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**Attachments**

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# Attachment A: Status Report Template

The template below will be used for the following:

* Weekly status reporting: Workgroup Leader to Project Manager
* Bi-Monthly status reporting: Project Manager to Project Director
* Monthly status reporting: Project Director to Project Officer

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Summary:**  Transform guideline knowledge into a computable format, to implement it as decision support within our ambulatory systems at Yale and Nemours, and to evaluate its effects on health and health care. | | | | ***Status Report for the time period:***  *Date* | | | | | |
| **Project Objective and Goals:** development, implementation and evaluation of demonstration sub-projects that advance understanding of how best to incorporate clinical decision support (CDS) into the delivery of healthcare:  Goal 1: Translation of Decision Support Guidelines Into Systems That Improve The Delivery of Healthcare  Goal 2: Identification of Methods and Processes For Incorporating CDS Tools Into EMRs  Goal 3: Optimization Of CDS Tools For Measuring and Improving Quality of Care  Goal 4: Demonstrate and Evaluate Methods Of Using CDS Elements Across Multiple Clinical Sites  Goal 5: Evaluation and Dissemination Of Project Findings and Results | | | | | | | | | |
| ***#*** | ***Status Item*** | | | | | | | ***Y*** | ***N*** |
| 1 | ***Quality: Are there any significant challenges or barriers to the project, which will prevent the project from delivering the anticipated objectives and goals the Project Plan?*** | | | | | | |  | **X** |
| 2 | ***Pace: Are there any significant challenges or barriers to the project, which will prevent the project from delivering to the agreed timetable in the Project Plan?*** | | | | | | |  | **X** |
| 3 | ***Cost: Are there any significant challenges or barriers to the project, which will prevent the project from delivering the agreed project cost in the project budget?*** | | | | | | |  | **X** |
| 4 | ***Issues: Are there any other significant issues, which cannot be resolved by the project team that must be escalated for resolution?*** | | | | | | |  | **X** |
| 5 | ***Other Project Impact: Are there any issues or concerns associated with the project, which could adversely impact the progress of other projects?*** | | | | | | |  | **X** |
| Narrative Follow-Up for any item marked “yes” above | | | | | | | | | |
| ***Active Project Milestones*** | | ***Planned***  ***Start/End*** | ***Actual***  ***Start/End*** | | ***Quality*** | ***Pace*** | ***Cost*** | | |
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| ***Accomplishments*** | | | | | | | | | |
| ***Plans for Next Period*** | | | | | | | | | |

# Attachment B – Issue Log Template

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ISSUE LOG** | | | | | | | | | **ESCALATION** | |
| # |  | Impact | Originator | Date | Date | Date | Owner |  | Required? | Date |
| Issue Description | H/M/L | Opened | Due | Closed | Date/Status/Resolution |  |  |
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# Attachment C – Risk Log Template

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| --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** | | | |  |  | |
| **R#** | **Status\*** | **Date Identified** | **Risk** | **Potential Impact** | **Likelihood  (H,M,L)** | | **Severity  (H,M,L)** | **Mitigation Strategy** | **Date Escalated to Executive Sponsor** |
| R1 |  |  |  |  |  | |  |  |  |
| R2 |  |  |  |  |  | |  |  |  |
| R3 |  |  |  |  |  | |  |  |  |
| R4 |  |  |  |  |  | |  |  |  |
| R5 |  |  |  |  |  | |  |  |  |
|  |  |  |  | |
| **Status** |  |  |  | |
| Active - still being actively tracked as it remains a risk to the project | | | | | |
| Avoided - risk has been avoided and no longer is a risk to the project | | | | | |

# Attachment D – Change Request Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** | | | |  | | | | |
| **Change Requestor:** | | | |  | | | | |
| **Change Request#:** | | | |  | | | | |
| **Date Change Request Submitted:** | | | |  | | | | |
| **Date Change Request Reply Due:** | | | |  | | | | |
| ***Change Description***  Describe the change proposed for the project. | | | | | | | | |
|  | | | | | | | | |
| ***Change Justification***  Describe the reason for the change and/or benefit for implementing the change. | | | | | | | | |
|  | | | | | | | | |
| ***Effect on Deliverables, Schedule, and Project Cost***  Document how the change proposed would impact the project. | | | | | | | | |
|  | | | | | | | | |
| **No.** | **Timeline Impact** | | | | | **Revised Start/End Date** | **Net Change, Effort Increase or (Decrease)** | |
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| **No.** | **Cost Impact** | | | | | **Revised Cost** | **Net Change, Effort Increase or (Decrease)** | |
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# Attachment E – Modified Spreadsheets – Osheroff and Colleagues

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## Stakeholders, Goals and Objectives

| **Stakeholder(s)** | **Role in CDS Program** | **High Level Goals** | **Clinical Objectives** |
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## Objectives and Performance

**Clinical Goal: Asthma Program**

| **Clinical Objective** | **Desired**  **Action** | **Baseline Performance** | **Desired**  **Outcomes** | **Notes** |
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## Selecting Interventions and Workflow Opportunities to Address Clinical Objectives

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinical Objective** | **Objective Class** | **Desired Action** | **Workflow Step** | **Specific CDS Intervention (Application)** | **Intervention Name** |
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## Intervention Specification Form

### Specification Form for Validation

**Intervention Name**:

1. **Clinical objective**:
2. **Desired action**:
3. **Baseline performance**:
4. **Desired outcome**:
5. **Associated interventions focused on objective**:
6. **Workflow step**:
7. **Specific CDS Intervention and pertinent CIS application(s):**
8. **Approach**:
9. **Clinical background**:
10. **Selection criteria**:
11. **Exclusion criteria**:
12. **Target population for intervention:**
13. **User interface**:
14. **Monitoring**:
15. **Evaluation**:
16. **Primary stakeholders**:
17. **Clinical champion for this project**:
18. **Urgency / required delivery time**:
19. **Whose jobs do you expect to be affected by this project?**
20. **What are possible adverse consequences of implementing this project?**

### Specification Form for Developers

|  |  |
| --- | --- |
| Description: |  |
| CIS application affected |  |
| Intervention type |  |
| Workflow step |  |
| Specifically triggered by |  |
| Presentation type |  |
| What (information presented) |  |
| Alerting |  |
| Who (user) |  |
| Action items |  |
| Feedback channels and plan |  |

## Specification Validation and Approval Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinical Objective** | **Intervention Name** | **Reviewer (Role)** | **Date Presented** | **Comments** | **Date**  **Approved** |
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## Pre-launch Testing

| **Intervention Type** | **Intervention Name** | **Test Scenario** | **Date/**  **Tester** | **Results** | **Notes** |
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## Intervention Launch Plan

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| --- | --- | --- | --- | --- | --- |
| **Clinical Information System** | **Intervention Name** | **Communication/ Training Plan (Pre-implementation)** | **Feedback Plan (Post-implementation)** | **Intervention Maintenance Plan** | **Notes** |
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## Implementation Status

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| --- | --- | --- | --- | --- | --- | --- |
| **Information System** | **Intervention Name** | **Testing Started** | **Testing Complete** | **Planned Launch Date** | **Actual Launch Date** | **Locations/**  **Users** |
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## Feedback Issues and Resolution

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| --- | --- | --- | --- | --- | --- | --- |
| **Information System** | **Intervention Name** | **Feedback Date and User** | **Feedback** | **Plan/**  **Resolution** | **Target Date/Actual Date** | **Priority** |
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## Use and Usability Issues Log

| **Intervention Name** | **Usage and Usability Issues (Source/Channel)** | **Date Noted** | **Remediation Plan (Responsible Party, Date Resolved)** | **Priority** |
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## Performance against Objectives

| **Clinical Objective** | **Desired Action** | **Intervention Name** | **Baseline Performance** | **Desired Improvement** | **Actual Performance Improvement** | **Other Effects** |
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## CDS Program Enhancement Plans

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| --- | --- | --- | --- | --- | --- |
| **High-Level Clinical Goal** | **Clinical Objective** | **Intervention Name** | **Effectiveness Summary** | **Issues and Usability Summary** | **Enhancement Plans** |
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