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| **Section A: *Completed by the Business Owner/Requester*** | |
| **Business Area requesting project** | **JDH**  **UMG**  **Administrative**  **Research**  **SOM**  **SODM** |
| **Requester/date/contact info** | Name: Date: email: |
| **Business Owner** |  |
| **Executive Sponsor** |  |
| **What type of project is this?** | **Revenue**  **Regulatory**  **Patient Safety**  **Enhancement**  **Other** |
| **Support Areas Involved in the project request** | **Radiology Informatics**  **Pharmacy IT**  **Research IT** |
| **Name of Proposed Project** |  |
| **Describe business objectives. Include revenue details if applicable.** |  |
| **What positive impact will this project have on the institution?** |  |
| **What is impact to the organization should this project not proceed?** |  |
| **What are the success metrics? How will you know the project was successful?** |  |
| **What specialty/ departments will be impacted?** |  |
| **Has this been approved by the Clinical Service Committee?** |  |
| **Do you have operational workflow defined?** |  |
| **Does this project require new CPT Codes? If yes list new codes and attach any documentation from Revenue Integrity** |  |
| **Describe ROI –document payback period** |  |
| **Systems Impacted, including 3rd party** |  |
| **Hardware/Equipment involved-*include vendor server specifications if applicable*** |  |
| **Vendors involved** |  |
| **Interfaces Needed** |  |
| **Capital funding required? –Has the request been approved yet?** |  |
| **RFP Needed?** |  |
| **Contracting Required?** |  |
| **What is the expected timeline for this project?** |  |

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| **Prioritization Category** | **Impact Score (0-3)** | | | **Guide Statements** | | | **Wt.** | **Score (0-3)** | **Total Points** |
| 1. Safety Benefit  (If not a clinical project, consider outcomes which support organizational quality and safety objectives) | 3 = High impact | | | Immediate HIGH RISK patient safety issue with NO WORKAROUND | | | 15 | ? | Weight x score |
| 2 = Medium impact | | | Immediate HIGH RISK patient safety issue with AVAILABLE WORKAROUND | | |
| 1 = Low impact | | | Potential LOW RISK patient safety issue with NO WORKAROUND | | |
| 0 = NO impact | | |  | | |
| 2. Impact on Customer  (Provider/Staff/Student/  Patient & Families Experience or Satisfaction) | 3 = High impact | | | Direct impact on customer satisfaction, customer will see direct and immediate improvement | | | 5 | ? | Weight x score |
| 2 = Medium impact | | | Indirect impact on customer; customer will see some benefit indirectly. | | |
| 1 = Low impact | | | Customer will see some benefit, but not highly noticeable. | | |
| 0 = NO impact | | |  | | |
| 3. Financial Benefit  (Factoring in project cost and ROI-requester to document ROI and payback period on project intake form) | 3 = High impact | | | More than $1M | | | 25 | ? | Weight x score |
| 2 = Medium impact | | | Between $500K-$1M | | |
| 1 = Low impact | | | Between $5K-$500K | | |
| 0 = NO impact | | |  | | |
| 4. Adherence to Regulatory Requirements | 3 = High impact | | | Clear regulatory mandate with no exceptions | | | 30 | ? | Weight x score |
| 2 = Medium impact | | | Policy Standard | | |
| 1 = Low impact | | | Standard of Care | | |
| 0 = NO impact | | |  | | |
| 5. Alignment with UCH Strategic Mission | 3 = High impact | | | Directly advances UCH strategic objective in research, education, or clinical care | | | 25 | ? | Weight x score |
| 2 = Medium impact | | | Indirectly advances UCH strategic objective in research, education, or clinical care | | |
| 1 = Low impact | | | Somewhat advances UCH strategic objective in research, education, or clinical care | | |
| 0 = NO impact | | | Does not support any strategic/mission goal | | |
| **TOTAL Score** |  |  |  |  |  |  |  |  | Total (sum) |

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| **Section B: *This section will be completed by IT Scoping Team*** | | | | | | | | | | | | | | | | |
| **Required IT Team ROM labor estimates using the scale below:**  **5 - High: 100+ hrs**  **2 - Medium: 50-99 hrs**  **1 - Low: 1-49 hrs**  **Weight: High 5x 50**  **Med 2 x 30**  **Low 1 x 10** | **Team** | | | **Build Est.** | | | **Team** | | | **Build Est.** | | | **Team** | | | **Build Est.** |
| ASAP | | |  | | | Outpatient Ambulatory | | |  | | | Beacon | | |  |
| Beaker | | |  | | | Bridges/Integration | | |  | | | Cadence/Welcome | | |  |
| Cogito/Reporting | | |  | | | Grand Central/Prelude | | |  | | | HIM | | |  |
| HB/Claims | | |  | | | IP ClinDoc/Stork | | |  | | | IP Orders | | |  |
| OpTime/Anesthesia | | |  | | | PB/Claims | | |  | | | PWD (Printing) | | |  |
| QA/Testing | | |  | | | Radiant | | |  | | | Security (Epic) | | |  |
| Training | | |  | | | Willow | | |  | | | Healthy Planet | | |  |
| MyChart/Bedside | | |  | | | Research | | |  | | |  | | |  |
| **Non-Epic IT Team Requirements**  (Include estimates for all teams that apply) |  | **PMO** |  | | **Server** | | |  | **Network** | |  | | **Desktop** |  | **Citrix** | |
|  | **Security** |  | | **Legacy Reporting** | | |  | **Informatics** | |  | | **AppDev** |  | **Admin Systems** | |
|  | **Clinical Systems-Non-Epic (incl axiUm)** |  | | **MS SQL DBA** | | |  | **Oracle DBA (Banner)** | |  | |  |  |  | |
| **Weighted Effort Score Total:** |  | | | | | **Total Estimate Time (hrs)** | | | | | |  | | | | |
| **Notes from scoping meeting** |  | | | | | | | | | | | | | | | |
| **Section C: *This section will be completed after the project has been dispositioned by the Steering Committee*** | | | | | | | | | | | | | | | | |
| **Final Disposition (Priority, Just Do It, Parking Lot)** |  | | | | | | | | | | | | | | | |
| **Project Number** |  | | | | | | **Start Date** | | | | | |  | | | |
| **PMO Project Manager Assigned** | **Name:** | | | | | | | | | | | | | | | |
| **PL assigned (if applicable)** | **Name:** | | | | | | | | | | | | | | | |
| **Epic Analyst Team Ownership** | **Team:** | | | | | | | | | | | | | | | |