



HealthSMART Participation Policy

19 September 2008

Purpose

The purpose of this policy is to provide a clear statement of the expectations of the Department of Human Services (DHS) in relation to agencies of the Victorian Public Health Service using the products selected to make up the HealthSMART Panel.

The HealthSMART strategy

The HealthSMART program was established with some fundamental principles underpinning it. Some of these reflect the culture and tradition in Victoria, wherein agencies should willingly participate to ensure the success of a venture. Key amongst these principles are:

- Generally, the Health sector is not leveraging the benefits that current generation information technologies can deliver, largely due to chronic under-investment in ICT.
- Significant development of ICT across the sector will be best achieved through a genuine partnership between Government and agencies, with a high level of participation and ownership by agencies.
- Victoria's approach to selecting and implementing information systems must reflect the integrated nature of the Health System to deliver the benefits to the System as a whole, i.e. not just to individual agencies.
- To support and maximise the effectiveness of a shrinking and mobile clinical workforce, it is important to reduce the number of different information system they are required to learn as they move between organisations. This is also seen as a key strategy in reducing risk and adverse events.
- We need to significantly improve our ability to access and share information in an efficient and controlled manner. This is critical to help us support the rights of patients to access their own information and to support the seamless delivery of care across the sector. Reducing the number of different systems in use, and ensuring that standards are applied consistently across systems, significantly increases the ability to achieve these outcomes.

Why a change in policy?

The HealthSMART strategy was developed with the support of the Sector. While the resultant HealthSMART program was launched with a voluntary participation policy, it was considered more an issue of timing as to when agencies would choose to implement the HealthSMART solutions, rather than whether they would adopt the solutions at all.

The governance structure established for the Program reflects the partnership model proposed. The establishment of the Board of Health Information Systems and the four Steering Committees, being the peak bodies of the program, is a significant reflection of the decision making authority that DHS has vested in agencies throughout the program.

The consequences and implications of this situation have led to the recognition that, to provide the HealthSMART program a fair chance of delivering to its objectives, a change to the voluntary participation policy is required.

The program has now, essentially, completed the procurement phase and transitioned into the implementation phase. A review of the key outcomes the program is seeking to deliver and the critical success factors required to achieve these has highlighted the need for more certainty around agency participation.

Specifically, it is important that:

1. There is a greater recognition that the HealthSMART products have been selected "by agency staff for use by agencies". Agencies should now be able to invest their effort on identifying how best to implement and use the HealthSMART products to meet their local needs rather than in going back to reassess the market.
2. We ensure that we implement ICT to support the Health Sector as a whole rather than just to meet the individual needs of agencies.
3. We acknowledge the impact of delays and uncertainties of implementation. These will significantly compromise the ability of the HealthSMART program to deliver its outcomes and, particularly to leverage the efficiencies and benefits available. Lack of certainty of participation also increases the risk for early adopters of the HealthSMART products.

Policy for Participation

Any agency introducing a new (or replacement) information system with functionality that is delivered by a product on the HealthSMART panel will implement the relevant HealthSMART solution, accessed through HealthSMART Services, unless the Secretary, DHS, approves an exemption for an alternate product to be used.

Where an agency wants to implement a major upgrade or new release to an existing product this policy will also apply.

Exemptions

Definition

An exemption to this policy will only be granted in the following circumstances:

1. Where the agency is a part of a larger national organisation and the parent organisation has implemented an alternate system and requires the agency to utilise this (national) system.
2. Where an agency demonstrates that their business needs differ significantly from the majority of other agencies of similar nature, particularly where the agency represents a sector whose needs were not explicitly represented in the requirements underpinning the selection of the relevant HealthSMART product.
3. In the situation of an agency experiencing an unexpected failure of their existing system and the HealthSMART program not being able to adjust implementation schedules to incorporate the implementation. Known "failures", such as vendors providing reasonable notice of withdrawal of product, will not be included in this consideration.

Implications

The implications of an agency deviating from the HealthSMART solutions, having been granted an exemption, will include the following:

1. The agency has full responsibility for, and bears the full cost of, ensuring that the solution meets all relevant Victorian requirements. DHS will not provide any funding to support implementation, development or support for the alternate product (including year end changes for example).
2. The agency will bear the full cost of integrating this solution to any of the HealthSMART solutions.
3. The agency will not have access to general participation funds from the HealthSMART program, including technology refresh funds.

Some examples of circumstances that **would be considered** for exemption would include:

1. National health service organisation takes decision to implement a financial management solution different from Oracle. The Victorian based public health agency, as part of this chain could contemplate the corporate solution but would be responsible for ensuring that it met all Victorian requirements and would bear the full cost of integrating the solution with any others.
2. Community health service wanting to proceed with an alternate financial management system – the needs of community health services were not explicitly defined in the scope of requirements used to select the HealthSMART product.

Some examples of circumstances that **would NOT be considered** for exemption would include:

1. An agency states a preference for an alternate product that delivers the same or reduced functionality as the selected HealthSMART product.
2. An agency believes that they can implement a cheaper solution than the HealthSMART solution.

Authority to approve an exemption

The Secretary, DHS, will be the only person authorised to provide an exemption to this policy.

Review Panels

Review Panels will be established for each of the Resource Management, Patient & Client Management and Clinical Systems Steering Committees. Each Review Panel will consider applications for exemption for the projects that the relevant Steering Committee is responsible for implementing.

Each Review Panel will include 2 or 3 representatives of the Steering Committee plus an independent person. The Executive Director MH&ACS will approve the membership of the Review Panels, on recommendation from the Chair of the relevant Steering Committee.

Process to seek an exemption

To seek an exemption the agency must undertake the following:

1. Prepare a detailed statement that presents the explanation for the proposed deviation from this policy. This must include clear statements of the way in which the proposed alternate solution will deliver the level of standardisation, integration and other sectoral requirements that will be achieved through the HealthSMART program.
2. Submit this statement to the Director, Office of Health Information Systems.
3. The submission will be provided to the relevant Review Panel for consideration and recommendation.
4. If the Review Panel considers the application to be complete and compelling, it will be presented to the Secretary for consideration.
5. The outcome of the Secretary's review will be notified to the agency.

Scope

This policy applies to:

- Metropolitan Health Services
- Regional Public Health Services
- Rural Health Alliances

Effective date

This policy will be effective from Monday 5 March 2006.

DHS commitment

This policy is based on the assumption that DHS will maintain its commitment to:

1. Continuation of the partnership approach through the Board of Health Information Systems.
2. Developing suitable processes to review and manage the membership of the HealthSMART panel. This being particularly to ensure that where a majority of agencies support the capability of a new entrant to the market it can be reasonably considered for membership.
3. Establishing suitable governance and management structures to ensure that the performance of HealthSMART Services meets the needs of agencies. This will include Service Level Agreements for each of the solutions.
4. The Steering Committees will retain the responsibility for negotiating timing of implementations with individual agencies and wherever possible will ensure that the business and financial imperatives of agencies are accommodated in determining these timings.
5. DHS will include reference to HealthSMART implementations through budget build-ups discussions and development of Statements of Priorities, considering the financial and other impacts of the implementation as well as the benefits and efficiencies that should be realised.

Definitions

The following definitions will be used throughout this policy statement:

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| Agency | <p>A health or related service, as defined under the Health Services Act, including:</p> <ul style="list-style-type: none">(a) a registered funded agency, multi purpose service or health service establishment; or(b) any other person, body or organisation that provides funds, facilitates access or provides insurance in relation to health services, being services that include, but are not limited to—<ul style="list-style-type: none">(i) aged care services; or(ii) palliative care services; or(iii) disability services; or(iv) pharmaceutical services; or(v) ambulance services; <p>Note – Rural ICT Alliances are referred to as Agencies.</p> |
| Victorian Public Health Service (VPHS) | <p>All Agencies within Victoria.</p> |
| HealthSMART Panel | <p>The group of products selected to deliver specific functionality for use across the VPHS. Initially, this will include:</p> <ul style="list-style-type: none">Finance & Materials Management (FMIS) – ORACLEHuman Resource Management (HRMS – Payroll) – Frontier SoftwareHuman Resource Management (HRMS – Rostering) – KronosPatient & Client Management (P&CMS) – ISOFTClient Management (CMS) – TrakHealthClinical System (Orders, Results Reporting & Medication Management) – CernerPicture Archiving and Communication System (PACS) – Fuji Film <p>These products, with on going support & maintenance, will be accessed through the Victorian Health Shared ICT Service – known as HealthSMART Services.</p> <p>The members of the Panel will develop and change over time as new products are introduced or incumbent products are removed. A process to review the panel for appropriate coverage of functionality and to incorporate new products where an adequate number of health services support such introduction will be developed.</p> <p>Note – the systems for Ambulance Service and for Dental Health Services are specific to these services so are not emphasized here.</p> |
| HealthSMART Services | <p>The entity that will operate and manage the HealthSMART systems once they have been implemented into agencies.</p> |
| Major upgrade or new release | <p>Any significant change to an existing system that involves the vendor installing new software to add to or replace existing software.</p> <p>Note – this does NOT include patches and minor changes that are provided, predominantly, to correct flaws and faults in the existing software.</p> |

ADDENDUM 19 SEPTEMBER 2008

Application System Upgrade - Definition

A software upgrade is a newer version of the same software that is currently used; for example, if VITAL v8.0 is currently used and it is upgraded to VITAL v9.0

In determining whether a major change to an existing software application is an upgrade or is, actually, replacement with a new system, the level of change, associated effort and cost will be a good guide.

From a technical perspective, the following characteristics should be taken into account when assessing whether a software application is being upgraded or replaced as these application characteristics would be consistent after the change event:

- **Security Model** – user authentication and access privileges would be implemented in the same manner
- **User Interface** – screen layouts, icons, drop down lists, key combinations etc would have the same look and feel
- **Technology Platform** – databases, operating system, coding language, third party software requirements (e.g. reporting add-ons) would be the same
- **System Management** – backup approach, key alert points and levels, key transactions for performance monitoring and availability testing would be consistent
- **Incident Management** – an upgrade would close some incidents, problems or known errors – a replacement would reset incident and problem baselines
- **Product Versioning** – Versioning would follow an incremental and consistent identification pattern for the product. For example, an upgrade from Homer 2.8 to Homer 2.9, for the purpose of resolving known problems or incidents, or to enhance existing functionality.

If these application characteristics are consistent after the change event, the change would be classified as a software upgrade and not a major upgrade or new release.

System replacement within a common ownership arrangement is not an upgrade. For example, where a vendor has purchased an application (eg IBA purchasing SWITCH or Trak purchasing VITAL) and agencies want to replace these old applications with the vendor's newer, core product, this is not an upgrade even though the vendor remains the same.