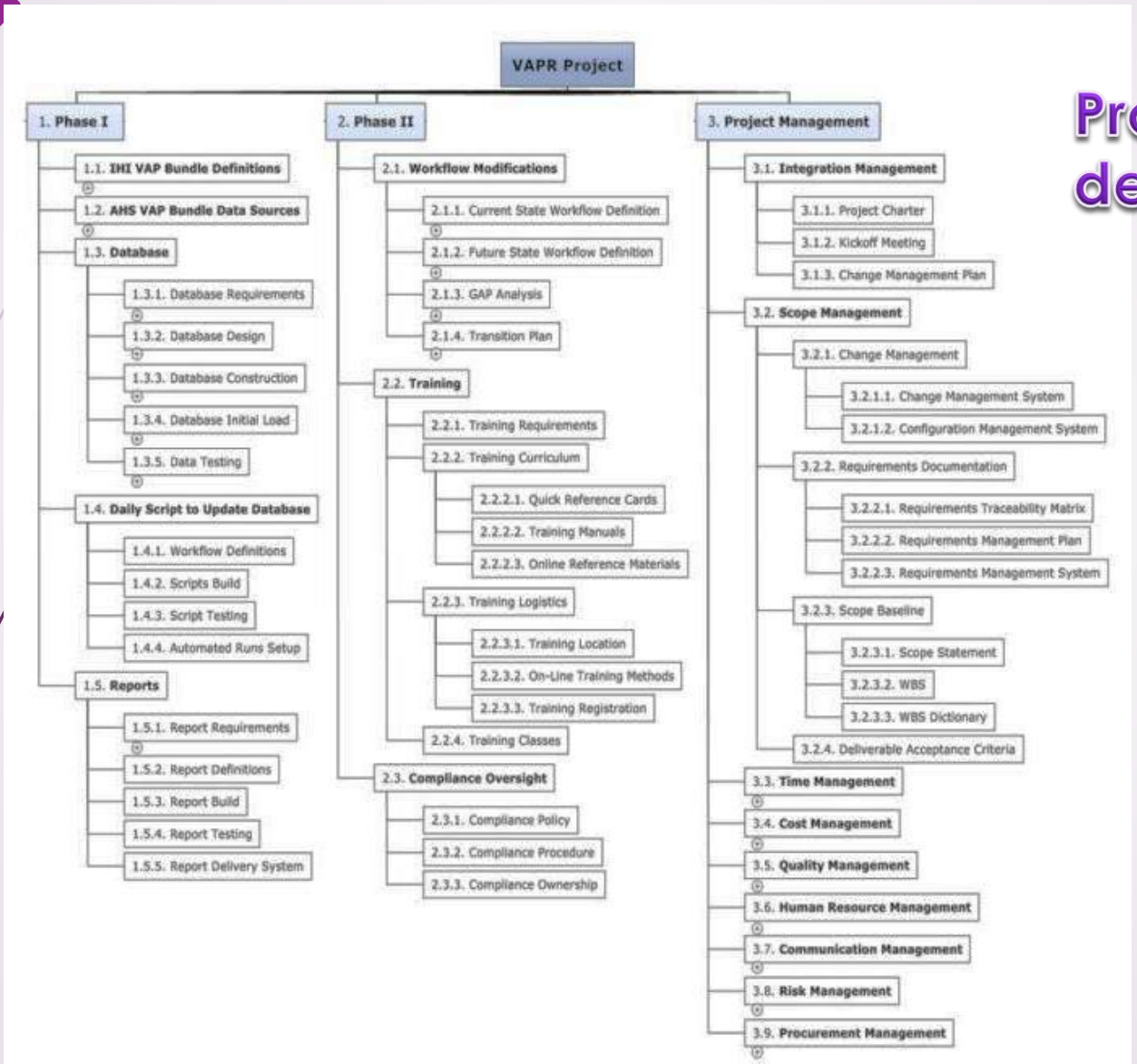
Project Charter

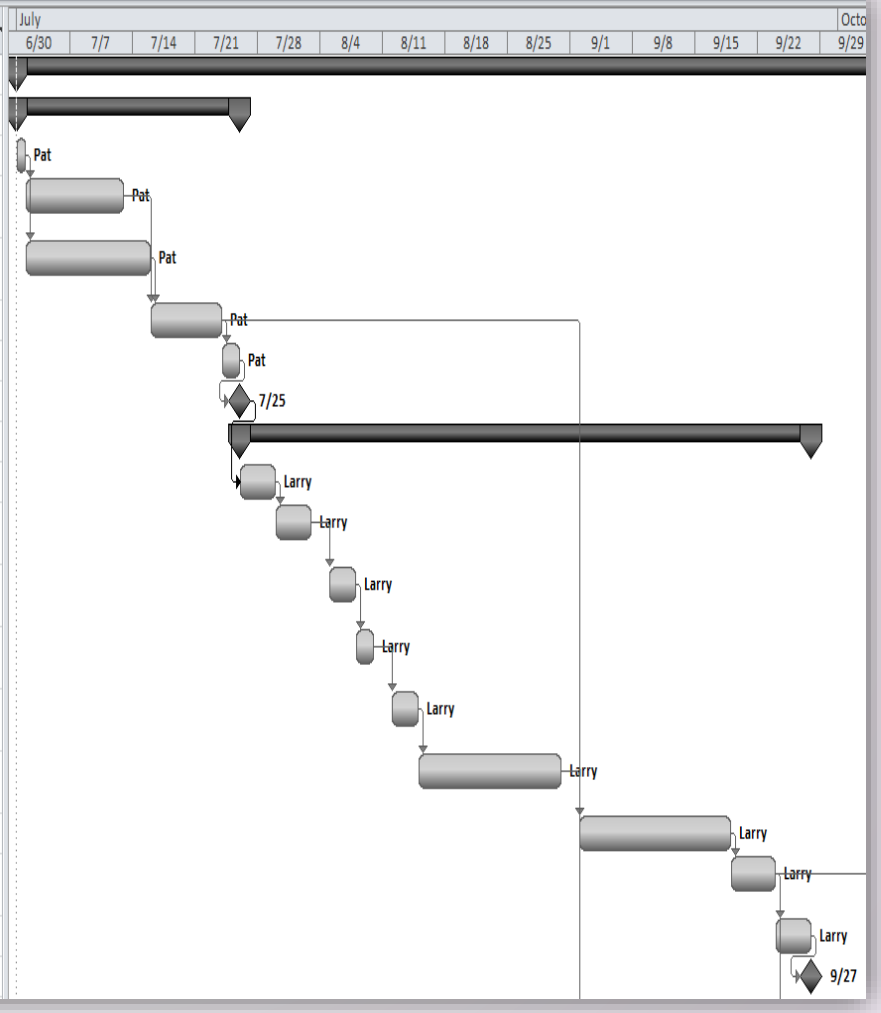
Work Breakdown Structure



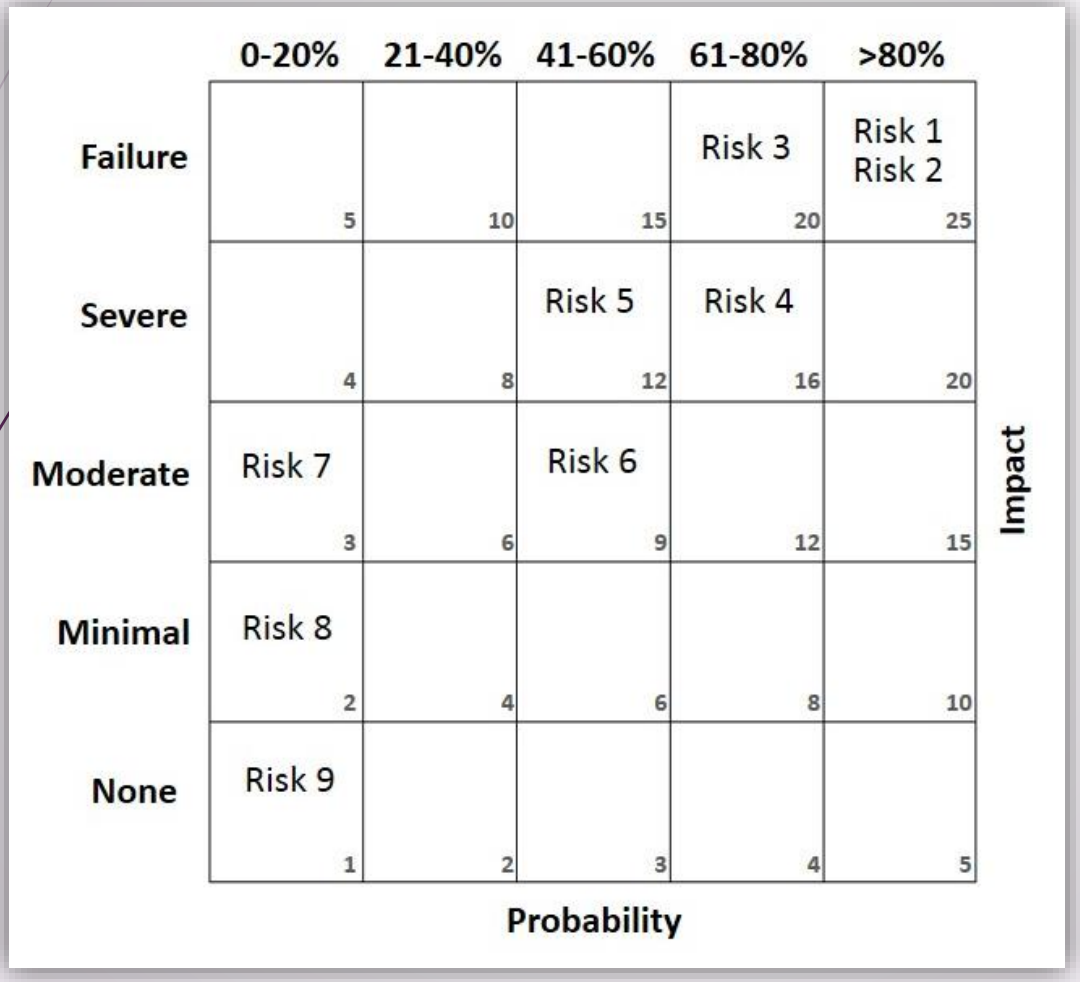
Project deliverables

Gantt Chart

	Activity Name	Duration	Man Days	Start	Finish	Predecessors
1	**Phase I**	**244 days**	**721**	**7/1/13**	**6/5/14**	
2	**IHI VAP Bundle Definitions**	**19 days**	**28**	**7/1/13**	**7/25/13**	
3	Review IHI VAP bundle require	1 day	1	7/1/13	7/1/13	
4	Review a min of six VAP bundle research studies that	9 days	9	7/2/13	7/12/13	3
5	Identify clinical discipline that typically provides each of the	10 days	10	7/2/13	7/15/13	3
6	Create VAP bundle definition c	6 days	6	7/16/13	7/23/13	4,5
7	IHI Bundle Buffer	2 days	2	7/24/13	7/25/13	6
8	IHI Bundle Defined	0 days	0	7/25/13	7/25/13	7
9	**AHS VAP Bundle Data Sources**	**46 days**	**46**	**7/26/13**	**9/27/13**	
10	Review VAP bundle definition	2 days	2	7/26/13	7/29/13	8
11	Determine if VAP bundle elements are currently	4 days	4	7/30/13	8/2/13	10
12	Update VAP bundle definition document with corrected	3 days	3	8/5/13	8/7/13	11
13	Determine if the discipline documents the data	2 days	2	8/8/13	8/9/13	12
14	Identify the systems where the information is	3 days	3	8/12/13	8/14/13	13
15	Review systems and determine if the data is	12 days	12	8/15/13	8/30/13	14
16	Review extracted data sets for	13 days	13	9/2/13	9/18/13	15
17	Update VAP bundle definition document with system and	3 days	3	9/19/13	9/23/13	16
18	VAP Bundle Data Sources Buffe	4 days	4	9/24/13	9/27/13	17
19	Current Data Extracted	0 days	0	9/27/13	9/27/13	18



Probability Impact Matrix



Identify & Prioritize Risks

Project Dashboard

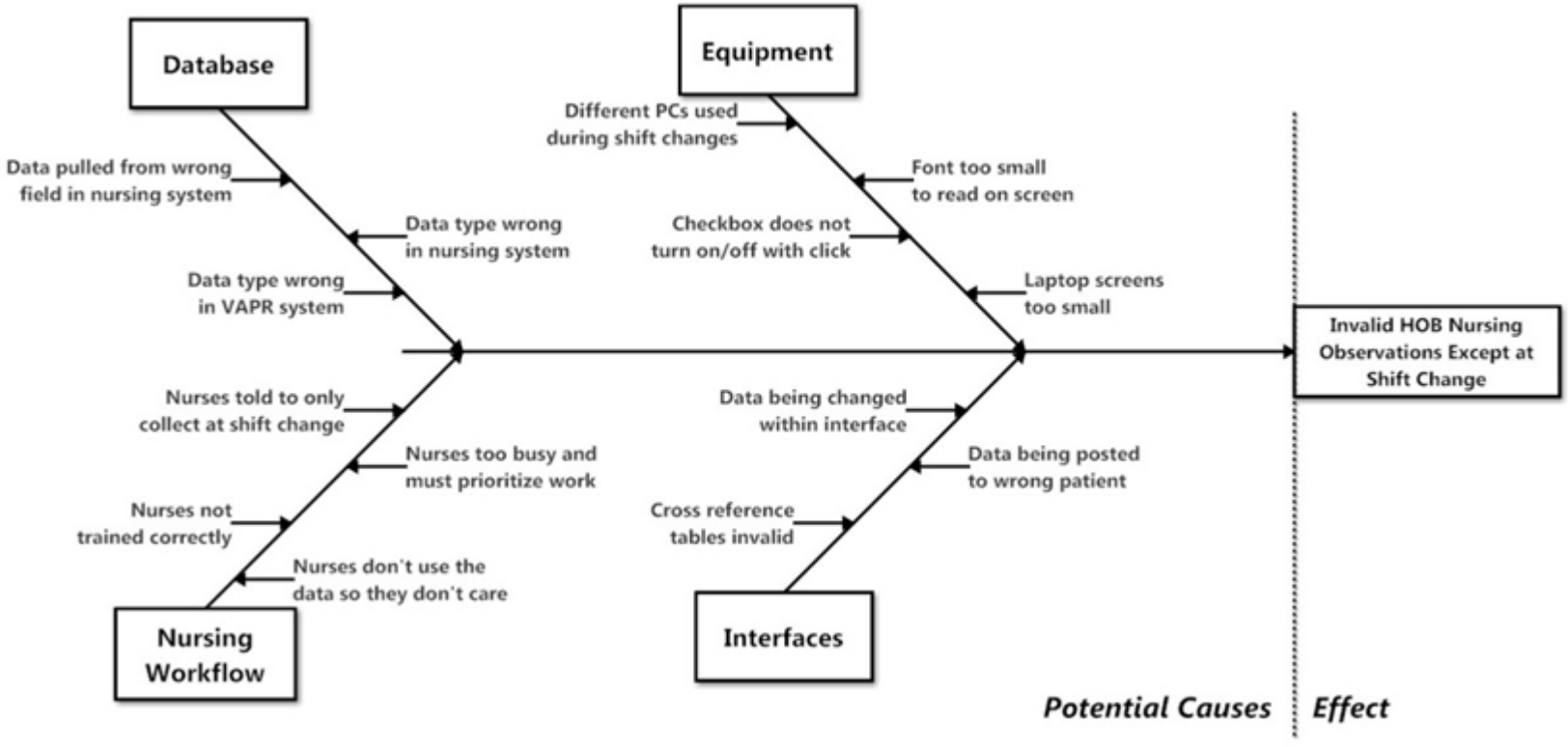
Metric	Description	Status	How Measured	Explanation
Scope	Meeting project goals	◔	Earned value chart	On target
Time	Staying on schedule	●	Earned value chart	Slightly behind schedule
Cost	Staying on budget	◔	Earned value chart	Under budget
VAP Bundle	Identify AHS systems with required elements	◔	Percent of elements identified in AHS systems	All elements identified and available
VAP reduction	Reduce by 50% within six months	↔	Infection Control data	Cannot collect until after implementation
Percent of ICU staff trained	Train all ICU staff prior to go live	○	Training Management System test results	Learning management system down for four days causing a delay in training. We expect to catch up quickly.

◔ On Target
○ Slightly off target / caution area
● Off Target / problem area
↔ Not able to collect data yet

Track Metrics

Cause and Effect Diagram

Find Root Cause



Progress Report

Progress Report

Project Name: Ventilator Associated Pneumonia Reduction (VAPR) Project
Project Manager Name: Pat Wager
Date: March 3
Reporting Period: February 1 – February 28

Work completed this reporting period:

- Identified and gained approval from a high VAP-incidence critical care unit to participate in the VAPR pilot program.
- Recommended and gained approval for the rollout order for remaining ICUs.
- Developed a formal workflow transition plan.
- Transition plan approved by Med Exec Committee and Quality Council.
- Awaiting transition plan approval by Clinical Workflow Council. Expected March 5.

Work to complete next reporting period:

- Review transition plan with each discipline.
- Determine training requirements for clinicians.

What's going well and why:

- Nurses and physical therapists have been engaged from the start due to the ongoing support by the CNO and CNIO.
- ICUs have been very cooperative regarding the pilot program.

Suggestions/Issues:

Engage the Executive Medical Director and Chief Medical Information Officer in order to help get the appropriate message to physicians about the benefits of VAPR. Our Phase II sponsor, Dr. Scheerer, is in the ideal position to work with these two physician leaders.

Project changes:

No major changes to report. The earned value chart in Attachment 1 shows planned value, actual cost, and earned value information to date. We are very close to our plans, running slightly ahead of schedule and a bit over budget. We expect to complete the project on budget and on time.

Easy Yet "Super" Tool