Client Information Management System for Primary Care

Requirements Document

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1	20/05/2002	Greg Boot and Damian Lucas	Round one requirements
2.01	28/08/2003	Greg Boot	Round two first draft
2.02	28/09/2003	Greg Boot	Second Revisions from program areas.
2.03	27/10/2003	Greg Boot	CCL interface additions

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1. Introduction

1.1 Identification

The Client Information Management System for Community Health and Primary Care is known as CIMS.

1.2 Document Purpose

The purpose of this document is to prepare a System Requirements Definition for CIMS. Specifically to:

- establish systems architecture requirements
- define technical requirements
- define system functionality requirements and
- provide the basis for identification of cost components for systems design, development and implementation.

This document is not for distribution.

1.3 Definitions, Acronyms and Abbreviations

Acronym	Expansion
A & D	Alcohol and Drugs
CHC	Community Health Centre
FMIS	Financial Management Information System
HACC	Home and Community Care
HCP	Health Care Professional
HESA	Health eSignature Authority
HL7	Health Level Seven
ITPC	Information Technology for Primary Care
OH & S	Occupational Health and Safety
PAS	Patient Administration System
PCP	Primary Care Partnership
QIPPS	Quality Improvement Program Planning System
SCP	Service Coordination Plan
SCTT	Service Coordination Tool Templates
SQL	Structured Query Language

SSD	Statewide Services Directory
UPI	Universal Person Identifier
UR	Unique Record Number
WAN	Wide Area Network

Term	*Definition*
Case	A group of related Client Services (see below). A case is started by an HCP when a series of Client Services are likely and coordinated care would be an advantage. A Case aggregates Client Services and their notes, a coordinated service plan, consent and any alcohol and drug or HACC information.
Client	A client is a recipient of an occasion of service. Clients can be registered – unregistered, an organisation, a group or an individual.
Alcohol & Drug Episode	Subsidiary to a case holds a number of Client Services and Alcohol & Drug detailed information. Provided to allow termination of an Episode without closing a case to other ongoing treatment.
Client Service	A Client Service represents an occasion of service with an HCP. A Client Service will have one or more Activities. Within a Client service there is one activity which derives a contact. Such an Occasion of service could be one to one, a group or a telephone contact.
Registered/Unregistered Clients	All clients whose details are recorded are given a local UR number. If full details are available and consent is given the clients can be registered with a UPI.
Activity	An item of service delivered.
Contact	Items recorded in units (hours etc) by staff contact. Includes non client contacts.
Demographics	Information outlined in SCTT tools Consumer Information
Organisational Clients	Are Organisations to whom Client Services are delivered to or on behalf of.
Profile Templates	A particular template which applies to an area of service as in the SCTT tools, but also, A & D and other data collections.
Groups	A collection of registered, unregistered and anonymous clients used for collection of Activity data and health information tracking.

1.4 Referenced documents

SCTT

PCP_SC_DataDictionary.doc

PCP_SC_DataDictionaryAppendix.doc

PCP_SC_DetailedInfoModel.vsd

PCP_SC_DetailedInfoModelS.vsd

PCP_SC_InfoModel.pdf

PCP_SC_InfoModelHigh.pdf

PCP_SC_StandardLocalityRef.xls

HACC

HACC MDS Guidelines Vic 2003 ver1.5.doc

Technical Guidelines and Transmission Standard V1.3 Victoria

Technical Guidelines Update Version 1.5 Victoria

Alcohol & Drugs

Full ADIS Technical Reference Manual

Full ADIS Data Interface Guide

ADIS Codes

Individual Treatment Plans, Proforma For Drug Treatment Services Providers

Youth Alcohol And Drug; Treatment Services-Assessment And Intervention Tool

Victorian Alcohol And Drug, Treatment Services,Specialist Assessment Form (For General Client Population)

Unregistered Clients Collection July 03

Disability (QDC) (Check for new versions October 2003)

Quarterly Data Collection - DataGuide V 1.1

Data Transmission Specification - DataTrans V1.0

System Requirements for the **IHAS PADP System**

Victorian Aids and Equipment Program July2002.pdf
Victorian Aids And Equipment Program Guidelines Update July 2002

Community Health

Community Health Requirements for CIMS

Community Care (IRIS)

Iris Interface Specifications IRISInterface_CHM_2003-07-19

2. Executive Summary

2.1 Business Background and Vision

This document is the result of a second round of requirements gathering for a client centred information system for the Community Health sector. This round takes into account a shared services scenario.

The project objectives are to:

- Provide tools for client care.
- Improve coordination of client care.
- Incorporate the needs of clients funded from multiple program areas into a single application.
- Maintain an electronic health record.
- Assist agencies to ensure client consent and privacy are respected by providing functionality in the application to facilitate this.
- Provide a single mechanism for reporting across program areas (specifically Community Health, Alcohol and Drugs, HACC, Community Care and Disability).
- Meet DHS and other reporting requirements as a by-product of delivering and recording client care.

2.2 Key Success Criteria

The project will be successful if:

- Many agencies take up the application.
- The client is represented as a single entity within an agency. (One application, many services)
- Care is coordinated across agencies via the secure exchange of data.
- Duplication of data and paper file handling is eliminated or greatly reduced (some paper files may need to be maintained).
- Accountability Data is easily extracted without any additional efforts by agencies.

2.3 Overview of Requirements

The requirements take into account a coordinated approach to client care in the light of the Primary Care Partnerships Initiative The proposed application includes mechanisms for electronic exchange of referrals, a Universal Person Identifier as well as strong mechanisms for securing client privacy and implementing client preferences in regard to consent.

3. Business Background and Objectives

3.1 Background

The Community Health sector has undergone significant change over the past several years, both in relation to the introduction of Primary Care Partnerships and subsequent introduction of coordination tools and also in the sector's interest in IT solutions to the problem of managing client care. The sector is currently using a number of tools few of which are focussed on client care, many of which are cumbersome to use and whose purpose tends to be to gather data for reporting purposes (SWITCH, ADIS, HACC, QDC, IRIS, multiple private systems).

During the early part of 2002 an exercise was undertaken to consult with the sector mainly through it's then representative group (ITPC) to develop a set of requirements for a replacement for SWITCH an existing widely used application that focuses on departmental reporting. That process involved visits to some 20 agencies, and intensive work with a representative group from ITPC. The result of that process was an earlier version of this document, which mapped out requirements for what appeared to then be a distributed model.

The replacement of the SWITCH application as a priority coincides with the development of a Whole of Health ICT strategy. Part of the approach of that strategy is to replace legacy applications with industry standard ones utilising a centralised delivery model. A review of requirements has been undertaken and this new version of the CIMS requirements represents the current view of an application.

3.2 Opportunity or Problem Statement

The sector has need of and has expressed a desire for a standardised application for client care, covering Community Health, HACC, Alcohol & Drug, Allied Health and Primary Care, Community Care, PDSS and Disability Services.

The need is for an industry standard application to facilitate client care, provide the basis for an electronic client record so that agencies can case mange and coordinate care of clients and provide accountability reporting as a consequence of that care.

This will both free up resources currently devoted to record keeping and duplicate entry, and improve the quality of client care by providing better coordination and history.

3.3 Other Drivers for Change

- The provision of a standardised client record as a step on the way to a full electronic health record.
- To improve security and disaster recovery. There is currently little or no provision for disaster recovery, and the security of data is in many cases less than adequate.
- To provide standardised interfaces between systems.

3.4 Business Vision and Objectives

The DHS is looking to promote improved client care by the facilitation of a broader range of health and wellbeing activities via a software application. Such an application should facilitate the day-to-day processes of a range of agency types and sizes, promote a coordinated care approach leading to better client and community health outcomes.

The proposed solution's primary objectives are to:

- Provide tools for client care.
- Improve coordination of client care.
- Incorporate the needs of clients funded from multiple program areas into a single application.
- Maintain an electronic health record.
- Ensure client consent and privacy are respected.
- Provide a single mechanism for reporting across program areas (specifically Community Health, Alcohol and Drugs, HACC, Community Care and Disability).
- Meet DHS and other reporting requirements as a by product of delivering and recording client care.

The implementation of such a system will need to take account of a number of factors.

- A shared services scenario.
- Exchange of information with Acute Care.
- Security of Data
- Privacy

Widespread use of the application will lead to de facto acceptance of the standards and themes embedded therein. Establishing these standards is paramount in establishing the infrastructure necessary to move toward an integrated health care environment.

The application will support the following programs:

- Community Health
- HACC
- Alcohol & Drugs
- Women's Health
- Health Promotion
- Disability Services and Mental Health (PDSS)
- Community Care

The proposal is to provide an application delivered via one or more shared services. The application will:

- Create Electronic Client Records
- Promote efficiency of Client Management
- Facilitate Coordination of Care & Electronic Referrals, whilst ensuring Privacy
- Allow Direct extraction of reporting data as a by product of service delivery

- Simplify reporting currently included in the following applications:

  Switch, ADIS, HACC (many),QDC (Disability), IRIS (Community Care)

The project will be successful if:

- Many agencies take up the application.
- The client is represented as a single entity within an agency.
- Care is coordinated across agencies via the secure exchange of data.
- Duplication of data and paper file handling is eliminated or greatly reduced (some paper files may need to be maintained).
- Accountability Data is easily extracted without any additional efforts by agencies.

3.5 Client Service Model Strategic Project

It is envisioned that this project will work closely with the Client Service Model Strategic Project, both in relation to developing an interface to the Common Client Layer (subject to Privacy and Consent Guidelines) and in terms of providing similar case management features to those found in CRISSP so that when agencies choose one or the other (i.e. there should be a choice, rather than both applications being used in the one agency) they are not disadvantaged in terms of functionality and communication of client information.

3.6 Dependencies and Assumptions

3.6.1 Shared Services

A shared services approach will be used. Treasury has mandated a shared services approach to delivery of new applications where feasible. This approach will produce economies of scale, benefits of data standardisation and provide greater skill levels and expertise to agencies.

3.6.2 Communications

A corollary of the shared services approach is the dependence upon communications links. It is assumed that there will be sufficient linkages of sufficient quality available for a substantive part of the sector to begin using the application

Successful uptake will foster further communications links.

3.6.3 Reporting and Data Collections

The utilisation of a shared services centre gives rise to opportunities in the area of data collections. Specifically there is increased opportunity to rationalise and standardise data collections. Whilst it is possible for CIMS to meet current individual reporting requirements for program areas, considerable benefits could be obtained by consolidating each agency's reporting requirements into a single electronic extraction (whether monthly, quarterly etc). If such a single extraction could be structured so as to eliminate duplication, benefits would flow in terms of efficiency and accuracy of data collection as well as reduced workload within agencies.

3.6.4 Existing hardware

The project assumes that agencies will have sufficient hardware in the form of PC Clients to provide the application to all health care professionals to maintain client data as services are delivered.

4. Stakeholder and User Descriptions

4.1 Stakeholder Summary

DHS Stakeholders

Area	Interest	Title	Stakeholder
Programs	HACC		Justin McDermott
Programs	A & D		Carol Reidell
Programs	Disability		Viviana Lazzarini
Programs	Community Care		Tony Carr
Programs	Community Health		Adam Buczko
Programs	SCTT & PCP's		Jenk Akyalcin
Programs			
Information Systems & Services	Stage One Organisation, Client on behalf of R & R Agencies		Max Walker
Office of Health IS	Procurement and Deployment		Fiona Wilson
Office of Health IS	Shared Services		Ken Knott

Agency Stakeholders

Area	Interest	Title	Stakeholder
Metro Health Alliance	Southern	CIO	Andrew Rothfield
Metro Health Alliance	Eastern	CIO	Phil Robinson
Rural Health Alliance	South Gippsland	CIO	Mark Smith
Rural Health Alliance	Hume	CIO	Stephen Bowmaker
Rural Health Alliance	SWARE	CIO	Garry Druitt

Rural Health Alliance	Barwon	CIO	Paul Cohen
ITPC	CIMS Workgroup	10	Trish Lynch
Hume – Shepparton	Workshop	7 attendees	See appendix
Hume – Wangarratta	Workshop	9 attendees	"
Southern Health	Workshop	12 attendees	"
SWARH - Warrnambool	Workshop	7 attendees	"
Bendigo Region CHS	Workshop	7 attendees	"
Gippsland Traralgon	Workshop	6 attendees	"
Grampians Ballarat	Workshop	15 Attendees	"

4.2 User Environment

Users are located in many types of funded agencies. The largest numbers of users are likely to be in Community Health Centres, both in standalone and attached to hospital versions. Such agencies are both metropolitan and regionally located. Furthermore there is expected to be considerable uptake from specialist agencies in the field of Alcohol & Drugs, HACC and Women's Health.

5. Approach

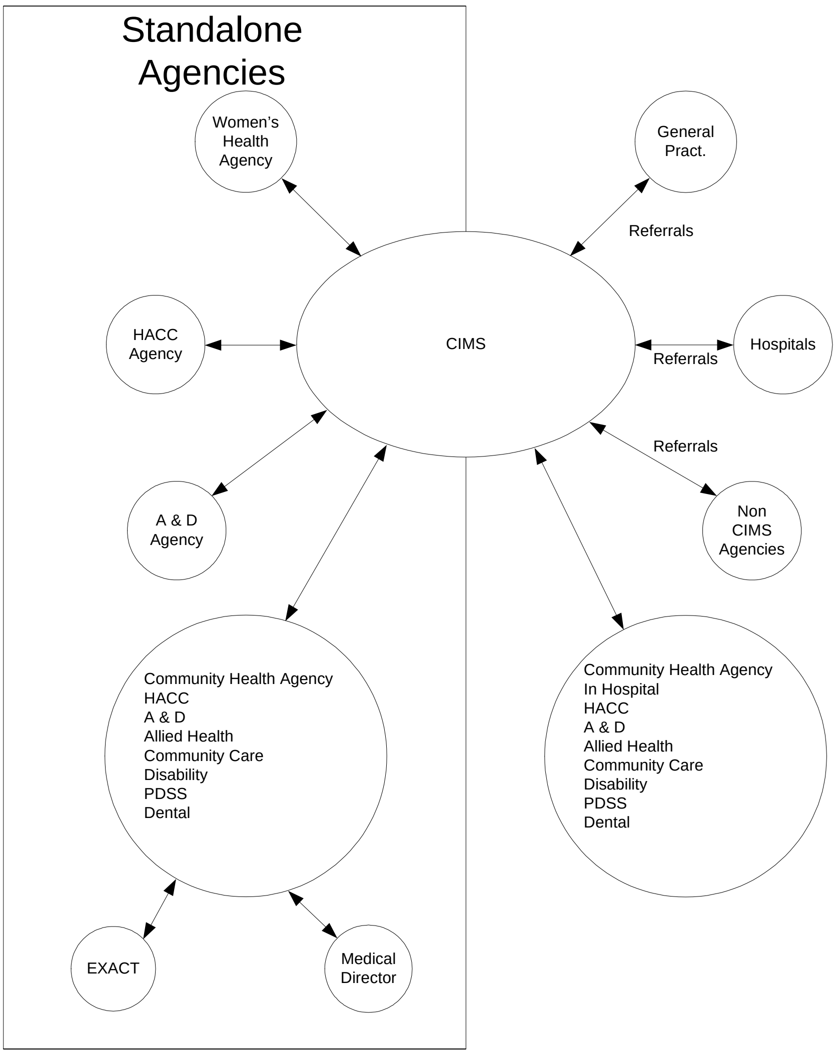
A series of face-to-face discussions were held with key stakeholders to establish a broad context and framework for the application (such as required connectivity and data exchange, shared services scenarios and the requirements for major components such as referral exchange and a UPI). This was followed by a series of workshops held with groups of usually 10 or less people. These groups focussed on functionality in the context of the original document and in the light of any changed circumstances since that original document was created. Fine-tuning was carried out with a group under the auspices of ITPC. The whole of the requirements were reviewed with this group. Internally program areas were involved in terms of data collection and in the case of Health promotion in the design of the functionality requirement.

6. Concepts for the Proposed System

6.1 Business Environment

The current business environment consists of a number of single purpose and multi purpose agencies. Single purpose agencies such as Alcohol & Drug, HACC and Women's Health provide client care around a particular issue. They tend to have a single application generally devoted to reporting. They may have relatively small numbers of staff (less than 5) but range into much larger size (20 plus). Community Heath centres offer a variety of services incorporating many of the programs of single purpose agencies in addition to Allied Health, Counselling, Health Promotion, and possibly Community Care and Disability services. The environments in each of these agency types are varied. Some are part of a hospital network whilst others are standalone.

Figure 1 Context



6.2 Business Processes

6.2.1 General

Agencies offer client services such as counselling, allied health, home and community care. These services are offered to clients both within an agency and at the clients home. In order to carry out these services agencies necessarily record details of clients and services delivered. Furthermore to enhance service delivery, planning and coordination tools are used. To facilitate service provider organisation and efficiency, appointments and rosters are used. A significant amount of data is recorded for accountability purposes.

6.2.2 Registration

Client registration processes are varied. Clients can have details recorded in stages from minimal unidentified data, to partial registration (unmanaged or casual) to full registration with a unique registration number. Additionally clients can, and do, register under pseudonyms and aliases. Full Registration means at least taking the demographic details implicit in the SCTT tools. These registration details may be the first thing that happens at an agency, say as part of a triage process, or may be partially completed (i.e. Casual client) at initial contact and completed by the actual service provider. Registration will involve checking with existing files to determine if the client exists and creating a new identifier if they don't. Some initial pre-screening for eligibility often takes place during these processes. Registration processes may also involve collections of monies.

Registration may involve an unknown client, a registered client, a casual client or an anonymous client (pseudonym). Organisations can also be clients.

6.2.3 Billing

Medical Billing is out of scope for the CIMS project. However, it is anticipated that there will be more General practitioners operating within agencies over the next year. In order that CIMS can at least integrate with existing billing applications it is proposed to have an event generation system, that will put together enough information for such billing applications to gather client demographic information and services delivered.

For those organisations that require a Medicare Billing solution that integrates well with CIMS, the ideal scenario would be that the develop/vendor of the CIMS system would also be able to supply and support a good, fully CIMS-compatible Medicare Billing plug-in/module.

6.2.4 Appointments and Rostering

Agencies roster service providers into time slots. These time slots are repeating and include allowance for service provision (various kinds such as adults, children, health promotion), write up time, personal development, holidays and others. Such rosters apply to locations and can include the use of rooms, equipment and cars. Rosters can be transferred to another service provider in case of sickness, holidays etc. Rosters should publicise the type of time i.e. available for adults, paediatrics etc. Rostering can be 24 x 7 with time fragments down to five minutes.

Appointments are made against blocks of service provider's time. Service providers have many kinds of time such as active contact time, travelling, client related non-contact time and non client-specific time. Furthermore these time slots could be categorised as health promotion, infrastructure, direct care and workforce development (and others if required). These times have costs associated with them.

Whilst only those with sufficient permissions to book the particular service provider book appointments, many agencies centralise their bookings and they can be across locations within an agency. Appointments have client information, such as casual client, registered client, some free text, alerts, OH & S, privacy and personal, an appointment service type, reason for attendance or presenting issue and any ancillary information such as location.

Appointments are available as daily running sheets so service providers can see their client list for the day. A set of appointments can be referred to as a round where service is provided in the client's home or other location.

Service provider data for daily activities is transferred to a Human Resources system.

6.2.5 Waiting Lists and Demand Management

Waiting lists have varying levels of use within agencies. Some agencies simply book an appointment no matter how far in front. Others select an arbitrary (say three months) and only make appointments that far ahead. All other requests for service are placed on a waiting list.

Waiting lists are kept by service type with apportioned priority (1,2,3). This list can be populated from cancelled appointments and vice versa. There is a need to record demand not catered for at an agency, (i.e. referred out or not serviced) so that growth areas may be identified.

Interaction with waiting lists takes place in terms of priority, geographical location, available timeslot (and length) as well as amount of time spent on the list. Clients on the waiting lists receive form letters from time to time. The clients situation may be reviewed at set intervals.

6.2.6 Reminders

Clients have periodic or one off services requirements that are predictable and for which reminders would be of benefit. Such services as Pap Smears and Breast Screening fall into this category.

6.2.7 Referrals

Agency administration staff and service providers refer clients to service providers both within and outside agencies. Service providers generally have their own select group of preferred referral service providers, but may consult the Statewide Service Directory when searching for a suitable service provider and to determine operating hours and other details.

Referrals generally involve the SCTT tools information and can also include a case history as well as any details relevant to client care. Diagnostic information can be attached.

Incoming referrals are vetted for eligibility and availability of service provider. They are either accepted or rejected (existing practices mean that sometimes they are referred on).

6.2.8 Case Management

Where clients have complex needs a case management approach is used. This involves a lead person or case manager coordinating services, generally with a plan, for a client. Hence the case manager may issue referrals, hold case conferences, coordinate and schedule services and stay abreast of all developments related to clients. Case management also provides a convenient means for segregating consent around services.

6.2.9 Coordination Plans

These are used to coordinate client care for multiple service providers and or multiple agencies. A lead carer will be nominated and can monitor all significant events as they occur, Presenting Issue, Treating Issue and other Issues. They may be used to keep track of budgets and brokerage.

6.2.10 Care Plans

Care Plans are service specific plans that help monitor client treatment or care. Service providers have personal standard plans for treatment or care of clients with common presenting issues.

6.2.11 Groups

Groups of clients occur in a number of configurations. Clients can be known or unknown, registered or casual. Groups may have a mixture of these client types. Activities engaged in with or by the group can be recorded will need to be linked to the client and specifically to a case. Groups can be named and have similar status to a client in terms of appointments.

6.2.12 Health promotion

Agencies of various sorts carry out a large variety of health promotion activities. Some of these are direct services such as group workshops and some indirect such as information provisioning. Direct services can involve consumers or clients and or organisations. Recording activities is carried out from a number of viewpoints

6.2.13 Assessments

Service providers need specific assessment templates which record information against predefined collection fields. Assessments are screens which will plug in along with the relevant data collection tables, to the application. These assessments are carried out at various times such as at initial needs identification and periodic reviews. The ability to create and edit these screens with a simple configuration tool will be a feature of the system.

6.2.14 Alerts

Client alerts take three forms. Those relating to OH&S, privacy and those relating to client care. Such as: Violent behaviour, don’t divulge appointment information to spouse and insulin dependent diabetic. These alerts must be clearly visible at the time of client enquiry. A significant indicator is required for any alerts such as a flashing alert symbol. The alert system is to override client consent when OH & S is involved.

6.2.15 Reporting

Agencies are required to report to the DHS on these program areas. The minimum datasets for these program areas are as follows

Community Health

HACC

Alcohol & Drugs according to the Victorian Data set for Alcohol & Drugs (ADIS)

Sexual Assault

Disability and PDSS.

Community Care

6.2.16 Aids and Equipment

There is a need to record and report on Aids and Equipment used by DHS clients. Clients are assessed and equipment is recommended. These recommendations are dealt with by some 32 service providers across the state. If eligible and funding is available an order is placed for the client. These funds and the resulting items of equipment are recorded and in the case of reusable equipment tracked. Furthermore repairs are often undertaken and these are also authorised and tracked.

Service providers need to be able to see the current expenditure against budget, and to track existing items of equipment.

6.2.17 Outbound Care

There is a need to carry a “round” of client information for home delivery of care. Data carried on a laptop can provide information, be updated and uploaded back into the database (synchronisation and conflict resolution is required).

6.3 Stakeholder/User Needs

A summary of the results of the workshops is shown below. These requirements a have been incorporated into the Use Cases in the next section

Need	Requirements	
Registration	Casual or locally registered clients	Clients about whom little is known, but may progress to fully registered
	Anonymous Client	For statistical recording. Not to be confused with a pseudonym
	Registration in stages	Clients can progress from casual
	Optional Registration to UPI	Clients can withhold consent
	Select which UPI	Some agency groups have their own UPI. Need option to select it as source.
	View Appointment History	See clients previous appointments, subject to consent
	Generate SCTT	Populate SCTT forms with known details.
Appointments	Client Alerts (OH&S)	Any alerts vital to the safety of staff will be shown in a flashing indicator when the appointment is the current context.
	Summary Details	What, Where, When, Who, Issue, Contact Number, Comments shown in appointments module without activating client record.
	Drill down to client	Selecting appointment activates client record
	Easy editing	Appointments moved (cut and paste, drag and drop)
	Several Views	By day, month, by client, by service provider.
	Print or export with clients	Any view can be printed. Export client details to laptop interface.

Need	Requirements	
	Overbooking	More than one appointment into a slot.
	Time periods to 5 minutes	
	Rounds	Concept of a round is a list of clients seen regularly. Such rounds then can be attached to different service providers.
	Travelling Time	Separate appointment time into travel and client care.
	Export to billing	* This probably belongs elsewhere
	Notify arrived appointments	Show a service provider a client has arrived by an indicator on the screen.
	Diary	Snapshot of relevant past and future appointments
Rostering	Service Provider, Assets, Rooms, Cars	Provide rostering for rooms, equipment and others across an agency.
	Repeating Slots	Sections can be repeated daily, weekly, fortnightly, monthly and six monthly over a selected period.
	Cut and paste segments	Move sections around, copy and paste.
	Location (i.e. link to room roster)	Links between Rooms and HCP roster so that allow drill down from one to the other.
	Categorised Time slots	i.e. Standby, Write up, Adult appointments, Lunch, Professional Development.
	Transferability	To other Service Providers, when sick, on holidays or departed. Selectable by day week or all. This will also be utilised to switch “rounds”.
	24 x 7 operation	
	Repeatability	Half day, Daily, Weekly, Fortnightly.
	Designated authority	Authorised personnel or roles can create Rosters.
Waiting Lists	Priority	1,2,3 or High, Medium, low.
	By Service Type	Or intake (inc SCTT), allows time between first contact and SCTT to be reported.

Need	Requirements	
	Size of slot required.	Indicate type of appointment and length.
	Reminders and alerts.	Rules for length of time on WL by Service generate alerts to designated user.
	Rules for appointments by service.	Automatic relegation of appointments to waiting list if beyond time period designated for service type.
	Record diversions	Facility to record diversions to other services as demand
	Mail Merge for review.	Ability to select document templates and send to entire or selected waiting list clients.
	Reporting by demographic.	Variety of reports.
	Assign to appointment	Transfer details to appointment
	Feedback on current waiting time for service	Length of time on waiting list for those most recently given appointments (average over last month)
	Populate from cancelled appointment	Transfer from appointment.
Referrals	To and from other applications.	Medical Director, Exact
	Follow ups	Provide feedback on client treatment
	HL7 Standards)	(Community Health referral, Discharge Summary
	Screen Referrals.	View and consider before acknowledge. Accept or reject, not referred on.
	Internal referrals	Referred by changing scope
	External referrals	
	Attach text documents	
	All referrals are noted in history	
Case Management	Consent can be special to case	Ability to wrap one or more service types in a case to partition consent
	Case Conference Notes	Notes related to case in total. Non-modifiable. (Changes tracked once note is confirmed)
	Coordination plan	Service Coordination plan can be case specific.

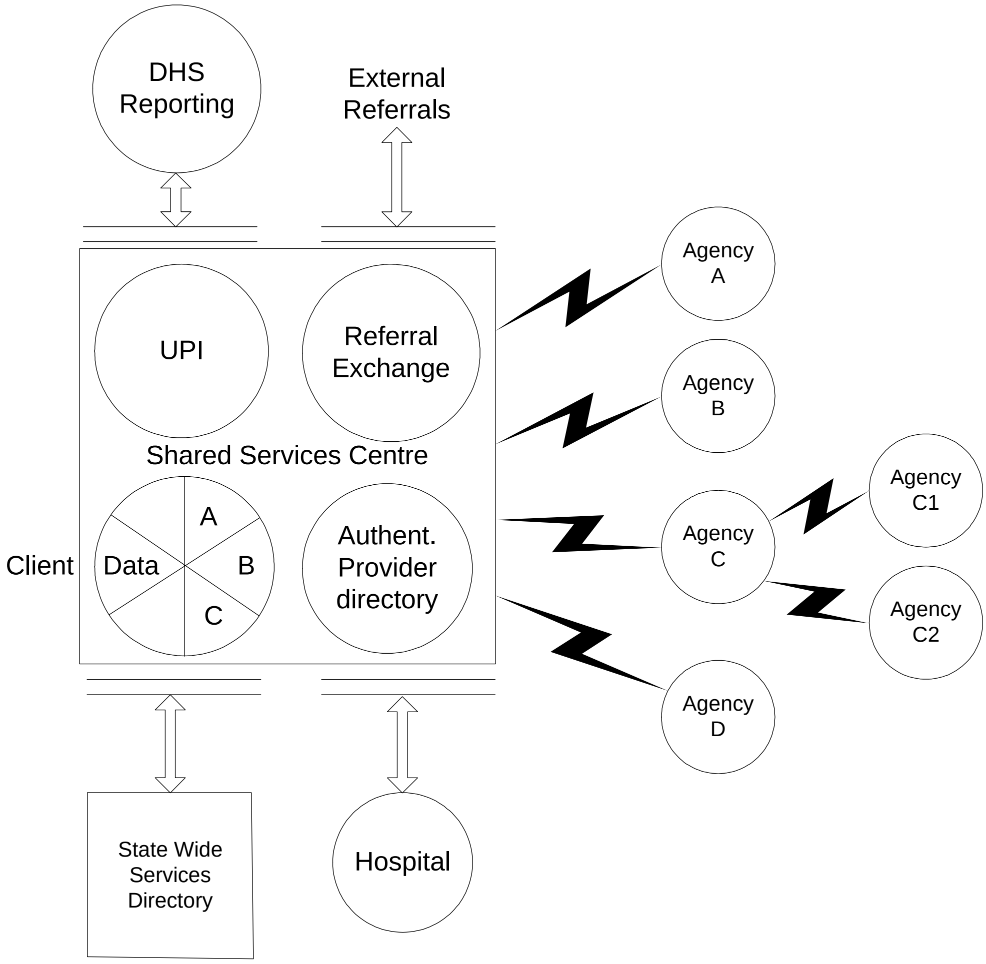
Need	Requirements	
	Current status	Actions taken and goals completed
	Budget available, used	Costs of all services activities provided
	Referrals link	Link to all incoming and outgoing referrals linked to this case
	Care plans Service specific. Goals, actions, targets.	Link to all care plans linked to case
Client Service	Brokerage	Performed on behalf of another agency
	Items and activities	Actual services delivered
	Mapping of Items and activities to reporting activities	Local mapping of named activities to standard reporting activities.
	Service Notes	“Case notes” at a service level
Reporting	Structured Report Writer for ad hoc reports	
	Report Library	
	Save Reports for reuse	
Assets Register	Minor Equipment lent or hired to clients	In out, owner, description, reminder review date. Maintenance & repairs as notes.
Groups	Named	Name and description
	Registered and non registered clients	Combinations of client types
	Services delivered to clients is attached to client history	If a client is registered the client history includes group sessions. If the information is in a case it is selected at time of group creation
	One off groups	Groups can consist of a name and the number of people attending
Privacy & Consent	Demographics to be shared via UPI	
	Prompt before registering, referral and when opening a case	
	Role based	
	Team based	

Need	Requirements	
Assessments	Discipline specific templates	
Health Promotion	Health promotion plan template details included	Set up Priority Issues, Goals, Objectives, Interventions & Strategies, Target Groups and Reach
Laptops and PDA	Client appointments and history.	Down load Case histories (within consent) Upload Services and activities and case notes.
Client History	Exportable	Viewer can access client case history for PAS
Validation	A rules engine for validation of data according to Minimum Data Sets and quarterly data requirements	A programmable rules engine that can act globally across all agencies validating data as it is entered.
Audit Trail		All client data accesses needs to be recorded for audit purposes.
Mandatory Fields	Specific prompts highlighting mandatory fields	Mandatory fields set at local level

6.4 Solution Features

6.4.1 Overview

Figure 2 - Overall view of Components Required to Implement the CIMS Application.



The major components are:

- CIMS application and Database
- A CIMS UPI to cover all agencies
- A Referral Exchange for both participating and non participating agencies.
- An Authenticated Provider Directory and associated security.
- A link to the Statewide Services Directory to facilitate referrals
- Links to Hospitals that will allow Client History to be viewed on remote systems.
- Agencies connect via secure links to the data centre.

6.4.2 CIMS Application and Database

The application will be a case management client care one delivered to the desktop in agencies. User interaction with a UPI, a Referral Exchange and authentication will be transparent. The user will see these as functions which are part of the CIMS application.

6.4.3 Universal Person Identifier (UPI)

With a shared services scenario advantage should be taken to produce a UPI, thereby reducing duplicate entry, assisting in referrals and providing geographic data. A UPI would be a physically distinct database, which has sufficient demographic details to distinguish between consumers and keeps information on alternative identifiers. UPI s will be requested in the initial stages. (Not mandatory to use this particular UPI)

6.4.4 Objectives of a UPI

1. To link client records geographically and temporally.
2. To provide a common link for client data across systems.
3. Consequently improve client safety.

6.4.5 Features

1. Utilise SCTT Model Standards for consumer information
2. Provision for Aliases
3. Provision for merge and de-merge.
4. Probabilistic matching.
5. Service History, showing last serviced by organisation (derived from SSD)
6. Local ID number and Institution ID for any participating organisations where the client has been serviced

6.4.6 UPI Interfaces

The UPI could be accessed in a number of ways.

1. An API by which the CIMS application could make a direct call (say via dcom). Such an API would be available to other applications too.
2. A messaging engine or "bus" structure using HL7 as a reference set.

Such an interface should have the ability to search on any index.

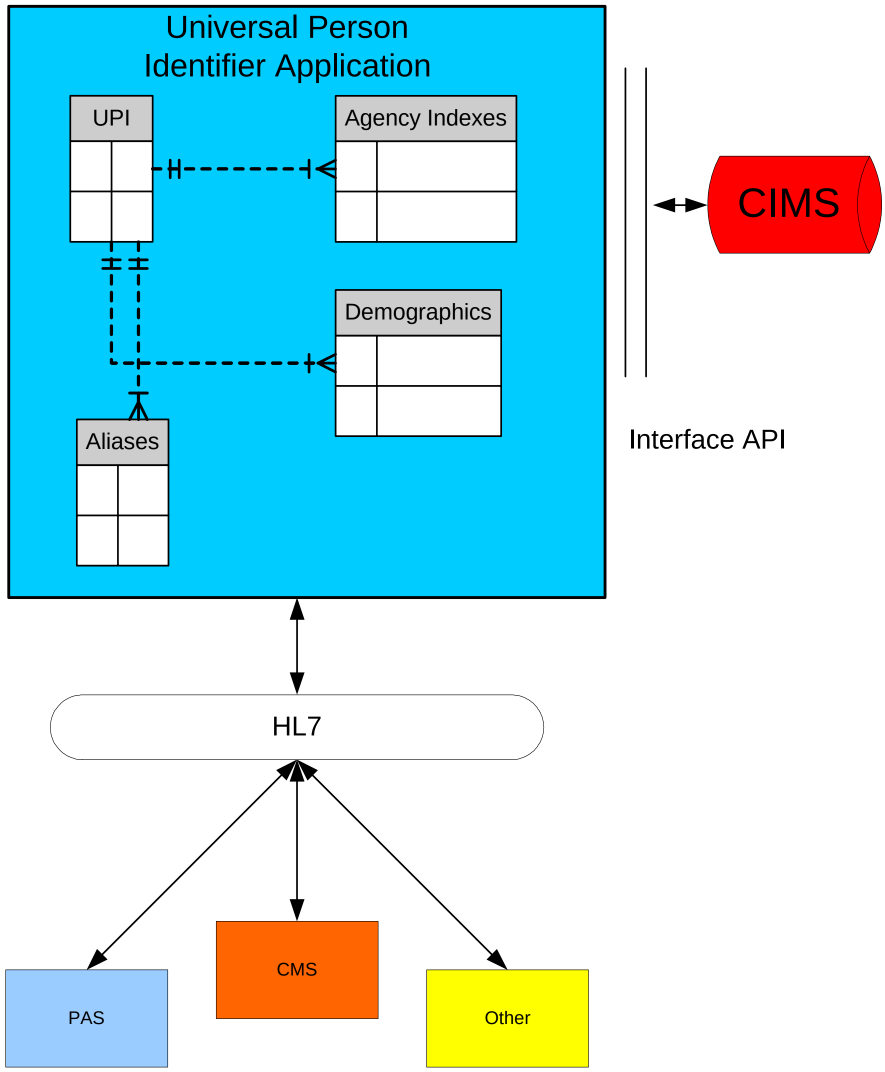
6.4.7 Other

UPI Identifying data would be those details in the SCTT model encompassed by the descriptions;

Party – Person, Address, Telecommunications, Person Demographic details, and Person Name.

A UPI will need consistent maintenance, and some continuously employed positions may be necessary. Such an administrative role would be responsible for linking aliases, or separating records where ambiguity arises. The interface should have convenient features for passing clarification requests to the administrators

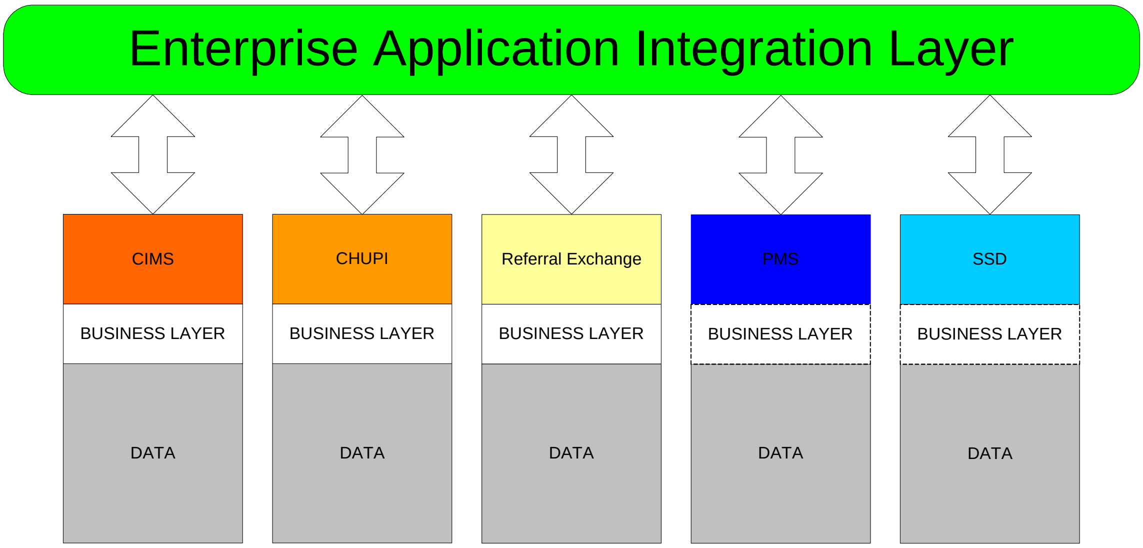
Figure 3 UPI



6.4.8 Messaging

All messaging would be via an Enterprise Application Integration Layer. This architecture is currently under review and details will be made available as they are agreed upon.

Figure 4 Messaging



Possible scenario for message bus.

6.4.9 Referral Exchange

The referral exchange will be a message driven engine for exchange of referrals. This exchange will need to facilitate the movement of referrals between Service providers, within agencies, and across agencies.
Referrals within agencies can be carried out with a textual note and an expansion of consent. Across CIMS based agencies a similar mechanism could apply, but at this stage it is recommended that the referral exchange be used. The referral Exchange should have the following features.

- HL7 compliant referrals (additional items can be in z segment).
- Allow status acknowledgements.
- Allow follow up messages with status acknowledgements.
- Public Key Encryption for referrals outside the system using HESA database.
- Signed Referrals
- Links to the outside agencies and GPs via email.
- Availability to pick up messages from outside i.e. dial in.

The standards that it will recognize will be the following:
Referral (Community Health HL7 inc SCTT)
Referral (Discharge Summary – HL7)

6.4.9.1 Referral Mechanism

Within Agencies or groups of cooperating agencies the referral mechanism will be via widening of consent scope to include the referee. Hence a referral will mean the attachment of a note to a client’s file or case, making of an appointment and widening of consent scope. Follow ups would be in the form of case notes.

Between CIMS agencies the referral will be sent and if centrally registered the client will already have a UPI number and demographics will be available. The Application will send the referral via the referral exchange. The receiving agency will view referrals (usually on a daily basis). The receiving agency can at any time choose to accept or reject the referral before the time limit of the referral exchange expires (suggested two working days). Such acceptance or rejection can be accompanied by a message or comment.

Follow ups will have the same model as a referral, except they will be informative text only. They will be sent with the same acknowledgement mechanism as the referral.

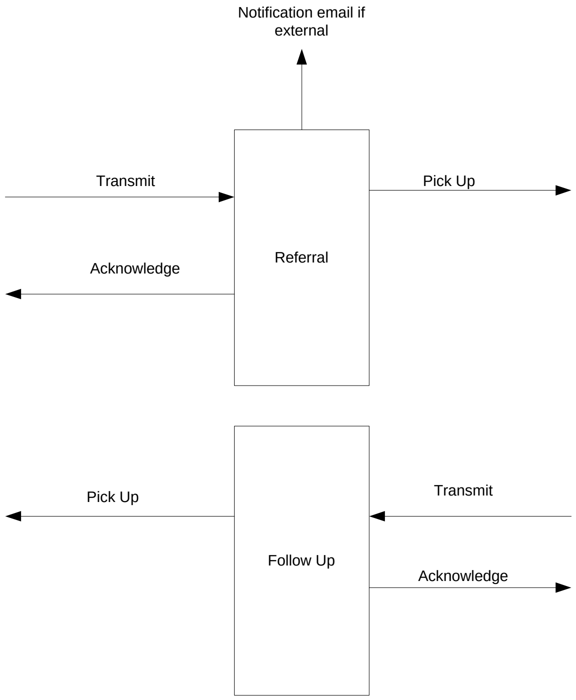
The referral exchange should keep a database of referrals so that a referral history can be audited if necessary.

In order for referrals to travel to outside agencies that are capable of deciphering the HL7 transmission standard the exchange should have two features.

It should have the ability to produce a SCTT version of the referral and send it as an XML package. This referral can be wrapped in an encrypted package and sent via email. The PKI key will be obtained from the HESA database of providers.

Internal referrals can be signed via a signing key.

Figure 5 Referrals



6.4.10 DHS – Data Extraction

Data Centres provide an avenue for direct data extraction for reporting purpose, for all agencies to be done in an efficient manner. This raises the issue of authorising the flow of information. The application will need to provide a release mechanism that authorises monthly data extractions.

Data extractions will need to be created for each of the following program areas shown using the documents referenced..

HACC

HACC MDS Guidelines Vic 2003 ver1.5.doc

Technical Guidelines and Transmission Standard V1.3 Victoria

Technical Guidelines Update Version 1.5 Victoria

Alcohol & Drugs

Full ADIS Technical Reference Manual

Full ADIS Data Interface Guide

ADIS Codes

Unregistered Clients Collection July 03

Disability (QDC) (Check for new versions October 2003)

Quarterly Data Collection - DataGuide V 1.1

Data Transmission Specification - DataTrans V1.0

Community Health

Community Health Requirements Version 1.1

SCTT

PCP_SC_DataDictionary.doc

PCP_SC_DataDictionaryAppendix.doc

PCP_SC_DetailedInfoModel.vsd

PCP_SC_DetailedInfoModelS.vsd

PCP_SC_InfoModel.pdf

PCP_SC_InfoModelHigh.pdf

PCP_SC_StandardLocalityRef.xls

Community Care (IRIS)

Iris Interface Specifications IRISInterface_CHM_2003-07-19

6.4.11 Statewide Services Directory

A connection to the State Wide Services Directory is required. It is envisioned that a download of the data required for referrals will be carried out twice daily so as to avoid delays and latency in links across the network. An appropriate data structure will be required to fulfill this purpose. This data must be accessible from referral creation.

The directory will need a substantial link in order for the download to complete in a reasonable time. The download should not interfere ongoing queries by users of the CIMS application.

It may be appropriate to simply replicate the database of the SSD locally in the data center with the application having direct read only access to the replicated data.

6.4.12 Event Driven Data Exchange

The CIMS application is required to raise events for exchange of data with subscribers such as Exact and Medical Director. Agencies will need to nominate application identifiers and access codes to subscribe to these events. It is likely that these events are best raised from CIMS by user intervention such as selecting a command to raise a demographics event.

Alternatively this functionality could be implemented via a message bus.

6.4.12.1 Events and Data Required

- Demographics: SCTT Information and UR number.
- Client Service: UR number, service type and activities delivered.
- Appointments: VCard format appointment information

These events are necessary in order to provide an interface to medical, dental and billing packages within an agency.

It is expected that appropriate receiving software will be added to Exact and Medical director to receive data via the above events.

Billing programs can be interfaced similarly.

6.4.13 Acute – Primary Health Exchange

It is expected that where hospitals and Primary Care Agencies are working close together that the agencies will receive Client information via a Discharge Summary referral.

For the alternative direction a mechanism for the Acute agency to enquire into data from the Primary Care Agency a referral can also be requested.

Comment:

This process could perhaps be automated so that a request for a referral generates a standard case history summary referral.

6.4.14 Rules Engine

There is a requirement for a rules based engine to verify data at the point of entry. This rules engine must be able to relate various data items and set rules that will be checked before the data is committed. Such checking for instance would warn if a health care card was issued to an under 15.

Administration of these rules would preferable be a agency level, however if this is not technically feasible a system wide set of standard DHS rules would be acceptable.

The rules for this “engine” would be derived from the data sets and data guidelines for the program areas. (See 1.4 referred documents)

6.4.15 CCL Interface

CIMS and CRISSP applications may both be applicable in some agencies. It is expected in these circumstances that an agency choose the application that applies to the greatest number of clients or majority of services provided. It is not expected that both applications reside in the same agency. In other words a clear choice should be made.

CIMS will ultimately have an interface to the DHS Common Client Layer. This would apply for example to many Disability clients.

The CCL interface has the following characteristics

- Publish: services ‘publish’ identifying client data to the CCL
- Subscribe: services ‘subscribe’ to the CCL to receive data
- Binding: matched client records are ‘bound’ together for a common client
- Replicate: data in a service application is copied to the CCL when created or when changed.

A CIMS interface will need to implement the Publish, Subscribe and Replicate modes.

The interface will be implemented in accordance with Privacy Legislation, principles and practice and in accordance with the Health Records Act..

The interface will also implement alerts. CCL alerts have three categories, Client Risk, Worker Safety and Operational Alerts. The current specification has three alerts two of which align with the CCL alerts (Client Risk and Worker Safety). Some work may be necessary at the technical specification stage to resolve alerts and their interchange.

The CCL uses the terms ‘Authorised Representatives' and 'Significant Others’ these descriptors of relationships are to be detailed in the Data Model in the context of “Party in a Role” and will be used to assist the carriage of pertinent relationship and carer information.

7. Operational Scenarios

7.1 Actors

Actor	Description
Health Care Professional	Service provider for client care.
Duty Worker	Either a health care professional or an administration officer who registers clients and performs an initial assessment and referral.
Registration Worker	Registers Clients, collects monies, sends reminders.
System Administrator	Highest level of access for maintenance, backup, restore add and delete users.
Business Manager	CEO or appointed representative to produce management reports.
Research Officer	Reporting Only
Coordinator	Manages groups of Health Care Professionals
Information Officer	Carries out advocacy and promotional work.
Planner	Health promotion plan originator.

7.2 Overview

Figure 6 Application Space

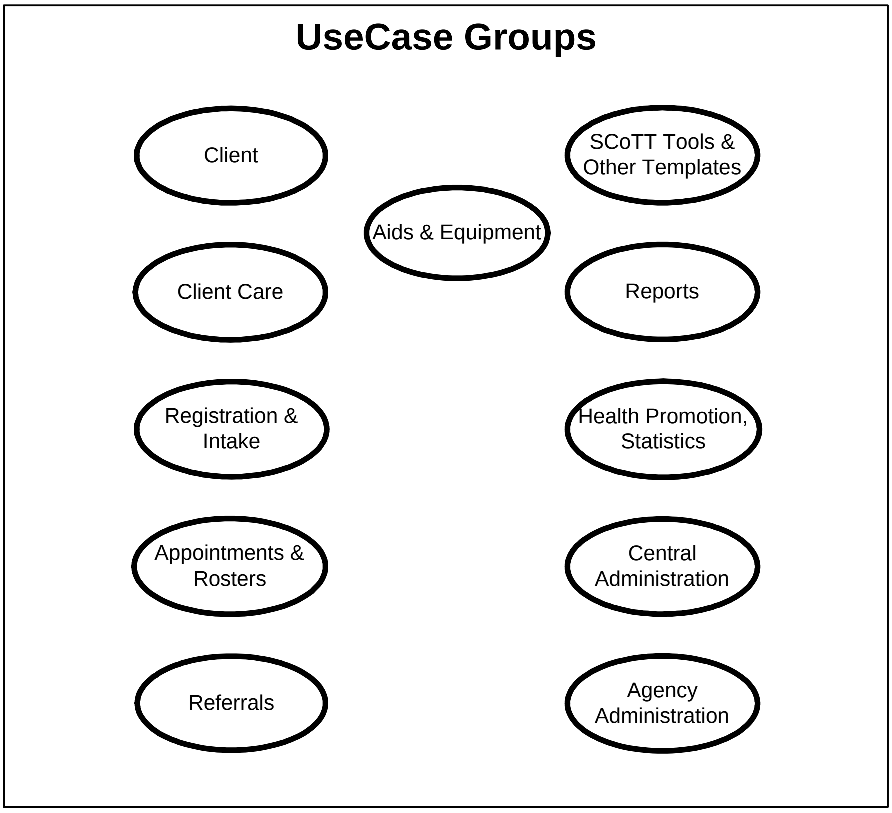
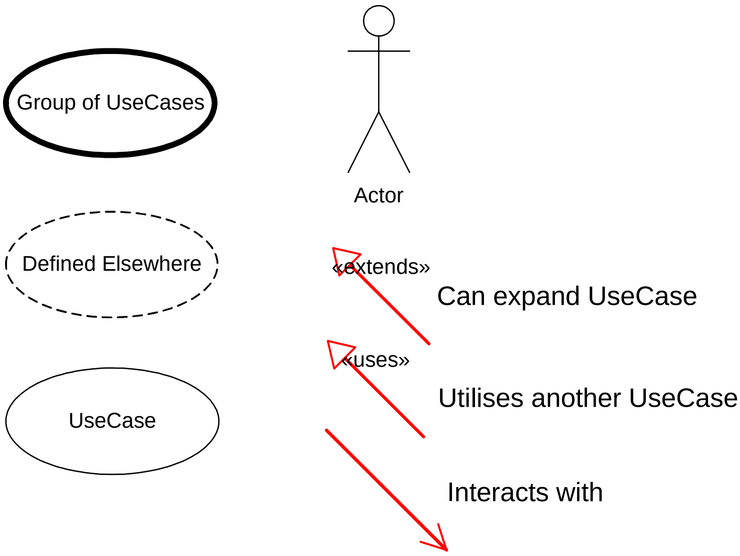


Figure 7 Legend

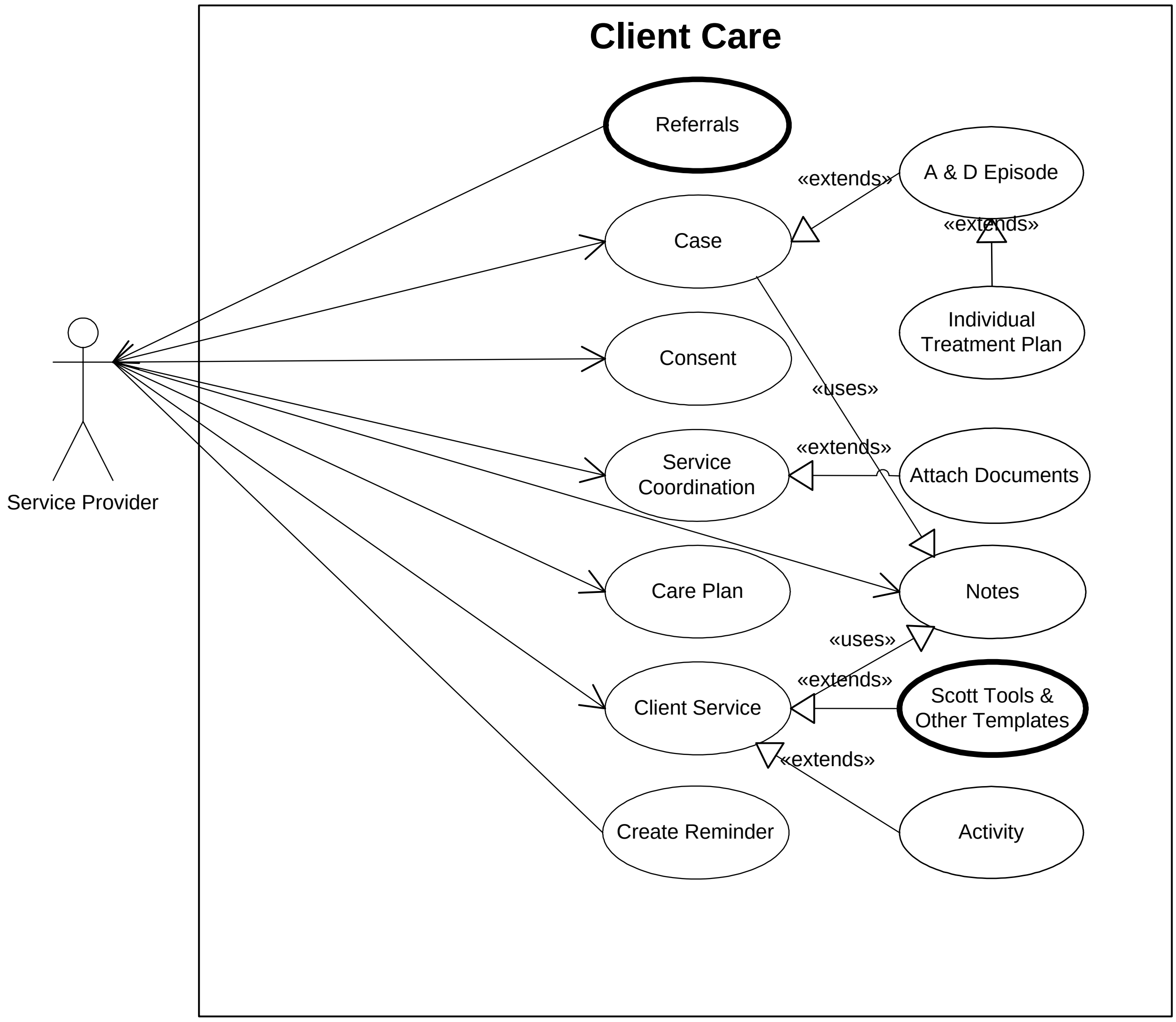


7.3 Client Care

These cases inherit the current context of consent and will inherit an active case if open. Thus services, case notes and SCTT templates can be at case level or client level and can have either case consent, client consent or specific consent. Case and consent level should be signalled at all times.

Typically Actors would access this group after having selected or edited a client in the client group. Consent at a case or Client Service level can effectively bar a non-related HCP from accessing or even detecting the presence of such qualified cases and services.

Figure 8 Client Care Cases



Name	Case
Use Case ID	CIMS 101
Actor	HCP
Description	Creates a new case or opens an existing case. (To avoid confusion the

	term *case* with a small c refers to the concept of *case* management, the term Case with a large C refers to the concept of Use Case these descriptive scenarios)
Preconditions	A client must exist and be Selected. Inherits consent from client general consent as default. Consent can then be modified to suit if necessary
Use Case Details	1. The Actor opens a *case*. 2. The Actor establishes the consent regime for the *case*. (Initially inherits from Registration –Case Consent) 3. The key worker defaults to the user. 4. The Actor sets up a budget figure if required. 5. Start, Initial Contact and or Termination Dates. 6. The actor can select program eligibility. (more than one?) 7. Presenting Issue, *case* Issue, Other Issues (multiple) Note: Once a *case* has been established or opened in the client context, all entries thereafter are contained within the *case* and its consent structure. The following can now be performed in the *case* context; 8. The Actor enters notes relevant at a *case* level (Case Notes) 9. The Actor selects one or more of the following Use Cases • Case A & D Episode • Case SCTT Tools & Other Templates • Referrals. (Incoming referrals can be linked.) • Service Coordination Plan. Only one Service Coordination Plan per *case*. A Service Coordination plan is automatically allocated to a *case*. All referrals in the *case* context are logged in the service coordination plan. • Client Service. 10. The Actor marks the status Active or Inactive 11. The System saves the data. Referrals, Client Services and *case* notes, once created and confirmed cannot be changed, only new ones created. The exception to this is a status. Hence Client Services can be rendered invalid if incorrectly entered. Corrections will be entered as a new note and the old one marked as changed.
Post Conditions	Case Number (Automatically Generated).
Issues	Diary of past and proposed appointments

Name	**Attach Documents**
Use Case ID	CIMS 102
Actor	Duty Worker, HCP
Description	Attach Documents in the current context (either client or a *case)*
Preconditions	Inherits the current consent as default from registration (consumer details), Case or Client Service.
Use Case Details	1. The Actor Browses for the document. 2. The system copies the document to the Agency defined document storage folder and creates a link to it 3. The system creates a record of the link in the client service history.
Post Conditions	The system is fault tolerant if links are broken.
Issues	A document viewer is not required as the orginal creating application can be used.

Name	**Consent**
Use Case ID	CIMS 103
Actor	Duty Worker, HCP
Description	Consent setting for current context (Client, Case, Service).
Preconditions	Inherits the current consent as default from registration (consumer details), Case or Client Service.
Use Case Details	1. The Actor selects additive and subtractive consents. 2. The Actor selects all consents to be added from roles, service providers, agency wide, UPI (demographics only – not relevant in a *case* context) and if required other agencies. 3. The Actor selects all consents to be subtracted, from the same set. Note consents cannot be in both added and subtracted categories. 4. The consent applies to the context in which it is accessed. 5. The system saves the details and date stamps the consent start.
Post Conditions	
Issues	The consent lasts until it is changed, hence any consent value has a start date and may be superseded by a new value with new date.

Name	**Service Coordination Plan**

Use Case ID	CIMS 104
Actor	Duty Worker, HCP
Description	Coordinate Client Care either at a client level or a case level. Can be multiple at client level, one only per case.
Preconditions	Inherits consent
Use Case Details	1. The Actor enters the key worker (defaults current user) 2. The Actor enters a review date 3. The Actor enters the participants in the Care Planning Process (These can be added from client search (Case Client Search) 4. The Actor links any incoming referrals, any SCTT Tools & Templates and selects any other assessments (multiple from a drop down list). Note: Outgoing referrals can be linked. If in a case outgoing referrals created will be automatically linked. 5. The Actor enters any details of proposed case conferences and their dates. 6. The Actor enters in multiple the following • Issue Problem • Goal • Target Date • Action • Service Provider • Outcome • Start Date • Review Date • Resolved Date 7. The Actor can mark the status of the plan active or inactive. (Resolved?)
Post Conditions	
Issues	

Name	**Service Specific Care Plan**
Use Case ID	CIMS 105
Actor	HCP

Description	Use a standard treatment or care plan as a precursor to an individualised plan
Preconditions	A standard plan for this service exists
Use Case Details	1. The Actor selects view plans 2. The system presents a default list of plans that are matched to the service provider's role (complete list or other role type plans available) 3. The Actor selects a plan 4. The system adds the plan into the client current context i.e. case if applicable 5. The Actor modifies consent if necessary 6. The Actor enters or modifies the • Issue • Goal • Action • Target Date • Outcome • Date • Date completed 7. The Actor can mark the status of the plan active or inactive. (Resolved?)
Post Conditions	The plan is now available from the client context for viewing and editing.
Issues	

Name	**Client Service**
Use Case ID	CIMS 106
Actor	HCP
Description	Creates a single session of client care.
Preconditions	
Use Case Details	1. The Actor opens the Client Service Use Case. 2. The system inherits the consent profile from the Registration or the current *case*. 3. The Actor can edit the consent profile. 4. The Actor enters a service discipline code (defaults to current role).

	5. The system generates a client service transaction number. 6. The Actor enters a date (default to today's). 7. The Actor chooses a SCTT Summary & Referral or an existing external referral. 8. The actor enters the referral source and date (default from any previous service). The system has a local list of referral sources, but the actor can also access the SSD to locate the referral source. Note that the local list has mapping to the DHS list of referral sources. 9. The Actor enters whether a first contact or not. 10. The actor can add a referred to from a local list and/or from the SSD. 11. The Actor enters DVA comment and Claim Indicator. 12. The Actor can activate an assessment or a SCTT tool, the system records the assessment/tool type and the time stamps it. Alternatively The actor can activate an existing one in the current *case* or client context, and changes are recorded in a change window. 13. The actor confirms the venue. The system defaults to the current venue 14. The Actor enters one or more activities. (Case Activity) 15. The Actor enters any notes related to the service (Use Case Client Service Notes). 16. The system saves the client service transaction number. 17. The system saves the current details and adds them to the client record. 18. The Actor closes the Client Service.
Post Conditions	
Issues	

Name	**Activity**
Use Case ID	CIMS 107
Actor	HCP
Description	Entry of activity details
Preconditions	A client service is being delivered.
Use Case Details	1. The Actor Selects a category of activity. 2. The system generates an activity transaction number.

	3. The Actor selects a funding source. 4. The actor selects the activity 5. The actor selects Presenting Issue. 6. The actor selects an ICD10AM code if applicable. 7. The actor selects one of Direct, Indirect, Travel or Interpreter time 8. The actor enters the amount of time. 9. If travel the actor enters the kilometres. 10. The actor confirms the details. 11. The system adds the activity to the current service and saves all the details.
Post Conditions	
Issues	

Name	**A & D Episode**
Use Case ID	CIMS 108
Actor	HCP
Description	Extends Case - Creates a new Episode within a case.
Preconditions	A client and case must exist and be the current context.
Use Case Details	The Actor Opens an Episode. The system presents a new A & D Profile with current client information and the Actor fills in the details (Use Case A & D Profile) The Actor enters the following. 1. Start Date and or Termination Date. 2. Treatment Plan details. If terminating 3. Termination and referral status. 4. Referral destination. 5. Current concurrent conditions. The Actor proceeds to enter client services.
Post Conditions	Episode Number (Automatically Generated but can be overridden if no conflict).
Issues	Treatment plan for A& D is quite specific hence this special case of Episode in the case context.

Name	**A & D Individual Treatment Plan**
Use Case ID	CIMS 109
Actor	HCP
Description	Records and monitors an individual treatment plan for A & D Clients. This case may be subsumed into the care plan case
Preconditions	
Use Case Details	The actor builds a treatment plan by entering specific goals. The system presents a selection of possible actions based on the selected goal. The Actor can indicate the timeframe, any modifications, the degree to which the goals are completed and the date completed.
Post Conditions	
Issues	

Name	**Case Notes**
Use Case ID	CIMS 110
Actor	HCP
Description	Records ancillary information during a Client Service.
Preconditions	
Use Case Details	The Actor selects Client Service notes. The system presents the following options 1. Date 2. Text The Actor confirms the note. The actor signs the note using their personal key
Post Conditions	Once the current service is closed and saved this note is non editable.
Issues	Relies signing key to give notes non-repudiation status. Viewable from a case in total or by Client Service.

Name	**Create Reminder**

Use Case ID	CIMS
Actor	HCP
Description	Records a reminder prompt.
Preconditions	
Use Case Details	1. The Actor selects a Client Service. 2. The Actor selects a reminder type 3. The actor selects a reminder period (repeating) or date (One off) 4. The system records the reminder.
Post Conditions	
Issues	

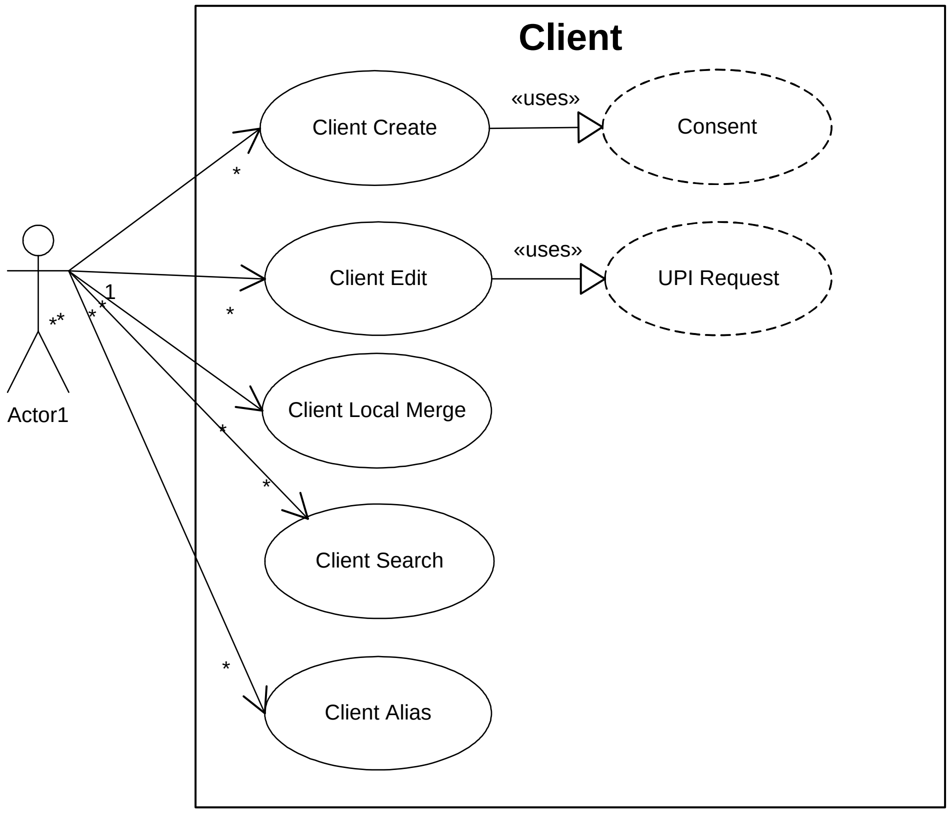
7.4 Client

This group is the starting point for all client interactions. At this point the Actor can search for an existing client and proceed if found. If not found the Actor can create and locally register. Further the client can be registered for a UPI.

Once a particular client has the current context the Actor can establish general consent, open a case, open a Client Service or edit client details.

The Actor will be able to see all cases and Client Services, which have a consent profile that matches that of the Actor.

Figure 9 Client Cases



Name	**Client Search**
Use Case ID	CIMS 111
Actor	HCP, Duty Worker
Description	Search tool to locate clients
Preconditions	Some client details are known.
Use Case Details	1. The Actor can set the search scope from local or UPI(default). 2. The Actor can set the search scope from casual, registered or all

	(default). 3. The Actor can set whether Organisational Clients are included in the search. 4. The Actor enters details for search from client name (first and last), date of birth, address, postcode or phone number, UR number, Medicare number. 5. The Actor refines the search if more than the maximum allowable records are returned 6. The system searches all aliases and produces a list of possible matches. 7. The Actor selects a match 8. The system opens the client record and displays all demographic information.
Post Conditions	
Issues	As this will likely be the most frequently used module, care should be taken to produce fast and flexible responses. Auto complete should be implemented with automatic alphabetical sorting by any field.

Name	**Client Create**
Use Case ID	CIMS 112
Actor	HCP, Duty Worker, Registration Worker
Description	Create a locally and or a centrally registered client and enter consumer demographics.
Preconditions	A client has arrived or has phoned.
Use Case Details	1. The Actor searches for an existing record. If none is found the Actor selects from one of four options. a. Fully Registered Client. b. Locally Registered Client c. Casual Client d. Anonymous Client e. Organisational Client Alternative a 2. The Actor enters the SCTT consumer information. 3. The Actor enters the LGA. 4. The Actor enters the Initial Contact Date. 5. The Actor enters any financial details such as available funding

	amounts and a comment. 6. The system defaults to principal identity. 7. The Actor enters any Alerts *. 8. The Actor enters any Staff safety alerts. 9. The Actor adds the location of any paper files and, or archived files. 10. The system checks and shows any possible existing matches (this is a second check and provides an exit point to Use Case Edit). 11. The system generates a local UR or the Actor can create one providing there are no conflicts. 12. If the Actor decides to proceed with a UPI registration the system connects to the UPI system. 13. The system checks and shows any possible existing records. 14. The Actor can select the existing record and the details are used to create a local record as a starter record ready for editing. 15. The Actor can select new record and the local details are used to create a new central UR and record. Alternative b 1. As above but eliminates step 6. Alternative c 1. As above but eliminates steps 5 and 6. Not all consumer information is entered. Alternative d 1. The system generates an anonymous pseudo name and follows the local registration procedure. Alternative e 1. The Actor enters the Organisational Information (SSD Data Model currently unavailable).
Post Conditions	
Issues	

Name	**Client Edit**
Use Case ID	CIMS 113
Actor	HCP, Duty Worker
Description	Make changes to Consumer Information.

Preconditions	The client has been found with client search.
Use Case Details	1. The Actor selects edit mode 2. The system highlights available fields for change including active and inactive status. 3. The system prevents change to any fields that would affect the UPI or local UR search if a UPI registered client. (such changes can be made by adding an alias) 4. The details can be changed. 5. Changes are logged and displayed as a log (i.e. all changes are added to a single text record) with the author of the changes and the date of the changes noted.
Post Conditions	
Issues	

Name	**Client Local Merge**
Use Case ID	CIMS 114
Actor	HCP, Duty Worker
Description	Merge to locally registered or casual clients.
Preconditions	The client is NOT registered with the UPI.
Use Case Details	1. The Actor Searches for the first client (Search Client) and selects one. 2. The Actor Searches for the second client (Search Client) and selects one. 3. The Actor selects the principle alias. 4. The system presents any conflicting data for resolution. 5. The Actor resolves the conflicting data (by selecting the valid data). 6. The system records changes and merges the client records.
Post Conditions	
Issues	A similar case to this will be required for the UPI.

Name	**Client Alias**
Use Case ID	CIMS 115
Actor	HCP, Duty Worker
Description	Adds an alternative name to a client.

Preconditions	The client has been found with client search.
Use Case Details	1. The Actor selects add an alias 2. The system presents the basic client identity information. 3. The Actor enters in the new name and birthdate. 4. The Actor selects which is the principal identity and confirms details. 5. The system adds the details to the client record. 6. If the client has a UPI registration the system informs the UPI of an additional alias.
Post Conditions	
Issues	Note address changes are simply logged as such, multiple addresses are not kept, but the user can see a history of addresses.

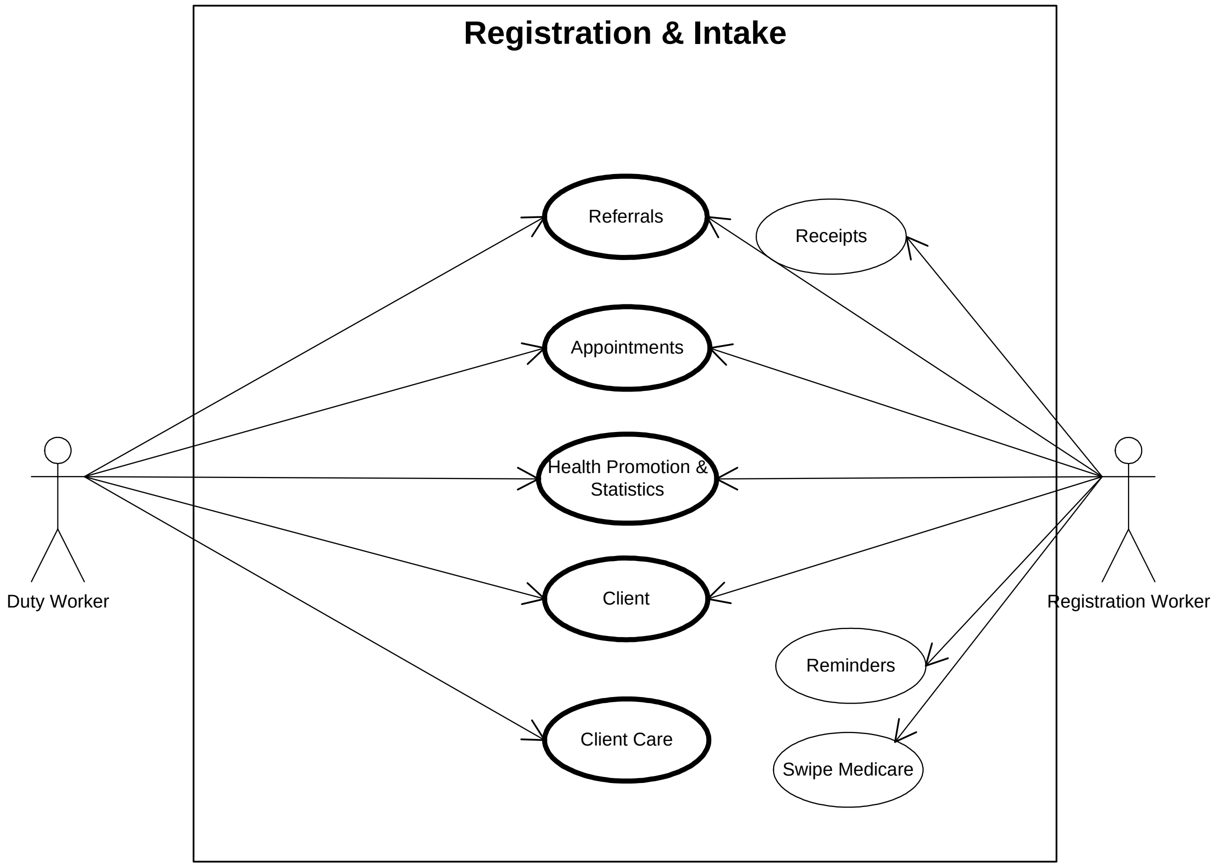
7.5 Registration – Intake

The Registration Worker and Duty Worker can interact with a number of Use Cases dependent upon the client needs.

The Registration Worker typically collects the SCTT type Consumer Information by using the Client Functional Group of Use Cases to create a client. Furthermore the Registration Worker may pass on the client to an HCP (Duty Worker) for further assessment and referral.

Only the Receipts and reminders are elaborated here as the other cases are composite cases and elaborated in their functional group.

Figure 10 Registration Cases



Name	Reminders
Use Case ID	CIMS 116
Actor	Registration Worker
Description	Selects reminder form letters for mail out
Preconditions	
Use Case Details	1. The Actor selects the period for reminders. (Start date – end date)

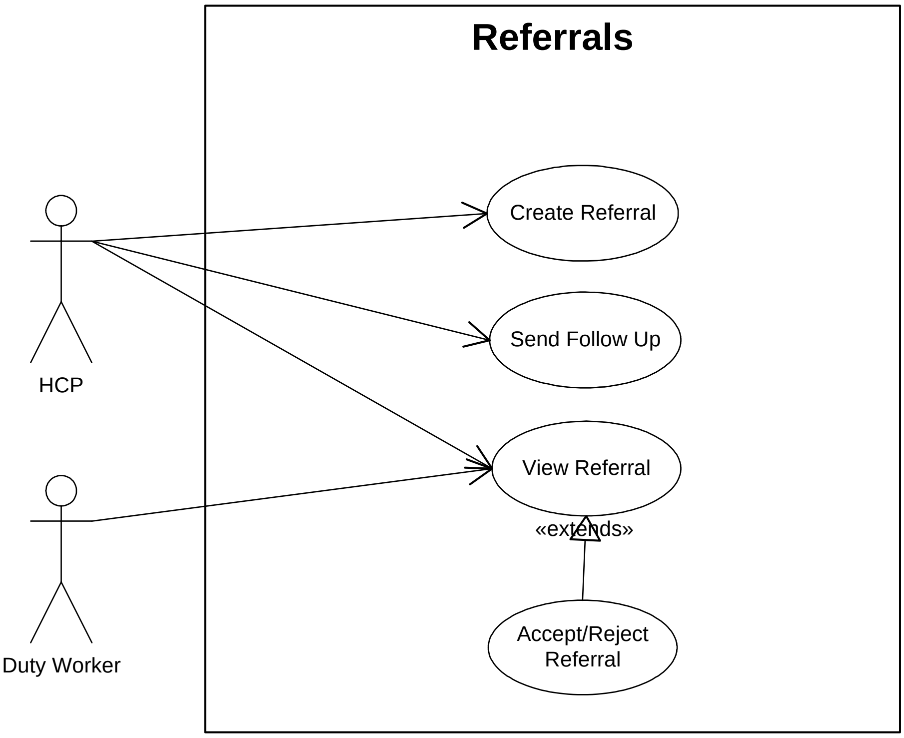
	2. The system presents a list of reminders due sorted by type. 3. The Actor selects each type, selects the corresponding form letter and confirms a print run. 4. The system fills in the client name and address fields and produces the letters. 5. Alternatively the system produces a list of clients and contact details (phone numbers). 6. The Actor selects the next type.
Post Conditions	Reminders are marked as printed with a date stamp. Reminder notice is added to the client history
Issues	

Name	**Receipts**
Use Case ID	CIMS 117
Actor	Registration Worker
Description	Collection and maintenance of fees.
Preconditions	
Use Case Details	1. The Duty Worker Selects the Client from search client or selects a non registered item and types in a reference. 2. The Duty worker enters the amount, the type of payment (Cheque, Visa etc), funding source and service discipline. 3. The system records the current logged in user, the details and the time. **Alternative Flow Of Events**. 1. The Duty Worker Selects the end of day, end of week, end of month or end of quarter process. 2. The duty worker enters the date for balances. 3. The Duty worker optionally enters the amount of monies for each type 4. The Duty worker confirms all details and the system prints a trial balance showing all transactions for the current date.
Post Conditions	
Issues	

Name	**Swipe Medicare**
Use Case ID	CIMS 161
Actor	Registration Worker
Description	Quick entry of client data
Preconditions	
Use Case Details	1. The Actor Selects swipes the Medicare card. 2. The system accepts the details from the card reader and presents a list of possible matches. 3. The system warns if the card is expired. 4. The Actor chooses a match or exits. 5. If a match the Actor can generate an event to an external system 6. The system brings up the client details.
Post Conditions	
Issues	

7.6 Referrals

Figure 11 Referral Cases



Name	**Create Referral**
Use Case ID	CIMS 118
Actor	HCP
Description	Creates a referral for transmission or printing
Preconditions	
Use Case Details	1. The Actor selects a client. 2. The system gathers the demographic details in the SCTT model. 3. The System presents a list of all SCTT Tools and Templates within the current consent context. 4. The Actor chooses which to attach. 5. The system shows a *case* history summary if a *case* is the current context else a general history summary. 6. The actor can select any care plans in the case. 7. The actor can choose the relevant service items or cases. 8. The actor can elect to have a history or a textual summary. (HL7 or text in z segment)

	9. If a textual summary the actor can delete any sections required. 10. The Actor selects issue and types in reason for referral text. 11. The Actor selects the referring HCP if not the current user. 12. The actor selects a service provider from a local list of referral destinations or the SSD 13. The Actor can sign the referral using their personal key. 14. The system prepares the referral in HL7 format (Community Health) 15. Alternatively the system can dump to a text document. 16. The actor attaches any relevant documents. 17. The system despatches the referral to the document exchange. 18. The system records the referral and maintains a link to the content.
Post Conditions	
Issues	Consent does it need specifying, if so how.

Name	**Create Follow Up**
Use Case ID	CIMS 119
Actor	HCP
Description	Creates a follow up to a referral for transmission or printing
Preconditions	
Use Case Details	1. The Actor selects a client. 2. The Actor selects a Referral 3. The Actor Creates a follow up note. 4. The system despatches the note and referral reference to the referral exchange.
Post Conditions	
Issues	

Name	**View Referrals**
Use Case ID	CIMS 120
Actor	Registration Worker, HCP, Duty Worker

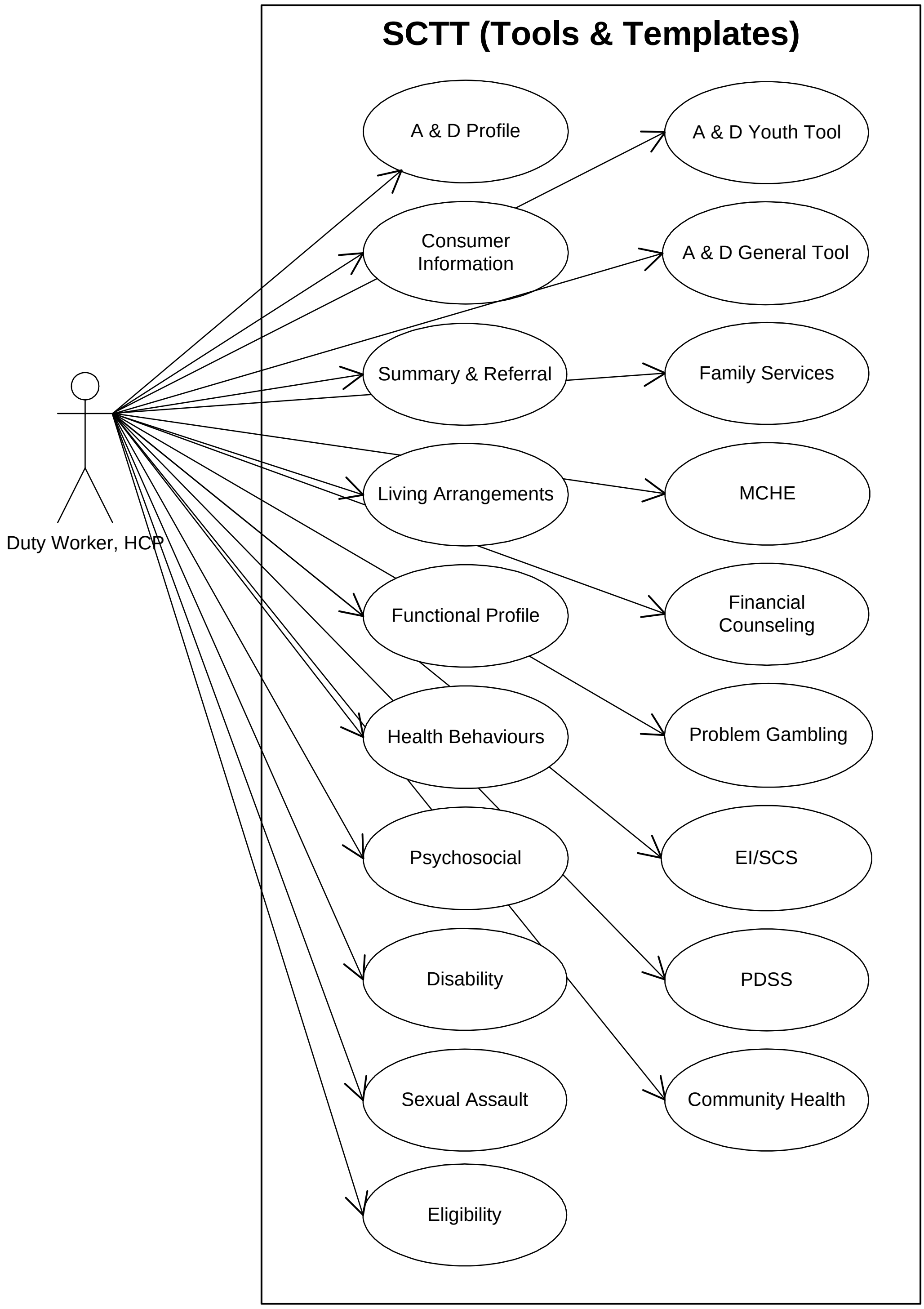
Description	Views Incoming Referrals
Preconditions	
Use Case Details	1. The Actor Selects view current referrals 2. The system gets a list of referrals not processed. 3. The actor can select a referral and see the summary information, Referee, issue, referrer, reason for referral. 4. If the actor is the referee, or has the same role the details can be viewed. 5. The actor can accept, reject or take no action on the referral (case Accept / Reject)
Post Conditions	
Issues	

Name	**Accept / Reject Referrals**
Use Case ID	CIMS 121
Actor	Registration Worker, HCP, Duty Worker.
Description	Process incoming referrals
Preconditions	
Use Case Details	1. The Actor chooses Accept or Reject the current referral. 2. The system gathers the consumer details and displays them. 3. The Actor can search for the client. 4. If the client exists the Actor can attach the referral to the existing client. 5. If the client exists on the UPI the Actor can make the client active locally and attach the referral. 6. If the client does not exist the system can populate a new client with the data provided in the referral. The Actor can then create the new client (Case Create Client) and attach the referral to the now existing client. 7. The Actor adds a text message of any immediately relevant information. The system posts the acceptance back to the referral exchange.
Post Conditions	
Issues	

7.7 SCTT (Tools & Templates)

This is the service coordination tools plus additional information gathered by various program areas, and is also the place for assessment plug-ins. The SCTT tools will be pre-populated with available fields from consumer and referral information to save data entry time. All SCTT fields will be data entry.

Figure 12 SCTT and Assessments



Name	**Alcohol & Drug Profile**
Use Case ID	CIMS 122
Actor	HCP
Description	Records Profile details of Alcohol & Drug Client
Preconditions	
Use Case Details	Allows for the recording of; 1. Primary and Secondary Alcohol and/or Drug Problems, 2. Information relating to Drink Drive Services, 3. A summary of previous alcohol or/and drug treatments, 4. Research information. 5. Living arrangements, Accommodation, employment, legal status, marital status. 6. Brokerage. 7. Withdrawal Facilities. 8. Carer. 9. Program, Target Group. 10. Other conditions, other services. The profile is stored and updated on case-by-case basis.
Post Conditions	
Issues	Funding source may need to be gathered at this point also.

Name	**Consumer Information**
Use Case ID	CIMS 123
Actor	Duty Worker, HCP
Description	Consumer Information SCTT Tools
Preconditions	
Use Case Details	Data entry screen of SCTT Tools requirements with the following changes (See Community Health Requirements) 1. The Actor adds the Date and time the Initial Contact was made 2. The Actor enters Service requested, Service Type, Presenting Issue

	and Priority (High medium low)
Post Conditions	
Issues	

Name	**Summary & Referral**
Use Case ID	CIMS 124
Actor	Duty Worker, HCP
Description	Summary and Referral SCTT Tools
Preconditions	
Use Case Details	Data entry screen of SCTT Tools requirements with the following changes (See Community Health Requirements) The Actor adds the unchanged elements. The Actor adds Presenting Issue, Presenting Issue Notes, Referral destination, Service Type.
Post Conditions	
Issues	

Name	**Living Arrangements**
Use Case ID	CIMS 125
Actor	Duty Worker, HCP
Description	Recording of SCTT tools profile (used by HACC)
Preconditions	
Use Case Details	Data entry screen of SCTT tools defined details for Living Arrangements (used by HACC).
Post Conditions	
Issues	

Name	**Functional Profile**
Use Case ID	CIMS 126
Actor	Duty Worker, HCP

Description	Portal for individual client interaction
Preconditions	A client has arrived or has phoned.
Use Case Details	Data Entry Screen of SCTT tools defined details (used by HACC)
Post Conditions	
Issues	

Name	**Health Behaviours**
Use Case ID	CIMS 127
Actor	Duty Worker, HCP
Description	Recording of SCTT tools profile.
Preconditions	
Use Case Details	Data entry screen of SCTT tools defined details for Health Behaviours
Post Conditions	
Issues	

Name	**Psychosocial**
Use Case ID	CIMS 128
Actor	Duty Worker, HCP
Description	Recording of SCTT tools profile.
Preconditions	
Use Case Details	Data entry screen of SCTT tools defined details for Psychosocial.
Post Conditions	
Issues	

Name	**Disability (QDC)**
Use Case ID	CIMS 129

Actor	Duty Worker, HCP
Description	Recording of Disability data not already captured
Preconditions	
Use Case Details	The Actor records the Method of communication, Residential Setting, Carer information (area of care, relationship and age group), disability group, participation, Support needs, main source of income, carer allowance, service use, IPP created, Reviewed, EFT, left and reason for leaving.
Post Conditions	
Issues	Refer to the QDC Data Guide to ensure all relevant data for reporting purposes has been collected either at this level or at client level. Data dependency information should be applied via the "rules engine".

Name	**Sexual Assault Profile**
Use Case ID	CIMS 130
Actor	HCP, Information Officer, Duty Worker
Description	Sexual Assault Details
Preconditions	Generally an anonymous client
Use Case Details	The Actor enters Sexual assault minimum dataset information.
Post Conditions	

Name	**Eligibility**
Use Case ID	CIMS 131
Actor	Duty Worker, HCP
Description	Funding eligibility of client
Preconditions	
Use Case Details	1. The Actor selects one or more funding sources. 2. The actor can add expenditure limits to each source. 3. The actor adds any comments to each source. 4. The actor can add an expenditure amount, a date and a client

	service transaction number for any of the selected sources. 5. The system records and keeps a running total for each source.
Post Conditions	
Issues	

Name	**A & D Youth Tool**
Use Case ID	CIMS 132
Actor	Duty Worker, HCP
Description	Alcohol & Drugs Turning Point Assessment and Intervention tool for youth.
Preconditions	
Use Case Details	This is a substantive series of mostly qualitative data elements detailed in the document as per descriptions (see attachments)
Post Conditions	
Issues	

Name	**A & D General Tool**
Use Case ID	CIMS 133
Actor	Duty Worker, HCP
Description	Alcohol & Drugs Turning Point Assessment and Intervention tool.
Preconditions	
Use Case Details	This is a substantive series of mostly qualitative data elements detailed in the document as per descriptions (see attachments)
Post Conditions	
Issues	

Name	**Family Services CC**
Use Case ID	CIMS 134
Actor	Duty Worker, HCP

Description	Community Care Family Services Details
Preconditions	
Use Case Details	The Actor records Housing Type, Tenure and sources of income (up to four)
Post Conditions	
Issues	

Name	**MCHE CC**
Use Case ID	CIMS 135
Actor	Duty Worker, HCP
Description	Community Care Maternal Child Health
Preconditions	
Use Case Details	The Actor records First time mother, Current attendee, Ante Natal, Family Health Care Card. The Actor records the child details, first name, last name, DOB, Sex, COB, Indigenous Status, Most recent KA & S, Immunisation Status and Breastfeeding Status.
Post Conditions	
Issues	

Name	**Financial Counselling CC**
Use Case ID	CIMS 136
Actor	Duty Worker, HCP
Description	Community Care Financial Counselling Details
Preconditions	
Use Case Details	The Actor records, Gross Income, Housing Type, Housing Tenure, Sources of Income (by four), Causes of Financial Difficulty (by four), and reasons for referral.
Post Conditions	
Issues	

Name	**Problem Gambling**
Use Case ID	CIMS 137
Actor	Duty Worker, HCP
Description	Community Care Problem Gambling
Preconditions	
Use Case Details	The Actor records, Gross Income for the client and the household, Housing type and tenure, Occupation, Govt Pension Benefit, Labour force status, Descriptions of up to four cases of employment. The Actor records whose gambling behaviour, episodes last month, how many months the problem has been present, the pathway to seeking help, source of awareness of service, The actor records the most recent gambling, where, time spent, money spent and whether it was typical.
Post Conditions	
Issues	

Name	**EI/SCS CC**
Use Case ID	CIMS 138
Actor	Duty Worker, HCP
Description	EI/SCS details
Preconditions	
Use Case Details	The Actor records, Housing type, Family Health Care Card, Carer Allowance Child, Individual Funding CSTDA, The Actor records Carer Arrangements – Regular sustained basis, assist self care, mobility or communication, lives in, relationship to and age group. The actor records up to four concerns, up to four disabilities, and personal Help requirements – Self care, Mobility, Communication and Interpersonal Communications.
Post Conditions	
Issues	

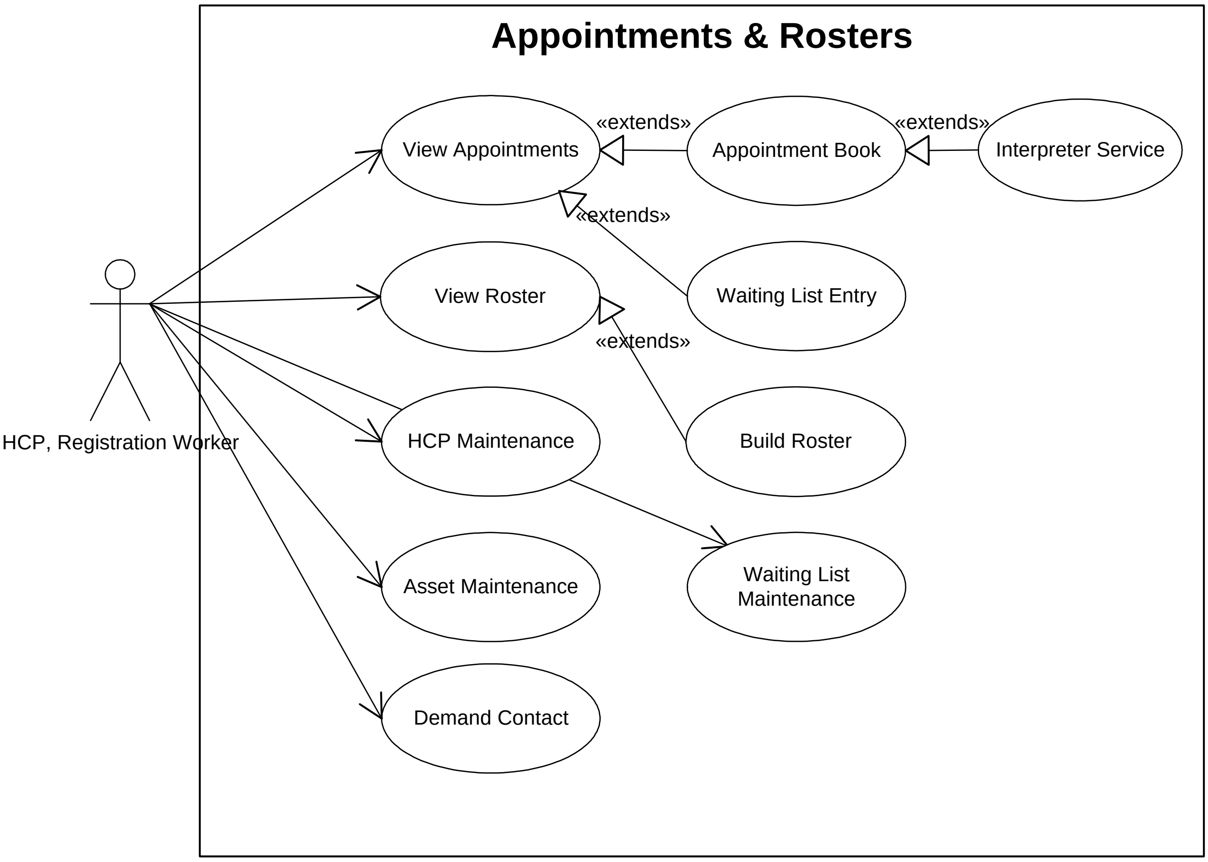
Name	**PDSS**
Use Case ID	CIMS 139

Actor	Duty Worker, HCP
Description	Additional information for PDSS
Preconditions	
Use Case Details	The Actor enters the following information Living Arrangements Usual Entry and Exit, Dependent children, Residential Setting Usual, Entry and Exit.
Post Conditions	
Issues	

Name	**Community Health**
Use Case ID	CIMS 140
Actor	Duty Worker, HCP
Description	Place holder for additional information
Preconditions	
Use Case Details	
Post Conditions	
Issues	

7.8 Appointments and Rosters

Figure 13 Appointment and Roster Cases



Name	**View Appointments**
Use Case ID	CIMS 141
Actor	Duty Worker, HCP, Registration Worker
Description	Main entry to Appointment Book provides views and reports of existing appointments.
Preconditions	A client is registered, or we have a name and details.
Use Case Details	1. The Actor chooses a client, an HCP, a facility or a role (combined) to view appointments. 2. The Actor can select daily, weekly, or monthly views. (The default view is daily). 3. The system displays all appointments highlighted in colour for the period shown. 4. The system displays available times if for an HCP or Facility. 5. Moving the mouse over an appointment brings up the details in a

	"tool tip" like text bubble. 6. The Actor can choose Report to dump appointments and client details to disk or printer. 7. The Actor can enter or cancel an appointment (Case Appointments). 8. The Actor can note "did not attend" to the client record. 9. The Actor can enter or cancel a waiting list entry (Case Waiting List Maintenance, Entry) 10. The Actor can select an appointment and edit it or transfer it to the waiting list. When selected the system shows a client alert indicator if OH & S or privacy alerts are present for the client. 11. The Actor can choose an appointment and confirm arrival. The system notifies the HCP if they are logged on and have appointments active. (Change of colour and audible warning). This event is time stamped. The Actor can choose an appointment and activate the client record.
Post Conditions	
Issues	If the actual service time is recorded against appointments, then average waiting time can be tracked.

Name	**Appointment Book**
Use Case ID	CIMS 142
Actor	Duty Worker, HCP, Registration Worker
Description	Appointment Book.
Preconditions	A client is registered, or we have a name and details. An appointment slot has been selected in Case View Appointments
Use Case Details	1. The Actor can search for a client. Case Client, Client Create. 2. The selected Clients Name and Alerts are registered in the appointment time. 3. The System also adds contact phone number. 4. The Actor can add a privacy alert (i.e. Details not disclosed to family or carer) 5. The Actor adds Issue if appropriate and consent is in scope. 6. The Actor can add a referee or attach a referral (case Referrals) 7. The system records the client name, contact and referee 8. The Actor can expand the appointment time to other than the default length. (Default length set in roster) or The Actor can choose an appointment and edit, delete or transfer to the waiting list.

Post Conditions	
Issues	Appointment changes leave a readily accessible audit trail.

Name	**Waiting List Entry**
Use Case ID	CIMS 143
Actor	HCP, Information Officer, Duty Worker
Description	Management and populating waiting lists.
Preconditions	
Use Case Details	1. The Actor Selects a Service discipline 2. The system shows the approximate length of the waiting time for that service. 3. The Actor adds the client to the waiting list using Case Client Search and Client Create. 4. The actor adds the type of service the client requires, Presenting Issue ICD 10am code if applicable, Chronic/Complex condition and if initial contact.
Post Conditions	
Issues	All entries are time and date stamped.

Name	**Waiting List Maintenance**
Use Case ID	CIMS 144
Actor	HCP, Information Officer, Duty Worker
Description	Management
Use Case Details	1. The Actor can browse the list by name and or discipline. 2. The actor can mail merge the list by service type or entry. 3. The Actor can produce a list with contact details by service type. 4. The system shows the names, priority, length of time on list and service type. 5. The Actor selects the client and selects either new appointment or delete. 6. The system shows the appointment book (case appointments) 7. The Actor creates the appointment.

	8. The system returns to the waiting list and requests confirmation of removal from list and the reason for removal. 9. The System updates the record.
Post Conditions	
Issues	

Name	**Demand Contact**
Use Case ID	CIMS 145
Actor	HCP, Information Officer, Duty Worker
Description	Record unmet demand
Preconditions	
Use Case Details	1. The Actor selects the mode of contact code (e.g. in person, telephone, fax, email or other). 2. The Actor selects the service discipline required. 3. The Actor selects Group or client (or organisational client). 4. The Actor selects the outcome code i.e. as referred out, diverted or no action. 5. The System updates the record.
Post Conditions	
Issues	

Name	**Interpreter Service**
Use Case ID	CIMS 146
Actor	HCP, Information Officer, Duty Worker
Description	Interpreter Service for Appointments
Preconditions	
Use Case Details	1. An interpreting service is required for appointment 2. Actor selects the language for which an interpreter is required. The Actor then selects an interpreting service offering this language. 3. System emails or faxes a request to the interpreter service or agency with the details of the appointment.
Post Conditions	

Issues	

Name	**View Roster**
Use Case ID	CIMS 147
Actor	Coordinator
Description	View available time blocks for HCPs and Assets.
Preconditions	
Use Case Details	1. The Actor selects an HCP or Asset. 2. The Actor can select daily, weekly, or monthly views. (The default view is daily). 3. The System displays all rostered times. 4. The Actor can choose report to dump a roster to a printer. 5. The Actor can edit the roster (Case Build Roster)
Post Conditions	
Issues	

Name	**Build Roster**
Use Case ID	CIMS 148
Actor	Coordinator
Description	Create / Edit time blocks for HCPs and Assets.
Preconditions	
Use Case Details	1. The Actor selects a starting date. 2. The Actor edits the time blocks to reflect the roster using Time Slot Categories (such as standby Professional Development, Lunch, Adult appointments). 3. The Actor attaches any room information to the roster. 4. The Actor applies the period roster to a selected date range (repeats can be daily, weekly, fortnightly, monthly and six monthly). 5. Only active sections are repeated providing there are no clashes. This allows building a roster in layers. If conflicts there is opportunity to resolve the conflict. 6. The system makes due allowance for public holidays (public holidays are programmed in administration) and creates the roster. 7. The Actor can select any period within the resulting roster and edit it.

Post Conditions	
Issues	

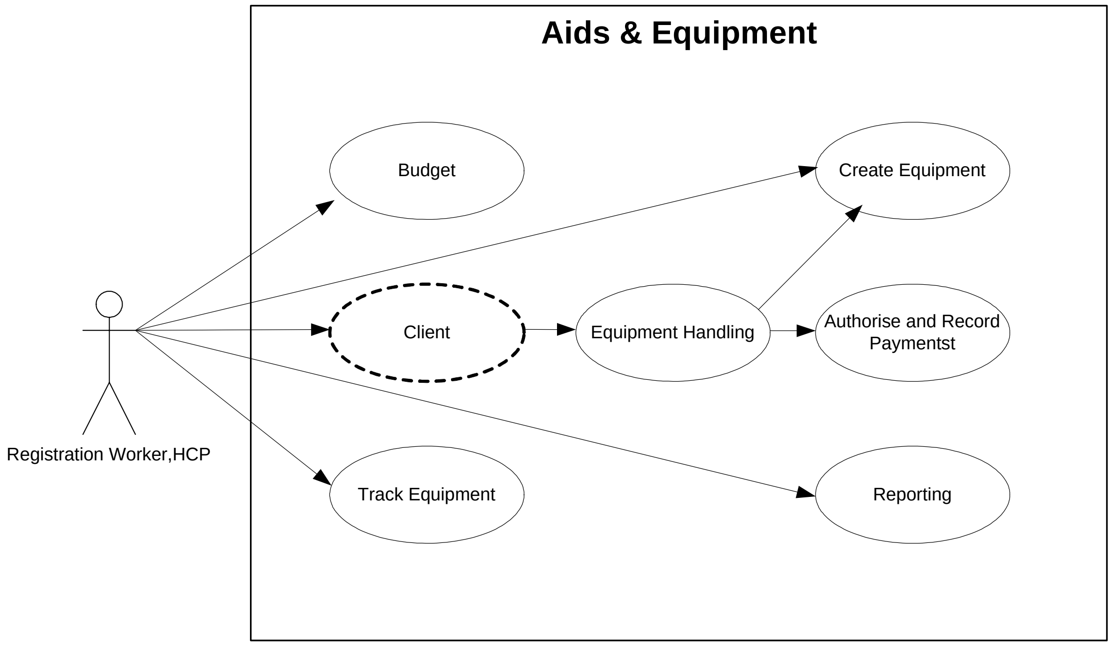
Name	**HCP Maintenance**
Use Case ID	CIMS 149
Actor	Coordinator
Description	Create HCP, set and maintain targets.
Preconditions	
Use Case Details	1. The Actor selects create or edit HCP. 2. The Actor enters the HCP details. Name, Address, Title, Registration, Speciality, Other skills, Commenced service, Phone Details and other fields required. 3. The Actor creates a set of targets and enters the details. Activity, Target, Unit, Period, Funding Source. 4. The Actor can configure Annual Salary and the system generates an hourly rate. 5. The Actor can configure types of work (Appointments, Professional Development, Travelling Time etc) 6. The Actor can select months to break down if necessary. 7. The Actor confirms the details and the system saves them.
Post Conditions	
Issues	.

Name	**Asset Maintenance**
Use Case ID	CIMS 150
Actor	HCP, Information Officer, Duty Worker
Description	Create and edit Asset.
Preconditions	
Use Case Details	1. The Actor selects create or edit asset. 2. If Edit the Actor selects the asset. 3. The system responds with a blank or filled asset form. 4. The Actor enters or edits the details. Details recorded include start date, end date, Cost, charges,

	coordinator (not necessarily the Actor), Maintenance date. 5. The Actor builds a roster for the asset.
Post Conditions	
Issues	

7.9 Aids and Equipment

These cases constitute the tracking of equipment and expenditures in the context of a selected client. More background information can be found in the document System Requirements Definition for the combined **IHAS PADP** system and the Documents Victorian Aids and Equipment Program July2002.pdf and VICTORIAN AIDS AND EQUIPMENT PROGRAM GUIDELINES UPDATE JULY 2002



Name	**Budget**
Use Case ID	CIMS
Actor	Registration Worker, HCP
Description	Budgets for equipment expenditure.
Preconditions	
Use Case Details	1. The Actor can add or edit a Funding Source. 2. The Actor can add or edit an Equipment Class (Wheelchairs, prosthetics, repairs) 3. The Actor sets the allocated amount. 4. The Actor can set the expenditure year to date when adding a new budget item. 5. The actor can roll the amount details at the end of a financial year to

	show a history of allocated and amounts spent. 6. The system shows each source, equipment class and expenditure for each month in the current financial year.
Post Conditions	
Issues	

Name	**Equipment Handling**
Use Case ID	CIMS
Actor	Duty Worker, HCP
Description	Client equipment request and processing.
Preconditions	A client exists and has been selected.
Use Case Details	1. The Actor selects from an existing piece of equipment or creates one. (Case Create Equipment) Alternatively The Actor marks an attached item of equipment as returned. 2. The Actor enters the basic details. (Carer, reason for equipment, current status) 3. The Actor can attach the Equipment Assessment and Evaluation Report. (Word Document) 4. The Actor can add Therapist name and contact details. 5. The Actor enters a requested amount. 6. The Actor enters whether approved or rejected. 7. The actor selects “Wait List” if no funds are available. 8. If approved the Actor enters the approval details – (Case Authorise and Record Payments) 9. The Actor chooses the client address for the location of the equipment.
Post Conditions	
Issues	

Name	**Create Equipment**
Use Case ID	CIMS

Actor	Duty Worker, HCP
Description	.Creates or maintains an equipment item
Preconditions	
Use Case Details	1. The actor creates a new equipment item 2. The actor enters equipment details. (name, serial number, supplier, cost, default budget allocation class) 3. The Actor enters the current status (In use or available) 4. The Actor enters the type of equipment, reusable or consumable. 5. The actor can mark the item as lost.
Post Conditions	
Issues	

Name	**Repair Equipment**
Use Case ID	CIMS
Actor	Duty Worker, HCP
Description	.
Preconditions	
Use Case Details	1. The actor selects the client equipment item 2. The actor enters an authorisation number 3. The Actor enters the reason for expenditure (New approval, repair, accessory) 4. The Actor enters the cost, any supplier name and details (fault if any)
Post Conditions	
Issues	

Name	**Authorise and Record Payments**
Use Case ID	CIMS
Actor	Duty Worker, HCP
Description	.
Preconditions	

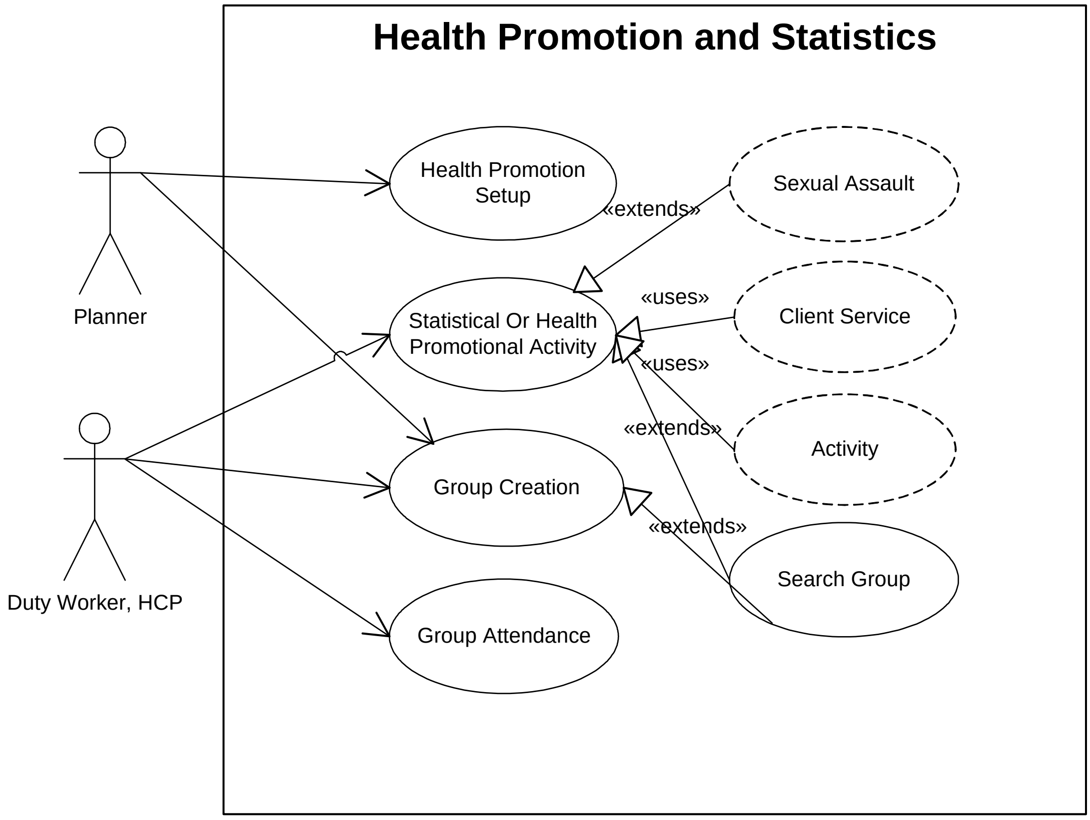
Use Case Details	1. The Actor creates a new authority to expend. 2. The Actor selects the reason. 3. The Actor selects the amount and the preferred supplier. 4. The Actor enters the authorisation number 5. If an invoice has been paid the Actor adds the amount and the recipient The system date stamps the transaction
Post Conditions	
Issues	

Name	**Track Equipment**
Use Case ID	CIMS
Actor	Duty Worker, HCP
Description	.
Preconditions	
Use Case Details	1. The Actor can search on serial number, funding classification, Equipment Classification 2. The system presents a list of all items that fit the description.
Post Conditions	
Issues	

7.10 Health Promotion

Health promotion activities are recorded against Health Promotion Priorities, Goals, Objectives, Interventions and Target Group. Impact can be recorded for each Intervention Strategy. Reach can mean a simple statistical entry (i.e. count) or a group (including its structure of clients) and Clients. Whilst groups are not central to health promotion, they are often included and hence have been incorporated in this area of functionality.

Figure 14 Health Promotion Cases



Name	**Health Promotion Setup**
Use Case ID	CIMS 151
Actor	Planner
Description	Details of Health Promotion Programs in semi qualitative reportable form. Used for assigning actual services delivered to campaigns
Preconditions	
Use Case Details	1. The Actor Names the Program 2. The Actor creates or selects a. Priority Issues b. Population Target Groups c. Goals d. Objectives e. Interventions and Strategies (assigning type) f. Reach The system records the Program
Post Conditions	Activities can now be linked to program and intervention.

Issues	

Name	**Statistical Or Health Promotional Entry**
Use Case ID	CIMS 152
Actor	HCP, Information Officer, Duty Worker
Description	Entry for anonymous, group or organisational clients who do not fall into the individual client care paradigm.
Preconditions	
Use Case Details	1. The Actor Selects a statistical entry. 2. The Actor selects a service type and activity. Case Client Service, Case Activity 3. The Actor selects the Program and Intervention. 4. The Actor can attach a named Group if required. 5. If a group the Actor can select those attending, (registered or casual) or enter the number attending) 6. The Actor can attach a Sexual Assault Template.
Post Conditions	If a group contains registered clients, the activity is attached to the client history within consent parameters.
Issues	

Name	**Group Search**
Use Case ID	CIMS 153
Actor	HCP, Information Officer, Duty Worker
Description	Creation of groups for service delivery not considered to be individual care.
Preconditions	
Use Case Details	1. The Actor searches for groups by, service, program or name. 2. The system presents a list of groups. The Actor can select a group and edit it (Case Group Creation)
Post Conditions	A new Group Is created
Issues	

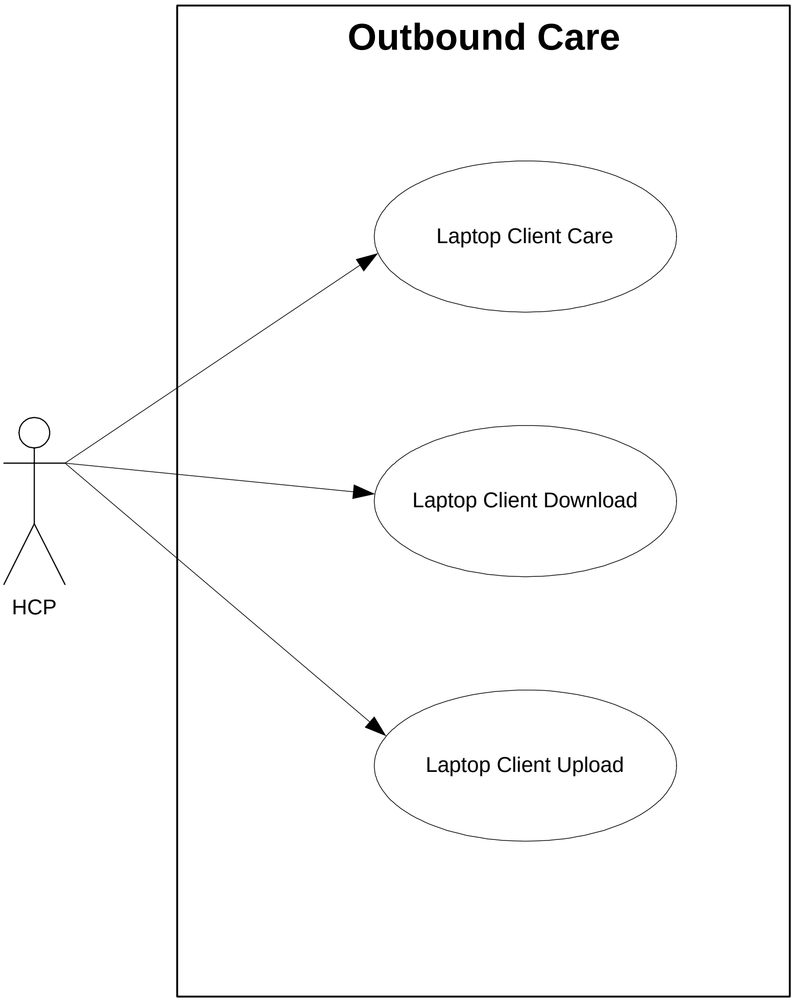
Name	**Group Creation**

Use Case ID	CIMS 154
Actor	HCP, Information Officer, Duty Worker
Description	Creation of groups for service delivery not considered to be individual care. The Actor can create a group or edit it
Preconditions	
Use Case Details	1. The Actor searches for a group (Case Search Group) 2. If existing group is not found the Actor can create one or make a Clone of an existing group. (Name cannot be the same) 3. The Actor Names the group. 4. The Actor selects from the Organization List, the client list or by entering short details or simply a number of clients not registered. 5. The Actor can select a *case* for any registered client. This will apply case consent to activities attached to the client record as a consequence of group activities undertaken. 6. The Actor enters Group Objectives (Free text) 7. The Actor selects the Coordinator and others involved in delivery of service. 8. The system saves the confirmed details.
Post Conditions	A new Group Is created
Issues	

Name	**Group Attendance**
Use Case ID	CIMS 155
Actor	HCP, Information Officer, Duty Worker
Description	Number attending
Preconditions	
Use Case Details	1. The Actor searches for a group (Case Search Group) 2. The Actor selects a date 3. The Actor records those attending from the group names. 4.
Post Conditions	A new Group Is created
Issues	

7.11 Outbound Care

Home delivered operations have need for client information and the ability to upload case notes and the like back into the system.



Name	Laptop Client Care
Use Case ID	CIMS 170
Actor	HCP
Description	Lets the HCP check appointments and download client files for outbound services.
Preconditions	Appointments exist for the clients.
Use Case Details	1. The HCP opens Laptop Client Care. 2. The HCP can carry out all Client Care Use Cases related to Client Services.

	3. The HCP can Search for clients and edit clients (Creation is not allowed. 4. The HCP can create and view appointments. (Snapshot) 5. The HCP can carry out client Upload and download.
Post Conditions	
Issues	Only data related to the current “round” should be available on the laptop.

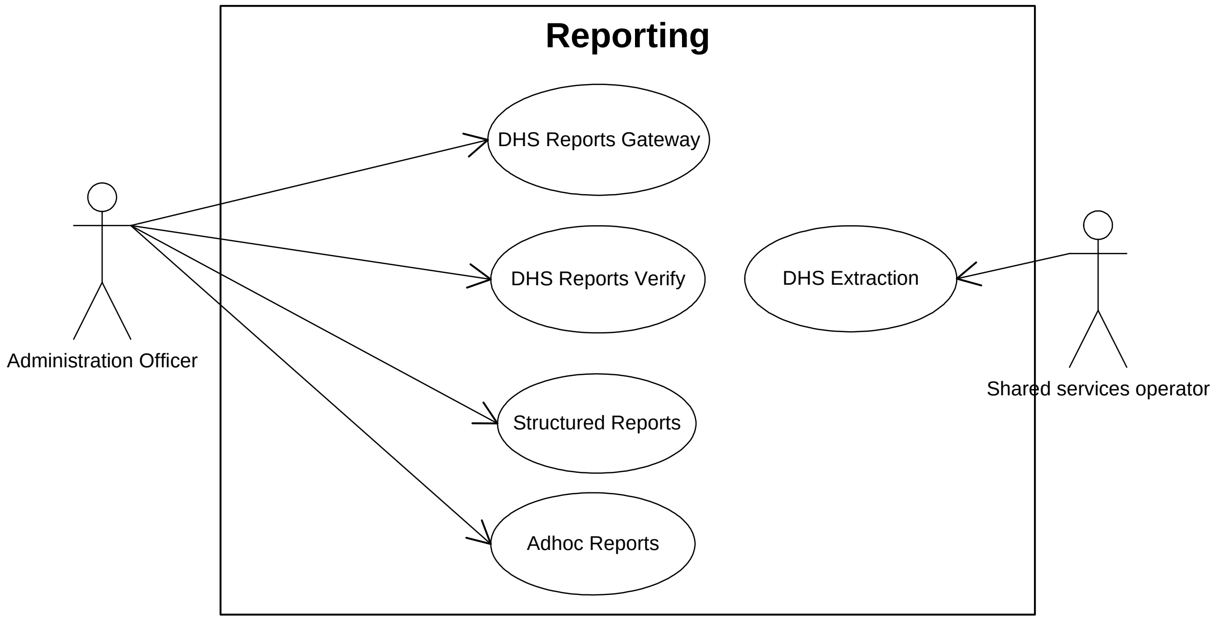
Name	**Laptop Client Download**
Use Case ID	CIMS 171
Actor	HCP
Description	Lets the HCP check appointments and download client files for outbound services.
Preconditions	Appointments exist for the clients.
Use Case Details	19. The HCP opens Appointments. 20. The HCP selects a day or a week.. 21. The HCP confirms any appointments required for downloading. 22. The system downloads the client files for the selected appointments. 23. The HCP exits.
Post Conditions	
Issues	

Name	**Laptop Client Upload**
Use Case ID	CIMS 172
Actor	HCP
Description	Lets the HCP Select Client Files and Upload any changes to the main database.
Preconditions	Appointments exist for the clients.

Use Case Details	1. The HCP opens Client Upload. 2. The system displays all current clients and marks those with changes. 3. The HCP selects the client files for upload. 4. The system merges any new client information with the main database. 5. The system confirms all details have been transferred and reports any appointment conflicts or failed merge 6. The HCP confirms deletion of files. 7. The HCP exits.
Post Conditions	
Issues	Deletes client files once uploaded to eliminate duplicate incomplete files remaining on laptop. Ensures a fresh file and prevents an accumulation of client files for reasons of security.

7.12 Reports

Figure 15 Report Cases



Name	**DHS Reports Gateway**
Use Case ID	CIMS 156
Actor	Administration Officer
Description	Manage the creation of DHS reports
Preconditions	
Use Case Details	1. The Actor opens the Reports Screen and selects DHS Reports 2. The System then prompts the user to select a report; 3. The Actor selects a report and the the reporting period they would like to release. (Defaults to current quarter) 4. The system then marks the data ready for extraction.
Post Conditions	
Issues	

Name	**DHS Reports Verify**
Use Case ID	CIMS 157
Actor	Coordinator

Description	Manage the creation of DHS reports
Preconditions	
Use Case Details	1. The Actor opens the Reports Screen and selects DHS Reports 2. The System then prompts the user to select a report (See Reports Section) 3. The Actor selects a report and the reporting period they would like to report on i.e. October to December 2002. 4. The system then verifies the data and converts data into appropriate format for report. 5. The Actor is able to print the report of export the report. Export Formats include (but should not be limited to), delimited Text File or Excel Document. 6. The system then generates the report in the specified format. When the report is successfully run the system updates the application log.
Post Conditions	
Issues	

Name	**DHS Extraction**
Use Case ID	CIMS 158
Actor	Shared Services Administration Officer
Description	Manage the Extraction of DHS reports
Preconditions	
Use Case Details	1. The Actor Activates the reports extraction module 2. The System sweeps all agencies and all reports, extracts the data where the gateway has been activated and packages the data for the appropriate program area, (QDC in XML, IRIS in XML and HACC in csv, CH in csv or XML format) 3. The system marks an extracted flag if successful.
Post Conditions	
Issues	Further extraction of data for DHS can be carried out on the consolidated extractions provided here. As QDC acts as an agent for HACC data, in this situation the HACC data is extracted separately, leaving only the Disability and PDSS data to be extracted as the QDC set. Extractions may be carried out as often as monthly.

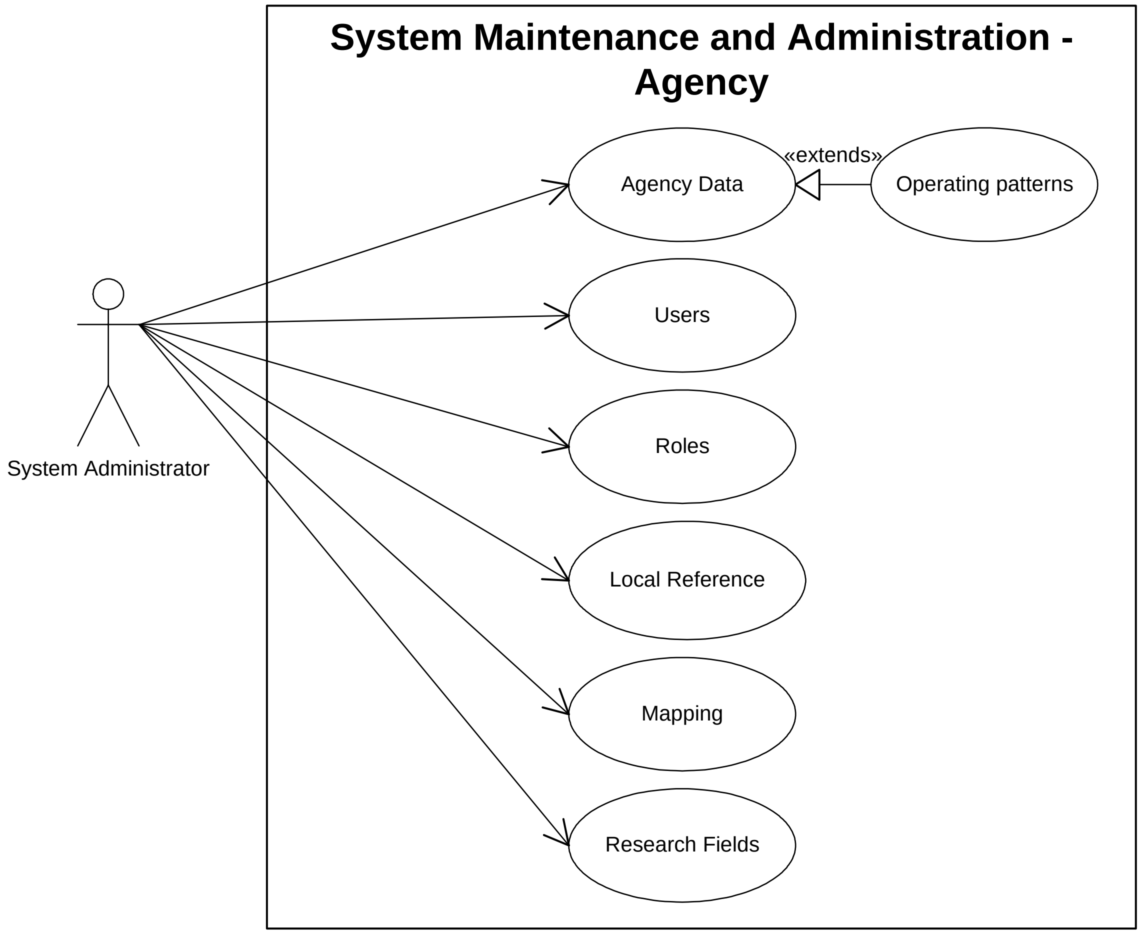
Name	**Structured Reports**
Use Case ID	CIMS 159
Actor	Coordinator
Description	Manage the creation structured reports
Preconditions	
Use Case Details	1. The Administration opens the Reports Screen and selects structured Reports 2. The System then prompts the user to select the structured report they require. 3. The Actor then selects the Field they wish to sort by and the Priority of each heading i.e. Sort by Agency Program and Activities and have the first sort order Agency Program and then sort all Activities linked to a program. 4. The Actor then selects the fields that they wish to include in the body of the report i.e. the details. 5. The system then presents the Actor with Filtering and Formatting options. 6. The system then verifies the data and converts it appropriate format for report. 7. The Actor is able to print the report of export the report. Export Formats include (but should not be limited to), delimited Text File and Excel Documents. 8. The system then generates the report in the specified format. When the report is successfully run the system updates the application log.
Post Conditions	
Issues	

Name	**Ad hoc Reports**
Use Case ID	CIMS
Actor	
Description	Place holder for Ad hoc Report Writer.
Preconditions	
Use Case Details	The Actor selects the Ad hoc report generator. The Actor proceeds to create or reuse ad hoc reports.

Post Conditions	
Issues	

7.13 Agency Maintenance & Administration.

Figure 16 Agency Administration Cases



Name	**Agency Data**
Use Case ID	CIMS 160
Actor	Agency Administrator
Description	Manage Agency setup data.
Preconditions	
Use Case Details	1. The Actor adds agency information, locations(s) addresses, name, service provider (agency) number, campus identifier and service type (for each location). Each location can be mapped to a Disability equivalent. If all disability locations are not mapped they will appear as locations at sign on 2. The Actor can see the Disability version of Agency Details, but cannot alter them. Agency ID, Agency Name, Agency Sector, Agency Address, Agency Suburb, Agency State, Agency

	Postcode, Agency Contact Salutation, Given Name, Family Name, Position, Phone, Fax, Email 3. The Actor can see the Disability version of Outlet Location Details, Location ID, Location Name, Location address, Suburb, State, Postcode, Salutation, Given Name, Family Name, Position, Phone, Fax, Email
Post Conditions	
Issues	*This issue may need to be further addressed at Technical specification stage as Disability desire to control thes details, and this may not necessarily be compatible with other program areas..*

Name	**Operating Patterns**
Use Case ID	CIMS 161
Actor	Agency Administrator
Description	Manage Agency Operating Patterns for PDSS and QDC.
Preconditions	
Use Case Details	1. The Actor selects the location 2. The Actor enters the AIWH Service Type, Full quarter operation, weeks per quarter operation, days per week of operation, Hours per day of operation, Capacity (beds), Outlet type. 3. The Actor confirms the entries 4. The system saves the result.
Post Conditions	
Issues	

Name	**Manage Users**
Use Case ID	CIMS 162
Actor	Systems Administrator
Description	Managing Application Users for an Agency
Preconditions	
Use Case Details	The System Administrator navigates to Manage Users screen. There are number of alternatives: a. Create a new user; b. Modify an existing user i.e. Set Password, set account

	expiry; c. Remove a User. Alternative a 1. The Actor selects the create user. They enter the user id, the name and a password. 2. The system then prompts the Actor with a list of roles to assign to the user. The Actor selects the appropriate user role(s) 3. Finally, the system prompts the user to confirm the details and the account is created. 4. The system is creates entry in the system log detailing the modifications. Alternative b 1. The Actor selects the user from a list and performs the appropriate activity i.e. reset password or marks the account to expire (and enters a date). 2. When if an account has been set to expire the account is automatically disabled by the system. 3. When the password is reset the Actor has the option of prompting the user to change their password when the user next logs in. 4. Step 4 as in alternative a. Alternative c 1. The Actors select the user from list and selects remove user. 2. The system prompts the Actor for confirmation and once confirmed the account is disabled. 3. Step 4 as in alternative a.
Post Conditions	
Issues	

Name	**Manage User-Roles**
Use Case ID	CIMS 163
Actor	Systems Administrator
Description	Managing User Roles and Teams
Preconditions	To Remove a User Role all cases/client records need to
Use Case Details	1. The Actor navigates to manage User-Roles screen. 2. The Actor selects “Create new User-Role”. The Actor has two choices for creating a new role they can either: inherit and modify an existing

	role; or start a new role from scratch. 3. After selecting an option, the Actor enters a name and description for the new role. 4. Then the Actor selects all access modes for the role. The following are some examples of access modes: • Client Enquiry, • Client Registration, • Case Management (Read-only), • Case Management (Manage) • Appointments and Diary (Read-only), • Appointments and Diary (Manage) • Referrals (Read-only), • Statistical Information, • Reporting, • System Maintenance, • Etc. There three types of permission that can associated with access modes; • Allow Read-only, • Allow Manage, • Deny. 5. The Actor then saves the new role. The system records an entry in the system log. 6. The Actor may now assign the role to user.
Post Conditions	
Issues	In situations where two roles have been assigned to user account and it results in conflicting access modes, the least restrictive permissions apply.

Name	**Bulk Reference Data**
Use Case ID	CIMS 164
Actor	Systems Administrator
Description	Downloading Reference data on periodic basis
Preconditions	
Use Case Details	The Actor can either a) download the latest reference data or b) load the latest reference data from a file.

	Alternate Flow a 1. The Actor navigates to the Maintenance and Administration screen 2. The Actor selects to Manage Reference Data. 3. The administrator selects the download reference data. The user is prompted to enter the download location, user name and password. These parameters from the previous download are default. The Actor is able to change the values if they wish. 4. The system then downloads the reference data file from the specified location. If the download fails the system retries 2 times before failing the job. 5. Once download is complete the system prompts the Actor to specify which reference data will be updated. The Actor then makes a selection based on whether they would like to update some of all of the reference data. 6. The system updates the reference tables. Alternate flow b 1. Steps 1 and 2 as above 2. Then the Actor selects load reference data from a file. The system prompts for the location of the file. 3. Steps 5 and 6 as above. During the update the existing reference data are exported (or stored in tables) which can be used to rollback if the update fails or is unsatisfactory. A log of successful/ unsuccessful downloads is written to write-once read-only system log.
Post Conditions	
Issues	

Name	**Change Local Reference Data**
Use Case ID	CIMS 164
Actor	Systems Administrator
Description	Utility for changing local reference tables.
Preconditions	
Use Case Details	1. The Actor Selects the reference table. 2. The system displays the reference table data. 3. The Actor selects, or creates a new data item. 4. The Actor edits the data item. 5. The system validates and saves the item and logs the change along with start and end dates for the data.

Post Conditions	
Issues	

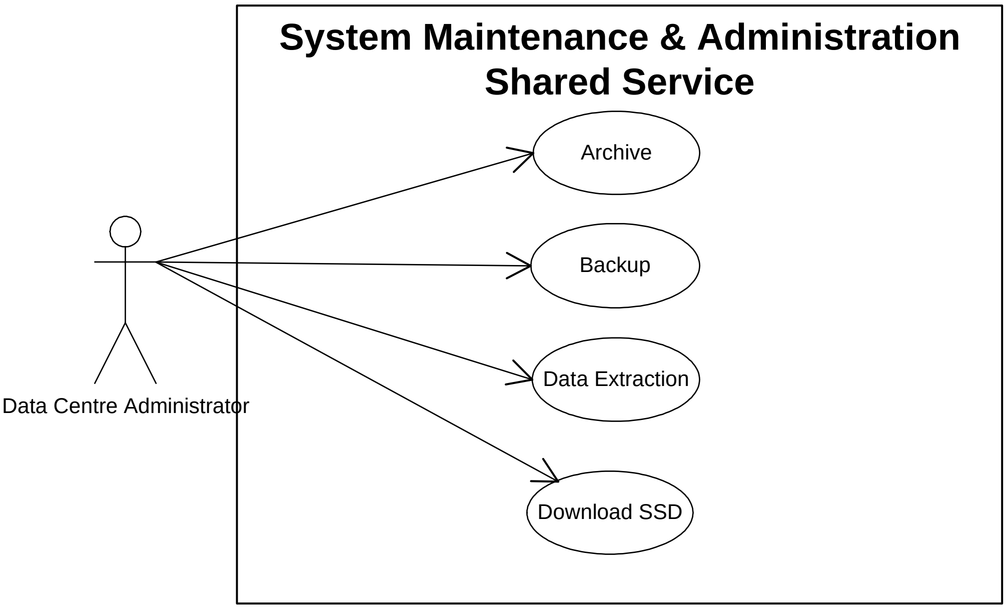
Name	**Mapping**
Use Case ID	CIMS 165
Actor	Systems Administrator
Description	Mapping provides the System administrator ability to create internal reference data and map it to external reference data.
Preconditions	
Use Case Details	The Actor navigates to the Mapping screen from the Maintenance and Administration screen. The User can create mapping to internal to external field for reporting purposes. This includes activities and referral sources and destinations. The User selects data set the list they wish create internal maps for. The list of fields that they wish to map appears. The system validates the map i.e. and stores any conversions that may be necessary. The System administrator can create and map internal reference data to external reference data. It will be possible for the System administrator to update, add and remove internal to external field mappings. I.e. Internally, an Agency may have three programs running under a particular Funding source. They need to create three internal Programs for internal reporting and have them all mapped back to Funding Source for external reporting.
Post Conditions	
Issues	

Name	**Research Fields**
Use Case ID	CIMS 164
Actor	Systems Administrator
Description	Set up research fields.
Preconditions	
Use Case	1. The Actor can create or edit a new named Assessment for research

Details	field entry. 2. The Actor adds one or more data entry fields with associated labels and validation (type and range). 3. The Actor saves the assessment. 4. The system records the assessment and makes it available. 5. The system makes provision for the data collected on the asessment. 6. The system reports the location of the data storage (table & columns).
Post Conditions	
Issues	

7.14 Shared Service Maintenance and Administration

Figure 17 Shared Service Administration Cases



Name	**Archiving/De-archiving**
Use Case ID	CIMS 166
Actor	Systems Administrator
Description	Archiving of data to improve system performance.
Preconditions	
Use Case Details	1. System Administrator can archive information that is not currently being used to increase system performance. 2. The actor opens the Archiving and De-archiving screen selects the new archiving job. 3. The Actor selects the Agency 4. The actor enters the type of data to be archived, either; a. Maintenance and Administration log. b. Case related information for closed cases, c. Screening register (Activities), d. Un-registered clients e. Or Activities that fulfil certain criteria i.e. business rules. 5. The system prompts the actor to enter the date(s) from which the

	specified data shall be archived. 6. The actor is prompted confirming the details of the archive and system starts the archive. A progressive log is available during archive process. 7. The system creates a replica of database schema and data marked for archiving is copied to the replica. The system then prompts the actor asking them if they would like to dump replica to device or physical location. 8. During the archive a log entry detailing; who performed the archive, when it was performed and summary of what was archived. A system writes to this log when: a) a job is created, b) when a job is started and c) then a job is complete. 9. If the archive is completed successfully, the marked data is deleted from the production database. Alternate flow of events 1. The actor opens the Archiving and de-archiving screen and selects the de-archive option. 2. The system prompts the actor as what dates they would like de-archive data between a specified dates. The actor specifies what data they would like to de-archive 3. As above but during step 7 the data is copy from the replica instead to the replica.
Post Conditions	
Issues	

Name	**Backup/Restore**
Use Case ID	CIMS 167
Actor	Systems Administrator
Description	Perform Backup or Restore
Preconditions	
Use Case Details	The actor opens the Backup and Restore screen and specifies whether they would like to: a) Backup data or b) Restore data. The Actor Selects the Agency Alternative a) 1. The actor selects backup and they are asked to choose the type of backup i.e.: partial, or full backup; incremental, differential or normal backup. 2. For partial backup the users is prompted to specify which data needs to be backed-up. 3. The system administrator will be asked to specify the media that will be used to create the backup i.e. Physical dump or tape/removable

	media. 4. The system then prompts for actor to specify the time they wish to run the backup job 5. At the specified time the backup/restore is started and the system creates and entry in the log. The log entry includes; who performed the backup, when it was performed and summary of what was backed-up. A progressive log is available during backup/restore process. 6. If the backup/restore successfully completes another entry is written to the system log detailing the status i.e. whether or not it was successful. Alternative b) 1. Once a backup is created it can be restored. Depending on the backup type i.e. incremental, differential or normal, you may need use multiple backup media to fully restore the data. 2. The Actor navigates to the Backup and Restore Screen and selects a restore job. 3. The system then displays a list of the previous backups (sorted by date) and the actor selects the backup they wish to restore. 4. The System prompts for the media as appropriate. 5. Step 5 and 6 as above.
Post Conditions	
Issues	Underlying Database platform on which the system sits.

Name	**Download Service Directory**
Use Case ID	CIMS 168
Actor	Systems Administrator
Description	Downloading of Service Directory for PCP
Preconditions	
Use Case Details	1. The actor opens selects the download Service Directory option from the Maintenance and Administration screen. 2. After entering the URL of the download server, actor can download the updated Service Directory information immediately or at scheduled time. 3. The actor enters a time if they wish to schedule a download. 4. Scheduled downloads can occur twice daily, weekly, monthly or quarterly. The system will automatically download the service directory from a specified location (an extranet address). 5. Once a download has been scheduled. It is possible to change

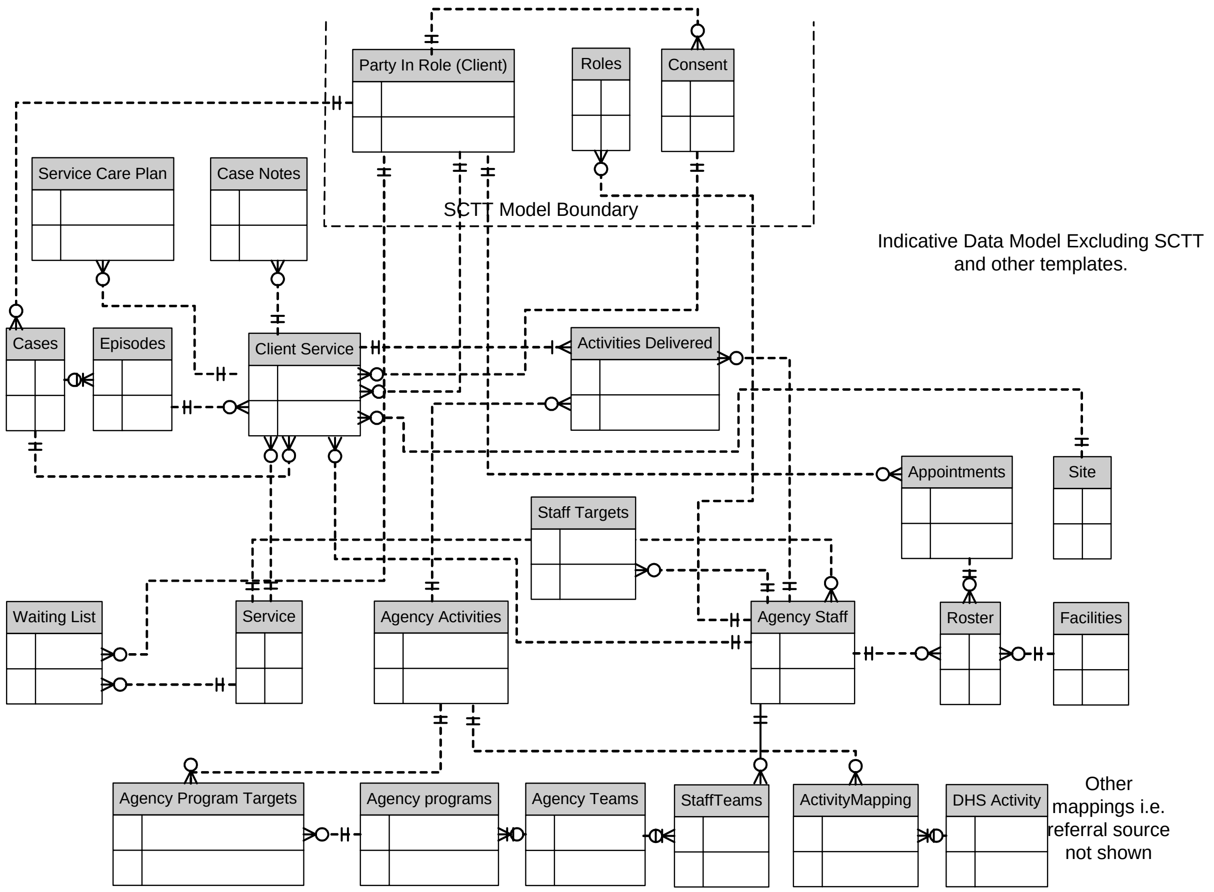
	schedule timing and even cancel the schedule all together 6. Successful/ unsuccessful downloads are written to the system log. The system will re-try three times before it creates a “download unsuccessful” message in the system log. Alternative flow of events 1. Alternatively, the updates for the Service Directory can be pulled in from a data file.
Post Conditions	
Issues	

Name	**Centralised Agency Data**
Use Case ID	CIMS 169
Actor	Administrator
Description	Manage Agency setup data.
Preconditions	
Use Case Details	1. The Actor selects the Agency 2. The Actor edits or adds the Disability version of Agency Details, but cannot alter them. Agency ID, Agency Name, Agency Sector, Agency Address, Agency Suburb, Agency State, Agency Postcode, Agency Contact Salutation, Given Name, Family Name, Position, Phone, Fax, Email 3. The Actor edits or adds the Disability version of Outlet Location Details, Location ID, Location Name, Location address, Suburb, State, Postcode, Salutation, Given Name, Family Name, Position, Phone, Fax, Email
Post Conditions	
Issues	

8. Business Information Requirements

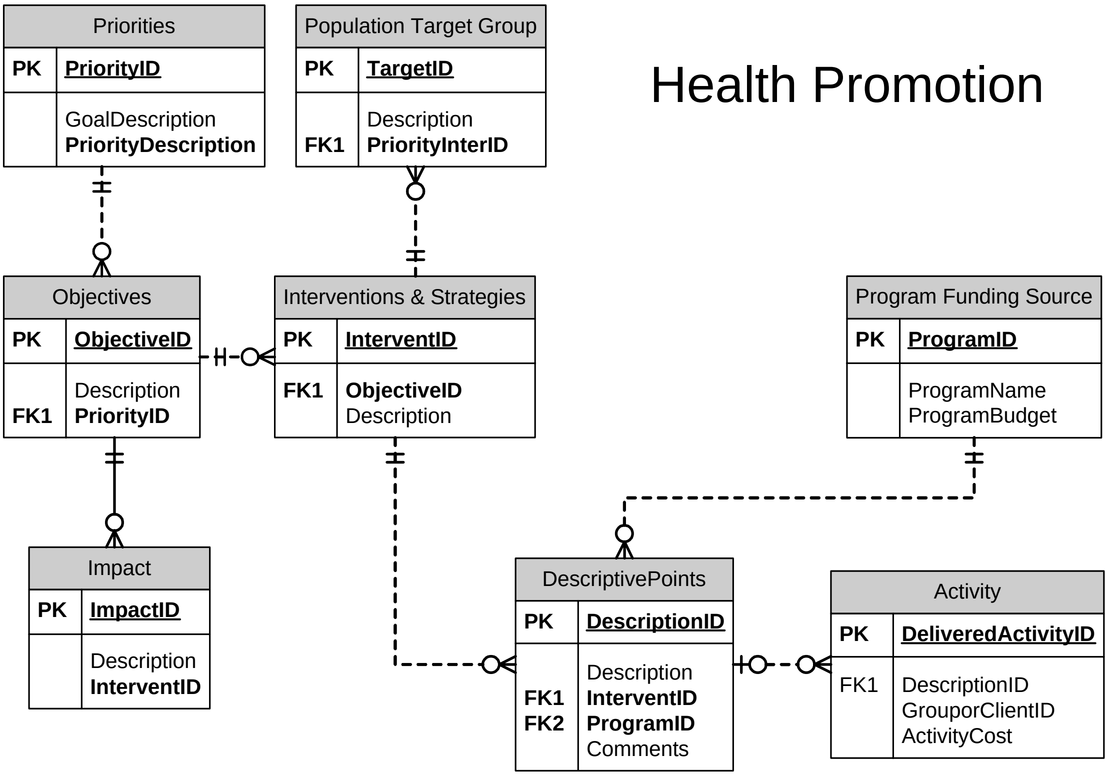
8.1 Service and Activity Data Model

Figure 18 Indicative Data Model (Non SCTT)



8.2 Health Promotion Data Model

Figure 19 Indicative Data Model (Health Promotion)



8.3 Conversion of data from existing systems

Data to be converted is primarily Client Demographic data.
Data is currently stored in approximately 60 tables by the SWITCH application in Btrieve. Data is also stored by other existing applications such as IRIS and QDC. Where possible this data will be extracted.
This data will be cleansed by the staff of the agency before being converted. Conversion will involve three phases

- **Extraction**

The data will need to be de-normalised and duplicate fields removed.

Á **Transformation**

The data will need to be mapped from source to target attribute, validated for type and range and defaults created for mandatory elements. Business rules based on dta set dependencies will also need to be validated.

Á **Loading**

Populate the new database, applying a confidence factor to records generated and issue an exception report. Manually check any low confidence data.

8.4 Archiving of business information

The system requires the ability to archive information, no longer being used to maintain performance. Archiving should be in conformance with the Health Records Act and the Victorian Public Records Office Standards for Electronic Records (Public Record Office Standard PROS 99/007, PROS 99/007-1, PROS 99/007–2, PROS 99/007-3)

All archiving related activities and events create entries in the system log.

Archiving should be an annual operation, to occur on a specified date.

8.5 User Interface

The following standards should be taken into account when developing the system

- Windows interface guidelines should be followed. All screen objects should be supported by tooltip help. All navigation is to be possible from either the keyboard or the mouse. The users include proficient typists who have expressed a desire for mouse free operation. There are also some users who prefer the mouse. Both should be catered for.
- The user interface will comply with Microsoft user application interface standards.
- Where fields have been set as mandatory, such fields will be highlighted in a specific colour until filled in. Fields which are optional should be shown in a different colour.
- Fields which have been marked as not wanted can be either greyed out or made invisible and use made of a resizing control to rearrange the controls on the form in order to eliminate large gaps. (The colour defaults should be definable by the system administrator).
- A maximum of one modal dialog box should be used to indicate mandatory fields have not been entered.
- Data format validation should be carried out on all numeric and date fields. Text fields should be validated for minimum length and control and other unwanted characters screened out. Upper case should be enforced where appropriate in order to avoid searching and UR number conflicts. Specific validation of Health Card, Medicare, Veterans Affairs and other government type identifiers should be carried out to the extent that algorithms are public and available.Careful analysis of the attached data guidelines (QDC, HACC, IRIS, CH, A & D) is required to ensure all dependent validation is carried out.
- Business rule dependency validation should also be carried out, this includes data content as well as conditional content. These rules can be obtained from the Minimum Data Sets, Quarterly Return Descriptions and Data Guidelines for the program areas.
- Whilst it should be possible to search for clients and bring up basic demographic data, it is suggested that further client interactions should be limited to one client at a time to avoid resources overloading and or confusion to the user.
- Where tabulated data is presented, it should be possible to print the result along with the parameters used to derive the table. (Case record or Consent details are examples)

Record Locking.
Record locking should be sufficient to ensure data integrity during transactions, but not so broad as to interfere with other users interaction.

9. Query and Reporting Requirements

Currently SWITCH provides a mechanism to generating reports required by a variety or DHS Funding Sources. The following outlines the basic reports to DHS that SWITCH currently provides and that CIMS will need to provide. (See Appendix D for table).

The ability to drill down on these DHS reports should be provided.

The following is a summary of the Reports required by CIMS

THESE REPORTS ARE CURRENT DHS QUARTERLY RETURNS		
DHS Reports	**Type**	**Description**
DHS Reports	Community Health	Community and Women's Health
		Requirement for EFT Report
		Waiting List and Waiting Time Analysis
	HACC	HACC Minimum Data Set Quarterly File
		HACC Output Collection Quarterly File
		HACC Annual Data Acquittal Form
DHS Reports	Alcohol & Drug	Quarterly Return Transfer Report
DHS	Sexual Assault	Sexual Assault Records Analysis
DHS	Disability	QDC Data Extraction (see attached QDC Documentation)
DHS	Community Care	IRIS Data Extraction Quarterly Reports
		See attached IRIS documentation.
		Family Services XML File
		Financial Counselling XML File
		MCH XML File
		Problem Gambling XML File
		EI/SCS XML File
General		Worker Earnings
General		Earnings
General		Worker Contact
General		Service Type
General		All Services
General		Reason for Visit

General		Diagnosis
General		CH Staff Monitoring Report
General	Report Wizard	Report Wizard
Business Planning & Agency Managements		Program Targets Versus Actuals
Business Planning & Agency Managements		Program Target by Activity
Administrative Reports		Audit Trails
Administrative Reports	Data Collection Forms	Appointment Contact Details
Administrative Reports	Data Collection Forms	Group Session Attendance
Administrative Reports	Lists	Reference Tables
Administrative Reports	Lists	Staff
Administrative Reports	Lists	Volunteers
Administrative Reports	Lists	Organisations
Administrative Reports	Lists	Clients
Administrative Reports	Lists	Agency Programs
Administrative Reports	Lists	Agency Activities
Administrative Reports	Lists	Groups
Administrative Reports	Lists	Sevices
Administrative Reports	Mailing	Mailing Labels
Administrative Reports	Appointments	Appointments Mailing List
Administrative Reports	Appointments	Daily Appointments
Coordinated Care Trial		NE Coordinated Care Trial
Custom Reports		Custom Reports
Reprint Process Logs		Reprint Process Logs

THESE REPORTS ARE CURRENT DHS QUARTERLY RETURNS

It is apparent that CIMS will need to able to generate reports for Funding Sources other than those listed above. When development of the system is to commence, the Reporting requirements in terms of DHS funding source reports will need to be revisited.

9.1.1 Structured Reports

For Client based Structured Reports

No of Clients

No of Contacts

Total Direct Time

Total Indirect Time

Total Travel Time

Total Fee

The one report that goes across all data (groups as well as contacts has the same totals as above but for groups in the clients column it counts number of groups and for contacts it counts the number of sessions)

For Group reports

No. of groups

No. of sessions

No. of attendees

No. of attendances

Total Direct Time

Total Indirect Time

Total Travel Time

Total Fee

For Alcohol and Drugs

No. of clients

No. of Episodes of care

No. of 'Courses of Treatments'

No. of Open 'Courses of Treatment'

Total Time (Duration of 'Course of Treatment')

No of Contacts (Within a 'Course of Treatment')

Unregistered Client Contacts

Significant goals (Episode of Care)

For Sexual Assault

No. of Clients

No. of Assaults

9.2 Privacy

In December 2000, the Victorian Government passed the Information Privacy Act 2000 to establish a regime for the responsible collection and handling of personal information in the Victorian public sector. It will come into effect from 1 September 2001 and compliance with the Principles is 1 September 2002 (s.16). This legislation will cover the Victorian Public Sector and will also apply to organisations providing services funded by government Departments.

The Health Records Act, which passed in the Autumn 2001 Parliamentary Sittings, establishes privacy standards for the handling of health information (including information collected in providing a health, mental health, disability, aged care or palliative care service). The Act will give individuals a legally enforceable right of access to their own health information, which is contained in records held in the private sector. The Health Records Act applies to all Victorian businesses (profit and non-profit, public and private sector) and persons that handle health information.

The Department of Human Services Privacy Policy, the Information Privacy Act and the Health Records Act all deal with the handling of 'personal information'.

9.2.1 CIMS

CIMS collects Personal and Health Information. The purpose of this collection is twofold, firstly for the client benefit to ensure continuity of care and client safety. Secondly for Departmental and Commonwealth reporting purposes. This latter purpose involves de-identified information.

Careful consideration has been given to the consent of the exchange of information.

The client is able to define both broadly and also specifically, who will be able to access this information. This consent regime will apply down to case level generally, but can be further defined to specific services or specific assessments.

The client will be at some risk of a long term collation of health records via a UPI. This however needs to be balanced against the benefits of such a geographically and longitudinally complete record for client care in a holistic way. Additionally some public benefit is gained if there is less likelihood of double dipping.

The storage of information is likely to be in the hands of an outsourced data centre. Protection against unreasonable use can be implemented in two ways. Agency data can be protected via an organisation (location) key used to encrypt all data or via business rules on the access of data in the data centre with a security layer that monitors all access to the databases.

10. Usability Requirements

10.1 System Accessibility

Notwithstanding that an optimum screen presentation size will be part of any system specification the system will need to cater for a large spectrum of users and equipment. The application should follow general design principles for accessibility by those with disabilities, bearing in mind the following aspects;

(The following is summarized from the Microsoft Windows Guidelines for Accessible Software Design)

10.1.1 Keyboard Accessibility

- Provide Documented Keyboard Access to All Features
- Provide Feedback to Aid Keyboard Navigation
- Show the Keyboard Focus Location
- Provide Underlined Access Keys
- Support Application Shortcut Keys
- Avoid Side Effects to Keyboard Navigation
- Use Intuitive Navigation Order
- Support Keyboard Conventions

10.1.2 Screen accessibility

- Allow Other Software to Access All UI Elements
- Exposing Controls and Menus
- Exposing Windows
- Exposing Text Programmatically
- Labeling Objects

10.1.3 Colour accessibility

- Support High Contrast Mode
- Make Colors Customizable
- Use Proper Color Combinations
- Do Not Convey Information Exclusively by Color
- Omit Backgrounds That Obscure Text
- Avoid Problematic Color Combinations

10.1.4 Size of objects

- Support System Settings for Size
- Scale Non-Document Regions
- Support Global Scaling
- Avoid Small Fixed Fonts
- Avoid Small Mouse Targets
- Make Windows Resizable
- Adjusting Images to Different Sizes
- Avoiding Font Dependencies

10.1.5 Layout

- Label Controls Clearly
- Group Related Objects
- Visually Identify Functional UI Elements
- Make It Easy to Distinguish Between Objects
- Avoid Non-Functional UI Elements
- Label Controls Clearly
- Assign each object a unique and descriptive label.
- Extracted from http://www.microsoft.com/enable/dev

10.1.6 Web Accessibility

If a web interface is implemented Accessibility will also conform where possible to the W3C Guidelines for accessibility as detailed in the document Web Content Accessibility Guidelines 1.0. and World Wide Web Consortium's Web Accessibility Initiative Checklist

The application should

i. ensure compliance with Priority 1 (A) World Wide web Consortium (W3C) /Web Accessibility Initiative (WAI) as per the policy

ii. aim for priority 2 (AA) compliance and implement as many priority 3 (AAA) checkpoints as possible/

iii. regularly test for accessibility with software tools and user tests

10.2 Training Requirements

A self paced interactive training tool will be required, as well as fully developed training courses in live sessions. These courses will need to be regularly scheduled so that new staff can acquaint themselves with the application.

10.3 Documentation Requirements

10.3.1 User Manual

In addition to the above mentioned training requirements a detailed User Manual showing all screens and explanations of all procedures and functionality.

10.3.2 On-line Help

An online help facility should be available for all screens and all regular tasks.

10.3.3 Installation, Operation and Configuration Guides

An administrator Manual showing all administrative functions is required. This manual should elaborate data structures, reference table maintenance, security and users, operational guidelines, error recovery, and configuration of system and application parameters.

11. System Control Requirements

11.1 System Access and Security

System access will be via Username and Password. For additional security Agencies may wish to impose a key to ensure users are authenticated.

Additionally agencies can use a location key (organisation) to have all data in the database encrypted,

For purposes of non repudiation, users will be able to use a signature key. This will be useful for such purposes as case notes and referrals.

The following is a summary of a typical Role Based Description of Users. This is indicative only and actual roles will be determined by the agencies at time of implementation

		Access							
Actor	Description	Client	Registrat-ion	Case Management	Appoint-ments Diary	Referrals	Statistical Informat-ion	Reportin g	System Mainte nance
Health Care Professional	Service provider for client care.	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Limited)	
Duty Worker (Reception)	Either a health care professional or an administration officer who registers clients and performs an initial assessment and referral.	Yes Limited	Yes	Yes (Limited)	Yes	Yes	Yes	Yes (Limited)	
System Administrator	Highest level of access for maintenance, backup, restore add and delete users.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Business Manager	CEO or appointed representative to produce management reports.	Yes	No	No	Yes	No	No	Yes	
Research Officer	Reporting Only	No	No	No	No				
Coordinator	Manages groups of HCPs	Yes	Yes	Yes	Yes			Yes	
Administration Officer		Yes			Yes	Yes	Yes		

11.2 Audit and Control Requirements

All accesses of client data will be recorded in an audit trail. This will allow the systematic auditing of client files.

All changes implemented anywhere in the system to an existing record is to logged and the original data stored.

For Privacy purposes and maintenance the following audit trail reports will be required.

- System Login/Logout
- User changes
- Transaction Detail (all changes/ additions)
- System and Application Errors

Audit trails are to be configurable. The System Administrator should be able to turn it on or off for each Use Case via a simple tick box screen. The system should be aware of the location of each terminal or node.

12. Operational Requirements

12.1 Business Volumes

There are approximately 5500 potential users amongst agencies in Victoria. Of these one could reasonably expect a take up of fifty percent. Concurrent users would account for about a third of these. Whilst take-up may be over a period of years, and hardware can be upgraded the software should be capable of handling the consequent transaction loads.

Long term loads may be as high as 1000 transactions a minute.

12.2 Criticality of System

The system will be essential to the operations of those agencies connected. Any down time will involve significant detriment to the agencies as they become dependent upon the application for client data. Data Centre Outages should have a low recovery time (less than half an hour) so as to maximise availability.

The Agencies will individually determine there requirements to cover such outages, but their response is likely to range from keeping paper files in parallel through the retention of critical documents to closing the doors and redirecting clients.

12.3 System Reliability and Availability

The system will need to be available 24 x 7 as some agencies operate these hours. Reliability is important and more than an outage a month would be considered unacceptable. Nevertheless greater importance should be attached to recovery time as in 12.2.

12.4 System Performance

System Performance metrics have not been determined at this stage. Knowledge will be gained from the FMIS project. However snappy system response will be essential to the uptake of the application, and Search and save times for all general day to day functions will need to be faster than 5 seconds, not taking lengthy communications lines into account. Communication link quality will then determine the response.

12.5 System Maintainability and Support

12.5.1 Support

Support will need to be provided for three areas.

The UPI will need fulltime operatives seeking to remove duplicates and correct anomalies.

The Agencies will need a Library group that builds reports and care plan templates.

Regular help desk support.

12.6 Training

Full user training courses will need to be available at regular intervals throughout the year.

13. Other Considerations

13.1 Design Constraints

The application will need to thin client based due to the large reliance placed on communication links.

13.2 Data Security

A great deal of sensitive information will be held in a shared services environment. Consideration of access to this data should include layers between operators and the database, which ensure all accesses are recorded and authorised for specific maintenance purposes. Additionally all data could be encrypted in the database using an agency location key, ensuring only agency staff have access.

14. Outstanding Issues

14.1 Alcohol and Drugs

There has been a substantial body of work added by Alcohol and Drugs. This has been dealt with as a block, but due to the quantity of additional material, substantial work may be required detailing just these additional assessment materials.

14.2 HACC

MDS version 2 has not been finalised and is currently under review.

14.3 Community Care

CCD is reviewing its data requirement from three programs. These are sexual assault support services, preschool field officers and parenting and skills development assessment programs. These reviews are at various stages and all will be completed by June 2004. This will impact on the data items required from services that deliver these programs.

14.4 Health Promotion

There may be a requirement to interface to other health promotion applications such as QIPPS. This depends upon the degree of field adoption of such applications. Currently there are some moves in this direction, but they have not been finalised.

14.5 SCTT

The SCTT tools appear to be undergoing some changes. There are currently some 267 data items included in the tools, but there may soon be more.

14.6 New Releases

A policy of annual or biannual releases of the application will ensure that additional assessment modules and other changes in line with business requirements are able to be incorporated in an organised and timely manner.

14.7 Data and Reporting Requirements.

The DHS is currently reviewing the multiplicity of data collections with a view to rationalisation. The resolution of these issues will significantly benefit the utility, efficiency and acceptance of CIMS.

15. Appendixes

15.1 Workshop Attendees

15.1.1 Shepparton

Paul Lewis Community Health Manager, Goulbourne Valley Health 5822 2449

Sally McCarron Aged Care Manager, Mitchell Shire Council. 5784 4172.

Jenelle Gannon Rural Health team Dietician, Goulbourn Valley Health 5831 6192

Andrew Beattie Seymour District Memorial Hospital Business Manager 5793 6100

Rob Knee Manager Corporate Services, Mitchell Community Health 5704 1306

15.1.2 Wangaratta

Carmel Kendall Murrindi Shire Council, Community Services Officer 5772 0360

Dierdre Poll Yarrawonga District health Service, 5744 1324, Switch Operator

Christine Alexander Women's Health Goulbourne North east 5722 3009

Carolyn Foote Ovens & King Community Health Service, Program Manager Administration 57222355

Annie O'Shea , Intergration 5725 3333

Bobbie Titcher Connect Support 5721 0777

15.1.3 Southern Health

Andrew Rothfield CIO Southern Health 9594 2812

Phil Hepner – Information Management Project Manager Primary Health Care

Louise Corben – Project Leader, Integrated Primary Care Centre Dandenong Hospital

Helen Cocks – General Manager, Greater Dandenong Community Health Service.

Jane Durrell – Admin Manager, Discharge and Support Post Acute Care Southern Health Regional Office.

Karen Hegarty – Cardinia Casey CHS

Gwenda Abrahamson – Regional & Ambulatory Services

Julie Leed – Cardinia Casey CHS

Sanam Sharma Outpatients MMC

Sandra Young – Cardinia Casey CHS

Helen Fincham Turner, Cardinia Casey CHS

Fotini Strongylos – Bus. Support Prog Manager, Greater Dandenong CHS.

15.1.4 Bendigo

Jennifer Alden - Loddon Mallee Women's Health

Judy Flanagan - LC Centre Against Sexual Assault

Lyn Turner - Heathcote Community Health

Ruth Green - Stanhope Community Health

Cheryl Sobczyk - Bendigo Community Health

Graeme Howie - Bendigo Community Health

Annette Downs

Craig Stanbridge – Mildura CHS.

15.1.5 Ballarat

Janine Carter – Ballarat Health Services

Robyn Reeves - Ballarat Health Services

Annie Reeve – Women’s Health Grampians

Sandra Wills – Wimmera Health Care Group Horsham

Annie Richards - Wimmera Health Care Group Horsham

Jason Pawosy – Hepburn Health Service

Phil Trevenen – Ballarat Health Services

Lisa Rodier – Daylesford

Barry Robbins – DHS

Timothy Read – Grampians Primary Care

Sue Nelson – Sebastopol

15.1.6 Traralgon

Bernadette Brown Lakes Entrance Community Health

Keith Sutton – DHS Gippsland

Samantha Hamilton – West Gippsland Healthcare Group

Julie Croft Central Gippsland Health Service

Linda McCoy - West Gippsland Healthcare Group

15.1.7 Warrnambool

Samuel Ireland – Portland District Health

Toni Young – Portland

Leigh parker – Terang & Mortlake Health Service

Mark Johnstone –SWARH

Margaret Sinnott – PCP SW

Jenny Plezza – Warrnambool City Council

Angela Kelly – Warrnambool City Council

15.1.8 ITPC Work Group

Patricia Lynch – ITPC

Samantha Hamilton – West Gippsland Healthcare Group

Lyn Giagliardi – Shepparton

Colette Carr – Frankston

Dorine Johnston – ISIS Primary Care

Greg Hammond – ISIS Primary Care

Philip Hepner – Southern Health

Cherie Blofield – Colingwood

Andrea West

Tracey Allison

Carolyn Foote – Ovens & King Community Health Service.

Elaine Cope, IT Manager (Women's Health Victoria)