

Policy Facilitator: <i>Andrew Downes</i> (interRAI service manager)	Version no.: 002 Issue date: July 2010 Next Review date: July 2018	Policy no.: 005
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<b>Taranaki DHB &amp; Canterbury District Health Board</b> National Hosted interRAI Service interRAI software enhancement prioritisation process	
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## Need

*In April/May 2010, both Canterbury District Health Board and Taranaki DHB established the interRAI National Software Host Service. This service provides District Health Boards and their associated third party providers with access to a hosted software application, Momentum Convergence Care ©. This software application provides access to interRAI assessments and other non-interRAI modules.*

*Central TAS/DHB Shared services have an ongoing budget of approximately \$250k that is a placeholder for software enhancements. In addition 20% of the support and maintenance fee can be re-used as credits to purchase enhancements for the interRAI software<sup>1</sup>. The user community may access funding from other sources to support enhancements.*

*This document describes the process to prioritise software enhancement requests to make best use of available resource and to maximise the benefit of enhancements for the user community to improve client outcomes*

## References

- 1) interRAI SLA v1.5 issued 2015

## Definitions

<b>Term</b>	<b>Explanation</b>
<i>New Zealand hosted interRAI service</i>	<i>The interRAI assessment software hosted by Canterbury DHB and Taranaki DHB</i>
<i>User community</i>	<i>Any user of the New Zealand hosted interRAI software</i>

<sup>1</sup> At the time of renewal of this policy (June 2016) a substantial amount of these are already used to support support and maintenance for previous enhancements

## Policy

- 1) *The software enhancement prioritisation process will be managed through the interRAI software user group, so that prioritised recommendations for enhancements are provided to the 'software host governance group' for review. The software host governance group may make further recommendations or defer to interRAI NZ for specific items*
- 2) *This policy is associated with enhancement revenue held by Central TAS/DHB Shared Services and service credits associated with the Ministry of Health Momentum Healthware contract. ie a limited budget that has to be prioritised*

## Scope

*This policy applies to:*

- 1) *Any enhancement request made by any member of the user community<sup>2</sup>*

## Principles

1. The enhancement prioritisation process will be considered to be a similar annual time bound process, such as the annual New Zealand health sector 'National Collections Annual Maintenance Project (NCAMP) process<sup>3</sup>
2. The enhancement prioritisation process will align as much as possible with the interRAI and the software vendors general release cycle<sup>4</sup>
3. interRAI NZ is ultimately accountable for prioritising enhancements where decisions cannot be made by existing processes
4. Enhancements should be prioritised to benefit the maximum number of the user community and enhance client outcomes to maximise return on investment. Prioritisation will consider clinical risk, security, Government direction cost and complexity of the proposed enhancements
5. The budget line of approximately \$250K held by Central TAS/DHB Shared Services and contract related service credits will be considered to be one budget and the General Manager interRAI at Central TAS/DHB Shared Services will oversee the budget.

## Givens

1. As a rule any enhancement will attract development costs that need to be resourced. Most enhancements will also attract ongoing support and maintenance, this will need to be resourced. The requestor must source all one off and ongoing funds.

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<sup>2</sup> This includes the hosts, for example enhancement requests to assist with management of the hosted software.

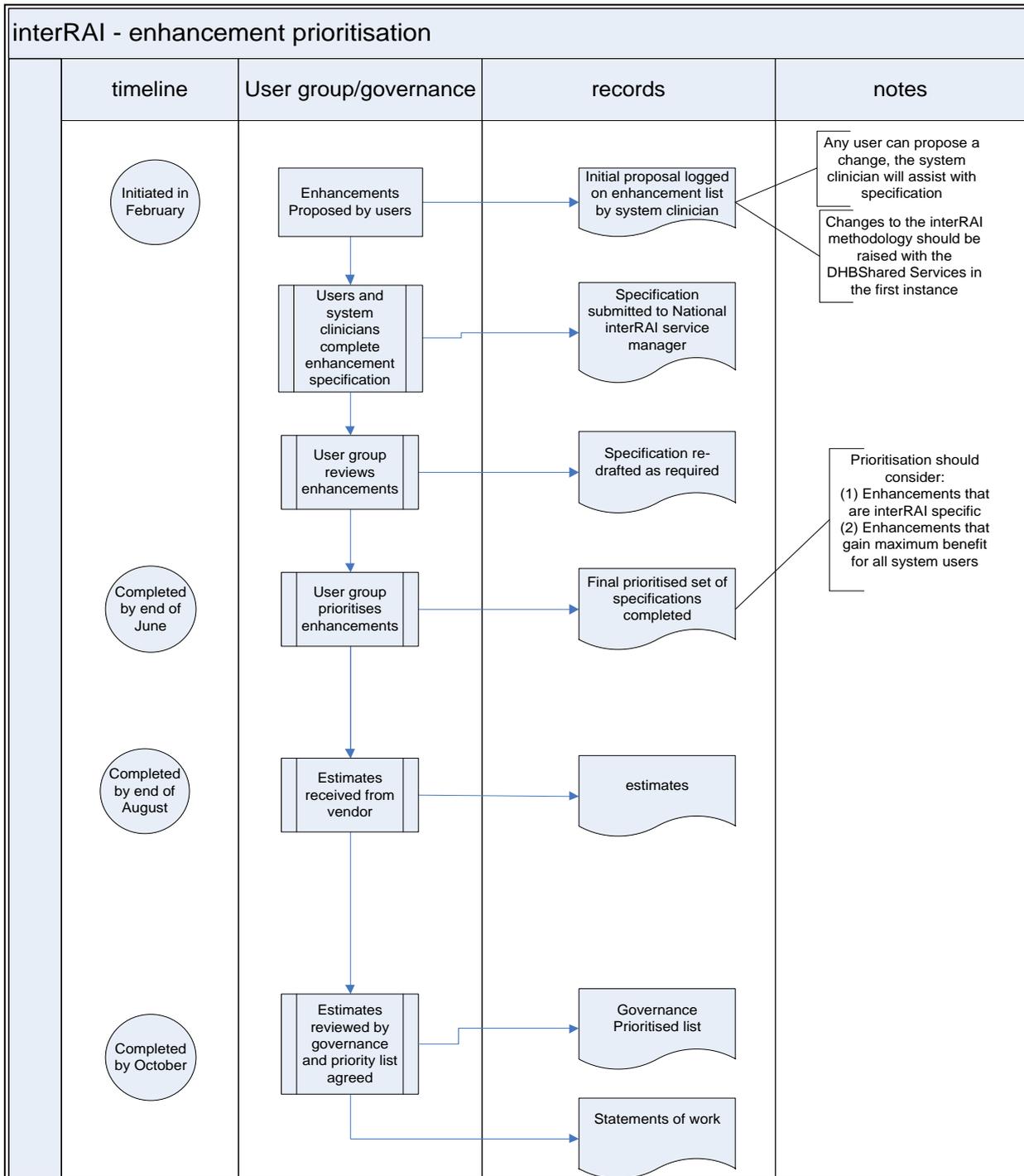
<sup>3</sup> This annual process results in the 'July 1' changes to various patient administration and clinical systems that all DHBs and associated providers are required to make to be compliant with Ministry collections such as, 'National Booking and Reporting System (NBRS), the 'National Non-admitted Patients Collection' (NNPAC) and others.

<sup>4</sup> This helps keep overall development costs low as compared to requesting developments that are 'out of cycle'. This cycle also aligns to a release cycle that interRAI generally follow

2. The Ministry of Health, Central TAS/DHB Shared Services and the software hosts, Canterbury District Health Board and Taranaki District Health do not enjoy any special status in this process
3. The timeline in the process will be adhered to and late enhancement requests will be deferred to the following years process.

## Procedure

The flow chart below describes the overall process and timeframes. The long lead in time for enhancements reflects the variety of potential stakeholders and multi-tiered decision making processes.



The prioritisation framework will be as follows:

- 1) Each enhancement will be listed and the list will be managed by the software service manager.
- 2) Each enhancement will be assessed against each of the following criteria to create a composite score:

<b>Priority</b>	<b>Government directive</b>	<b>Clinical benefit</b>	<b>Security requirement</b>	<b>Alignment to National Health Strategy and/or National Health Information Systems priority</b>
<b>High – score 5</b>	Legislative requirement that must be adhered to within 1-2 years	Creates efficiency for all clinical users of the system and/or supports greater use/integration of the platform across models of care benefiting client care	Addresses high security risks as per independent security reviews and HISO security standard self audit	Aligns to strategic aims of health strategy/IT strategy
<b>Medium – score 3</b>	Legislative requirement that must be adhered to within 2-3 years	Creates efficiency for 50% of clinical users of the system and/or supports greater use/integration of the platform across models of care benefiting client care	Addresses medium security risks as per independent security reviews and HISO security standard self audit	Partially aligns to Health strategy/IT strategy
<b>Low – score 1</b>	Legislative requirement that must be adhered to within 3-5 years	Creates efficiency for less than 50% of clinical users of the system and has little benefit to greater use/integration of the platform across models of care	Addresses low security risks as per independent security reviews and HISO security standard self audit	Does not align to health Strategy/IT strategy

- 3) Each enhancement will then be given an overall rating based on a composite score as follows
  - a. High  $>12$
  - b. Medium  $>4$  and  $= <12$
  - c. Low  $= < 4$
- 4) High priority enhancements will be those that are developed first, when there are no high priority ones on the list, the medium ones will be worked through and so forth. The exception to this being:
  - a. Any enhancement that the requestor has sourced funding external to the Central TAS/DHB Shared Services and contractual service credits budget.
- 5) The software governance group will review prioritised enhancements and may make recommendations for further prioritisation. The software governance group will also review, validate and approve any quotes
- 6) If no agreement can be made the General Manager interRAI services is the final decision maker.
- 7) If the General Manager interRAI services is unable to make a decision advice will be sought from interRAI NZ.
- 8) Scheduling will then occur based on availability of funding.