



Grossmont-Cuyamaca Community College District Project Scope – Mediat

Project Name: Mediat
Project Sponsor(s): Sara Varghese
Project Lead(s):
 Sara Varghese, Elaine Adlam,
 Matt Ring
Projected Launch Dates:
Project: June 2019
Go Live: Aug, 2019

Project Manager: Brian Nath
Signature/Date:

1. Project Description

To build an interface between Colleague and Grossmonts Mediat (cloud based) System to upload student data. This will eliminate the need for Grossmont Health office users to manually enter the data for each new visiting student

2. Project Scope

This project project is for the Grossmont College Health Office and will require District IT resources to write an interface that extracts data from Colleague to upload into Mediat. An automated nightly process would run to load the data up to the Mediat system. This system does not currently support SSO, so IT will look at alternatives to enhancing secure authentication, such as limiting access when only on campus.

a. Resource Requirements: Grossmont College already owns this product and bulding the integration is part of the product, no additional costs.

i. Implementation:

- 1. Vendor \$0
- 2. IT Staff 100 hrs
- 3. Prop V 200-300 hrs

ii. Ongoing:

	Year 1	Year 2	Year 3	Year 4	Year 5
User Support (hours):	0	N/A	N/A	N/A	N/A
IT Support (hours):	0	40	40	40	40
Maintenance/Support:	N/A	N/A	N/A	N/A	N/A

- iii. Estimated data storage requirements and costs:
Unlimited storage – no cost
- iv. IT Resource Considerations:
 - 1. IT Work Team:
Integrations Specialists, SSO Specialists, Project Manager, Administrative Systems Specialist
 - 2. Estimated training needs and costs:
Nothing beyond what is provided as part of system implementation, setup and configuration - all provided by vendor during implementation
 - 3. Identify implementation schedule conflicts:
None expected
 - 4. On-going system and/or software support:
Minimal support needed by IT personnel since the functional leads (outside of IT) will be able to support and configure the system.
- v. Cross-organizational personnel requirements:
Minimal from the GC Health office leads
- b. Level of integration needed:
 - i. Software – will require data feeds from Colleague SIS
 - ii. Network – will require setting up a secure sftp mechanism to transfer data files to Medicat

3. Project Constraints:
None known at this time

4. Project Risks:
None expected

5. Project Duration Estimate: 1-2 months

6. Major Stakeholders:

Functional Area	Positions Required	Skills/Expertise/Knowledge
Grossmont Student Affairs	Associate Dean of Student Affairs	Understanding the needs of the Health Office department
Grossmont Health Office Leads	Nurse, Counselor	Understanding the needs of the functional data supporting the software

7. Proposed Implementation Team Members:

Name	Representing
Sara Varghese	Grossmont College Student Affairs
Elaine Adlam	Grossmont College Health Office - Medical
Matt Ring	Grossmont College Health Office - Counseling
Brian Nath, Richard Beres	District IT
Eugene Davis, Jim Dorris, Steve Abat	District IT

Grossmont-Cuyamaca College District

Off-Cycle Technology Project Request (Pilot)

For requests *not* made within the Annual Update/Program Review process.

Date of Request: 05/14/2019

Requestor: Student Health Services/Student Mental Health Services

Directions: Please complete the following questions and submit to the co-chairs of the College Technology Committee. Please keep your answers concise and limit your submission to two pages. Depending on the complexity of the project, you may be asked to work with District Information Systems and/or Instructional Computing Services to complete a Statement of Work Analysis.

1. Title of Technology Project:

MediCat Electronic Medical Records (EMR)

2. Please explain how the technology or enhancement supports the strategic plan. Please include information on how students will be impacted and/or employees or the college or district overall. Would this be a district-wide implementation?

This technology impacts student success, retention and engagement. The software will allow us to track services provided and to see gaps in service to appropriately target outreach to underserved student populations. An EMR gives us the ability to provide legally appropriate documentation of health/mental health services, allowing us to meet industry standards and documentation mandates set by the state.

3. Does the technology or enhancement support a state-wide initiative (Basic Skills, Student Success, Equity, Strong Workforce, OEI, OER, etc.) or is it a legal mandate (Title 9, Title 4, Title 5 etc.) or in support of a legal mandate? Please explain.

The American Recovery and Reinvestment Act of 2009, is a federal mandate that makes all public and private healthcare providers required to “adopt and demonstrate meaningful use of” an EMR. Grossmont is currently out of date with medical documentation mandates and processes required.

This software will support student success and equity in allowing us to provide targeted outreach to underserved populations, while providing increased support to students that are at risk for decreased success due to health/mental health issues. This allows our services to support students prior to crisis and increase retention. An EMR is also an industry standard for medical documentation.

4. How does the data you have support the implementation of the technology or enhancement? (This can be qualitative or quantitative in the form of surveys, observations, SLO or other assessment data, institutional research data or other reports and data).

We do not have this data.

5. What are the consequences if the technology or enhancement is not implemented?

We will continue to be out of compliance with State and Federal mandates for Electronic Medical Records.

6. What type of resources are needed to implement the technology or enhancement? Please list as much information as you can. If deemed appropriate, District IS and/or Campus Technology will conduct a Statement of Work analysis and provide input on items such as time to implement, employee hours, number of individuals needed to implement, the need for a campus and/or district project manager, vendor cooperation, integration with current systems, etc.

Software has been purchased and we are in year one of implementation with MediCat. To date, all implementation resources have been direct from student health/mental health staff with MediCat.

We are now seeking a flat file integration from Colleague to the GC MediCat portal to avoid staff having to manually input data for each student end user.

A statement of work has been compiled by the IS department.

7. What is the estimated cost of the technology or enhancement, including one-time implementation costs and on-going support and maintenance including staffing? Actual quotes from vendors are preferred.

Software costs have been paid through Health Services budget and software has been purchased. Ongoing costs will be paid yearly through Student Health Services budget.

8. Has funding been identified for the project or enhancement? If yes, what is the smartkey or funding source (Equity, General Fund, Perkins, etc.)?

Yes, Student Health Services has paid for this service and is managing costs.
Smartkey is 1334091

9. How do you plan to evaluate the technology or enhancement once implemented?

The EMR will allow us to evaluate and enhance services through data collection and surveys. The EMR will allow us to analyze service data and student demographics to see who we are currently serving and offer service enhancements to populations that may be missed. The EMR offers standard patient care instructions that will supplement the information provided by the nurse/therapist.

10. What is your preferred timeframe of implementation?

As soon as possible. we are in year one of implementation with MediCat. This portion of the contract provides a one-on-one liaison/trainer with the company and allows us to build the module to our specifications. Knowing whether whether the full implementation is possible will help determine other aspects of the implementation phase.

11. Is there anything special about this technology or enhancement that will contribute to the ranking?

We are currently out of compliance with state and federal mandates requiring electronic medical records for all health services.