



# HEALTHCARE

## Community of Practice

HealthcareSpeaks Newsletter

March 2011

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## LEADER'S LOBBY

*By Mike Boucher, PMP, Director of Technology, PMI Healthcare Community of Practice*

### Introduction

This month's Leader's Lobby is brought to you by your friendly Technology Director. What I'd like to do is to introduce myself, explain the role of the Technology Director, review the technology changes that have occurred with the transition from Specific Interest Group (SIG) to Community of Practice (CoP), talk about some of the new tools, and then wrap up with some encouragement for feedback and suggestions. Oh, by the way, there is a short homework assignment that goes along with this article.



If you remember only one thing from this article it should be this – **With the completion of the transition from SIG to CoP, you now have tools that enable you to actively participate in the Healthcare Community of Practice. These tools can make the Community stronger and more relevant to your daily work. With these tools you can easily communicate with the rest of the Community. Use these tools to find information and learn practices that will help in your day-to-day job. Use these tools to share best practices that you have learned in your day-to-day job.**

*Continued on page 4*

## MEMBER SPOTLIGHT

### Pete Rivera, PMP



**Consulting Manager**

**Hayes Management Consulting**

**Newton Centre, MA**

#### **Background:**

I am a senior healthcare information technology professional with more than 25 years of information technology and clinical experience. I'm experienced in managing enterprise-wide system implementations in large clinical environments, ambulatory and hospital systems, web-based portals and government (Department Of Defense) applications. As senior executive leader, I have coordinated teams from multiple disciplines, organizations and cultures. I have a Master's of Science Degree in Computer Information Systems. Currently I am a Hayes Consulting Manager. Previously, I was Director of Information Systems at the University of Florida Physicians and Vice President of Management Information Systems at Spryance. I was a commissioned U.S. Naval Officer, Medical Service Corps, on Active Duty for 11 years.

#### **PMP certified:**

Yes

#### **Leading initiatives currently working on:**

Completed the merger of a newly acquired hospital into the Arizona Healthcare System. Next proposed project is an IT strategic plan for the University of Washington.

#### **What was your most important career influencer?**

Having the foundation as a Navy Chief Hospital Corpsman enabled me to understand clinical concepts which helped me implement and direct IT healthcare projects. Medical professionals perk up when you use the terminology they are used to hearing and when someone understands their processes.

#### **What is your passion? What gives you inspiration?**

I am passionate about Healthcare IT or the lack thereof. I keep comparing it to other industries (i.e.; banking) and the fact that we are so far behind and decentralized compared to them.

#### **What career accomplishment are you most proud of?**

21 years in the U.S. Navy, ten years of which as an enlisted Chief Hospital Corpsman and eleven years as a Medical Service Corps Officer. I'm also proud of being the Project Manager of a hospital construction project. It was so out of my comfort zone that it forced me to relook at my normal processes and to learn an industry outside of healthcare information technology.

*Continued on next page*

## Membership Spotlight *Continued*

### How do you incorporate project management methodology in your daily work?

I have written many blogs about Project Management (PM) methodology. My most recent was [Ten Steps to Project Management Success](#). Even for some non-PM roles that I fill, I always find that the core methodology used for PM applies to all engagements that I am on.

### What books are you reading (or on your list read)?

The Innovator's Prescription by Clayton M. Christensen; Jerome H. Grossman, MD; and Jason Hwang, MD.

Outliers by Malcolm Gladwell

### What advice would you give to other healthcare project managers?

I gave a company level presentation on PM principles. The key message: Getting sign-off during milestones is the key to developing client satisfaction and project success. The perception of quality is just as important as the actual delivery.

### If I wasn't in healthcare, I'd be...

Flying small commuter airplanes in the Caribbean.

If you're a Healthcare Community member and would like to be featured in the Member Spotlight, please contact [healthcare.comm@vclleader.pmi.org](mailto:healthcare.comm@vclleader.pmi.org)

## You're Hired!

### Project Manager, R & D

Baxter Healthcare is looking for a project manager with experience with drug development.

#### Job Requirements:

- Clinical trial team involvement
- Previous experience in business related function
- PMP
- Masters degree or equivalent
- 10 yrs. in product development or equivalent experience in new product commercialization

[Click here to obtain more details and apply.](#)



"It is difficult to steer a parked car, so get moving."

- Henrietta Mears

## Leader's Lobby *Continued*

### Role of the Technology Director

The role of the Technology Director is to lead the Community of Practice in the ongoing roll-out of their technology strategy. What this means is to:

- Manage the transition from the SIG technology (web site, conferencing system, etc) to the PMI technology
- Help the Council and Community members use the PMI technologies
- Interface to PMI's professional staff to champion the Healthcare CoP's technology needs

### Review of the Technology Changes

When we were a SIG, we had a set of technology solutions and services that the SIG Board had selected to support the mission of the SIG. For example, we had our own web server and used GoToMeeting for web conferencing. When the SIG transitioned to become a Community of Practice under PMI, one of the changes was to transition to the tools and services provided by PMI.

Two of the more noticeable technology changes were the change of the web site and the web conferencing system, namely:

1. The SIG web site was replaced by the [CoP web site](http://healthcare.vc.pmi.org/)  
(<http://healthcare.vc.pmi.org/> )
2. The webinar tool switched from GoToMeeting to Adobe Connect.

[Read the complete article](#)

The logo for HIMSS 11, featuring the word "HimSS" in a stylized font with a blue dot above the 'i', followed by "11" in a large, bold, blue font.

**Congratulations to the following individuals who stopped by the Healthcare Community's booth at HIMSS®11 and won a prize!**

**Eric Duran  
Pat Jerus  
Nayan Patel  
Alan Montauk  
Russell Hendersons**

### WE NEED YOUR INPUT

We encourage you to submit items of interest such as articles, awards, recognition for successful projects, stories of PM experiences, new PM initiatives, etc. Send an email to the Communications Director [healthcare.comm@vcleader.pmi.org](mailto:healthcare.comm@vcleader.pmi.org) with your ideas.

## Seven Project Management Lessons Learned From Implementing a Cardiovascular Information System (CVIS) at Atlantic Health, NJ

by Jennifer Scatcherd, PMP, MAS



**Abstract:** Implementing a fully digital Cardiovascular Information System (CVIS) has become a strategic objective for many hospitals. However there are very few best practice documents available to help project managers outline a strategy for a successful CVIS implementation. Atlantic Health completed a CVIS project in 2010 that took 29 months. This paper summarizes seven important project management lessons learned and provides objective recommendations for an efficient implementation process.

**Background:** Atlantic Health is a nonprofit healthcare system based in Northern New Jersey. It includes two major hospitals: Morristown Memorial Hospital located in Morristown and Overlook Hospital in Summit. Atlantic Health has built a reputation as a cutting edge hospital system incorporating the latest techniques and technologies. Morristown Memorial Hospital is known for its breadth of expert cardiovascular services and performs the second most heart surgeries in the New York metropolitan area. Overlook Hospital is the regional leader in comprehensive stroke care and neurosciences.

Atlantic Health has over 10,000 employees with 2,100 physicians on staff and has been chosen by Fortune Magazine as one of the “100 Best Companies to Work For”. It is also been selected as one of the “2010 Most Wired” hospitals in America by *Hospitals & Health Networks*.

**Atlantic Health CVIS Project:** Implementing the CVIS system at Atlantic Health was challenging and a learning opportunity for the IT Project Management Office (PMO). Early in the project, Atlantic Health was selected by our vendor to be a beta site and development partner. With the experience gained from a successful project, we realized that any site transitioning to a CVIS system would find helpful a list of the most important lessons learned. With that in mind we present the list below.

[Read the complete article](#)

Jennifer Scatcherd has worked in healthcare for 19 years holding positions in Finance, Risk Management, Six Sigma and IT for Atlantic Health in New Jersey. Her work as an IT project manager the last 8 years has given her extensive experience on enterprise projects. As a graduate of Douglass College – Rutgers University, Jennifer has continued her professional development earning her Six Sigma Black Belt in 2002, her MAS in 2007 and her PMP in 2009.

## PM Tools: Tunisian Winds of Change! The Potential Impact of Political Upheaval in North Africa & the Middle East

*by David Pells, Managing Editor, [PM World Today](#)*

### **Introduction**

Sometimes the best laid plans can be overtaken by events. That is the case this month as political events in Tunisia and Egypt have shaken the world. While I had planned to provide part II of my State of the World of Project Management essay this month, the events in Egypt are now too important to ignore. They underscore the significance of political changes as “disruptive events” which all project and program managers, and global project-based organizations, ignore at their own peril.

This is directly related to the subject of my keynote presentation at the PMSA national conference in Johannesburg in September 2009, and about which I have written previously. In addition, this is an opportunity for project management to play a role in democracy building, the subject of my October 2008 editorial. This month’s editorial reviews the situation in Egypt and other countries in North Africa and the Middle East, the potential impact on projects and organizations in the region, suggested responses, implications for program and project risk planning in the future, and opportunities for project management in the transition to more democracy in those countries.

### **Summary of Recent Events & Current Situation**

Political unrest and change are sweeping North Africa and the Middle East. A mass protest in Tunisia that began in December 2010 led to the ouster of the country’s autocratic ruler. Buoyed by the successful protests in Tunis, pro-democracy and anti-government protests began in Egypt and are occurring in other countries in the region. Here is some very summarized background information, gathered from various online press reports. As one might expect, these demonstrations have had profound impacts on local politics, economies and society – and on programs and projects in those countries. This is the main point here – major political changes are disruptive. Those that occur suddenly are even more so, and can be quite dangerous.

### **Political Change in Tunisia**

According to the a pictorial essay in the Wall Street Journal: For the unemployed and oppressed people of Tunisia, a young man’s decision to set himself on fire in mid-December was a wake-up call, sparking days of protests and eventually the fall of the government. A young university graduate, Mohamed Bouazizi, set fire to himself in December in Sidi Bouzid, 125 miles southeast of Tunisia’s capital, when local officials confiscated his vegetable stand for not having a permit. Mr. Bouazizi’s death triggered protests across the country. Tunisia suffers from social and economic problems, including high youth unemployment, a lack of affordable housing and limits on political freedom.

[Read the complete article](#)

## COMMUNICATIONS CORNER

### ONC Seeks an I.T. Certification Overseer

*by Joseph Goedert*

**Source: Health Data Management, HDM Daily, February 8, 2011**

The Office of the National Coordinator has announced a 30-day period, starting Feb. 8, for submission of requests from organizations wishing to become an ONC-Approved Accreditor under the permanent health information technology certification program.

Under the final rule published on Jan. 7, ONC will select one organization, called the ONC-Approved Accreditor (ONC-AA), which will accredit entities wishing to become a health I.T. certification body. The final rule details ONC's competitive process for selecting the ANC-AA. The chosen organization will serve a three-year term and can be reselected following another competitive selection process.

Once an entity is accredited by the ONC-AA, it then can apply to ONC to become an ONC-Authorized Certification Body, or ONC-ACB. ONC anticipates the permanent program will have approximately six ACBs. Certification bodies operating under the temporary program, which currently numbers six, must go through the same processes as other entities to become a certifier under the permanent program. Selected ONC-ACBs must renew their status every three years.

ONC published a notice of the ONC-AA submission requirements in the Feb. 8 Federal Register, available [here](#). Information to be included in the submission, according to the notice, includes:

\* A detailed description of the accreditation organization's conformance to ISO/IEC17011:2004 (incorporated by reference in Sec. 170.599) and experience evaluating the conformance of certification bodies to ISO/IEC Guide 65:1996 (incorporated by reference in Sec. 170.599);

\* A detailed description of the accreditation organization's accreditation requirements, as well as how those requirements would complement the Principles of Proper Conduct for ONC-ACBs and ensure the surveillance approaches used by ONC-ACBs include the use of consistent, objective, valid, and reliable methods;

\* Detailed information on the accreditation organization's procedures that would be used to monitor ONC-ACBs;

\* Detailed information, including education and experience, about the key personnel who review organizations for accreditation; and

\* Procedures for responding to, and investigating, complaints against ONC-ACBs.

As the Department of Health and Human Services adopts new or revised certification criteria in future rules, previously certified Complete and Module EHRs may go through a streamlined "gap certification" and be tested and certified for only the applicable new or revised criteria.

## COMMUNICATIONS CORNER *CONTINUED*

### E-Records Increase Risks for Patient Data Breaches

**Source: ARMA International: NewsWire, January 2011. Used with permission.**

January 3, 2011, marked the official start of the Health Information Technology for Economic and Clinical Health Act (HITECH), a medical stimulus plan for healthcare providers and organizations as part of the American Reinvestment and Recovery Act. HITECH gives healthcare providers monetary incentives to move away from paper patient records and toward electronic health record systems.

Health information exchanges are a key part of this initiative as they allow sharing of patient data with an organization or system. However, data breach consulting firm ID Experts predicts that the risk of exposing patient data will increase.

According to an online Information Security magazine article posted on January 7, much of the vulnerability exists because inexperienced and understaffed organizations are implementing these exchanges. Experts believe that the costs associated with data breaches will increase as states levy fines and organizations attempt to upgrade their security systems. Even so, a panel of healthcare experts put together by ID Experts said it believes a significant breach of information at a major healthcare organization is likely to occur in 2011.

According to the article, panel member and chairman of the Ponemon Institute, Larry Ponemon, said, “Endemic failure to keep pace with best practices and advancing technology has resulted in antiquated data security, governance, policy planning in the healthcare industry.”

Panel member Ernie Hood, chief information officer of Group Health Cooperative, concluded: “The healthcare industry is on the verge of a major shift. Organizations are venturing into the electronic world for the first time as practices implementing electronic health records and states are launching health information exchanges. A surge of new data will be brought online by a lot of inexperienced organizations fueled by monetary government incentives. Mistakes are a certainty. Combine this with sophisticated approaches to identity theft by organized crime, and breaches will happen. When a breach occurs, the way the organization handles it publicly will be critical.”

ARMA International’s Generally Accepted Recordkeeping Principles® (GARP®), which provide an effective framework for addressing information governance issues, could help organizations prevent breaches and respond rapidly if a breach occurs. GARP® calls for a series of interlocking policies, processes, and technology that protect the privacy of information, while ensuring it is available to those with a legitimate need for the information. Additional information on GARP® can be found at [www.arma.org/garp](http://www.arma.org/garp).

## Healthcare Happenings



### [2011 PDC](#)

March 13-16, 2011 – Tampa, FL

### [Webinar: Project Management 2.0](#)

March 25, 2011

### [World Congress 5<sup>th</sup> Annual Leadership Summit on Process Improvement and Business Excellence in Health Care](#)

April 26-28, 2011 - Chicago, IL

### [Healthcare Community Calendar](#)

### [PMI Calendar](#)

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