

Dear Members of the Johns Hopkins Community:

Welcome to the December issue of *Momentum*, a monthly newsletter designed to keep you informed about the HopkinsOne project, current activities, and decisions that will affect the Hopkins community.

In this issue, we offer a brief summary of where we are in regard to some major project components and some of the challenges we face. In light of those challenges, we are analyzing our scheduled go-live date, but we have not yet made a final decision. For up-to-date reports, please visit our website at [www.jhu.edu/hopkinsone](http://www.jhu.edu/hopkinsone).

This issue also contains a message from Johns Hopkins leadership with some strategic advice on how to gear up for the tremendous amount of change that will result from the HopkinsOne project.

And to show how the project deals with challenges when they arise, we also take a look at some strategies we have implemented to mitigate risks, and offer some examples.

Finally, we feature Barbara Cook, president of Johns Hopkins Community Physicians, in our President's column.

Steve Golding  
Executive Director  
HopkinsOne

## Gearing Up For What's Next

### A Message from Leadership

The human nervous system, with its many pathways that branch off into other pathways, is a fascinating study in communications. Messages travel at lightning speed, carrying instructions from the "command centers" of our brains and spinal cords to our nerves and muscles, making it possible to maneuver in a three-dimensional world. Without such a system, we'd be unable to function independently, let alone interact.

Imagine the confusion that would result if we had not one, but multiple disconnected nervous systems. Perhaps we could find ways to adapt and cope, but no doubt we would pay a heavy price in terms of coordination and efficiency, if we could function at all.

The various administrative and business systems that have developed over many years at Johns Hopkins are akin to independent nervous systems. In order for Hopkins to function effectively, we need to integrate those systems and facilitate the kind of communication that most people take for granted in this age of lightning-fast communications technology.

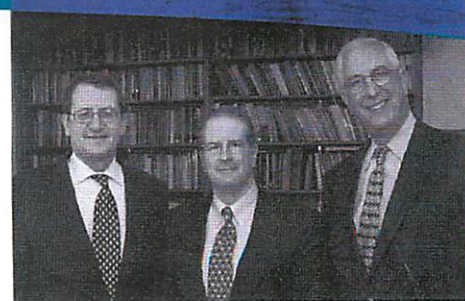
The demands of conducting business in the twenty-first century meant that we had to take decisive action. We needed to improve our enterprise-wide communications. We also needed to build in compliance with legal and governmental regulations and expedite daily processes, such as procurement, by adopting the types of technologies that other businesses have been using for years. Modernizing and streamlining was really not an option. It was a necessity.

Just as the brain sends and receives messages through the nervous system, Hopkins needs a way to integrate and share its vast stores of information. The HopkinsOne implementation will enable us to do exactly that.

Now we are entering a phase of the project where each branch of the old independent nervous systems may begin sending out the same message: pain. In this case, there really is no viable narcotic that we can use to completely remove that sensation. There will be mounting intensity in the coming months, and for those involved in the project, it will seem as if everything is proceeding at a breakneck pace. There will be periods of feeling overwhelmed, anxious, and confused. These feelings are not uncommon during system implementations. Several weeks after the systems are put in use, the pain will begin to subside and new routines will emerge. In the interim, there are a few prescriptive measures that may help to dull the pain.

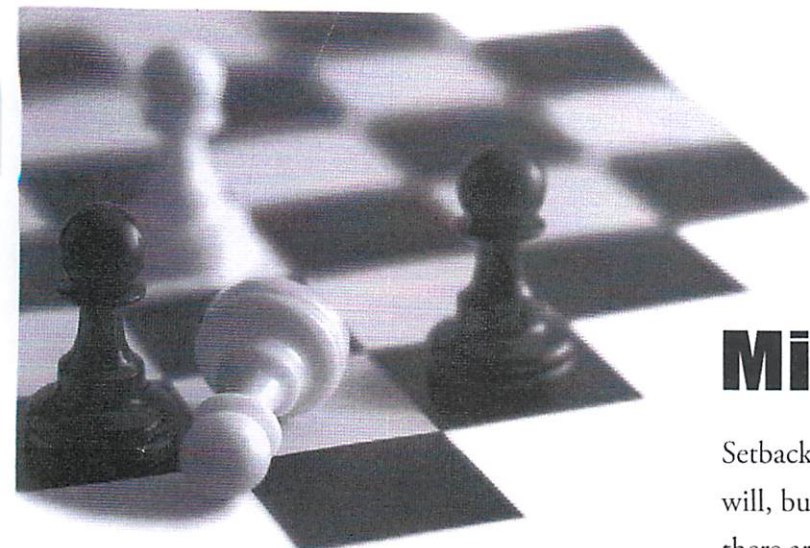
### What You Can Do to Prepare

As the need to operate the old systems overlaps with intense preparations for the new system, there are many things we can all do to prepare. No implementation is flawless, but we can minimize the disruption with some creative prioritizing and flexibility. For example, the university's budget office has agreed to begin the budgeting process six weeks early in order to alleviate some of the pressure on employees during the project's training time. Johns Hopkins Medicine will begin budgeting four weeks early. Some schools and departments have begun to shift duties among their employees to increase the availability of those who will participate in training and testing. Other



From left: Ronald R. Peterson, President, Johns Hopkins Health System; William R. Brody, President, The Johns Hopkins University; Edward D. Miller, Dean of the Medical Faculty, CEO, Johns Hopkins Medicine

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# Mitigating Risk

Setbacks. Snafus. Bumps in the road. Call them what you will, but in a project of the size and scope of HopkinsOne there are always unexpected developments that threaten to slow down even the most detailed plans.

“I think it’s important to stress that challenges are not really ‘bad,’” said Greg Lannon, HopkinsOne project manager for communications and the implementation teams. “Projects this size always encounter setbacks. What matters is how you manage the challenges.”

Some risks, such as resistance to change, for example, are common to all such projects and communication strategies exist for dealing with those risks before the project even starts. Other risks are less predictable. Nevertheless, HopkinsOne has developed strategies for mitigating both predictable and unexpected risk factors.

Here are examples of challenges that the HopkinsOne team encounters and how we deal with them:

## **CHALLENGE:** *Assigning System Access*

The workforce transition team needs to assign system access (roles) to employees so that they can perform their jobs in the new system, but the workflow design is incomplete. The training team also needs to begin developing the training curriculum and schedule, but that can’t be done until the roles are assigned. And without the workflow information, the people in the field are hesitant about completing their system access mapping, which determines where people can go and what they can do in the new SAP software.

**STRATEGY:** The information technology team develops a workflow diagram that gives the workforce transition team the information they need to clarify the roles and help those in the field map the right people to the right system accesses.

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## Did You Know?

Johns Hopkins leadership has decided that the budgeting process for fiscal year 2006/2007 will begin six weeks earlier than usual for the university and four weeks earlier for Johns Hopkins Medicine. For more information, visit: <http://www.jhu.edu/hopkinsone>. Select the “Library” tab in the Toolbox and scroll down to HopkinsOne in the News.

Employees who want to become familiar with the SAP software being installed by HopkinsOne can “test” it out. We are pleased to announce that a new SAP online navigation overview is now available on our website: <http://www.jhu.edu/hopkinsone>. Select the “Training” tab in the Toolbox.

Training won’t end once the new system is up and running. A robust, ongoing training program will continue after the system goes live, including self-paced training (with manager/supervisor approval) that will offer the greatest flexibility.

**CHALLENGE:** *Prompting an Important Decision*

An executive decision needs to be made about a business issue before the HopkinsOne team can proceed with system development. The issue has not yet made it onto the agenda of the decision makers, so the issue lingers unresolved.

**STRATEGY:** By regularly reviewing open issues, the business transformation team identifies the risk and takes the problem to upper management. The issue is brought before a committee composed of executives who oversee project implementation. Those executives have the authority to make or delegate such project-related decisions and bring them to resolution.

**CHALLENGE:** *New Grant Submission Procedure*

The National Institutes of Health announce plans to begin processing research applications through a new government web site ([grants.gov](http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-067.html)) during 2006. (To learn more, go to: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-067.html>) This announcement changes the entire timeline for the implementation of Coeus, the system Johns Hopkins will use for the proposal and budget development of sponsored projects.

**STRATEGY:** Upon learning of this change, the HopkinsOne sponsored projects team meets to determine how it will affect the project. The team then adds the issue to a database of problems that need attention and resolution and sends it to the project management office (PMO) for further assessment. The PMO expedites sending the proposed change to the appropriate HopkinsOne management committee for further evaluation and action.

In the case of Coeus, the project management office decides to fast-track the proposal development module, moving it up from a segment III (2007) to a segment II (2006) release date.

**THE PROBLEM-SOLVING APPROACH**

“Problem solving is essential to all progress,” said Lannon. “In the case of HopkinsOne, we’ve built inherent safeguards into the process to help us identify and address risk factors that could hinder progress. Our approach combines systematic and intuitive safeguards that require keeping our fingers on the pulse of the Johns Hopkins community. And when that pulse starts to race, we know we need to find out why and do something about it.” ■

# President's Column



Paper records are becoming a thing of the past in medicine. It's becoming increasingly commonplace for healthcare providers to enter prescriptions and other medical information electronically. Here at Johns Hopkins Community Physicians (JHCP), for example, we already process about 40,000-45,000 prescriptions electronically each month, and we're in the midst of adopting an across-the-board electronic medical record system. In fact, we're instituting our new medical records system and HopkinsOne simultaneously. I jokingly refer to it as “the perfect storm,” but it's exciting to be involved in such a major transformation.

Medicine has been slow to go the paperless route, but the trend is now pronounced. It's about time. Imagine, for example, if you went to the bank, requested your balance, and were told that it would take 72 hours to access your off-site records. Yet, in many medical offices, that's still the case.

More efficient, electronic systems free up administrative staff and also allow healthcare providers to see more patients. For example, with our electronic prescriptions, we don't always have to search for the patient's chart or make phone calls to get prescription information because, in most cases, that data already exists in the system. That's particularly beneficial for a group practice such as ours that has 120 healthcare providers spread out among 15 locations. When information is stored electronically, it's as easily accessible from our White Marsh location as from Hagerstown.

HopkinsOne should provide many similar benefits. Better access to more accurate financial information has obvious advantages. All human resources data will be available through a single platform, which should make a dramatic difference, and we'll have purchasing power at our fingertips. We've become accustomed to the technology involved in making Amazon.com-style, shopping cart purchases and that will make the entire process easier and more integrated, requiring our people to spend less time in laborious, duplicative data entry.

HopkinsOne is long overdue. The train has left the station and we're rolling along. I look forward to our arrival. ■

*Barbara Cook, President*  
Johns Hopkins Community Physicians

# Project Status Report

So far, the HopkinsOne project has consistently met all major milestones, but now, "We are challenged with staying on schedule," says HopkinsOne Executive Director Steve Golding. "We've been given a large list of requirements, and frankly, it's more than we anticipated. So we have to work through those and determine what to address during phase one and what to address later on." (For an up-to-date report, visit the website at [www.jhu.edu/hopkinsone](http://www.jhu.edu/hopkinsone).)

## Here is a status report for some major areas:

### Testing

After completing the new system's design, the HopkinsOne team began conducting tests and refining testing procedures. This includes testing elements designed to ensure compliance with legal and governmental regulations.

### Workforce Transition

The HopkinsOne team has worked with implementation teams, managers and supervisors from throughout Johns Hopkins to assign employees to what system access (roles) they will need in the new system, called SAP. In other words, what SAP roles will each employee need to perform his or her job in the new system? Mapping is on schedule. To date, more than 10,000 people have been mapped to SAP roles.

### Training

The assigned roles and security accesses determine what training each person will need. About 10,000 staff members will need to receive training in some aspect or segment of the system before the project's launch. Upcoming training preparation includes developing training content and drafting a schedule.

### Data Conversion

Johns Hopkins is determining the need for the conversion of "legacy data" (information stored in old systems) on a case-by-case basis. Hopkins will not bring over all historical data, but will convert data that is necessary to support year-to-year financial comparison reporting, or to support W2 (tax) processing for the 2006 calendar year.

### Shared Service Centers

Shared service centers will be co-located at Johns Hopkins at Eastern, 1101 E. 33rd St. The shared service centers will provide the following services: procurement, accounts payable, materials management, benefit administration, accounts receivables, payroll administration, fixed assets and project accounting. More information on shared service centers will appear in the January issue of *Momentum*. ■

**Gearing Up For What's Next.** *continued from page 1*

organizations have delayed internal initiatives or other IT projects in order to not overly burden the people on their staffs. And in recognition of the critical importance of training, some groups are implementing vacation policies that emphasize the importance of being available for training.

Other practical action plans to prepare for training include: taking the online SAP overviews as they become available; cleaning up data in the current systems that will move into SAP; and identifying work that can be deferred or eliminated during training.

## **A Word to Faculty and Supervisors**

A change of this magnitude always generates some anxiety, but faculty and supervisors can help ease some of the anxiety by demonstrating understanding toward the staff members who most directly need to cope with this transition. Please assure the people who work for you that you understand if they can't accomplish everything in a customary timeframe, and allow some leeway in your schedules for possible delays. The people who work for you will be under greater pressure than usual and they will need you to demonstrate some flexibility and patience.

## **Realistic Expectations**

Also, please keep in mind that this will be a new system, built upon a more thoughtful and cohesive framework, but it may not be able to do everything that we've become accustomed to from the very start. Our current systems were adapted over many years, and our new system will also need to undergo some adaptation over time. After phase one of the implementation, no doubt there will be some aspects of the new system that we won't like. However, we will provide vehicles for constructive feedback to refine the system and compile a list of desired functions not included in the core system. You should also anticipate some interim inefficiencies as several of the self-service functions will not be available until a later phase. Please keep in mind that we are striving for progress, not perfection in this initial installation. During the testing and training phases of the project, it will be important for you to raise any and all concerns you may detect to your leadership or to the HopkinsOne project leaders so that the concern can be investigated, mitigated, and resolved in a timely way. Silence is likely to lead to dissatisfaction.

## **Thank-you for Being Part of the Solution**

Being a part of major, progressive change is exciting. But that's not to say that it is easy. Please know that we notice and appreciate the willingness of faculty and staff to collaborate and support this important initiative. Thank you for helping us to do what it takes to move Johns Hopkins forward. ■

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**The HopkinsOne initiative will transform most of Johns Hopkins' business and administrative systems by installing integrated, enterprise-wide software called SAP.**

**The scope of the project includes finance, human resources, payroll, purchasing, accounts payable, materials management, and pre- and post- award research administrative activities.**

*Momentum* is produced by the communications department of the HopkinsOne Business Transformation team.

Project Manager: Greg Lannon  
Editor: Jeanne Johnson  
Designer: Elizabeth "E" Harwood

If you have any questions or need further information, please contact the HopkinsOne hotline at 410-735-7411 or e-mail [hopkinsoncholine@jhmi.edu](mailto:hopkinsoncholine@jhmi.edu).

**Visit our website at [www.jhu.edu/hopkinsone](http://www.jhu.edu/hopkinsone).**