

Imaging Implementation Form

The following Imaging Implementation Form is to be completed just prior to the implementation of an imaging system, **but no later than 30 days after the implementation** of an imaging system.

The IMC compiles and stores this data to share with other agencies who may be investigating the use of imaging technology. The IMC may also use this data to advise agencies of existing imaging systems in order to avoid duplication of effort, storage, and databases when the sharing of information is an option. The IMC will also benefit from submission of this form by acknowledging closure of the project which may have been approved previously by the IMC.

Please be as accurate as possible. Provide any comments regarding your experience with the implementation of an imaging system which may supply useful information to those with future imaging projects. Forms can be obtained from and returned to the IMC office at 1525 Sherman, Suite 100; phone number 303-866-3222; FAX at 303-866-2168. The guide and form are also available via the IMC web site at www.state.co.us/gov_dir/gss/imc/imcstds.html.

Imaging Implementation Form

State Department Name: _____ Date: _____

Name: _____ Phone number: _____
(Person filling out survey.)

Please fill out the information prior to, but no later than 30 days after, implementation of an Imaging system.

Instructions: Select desired response box and fill in blank areas with requested information. Return to: IMC 1525 Sherman, Rm 100.

1. Division Area or Line of Business (LOB) in which imaging system is utilized: _____

2. Functional Purpose for Imaging system? _____

What % will be (is) external and internal generated documents? External ___% Internal ___%

Feasibility Study performed? Yes ___ No ___
Was an RFP submitted? Yes ___ No ___
Business workflow re-design or BPR? Yes ___ No ___
Interfaces to other applications in place? Yes ___ No ___

Applic. Type/s: _____

3. Was there a history or backfile captured? Yes ___ No ___ Legacy conversion? Yes ___ No ___
Backfile Source: _____

If Yes, please answer the following:

All backfiles _____ - or - Sort Selected _____ In-house _____ - or - Out-sourced _____

Total FTE/Contract Cost: _____ Storage Size: _____

Span Time: _____ (weeks) Total Number of Records Captured: _____

4. Is there any data entry required after capture? Yes ___ No ___

Why or why not? _____ Is bar-coding being used? Yes ___ No ___

5. Do you use OCR/ICR (Optical Character Recognition/Intelligent Character Recognition)? Yes ___ No ___
If yes, which type: OCR ___ ICR ___ How is it being utilized? _____
What is the average match rate? _____

6. Estimated Average Daily Records captured? _____

7. Is the captured data being indexed? Yes ___ No ___

Type of image format that is used: _____ Number of header indexes (fields): ___
Please list the:
Capture and Retrieve Software: _____ Mfg's name: _____
Compression Type: _____

| 8. Capture Device: | Quantity: (per type) | Type/Model: | Mfg./s |
|--------------------|-------------------------|-------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

State Of Colorado

9. What type/s of Storage do you use:

| Type | Quantity | Size | Mfg./s | Total Capacity | Capacity In Use |
|--------------------|----------|-------|--------|----------------|-----------------|
| Optical Disk | _____ | _____ | _____ | _____ | _____ |
| System Hard Disk | _____ | _____ | _____ | _____ | _____ |
| Local Hard Disk | _____ | _____ | _____ | _____ | _____ |
| CD | _____ | _____ | _____ | _____ | _____ |
| Other: (List type) | _____ | _____ | _____ | _____ | _____ |

10. Viewers or API's (Application programming interface): Total number: _____

| Type | Quantity | Size | Mfg./s |
|-------|----------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. Database: _____ Operating System: _____
 Network O/S: _____

12. Please mark (x) component types:

Capture image, view & storage _____ Workflow _____ Work group _____ Document management _____
 E-form _____ COLD _____ Information retrieval _____ Web-based _____ E-mail _____ FAX _____
 Other: (please specify) _____

13. Communication protocol: _____ Is the current response time adequate? Yes _____ No _____
 Network Speed: _____

Average Concurrent System users? _____ Response Time: _____ sec. (normal/average)
 Concurrent users during peak times? _____ Response Time: _____ sec. (during peak time)

14. Is the system currently accessible (integrated within) the:

Division _____ Department _____ Other State Agencies _____ Public _____ Internet _____ Other _____

Have you or will you consider sharing your images with other state departments? Yes _____ No _____
 Have you or will you consider sharing your images with the Public? Yes _____ No _____
 If **No** to either, please list the main objective/s or concern/s that hinder sharing considerations.

15. What was the original estimated ROI? _____ What is the current estimated ROI? _____
 Based on a span time of (months): _____ Based on a span time of (months): _____

Total Start Up Cost: _____ Est. Annual Mx Cost: _____ Est. months for 100% ROI: _____

Note: Figure the ROI (return on investment) using total *return over* total *cost* for the *same period* of months.
 Return/Cost during same span of time = ROI 35,000/130,000 during first 12 month period = 26.9%

16. What would you do differently on the next imaging system (or tell someone just starting one)?

Optional Comments: (Concerns, issues, problems encountered or future plans...)

Thank you for your effort and support in supplying this information.

Imaging Implementation Form Instructional Guide

These instructions are not all inclusive but may help alleviate confusion of terms.

Please call the IMC office (866-3222) if further clarification is needed.

All types of imaging systems should be **reported prior to, but no later than 30 days after implementation** : this includes small desktop scanners maintained only on a local hard drive's directory, up to a large, high volume system, maintained on a separate server.

If additional space is required, use the back side or extra sheets of paper.

List the **department name, current date, name of person** filling out the form and the phone number where that person can be reached in case there are questions.

1. List the division area or line of business that will utilize system.
2. List the functional purpose for the imaging system. (What business process was replaced? What type of information is being captured? Who uses this information? What are the imaging functions; capture, retrieve, store/retention? Continue:
Are the majority of the items (documents and/or photos) being captured, an internal or external source? What is the estimated ratio between the two? (ex: 50% internal forms from various locations within division - and 50% are documents from outside clients.)
Answer "yes" or "no" to the remaining questions under number 5:
Was a feasibility study performed prior to an RFP or purchase of the imaging system?
Was an RFP (Request For Proposal) submitted? Was a business work flow redesign or business process re-engineering performed? What interfaces does the system currently have in place? List the type/s. (e.g. Database, Word, Fax, other applications, etc.)
3. Was a backfile (any type of older, historical documentation or files) captured to create a history? (and) Was any portion of your backfile a conversion or transfer from a legacy system? What is the backfile source? (e.g. Paper, microfilm, database etc.) If yes was indicated for using a backfile, Answer the following:
-Was it all the history available, or was it sort selected; e.g. reviewed to include only pertinent legal or must have) material? -Was the backfile performed in house by State FTE or was it out-sourced to a vendor? -What was the cost associated with the capture of the backfile (in terms of total hours and rate per hour) to accomplish the task? (Ex: 1 year = 2,080 man hours, so if it took 6 months for 2 FTE on a half time basis the cost associated would be: Rate of pay X 520 hours or 3 months. Or, if contracted out what was the contract price.) -How much storage space did it take up for the backfile? Not current storage space; give a best guess estimate, if unknown. -How long did it take to complete the task in terms of span time; start to end, using months? (In example above even though the total man hours was equal to a 3 month period, the total span time that the effort took place was 6 months. Or, if contracted out, what was the total time frame from when the vendor received the data to capture to when the job was completed.) If the backfile project is still in progress, enter the estimated span time in weeks. -How many records were captured during the backfile?
4. Is or will there be any data entry required once a document or photo image has been captured? List why data entry is or is not required. (and) Is bar coding being used?

5. Is optical character recognition (OCR) or intelligent character recognition (ICR) going to be or currently being used? Select the type/s being used or considered; OCR or ICR? How is it or will it be utilized? If used, what is average match rate? (Of those daily captured records what is the match rate in percentage terms, that the OCR/ICR was able to identify correctly.)
6. What is the average amount being captured on a daily basis? Prefer 5-7 day average.
7. Is or will the captured data be indexed? What is the image (file) format? (Example types: TIFF, GIF, JPEG etc.) How many header fields or indexes are being used? What is the software application used to capture and retrieve, and manufacturer's name? List the type of image compression. (PK ZIP, Disk Doublor, Compact Pro etc.)
8. List the type and total amount (quantity) of all capture devices, the model type (high volume, mid-range, desktop, flatbed), and the manufacturer's name, that are in place for this specific system?
9. List the total amount (quantity) of optical, magnetic, system hard disk and local hard disk storage to be used or that is currently in place. List by size, manufacturer, and capacity.
10. List the total amount (quantity) of viewers or application programming interface currently in use or expected at start up. (i.e. Viewers like Adobe or API with MS Word.) Separate the different types, and list the total quantity, size of each model/type and list the manufacturer's name.
11. List the type of each: Database, Operating System, and Network Operating System.
12. List the component types currently in place or that will be utilized. Place an "X" next to each that applies. See glossary of term for imaging in the *Imaging Instructional Guide*. (COLD - Computer Output to Laser Disk)
13. List the communication protocol (i.e. TCP/IP ...) and answer the following:
 Is the current response time adequate; i.e. do you see the need to upgrade in the near future?
 What is the network speed? (10BaseT, 100BaseT, etc.) What is the **average** concurrent users that utilize the imaging system? And, what is the average response time during normal usage?
 How many concurrent users within the imaging system are there during **peak usage**? And, what is the user response time for images during peak usage?
14. Is the system currently accessible to (integrated within) the: Division, Department, Other State Agencies, Public, Internet and/or Other? (Place an "X" in each one that applies.)
 Have you or will you consider sharing your images with other state departments? Have you or will you consider sharing your images with the public? If "No" to either, please list what the main obstacles, drawbacks or concerns are that deter you from doing so?
15. What is or was the original estimated return on investment (ROI) and what is the current estimate? List the span time used for each ROI estimation in months. (See formula and example below.) And, based on the current span time and ROI, how many total months to reach 100% ROI? (Determine ROI with the following **formula**: Total **return over total cost** during **same** span of time.)

| | | | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|-------|--------|
| Example: | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
| Cost | 45,000 | 25,000 | 15,000 | 5,000 | 2,000 | 2,000 | 2,000 | 96,000 |
| Return | | | | 15,000 | 15,000 | 15,000 | 2,000 | 47,000 |

Return is revenue and/or cost savings. Based on a 6 month span time - ROI: 49.0%
16. What would you do differently on the next imaging system (or what would you tell someone planning to implement an imaging system that may help them)?
17. List any additional information or comments. (Please return to 1525 Sherman St. #100 or FAX to 303-866-2168.)