Final Project Report

Version 5.0

ACQUIRED MEDICAL DEVICE MAKER IT Integration

0006117

Revision History

Date	Version	Author	Description
mm/dd/yyyy	1.0	Bobby Cunningham	Initial Version
mm/dd/yyyy	2.0	Bobby Cunningham	Draft complete version available for core team review
mm/dd/yyyy	3.0	Bobby Cunningham	Core team revisions and edits incorporated
mm/dd/yyyy	4.0	Bobby Cunningham	Updated based on Lessons Learned feedback from the SAP Integration
mm/dd/yyyy	5.0	Bobby Cunningham	Review version for Senior Leadership

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1 Scope

The overall purpose of this project was to support the integration of ACQUIRED MEDICAL DEVICE MAKER into the Global IT infrastructure, as part of the ACQUIRED MEDICAL DEVICE MAKER Acquisition and Integration program in June 20XX.

1.1   Deliverables

Project/Program Charter
http://RESTRICTED_URL
Project Schedule
http://RESTRICTED_URL
High-level Technical Design
http://RESTRICTED_URL
Application Configuration Documentation
http://RESTRICTED_URL
Cutover and Backout Plan
http://RESTRICTED_URL
Issue Tracking List
http://RESTRICTED_URL
Decision Log
http://RESTRICTED_URL
Status Reports
http://RESTRICTED_URL
Production Turnover Checkpoint
http://RESTRICTED_URL
Final Project Report
http://RESTRICTED_URL

2 Project Documents

The document repository for this project is on SharePoint:
http://RESTRICTED_URL

3 Project Final Report

1.2 Time delay/time ahead from original project plan

The ACQUIRED MEDICAL DEVICE MAKER IT integration was heavily dependent on the project involving the migration of the ACQUIRED MEDICAL DEVICE MAKER commercial site from their external hosting over to INTERNAL HOSTING SERVICE. The commercial site used a portion of ACQUIRED MEDICAL DEVICE MAKER's infrastructure, so it would need to be migrated to INTERNAL HOSTING SERVICE and discontinue use of ACQUIRED MEDICAL DEVICE MAKER routers and firewalls in order for the infrastructure integration with PARENT COMPANY to take place. INTERNAL HOSTING SERVICE encountered numerous delays in early Fall 20XX, impacting the integration timeline; the result was a 1-month delay in beginning discovery activities for Networking and Datacenter integration.

The INTERNAL HOSTING SERVICE delays continued through the end of Fall 20XX. To mitigate the impact, various aspects of integration (circuit install, Telephony setup, client and print services) moved forward while decommission and normalization tasks were put on hold.

The file services migration – originally scheduled for January 20XX – was postponed so that the Atlanta Operations teams could focus on increasing product output; ACQUIRED MEDICAL DEVICE MAKER sales is a key revenue stream, and production encountered quality issues and production delays. Furthermore, the file services migration was split into 3 portions, so as to have even less impact on Operations. The migration effort was completed in early February 20XX – 1 month behind schedule.

A continued area of concern involved the virtual environment used to support the ACQUIRED MEDICAL DEVICE MAKER's legacy product. This environment housed device monitoring data collected during client trials, and was in a very fragile state due to lack of maintenance over the years. Time and planning was exhausted developing a means of migrating the virtual machines in-house and supporting them without causing environment outages. In late Fall 20XX, it was decided that INTERNAL HOSTING SERVICE would assume responsibility for the LEGACY PRODUCT site and would work with the Atlanta leadership team on a plan to eventually migrate legacy accounts to an INTERNAL HOSTING SERVICE environment sometime in mid-20XX. The opportunity to complete normalization planning was lost addressing issues with the legacy environment.

The Datacenter cutover activity was completed in mid-March, a time period that presented the best window of opportunity for the Atlanta site to undergo a network outage without disrupting production and operations activity.

By accommodating and mitigating the situations and conditions described, all scheduled IT integration activity was completed by the 3rd week in March – roughly 3 months later than the baselined schedule.

1.3 Budget savings/budget overruns from original project plan

Financial Highlights						
Spending:	**Actual**	**Estimate to Complete**	**Current Forecast**		**Original Plan**	**Delta**
Capital (Hrs)	-	-	-		-	-
Expense (Hrs)	-	-	-		-	-
Capital ($)	$ -	$ -	$ -		$ -	$ -
Expense ($)	$ -	$ -	$ -		$ -	$ -
Funding:						
This is an M&A project, and therefore was not included in the 20XX Operations Plan.						

Per standard practice, the entire project was expensed and outside of the 20XX Operations Plan. A few factors attributed to the hours overrun:

- Work efforts under-forecasted the level of effort required across all involved teams. This can be attributed to the unique approach, in which integration, stabilization and normalization functions were to be conducted as one holistic effort. Planning and estimation for such an approach was the first of its kind and untested.
- As delays were incurred, the teams had to re-plan various major tasks, re-coordinate availability of resources, and re-communicate plans to the Atlanta teams.

1.4 REMOTE OPERATIONS SITE Site Connectivity

In March 20XX, local Atlanta IT serviced requests to enable wireless connectivity of two printers at the REMOTE OPERATIONS SITE warehouse facility used by ACQUIRED MEDICAL DEVICE MAKER. The site was visited by Engineering in mid- 20XX and only consisted of a DVPN connected to the legacy Atlanta network. This site was deemed not in scope of the ACQUIRED MEDICAL DEVICE MAKER integration effort in 20XX because no requirements from the business existed and no plans were formulated that required an enhancement to current IT capabilities.

The request for wireless connectivity was logged as a Remedy service ticket, but scope was analyzed a month later to include standard PARENT COMPANY wireless capability, which requires substantially more equipment. Full implementation of a required solution took 2 months to fulfill through a series of expedited service requests.

While this request was received during the last month of the project and did not impact cost, time or resources, this requirement was essential to Operations and the SAP application rollout in Spring 20XX. It was deduced by the project team that expediting the request as a mini project using resources and funding from the IT integration would have resulted in a faster turnaround and better support of Operations' deployment effort.

1.5   Requirements fulfilled

The project fulfilled all of the requirements outlined in the Project integration plan:

Technical integration of the following systems and services:

- Connectivity (WAN, LAN, internet connections)
- IP address management
- User access to network (Active Directory, user authentication)
- Email
- Software deployment (Marimba)
- PCs/laptops
- Phone system
- Print services
- Collaboration tools (instant messaging, video conferencing, WebEx)
- Servers and storage
- Data Center integration
- Service Desk and IT support

The following items are tasks identified during the project, but were deemed out of scope, and subsequently transitioned to Operations efforts:

File Services Normalization: the ACQUIRED MEDICAL DEVICE MAKER effort will be rolled up into a larger, Enterprise initiative conducted by integration support service teams.

Windows 2003 Server Decommission: As of the end of the project only 1 Windows 2003 server remained at the Atlanta site. The device has been included as part of the Enterprise-wide Windows 2003 Decommission effort

LEGACY PRODUCT: In late Fall 20XX, it was decided that INTERNAL HOSTING SERVICE would assume responsibility for the LEGACY PRODUCT site. INTERNAL HOSTING SERVICE, IT Privacy, IT Compliance, and the Atlanta & Sylmar leadership teams developed a plan to have the remaining clinical sites sign commercial contracts, and transfer the patient data from LEGACY PRODUCT.com to ACQUIRED MEDICAL DEVICE MAKERHF.com. This effort is scheduled for completion at the end of May 20XX.

1.6   Lessons learned

1.7   Recommendations

1.7.1.1   M&A and Normalization

The M&A Integration / Normalization model was not effective; there are sequences of events and dependencies which require these activities to happen at different points in time; priority conflicts and role complications occur. Delineation needed to be established for all work streams - integration, stabilization, normalization - and resources assigned accordingly. The recommendation is that IT integrations for new companies be a separate - but dependent - effort from normalization. The comingling of the two operations disrupts the control execution of both.

1.7.1.2   M&A Financing

Acquisitions tend to be expensed on behalf of GLOBAL IT, and classified as a priority effort. The impact is that resources and departments struggle with allocating staff for the new priority without impacting other prioritized projects operations. The prioritization of the acquisition needs to take into consideration the other priorities and resource implications.

The recommendation is that anticipated mergers and acquisitions of strategic importance should be put into annual planning. Because of the sensitive nature and nebulous timing of these efforts, a generic M&A budget can be developed.

1.7.1.3   M&A Execution Model

Global IT departments have a very firm understanding of the activities involved with integrating newly acquired companies, but there is no standardized approach. Efficiencies are lost when departments spend time and resources crafting action plans that have been implemented before. Furthermore, the absorption of newly acquired employees into GLOBAL IT departments, and the transition of IT services and support to Operations lacks the formulaic action of a standard operating procedure.

The recommendation is to develop a model that dictates M&A integration direction based on short, mid and long term strategic planning. It should include the following:

- The designation of Global IT M&A executive sponsors, and their counterparts within the PARENT COMPANY business.
- Estimation of effort for IT integration using past experiences, quantitative analysis, accumulated metrics and lessons learned.
- Detailed Risk/Benefit analysis to articulate the cost / tradeoff of pursuing or delaying integration of a service, and how it impacts the business in terms of service.
- Communication plan including notification messaging to department managers at the newly acquired company.

- Componentization of funding requests based on service area and order of priority, as opposed to an all-encompassing "CEA".
- Dedicated, on-site engagement resources to understand and translate the business, organizational structure and nuances of the newly acquired company.
- Mandatory on-site support for major cutover activities at the new company, dependent on the size and impact to operations. This would include operational cutovers as well, such as transitioning from the acquired company's IT help desk to PARENT COMPANY Service Center.
- Integration backfill for newly acquired employees to reduce the immense workload of their "day jobs" and IT integration support.
- Mandatory activity logs or reports per group on a periodic basis to the PM to track the flurry of activity and use for reference.
- An acclimation process for newly acquired employees, from their previous staffing model to PARENT COMPANY GLOBAL IT departments.

1.7.1.4 Vender Management Organization Inclusion

Typically during the M&A initial engagement, Vendor Management is brought in on a case by case basis to address situations involving contractual agreement conflicts.

The recommendation is for Vendor Management to be involved at the beginning of M&A for preliminary contractual review.

1.7.1.5 Facilities Inclusion

The recommendation is for Facilities and Physical Security to be brought in earlier to M&As, and a Site Manager for the newly acquired site needs to be identified early.

1.7.1.6 Points of Contact

The M&As tend to involve companies that are a fraction of the size of PARENT COMPANY, during initial engagement, a relatively large team of department points of contact engage the newly acquired company, overwhelming a smaller organization where individuals "wear multiple hats". Directing and managing the numerous communication streams between PARENT COMPANY POCs and their counterparts, while controlling unsolicited outreach between secondary teams, is complex and difficult.

The recommendation is to designate a small number of points of contact engaged directly with counterparts at the newly acquired company.

The full Lessons Learned report can be found on the project SharePoint site:

http://RESTRICTED_URL

4 Final Summary

In conclusion, the IT integration of ACQUIRED MEDICAL DEVICE MAKER achieved all goals and met the integration needs of the Atlanta teams. The conditions and constraints experienced were quite impactful due to the importance of this acquisition. The size and strategic importance of this effort should be used as a model for continuous improvement to the M&A process.