



Health Information Partnership for Tennessee

Pilot of ELR Transport for Meaningful Use Project Charter

Define recommendations and implement a pilot project utilizing HIP TN as a viable transport option for electronic lab reporting from eligible hospitals to the Tennessee Department of Health as required by T.C.A., Rule 1200-14-01.02.

Table of Contents

1. Document Control 3

 1.1. Document Properties 3

 1.2. Document History 3

2. Project Overview 3

 2.1. Introduction..... 3

 2.2. Business Opportunity or Need 4

 2.3. Project Description..... 5

 2.4. Project Approach..... 5

 2.5. Goals & Objectives 6

 2.6. Critical Success Factors..... 7

 2.7. Cost/Benefit 7

3. Project Resources 8

 3.1. Team Structure..... 8

 3.2. Stakeholders..... 8

 3.3. Roles and Responsibilities 8

 3.4. Additional Resources..... 9

4. Project Scope..... 10

 4.1. Scope 10

 4.2. In Scope 10

 4.3. Out of Scope..... **Error! Bookmark not defined.**

 4.4. Additional Considerations..... **Error! Bookmark not defined.**

5. Assumptions..... Error! Bookmark not defined.

6. Dependencies..... Error! Bookmark not defined.

7. Constraints..... Error! Bookmark not defined.

8. Risks..... Error! Bookmark not defined.

9. Milestones & Deliverables Error! Bookmark not defined.

10. Project Communication Error! Bookmark not defined.

 10.1. Project Communication Plan..... **Error! Bookmark not defined.**

 10.2. Project Team Contact Information **Error! Bookmark not defined.**

11. Approvals Error! Bookmark not defined.

1. Document Control

1.1. Document Properties

Document Title: Pilot of Electronic Lab Reporting (ELR) Transport for Meaningful Use
Original Author(s): Karolyn Broussard, Cynthia Coulter
Owner: George Beckett, HIT Coordinator
Sponsor: Mike Newman, Director of the Office for Information Technology Services and Keith Cox, HIP TN CEO
Document Version: 2.5
Document Date: October 25, 2011

1.2. Document History

Version	Date	Revised By	Description of Changes
1.0	8/23/2011	Karolyn Broussard	Initial Draft started in concert with Cynthia Coulter, OeHI Project Manager
1.2	8/30/2011	Karolyn Broussard	Draft revisions post discussion with Erin Holt & John Roberts, TDOH
1.3	9/8/2011	Vicki Estrin	Revised to include questions for consideration as well as expand project approach
2.0	9/14/2011	Karolyn Broussard and Vicki Estrin	Incorporating feedback from Cynthia Coulter
2.2	10/25/11	Karolyn Broussard and Cynthia Coulter	Incorporating feedback from TDOH
2.5	11/2/11	Karolyn Broussard and Cynthia Coulter	Incorporating feedback from Mike Newman, Keith Cox, and George Beckett
2.5	11/9/11	Karolyn Broussard	Approvals provided by Mike Newman, Keith Cox, and George Beckett

2. Project Overview

2.1. Introduction

The Tennessee Communicable and Environmental Disease Services Section (CEDSS) Surveillance and Epidemiology program within the Tennessee Department of Health (TDOH) has programmatic oversight of the diseases and conditions that are reportable to the State of Tennessee and how they are to be reported from hospitals, providers, and laboratories. Tennessee law dictates that reports of laboratory results indicating diseases declared to be communicable and/or dangerous to the public are to be reported to the TN Department of Health. Historically, reportable lab results have largely been paper-based, relying heavily on transmission modes such as fax, telephone, and mail. This paper-based process results in labor intensive efforts for report creation/submission by reporting labs, labor intensive efforts for review/validation of reports received by TDOH, and often, incomplete reporting. Even though

reportable diseases can be electronically captured by TDOH, only a small percentage of laboratories report to TDOH via electronic laboratory results reporting (ELR). Once reportable lab results are captured by TDOH, the CDC is notified using CDC-specified standards (e.g., HL7 2.5 Case Notification Message Mapping Guides).

Over the last year, approximately 47,600 lab reports were received electronically in TN (including general communicable diseases, sexually transmitted diseases, HIV/AIDS, and blood lead levels). This electronic data comes exclusively from two large national laboratories, LabCorp and Mayo. The remaining and majority of lab reports come from TN hospitals, clinical and independent labs, and the State Public Health Lab and are currently submitted in a paper-based format. The State Lab is anticipated to begin testing ELR in the 2011/2012 winter time-frame with full production currently planned for spring of 2012. The successful adoption of ELR by the State Lab is expected to include approximately 100,000 additional electronic reports per year.

The goals for this project are to enable HIP TN to be a viable transport option for ELR adoption providing eligible hospitals (EH) another mechanism to transport their ELR messages for Meaningful Use testing, to increase the electronic communication between trading partners facilitated by the use of the HIP TN network (HIP TN is the Tennessee state Health Information Exchange (HIE)) to include ELR reporting, and to reduce the number of point to point connections between TDOH and its trading partners.

2.2. Business Opportunity or Need

In addition to the MU Core objectives, hospitals eligible for Meaningful Use must also choose at least one public health objective from the menu set which includes: (1) submitting electronic immunization information to immunization registries or immunization information systems and/or (2) submitting electronic syndromic surveillance data to public health agencies and/or (3) submitting electronic laboratory results to public health agencies. The Syndromic Surveillance option is not available for testing with the state of Tennessee at this time. Together, with the Charter for Immunization Registry queries, responses, and updates, HIP TN and TDOH propose a solution to provide eligible hospitals (EH) the capability to select either ELR or Immunization Registry updates as viable Public Health options for meeting their Meaningful Use incentive criteria.

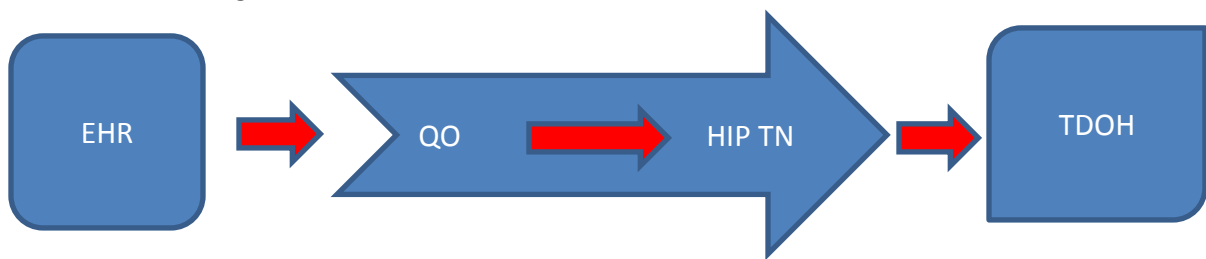
Electronic laboratory reporting is a viable, working option for eligible hospitals to select in order to meet their Public Health Meaningful Use (MU) criteria. Its inclusion as a MU objective should serve as a catalyst to accelerate its adoption by eligible Tennessee hospitals. Additionally, ELR has many other benefits, including potential improved timeliness of reporting, reduction of resource intensive manual reporting, reduction of manual data entry and associated data entry errors and reports that are more complete. Tennessee currently has efforts underway to increase electronic lab reporting adoption by utilizing the HIP TN network for transporting ELR messages from originating resulting hospital labs via their certified EHR system to TDOH.

With this project, eligible hospitals will have another solution to fulfill the Public Health Meaningful Use options by implementing the HIE transport of ELR messages from an originating, resulting EH lab, via their certified EHR system, to TDOH. Ultimately, the technology and infrastructure established through this charter will provide the ability for additional trading partners to transport ELR to TDOH utilizing the HIP TN HIE network, whether or not they are attempting to satisfy the MU objectives.

2.3. Project Description

HIP TN will convene a small group of stakeholders to provide direction on how to position EHs in the state of Tennessee to transport reportable lab result messages to the Tennessee Department of Health via the HIP TN network.

The ELR project is an implementation solution for the effective electronic submission of ELR result messages from the reporting hospital labs to TDOH using the HIP TN network as a conduit for secure transport of the reportable data. Through this implementation, the ELR results as generated by the EH's certified Electronic Health Record (EHR) will be passed through a Qualified Organization (QO), via the HIP TN network to TDOH, as shown in the diagram below.



The ELR results, as created/sent from the EH's EHR system, must be in the message format specified by the MU Final Rule, for the respective stage, in order to be eligible for MU testing. In addition, messages will have to comply with the TDOH trading partner agreement in order to be moved into a production environment. Currently the specification listed in the Stage 1 Final Rule is the HL7 version 2.5.1 Implementation Guide: Electronic Lab Reporting to Public Health, R1 (US Realm). Neither the QO nor HIP TN will perform a translational function of the ELR message or vocabulary mapping; the EHR will be required to create messages that conform to the reference or specified standards. Also, neither the QO nor HIP TN will store the ELR data but will serve strictly as a means to authenticate the sender and as a pass-through transport system using a National Provider Index (identifier)(NPI). TDOH will serve as the message receiver of the ELR and consume and store the ELR data as required for collection and reporting of Tennessee's reportable and communicable diseases.

Although the long-term goal is for all labs reporting ELR to utilize the HIP TN network, it is understood that not all hospitals and/or labs qualify for Meaningful Use. The success of this project will focus on the laboratory of an EH that seeks to fulfill Meaningful Use criteria with ELR, and then demonstrate a successful transport of ELR from the certified EHR of a pilot EH, across the HIP TN network (through a QO and HIP TN), with receipt by TDOH.

2.4. Project Approach

- **Assess:** Scan the QO environment to determine which QO is ready and qualified for ELR pilot testing with an Eligible Hospital that is interested in adopting ELR and testing for MU. Once the pilot facility has been named, work with the facility to demonstrate a successful electronic transport of ELR from their certified EHR, through the QO and HIP TN to be delivered to TDOH.

- **Develop:** Develop requirements and detailed project plan to document the pilot testing of one EH submitting ELR for Meaningful Use through the HIP TN network. Working in tandem with the pilot EH and QO, develop a guide for 'ELR Transport via the HIP TN Network' which covers:
 - Lab preparation: Detail the on-boarding and preparation/policy steps to initiate ELR transport
 - Message preparation: Leverage the TDOH review steps for message/vocabulary testing
 - Transport preparation: Detail steps for testing ELR transport process
 - Full production preparation: Detail production readiness criteria and final implementation steps

- **Deploy:** Implement project plan for transporting ELR from the pilot EH's certified EHR to TDOH via the HIP TN network.
 - EH obtains copy of the Standard and Implementation Guide specifications from HL7.
 - Facilitate coordination between the EH and TDOH who provides the testing expectations. A trading partner agreement is not fully executed until data exchange is fully tested and in production.
 - EH completes a successful test of the ELR message using the correct standard specification (Standard and Implementation Guide) and vocabulary prior to testing ELR transport via the HIP TN network.
 - EH begins submitting ELR messages through the HIP TN network in test environment.
 - EH meets all ELR message and transport test criteria per MU and receives Testing Completion Letter.
 - EH works with TDOH to identify and resolve message issues
 - EH works with TDOH to identify and resolve vocabulary issues
 - EH works with QO/HIP TN to identify and resolve transport issues
 - EH moves ELR to production and begins parallel validation.
 - Upon successful parallel validation, paper lab reporting is discontinued.
 - Make the guide to 'ELR Transport via the HIP TN Network' readily available to future participants seeking ELR implementation via the HIP TN network.

2.5. Goals & Objectives

	Business Goal/Objective	Project Goal/Objective	Metric
1	Identify Eligible Hospitals that could submit ELR through their QO and HIP TN and their deployment time frame if not already deployed	<ul style="list-style-type: none"> • Identify potential participant for the pilot project to test transport. 	Completed by December 30, 2011
2	Increase Eligible Hospitals participation in a QO	<ul style="list-style-type: none"> • Identify EHs that are not currently participating in a QO but have a QO in which they could participate 	Completed by December 30, 2011
3	Increase ELR participation amongst EHs who could participate in a QO	<ul style="list-style-type: none"> • Gather input from stakeholders to accurately identify barriers to implementing and adopting ELR for Public Health Lab reporting • Address barriers to implementation 	Number of trading partners technically able to participate

	Business Goal/Objective	Project Goal/Objective	Metric
4	Reduce complexity to implementation of the PH MU ELR adoption	<ul style="list-style-type: none"> Document the ELR Onboarding Process utilizing HIP TN Test (Pilot) the ELR Onboarding Process utilizing HIP TN and revise accordingly Publish the ELR Onboarding Process utilizing HIP TN 	Documentation of process completed by . . . Pilot Completed by Comparison of messages sent to what was received Document made available by
5	Document that QOs have operating and security policies in place that support ELR adoption	<ul style="list-style-type: none"> Review and modify policies as necessary Ensure security and mitigation for possible breach of data within HIP TN 	Number of QOs administratively prepared to handle ELR transport
6	Enable HIP TN to be a viable transport method for sending ELR to TDOH in production	<ul style="list-style-type: none"> Move EH members of a QO who have successfully completed testing to production operations 	The number of EHs in production for ELR using HIP TN for transport
7			

2.6. Critical Success Factors

Critical success factors are internal, business related, and project related items that are measurable and will have, on an ongoing basis, a major influence on whether or not the meets its objectives. The following factors have been identified as items that will make this project successful:

- Stakeholders are identified from all involved parties and are engaged
- Stakeholders involved in the process are subject matter experts
- Stakeholders should understand the aim of the project and be willing to provide input and opinions on what will define the issues
- Stakeholders provide insight into a set of recommendations
- The roles of TDOH, HIP TN and the Office of eHealth are clear to the external trading partner stakeholders
- Final recommendations that are generated can be implemented

2.7. Cost/Benefit

This ELR project is expected to lay the foundation for transport of ELR through HIP TN and expects to show positive benefits and bring value to providers and patient outcomes. Additionally, the following benefits are anticipated:

- Effective electronic receipt of ELR will increase resource efficiency in TDOH as manual data entry and follow-up for required information from paper-based results are time intensive.
- Public Health cost and efficiency benefit by having one connection to HIP TN rather than hundreds of hospital connections to labs.
- Fewer security and contractual barriers exist when HIP TN and associated QOs act only as the conduits.

3. Project Resources

3.1. Team Structure

The HIP TN Project Management Office (PMO) will support the project and report on progress, document risks and issues and seek guidance with appropriate support from Keith Cox (HIP TN CEO) and/or the HIP TN Operations Council. The project manager for the project is Karolyn Broussard. The team assembled will represent multiple stakeholders that will volunteer their time to participate. The Office of eHealth will participate but also provide support to the project through Cynthia Coulter. Cynthia will serve as the liaison between this project and the Office of eHealth.

3.2. Stakeholders

Stakeholders are individuals, groups, or organizations that are affected by, or have influence over, the outcome of the project. In the event that a group or organization is a stakeholder, individuals have been chosen to represent the stake of that particular group or organization. Below is a list of the stakeholder representatives for this project.

Stakeholder Representative	Group or Organization	Project Interest
George Beckett	State of Tennessee Office of eHealth	Project Owner with Enterprise Service oversight/MU implications and Funder
Mike Newman	TDOH	Sponsorship as the recipient of the information
Keith Cox	HIP TN CEO	Sponsorship as the transporter of the information
Cynthia Coulter	State of Tennessee Office of eHealth	Provide expertise on processes and approach given experience with lab results/reporting
Erin Holt	TDOH	Provide input and oversight as a subject matter expert representing one of the trading partners
Eligible Hospital from Selected QO – TBD for Pilot	EH	Testing and transport of ELR
QO – TBD for Pilot	QO	Testing and transport of ELR

3.3. Roles and Responsibilities

Roles and responsibilities for this project are defined as follows:

Project Role	Resource(s)	Responsibility
Project Sponsor	George Beckett	<ul style="list-style-type: none"> • Provide funding within agreed upon budget • Review and oversight of project milestones • Resource allocation • Address barriers and mitigate risks to success
HIP TN Board Sponsor	TBD	<ul style="list-style-type: none"> • Advise on direction; provide input, as appropriate
Product Owner	Keith Cox as representative of HIP TN	<ul style="list-style-type: none"> • Accept, support and own the final delivery and end product of this project
Project Owner and Leadership	Keith Cox	<ul style="list-style-type: none"> • Review and oversight of project milestones • Support and direction, as needed • Address barriers and mitigate risks to success • Resource allocation
Project Manager	Karolyn Broussard	<ul style="list-style-type: none"> • Overall management of project
Program Manager	Vicki Estrin	<ul style="list-style-type: none"> • Coordination of this project in the context of other HIP TN projects
Project Support	Ashlea Lifsey	<ul style="list-style-type: none"> • Coordination and support as needed
Project Manager/Office of eHealth Liaison	Cynthia Coulter	<ul style="list-style-type: none"> • Assist with project activities, as defined in the project plan • Communication/project liaison with Office of eHealth • Advise on past work done by Office of eHealth relative to ELR
Project Support	Sarah Stewart	<ul style="list-style-type: none"> • Assist with project activities, as defined in the project plan • Provide link to the HIP TN Consumer Advisory Group and Clinical Workgroup when appropriate
DOH Business Issues	Erin Holt	<ul style="list-style-type: none"> • Input and oversight • Testing messages delivered • Administering Trading Partner Agreements
QO Selected for Pilot	TBD	<ul style="list-style-type: none"> •

3.4. Additional Resources

Resource Classification	Allocation / Source Description	Responsible Owner
Equipment	Materials for focus group management Web conferencing audio/video	Karolyn Broussard HIP TN (ReadyShow)
Facilities	Meeting Space	HIP TN or Office of eHealth with notice can provide space. C3 also can provide space.
Hardware	TBD	

Software	TBD	
<i>Other Resources</i>	Support Testing	TDOH

4. Project Scope

4.1. Scope

The project will test, document and implement the use of HIP TN to transport ELR messages electronically from a pilot EH, sending reportable labs created from their certified EHR system, to TDOH using the reporting standard as defined by specifications listed in the MU final rule for the respective stage. A key dependency is for the pilot EH to be connected to a QO. Following pilot success, this tested ELR procedure can be used by other EHs to fulfill the Public Health objective of MU.

Although all labs are encouraged to adopt electronic reporting to provide the most efficient delivery of results to the ordering clinician, this project’s success will be measured by the successful electronic transport and delivery of ELR from a pilot EH, using a certified EHR, through the HIP TN network with successful receipt by TDOH.

The standards for success of ELR as a Meaningful Use objective are clearly defined and include following the HL7 v2.5.1 specifications, LOINC codes v2.27 & SNOMED (in guide and MU). The EH testing success for ELR must include at least one test of submission to public health and continued submission if successful.

4.2. Out of Scope

- Individual providers typically do not send laboratory result reports to TDOH. Therefore, the required case reports submitted by individual providers fall outside of the scope of this project.
- While the intent of HIP TN is to enable all healthcare providers to utilize the HIP TN network, it is recognized that not all hospitals or labs performing reportable labs are eligible for Meaningful Use. The intent of this project is to focus on those eligible hospitals trying to meet their public health objective to reach Meaningful Use. Therefore, the following decision paths for transport of ELR are out of scope for this project:
 - Hospitals (and their associated labs) not eligible for Meaningful Use
 - Transport of reportable labs from trading partners who are not part of a QO
 - EHs that elect to report directly to TDOH as opposed to using HIP TN
 - Transport of reportable labs using the Direct protocols
 - Non-hospital labs reporting lab results to TDOH
- ELR translational services by the QO or HIP TN (ELR messages must be submitted by the EHR system in the correct reporting standard)
- Lab results outside of T.C.A. Rule 1200-14-01.02
- Issues and obstacles related to the adoption of health IT
- Clinical workflow re-engineering/workflow integration within the EH
- Workforce education of HIE, Meaningful Use and ELR within the EH

4.3. Additional Considerations

HIP TN will work with the QOs to develop the appropriate communication strategies to eligible hospitals so they are aware of the use of HIP TN to report required laboratory results electronically to TDOH.

5. Assumptions

In order to identify and estimate the required tasks, timing, and cost for the project, certain key assumptions need to be made. Based on the current knowledge today, the project assumptions are listed below:

- Reportable lab results will be sent to the QOs and then passed to TDOH via HIP TN. QOs will serve to transport data only as opposed to storing ELR data.
- HIP TN and QOs will not perform any message translation service.
- Ideally, eligible hospital Lab Information Management Systems will set “triggers” on reportable labs, and send only reportable labs to the QO.
- Eligible Hospital labs are aware of the regulations governing the control and reporting of communicable diseases in Tennessee, i.e. T.C.A. Rule 1200-14-01.02, and will only submit ELR results to TDOH as defined in this rule. Other clinical lab results will not be sent to TDOH.
- QOs will need to validate the source of the data prior to sending on to TDOH.
- Eligible hospitals that choose to participate will send electronic laboratory result report (ELR) messages following HL7 ELR Implementation Guide for Public Health Reporting to the Tennessee Department of Health.
- HIP TN will authenticate users sending ELR to TDOH.

6. Dependencies

The following key dependencies have been identified as having a significant impact on the planning and success of this project.

- Pilot testing of ELR capabilities will require advance notice to TDOH due to personnel and resources being devoted to bringing on the State Lab with ELR capabilities during the fall of 2011 and into spring of 2012.
- When HIP TN is ready to select an eligible hospital for pilot testing, TDOH strongly recommends that a pre-qualified hospital be selected to minimize variability during testing.
- Define any policies to support the transport of ELR through the HIP TN network.
- Patient matching information must exist in the transmitted messages to allow TDOH to appropriately and accurately identify patients.
- EHs utilizing a certified system to send ELR to TDOH, including those sending ELR via HIP TN must send messages using standard vocabulary as documented in HL7 standard, HL7 Implementation Guide, and the TDOH’s trading Partner Agreement.
- HIP TN must authenticate users sending ELR to TDOH as with users sending Immunization Registry updates to TDOH.

7. Constraints

- Any policies to support ELR and its transport across the HIP TN network (Data Sharing, contractual requirements, etc.), must be documented and approved prior to ELR being promoted to production stage.
- Timetable of QO availability to EH as the HIP TN conduit.

8. Risks - *Preliminary List

Risks are characteristics, circumstances, or features of the project environment that may have an adverse effect on the project or the quality of its deliverables. Key risks for this project have been included below.

Risk Description	Response Strategy
Include a list of risks associated with the project. Be sure to include business, technology, organization, management, and external risks where applicable. Also include any actions that could and should be taken to prevent the risk from occurring.	
Define how any Breach of Data within the HIE must be handled	-How will breach be identified; what are HIE plans to mitigate before risk occurs -Who will be 'owner' of a breach within the HIE -What are consequences and mitigation steps once breach identified
Define steps if additional reporting is included with ELR	Does reporting entity lose production capability?

9. Milestones & Deliverables – *not completed

The key milestones & deliverables for this project are as follows.

Milestone or Deliverable	Completion Date	Owner
Select QO		
Select EH		
Confirm and develop appropriate and necessary connectivity and data sharing agreements for EH, QO, HIP TN and TDOH		
Perform a successful transport test of ELR message	May 31, 2012	

10. Project Communication

10.1. Project Communication Plan

The project communication plan describes the methods used by the project team for regular coordination and collaboration.

Group	Purpose	Frequency	Form
Office of eHealth, TDOH and HIP TN	Updates, risk mitigation, progress reports.	Weekly/monthly	Status meetings, emails, and phone calls
SME Interviews	To understand hospital issues as well as system and TDOH issues.	TBD	In person or conference calls

10.2. Project Team Contact Information

Contact Name	Title	Phone	Email
Karolyn Broussard	Project Manager		
Cynthia Coulter	Project Manager - OeHI		
Vicki Estrin	Program Manager		
Sarah Stewart	Project Team Member		

10.3. Networking Commitment for OeHI Partners of HIE

The OeHI is the designated grant holder for the effort towards implementing a sustainable Health Information Exchange Network at the State level. The OeHI works with a multitude of public and private stakeholders, including state and federal agencies, in order to support the requirements for MU and to promote the secure, statewide exchange of health information for the purpose of driving improvements in healthcare outcomes.

The Vision Statement for the OeHI is three-fold:

1. Give clinicians vital, secure information at the point-of-care
2. Empower patients to take charge of their health decision by having their own health information available
3. Build a foundation to improve both individual and population health

As part of being the grant holder for HIE, the OeHI is required to submit regular progress reports to both the ONC and CMS on their HIE efforts. As part of these updates, the OeHI needs to include stakeholder participation and related networking activities that have HIE as their goal.

For networking partner commitment:

As part of working with the OeHI in the HIE effort, I understand the overall State Vision. I’m committed to the efforts of implementing a ‘network-of-networks’ to enable and sustain state health exchange, and to my responsibilities in communicating and coordinating those efforts, as required, for this HIE effort. These responsibilities include, but are not limited to:

- + Provide status for projects that are worked in collaboration with the OeHI. Assist in defining measures that identify success and provide progress reports against those measures.
- + Status those efforts that are directed toward public outreach or training (for providers or consumers).

- + Make the OeHI aware of internal agency projects/events not coordinated in conjunction with the OeHI but that are for the purpose of enabling HIE efforts.
- + Alert the OeHI to projects or efforts that may seem in conflict with the State’s overall vision so that efforts may be initiated to better understand or adjust those efforts for the best HIE outcome for all parties involved.
- + Participate in communication/collaboration efforts, as required, in combined status meetings or defined work groups (such as the Privacy and Security, Consumer, Technology or Clinical WGs).
- + Participate, as required, in larger HIE events (i.e. RHIO Summit or RHIO Meetings) to define collaborative efforts, discuss sustainability ideas, and identify issues in opposition to the state’s effort so solutions can be identified in the best interest for all participants.
- + Each networking partner understands and is working towards those Meaningful Use success criteria it has an opportunity to influence.

11. Approvals

The purpose of this Charter is to seek authorization for the Electronic Laboratory Results Reporting Project. The signatures of the people below document acceptance and approval of the formal Project Charter. These representatives acknowledge an understanding in the purpose and content of this document, and have the authority to commit the organization’s resources to the project. Upon approval, the Charter allows the assigned resources to proceed with the project as stated in this document.

Name	Title/Role	Signature	Date
George Beckett	Tennessee HIT Coordinator / Project Owner		
Keith Cox	HIP TN CEO/ Project Sponsorship		
Mike Newman	Project Sponsorship		