

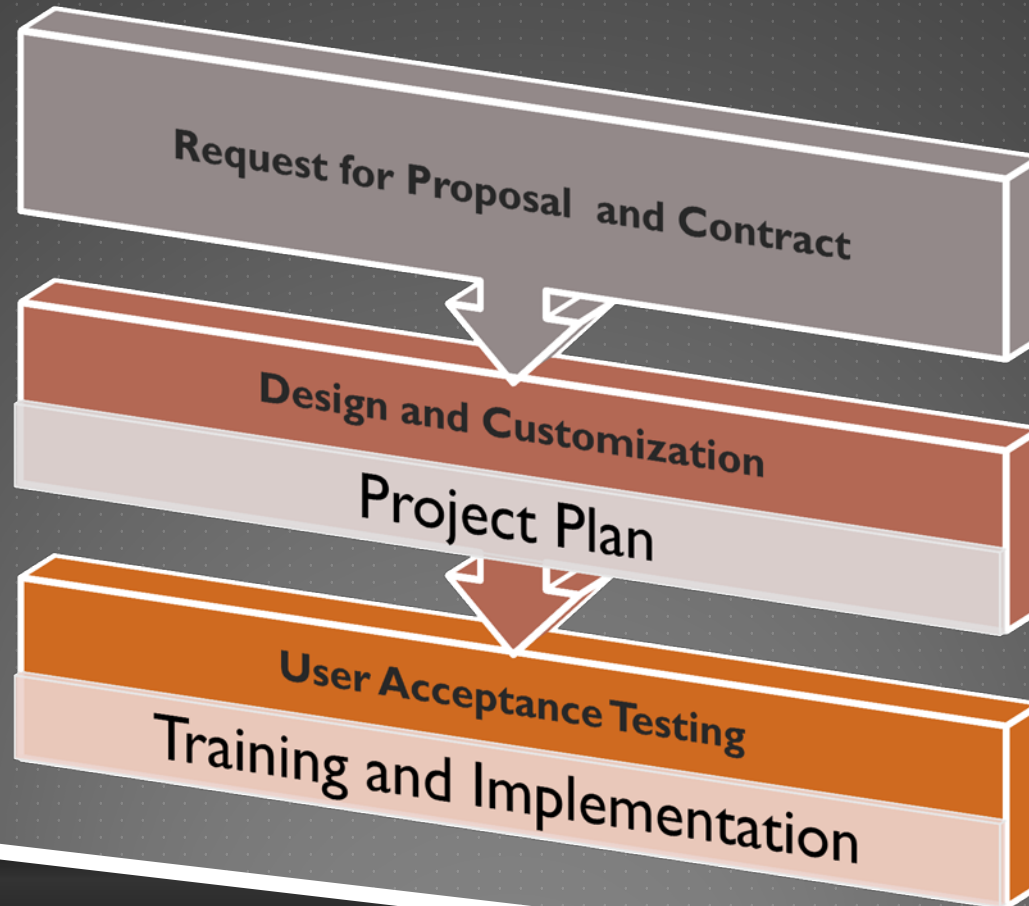
# TRANSITION WITH SUCCESS

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# THE KEYS TO SUCCESS

- ▶ Request for Proposal (RFP)/Contract Process
- ▶ Design and Customization
- ▶ Project Plan
- ▶ User Acceptance Testing (UAT)
- ▶ Training
- ▶ Implementation
  
- ▶ Looking to the Future
- ▶ Lessons Learned

# PROJECT FLOW



# REQUEST FOR PROPOSAL AND CONTRACT PROCESS

- ▶ Make the RFP clear, concise and *SPECIFIC* to your needs
- ▶ Involve the contract department and any Information Technology team
- ▶ Make sure stakeholders (VFC, WIC or Epidemiology staff and/or medical providers) have an opportunity to have a representative involved
- ▶ Have specific questions in mind for each vendor
- ▶ Have vendor demonstrate product
- ▶ Ask vendor to have a project manager, business analyst, and developer weigh in on the contract deliverables

# DESIGN AND CUSTOMIZATION

- ▶ Engage stakeholders to identify needs and wants for normal business practices
- ▶ Make sure all customizations are prioritized
- ▶ Be thorough and timely during the “Functional Design Documents” (FDD) phase
- ▶ Consider rolling out additional modules at a later time
- ▶ Make sure stakeholders are aware of customization priorities and future releases

# PROJECT PLAN

- ▶ Make sure plan is drafted with reasonable expectations from both the project and the vendor
- ▶ Make sure FDDs outline the functionality required and the processes each FDD affects
- ▶ Make sure subsequent releases have enhancements/fixes scheduled and timelines approved
- ▶ Prepare and plan for data migration
- ▶ **Determine what functionality is needed DAY ONE**

# USER ACCEPTANCE TESTING (UAT)

- ▶ Allow at least 4 weeks to complete
- ▶ Hire additional IIS Help Desk staff and bring them in to test
- ▶ Have test plans
- ▶ Understand the difference between system not functioning as designed (bug) and system not functioning as expected
- ▶ Process all “bug” assignments through the project team leader(s)
  - ▶ Not having everyone logging “bugs” helps determine if bug or not (go back to the FDD)
  - ▶ Helps prioritize the bug fixes

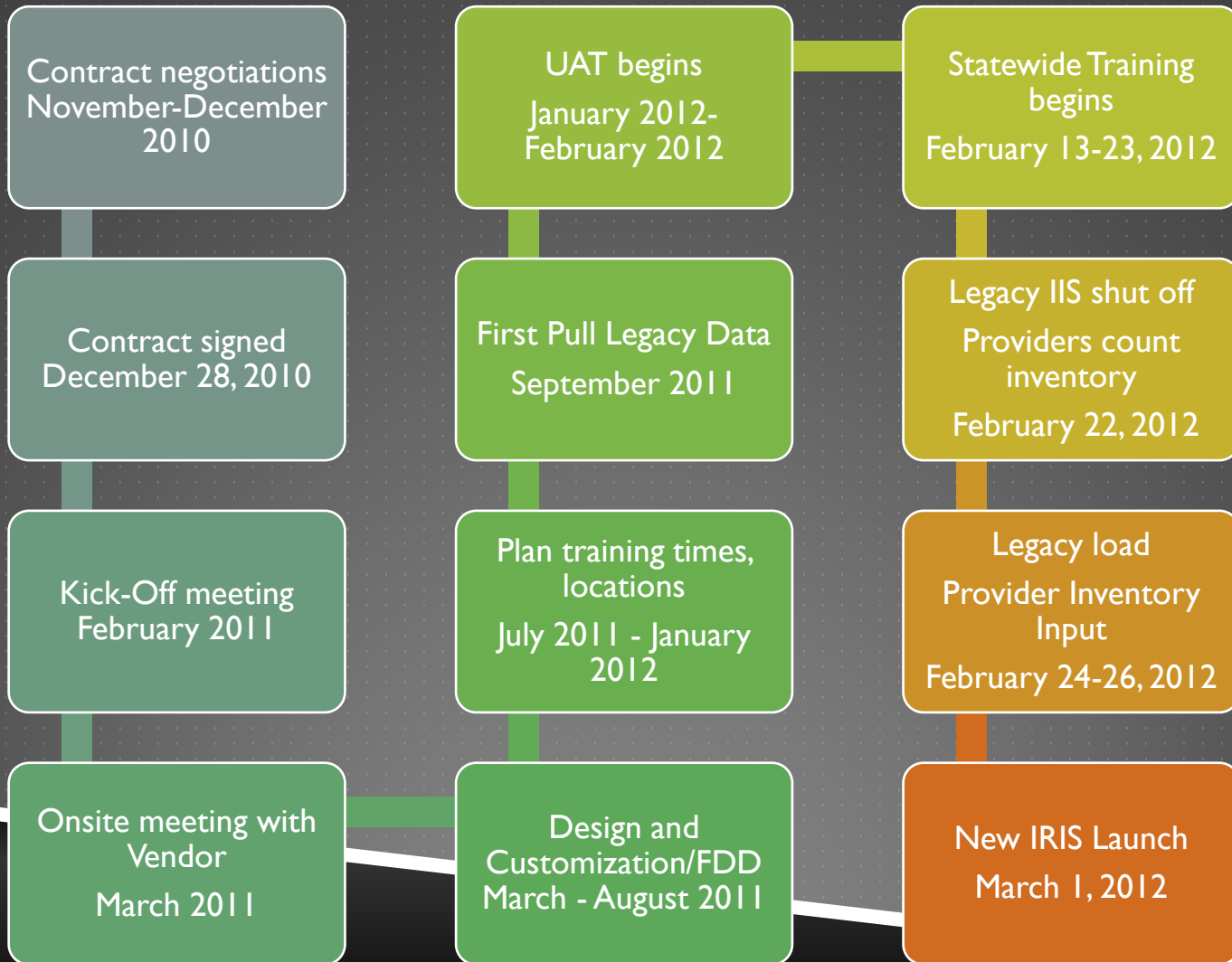
# TRAINING

- ▶ Keep all stakeholders in mind when designing training
- ▶ Design training for different learning styles (online, hands-on, in person) and different locations and times
- ▶ Start preparing early (Idaho started about 8 months ahead)
  - ▶ Send notices about training and important dates at least 4 months prior to training
- ▶ Allow for the unknown (additional equipment needed, etc.)
- ▶ Over-prepare for the rollout (IIS help desk temporary staff – they can always be taken out if workload not enough)
- ▶ Attempt multiple “walk-throughs” of training material with staff

# IMPLEMENTATION

- ▶ Have a strict “launch” or “day one” and stick to it (this may mean deferring items if necessary)
- ▶ If using system for ordering/inventory, be organized and plan blackout dates for ordering and data entry
- ▶ **Do as much as possible for providers** (Idaho has approx. 318 VFC providers so it was manageable)
- ▶ Consider rolling out additional modules at a later time (school access)
- ▶ **Be prepared for day one**

# PROJECT TIMELINE



# LOOKING TO THE FUTURE

- ▶ Get used to the new processes to help determine what enhancement work is really needed
- ▶ Make sure priority levels are defined for future enhancements
- ▶ Listen to the users for needs and wants for future functionality
- ▶ For future enhancements or contract amendments, write the FDDs first and make them the scope of work

# LESSONS LEARNED....

- ▶ Examine closely patient immunization forecasting (understand the vaccine groups)
- ▶ If doing data exchange: get the specs out and know what the capabilities of your providers' EHR system
- ▶ “Live in it” approach
- ▶ Understand there are differences but change brings growth (involve your stakeholders as much as possible in the process. The more buy-in and involvement they have, the better the acceptance)