



**VA ELECTRONIC HEALTH RECORD MODERNIZATION
(EHRM)
PERFORMANCE WORK STATEMENT (PWS)
DEPARTMENT OF VETERANS AFFAIRS**

Office of Electronic Health Record Modernization (OEHRM)

EHRM Wave A & E (VISN 10) Deployment

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EHRM VISN10 Deployment

Contents

1.0	BACKGROUND.....	4
2.0	APPLICABLE DOCUMENTS.....	4
3.0	SCOPE OF WORK.....	4
3.1	APPLICABILITY.....	5
3.2	ORDER TYPE.....	5
4.0	PERFORMANCE DETAILS.....	5
4.1	PERFORMANCE PERIOD.....	5
4.2	PLACE OF PERFORMANCE.....	5
4.3	TRAVEL OR SPECIAL REQUIREMENTS.....	5
4.4	CONTRACT MANAGEMENT.....	6
4.5	GOVERNMENT FURNISHED PROPERTY.....	6
4.6	SECURITY AND PRIVACY.....	6
4.6.1	POSITION/TASK RISK DESIGNATION LEVEL(S).....	7
5.0	VISN 10 TASKS AND DELIVERABLES.....	7
5.1	PROJECT INITIATION PHASE - PROJECT MANAGEMENT.....	7
5.1.1	CONTRACTOR PROJECT MANAGEMENT PLAN.....	7
5.1.2	REPORTING REQUIREMENTS.....	7
5.1.3	VETERAN-FOCUSED INTEGRATION PROCESS (VIP) REPORTING.....	8
5.1.4	COORDINATION WITH EHRM TASK ORDER TEAMS.....	8
5.1.5	SITE READINESS CHECKLIST.....	8
5.1.6	TECHNICAL KICKOFF MEETING.....	9
5.1.7	DEPLOYMENT PLAN.....	9
5.1.8	GATE 1: PROJECT INITIATION EXIT.....	12
5.2	DESIGN PHASE FOR VISN 10 DEPLOYMENT.....	13
5.2.1	VA SITE KICK-OFF.....	14
5.2.2	VALUE WORKSHOP.....	14
5.2.3	LOCAL WORKFLOW WORKSHOPS.....	15
5.2.4	MAINTENANCE PREPARATION.....	16
5.2.5	DEPLOYMENT ISSUE MANAGEMENT AND HELP DESK SUPPORT....	17
5.2.6	GATE 2: DESIGN EXIT.....	17
5.3	VALIDATION PHASE FOR VISN 10 DEPLOYMENT TESTING.....	18
5.3.1	SITE DEPLOYMENT ACTIVITIES.....	18
5.3.2	SITE DEPLOYMENT PRE-PRODUCTION TESTS.....	19
5.3.3	EHRM TEST AND EVALUATION SUPPORT.....	21
5.4	TRAINING PHASE FOR VISN 10 DEPLOYMENT.....	22
5.4.1	PRE-DEPLOYMENT TRAINING.....	22
5.4.2	EHRM SITE TRAINING.....	23
5.4.3	GO LIVE READINESS ASSESSMENT AND DEPLOYMENT/RELEASE..	24
5.4.4	GATE 3: VALIDATION/ACTIVATION (GO-LIVE ENTRY).....	25
5.5	ACTIVATE PHASE FOR VISN 10 DEPLOYMENT GO-LIVE AND POST GO-LIVE	26
5.5.1	GO-LIVE EVENT.....	26
5.5.2	POST-PRODUCTION HEALTH CHECK AND DEPLOYMENT COMPLETION.....	27

EHRM VISN10 Deployment

5.5.3	POST-DEPLOYMENT SUPPORT.....	28
5.5.4	GATE 4: WAVE COMPLETION (GO-LIVE EXIT).....	29
5.6	EHRM SOFTWARE	30
5.7	ADDITIONAL TECHNICAL SUPPORT (OPTIONAL TASK)	31
6.0	GENERAL REQUIREMENTS.....	31
6.1	PERFORMANCE METRICS	31
6.2	SECTION 508 –INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) STANDARDS	33
6.2.1	REPRESENTATION OF CONFORMANCE	33
6.2.2	ACCEPTANCE AND ACCEPTANCE TESTING.....	33
6.3	SHIPMENT OF HARDWARE OR EQUIPMENT	34
6.4	ORGANIZATIONAL CONFLICT of INTEREST	34
6.5	DELIVERABLES	34

EHRM VISN10 Deployment

1.0 BACKGROUND

The mission of the Department of Veterans Affairs (VA) is to provide benefits and services to Veterans of the United States. In meeting these goals, VA strives to provide high quality, effective, and efficient Information Technology (IT) services to those responsible for providing care to the Veterans at the point-of-care as well as throughout all the points of the Veterans' health care in an effective, timely and compassionate manner. VA depends on Information Management/Information Technology (IM/IT) systems to meet mission goals.

On May 17, 2018, VA entered into a ten-year indefinite-delivery, indefinite-quantity (ID/IQ) sole-source contract with Cerner Government Services, Inc. (Cerner) to acquire the Electronic Health Record (EHR) system being deployed by the Department of Defense (DoD) and related services for deployment and transition across the VA enterprise in a manner that meets VA needs, and which will enable seamless healthcare to Veterans and qualified beneficiaries. Procurement of a single common system across VA and DoD shall achieve VA's goal of seamless care for Veterans by facilitating the transition of active duty military members to VA and improving their timely access to the highest quality of care.

Cerner's EHR solution shall provide VA with a single system that can store and retrieve administrative, clinical, laboratory, radiology, pharmacy and scheduling data, and can interact with other internal and external systems. Modernization of VA's EHR will support a Veteran-centric, team-based care model, with modern decision support tools; clinical information content services; identification, communication and standardization of care paths; and resource provisioning. This will improve interoperability, performance, and user experience for the majority of the health care delivery and ancillary teams responsible for directly or indirectly providing health care services; and in turn will improve quality, safety, and timeliness of health care services delivered to Veterans.

The Contractor shall provide VISN 10 deployment of a comprehensive EHR solution and services as specifically defined in the EHRM Basic contract. For purposes of this PWS, the VA EHR solution will be referred to as the VA Electronic Health Record Modernization (EHRM).

2.0 APPLICABLE DOCUMENTS

The documents in Paragraph 3.0 in the EHRM Basic PWS apply to the performance of this effort. As a result, there are no additional referenced documents.

3.0 SCOPE OF WORK

The Contractor shall conduct VISN 10 deployment activities for the following VISN 10 Sites and associated facilities: Chalmers P. Wylie Veteran Outpatient Clinic, Chillicothe VA Medical Center (VAMC), Dayton VAMC and Cincinnati VAMC, which includes the Cincinnati-Fort Thomas nursing home and domiciliary (heretofore referenced as

EHRM VISN10 Deployment

Cincinnati VAMC). Deployment tasks include planning, workflow, design decision and data collection approval, system build, test and evaluation, training, production release, post deployment support and successful completion of the tasks and accomplishment of the metrics required for the deployment to be considered complete.

3.1 APPLICABILITY

This Task Order (TO) effort PWS is within the scope of paragraphs 5.6.1 through 5.6.13 of the EHRM Basic PWS.

3.2 ORDER TYPE

The effort shall be proposed on a Firm Fixed Price (FFP) basis.

4.0 PERFORMANCE DETAILS

4.1 PERFORMANCE PERIOD

The period of performance (PoP) for this effort shall be 18 months from award, including a 90-day Post Go-Live support period (this includes 30 days for on-site support and 90 days for virtual patient accounting running concurrently). The period of performance shall cover all efforts associated with deployment, change management, go-live, sustainment, and all other tasks as indicated in the PWS. Wave deployment activities under this Task Order shall not commence without prior approval from an authorized VA representative (e.g. VA PM, VA COR, CO) based on the results of the Current State Review (CSR) activities.

4.2 PLACE OF PERFORMANCE

Efforts under this TO shall be performed at the contractor site, Wave A & E locations with their associated facilities, and any VA location identified for EHRM test evaluation, user test activities or training activities such as EHRM program office in Washington DC, Kansas City, MO or VA simulation learning centers. VISN 10 locations include VAMC locations and their associated facilities as discovered and identified during the CSRs.

4.3 TRAVEL OR SPECIAL REQUIREMENTS

The Government anticipates travel to perform the tasks associated with the effort, as well as to attend program-related meetings or conferences throughout the PoP. Include all estimated travel costs in your firm-fixed price line items. These costs will not be directly reimbursed by the Government.

The total estimated number of trips for this effort shall be proposed by the Contractor. Anticipated locations include, but are not limited to; Washington, DC; Kansas City, MO and identified VISN 10 sites (Chalmers P. Wylie Veteran Outpatient Clinic, Chillicothe VA Medical Center (VAMC), Dayton VAMC and Cincinnati VAMC)

EHRM VISN10 Deployment

and associated facilities. The Contractor shall review travel under this TO on a quarterly basis. Based on this quarterly review, the Contractor shall inform VA of project risks related to travel.

4.4 CONTRACT MANAGEMENT

All requirements of Section 9.0 of the EHRM Basic PWS apply to this effort. This TO shall be addressed in the Contractor's Monthly Progress Report as set forth in the EHRM Basic contract.

4.5 GOVERNMENT FURNISHED PROPERTY

The Government has multiple remote access solutions available to include Citrix Access Gateway (CAG), Site-to-Site Virtual Private Network (VPN), and RESCUE VPN.

The Government's issuance of Government Furnished Equipment (GFE) is limited to Contractor personnel requiring direct access to the network to: access development environments; install, configure and run Technical Reference Model (TRM) approved software and tools (e.g., Oracle, Fortify, Eclipse, SoapUI, WebLogic, LoadRunner); upload/download/ manipulate code, run scripts, and apply patches; configure and change system settings; check logs, troubleshoot/debug, and test/QA.

When necessary, the Government will furnish desktops or laptops, for use by the Contractor to access VA networks, systems, or applications to meet the requirements of this PWS. The overarching goal is to determine the most cost-effective approach to providing needed access to the VA environment coupled with the need to ensure proper Change Management principles are followed. Contractor personnel shall adhere to all VA system access requirements for on-site and remote users in accordance with VA standards, local security regulations, policies and rules of behavior. GFE shall be approved by the Contracting Officer's Representative (COR) and Program Manager (PM) on a case-by-case basis prior to issuance.

Based upon the Government assessment of remote access solutions and requirements of this TO, the Government estimates that the following GFE will be required by this effort:

1. 150 Standard laptops

The Government will not provide IT accessories including but not limited to Mobile Wi-Fi hotspots/wireless access points, additional or specialized keyboards or mice, laptop bags, extra charging cables, extra Personal Identity Verification card readers, peripheral devices, or additional Random Access Memory (RAM). The Contractor is responsible for providing these types of IT accessories in support of this effort as necessary and any VA installation required for these IT accessories shall be coordinated with the COR.

4.6 SECURITY AND PRIVACY

All requirements in Section 7.0 of the EHRM Basic PWS apply to this effort.

EHRM VISN10 Deployment

It has been determined that protected health information may be disclosed or accessed and a signed Business Associate Agreement (BAA) shall be required. The Contractor shall adhere to the requirements of the BAA executed between OEHRM and Cerner Corporation; and shall comply with VA Directive 6066 and VHA Handbook 1605.05.

4.6.1 POSITION/TASK RISK DESIGNATION LEVEL(S)

The position sensitivity and the level of background investigation commensurate with the required level of access for all PWS tasks is Tier3/Non-Critical Sensitive in accordance with Section 8.7 of the EHRM Basic PWS.

The Tier3/ Non-Critical Sensitive Position Sensitivity and Background Investigation requirements identify, in effect, the Background Investigation requirements for Contractor individuals, based upon the tasks the particular Contractor individual will be working. The submitted Contractor Staff Roster must indicate the required Background Investigation Level for each Contractor individual based upon the tasks the Contractor individual will be working, in accordance with their submitted proposal.

5.0 VISN 10 TASKS AND DELIVERABLES

The Contractor shall conduct VISN 10 deployment activities for Chalmers P. Wylie Veteran Outpatient Clinic, Chillicothe VA Medical Center (VAMC), Dayton VAMC and Cincinnati VAMC and associated facilities. Specifically, the Contractor shall perform the following:

5.1 PROJECT INITIATION PHASE - PROJECT MANAGEMENT

5.1.1 CONTRACTOR PROJECT MANAGEMENT PLAN

The Contractor shall deliver a Contractor Project Management Plan (CPMP) that lays out the Contractor's approach, timeline and tools to be used in execution of this PWS effort. The CPMP should take the form of both a narrative and graphic format that displays the schedule, milestones, risks and resource support. The CPMP shall also include how the Contractor shall coordinate and execute planned, routine, and ad hoc data collection reporting requests as identified within the PWS. The initial baseline CPMP shall be concurred upon and updated in accordance with Section B of the TO. The Contractor shall update and maintain the VA Program Manager (PM) approved CPMP throughout the PoP.

Deliverable:

- A. Contractor Project Management Plan

5.1.2 REPORTING REQUIREMENTS

The Contractor shall provide a Monthly Progress Report in accordance with Section 9.6.1.1 of the EHRM Basic PWS.

EHRM VISN10 Deployment

The Monthly Progress Report shall include percentage complete progress for all workflows, and Data Collection Workbook (DCW).

Deliverable:

- A. Monthly Progress Report

5.1.3 VETERAN-FOCUSED INTEGRATION PROCESS (VIP) REPORTING

The Contractor shall provide project and technical documentation pertaining to deployment activities as defined in VIP for Major Programs including, but not limited to, the deliverables defined in the VIP for Major Programs – Deployment Guide as of time of award. Note that the VIP for Major Programs – Deployment Guide is expected to evolve to meet VA OI&T reporting requirements. The Contractor shall reflect the schedule for delivery of each VIP artifact in its CPMP.

Deliverable:

- A. Artifacts outlined within the VIP for Major Programs – Deployment Guide

5.1.4 COORDINATION WITH EHRM TASK ORDER TEAMS

The Contractor shall coordinate scheduling and go-live activities with the EHRM Data Migration, Functional Baseline, Technical Baseline and other TO teams contributing to deployment activities to ensure all stakeholders are informed of risks, timelines, and go-live tasks required. The execution of communications, training and change management activities shall follow the guidelines outlined in Program Management (PM) Task Orders (TOs) and shall be tailored, if needed, to the VISN 10 requirements. The Contractor shall provide monthly status updates in the Monthly Progress Report focused on deployment go-live activities to ensure effective communication between the relevant task order teams.

5.1.5 SITE READINESS CHECKLIST

The Contractor shall prepare and monitor a Site-Readiness Checklist for each deployment site covering equipment and infrastructure requirements identified during Current State Reviews as well as all other readiness activities required for deployment. The checklist is a living document that shall be updated monthly to indicate incremental progress and readiness for go-live. The Site-Readiness Checklist shall include the following activities:

- a) Infrastructure upgrade,
- b) Medical device purchase, installation, device driver updates, and configuration,
- c) IT equipment purchase, installation and configuration,
- d) External training and conference space, as required,
- e) Facility construction activities as required,

EHRM VISN10 Deployment

- f) Other items required for deployment.

The checklist shall be provided to the VA PM/COR for follow-up with all parties involved and shall be included in the VISN 10 Deployment Plan.

Deliverable:

- A. Site-Readiness Checklist

5.1.6 TECHNICAL KICKOFF MEETING

The Contractor shall hold a Technical Kickoff Meeting within 10 days after TO award. The Contractor shall present, for review and approval by the Government, the details of the intended approach, work plan, and project schedule for each effort. The Contractor shall specify meeting dates, locations (can be virtual), agenda (shall be provided to all attendees at least five calendar days prior to the meeting), and meeting minutes (shall be provided to all attendees within three calendar days after the meeting). The Contractor shall invite the Contracting Officer (CO), Contract Specialist (CS), COR, and the VA PM to the meeting.

For the Technical Kickoff Meeting, the Contractor shall prepare a draft Executive Brief to support the VA Site Kick-off. The brief shall include the following Pre-Deployment Briefing Materials:

- 1) The Contractor Commercial Pre-Brief
- 2) Governance and Site Leadership Structures
- 3) Local Site Coordination (including identification and mapping of VA roles/resources needed for the Deployment activities on a site per site basis)
- 4) Roadmap and Timeline
- 5) Value Objectives, metrics, and Key Performance Indicators (KPIs), as defined by TO 005, Functional Baseline Design and Development or in follow-on PM TOs.

Following the Technical Kick-off Meeting and within 5 days following VA feedback, the Contractor shall provide a final Executive Brief ready for the VA Site Kickoff.

Deliverable:

- A. Executive Brief with Pre-Deployment Briefing Materials

5.1.7 DEPLOYMENT PLAN

The Contractor shall expand upon the TO 1 PM deliverable, Deployment Strategy, and build upon the Tailored Wave Cerner Site Review (CSR) Plans developed for VISN 10 CSRs, to develop a VISN 10 Deployment Plan that lays out the Contractor's approach, timeline and tools to be used in execution of the Deployment activities in accordance with (IAW) Deployment Strategies defined in PM TOs. The execution of the deployment

EHRM VISN10 Deployment

activities shall be in accordance with the VIP Lifecycle for Major COTS Programs: 5-Gate Approach and in alignment with EHRM planning documents including the EHRM Site Readiness Deployment Plan.

All PM Task Order deliverables shall be updated to reflect the applicable plans. At a minimum, the VISN 10 Deployment Plan shall contain:

- A. Project schedule that includes both a narrative and graphic format (per PM TOs) and encompasses the following:
 - 1) Schedule including all sites, inclusive of required dates for items dependent on VA actions (e.g., infrastructure and equipment)
 - 2) Staffing plan indicating named resources assigned to each task/activity that displays the schedule, milestones, and potential resourcing conflicts with parallel Contractor activities. The staffing plan will demonstrate the project schedule is fully resourced to allow for gate 1 requirements to be met
 - 3) Risks imposed by the schedule
 - 4) Work Breakdown Structure
- B. Cerner methodology and approach for tailoring of deployment processes (Revised Cerner Deployment Playbook) identifying detailed activities/tasks and materials for VISN 10 and associated sites. At a minimum, it shall detail the following:
 - 1. A list of all Contractor-provided hardware per site including schedule and logistics support requirements.
- C. Tailored Wave Training Strategy including Site-specific training facility requirements that identifies all logistics preparations to support the deployment training schedule. Requirements shall identify on-site training facility availability, leased space, modular units, end user equipment (desktop/laptops, printers, scanners), furnishings, power, HVAC, etc.
- D. Plan to execute the Change Management strategy (site-specific for each Wave site, and to include remote user support sites) by performing the following:
 - 1) In collaboration with the site Change Leadership Team (CLT), develop a change management schedule customized for each Wave facility based on the Change Management Repeatable Process timeline, to include all Change Management (CM)-led/directed activities such as Leadership Alignment Events, Change Network launch events, leadership meetings, and Stakeholder Analysis processes (CRQ, Stakeholder Interviews, etc.)
 - 2) Organize and lead weekly meetings with site CLTs to plan and execute on CM activities. Attend Site Leadership meetings when invited.
 - 3) Conduct stakeholder analysis activities such as Project Change Triangle (PCT), stakeholder interviews with Service Chiefs and Supervisors, Change Readiness Questionnaire (CRQ), etc. and review results with site CLT and Leadership.

EHRM VISN10 Deployment

- 4) Lead Change Network events (Service Chief, Supervisor, and Change Agent Launches), including the preparation and localization of materials and collateral.
 - 5) Manage the integration of Change Network roles and responsibilities, (as examples: Service Chiefs, Supervisors, VITAL cohort, Provider Champions, and Change Agents) including leading calls and activities for each group and ensuring that appropriate communications and ongoing support are provided as needed.
 - 6) Participate in local workshops, conclaves and workgroup activities, as needed, in order to capture Change Impacts for all workflows in each service line and stakeholder group (to include remote user support sites).
 - 7) Collaborate with Clinical Consultants, Solution Experts, and other Subject Matter Experts (SMEs) to analyze and contrast current state to future state workflows, resulting in a documented Change Impact Analysis for each identified workflow, per PWS 5.2.3 (k).
 - 8) Apply all available data sources to inform a Site Change Management Plan which includes data-driven, evidence-based interventions to support end-user adoption of the EHRM. The Contractor shall document these interventions/activities to delineate plans for stakeholder groups impacted by EHRM including remote sites.
 - 9) Based on the Site Change Management Plan, engage with service line and stakeholder groups (to include remote user support sites) to prepare the users for adoption of Cerner EHR, (e.g., organizing and leading Awareness Briefings, Capability Fairs, Show and Tell sessions, Workflow Adoption demos, etc.)
 - 10) Evaluate and document the outcomes and impact of all CM events and activities through approved assessment processes to meet agreed-upon metrics.
 - 11) Support the preparation and delivery of Super-user and end-user training.
 - 12) Support the planning, development and distribution of all site communications
 - 13) Document execution of change management activities above in a Monthly Site Change Management Status Report.
- E. Site-Tailored Engagement and Communications:
- 1) Using the Site-Level Standardized Communications Plan (TO1) as a foundation, the Contractor shall develop and implement a Site-Tailored Communications Plan informed by findings from the site CSR and site Public Affairs Officers.
 - 2) The Site-Tailored Communications Plan shall align with the deployment timeline and include both internal and external engagement as agreed to by OEHRM.
 - i. The Site-Tailored Communications Plan shall include a Go-Live Communications Plan.

EHRM VISN10 Deployment

- ii. Communication artifacts shall include support of site level clinical and deployment, change management, training and learning, VITAL, Population Health, Revenue Cycle, Patient Portal, Value Realization, technical sustainment, and veteran engagement activities.
 - 3) The Contractor shall have responsibility for the planning and execution of all local events and activities that support EHRM implementation listed in the deployment timeline. This includes but is not limited to: pre and post- event communications, agendas, registration, and other logistical and communications support.
 - 4) Using the National Veteran Engagement Plan (TO1) as a guide, the contractor shall develop and implement a Site-Tailored Site Veteran Engagement Plan. This plan will outline Veteran facing communications artifacts and engagement activities throughout the site deployment schedule.
 - 5) The Contractor shall develop a Quarterly Impact Assessment of Site-Tailored Communications activities including documentation of feedback, impact assessment and lessons learned to improve overall site-level communications processes and artifacts.
 - 6) The Contractor shall document execution of site communications and engagement activities above in a Monthly Site-Tailored Communications and Engagement Status report.
- F. Site Readiness Checklist IAW PWS 5.1.5.

Deliverable:

- A. VISN 10 Deployment Plan

5.1.8 GATE 1: PROJECT INITIATION EXIT

Prior to commencing the Design phase of VISN 10 Deployment activities, the Contractor shall participate in a Milestone Decision Review to approve the overall VISN 10 Deployment Plan and Project Initiation Phase Artifacts. Exit criteria for the Milestone Decision Review Gate 1, as modified, include:

Contractor Gate Requirements	Corresponding artifact
Necessary resources are engaged	A. Project Management Plan B. VISN 10 Deployment Plan
Project governance is in place	A. Project Management Plan B. VISN 10 Deployment Plan
Change control process is in place and being utilized	A. Project Management Plan B. VISN 10 Deployment Plan
VISN 10 Current State Review (CSR) complete	A. VISN 10 Technical CSR Report B. VISN 10 Functional CSR Report
Contractor-provided hardware installation plans are in place	A. VISN 10 Technical CSR Report B. VISN 10 Deployment Plan

EHRM VISN10 Deployment

Contractor Gate Requirements	Corresponding artifact
	C. Site Readiness Checklist (part of Deployment Plan)

Upon VA approval of the exit criteria for VISN 10 deployment and VA provision of the Authority to Proceed, the Contractor shall enter the design phase for VISN 10 deployment design activities.

5.2 DESIGN PHASE FOR VISN 10 DEPLOYMENT

The Contractor shall execute deployment-related tasks defined in the following documents developed under the Strategies and Plans developed and maintained in the PM TOs related to this subject matter:

- a) Change Management
- b) Training
- c) Stakeholder Communication
- d) Workflow Development, Configuration and Normalization
- e) Deployment Management
- f) Value Realization
- g) Identity and Access Management
- h) Interoperability
- i) Technical Requirements Management
- j) Configuration Management
- k) Test & Validation
- l) Data Management
- m) Cybersecurity Management
- n) Implementation Management

These documents shall be updated by the Contractor as required by the PM TOs, if applicable. Additional activities added to these plans and strategies during the period of performance may be coordinated with VA using Optional Task 5.7 below as required.

VISN 10 Planning and Deployment activities include all deployment site tasks required from initial executive briefing through execution of configuration, testing, training, change management, deployment and transition to sustainment. Deployment of the EHRM solution shall comply with the Functional and Non-Functional Requirements Traceability Matrices appended to the IDIQ PWS. The Contractor shall conduct additional site reviews as required to fine-tune associated facility requirements.

The Contractor shall document all activities, status, issues and mitigations for this task and all of its subtasks as a sub-section to the Monthly Progress Report, entitled Monthly Deployment Status.

EHRM VISN10 Deployment

5.2.1 VA SITE KICK-OFF

The Contractor shall conduct VA site kick-off activities which occur over a one to two-week period. The Executive brief, finalized as a result of the Technical Kickoff in PWS 5.1.6, at VISN 10 deployment site will communicate deployment goals, outcomes, implementation strategy, program methodology, governance and facility leadership expectations and introduce the Contractor and site project teams.

The Contractor shall:

- a) Prepare a site Kick-Off Agenda detailing attendees, timeframes and topics for VA review and approval. The Contractor shall coordinate the appropriate lead times for all Site Kick-Off activities with VA PM;
- b) Coordinate an Executive Leadership Session and deliver a brief IAW PWS 5.1.6;
- c) Complete the role assignment workshop and distribute Role Assignment Education materials. Include role assignment status and issues in the Monthly Progress Report;
- d) Conduct a full site Kick-Off (Full project team beyond executive officer staff) which includes a General Information Session;
- e) Begin the site-specific data collection and set expectations for any site staff homework;
- f) Provide draft local project charter that identifies super users in functional areas, identifies teams aligned to specific local functions, etc., in conjunction with the Cerner Playbook to be refined with National and Local VA leadership. Finalize and submit local project charter within 5 days following VA feedback.

Deliverables:

- A. Site Kick-Off Agenda
- B. Updated Role Assignment Education Materials
- C. Local Project Charter

5.2.2 VALUE WORKSHOP

The Contractor shall work with site personnel to expand upon national value metrics and identify key, additional, local value focus areas during deployment. The Contractor shall collect historical, local baseline values as a basis for measuring improvement. The Contractor shall assist enterprise, VISN, and VAMC stakeholders with collecting appropriate current state baselines for the agreed upon value priorities within the Value Plans. The Contractor shall develop and obtain VA concurrence on additional, local value metrics, standards, reporting and timelines for evaluating the site EHRM deployment and produce a VISN 10 Value Metrics Baseline and Measurement Plan.

Deliverables:

- A. VISN 10 Value Metrics Baseline and Measurement Plan

EHRM VISN10 Deployment

5.2.3 LOCAL WORKFLOW WORKSHOPS

The Contractor shall conduct local workshops at each deployment site with site personnel to review OEHRM National Standard Workflows as established in Program Management TOs and TO 5, Functional Baseline Design and Development. The Contractor shall identify the gaps for the local site workflows and establish mitigation strategies to alleviate these gaps. The Contractor shall work with VA to ensure local discrepancies are addressed and adjudicated through the defined VA change control process.

The Contractor shall:

- a) Provide schedules for VISN 10 deployment site workshops at least 60 days in advance of each workshop.
- b) Provide agendas at least 60 days prior to each workshop at a level sufficient to identify required site attendees. Agenda identifies workshop's proposed workflows, key cross department integrated workflows, user stories, and Data Collection Workbooks (DCW) to be presented or validated. Five (5) days in advance of each workshop, provide finalized detailed agendas and present materials on regular calls as pre-briefs.
- c) Provide a visual depiction of EHRM design (Workflow Process Maps)
- d) Review the OEHRM National Standard Workflows that will be utilized at the deployment site and identify local configurations.
- e) Provide users with hands-on exposure to the EHRM system and provide supporting documentation. Support hands-on validation during the workshops to ensure the workflow meets the needs of the local sites within the framework of enterprise design.
- f) Review and document all gaps identified during current-state debrief and mitigation strategies. Identify local variances that may require a new national workflow depending on the clinical scenario.
- g) Continue data collection in DCWs.
- h) Review key cross department integrated workflows. Document gaps in current state department-level workflows as Documented Local Workflows, Issues and Proposed Mitigation – by site as identified in the Current-State debrief and further elaborated during the first local workshop.
- i) Review, clarify and update all gaps identified and create mitigation strategies.
- j) Capture and store Local configuration data in DCWs at all times on a VA-approved repository.
- k) Complete a change impact analysis for workflows based on gap analysis in 5.2.3 (h) and as referenced in PWS 5.1.7.
- l) Demonstrate and document department-level workflows, both current state and future state, in the localized system with client participation.
- m) Assess the stakeholder(s) through various change management measurement efforts and create detailed site engagement plans for each site to enhance user awareness, desire, knowledge, ability and reinforcement. These plans should include not only the enterprise change management activities but tailored change activities that address the change impacts of each site.

EHRM VISN10 Deployment

- n) Tailor local site configurations based upon hands-on practical application of information acquired during clinical adoption.
- o) Begin selection of integration validation script content for identified gaps where applicable.
- p) Modify test scripts to address the identified gaps, incorporating value objectives where applicable and append to national-level workflow test scripts.

The Contractor shall document all local workflow-related activity in the Monthly Progress Report for all tasks performed in this section and provide Workflow Workshop documentation consisting of:

1. Documented Local Workflows, Issues and Proposed Mitigation, and DCWs – by Site
2. Workflow and Testing Artifacts
3. Change Impact Analysis Report for all workflows in all sites

The Contractor shall also provide Change Management Artifacts consisting of:

1. Change Impact Analysis Report for all workflows in all sites
2. Site Engagement Plans

Deliverables:

- A. Workflow Workshop Documentation
- B. Change Management Artifacts

5.2.4 MAINTENANCE PREPARATION

As part of site preparation for go-live, the Contractor shall train the VA local IT and biomedical staff on:

- local configuration, including all details of initial set up, and configuration modifications; and
- technical areas, such as device connectivity and printer set up.

The Contractor shall create a Maintenance Preparation Guide with topics which shall include but not be limited to:

- a) The installation, configuration and preparation activities for the site
- b) Onsite instruction for local biomedical staff on local configuration, e.g. device connectivity, printer, scanner and other connected hardware setup
- c) Configuration guidance as may be required for national or local IT staff
- d) Maintenance request process prior to and during go-live;
- e) Site Sustainment Support Process post-go live, including how maintenance requests are handled and a RACI matrix that is vetted with and agreed by VA indicating whether the Contractor or local staff is responsible for handling various types of requests;

EHRM VISN10 Deployment

- f) Clinical areas included in maintenance preparation; preparation for high impact deployment items such as preparing local scheduling and surgery personnel on creation and maintaining commonly updated high impact go-live cutover items such as scheduling templates and preference cards.

As applicable, the Contractor shall provide training to local site personnel to enable their ability to provide ongoing local maintenance updates post-deployment.

Deliverables:

- A. Maintenance Preparation Guide

5.2.5 DEPLOYMENT ISSUE MANAGEMENT AND HELP DESK SUPPORT

The Contractor shall provide issue management and help desk support planning and execution covering pre- go-live, go-live and Post Go-Live On-site Support. This shall include ticket/issue categorization, follow-up, resolution, reporting and relevant Contractor commercial help desk service levels. The Contractor shall update the Issue Management and Help Desk Support Plan produced for prior Wave deployments to reflect any gaps in local-level unique requirements for continuous improvement for review and concurrence by VA. The Issue Management and Health Desk Support Plan shall specify methods and details of recording of over-the-shoulder issue resolution, analysis of issue/trouble ticket trends to identify modifications to training/change management processes, and interfaces with/hand-off to VA help desk systems for all EHRM-related issues, including the ones that are not managed by the Contractor. The Contractor shall provide the ability to categorize and report on issues/help desk tickets to differentiate technical trouble tickets from such items as configuration, enhancement or training needs and establish corresponding help desk queues in the help desk system.

Deliverable:

- A. Updates to Issue Management and Help Desk Support Plan

5.2.6 GATE 2: DESIGN EXIT

Prior to commencing the validation phase, the Contractor must ensure that key stakeholders are aligned in their understanding of national workflows and local configuration of the product to enable successful implementation. The Contractor shall participate in a Milestone Decision Review to approve the Design Phase artifacts before progression to the Validate phase of VISN 10 Deployment activities. Exit criteria for the Milestone Decision Review Gate 2, as modified from the VIP Deployment Guide for Major Programs, include:

Contractor Gate Requirements	Corresponding artifact
Future State Workflows drafted (local)	Workflow Artifacts

EHRM VISN10 Deployment

Contractor Gate Requirements	Corresponding artifact
Data Collection regarding local product configurations complete	Revised Configuration Management Plan
Local value objectives are identified, and measures defined	VISN 10 Value Metrics Baseline and Measurement Plan
Local Training Strategy is finalized	VISN 10 Deployment Plan
Ticket resolution process defined and documented with local nuances	Updates to Issue Management and Help Desk Support Plans

Upon VA approval of the design exit criteria for VISN 10 deployment and VA provision of the authority to proceed, the Contractor shall enter the validation phase for VISN 10 deployment testing. Following VA approval and VA authority to Proceed, the Contractor must assure that further changes are not made without a new round of Gate 2 Design Exit approvals.

5.3 VALIDATION PHASE FOR VISN 10 DEPLOYMENT TESTING

5.3.1 SITE DEPLOYMENT ACTIVITIES

The Contractor shall perform the site deployment activities required to prepare for go-live of the EHRM system IAW an update to the EHRM Implementation Management Plan. The Contractor shall update the Plan to reflect site-specific Cut-Over Checklists specifying the technical and operational tasks necessary to prepare a cut-over for site go-live, including technical and non-technical requirements. In addition, the Contractor shall continue to maintain and check off completed activities on the Site Readiness Checklist IAW PWS 5.1.5. Activities identified include, but are not limited to, those outlined below.

Medication Scanning

The Contractor shall support the VA hospital pharmacies to prepare for go-live and ongoing maintenance by scanning all medications on formulary and non-formulary, as well as supplies considered to be part of the pharmacy inventory (e.g. adult incontinence briefs) before conversion.

The Contractor shall assist the VA Super Users, medication administration resources, pharmacy subject matter experts, and local IT resources to scan medications and verify that they are properly entered in the formulary, as well as to check that the medications are stacked correctly in Pharmacy shelves, Narcotics vault (this may require pharmacy staff supervision), IV room, Automated dispensing machines, Central supply and/or any other holding area that can be given to patients, such as radiology and surgery. The Contractor shall reference the VA Drug File as input to ensure capture of medications that are out of stock at the time of conversion.

The Contractor shall ensure that all pharmacy device integration is complete prior to go-live.

EHRM VISN10 Deployment

Schedule backloading

The Contractor shall work with the site to determine the estimated timing of the backload and provide onsite support staff to assist VA Super Users in entering scheduled appointments needed in EHRM for go-live and beyond for inpatient and clinic schedules.

Lab Quality Control

The Contractor shall assist VA to run individual lab tests through the proper quality control process to help ensure analyzers are fully integrated and lab tests produce correct normal and abnormal results and indicators.

Hardware rollout

The Contractor shall monitor and report the status of local IT and facility teams' placement, connection and testing of any new hardware or related infrastructure required for the deployment. This hardware will include such items as label printers, signature pads, monitors and electrical drops.

User Configuration and Self-Paced Learning Event

The Contractor shall support events supporting user configuration. These sessions shall enable all end users to:

- a) log into the system, change their passwords, synchronize with single sign-on (SSO);
- b) create their patient lists, customize order creation;
- c) address other personalization options, e.g., PowerChart views and preferences.
- d) verify their credentials are appropriate, and
- e) utilize the Self-Paced Learning Event to try out system features.

5.3.2 SITE DEPLOYMENT PRE-PRODUCTION TESTS

As part of the Site Deployment Activities, the site deployment pre-production testing component will be executed by the Contractor. The site deployment pre-production test component consists of testing events that are required in preparation for installation/go-live into production at VAMCs and its treating facilities.

Test events include, but are not limited to integration validation, medical device interface testing, and end-to-end system integration test, etc. Integration Validation test events include system and integration tests by VA users of the EHRM system at the site and its associated facilities being deployed. End-to-end system integration testing is an EHRM contractor led test event executed at the deployment sites by site users to simulate patient flow and test new documentation practices using patient scenarios.

The EHRM Contractor Master Test Plan provides detailed site deployment pre-production test event information as outlined in the detailed EHRM Contractor VA Deployment Playbook. The site deployment pre-production test will incorporate an end-to-end testing approach and system tests.

The Contractor shall perform testing per the Master Test Plan including system, integration, and end-to-end testing. A system test consists of a single workflow and

EHRM VISN10 Deployment

system use case that is based on patient or workflow scenarios that validate departmental design decisions and key workflows. Integration tests validate the interaction of multiple applications and foreign systems based on integrated (day-in-the-life) patient scenarios and test the entire patient stay from scheduling to billing. Integration testing has a specific focus on key interactions between different solutions, devices, and interfaces. Testing conducted under the VA EHRM Program Test & Evaluation Plan shall include site-specific workflows to inform a demonstration of end-to-end clinical use cases involving external stakeholders.

The Contractor shall:

- a) Update the test scenarios, test cases, and test scripts in collaboration with EHRM Test and Evaluation (T&E) resources and the CMO test liaisons;
- b) Provide to EHRM T&E and place under configuration control, updates to the Testing Artifacts such as test scenarios and test cases as defined in the EHRM Program Test and Evaluation Plan;
- c) Meet testing entrance criteria for site pre-production deployment testing defined in the EHRM Program Test and Evaluation Plan including (1) successfully smoke test by the EHRM contractor of capabilities and configuration build of the EHRM product suite within the non-production environment ("Build" or "INT" domain) where the tests will be executed, (2) test artifacts such as test scripts are placed under configuration control, (3) training needed for testing resources has been completed, (4) test data required for test execution is available, (5) user access and position/roles have been assigned for testing resources.
- d) All historic, migrated, full fidelity imaging studies shall be made available to the VA commercial PACS solutions to supplement any images that are not stored locally either through pre-fetching or on demand acquisition and transition. The Contractor shall verify receipt of full fidelity imaging studies to VA network under .5 seconds.
- e) Execute Contractor Master Test and Evaluation Plan conducting the tests and evaluations as described in the plan throughout deployment, including execution of the user test events at the site by VAMC/treating facility personnel with management by the contractor and oversight of the EHRM T&E program.
- f) Provide a Test Analysis Summary Report before the Go-Live Readiness Assessment. The Contractor's Test Analysis Summary Report shall serve as the key test artifact for the formal deliverable process. Other test artifacts: test cases, test results, etc. shall be entered and maintained in tools as outlined in Joint Master Test Plan and OEHRM Test Evaluation Master Plan as the work is being executed. Integration validation artifacts (e.g., test scenarios, test execution logs, Integration Validation test findings) shall be created/maintained by the Contractor in the OEHRM testing tool repository within the Application Lifecycle Management (ALM) tool suite.
- g) The Test Analysis Summary Report summarizes the results of the contractor-led site testing activities such as summary of the test approach, test execution, and

EHRM VISN10 Deployment

summary of findings for the contractor testing executed including, but not limited to integration validation, medical device testing, end-to-end system integration test, etc. Evidence of completing test cases is documented and placed under configuration control. OEHRM Test and Evaluation will provide the template for the Test Analysis Summary Report

- h) Resolve all open Severity 1 and Severity 2 findings for the Contractor EHRM suite of products before go-live at the site or have a plan of action for resolution that has been approved by EHRM Program Executive Office. Severity and priority definitions are defined in the EHRM Program Test and Evaluation Plan.

The Contractor shall document all activities, statuses, issues, and mitigations and shall be prepared to report these on a daily basis as needed. The Contractor shall document all activities, status, issues and mitigations for this task as a sub-section of the Monthly Progress Status Report entitled, Monthly Testing Status.

Deliverables:

- A. Updates to Contractor Testing Artifacts (Test Cases, Test Execution and Test Findings) to the ALM Toolsuite
- B. Test Analysis Summary Report

5.3.3 EHRM TEST AND EVALUATION SUPPORT

Concurrently with the site deployment activities, the EHRM T&E resources and the user community resources identified by the EHRM Program office are executing the test components outlined in the EHRM Program Test and Evaluation Plan for Enterprise Test & Enterprise User test.

The Contractor shall:

- a) Provide support services for the VA test & evaluation test components/events including items such as participation in test and evaluations defect/issues process, assistance in troubleshooting/triaging, jointly troubleshooting issues that appear to be development/test environment related, responding to findings from test and evaluation activities.
- b) Support readiness reviews such as test readiness review as required by VA and shall compile data for VA submission for readiness and respond to request for changes resulting from those reviews as necessary.
- c) Support compliance reviews such as Section 508 Audit by VA and shall compile data for VA submission compliance reviews and respond to request for changes resulting from those reviews as necessary.
- d) Provide support to VA resources in the creation and provision of test data for test events executed. Test data creation and provision within the EHRM system for contractor test events will be provided by the contractor.
- e) Provide user/super user training and other training identified as required for the VA Test and Evaluation government and contract resources (which shall include SME/members of the user community) to successfully execute test and

EHRM VISN10 Deployment

evaluation activities as early as possible in the EHRM baseline preparation and wave planning deployment timelines. To the maximum extent possible, Contractor shall leverage MHS Genesis training materials that are applicable in areas such as EHRM system functionality common to VA and DoD to provide training as early as possible.

- f) Provide an overview and demonstration of the Contractor's Domains/Environments and Configuration Tools to the Test and Evaluation resources. The presentation shall describe the tools, processes and procedures used to configure and interface/integrate to the EHRM. Any overview materials shall be provided to VA.

The Contractor shall document all activities, status, issues and mitigations for this task in the Monthly Testing Status sub-section of the Monthly Progress Report.

5.4 TRAINING PHASE FOR VISN 10 DEPLOYMENT

5.4.1 PRE-DEPLOYMENT TRAINING

The Contractor shall execute training tasks and tailor training methodologies to the deployment environment and workflows that will meet the needs of end-users. Training methodologies shall include instructor-led classroom, Computer Based Training (CBT), and over-the-shoulder training.

The Contractor shall be responsible for providing training to the medical facilities' trainers, as well as, end-users (functional, technical, and administrative) in accordance with the VA-approved Training Strategy. Site-specific training timeframes will be tailored to facility requirements.

The Contractor shall:

- a) Propose a training schedule for VA site level and OEHRM review and approval
- b) Customize the Training Strategy for site-specific requirements, if applicable
- c) Provide EHRM training to end-users including but not limited to the following personnel: functional, technical, administrative, and help desk staff
- d) Provide training to Vet Centers on utilization and navigation of EHRM read-only functionality tailored to Vet Center requirements
- e) Ensure EHRM end-users and trainers obtain the skill sets necessary to utilize EHRM and incorporate it into their daily workflows (e.g., End-User Training (EUT) and Role-based EUT)
- f) Validate adequacy of training facilities and resources to meet site training requirements (e.g. computers, printers, projectors, connectivity, etc.) and provide alternate training facilities and/or resources as required
- g) Deliver EHRM Training Materials to reflect site-aligned enterprise workflows in preparation for training support
 - i. As trainers are oriented to the site prior to training execution, additional contextual awareness will be provided by supporting teams, as necessary, and approved by VA

EHRM VISN10 Deployment

- h) Plan, develop and execute multi-platform training strategies including: instructor-led classroom, CBT, and over-the-shoulder training to ensure preparation and facilitate adoption of EHRM functionality
- i) Provide an optional certification training program to VA training staff (trainers/education) that will enable the VA to train and certify VA trainers/end users in the EHRM training content provided by the Contractor;
- j) Provide enhanced training to super users and clinical champions;
- k) Administer competency tests and conduct User Experience Satisfaction Surveys in accordance with the Training Materials. Report, in the Monthly Deployment Status sub-section of the Monthly Progress Report, (1) the percentage of users who have passed the competency test and (2) summary of User Experience Satisfaction Surveys;
- l) At the request of VA leadership, update the site training schedule to accommodate VA-approved changes.
- m) Document execution of training activities above in the Monthly Training Status Report (see Section 5.4.2).

5.4.2 EHRM SITE TRAINING

The Contractor shall execute site-specific, workflow-focused user training IAW PM TOs. The training strategy shall include hands-on computer courses, interactive classroom instruction and system access for independent practice before go-live. Site-specific training shall be conducted on the national EHRM system rollout and tailored, as necessary, to address localized EHRM modules, workflows, and system build to be deployed at each site. Training shall cover technical, role-based system navigation and use, role-based workflows and informatics topics. The Contractor shall:

- a) Offer computer-based training (CBT) courses prior to instructor-led training (ILT). These courses will be assigned to each user based on his or her role in the system. The Contractor shall track and report on CBT usage and completion statistics.
- b) Provide trainers to host the ILT at the VA facility or at an off-site location if VA facility space is not available.
- c) Provide Contractor-certified trainers including a training manager for each site:
 - i. Training managers and certification trainers shall have a minimum of 12 months Contractor training experience
 - ii. On-site trainers shall have prior EHR implementation experience and Contractor certification training
 - iii. Contractor certification training shall include familiarization with VA-specific workflows and structure.
- d) Provide technical and workflow trainer to conduct super user training focusing on the EHRM and addressing common mistakes. Super user training shall:
 - i. Provide super users with an in-depth understanding of system functionality in the context of department and user group workflows
 - ii. Provide super users with the means to continue independent practice

EHRM VISN10 Deployment

- iii. Include change management topics and guidance for assisting peers with change
- e) Provide a network of adoption resources and just-in-time training resources for on-the-job support during testing events and go-live.
- f) Provide contextual job aids, tip sheets and other readily available reference documentation for testing, training and go-live events. Provide printed training materials for End-users including Participant Guides, Reference Guides, and Tip Sheets.
- g) Provide extensive training and on-site support to ensure efficient and controlled role assignments coordinated with VA clinical staff.
- h) Provide tailored, Site-Specific EHRM training materials to the VA Education Group to be loaded in the VA-approved training system. Training materials shall be refreshed on a quarterly basis to reflect EHRM updates where appropriate.
- i) Provide off-site training facilities where space is limited at VA deployment site, if necessary, to be exercised via additional technical support.

The Contractor shall provide training on HealthIntent functionality to the appropriate end-user community.

The Contractor shall include a monthly Training Status Report in the Monthly Deployment Status sub-section of the Monthly Progress Report, including a description of training status, issues or areas of concern, tailoring of training materials to reflect the site-specific implementation of service lines and stakeholder groups within enterprise EHRM scope, , and recommended process and status for remedial training.

Deliverables:

- A. Monthly Training Status Report

5.4.3 GO-LIVE READINESS ASSESSMENT AND DEPLOYMENT/RELEASE

The Contractor shall conduct a Go-Live Readiness Assessment (GLRA) to help ensure facility readiness. The GLRA shall review, identify and mitigate the individual site's risks and issues requiring resolution prior to go-live. After identification of the risks, the Contractor shall address the issues until resolution. The Contractor shall create and complete the Cut-Over Checklist identifying all tasks, responsible parties and timeframes for go-live and validate site readiness against each task. The Contractor shall provide a Post Go-Live Onsite Coaching Support Plan including details on coaching coverage and activities during the 30 days following VISN 10 go-live.

The Contractor shall:

- a) Establish a command center at every VAMC consisting of members from the VA clinical champions, super users, and Contractor deployment support resources.

EHRM VISN10 Deployment

The command center will serve as a centralized resource hub to assist with Go Live activities.

- b) Identify risks and areas of weakness that could prevent go-live;
- c) Help ensure mitigation plans are in place to address any concerns;
- d) Deliver a system status and a mitigation plan for outstanding GLRA items;
- e) Track risks and issues to closure/mitigation through recurring meetings/calls; document issues in a Daily Issue summary throughout the go-live period, and
- f) Provide an introduction of the sustainment process following go-live to the deployment site for VA review and approval.

The Contractor shall conduct a Pre-Go-Live Review following the VIP process with site stakeholders outlining the status of pre-deployment activities, as well as the tasks, responsibilities and support required from VA during go-live. Following the Review, the Contractor shall receive official VA Go-Live Authorization by obtaining approvals from the key stakeholders including:

- a) VA test lead
- b) VA deployment manager
- c) VAMC/VAHCS Director
- d) Site clinical lead
- e) Facility engineering lead
- f) OI&T Area Manager
- g) Site Training manager

The Contractor shall document VA approvals and Contractor gateway completion in a Critical Validation and Training Gateway Signoff /Go-Live Authorization.

Deliverables:

- A. Completed Cut-over checklist by site
- B. Post Go-Live Onsite Coaching Support Plan
- C. Critical Validation and Training Gateway Signoff/Go-Live Authorization

5.4.4 GATE 3: VALIDATION/ACTIVATION (GO-LIVE ENTRY)

This Milestone Decision Review occurs after all pre-deployment testing is complete and the Program Manager believes the build or product is ready for release and addresses all relevant compliance requirements. This gate is also used to verify that all pre-deployment training is complete and final release communications, environment updates and site logistics have been completed, indicating a readiness for Go-Live/Activate Phase. The Contractor shall participate in a Milestone Decision Review to approve the Validation and Training phase artifacts before progression to the Activate phase of Wave Deployment activities. Exit criteria for this Milestone Decision Review Gate, as modified from the VIP Deployment process for Major Programs, include:

EHRM VISN10 Deployment

Contractor Gate Requirements	Corresponding Artifact
Pre-conversion checklist complete, cutover checklist ready	A. Site Readiness Checklist B. Cut-over Checklist
All solutions are configured and aligned to best practices	A. Workflow Development, Configuration and Normalization Plan B. Revised Configuration Management Plan
Testing is complete and all key issues resolved	Testing Artifacts
IT, VHA Support Staff, and end user training and related competencies are complete	A. Project Management Plan B. Critical Validation and Training Gateway Signoff/Go-Live Authorization
Go-Live and Post-Go Live support and issue management plan is in place	Issue Management and Help Desk Support Plans

Upon VA approval of the exit criteria for VISN 10 deployment and VA provision of the authority to proceed, the Contractor shall enter the Activate phase for VISN 10 deployment Go-Live and Post-Deployment Support.

5.5 ACTIVATE PHASE FOR VISN 10 DEPLOYMENT GO-LIVE AND POST GO-LIVE

5.5.1 GO-LIVE EVENT

The Contractor shall conduct go-live activities following Contractor commercial practice tailored to VA site requirements. Go live activities shall include items specific to VA including:

- a) Production migration of HealthIntent data to Millennium for deployment sites;
- b) Production release of Contractor-developed interfaces/ changes to VA-owned applications required for go-live;
- c) Production release of VistA deprecation/sunset code required for go-live;
- d) Production release of national and local registries for go-live;
- e) Production release of national and local reports for go-live;
- f) Production release of national and local analytic/telehealth capabilities for go-live, and
- g) Deployment of Contractor applications to deployment site end-user devices

The Contractor shall document go-live status, open issues, issues resolved and mitigations and make available to VA daily, upon request. Go-Live trouble ticket activities shall be reviewed with VA to reach a joint decision on when the Go-Live activities are complete, and the Post-Deployment Support period is initiated.

EHRM VISN10 Deployment

5.5.2 POST-PRODUCTION HEALTH CHECK AND DEPLOYMENT COMPLETION

The Contractor shall document deployment activities and results to support joint VA/Contractor agreement on successful deployment completion. The following documents shall be compiled in Deployment Completion Documentation and include:

1. Optimization Specification:
 - a) An onsite health check/performance check. Using data analytics and end-user feedback, the Contractor Value team shall perform an assessment of the project's tactical and strategic outcomes. The assessment identifies successes and those areas in need of further attention and provides recommendations on next steps towards improvements. Site Key Performance Indicators (KPI) will be reviewed with site executive leadership and the Contractor will make recommendations on mitigations to address improvement areas and potential adjusted or new KPIs for further improvements to Veteran care
 - b) Based upon the onsite health check/performance check, identify and document areas that require optimization and specify the optimizations to be made in a requirements specification.
 - c) Lessons learned for inclusion in future deployments; updated deployment plans and schedules to incorporate lessons learned.
 - d) Statistics on training results, user adoption, monthly user satisfaction surveys and quality, change, and value metrics.
2. Deployment Activities and Results:
 - a) Documentation on successful completion of technical and functional end-user and super user training for all modules implemented during deployment.
 - b) Validation that super-user and end-user's competency, confidence and satisfaction targets were achieved
 - c) Number and analysis of outstanding trouble tickets with trend identification and plans for resolution. Validation that severity 1 and severity 2 trouble tickets have been successfully resolved.
 - d) Post-deployment performance measurement/analysis of results and plans for improvement
 - e) Validation that VA pre-defined and approved KPI metrics meet acceptable levels
 - f) Documentation that all functional and non-functional requirements for deployment have been met.
 - g) Validation of the following:
 1. Value objectives are trending toward goals
 2. Performance and operational metrics are trending positively and that no unresolved significant solution issues remain
 3. Technical and functional issues, training, and change management are being managed effectively.

EHRM VISN10 Deployment

The Contractor shall document VA's review and approval of the Deployment Completion Documentation by obtaining sign-off from:

- a) VA Deployment Manager
- b) VAMC Director
- c) OI&T Area Manager
- d) Facility site and engineering manager
- e) Site Training manager
- f) VISN Director
- g) OEHRM CMO or designee
- h) OEHRM CTO or designee

On-site support provided by the Contractor shall continue until the Certification of Deployment Completion has been signed by all required parties and approved by the VA Deployment TO PM. The Certification of Deployment Completion signals approval for the Contractor to transition from the deployment gateways to sustainment mode.

Deliverables:

- A. Deployment Completion Documentation
- B. Certification of Deployment Completion

5.5.3 POST-DEPLOYMENT SUPPORT

The Contractor shall provide Post Go-Live On-Site Support (OSS) activities for 30 days and concurrently virtual Patient Accounting Support for 90 days.

The Command Center shall be staffed 24/7 for the first 5 days, and 12 hours per day for the following 5 days during the go-live period for a total of 10 days of onsite command center support. Project management will continue to have a primarily onsite presence at the deployment site until the Certification of Deployment Completion described in PWS task 5.5.2 is signed. Additional post Go-Live support activities include, but are not limited to, providing 24/7 over-the-shoulder support for 30 days, troubleshooting system issues, and assisting end-users with workflow support by continued mapping and gapping the new business processes. The Contractor shall provide coaching support to leaders across the sites to provide VAMC staff with the ability to continue efforts towards ongoing adoption and training. This shall include:

- Coaching support IAW the Post Go-Live Onsite Coaching Support Plan delivered in PWS Section 5.4.3. On-site coaching support shall include coverage of facility operating hours up to 45 hours per week per coach, and ramps down as follows after go-live:
 - a) A ratio of roughly 1 coach to 20 VA users for days 1-14 post go-live.
 - b) A ratio of roughly 1 coach to 40 VA users for days 15-30 post go-live.

EHRM VISN10 Deployment

Support ratios may be reallocated as necessary based on the amount of support required per time period.

The Contractor coaching staff shall document recurring issues for review by VA to use as lessons learned for future Wave deployments and include that information in the Daily Post-Deployment Issue Summary.

The Contractor shall provide support of the Patient Accounting solution for a period of 90 days post go-live, to provide support for the completion of one (1) entire billing cycle. Patient accounting support will be provided remotely except for onsite trips scheduled at 30-60-90-day intervals and will be related to the following activities: claims, statements, remittances, state reporting, month-end, and quarter-end closing.

The Contractor shall also provide 24x7x365 Post Go-Live support remotely via the Millennium Service Desk (MSD) and Application Management (AMS) to assist with basic resolution, troubleshooting and configuration as it relates to the Contractor solutions being provided. The Contractor shall document issues and resolution status in a Daily Issue Summary to be reviewed with the VA deployment team daily throughout the Post-Deployment period. At the end of the 30-day post-Go Live period, the Contractor shall produce a VISN 10 Lessons Learned document as a culmination of reporting outcomes of the Daily Issue Summary.

Deliverable:

- A. VISN 10 Lessons Learned

5.5.4 GATE 4: WAVE COMPLETION (GO-LIVE EXIT)

The goal of the final gate, Go-Live Exit, is to ensure that the targeted value of the project was achieved.

The Contractor shall participate in a Milestone Decision Review to approve the Activate phase artifacts and to verify that the VA's "definition of done" has been achieved. Exit criteria for this Milestone Decision Review, as modified, include:

Vendor Gate Requirements	Corresponding Artifact
Super-user and end-user's competency, confidence and satisfaction targets were achieved	A. Deployment Completion Documentation B. Certification of Deployment Completion
Value objectives are trending toward goals	A. VISN 10 Value Metrics Baseline and Measurement Plan B. Deployment Completion Documentation C. Certification of Deployment Completion

EHRM VISN10 Deployment

Vendor Gate Requirements	Corresponding Artifact
Performance and operational metrics are trending positively and no unresolved significant solution issues remain	A. Deployment Completion Documentation B. Certification of Deployment Completion
Issues and changes are being managed effectively	A. Deployment Completion Documentation B. Certification of Deployment Completion
IT and VHA support staff and end user training is complete	A. Deployment Completion Documentation B. Certification of Deployment Completion

Upon VA approval of the exit criteria for VISN 10 deployment and VA provision of the authority to proceed, the Contractor shall be authorized to enter the measure phase, as defined by the VIP process.

Once approved, the Contractor shall measure and report against a broad set of metrics and Key Performance Indicators (KPIs) defined in TO 5, Functional Baseline, that are tiered across measurement categories of clinical quality, safety, operational, adoption and EHRM user satisfaction. The value measurement reporting process is an ongoing and iterative approach that includes review with appropriate EHRM governance infrastructure and VISN leadership to facilitate reporting against KPIs and metrics to ensure business and clinical operations are tracking at or above pre-conversion levels.

5.6 EHRM SOFTWARE

The Contractor shall provide all licensing, installation and software maintenance required to successfully deploy the EHRM solution to VISN 10 facilities. This shall include:

1. Millennium
2. Multum
3. Evaluation & Management (E&M) Coding
4. Coding and Clinical Documentation Improvement (CDI)
5. PACSCAN
6. VitalsLink
7. CareView, and
8. AntiMicrobial Stewardship

The Contractor shall provide Local Updates to Product Artifacts to reflect any non-standard, local site requirements including updates to the Configuration Management Plan, Testing Artifacts, Deployment Plan, Interface Plan, Data Migration Plan.

EHRM VISN10 Deployment

5.7 ADDITIONAL TECHNICAL SUPPORT (OPTIONAL TASK)

Throughout the PoP, there may be additional deployment activities identified requiring hardware, software, training, change management, training facilities, analysis, design, development, testing, release and/or deployment. This additional technical support may be required within the overall PWS PoP. This optional task may be exercised multiple times during the period of performance to the established CLIN ceiling, which will consist of negotiated labor categories and hours established at the Task Order level. Optional tasks executed through the below process will exercise labor categories and hours from the established ceiling.

VA may exercise the optional task upon written notification from the Contracting Officer. This option may be utilized to obtain tasks as described in PWS sections 5.2 through 5.6. VA will provide a description of the required functionality. The Contractor shall provide VA with a written proposal detailing the requirements, approach resources and price utilizing the negotiated ID/IQ labor categories and rates from. VA will perform an analysis to determine if the approach and technical and price proposed are reasonable. The price for each optional task shall be negotiated on a FFP basis prior to each exercise of the optional task.

6.0 GENERAL REQUIREMENTS

6.1 PERFORMANCE METRICS

The table below defines the Performance Standards and Acceptable Levels of Performance associated with this effort. The Government may also utilize the commercially available and VA-specific Key Performance Indicators (KPIs) and Service Level Agreements (SLAs) defined at the ID/IQ level to measure performance under this TO, as applicable.

Performance Objective	Performance Standard	Acceptable Levels of Performance
A. Technical / Quality of Product or Service	<ol style="list-style-type: none">1. Shows understanding of requirements2. Efficient and effective in meeting requirements3. Meets technical needs and mission requirements4. Provides quality services/products5. Meets performance thresholds/metrics defined in applicable Service Level Agreements	Satisfactory or higher

EHRM VISN10 Deployment

Performance Objective	Performance Standard	Acceptable Levels of Performance
	<ol style="list-style-type: none"> 6. All user roles are assigned in advance of go-live 7. All users have validated ability to access appropriate role-based functions in advance of go-live 8. Capacity requirements validated to support usage requirements 9. Meets ticket/issue resolution response times based upon severity level defined at the ID/IQ level and EHRM Test Evaluation Program Plan 10. Ticket numbers and severity trending downwards at completion of Post-Deployment Support period 11. Super users trained in each clinical area to provide ongoing support after deployment completed. 12. Validation of training completion and mitigation of training issues. 	
<p>B. Project Milestones and Schedule</p>	<ol style="list-style-type: none"> 1. Quick response capability 2. Products completed, reviewed, delivered in accordance with the established schedule 3. Notifies customer in advance of potential problems 	<p>Satisfactory or higher</p>
<p>C. Price & Staffing</p>	<ol style="list-style-type: none"> 1. Currency of expertise and staffing levels appropriate 2. Personnel possess necessary knowledge, skills and abilities to perform tasks 	<p>Satisfactory or higher</p>

EHRM VISN10 Deployment

Performance Objective	Performance Standard	Acceptable Levels of Performance
	3. 100% of training staff have a comprehensive understanding of the EHRM solution and competency level required to adequately train end-users	
D. Management	1. Integration and coordination of all activities to execute effort	Satisfactory or higher

The COR will utilize a QASP throughout the life of the TO to ensure that the Contractor is performing the services required by this PWS in an acceptable level of performance. The Government reserves the right to alter or change the QASP at its own discretion. A Performance Based Service Assessment will be used by the COR in accordance with the QASP to assess Contractor performance.

6.2 SECTION 508 –INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) STANDARDS

All requirements in Sections 8.10, including subparagraphs, of the EHRM Basic PWS apply to this effort. Deliverable requirements are further defined in the following subparagraphs. The Contractor shall comply with the technical standards at: <https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/single-file-version>

6.2.1 REPRESENTATION OF CONFORMANCE

The Contractor shall provide a Section 508 Subject Matter Expert lead for VA EHRM 508 resources to work with. The Contractor shall adhere to the VA-approved Section 508 Test and Delivery Plan and Section 508 Accessibility Roadmap delivered under TO 0002. The Contractor shall update the Government Product Accessibility Template (GPAT) and/or Voluntary Product Accessibility Template (VPAT) delivered under TO 0002 to indicate the level of Section 508 conformance as updates are made to its products and/or services to ensure and sustain 508 compliance.

The Contractor shall work closely with VA Section 508 representatives to verify Section 508 conformance of its products and/or services.

6.2.2 ACCEPTANCE AND ACCEPTANCE TESTING

The Contractor shall provide Final Section 508 Compliance Test Results. The Section 508 Test Results shall include a GPAT/VPAT Conformance Statement validating

EHRM VISN10 Deployment

conformance to Section 508 Refresh Success Criteria and Conformance Requirements for already-developed ICT deliverables.

The Final Section 508 Test Results shall be reviewed and approved by VA Section 508 representatives to validate conformance to Section 508 Refresh Success Criteria and Conformance Requirements for ICT deliverables.

For software development for VA interfaces/systems, the Contractor shall prepare and submit a Section 508 Conformance Validation Package with content as outlined in VA Process Asset Library, Software Development Product Build process map.

The Section 508 Conformance Validation Package shall be reviewed and approved by VA Section 508 representatives to validate conformance to Section 508 Refresh Success Criteria and Conformance Requirements for ICT deliverables.

Automated test tools, manual techniques, and checklists are used in the VA Section 508 compliance assessment.

Deliverable:

- A. Final Section 508 Compliance Test Results for ICT Deliverables
- B. Section 508 Compliance Validation Package for ICT Deliverables

6.3 SHIPMENT OF HARDWARE OR EQUIPMENT

Shipment of Contractor-provided hardware shall be coordinated with the VA COR prior to shipment date.

6.4 ORGANIZATIONAL CONFLICT OF INTEREST

All functions related to Acquisition Support shall be on an advisory basis only. Please be advised that since the awardee of this Task Order will provide systems engineering, technical direction, specifications, work statements, and evaluation services, some restrictions on future activities of the awardee may be required in accordance with FAR 9.5 and the clause entitled, Organizational Conflict of Interest, found in Section H of the EHRM basic contract. The Contractor and its employees, as appropriate, shall adhere to the corporate-level Non-Disclosure Agreement signed under TO 0001.

6.5 DELIVERABLES

The Contractor shall provide deliverables for Government review and acceptance IAW with Section B.2 of the Task Order. The Contractor shall incorporate Government feedback provided via the OEHRM Deliverables review process into Task Order deliverables as applicable. Feedback shall be incorporated in either the resubmission or next required submission of the deliverable based upon the timeframe in which it is provided by the Government. For Government feedback requiring additional discussion

EHRM VISN10 Deployment

and/or clarification, the Contractor shall coordinate language updates with VA to resolve and finalize revisions to the affected deliverable. The Contractor shall appropriately mark and date deliverables to maintain version control using the following format: TO Number – CLIN Number Formal Deliverable Title – Deliverable Due Date IAW Section B.2– Version X.X. The Contractor shall annotate major (initial submission) and minor (resubmission) deliverable releases using a numerical system (e.g. Initial submission: TO 0001 – 0001AA Contractor Project Management Plan – August 2018 – Version 1.0; Resubmission: TO 0001 – 0001AA Contractor Project Management Plan – August 2018 – Version 1.1). Resubmitted deliverables shall maintain the original due date defined in Section B.2 of the TO. The Contractor shall provide discrete deliverables in separate email submissions. Email submissions shall include the Contract/Task Order numbers and corresponding deliverable CLIN number. The Contractor shall track updates in both major and minor deliverable releases in an agreed upon format, such that the Government can identify and review language revisions for acceptance.

For all deliverables throughout this TO, Wiki links are not acceptable. If Wiki page content is required as part of the deliverable submission, the Contractor shall reference the Wiki page as an attachment within the deliverable. The Wiki page shall be representative of the current state at the time of submission. The Contractor shall export the referenced Wiki page as a timestamped portable document format and provide the referenced attachment(s) with the deliverable submission.

EHRM VISN10 Deployment

CONTRACTOR EMPLOYEE PERSONAL FINANCIAL INTEREST/PROTECTION OF SENSITIVE INFORMATION AGREEMENT

This Agreement refers to Contract/Order _____ entered into between the Department of Veterans Affairs and _____ (Contractor).

As an employee of the aforementioned Contractor, I understand that in connection with my involvement in the support of the above-referenced Contract/Order, I may receive or have access to certain "sensitive information" relating to said Contract/Order, and/or may be called upon to perform services which could have a potential impact on the financial interests of other companies, businesses or corporate entities. I hereby agree that I will not discuss or otherwise disclose (except as may be legally or contractually required) any such "sensitive information" maintained by the Department of Veterans Affairs or by others on behalf of the Department of Veterans Affairs, to any person, including personnel in my own organization, not authorized to receive such information.

"Sensitive information" includes:

- (a) Information provided to the Contractor or the Government that would be competitively useful on current or future related procurements; or
- (b) Is considered source selection information or bid and proposal information as defined in FAR 2.101, and FAR 3.104-4; or
- (c) Contains (1) information about a Contractor's pricing, rates, costs, schedule, or contract performance; or (2) the Government's analysis of that information; or
- (d) Program information relating to current or estimated budgets, schedules or other financial information relating to the program office; or

I Is properly marked as source selection information or any similar markings.

Should "sensitive information" be provided to me under this Contract/Order, I agree not to discuss or disclose such information with/to any individual not authorized to receive such information. If there is any uncertainty as to whether the disclosed information comprises "sensitive information", I will request my employer to request a determination in writing from the Department of Veterans Affairs Contracting Officer as to the need to protect this information from disclosure.

I will promptly notify my employer if, during my participation in the subject Contract/Order, I am assigned any duties that could affect the interests of a company, business or corporate entity in which either I, my spouse or minor children, or any member of my immediate family/household has a personal financial interest. "Financial interest" is defined as compensation for employment in the form of wages, salaries, commissions, professional fees, or fees for business referrals, or any financial

