

Project of Expansion the Telemetry Two

Hai Ho Nguyen

University of Phoenix

MGT/573—Project Management in the Business Environment

Wade Erickson

June 2, 2004

The Content Table

The Content	Pages
I. Introduction.....	5
II. Project Plan Overview.....	6
1. Introduction of the project plan overview.....	6
2. Description of the project.....	6
3. Problem and result statement.....	6
A. Problem statement.....	6
B. Result statement.....	7
4. Mission justification.....	7
5. High-level scope.....	8
6. Expectation to measure the success of the project.....	8
A. Measurement of change from the historical data.....	8&9
B. Population census indicator.....	10
C. Local economic element.....	11
7. Two best practices.....	11
8. Three key learning from “Selection and Initiation Project” simulation.....	12
9. Summary of the project plan overview.....	13
III. Task and Risk Management Plan.....	14
1. Introduction of the task and risk management plan.....	14
2. Specific tasks and milestones.....	14
A. Availability of the budget.....	15
B. Due diligence check list.....	15

- C. Equipment and capital costs.....16
- D. Execution the project.....16
- 3. Five specific project risks.....18
- 4. Assessment of each risks.....19
- 5. Mitigation strategies for each risk.....21
- 6. Change the management plan.....22
- 7. Three key learning from the “managing Project Risk” simulation.....24
- 8. Summary of the task and risk management plan.....24
- IV. Project Plan Forecast.....25
 - 1. Introduction of the project plan forecast.....25
 - 2. Communication plan.....26
 - 3. Forecast time require for completion.....26
 - 4. The project closure process.....28
 - A. Modification the legal aspect of the construction and services...28
 - B. The Construction Circumstance for completion the Project.....29
 - C. Modifying the volume of the project committees.....29
 - 5. Project audit process.....29
 - A. Construction Auditing Process.....30
 - B. Construction Vision for the Future.....30
 - C. Management Auditing Process.....31
 - 6. Budget estimates.....32
 - 7. Forecast the outcome.....33
 - A. The Expansion Meets the Demands of Services.....33

B. Indirect Measurement.....	34
C. Success in the Long Term Investment.....	34
D. Success in the Temporary Shortness of Labor forces.....	34
8. Three key learning from“Applying the Project Lift Cycle”Simulation.	35
V. Conclusion.....	36
VI. References.....	38
VII. Attachments.....	40 to 60

The Introduction

San Bernardino St. Peter Hospital (St.PH) is a branch division under the umbrella of American Health Services Corp (AHS). The hospital is a non-profit, full service, and acute-care facility. St.PH was opened in 1918, licensed 301 beds, and had 1400 employees. St.PH shares the market of 1.86 million people in San Bernardino County. In addition, the county's population has grown at the rapid rate of 8.8% in the last three years, ranking seventh fastest growth in the state (US Census Bureau, 2003). The main purpose of the paper is to propose and implement a capital campaign to expand the cardiac ward from 23 beds to 50 beds.

Project Plan Overview

The plan overview is the summary that proposes and explains the conditions for the expansion. This section will include the following elements: a description of the project, problem and result statements, a mission justification, a high-level scope, a brief description to measure the success of the project, two best practices to ensure the success, and three key learning from the Selecting and Initiation Projects simulation.

Description of the Project

Based upon the admitting and discharge processes, population growth, population status, and economic growth of the county, this project is to expend 25 cardiac and non-cardiac beds to satisfy the increase in the mean volume of patients who are admitted to the telemetry and non-telemetry floor. Statistics showed that the number of cardiac patients is projected to be approximately 21.08 patients in 2007, which is a 25% increase from the previous year's data. To increase the capital value of the hospital and ease for other expansion in the future, the expansion unit will involve the construction of a separate building adjoining the hospital. This unit will be named telemetry two. Costs for the project are projected at \$20 million within 36 months of construction.

The Problem and Result Statement

The Problem statement

According to the forecasting paper, patients can be discharged from or transferred to other units or facilities anytime, depending upon their medical conditions. When patients leave the unit, the vacant beds will be available for new patients. Patient admitting come from directly admitting, other units, and especially from the emergency room and intensive care unit. When the capacity reaches the maximum, patients have to

wait hours or day to be admitted for monitoring. The problem occurs in other departments as well.

The Result Statement

The project enables the company to increase the admitting capacity of the telemetry unit up to 50 patients and allows other departments to use the cardiac ward as their auxiliary units. For example, when the medical and surgical ward reaches their maximum capacities, they can admit their patient to the telemetry ward. The project also reduces the time to transferring patients from one ward to other wards. The extra beds can be used for non-cardiac patients such as medical and surgical patients as auxiliary utilizations. The project not only solves the problem of over admitting patient to the telemetry ward itself but other wards as well.

Mission Justification

According to the annual report file, “[the company] dedicate the resource to:

Delivering compassionate, high-quality, affordable health services;

Serving and advocating for our sisters and brothers who are poor and disenfranchised; and

Partnering with other in the community to improve the quality of life.”

The expansion will continue to improve the mission and goal of St.PH and AHS. The project will provide a higher quality of service, reduce admitting waiting times, and improve the quality of lives. The project will assist St.PH under AHS to expand the serves of the western United States, strive to be focused health care system passionate about improving patient care, and enhance quality services in responding to the increase of the San Bernardino County’s population.

High-level scope

The end result of the project will enhance the service and improve the medical care satisfaction to the community's demand of medical care. Rooms are always available for admitting new patients from other departments, the intensive care units, and the emergency department. Thus, this expanded project will significantly increase the access to care and reduce the waiting times for the patient at the emergency department to approximately 15 minutes, and the project will reduce the admitting time to the telemetry ward from all wards to approximately five minutes. The expansion project also increases the effectiveness of the services by preventing early discharging patients.

Regarding of the profit, St.PH can has a break even within four years. The project generates more jobs for the county. The telemetry two requires 26 to 30 RN's. However, 20 RN's could be used from other departments or be converted the part time to full time positions, so 10 RN's, seven CNA's, seven cardiac monitoring technicians will be hired. The telemetry two will be available to admit both cardiac (mainly), non-cardiac patients, and will be utilized as the auxiliary units for the medical and surgical unit. The telemetry two will be constructed with two sub units and one nursing station. One sub units has 13 beds, and other sub unit has 14 beds. If the demand is low, only one sub unit will be opened to reduce the operational expensive.

Measurement the success of the project

Measurement of change from the historical data

According to the forecasting paper, the project has a high chance to be succeeded. According to the telemetry technician who has been working at St.PH for 30 years, five years ago the volume of cardiac patients admitted to telemetry was approximately nine to

ten patients. Currently, one week's statistic data shows that there is an increase of the mean of patients' volume to 16.86, and the standard deviation is 4.45 patients. This statistic data was consistent with the data given by the manager of the telemetry and intension care unit. According to the manager, the mean for admitting is 15 to 20 patients. The median mean of these two data (15 and 20) is 17.5 patients. The high standard deviation creates a problem. Some patients have to wait for hours in the Emergency Room before they are admitted to the telemetry unit if the beds were full on the prior days. Seventy percent of the patients who are admitted to the cardiac floor are 45 years of age or older, and the chance of having cardiac and other medical problems increase directly with age.

Population Census Indicator

Table one: Population census in San Bernardino County in 2003 (U S Popclock, 2005)

	SAN BERNARDINO COUNTY		CA	US
POPULATION				
Total population	1,709,434			
Square miles (land)	20,052.50			
Population per square mile	85.25		217.18	79.56
GENDER				
Male	853,024	49.9	49.8	49.1
Female	856,410	50.1	50.2	50.9
AGE				
1 15 or younger	465,138	27.2	23	21.4
2 16-24	262,709	15.4	14.3	13.9
3 25-44	515,661	30.2	31.6	30.2
4 45-64	319,467	18.7	20.5	22
5 65+	146,459	8.6	10.6	12.4
	Number		Number	Number
Average age (years)	32.08		34.6	36.22

Based upon the information from this census, there is 27.2% of the San Bernardino population at age 15 or younger. However, the population contains 18.7% of those who are between the ages of 45-64 and 8.6% is senior group. The two groups that reflect the higher ages have a higher chance of having cardiac and medical problems. In addition, 30.2% of those who are between 25-44 years of age is older by four year, and portion of this group is placed into older group, so the groups that have the potential to be affected by cardiac problems is much higher than 27.3% (group four + group five + some in group 3) in the county. In addition, in the larger scale, the U.S. population reflects the patient population. The U S population projected on May 04, 2005, at 16:09 GMT, is 296,035,511 people, including net gain of one new person every 13 seconds. There is

new born baby in every eight second, one dead person in every 11 seconds, and one migrant every 25 seconds (U S Popclock, 2005).

Local Economic Element

According to the California Department of Transportation, the 22-mile-long freeway 210 will have final segment that extend to I-215 in San Bernardino. The other news on November 2002 from Dailybulletin.com announced that free way 210 is constructed on the third and final phase. It is expected to be finished by 2007, “officials said.” (Wall, 2002) The measurement confirms the success of the expansion, but examples of familiar practices must be considering ensuring the success.

Two Best Practices to Ensure the Success

Using existing facilities as the foundation for the expansion, the campaign required approximately 20 million dollars and 36 months construction to complete the process. Plan maybe changed when the project reaches to the upper management team for further assessment. To test the success for the campaign, the indirect method will be used to assess the existing expansion plan from other facilities.

Practices are monitored through many other successful expansion facilities in the healthcare field. For example, The National Health Care L.P. had completed a \$4.7 million constructed on project to add 60 beds and expanded the rehabilitative space at an existing Florida center in 1996. The facility is now growth up to 180 long-term care center beds (Highbeam.com, 2005). The process has grown to three times larger within nine year when the demand of healthcare is low in those years. Compared to San Bernardino economic even, the community population is extremely, and the demand for healthcare is much higher. St.PH will definitely success in this expansion.

The other project is constructing the new Arrowhead Regional Medical Center in Colton, California. The earthquake protection 350,000,000 square foot and six-story facility cost \$350 million. The construction started in 1991 and finished in 1997. The hospital has an emergency room, 280 beds with new diagnostic and treatment, a burn units, nursery, radiology, laboratories, out patient clinics, clinic and nursing facilities with separate mental health building and central plant (DIS, 2005). The total fix assets of Arrowhead Regional Medical Hospital increase from \$1,537,654 in 2003 to \$1,739,370. The revenues were 3.42% or \$8.4 million higher than budget in 2003-04. The patient volume has increased to 17.57% or 3,725 more admissions per year, or 10.21 more admissions per day. (Mission Statement, 2005)

Compared to National Health Care L. P. and Arrowhead Regional Medical Hospital, St.PH has a higher chance for success because the expansion is in the department scale that excluding collateral costs such as land, elevator, and parking garage cost. Moreover, when the freeway is opened, more businesses will grow along the freeway and the closeness areas. In addition, people per square mile in San Bernardino County (85.25 people per square mile) is 2.55 times lesser than people per square mile in California, 217.18 people per square mile. The present of freeway 210, the lower living cost (rental for example) in San Bernardino compared to other cities in California, and the lower number of people per square mile in San Bernardino will cause working people from the surrounding counties to move to San Bernardino County. This again confirmed that the expansion project is successful in the economical terms.

Three Key Learning from the “Selecting and Initiation Projects” Simulation

The first key learning is akin to playing a game of chess, “make a right move”. To initiate the project, one has many plans and decisions to make. Making a sharp business instinct decision and clearly propose the project lead to the success for selecting the plan. A good proposal should be included how, when, and where the new plan is initiated. A briefly evaluation of the execution and allocation such as the investment requirement, operation plan, and the return of investment should be mentioned.

The second key learning is re-evaluated the selected plan. Once the plan is decided, it must be re-evaluated to ensure the success and to make sure that the company is capable to provide an effectiveness and efficiency service. Setting a committee is a crucial mandatory to evaluate the project to eliminate a un-fortuned project and re-select the venture plan.

Finally, the third key learning is to set a ‘plan within a plan’. Company critical success factors and selected venter should be carefully planning. These factors are investment limitation, breakeven, competencies, brand image, volume of customer, and revenue. The venter section criteria included: schedule time, cost, experience, financial situation, process and resources of the venter, and relationship between venter and company. The success factor and the selected venter performance directly link to the long-term sustaining and growing of the company business.

Summary of the Project Plan Overview

St.PH desires to serve mostly patients in the local areas, the closest cities in the San Bernardino County. The population of the county will increase to an extremely high level, 1.8 million people. In addition, in national scale, nearly 76 million seniors plus other age groups need healthcare attention, nearly one fifth of the U.S. population

(Spivock, 2004). Thus, San Bernardino St. Peter Hospital considers the expansion project of the telemetry two is highly successfully. The project costs \$20 million is constructed within 36 months. The expansion project decision was based on the population groups, population status, local economic, national economic scale, and comparing with National Health Care L. P. and Arrowhead Regional Medical Hospital expansions. The expansion of 27 beds will mainly intend for admitting of cardiac patients but also be auxiliary using for medical and surgical units. The project enables the St.PH to enhance quality of healthcare practices and provides faster services. The three keys learning in the simulation consist of creating a sharp-initial project, continuing to re-evaluate the project, and constructing projects within a project. According to the population age, San Bernardino County has a high volume of young population, so the nursery department may also need to forecast for an expansion.

Task and Risk Management Plan

Task and Risk management enables the company to forecast possible ineffectiveness and inefficiency performance of the process, takes actions to correct and bring the plan the right track to prevent further malpractices. Task and risk Management assists the company to construct the process in timely, orderly, and effectively manners. The main purpose of this portion is to assess the task and risk management to implement the expansion project that is proposed in the project plan overview in week one. This section will include the following elements: specific tasks and milestones require for the project, an identification of five specific project risks, an assessment of each risk's impact on project outcome, a mitigation strategies for each risk, a change management plan, and three key leanings from the Managing Project Risk Simulation.

The Specific Tasks and Milestones

The initiated task is to create an effective proposal to buy in the plan that includes all elements existed in the project plan overview, a required time for a breakeven, and an estimated of the return of investment. In addition, a good proposal also includes specific tasks and milestones for executing the plan such as availabilities of budget, a due diligence check list, an estimation of equipments and capital expenditure includes an engineering blue print, and synergic steps to execute of the project.

Availability of the Funding

Funding resource can be obtained through hospital operation, long-term financing, and fundraising efforts. According to the government file and regulation, the building must be earthquake-protected. For earthquake protection, the construction plan has changed, and the estimate increased to 18 million dollars. Funding is generated by hospital operation is 5 million dollars. Thirteen million dollars remain is funded by the corporation's funding and long-term financing.

A Due Diligence Check List

The due diligence check list provides the legal aspects such as the construction of new corporate documents between the company and its subsidiaries which involve the increase in capital expansion; the material contracts and agreements with construction companies and other providers; the insurance and liability involving risks; litigation management risks; the government regulations, filings and environmental impact study; the employees' benefits when the project is completed; and the property report for new capital value. According to the Greening the Environment of Care, "no architect or engineer has ever worked on a healthcare project without consulting the AIA guidelines

for Design and Construction of Hospital and Healthcare Facilities.” (Sustainable Design Services, 2005). The guidelines have authorities in 42 states, the Joint Commission for the Accreditation of Healthcare Organization (JACHO) and several federal agencies guidelines. Project manager needs to be provided an expert committee to assist him in such legal, technical, and financial aspects.

Equipment and Capital Costs

According to the director of the material department of the company, the equipment cost projects up to 1.5 million dollars. The license disclosure costs \$12,000. Cost of the each bed and equipment is \$10,000. The total of 27 beds cost \$270,000. The hardware monitoring equipment cost \$50,000. The arrhythmia software costs \$16,000. Twenty seven wireless transmitters cost 54,000. Cost of cabling is \$50,000 for 40,000 square feet. Internal construction labor, unlisted cost, operation and management’s cost is \$904,000 that is twice the equipment cost. Fourteen days training 10 register nurses (RN) costs \$40,320; for 7 telemetry technicians is \$10,976, for seven nurse assistants (CNA) is \$7,840, and for three medical doctors is \$75,600. The total equipment, training, labor, operation, management, and internal operation cost is 1.49 million. The re-calculation is broken down by the project manager shows a good match compare to the provided estimation from the director of the material department.

According to the director of the telemetry unit, the old project for expansion 15 beds cost 10 million dollar. The new plan projects to 27 beds, so the new project approximately cost 18 million dollars. The capital construction itself cost \$16.51 million.

Execution the Project

The construction will be proceed to build the foundation adjoin to the south side of the main building, near the emergency department. The wing expands from east to west direction, parallels, and adjoins to the hospital. The construction will take up partial parking space of the South parking lot. The doctors' parking lot will be moved to the south of the new building. If budget allows, the new foundation is build to withstand the weight of four floors. The top of the build will be cemented to use as an open recreation area for employees and to expand three more stores in the future if needed. The project requires two to three years of construction. According to the Greening the Environment of Care, the construction of a healthcare facilities must follow up with comments form the Center for Health Design (CHD). The CHD is initiated an effort to heighten the healthcare provider and designs to monitor the effects on the build environment of healthcare services. Since 1998, CHD has influenced its recommendations to JCAHO to modify the "Management of the Environment of Care Guidelines." (Sustainable Design Services, 2005). The environment of care has been designed by CHD are listed as below:

The key elements and issues the CHD identified when defining the environment of care were:

- § People – facility and service users
- § Systems
- § Layouts/operational planning
- § Implementation
- § Physical environment

Within the physical environment, the following elements were deemed essential to develop an environment to support the intended delivery of care model:

§ Light and views: Use and availability of natural light, illumination, and views shall be considered in the design of the physical environment.

§ Clarity of access (wayfinding): Clarity of access shall be addressed in the overall planning of the facility, individual departments and clinical areas.

§ Control of environment: Patient/resident/staff ability to control their environment shall be addressed in the overall planning of the facility consistent with the functional program.

§ Finishes: The effect on patients/residents/staff/visitors of materials, colors, textures and patterns shall be considered in the overall planning and design of the facility. Maintenance and performance shall be considered when selecting these items.

§ Cultural responsiveness: The culture of patients/residents/staff/visitors shall be considered in the overall planning of the facility

§ Sustainability

Finally, the six elements of sustainable design were identified as:

§ Site selection and development

§ Waste minimization

§ Water quality and conservation

§ Energy conservation

§ Indoor air quality

§ Impact of selected building materials (Sustainable Design Services, 2005).

The Five Specific Project Risks

There are many risks involve in such multi-million dollar project. The first risk is inefficiency funding due to operational losses. Loan is temporary unavailable, and corporation's funding is delayed.

The second risk is that the construction process interferes with the existing facilities. For example, the process requires to dominating the entire south parking space for equipment, material, and parking needs for the construction workers. The noise from construction work also annoys patients and employees.

The third risk is that management team is unable to recruit enough employees to accommodate with the expansion. The recruitment may need to hire new graduated nurses and telemetry technicians.

The forth risk is the management team and business team are incapable to respond to the extremely increase in tasks and demands lead to poor managing patient care and employment related maters. This risk also involves the interrelated management with other departments.

The fifth risk is that the demand for health care some how is below the expectation. The main reason contributing to this condition is the availabilities of advanced medical treatment techniques and new medications. These two events help healthcare personal to recognize and prevent cardiac problem in the early stage and reduces the hospitalization time for the patients. Another reason is the living cost in

California included in San Bernardino County is too high compared to other States. The seniors can not afford the living cost and scatter to other States.

The Impact of each Risk on Project Outcome

The impact of inefficiency funding could delay the construction process and increase the operational cost. The interrelated results of the delay cause an insufficient respond to medical care for the patients and delay the admitting processes. When the capacity reaches the maximum, patients have to wait hours or day in the emergency department. This delay causes the emergency room to be over flow, and patients jam up in the ER's waiting room for an emergency care, or they may need to be transferred to other facilities. Either two results will decrease the effectiveness in healthcare process, leave room for medical risks, and increase transportation cost.

The construction noises affect patients healing process or just simply annoy them. Patient may request to be transferred to other facilities. The hospital may lose some profit. The new building and the building process take up the parking space and cause shortening approximately 100 spaces. Patients' family members have to park faraway or park into the employee's spaces.

When the number of employees is below the demand of the services, management could face a bottleneck. The human labor force is not comparable to the capital resources. Reduction of nurses and telemetry technicians is the common effect of the expansion process. This bottleneck contributes to high losses for maintaining capital and equipment, operational cost of utilities and license fee, and management cost. If this is a long term loss, it will drive the entire hospital into a deep financial trouble.

The main duties of the department manager are to lead team members to conduct an effective patient care, to reduce risk, and to take daily report on each patient condition from the RN's. When the patient volume increase from 23 to 50 patients, managers reductions in the qualify of care and patient assessment can occur. He or she may not able to respond appropriately to their medical conditions and solve patients' problems.

If the demand is under expectation, the company will face an extreme loss in operation process and loss to pay the interest fee of the long-term loan. Other losses involve in the depreciation of equipment and capital values.

Mitigation Strategies for each Risk

The purpose of identifying risks is to set up strategies for mitigation the consequences that cause by the risk factors. To mitigate the insufficiency funding, the hospital should public the need of company's finance to sell the company's bonds or issue stocks. Suggestion for the bond maturation date is five years. Common and preferred stocks can be used, but they are only raise the funding in a short period compared with bonds. Scarborough hospital had announced that "the government's contribution to \$59.9 million project to \$37.2 million" (O'Neill, 2005). Learning from Scarborough Hospital budget funding strategies, project manager suggest the company to apply government's contribution budget.

Regarding the shortage of parking spaces, the construction model can be re-planned. The new model is to build the telemetry on the second store. The first store consists of the foundation and supporters for the second store and uses as parking space for doctors and employees. The first store is also saved for future expansion by converse

the garage to be other department(s). For example, the emergency room can utilize this space for farther expansion.

To mitigate to bottleneck problem of shortening the workforce, especially for RN's, the human resource and department manager should hire new graduated RN'(s). Time to train a new graduated RN is 90 days. Assuming that all new nurses are new graduated RN. Ninety day training cost for 10 RN's projects to \$259,200 from \$40,320. The difference of \$218,880 must be available for this consequence.

To release management team regarding the increase of capacity, a few full-time or on-called positions such as co-manager, co-supervisor, and staffing officers need to consider for hiring.

When the patient volume bellows the expectation, management and marketing teams should open only one sub-unit and send the nurse home to reduce the operational cost. Management team may also contact other facilities in the areas to transfer their patient to the hospital if they have conditions of over capacities. Suggestion will be given to the medical doctors to maximize patients' hospitalization time for effectively services regarding of their health.

Change Management Plan

The expansion of the telemetry unit also requires the collateral departments to expand their services. The warehouse, central supply, engineering and biomedical, admitting, pharmacy, laboratory, and environmental service departments should forecast to increase their human labor forces to serve the telemetry two. The warehouse and central supply provide supplies. Engineering and biomedical handle problems that associate with equipment malfunction. Pharmacy responds in process the prescriptions

and delivers the medications. Many other departments such as x-ray, ultra sound, nucleus medicine, cardiology, hemodialysis, dietary departments, catheterization laboratory, and other specialized departments require to increase their workforce and equipment to accommodate the changes in volume of services.

Responding to the code blue, a medical emergency code requires specialized RN's for specific medical conditions. For example, cardiac patients need specialized cardiac nurses to handle their code blue effectively. The telemetry unit mainly serves cardiac patients but also admits medical and surgical patients as auxiliary used. The auxiliary utilization is only the temporary plan. In the long run, medical and surgical may have their own expansion.

If the telemetry two has surgical patient(s), for example, the specialized surgical nurse from the surgical department must be assigned to the telemetry two. The charge nurse of the telemetry two has to be specialized for three fields: cardiac, medical, and surgical. When the telemetry two announces surgical code blue, charged nurse should assist the surgical specialized nurse to respond to the code. One or two nurses in the surgical department also need to run down to the telemetry for further needed.

Some RN's at the telemetry two may need to be specialized to more than one field, for example, in both medial and surgical or cardiac and surgical. Four days training cost for one specialization of a registered nurse is \$1,152. Funding must be available.

The management team should hire seven to 10 more CNA's because CNA's are used interchangeable in the entire hospital. Moreover, management team may consider to train the some RN's and CNA's to perform the telemetry technician's duties, so if the telemetry technician are short, those trained RN's and CNA's can fill up the gap.

The telemetry technician performs dual tasks, monitoring and unit secretary's duties. The busiest time is approximately at 3 P.M. When the volume reaches up to 20 patients, management team is suggested to provide an on-call monitoring technician to work from one to five P.M. to increase the efficiency and effectiveness of the services. Overlap 1 to 1.5 hours between each shift may also be considered, but this method may not as productive as getting a four-hour-on call position as mentioned. The suggested strategies will increase productivities, prevent employees to quit their jobs, and save budget and time on paying overtime, recruiting, and training new technicians.

The Three Key Learning from the Managing Project Risk Simulation

The first key learning is that risk can not be eliminated, but it can be minimized by many techniques such as avoidance, acceptance, transference, and mitigation the undesirable outcome. Risk can be listed and re-selected the most strongly impact one to project for minimization the impact.

The second key learning is that the most critical step to manage risk is to identify and to evaluate the probability of each risk occurring that has high potential impact on the project outcome. Setting a risk matrix is highly important in this step. Expert advisors from committee play a crucial role in the success of this step and further implementation of the project.

The third key learning is to create mitigation strategies to ensure the successful completion of the project. The mitigation plan is another project that consists of estimation for timeframe, budget requirement, methods approaching, regulation techniques, and execution plan to achieve managing the critical risks.

Summary of the Tasks and Risk Management

Conducting the tasks and milestones changes the project execution. The budget requirement increases to 18 million dollar. The new wing is located at the south side, extended east-west, and adjoined the main hospital. Risks involve in the project are insufficiency of budget funding, construction interfering, ineffectiveness managing, labor shortening, and demand below the expecting. “If anything can go wrong, it will”. Risk is inherent in all project implementations because processes consist of many uncertain and unpredicted events or situations that could occur along the execution processing. Goals will be achieved with high degree of success and confidence when risks are identified and mitigated. The most important mitigation is to eliminate the risk factors and change management strategies such as increase labor forces and suggest changes to the collateral departments to accommodate the new demand. The three valuable key learning in this segment are to listing the risk, setting a critical risk matrix, and taking action to mitigate risks.

Project Plan Forecast

Forecasting enables the project to proceed on time and effectively towards the completion. Forecasting also enables the company to predict change and conduct strategies to move towards the future confidently. This section will include the following elements: a communication plan, a forecast of the time required to complete the project, a project closure process, a brief explanation of the project audit process, a budget estimation, a forecast of the project outcome, and three leaning keys from the Applying the Project Life Cycle Simulation.

The Communication Plan

This communication plan is prepared to address how the progress will be reported to the various project sponsors and executives. The process will be proposed to the upper management divisions. The project will be handed to the manager and forwarded to the director of the telemetry and intensive care unit. After previewing the project, the manager and director will send it to the vice president and the president of the company for approval. When the project has been approved by the vice president and the president, the project will be reassessed by the core committee of the corporation.

According to the executive summary of the San Geronio Memorial Hospital (SGMH), the project will continue to be presented to the building and grounds committee of the hospital district board to maintain the leadership and effort. The core team of the hospital will direct to execution of the project. The core team members are the chief executive officer, chief operation officer, chief financial officer, and the director of the human reserves, director of support services, and director of development. To facilitate the plan, the proposal should be prepared with “goals, facts, needs, concepts, solution, schedule, and cost” (SGMH, 2005). When the project has been approved by the core team of the hospital, the project manager will be provided with the committee team and financial sources to start the project.

Time Requirement to Complete the Process

According to the director of the material department, the time requirement to complete the project is approximately three years (DM, 2005). The schedule must be broken down into phases and sub-phases to achieve the completion of this master plan. The first phase is the entitlement phase to gain the approval of the local City of San

Bernardino authorities. This phase will take two months. The second phase is the construction process that takes 24 to 30 months. The forth phase is internal decoration and equipment installation. This phase takes four months. The fifth phase is recruiting and training employees. The human resource department requires two to three months to complete the recruitment of the labor force. The telemetry department and its collateral departments need 14 to 90 days to train new employees. Some of the tasks can be started concurrently. Applying the above time breakdown, if the project starts today, May 24, 2005, it will be completed on August 20, 2008.

The estimated completion time is also confirmed by an indirect method by comparing St.PH's project to a similar expansion size of the SGMH in Riverside County. According to Oscar Orce, a community development director of the City of Banning of Riverside, the project needs a specific plan that describes the development guidelines for all future building improvements for all hospitals. The proposal to expand to 24 examination rooms for the emergency department and 16 intensive care beds for the SGMH was proposed on May 2, 2005, and will be approved on July 11, 2005. The emergency department and intensive care units are estimated to complete within three years and three months of construction, by August 2008 (SGMH, 2005). The below is the operated time of the construction to complete St.PH's expansion project.

Table one: Time to complete the project

Expansion the Telemetry 2	weekdays	5/22/2005 8:00	8/19/2008 17:00:00 PM
Approval process	46 days	5/24/2005 8:00	7/25/2005 17:00
Construction Phases	785 days	7/27/2005 8:00	7/28/2008 17:00
Recruiting new graduated RN	46 days	2/28/2008 8:00	5/1/2008 17:00
Recruiting Telemetry technicians	30 days	5/28/2008 8:00	7/8/2008 17:00
Recruiting experienced RN's	30 days	5/28/2008 8:00	7/8/2008 17:00
Recruiting nurses assisting	30 days	5/28/2008 8:00	7/8/2008 17:00
Training new graduated RN	63 days	7/29/2008 8:00	10/23/2008 17:00
Training telemetry technicians	15 days	7/29/2008 8:00	8/18/2008 17:00
Training experience RN's	15 days	7/29/2008 8:00	8/18/2008 17:00
Training nurses assisting	15 days	7/29/2008 8:00	8/18/2008 17:00
Install and decorate internal equipments	23 days	7/29/2008 8:00	8/18/2008 17:00
Order office and other supplies	15 days	7/29/2008 8:00	8/18/2008 17:00
Announce opening the services	1 day	8/19/2008 8:00	8/19/2008 17:00
Start to admitting patients		8/20/2008 7:00	

The project requires three years which is 832 working days process. The telemetry 2 will be opened on August 20, 2008.

The project Closure Process

According to Gray and Larson, the most common circumstance for project closure is a completed project. The closure involves modifications in the scope, cost, schedule the operation, and implementation of the project. The closure also involves customizing the information system, handing off the final design to production and services, and creating new inventory control systems (2003).

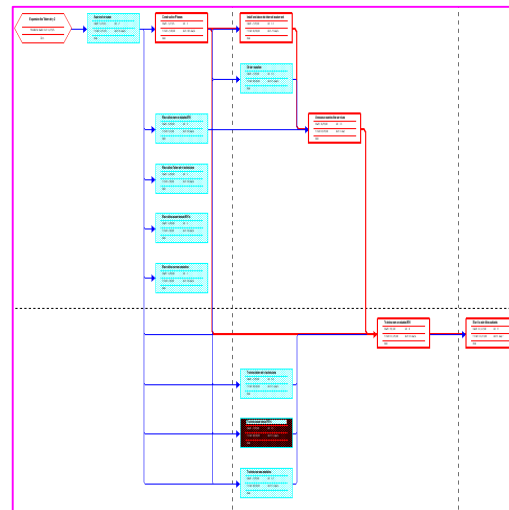
Modification the legal aspects of the construction and services

An expert legal consultant team responds to the details involved in all the legal aspects that relate to the construction process and healthcare services. The project manager suggests to the legal team to follow up all the legal matters from The Executive Office of the President. The website address is www.whitehouse.gov for the medical project. The two important departments that require the legal team to comply with are the Department of Health and Human Services and the Department of Housing and Urban

Development (EOP, 2005). The 20 pages attachment consists of the above two departments' information and regulation affairs is included at the end of this research paper.

The Most Important Construction Circumstance for completion the Project

The most critical circumstance for completion of the project is reviewed in the Microsoft Project Presentation. Please see the MPP file attachment for further details in working *calendar* that includes specific date and time of construction, and the *network diagram* that contains the chart of the milestones and phrases of the entire project.



Modifying the volume of the Project committees

To ensure the success of the entire project, St.PH should decide to create effective project teams such as the administration (includes the corporation core committee), design, and construction teams. The administration team plays the management role and is behind the entire project. The administration group consists of administrator, engineers, and doctors. For example, the hospital expansion project of the Health Science Center of the University of Utah has nine members of administrators, engineers, and doctors; the design team consists of one principal project architect and five other architects; the construction team consists of two vice presidents, two project managers, two engineers, one superintendent, and one site safety coordinator (Alstead, 2005). The three above

teams and legal team will have a final meeting at the end of the project to discuss and decide the closure.

The explanation of the Project Audit Process

Construction Auditing Process

The audit process will be performed to ensure that the project has been constructed correctly. The project must be complied with city code, JACOH, and other regulations. The auditing process also previews the degree of success in managing the qualities of the services. Beside complying with the city code and JACOH as mentioned above, the construction process should be monitored and audited weekly to meet the building code 4210-32P requirement of the Department of Housing and Urban Development (HUD, 2005).

The building model of St.PH is similar to the design of Burke Medical Center (BMC) facility of Kaiser Permanente in Burke, Virginia. The design for BMC is five stories. The two of the levels of the parking garage (accommodating 300 cars) are situated below grade. The three stories are visible above grade (Adtek Engineers, 2005).



St.PH decides to construct two stories facility. The both levels are situated above grade. The telemetry two is located in the second level. The first level is the employees' parking garage that accommodates 75 cars. The first level is convertible to other facilities for further expansion. To accommodate the increase in customer volume, a 100 extra spaces parking garage will be constructed across the Medical Center.

Construction Vision for the Future

Historically, medical treatment processes are only associated with physical injury or illness cures. The spiritual support and emotional comfort are associated with religious and families support but not with the environment comfort. The hospital environment brings more depression to the patient, and the environment reminds them that they are hospitalized and are illness. The new technique to increase the healing process is to create a comfort and spiritual hospital environment. A comfortable and private bedroom creates a sense of their owned personal space and room. Picture copies from the Credit Valley Hospital (2005).



According to the Credit Valley hospital, “The healing power of water has not been overlooked. The landscape vision includes environmentally conscious ponds that will capture rainwater. Indoor gardens will allow patients with green thumbs to continue their love of gardening - a highly therapeutic and rehabilitative activity.”



(2005) A beautiful garden creates a sense of dignity, peaces, and security. The garden assists patients in their therapeutic and healing process.

Management Auditing Process

Management team is suggested to ensure that the labor force is accommodated to the capital resource. When the construction is completed, the labor force must be

available to prevent to delay the opening process. The human resource department will start to recruit the new graduate RN's five months before the completion of the construction. It takes approximately 1.5 to two months to recruit five to six new graduate RNs. The time requires to train a new graduate RN is 90 days.

The human resource will start to recruit experienced RNs, CNAs, telemetry technicians, management teams, and other positions three months before the construction is completed. The existing facilities will be used to train new employees. The project also requests two million dollars extra funding for any unpredicted situations that could occur.

Budget Estimation for the Project

Budget has estimated up to 18 million dollars for completion the project. Table one contains the breakdown of the costs.

Table two: Itemized Investment Budget

	Material and other cost	Training cost	Empl oyee	cost/ hour	Train /time	cost/ item	ite m
Building construction	\$ 16,510,000.00						
License disclosure		\$ 12,000					
Beds and equipment	\$ 100,000.00					10,000	10
Hardware monitor equipment	\$ 50,000.00						
Office equipment and installation	\$ 20,000.00						
Office and other supplies	\$ 10,000.00						
Arrhythmia software	\$ 6,000.00						
Wireless transmitters	\$ 54,000.00					2,000	27
Cabling	\$ 50,000.00						
Operation and unlisted cost	\$904,000.00						
Training registered nurses		\$ 12,000	4	\$ 25	120		
Training telemetry technician		\$ 16,800	10	\$14	120		
Training nurse assistant		\$ 8,400	7	\$10	120		
Training new graduate nurse		\$ 78,000	6	\$ 25	520		
Total	\$17,714,000.00	\$ 127,200	27				
Total capital and equipment investment	\$17,841,200.00						

Table one shows that the total capital, equipment, labor, and operational cost is 17.684 million dollars. Training cost investment for employees is \$127,200. The total investment reaches up to \$17,811,200.00. The remainder of \$158,800.00 funding is saved to train more employees and to use for the unlisted expansive. For example, the cost to train one new graduate registered nurse is \$13,000.00.

Forecasting the Project Outcome

Forecasting the project outcome will involve assessing the quantifiable measures of success for the project and verifying the project alignment with the organization's goals. According to the previous forecasting paper, the following topics are addressed below.

The Expansion Meets the Demand of Services

Over 76 millions United States seniors are nearing at the retirement age. More than 70 million of them are American, (Spivack, 2003) approximately one fifth of the U. S. population. The U. S. population increases by one person each 13 seconds, as mentioned above; the change in local population, economic, and the volume of the senior in the entire nation determines a high demand for healthcare services, especially for the elders. The expansion is successful to satisfy the demand. According to Yoo's research paper, the baby boomer causes a short decline in the capital labor and increases ratio demand in welfare consumptions [included Medicare and Medicaid] (Yoo, 1994). Approximately in 2007, when the first baby boomers hit 65 years old, their demands for healthcare are very high (Yoo, 1994).

Geriatric patients often have one or more acute chronic diseases (Wyller, 2004) that increase the frequency of visiting the hospital, and cardiac problems highly

contribute to the geriatric illnesses. Moreover, aged people have many chronic diseases such as arthritis, osteoporosis, cardiac arrhythmia, valvular diseases, hypertension, and diabetes. These seniors will visit the hospital more frequently compared to other groups of ages. The baby boomer even will increase the volume of cardiac patients in the entire nation, including those in San Bernardino County. The project has high chance of success.

Indirect measurement

The constructing project of the new Arrowhead Regional Medical Center in Colton, California was highly profit. The total fix assets of Arrowhead Regional Medical Hospital increase from \$1,537,654 in 2003 to \$1,739,370. The revenues were 3.42% or \$8.4 million. The patient volume has increased to 17.57% (Mission Statement, 2005). St.PH expects to have the patient volume increase from 15% to 25% in the year of 2008.

Success in the Long Term Investment

Beginning in 2008, all businesses that serve the senior baby boomers will grow quickly. To ensure the viability of the organizations, St.PH and other healthcare organizations are advised to forecast consumer demand and enhance revenue within the next two years carefully. The senior baby boomer will reduce national savings. The lowered savings will be taking place as fewer people are employed and the labor force begins to slightly shrink by attrition. That might suggest higher returns on savings for future generation. The success of the future generation contributes to the success of the expansion in the long term investment.

Success in the Temporary Shortness of Labor

The U. S. A. percentage of ages those are between 16-24 is almost equal to the percentage of seniors, and the percentage who are between 25-44 is almost equal to the percentage of those aged between 45-64 as shown in table one of portion one. The group aged 16-24 will substitute the labor of the senior. Thus the entire nation as well as San Bernardino will not have a major problem with a shortage in labor. Moreover, according to the Livingston Survey of the Federal Reserve Bank of Philadelphia, the unemployment rate is projected to be 5.2% in 2005 (Economic Research, 2004). It considers a high rate and shows that there are many people looking for jobs. Thus, employees are easy to find. St.PH is suggested to hire higher volume of lesser than part-time employees to reduce employee benefits. The hospital is enabling to recruit required volume of employee for the telemetry and other collateral departments. To accommodate the change in the volume of patients, approximately 60 to 100 more employees in the entire hospital will be hired.

The Three Key Learning Points

Applying the Project Life Cycle Simulation assists the project manager to learn the three critical key concepts as below:

The first learning key is that a smoothly operating project needs to be followed up with at least four major stages: definition performing, planning, executing, and delivering of the project. The definition stage begins with identifying the objectives of the project, forming team members and sponsor commissions, and setting major duties to execute the project. The planning stage develops and identifies the scope of the project, creates the schedule, and announces the required budget. The execution stage is the performing stage of the project. Measurement of time, cost, and qualities of the products and/ or services

must be monitored. The project manager has most important duties in this stage to coordinate the workforces and resources for completion the project. Continue to monitor and correct the performance to ensure that the objectives are met. The delivery stage takes place when the project is successfully performed. Qualities of the products or services are concerned most in this stage.

The second learning key is to identify the milestones and sequence them correctly. Incorrect identifying the sequences of the production could delay the project and minimize the productivities. Identifying the crucial milestones enables the process to be focused on the major works and measure the amount of work done.

The third learning key is to prepare the resources. Planning is important to allocate material and labor sources along with the processing. The provided resources must be matched with the requirement of the current production. An accommodation between the required materials for a specific work to the labor requirement for that work segment enables to perform the job smoothly and effectively.

Conclusion

The first portion of the paper is the plan overview that proposes and explains the conditions of the expansion. Based upon the growth of the population and local economic, the cardiac patient will project to 15 to 25% increase in 2008. The expansion will improve patient care and enhance the quality of the services. The second portion is the task and risk management plan that enable the company to forecast the probabilities that cause ineffective and inefficiency performance of the entire project. The task and risk management also provides the milestones of the entire project. The 40,000 square feet telemetry two will be built on the second floor. The first floor is the employee garage.

The entire building extended east-west, and adjoined to the main hospital. The third portion is the forecast plan that also contains the portion of the communication plan. The project proposal will be turned to the department manager and is approved by the core committee of the corporation. Time require for the completion of the project will take approximately three full year. Funding requirement is \$20 million. The project closure will be reviewed to ensure the success of the construction process and to comply with the department of information and regulation affair. The final auditing is to create a comfort and spiritual hospital environment to increase healing process, and finally, the forecasting will be conducted to assists the organizations to move into the future with stability and confidence. St.PH is also suggest to find the economic factors such as population and GDP that impact the demand of the services, and St.PH also looks for other factors such as the profits, inflation, and investments that affect the costs associated with the healthcare service. St.PH also wants to verify the monetary policy as well as the indicators and factors that affect the company services and income.

References

- Adtek Engineers. 2005. Hospital/Medical Center: Kaiser Permanente. Retrieval:
<http://www.adtekengineers.com>
- Alstead, Christina. 2005. Hospital expansion home: Health Science Center of the University of Utah. Retrieval: email: Christina.Alstead@hsc.utah.edu or
<http://uuhsc.utah.edu/construction/expansion/hospitalhome.html>
- Credit Valley Hospital. 2005. Vision for the Future: Sense of Community in a Healing Environment. Retrieval: <http://www.cvh.on.ca/home.asp>
- Department of Housing and Urban Development (HUD). Final Report of HUD Review of Model Building Codes: Office of the Assistant Secretary for Fair Housing and Equal Opportunity. Retrieval: <http://www.hud.gov/fhe/modelcodes/index.html>
- DIS Your Partner in Earthquake Protection, 2005. The new construction of Arrowhead Regional Medical Hospital. Retrieval: <http://www.dis-inc.com/sbmcbrie.htm>
- Economic Research. June 2004. Federal Reserve Bank of Philadelphia: Livingston Survey. Retrieval: <http://www.phil.frb.org/liv/index.html>
- Executive Office of the President (EOP): Office of Management and Budget. 2005. Office of information and Regulatory Affairs (OIRA). Retrieval:
<http://www.whitehouse.gov> or
<http://www.whitehouse.gov/omb/library/OMBARYTD-2002.html#HHS>
- Gray, F. Clifford, Larson, W. Erik. 2003. Project Management: The Managerial Process. Chapter 14. Copyright @ 2003 The McGraw Hill Companies. Retrieval:
<http://www.phoenix.campus.edu>

Mission Statement, 2005. Organizational Chart of Arrowhead Regional Medical Center:

To Provide quality healthcare to the community. Retrieval:

<http://www.co.san-bernardino.ca.us/proposedbudget0304>

Highbeam.com, 2005. National Healthcare completed 60-bed expansion project in

Florida. Business Wire; 10/8.1996. Retrieval: <http://www.highbeam.com>

O'Neill Susan, 2005. Funding Comes Through for Scarborough Hospital. Retrieval:

<http://www.search.yahoo.com>

San Gorgonio Memorial Hospital (SGMH). 2005. Executive summary: Intensive care

unit and emergency department capital campaign. Retrieval:

http://www.sgmhf.org/getpage.php?name=hospital_expansion

Spivock, Barney S. MD, FACP, CMD. 2003. AGS Spotlight: Meeting the Health Care

Needs of an Expanding Older Patient Population. Retrieval: Clinical Geriatrics,

volume 11, number 3, March 2003, <http://www.mmhc.com> or email:

barney_spivack@stamhosp.chime.org

Spivock, Barney S. MD, FACP, CMD. 2003. AGS Spotlight: Meeting the Health Care

Needs of an Expanding Older Patient Population. Retrieval: Clinical Geriatrics,

volume 11, number 3, March 2003, www.mmhc.com or email:

barney_spivack@stamhosp.chime.org

Sustainable Design Services, 2005. Greening the Environment of Care. E-notes, volume

7, number 1. Retrieval: <http://www.hdrinc.com>

Tiritilli, Margie, 2000. California Department of Transportation: Caltrans I-210 Blazes

New Course in Congestion Relief. October 13, 2000. Retrieval:

<http://www.amtrakcalifornia.com>

U.S. Census. 2004. U.S. Popclock Project. Retrieval: <http://eire.census.gov/popest> or
<http://www.census.gov/index.html>

Yoo, S. Peter . 1994. The Baby Boom and Economic Growth, Federal Reserve Bank of
St. Louis. Retrieval: <http://www.research.stlouisfed.org/wp/1994/94-001.pdf>

Wall, Stephen (Staff Writer), 2002. Dailybulletin.com News. Crush of traffic squeezes
Fontana. Article Published: Monday, November 25, 2002. Retrieval:
<http://www.dailybulletin.com/Stories/0,1413,203~24396~,00.html>

Wyller, Torgeir B. 2004. Norsk Geriatrisk Forening: The Norwegian Geriatrics Society.
Retrieval: <http://www.uib.no/isf/nfg/nfgeng.htm> email: tbwyller@yahoo.com

Attachments:

Attachment 1: Please see the MPP that is attached along with this paper

Attachment 2: The Executive Office of the President: Office of Information and Regulatory Affairs (OIRA)

From: <http://www.whitehouse.gov/omb/library/OMBARYTD-2002.html#HHS>

Department of Health and Human Services

HHS-HRSA RIN: 0906-AA55
 National Vaccine Injury Compensation Program: Revisions and Additions to the Vaccine Injury Table
 STAGE: Final Rule (N/C) ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/20/2002 LEGAL DEADLINE: Statutory
 COMPLETED: 07/18/2002 Consistent with change

HHS-FDA RIN: 0910-AA02
 New Animal Drug Approval Process; Implementation of Title I of The Generic Animal Drug and Patent Term Restoration Act (GADPTRA)
 STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 11/29/2001 LEGAL DEADLINE: None
 COMPLETED: 01/08/2002 Consistent with change

HHS-FDA RIN: 0910-AB91
 Requirements for Submission of Labeling for Human Prescription Drugs and Biologics in Electronic Format
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/14/2001 LEGAL DEADLINE: None
 COMPLETED: 03/05/2002 Consistent with change

HHS-FDA RIN: 0910-AC28
 Institutional Review Boards: Requiring Sponsors and Investigators To Inform IRBs of Any Prior IRB Reviews
 STAGE: Prerule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 01/15/2002 LEGAL DEADLINE: None
 COMPLETED: 02/25/2002 Consistent with change

HHS-FDA RIN: 0910-AB94
 Food Additives: Food Contact Substances Notification System
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 02/19/2002 LEGAL DEADLINE: None
 COMPLETED: 05/14/2002 Consistent with change

HHS-FDA RIN: 0910-AC05
 Efficacy Evidence Needed for Products To Be Used Against Toxic Substances When Human Studies Are Unethical or Unfeasible
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No

RECEIVED: 03/07/2002 LEGAL DEADLINE: None
 COMPLETED: 05/21/2002 Consistent with change

HHS-FDA RIN: 0910-AA61
 Investigational New Drugs; Export Requirements for Unapproved
 New Drug Products (Proposed Rule)
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 03/07/2002 LEGAL DEADLINE: None
 COMPLETED: 05/29/2002 Consistent with change

HHS-FDA RIN: 0910-AC36
 Obtaining Timely Studies of and Adequate Pediatric Labeling for
 Human Drugs and Biologics
 STAGE: Prerule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 04/12/2002 LEGAL DEADLINE: None
 COMPLETED: 04/18/2002 Consistent with change

HHS-FDA RIN: 0910-AA01
 Internal Analgesic, Antipyretic, and Antirheumatic Drug Products
 for Over-the-Counter Human Use; Proposed Amendment of the
 Tentative Final Monograph and Related Labeling
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/01/2002 LEGAL DEADLINE: None
 COMPLETED: 07/24/2002 Consistent with change

HHS-FDA RIN: 0910-AA99
 Use of Ozone-Depleting Substances: Essential-Use Determinations
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/13/2002 LEGAL DEADLINE: None
 COMPLETED: 07/15/2002 Consistent with change

HHS-FDA RIN: 0910-ZA20
 Medical Devices; Needle-Bearing Devices; Request for Comments
 and Information
 STAGE: Prerule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/31/2002 LEGAL DEADLINE: None
 COMPLETED: 06/10/2002 Consistent with change

HHS-FDA RIN: 0910-AA97
 Safety Reporting Requirements for Human Drug and Biological
 Products
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 06/04/2002 LEGAL DEADLINE: None
 COMPLETED: 08/12/2002 Withdrawn by agency

HHS-FDA RIN: 0910-AA01
 Insect Repellent Sunscreen Drug Products for Over-the-Counter
 Human Use; Drug Review
 STAGE: Prerule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 06/27/2002 LEGAL DEADLINE: None

COMPLETED: 08/15/2002 Consistent with change

HHS-FDA RIN: 0910-AC34
 Electronic Products; Performance Standards for Diagnostic X-Ray
 Systems and Their Major Components
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 07/30/2002 LEGAL DEADLINE: None
 COMPLETED: 10/23/2002 Consistent with change

HHS-FDA RIN: 0910-AC37
 Substances Prohibited From Use in Animal Food or Feed; Proteins
 Prohibited in Ruminant Feed
 STAGE: Prerule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/06/2002 LEGAL DEADLINE: None
 COMPLETED: 11/01/2002 Consistent with change

HHS-FDA RIN: 0910-AA97
 Safety Reporting Requirement for Human Drug and Biological
 Products
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 08/12/2002 LEGAL DEADLINE: None
 COMPLETED: 11/04/2002 Withdrawn by agency

HHS-FDA RIN: 0910-AC48
 Applications for FDA Approval To Market a New Drug: Patent
 Listing Requirements and Application of 30-Month Stays on
 Approval of Abbreviated New Drug Applications
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 10/18/2002 LEGAL DEADLINE: None
 COMPLETED: 10/18/2002 Consistent w/no change

HHS-IHS RIN: 0917-AA05
 Tribal Self-Governance Amendments of 2000
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 10/26/2001 LEGAL DEADLINE: Statutory
 COMPLETED: 01/24/2002 Consistent with change

HHS-IHS RIN: 0917-ZA08
 Reimbursement Rates for Calendar Year 2002
 STAGE: Notice ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 01/29/2002 LEGAL DEADLINE: None
 COMPLETED: 03/27/2002 Consistent w/no change

HHS-IHS RIN: 0917-AA05
 Tribal Self-Governance Amendments of 2000
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/10/2002 LEGAL DEADLINE: None
 COMPLETED: 05/13/2002 Consistent with change

HHS-IHS RIN: 0917-AA02
 Indian Child Protection and Family Violence Prevention Act
 Minimum Standards of Character
 STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 06/26/2002 LEGAL DEADLINE: None
 COMPLETED: 09/13/2002 Consistent with change

HHS-CDC RIN: 0920-AA05
 Methods for Radiation Dose Reconstruction Under the Energy
 Employees Occupational Illness Compensation Program Act of 2000
 (Final Rule)
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 04/10/2002 LEGAL DEADLINE: None
 COMPLETED: 04/26/2002 Consistent with change

HHS-CDC RIN: 0920-AA05
 Guidelines for Determining the Probability of Causation Under
 the Energy Employees Occupational Illness Compensation Program
 Act of 2000 (Final Rule)
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 04/10/2002 LEGAL DEADLINE: None
 COMPLETED: 04/26/2002 Consistent with change

HHS-CDC RIN: 0920-AA07
 DHHS Statement of Policy-Procedures for Designating Classes of
 Employees as Members of the Special Exposure Cohort Under the
 Energy Employees Occupational Illness Compensation Act of 2000
 STAGE: Notice ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 04/15/2002 LEGAL DEADLINE: None
 COMPLETED: 06/06/2002 Withdrawn by agency

HHS-CDC RIN: 0920-AA07
 DHHS Statement of Policy: Procedures for Designating Classes of
 Employees as Members of the Special Exposure Cohort Under the
 Energy Employee Occupational Illness Compensation Act of 2000
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 06/12/2002 LEGAL DEADLINE: None
 COMPLETED: 06/19/2002 Consistent with change

HHS-CDC RIN: 0920-AA08
 Possession, Use, and Transfer of Select Agents
 STAGE: Notice ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/13/2002 LEGAL DEADLINE: None
 COMPLETED: 08/19/2002 Consistent with change

HHS-CDC RIN: 0920-AA08
 Possession, Use, and Transfer of Select Agents and Toxins
 STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/04/2002 LEGAL DEADLINE: Statutory
 COMPLETED: 12/09/2002 Consistent with change

HHS-NIH RIN: 0925-AA19
 National Institute of Child Health and Human Development
 Contraception and Infertility Research Loan Repayment Program
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 01/04/2002 LEGAL DEADLINE: None
 COMPLETED: 04/02/2002 Consistent with change

HHS-NIH RIN: 0925-AA18
 National Institutes of Health Loan Repayment Program for
 Research Generally
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/30/2002 LEGAL DEADLINE: None
 COMPLETED: 07/29/2002 Consistent w/no change

HHS-SAMHSA RIN: 0930-ZA02
 Revised Substance Abuse Prevention and Treatment Performance
 Partnership -- FRN
 STAGE: Notice ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/06/2002 LEGAL DEADLINE: None
 COMPLETED: 11/04/2002 Consistent with change

HHS-SAMHSA RIN: 0930-ZA03
 Revised Community Mental Health Services Performance
 Partnerships -- FRN
 STAGE: Notice ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/06/2002 LEGAL DEADLINE: None
 COMPLETED: 11/04/2002 Consistent with change

HHS-SAMHSA RIN: 0930-AA11
 SAMHSA Charitable Choice Regulations Applicable to States
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/11/2002 LEGAL DEADLINE: None
 COMPLETED: 12/12/2002 Consistent w/no change

HHS-CMS RIN: 0938-AL32
 Medicare and Medicaid Programs: Hospital Conditions of
 Participation; Clarification of the Regulatory Flexibility for
 Patient's Rights -- CMS-3018-N
 STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 11/27/2001 LEGAL DEADLINE: None
 COMPLETED: 02/22/2002 Withdrawn by agency

HHS-CMS RIN: 0938-AK90
 Medicare Program: Modification to Managed Care Rules Based on
 Payment Provisions in BIPA and Technical Corrections --
 CMS-1181-F
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/06/2001 LEGAL DEADLINE: None
 COMPLETED: 03/06/2002 Withdrawn by agency

HHS-CMS RIN: 0938-AL18
 Medicare and Medicaid Programs; Requirements for Paid Feeding
 Assistants in Long-Term Care Facilities -- CMS-2131-P
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/14/2001 LEGAL DEADLINE: None
 COMPLETED: 03/12/2002 Consistent with change

HHS-CMS RIN: 0938-AL28
 Medicare Program: Medicare-Endorsed Prescription Drug Discount
 Card Assistance Initiative
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 12/18/2001 LEGAL DEADLINE: None
 COMPLETED: 02/27/2002 Consistent with change

HHS-CMS RIN: 0938-AL30
 Medicare Program: Medicare-Endorsed Prescription Drug Discount
 Card Assistance Initiative for State Sponsors -- CMS-4032-NPR
 (ANPRM)
 STAGE: Prerule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/18/2001 LEGAL DEADLINE: None
 COMPLETED: 02/27/2002 Consistent with change

HHS-CMS RIN: 0938-AK30
 Medicare Programs: Fee Schedule for Payment of Ambulance Service
 and Revisions to the Physician's Certification Requirements for
 Coverage of Nonemergency Ambulance Services -- CM-1002-FC
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/20/2001 LEGAL DEADLINE: None
 COMPLETED: 02/21/2002 Consistent with change

HHS-CMS RIN: 0938-AL05
 Medicaid Program: Modification of the Medicaid Upper Payment
 Limit for Non-State, Government-Owned or -Operated Hospitals --
 CMS-2134-P
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 01/15/2002 LEGAL DEADLINE: None
 COMPLETED: 01/16/2002 Consistent w/no change

HHS-CMS RIN: 0938-AL37
 State Children's Health Insurance Programs; Eligibility for
 Prenatal Care for Unborn Children
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 01/22/2002 LEGAL DEADLINE: None
 COMPLETED: 02/26/2002 Consistent with change

HHS-CMS RIN: 0938-AK50
 Medicare Program: Payment for Upgraded Durable Medical
 Equipment; Withdrawal
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No

Health Insurance Reform: Modification to Transactions and Code
Set Standards for Electronic Transactions -- CMS-0005-P
STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 03/25/2002 LEGAL DEADLINE: None
COMPLETED: 05/24/2002 Consistent w/no change

HHS-CMS RIN: 0938-ZA32
Medicare Program: Solicitation for Proposals for Medicare
Preferred Provider Organization (PPO) Demonstrations in the
Medicare+Choice Program Phase II-PPO Demonstration -- CMS-4042-N
STAGE: Notice ECONOMICALLY SIGNIFICANT: No
RECEIVED: 04/04/2002 LEGAL DEADLINE: None
COMPLETED: 04/11/2002 Consistent with change

HHS-CMS RIN: 0938-AJ00
Non Federal Governmental Plans Exempt From Health Insurance
Portability Requirements HIPAA Title I -- CMS-2033-IFC
STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 04/04/2002 LEGAL DEADLINE: None
COMPLETED: 06/28/2002 Consistent with change

HHS-CMS RIN: 0938-AL20
Prospective Payment System and Consolidated Billing for Skilled
Nursing Facilities; Update for FY 2003 -- CMS-1202-P
STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 04/05/2002 LEGAL DEADLINE: None
COMPLETED: 04/24/2002 Withdrawn by agency

HHS-CMS RIN: 0938-ZA33
Medicare Program: Revised Evaluation Criteria for End-Stage
Renal Disease Networks -- CMS-3082-NC
STAGE: Notice ECONOMICALLY SIGNIFICANT: No
RECEIVED: 04/18/2002 LEGAL DEADLINE: None
COMPLETED: 06/25/2002 Consistent with change

HHS-CMS RIN: 0938-AL55
Medicare Program: Notice of Modification of Beneficiary
Assessment Requirements for Skilled Nursing Facilities
STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 04/25/2002 LEGAL DEADLINE: None
COMPLETED: 05/24/2002 Consistent with change

HHS-CMS RIN: 0938-AL23
Medicare Program: Changes to the Hospital Inpatient Prospective
Payments and Systems and FY 2003 Rates -- CMS-1203-P
STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 04/26/2002 LEGAL DEADLINE: Statutory
COMPLETED: 05/02/2002 Consistent with change

HHS-CMS RIN: 0938-AL51

Medicare Program: Electronic Cost Reporting for Hospices, Organ
Procurement Organizations, Rural Health Clinics, Federally
Qualified Health Centers, Community Mental Health Centers, ...
STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 05/01/2002 LEGAL DEADLINE: None
COMPLETED: 07/22/2002 Consistent with change

HHS-CMS RIN: 0938-AL16
Medicare Program: Home Health Prospective Payment System Rate
Update for FY 2003 -- CMS-1198-NC
STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 05/10/2002 LEGAL DEADLINE: None
COMPLETED: 06/25/2002 Consistent with change

HHS-CMS RIN: 0938-AK96
Medicaid Managed Care; New Provisions -- CMS-2104-F
STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 05/15/2002 LEGAL DEADLINE: None
COMPLETED: 06/06/2002 Consistent with change

HHS-CMS RIN: 0938-AL83
Medicare Managed Care; Withdrawal -- CMS-2001-F4
STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 05/15/2002 LEGAL DEADLINE: None
COMPLETED: 06/06/2002 Consistent w/no change

HHS-CMS RIN: 0938-AL79
Medicare Program: State Allotments for Payment of Medicare Part
B Premiums for Qualifying individuals: Federal Fiscal Year 2002
-- CMS-2136-PN
STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 05/20/2002 LEGAL DEADLINE: None
COMPLETED: 08/12/2002 Consistent with change

HHS-CMS RIN: 0938-ZA36
Medicare and Medicaid Programs; Hospital Conditions of
Participa- tion: Clarification of the Regulatory Flexibility
Analysis for Patients Rights (CMS-3018-N)
STAGE: Notice ECONOMICALLY SIGNIFICANT: No
RECEIVED: 05/24/2002 LEGAL DEADLINE: None
COMPLETED: 08/16/2002 Withdrawn by agency

HHS-CMS RIN: 0938-AL21
Revisions to Payment Policies Under the Physician Fee Schedule
for Calendar Year 2003 -- CMS-1204-P
STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 06/05/2002 LEGAL DEADLINE: None
COMPLETED: 06/20/2002 Consistent with change

HHS-CMS RIN: 0938-AL99

Medicare Program: Criteria for Submitting Supplemental Practice
Expense Survey Data -- CMS-1223-IFC
STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 06/05/2002 LEGAL DEADLINE: None
COMPLETED: 06/24/2002 Consistent w/no change

HHS-CMS RIN: 0938-AK42
Medicare Program: Supplementary Medical Insurance Premium
Surcharge Agreements -- CMS-1221-F
STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 06/14/2002 LEGAL DEADLINE: None
COMPLETED: 09/06/2002 Consistent with change

HHS-CMS RIN: 0938-AL20
Medicare Program: Prospective Payment System and Consolidated
Billing for Skilled Nursing Facilities; Update for FY 2003 --
CMS-1202-P
STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 07/15/2002 LEGAL DEADLINE: Statutory
COMPLETED: 07/26/2002 Consistent with change

HHS-CMS RIN: 0938-AK71
Medicare Program: Modifications to Medicare Managed Care Rules
-- CMS-4141-P
STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 07/17/2002 LEGAL DEADLINE: None
COMPLETED: 10/15/2002 Consistent with change

HHS-CMS RIN: 0938-AL22
Hospital Inpatient Rehabilitation Prospective Payment System for
FY 2003 -- CMS-1205-N
STAGE: Notice ECONOMICALLY SIGNIFICANT: No
RECEIVED: 07/19/2002 LEGAL DEADLINE: Statutory
COMPLETED: 07/29/2002 Consistent with change

HHS-CMS RIN: 0938-AL41
Medicare Programs: Hospice Wage Index, Fiscal Year 2003 --
CMS-1211-N
STAGE: Notice ECONOMICALLY SIGNIFICANT: No
RECEIVED: 07/23/2002 LEGAL DEADLINE: Statutory
COMPLETED: 08/23/2002 Consistent with change

HHS-CMS RIN: 0938-AJ87
Medicare Program: Application of Inherent Reasonableness of All
Medicare Part B Services (Other Than Physician Services) --
CMS-1908-F
STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 07/23/2002 LEGAL DEADLINE: None
COMPLETED: 10/18/2002 Withdrawn by agency

HHS-CMS RIN: 0938-AL23
 Changes to the Hospital Inpatient Prospective Payment Systems
 and FY 2003 Rate -- CMS-1203-F (Final Rule)
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 07/25/2002 LEGAL DEADLINE: Statutory
 COMPLETED: 07/26/2002 Consistent with change

HHS-CMS RIN: 0938-AK91
 Medicaid Program: State Allotments for Payment of Medicare Part
 B for Qualified Individuals; Federal Fiscal Year 201 --
 CMS-2087-FN
 STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 08/02/2002 LEGAL DEADLINE: None
 COMPLETED: 10/16/2002 Consistent with change

HHS-CMS RIN: 0938-AL19
 Medicare Program; Changes to Hospital Outpatient Prospective
 Payment System and Calendar Year 2003 Payment Rates
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 08/05/2002 LEGAL DEADLINE: None
 COMPLETED: 08/06/2002 Consistent with change

HHS-CMS RIN: 0938-AM01
 Nondiscrimination in Post-Hospital Referral to Home Health
 Agencies and Other Entities -- CMS-1224-P
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/07/2002 LEGAL DEADLINE: None
 COMPLETED: 11/01/2002 Consistent with change

HHS-CMS RIN: 0938-AL37
 State Children's Health Insurance Program; Eligibility for
 Prenatal Care for Unborn Children
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/08/2002 LEGAL DEADLINE: None
 COMPLETED: 09/26/2002 Consistent with change

HHS-CMS RIN: 0938-AK68
 Medicare Program: Photocopying Reimbursements Methodology
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/09/2002 LEGAL DEADLINE: None
 COMPLETED: 11/01/2002 Consistent w/no change

HHS-CMS RIN: 0938-AK60
 Medicare Programs; Review of National Coverage Determinations
 and Local Coverage Determinations -- CMS-3063-P
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/19/2002 LEGAL DEADLINE: None
 COMPLETED: 08/20/2002 Consistent with change

HHS-CMS RIN: 0938-AK69

Medicare Program; Prospective Payment System for Long-Term Care
Hospitals: Implementation and FY 2003 Rates -- CMS-1177-F
STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 08/21/2002 LEGAL DEADLINE: Statutory
COMPLETED: 08/23/2002 Consistent with change

HHS-CMS RIN: 0938-AJ36
Medicare Program: Hospice Care Amendments -- CMS 1022-P
STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 08/21/2002 LEGAL DEADLINE: None
COMPLETED: 11/19/2002 Consistent with change

HHS-CMS RIN: 0938-AL28
Medicare Program; Medicare-Endorsed Prescription Drug Discount
Card Assistance Initiative -- CMS-4027-P
STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 08/21/2002 LEGAL DEADLINE: None
COMPLETED: 08/27/2002 Consistent w/no change

HHS-CMS RIN: 0938-ZA38
State Children's Health Insurance Program; Final Allotments to
States, the District of Columbia, and U.S. Territories and
Commonwealths for Fiscal Year 2003 -- CMS-2160-N
STAGE: Notice ECONOMICALLY SIGNIFICANT: No
RECEIVED: 08/28/2002 LEGAL DEADLINE: None
COMPLETED: 09/25/2002 Consistent with change

HHS-CMS RIN: 0938-AM00
Medicare and Medicaid Programs Conditions of Participation:
Immunization Standards for Hospitals, Long-Term Care Facilities,
and Home Health Agencies -- CMS-3160-FC
STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 08/28/2002 LEGAL DEADLINE: None
COMPLETED: 09/27/2002 Consistent with change

HHS-CMS RIN: 0938-AK40
Medicare and Medicaid Programs: Hospital Conditions of
Participation: Quality Assessment and Performance Improvement --
HCFA-3050-F
STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 09/24/2002 LEGAL DEADLINE: None
COMPLETED: 12/23/2002 Consistent with change

HHS-CMS RIN: 0938-AL63
Medicare Program: Monthly Actuarial Rates and Monthly
Supplementary Medical Insurance Premium Rate Beginning January
1, 2003 -- CMS-8014-N
STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
RECEIVED: 09/24/2002 LEGAL DEADLINE: None
COMPLETED: 10/15/2002 Consistent w/no change

HHS-CMS RIN: 0938-AL56
 Inpatient Hospital Deductible and Hospital and Extended Care
 Services Coinsurance Amounts for Calendar Year 2003 -- CMA-8013-N
 STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 09/25/2002 LEGAL DEADLINE: Statutory
 COMPLETED: 10/15/2002 Consistent w/no change

HHS-CMS RIN: 0938-AL69
 Part A Premiums for 2003 for the Uninsured Aged and for Certain
 Disabled Individuals Who Have Exhausted Other Entitlement --
 CMS-8015-N
 STAGE: Notice ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 09/25/2002 LEGAL DEADLINE: Statutory
 COMPLETED: 10/15/2002 Consistent w/no change

HHS-CMS RIN: 0938-AL59
 Medicare and Medicaid Program of All-Inclusive Care for the
 Elderly (PACE) Program Revisions -- CMS-1201-IFC
 STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 09/26/2002 LEGAL DEADLINE: None
 COMPLETED: 09/27/2002 Consistent with change

HHS-CMS RIN: 0938-AK35
 Medicare and Medicaid Programs: Fire Safety Requirements for
 Certain Health Care Facilities, ASC, Hospices, PACE, Hospitals,
 and Long-Term Care Facilities -- CMS-3047-F
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 09/27/2002 LEGAL DEADLINE: None
 COMPLETED: 12/23/2002 Consistent with change

HHS-CMS RIN: 0938-AL67
 Medicare Program: Revisions to the Medicare Claims Appeal
 Procedures -- jCMS-4004-P
 STAGE: Proposed Rule2 ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 10/01/2002 0 LEGAL DEADLINE: Statutory
 COMPLETED: 10/31/2002 Consistent wéth change

HHS-CMS * RIN: 0938-AJ06
 Medicaid Program: External Quality Review of Medicaid Managed
 Care Organizations -- CMS-2015-F
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 10/04/2002 LEGAL DEADLINE: Nine
 COMPLETED: 12/30/2002 Consisvent with change

HHS-CMS RIN: 0938-AL19
 Cèanges to the Hospital Outpatient Prospective Payment System
 and Calendar Year 2003 Payment Ratew -- CMS-1206-F
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 10/24/2002(LEGAL DEADLINE: Statutory

COMPLETED: 10/25/2002 Consistent w/no change

HHS-CMS ! RIN: 0938-AL97
 Fee4Schedule For Payment of Ambulance Services; Update for CY
 2003 -- CMS-1220-N
 STAGE: Notice ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 11/01/2002 LEGAL DEADLINE: None
 COMPLETED: 11/21/2002 Consistent with change

HHS-CMS # RIN: 0938-AJ97
 Medicare Program: Application of Inherent Reasonableness of All
 Medicare Part B Services (Other Than Physician Services)
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 11/25/2002 LEGAL DEADLINE: None
 COMPLETED: 11/26/2002 Consistent w/no change

HHS-CMS 2 RIN: 0938-ZA41
 Medicare Program: Physician Fee Schedule Update for Calendar
 Year 2003 (Notice)
 STAGE: Notice ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 12/19/2002 LEGAL DEADLINE: None
 COMPLETED: 12/19/2002 Consistent w/no change

<
 HHS-ACF RIN: 0970-AC12
 Charitable Choice Provisions Applicable to the Temporary
 Assistance for Needy Families Program (TANF)
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/11/2002 LEGAL DEADLINE: None
 COMPLETED: 12/12/2002 Consistent w/no change

HHS-ACF 4 RIN: 0970-AC13
 Charitable Choice Provisions Applicable to Programs Authorized
 Under the Community Services Block Grant Act
 STAGE: Proposed Rule ! ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/11/2002 LEGAL DEADLINE: None
 COMPLETED: 12/12/2002 Consistent w/no change

HHS-HHSDM RIN: 0990-AA05
 Administrative Wage Garnishment
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/06/2001 ! LEGAL DEADLINE: None
 COMPLETED: 03/05/2002 Consistent with change

HHS-HHSDM RIN: 0990-AA02
 Implementation of the Equal Access to Justice Act in Agency
 Proceedings
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/14/2002 LEGAL DEADLINE: None
 COMPLETED: 08/05/2002 Consistent with change

HHS-OS RIN: 0991-AG09
 Medicare and Federal Health Care Programs: Fraud and Abuse;
 Revisions and Technical Corrections to 42 CFR Chapter V
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/16/2001 LEGAL DEADLINE: Nine
 COMPLETED: 03/05/2002 Consistent with change

HHS-OS p RIN: 0991-AB14
 Modifications to Standards for Privacy of Individually
 Identifiable Health Information
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 03/13/2002 LEGAL DEADLINE: None
 COMPLETED: 03/19/2002 Consistent with change

HHS-OS RIN: 0991-AB14
 Modifications to Standards for Privacy of Individually
 Identifiable Health Information
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 08/06/2002 LEGAL DEADLINE: None
 COMPLETED: 08/08/2002 Consistent with change

HHS-OS 8 RIN: 0991-AB16
 Medicare and State Health Care Programs: Fraud and Abuse; Safe
 Harbor Under the Anti-Kickback Statute Regarding Waiver of
 Beneficiary Coinsurance and Deductible Amounts
 STAGE: Proposed Rule * ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/21/2002 LEGAL DEADLINE: None
 COMPLETED: 09/18/2002 Consistent with change

OHHS-OS RIN: 0991-AB17
 Tax Refund Offset
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 08/27/2002 LEGAL DEADLINE: None
 COMPLETED: 11/22/2002 Consistent with change

HHS-OS RIN: 0991-AB21
 U.S. Exchange Visitor Programs; Request for Waiver of the 2-Year
 Foreign Residence Requirement
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 09/27/2002 LEGAL DEADLINE: None
 COMPLETED: 12/09/2002 Withdrawn by agency

HHS-OS RIN: 0991-AB21
 U.S. Exchange Visitor Programs; Request for Waiver of the 2-Year
 Foreign Residence Requirement
 STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 10/23/2002 LEGAL DEADLINE: None
 COMPLETED: 12/09/2002 Consistent with change

[\(Return to Agency List\)](#)

Department of Housing and Urban Development

HUD-HUDSEC RIN: 2501-AC77
 Temporary Assistance for Needy Families (TANF) Program
 Conforming Changes to Annual Income Requirements for HUD's
 Public Housing and Section 8 Assistance Programs -- FR-4635-F-02
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 03/26/2002 LEGAL DEADLINE: None
 COMPLETED: 06/17/2002 Consistent w/no change

HUD-HUDSEC RIN: 2501-AC81
 Governmentwide Debarment and Suspension (non procurement) and
 Governmentwide Requirements for Drug-Free Workplace (Grants)
 (FR-4692)
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/23/2002 LEGAL DEADLINE: None
 COMPLETED: 06/25/2002 Consistent w/no change

HUD-HUDSEC RIN: 2501-AC30
 HOME Investment Partnerships Program -- FR-4111-F-03
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/28/2002 LEGAL DEADLINE: None
 COMPLETED: 08/08/2002 Consistent with change

HUD-HUDSEC RIN: 2501-AC86
 Exclusion From Income of Veterans' Disability Compensation for
 Service-Connected Disability (Proposed Rule) -- FR-4746

STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 08/21/2002 LEGAL DEADLINE: None
 COMPLETED: 11/15/2002 Withdrawn by agency

HUD-HUDSEC RIN: 2501-AC89
 Participant in HUD Programs by Faith-Based Organizations;
 Providing for Equal Treatment of All HUD Program Participants --
 FR-4782-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/11/2002 LEGAL DEADLINE: None
 COMPLETED: 12/11/2002 Consistent w/no change

HUD-OH RIN: 2502-AH48
 Manufactured Home Construction and Safety Standards: Smoke
 Alarms -- FR-4552-F-01
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 12/10/2001 LEGAL DEADLINE: None
 COMPLETED: 03/06/2002 Consistent with change

HUD-OH RIN: 2502-AH62
 Implementation of Manufactured Housing Improvement Act of 2000
 -- FR-4665-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 01/22/2002 LEGAL DEADLINE: None
 COMPLETED: 03/05/2002 Consistent with change

HUD-OH RIN: 2502-AH81
 FHA Appraiser Watch Initiative -- FR-4744-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 01/28/2002 LEGAL DEADLINE: None
 COMPLETED: 02/20/2002 Withdrawn by agency

HUD-OH RIN: 2502-AH55
 Tenant Participation in State-Financed, HUD-Assisted Housing
 Developments -- FR-4611-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 03/18/2002 LEGAL DEADLINE: None
 COMPLETED: 05/17/2002 Consistent w/no change

HUD-OH RIN: 2502-AH68
 Retention of Section 236 Excess Income -- FR-4689-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 03/18/2002 LEGAL DEADLINE: None
 COMPLETED: 05/30/2002 Consistent w/no change

HUD-OH RIN: 2502-AH36
 Supportive Housing for the Elderly and Persons With
 Disabilities; Duration of Capital Advance -- FR-4466-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 04/02/2002 LEGAL DEADLINE: None

COMPLETED: 06/27/2002 Withdrawn by agency

HUD-OH RIN: 2502-AH49
 Nonprofit Organization Participation in Certain FHS
 Single-Family Activities; Placement and Removal Procedures --
 FR-4585-F-02
 STAGE: Final Rule (N/C) ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 04/09/2002 LEGAL DEADLINE: None
 COMPLETED: 05/07/2002 Consistent w/no change

HUD-OH RIN: 2502-AH73
 Amendments to the Section 203(k) Rehabilitation Loan Insurance
 Program -- FR-4701-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/08/2002 LEGAL DEADLINE: None
 COMPLETED: 07/23/2002 Consistent w/no change

HUD-OH RIN: 2502-AH51
 Single-Family Mortgage Insurance Section 203(K) Consultant
 Placement and Removal Procedures -- FR-4592-F-02
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/09/2002 LEGAL DEADLINE: None
 COMPLETED: 08/02/2002 Consistent with change

HUD-OH RIN: 2502-AH67
 Schedule for Submission of One-Time and Up-Front Mortgage
 Insurance Premiums -- FR-4690-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/17/2002 LEGAL DEADLINE: None
 COMPLETED: 07/23/2002 Consistent with change

HUD-OH RIN: 2502-AH85
 RESPA; Improving the Processs for Obtaining Mortgages -- FR-4727
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: Yes
 RECEIVED: 06/03/2002 LEGAL DEADLINE: None
 COMPLETED: 07/03/2002 Consistent with change

HUD-OH RIN: 2502-AH81
 FHA Appraiser Watch Initiative -- FR-4744-N-01
 STAGE: Prerule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 06/05/2002 LEGAL DEADLINE: None
 COMPLETED: 06/10/2002 Consistent w/no change

HUD-OH RIN: 2502-AH62
 Implementation of Manufactured Housing Improvement Act of 2000
 -- FR-4665-F-02
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 06/12/2002 LEGAL DEADLINE: None
 COMPLETED: 07/23/2002 Consistent with change

HUD-OH RIN: 2502-AH76
 FHA Inspector Roster -- FR-4720-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 06/20/2002 LEGAL DEADLINE: None
 COMPLETED: 09/13/2002 Consistent with change

HUD-OH RIN: 2502-AH77
 Special Rent Adjustments in Certain Multifamily Housing Programs
 (Proposed Rule) -- FR-4721
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 06/20/2002 LEGAL DEADLINE: None
 COMPLETED: 09/13/2002 Withdrawn by agency

HUD-OH RIN: 2502-AH78
 FHA Single-Family Mortgage Insurance; Lender Accountability for
 Appraisals -- FR-4722-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 07/02/2002 LEGAL DEADLINE: None
 COMPLETED: 09/13/2002 Consistent with change

HUD-OH RIN: 2502-AH60
 Revisions to FHA Credit Watch Termination Initiative --
 FR-4625-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 09/30/2002 LEGAL DEADLINE: None
 COMPLETED: 12/20/2002 Consistent with change

HUD-OH RIN: 2502-AH57
 Prohibition of Property Flipping in HUD's Single-Family Mortgage
 Insurance Programs -- FR-4615-F-02
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 10/07/2002 LEGAL DEADLINE: None
 COMPLETED: 12/30/2002 Consistent with change

HUD-OH RIN: 2502-AH64
 Mortgage Insurance Premiums in Multifamily Housing Programs --
 FR-4679-F-03
 STAGE: Final Rule (N/C) ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 10/23/2002 LEGAL DEADLINE: None
 COMPLETED: 12/20/2002 Consistent w/no change

HUD-PIH RIN: 2577-AB78
 Loan Guarantee for Indian Housing; Direct Guarantee Processing
 -- FR-4241-F-02
 STAGE: Final Rule (N/C) ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 01/31/2002 LEGAL DEADLINE: None
 COMPLETED: 03/27/2002 Consistent w/no change

HUD-PIH RIN: 2577-AC05
 Public Housing Development Total Development Cost (TDC) --
 FR-4489
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 03/26/2002 LEGAL DEADLINE: None
 COMPLETED: 06/21/2002 Withdrawn by agency

HUD-PIH RIN: 2577-AC27
 Native Hawaiian Housing Block Grant Program and Loan Guarantees
 for Native Hawaiian Housing Program -- FR-4668-I-01
 STAGE: Interim Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 04/08/2002 LEGAL DEADLINE: Statutory
 COMPLETED: 05/28/2002 Consistent with change

HUD-PIH RIN: 2577-AC34
 Deregulation for Small Public Housing Agencies -- FR-4753-P-01
 STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 04/10/2002 LEGAL DEADLINE: None
 COMPLETED: 07/08/2002 Consistent with change

HUD-PIH RIN: 2577-AC31
 Public Housing Agency Plans: Deconcentration; Amendments to
 'Established Income Range' Definition -- FR-4677-F-02
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 05/08/2002 LEGAL DEADLINE: None
 COMPLETED: 07/22/2002 Consistent with change

HUD-PIH RIN: 2577-AC28
 Section 8 Homeownership Program; Downpayment Assistance Grants
 and Streamlining Amendments -- FR-4670
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 06/20/2002 LEGAL DEADLINE: None
 COMPLETED: 08/16/2002 Consistent with change

HUD-PIH RIN: 2577-AC05
 Public Housing Total Development Cost -- FR-4489-F-02 (Final
 Rule)
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 07/12/2002 LEGAL DEADLINE: None
 COMPLETED: 10/01/2002 Consistent with change

HUD-PIH RIN: 2577-AC15
 Public Housing Homeownership Program -- FR-4504-F-02
 STAGE: Final Rule ECONOMICALLY SIGNIFICANT: No
 RECEIVED: 10/03/2002 LEGAL DEADLINE: None
 COMPLETED: 12/24/2002 Consistent with change

HUD-PIH RIN: 2577-AC32
 Public Housing Assessment System (PHAS): Changes to the Public
 Housing Assessment System (PHAS) -- FR-47070P-01

STAGE: Proposed Rule ECONOMICALLY SIGNIFICANT: No
RECEIVED: 10/10/2002 LEGAL DEADLINE: None
COMPLETED: 12/11/2002 Consistent with change

[\(Return to Agency List\)](#)