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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:** |