

**Oregon Department of Human Services  
Office of Information Services  
EDRS**

**Communication and Support Plan**

Approval Date: January 24, 2006

**Purpose of the Document**

This document contains the approved version of the Impact Assessment, and the added Communication and Support Plan. The impact assessment identified potential issues, topics and/or processes that require business transition management support. The communications and support plan identifies the specific business transition management support activities to help mitigate the impacts.

**Document Change Activity**

The following is a record of the changes that have occurred on this document from the time of its original approval

#	Change Description	Author	Date
1.0	Initial Draft	Day	12/19/05
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## Definitions and Abbreviations Used

The following are definitions and abbreviations used throughout this document:

OVERS	Oregon Vital Events Registration System. OVERS consists of separate modules, including Core and EDRS which are being implemented now. Future modules planned, funding permitting, include birth (including fetal death), marriage and divorce and induced termination of pregnancy.
EDRS	Electronic Death Registration System, the first module of OVERS.
DHS	Oregon Department of Human Services.
Center	Oregon Center for Health Statistics.
OIS	Oregon DHS Office of Information Systems.
Fully electronic	A death certificate completed entirely within the DAVE software, including decedent information, medical certification and county or state registration.
Drop to paper	A death certificate completed and electronically signed in the DAVE software by one signer (funeral director, most commonly; medical certifier, less commonly) then printed and sent to the other signer as a paper document. A drop to paper death certificate is processed by the second signer and county registrars as if it were a completely paper death certificate. Center staff will enter the information filled out on the paper portion of the death certificate into DAVE. After this data entry, the certificate is considered fully electronic, except for storage of the original paper document.
Paper certificate	A death certificate filled out and processed completely on paper by the funeral director, medical certifier and county registrar. Paper certificates will be entered into DAVE by Center staff. After this data entry, the certificate is considered fully electronic, except for storage of the original paper document.
DAVE	Database Application for Vital Events, the web-based software used to complete, certify, amend, issue and track death certificate information.
VSAM	The mainframe database currently used to enter and access individual death certificate information.
SuperMICAR	Software which takes literal information from death certificate data systems, such as DAVE, and recodes it into a format used by NCHS.
Client/Server	The database environment containing aggregate death information used by the Center Statistics Unit.
SPSS / TPL	Software programs used by the Statistics Unit for aggregate death information tracking and reporting.
NCHS	The National Center for Health Statistics.
NAPHSIS	The National Association of Public Health Statistics and Information Systems.
SSA / SSN	The federal Social Security Administration; the Social Security Number.
CDC	Federal Centers for Disease Control and Prevention.
HAN	The CDC's Health Alert Network.

## **Section 1. EDRS Overview, Background, Purpose, Assumptions**

This section provides the overall background to the Electronic Death Registration System (EDRS), the specific purpose of the impact assessment and communications and support plan, and the assumptions made. The EDRS project is the first component of the larger Oregon Vital Events Registration System, OVERS. Later OVERS modules include birth (including fetal death), marriage, divorce, and induced termination of pregnancy.

This assessment and support plan looks at two major groups of users. The first group involves internal Center staff and they are specifically assessed in Sections 2-6. The second group involves users who are external to the Center and includes county registrars, funeral directors and medical certifiers. They are specifically assessed in Sections 7-11.

The items that form the Communications and Support Plan appear at the end of each sub-section. These are the specific strategies identified to mitigate the impacts listed in that sub-section.

Section 12.1 summarizes the impacts identified in the previous sections and Section 12.2 summarizes the communication and support strategies. Finally, Section 12.3 identifies items from the impact assessment that need to be considered in any future OVERS actions, whether additions to EDRS or in the other modules.

### ***1.1 Overview: Why perform an impact assessment and define communications and support activities***

An Impact Assessment is performed to identify potential business operational changes that may or will occur as a result of implementing the EDRS. The areas examined include work procedures, organizational structure, personnel, relationships with external entities, and the cultural and political environments.

This document will provide a high-level perspective of the impact of the EDRS application on the Center for Health Statistics (Center), County Registrars, funeral directors and medical certifiers. This perspective is based on interviews with pilot participants and Center managers and staff as well as a review of business processes currently under analysis by the EDRS Project Team.

The Communications and Support Plan identifies strategies that can be used to address the identified impacts. Some of these strategies will help mitigate adverse impacts, such as technology changes, while other strategies can help capitalize on positive impacts of the project, such as celebrating milestones during project implementation. Most of the items in the Communications and Support Plan address the personnel side of business change. Managing this aspect of change often requires equal resources, and sometimes greater resources, than managing the actual system change itself.

### ***1.2 Project background***

The Oregon Department of Human Services, Center for Health Statistics (Center) supports birth, death, marriage, divorce, abortion and fetal death systems. Many of

these systems' current processes are paper based and use legacy technology. A majority of the systems are either DOS or mainframe based. The Center plans to replace the existing technology over the next 4-5 years with a secure, web based, integrated system for all the vital records systems. To mitigate risks to the DHS, the Center decided to implement the systems in a phased approach starting with the paper based death registration system. The death registration system is the most complicated due to the large number of external partners and processes.

Currently, Oregon's death registration system is paper-based. Data providers use typewriters to complete death records. This paper-based system no longer meets the needs of our customers or public health officials who need immediate access to data for public health surveillance. It can take up to four weeks for the state to get a death certificate and make it available for issuance. Research is also affected. Cause of death information that can be used for analysis is available three months after the date of death. Oregon must have a faster, more accurate, and more efficient death registration system. This can only be accomplished by re-engineering the current system. All aspects of the system – from the completion of the death certificate to the production of the data for analysis – need improvement and many need to be automated.

It was decided to select Commercial Off The Shelf (COTS) software, which would be modified to meet specific Oregon needs. During a competitive bid process, VitalChek was chosen as the EDRS vendor.

Three counties – Lane, Tillamook and Washington – will be used to pilot test EDRS. In each county, the registrar, medical examiner, one or more funeral directors and selected medical certifiers will begin using EDRS in the first quarter of 2006. The Center will also begin using the system in the first quarter and all 2006 (and later) death records will be entered into the system. Statewide rollout is scheduled to start in July 2006 and continue over the next 12-18 months.

Some of the impacts in the assessment are not strictly due to EDRS. In conjunction with EDRS, the Center is implementing a new death certificate that meets national standards developed by NCHS and NAPHSIS. These standards call for more data to be collected than in the current death certificate, such as greater detail on the decedent's race/ethnicity and additional questions in the medical certification portion of the death certificate. A small amount of the increased workload noted in Section 2.2 and elsewhere is due to the new death certificate and not specifically to EDRS. It is, however, difficult to estimate the exact impact of this change, versus the change due to EDRS so unless specifically noted, no attempt was made to distinguish the exact relative impact.

### **1.3 Assumptions used in this plan**

The following are assumptions used in this plan:

- OIS and Center resources will be assigned and remain available to the project.
- Currently approved funding will remain available.

- This assessment is limited (except where specifically noted) to the processing of data for deaths that occur in 2006 or later in the EDRS system.
- The impacts on stakeholders statewide will be consistent with the impacts on the pilot participants. An exception to this is that there will be variation in the level of information technology abilities and interest among funeral home and medical staff. The pilot participants have a high-level of information technology skills; the remaining funeral directors and medical certifiers may not possess this.

#### 1.4 Business Change Management Complexity Assessment

The Business Change Management Complexity Assessment is a tool to determine the amount of resources and time the business transition activities will need in order to address the organizational and operational changes that come from implementing a new system. A full assessment includes defining the business change, determining who is impacted and identifying the business functions or elements that will be impacted. Most of the below assessment factors were identified in the initiating phase of the EDRS project and were used in developing the Project Charter, RFP and other initiating phase documents.

DHS is currently developing a standard format for the complexity assessment. An EDRS Complexity Criteria matrix has been completed, based on the DHS draft documentation, and this matrix helps identify the overall Business Change Management complexity. The EDRS total complexity score was 45 out of 80.

**Table 1.4: Change Management Complexity Criteria**

	Low-----High						
	0	1	2	3	4	5	
Composite of business components.....Single/Simple						X	Many/Complex
Number of DHS people impacted.....Less than 10			X				Over 1000
Number of DHS groups impacted.....Single/Simple			X				Many
Number of DHS divisions impacted.....One		X					Many or Department-Wide
Variation of impacts per DHS group.....Single				X			Many
Approach to implement change.....Minor/Incremental				X			Major/Radical
Degree of process changes.....0%					X		100%
Degree of technology changes.....0%						X	100%
Degree of job role changes.....0%				X			100%
Degree of organizational restructuring.....0%		X					100%
Impact on employee compensation.....None	X						Large
Changes in staffing levels.....None			X				Significant
Scale of difficulty in completing appropriate change activities within the project's timeframe.....Easy					X		Extremely Difficult or Impossible
Number of external people impacted.....Less than 10						X	Over 1000
Number of external groups impacted.....Single				X			Many
Variation of impacts per external group.....Single			X				Many
Total number of points per column	0	2	8	12	8	15	
<b>Grand Total (out of 80)</b>	<b>45</b>						

The DHS draft complexity documentation states that a score of 44 or higher is considered a complex business change that will require additional business transition management resources and activities to be successful. Managing the people side of business change often requires equal resources, and sometimes greater resources, than the management of the actual system change itself.

The Center believes that the current complexity matrix does not adequately reflect the impact when multiple external groups are involved. Therefore, although this project has a borderline complexity rating, the Center is treating this as a high complexity project and has already planned substantial business transition management activities to help ensure a successful project. Feedback will be provided to the DHS Office of Information Services about the complexity assessment tool.

There is some discrepancy about the meaning of the phrase “change management” among different types of users. For purposes of this assessment, the phrases “business change management” and “business transition management” are interchangeable, the latter phrase being used in other EDRS project documentation. These are the activities that must be completed to ensure the organization is ready to accept and use the new system. These activities include both work process changes as well as other actions directed towards managers and staff to assist them personally and professionally in this transition.

## Section 2. Center: Work Procedures

### 2.1 Automate workflows.

There are 17 major death certificate workflows performed by Center staff. Currently, 11 of these workflows are primarily done manually while 6 are primarily done on a computer. With EDRS, it is expected that 16 of the 17 workflows will primarily be performed on the computer. Table 2.1 details this breakdown.

Table 2.1: Center Death Certificate Workflows	Currently – Workflow is primarily		EDRS – Workflow is primarily	
	Manual	Computer	Manual	Computer
<b>1. Certification</b>				
1.1 Counter orders	X			X
1.2 Internet orders	X			X
1.3 Mail orders	X			X
1.4 Phone and fax orders	X			X
1.5 Research requests	X			X
1.6 Government agency verifications	X			X
<b>2. Amendments</b>				
2.1 Amendments to personal data < 1 year	X			X
2.2 Amendments to personal data > 1 year	X			X
2.3 Amendments to medical data	X			X
<b>3. Registration</b>				
3.1 Death certificates sight verified	X		X	
3.2 Death certificates assigned state file number	X			X
3.3 Death certificates data entered		X		X

3.4 Statistical file (non-cause of death) sent to NCHS		X		X
3.5 Cause of death (COD) file received back from NCHS		X		X
<b>4. Statistics Unit</b>				
4.1 Data edited for errors and quality		X		X
4.2 Statistical reports produced		X		X
4.3 Special requests processed, e.g. report sharing		X		X

(Note: Many workflows will still require some manual tasks, such as reading and filing an affidavit accompanying an amendment. This table is based on the major part of the workflow.)

This increased use of information technology should allow for increased accuracy and more consistent work processes. The exact changes needed in these workflows will be developed by Center staff over the next two months.

**Communication and Support Plan**

The communication and support items for this sub-section, workflow changes, are included with the items for the next sub-section, workload changes.

**2.2 Workload changes.**

As noted in Section 2.1, most of the Center staff who work with death information will encounter changes to their workload. In some cases, it is currently unknown to what extent the workload will be affected, in part, because we have not performed user acceptance testing yet on the DAVE system. In these cases, a reasonable estimate was made.

All units can expect some increase in workload due to questions about the system from our users. In addition, some of these questions will also be about the NCHS required implementation of the new standard death certificate. It is unknown how much the workload will increase as a result of these questions, but it is estimated to be greater during the roll out year and decline after Statewide roll out is complete in the second quarter of 2007. Most of this workload increase will likely fall on the Registration and Amendments units as they answer questions from funeral homes, medical certifiers and county registrars.

For all workload and workflow changes, specific business transition management tasks will be needed. The following support items will apply to all of the Center’s units discussed in this sub-section. Additional communications and support items relevant to a specific unit will be included after discussing the EDRS impact on that unit.

**Communication and Support Plan**

- Communicate the need for change with staff as soon as practical. These communications include meetings between staff and management, staff and the EDRS project team, posting of system and project information on the OVERS website and an internal newsletter.

- Work with the affected staff to identify the best way to develop new or improve existing workflows.
- Meet with staff during the pilot on a weekly basis and monthly thereafter to actively solicit feedback and process improvement ideas and subsequently act upon those ideas to improve operational plans.
- Managers will work with staff to identify the most appropriate measures to evaluate the quality of the work product for new or changed workflows.
- Provide appropriate role specific training using the new or changed workflows.
- Reassure staff that Center management recognizes the difficulties in transitioning to new work processes and will support frontline staff through the process.

### **Certification Unit**

In the Certification unit, death certificate order processing accounts for approximately 22% of the total unit workload. The certification unit will encounter the following changes:

- Staff who perform death certificate ordering processes (workflows 1.1-1.4) will locate a 2006 death case record using the DAVE system instead of the current VSAM system.
- As 2006 orders are requested, staff will be able to print certified orders directly from DAVE without having to locate the original paper document and make photocopies. This may provide some time savings when processing 2006 death requests.

The amount of information required by DAVE to process a death certificate order appears to be more extensive than the current process. It is currently unknown how the time required for these additional tasks compares with the time likely to be saved by not having to manually find and copy a paper or microfilm death certificate. The Center managers' best estimate is that EDRS will cause some increase in the time needed to process a death certificate order.

The old system will continue to be used for deaths that occurred prior to 2006. There are long-term plans to have the index information (used to locate the original death certificate) entered into the DAVE system for these earlier deaths, but these plans are contingent on funding and staff availability for historical data entry. Augmenting this index is a lower priority. If full historical death information is entered into DAVE, processing certificate orders will occur just as with the 2006 and later deaths. It is more likely that only death index information will be entered into DAVE, which will be used to locate the state file number so the original paper document can be located and certificates made.

Certification is likely to save time on research requests (workflow 1.5) because the relevant information will be available within the EDRS system. There will be no difference on the time needed for government agency verifications (workflow 1.6) because this verification is currently performed from the mainframe index. These

workflows are only a small portion of Certification work, so this should not have a significant impact on the overall Certification workload.

### **Communication and Support Plan**

- Management will consider increasing staff levels in order to continue providing timely death certificate order processing.

### **Amendment Unit**

Death certificate workflows in the Amendments unit will change significantly. There are approximately 150 non-medical amendments performed on death certificates each month. These workflows account for 10-11% of the total unit workload.

The amendment unit will encounter the following changes:

- Currently, death data corrections and amendments are made manually on the original death certificate. With EDRS, all amendments to 2006 death records will be made inside the DAVE system. This should be a faster process since paper records will not need to be located or worked on. It is currently unknown how much time may be saved, since it has not been possible to fully simulate these workflows in the DAVE system.
- Processing of faxed death certificates will also change. Faxed certificates arrive in advance of the original paper document, in order to rapidly issue certified copies. After review and “quasi-certification”, the faxed copies are forwarded to the Certification Unit for issuance of certificates. (A similar process is performed in some counties and is addressed in Section 7.1.) Currently, there are about 250-300 certificates reviewed and an average of 900 certified copies issued by the Center for these faxed death certificates each month. The increasing use of EDRS to provide electronic transfer of death data by funeral homes and medical certifiers should gradually reduce the number of faxed death certificates sent to the Center, although the exact impact cannot be currently estimated.

Note: Medical queries and amendments are made by the nosologist who, organizationally, is in the Center Registration unit. However her processes are included in the amendments workflows for business analysis purposes.

The nosologist performs approximately 300 medical queries (workflow 3.5) and 150 medical amendments (workflow 2.3) each month. The need to perform medical queries should be reduced due to improved data accuracy because of DAVE edit checks and more legible record information from the fully electronic certificates. It is currently unknown how much time this will save because this benefit depends on medical certifier and medical examiner use of the system.

### **Communication and Support Plan**

- Management will consider increasing staff levels in order to continue providing timely death certificate amendment processing.

## Registration Unit

Death certificate processing is 40-50% of the total workload in the Registration unit.

The registration unit will encounter the following changes:

- Time needed for sight review of paper death certificates may decrease. (Workflow 3.1) This workflow comprises a visual review of the paper death certificate to ensure all the required information is provided and the document is ready to be entered into the system. Documents that are missing data are set aside and other registration staff perform follow-up with the necessary data providers. The time required to perform this visual check is not expected to change for paper certificates, but there should eventually be fewer of paper certificates received, as more funeral directors and medical certifiers use the fully electronic death certificate.
- Death certificates that are dropped to paper might also experience faster processing in the sight-review workflow, as half of the data (either the funeral director or the medical certifier portion) will have been entered into DAVE where the various edit checks will be performed, ensuring that part of the certificate has complete data.
- Workflow 3.2, adding the state file number, will be eliminated, since this will be done automatically by the EDRS software.
- Data entry workload (workflow 3.3) will increase. First, more data will be entered than in the current system, since all of the new 2006 death certificate fields will be included in DAVE.
- In addition, until the requested “fast data entry” screens are available from the vendor, the DAVE application’s response time or navigation time will be slower when going between data entry screens than the current VSAM system.
- Once the online SSN verification is implemented (see Section 2.4 for further information), data entry staff will have an additional step to perform as part of the their workflow. This involves clicking a single link/button that initiates an automated process that contacts the SSA for validation of SSN. An automated response is sent by SSA to the EDRS and the record is automatically updated.

These factors will combine into a reduction of death certificates processed per hour from the current 30 to approximately 8-10 during the initial transition. Once staff are familiar with the system, new processing standards will be defined.

Changes in workload for the Registration unit coders are not fully known at this point.

The coding unit will encounter the following changes:

- The manual coding of demographic and statistical information on each certificate will no longer be needed, since the data will be input into DAVE with the rest of the death certificate information.

Workflow 3.4, sending non-cause of death statistical information to NCHS, will be a more automated process, since DAVE will regularly export data for SuperMICAR coding.

## **Communication and Support Plan**

- Management will consider increasing staff levels in order to continue providing timely death certificate data entry. This increase may include temporary staff to get caught up in backlog of registrations from January 1, 2006, plus staff to mitigate the expected slower data entry.
- New workload measures might include assessing the time saved from the anticipated reduction in corrections or amendments needed for missing or wrong data.

## **Statistics Unit**

The Statistics Unit will be least affected by EDRS. Currently, data from death certificate data reporting/processing accounts for approximately 25% of the unit workload.

The statistics unit will encounter the following changes:

- The death Research Analyst 2 accesses death information through the Client/Server system and they will continue to do so with EDRS. Part of the OIS procedures for EDRS includes transferring death data from DAVE to the Client/Server system so this data transfer will be transparent to the Statistics Unit, allowing them to access aggregate data in the current manner.
- The death Research Analyst 3 accesses the Client/Server for aggregate death data, and the VSAM system to review individual cases. The process for accessing the Client/Server will remain the same, while individual cases will be accessed in DAVE, rather than VSAM. There should be no significant change in workload for this, simply a change in work procedures.

There are two significant one-time workload increases for the statistics unit with the EDRS system.

- The first impact involves re-writing the syntax files used by the Unit to process death information. This is because the current system stores most data in numeric format while DAVE stores data in alphanumeric format. There are approximately 100 SPSS and 50 TPL syntax files which are estimated to require an average of 2-3 hours each to rewrite.
- The second impact involves table setup and data quality checking to ensure the output from DAVE is able to be imported into the Client/Server environment in an accurate and usable format. The Statistics Unit manager will work with OIS System Architect on this process, but there is no estimate of the time necessary for this task.

## **Communication and Support Plan**

- The death Research Analyst 2 position will be increased from .5 FTE to 1.0 FTE.
- Unit manager to work with OIS System Architect on ensuring proper data translation from DAVE into Client/Server environment.

## **2.3 Future new processes**

### **Event notification**

DAVE will have the capacity to automatically send a notification message if certain thresholds are reached. These thresholds might include more than a certain number of deaths, due to certain causes within a particular geographic area, as might happen with a bioterrorism attack or other disease outbreak. When this feature is implemented, Center work procedures will need to be developed to ensure the notification messages reach the appropriate parties, such as the state public health officer, federal agencies such as the CDC, etc. The Center plans to link this feature to the existing HAN system as well.

### **Biometric print collection**

Since the biometric fingerprints are the legal death certificate signatures in EDRS, enrollment and storage of these prints is a major part of system security and needs to be tightly controlled. A process and form will be developed for this purpose. Part of the data needed will include the signer's proof of identification, first and last name, license number, address, and contact information.

### **Biometric device issuance**

The issuance of the State-provided biometric devices also needs to be tracked. A process and form will be developed for this purpose.

### **System administration**

The process on how to setup and register new users into the system and how to alter the registration of users in EDRS will be defined. The Center will designate at least one staff person to manage this responsibility.

### **Maintenance process**

The Vendor will provide documentation of the processes to provide ongoing maintenance of the system.

### **Communication and Support Plan**

- Center managers, EDRS Project Team and OIS will develop appropriate workflows and procedures for these new processes.

## **2.4 Fiscal impacts.**

Aside from the hardware and software costs detailed in the project plan and budget, there are a few additional anticipated fiscal impacts. Personnel costs increased due to hiring 3.5 FTE staff for the project team as well as personal services contracts for quality assurance oversight and a dedicated project manager. In addition, based on the Impact Assessment, additional personnel costs may be incurred by the Center as management consider increasing current staffing/FTE levels to accommodate the expected increased workload. (See Section 2.3 for further details.) Existing estimates indicate an additional 2.0 FTE may be needed to perform both EDRS and non-EDRS tasks.

The project has arranged with the OIS Resource Management Council to provide technical staff to the project, including a database architect (0.10 FTE), a System Architect (0.5 FTE), a System Administrator (between 0.25 and 0.50 FTE) and Customer Service Technician support (0.5 FTE).

It is planned to eventually include online SSN verification as part of the DAVE software and the cost of this feature is included in the project plan. By implementing this feature, the Center can increase the amount of reimbursement monies received from SSA for reporting the fact of death to SSA within their desired time frame of five days after death. The reimbursement ranges from \$0.67 to \$2.48, depending on how soon after death the report is received by SSA. This benefit will be estimated more precisely when this feature is able to be implemented.

### **Communication and Support Plan**

- Additional impact, fiscal, communication and support analysis will be provided for the SSN verification feature when this feature is able to be implemented.

### **2.5 Statutory impacts.**

The EDRS system will be able to provide functionality for the “abstract of death” and “written report” of death required by ORS 432.105 and ORS 432.317(1), features that are desired by county registrars and funeral directors. In order to have EDRS provide these features, Center management will conduct an extensive review and determine if statutory or legislative action will be needed. These features will not be implemented at pilot or initial rollout. Center managers plan to assess the feasibility, resources, and processes necessary for this during 2006.

Other possible future statutory changes include:

- Changing the length of time counties retain death certificates before forwarding them to the Center;
- Extending the amount of time in which counties can print death certificates, beyond the current six months;
- Possible death certificate fee changes.

### **Communication and Support Plan**

- Center managers will assess initial feasibility of statutory changes.
- If feasible and desirable to move forward, a separate impact analysis will be performed and the issued referred to the DHS Legislative change process.

## **Section 3. Center: Organizational Structure**

### **3.1 Potential changes in job definition, classification and responsibilities.**

It is expected that there will be no changes in these job duties for members of the Amendments and Statistics units, although specific tasks and processes may change. Some positions in the Certification unit may be reviewed for possible job reclassification,

if their responsibilities change significantly under EDRS. Additionally, some staff in the Registration unit, such as coders, may see changes in their job responsibilities, as some of their duties will be performed during data entry or by the DAVE software. These changes have not yet been fully defined. Upon documentation of the Registration unit's workflows this impact will be confirmed. This likely impact has already generated staff unease, including concerns that job duties might change, requiring additional training or responsibilities, or even to possible elimination of the position.

### **Communication and Support Plan**

- Center managers will communicate the anticipated changes with staff as soon as practical.
- Center managers acknowledge that the change in duties for some positions may require re-classification of the position. Center management will keep staff informed as to any potential re-classifications, and that the new classifications are unlikely (but not certain) to be lower than currently, and may increase.
- Some staff may be considered for "lead" status to provide additional guidance to other staff on using the new system.
- Center managers will investigate offering seminars to staff on organizational change.

## **Section 4. Center: Personnel**

### **4.1 Risks.**

Center staff will require changes in their skills, knowledge and/or daily tasks as a result of implementing the EDRS system. As a result of these changes, three main risks have been identified to Center staff.

#### **1) Possible resistance to technology/system change**

Some staff thrive on learning new technologies and new ways of doing things that might improve their job. Other staff resist or struggle with change.

### **Communication and Support Plan**

- Center managers will identify staff most at risk for struggling or resisting the new system.
- Promote the technological advances and advantages for their position.
- Promote the personal and professional benefits of supporting change.
- Provide adequate training and documentation on the new system.
- Provide consistent and appropriate communications about the process before, during and after the change.
- Reassure staff that management acknowledges the difficulty of making workplace change and fully supports the staff in this process.

## **2) Changes in required skills and knowledge;**

Staff will require increased training time to learn new skills and tasks, resulting in increased unit workload. As staff spend time training, that time is taken away from their other work tasks.

### **Communication and Support Plan**

- Schedule training around peak work periods so that the “regular” workflow is minimally affected.
- Promote basic computer skills classes as appropriate.
- Use temporary staff to stay caught up with work if needed.

## **3) Implementation Transition Inefficiencies**

During the transition from the current system and work processes to a new system and work processes, internal staff are likely to experience a decrease in efficiency. There may also be some duplication of efforts as both paper and electronic records are being maintained. There will also be a backlog of death certificates for the Registration unit to process for deaths that occur between January 1, 2006 and when the DAVE system comes online.

### **Communication and Support Plan**

- Center management will consider obtaining temporary staff to help meet workloads, if needed.

## **Section 5. Center: Relationships with External Entities**

The EDRS system should improve relationships between the Center and county registrars, funeral directors and medical certifiers. A few pilot participants have already expressed positive comments about the state being active in improving death certificate processing and similar comments were heard from several funeral directors at the Oregon Funeral Directors Association regional meeting. It is anticipated that there will be improved customer satisfaction from the public as well, due to faster and more accurate death certificate processing.

### **Funeral Homes**

One pilot funeral director reported that “discount” funeral homes may be more likely to have families order death certificates directly from the state, in order to keep their specific funeral service fees low.

Another pilot funeral director reported that they will be more likely to order death certificates directly from the state for deaths outside of their county, due to having a billing account already setup with the state. Taken together, this indicates a small increase in the number of funeral directors or families ordering certificates directly from

the Center rather than the local county registrar. This is not expected to be a significant impact and is more fully discussed in Sections 7.4 and 11.

### **County Registrars**

Pilot county registrars also report positive comments about the state working to improve death certificate processing. One registrar expressed particular support for choosing VitalChek as the vendor. Another registrar was impressed with the approach the Center is taking in the entire project. Other county registrars who are not part of the pilot may have some apprehension about this project, due to potential changes in their revenue or their roles, also discussed in Sections 7.4 and 11. As part of the statewide rollout process, the Center will extensively discuss the project with each county registrar and seek to specifically address their concerns.

### **Federal**

The EDRS project will contribute to maintaining and improving the positive relationships between the state, NCHS and NAPHSIS. Oregon is one of the leaders in modernizing vital records and has demonstrated a commitment to fast and accurate vital record information. This was recognized by NCHS giving two awards to the Center last year for the speed and accuracy of vital records reporting. The EDRS project will further this relationship.

The federal Social Security Administration was an early supporter of electronic death registration systems, for improved accuracy of their records. They have made available the capability to verify SSNs with an electronic death registration system and provide financial incentives (discussed in Section 2.4) for states to implement this. The Center applied for a contract grant with SSA for additional funding for statewide roll out activities, but did not receive an award this year. The Center will consider reapplying in 2006.

EDRS should help relationships between the state and the federal Centers for Disease Control and Prevention. By allowing for automated event reporting, the state can notify CDC and/or other public health officials about any sudden outbreaks of unusual deaths. These outbreaks might be the result of bioterrorism or the beginning of possible epidemics.

### **Office of Information Systems**

The DHS Office of Information Systems has placed a high priority on acquiring and managing the EDRS hardware and software. This level of activity and support will greatly increase the likelihood of a successful project.

### **Communication and Support Plan**

- During rollout, EDRS Project Team staff will meet with county registrars and discuss any concerns they have. The team will seek to address the specifics of their concerns in the communications and support plan for Sections 7.4 and 11.
- The Center will consider re-applying for SSA funding to support implementation of the online SSN verification feature of DAVE.

## **Section 6. Center: Cultural and Political Environment**

Intelligence reform is a major political factor affecting both the current EDRS project and future OVERS implementation. Vital records are coming under increasing scrutiny to ensure their original validity and protect against alteration. Additional security measures are expected to be implemented, some of which are included in EDRS, such as the specific tracking (by certificate number) of death certificate copies issued. This impact will be evaluated more fully in future modules, particularly with the birth system, which is expected to have tight restrictions on certificate issuance.

Generally, Center staff recognize the importance of transitioning to electronic vital records processing. Many staff are looking forward to EDRS as a way of doing a better job serving our external partners and the general public.

As discussed in previous sections, some staff resist change. For some, this resistance is to the increased use of information technologies. Other staff are resistant because change brings potential risks that they may not be able to meet the expected levels of quality or work output. For some staff, their jobs will significantly change and there is considerable unease about this. Recently, Center staff and managers have expressed the notion that EDRS “is becoming real,” and the impact of change in a large project is starting to take place on a personal level.

Taken together, there is a significant level of stress among Center staff about the changes coming with EDRS. It is expected that this stress will increase as EDRS gets closer to implementation.

### **Communication and Support Plan**

- Center management and EDRS project team members will seek to reduce stress among Center staff, including acknowledging their concerns and fears and offering support and reassurance that staff skills are valued and that managers are confident in their ability to make the necessary changes.
- The project team will keep Center staff informed by displaying a project timeline and information on the OVERS web site. This will provide consistent and readily available resources to all Center staff about the overall status and progress of the project.
- The project team will provide avenues for specific and regular feedback from staff, including anonymous, private and public channels. This may include weekly meetings about how the project is going for the staff, discussion of EDRS status at Center All-Staff meetings, and “Comments About EDRS” envelopes near copiers.
- Center management and EDRS project team members will seek to involve staff in celebrating the many achievements along the way to successful project completion.

## **Section 7. External Partners: Work Procedures**

### **7.1 Automate workflows.**

For funeral directors, medical certifiers and county registrars, participating in EDRS will replace a completely manual process with one completely computer-based. This should result in faster processing and reduced errors.

#### **Funeral Homes**

For funeral homes, completing the death certificate in the EDRS will not be significantly faster than using the paper version, although it will be more convenient. It should also increase legibility and reduce errors.

There will be significant time savings in forwarding the death certificates to and from medical certifiers through EDRS rather than using mail or courier staff. For larger funeral homes, this could be a substantial savings. Pilot funeral directors estimate that there could be an average savings of 2-3 days per certificate, solely due to the elimination of mail or courier transfer, although this varies considerably, depending on the working relationship between the funeral director and the medical certifier.

Funeral directors may also be able to use the EDRS work queue feature to track the status of requested medical certifications, rather than the generally manual process used now.

Finally, if at some future point, 24-hour death abstract cards are replaced with the initial entry of decedent information into DAVE, this workflow will be completely eliminated.

#### **Medical Facilities**

In addition to eliminating the paper, medical facilities may also change their procedures to allow some of their staff to fill out the necessary information, and then have the certifier quickly review and electronically sign.

Status tracking will be enhanced with the use of internal work queues. When medical certifiers log into DAVE, they will see a queue of certificates that have yet to be completed, allowing them to more easily manage their workflow.

Returning the death certificate to the funeral director for subsequent certification will also be quicker, since the medical facility can avoid the inherent delays of sending the cause of death information via postal mail.

Additionally, medical certifiers will now be able to initiate the death certificate in DAVE, which will have particular work process and time benefits to hospital staff. This will allow them to complete the medical certification immediately after death, without waiting for a funeral home to be selected by the family and the funeral director completing their portion of the death certificate.

For both funeral directors and medical certifiers, submitting corrections and amendments can be more automated by submitting them through DAVE, rather than completing and mailing paper documents. Currently, medical certifiers must submit amendments by mail to meet the original signature requirement in law. With DAVE, it is possible to scan in and attach supporting information, further reducing the need for paper processing.

## **County Registrars**

County registrars anticipate substantial automation of their workflow, for fully electronic certificates. This should enable them to more quickly certify the documents and the built-in EDRS edit checks should reduce the number of errors that might otherwise be noticed by the registrar and delay certification.

Actual issuance of certificates may be slightly slower, as ordering information will need to be entered into EDRS.

Fully electronic certificates will also eliminate the double-processing that occurs in counties that allow faxed death certificates – once for certifying and issuance off the faxed certificate and then additional certification when the original death certificate arrives.

EDRS will also eliminate mail delays for receiving the certificates.

As with funeral directors, if the 24-hour death abstract cards are replaced by entering that data into DAVE at some future point, the manual processing and storage of these cards will be eliminated.

For certificates that were dropped to paper, county registrars will still need to certify and issue certificates manually, but the built-in edit checks of the DAVE system on the initial death certificate data entry should slightly reduce the review time prior to certification. After data entry at the State office, counties will be able to immediately issue certificates through DAVE.

Finally, EDRS reports will help county registrars provide easier access of public record death information, while ensuring that confidential information is not accidentally released.

### **Communication and Support Plan**

- During pilot phase, assess the types of workflow automation actually experienced by our external partners.
- Communicate the results from this assessment to other external partners during statewide rollout.

## **7.2 *Workload changes.***

### **Funeral Homes**

Funeral home workloads for actual completion of the certificate will not significantly change with the online version. Processing time will decrease for funeral directors who would otherwise use staff to deliver and pick up the documents from medical certifiers. This reduction could be substantial in case of very large funeral homes. Follow up with medical certifiers should also be reduced, since the EDRS work queues and ease of use will allow medical certifiers to process the records more promptly.

## **Medical Facilities**

As noted in Section 7.1, medical certifiers may be able to reduce their workload by having staff complete the needed information and they can quickly review and electronically sign the death certificate. With this work being performed by other staff in their office, however, there will likely be no overall change in workload for the medical facility.

For both funeral directors and medical certifiers, there should be less time needed for corrections or amendments, due to increased quality as a result of the DAVE edit checks, as well as more legible information from an automated system. This, however, represents only a small part of their overall workload.

## **County Registrars**

County registrars should experience an overall decrease in workload with EDRS. Review and certification of death certificates will be faster and there will be even greater reductions if the death certificate would have been faxed initially, eliminating the double-processing noted in Section 7.1.

Further staff time will be saved by using DAVE to generate death reports that are regularly forwarded to county assessors and election offices. These reports are currently done by a variety of manual processes.

Additionally, matching the final disposition permits (which counties receive from the sexton after disposition of the body) to the original record will be very easy with EDRS.

Finally, if the 24-hour death abstract cards are eliminated in the future, there will be some additional workload reduction in not processing and storing these.

County registrar workloads will increase in a few specific processes, but the increase should, at a minimum, be offset by savings in death certificate processing time.

Issuance of death certificate copies will take a bit longer, as order information needs to be entered into DAVE.

They may also have to spend a little additional time tracking the security of the intaglio paper used for certificates.

Additionally, registrars may be asked (and so far are willing) to act as proxies to the Center, for the purpose of verifying and adding funeral director and medical certifier biometric information into the DAVE system. Specific processes still need to be developed for this, but it should be, at best, a small increase in their workload.

## **Communication and Support Plan**

- During pilot phase, assess the actual changes in workload of our external partners.
- Communicate the results from this assessment to other external partners during statewide rollout.

### **7.3 Information technology resources.**

This area has the potential for the greatest variation in impacts on external partners. As part of planning for both the pilot and statewide rollout phases, the Center will survey potential participants to assess their technology resources and advise them of the options and drawbacks of not meeting the EDRS minimum system requirements. All pilot participants have been reviewed and have the necessary information technology resources to implement EDRS.

#### **County Registrars**

For county registrars, there should be minimal impact, as most or all currently meet EDRS system requirements. Occasionally a registrar may need to purchase and install a specific printer dedicated to printing death certificates, in order to provide proper security for the intaglio security paper. This should not be a significant impact on the registrar's office.

#### **Medical Facilities**

Most medical offices appear to have sufficient information technology resources to implement EDRS, although there may be some variability in the level of internet access. This will be specifically assessed when preparing for rollout in each county.

#### **Funeral Homes**

Among funeral directors, there is wide variability in the availability and use of information technology resources. Pilot funeral directors indicate that some of their colleagues, particularly older and smaller funeral homes, may have minimal experience with or make little use of computers. And even among those that have the recommended technology, there may be a lack of adequate skills to use EDRS. These skills and resources will be specifically assessed when preparing for rollout and appropriate assistance offered.

#### **Communication and Support Plan**

- Survey potential users for their level of information technology resources available.
- Communicate the required information technology resources for EDRS to all potential users. Advise users in obtaining any necessary additional resources, including estimated costs.
- Provide recommended printer technology information to county registrars. This information may include estimated costs as well as specific printers that might better meet security recommendations.

### **7.4 Fiscal impacts.**

Generally, participants in EDRS should realize no net increased costs and will likely see some net decrease in costs.

## **Funeral Homes**

Funeral directors will save money on postage or courier costs on fully electronic certificates. One pilot funeral home estimates that 65% of their certificates are mailed to and from medical certifiers and the county registrar's office and this will save approximately \$100 annually in postage. Larger firms in the Portland metro area have staff who pickup and deliver certificates to medical certifiers and the registrar, and there may be some possible staff savings with EDRS workload reductions discussed in Section 7.2.

One pilot funeral home reported the possibility of a competitive advantage by getting certificates to the families more quickly with EDRS. This may translate into increased revenue through greater demand for funeral homes using EDRS. Other pilot funeral homes did not think this would be a significant impact, so this impact is undetermined, but the possibility exists.

Funeral homes who do not currently meet EDRS technology requirements may require expenditures for hardware, software and/or internet access in order to participate. These amounts will vary considerably, depending on the particular funeral home, so it is difficult to make an assessment of these costs at this point, although the overall impact to funeral homes in general should be small. This will be specifically assessed when preparing for EDRS rollout in each county.

## **Medical Facilities**

The fiscal impact on medical providers should be small. There will be some cost savings on postage for fully electronic certificates but, as noted in Section 7.2, no overall workload savings. Some medical facilities may need to purchase additional information technology resources to fully use EDRS but this is expected to be a small number.

## **County Registrars**

County registrars should realize some savings on staff time, due to the workload reductions discussed in Section 7.2. This may allow some staff time to be redirected to other office functions. This savings will be small at first, but should increase as more funeral directors and medical certifiers use EDRS. It is not possible to assess the exact fiscal impact of workload reductions at this point, since there are too many uncertainties in EDRS participation.

County registrar revenue from the sales of death certificate copies is not expected to change significantly. As discussed in Sections 5 and 11, there may be a small increase in the number of copies ordered directly from the state, rather than the local county registrar. However, this change is expected to be minimal.

Finally, some county registrars may need to buy and install a specific printer to allow for increased security of the intaglio certificate paper. This should be a very small impact, both in the number of counties that will need to do it, as well as the one-time cost of buying and installing an additional printer.

## **Communication and Support Plan**

- During pilot phase, assess any staff time savings actually experienced by our external partners.
- During the pilot phase, assess any actual changes in county revenues from death certificate orders.
- Communicate the results from these assessments to other external partners during statewide rollout.
- Fiscal impacts of any information technology resources will be provided as part of the communications and support advice listed above, in Section 7.4.

### **7.5 *Resistance to change.***

It is expected that among medical certifiers, there will be differing amounts of willingness to use EDRS. In general, hospitalists are expected to be more willing to use the system due to efficiencies gained. With EDRS the medical certifier can begin the death certificate record and complete the cause of death certification without waiting for a funeral director to get the death certificate to them, in some cases days after the certifier saw the decedent. With EDRS the medical Certifier can finish recordkeeping immediately.

Pilot medical examiners have told us that the ability to start a case will also be very useful to them since EDRS will help them to record cause of death information while they are actively working on the case. Additionally, they appreciate the ability to submit cause of death amendments electronically. Many medical examiner cases have the cause of death reported as pending initially and this will make it easier to update the actual cause of death, once determined.

Private practitioners will likely have the most variability in willingness to use EDRS among all medical certifiers. Although most medical practices will use computers in their normal business practice, there is likely to be wide variation in interest in changing to EDRS. Factors that are likely to influence participation include: size of practitioner's client base, number deaths per year, familiarity with technology, size of practitioner's staff and resulting time and cost savings that can be achieved. As with other potential participants, private practitioners will be assessed and appropriate assistance given to make participation easier.

## **Communication and Support Plan**

- Provide information about the technology and the benefits of using EDRS.
- Emphasize that using EDRS demonstrates commitment to 2002 AMA Resolution calling for improved cause of death reporting, noted in Section 11.
- Survey medical certifiers on willingness to use EDRS.
- Target larger medical organizations first, that already make extensive use of information technology for charting, etc. Seek feedback and statements about their experiences from Peace Health and Providence medical certifiers

participating in the pilot. Use their feedback and insights to persuade Kaiser Permanente and other large provider networks during rollout.

- Ask funeral directors to promote EDRS as they interact with medical certifiers in their normal course of business.

## **Section 8. External Partners: Organization Structure**

There are no expected changes in the organizational structure of our partners.

### **Communication and Support Plan**

There are no needed communications and support items for Section 8.

## **Section 9. External Partners: Personnel**

### **9.1 Risks.**

Most staff of the Centers' external partners will not require any significant changes in their skills or knowledge as a result of the EDRS system. Some staff tasks will change, but this should generally be entirely within existing skill levels. Pilot county registrars report their staff are generally excited about the program, recognizing the benefits of the system to their business practices. There may be some counties with staff who are not computer-literate. As with medical offices and funeral directors, these skills and resources will be specifically assessed when preparing for rollout and appropriate assistance offered.

The exceptions to this general trend are funeral directors from smaller, older firms, who may not be using much information technology in the course of their business practices. Expected to be relatively few in number, they may not see EDRS participation as providing enough benefits to make the changes necessary for involvement.

### **Communication and Support Plan**

- Promote how EDRS can provide for increased service and responsiveness to decedents' families.
- Providing adequate training and documentation on the new system.
- Following up periodically with appropriate communications about the process and benefits of EDRS, before, during and after implementation.

## **Section 10. External Partners: Relationships with External Entities**

### **10.1 Funeral director and medical certifier external relationships.**

The primary external relationship for funeral directors is with the decedent families and this is one of the major benefits of EDRS to funeral directors. It is expected that EDRS will improve this relationship by allowing funeral directors to provide death certificates more quickly and with a reduced likelihood of errors that will require subsequent

correction. When the automated SSN verification feature is implemented, service is expected to improve even more, as any discrepancies between the death certificate information and SSA records will be noticed much earlier.

One pilot funeral director reported that EDRS will allow for easier working relationships with other funeral directors, particularly those in other counties, with the ease of transferring a case from one funeral director to another in DAVE.

There may also be improved relationships between funeral directors and medical certifiers due to the decreased processing time and reduced need for funeral directors to follow up on death certificate processing by the medical certifier.

### ***10.2 County external relationships.***

County registrars expect EDRS to improve relationships with funeral directors by providing faster death certificate services. This is one of the primary benefits of EDRS to the counties. Registrars can also be an EDRS resource to funeral directors and families by promoting the increased services available within the system.

One potential disadvantage of EDRS is the possible reduction in “face time” between funeral home and county registrar staff. More automated processes may result in fewer in-person contacts between these two groups, and some staff may regret the decrease in personal connection.

### **Communication and Support Plan**

- It is hoped that local funeral director and county registrars will seek to invite the other partner to their regional or county meetings to help maintain existing working relationships.

## **Section 11. External Partners: Cultural and Political Environment**

Assessing the organizational culture of our external partners has revealed two primary focuses or motivators among funeral directors: The desire to serve families and the desire to be a successful business. The efficiencies of EDRS will provide significant benefits in both these areas.

One item that repeatedly came up was the importance of the personal connection between the funeral director and the family. This was a specific concern in how the funeral director’s name will appear on EDRS death certificates. Currently, the funeral director’s personal signature appears on the death certificate, which reinforces the relationship between the family and funeral director. Pilot funeral directors would like to ensure that their name is printed in the signature block on certified copies of the death certificate.

Among medical certifiers, one intangible benefit of EDRS participation is to demonstrate commitment to a 2002 American Medical Association resolution. This resolution called for improved cause of death reporting and EDRS will help ensure that faster and more accurate cause of death information is reported to vital records and public health offices.

The Center recognizes the value of county registrars in the death registration and certification process. As a local resource for funeral directors and decedents’ families,

county registrars are an invaluable asset in vital records. County registrars focus on providing customer service to the funeral homes, and will likely view EDRS as a way to improve this service. There is some concern that they will lose revenue, if EDRS makes it easier for funeral directors to order death certificates directly from the state. This revenue provides a significant portion of funding to run their offices and county registrars. Further, county registrars express concern about being removed from the process, that their role as a registrar could be reduced. Pilot funeral directors generally enjoy the relationships with their county registrars and have no desire or plan to shift their ordering to the state, with the limited exception noted in Section 5. They also believe that the vast majority of their colleagues will continue to do their business with the local county registrar. It is expected that EDRS will not have a significant impact on the revenue or role of the county registrar.

National intelligence reform is a major political factor affecting county registrars, in addition to the State which was noted in Section 6. Because of possible future requirements relating to the physical security of vital records there is potential for a decrease in the level of control that county registrars have in the vital records process. This impact will be evaluated more fully in future modules.

### **Communication and Support Plan**

- Ensure that the funeral director name, not just the name of the facility, appears on the death certificate, ideally in the signature block.
- Promote that EDRS demonstrates commitment to the 2002 AMA Resolution.
- Reaffirm the role of the county registrar in the death certificate process by asking them to collect and record biometric information from local participants.
- Communication and support for possible loss of death certificate revenue by the counties is addressed in Section 7.4.
- The Center will monitor ongoing issues with federal Intelligence Reform legislation and regulations that may affect the death certificate process. Some of these specific issues include requirements for certificate printing technology and the physical security of the intaglio paper.

## **Section 12. Review and OVERS Future Implementation**

This section has three parts, with the first part a review of the major findings of this assessment. The second part summarizes the major Communications and Support Plan items while the final part looks at the items identified in this assessment that will be applicable for future modules.

### ***12.1 Review of major impacts***

This project has major and substantial impacts on the Center as well as our external partners. This is also considered a high complexity project, requiring significant business transition management activities in order to be successful. Many of these activities, including various mitigation strategies, are documented in the Communication and Support Plan sections.

In the Center office, the major impacts identified are:

- Substantial death certificate workflow changes, with 10 of 17 workflows (approximately 60%) changing from primarily manual processes to primarily computer-based.
- As a result of the workflow changes, there will be substantial changes in work responsibilities, particularly in the Certification and Registration units. In some cases these changes may be enough to warrant a review of the job classification.
- The Center workload is expected to increase overall, particularly in the Certification and Registration units and management is considering additional staff to mitigate this impact. The FTE increase is currently estimated to be 2.0 for both EDRS and non-EDRS tasks.
- New processes need to be developed in regard to biometric information collection and security, biometric device tracking and DAVE system administration.
- EDRS should ultimately improve the relationships between the Center and our external partners, including county registrars, funeral directors, medical certifiers, NCHS, NAPHSIS and others. During the project rollout transition period, there may be some increased strain as the Center and its partners adjust to the new system, but this is expected to be temporary.

For our external partners, the major impacts identified are:

- Greater accuracy and faster processing of death certificate registration and issuance of certified copies.
- Funeral directors will realize a significant time savings in getting the medical certification completed if the medical certifier is also in EDRS. Associated with this is a reduction in postage costs and, especially for larger firms, a potential for staff savings.
- The ability for the medical certifier to start the case without waiting for the funeral director is of particular benefit to medical examiners and hospitalists.
- There will be varying resistance to the increased use of information technology in EDRS, particularly among funeral directors and medical certifiers who are private practitioners. They will be specifically assessed for this as rollout occurs, and will receive advice and assistance as needed. Getting medical certifiers to utilize EDRS will be one of the biggest challenges to the project and specific strategies will be developed in the Communication and Support Plan to encourage their participation.
- County registrars have some concern about possible changes to their role in the death certification process, as well as possible loss of revenue from fewer death certificate orders. The analysis indicates there will be few actual changes from EDRS but their concerns will be specifically addressed in the Communication and Support Plan.

## **12.2 Review of major communication and support plan items**

The following summarizes the various communication and support strategies identified to address the expected impacts. In the Center office, the strategies are:

- Communications. These will be varied, including newsletters, staff meetings, individual meetings and additional methods. These communications will cover all aspects of EDRS implementation.
- Training and support. Training on the new system will be provided by our vendor. The Center will also support staff desiring other DHS training to improve information technology or other work-related skills.
- Workflow development. Center managers and the EDRS team will involve staff in the development of both changed and new workflows needed for EDRS.
- Probable staff increases. Center managers expect up to a 2.0 FTE increase in order to address EDRS and non-EDRS workload increases.
- Possible job reclassifications. The duties of some positions may change enough to warrant a reclassification review.

For external partners, the communications and support strategies are:

- Communications. These will be with all potential external participants, including country registrars, funeral homes and medical certifiers. Specific methods include newsletters, presentations, individual and group meetings and surveys. These communications will cover all aspects of the EDRS implementation.
- Assess and disseminate pilot results. An assessment will be completed regarding pilot participants experiences with workflows, workload and staff time, and this will be shared with prospective participants during the roll-out phase.
- Active recruitment of medical certifiers. This includes the targeting of large medical organizations (some of which are in our pilot) and using their experiences to convince other large providers to join EDRS. Other strategies include promoting compliance with a 2002 AMA Resolution and asking funeral home staff to encourage providers to join EDRS.

## **12.3 Future OVERS modules and actions.**

The following are issues that were identified in the impact assessment that need to be addressed when looking at future OVERS actions. These future actions include implementation of additional EDRS features or planning for future modules, such as birth.

- Intelligence Reform. The latest actions in federal intelligence reform activities need to be reviewed and assessed for their impact on future OVERS implementations. This is likely to be very significant for implementation of the birth module, but may also require future revisions to EDRS as well.
- Online SSN Verification. As discussed in Section 2.4, the Center is postponing implementation of the online SSN verification feature of the DAVE software.

- Possible statutory changes. Four areas of possible statutory change were identified and would need extensive review and assessment if these changes were to be implemented. These were discussed in Section 2.5 and include: 1) Using DAVE to count as the “abstract of death” and “written report” of death; 2) Changing the amount of time counties retain paper death certificates before forwarding them to the Center; 3) Extending the amount of time in which county registrars can print certified copies of death certificates; and 4) Possible change in fees for death certificate copies.
- Actual workload impact. The actual workload impact to the Center (discussed in Section 2.2) and our external partners (Section 7.2) should be reviewed after EDRS implementation. This information can be used to initiate the Impact Assessment for future OVERS modules.

### **Section 13. Impact Assessment and Communications and Support Plan Approval**

Final approval:

<u><i>/s/ Jennifer Woodward</i></u>	<u>1/26/06</u>
Jennifer Woodward, State Registrar Project Sponsor	Date
<u><i>/s/ Terri Barczak</i></u>	<u>1/26/06</u>
Terri Barczak Project Manager	Date
<u><i>/s/ Karen Hampton</i></u>	<u>1/26/06</u>
Karen Hampton Business Lead	Date