

# Patient & Client Management Systems news

An integral part of HealthSMART, Victoria's Whole-of-Health ICT Strategy

Issue 3, April 2005

## Introduction

HealthSMART Victoria's Whole-of-Health Information and Communication Technology (ICT) Strategy, has been developed to provide direction and guidance for the development and implementation of ICT across the Victorian public health care sector.

In this issue of Patient & Client Management Systems news, implementation and the role and work of the lead agency Project Manager Collaborative will be addressed, as well as an update on the tender evaluation process.

## Patient & Client Management Systems Portfolio

The principal contacts for the Patient & Client Management Systems portfolio are:

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**Barbara Allen** has joined the P&CMS team as Project Officer – Client Management.

Barbara has been seconded from Gippsland Lakes Community Health and has 14 years management experience in the community sector across allied health, aged care, youth, district nursing and community services.

We are also in the process of recruiting a Project Manager for Patient Management Systems and expect to announce the new appointment in our next newsletter.

## Tender Evaluation

The Patient & Client Management Systems tender closed 23 September 2004 at 2.00pm. Fifteen bids were received, including one overseas bid that was delivered late and returned un-opened in line with Victorian Government tender submission rules. Receiving the tenders is a formally documented process that was closely supervised by the project Probity Auditor. The bids were categorised and all proceeded to Stage 1: Evaluation – Mandatory requirements.

### **Stage 1: Evaluation – Mandatory requirements**

Stage 1 evaluation involved reviewing all tenders to ensure that they met the mandatory requirements. An example of a mandatory requirement is that the vendor application must be HL7 compliant (HL7 is a software messaging protocol). The HealthSMART strategy is premised on interconnectivity, and from a program-wide perspective, HL7 is not an optional feature. Commonly, mandatory requirements in tenders are not extensive. This ensures that a reasonable number of bids proceed to the next stage of evaluation. Instead, the majority of requirements are categorised as 'highly desirable'. At the conclusion of Stage 1: Evaluation, five bids were rejected.

### **Stage 2: Paper-based evaluation of technical and functional responses**

The tender included two extremely large schedules relating to functional requirements and technical capability. The functional requirements schedule included more than 1,700 lines of requirements. Vendors had to indicate their compliance, partial compliance or non-compliance. These requirements have been defined by more than 120 sector experts through a series of detailed workshops. The second schedule related to the technical capability of the vendor. This covered requirements including the ability for the application to run in a shared services environment, a commitment that the application would continue

to be vendor-supported and a range of other detailed requirements. Three bids for the Patient Management Solution and three bids for the Client Management Solution have been shortlisted. These shortlisted bids proceeded to Stage 3: Functional testing, vendor capability, commercial and contractual evaluation.

### **Stage 3: Functional testing, vendor capability, commercial and contractual evaluation**

The Stage 3 evaluation included multiple components, including functional testing, vendor capability, commercial and contractual evaluation. The major component was functionality testing. Subject experts were involved in defining requirements and developing very detailed scripts. Vendors were then asked to follow these scripts to show the capability of their products. Each vendor was given 2-4 days to show that they could deliver to requirement and demonstrations were scored by the Evaluation Team. Following demonstration, site visits were undertaken to verify that the vendor had an operational, proven and installed site. Visits were undertaken to more than one, and in some instances, up to four sites per vendor, to ensure that the Evaluation Team were satisfied that that vendor was able to deliver the product as specified in the tender document.

### **The Patient and Client Management Steering Committee decision**

A lengthy meeting of the Coordinating Committee, which includes the Evaluation Team, was held in late March 2005 to formulate a recommendation for the Steering Committee to consider. At the time of distribution, the Steering Committee meeting has not taken place (scheduled for April 15, 2005). More information will be available in the next newsletter.

### **The first implementations**

There are 13 Lead Agencies identified for the Patient and Client Management Project. Depending on how many panel products the Steering Committee endorses for both Patient Management and Client Management, there will be a corresponding number of sites selected to act as the lead site.

The Patient & Client Steering Committee will determine which agencies will lead the state. This will be decided by objectively establishing which sites are best prepared to proceed to implementation. However, in order to minimise risk, Implementation Planning Studies will be undertaken at each Lead Agency to confirm local requirements against the vendor's capability.

## **Implementation Planning Studies**

Implementation Planning Studies (IPS) are undertaken prior to software implementation. An IPS maximises the success of the implementation and reduces the potential for issues with budgets, project scope and timelines.

The IPS for Patient and Client Management Systems will be conducted between the vendor and the Lead Agency under the governance of the local implementation committee, which also includes DHS representation to ensure that each agency implementation is consistent with the overall HealthSMART program goals.

One of the major outcomes of an IPS is the delivery of a gap analysis report. This clearly identifies the detailed gap in requirements between what the vendor is able to deliver and the functionality the site requires. This does not mean that one site will determine the required functionality for Victoria. After acceptance of the IPS by the Patient and Client Management Steering Committee, a process will be developed to re-engage the sector to determine what should be included in the Victorian build to ensure that all mandatory requirements are met.

## **The Project Manager Collaborative**

Each of the 13 Lead Agencies has appointed a Project Manager to lead the replacement of the Patient and/or Client Management System in their agency. The Project Managers form a collaborative that meets on a monthly basis.

The types of issues they address are:

- Change management
- Benefits realisation
- Local governance structures
- Pre-implementation initiatives to ensure readiness for implementation
- Local communication plans
- Detailed inventories of local systems and interfaces
- Data cleansing activities
- Preparation for data migration
- Identification of local resources to participate in an implementation.

The listing above is not meant to be exhaustive, but indicative of their activities. These individuals are identified on the website.

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