Public DSRIP Project Group

Implementing projects regionally

Interested in other PPS's thoughts on the best way to structure the PPS for effective project implementation. Finger Lakes PPS has had a PMO with 8 project managers. Project teams were developed with Regional representation that were used for the implementation plans etc.Now with the work consisting of implementing the projects throughout the region, developing protocols etc What are different approaches that folks have taken?

Message by <u>Janet King</u>   3
On october 26, 2015 at 17:37 - 240 views, 6 replies, 7 followers

Project management   PMO

Care Compass Network has similarly developed a regional structure in order to address unique, geographic needs. Our Project Management Office has allocated its project managers by Regional Performing Unit (RPU), our term for our 4 regions (divided into North, South, East, and West). Additionally, our Provider Relations / Outreach staff are also allocated by RPU. We also have "leads" per RPU similarly to how many PPSs have "project leads" (though we have both RPU leads and project leads at Care Compass Network).
Our PPS is very conscious of the balance that is required between region-specific approaches and PPS-wide approaches. Our Clinical Governance structure is likely the best example of this. The Care Compass Network Clinical Governance Committee is made up of 12 members (3 representatives per RPU). Our structure is then divided into 4 Quality Committees by RPU. Each RPU has developed its subcommittees based on the regional needs identified.
These subcommittees are responsible for informing regional performance strategies for the DSRIP projects, allowing for customized approaches where necessary, while the Clinical Governance Committee ensures standardized approaches across the PPS. This way, there are PPS-wide clinical standards so that our outcomes are consistent while accounting for varying needs by region and enabling us to address these more isolated concerns as they come up.

By <u>Rachael Mott</u>, 3 months ago   3

Thank you! Very informative!

By <u>Janet King</u>, 3 months ago   2

Our population is large, but concentrated. We have targeted some of the organizations with the largest patient populations to house an onsite Program Manager to support project implementation (across all DSRIP projects). For project 3aii we have hired a vendor who provides TA and training services. I lead the implementation of 3aii and collaborate with another pm that is employed by our vendor. We share a project management tools via dropbox to track outreach, TA site visits, development of P&P/Clinical Operations Plans, and other details. We have a PCBH workgroup comprised of clinical and community leaders who provide consult on the project direction, and we also have a Quality and Care Innovation Sub-committee that reviews and approves plans.

By <u>Monica Chierici</u>, 3 months ago   1

From a project management perspective...
To facilitate successful project management at Millennium Collaborative Care, we have created a project management office (PMO) whereby we work with our subject matter experts / project managers to develop consistent project plans adhering to the six-sigma methodology of DMAIC (Define, Measure, Analyze, Improve and Control). We believe DMAIC allows the PM to focus on what's really important and what things will yield the biggest impact for change. We also established templates for project charters, project plans, risk-mitigation, and status reporting. As part of our PMO structure we are implementing SharePoint to encourage collaboration across projects and to provide a library of templates, lessons learned and success stories. And finally, the MCC PMO also encouraged each of our PMs to read the book Switch: How to Change Things When Change is Hard. This process re-engineering discussion provides a lot of insight about knowing who is necessary to make change successful, and how best to motivate, while focusing in on pilot projects or incremental changes to garner collaboration along the way. We highly recommend it!

By <u>Gregory J. Turner</u>, 3 months ago   2

At Leatherstocking Collaborative Health Partners PPS (also called Mohawk Valley PPS or Bassett Medical Center PPS), we have 2 basic teams – Network Operations Management and Project Management. The idea is for project managers (PM) to strictly keep the teams on task, facilitate meetings, follow-up on tasks, etc., while the network operations managers (NOM) will assist in gelling of teams, building relationships with partners, gathering reports, and helping them work through any issues, and validating completion of work. We have 3-4 projects on an average assigned to each of the NOM and PM. In addition, we have a Director of Performance Reporting and Program Manager, who assist with reporting of metrics mainly, among other duties.
The role of Network Operations Managers emerged due to the rural nature of our PPS, fewer resources among partners, and thereby needing closer guidance of the lead agency.
The organizational committees are mainly facilitated by the following Directors with assistance from NOMs:
• Executive Director, DSRIP
• Clinical Director
• Director of Performance Metrics and Reporting
• Director of Network Operations and Strategic Planning
• Director of Finance
We have been evolving as needs arise and these roles are evolving with the need.

By Swathi Gurjala, 3 months ago   1

Very insightful, and interesting how each PPs has adopted a different approach to the project management aspect of DSRIP. A few questions I have for the group are, how do you allocate the responsibility of creating the various performance reporting and data exchange policies? Also, do you create standardized templates for milestones documents and are these completed at the PMO or the IT level? I appreciate any insight.

By Marlon Hay, about 1 month ago   0

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