I met this week with the director of a large health department and her information technology (IT) manager. The team described the following challenges in how the department currently functions.

- Multiple overlapping computer systems: Through circumstances too frustrating to unravel, her staff were compelled to use multiple systems, each with some margin of value.
- No system of record: Lacking a single trustworthy system, any query required cross-checking and reconciliation with the next best source.
- Abandoned environments: At least one of the systems described above could not be modified (the expertise was no longer available) and the data were not being backed up at all! Yet, the system remained online because none of the auxiliary systems could do what that system does.
- Manual report reconciliation: A single push button report should have summarized the department’s progress (e.g., inspected facilities this quarter). In fact, there was massive underreporting. The results were so unbelievable that leadership asked the staff to return to their paper records and hand tally the true numbers.

Staff struggled to do their jobs. Managers scrambled to show progress. The health department leadership was sound, but enormously frustrated. They knew it was time to solve these problems.

Unfortunately, this story repeats itself in hundreds of health departments across the U.S. Taking control of one’s system implementation can make all the difference. In addition to the normal project management techniques we see every day, the specific techniques below originate from 20 years of system implementation. What are your hacks?

### Hacking Your Selection and Procurement

I have declared that the government procurement process is broken. In my view, the cycle of request for proposal (RFP)/proposal/fixed price bid/demonstration/selection/contracting does more to increase costs and complexity than it does to protect the agency or fee payers, especially for smaller health departments. Yet, there are some things we can do.

- Start by networking with similarly appointed health departments. Ask for recommendations and walk throughs. This process will help you better understand what is out there before you approach vendors or your internal IT department.
- Ask your internal IT department to bid, along with vendors, on the next system. Insist on an apples-for-apples bid, including implementation, ongoing mainte-
nance, support, required enhancements, and hosting fees.

- Use your RFP to ask more questions and make fewer instructive requirements. Ask questions like, “How does the proposed system do X, Y, and Z?” When you write prescriptive requirements, bidders might bend their solution to win the bid. Bending is bad.

### Hacking Your Implementation Kickoff

Once the go forward plan is established, funded, staffed, and factored into the agency’s work plans, it’s time for a kickoff. The kickoff is a tangible moment where you, as leaders, set the path forward, make it clear that everyone is responsible for shared success, and that frankly, there’s a lot of work coming but it’s worth it!

- Use this platform to show your leadership and change management plan. Think about and carefully describe the future state. Use a lot of specifics. Express your confidence, commitment, and high expectations. Repeat this communication over the life of the project until you’re tired of hearing yourself.
- This platform is THE system of record. This moment is the first of many where you declare THE system of record. There will be no side systems (e.g., Excel, MS Access, etc.).

### Hacking Your Data Conversion

During data conversion planning, it will be tempting to preserve that cache of historical inspections, violations, complaints, plan checks, financial transactions, etc. Don’t do it! Like driving a new car off the dealer’s lot, checks, financial transactions, etc. Don’t do it! Like driving a new car off the dealer’s lot, it’s tempting to preserve that cache of historical inspections, violations, complaints, plan checks, financial transactions, etc.

- Treat converted data like you treat money. Account for every byte in and every byte out. Record counts must reconcile (e.g., input = 10,000 licenses; output = 9,998 licenses + 2 duplicates not converted = 10,000 licenses).

### Hacking Your System Configuration

System configuration is where your internal IT department and/or your vendor inject your business rules into the new system. This configuration often includes data entry forms, valid values, business rules, workflow, etc.

Since every health department has the same mission to protect public health, there are likely preset ways of doing things that you can leverage. Join the user community of the system you are embracing. Ask other users how they approached uncommon needs. Ask questions like, “How did you configure the system to handle payments that span multiple accounts? Are you satisfied with that approach?”

### Hacking Your Reports

The way your reports convey your agency’s outcomes is often the measure of the system’s success. When report writing is in the project scope, it means there are critical reports (perhaps unique reports) that must be satisfied.

- Ask your system’s user community to share reports. Even if your report need is truly unique, it almost always has essential elements from other existing reports.
- Inject discipline in your report catalog. Use the team to validate and authorize certain reports for productive day-to-day use. Those reports should have a similar look, feel, font, naming convention, etc. Build a brand around your enterprise reports.
- Formalize a process to graduate ad hoc reports to enterprise reports. Ad hoc reporting is critical to go forward success.

### Hacking Interfaces to Other Systems

An interface is a machine-to-machine process that automates recurring processes. A great example of a system interface is a process that summarizes daily financial transactions (i.e., fees, payments, and adjustments) and transfers those to a central accounting system.

- Be selective. Interfaces require a big long-term commitment from two systems. Any failure or future change requires those two systems to be in lockstep. Sometimes an interface just isn’t worth it.
- Formalize the commitment. Take the extra time to establish (e.g., by a memorandum of understanding) that the two systems are equally committed to, compensated for, and staffed to debug problems or make changes in sync with the other.

### Hacking Your Go Live

Going live is a process, not a milestone. It involves final data conversion, final validation, and cutover. Processes change to reflect the months of long planning.

- Develop a contingency plan. Having a plan for bad outcomes highlights important concerns and how they can be addressed,
and gives everyone confidence in the deep thinking and work done by the team.

- Fortify leadership’s position that the new system is now THE system of record. Yes, processes and norms have changed. Some things take longer, some are much quicker. That process is normal. Finally, there will be no side systems. You are committed to the new system.

**Conclusion**

I encourage you to couple these ideas with your own best practices. What are your hacks and experiences? Continue the conversation on the Building Capacity in Environmental Health Group on LinkedIn (www.linkedin.com/groups/6945520).

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**Did You Know?**

NEHA will host its Second Annual Lobby Day in Washington, DC, on May 1. The entire NEHA board of directors will be there to meet with Democrats and Republicans to discuss the importance of environmental health professionals, as well as why Congress should invest in building a credentialed environmental health workforce. Lobby days are critical to demonstrate to members of Congress that Americans from around the country care about environmental health. They are also a great way to make your voice heard loud and clear on Capitol Hill. Stay tuned to www.neha.org for more information about NEHA’s Second Annual Lobby Day!

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**DAVIS CALVIN WAGNER SANITARIAN AWARD**

The American Academy of Sanitarians (AAS) announces the annual Davis Calvin Wagner Sanitarian Award. The award will be presented by AAS during the National Environmental Health Association’s (NEHA) 2018 Annual Educational Conference & Exhibition. The award consists of an individual plaque and a perpetual plaque that is displayed in NEHA’s office lobby.

Nominations for this award are open to all AAS diplomates who:

1. Exhibit resourcefulness and dedication in promoting the improvement of the public’s health through the application of environmental and public health practices.
2. Demonstrate professionalism, administrative and technical skills, and competence in applying such skills to raise the level of environmental health.
3. Continue to improve through involvement in continuing education type programs to keep abreast of new developments in environmental and public health.
4. Are of such excellence to merit AAS recognition.

**NOMINATIONS MUST BE RECEIVED BY APRIL 15, 2018.**

Nomination packages should be e-mailed to Craig A. Shepherd at shep1578@gmail.com.

Files should be in Word or PDF format.

For more information about the award nomination, eligibility, and evaluation process, as well as previous recipients of the award, please visit sanitarians.org/awards.