

Size	Example Items	Design Build Validate Implement (DBVI) (includes vetting, emails discussions, involve all stakeholders, etc.)	Turn around expectation	Cross-App / Cross Service Line Coordination & Impact	Project Mgmt Support	Governance Required	Communication Expectation	Change Trauma & Workflow Changes	Training Operations & Instructional Designer Requirements
Sand	<ul style="list-style-type: none"> Supply/Charge updates print rules Device updates Order Set Maintenance Pharmacy formulary changes Provider contact updates 	< 20 hours for build, testing, move, and implementation	2-4 week; <ul style="list-style-type: none"> [build completed within 1 month after analyst is assigned] 	<ul style="list-style-type: none"> Single application build (May consult with other apps) No workflow changes needed 	None	Triage Team & Application Support Approvals are driving the process	Minimal / Small	Minimal- Typically intuitive to users after brief exploration	<ul style="list-style-type: none"> FYI- notice only
GRAY ZONE to account for hours gaps									
Pebble	<ul style="list-style-type: none"> Multiple Nursing Assessment impacted Order Set Clean-Up Physician Documentation Changes 	40-60 hours	<u>RELEASE CYCLE</u>	<u>1-3 application</u> teams required for build	Small PM Needed	Yes	Medium	Medium-Change Notice Required. Impacts a few user roles or specialties.	Tip sheets / training. Different modalities;
GRAY ZONE to account for hours gaps									
Rock	<ul style="list-style-type: none"> ED Optimization Physical Assessment Optimization CAUTI project Immunization module PDoc Quality tab PDoc DC to SNF & Interfacility transfer 	>100	<u>RELEASE CYCLE</u> (possibly over multiple release cycles)	Multiple applications / Disciplines	Large PM Needed	Yes	High	High- Change Notice Required; impacts multiple roles/ disciplines	Extensive training

Benefits Assessment

CATEGORY	Impact	DESCRIPTION	Weights
Patient Safety P	3	Response to a real safety event	30
	2	Patient safety initiative and formal work in response to a specific documented near-miss	
	1	Make it better & improves existing systems and workflows to reduce likelihood of potential adverse event	
	0	Not pt. safety focused	
Clinical Quality Q	3	Aligns with a specific Clinical Program Services Strategic Priority	20
	2	Decrease practice variation, promote evidence-based practices, improves communication, improves care coordination, promotes appropriate utilization of resources	
	1	Nice to have	
	0	No clinical quality impact	
Compliance/Regulatory R	3	Response to a specific citation, site visit or survey finding	15
	2	Ongoing incentive programs, essential for incentive program ; something's we are at risk for - MU, ECQM, CMS	
	1	Improves compliance with system-approved interpretations of standards, policies and regulations	
	0	No compliance impact	
Revenue/Finance \$	3	Substantially impacts revenue or expenses	15
	2	Favorably impacts revenue or expenses	
	1	Minimal impact to revenue or expenses	
	0	No(or negative) benefit impact	
Total Impact T	3	System-wide, large pt. population	10
	2	System-wide, smaller pt. population	
	1	Single ministry/single region	
	0	No significant impact	
Usability & Adoption U	3	Significant improvement to workflows.	10
	2	Moderate improvement to workflows.	
	1	Minimal improvement to workflows	
	0	No users directly impacted or negative impact for very few	
Override factor	High	Executive Fiat or Strategic Priority	=2*Total
	Low	Not applicable	=Total
Overall Score			Total+Override Score

Cost Assessment

CATEGORY	Impact Scores	DESCRIPTION	WEIGHT %
Discovery	3	Requires multiple meetings and modalities of key stakeholders input, anticipate a multi-cycle/phased project	20
	2	Requires multiple meetings and modalities of key stakeholders input, fits within a singular release cycle	
	1	Requires ERT cross communication, existing usergroup, asynchronis communication, fits within a singular release cy	
	0	No further discovery needed	
Design	3	Cross modular/Multiple applications build, Non-Standard, Heavy Innovation, Multi Day design sprint	20
	2	Structured design sprint/brainstorming, multiple applications and multiple workflows, leverage existing build conce	
	1	Quick Brainstorming with Key Stakeholders, 1-2 applications, 1-2 different workflows	
	0	Known standard build, no design sprint needed	
Build	3	Required CIE, Greater than or equal to one application, very high hours per application <	20
	2	Consult CIE, Greater than or equal to one application, moderate hours per application <	
	1	Greater than one application, minimal hours per application	
	0	Single application, minimal hours	
Validation	3	No Governing Body, Unclear Organizational Readiness	20
	2	Multiple Clinical and Operational Governance Bodies, Mild Organizational Readiness	
	1	Single Clinical and Operational Governance Body, Clear Organizational Readiness	
	0	N/A or internal to informatics governance	
Implement	3	Formal Training, significant practice changes	20
	2	Advance Communication, Road Shows and demo to non-informatics stakeholder groups, minor practice changes	
	1	Advance Communication, limited to virtual demo targeting informaticists	
	0	FYI Communication/Change Summary	
Total			100