

**California  
Behavioral Health  
Electronic Health Record  
(CA BH-EHR)  
Request for Information**

**September 17, 2008**

**Version 1.0**

**CALIFORNIA DEPARTMENT OF MENTAL HEALTH  
*Information Technology Division***

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## A. Preface

### Introduction to this Request for Information (RFI)

The passage of Proposition 63, the Mental Health Services Act (MHSA) in November 2004, provided resources to support the delivery of mental health services by California's 58 county mental health programs and to monitor their progress toward statewide goals for mental health care in California. The MHSA provided funding for the infrastructure, technology and training elements that support a county's ability to address a broad spectrum of prevention, early intervention and service needs for children, transition age youth, adults, older adults and families. Improvement in client outcomes is a fundamental expectation throughout the MHSA implementation process.

Under MHSA, each county must develop Technological Needs Project Proposals that address the development of a long-term infrastructure that will facilitate the cost-effective delivery of the highest quality services and supports for consumer and family wellness, recovery and resiliency. Each county is responsible for its own budget and for tailoring its project proposals to meet the needs of the clients in that community.

### DMH Technology Goals

All County MHSA Technological Needs Project Proposals must be framed within the context of the guiding principles of MHSA. The specific technology goals are to:

- Increase **CONSUMER AND FAMILY EMPOWERMENT** by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.
- **MODERNIZE AND TRANSFORM** clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.

To facilitate the improvement of behavioral health services in the state of California, the Department of Mental Health (DMH), in collaboration with the County Mental Health Programs, contract providers, and the client, family and vendor communities, has assembled the requirements for an Electronic Health Record (EHR) System that would be a '*secure, real-time, point-of-care, client-centric information resource for service providers*' and would allow for the exchange of client information according to a standards-based model of interoperability.

DMH recognizes that the development of standards is an ongoing process that often reflects competing interests and, that standards are often more developed in some areas than in others. DMH wishes to facilitate the process whereby vendors adapt their systems to adhere to the standards that best serve the needs of California's behavioral health care recipients.

The purpose of this RFI is to share business and functional requirements with vendors and to obtain information about each vendor's ability to deliver standards-based and interoperable behavioral health information systems in California. This RFI will assist in

obtaining information from vendors to be shared with the County Mental Health Programs with the intent to aid County/Vendor compliance with requirements. DMH is not building a single statewide system.

## Business Requirements

The following business requirements, derived from Enclosure 3 of the *MHSA Capital Facilities and Technological Needs Proposed Guidelines*, reflect the State's desire that 'secure, real-time, point-of-care, client-centric information' be available in an interoperable environment.

### ***To meet the Consumer and Family Empowerment Requirements the system should:***

Provide accurate and current information about a consumer's mental health history to the service provider, the consumer and their family, when appropriate.

Promote client and family awareness and empowerment by emphasizing education and preventative care, and by providing an interface for exchanging data with a Personal Health Record (PHR).

Ensure access to mental health information that enables consumers to be informed and make sensible choices within the mental health system.

Promote informed, collaborative decision-making processes for clients, families, and clinicians.

Assist service providers with recording and monitoring the client needs and provide a means of reporting the utilized treatments that can be linked to the ongoing improvement of service quality and recovery.

Securely provide consumers with the ability to view and enter comments or data in their records, and the ability to share their journey with a designated family member, friend, and service provider.

Provide complete and accurate health information that is crucial in reducing medical errors and improving care coordination such as medication history, lab results, and other clinical information.

### ***To meet the Modernization and Transformation Requirements the system should:***

Provide the ability to review treatment and recovery information in a standardized format in order to develop decision support tools for improved client treatment by enabling the measurement of quality indicators as determined by national, state and county standards.

Decrease time in common administrative procedures and efficient communications with clients, family, and service providers.

Provide for integrated outcomes measurements that assess services and determine their cost-effectiveness.

***To meet the Modernization and Transformation Requirements the system should:***

Enable a collaborative decision-making process with service providers, consumers, and families in all aspects of the mental health system.

Automate core business functions – billing/claiming, assessments, workflow processes, etc.

Aid decision-making by providing access to health record information where and when they need it and by incorporating evidence-based decision support.

Provide clinicians with secure, real-time access to accurate, client-centric, clinical information that is communicable through interoperable behavioral and medical health systems using standards developed by Standards Developing Organizations (SDOs), such as the Certification Commission for Healthcare Information Technology (CCHIT) and Health Level Seven (HL7).

Allow different County systems to share information across a secure network environment both inside and outside their respective counties. Counties and their contract providers, hospital emergency departments, laboratories, pharmacies, and consumers and their families could all securely access information.

## **Functional Requirement Categories**

The functional requirements that support these business requirements were developed by workgroups comprised of representatives from DMH, the County Mental Health Programs, and the client, provider, and vendor communities. These workgroups combined established Ambulatory, Interoperability and Security functional requirements from CCHIT with requirements that are specific to the delivery of behavioral health services in California to develop a set of functional requirements that are grouped into the following categories:

### **1. Infrastructure Function Requirements**

Includes hardware and software with basic level of security and systems ready to deploy software. Interoperable EHRs require a structure for sharing information—a secure network.

### **2. Practice Management Function Requirements**

Includes registration, eligibility, accounts receivable, accounts payable, billing, documentation, and reporting these requirements. Addresses the complex financial and administrative needs of physician practices. These requirements will help County Mental Health Departments formulate the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management and compliance programs, and determine legal implications of business arrangements.

### **3. Clinical Data Function Requirements**

Includes clinical documentation such as assessment, treatment notes, and other clinical measures (such as data elements and corresponding definitions) that can be used in the measurement of patient clinical management and outcomes, and for

research and assessment. Clinical documentation elements also help facilitate communication across provider types to enhance communication and improve coordination of care.

- 4. Computerized Provider Order Entry (CPOE) Function Requirements**  
Includes internal and external laboratory, pharmacy and/or radiology ordering and history display. These requirements address optimizing physician ordering of medications, laboratory tests with interactive decision support systems. Integration with other hospital information technology systems including electronic patient records, pharmacy, laboratory, and other services provides the prescriber with all information necessary to develop and transmit in an effective, error-free order.
- 5. Full Electronic Health Record (EHR) Requirements**  
Includes infrastructure, health record capture, decision support, reporting, data transfer and CPOE components that are interoperable with external systems such as those used by contracted providers using industry standards.
- 6. Full EHR and Personal Health Record (PHR) Requirements**  
Includes full EHR functionality and interoperability with a Personal Health Record system.

## **B. Statement of Intent**

In an effort to provide the counties with a comparison of the different products on the market, the CA Department of Mental Health, is releasing this RFI to vendors. The results of this RFI will be shared with the 58 California Counties as they embark on choosing the vendor(s) and product(s) that will meet their individual county needs and align them with the statewide objectives for Electronic Health Record implementation and interoperability.

The intent of this RFI is to provide a mechanism for County Mental Health Programs to:

1. Evaluate the current vendor offerings available to them.
2. Assess the vendors' capabilities in a common platform of comparison.
3. Determine the vendors' ability to work in partnership to achieve the long term goals of interoperability with a variety of electronic health records and personal health record configurations as described in the DMH Integrated Information System Roadmap (Below).

DMH encourages any interested vendor to respond even though that vendor's solution may not be designed to address all of the Functional Requirement Categories identified by this RFI.

### **DMH Integrated Information System Roadmap**



<b>Needs Assessment and RFP/Vendor Selection</b>	<b>Infrastructure</b>	<b>Practice Management</b>	<b>EHR "Lite" Clinical Notes and History</b>	<b>Ordering and Viewing / E-Prescribing and Lab</b>	<b>Full EHR</b>	<b>Fully Integrated EHR and PHR</b>
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## C. Responding to this RFI

### Response Format

In order to aid in the consistency of responses received, vendors are requested to:

1. Submit your responses in Word format using 11 point Arial font.
2. Submit your response in a version of MS-Office no older than version 2000.
3. Ensure that typed answers are provided to all questions. If any specific question or item does not apply to your response, please indicate so by answering 'N/A' for Not Applicable.
4. Respond to each of the requirements in the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI document. The Functional Requirements Survey is an essential part of this RFI and must be completed and returned with this RFI document. See Section I in this document for more information about how to complete the Functional Requirements Survey. Vendors are encouraged to respond even if their solution does not address all of the functional categories identified in the RFI. Please be sure to respond to all of the requirements in the RFI. A response of "Not applicable" or "Not addressed" is acceptable when appropriate.
5. In each of the remaining sections of this RFI, a numbered indicator is used to identify a "Required Response". The format of this indicator is "**RR-x-nn**" where "x" is the section letter and "nn" is the number of the question in that section. For example the 1<sup>st</sup> question in Section D is labeled "RR-D-01".
6. Use Appendix A to append company or product literature to support, but not replace, an answer. **Please ensure that each enclosure within Appendix A contains a reference to the question or requirement for which the additional information is being provided.** Vendors are encouraged to use as much space as necessary to provide answers to all questions.

### Response Delivery

This document and the CA BH-EHR Functional Requirements Survey must be submitted in electronic format no later than 5:00 p.m., PST, **11/11/2008**. Please E-mail your response to: [MHSA-IT@dmh.ca.gov](mailto:MHSA-IT@dmh.ca.gov).

Be sure to append **your company's name** to the end of each file's name to distinguish it from all other responses. For example, if your company name is **ABC Company**, then prior to submission rename your files to:

1. CA BH-EHR RFI **for ABC Company**.doc and
2. CA BH-EHR Functional Requirements Survey **for ABC Company**.xls

If you wish to mail any supplemental information in hard copy it must be postmarked no later than **11/11/2008** and send to:

**California Department of Mental Health**

**Information Technology  
Attention: MHSA-IT  
1600 9<sup>th</sup> Street, Room 141  
Sacramento, CA 95814**

## **D. Company Background**

**RR-D-01** Please provide the following information regarding the makeup of your company.

CORPORATE INFORMATION	
<b>Company Name</b>	EWEBHEALTH, INC.
<b>Company Type (C-Corp, S-Corp, LLC, LLP, Sole Proprietorship, Etc.)</b>	C-CORP
<b>Location Of Corporate Headquarters</b>	55 WALKERS BROOK RD., READING, MA 01867
<b>Location Of Field Support Offices</b>	IRVING, TX
<b>Location Of Programming/Technical Support Personnel</b>	READING, MA
PRIMARY CONTACT INFORMATION FOR THIS RFI	
<b>Name</b>	TERESE MASTERSON
<b>Title</b>	TECHNOLOGY SALES MANAGER
<b>Office/Location Address</b>	5431 E KELTON LN, SCOTTSDALE, AZ 85254
<b>Phone Number</b>	602.460.2198
<b>E-Mail Address</b>	<a href="mailto:TMASTERSON@EWEBHEALTH.COM">TMASTERSON@EWEBHEALTH.COM</a>
<b>Internet Home Page</b>	WWW.EWEBHEALTH.COM

**RR-D-02** Provide an overview of your firm and its history. Describe the strength of your firm and its ability to meet the needs of California's behavioral health recipients and providers.

eWebCoding was launched in 2000 by parent company, Intertech Information Management Corporation. Subsequently, in 2004, the company changed its name to

eWebHealth to more accurately describe its broadening suite of products. ChartOne acquired eWebHealth from Intertech Information Management Corporation in July of 2004.

Design sessions, project plans, and process flows began in July of 2004 for San Diego County Psychiatric Hospital and Mental Health Services. Back scanning was implemented in August and the facility went live in March of 2005. Tarzana Treatment Centers, a licensed and accredited behavioral health organization in Los Angeles County, began using eWebHealth's software in 2007.

Since, ChartOne spun eWebHealth off in September of 2008 as an independent company. This move coincided with the merger of ChartOne and Healthport. eWebHealth continues to be held by Warburg Pincus. Warburg Pincus is one of the largest private equity firms in the world with over \$20 billion invested to date.

eWebHealth continues to provide electronic health record services through its Software as a Service (SaaS) model to a growing base of over 100 leading healthcare organizations.

It has been proven that the SaaS model makes eWebHealth's application scalable and financially viable to any size behavioral health facility. eWebHealth's suite of software ensures access to historical mental health information, promoting collaborative decision-making processes for clients, families, and clinicians. Tools are provided to review treatment and recovery information in a standardized format while decreasing time in common administrative procedures and increasing efficiency in communications. Secure, real-time access is provided to accurate, client-centric, clinical information where and when clinicians need it.

**(2 pages maximum)**

**RR-D-03** List the number of employees (Full-time equivalents) in your organization by category for the last 3 years:

Operating as a division of ChartOne until September of 2008, eWebHealth does not have individual employee counts for years 2006 and 2007.

Category	2006	2007	2008
<b>Total Employees</b>	N/A	N/A	68
<b>Installation / Setup</b>	N/A	N/A	10
<b>Research and Development</b>	N/A	N/A	18
<b>Application / Technology Support</b>	N/A	N/A	15
<b>Customer Service / Helpdesk Support</b>	N/A	N/A	11
<b>Other</b>	N/A	N/A	14
<b>Those with Clinical Backgrounds:</b>	N/A	N/A	2
– <b>Physicians</b>	0	0	0
– <b>Psychologists</b>	0	0	0

Category	2006	2007	2008
– Psychiatrists	0	0	0
– Registered Nurses	0	0	0
– Other Clinicians	0	0	0

**RR-D-04** Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

eWebHealth is a privately held company that spun off of ChartOne, Inc. and incorporated as an independent organization on September 23, 2008. This coincided with the merger of ChartOne and HealthPort.

As eWebHealth's parent company, ChartOne was a privately held company servicing over 1,300 healthcare customers across the United States. ChartOne has been in the medical records management software and services business for over 25 years and in June 2000 was acquired from QuadraMed Corporation by two institutional investors, Warburg Pincus LLP and Prudential Securities. Warburg Pincus, who owns over 90% of the outstanding voting stock of ChartOne, is one of the largest private equity firms in the world with over \$20 billion invested to date. ChartOne acquired Momsdesk Commerce Corporation in December 2001, acquired Electronic Health Information, Inc. in June 2002 and acquired InterTech Information Management, Inc. (d/b/a eWebHealth) in July 2004.

**RR-D-05** How long has your company been in the business of developing and implementing your Electronic Health Record related products?

Since its inception as eWebCoding in 2000, eWebHealth has provided products and services exclusively to healthcare.

**RR-D-06** What were your firm's annual revenues for the last 3 fiscal years?

Independent of ChartOne, eWebHealth's revenues are between 5 and 25 million.

Category	2005	2006	2007
\$1,000,000 to \$5,000,000			
\$5,000,000 to \$25,000,000	X	X	X
\$25,000,000 to \$100,000,000			
Greater than \$100,000,000			

**RR-D-07** What percentage of your firm's annual revenue directly resulted from behavioral health care solutions during the past 3 fiscal years?

Percentage of eWebHealth's revenues operating as a division of ChartOne:

Category	2005	2006	2007
Percentage of Annual Revenue Resulting from BH Solutions	<1%	1%	1.6%

**RR-D-08** What percentage of annual revenue did your company expend for research and development (R&D) on your proposed products during the last 3 fiscal years?

As a division of ChartOne:

Category	2005	2006	2007
Percentage of Annual Revenue Expended on R&D	4	4	4

**RR-D-09** What percentage is budgeted for R&D in the current and next fiscal year?

Category	2008	2009
Percentage of Annual Revenue Budgeted for R&D	25	25

## E. Partner and/or Reseller References

**RR-E-01** Please list any partners and/or resellers in the areas of behavioral health: Strategic or tactical development, sales, support, delivery, consulting, or training.

Moving documents to the Web requires a peerless technology infrastructure to ensure reliability and security. Our technology partners are some of the best in the business, which means you can be confident that together we deliver 24/7. Our partners are: Cisco Systems, Oracle, Microsoft, Veritas, Kodak, RSA, Navisite, Sun, and Spectrum Imaging.

**RR-E-02** For each partner or reseller listed above, please identify the following:

1. Functional areas.
2. Nature of partnership/relationship.
3. Length of the relationship.
4. Reference able customers for whom you have jointly provided services.

**(3 pages maximum)**

All the aforementioned partners are part of the infrastructure of the eWebHealth software application and do not function individually at any of our customers sites except Spectrum Imaging.

1. Spectrum Imaging can provide scanning services to those clients with back scanning needs or are in need of extra scanning services.
2. Spectrum Imaging is a recommended partner that may be employed directly through eWebHealth or independently.
3. 12 months.
4. Verde Valley Medical Center, Saint Johns Hospital, El Camino Hospital. Out of respect for our customers, names and phone numbers will be provided upon further request. Please understand that we protect all of our customers' staff in the same way.

## F. Behavioral Health Solutions Experience

Descriptions of the Functional Requirement Categories referenced in questions RR-F-01 through RR-F-05 of this section are in The Preface (Section A). In your responses to the questions in this section, emphasize your experience in the State of California.

**RR-F-01** Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems.

**(5 pages maximum)**

N/A

**RR-F-02** Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems.

**(5 pages maximum)**

N/A

**RR-F-03** Describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems.

**(5 pages maximum)**

N/A

**RR-F-04** Describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (EHR) systems.

**(5 pages maximum)**

Headquartered in Reading, MA, eWebHealth is the leading provider of on demand medical record solutions. eWebHealth provides web-based technology to offer flexible and affordable deployment options for electronic chart management.

eWebHealth empowers healthcare organizations by modernizing and transforming the management of medical information. Depending on the mix of products and services opted for, the customer can experience improved access to accurate and current information about a patient's mental health history,

enable collaborative decision making processes, and realize operational savings and/or efficiencies and improved productivity – all without capital outlay.

### **Our Products**

eWebHealth's technology and service solutions enable efficient management of the patient chart both inside and outside the medical facility. ChartOne offers a scalable suite of enterprise level document management and workflow applications as well as a broad range of services highlighted below:

#### **eWebHealth Suite:**

ChartOne initiated development of the eWebHealth Suite in 2002 with the first application, eWebView. Since 2002, ChartOne has added the additional modules listed below. In April 2006, we release version 5.0 of the eWebHealth Suite. The eWebHealth Suite products work in tandem with the ChartVault infrastructure. ChartVault™ is eWebHealth's secure and HIPAA-enabled Chart Management platform and is the foundation on which the applications in the eWebHealth Suite are built. ChartVault provides the set of services for securely storing, managing, and delivering medical records online. It also provides additional built-in services that allow for the auditing and tracking of requests for such content such as: membership services, non-repudiation services, and logging services.

The ChartVault™ platform complies with some of the strictest guidelines on Electronic Records Management as expressed by the National Electronic Commerce Coordinating Council in terms of authenticity, integrity, security, and accessibility. It establishes measures to secure the integrity of electronic medical records during transmission and processing. It relies on Public Key Infrastructure (PKI) to support secure transmission over the Secure Socket Layer (SSL) standard and digital signature using the Digital Signature Algorithm (DSA) in concordance with the Digital Signature Standard (DSS).

#### ***eWebView***

eWebView gives Clinicians, Patient Accounts, HIM, Auditors and others both inside and outside an organization's four walls simultaneous access to patient records via the Internet. With eWebView, you begin moving down the road to an EHR, realizing many of the benefits at a fraction of the time and cost of traditional systems. Records are scanned, assessed for image quality and then stored online using ChartVault, eWebHealth's secure, hosted repository for electronic medical records, where they can also be combined with data feeds from other hospital information systems. All information is encrypted before being uploaded through the Internet and typically becomes available to authorized users within hours of patient discharge. Advanced workflow tools pre-select charts and place them into flexible work queues for easier viewing within the hospital or from remote locations.

With eWebView, you:

- Provide accurate and current information about a consumer's mental health history to the service provider, the consumer and their family, when appropriate

- Promote informed, collaborative decision-making processes for clients, families, and clinicians
- Provide complete and accurate health information that is crucial in reducing medical errors and improving care coordination such as medication history, lab results, and other clinical information
- Provide the ability to review treatment and recovery information in a standardized format in order to develop decision support tools for improved client treatment by enabling the measurement of quality indicators as determined by national, state, and county standards.
- Provide clinicians with secure, real-time access to accurate, client-centric, clinical information that is communicable through interoperable behavioral and medical health systems using standards.

### ***eWebCompletion***

Chart completion tasks can be challenging for Clinicians as well as HIM staff, not to mention the impact they have on the Revenue Cycle. eWebCompletion shortens chart completion cycle times and makes it easy for clinicians to comply with medical record requirements by supporting electronic deficiency analysis, assignment, routing, monitoring and reporting.

First, records are scanned or electronically fed, indexed, encrypted and transported via the Internet to ChartVault, eWebHealth's secure, hosted repository for electronic medical records. Automated deficiency checking can then begin, with analysts informed of missing documents, such as discharge summaries.

After completing the analysis process, analysts move the charts into electronic queues awaiting clinician attention for review, editing and signature. Clinicians receive alerts and log on to see a simple up to date list of all their deficiencies by each patient.

With eWebCompletion, you:

- Eliminate the need for separate deficiency management and chart tracking applications
- Allow access to the chart as the chart is completed
- Reduce administrative hassle for Physicians by making it easy for them to manage, edit and sign electronic patient charts from anywhere.
- Increase staff productivity and efficiency
- Reclaim floor space devoted to paper-based completion areas
- Gain a powerful tool for tracking the source of incomplete records and billing hold-ups related to unanswered Physician queries

Then, with eWebSignature, you can allow Physicians to sign off on their charts over the Internet, and their jobs are done.

### ***eWebSignature***

Clinician time is always at a premium and is best used for clinical activities, not administrative tasks. A complement to eWebCompletion, eWebHealth's eWebSignature lets Clinicians sign charts at their convenience, from any location with Internet access —

no more trips to the HIM department after their shifts have ended. With eWebSignature, you:

- Ensure faster chart completion rates and reduce delinquent record counts
- Reduce administrative hassle for physicians by making it easy for them to manage, edit and sign electronic patient charts from anywhere
- Permit physicians to sign any kind of document electronically — including hand-written notes — this supports regulatory compliance and significantly improves physician satisfaction. Physicians will save administrative time through Web based electronic signature. This will allow them to see more patients and encourage them to admit more to your facility, potentially increasing downstream revenue.

### **ChartVault**

Underlying the entire eWebHealth Suite is ChartVault, eWebHealth's secure, hosted repository for the legal electronic medical record.

ChartVault is a secure ASP repository for electronic medical records. This high-performance web-based service offers a complete outsourced infrastructure in a very affordable manner. A rapid "hard-dollar" breakeven is possible because implementing one of eWebHealth's applications in the eWebHealth Suite on ChartVault requires no new capital, no new software, no new hardware, no new space and no new support people.

ChartVault was built from the ground up on Internet technology, not migrated from legacy systems. This design approach achieves usability, performance, security and availability far beyond what is possible by "Web-enabling" an existing application. Patient charts can either be scanned into ChartVault, or electronic files can be fed into ChartVault via standard HL7 messages, file-based interfaces (COLD), XML feeds, standard transcription interfaces or custom interfaces developed by our implementation team.

### **Infrastructure**

High performance and availability start with the application infrastructure of ChartVault. Redundant servers, routers, storage arrays and application processors using hardware and applications from leading technology suppliers form the center of the ChartVault infrastructure.

The ChartVault infrastructure offers:

- Pay-as-you-go solutions with minimal capital outlay
- Fast, easy implementation, including interfaces
- Scalable, modular applications
- A rock-solid technology infrastructure requiring no maintenance on your part
- Security that meets or exceeds HIPAA guidelines
- 24/7 availability and support
- Redundant, disaster-tolerant systems and back-up facilities

### **Security**

Because this is healthcare, data security is of paramount importance. ChartVault access is strictly protected by dual firewall barriers:

- The first firewall allows only SSL-secured connections accompanied by a valid certificate. You issue certificates to your authorized users, and no one else can even see the system log-in screens
- An additional firewall layer prevents any unauthorized access to the database servers. This barrier allows database server access only to eWebHealth's application servers, and even then only with a valid key
- As part of our operating procedures we conduct frequent and extensive, third-party intrusion and penetration testing.

### **Availability**

Ensuring uninterrupted availability is a top concern when moving to electronic records. ChartVault employs communication and network redundancy, hardware redundancy, extensive use of high-availability server clustering, software redundancy and even site redundancy.

**All of the eWebHealth technology and disaster recovery infrastructure are unparalleled in the industry and included as part of the monthly usage fee.**

**RR-F-05** Describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems.

**(5 pages maximum)**

N/A

**RR-F-06** Describe your firm's experience and qualifications for Systems Integration.

**(3 pages maximum)**

eWebHealth provides three levels of integration with other enterprise systems: 1) inbound data interchange, 2) outbound data interchange, and 3) single sign and contextual integration. Each will be discussed in detail as to the capabilities and products.

**Inbound Data Interchange** – eWebHealth's eWebCapture system incorporates capabilities of inbound data interchange that fit into one of two categories. First, is the interchange of MPI data from the source MPI system into the eWebHealth system. Second, is the interchange of clinical data from the source clinical system into the eWebHealth system. Inbound data interchange into the eWebCapture system is achieved via the use of the Rhapsody interface engine.

Interchange of MPI data from the source system into the eWebHealth production system is achieved via a TCP/IP HL7 interface between the source MPI system (or interface bus) and eWebHealth's Rhapsody interface engine. ADT HL7 messages are received and parsed in the Rhapsody engine. Indexing data (MRN, Name, SSN, DOB, Sex, Account#, Admit Date, Discharge Date, Patient Type and Service) is then inserted into the eWebCapture database and then transferred to the eWebHealth production database. Other MPI data is converted into an XML document which is sent to the

eWebCapture system and then sent to the eWebHealth production system where it can be viewed or used to drive workflows in the system.

Interchange of clinical data from the source clinical system into the eWebHealth production system is achieved via a TCP/IP HL7 interface or a file based import into eWebHealth's Rhapsody interface engine. Clinical data coming into the system can either be in any parsable text format or in an image format if accompanied by a parsable text index file.

Parsable text format – The Rhapsody engine performs the following functions:

De-Batch – for file based imports where the file contains multiple patients or multiple report types

Parse – MRN, Account Number and Document Type are parsed from each file so that the document can be properly indexed in the eWebHealth system

Convert text to XML

Convert XML to XSL

Convert XSL to either HTML or PDF (documents requiring editing in the eWebHealth suite are imported as HTML documents and those that will not require editing are imported as PDF documents)

Image format with parsable text index file – The Rhapsody engine performs the following functions:

Read index file for MRN, Account Number, Document Type and Image File path

Import image and associated index data

**Outbound Data Interchange** – eWebHealth has the capability to outbound clinical documents that have been imported into the eWebHealth system as an editable document in an HTML format. Outbound Data Interchange of these documents can be triggered on one or more of the following: 1) document creation, 2) document update, 3) document completion (signature). When the configured trigger is met, eWebHealth messages an XML document to the Rhapsody interface engine where the XML is converted to HL7 and via a TCP/IP connection with the destination system, the message is sent.

**Single Sign on and Contextual Integration** – The eWebHealth suite provides URL hooks that can be used by any calling application or portal to provide single sign on capabilities as well as contextual integration.

Single sign on is achieved by the calling system passing user name and password parameters to the eWebHealth Suite. This information along with the digital certificate on the user's desktop are used to authenticate the user with the eWebHealth system.

Contextual integration is achieved by the calling system passing MRN, Account Number and document type parameters to the eWebHealth Suite. This information bypasses search requirements in the eWebHealth Suite and brings the user to the right patient, encounter and document type in the system.

**RR-F-07** Describe your firm's experience and approach to the conversion of electronic behavioral health data.

**(1 page maximum)**

Underlying the entire eWebHealth Suite is ChartVault, eWebHealth's secure, hosted repository for the legal electronic medical record.

ChartVault is a secure ASP repository for electronic medical records. ChartVault was built from the ground up on Internet technology, not migrated from legacy systems. This design approach achieves usability, performance, security and availability far beyond what is possible by "Web-enabling" an existing application. Patient charts can either be scanned into ChartVault, or electronic files can be fed into ChartVault via standard HL7 messages, file-based interfaces (COLD), XML feeds, standard transcription interfaces or custom interfaces developed by our implementation team.

An eWebHealth interface specialist will be assigned to your project team to work with you to import information from any clinical system or other third party electronic systems. Methodology for importation of information depends on many factors: Facility's existing HL7 or other interface capabilities, current systems you are importing or exporting to/from, and whether you desire the information transferred real time or cumulatively at discharge. We have used various methods such as HL7, print capture, Rhapsody interface software, as well as an integration partnership with Iatric Systems, Inc.

eWebHealth has interfaced with:

- AHN Clarus (ADT)
- Cerner (Pathology)
- Cerner (Lab)
- Eclipsys SCM (Lab, Radiology, CPOE, Clinical Documentation)
- Eclipsys E7000 (Lab, Radiology, CPOE, Clinical Documentation)
- EDIM (ED Clinical Content)
- EmTrac (ED Clinical)
- eScription KBT (Transcription)
- IDX ImageCast (Radiology)
- IDX CareCast (ADT)
- Medquist (Transcription)
- McKesson Star (ADT)
- McKesson Series (ADT)
- MediTech (ADT)
- MediTech (Transcription)
- MediTech (Radiology)
- MediTech (Lab)
- QuadraMed Affinity (ADT)
- SCC SoftLab (Lab)
- Siemens SMS (ADT)
- Siemens Invision (ADT)
- Siemens (Radiology)
- SoftMed ChartScript (Transcription)
- SoftScript (Transcription)

**RR-F-08** Describe your firm's experience and approach to the conversion of paper-based behavioral health data.

**(1 page maximum)**

eWebCapture, a part of the eWebHealth Suite of applications, is a module for capturing and indexing patient charts. These documents can then be uploaded for storage and use in the eWebHealth repositories. eWebCapture is typically used as a departmental scanning solution for Coding, Registration, Labs, or other areas, where scanning of medical records is required.

eWebCapture allows you to:

- Capture
- Index
- And upload patient charts

eWebCapture drives your scanner to scan patient charts into the system. It allows you to index patient charts by entering information such as encounter number, chart type, patient name, and discharge date. The Transfer Application comes with eWebCapture and is a system tray application that runs in the background to upload charts to the eWebHealth repositories.

eWebCapture consists of both client and server components. The three components are:

- The eWebCapture Client Application for importing or scanning documents
- The eWebHealth Transfer Application for uploading/downloading data to/from the eWebHealth repositories via the eWebCapture Gateway
- The eWebCapture Gateway Logger that creates services logs for remote troubleshooting

eWebCapture can be configured to use the following custom features:

- ADT Integration
- Scanning at Registration

If your system has been implemented with the ADT (Admission, Discharge, Transfer) electronic data feed integration module, MPI data on the Scan tab will pre-fill based on the encounter (episode) number indicated on the face sheet barcode. If the scanner fails to read the barcode or encounter number barcodes are not implemented, the encounter number may be entered manually. After entering the encounter number, the other MPI data indexing fields will be pre-filled from the eWebCapture MPI data store.

The application may be used for scanning registration documents such as consent forms and insurance cards using a small desktop scanner. By entering the encounter/episode number during the scanning process, eWebCapture can then access the DCS server and return the rest of the MPI data. If the MPI data is not present, the documents are temporarily on the Upload tab with a status of "Awaiting ADT Information."

Upon connecting, the eWebHealth Transfer Application performs four main tasks:

- Sends all newly scanned and indexed charts over the internet to the repository
- Retrieves all the charts that have been put in Pending by an Analyst so that the chart(s) can be amended
- Sends all charts that have completed the Pending amendment process back to the Analyst

- Any updates to your eWebCapture software will be automatically downloaded to your system, and your facility configurations and settings will be synchronized with the Web site.

## G. Solution Product History

**RR-G-01** Please provide the following information about the solution product(s) that you propose.

#	Product Name And Primary Function	When First Developed	When / Where First Deployed	Number Of Installations To Date
1	EWEBVIEW-SECURE LONG TERM ELECTRONIC STORAGE AND WEB BASED ACCESS	2001 AS VIEW MANAGER	2003/HOSPITAL OF THE UNIVERISTY OF PENNSYLVANIA	49
2	EWEBCOMPLETION- ENABLES ELECTRONIC MANAGEMENT OF DEFICIENCIES AND ROUTES INCOMPLETE CHARTS TO CLINICIANS VIA THE INTERNET	2003 AS COMPLETION MANAGER	2003/HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	30
3	EWEBSIGNATURE- PROVIDES CLINICIANS THE ABILITY TO SIGN OFF ON CHARTS ELECTRONICALLY	2002 AS ESIGNATURE MANAGER	2003/HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	30

**RR-G-02** For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source.

eWebView provides secure, long-term electronic chart viewing and storage for clinicians, billers and others. Multiple users can access a single record simultaneously while reducing the costs associated with storage and maintenance of paper charts. It was originally developed in 2001 as ViewManager by Intertech and later acquired by ChartOne (parent company to

eWebHealth until September 2008). At that time technologies were combined and developed internally to bring to market eWebView. Since then, all new releases, enhancements, upgrades and modifications have been developed internally.

eWebCompletion streamlines the chart completion process by routing incomplete charts to physicians via the Internet, reducing chart deficiencies. This addition to the eWebHealth suite of software was developed internally as a compliment to eWebView. It was first implemented in 2003.

eWebSignature allows physicians to sign off on charts remotely and electronically for faster chart completion and billing. Just like eWebCompletion, this module was developed internally as an addition to the eWebHealth product line. It was first implemented in 2003.

Underlying the entire eWebHealth Suite is ChartVault, eWebHealth's secure, hosted repository for the legal electronic medical record. ChartVault is a secure ASP repository for electronic medical records. It was built from the ground up on Internet technology, not migrated from legacy systems. This design approach achieves usability, performance, security and availability far beyond what is possible by "Web-enabling" an existing application. Patient charts can either be scanned into ChartVault, or electronic files can be fed into ChartVault via standard HL7 messages, file-based interfaces (COLD), XML feeds, standard transcription interfaces or custom interfaces developed by our implementation team.

2. The specific Industry standards that the product was designed to, including any exceptions to those standards.

In April 2006, we released version 5.0 of the eWebHealth Suite. The eWebHealth Suite of products works in tandem with the ChartVault infrastructure. ChartVault is eWebHealth's secure and HIPAA-enabled Chart Management platform and is the foundation on which the applications in the eWebHealth Suite are built. ChartVault provides the set of services for securely storing, managing, and delivering medical records online. It also provides additional built-in services that allow for the auditing and tracking of requests for such content such as: membership services, non-repudiation services, and logging services.

The ChartVault platform complies with some of the strictest guidelines on Electronic Records Management as expressed by the National Electronic Commerce Coordinating Council in terms of authenticity, integrity, security, and accessibility. It establishes measures to secure the integrity of electronic medical records during transmission and processing. It relies on Public Key Infrastructure (PKI) to support secure transmission over the Secure Socket Layer (SSL) standard and digital signature using the Digital Signature Algorithm (DSA) in concordance with the Digital Signature Standard (DSS).

3. Whether the product is CCHIT certified.

- a. If the product is CCHIT certified, for which category and year is it certified?  
Examples would be “Ambulatory 2006”, “Ambulatory 2007”, etc.

At this time eWebHealth’s products are not CCHIT certified.

- b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?

eWebHealth does not plan to acquire CCHIT certification at this time. CCHIT is only certifying point-of-care EMRs that have an impact upon patient safety - Medication Administration, Computerized Physician Order Entry, of Clinical Decision Support Systems.

**RR-G-03** How are enhancement and new release priorities determined?

eWebHealth’s distinguished team—which includes 20-year veterans and notable thought leaders in the field of health information management---stay current on the regulations affecting healthcare, using this insight to direct future enhancements. With input from our customers a list of enhancements is created. The list is prioritized based upon demand, benefits created and resources needed for development.

**RR-G-04** How are clients supported during the release of an enhancement?

eWebHealth is constantly working to improve the application. Upgrades occur regularly and as needed. Operating as a web based application allows upgrades to happen during the times when the application is being utilized less frequently. Every one of our customers is upgraded at the same time and without charge.

**RR-G-05** Describe the size of the installed base of your solution. Include the number of users and the number of sites where the product is installed.

The web-based model utilized by eWebHealth enables us to service a very diverse customer base from a 780 bed teaching facility in the northeast with over 1,000 users, a two hospital system in the mid-west, a 25 bed hospital in the rural mid-south, a 15 bed hospital in west Texas to both private and public Behavioral Health treatment facilities in California.

With over one hundred sites embracing eWebHealth's Electronic Health Record technology we have thousand's of users accessing hundred's of thousand's of records every year.

**RR-G-06** Describe any regularly-held seminars or user group meetings available to users of your product and the time/place of the next gathering.

User groups of our customers are conducted periodically to guide the direction of future enhancements. Our last user group was conducted in May of 2008.

## H. Solution Product Technologies

### Software Technologies

**RR-H-01** Provide the technologies used for each solution product identified above.

#	Product Name	Product Type (Client Server, Web, Etc.)	Operating System (Windows, Unix, Linux, Etc.)	Database (SQL Server, Oracle, DB2, Etc.)	Application Language (VB6, VB.Net, C, C++, C#, Java Etc.)
1	EWEBVIEW	WEB	WINDOWS	ORACLE	JAVA; .NET FRAMEWORK V1.1
2	EWEBCOMPLETION	WEB	WINDOWS	ORACLE	JAVA; .NET FRAMWORK V1.1
3	EWEBSIGNATURE	WEB	WINDOWS	ORACLE	JAVA; .NET FRAMEWORK V1.1

## Server Hardware Minimum Specifications

**RR-H-02** In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management, etc.

#	Primary Server Purpose	Number Of Processors Per Server	Processor Type/Speed (MHz)	Memory (Gig)	Storage (Gig)
1	<b>PRODUCTION SERVER(S)</b>  <b>PLEASE SEE APPENDIX A, ITEM 1 FOR ALTERNATE SERVERS AND CONFIGURATIONS</b>	2	<b>DELL: INTEL® XEON™ PROCESSOR AT 3.0GHZ/1MB CACHE, 800MHZ FSB</b>	<b>4 GB DDR2 400MHZ 4 1GB SINGLE RANKED DIMMS</b>	<b>3-73GB 10K RPM ULTRA 320 SCSI HARD DRIVE</b>
2	<b>TEST SERVER(S)</b>  <b>PLEASE SEE APPENDIX A, ITEM 2 FOR ALTERNATE SERVERS AND CONFIGURATIONS</b>	2	<b>DELL: INTEL® XEON™ PROCESSOR, 2.8GHZ, 1MB CACHE, 800MHZ FSB</b>	<b>2GB, DDR2, 400MHZ,4 X512, SINGLE RANKED DIMMS</b>	<b>2-73GB 10K RPM ULTRA 320 68PIN SCSI HARD DRIVE</b>

## Client Hardware Minimum Specifications

**RR-H-03** In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

#	Type of Client Hardware	Operating System	Processor Type / Speed (MHz)	Memory (Gig)	Browser Level (If Applicable)	Required Disk Space (If Applicable)
1	END USER WORKSTATIONS	MICROSOFT WINDOWS 2000 SP4 OR XP PROFESSIONAL 2; JAVA RUNTIME ENVIRONMENT	INTEL PENTIUM IV 1 GHZ +	512 MB RAM; 1 GB RECOMMENDED	INTERNET EXPLORER 6.0 OR 7.0	
2	VALIDATION, QC & MPI WORKSTATION REQUIREMENTS	MICROSOFT WINDOWS XP PROFESSIONAL SP2; JAVA RUNTIME ENVIRONMENT	INTEL PENTIUM IV 2 GHZ+	1 GB RAM REQUIRED; 2 GB RECOMMENDED	INTERNET EXPLORER 6.0 OR 7.0	
3	EWEBCAPTURE WORKSTATION	MICROSOFT WINDOWS XP PROFESSIONAL SP2; JAVA RUNTIME ENVIRONMENT	INTEL PENTIUM IV 2 GHZ+	1 GB RAM REQUIRED; 2 GB RECOMMENDED	INTERNET EXPLORER 6.0 OR 7.0	1 GB FREE HARD DRIVE SPACE

## Peripheral Hardware Minimum Specifications

**RR-H-04** Provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, notepads, etc.

#	Type Of Peripheral Hardware	Operating System (If Applicable)	Specifications/Characteristics
1	SCANNERS		SCANNERS SPECIFICATIONS ARE BASED UPON VOLUMES. MINIMUM REQUIRMENTS: 30 PPM/60 IPM, 50-PAGE ADF, CARD SCANNING, VRS PROFESSIONAL, ULTRASONIC DOUBLE FEED PROTECTION, USB 2.0, ADOBE ACROBAT 8 STD.
2	MONITORS		17 INCH MONITOR MINIMUM, 19+ INCH MONITOR RECOMMENDED

3 PRINTERS

15 PPM MINIMUM

## Minimum Network/Communication Specifications

**RR-H-05** Provide the minimum network/communication technologies employed by your solution software products.

#	Type Of Network/Communication Technology	Operating System (If Applicable)	Specifications/Characteristics
1	FIREWALL		<p>TCP PORTS 80, 443, AND 9700 THROUGH 9705 OUTBOUND</p> <p>TCP PORTS 2443 OUTBOUND</p> <p>PROXY SERVER BYPASS' ADDED TO EXCLUSION LIST</p> <p>VPN ACCESS</p>
2	NETWORK		<p>IP ADDRESSES ISSUED WITH SUBNET MASK, GATEWAY AND DNS SETTINGS</p> <p>DOMAIN ACCOUNTS: COADMIN, PXADMIN, CHARTONE GROUP</p> <p>WORKSTATION ADMINISTRATIVE ACCOUNTS</p> <p>IP ADDRESSES FOR SCANNING WORKSTATIONS</p>
3	BANDWIDTH		<p>ADEQUATE BANDWITH IS REQUIRED. A USAGE REPORT OUTLINING THE FLUCTUATIONS OF HOURLY, DAILY AND WEEKLY BANDWIDTH USAGE IS NEEDED.</p>

## **System Backup/Recovery Considerations**

**(Not to exceed 4 pages)**

**RR-H-06** Describe the system backup process for your core product.

All chart images, documents and corresponding database entries are asynchronously transferred across the country to where we maintain our disaster recovery servers and storage devices.

**RR-H-07** Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

The system is operational 24/7. At times, maintenance is scheduled and does require down time. This is scheduled on off hours and weekends while working with our customers to schedule these at the most convenient times.

**RR-H-08** Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

The final stage in the chart processing sequence is to upload charts to the eWebHealth repository using the eWebRelease Transfer Application. Charts can be uploaded manually or the system can be configured to upload requests automatically at a pre-set interval throughout the day.

Once charts have been uploaded to the repository they are backed up by eWebHealth's redundant systems at a secondary site geographically distanced from the main site. All images are asynchronously transferred to our disaster recovery servers and storage devices.

**RR-H-09** Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

ChartVault was built from the ground up for high availability of the eWebHealth Suite. Redundant systems, fault tolerance hardware, failover configured network devices and clustered databases are just some of the architectural hallmarks of the datacenter design. In addition, ChartVault was built with the ability to recover from a disaster by putting into production a secondary site some eighteen hundred miles away from the primary – all with minimal effect on the client traffic and without loss of data. The following document describes the high-availability and disaster recovery architecture for the eWebHealth Suite ChartVault environment. The ChartVault environment hosts the eWebHealth Suite systems and databases, and is built for 24/7 availability.

### **High-Availability**

Within the primary hosting site itself the architecture includes high-availability; fail over configurations of all critical network and computing assets. Specifically, all network appliances (firewalls, load balancer, etc.) are configured as failover pairs utilizing the feature sets as provided by the equipment manufacturers. Servers have been configured such that one may replace another in the event of any failure, without impact on the user experience. Every server has a mirrored operating system across hard drives, multiple switch port connections (fiber and/or NIC as appropriate to the system), redundant power supplies, at least dual CPUs and multiple internal cooling units and fans. Each type of server (i.e. web, application, etc) and/or service is either deployed as a high-availability active/passive cluster pair or contained within a load-balanced, failover group depending on the server's function role.

We regularly test the fail over of clusters and network devices; groups of load balanced servers are also cycled into and out of the available pool on a regular basis. The entire configuration is connected to the internet via separately provisioned telecommunication paths to two separate internet service providers. Either of these feeds is designed to provide sufficient capacity to support our peak traffic for an indefinite period of time. The primary site is located within one of the most sophisticated collocation data center facilities in the country with extensive environmental and security features.

### **Environmental Disaster Recovery**

This architecture is designed to allow ChartVault functionality to be served from the primary facility in all but the most severe environmental failures. In the event that power, cooling, physical security or internet access is interrupted for an extended period we have designed for the almost seamless transition to our disaster recovery site. The disaster recovery site is situated specifically to be on a different segment of the national power grid. The primary and disaster recovery sites are connected via a private network that we utilize for a warm stand-by copy of the database, images and document files and configurations from the primary to the disaster recovery site. The data integrity of the database and the image and document files is verified regularly. As a standard part of a version upgrade and bug fix deployment process, all of the servers at the Disaster Recovery site are upgraded immediately following stabilization of new versions on the primary site. While we have never encountered an event at the primary site requiring a move to Disaster Recovery, we have tested the move of live customer traffic to the Disaster Recovery site during a recent version upgrade, and will continue to test at regular intervals during the year. Should extended operations be required at the Disaster Recovery site, we have the servers and resources required to increase the capacity on site performing other functions, but ready for service in production as necessary. The internet feed at the Disaster Recovery site is sufficient to support peak traffic indefinitely.

### **Data Storage**

All chart images, documents and corresponding database entries are uploaded and maintained in our primary data center. Web access by customers via the ChartVault applications is also supported at this location. All data is currently stored on a high availability Storage Area Network (SAN) with redundant fiber switching, utilizing

industry standard disk mirroring across multiple high-availability fiber channel drives. The SAN is from a storage industry leader and is fully maintained with 7x24 health-check/phone home monitored by the manufacturer. The database runs on an industry standard deployment of a high-availability cluster of Sun Microsystems, Inc. servers configured into an Oracle Real Application Cluster (RAC).

In addition, all chart images, documents and corresponding database entries are asynchronously transferred across the country to where we maintain our disaster recover servers and storage devices.

**Data Backup:**

Within the primary data center, we subscribe to a managed back-up service which provides extensive, tape libraries. Under this service, our datacenter partner verifies nightly back ups and maintain restore point and procedure should they be necessary.



C A L I F O R N I A   D E P A R T M E N T   O F

# Mental Health

## Data Archiving Considerations

(Not to exceed 4 pages)

**RR-H-10** What are the capabilities for archiving data?

The ChartVault™ platform is built to perform and scale so that all data and documents can be always available online. No need for near- or off-line archiving other than for the purpose of disaster recovery.

Within the primary data center, we subscribe to a managed back-up service which provides extensive, tape libraries. Under this service, our datacenter partner verifies nightly back ups and maintain restore point and procedure should they be necessary

**RR-H-11** What are the capabilities for restoring archived data?

N/A

**RR-H-12** What tools/media are used for archiving data?

Archiving can be accomplished locally via the eWebCapture Imaging Server which is responsible for capturing documents and data to be uploaded to the ChartVault central repository.

## System Interface Considerations

(Not to exceed 3 pages)

**RR-H-13** Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third-party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

An eWebHealth interface specialist will be assigned to your project team to work with you to import information from any clinical system or other third party electronic systems.

Methodology for importation of information depends on many factors: Facility's existing HL7 or other interface capabilities, current systems you are importing or exporting to/from, and whether you desire the information transferred real time or cumulatively at discharge. We have used various methods such as HL7, print capture, Rhapsody interface software, as well as an integration partnership with Iatric Systems, Inc.

eWebHealth has interfaced with:

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eScription KBT (Transcription)  
IDX ImageCast (Radiology)  
IDX CareCast (ADT)  
Medquist (Transcription)  
McKesson Star (ADT)  
McKesson Series (ADT)  
MediTech (ADT)  
MediTech (Transcription)  
MediTech (Radiology)  
MediTech (Lab)  
QuadraMed Affinity (ADT)  
SCC SoftLab (Lab)  
Siemens SMS (ADT)  
Siemens Invision (ADT)  
Siemens (Radiology)  
SoftMed ChartScript (Transcription)  
SoftScript (Transcription)

eWebHealth provides three levels of integration with other enterprise systems: 1) inbound data interchange, 2) outbound data interchange, and 3) single sign and contextual integration. Each will be discussed in detail as to the capabilities and products.

**Inbound Data Interchange** – eWebHealth’s eWebCapture system incorporates capabilities of inbound data interchange that fit into one of two categories. First, is the interchange of MPI data from the source MPI system into the eWebHealth system. Second, is the interchange of clinical data from the source clinical system into the eWebHealth system. Inbound data interchange into the eWebCapture system is achieved via the use of the Rhapsody interface engine.

Interchange of MPI data from the source system into the eWebHealth production system is achieved via a TCP/IP HL7 interface between the source MPI system (or interface bus) and eWebHealth’s Rhapsody interface engine. ADT HL7 messages are received and parsed in the Rhapsody engine. Indexing data (MRN, Name, SSN, DOB, Sex, Account#, Admit Date, Discharge Date, Patient Type and Service) is then inserted into the eWebCapture database and then transferred to the eWebHealth production database. Other MPI data is converted into an XML document which is sent to the eWebCapture system and then sent to the eWebHealth production system where it can be viewed or used to drive workflows in the system.

Interchange of clinical data from the source clinical system into the eWebHealth production system is achieved via a TCP/IP HL7 interface or a file based import into eWebHealth’s Rhapsody interface engine. Clinical data coming into the system can either be in any parsable text format or in an image format if accompanied by a parsable text index file.

Parsable text format – The Rhapsody engine performs the following functions:

De-Batch – for file based imports where the file contains multiple patients or multiple report types

Parse – MRN, Account Number and Document Type are parsed from each file so that the document can be properly indexed in the eWebHealth system

Convert text to XML

Convert XML to XSL

Convert XSL to either HTML or PDF (documents requiring editing in the eWebHealth suite are imported as HTML documents and those that will not require editing are imported as PDF documents)

Image format with parsable text index file – The Rhapsody engine performs the following functions:

Read index file for MRN, Account Number, Document Type and Image File path

Import image and associated index data

**Outbound Data Interchange** – eWebHealth has the capability to outbound clinical documents that have been imported into the eWebHealth system as an editable document in an HTML format. Outbound Data Interchange of these documents can be triggered on one or more of the following: 1) document creation, 2) document update, 3) document completion (signature). When the configured trigger is met, eWebHealth messages an XML document to the Rhapsody interface engine where the XML is converted to HL7 and via a TCP/IP connection with the destination system, the message is sent.

**Single Sign on and Contextual Integration** – The eWebHealth suite provides URL hooks that can be used by any calling application or portal to provide single sign on capabilities as well as contextual integration.

Single sign on is achieved by the calling system passing user name and password parameters to the eWebHealth Suite. This information along with the digital certificate on the user's desktop are used to authenticate the user with the eWebHealth system.

Contextual integration is achieved by the calling system passing MRN, Account Number and document type parameters to the eWebHealth Suite. This information bypasses search requirements in the eWebHealth Suite and brings the user to the right patient, encounter and document type in the system.

**RR-H-14** With what version of HL7 is your product compliant?

HL7 version 2.XX standard format

## **Data Security Considerations**

**(Not to exceed 3 pages)**

**RR-H-15** Discuss your approach to data/information security, especially with regards to Internet technologies. What level of encryption and authentication is supported?

eWebHealth security is:

- At the user level: Digital certificate-based authentication.
- At the application level: Embedded RSA 128-bit encryption (RSA has audited our software code and has provided eWebHealth an unqualified opinion.
- At the hardware level: ipSec encryption

We utilize PKI (public key infrastructure) in order to make every transaction irrefutable. Every transaction is digitally signed with a user's private key, eWebHealth's private key, and the image's thumbprint. This digest makes the transaction irrefutable. With this you know who saw what document at what point in time, and whether he/she printed it or not.

## Scalability Considerations

(Not to exceed 3 pages)

**RR-H-16** Describe your product's ability to expand to accommodate increasing numbers of users, servers, etc.

The eWebHealth Suite of Applications is software provided as a service (SaaS) and hosted using a cotenant model for true scalability and availability. We currently host tens of facilities in a single database instance. All facilities' data and images are strictly segregated by facility ID. One of the current largest databases is sized over 350GB for data/metadata. For performance and flexibility, images and documents are stored at the file level on storage area network (SAN) devices sized over 7TB.

**RR-H-17** Provide any performance metrics that describe the maximum load(s) under which your system can continue to perform at an optimum level.

Because images are transported over the web we do have a maximum load which the system operates under. If and when the databases become large enough to require additional storage servers with equal redundancy the hardware would be acquired.

**RR-H-18** It is possible that many counties will want to work with the same vendor. How would your company mitigate the impact from potentially high-volume purchases from multiple counties in California? Include in your answer the need to hire additional staff, increase locations and the possible impact to implementation and training schedules, and problem response times.

eWebHealth's SaaS model gives us an advantage as our technology requires little hardware or installation and is extremely easy on which to train staff. We are currently have the infrastructure to expand our customer base efficiently and effectively. However, high-volume purchasing could strain resources which would create the need to hire additional implementation staff. We are already preparing for this future need by creating pools of qualified candidates. This would include the expansion of Customer Support.

## I. Behavioral Health EHR Functional Requirements Survey

**RR-I-01** Please complete the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI. [The Functional Requirements Survey is part of this RFI and must be completed.](#)

See attached completed BH-EHR Requirements Survey Electronic Health Record (EHR) Requirements.

### Functional Requirement Survey Categories

The CA BH-EHR Functional Requirements Survey contains the functional requirements for each of the following DMH Integrated Information System Roadmap Categories:

1. Infrastructure
2. Practice Management
3. Clinical Data Management
4. Computerized Provider Order Entry (CPOE)
5. Electronic Health Record (EHR)
6. Personal Health Record (PHR)

Descriptions of the DMH Integrated Information System Roadmap Categories are provided in the Preface (Section A) of this document. The following table summarizes the number of functional requirements within each of the DMH Roadmap Categories. Descriptions of the Functional Requirement Categories are available in the spreadsheet.

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
1 Infrastructure	F35	Enforce Confidentiality	5	
	F36	Data Retention, Availability, and Destruction	8	
	F37	Audit Trails	3	
	F38	Extraction of Health Record Information	4	
	F39	Concurrent Use	4	
	F43	Administrative Workflows / EHR Support	10	
	S01	Security: Access Control	12	
	S02	Security: Authentication	14	
	S03	Security: Documentation	1	
	S04	Security: Technical Services	12	
	S05	Security: Audit Trails	7	
	S06	Reliability: Backup/Recovery	4	
	S07	Reliability: Documentation	9	

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
	S08	Reliability: Technical Services	2	96
<b>2 Practice Management</b>	F01	Identify and Maintain a Client Record	11	
	F02	Manage Client Demographics	11	
	F15	Manage Consents and Authorizations	2	
	F15a	Manage Patient Advance Directives	3	
	F20	Support Non-Medication Ordering (Referrals, Care Management)	3	
	F24	Inter-Provider Communication	1	
	F26	Provider Demographics	3	
	F27	Scheduling	5	
	F28	Report Generation	25	
	F30	Service/Treatment Management	3	
	F31	Rules-Driven Financial and Administrative Coding Assistance	6	
	F32	Eligibility Verification and Determination of Coverage	9	
	F33	Manage Practitioner/Client Relationships	4	
	F40	Mandated Reporting	10	
	F41	Administrative A/P EHR Support	14	
F42	Administrative A/R EHR Support	34		
F43	Administrative Workflows EHR Support	18	162	
<b>3 Clinical Data Management</b>	F03	Manage Diagnosis Lists	8	
	F04	Manage Medication Lists	13	
	F05	Manage Allergy and Adverse Reaction Lists	7	
	F06	Manage Client History	2	
	F07	Summarize Health Record	1	
	F08	Manage Clinical Documents and Notes	24	
	F09	Capture External Clinical Documents	2	
	F10	Generate Client Specific Instructions	5	
	F14	Manage Results	3	
	F16	Support Standard Care Plans, Guidelines and Protocols	1	
	F17	Capture Variances from Standard Care Plans, Guidelines, and Protocols	1	

<b>DMH Roadmap Category</b>	<b>Requirement Category Number</b>	<b>Functional Requirement Category Name</b>	<b>Number of Requirements</b>	<b>Total per Roadmap Category</b>
	F19	Support Medication/Immunization Administration or Supply	5	
	F21	Present Alerts for Disease Management, Preventive Services and Wellness	8	
	F22	Notifications and Reminders for Disease Management, Preventive Services and Wellness	6	
	F29	Health Record Output	5	
	F30	Service/Treatment Management	3	
	F34	Update Clinical Decision Support System Guidelines	2	
	I04	Clinical Documentation	2	98
<b>4 Computerized Provider Order Entry</b>	F04	Manage Medication Lists	1	
	F11	Order Medications	26	
	F12	Order Diagnostic Tests	7	
	F13	Manage Order Sets	3	
	F14	Manage Results	4	
	F18	Support for Drug Interactions	10	
	F25	Pharmacy Communication	1	
I02	Imaging	2	54	
<b>5 Interoperable EHR</b>	F06	Manage Client History	1	
	F24	Inter-Provider Communication	1	
	I01	Laboratory	5	
	I02	Imaging	3	
	I03	Medications	6	
	I05	Clinical Documentation	9	
	I06	Chronic Disease Management/ Patient Documentation	1	
	I07	Secondary Uses of Clinical Data	4	
	I08	Administrative & Financial Data	3	
	I09	Clinical Trials	4	37

DMH Roadmap Category	Requirement Category Number	Functional Requirement Category Name	Number of Requirements	Total per Roadmap Category
6 EHR with PHR	F06	Manage Client History	1	
	F15	Manage Consents and Authorizations	1	
	I03	Medications	1	
	I04	Clinical Documentation	1	
	I05	Chronic Disease Management/ Patient Documentation	3	7
		<b>Total Requirements</b>		<b>454</b>

## CA BH-EHR Functional Requirement Survey Responses

STEPS	INSTRUCTIONS
1	<p>Rename the spreadsheet by selecting <b>File</b>, then <b>Save As</b>, then <u>appending "for " and your company name to the end of this filename</u> and selecting <b>Save</b>. The new file name should be:</p> <p>"CA BH-EHR Functional Requirements Survey for &lt;your company name&gt;.xls"</p>
2	Complete the "Company Info" Tab.
3	<p>Please respond to <u>all</u> of the requirements in <u>all 6</u> of the Functional Categories: <b>Infrastructure, Practice Management, Clinical Data, Computerized Provider Order Entry (CPOE), Electronic Health Record (EHR) and Personal Health Record (PHR)</b>. Descriptions of the available responses are provided below. Descriptions of the Functional Requirement Categories are provided on the <b>Descriptions</b> tab.</p> <p>For each requirement enter a 1 under the response that <u>best describes</u> your solution's ability to meet that requirement. <u>Respond to every requirement</u> even if your solution does not address a particular functional category. A response of "Not Addressed" has no negative connotation when the solution is not purported to provide that category of functionality.</p> <p>Please provide only <u>one response per requirement</u>. Multiple responses will be regarded as invalid. Use the <b>Summary</b> tab to see whether any functional category has missing or invalid responses.</p>
Responses	Response Descriptions
Existing	The vendor's solution meets the functional requirement as an existing component of its base product without any effort over and above code table configuration. This response indicates that <u>no</u> programming customization is required to meet the requirement.
Planned	The vendor's solution does not <u>presently</u> meet the functional requirement, but an upgrade to the base product that will meet this requirement is planned <u>within the next 12 months</u> . This response indicates that <u>no</u> programming customization will be required to meet the requirement.
Modification	The vendor's solution does not meet the functional requirement, but will meet the functional requirement with a programming modification to the base product.
Custom Development	The vendor's solution does not meet the functional requirement with any level of modification to the existing code base. The vendor will meet this functional requirement by developing <u>custom software</u> .

<b>Third-Party</b>	The vendor's solution does not meet the functional requirement with any level of modification or customization, but will meet the functional requirement by integrating third-party solution(s). Identify the third-party vendor(s) and product(s) in the Comments.
<b>Not Addressed</b>	The vendor's solution does not and will not address this functional requirement.

## J. Implementation Planning

(Not to exceed 5 pages.)

**RR-J-01** Describe your suggested best-practice approach to implementing your solution. Please include details regarding data conversion and training, and how these activities contribute to your suggested approach.

We work diligently with the customer's team to establish a coalition team of key stake holders and super users to provide leadership throughout your hospital. We work with you to set expectations early on and we help you expose as many people as possible to the new system to encourage user preparation and acceptance in advance.

eWebHealth utilizes a set of phases for implementation:

- Phase 1: Sales Turn Over and Project Set Up
- Phase 2: Project Definition and Assessment
- Phase 3: Installation Preparation and Hardware Set Up
- Phase 4: System Testing and Training
- Phase 5: Go Live and Sustainability

At the end of each phase a "go/no go" assessment is made before moving on to the subsequent phase.

Please see Appendix A, Item 3 for Sustainability Check List

Please see Appendix A, Item 4 for a sample Implementation Schedule containing the details of each Phase

**RR-J-02** What is the typical implementation timeframe for your solution? Express your answer as a range (6 to 12 months, 1 to 2 years, etc.) qualified by a size-of-project; factor such as number of users, total project cost, etc. An example would "6 to 12 months for a total project cost not exceeding \$500,000" etc. Please feel free to share any metrics that you typically use to estimate the timeframe for the implementation for your solution.

A typical implementation timeframe is 6 to 9 months based upon the modules to be installed, interfaces to be built, and client's resources and timeframes. An Implementation kick-off meeting is schedule at the client's site. After a comprehensive assessment a timeframe is agreed to by both parties.

Please see Appendix A, Item 4 for a sample Implementation Schedule.

## K. Training and Documentation

### Training

(Not to exceed 2 pages)

**RR-K-01** Describe the types of training offered, i.e., end-user, systems administrator, installer, etc.

eWebHealth will provide training to the core client project team on the complete features and functions of each product. This will enable the core team to be knowledgeable on all aspects of our product which will allow them to make informed decisions on the best configuration of eWebHealth's products to meet the business needs and contribute to the successful implementation of eWebHealth's products. eWebHealth employs a "Train the Trainer" strategy where eWebHealth resources will educate Medical Facility staff to a level where they can then train the end users of the Medical Facility. Training will take place at the hospital site in a classroom setting.

**RR-K-02** How often is training offered (as needed, or on a set calendar schedule)?

Training is scheduled based upon the individual County's needs during implementation. If further training is needed after a facility is live with the software training will be performed on an as-needed basis.

**RR-K-03** Please give the duration of each class, the location of training and the recommended number of people that should attend training.

Just as eWebHealth's solution is scalable, so is our training. The size and length of class will be determined based upon the individual County's needs.

**RR-K-04** Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

In order to achieve a high adoption rate, classroom training is conducted at the client's site in a "Train the Trainer" format. Manuals, disks, and on-line help may be utilized at the trainee's convenience and the County's discretion.

**RR-K-05** Who provides the training: employees of your company or sub-contractors?

eWebHealth employees will educate the Health Facilities staff.

**RR-K-06** Do you provide clinician-specific training?

We do provide clinician-specific training to the Health Facility's staff that will train clinicians on an on-going basis.

**RR-K-07** Do you provide fiscal-specific training related to billing Short-Doyle Medi-Cal in California?

N/A

## Documentation

(Not to exceed 2 pages)

**RR-K-07** Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications).
2. User operator/system administrator manuals.
3. Hardware/OS manuals.
4. Network and Security.
5. Training manuals (initial and ongoing user self-training).

Just as the software is so user friendly, so are the various manuals we use. All manuals are designed using Adobe PDFs. Each manual has a Table of Contents which allows you to jump to a specific topic by clicking on the particular subject of interest. After the Introduction, step by step instructions with accurate screen shots are followed by workflow instructions. Plus, there are the Helpful Tips that address the most common problems you are likely to encounter. It's not only proactive during training, but great for the periodic problem solving! User manuals are also broken by user group, making it easier to find what you need. Our in-house Training and Development team has created manuals for clinicians, analysts, system administrators, etc. Best of all, our Customer Support team is there to guide you through simple questions and fix any issues you may encounter 24/7 when you don't want to or can't access a manual.

eWebHealth maintains the hardware and OS at our facilities. We also provide the highest standards for network security and protection. Therefore, you receive the benefit of our group of professionals monitoring the hardware, software, and performing all upgrades and enhancements rather than a DIY manual!

During implementation, documentation comes in many formats from single documents listing document types and network requirements to instructions on installing the on-site servers. Your Project Manager, which guides the implementation, plus the implementation team are available for any questions. We use a pro-active implementation approach so you always know what to expect.

**RR-K-08** Is the documentation available:

1. In hardcopy?
2. On CD-ROM?
3. On the Local Area Network?
4. On the Internet?

Documentation is available in hardcopy, electronically on CD-ROM or via the Self Service Portal and may be stored on a LAN. Also, you may click the Help icon in any of our

applications to access thousands of most commonly used tips. Tutorials will be coming available via the internet.

**RR-K-09** How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

Documentation is updated periodically on an as-needed basis. Users may be notified via email of upgrades that have added features to the software.

## L. Contractual Support

(Not to exceed 4 pages)

**RR-L-01** Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules?

Yes.

2. Operating system and related environmental software?

Yes.

3. Interface maintenance?

eWebHealth may provide ongoing support and maintenance for the developed interfaces at an annual fee equal to a percentage of the fee incurred per interface.

4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?

Enhancements and new releases are made available to existing customers free of charge as they become available. Upgrades, additional electronic interfaces, the addition of modules are charged at rates based upon various factors such as personnel, development, and volumes.

If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

**RR-L-02** What are your normal support hours (specify time zone)? Where is support staff located?

eWebHealth's Customer Support Services team provides both on hour and after hours support 24x7 everyday of the week. The following is a description of the contact information provided to customers.

### On-Hours Support

7:00am-8:00pm (EST) Monday through Friday

ChartOne offers a number of customer support options including:

Telephone: 800-778-6000

E-mail: [support@ewebhealth.com](mailto:support@ewebhealth.com)

Fax: 888-473-2030

*Telephone*

When calling the support telephone number, there are menu prompts designed to route calls to a Technical Support Analyst that is specially trained to support the product you are calling about. You are then connected to one of our Customer Support Analysts who requests basic information to create a case and provide "first level" support. If the issue remains unresolved at this level, the support analyst involves additional support resources to address your needs. If you send an e-mail or fax requesting support; we also continually check our fax and e-mail systems throughout the day for customer inquiries.

If you are not satisfied with the level of support received, eWebHealth has an escalation path outlined below to address any customer service concerns or to report commendable support quality.

<u>Process</u>	<u>Contact Person</u>	<u>Availability</u>	<u>Contact numbers</u>
Step 1	Customer Support	Anytime	800-778-6000
Step 2	Nick Tallett Customer Support Manager	Day/After hours	972-546-4577 (direct)
Step 3	Wayne Maxwell .Customer Support Manager	SR Day/After hours	972-546-4557 (direct)
Step 4	Bill Sweeney Director of Technology Operations and Support	Day/After hours	617-320-6332 (direct)
Step 5	George Abatjoglou EVP Product Operations Chief Financial Officer	Day/After Hours	781-710-3602

#### After-Hours Support

8:00pm-7:00am (EST) Monday through Friday, Weekends, and Holidays

eWebHealth also provides 24x7 support including evenings, weekends and holidays. After-hours support is provided via the support number listed in Step 1 of the eWebHealth Contact Table above.

**RR-L-03** Which of the following support features are available? Check all that apply:

1. Toll-free hotline X
2. Remote monitoring X
3. Remote diagnostics X
4. Training tutorials Being Developed
5. Web-based support tracking X
6. 24x7 software support X
7. 24x7 hardware support eWebHealth supports hardware at its data storage centers. Facilities are responsible for on-site hardware (i.e. PCs, Scanners, Printers, etc.)

**RR-L-04** Provide the response time for problems reported during:

1. Regular business hours.

If staff was not able to receive an immediate response upon calling in they will receive a response within 30 minutes of leaving a message or sending an email.

2. Off-hours.

Customer support will return a message within 30 minutes.

**RR-L-05** Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

Customer Support may be contacted via phone, fax, email or a Self Service Portal via the web. We are constantly filing away common solutions to problems in our Solution Database. Our support technicians have access to these answers, and our Self Service Portal customers have access to many of them also. Most of the solutions available via the portal are simple "how to" answers and User Guides.

Proactively, Customer Support publishes a newsletter of helpful hints and tips to make your usage of the software as convenient as possible.

**RR-L-06** Describe your firm's approach to software maintenance agreements. Include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products.

No hidden costs for maintenance, software or hardware. No software or hardware upgrades required for new software versions. Enhancements and new releases are made available to all customers at the same time via the SaaS model on a regular basis as they become available.

## M. Cost and Licensing

(Not to exceed 3 pages)

**RR-M-01** Describe your pricing and/or licensing models based on the various product functionalities listed above. Do not provide specific pricing in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance, etc.

Monthly usage fees are established up front based upon modules installed, image volumes, and use. There are no charges for licenses.

**RR-M-02** List any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector), and functional descriptions of that model. Examples of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative.

eWebHealth does not currently participate in any programs of this nature, but would consider participating.

## N. Risks and Issues

(Not to exceed 3 pages)

**RR-N-01** It is fully expected that Counties will encounter risks/issues that they must manage and mitigate. Please identify the risks/issues that a County is most likely to encounter when implementing your solution. Please include examples from prior implementations of your solution.

A Project Manager is assigned to your account and will conduct an on-site risk assessment in the beginning of the implementation process.

### Potential Client Risks Include:

- |   |  |
|---|--|
| <p><b>Technical</b></p> <ul style="list-style-type: none"> <li>• Technical Infrastructure below Requirements</li> <li>• Application Failure</li> <li>• Beta Product</li> <li>• Infrastructure Failure</li> <li>• Software/Hardware Incorrect Configuration</li> <li>• Unstable Environment</li> </ul>   | <p><b>Resource</b></p> <ul style="list-style-type: none"> <li>• Outsourced Resources</li> <li>• Lack of Buy-in</li> <li>• Lack of Leadership</li> <li>• Inadequate Resources</li> <li>• Availability Issues</li> <li>• Unclear Expectations</li> </ul> |
| <p><b>Physical Plant</b></p> <ul style="list-style-type: none"> <li>• Budget Limitations</li> <li>• Space Constraints               <ul style="list-style-type: none"> <li>○ Prep, Scan, QC, Server, Data Center</li> </ul> </li> <li>• Lack of Training Facility</li> <li>• No Disaster Recovery Plan</li> <li>• Unsuitable Work Area</li> <li>• Infrastructure Failure</li> </ul> | <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Politics</li> <li>• Unclear Expectations</li> <li>• Unclear Deliverables</li> <li>• Undefined or Unclear Processes</li> <li>• Project Scope Change/Creep</li> </ul>               |

Please see Appendix A, Item 4 for a sample risk assessment.

## O. Project References

**RR-O-01** Provide a minimum of three (3) previous implementations of your solution that most closely approximate a CA County Behavioral Health setting. Include a California reference if available. Provide names and contact information of individuals who have sufficient experience to speak knowledgeably concerning:

1. The implementation process.
2. System functionality.
3. Vendor support.
4. Documentation.
5. Training.
6. Overall customer satisfaction.

1. San Diego County Psychiatric Hospital and Mental Health Services

2. Tarzana Treatment Centers
3. Verde Valley Medical Center

Out of respect for our customers, names and phone numbers will be provided upon further request. Please understand that we currently protect all of our clients' staff's information in the same way.

## **Appendix A:**

- 1. Production Server Requirements: RR-H-02**
- 2. Test Server Requirements: RR-H-02**
- 3. Sustainability Check List: RR-J-01**
- 4. Sample Implementation Schedule: RR-J-01, RR-J-02**
- 5. Sample Risk Assessment: RR-N-01**

## 1. Production DCS Interface Server Requirements (3 pages)

### Dell minimum configuration

Module	Description
PowerEdge 2950 (Dell)	Intel® Xeon™ processor at 3.0GHz/1MB Cache, 800MHz FSB
Operating System	Windows 2003 Server
Additional Processor	Intel® Xeon™ processor at 3.0GHz/1MB Cache, 800MHz FSB
Memory	4 GB DDR2 400MHz 4 1GB Single Ranked DIMMs
Keyboard	No Keyboard (Client has KVM availability)
Monitor	No Monitor (Client has KVM availability)
Mouse	No Mouse (Client has KVM availability)
Floppy Drive	No Floppy Drive
Network Adapter	Dual On-Board NICs
CD/DVD Drive	24X IDE CD-ROM
Riser Card	Riser with PCI-X Support and Embedded Raid (ROMB) Support
Bezel	Active ID Bezel Option
Hard Drive Configuration	Drives attached to embedded PERC4ei, RAID 5, 3 Drives required
Hard Drive Backplane	1x6 Hard Drive Backplane, PE2850
Primary Controller	Embedded RAID (ROMB) - PERC4ei (Embedded Integrated)
Primary Hard Drive	73GB 10K RPM Ultra 320 SCSI Hard Drive*
2nd Hard Drive	73GB 10K RPM Ultra 320 SCSI Hard Drive*
3rd Hard Drive	73GB 10K RPM Ultra 320 SCSI Hard Drive*
Power Supply	Redundant Power Supply With Y-CORD and Straight Cords
Chassis Configuration	Rack Chassis w/Rapid Rails for Dell, HPQ or other Square Hole Racks, PE2850
Hardware Support	3Yr BASIC NBD: L1 Hardware Queue, Next Bus. Day Onsite M-F 8am-6pm
Applications, SW	DCS , Rhapsody, Advantage Database Server, Advantage ODBC Driver, Advantage OLEDB Driver, UTStatus, SysAdmin, COTransferReport, Transfer Agent, PC Anywhere, 3of9.ttf fonts (for barcode printing)

**IBM minimum configuration**

<b>IBM x346</b>	<b>Intel® Xeon™ processor at 3 GHz/1MB Cache, 800MHz FSB</b>	<b>676951</b>
<b>Operating System</b>	<b>Windows 2003 Server</b>	
<b>Additional Processor</b>	<b>Intel® Xeon™ processor at 3 GHz/2MB Cache, 800MHz FSB</b>	<b>683213</b>
<b>Memory</b>	<b>4 GB (4 x 1GB) DDR2 400MHz DIMM240-pin DDR2 (679114)</b>	<b>(included)</b>
<b>Keyboard</b>	<b>No Keyboard (Client has KVM availability)</b>	
<b>Monitor</b>	<b>No Monitor (Client has KVM availability)</b>	
<b>Mouse</b>	<b>No Mouse (Client has KVM availability)</b>	
<b>Floppy Drive</b>	<b>3.5" 1.44 MB</b>	
<b>Network Adapter</b>	<b>PCI-X / 100 MHz Gigabit Ethernet</b>	<b>(included)</b>
<b>CD/DVD Drive</b>	<b>24X IDE CD-ROM</b>	
<b>Riser Card</b>	<b>Riser with PCI-X Support and Embedded Raid (ROMB) Support</b>	
<b>Hard Drive Configuration</b>	<b>Ultra 320 SCSI RAID 0, RAID 1 Adaptec AIC- 7902</b>	
<b>Primary Hard Drive</b>	<b>73.4GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive</b>	<b>678803</b>
<b>2nd Hard Drive</b>	<b>73.4GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive</b>	<b>678803</b>
<b>3rd Hard Drive</b>	<b>73.4GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive</b>	<b>678803</b>
<b>Power Supply</b>	<b>IBM Redundant Power Supply AC 110/230 V</b>	<b>(included)</b>
<b>2<sup>nd</sup> Power Supply</b>	<b>IBM Redundant Power Supply AC 110/230 V</b>	<b>678870</b>
<b>Chassis Configuration</b>	<b>Rack Mounted 6 Hot Swap Bays</b>	
<b>Hardware Support Services</b>	<b>3Yr BASIC NBD: L1 Hardware Queue, Next Business Day Onsite M-F 8am-6pm</b>	
<b>Applications, SW</b>	<b>DCS , Rhapsody, Advantage Database Server, Advantage ODBC Driver, Advantage OLEDB Driver, UTStatus, SysAdmin, COTransferReport, Transfer Agent, PC Anywhere, 3of9.ttf fonts (for barcode printing)</b>	

HP/Compaq minimum configuration

HP PROLIANT DL380	Intel® Xeon™ processor at 3 GHz/2MB Cache, 800MHz FSB	
Operating System	Windows 2003 Server	
Additional Processor	Intel® Xeon™ processor at 3 GHz/2MB Cache, 800MHz FSB	
Memory	4 GB (4 x 1GB) DDR2 400MHz DIMM240-pin DDR2	
Keyboard	No Keyboard (Client has KVM availability)	
Monitor	No Monitor (Client has KVM availability)	
Mouse	No Mouse (Client has KVM availability)	
Floppy Drive	No Floppy Drive	
Network Adapter	HP NC1020 GIGABIT Server Adapter	
CD/DVD Drive	24X IDE CD-ROM	
Riser Card	Riser with PCI-X Support and Embedded Raid (ROMB) Support	
Primary Controller	Smart Array 6i Controller RAID 5 Ultra 320 SCSI	
Primary Hard Drive	72.8GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive	
2nd Hard Drive	72.8GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive	
3rd Hard Drive	72.8GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive	
Power Supply	HP Redundant Power Supply With Y-CORD and Straight Cords	
Chassis Configuration	Rack Mounted 6 Hot Swap Bays	
Hardware Support Services	3Yr BASIC NBD: L1 Hardware Queue, Next Business Day Onsite M-F 8am-6pm	
Applications, SW	DCS , Rhapsody, Advantage Database Server, Advantage ODBC Driver, Advantage OLEDB Driver, UTStatus, SysAdmin, COTransferReport, Transfer Agent, PC Anywhere, 3of9.ttf fonts (for barcode printing)	

## 2. Testing DCS Interface Server Requirements (3 pages)

### Dell minimum configuration

Module	Description
PowerEdge SC1425	Intel® Xeon™ processor, 2.8GHz, 1MB Cache, 800MHz FSB
Operating System	Windows 2003 Server
Additional Processor	2nd Intel® Xeon™ processor, 2.8GHz, 1 MB Cache, 800MHz FSB
Memory	2GB, DDR2, 400MHz, 4X512, Single Ranked DIMMs
Keyboard	No Keyboard (Client has KVM availability)
Monitor	No Monitor (Client has KVM availability)
Mouse	No Mouse (Client has KVM availability)
Floppy Drive	No Floppy Drive
Network Adapter	Dual On-Board NICs
CD/DVD Drive	24X IDE CD-ROM
Bezel Option	No Bezel Option
Hard Drive Configuration	2 Drives Attached to add in SCSI Controller, No RAID
Primary Controller	Controller Card, SCSI, 39320, Internal/External, U3, Low Voltage Differential
Primary Hard Drive	73GB 10K RPM Ultra 320 68pin SCSI Hard Drive
2nd Hard Drive	73GB 10K RPM Ultra 320 68pin SCSI Hard Drive
Power Supply	Redundant Power Supply With Y-CORD and Straight Cords
Chassis Configuration	Rack Chassis w/Rapid Rails for Dell, HPQ or other Square Hole Racks, SC1425
Hardware Support Services	3Yr BASIC NBD: L1 Hardware Queue, Next Business Day Onsite M-F 8am-6pm
Applications, SW	DCS (4.8+), Rhapsody 2.0, Advantage Database Server 7.1.0.1, Advantage ODBC Driver (7.0+), Advantage OLEDB Driver (7.0+), UTStatus, SysAdmin, COTransferReport, Transfer Agent, PC Anywhere 11.5 or latest version, 3of9.ttf fonts (for barcode printing)

## IBM Minimum Configuration

<b>IBM x336</b>	<b>Intel® Xeon™ processor at 3 GHz/1MB Cache, 800MHz FSB</b>
<b>Operating System</b>	<b>Windows 2003 Server</b>
<b>Additional Processor</b>	<b>Intel® Xeon™ processor at 3 GHz/2MB Cache, 800MHz FSB</b>
<b>Memory</b>	<b>1024MB (2X512MB) DDR2 400MHz DIMM240-pin DDR2 (679114)</b>
<b>Keyboard</b>	<b>No Keyboard (Client has KVM availability)</b>
<b>Monitor</b>	<b>No Monitor (Client has KVM availability)</b>
<b>Mouse</b>	<b>No Mouse (Client has KVM availability)</b>
<b>Floppy Drive</b>	<b>3.5" 1.44 MB</b>
<b>Network Adapter</b>	<b>PCI-X / 100 MHz Gigabit Ethernet</b>
<b>CD/DVD Drive</b>	<b>24X IDE CD-ROM</b>
<b>Riser Card</b>	<b>Riser with PCI-X Support and Embedded Raid (ROMB) Support</b>
<b>Hard Drive Configuration</b>	<b>Ultra 320 SCSI RAID 0, RAID 1 Adaptec AIC- 7902</b>
<b>Primary Hard Drive</b>	<b>73.4GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive</b>
<b>2nd Hard Drive</b>	<b>72.8GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive</b>
<b>3rd Hard Drive</b>	
<b>Power Supply</b>	<b>IBM Redundant Power Supply AC 110/230 V</b>
<b>2<sup>nd</sup> Power Supply</b>	<b>IBM Redundant Power Supply AC 110/230 V</b>
<b>Chassis Configuration</b>	<b>Rack Mounted 6 Hot Swap Bays</b>
<b>Hardware Support Services</b>	<b>3Yr BASIC NBD: L1 Hardware Queue, Next Business Day Onsite M-F 8am-6pm</b>
<b>Applications, SW</b>	<b>DCS (4.8+), Rhapsody 2.0, Advantage Database Server 7.1.0.1, Advantage ODBC Driver (7.0+), Advantage OLEDB Driver (7.0+), UTStatus, SysAdmin, COTransferReport, Transfer Agent, PC Anywhere 11.5 or latest version, 3of9.ttf fonts (for barcode printing)</b>

## HP/Compaq minimum Configuration

<b>HP PROLIANT DL360</b>	<b>Intel® Xeon™ processor at 3 GHz/2MB Cache, 800MHz FSB</b>	
<b>Operating System</b>	<b>Windows 2003 Server</b>	
<b>Additional Processor</b>	<b>Intel® Xeon™ processor at 3 GHz/2MB Cache, 800MHz FSB</b>	
<b>Memory</b>	<b>4 GB (4x1GB) DDR2 400MHz DIMM240-pin DDR2 (675404)</b>	
<b>Keyboard</b>	<b>No Keyboard (Client has KVM availability)</b>	
<b>Monitor</b>	<b>No Monitor (Client has KVM availability)</b>	
<b>Mouse</b>	<b>No Mouse (Client has KVM availability)</b>	
<b>Floppy Drive</b>	<b>No Floppy Drive</b>	
<b>Network Adapter</b>	<b>HP NC1020 GIGABIT Server Adapter</b>	
<b>CD/DVD Drive</b>	<b>24X IDE CD-ROM</b>	
<b>Riser Card</b>	<b>Riser with PCI-X Support and Embedded Raid (ROMB) Support</b>	
<b>Hard Drive Configuration</b>	<b>2 Drives Attached to add in SCSI Controller, No RAID</b>	
<b>Primary Hard Drive</b>	<b>72.8GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive</b>	
<b>2nd Hard Drive</b>	<b>72.8GB 10K RPM Ultra 320 Universal Hot-Plug Disk Drive</b>	
<b>3rd Hard Drive</b>		
<b>Power Supply</b>	<b>HP Redundant Power Supply With Y-CORD and Straight Cords</b>	
<b>Chassis Configuration</b>	<b>Rack Mounted 6 Hot Swap Bays</b>	
<b>Hardware Support Services</b>	<b>3Yr BASIC NBD: L1 Hardware Queue, Next Business Day Onsite M-F 8am-6pm</b>	
<b>Applications, SW</b>	<b>DCS, Rhapsody, Advantage Database Server, Advantage ODBC Driver, Advantage OLEDB Driver, UTStatus, SysAdmin, COTransferReport, Transfer Agent, 3of9.ttf fonts (for barcode printing)</b>	

### 3. Sustainability Signoff Checklist for Implementation (4 pages)

Assumption:

- Prerequisites for Sustainability document needs to be complete and signed off by PM, Mgr of Implementation and CSS Manager before Sustainability period begins
- Back end technical issues, while delay sustainability does not cause a restart of sustainability. How does this impact the measure of sustaining back log days.
- Any one flaw in sustainability only impacts those related metrics and does not set entire sustainability matrix back to incomplete. Reference eWebHealth Testing Dependencies document, which explains what needs to be retested if one of these success criteria fails.

Scanning	Date Completed	Person Completing	Signed off
<p>A minimum of 5 consecutive business days, encompassing a weekend, of successful scanning and QC process (QC including Validation if applicable).</p> <p><b>Success criteria:</b> No high or medium opened tickets in SalesForce.com during the sustainability phase related to Scanning. If they are opened then sustainability starts over once that ticket is resolved.</p> <p><b>Validation Metric:</b> Sales Force reports run on a daily basis by PM and reviewed with CSS Manager.</p>			
<p>Scanned charts successfully transfer to the production system in a timely fashion.</p> <p><b>Action Item:</b> Tech Ops to create generic query to be run against the Advantage Database that reports MRN, Episode, Date Created, documents received, # of pages.</p> <p><b>Success criteria:</b> The report out of the Advantage/DCS Query matches the "Documents Received" report out of ChartVault.</p> <p><b>Validation Metric:</b> The PM/BC while onsite will run the query and compare it to the "document received" report in ChartVault.</p>			
<p><b>Interfaces</b></p>			
<p>All phase 1 interfaces defined in project plan are online.</p>			

<p><b>Success criteria:</b> Go Live Acceptance signature on Project Plan</p> <p><b>Validation Metric:</b> Sales Force data will be checked against Project Plan scope document.</p>			
<p>5 business days of information transfer without interruption – corresponds to days of scanning.</p> <p><b>Success criteria:</b> No high or medium opened tickets in SalesForce.com during the sustainability phase related to Interfaces to be delivered during this phase of the project. If they are opened then sustainability starts over once that ticket is resolved.</p> <p><b>Validation Metric:</b> Sales Force reports run on a daily basis by PM and reviewed with CSS Manager.</p>			
<p>Each feed/doc type is validated in the Production user interface</p> <p><b>Success criteria:</b> <u>ADT</u> - Transactions received by DCS/Advantage DB match source system output.</p> <p><u>Transcription/deficient content</u> – documents flow from source system to ChartVault as defined within signed business requirements</p> <p><u>Other electronic content</u> - documents flow from source system to ChartVault as defined within signed business requirements</p> <p><b>Validation Metric:</b> <u>ADT</u> – The ADT discharge report is compared to the database query in Advantage of all charts released to the TA for scanning to ensure that the volume of prior day’s discharges are being processed through to Release API.</p> <p><u>Transcription/deficient content</u> – obtains transcription report for one day and validate document type and auto-routing/auto-cc against FCS for those document types effected.</p> <p><u>Other electronic content</u> – print reconciliation list from source system for one day and match it to ChartVault and FCS.</p>			

<b>Web Applications</b>			
<p>On Day 1 (or selected day) - Validate 100% of charts scanned and interfaced down to the document type and correct queue location for one full day of discharges</p> <p><b>Success Criteria:</b> 100% of documents are found to be in proper document types and queues according to FCS.</p> <p><b>Validation Metric:</b> Test Log and Testing schedule checklist is complete and signed off by PM and Mgr of Implementation.</p>			
<p>On days 2 through 5, spot check charts for accuracy at a 10% sample rate.</p> <p><b>Success Criteria</b> Spot checks meet criteria of Test Plan.</p> <p><b>Validation Metric:</b> Test Log – Day 2-5 is complete and signed off by PM and Mgr of Implementation.</p>			
<p>Scanned and Interfaced documents should all go to the correct queues.</p> <p><b>Success Criteria:</b> Documents flow to the correct queues as defined in the FCS and according to defined expected queue behavior.</p> <p><b>Validation Metric:</b> Complete Test log for Coding and Analysis queues and sign off by PM and Mgr of Implementation</p>			
<p>3 consecutive days of initial analysis and coding performed within the same time window as the paper process.</p> <p><b>Success Criteria:</b> Electronic process meets or beats the same window as the paper process.</p> <p><b>Validation Metric:</b> Compare current productivity level against productivity metric captured at time of assessment. Customer will provide data on productivity metrics from their systems.</p>			
<p>Physician champion can complete signature/completion workflows.</p>			

<p><b>Success Criteria:</b> At least 1 physician completes signature/completion workflow without system error.</p> <p><b>Validation Metric:</b> Complete Testing schedule checklist for Physician signature/completion and sign off by PM and Mgr of Implementation</p>			
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**Acceptance**

Project Manager – Customer \_\_\_\_\_

Project Manager – eWebHealth \_\_\_\_\_

Manager, Customer Support \_\_\_\_\_

Manager, Implementation Services \_\_\_\_\_

## 4. Sample Implementation Schedule (6 pages)

ID	Task Name	Duration	Start	Finish	% Complete	Predecessors	Resource Names
0	<b>Client Implementation Plan</b>	<b>119 days</b>	<b>Wed 2/1/06</b>	<b>Mon 7/17/06</b>	<b>0%</b>		
1	Project Start	0 days	Wed 2/1/06	Wed 2/1/06	0%		
2	Plan	18 days	Wed 2/1/06	Fri 2/24/06	0%		
3	Vision Setting	1.19 days	Wed 2/1/06	Thu 2/2/06	0%		
4	Sales Transition conference call	2 hrs	Wed 2/1/06	Wed 2/1/06	0%		
5	Project Initiation conference call	1 hr	Wed 2/1/06	Wed 2/1/06	0%	1	ChartOne
6	Key Stakeholder Interviews	0.5 hrs	Wed 2/1/06	Wed 2/1/06	0%	5	ChartOne
7	Development of Project Vision	1 day	Wed 2/1/06	Thu 2/2/06	0%	6	Client
8	Strategic Planning	16.81 days	Thu 2/2/06	Fri 2/24/06	0%		
9	<b>Project Kickoff Meeting &amp; First Onsite Visit</b>	3 days	Wed 2/15/06	Fri 2/17/06	0%		ChartOne
10	Project Planning	4.13 days	Thu 2/2/06	Wed 2/8/06	0%		
11	Develop Project Scope document	8 hrs	Thu 2/2/06	Fri 2/3/06	0%	7	ChartOne
12	Develop Communications plan & matrix	2 hrs	Fri 2/3/06	Fri 2/3/06	0%	11	ChartOne
13	Develop High Level Deployment plan	2 hrs	Fri 2/3/06	Fri 2/3/06	0%	12	ChartOne
14	Develop Risk Management plan	2 hrs	Fri 2/3/06	Fri 2/3/06	0%	13	ChartOne
15	Develop Issues log	1 hr	Fri 2/3/06	Mon 2/6/06	0%	14	ChartOne
16	Develop Initial Project schedule	2 days	Mon 2/6/06	Wed 2/8/06	0%	15	ChartOne
17	Formation of Project Steering Committee	1.5 days	Thu 2/2/06	Fri 2/3/06	0%	7	Client
18	Development of Project Reporting	0.25 days	Wed 2/8/06	Wed 2/8/06	0%		
19	Status Reports	2 hrs	Wed 2/8/06	Wed 2/8/06	0%	16	ChartOne
20	Schedule Project Status meetings	0.13 days	Wed 2/8/06	Wed 2/8/06	0%		
21	Project Status meeting #1	1 hr	Wed 2/8/06	Wed 2/8/06	0%	16	ChartOne
22	Development of Change Management Plan	4 hrs	Thu 2/2/06	Thu 2/2/06	0%	7	ChartOne
23	Project Plan sent to client for review	1 hr	Thu 2/2/06	Thu 2/2/06	0%	22	ChartOne
24	Project plan revised	4 hrs	Thu 2/2/06	Fri 2/3/06	0%	23	ChartOne
25	<b>Project plan approved</b>	0 days	Fri 2/3/06	Fri 2/3/06	0%	24	Client
26	Opportunity Identification	5 days	Mon 2/20/06	Fri 2/24/06	0%		
27	Initial Staff Interviews	1 day	Mon 2/20/06	Mon 2/20/06	0%	9	ChartOne
28	Complete Current State Workflow Analysis	5 days	Mon 2/20/06	Fri 2/24/06	0%		
29	Review Current workflow	1 day	Mon 2/20/06	Mon 2/20/06	0%	9	ChartOne
30	Observe current processes and revise workfci	1 day	Tue 2/21/06	Tue 2/21/06	0%	29	ChartOne
31	Document current workflow process	3 days	Wed 2/22/06	Fri 2/24/06	0%	30	ChartOne
32	<b>Signoff on current workflow process</b>	0 days	Fri 2/24/06	Fri 2/24/06	0%	31	Client
33	Introduce & Document Operational and Revenue C	1 day	Mon 2/20/06	Mon 2/20/06	0%	9	Client,ChartOne
34	Deliver suggested Policy and Procedure Changes	5 days	Mon 2/20/06	Fri 2/24/06	0%	9	ChartOne
35	Design	50.13 days	Mon 2/20/06	Mon 5/1/06	0%		
36	Strategic Design	26 days	Tue 2/21/06	Tue 3/28/06	0%		
37	Future State Workflow Design	6 days	Mon 2/27/06	Mon 3/6/06	0%		
38	Document future workflow processes	3 days	Mon 2/27/06	Wed 3/1/06	0%	28	ChartOne
39	Review future workflows	1 day	Thu 3/2/06	Thu 3/2/06	0%	38	ChartOne
40	Revise workflow documents	2 days	Fri 3/3/06	Mon 3/6/06	0%	39	ChartOne
41	<b>Signoff on future workflow documents</b>	0 days	Mon 3/6/06	Mon 3/6/06	0%	40	Client
42	Forms/Document Redesign	26 days	Tue 2/21/06	Tue 3/28/06	0%		
43	Chart audit	2 days	Tue 2/21/06	Wed 2/22/06	0%	29	ChartOne
44	Identify chapters to appear in ChartVault	3 days	Tue 2/21/06	Thu 2/23/06	0%	29	Client

ID	Task Name	Duration	Start	Finish	% Complete	Predecessors	Resource Names
45	Identify all current documents in charts	15 days	Fri 2/24/06	Thu 3/16/06	0%	44	Client
46	Identify opportunities for consolidation or revision to	3 days	Fri 3/17/06	Tue 3/21/06	0%	45	Client
47	Update Document matrix with information	2 days	Wed 3/22/06	Thu 3/23/06	0%	46	Client
48	Forms/Document to Index/Chapter Design	3 days	Fri 3/24/06	Tue 3/28/06	0%	47	ChartOne
49	<b>Document Matrix complete</b>	0 days	Thu 3/23/06	Thu 3/23/06	0%	47	Client
50	<b>Information Architecture</b>	<b>45.13 days</b>	<b>Mon 2/27/06</b>	<b>Mon 5/1/06</b>	<b>0%</b>		
51	<b>System Configuration Design</b>	<b>45.13 days</b>	<b>Mon 2/27/06</b>	<b>Mon 5/1/06</b>	<b>0%</b>		
52	<b>Start Facility Configuration spreadsheet</b>	<b>15.13 days</b>	<b>Mon 2/27/06</b>	<b>Mon 3/20/06</b>	<b>0%</b>		
53	Patient Types & Codes	1 hr	Mon 3/20/06	Mon 3/20/06	0%		ChartOne
54	Deficiency Notification	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
55	Confidentiality Codes	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
56	MRN & Episode Number Formats	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
57	Service Codes and Specialty Codes	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
58	Default Delinquency Date	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
59	Completion Status Template	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
60	Minimum Data Set	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
61	Verification Queue Signature	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
62	Return Deficiency Routing	1 hr	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
63	Complete Facility Configuration sheet	30 days	Mon 3/20/06	Mon 5/1/06	0%	52	
64	<b>Solution Architecture</b>	<b>20.63 days</b>	<b>Mon 2/20/06</b>	<b>Mon 3/20/06</b>	<b>0%</b>		
65	Document Capture Space Design	1 day	Mon 2/27/06	Mon 2/27/06	0%	26	ChartOne
66	Document Capture Workstation Design	1 day	Tue 2/28/06	Tue 2/28/06	0%	65	ChartOne
67	Network Configuration Recommendations	1 day	Mon 2/20/06	Mon 2/20/06	0%	9	ChartOne
68	<b>Document Capture Hardware/Software Design</b>	<b>6.38 days</b>	<b>Wed 3/1/06</b>	<b>Thu 3/9/06</b>	<b>0%</b>		
69	Determine operational needs	2 hrs	Wed 3/1/06	Wed 3/1/06	0%	66	ChartOne
70	Determine Hardware and Software needs	2 hrs	Wed 3/1/06	Wed 3/1/06	0%	66	ChartOne
71	Communicate HW/SW specs to client	1 hr	Wed 3/1/06	Wed 3/1/06	0%	69,70	ChartOne
72	Communicate HW/SW needs to Deployment	2 hrs	Wed 3/1/06	Wed 3/1/06	0%	71	ChartOne
73	Send Deployment schedule to Deployment	1 hr	Wed 3/1/06	Wed 3/1/06	0%	72	ChartOne
74	Send Facility configuration to Deployment	1 hr	Wed 3/1/06	Wed 3/1/06	0%	73	ChartOne
75	HW/SW approved by Deployment	5 days	Wed 3/1/06	Wed 3/8/06	0%	74	ChartOne
76	Order Hardware and software to be delivered to D	4 hrs	Wed 3/8/06	Thu 3/9/06	0%	75	ChartOne
77	Chart Management Suite Workstation Deployment Stra	4 hrs	Mon 2/20/06	Mon 2/20/06	0%	9	Client
78	Develop Certificate Distribution Strategy	4 hrs	Mon 3/20/06	Mon 3/20/06	0%	52	Client
79	<b>Implement</b>	<b>85 days</b>	<b>Mon 2/20/06</b>	<b>Fri 6/16/06</b>	<b>0%</b>		
80	<b>Analysis</b>	<b>27 days</b>	<b>Mon 2/20/06</b>	<b>Tue 3/28/06</b>	<b>0%</b>		
81	ADT Interface Analysis	2 days	Mon 2/20/06	Tue 2/21/06	0%	9	ChartOne
82	Clinical Interfaces Analysis	2 days	Mon 2/20/06	Tue 2/21/06	0%	9	ChartOne
83	<b>Forms/Document Redesign Analysis</b>	<b>0 days</b>	<b>Tue 3/28/06</b>	<b>Tue 3/28/06</b>	<b>0%</b>	<b>42</b>	<b>Client</b>
84	<b>Workstation Upgrade Analysis</b>	<b>1.13 days</b>	<b>Thu 3/9/06</b>	<b>Fri 3/10/06</b>	<b>0%</b>		
85	Determine operational needs	2 hrs	Thu 3/9/06	Thu 3/9/06	0%	68	ChartOne
86	Determine Hardware and software needs	2 hrs	Thu 3/9/06	Thu 3/9/06	0%	85	ChartOne
87	Communicate HW/SW needs to client	1 hr	Thu 3/9/06	Thu 3/9/06	0%	86	ChartOne
88	Verify that HIM workstations meet minimum require	4 hrs	Fri 3/10/06	Fri 3/10/06	0%	87	Client
89	<b>Design</b>	<b>25 days</b>	<b>Wed 2/22/06</b>	<b>Tue 3/28/06</b>	<b>0%</b>		

ID	Task Name	Duration	Start	Finish	% Complete	Predecessors	Resource Names
90	<b>ADT Interface Design</b>	<b>3.5 days</b>	Wed 2/22/06	Mon 2/27/06	0%		
91	Define business requirements	2 days	Wed 2/22/06	Thu 2/23/06	0%	81	ChartOne
92	Define technical specifications	1 day	Fri 2/24/06	Fri 2/24/06	0%	91	ChartOne
93	Review and approval of Bus. Req. and specs.	4 hrs	Mon 2/27/06	Mon 2/27/06	0%	92	Client
94	<b>Clinical Interfaces Design</b>	<b>19 days</b>	Wed 2/22/06	Mon 3/20/06	0%		
95	Define business requirements	9 days	Wed 2/22/06	Mon 3/6/06	0%	82	ChartOne
96	Define technical specifications	9 days	Tue 3/7/06	Fri 3/17/06	0%	95	ChartOne
97	Review and approval of Bus. Req. and specs.	1 day	Mon 3/20/06	Mon 3/20/06	0%	96	Client
98	<b>Interface business requirements and specs complete</b>	0 days	Mon 3/20/06	Mon 3/20/06	0%	90,94	Client
99	<b>Forms/Document Redesign Recommendations Delivered</b>	0 days	Tue 3/28/06	Tue 3/28/06	0%	83	ChartOne
100	Training Plan Design	3.5 days	Tue 3/7/06	Fri 3/10/06	0%	37	ChartOne
101	<b>Construction</b>	<b>69.5 days</b>	Mon 2/27/06	Fri 6/2/06	0%		
102	ADT Interface construction and testing	7 days	Mon 2/27/06	Wed 3/8/06	0%	90	ChartOne
103	Clinical Interfaces construction and testing	54 days	Tue 3/21/06	Fri 6/2/06	0%	94	ChartOne
104	<b>Document Capture Server Configuration</b>	<b>18.88 days</b>	Fri 4/7/06	Thu 5/4/06	0%		
105	Receive Equipment in ChartOne Deployment office	0 days	Fri 4/7/06	Fri 4/7/06	0%	76FS+21 days	ChartOne
106	Install and configure software	1 day	Fri 4/7/06	Mon 4/10/06	0%	105	ChartOne
107	Deliver updated Facility Configuration to Deployment	1 day	Mon 5/1/06	Tue 5/2/06	0%	63	ChartOne
108	Chart Management System Database Creation	1 day	Tue 5/2/06	Wed 5/3/06	0%	107	ChartOne
109	System Configuration - Chart Safe	4 hrs	Wed 5/3/06	Wed 5/3/06	0%	108	ChartOne
110	Create client administrator in databases	1 hr	Wed 5/3/06	Wed 5/3/06	0%	109	ChartOne
111	Full document capture cycle testing	4 hrs	Wed 5/3/06	Thu 5/4/06	0%	110	ChartOne
112	Install Rhapsody on server	1 day	Mon 5/1/06	Tue 5/2/06	0%	51	ChartOne
113	Configure interface on server	2 hrs	Fri 4/7/06	Fri 4/7/06	0%	105	ChartOne
114	Configure Rhapsody server	2 hrs	Fri 4/7/06	Fri 4/7/06	0%	105	ChartOne
115	Ship equipment to client site	3 days	Fri 4/7/06	Wed 4/12/06	0%	114	ChartOne
116	<b>Workstation/Scanner configuration (if delivered to client)</b>	<b>5 days</b>	Fri 4/7/06	Fri 4/14/06	0%		
117	Configure Workstation software	1 day	Fri 4/7/06	Mon 4/10/06	0%	105	ChartOne
118	Install needed software	1 day	Mon 4/10/06	Tue 4/11/06	0%	117	ChartOne
119	Test installation with DCS server	2 days	Tue 4/11/06	Thu 4/13/06	0%	118	ChartOne
120	Ship equipment to client site	1 day	Thu 4/13/06	Fri 4/14/06	0%	119	ChartOne
121	Testing Plan Development	1 day	Wed 5/3/06	Thu 5/4/06	0%	109	ChartOne
122	<b>Training Plan Development</b>	<b>5 days</b>	Fri 3/10/06	Fri 3/17/06	0%	100	
123	Identify Training Strategy	5 days	Fri 3/10/06	Fri 3/17/06	0%		ChartOne
124	Identify SuperUsers for Each Training Module	2 days	Fri 3/10/06	Tue 3/14/06	0%		Client
125	Identify Training Dates & Schedule	2 days	Fri 3/10/06	Tue 3/14/06	0%		ChartOne
126	Publish training schedule	1 hr	Fri 3/10/06	Fri 3/10/06	0%		ChartOne
127	Schedule provider training	2 hrs	Fri 3/10/06	Fri 3/10/06	0%		ChartOne
128	<b>Installation</b>	<b>38.88 days</b>	Fri 3/10/06	Thu 5/4/06	0%		
129	<b>Document Capture Test Server Installation and Configuration</b>	1 day	Wed 4/12/06	Thu 4/13/06	0%	115	ChartOne
130	<b>Document Capture Production Server Installation and Configuration</b>	3 days	Wed 4/12/06	Mon 4/17/06	0%	115	ChartOne
131	Document Capture Work Surface Installation	4 hrs	Fri 4/14/06	Fri 4/14/06	0%	66,115,120	ChartOne
132	Document Capture Workstation Installation and Configuration	1 day	Fri 4/14/06	Mon 4/17/06	0%	120	ChartOne
133	<b>Needed Workstation Upgrade (Client Site Equipment)</b>	<b>0.63 days</b>	Fri 3/10/06	Mon 3/13/06	0%		
134	Install and configure Kofax software	2 hrs	Fri 3/10/06	Fri 3/10/06	0%	84	ChartOne

ID	Task Name	Duration	Start	Finish	% Complete	Predecessors	Resource Names
135	Install and configure DCS modules	2 hrs	Fri 3/10/06	Fri 3/10/06	0%	84	ChartOne
136	Test DCS module	2 hrs	Fri 3/10/06	Fri 3/10/06	0%	135	ChartOne
137	Connect to printers	1 hr	Mon 3/13/06	Mon 3/13/06	0%	136	ChartOne
138	<b>eWebView Workstation Deployment</b>	<b>1.38 days</b>	<b>Mon 4/17/06</b>	<b>Tue 4/18/06</b>	<b>0%</b>		
139	Identify workstations needing CMS access	2 hrs	Mon 4/17/06	Mon 4/17/06	0%	77,132	Client
140	Identify users and populate user account spreadsheet	4 hrs	Mon 4/17/06	Tue 4/18/06	0%	139	Client
141	Determine if workstation meets minimum requirements	3 hrs	Tue 4/18/06	Tue 4/18/06	0%	140	Client
142	Upgrade workstations as needed	2 hrs	Tue 4/18/06	Tue 4/18/06	0%	141	Client
143	Install required software and configure programs	2 hrs	Mon 4/17/06	Mon 4/17/06	0%	139	Client
144	<b>Network Configuration</b>	<b>0.25 days</b>	<b>Wed 5/3/06</b>	<b>Wed 5/3/06</b>	<b>0%</b>		
145	Open TCP ports in firewall	1 hr	Wed 5/3/06	Wed 5/3/06	0%	67,109	Client
146	Setup Domain/Workgroup accounts	2 hrs	Wed 5/3/06	Wed 5/3/06	0%	67,109	Client
147	Issue IP addresses for DCS Server and workstation	1 hr	Wed 5/3/06	Wed 5/3/06	0%	67,109	Client
148	Communicate network settings for DCS configuration	1 hr	Wed 5/3/06	Wed 5/3/06	0%	67,109	Client
149	Communicate network security policies	1 hr	Wed 5/3/06	Wed 5/3/06	0%	67,109	Client
150	Set up VPN account	1 hr	Wed 5/3/06	Wed 5/3/06	0%	67,109	Client
151	Test image retrieval performance on a few workstations	2 hrs	Wed 5/3/06	Wed 5/3/06	0%	67,109	ChartOne
152	<b>Testing User Accounts created</b>	<b>0.75 days</b>	<b>Wed 5/3/06</b>	<b>Thu 5/4/06</b>	<b>0%</b>		
153	Create accounts needed for testing	4 hrs	Wed 5/3/06	Thu 5/4/06	0%	109	ChartOne
154	Users request and import certificates	2 hrs	Thu 5/4/06	Thu 5/4/06	0%	153	ChartOne
155	<b>Testing</b>	<b>20.38 days</b>	<b>Thu 4/13/06</b>	<b>Thu 5/11/06</b>	<b>0%</b>		
156	<b>Test Environment Setup</b>	<b>0.38 days</b>	<b>Thu 4/13/06</b>	<b>Thu 4/13/06</b>	<b>0%</b>		
157	Verify connection to servers on client network	1 hr	Thu 4/13/06	Thu 4/13/06	0%	129	ChartOne
158	Configure and test HL7 ADT feed	2 hrs	Thu 4/13/06	Thu 4/13/06	0%	157	ChartOne
159	Configure and test Transfer Agent	1 hr	Thu 4/13/06	Thu 4/13/06	0%	129,157	ChartOne
160	Configure and test VPN	0.5 hrs	Thu 4/13/06	Thu 4/13/06	0%	129,157	ChartOne
161	Configure and test remote access	0.5 hrs	Thu 4/13/06	Thu 4/13/06	0%	129,157	ChartOne
162	Configure and test TA Report	1 hr	Thu 4/13/06	Thu 4/13/06	0%	129,157	ChartOne
163	Verify ChartSafe configuration	2 hrs	Thu 4/13/06	Thu 4/13/06	0%	129,157	ChartOne
164	<b>System/Integration testing</b>	<b>20 days</b>	<b>Fri 4/14/06</b>	<b>Thu 5/11/06</b>	<b>0%</b>		
165	<b>Interface Testing</b>	<b>20 days</b>	<b>Fri 4/14/06</b>	<b>Thu 5/11/06</b>	<b>0%</b>		
166	<b>ADT Interface test</b>	<b>10 days</b>	<b>Fri 4/14/06</b>	<b>Thu 4/27/06</b>	<b>0%</b>	102,156	ChartOne
167	<b>Clinical Interface test</b>	<b>10 days</b>	<b>Fri 4/28/06</b>	<b>Thu 5/11/06</b>	<b>0%</b>	166	ChartOne
168	<b>System testing</b>	<b>7.5 days</b>	<b>Fri 4/14/06</b>	<b>Tue 4/25/06</b>	<b>0%</b>		
169	Determine the % of charts to be tested	2 hrs	Fri 4/14/06	Fri 4/14/06	0%	163	Client
170	Identify associates to be involved in testing	1 hr	Fri 4/14/06	Fri 4/14/06	0%	169	Client
171	Assign associates to activities	1 hr	Fri 4/14/06	Fri 4/14/06	0%	170	Client
172	Process charts according to new flows on Charts	7 days	Fri 4/14/06	Tue 4/25/06	0%	171	Client
173	Document observations and results of testing	3 days	Fri 4/14/06	Wed 4/19/06	0%	172SS	Client
174	Modify processes and flows	4 hrs	Wed 4/19/06	Wed 4/19/06	0%	173	Client
175	Revise Future flow documents	1 day	Thu 4/20/06	Thu 4/20/06	0%	174	Client
176	Document Capture cycle testing	5 days	Tue 4/25/06	Tue 5/2/06	0%	168	Client
177	<b>Cut Over/Production</b>	<b>44.38 days</b>	<b>Mon 4/17/06</b>	<b>Fri 6/16/06</b>	<b>0%</b>		
178	<b>Forms Recognition Training</b>	<b>1 day</b>	<b>Fri 5/12/06</b>	<b>Fri 5/12/06</b>	<b>0%</b>	100,164	Client
179	<b>Document Capture System Training</b>	<b>3 days</b>	<b>Mon 5/15/06</b>	<b>Wed 5/17/06</b>	<b>0%</b>	132,178	ChartOne

ID	Task Name	Duration	Start	Finish	% Complete	Predecessors	Resource Names
180	Imaging Process Administration	2 days	Thu 5/18/06	Fri 5/19/06	0%	132,179	ChartOne
181	<b>Chart Management System Training</b>	<b>13.5 days</b>	<b>Thu 5/18/06</b>	<b>Tue 6/6/06</b>	<b>0%</b>		
182	eWebView Admin Training	2.5 days	Thu 5/18/06	Mon 5/22/06	0%	179,122	ChartOne
183	eWebView Training	2 days	Mon 5/22/06	Wed 5/24/06	0%	182	ChartOne
184	eWebCoding Training	2 days	Wed 5/24/06	Fri 5/26/06	0%	183	ChartOne
185	eWebCompletion Training	3 days	Fri 5/26/06	Wed 5/31/06	0%	184	ChartOne
186	eWebSignature Physician Training	4 days	Wed 5/31/06	Tue 6/6/06	0%	185	ChartOne
187	Update ChartSafe environment with changes found in t	1 day	Tue 6/6/06	Wed 6/7/06	0%	168,161	ChartOne
188	Readiness Assessment - Go/No Go decision	2 hrs	Tue 6/6/06	Tue 6/6/06	0%	164,161	Client
189	System Configuration - ChartVault (copy from ChartSaf	4 hrs	Tue 6/6/06	Wed 6/7/06	0%	188	ChartOne
190	<b>User Account Load</b>	<b>4.63 days</b>	<b>Mon 4/17/06</b>	<b>Mon 4/24/06</b>	<b>0%</b>		
191	Populate user account spreadsheet	3 days	Mon 4/17/06	Thu 4/20/06	0%	139	Client
192	Determine users to be created for Go Live	4 hrs	Thu 4/20/06	Fri 4/21/06	0%	191	Client
193	Send spreadsheet to Deployment	1 hr	Fri 4/21/06	Fri 4/21/06	0%	192	ChartOne
194	Deployment uploads spreadsheet to CV	1 day	Fri 4/21/06	Mon 4/24/06	0%	193	ChartOne
195	<b>Production Environment Setup</b>	<b>2.75 days</b>	<b>Tue 6/6/06</b>	<b>Fri 6/9/06</b>	<b>0%</b>		
196	Verify connections to servers on client network	4 hrs	Tue 6/6/06	Wed 6/7/06	0%	188,130	ChartOne
197	Configure and test HL7 ADT feed	2 hrs	Tue 6/6/06	Tue 6/6/06	0%	188,130	ChartOne
198	Configure and test Transfer Agent	2 hrs	Tue 6/6/06	Tue 6/6/06	0%	188,130	ChartOne
199	Configure and test VPN	1 hr	Tue 6/6/06	Tue 6/6/06	0%	188,130	ChartOne
200	Configure and test PC Anywhere access	1 hr	Tue 6/6/06	Tue 6/6/06	0%	188,130	ChartOne
201	Configure and test TA Report	1 hr	Tue 6/6/06	Tue 6/6/06	0%	188,130	ChartOne
202	Verify ChartVault configuration	2 hrs	Tue 6/6/06	Tue 6/6/06	0%	188,130	ChartOne
203	Test data flows through to CV	2 days	Wed 6/7/06	Thu 6/8/06	0%	202	ChartOne
204	Once verified, remove test charts from CV	4 hrs	Fri 6/9/06	Fri 6/9/06	0%	203	ChartOne
205	<b>Go Live</b>	<b>5.5 days</b>	<b>Fri 6/9/06</b>	<b>Fri 6/16/06</b>	<b>0%</b>		
206	Production Scanning	0 days	Mon 6/12/06	Mon 6/12/06	0%	195	Client
207	Implementation of Operational Policies, Procedure	0 days	Mon 6/12/06	Mon 6/12/06	0%	206	Client
208	Production Interfaces	0 days	Fri 6/9/06	Fri 6/9/06	0%	195	Client
209	Validation	0 days	<b>Mon 6/12/06</b>	<b>Mon 6/12/06</b>	<b>0%</b>		
210	Interfaced documents	0 days	Mon 6/12/06	Mon 6/12/06	0%	206,207,208	ChartOne
211	Scanned Document	0 days	Mon 6/12/06	Mon 6/12/06	0%	206,207,208	ChartOne
212	ADT Data	0 days	Mon 6/12/06	Mon 6/12/06	0%	206,207,208	ChartOne
213	Coding Reports	0 days	Mon 6/12/06	Mon 6/12/06	0%	206,207,208	ChartOne
214	Completion reports	0 days	Mon 6/12/06	Mon 6/12/06	0%	206,207,208	ChartOne
215	Document Capture Operational reports	0 days	Mon 6/12/06	Mon 6/12/06	0%	206,207,208	ChartOne
216	HIM and Revenue Cycle Metrics	0 days	Mon 6/12/06	Mon 6/12/06	0%	206,207,208	ChartOne
217	Continue Change Management activities	0 days	Fri 6/9/06	Fri 6/9/06	0%	208	Client
218	On-site Go Live Support	5 days	Mon 6/12/06	Fri 6/16/06	0%	206	ChartOne
219	<b>Manage</b>	<b>119 days</b>	<b>Wed 2/1/06</b>	<b>Mon 7/17/06</b>	<b>0%</b>		
220	<b>Operations</b>	<b>103 days</b>	<b>Wed 2/1/06</b>	<b>Fri 6/23/06</b>	<b>0%</b>		
221	Implementation of CQI process	0 days	Fri 6/23/06	Fri 6/23/06	0%	205FS+5 days	Client
222	Document Capture Competency Testing	0 days	Fri 6/23/06	Fri 6/23/06	0%	205FS+5 days	ChartOne
223	Deliver access codes following training and competenc	2 hrs	Wed 2/1/06	Wed 2/1/06	0%		ChartOne
224	Obtain completed and signed application security requ	2 hrs	Wed 2/1/06	Wed 2/1/06	0%	223	Client

ID	Task Name	Duration	Start	Finish	% Complete	Predecessors	Resource Names
225	File all completed forms	2 hrs	Wed 2/1/06	Wed 2/1/06	0%	224	Client
226	Implementation of Reporting	0 days	Fri 6/23/06	Fri 6/23/06	0%	205FS+5 days	Client
227	<b>Optimization</b>	<b>0 days</b>	<b>Mon 7/17/06</b>	<b>Mon 7/17/06</b>	<b>0%</b>		
228	Needed Process Modifications	0 days	Mon 7/17/06	Mon 7/17/06	0%	205FS+21 days	ChartOne
229	Needed System Configuration Modifications	0 days	Mon 7/17/06	Mon 7/17/06	0%	205FS+21 days	ChartOne
230	Needed Personnel Changes	0 days	Mon 7/17/06	Mon 7/17/06	0%	205FS+21 days	ChartOne
231	Needed Interface Modifications	0 days	Mon 7/17/06	Mon 7/17/06	0%	205FS+21 days	ChartOne
232	Needed Forms/Document Redesign Modifications	0 days	Mon 7/17/06	Mon 7/17/06	0%	205FS+21 days	ChartOne
233	Needed Forms/Document to index Mapping Changes	0 days	Mon 7/17/06	Mon 7/17/06	0%	205FS+21 days	ChartOne
234	Needed Hardware or Configuration changes	0 days	Mon 7/17/06	Mon 7/17/06	0%	205FS+21 days	ChartOne
235	<b>Support</b>	<b>0 days</b>	<b>Fri 6/23/06</b>	<b>Fri 6/23/06</b>	<b>0%</b>		
236	Identify Process Owners for each Chart Management S	0 days	Fri 6/23/06	Fri 6/23/06	0%	205FS+5 days	Client
237	Support Transition	0 days	Fri 6/23/06	Fri 6/23/06	0%	205FS+5 days	ChartOne
238	Implementation of Help Desk Knowledge Base	0 days	Fri 6/23/06	Fri 6/23/06	0%	205FS+5 days	Client
239	Development of Support Contact list	0 days	Fri 6/23/06	Fri 6/23/06	0%	205FS+5 days	ChartOne
240	Development of Support Transition document	0 days	Fri 6/23/06	Fri 6/23/06	0%	205FS+5 days	ChartOne

## 5. Sample Risk Assessment (2 pages)

Risk	Impact	Probability	Comment	Plan Needed?
Technical				
1. Space limitations—for hardware in HIM	H	M	Need coder home to free space in Transcription. Ticket now. Is time needed in project schedule for this move? Is recabling needed? Will do walkthrough 7/3	
2. Connectivity problems on internet	H	L	Single point	
3. Power outages	H	M	Have more storms in summer. UPS fine in data center (30 min backup). UPS in HIM—needs to be replaced for PC/scanner workstations.	
4. Internet speed and bandwidth—physician's offices	H	M	Some have good connectivity, some bad. Will tell physicians what is needed.	
5. Impact of a virus or worm	H	L		
6. Need backup scanners, printers, etc.	H	L		
7. How does medical record access work in disaster setting	M	L		
8. Interface	H	L		

Risk	Impact	Probability	Comment	Plan Needed?
functionality				
9. VPN Connection	H	L	Have had a timing issue in the past with Cisco concentrator	
10. PC install—desktop readiness	H	L		Y
<b>Physical Plant</b>				
11. Space constraints—HIM	H	M		
<b>Resources</b>				
12. Lack of buy-in by physicians' offices	M	H		
13. Computer Skill level	L	L		
14. Fear of change	L	L		
15. IT Resources-PC Techs & Interface Engineer	M	M	Interface engineer now on board.	
<b>Communications</b>				
16. Need marketing	L	L		
17. Project scope creep	L	L		
18. Potentially unclear expectations	H	L		
19. Physician office communications	M	H		Y—needs communications plan and rollout plan
20. CBO, ED & clinical resource coordinators communications	H	L		Y—part of communications plan
<b>Vendor/Partner</b>				
21. Have releases been tested adequately	M	L		
22. Vendor responsive to hospital's needs	H	L		

\*Probability:  
H: High - Likely/probable (71%-100%)  
M: Medium- Somewhat likely (36%-70%)  
L: Low - Unlikely/improbable (0%-35%)

\*\*Impact:  
H: Critical: Threatens the viability of the business or represents failure of the project  
M: Moderate - Severe: May delay or threaten the achievement of the vision or reduce project benefits  
L: Minimal/minor: No impact on business vision but may increase project costs and timescales

