

Oakland County Department of Information Technology Project Scope and Approach

Project Name: OCME Enhancements for a Mass Fatality

Project ID: DB71620H

Leadership Group: Finance and Administration			
Department: Health and Human Services		Division: Health Division	
Project Sponsor: Dr. Thomas Gordon	Date Requested: 11/15/2007	PM Customer No. 162	
Request Type: <i>New Development</i>			
IT Team Name: Courts / Justice Administration		IT Team No: B	
Project Manager/Leader: Rick Perry			
Account Number: TBD	Account Description: TBD	Customer Name: Health Department	
Grant Funded? Yes	Number Pending	Mandate?	No

Project Goal

To enhance the Oakland County Medical Examiner Application so that it can be used to capture fatality information in the case of a mass fatality event within Oakland County.

Business Objective

To add new features to the OCME Application that will allow health department professionals to easily become users, have system access from the field, and add a GPS component to identify the location of each fatality.

Major Deliverables

1. Modify the security of OCME to allow the set up of one generic user account that all disaster workers would use to access the system outside of Netegrity security. Although the login will be generic, the OCME application will require the user name as cases are created and filled in creating an audit trail. The purpose for a generic name is that work force would be unstable in a disaster and the actual users may not be determined until the last minute.
2. The OCME application will be modified to allow access from both the intranet and internet. The personnel assigned to utilize the application will have access to wireless devices to allow direct access from the field wherever wireless connectivity is available.
3. It can not be assumed that wireless capability will be available; the system therefore requires the ability to enter the data into a local device for later up loading into the OCME application when returning to the office. The OCME application will add the capability to add an optional field id number. This will be a barcode off of a toe tag. The barcode can be typed in or use a barcode scanner attached to the input device. This will be used to uniquely identify the case.

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4. The OCME application will need to accept data from a PDA in case internet access is unavailable and sync to the OCME application upon return to an internet connection. Currently the Health Division utilizes GeoXT's in the Environmental Health unit and would have access to these devices in a mass fatality. A custom application using ArcPad would be developed on these devices to be used as described in #3. Along with capturing and syncing fatality data, the devices have Bluetooth barcode reader capability as well as the ability to capture the GPS location of a fatality. This location would be stored on the GeoXT then synced to the OCME application with the ability to view the locations on an ArcIMS site through the OCME application
5. Additional changes to application code to effectively add the mass fatality procedure.

Approach

- Follow PMO standards and processes
- Conduct interviews with the appropriate department staff
- Identify software and hardware required for field use
- Identify data needs including spatial data for GIS, reporting and analysis requirements
- Identify software and hardware required for field use
- Design System Changes
- Code Changes
- Test changes
- Deploy to production

Benefits

Grant Funded ROI not necessary

Impact

Number of Users **not known at this time. It depends on the size of the fatality**

Divisions **Medical Examiner's office, Emergency response and Preparedness,
Health and Human Services**

Leadership Groups **Finance and Administration**

Risk

Business Environment Medium – Project requires some changes to existing business practices.

Technical Environment Medium – previously implemented technologies, new requirements.

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Assumptions

Staffing IT Staffing: resources will be available for the hours indicated per the attached project plan. Other Staffing: additional staffing will be available as follows:

<u>Role:</u>	<u>Name</u>	<u>Hours per Day</u>
Project Sponsor:	Dr Thomas Gordon	As Needed

Facilities

- IT Building for development
-

Technical

- IT staff and contractors
-

Funding

- Grant
-

Other

-
-

Priority

TBD

Constraints

- Health Insurance Portability and Accountability Act (HIPAA) of 1996

Exclusions

Interfaces to external applications, like local hospitals
Any changes to the camera portion.

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PROJECT PHASE AUTHORIZATION

Phase(s): All	
Total Estimated Application Services	Hours: 1086 Cost: \$132,492
Total Estimated Technical Systems	Hours: Cost:
Total Estimated eGovernment Services	Hours: Cost:
Total Estimated CLEMIS	Hours: Cost:
Total Estimated Internal Services	Hours: Cost:
IT Application Services Division Manager Approval:	Date:
IT Technical Systems Division Manager Approval:	Date:
IT eGovernment Services Division Manager Approval:	Date:
IT CLEMIS Division Manager Approval:	Date:
IT Internal Services Division Manager Approval:	Date:
IT Management Approval:	
Approved: Yes No	Date:
Reason:	
Project Sponsor Approval:	
Title:	Date:

PROJECT SUMMARY

Authorized Development (see above)	Hours:	Cost:
Preliminary Estimated Development for Future Phases	Hours:	Cost:
Grand Total Estimated Development	Hours:	Cost:

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PROJECT COMPLETION AUTHORIZATION

Customer Acceptance of Product:	
Title:	Date:
Project Office Review:	Date:

OCME Enhancements for a Mass Fatality - Size Estimate (+/- 10% to 50%)

Type	ID	Task Name	Estimated Hours	Estimated Cost	Estimate Notes
	3	000000	217	\$26,474.00	PROJECT MANAGEMENT
Phase	000100-1	PROJECT PLANNING AND CONTROL			
Phase	020000	FEASIBILITY STUDY			
Phase	040000	BUSINESS SYSTEM DESIGN	87	\$10,614.00	
Phase	050000	TECHNICAL DESIGN	86	\$10,492.00	
Phase	060000-0	PROGRAMMING	521	\$63,562.00	
Phase	070000	IMPLEMENTATION	87	\$10,614.00	
Phase	080000	POST IMPLEMENTATION SUPPORT	88	\$10,736.00	
			1,086	\$132,492.00	