

Patient & Client Management Systems (P&CMS) News

July 2004, newsletter #1



Introduction

HealthSMART Victoria's Whole-of-Health Information and Communication Technology Strategy, has been developed to provide direction and guidance for the development of ICT across the sector over the coming four years.

This strategy identifies major opportunities to improve the efficiency of the Victorian public health system and the quality and safety of the care it delivers through strategic application of ICT. The strategy puts the Victorian public health system in an excellent position to harness the power of ICT to deliver high quality health care services and respond effectively to future advances in technology.

The HealthSMART program covers three portfolios as follows:

- Patient and Client Management (P&CMS)
- Resources (Financial Management Information System (FMIS) & Human Resources)
- Clinicals

This communication is specific to the Patient and Client Management Portfolio.

Purpose of Communication

While the Victorian Public Health Sector (VPHS) has had access to the HealthSMART website www.health.vic.gov.au/healthsmart for a number of months, it has become clear that additional information related to the project is required by the sector for planning and other purposes, and to this end, the Steering Committee of the Patient and Client Management Portfolio has recommended a regular update be communicated to the sector via Health Service CEOs and where relevant, CIOs.

In the first few communications, Frequently Asked Questions (FAQ's) will be addressed, in short answer style, to get the essential information to the sector as efficiently as possible.

Frequently Asked Questions (FAQ)

What is the aim of the Patient and Client Management Systems Project?

The Patient and Client Management Systems Project has a principal focus of delivering new healthcare IT systems to the acute and primary and community areas of the VPHS. While the driver for replacement is to improve the delivery of health services to the population of Victoria, there is an imperative to replace obsolete software which has a finite life in terms of support (HOMER for acute and SWITCH for primary and community). Although the HealthSMART strategy spans 2003 – 2007, it is unrealistic to expect that all systems will be replaced in this time frame.

P&CMS Portfolio

The principal contacts for the P&CMS Portfolio are:

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What is included in the Patient and Client Management Systems Project?

The project includes the delivery of new systems for acute health and also primary and community health. The scope of the primary and community application is provided in the Community Information Management System (CiMS) requirement which is accessible at www.health.vic.gov.au/cims/

The acute sector, the scope of the project includes patient master index (PMI), alerts, admission transfer discharge (ATD) inclusive of bed management, coding and casemix, record tracking, outpatient scheduling, emergency presentation, theatre booking and attendance, referral and case management and waiting list management. These have been described in a style more reflective of legacy product, however, it has been done to ensure that existing users of legacy product know that current functionality will be replaced, in addition to which, significant features will be added.

Which agencies are targeted as part of the Patient and Client Management Systems Project?

The Steering Committee for Patient and Client Management (membership is published at www.health.vic.gov.au/healthsmart/patmenmem.htm) has identified a number of lead agencies for Patient and Client Management. They are identified below:

- Inner South Community Health Service
- Monashlink Community Health Service
- Bendigo Community Health Service
- Western Region Health Centre
- Melbourne Health
- Northern Health
- Southern Health
- Western Health
- Mercy Health & Aged Care
- Gippsland Health Alliance
- Peninsula Health
- South West Alliance of Rural Health

These sites have been selected to be widely representative of the VPHS and additionally each has a need to replace obsolete products.

The role of these agencies is to work collaboratively with the Department of Human Services, vendors and the other agencies in the group to lead the VPHS to the best possible outcome for the investment and the health of the Victorian community. The remainder of the sector will be implemented beyond the lead site implementations.

How were the specifications for Patient and Client Management Systems developed?

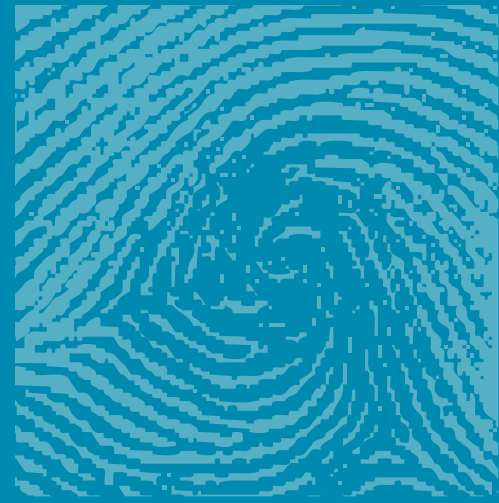
Each of the lead agencies was approached for representatives who possess specialist expertise in the business functions identified earlier in this bulletin. In addition, there are a number of reference groups who were also approached to provide specialist expertise. In all, more than one hundred individuals from the VPHS participated in the workshops. The groups were separated into six business management functional groups. Each group was provided with copies of requirements which existed from earlier work conducted by the department. This was the starting point for a new specification. First and second round workshops were conducted, detailed reviews being undertaken throughout the process. From these working groups, a coordinating committee has been convened and it is this body which will complete the process of requirements definition.

What does the Patient and Client Management System project not include?

The scope of the Patient and Client Management Systems Project has been established by the steering committee and one of the major challenges for this project is to control it. The steering committee has been clear to indicate that document imaging for patient/client records is not within the scope. In addition, there is an overlap between Patient and Client Management and the Clinical Systems Project which requires close management to ensure that high priority core functionality is included in systems delivery. In order to ensure that P&CMS priorities are complementary to clinical systems priorities, regular meetings are held between the relevant portfolios.

How does an agency decide to use the new Patient and Client Management Systems?

While the formal tendering process is yet to occur (release of tender is scheduled for July 2004), it is anticipated that the evaluation of the tenders will result in a panel of product from which agencies may choose. The number of products on the panel is unknown at this point, however, it will not be a large number and it is unlikely to be a panel of one.



In order to more adequately meet the needs of the acute and the primary and community area, it is probable that the systems which are on the panel will be specialist in either sector and possible that some of the vendors will bid to cover both areas. The evaluation methodology and process allows for the best possible outcome in terms of meeting the needs of the sector.

After agencies have evaluated each of the vendor offerings on the panel and decided upon a product which best suits their needs, contracts will be put in place and negotiations will take place between the vendor and the agency, with input from the department concerning the timing of implementation and the links with other similar past or concurrent implementations.

How will the systems be implemented?

The two major players in the implementations will be the vendor (or their nominated implementation partner) and the agency. An implementation committee will be established along with a project team. Departmental representatives will play an advisory role to ensure that the overall process is within the guidelines of the HealthSMART strategy.

Next issue...

In the next issue, more frequently asked questions will be answered and an update on the tendering process will also be provided.