



# NEWSLETTER

## SWARH's Thought For The Month.....

When written in Chinese, the word **crisis** is composed of two characters . One represents **danger** and the other represents **opportunity**.

### Another Goodbye Even More Staffing Changes @ SWARH



SWARH Administration Manager, **Robert Quantrelle** has recently announced his resignation from SWARH after almost 4 years of valuable service in the SWARH CIO Office.

Rob is leaving to work for Warrnambool City Council's Recreation and Cultural Services Division as Duty Manager at the Warrnambool Entertainment Centre [formerly the PAC].

We sincerely thank Rob for his commitment and professionalism particularly in regard to the organization, presentation and marketing of the SWARH vision.

A SWARH farewell to Rob will be held at the Hotel Warrnambool on Wednesday April 12th 2006 from 4.00pm. Everyone is welcome to attend.

**SWARH regrets Rob's departure but everyone wishes him well for the future !!**

### Handy Hint #30 ..From The ICT Department Code Cracker.....What's a WAN ?

WAN is short for **Wide Area Network** - A wide area network provides agencies with technology links spanning more than one kilometre.

For example, SWARH is a WAN that connects all public health agencies and associated health services in the South West of Victoria. It covers an area of approximately 60,000 sq. kilometres. SWARH's WAN supports tradi-

## THIS ISSUE'S TOPICS:

- ⇒ Another Goodbye
- Even More Staffing Changes @SWARH
- ⇒ A Handy Hint From The ICT Department
- Code Cracker.....What's a WAN ?
- ⇒ Clinical Applications
- HEALTHSmart Update
- Aged Care Software Implementation
- Primary & Community Care/Service Coordination News
- ⇒ Putting a Face To A Name
- Nick Kedzia: Portland District Health ICT

tional data applications (Internet, Intranet, management systems) as well as telephony and Video.

## CLINICAL APPLICATIONS



### Update

An Update for Healthcare agencies from the Office of Health Information Systems, Department of Human Services, Victoria and the SWARH office HealthSmart team.

### PCMS Implementation

Both the Contracts with Isoft (integrated) and Trak (standalone community) have been signed Statewide IPS for integrated product completed with standalone community about to commence.

- Includes both statutory & State wide items.
- Locally defined items to be addresses at local IPS.

- Lead agencies flagged for initial implementation are the Northern, Frankston and Gippsland (integrated) and Bendigo Community Health (standalone).
- The out of scope functionality for P&CMS includes:
  - Aids & Equipment - *Still in scope for HealthSMART and investigations are currently underway as to the feasibility of this functionality being provided via FMIS and Oracle.*
  - Interpreter Management.
  - Diagnostic Billing – *Does still need to be addressed for a number of agencies. There is a possibility of agencies with a common need reviewing available solutions and sharing costs.*
  - Emergency Department Clinical Systems.
  - Birthing Outcome systems.
  - State Wide Patient ID.

### Clinical System Progress

At this point in time, the successful tender for clinical systems has not been announced by DHS. SWARH's Business Case has been based on the premise that Trak Clinicals will be continued.

### PACS Contract Negotiations

The Picture Archiving Communication Systems (PACS) Steering Committee recently endorsed a recommendation to begin contract negotiations with preferred tenderer/s. These negotiations are expected to take several months. After the contract has been executed, the successful tenderer/s will be announced to stakeholders. PACS is a sophisticated set of technologies that are used to capture, manage and provide access to images. Images include CT imaging (CAT scanning), nuclear medicine, MRI (magnetic resonance imaging) and PET (positron emission tomography). It is expected that once PACS is introduced into a hospital there will be minimal film printed.

### HealthSMART Recruitment

The HealthSMART program is expanding rapidly to meet the implementation resourcing needs expected over the next 12 months. Positions within the Office of Health Information Systems are advertised regularly via <http://www.careers.vic.gov.au>, The Age newspaper and <http://www.seek.com.au>. If you are interested in applying for any position within HealthSMART, please download a position description from the Victorian Government careers website. A secondment arrangement may also be possible.

### Further Information

For further information regarding the HealthSMART program, please visit: <http://www.health.vic.gov.au/healthsmart> or contact the SWARH office on 55644000.

### Aged Care Software Implementation

In June 2005 the Minister for Ageing Julie Bishop announced that all Aged Care facilities would receive an extra \$1,000 per resident to target specific issues such as new technology, improving business practices and efficiency and increasing staff training particularly in dementia care.

Agencies throughout SWARH have received this funding level of \$1000 per occupied bed, which is to be expended by December 2006.

The SWARH office was requested by the members to reconvene the Aged Care Working Party to review clinical applications currently available, and to provide a set of recommendations to the SWARH Steering Committee. The membership of the SWARH Aged Care Working Party was revised to include representatives of agencies with Aged Care services (16 agencies).

### SWARH Process For Review Of Available Applications

The following required functionality was been identified by the Aged Care Working Party as requirements for any new software:

- Web based and can be used across multiple sites.
- RCS scoring and reporting capabilities.
- Care Planning.
- POC data entry.
- Legislative requirements met by software and updated regularly.
- Interfaces to other systems (Finance, PAS, Clinical, Medical Director) HL7 Compliant.
- Medication Management.
- Able to be located on central server across network.
- Wireless capability.
- Multi campus set up.

After a review of the marketplace and consultations with Aged Care providers, the following 5 products were reviewed:

- *Kwiklee Pt Ltd (Lee Total Care).*
- *i Care Solutions Pty Ltd (iCare Clinical & Care management solutions).*
- *Intelligent Data Ltd (We Care).*
- *JACS Software (JAFCO Aged Care).*
- *Orania.*

iCare & Total Lee Care were short listed and asked to present their products to the group for closer scrutiny. A comparison of the 2 short-listed products was completed using a standardised scoring tool. Testimonials from sites already using the software were also considered. Each agency also provided a recommendation of their preferred vendor.

### Outcome Of Review Process (1 Care & Lee Total Care)

The following areas were evaluated and weighted

- Technology 5%
- Documentation 10%
- Management Tools 10%
- Reporting 10%
- RCS Management 10%
- Implementation / Ongoing support 5%
- Company profile 20%
- Cost Benefit 35%

A majority of agencies who attended the evaluation sessions (8/11) with overall totals 823 to 809 were in favour of Lee Total Care as the preferred supplier.

### Justification (Cost/Benefit)

The group identified a number of cost benefits in progressing with the implementation of a regional Aged Care software application.

Improved RCS reporting

- Improved compliance with RCS audits.
- Reduced Clinical Risk and improved patient outcomes.
- Improved productivity for reporting.
- Regional product & cost shared across the region.
- Funding provided for ICT reform (\$1000 per occupied bed spent by December 2006).

### Recommendations

- The SWARH Aged Care Working party recommends the Lee Total Care Management Package as the preferred regional solution for Clinical Aged Care management.
- The Capital cost is \$372,965 with a recurrent of \$66,760 pa. A total cost of ownership of \$640,005 over 5 years.
- The cost distributed to participant agencies as per bed cost in line with allocated funding from the Department Of Health and Ageing ICT funding.
- Sites audits to be conducted to determine local hardware requirements in line with SWARH standards.
- The SWARH office will liaise with the preferred vendor to coordinate the Implementation process.

### What Next ??

An implementation planning day was held with the vendor on March 24<sup>th</sup> 2006 to establish project timelines. We will be canvassing the Aged Care workforce in the region for a Project Officer to assist agencies with site audits, workflow processes, training and change management. The Project Officer will work with the agencies, the SWARH office and the vendor to configure the software to SWARH requirements. The planned period of implementation is May – November this year. Watch this space for further updates and news.

**Katharina Redford**

**Ph: 55644008 M: 0409 942322**

## Primary and Community Care/Service Coordination NEWS

### LOCAL:

#### GP's AND E REFERRAL:

Funding has been obtained for better integration of GP, Community Health and HARP services. It is planned to achieve integration through improved privacy secured e referral using ARGUS software.

### STATEWIDE

#### SCoTT VERSION 2 INFORMATION SESSION

Put this date in your diaries!! An information session on the new ScoTT will be held in the region on May 9. Venue/location details soon.

**Margaret Sinnott**

**Primary Care Systems Coordinator**

**Ph: 55644014**

**M: 0427 549532**

## Putting A Face To A Name



**Nik Kedzia**

Portland District Health ICT

Ph: 55210380

M: 0408 531805

## NEXT EDITION:

- ◆ **Clinical Applications**
- ◆ **From The SWARH Office**
- ◆ **SWARH (Vic) Update**

*SWARH is an Alliance of public health agencies in the South West of Victoria covering an area of approximately 60,000 sq. kilometres connecting all public acute hospitals and associated health services in a region extending from west of Melbourne to the South Australian Border.*

**More information required ?.....contact SWARH !**

C/-South West Healthcare

Ryot St Warrnambool, 3280

Ph: 03 55644000 Fax: 55631203 [www.swarh.com.au](http://www.swarh.com.au)