



Implementing a Smart Health Monitoring System at Aegis General Hospital

MG 4057 Project Management

Implementing a Smart Health Monitoring System at Aegis General Hospital

Second Summative Assessment:
Written Project Level 6

Student Name: Lokesh Addagiri

Student ID: 293361

Instructor: Mr. Alexandros Dritsas

Institution: The American College of Greece –
Deree

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Introduction

The healthcare industry increasingly relies on digital technologies to improve patient care, operational efficiency, and clinical decision-making. Smart Health Monitoring Systems (SHMS) support these objectives by enabling real-time collection and analysis of patient health data through wearable monitoring devices integrated with hospital information systems.

This report examines the implementation of a Smart Health Monitoring System at Aegis General Hospital. The project involves deploying wearable monitoring devices across ten inpatient wards, integrating monitoring data with the hospital's Electronic Health Record (EHR) platform, training healthcare professionals, and ensuring compliance with healthcare regulations and GDPR requirements. The project must be completed within the approved budget of €320,000 and before 28 February 2027.

Project management tools and techniques are applied to support successful implementation of the SHMS. The report includes scope management through a Work Breakdown Structure (WBS), schedule management through a Microsoft Project Gantt chart, responsibility assignment through a Responsibility Assignment Matrix (RAM), stakeholder analysis using a Power–Interest Matrix, and risk management through a Probability–Impact Matrix and Risk Register. Together, these tools provide a structured framework for planning, controlling, and delivering the project successfully.

Chapter 1 – Scope Management

1.1 Theoretical Background of Scope Management

Scope management defines and controls the work required to complete a project successfully. It establishes project boundaries, deliverables, and responsibilities while reducing the risk of scope creep. A key scope management tool is the Work Breakdown Structure (WBS), which decomposes project work into manageable components that support planning, scheduling, resource allocation, and project control.

1.2 Project Scope Definition

The Smart Health Monitoring System (SHMS) project aims to improve patient monitoring capabilities at Aegis General Hospital through the implementation of wearable monitoring devices integrated with the hospital's existing Electronic Health Record (EHR) system. The project will support improved patient care, enhanced operational efficiency, and more effective clinical decision-making through real-time patient monitoring and data analysis.

The primary objectives of the project are to deploy wearable monitoring devices across ten inpatient wards, integrate monitoring data with the hospital's EHR platform, provide training for more than 100 healthcare professionals, and ensure compliance with GDPR and healthcare regulatory requirements. The project must be completed within the approved budget of €320,000 and before the target completion date of 28 February 2027.

The project scope includes requirements analysis, procurement of monitoring devices, system configuration, software integration, infrastructure preparation, staff training, pilot testing, full deployment, project monitoring, and project closure activities. In addition, stakeholder communication, change management activities, and regulatory compliance verification will be incorporated throughout the project lifecycle.

Activities considered outside the project scope include replacement of existing hospital information systems, major hospital infrastructure renovations, development of entirely new EHR platforms, and implementation of monitoring systems in facilities outside Aegis General Hospital. Restricting the project to these defined deliverables helps establish clear boundaries and reduces the likelihood of scope creep during project execution.

A clearly defined project scope is particularly important for the SHMS project because it involves multiple stakeholder groups, complex technology integration requirements, and strict regulatory obligations. Establishing clear scope boundaries provides a foundation for development of the Work Breakdown Structure (WBS), project schedule, Responsibility Assignment Matrix (RAM), stakeholder management plan, and risk management framework.

1.3 Work Breakdown Structure (WBS)

A Work Breakdown Structure (WBS) is a hierarchical decomposition of the total project scope into smaller and more manageable components. The purpose of the WBS is to organize project work into clearly defined work packages that facilitate planning, scheduling, monitoring, resource allocation, and project control. By breaking the project into manageable activities, the project manager can improve accountability, communication, and overall project performance.

For the Smart Health Monitoring System (SHMS) project, a phase-based WBS approach has been selected. This approach aligns with the project lifecycle and provides a logical sequence of activities from project initiation through final closure.

Figure 1. Work Breakdown Structure (WBS) for the Smart Health Monitoring System (SHMS) Implementation Project

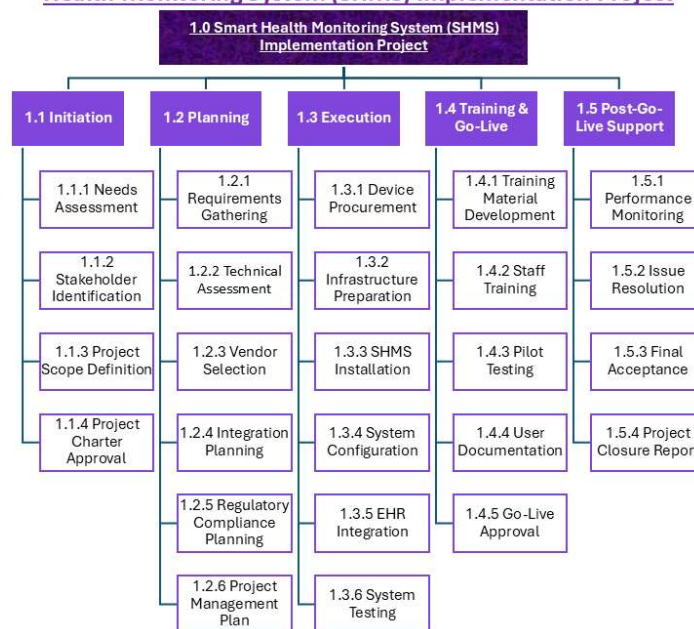


Figure 1 presents the hierarchical decomposition of the SHMS project into five major phases: Initiation, Planning, Execution, Training and Go-Live, and Post-Go-Live Support. Each phase contains the work packages required to achieve project objectives and reflects the logical progression of the implementation lifecycle.

The Initiation phase focuses on project definition and stakeholder alignment. Planning includes requirements gathering, technical assessment, vendor selection, integration planning, and compliance planning. Execution covers procurement, installation, configuration, EHR integration, and testing activities. Training and Go-Live prepares users for implementation through training and pilot testing, while Post-Go-Live Support focuses on performance monitoring, issue resolution, final acceptance, and project closure.

The WBS provides the foundation for schedule development, responsibility assignment, stakeholder management, and risk planning throughout the project.

1.4 Justification of WBS Structure

The selected WBS structure reflects the lifecycle of the SHMS implementation project and ensures that all major deliverables identified in the case study are represented. A phase-based approach provides a logical progression from project initiation through project closure while supporting accountability, planning, communication, and project control.

1.5 Scope Control Considerations

Effective scope control is required to ensure that the SHMS project remains aligned with approved objectives, budget, and schedule constraints. Proposed changes should be evaluated through a formal change control process and assessed for their impact on project deliverables, cost, resources, and schedule. Regular reviews and updated project documentation will help minimize scope creep and support successful project delivery.

Chapter 2 – Time Planning and Scheduling

2.1 Theoretical Background of Project Scheduling

Project scheduling establishes the sequence and timing of activities required to complete a project. It supports planning, coordination, monitoring, and control by identifying task durations, dependencies, milestones, and deadlines. Common scheduling tools include Gantt charts and network diagrams. For the SHMS project, scheduling is essential because implementation involves procurement, integration, testing, training, and deployment activities that must be completed before 28 February 2027.

2.2 Project Phases and Milestones

The SHMS project schedule was developed using Microsoft Project and follows the five phases identified in the Work Breakdown Structure: Initiation, Planning, Execution, Training and Go-Live, and Post-Go-Live Support. Each phase concludes with a milestone representing completion of a major project deliverable and serving as a control point for project monitoring.

The Initiation phase concludes with the milestone “Initiation Complete” on 10 June 2026. Planning concludes with “Planning Complete” on 10 August 2026 following completion of requirements gathering, technical assessment, vendor selection, integration planning, and compliance planning activities.

Execution includes procurement, installation, configuration, EHR integration, and system testing activities, concluding with the milestone “Execution Complete” on 15 January 2027. Training and Go-Live activities conclude on 15 February 2027 following completion of staff training, pilot testing, issue resolution, and go-live approval. The final phase, Post-Go-Live Support, concludes with project completion on 28 February 2027.

These milestones align with the case study requirements and provide clear checkpoints for monitoring project progress throughout implementation.

2.3 Activity Sequencing and Dependencies

Activity sequencing ensures that project tasks occur in the correct order. The SHMS schedule primarily uses Finish-to-Start dependencies, meaning predecessor activities must be completed before successor activities begin. Examples include requirements gathering before vendor selection, procurement before installation, and EHR integration before system testing. These dependencies improve schedule realism and support project control.

2.4 Gantt Chart Development

The project schedule was developed using Microsoft Project and presented through a Gantt chart. The Gantt chart provides a graphical representation of project activities, durations, milestones, and dependencies over the entire project lifecycle. It serves as an effective communication tool because stakeholders can quickly understand project progress, activity sequencing, and key deadlines.

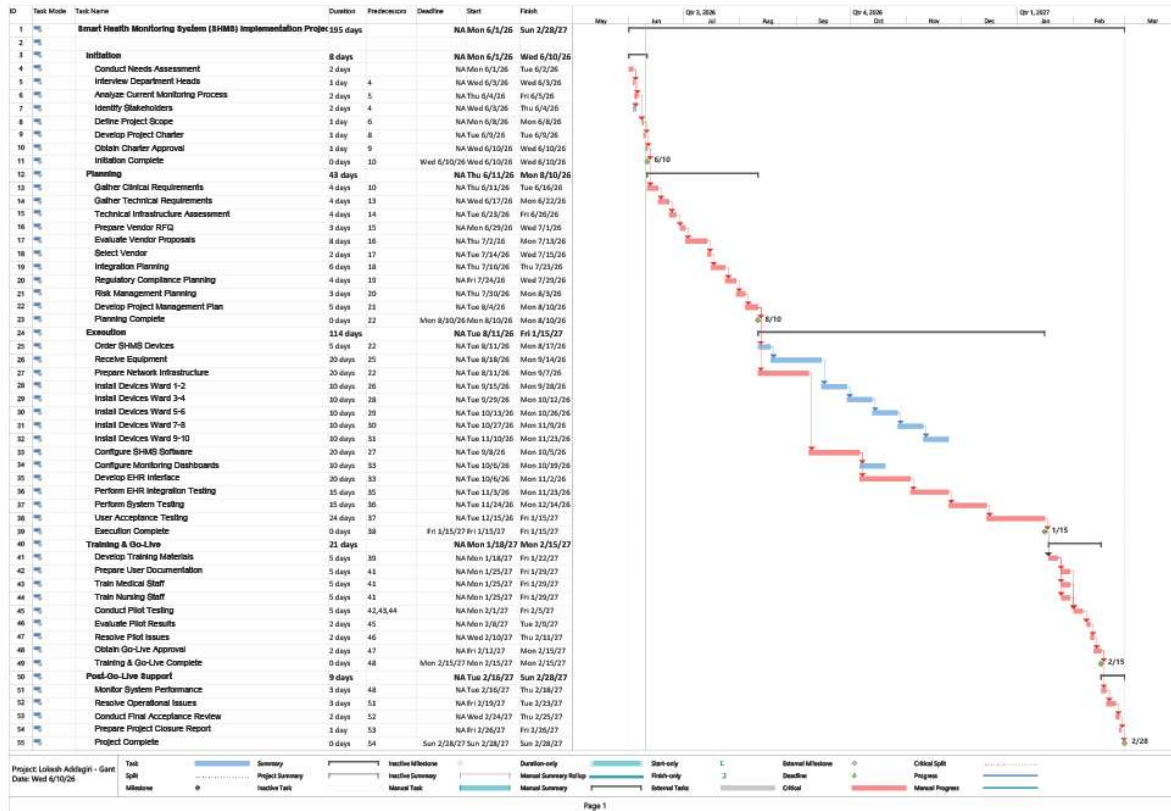


Figure 2. Microsoft Project Gantt Chart for the SHMS Implementation Project

Figure 2 illustrates the progression of project activities from initiation in June 2026 through final project closure in February 2027. Activities are grouped according to the five phases identified in the Work Breakdown Structure, providing consistency between scope planning and schedule management.

Development of the schedule within Microsoft Project allowed activity durations, dependencies, milestones, and phase summaries to be incorporated into a single project management tool. This approach improves project visibility, supports stakeholder communication, and facilitates ongoing schedule monitoring throughout implementation. A complete version of the Gantt chart is provided in Appendix B.

2.5 Critical Path Considerations

The critical path consists of activities that directly determine project completion. For the SHMS project, critical activities include requirements gathering, vendor selection, EHR integration, system testing, pilot testing, issue resolution, and go-live approval. Delays in these activities could affect the target completion date of 28 February 2027 and therefore require close monitoring.

2.6 Scheduling Challenges and Constraints

Several factors may affect schedule performance, including EHR integration challenges, staff training requirements, regulatory compliance reviews, and implementation within an active healthcare environment. Continuous monitoring and stakeholder communication will be required to minimize delays and maintain project progress.

Chapter 3 – Responsibility Assignment Matrix (RAM)

3.1 Theoretical Background of RAM and RACI

A Responsibility Assignment Matrix (RAM) defines project roles, responsibilities, and accountability. The most common form is the RACI matrix, which identifies who is Responsible, Accountable, Consulted, and Informed for project activities. Clear responsibility assignment reduces confusion, improves communication, and supports project governance.

3.2 Project Team Structure

The SHMS project involves six key project roles that collectively provide project leadership, clinical expertise, technical implementation capabilities, regulatory oversight, and user training support. The Project Manager is responsible for overall project planning, coordination, monitoring, and stakeholder communication. The Clinical Lead ensures that clinical workflows, patient safety requirements, and user needs are incorporated into implementation activities.

The Biomedical Systems Coordinator manages deployment of wearable monitoring devices and interoperability with existing medical equipment, while the IT Integration Specialist oversees software configuration, EHR integration, cybersecurity controls, and technical implementation. The Regulatory Compliance Officer provides oversight of GDPR and healthcare regulatory requirements, and the Training Coordinator develops training materials and supports user adoption.

Together, these roles provide the expertise required to manage both the technical and organizational dimensions of the SHMS project. The Responsibility Assignment Matrix presented below establishes how responsibilities are distributed among project team members.

3.3 Responsibility Assignment Matrix

Activity	PM	Clinical Lead	Biomedical Coordinator	IT Specialist	Training Coordinator	Compliance Officer
Needs Assessment	A	R	C	I	I	C
Requirements Gathering	A	R	C	C	I	C
Vendor Selection	A	C	R	C	I	C
Integration Planning	A	C	C	R	I	C
Regulatory Compliance Planning	C	I	I	C	I	A/R
Device Procurement	A	I	R	C	I	I
Infrastructure Preparation	A	I	R	C	I	I
SHMS Installation	A	I	R	C	I	I
System Configuration	A	I	C	R	I	I
EHR Integration	A	C	C	R	I	C
System Testing	A	C	R	R	I	C
Staff Training	A	C	I	I	R	I
Pilot Testing	A	R	C	C	C	I
Go-Live Approval	A	C	C	C	I	C
Performance Monitoring	A	C	R	R	I	C
Final Acceptance	A	C	C	C	I	C

A = Accountable, R = Responsible, C = Consulted, I = Informed

Table 1. Responsibility Assignment Matrix (RACI) for the SHMS Project

Table 1 illustrates how responsibilities are distributed throughout the SHMS implementation project. The Project Manager retains overall accountability for project delivery, while technical activities are primarily assigned to the Biomedical Systems Coordinator and IT Integration Specialist. Clinical validation activities are led by the Clinical Lead, compliance activities by the Regulatory Compliance Officer, and training activities by the Training Coordinator. This allocation of responsibilities promotes accountability, reduces role ambiguity, and supports effective project governance.

3.4 Governance and Accountability

Effective governance ensures that project decisions are made appropriately and that accountability is maintained throughout the project lifecycle. The Responsibility Assignment Matrix supports governance by clearly defining ownership of project activities and identifying who is responsible for performing work and approving outcomes.

Within the SHMS project, the Project Manager serves as the primary accountable authority for most activities, while specialist roles provide technical, clinical, compliance, and training expertise. Consulted stakeholders contribute knowledge before major decisions are made, and informed stakeholders receive updates regarding project progress and outcomes.

Because the project involves healthcare technology, sensitive patient data, and regulatory requirements, strong governance is particularly important. Clear accountability supports efficient decision-making, regulatory compliance, stakeholder coordination, and effective project control throughout implementation.

Chapter 4 – Stakeholder Management

4.1 Theoretical Background of Stakeholder Management

Stakeholder management involves identifying individuals and groups that can affect or be affected by a project. Effective stakeholder management supports communication, reduces resistance, and improves project outcomes. The Power–Interest Matrix is commonly used to classify stakeholders according to their level of influence and interest, allowing engagement strategies to be tailored appropriately.

4.2 Stakeholder Identification

The SHMS project involves both internal and external stakeholders with different responsibilities and expectations.

Internal stakeholders include hospital management, the Project Manager, Clinical Lead, healthcare professionals, nursing staff, Biomedical Systems Coordinator, IT Integration Specialist, Regulatory Compliance Officer, and Training Coordinator. These stakeholders are directly involved in planning, implementation, testing, training, and operational use of the system.

External stakeholders include the SHMS vendor, regulatory authorities responsible for healthcare and GDPR compliance, and patients whose information will be processed by the system. These stakeholders influence project requirements, compliance obligations, technology performance, and overall project success.

Because the project introduces significant technological and organizational change, stakeholder expectations must be managed carefully to ensure user acceptance, regulatory compliance, and successful adoption.

4.3 Power-Interest Analysis

Figure 3. Power–Interest Matrix for SHMS Project Stakeholders

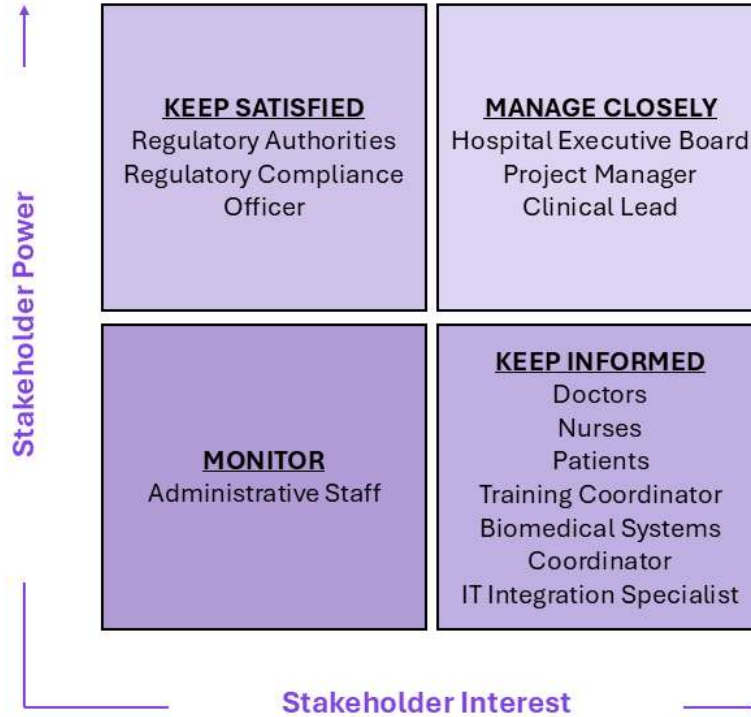


Figure 3. Power–Interest Matrix for SHMS Project Stakeholders

Figure 3 classifies stakeholders according to their level of power and interest in the SHMS project. This analysis helps determine appropriate engagement and communication strategies for each stakeholder group throughout the project lifecycle.

4.4 Stakeholder Engagement Strategies

Different stakeholder groups require different engagement approaches based on their level of power and interest.

Stakeholders within the Manage Closely category, including hospital management, the Project Manager, and the Clinical Lead, should participate actively in project reviews, milestone approvals, and key decision-making activities.

Stakeholders classified as Keep Satisfied, such as regulatory authorities and the Regulatory Compliance Officer, require regular compliance updates and documentation to maintain support and regulatory approval.

Stakeholders in the Keep Informed category, including healthcare professionals, nursing staff, patients, and technical personnel, should receive regular updates regarding implementation progress, testing activities, training schedules, and project benefits. Continuous engagement supports user acceptance and reduces resistance to change.

Finally, stakeholders within the Monitor category require periodic communication and observation throughout the project lifecycle.

4.5 Communication and Resistance Management

Effective communication is essential for maintaining stakeholder support and reducing uncertainty throughout implementation. Stakeholders should receive accurate information regarding project objectives, progress, risks, and expected benefits through regular meetings, reports, workshops, and training sessions.

Resistance to change represents a significant challenge because healthcare professionals may be concerned about workflow disruption, increased workloads, or technical difficulties associated with the new system. To minimize resistance, clinical staff should be involved in requirements gathering, pilot testing, and training activities. Opportunities for feedback, supported by comprehensive training and user documentation, can improve confidence in the system and encourage adoption.

Maintaining open communication channels allows concerns to be identified and resolved quickly, improving stakeholder satisfaction and increasing the likelihood of successful implementation.

Chapter 5 – Risk Management

5.1 Theoretical Background of Risk Management

Risk management is the process of identifying, assessing, monitoring, and controlling uncertainties that may affect project objectives. Effective risk management helps project managers anticipate problems, reduce negative impacts, and improve the likelihood of project success.

Projects face risks arising from technical, operational, financial, regulatory, and organizational factors. If unmanaged, these risks can result in delays, cost overruns, quality issues, or stakeholder dissatisfaction. Risk management should therefore be performed continuously throughout the project lifecycle.

A common approach involves risk identification, assessment, prioritization, response planning, and monitoring. Probability-Impact analysis helps project managers focus attention on the most significant threats and allocate resources effectively.

Risk management is particularly important for the SHMS project because it involves healthcare technology, EHR integration, sensitive patient data, regulatory compliance, and organizational change.

5.2 Risk Identification

The SHMS project faces several risks that could affect schedule, cost, quality, compliance, and stakeholder acceptance.

A major technical risk involves integration of the Smart Health Monitoring System with the hospital's existing EHR platform. Integration difficulties could delay implementation, increase costs, and reduce system functionality.

Cybersecurity and GDPR compliance also represent significant risks because the system processes sensitive patient information. Security breaches or compliance failures could result in legal penalties, financial losses, and reputational damage.

User resistance is another important concern, as healthcare professionals may be reluctant to adopt new technologies that alter established workflows. Additional risks include vendor delays, staff training challenges, equipment failures, inaccurate monitoring data, and budget overruns.

5.3 Risk Assessment and Prioritization

Following identification, risks were assessed according to their probability of occurrence and potential impact on project objectives. This enables prioritization of risks and supports effective allocation of management attention and resources.

High-probability and high-impact risks require the greatest attention because they pose the largest threat to project success. For the SHMS project, EHR integration difficulties, cybersecurity incidents, GDPR non-compliance, and user resistance represent the most significant threats.

Moderate risks such as vendor delays, training challenges, and equipment failures require monitoring and contingency planning. Lower-priority risks should remain documented within the risk register and be reviewed periodically throughout implementation.

Figure 4 presents the Probability-Impact Matrix developed for the SHMS project.

Figure 4. Probability-Impact Matrix for SHMS Project Risks

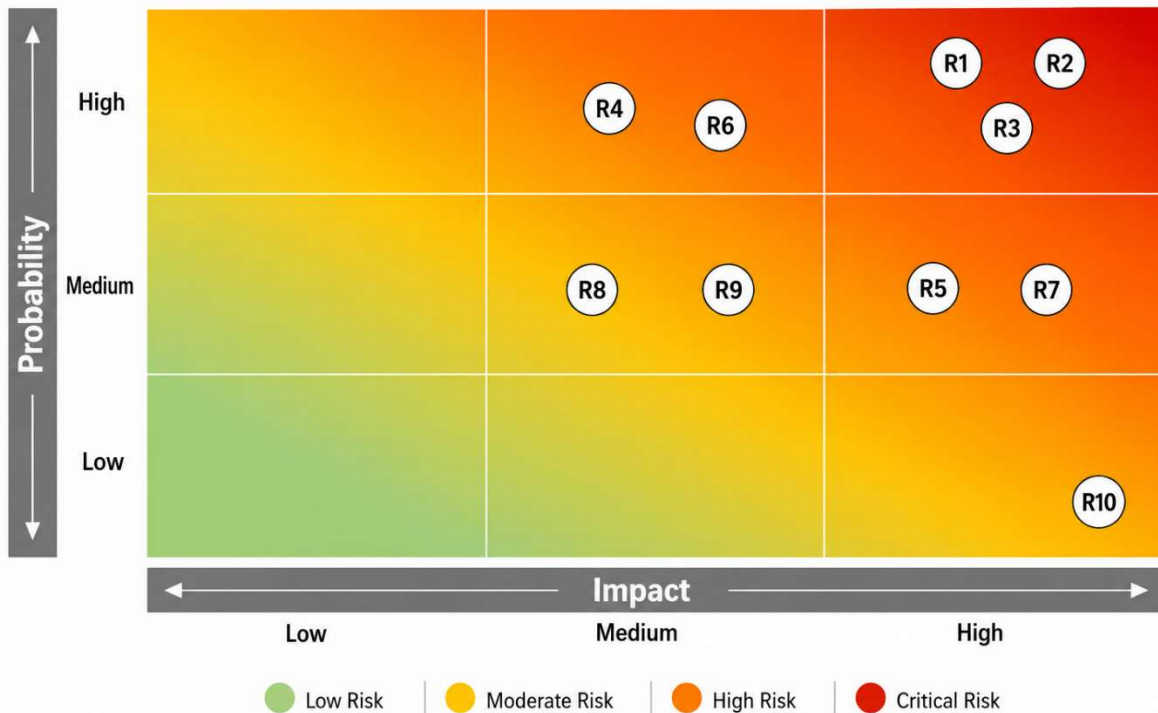


Figure 4. Probability-Impact Matrix for SHMS Project Risks

5.4 Risk Register

ID	Risk	Probability	Impact	Risk Level	Response Strategy
R1	EHR integration failure	High	High	High	Early integration testing
R2	GDPR non-compliance	High	High	High	Compliance reviews and audits
R3	Cybersecurity breach	High	High	High	Security controls and penetration testing
R4	User resistance	High	Medium	Medium	Stakeholder engagement and training
R5	Vendor delivery delay	Medium	High	Medium	Contingency procurement planning
R6	Staff training delays	High	Medium	Medium	Flexible training schedules
R7	Budget overrun	Medium	High	Medium	Cost monitoring and reporting
R8	Device malfunction	Medium	Medium	Medium	Vendor warranties and testing
R9	Inaccurate monitoring data	Medium	Medium	Medium	Calibration and validation procedures
R10	System outage during deployment	Low	High	Medium	Backup systems and recovery plans

Table 2. Risk Register for the SHMS Project

5.5 Risk Mitigation Strategies

Effective risk mitigation requires proactive planning and continuous monitoring throughout project implementation. For technical risks, early testing activities should be performed to identify integration issues before full deployment occurs. Pilot testing and phased implementation can reduce uncertainty and allow problems to be resolved before hospital-wide deployment.

Cybersecurity and compliance risks should be managed through implementation of access controls, encryption technologies, security monitoring systems, and regular compliance audits. Close collaboration between the IT Integration Specialist and Regulatory Compliance Officer will be essential to maintaining GDPR compliance and protecting patient information.

Stakeholder-related risks should be addressed through effective communication, user involvement, and comprehensive training programs. Engaging healthcare professionals during requirements gathering, pilot testing, and implementation activities can reduce resistance and improve user acceptance.

Project schedule and cost risks can be mitigated through continuous monitoring, contingency planning, and regular project reviews. Maintaining clear communication among stakeholders and promptly addressing emerging issues will improve project resilience and support successful implementation.

5.6 Cardiology and GDPR Scenario Analysis

A particularly important risk scenario within the SHMS project involves deployment within the hospital's cardiology department and management of sensitive patient information under GDPR requirements.

Cardiology patients often require continuous monitoring because interruptions in data collection may affect clinical decision-making and patient safety. Any device malfunction, integration failure, or system outage could therefore have significant consequences for patient care. To mitigate this risk, the project team should perform extensive testing before deployment, maintain backup monitoring procedures, and establish rapid response support mechanisms during go-live activities.

GDPR compliance represents an additional critical concern because the SHMS collects and processes personal health information. Failure to comply with GDPR requirements could result in legal penalties, financial consequences, and reputational damage for the hospital. Appropriate safeguards should include patient consent procedures, data encryption, access controls, audit trails, and regular compliance reviews.

By proactively addressing both clinical and regulatory risks, the project team can reduce uncertainty, protect patient welfare, and increase the likelihood of successful implementation of the Smart Health Monitoring System.

Conclusion

The successful implementation of the Smart Health Monitoring System (SHMS) at Aegis General Hospital requires effective planning, coordination, and control across multiple project management areas. This report applied key project management tools and techniques to support implementation while addressing the technical, operational, regulatory, and organizational challenges associated with healthcare technology projects.

The project scope was defined through a Work Breakdown Structure (WBS), while a Microsoft Project schedule established milestones, dependencies, and timing requirements. A Responsibility Assignment Matrix (RAM) clarified accountability and governance, while stakeholder analysis using a Power-Interest Matrix supported effective engagement and communication planning. Risk management activities included risk identification, assessment, prioritization, and mitigation through a Probability-Impact Matrix and Risk Register.

Overall, the project management approaches presented in this report provide a structured framework for successful implementation of the SHMS. Through effective scope management, scheduling, stakeholder engagement, governance, and risk control, Aegis General Hospital can improve patient monitoring capabilities while achieving project objectives within the approved budget and schedule constraints.

Reflection

This project improved my understanding of how project management tools can be applied within a healthcare environment. Developing the WBS, project schedule, stakeholder analysis, and risk management plan demonstrated how project managers organize work, allocate responsibilities, manage risks, and support project success.

The assignment highlighted the importance of clear scope definition, effective communication, stakeholder engagement, and proactive risk management. It also strengthened my understanding of scheduling concepts such as dependencies, milestones, and critical path activities.

Overall, the project enhanced my ability to apply project management principles in a practical setting and reinforced the importance of structured planning and control for successful project delivery.

Contribution of Artificial Intelligence

ChatGPT was used as a support tool during the preparation of this report. AI assistance was used for brainstorming, document organization, proofreading, and feedback on project management concepts. All analysis, project planning decisions, and final written content were reviewed, modified, and approved by the author. Responsibility for the final submission remains entirely with the author.

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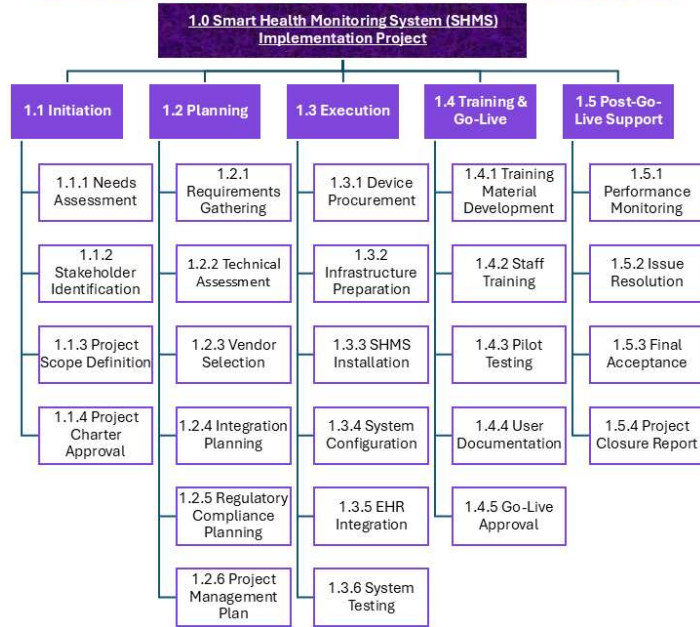
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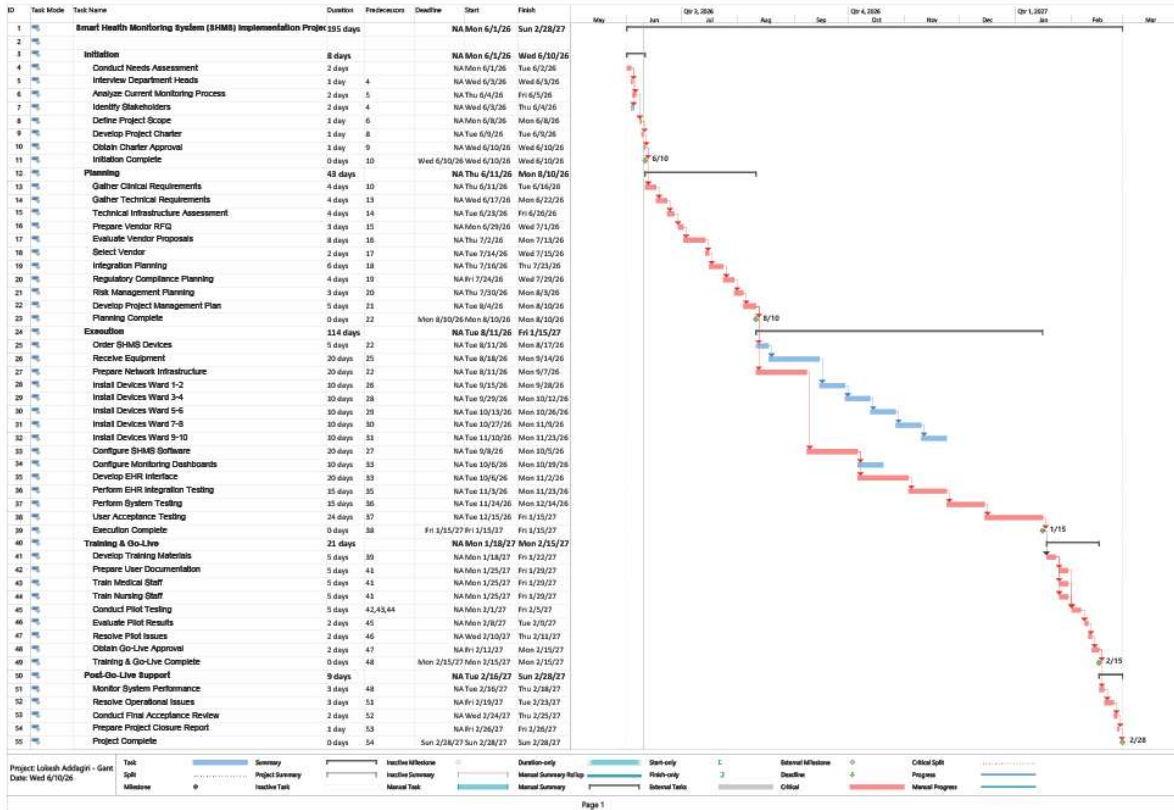
Appendix

Appendix A – Work Breakdown Structure

Figure 1. Work Breakdown Structure (WBS) for the Smart Health Monitoring System (SHMS) Implementation Project



Appendix B – Microsoft Project Gantt Chart



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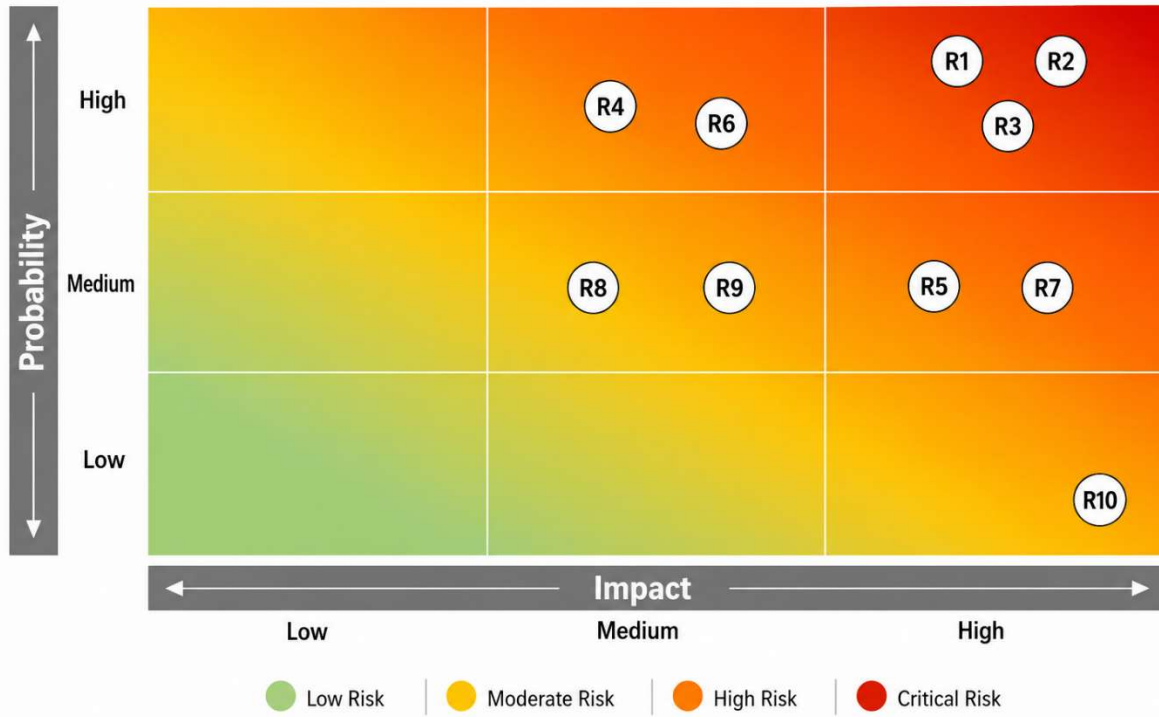
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Appendix C – Responsibility Assignment Matrix

Activity	PM	Clinical Lead	Biomedical Coordinator	IT Specialist	Training Coordinator	Compliance Officer
Needs Assessment	A	R	C	I	I	C
Requirements Gathering	A	R	C	C	I	C
Vendor Selection	A	C	R	C	I	C
Integration Planning	A	C	C	R	I	C
Regulatory Compliance Planning	C	I	I	C	I	A/R
Device Procurement	A	I	R	C	I	I
Infrastructure Preparation	A	I	R	C	I	I
SHMS Installation	A	I	R	C	I	I
System Configuration	A	I	C	R	I	I
EHR Integration	A	C	C	R	I	C
System Testing	A	C	R	R	I	C
Staff Training	A	C	I	I	R	I
Pilot Testing	A	R	C	C	C	I
Go-Live Approval	A	C	C	C	I	C
Performance Monitoring	A	C	R	R	I	C
Final Acceptance	A	C	C	C	I	C

Appendix D – Probability–Impact Matrix

Figure 4. Probability-Impact Matrix for SHMS Project Risks



Appendix E – Risk Register

ID	Risk	Probability	Impact	Risk Level	Response Strategy
R1	EHR integration failure	High	High	High	Early integration testing
R2	GDPR non-compliance	High	High	High	Compliance reviews and audits
R3	Cybersecurity breach	High	High	High	Security controls and penetration testing
R4	User resistance	High	Medium	Medium	Stakeholder engagement and training
R5	Vendor delivery delay	Medium	High	Medium	Contingency procurement planning
R6	Staff training delays	High	Medium	Medium	Flexible training schedules
R7	Budget overrun	Medium	High	Medium	Cost monitoring and reporting
R8	Device malfunction	Medium	Medium	Medium	Vendor warranties and testing
R9	Inaccurate monitoring data	Medium	Medium	Medium	Calibration and validation procedures
R10	System outage during deployment	Low	High	Medium	Backup systems and recovery plans