

Patient & Client Management Systems news

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

Issue 4, July 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 sector.

In this issue of Patient and Client Management Systems news, we discuss the development of a Victorian solution for both a Patient Management System and a Client Management System, and how the gap analysis to define a statewide application will be undertaken.

Contract negotiations are underway with the preferred vendor/s for a patient system and a client system. Until a contract has been signed and endorsed by the Minister for Health, no discussion on preferred suppliers can take place.

Patient & Client Management Systems Portfolio

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

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The Patient and Client Management Systems project team welcomes Valerie Thiessen to the team in the role of Project Manager – Patient Management Systems, and David Millard as a senior project officer.

Update on contract negotiations

Representatives of the Department of Human Services are currently involved in contract negotiations with the preferred software suppliers. The negotiations are based around a draft contract entitled 'Government Information Technology and Communications Framework (GITC)', version 4. This is a standard government contract. Negotiators representing the department, identify issues and risks associated with each vendor, to ensure that as many as possible can be explained and resolved. Performance guarantees are also sought from each vendor to ensure that service delivery, response times and support and maintenance are at optimal standards.

Gap Analysis

Defining the gap

A gap analysis is a process to formally define the differences between what the vendor can offer and what the system functionally needs to provide. The first and most crucial step of any gap analysis is to re-engage the Victorian health care sector to participate in workshops to discuss and define minimum system requirements for any patient or client system solution.

Letters of invitation have been sent to all lead agency chief executive officers inviting health agency representatives and their project managers to participate in an intensive process of review and functionality exploration with the vendor. This process will take place over a four-week period. Once completed, vendors will prepare a required functionality specification and submit a copy to the department for verification.

Conducting workshops

The application requirements for each system – the patient management system and the client management system – have been categorised into approximately eight areas of functionality. Each lead agency has been invited to nominate a specialist to review and provide input on the functionality being assessed.

This means that for each area of functionality there will be up to 13 individual experts from the community and acute sectors assessing the product as well as lead agency project managers who are invited to attend all sessions. This means that there will be some 25 individuals from the sector, providing functional input into each area, to develop a common footprint for the state. These workshops are being conducted during June and July.

Workshop evaluation

In each workshop, the vendor will demonstrate the functionality according to the summarised scripts used for vendor demonstrations in November 2004. As a gap in the software is identified, the vendor will document the missing functionality and discuss ways to rectify it. The health agency experts will evaluate the suggestions and come to an agreement on the most appropriate way to build and configure the solution.

Documenting the workshops

During the workshops, both participants and vendor representatives will document gaps and their preferred solutions. This documentation will be formalised by the vendor and submitted to the department with a quotation to build the solution for the gap. This document, and the quoted price, will be reviewed by a yet-to-be-convened Statewide Footprint Committee. This group of experts will be nominated by their peers in the functional evaluation workshops.

Role of the Statewide Footprint Committee

The Statewide Footprint Committee will have the responsibility to make recommendations to the Patient and Client Management Systems Steering Committee regarding the scope of functionality to be included. The Victorian version of the product will be known as the “statewide footprint”. The Committee’s role is to ensure that the tender and subsequent implementations achieve the following:

- Ability to manage information and enhance patient/client care
- A consistent information management vision
- Acceptance amongst users
- Optimal business benefit
- Enhanced health service business management
- Support for integrated models of care
- A robust functional outcome.

Next steps

The gap analysis and the statewide footprint will be key documents to be scrutinised by the contract negotiation team.

It is anticipated that after agreement with the preferred vendor/s has been reached, there will be a two month process of sign-off which includes agreement from numerous individuals and organisations.

During the sign-off process, the Patient and Client Management Systems project team and steering committee will examine the following issues as a priority:

- Assessment of the implementation readiness of lead agencies in order to select a sub-group to be the first to implement the statewide solution. It is anticipated that there will be more than one agency for each solution
- Determination of how the statewide solution will be deployed.

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