QSight Clinical Inventory Management System Implementation Project Charter

Document Version 0.3: Draft
Document Date: 2015-02-19
# Revision History

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date</th>
<th>Revised By</th>
<th>Changes Made – Reasons for the Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>2014-11-14</td>
<td>Steve Prevost</td>
<td>Initial document creation</td>
</tr>
<tr>
<td>0.2</td>
<td>2014-11-25</td>
<td>Steve Prevost</td>
<td>Updates from meeting with Kirk Barbieri</td>
</tr>
<tr>
<td>0.3</td>
<td>2015-02-19</td>
<td>Steve Prevost</td>
<td>Final updates</td>
</tr>
</tbody>
</table>
Date: February 19, 2015

Executive Sponsor: Greg Wozneak, Heart Center

Project Owners: Kirk Barbieri, Specialty Care IT and Outcomes, Patient Care Services; James Choffel, Invasive Cardiology - Clinical Electrophysiology; Sandra Weaver, Invasive Cardiology – Cardiac Catheterization

Sponsoring Department: UVA Health System (UVAHS) Heart Center

Project Manager: Steve Prevost, Program Management Office (PMO)

Project Title: QSight Clinical Inventory Management System Implementation

Current Environment
Currently, the management of invasive cardiology (catheterization, electrophysiology, and cardiac transition unit) supplies is a manually driven process that is both time-consuming and open to error. In addition, procedural supplies are manually checked in and tracked using EpicCare’s Cupid application and include an outbound billing interface. Finally, EpicCare’s Cupid application has limited inventory management reporting functionality which inhibits the ability of the UVAHS to make timely and informed decisions on product selection and replacement.

Project Stakeholders

The following UVAHS clinical departments will be impacted by the project: Invasive Cardiology Laboratories including cardiac catheterization, electrophysiology, and the Cardiac Transition Unit.

In addition to the Invasive Cardiology staff that will be directly using the QSight product, the medical directors for Cardiac Catheterization and Electrophysiology, Dr. Michael Ragosta and John Ferguson, respectively, are key stakeholders impacted by the project.

Other UVAHS departments impacted by the project are: Supply Chain Management, Health System Technology Services (HSTS) – PMO, PeopleSoft, Technical Services, Epic, Information Security, Communications and Infrastructure. In addition, members of the Owens & Minor project team are stakeholders in the project.

Business Need and Impact
Primary business needs to be addressed with the implementation of QSight are:

- Increasing patient safety through more effective management of supply expiration dates
- Improving the financial metrics of UVAHS, specifically that of the Invasive Cardiology Department, through prudent inventory reduction and increasing inventory turnover
Program Management Office (PMO)

- Improving Regulatory – patient document, implants component, device recall

The business needs of UVAHS will be addressed with the successful implementation of QSight by:
1. Enhancing the automated inventory management function of Invasive Cardiology
2. Accurately tracking and managing supply expiration dates from a patient safety perspective
3. Actively managing supply utilization including a cost per case metric through standard and custom reporting
4. Automating the Invasive Cardiology supply ordering process using par levels to reduce the number of manually generated ePros (approximately 50 per day)

Project Goals
Successful implementation of the QSight system will enable UVA to institute the following within 90 days of Go Live:
- Development and utilization of a more formalized and structured inventory review process
- Development of an inventory management dashboard to enable the proactive management of Invasive Cardiology inventory
- Reduce the need for creating, reviewing, and approving ePros for Invasive Cardiology supplies (% to be determined with scope statement)
- Manage inventory through par levels
- Reduce Invasive Cardiology inventory by (% to be determined with scope statement)
- Real time cost control reporting
- Actively managing pricing information through a decision support
- Zero incidents of expired supply utilization for implants

Project Evaluation
All of the above Project Goals are to be achieved within 3 months of go live.

Linkage with UVA Health System Key Strategies
Which UVA Health System Key Strategies will this project enhance?
✔ I Care Accurate billing of what material was used during the procedure. Inventory stock outs eliminated not to cancel procedure
✔ I Build Effective stewards of medical supply resources by tracking actual expenses to budget
✔ I Heal Effective management of expired supplies; i.e., implantable devices

Project Timeline
Q4 2014 – Initiation and Planning
Estimated Financial Costs

The project will be funded out of the Invasive Cardiology department’s operating budget; the product being purchased is a 36 month subscription fee service for a total cost of $197,200.

Requirements

Successful implementation will require the following interfaces to be built and tested:
- Siemens (A2K3) – Patient ADT and Patient Billing (CDM, CPT, and Contrast Media)
- PeopleSoft – Materials Management Information System (Order Worksheets, Item Master Updates and P.O. Updates)
- EpicCare Cupid (Scheduling and Product Utilization)

Implementation of the QSight system in the Invasive Cardiology department will require approximately 60 people to be trained on its management and use.

Deliverables

TBD – These will be determined during scope statement development.

Assumptions

The following assumptions are made with regard to implementing the QSight system:
- Integrated with Epic with single documentation of supplies
- PS master product index is accurate and up-to-date
- Owens and Minor materials database is accurate and up-to-date
- One in-bound file from PeopleSoft to validate and add new products
- Charting is real-time with information is sent at end of day (need confirmation)
- All systems (Ensemble, EpicCare, QSight) are operational during normal business hours
- Owens and Minor can engineer the automated order/re-order interface into PeopleSoft
- Multiproduct integration – barcode scanning of a product in QSight results in real-time charting in Cupid

Constraints

Due to the large number of competing IT projects within the UVA Health System, there is a significant potential for the project to be adversely impacted by resource constraints, particularly for PeopleSoft, Interface, and Cupid build team members.
Program Management Office (PMO)

These constraints will be addressed through proactive planning and communication throughout the life of the project.

Risks

Known risks to the project are:
- Health System build team resources and their commitments to current and future UVAHS initiatives
- The level of accuracy of product barcode labelling is believed to be high but won't be known until a scan of inventory is completed by O-M.
- The barcode format used by QSight (Symbol 128) may limit the amount of information that can be stored. This may prove to be a limiting constraint and will need to be addressed early in the project.

Project Managers Assigned and Authority Level

Alex Foley of Owens and Minor and Steve Prevost of the UVA Health System Program Management Office (PMO) have been assigned as the Project Managers for the QSight Clinical Inventory Control System Implementation project and will be responsible for the completion of the project and escalations, as appropriate.

Selena Culpepper of Owens and Minor will be responsible for development and implementation of interfaces.

Project Approval

The undersigned hereby endorse this project and agree to support the project through the due diligence and analysis phase to determine if this project should be implemented or cancelled.

Executive Sponsor – Greg Wozneak

Date

2-19-15