



DPH ICD-10 IMPLEMENTATION PROJECT



PROJECT PLAN

WBS 2.1

Version 4.0

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Change History

Version Number & Date	Version Description	Version Author
V1.0 – July 27, 2011	First Draft	Sarah Brooks
V1.1 – August 9, 2011	Change Project names to Implementation Project rather than Transition to avoid confusion; Continued work on initial draft	Sarah Brooks
V1.2 – August 15, 2011	Changes made in Project Phase categories and Work Breakdown Structure; Draft sent to Project Supervisor for review	Sarah Brooks
V2.0 – August 17, 2011	Changes made following Project Supervisor review; Draft finalized	Sarah Brooks
V2.1 – October 11, 2011	Typographical changes made following input from ICD-10 Implementation Team member, Eleanor Howell	Sarah Brooks
V3.0 – February 29, 2012	Revised Milestone dates based on Project Schedule; Addition of Rural Health	Sarah Brooks
V3.1 – May 30, 2012	Revised Project Plan Finalized	Sarah Brooks
V4.0 – October 22, 2012	Project Plan Updated based on one-year compliance date extension to October 1, 2014 and approved re-baselined Project Schedule	Sarah Brooks

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1. Introduction

1.1 Purpose

This document is intended for all stakeholders in the North Carolina Division of Public Health (DPH) who will be impacted by the federally mandated transition from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2, and the International Classification of Diseases, Ninth Revision, Clinical Modification (CM) Volume 3 for diagnosis and procedure codes, respectively, to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding (hereinafter referred to as ICD-10 unless differentiation is required).

The purpose of this document is to record the baselines that will be used to measure project performance and to define how the project will be managed.

The goal of this project is to ensure that the staff and information systems that currently utilize ICD-9-CM for classification of disease and morbidity information within the Section/Branches of the Division of Public Health and local health departments seamlessly transition to the federally mandated ICD-10 effective October 1, 2014. As a result of the anticipated merger of the Division of Public Health and the Office of Rural Health and Community Care (ORHCC), the ORHCC and the rural health clinics will be included in this project.

1.2 Project Charter

The Project Charter provides a background for the project. It also includes an overview of the project authorities, objectives, benefits, risks, assumptions and constraints. A copy of the approved Project Charter may be requested by contacting the DPH ICD-10 Implementation Project Manager, Sarah Brooks, MPA, RHIA.

The DPH ICD-10 Implementation Project Sponsor is Danny Staley, Chief, Administrative, Local & Community Support Section. The DPH ICD-10 Implementation Project is managed by the Division of Public Health, under the supervision of Joy Reed, EdD, RN, FAAN, Local Technical Assistance & Training Branch Head and Head of Public Health Nursing. Project status will be monitored by the DHHS Privacy and Security Office.

2. Project Scope

2.1 Scope Statement

The scope of the project is the transition from ICD-9-CM for classification of disease and morbidity information to the federally mandated ICD-10 effective October 1, 2014. The transition will include:

- system impact analysis;
- business impact analysis;
- implementation planning and execution;
- monitor system design and development;
- monitor system testing; and
- training

Implementation activities will include the following if it is determined that transition to ICD-10 is required:

- Sections/Branches within DPH including but not limited to:
 - Information Technology Branch
 - Local Technical Assistance & Training Branch
 - Administrative Consultants
 - Public Health Nursing & Professional Development
 - Health Information System (HIS) Business Support Group
 - Purchase of Medical Care Services
 - Women's & Children's Health Section
 - Children and Youth Branch
 - Early Intervention Branch
 - Children's Developmental Service Agencies (CDSAs)
 - Immunization Branch
 - Nutrition Services Branch
 - Women's Health Branch
 - Epidemiology Section
 - Communicable Disease Branch
 - Occupational & Environmental Epidemiology
 - Office of Chief Medical Examiner
 - Office of Public Health Preparedness & Response
 - State Laboratory of Public Health
 - Chronic Disease & Injury Section
 - State Center for Health Statistics
 - Oral Health Section
 - Environmental Health Section
- Office of Rural Health and Community Care
- Local Health Departments
- Rural Health Clinics
- Family, Infant and Preschool Program (HIS User)
- Division of Information Resource Management

The scope of the HIS project *does not* include:

- Compliance activities associated with the transition from Accredited Standards Committee (ASC) X12 Version 4010/4010A for health care transactions and the National Council for Prescription Drug

Programs (NCPDP) Version 5.1 for pharmacy transactions to ASC X12 Version 5010, and NCPDP Versions D.0 and 3.0.

- Responsibility for any system or interface remediation identified during the system impact assessment. For the purposes of this project, only monitoring the status of remediation efforts will be performed.

2.2 Work Breakdown Structure

The DPH ICD-10 project work is broken down by project phase into tangible project deliverables. A work breakdown structure is used to decompose each project phase down to specific deliverables. A WBS is a deliverable-oriented grouping of project components that organizes and defines the total scope of the project. Project control will be exercised at the project deliverable level.

2.2.1 Initiation Phase (WBS 1.0)

The Initiation Phase determines the nature and scope of the project. Deliverables associated with this phase include the following:

- 1.1 Project Charter
- 1.2 ICD-10 Contact List
- 1.3 ICD-10 Awareness Education to key stakeholders

2.2.2 Planning and Design Phase (WBS 2.0)

The purpose of the Planning and Design Phase is to plan time, cost and resources adequately to estimate the work needed and to effectively manage issues and risks during project execution. Deliverables associated with this phase include the following:

- 2.1 Project Plan
- 2.2 Project Schedule
- 2.3 Implementation Plan
- 2.4 ICD-10-CM Training Plan
- 2.5 ICD-10-CM Training Materials

2.2.3 Execution Phase (WBS 3.0)

The Execution Phase consists of the processes used to complete the work defined in the Project Plan in order to accomplish the project's requirements. Execution involves coordinating people and resources, as well as integrating and performing the activities of the project in accordance with Project Plan and Implementation Plan. Deliverables associated with this phase include the following:

- 3.1 System Impact Assessments
- 3.2 Business Impact Assessments (including revenue impacts)
- 3.3 Client Record Documentation Assessments
- 3.4 Best Practices
- 3.5 ICD-10-CM Training Classes & User Registration
- 3.6 Readiness Assessments

2.2.4 Monitoring and Control Phase (WBS 4.0)

The Monitoring and Control Phase consists of those processes performed to observe project execution so that potential problems can be identified in a timely manner and corrective action taken, when necessary, to control the execution of the project. Deliverables associated with this phase include the following:

- 4.1 Status Reporting to Stakeholders (In accordance with Section 5.2, Communications Plan)
- 4.2 Risk Matrix
- 4.3 Issues Log
- 4.4 Budget Tracking Materials
- 4.5 Implementation Team Meetings, Agendas & Minutes
- 4.6 DPH ICD-10 Website
- 4.7 Monitor Implementation of System Changes (input and output)
- 4.8 Monitor Implementation of Interface Changes
- 4.9 Monitor Implementation of ICD-10-CM Related Business Process Changes

2.2.5 Closing Phase (WBS 5.0)

The Closing Phase includes the formal acceptance of the project and the ending thereof. Deliverables associated with this phase include the following:

- 5.1 Summary Report of ICD-10-CM Training Evaluations
- 5.2 Lessons Learned
- 5.3 Project Files Archived

3. Performance Measurement Baselines

The following baselines will be used to measure project performance.

3.1 Project Scope

The information in this document forms the baseline for measuring the project scope. Changes to the project scope must be approved by the ICD-10 Implementation Project Manager's Supervisor. Approved changes may require this document to be updated.

3.2 Project Schedule

The approved ICD-10 Implementation Project schedule forms the baseline for measuring schedule performance. Revisions to the project schedule must be approved by the ICD-10 Implementation Project Manager's Supervisor. Approved changes to the project schedule may require this document to be updated.

3.3 Project Execution Milestones

Major milestones and their target dates for the ICD-10 Implementation Project are listed below.

12/31/2011	Complete DPH System Impact Assessments
12/31/2013	Complete DPH Business Impact Assessments
07/31/2013	Identify budgetary requirements for ICD-10 implementation in DPH and identify funding sources for any unfunded implementation activities
04/01/2014	Complete DPH Clinical Documentation Assessments and Clinical Documentation Improvement Strategies
07/31/2014	Complete ICD-10 training with all stakeholders
07/31/2014	Ascertain that impacted interfaces have been modified and passed User Acceptance Testing
08/29/2014	Ascertain that impacted systems have been modified and passed User Acceptance Testing
07/31/2014	Complete DPH Readiness Assessments
10/01/2014	DPH, Rural Health, CDSAs and local health departments are in compliance with the federally mandated transition from ICD-9-CM to ICD-10-CM
12/19/2014	Project close out

The following assumptions were made during the development of the ICD-10 project schedule. Any changes to these assumptions may impact the milestone dates listed above. The ICD-10 project schedule is based on the following assumptions:

- A new contract for ongoing maintenance and support of the Health Information System (HIS) will include the vendor's responsibility for compliance with Version 5010 before the effective date of January 1, 2012 and ICD-10 compliance before the effective date of 10-1-2014.

- Any DPH/DHHS and local agency systems that exchange diagnostic information (e.g., primary local health department systems that send information to and receive information from HIS – batch agencies, CSDW) will complete successful ICD-10 testing before the 10-1-2014 effective date.
- Schedule assumes a DPH ICD-10 Implementation Team, including a part-time Project Manager, will be formed to plan, review deliverables and monitor the status of project activities. See the Staffing Plan in Section 4 of this document for more information. The schedule assumes the DPH ICD-10 Implementation Team members will remain available and will dedicate the time needed to perform their assignments from now until ICD-10 is implemented.

3.4 Project Cost

The approved DPH ICD-10 Implementation Project budget forms the baseline for measuring cost performance. Project budgets may be broken down and approved by state fiscal year at the discretion of the DPH Budget Officer. Changes to the cost baseline must be approved by the Project Sponsor. Approved changes to the cost baseline may require this document to be updated.

The baseline budget for the DPH ICD-10 Implementation Project budget is \$197,718. The DPH ICD-10 Implementation Project budget extends over five State fiscal years. Budget requirements broken down by fiscal year are:

FY10-11	\$9,000 (PM staffing only)
FY11-12	\$52,456 (PM staffing, travel, training, code books)
FY12-13	\$54,698 (PM staffing, travel, training)
FY13-14	\$54,124 (PM staffing, travel, training, code books)
FY14-15	\$27,440 (PM staffing, travel, training, code books)

NOTE

These figures do not include costs for any system or interface remediation, facility costs, equipment costs or supply costs. These costs will be covered through the DPH Continuation Budget.

The following assumptions were made during the development of the DPH ICD-10 Implementation Project budget. Any changes to these assumptions may impact the estimates listed above. The DPH ICD-10 Implementation Project budget is based on the following assumptions:

- The ICD-10 Implementation Project Manager will work approximately 80-hours per month with no overtime.
- The only labor cost included in the budget are non-state employee costs (e.g., contractors, vendors). No labor costs are included for DPH State employees.
- Representatives from local agencies (e.g., local health departments and CDSAs) will participate in the DPH ICD-10 Implementation Project on a part-time basis. No labor costs are included for local representatives.
- Local agencies and DPH Sections/Branches will absorb any costs for mileage, overnight travel and subsistence incurred during the project.
- The project budget includes costs for mileage, overnight travel and subsistence for the DPH ICD-10 Implementation Project Manager and HIS Nurse Consultant only.

- The ICD-10 Implementation Project Manager will request reimbursement for travel related specifically to ICD-10-CM (e.g., NCHICA ICD-10 Task Force; implementation training such as NCHIMA ICD-10 Summit). Travel time to local agencies to perform consultative tasks will be considered as time worked.

4. Staffing Plan

The DPH ICD-10 Implementation Project officially began on April 19, 2011 at which time the Project Charter was drafted. At the time this document was developed, the only resource working on this project was the DPH ICD-10 Implementation Project Manager. Additional business resources are identified below. Technical resources from DPH, DIRM and software vendors who will be responsible for any system or interface remediation are not included as part of this Staffing Plan.

4.1 DPH ICD-10 Implementation Project Manager

The DPH ICD-10 Implementation Project Manager has project management experience on several healthcare IT projects and served as the DHHS HIPAA Office Manager, overseeing DHHS compliance with Transactions, Code Sets and Privacy. In addition, the Project Manager is a Registered Health Information Administrator (RHIA) who possesses professional experience with diagnostic and procedure coding under ICD-9-CM. The DPH ICD-10 Implementation Project Manager is an active member in the American Health Information Management Association (a lead organization for ICD-10 including coding certification). It is estimated that the DPH ICD-10 Project Manager will require a total of 3,195 hours of work effort between 4/19/2011 and 12/31/2014.

4.2 DPH ICD-10 Project Supervision

The DPH ICD-10 Project Manager will report to Joy Reed, EdD, RN, FAAN, Local Technical Assistance and Training Branch Head and Head, Public Health Nursing.

4.3 DHHS Oversight

The DHHS Privacy and Security Office will provide oversight for ICD-10 implementation activities for all DHHS agencies that must comply with the federally mandated transition from ICD-9-CM to ICD-10.

4.4 DPH ICD-10 Implementation Team

A DPH ICD-10 Implementation Team, led by the DPH ICD-10 Implementation Project Manager, will be formed to review and provide feedback on the implementation plan, review project deliverables, monitor the status of project activities, assist in the development of implementation tools (e.g., business impact assessment, top 50 diagnosis report), participate in communication activities (e.g., Webinars) for local agencies and DPH Program staff. The DPH ICD-10 Implementation Team members will need to dedicate the time needed to perform their assignments until ICD-10 is implemented. Additional subject matter experts may be utilized occasionally as the need arises.

Team members representing DPH Sections/Branches (including CDSA representatives) will be appointed by their Section Chief and/or Branch Head. Team members to represent the local health departments will be solicited through the NC Association of Local Health Directors. A staff member from the ORHCC will serve on the team.

**Organization Chart
DPH ICD-10 Implementation
Project**

As of 10/22/2012

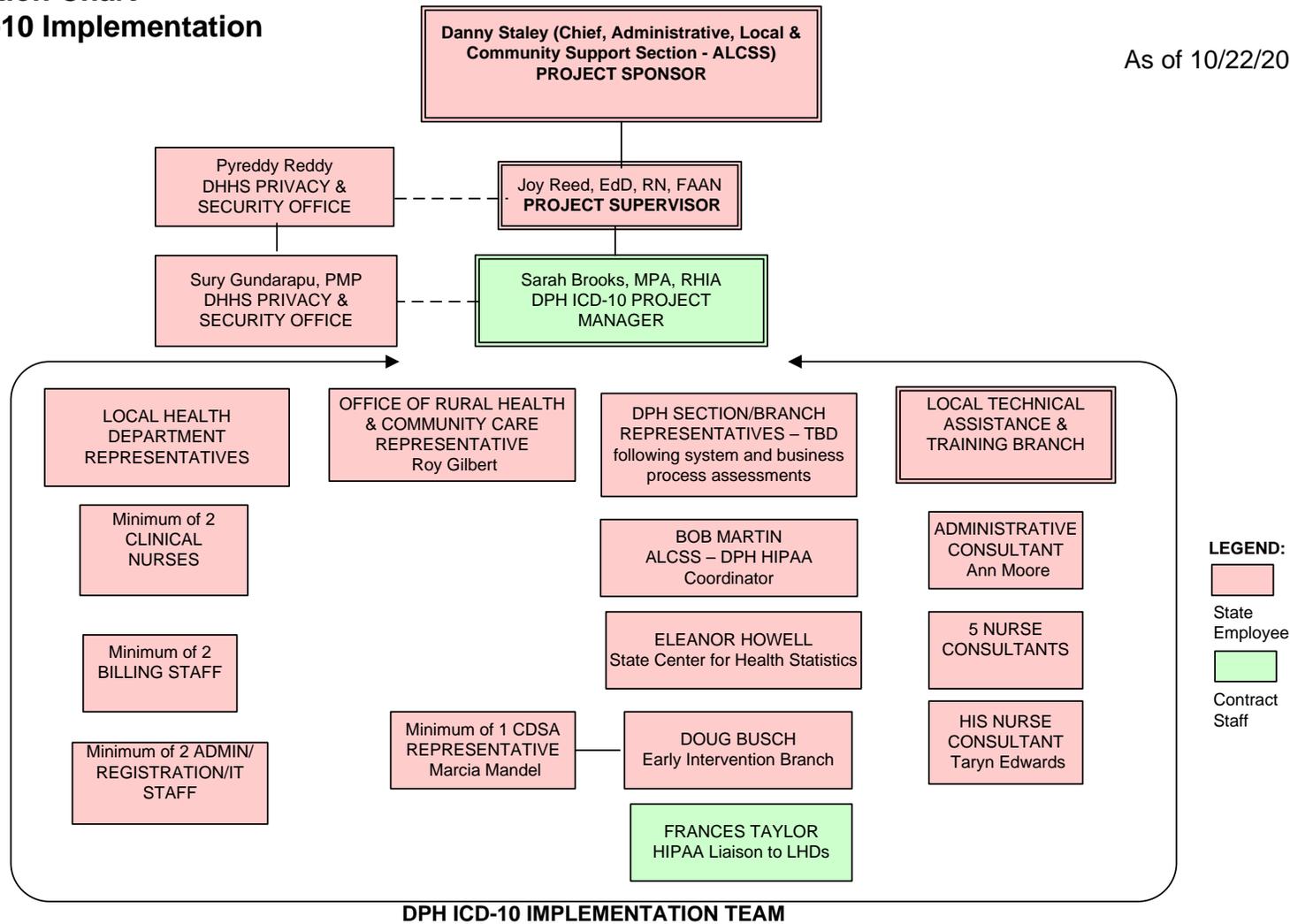


Figure 1 – DPH ICD-10 Implementation Project Organization Chart

4.4.1 Staffing Requirements

Only the primary staff required to support the DPH ICD-10 Implementation effort are listed in Table 1. Ancillary staff requirements such as management support, system remediation and testing staff, etc. are not accounted for in Table 1.

Table 1: Staff Requirements – ICD-10 Implementation Project

Staff Grouping	Role	Name	Organization	Start	End	Months	Pct.	Hours
ICD-10 Implementation Project	Supervisor, ICD-10 Implementation Project	Joy Reed	Administrative, Local & Community Support Section (ALCSS)/Local Technical Assistance & Training Branch (LTATB)	4/19/2011	12/19/2014	45	5%	390
ICD-10 Implementation Project	DPH ICD-10 Project Manager	Sarah Brooks*	Administrative, Local & Community Support Section (ALCSS)/Local Technical Assistance & Training Branch (LTATB)	4/19/2011	12/19/2014	45	95%	3,195
HIS Project Staff	HIS Training Manager and Website Manager	Kris Joyce	Administrative, Local & Community Support Section (ALCSS)/Local Technical Assistance & Training Branch (LTATB)	4/19/2011	5/31/2012	13	1%	23
DPH IT Staff	Website Manager	Tripp Dean	DPH - IT Section	5/15/2012	12/19/14	32	1%	56
ICD-10 Implementation Team	DPH HIPAA Representative	Bob Martin	DPH – IT Section	6/1/2011	12/19/2014	43	1%	75

Staff Grouping	Role	Name	Organization	Start	End	Months	Pct.	Hours
ICD-10 Implementation Team	DPH HIPAA Representative	Frances Q. Taylor*	DPH – ALCSS Section	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Eleanor Howell	State Center for Health Statistics	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Doug Busch	Early Intervention Branch	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	CDSA Representative	Marcia Mandel	CDSA	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Lillie Worsley/ Ann Moore	ALCSS/LTATB – Administrative Consultant	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Gay Welsh	ALCSS/LTATB – Nurse Consultant	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Pamela Serrell Cochran	ALCSS/LTATB – Nurse Consultant	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Lynn Conner	ALCSS/LTATB – Nurse Consultant	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Eunice Inman/ Susan Little	ALCSS/LTATB – Nurse Consultant	10/1/2011	12/19/2014	39	5%	337

Staff Grouping	Role	Name	Organization	Start	End	Months	Pct.	Hours
ICD-10 Implementation Team	DPH Representative	Ellen Shope	ALCSS/LTATB – Nurse Consultant	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative (ICD-10-CM Coding Expert)	Taryn Edwards	ALCSS/LTATB – HIS Nurse Consultant	10/1/2011	12/19/2014	39	15%	1012
ICD-10 Implementation Team	DPH Representative	Brenda Dunn	Women and Children's Health Section/Women's Health Branch	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Carol Tyson	Women and Children's Health Section/Children and Youth Branch	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Tony Ivosic	Epidemiology Section/State Lab	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Sharon Artis	Epidemiology Section/Office of Chief Medical Examiner	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	DPH Representative	Lana Deyneka	Epidemiology Section/Communicable Disease Branch	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Office of Rural Health and Community Care Representative	Roy Gilbert	Office of Rural Health and Community Care	10/1/2011	12/19/2014	39	5%	337

Staff Grouping	Role	Name	Organization	Start	End	Months	Pct.	Hours
ICD-10 Implementation Team	Local Representative – Clinical Nursing Staff	Kaye Hall	Warren County LHD	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Clinical Nursing Staff	Sylvia Gentry	Stokes Family Health Center	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Clinical Nursing Staff	Carla Morgan	Jackson County LHD	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Billing Staff	Alice Salmons Mitchell	Yadkin County LHD	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Billing Staff	Diane Keener	Macon County LHD	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Admin/Registration/IT Staff	Marcia Robinson	Durham County LHD	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Admin/Registration/IT Staff	Donna Sawyer	Albemarle Region Health Services	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Admin/Registration/IT Staff	Candy Tharrington	Franklin County LHD	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Admin/Registration/IT Staff	Missy Johnson	Franklin County LHD	10/1/2011	12/19/2014	39	5%	337

Staff Grouping	Role	Name	Organization	Start	End	Months	Pct.	Hours
ICD-10 Implementation Team	Local Representative – Admin/Registration/IT Staff	Lisa Hamilton	Mecklenburg County LHD	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Admin/Registration/IT Staff	Dorothy McNeil	Cumberland County LHD	10/1/2011	12/19/2014	39	5%	337
ICD-10 Implementation Team	Local Representative – Admin/Registration/IT Staff	Sandra D. Cox	Craven County LHD	10/1/2011	12/19/2014	39	5%	337
Totals				4/19/2011	12/19/2014	45		14,187

* indicates contract staff.

4.4.2 Roles and Responsibilities

Each project staff role and its associated responsibilities during the ICD-10 transition effort are listed in Table 2. The list of responsibilities is not intended to be all inclusive of the tasks and responsibilities that may be assigned to any of the following resources.

Table 2: Roles and Responsibilities – ICD-10 Implementation Project

Role	Name(s)/ Workgroup	Primary Responsibilities
ICD-10 Implementation Project Sponsor	Danny Staley	<ul style="list-style-type: none"> • Promote the urgency to perform ICD-10 Implementation Project tasks to DPH staff and local health department staff to ensure compliance with federal mandates • Meet as needed to review project progress and provide resolution on issues and assist in mitigating risks • Provide strategic direction, implementation strategies and deployment strategies • Facilitate requests for any funding needs that cannot be met by the DPH continuation budget
ICD-10 Implementation Project Supervisor	Joy Reed	<ul style="list-style-type: none"> • Provide project oversight • Monitor project activities, ensuring completion and acceptance of deliverables on schedule • Review and approve all project planning efforts • Signoff or designate signatories for deliverables • Supervise the DPH ICD-10 Implementation Project Manager • Communicate upwards to the ICD-10 Implementation Project Sponsor, DPH senior management, DHHS Privacy and Security Office and Local Health Directors, as needed • Ensure the proper escalation and resolution of project issues to the ICD-10 Implementation Project Sponsor and DPH senior management, as appropriate • Approve or deny any requested changes that impact performance baselines • In coordination with the DPH ICD-10 Implementation Project Manager, identify and mitigate risks as appropriate • Perform assigned activities in the ICD-10 Implementation Project Schedule
ICD-10 Implementation Project Manager	Sarah Brooks	<ul style="list-style-type: none"> • Prepare status reports and presentations for DPH management, the DHHS Privacy and Security Office, the NC Association of Local Health Directors (NCALHD) via the Technology Committee and other stakeholders upon request or as directed by the Project Supervisor. • Ensure proper stakeholder involvement and communications • Monitor project budget and expenditures

Role	Name(s)/ Workgroup	Primary Responsibilities
		<ul style="list-style-type: none"> • Chair the DPH ICD-10 Implementation Team meetings including preparing and disseminating the agenda and minutes • Provide DPH ICD-10 Implementation project management control, including maintaining the project plan and project schedules, assuring timely maintenance of these project artifacts • Prepare drafts of project management artifacts for review by the DPH ICD-10 Project Supervisor. These materials include, but are not limited to: <ul style="list-style-type: none"> ➢ Project Schedule and updates ➢ Implementation Plan ➢ Issues Log template ➢ Risk Matrix template • Maintain the HIS Project Schedule • Log, track, monitor and assign ownership of all issues and risks • Document and maintain a list of inter-project dependencies related to systems, both in and outside of the control of DPH (e.g., DIRM, CDC) and routinely monitor the status of their readiness • Maintain all ICD-10-CM Implementation Project documents • Schedule meetings and/or training sessions as needed • Process requests to be added/deleted from the ICD-10 Contacts email group • Provide budget-related reports to DPH management on demand • Maintain an accounting of DPH ICD-10 Implementation Project expenditures • Assure payment of approved invoices/adjustments • Identify issues and risks and help resolve and mitigate as appropriate • Perform assigned activities in the ICD-10 Implementation Project Schedule • Serve as an active member of the NCHICA ICD-10 Task Force representing the Division of Public Health.
DPH HIPAA Representative	Bob Martin	<ul style="list-style-type: none"> • Support the DPH ICD-10 Implementation Project Manager • Review and comment on project deliverables upon request • Provide subject-matter expertise • In coordination with the ICD-10 Implementation Project Manager, identify issues and risks and help resolve and mitigate as appropriate • Serve as a member of the DPH ICD-10 Implementation

Role	Name(s)/ Workgroup	Primary Responsibilities
		Team <ul style="list-style-type: none"> • Perform assigned activities in the ICD-10 Implementation Project Schedule
Advisors to ICD-10 Implementation Project Manager	DPH ICD-10 Implementation Team	<ul style="list-style-type: none"> • Guide the business direction of the project • Provide subject-matter expertise • Participate in ICD-10 Implementation Team meetings • Ensure proper business stakeholder involvement • Ensure project communications are delivered to agency stakeholders, including local agencies as appropriate • Review project deliverables upon request of the ICD-10 Implementation Project Manager • Participate in communications activities, creating materials and delivering presentations, as needed • In coordination with the ICD-10 Implementation Project Manager, identify issues and risks and help resolve and mitigate as appropriate • Perform assigned activities in the ICD-10 Implementation Project Schedule • Communicate upwards to local agency management
Webmaster for ICD-10 Implementation Project	Kris Joyce / Tripp Dean	<ul style="list-style-type: none"> • Manage the DPH ICD-10 Web site • Obtain approval from the ICD-10 Implementation Project Manager prior to loading ICD-10 documents on the Project Web site

5. Project Management Plans

This section describes how different elements of the project will be managed.

5.1 Project Management Approach

Project management is the discipline of planning, organizing, securing and managing resources to bring about successful completion of the project’s goals and objectives. For the DPH ICD-10 Implementation Project, a phased approach will be utilized that includes the following phases:

- Initiation
- Planning and Design
- Execution
- Monitoring and Control
- Closure

Refer to the Section 2.2, Work Breakdown Structure, for details related to these phases.

5.2 Communications Plan

This is the Communications Plan to be used during the life of the ICD-10-CM Implementation project. The purpose of this plan is to document the information and communications needs of the project stakeholders. Stakeholders for the ICD-10 transition effort are identified in Table 3. The ICD-10 Implementation Project Manager is responsible for meeting the identified needs. Table 4 defines what information will be provided to meet the information needs of these stakeholders.

Table 3: Stakeholders

Name	Title/Organization	Information Needs
Dr. Jeffrey Engel / Dr. Laura Gerald	Director, DHHS Division of Public Health	<ul style="list-style-type: none"> • Project status and performance reports • Escalated issues and risks
Danny Staley	Executive Project Sponsor	<ul style="list-style-type: none"> • Project status and performance reports • Project Budget • Project Schedule • Escalated issues and risks
Joy Reed	Project Supervisor	<ul style="list-style-type: none"> • Project status and performance reports • Project Budget • Project Schedule • Escalated issues and risks • Request for Changes to Implementation Plan

Name	Title/Organization	Information Needs
		<ul style="list-style-type: none"> Project deliverables
Sarah Brooks	Project Manager	<ul style="list-style-type: none"> Project status and performance reports from DPH Programs, CDSAs and LHDs including reporting of problems at Go Live Project Budget Requirements Project Schedule Requirements Issues and Risks Project status report requirements
Pyreddy Reddy	Manager, DHHS Privacy and Security Office	<ul style="list-style-type: none"> Project status and performance, upon request
Sury Gundarapu	DHHS Privacy and Security Office	<ul style="list-style-type: none"> Project status and performance, upon request
<i>Members</i>	ICD-10 Implementation Team	<ul style="list-style-type: none"> Resource requirements Project status and performance reports Project Schedule Issues and Risks Project Deliverables
<i>Members</i>	NCALHD Technology Committee	<ul style="list-style-type: none"> Project status and performance reports Project Schedule Escalated issues and risks
<i>Staff</i>	Local Agencies (LHDs, CDSAs, Rural Health Clinics)	<ul style="list-style-type: none"> Resource requirements (i.e., to help with project activities) Project Schedule Project status and performance reports Expectations for local agency responsibilities
<i>Staff</i>	DPH Sections/Branches	<ul style="list-style-type: none"> Resource requirements (i.e., to help with project activities) Project Schedule Project status and performance reports Expectations for Section/Branch responsibilities
Kris Joyce / Tripp Dean	Webmaster for ICD-10 Project Website	<ul style="list-style-type: none"> Information to be posted to ICD-10 Project website Training Equipment Needs

Table 4, HIS Communications, lists the what, when, how, and whom regarding project communications:

- What type of information/communication each stakeholder needs (such as status reports, documentation, etc.) – the “what”.
- The frequency as to when each stakeholder needs the information/communication – the “when”.

- The medium by which information/communication is to be distributed to the stakeholders – the “how”.
- Names of the stakeholders that will receive each communication - the “who”.

Table 4: Planned Communications

What	When	How	Who
Project Charter	<ul style="list-style-type: none"> Once approved When updated 	<ul style="list-style-type: none"> Post to Website 	<ul style="list-style-type: none"> All Stakeholders
ICD-10 Awareness Presentation (Handouts and recorded Webcast)	<ul style="list-style-type: none"> Once Completed 	<ul style="list-style-type: none"> In person or via Webinar Post to Website 	<ul style="list-style-type: none"> All Stakeholders
Project Plan	<ul style="list-style-type: none"> Once approved When updated 	<ul style="list-style-type: none"> Email documents 	<ul style="list-style-type: none"> Joy Reed ICD-10 Implementation Team
ICD-10 Implementation Team Meetings, Minutes and Presentations	<ul style="list-style-type: none"> As Needed 	<ul style="list-style-type: none"> In person or via Webinar Email documents Post to Website 	<ul style="list-style-type: none"> ICD-10 Implementation Team members Joy Reed
Project Budget	<ul style="list-style-type: none"> Once approved When updated 	<ul style="list-style-type: none"> In person 	<ul style="list-style-type: none"> Danny Staley Joy Reed
Project Schedule	<ul style="list-style-type: none"> Once approved When updated 	<ul style="list-style-type: none"> Presentation 	<ul style="list-style-type: none"> Project Sponsor Joy Reed ICD-10 Implementation Team NCALHD Technology Committee
Project Status and Performance Reports	<ul style="list-style-type: none"> As Needed 	<ul style="list-style-type: none"> Email Presentation Post to Website 	<ul style="list-style-type: none"> All Stakeholders Pyreddy Reddy and/or Sury Gundarapu (upon request)
Implementation Plan	<ul style="list-style-type: none"> Once Approved 	<ul style="list-style-type: none"> Post to Website 	<ul style="list-style-type: none"> All Stakeholders
Results of Client Record Documentation Assessment	<ul style="list-style-type: none"> Once Approved 	<ul style="list-style-type: none"> Presentation 	<ul style="list-style-type: none"> Joy Reed NCALHD Technology Committee LHD, Rural Health and CDSA clinical staff
Results of DPH System Impact Assessment	<ul style="list-style-type: none"> Once Completed 	<ul style="list-style-type: none"> Email 	<ul style="list-style-type: none"> Joy Reed Bob Martin

What	When	How	Who
			<ul style="list-style-type: none"> • DPH Section Chiefs and appropriate Branch Heads
Results of DPH Business Impact Assessment	<ul style="list-style-type: none"> • Once Completed 	<ul style="list-style-type: none"> • Email 	<ul style="list-style-type: none"> • Joy Reed • Bob Martin • DPH Section Chiefs and appropriate Branch Heads
ICD-10 Best Practices	<ul style="list-style-type: none"> • Once Completed 	<ul style="list-style-type: none"> • In person or via Webinar • Post to Website 	<ul style="list-style-type: none"> • All Stakeholders
ICD-10 Training Plan	<ul style="list-style-type: none"> • Once Approved 	<ul style="list-style-type: none"> • Presentation • Post to Website 	<ul style="list-style-type: none"> • Project Sponsor • Joy Reed • ICD-10 Implementation Team • NCALHD Technology Committee • LHDs and CDSAs
ICD-10 Training Materials	<ul style="list-style-type: none"> • Once Approved 	<ul style="list-style-type: none"> • In person or via Webinar • Post to Website 	<ul style="list-style-type: none"> • All Stakeholders
Results of Readiness Assessments	<ul style="list-style-type: none"> • Once Completed 	<ul style="list-style-type: none"> • Presentation 	<ul style="list-style-type: none"> • Project Sponsor • Joy Reed • ICD-10 Implementation Team • NCALHD Technology Committee • Pyreddy Reddy and/or Sury Gundarapu (upon request)
Risk Matrix	<ul style="list-style-type: none"> • Once Approved • When Updated 	<ul style="list-style-type: none"> • Presentation • Email 	<ul style="list-style-type: none"> • Project Sponsor • Joy Reed • ICD-10 Implementation Team • NCALHD Technology Committee • Pyreddy Reddy and/or Sury Gundarapu (upon request)

What	When	How	Who
Issues Log	<ul style="list-style-type: none"> • Once Approved • When Updated 	<ul style="list-style-type: none"> • Presentation • Email 	<ul style="list-style-type: none"> • Project Sponsor • Joy Reed • ICD-10 Implementation Team • NCALHD Technology Committee • Pyreddy Reddy and/or Sury Gundarapu (upon request)
Summary Report of ICD-10 Training Evaluations	<ul style="list-style-type: none"> • Once Training Completed 	<ul style="list-style-type: none"> • Email 	<ul style="list-style-type: none"> • Joy Reed • ICD-10 Implementation Team
Lessons Learned	<ul style="list-style-type: none"> • Project Conclusion 	<ul style="list-style-type: none"> • Email 	<ul style="list-style-type: none"> • Joy Reed • ICD-10 Implementation Team

The ICD-10 Implementation Project Manager is responsible for updating and refining the communications plan as the project progresses. Any stakeholder determining that this document needs updating should contact the person listed in the Contact Information section on page 3 of this document. Any stakeholder needing information between scheduled communications should request this information from the ICD-10 Implementation Project Manager.

5.3 Change Management

Changes can occur during any point in a project and can have a significant impact on the scope, schedule, budget, risk and/or quality of deliverables. Changes to the ICD-10 Implementation Project can be classified into several types. A change that meets any one of the criteria listed below must be approved by the ICD-10 Implementation Project Supervisor.

Scope	Any addition to or removal from the baseline set of deliverables agreed to in the Work Breakdown Structure.
Schedule	Any modification that affects the federally mandated compliance date for ICD-10.
Cost	Any modification that affects the planned project budget by more than \$1,000.

No work effort shall be expended toward a requested change until after the ICD-10 Implementation Project Supervisor has approved the change.

5.4 Configuration Management

All documents that are formal project deliverables will be placed under configuration management control and will contain a Change History section that includes the version number, version date and description of the changes included in each version.

5.5 Issues Management

An issue is a point of controversy, debate, uncertainty, or concern for which an answer or decision is needed; it must be resolved to continue project work (or a component thereof) and/or avoid adversely impacting scope, schedule, cost, or quality. An issue can also be a matter that is in dispute between two groups. Once the question associated with an issue is answered, action can be taken. Issues are identified and tracked to resolution.

5.5.1 Procedures for Managing Issues

The issue management process methodology involves four basic steps:

- 1) **Identify the issues** – Understand the issue that is adversely affecting the project.
- 2) **Record the issues** – Record the issue in the Issues Log (see below) and assign an owner.
- 3) **Evaluate the issues** – Analyze the issue and determine resolution approach to be applied, determine need for an action item or decision, update status of issue, implement issue resolution action or escalate an unresolved issue.
- 4) **Monitor Issues** – Throughout the project, continue to monitor and update the Issues Log.

Any stakeholder may identify an issue but the Project Manager is responsible for ensuring that the issue is recorded and tracked to resolution.

5.5.2 Issues Log

An Issues Log will be used by this project to track issues including the description, responsibility for issue resolution and issue reported, and actual completion dates. A sample of the Issues Log format is depicted in Figure 2.

HIS Issue Log								
#	Issue	Priority	Assigned To	Date Opened	Date Closed	Status	Last Status Date	Resolution / Comments
1								
2								
3								

Figure 2 – Issues Log Format

The following is an explanation of each column in the Issues Log.

- 1) **#** - sequential number used to uniquely identify an issue.
- 2) **Issue** – definition of the identified issue.
- 3) **Priority** – a priority level of High, Medium or Low assigned to the issue.
- 4) **Assigned to** – the name of the person working to resolve the issue.
- 5) **Date Opened** – the date the issue was identified.
- 6) **Date Closed** – the date that the issue was resolved and closed.
- 7) **Status** – “open” for new and outstanding issues, “closed” for closed issues, and “on hold” for issues that are deferred.
- 8) **Last Status Date** – date that the issue was updated.
- 9) **Resolution / Comments** – explanation of the history of the issue and ongoing updates of the issue resolution efforts.

In an effort to effectively manage project issues, issues will be identified, tracked, and resolved throughout the project. The Issues Log will be updated and presented for discussion during ICD-10 Implementation Team meetings and during meetings between the Project Manager and Project Supervisor.

5.6 Risk Management

Project risks must be periodically assessed throughout the project. Risk is defined as a threat to the project. Risks and constraints are often involuntarily assumed during a project. The main objectives of performing a risk assessment are to 1) Focus attention on minimizing threats in order to achieve the project objectives by performing a high-level assessment of project risks with all project stakeholders, and 2) Provide a systematic approach for detailed risk analysis and appraisal by identifying and assessing risks, determining effective risk reduction actions, and monitoring and reporting progress in reducing risks.

The overall goal of risk management is to progressively reduce the project’s exposure to events that threaten the timely delivery of project objectives by:

- Incorporating approaches into the project plan that minimize, mitigate, or avoid identified and potential risks,
- Developing proactive, contingency plans or risk response plans, and
- Ensuring timely risk responses based on the concise identification of risk occurrence and risk opportunity.

5.6.1 Procedures for Managing Risks

Risk management requires the project stakeholders to identify and articulate the potential risks and their possible impacts to the project. Once the risks are identified, appropriate stakeholders can be actively involved in assisting with risk management, thereby reducing the impact of the risks or otherwise mitigating the risk.

The risk management process methodology involves five basic steps:

- 1) **Identify the risks** - Understand the typical problems that might adversely affect the project.
- 2) **Record the risks** – Record the risks in the Risk Matrix (see below) and assign an owner to each risk.
- 3) **Assess the risks** - Rank the risks in order of importance based on probability of occurrence, impact of occurrence, and degree of risk certainty.
- 4) **Plan the risk response** – Analyze risk assessment alternatives and modify the project plan to adjust for the risks.
- 5) **Monitor the risks** – Throughout the project, continue to revisit the risk profile, re-evaluate major risks, and update the risk profile with action taken.

Any stakeholder may identify a risk but the Project Manager is responsible for ensuring that the risk is recorded and mitigated if possible.

5.6.2 Risk Matrix

A Risk Matrix will be used by this project to track current risks including category of risk, level of impact, importance, ways of identifying and handling the risk, time frame for risk reduction, and responsibility for management of the risk. A sample of the Risk Matrix format to be used is depicted in Figure 3 (rightmost columns have been truncated to fit this page).

Risk Matrix for the Health Information System									
Risk #	Risk Category	Description of Risk	Likelihood*	Severity*	Level of Control*	Significance**	Approach To Risk/Mitigation	Assigned To	Due Date
						0			
						0			
						0			
						0			
						0			

Figure 3 – Risk Matrix Format

The following is an explanation of each column in the Risk Matrix.

- 1) **Risk #** - Sequential number used to uniquely identify a risk.
- 2) **Risk Category** – Type of risk, based on the following categories:

Category	Definition
Financial	Almost everything results in cost. Limit these entries to estimating errors, budget effecting overruns.
Resource	Use and availability of people and skills.
Schedule	Anything that directly affects the Project Schedule (e.g. estimating/scheduling errors, resource availability problems, and overruns).
Technical	Anything that is directly related to the technology chosen to provide a solution (e.g. requirements complexity and/or changes, immature technology, integration problems).
Management	Project management skills or organizational management focus and commitment.
Communication	The inabilities to understand user requirements and avoid project surprises are key project success measures.
Operational	Implementation problems due to conflicts, poor training, physical resource unavailability.
Political	Effect on the citizens and citizen services.
Organizational	Events outside the project such as marketplace developments, regulatory changes and strategy changes.

- 3) **Description of Risk** – definition of the identified risk.
- 4) **Likelihood** – rating from 1 to 5 of the possibility of this risk impacting the project where 1 is the least likely and 5 the most likely.
- 5) **Severity** – rating from 1 to 5 of the severity of the impact to the project should the risk occur. 1 is the least impact and 5 the highest impact.
- 6) **Level of Control** – rating from 1 to 5 of the relative control the Project Team has over controlling and/or avoiding the risk where 1 is a high level of control and 5 is the lowest.
- 7) **Significance** – total of the Likelihood, Severity and Level of Control ratings which give the risk a significance factor to determine the risks in most need of attention and to compare each risk to other project risks.
- 8) **Approach to Risk Mitigation** – definition of action items planned to help manage or eliminate the risk.
- 9) **Assigned to** – person assigned to mitigate the risk.
- 10) **Due Date** – date that the risk mitigation is planned to be completed.
- 11) **Date Closed** – date that the risk mitigation is actually completed.
- 12) **Risk Mitigation/Resolution** – explanation and ongoing comments about the risk mitigation or resolution.

In an effort to effectively manage project risks, risks will be identified, tracked, and mitigated throughout the project. The Risk Matrix will be updated and presented for discussion during ICD-10 Implementation Team meetings and during meetings between the Project Manager and Project Supervisor.

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APPENDIX A. Abbreviations, Acronyms, and Definitions

Abbreviation / Acronym	Definition
AHIMA	American Health Information Management Association
ALCSS	Administrative, Local & Community Support Section
ASC	Accredited Standards Committee
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDSAs	Children's Developmental Service Agencies
CMS	Centers for Medicare and Medicaid Services
CSDW	DHHS Client Services Data Warehouse
DHHS	Department of Health and Human Services
DIRM	Division of Information Resource Management
DPH	Division of Public Health
FY	Fiscal Year
HIS	Health Information System
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, Tenth Revision, Procedure Coding System
IT	Information Technology
LHD	Local Health Department
LTATB	Local Technical Assistance & Training Branch
NCALHD	NC Association of Local Health Directors
NCHICA	NC Healthcare Information & Communications Alliance
NCPDP	National Council for Prescription Drug Programs
NC	North Carolina
ORHCC	Office of Rural Health and Community Care
PM	Project Management
POMCS	Purchase of Medical Care System
TBD	To be determined
WBS	Work Breakdown Structure

End of Document