Lady Cilento Children's Hospital Program
LCCH Project ICT Blueprint

18 August 2014, Version 2.6

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Lady Cilento Children's Hospital Program

ICT Blueprint

Revision history

Date	Version.	Author	Description of revision
29/1/2014	1.0	Jane Baldock	ICT Blueprint based on LCCH ICT Scope Review v0.62 with content provided by LCCH ICT resources Farrell McKay, Anthony Jeffers, Jane Baldock, and Trevor Forno. Reviewed and aligned with Baseline from Decision Point Consulting (DPC).
5/2/2014	1.1	Jane Baldock	Infrastructure content update by Rodney Salmon.
6/2/2014	1.2	Jane Baldock	Final draft version for submission to ICT SC. Applications catalogue table structure updated by Farrell McKay to include short description and updated delivery stream names. Infrastructure content updated by Rodney Salmon.
7/2/2014	Final – Version 2	Glen Marriott Peter Ganter	Final version for submission to ICT SC. Applications catalog table structure updated by Farrell McKay to include short description and updated delivery stream names. Infrastructure content updated by Rodney Salmon.
28/3/2014	2.1	Farrell McKay	Updates and clarifications arising from CHQ review, plus changes to ICT application portfolio.
22/4/2014	2.2	Paul McDonald	Updated to include CCHR blueprint information – Chapter 6.
29/4/2014	2.3	Marco Malgarini	Internal Review and updates
16/6/2014	2.4	Marco Malgarini, Farrell McKay	Further review and updates, plus application portfolio changes arising from change control meetings.
23/6/2014	2.5	Farrell McKay	Updated statement about Mater referrals, plus application portfolio changes arising from change control.
18/8/2014	2.6	Farrell McKay	Further updates arising from ICT Program change control process. Also added references to external documentation a) ICT Application Interfaces, b) ICT Enabled Biomedical Devices, c) ICT Desktop/Laptop SOE Shortcuts

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Overview

Background

A single definition of the LCCH ICT environment planned for Day 1 of opening is necessary to ensure alignment between:

- CHQ and LCCHP business stakeholders commissioning the hospital and preparing for operational opening;
- the LCCHP ICT teams delivering the systems; and
- the CHQ ICT operational support team managing BAU post-opening.

This document describes the ICT environment that will exist at the new hospital at the time of opening. It:
- provides a description of the information systems environment at the LCCH;
- defines the information principles that govern the approach to information sharing, data migration and transition activities;
- identifies the information that will be transitioned into the LCCH from information sources at the MCH and RCH;
- defines the set of applications against which all LCCHP ICT projects and business commissioning activities can be planned;
- identifies the LCCH business areas responsible for the commissioning of each application.

Any changes required to the catalogue of items defined within the ICT Blueprint must follow the approved change request process. Any items which are not in the LCCHP ICT Blueprint and which have not been through a formal change process will not be addressed within the scope of work for the LCCHP ICT project.

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Sign Off

Name: Peter Ganter

Position: ICT Program Director, LCCH

Signature: _____   *Date*: _____

Name: Glen Marriott

Position: Senior Director ICT, LCCH

Signature: _____   *Date*: _____

Name   Fiona Brewin-Brown

Position: Executive Director, LCCHP

Signature: _____   *Date*: _____

Name: Sue McKee

Position: General Manager Operations, CHQ HHS

Signature: _____   *Date*: _____

Name: Dr Peter Steer

Position: CEO, CHQ HHS

Signature: _____   *Date*: _____

Name:

Position:

Signature: _____   *Date*: _____

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Contents

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1   Summary

1.1   Purpose

The LCCHP ICT program is focused on the delivery of a sustainable ICT infrastructure and the establishment of foundational information systems for opening of the LCCH by December 2014. Improved technologies and information management practices at the LCCH are necessary for the eventual upgrading of core ICT functionality (such as the Patient Administration System) and to enable information based practices such as evidence-based decision making.

The LCCHP ICT Project Mandate[1] states that:

> *LCCH needs to be functional and safe at opening with the ability to develop and grow over time based on the current RCH operating environment and the new required capabilities.*

A single definition of the LCCH ICT environment planned for Day 1 of opening is necessary to ensure alignment between:

- CHQ and LCCHP business stakeholders commissioning the hospital and preparing for operational opening;

- the LCCHP ICT teams delivering the systems; and

- the CHQ ICT operational support team managing BAU post-opening.

This document describes the ICT environment that will exist at the new hospital at the time of opening. It:

- provides a description of the information systems environment at the LCCH;

- defines the information principles that govern the approach to information sharing, data migration and transition activities;

- identifies the information that will be transitioned into the LCCH from information sources at the MCH and RCH;

- defines the set of applications against which all LCCHP ICT projects and business commissioning activities can be planned; and

- Identifies the LCCH business areas responsible for the commissioning of each application.

1.2   Document Scope

This document covers the following key areas in relation to LCCH ICT delivery:

- Business service management of ICT

- Information management principles and guidelines to be applied during the transition (policy, architecture and strategy are not covered).

- Enterprise applications

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[1] QCH ICT Strategic Plan – Draft v0.6

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- Local applications
- Mater applications
- Technology and infrastructure

1.3 Approach

A number of presentations and papers were delivered to the CHQ and LCCHP ICT governing bodies between 2009 and 2013 to determine the preferred approach for ICT. In January 2013 the CHQ EMT reviewed and recommended approaches to a number of key systems, in addition to confirming the strategic direction for LCCHP ICT Day 1 delivery. In March 2013, Deloittes conducted an independent review of the planned LCCHP ICT organisational structure required to deliver these systems into operation.

Decision Point Consulting (DPC) was engaged in August 2013 to assist with the finalisation of the proposed systems baseline. Through analysis of the Models of Care and Models of Service Delivery and review of the proposed LCCH applications portfolio, DPC provided validation of the systems described in the ICT Blueprint.

The ICT Blueprint was defined through:

- the LCCHP ICT team and subsequent DPC review of the Models of Care and Models of Service Delivery;
- hospital-wide assessments of the current ICT systems at the RCH and MCH in 2010, through a process of consultation with the ICT end users and system owners;
- renewed assessments of the current ICT systems at the RCH during 2012 and 2013.
- research and investigation into ICT delivery programs currently "in-flight" in other areas of the organisation such as Herston District Services, HSIA and CARU;
- numerous interviews and meetings between the LCCHP ICT Team and CHQ stakeholders including the CHQ EMT;
- CHQ direction for LCCH ICT, described in the LCCH ICT Strategic Plan (2) and encapsulated in the ICT Project Mandate;
- Budgetary constraints (3);
- QH Health Service Directives and QH ICT policies, guideline and standards.

1.4 Change Management

Delivery of ICT defined in the LCCHP ICT Blueprint for opening of LCCH in November 2014 requires an integrated program of work between the ICT teams and the LCCH Project Commissioning teams. Any changes to Models of Care/Models of Service Delivery, or changes to the ICT baseline, need to be communicated so that impacts can be assessed.

Any changes impacting the LCCHP ICT Blueprint will be managed through formal change control processes, to ensure that impacts on ICT project activities are understood and addressed as well as assessing impacts on commissioning activities and Models of Care/Models of Service Delivery operational requirements.

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[2] *QCH ICT Strategic Plan – Draft v0.6*, 28th May 2013 – contents endorsed by ISC WG on 15th November 2012 and approved by CHQ EMT on 17th January 2013
[3] QCH ICT Budget – Stream 5 & 6 & 7 Notes Draft v0.14

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A formal ICT change proposal process has been established within the LCCHP and CHQ HHS.

2 Business Service ICT

Each Commissioning Sub-Group is responsible for commissioning one or more areas with the LCCH. The business services that utilise those areas will make use of one or more ICT systems in carrying out their activities. Some ICT systems are used by multiple business services, however each system has one 'owner' which is the business service predominantly responsible for the ongoing configuration and maintenance of that system.

The "*LCCH ICT Business Footprint 2014*" diagram (refer Appendix 2) identifies which business services are responsible for which systems. All systems defined in the ICT Application Catalogue have an owning business service. The vertical (specialist) services typically own systems which are used only within those services; whilst the horizontal services own core foundational systems which are typically used across multiple services.

3 Information Transition Approach

Information Transition Principles

Information currently held within systems at the RCH and MCH needs to be transitioned appropriately to ensure ongoing patient safety and quality of care as well as an effective working environment on Day 1 at LCCH. The following Information Transition Principles provide recommendations for managing information and establish an agreed approach to further refine information sharing and ICT transition activities.

Information Transition Category	Principle #	Principle Description
RCH Information Transition	ITP001	All RCH electronic and paper information will be transferred to the LCCH, or made available as archived data where it is not required for LCCH operations. RCH information not required for LCCH operations will be destroyed in line with the LCCH Retention and Archiving Policy.
MCH Information Transition	ITP002.1	MCH patient electronic and paper information will be accessible from the LCCH to support clinical activities where required to facilitate ongoing care.
	ITP002.2	System data about MCH patients within the Cardiac and Sleep Services specialties will be copied to the LCCH for authorised patients along with the service.
Information Standardisation and Data Management	ITP003.1	LCCH reference data will be standardised and CHQ will commit to maintaining and enforcing information standards.

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	ITP003.2	Data quality improvement activities where agreed will occur before, during and after the transition of systems from the RCH and MCH to align to LCCH information standards.
Research	ITP004.1	Access to information (all storage formats) required for research purposes will remain with a separate approvals process to authorise access. Once access is approved for non-care purposes, access to the information may occur with the assistance of these principles or may be by review in person in the MHS research area.

Table 1 - LCCH ICT Information Transition Principles

Information Transition Baseline

Specific information assets to be transitioned from the RCH and MCH and the Information Management approach relating to each is described in the following table:

Information Asset	Information Transition #	Information Transition Management Approach
Patient Demographics	IT-PD001	RCH patient identifiers will be retained and become the LCCH patient identifiers.
	IT-PD002	RCH patient demographics will be retained and become the LCCH patient demographics.
	IT-PD003	Demographics for transferring MCH patients will be captured into relevant LCCH information systems at time of registration as per LCCH practices. If MCH patients have previously attended the RCH, demographics will be checked and where necessary updated in lieu of registration. This applies to : ●all MCH patients being scheduled for LCCH appointments prior to opening ●pre-transition activities for all current cardiac and sleep services patients ●and any other MCH patients whose information will be provided to the LCCH prior to opening to ensure continuity of care that do not fit the above categories.
	IT-PD004	MCH patient identifiers will be matched to LCCH patient identifiers for transferring MCH patients. The MCH identifier will be used to source MCH information as part of the information sharing process.
Allergies & Alerts	IT-AA001	RCH alerts and allergies information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-AA002	MCH alerts and allergies information will be entered into LCCH information systems when patients present at the LCCH as per LCCH practices. Historic alert and allergy information may also be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH on a paper record to be scanned into the LCCH iEMR.

Health Care Providers	IT-HP001	RCH health care provider information will be retained in RCH systems and will become LCCH health care providers. Additional data such as LCCH provider numbers will be manually updated in those systems.
	IT-HP002	MCH health care provider information will be added to the required LCCH systems including new LCCH data such as LCCH provider numbers.
Imaging information	IT-DI001	RCH images will remain available to LCCH clinicians through QH Enterprise RIS/PACS systems and where relevant, local systems, file shares or the LCCH Digital Library.
	IT-DI002	Electronic copies of MCH images will be provided to the QH Enterprise RIS/PACS systems (and where relevant local systems, file shares or the LCCH Digital Library) as requested per patient. Diagnostic imaging reports may be accessible electronically from MHS information systems (eg MDP/Verdi) or provided to the LCCH on a paper record where required and scanned into the LCCH iEMR.
Raw data measurements	IT-CM001	RCH raw data measurements will be retained in RCH systems and will continue to be associated with the same patient at the LCCH.
	IT-CM002	MCH data measurements for transitioning patients will be migrated to the relevant LCCH information systems where assessed as essential to performing ongoing patient care. Limited related reports may be accessible electronically from MHS information systems (eg MDP/Verdi).
Clinical Reports	IT-CR0021	RCH clinical reports will remain available to LCCH clinicians through QH Enterprise and LCCH local systems and where relevant, file shares or the LCCH Digital Library.
	IT-CR002	MCH reports may be accessible electronically from MHS information systems (eg MDP/Verdi) or provided in hard copy.
Referrals and Appointments	IT-RA001	RCH referrals will be considered CHQ referrals and will continue to apply for the establishment of new LCCH appointments and for the continuation of treatment from the RCH to the LCCH.
	IT-RA002	For paediatric patients requiring ongoing care, Mater will be able to transfer existing valid referrals to LCCH without the need for a new referral.
Medications	IT-MM001	RCH medication history will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-MM002	MCH medication history for transitioning patients may be accessible on demand electronically from MHS information systems (eg MDP/Verdi) or provided to the LCCH on a paper record where required and scanned into the LCCH iEMR.
Problems/Diagnoses	IT-PX001	RCH problem and diagnosis information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-PX002	Historic problem and diagnosis information may be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Procedures	IT-PR001	RCH procedure information will be retained in existing systems and continue to be associated with the same patient at the LCCH.

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	IT-PR002	Historic procedure information may be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Theatre & Anaesthetic Records	IT-TR001	RCH theatre and anaesthetic information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-TR002	Historic theatre and anaesthetic information may also be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Progress Notes	IT-PN001	RCH progress notes information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-PN002	Historic progress notes may be provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Observations	IT-OB001	RCH observation information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-OB002	Historic observation information may be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Immunisations	IT-IM001	RCH immunisation information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-IM002	MCH immunisation information may be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Care Plans	IT-CP001	RCH care plan information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-CP002	MCH care plan information for identified patients maybe provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Discharge Summaries	IT-DS001	RCH discharge summary information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-DS002	Discharge summary information may be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Pathology	IT-PA001	RCH pathology information will be retained in existing systems and continue to be associated with the same patient at the LCCH.
	IT-PA002	MCH pathology information may be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH as a printed paper record to be scanned into the LCCH iEMR.
Specialist System Information	IT-SS01	RCH specialist system information will be retained in existing systems and continue to be associated with the same patient at the LCCH.

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	IT-SS02	MCH specialist system information may be accessible electronically from MHS information systems (eg MDP/Verdi), or provided to the LCCH on a paper record to be scanned into the LCCH iEMR.
Paper-based Information	IT-PP001	RCH paper records not scanned into the iEMR will be retained in the RCH Patient Chart volumes and continue to be accessible through Health Information Services.
	IT-PP02	Copies of selected MCH paper records will be provided to the LCCH according to agreed Information Sharing processes. MCH paper records received by the LCCH will be scanned into the iEMR.

Table 2 - LCCH ICT Information Transition Baseline

4 Applications Catalogue

4.1 LCCH Applications in Scope

The LCCH will open with 165 applications as described in the Applications Catalogue below.

The Applications Catalogue includes three group items which represent non-specific collections of software items, as follows:

1. *Desktop Productivity Tools;* this group represents the tools and software packages that are installed on end users' desktop computers, whether or not the software is part of the QH SOE. Examples include MS-Office suite, Adobe suite of products, Citrix viewer, Nuance Speech Magic, Matlab, SPSS, STATA, Matlab + Modules, Skype, EndNote, Checkpoint VPN, GoToMeeting, Barcode font, Visio Viewer, Groupwise Archive Reader, Cute PDF Writer, MS Lync etc. It is beyond the scope of the ICT Blueprint to identify specific desktop software products as used with specific departments. The installation of such software on individual PCs and laptops will be addressed on a best effort basis as part of the detailed ICT commissioning work leading up to the hospital's opening.

2. *Multimedia Tools;* this group represents the collection of tools used for desktop video editing, DVD production, digital media production, etc. Examples of such software include iTunes, Garage Band, iMovie, VLC Media Player, Final Cut Pro, Quicktime, Pinnacle Studio, Nero Multimedia, Vegas Movie Studio, AVS Video Converter. It is beyond the scope of the ICT Blueprint to identify specific multimedia software products as used with specific departments. The installation of such software on individual PCs and laptops will be addressed on a best effort basis as part of the detailed ICT commissioning work leading up to the hospital's opening.

3. *External Sites;* this represents the group of external web sites that are used by staff at the RCH. These web sites do not participate in the LCCH transition planning, and itemising all such web sites is beyond the scope of the application portfolio. The inclusion criteria for this group are listed in the table below. Known examples include ABDR, BEMIR, Caltex Fuel Card Ordering Site, EAT (www.achs.org.au), elr.com.au, MIMS, NEMO, NPR, OASIS, OfficeMax, QFleet, StaRT, TOXINS, Recallnet (recallnet.gs1au.org), Paediatric Burns Database (operated by UQ), Learning Seat LMS, POSSUM, PaedsDB web site, Credentialing System (by The Patient Safety Company), Springboard (http://www.hrx.com.au/tech/springboard/), Q-Contracts (https://q.openwindowscontracts.com/), Health e-Workforce Solutions (http://www.healthewfs.com.au/), Infoview (http://infoview.com.au), ServiceNow (https://uxc.service-now.com), PowerPlus Management (by PowerHealth Solutions). This is not a complete list.

(Definitions of the values in the *Delivery Stream* column and the *Application Treatment* column are also provided at the end of this table)

RCH System	LCCH System	Delivery Stream	Application Treatment	Description
ATODS-IS	ATODS-IS	EAM	Preserve	ATODS-IS is a computer based, client case-management tool used in Queensland Health community-based, alcohol, tobacco and other drugs services (ATODS). It is used from initial referral, throughout treatment and referral across a range of different alcohol and drug treatment programs.
Auslab	Auslab	EAM	Preserve	Qld state-wide pathology information system. This also includes the AUSCARE interface system.
BTS MyView	BTS MyView	EAM	Preserve	Online Asset Management tool developed by BTS Login page: http://10.80.8.74/request_v2/request.aspx Also known as BTSOnline
CD	CD	EAM	Preserve	Client Directory The CD is a single, central database that stores each patient's set of identification numbers in a linked manner. A patient can be assigned different local identification numbers from different hospitals, or separately from the Child and Youth Mental Health Service (CYMHS). The CD ties these IDs together and stores them along with the patient's demographic information, thereby providing a patient master index service. The CD also holds the most recently updated version of a patient's demographics.
CDR	CDR	EAM	Preserve	Clinical Data Repository The CDR is a single, central database that stores patient medical records sourced from multiple Qld Hospital facilities. At the time of writing, it holds a) patient encounters, b) pathology results, c) QRIS radiology results, d) ELMS discharge profile records, e) electronic discharge summaries, f) ORMIS theatre procedure records, and g) records from some (but not all) Emergency Depts.
CHA	CHA	EAM	Preserve	Clean Hands Application
Charm (aka POIMS)	Charm (aka POIMS)	EAM	Preserve	Charm Oncology aka POIMS Specialist clinical information system for Oncology related activities

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CHEMALERT	CHEMALERT	EAM	Preserve	Chemical Information System. The Chemicals Information and Management system is used to manage information about hazardous substances and dangerous goods (HAZMAT). The need for this system is not explicitly recorded in the LCCH Models of Care. Its presence in the LCCH architecture is presumed, based on current Qld Health business practices.
CIMHA	CIMHA	EAM	Preserve	Consumer Integrated Mental Health Application (web) Enterprise clinical information sytems used to support Qld integrated mental health services.
CKN	CKN	EAM	Preserve	Clinical Knowledge-Bases Suite, a.k.a. Clinicians Knowledge Network This identifies a family of on-line clinical resources, drug datasets, reference databases, clinical guidelines and eJournals, all of which are accessible through a single web portal. Access and use of CKN is supported internally by Qld Health. CKN resources that are known to be relevant to LCCH include: MIMS, drug information and reference database NPR, National Poisons Register PEMSoft, Paediatric Emergency Medicine Software TOXINS, Toxins database Micromedex, Drug information, identification, dosages etc. The need for these reference systems is not explicitly recorded in the LCCH Models of Care. The presence of the systems in the LCCH architecture is presumed, based on current business practices.
Codefinder	Codefinder	EAM	Preserve	Clinical coding of inpatient episodes of care under ICD-10 The Coding and Classification System is a desktop application that assists in the correct assignment of ICD-10 codes to inpatient episodes of care. The codes summarise the diagnoses made and the procedures performed on a patient during their hospital stay. Multiple codes are normally assigned, sometimes more than 100, according to the complexity of the episode. CodeFinder operates in parallel with HBCIS, by retrieving and then updating the codes present in a HBCIS admission record. The codes then form the basis for casemix reporting and analysis that is performed in systems downstream from HBCIS.
DSS-Pan - DSS-Panorama	DSS-Pan - DSS-Panorama	EAM	Preserve	Decision Support System - Panorama
ECRI-AIMS	ECRI-AIMS	EAM	Preserve	http://www.ecri.org.uk/ecriaims/ http://qheps.health.qld.gov.au/financenetwork/financial_policy/docs/ExtAssurance/sd1301-ecriaim.pdf
EDIS	EDIS	EAM	Preserve	Emergency Department Information System
ED-Rpt - ED Reporting	ED-Rpt - ED Reporting	EAM	Preserve	This is a small collection of application components, each of which performs a specific reporting function. The components are: - ECHO (Emergency Capacity for Hospitals) - ED Tracker (aka Expects) - Batch data extract modules for QISU, SATR, DSS, Transition-II, Bed Manager (aka Patient Flow Manager).
EDS	EDS	EAM	Preserve	Electronic Discharge Summary. It is used for the creation, update, storage and retrieval of patient discharge summary document(s) at the conclusion of a patient's episode of care. Discharge summaries are automatically pre-populated using information from multiple clinical information systems via the Client Directory and Clinical Data Repository. The system supports the electronic delivery of discharge reports to GPs, community carers etc.
e-GATE	e-GATE	EAM	Preserve	e-GATE (HL7 messaging hub) System integration solution including HL7 message hub and web services platform

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eICAT	CHRISP-Connect	EAM	Replace	Web based application for the central recording, management and reporting of infection surveillance data
ELMO - eLearning	ELMO - eLearning	EAM	Preserve	E-Learning system, universally available through a portal page on QHEPS, for Occupational Health and Safety training topics. http://qheps.health.qld.gov.au/safety/elearning.htm
ELMS	ELMS	EAM	Preserve	Electronic Liaison Medication System System to produce medication related information for patients, GPs and pharmacists.
e-PACS (Enterprise PACS)	e-PACS (Enterprise PACS)	EAM	Preserve	A PACS consists of image and data acquisition, storage and display subsystems integrated by digital networks and application software. The PACS infrastructure provides the necessary framework for the integration of distributed and heterogeneous imaging devices and offers an efficient means of viewing, analysing, and documenting study results. Enterprise PACS is the Agfa IMPAX commercial product. Note that the Enterprise PACS system includes infrastructure components (workflow server and caching node) that are hosted locally within the relevant district or hospital site. Thus e-PACS transition involves two separate pieces of work: 1. The reconfiguration of the central PACS system to support the LCCH as a new facility, including the integration of the LCCH medical imaging devices to the PACS. 2. The migration of certain server infrastructure (local caching node) to the LCCH server room.
EPADT	EPADT	EAM	Preserve	EPADT - central mirror of multiple HBCIS instances The EPADT repository is a single central database that stores a full history of patient admission, discharge and transfer occurrences from multiple Qld Hospital facilities.
Epilog	Epilog	EAM	Preserve	The EpiLog Database is a web application used to track cases of Influenza for the Communicable Diseases Branch. It is available at all QH hospitals and is used by internal staff. The EpiLog System is essentially a system to register Patients of Interest to allow these patient registrations to be linked to the patient record in HBCIS and ePADT. Reporting and analysis is then be carried out on patient sets. The core functions are patient registration, search, view, run simple reports, and extract details to CSV files.
ESISS [Pipeline]	ESISS	EAM	Preserve	The Endoscopy Service Information System Solution (ESISS) records the clinical information of patients requiring endoscopy services in Queensland Health hospitals and facilities. Patient records including demographics, diagnostics, treatment and follow-up information are captured, stored and retrieved electronically from a managed centralised database.
EVA (aka EVAPlus)	EVA (aka EVAPlus)	EAM	Preserve	Electronic Validation App (web). EVA is an application developed and distributed by the Data Collections Unit, Health Statistics Centre. It is used by hospitals to access the errors raised by the validations undertaken by Data Collections Unit on the hospital's data.
FAMMIS	FAMMIS	EAM	Preserve	Finance and Materials Management Information System This application is due for replacement by "SAP ECC v6" under the control of the SAPFIR project.
GIScribe (aka Scribes)	ESISS	EAM	Replace	The Endoscopy Service Information System Solution (ESISS) records the clinical information of patients requiring endoscopy services in Queensland Health hospitals and facilities. Patient records including demographics, diagnostics, treatment and follow-up information are captured, stored and retrieved electronically from a managed centralised database.
GSQ-Kintrak	GSQ-Kintrak	EAM	Preserve	System for the storage and management of patient clinical genetics information. Application is owned by Genetic Services Qld, GSQ. Application management and support arrangements are not certain and require confirmation. The app is understood to be based on the Herston campus.

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HBCIS	HBCIS	EAM	Preserve	Hospital Based Corporate Information System. The following HBCIS modules are planned for use at the LCCH: Allergies and Alerts, BCP support, Billing, ICD10 coding / DRG coding / casemix, Patient appointments, scheduling and reminders, Patient ADT mgmt, Patient chart tracking, Patient demographics mgmt, Patient ID mgmt
HHearing - Healthy Hearing DB	HHearing - Healthy Hearing DB	EAM	Preserve	State-wide screening system, also used at the Mater, aka "QChild". Interfaces with the Nautus Algo screening equipment. http://quickie.health.qld.gov.au/Services/H/Healthy_Hearing This system was rebuilt and relaunched in July 2013, based on the Microsoft Dynamics CRM platform, and is hosted at TPCH.
HP Quality Centre	HP Quality Centre	EAM	Preserve	ICT testing tool used for storage and management of test parameters, test scripts, test results and testing analysis.
HPOV	HPOV - HP Openview Service Desk	EAM	Preserve	Qld Health Service Desk management. This also includes the Self Service web interface available through QHEPS
iCMMS	iCMMS	EAM	Preserve	I-Net Computerised Maintenance Management System
iEMR Cerner Millennium (R2) [Pipeline]	iEMR Cerner Millennium (R2)	EAM	Preserve	State-wide Cerner Millennium instance, Release 2 rollout (scheduled 23rd July 2014). Cerner Millennium includes several submodules - e.g. PowerChart, PowerForms, Kofax Scanning systems, M-Pages. Stated functional scope: Release 1: Document scanning (CPDI), medical records management, unstructured clinical notes (implemented 20/3/14) Release 2: Alerts and Reactions display, order entry, results reporting (scheduled 23/7/14)
iLearn	iLearn	EAM	Preserve	iLearn online education and training portal
IMS	IMS	EAM	Preserve	Incident Management System
iPharmacy	iPharmacy	EAM	Preserve	Pharmacy management system
ISIS	ISIS	EAM	Preserve	Interpreter Services System
ISOH	ISOH	EAM	Preserve	Information System for Oral Health (state-wide).
JCAPS	JCAPS	EAM	Preserve	System integration solution including HL7 message hub and web services platform
MAC - Monthly Activity Collection	MAC - Monthly Activity Collection	EAM	Preserve	The Monthly Activity Collection (MAC) collects aggregate (or summary level) data on 'Admitted' and 'Non-admitted' patient activity and 'Bed Availability' from public acute hospital facilities, public residential psychiatric hospitals and public nursing homes/hostels/independent living units and multi-purpose health services each month. There are a number of forms which facilities must complete each month to provide this information to the MAC to comply with State and Australian Government reporting requirements. 27/3/14: This application now includes the Bed Availability Reporting functionality previously listed as "BARA"
MARS - Measurement Analysis and Reporting	MARS - Measurement Analysis and Reporting	EAM	Preserve	Web based tool for the development of online forms that have inbuilt data quality checks at the point of data entry.
Mediweb	Mediweb	EAM	Preserve	Web viewer for Radiology reports, software component associated with QRIS.
Metavision [Pipeline]	Metavision	EAM	Preserve	Metavision is the Qld Health standard ICU CIS solution, slated for deployment at all level 3 and level 4 ICU wards around the state. The Metavision solution includes certain local infrastructure components to cater for power outages - 1 EDA server, 1 UPS, 1 local printer.

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OASys - Oncology Analysis System	OASys - Oncology Analysis System	EAM	Preserve	OASys is an online database of information on cancer incidence, treatment, and outcome in Queensland. More specifically, it is a tool for summarising data about the population of adult Queensland residents diagnosed with invasive cancer. OASys is designed to assist clinical staff, health administrators, and researchers in making informed decisions about the management of diagnostic and treatment services for cancer in Queensland. Owned and operated by Queensland Cancer Control Analysis Team (QCCAT). https://qccat.health.qld.gov.au/OASys/PresentationLayer/PublicPages/Account/Login.aspx
ORMIS	ORMIS	EAM	Preserve	Operating Room Management Information System
PRIME	PRIME	EAM	Preserve	Patient Related Incident Mgmt System (Clinical Incidents)
PRIME-CF	PRIME-CF	EAM	Preserve	Patient Related Incident Mgmt System (Consumer Feedback)
PSS - Payroll Self-Service	PSS - Payroll Self-Service	EAM	Preserve	Payroll Self-Service module that interfaces to the Qld Health payroll system.
QDOCS - Qld Directory of Cancer Services	QDOCS - Qld Directory of Cancer Services	EAM	Preserve	The Queensland Directory of Cancer Services (QDOCS) has been designed by a multidisciplinary team for consumers and health care professionals, to provide information about cancer services and treatment options across Queensland. It provides referral guidelines and advice for GPs to allow for prompt referral to cancer services and it provides information about multidisciplinary cancer teams. QDOCS has been developed with the support of CanNET, a Cancer Australia initiative. https://qccat.health.qld.gov.au/DOCS
QHEPS	QHEPS	EAM	Preserve	Queensland Health Electronic Publishing Service
QHERS - ERSA and QHERS	QHERS - ERSA and QHERS	EAM	Preserve	ERSA = Enterprise Reporting Server Architecture QHERS = Qld Health Electronic Reporting System, which is the web-based front end to ERSA The software platform behind ERSA / QHERS is SAP Business Objects Enterprise and Crystal Reports. The Business Objects Enterprise Infoview (formerly Crystal Reports) is the portal that is referred to as QHERS. https://qhers.health.qld.gov.au/ https://qhers.health.qld.gov.au/InfoViewApp/logon.jsp
QH-RISK	QH-RISK	EAM	Preserve	QH-RISK (web)
QOOL	QOOL	EAM	Preserve	Qld Oncology Online
QRIS	QRIS	EAM	Preserve	Queensland Radiology Information System (QRIS) The QRIS is designed to support both the administrative and clinical operation of a radiology department, to reduce administrative overhead, and to improve the quality of radiological examination delivery. The RIS maintains many types of patient- and examination-related information, including medical, administrative, patient demographics, examination scheduling, diagnostic reporting, and billing information. This application includes Qplanner, QDoc, PatientViewer, QDFilm, QDManager, SpeechMagic and MediWeb
SAP/BPT	SAP/BPT	EAM	Preserve	SAP Budget Planning Tool
SAP/HR (QHHR)	SAP/HR (QHHR)	EAM	Preserve	SAP HR system (QHIC project implementation)
SAP/Payroll (QHHR)	SAP/Payroll (QHHR)	EAM	Preserve	SAP Payroll system (QHIC project implementation)
SATR	SATR	EAM	Preserve	Surgical Access Team Reporting Note that statements by different staff about SATR usage do not agree. There is no clear confirmation that SATR is used and therefore is needed. It is included here for risk minimization.

ScripTraker	ScripTraker	EAM	Preserve	ScripTraker -real-time display of the status of prescriptions as they progress through the Medications Management Dept from order creation to fulfilment to dispensing. The need for a Medications Script Tracking System is not recorded in the LCCH Model of Care for Medications Management. The presence of this system in the LCCH architecture is presumed, based on current business practices.
Sharepoint	Sharepoint (Microsoft)	EAM	Preserve	
SProtect - Staff Protect	SProtect - Staff Protect	EAM	Preserve	Staff vaccination records (web)
STS (including eReferrals)	STS (including eReferrals)	EAM	Preserve	Secure Transfer Service (aka Secure Web Transfer), including eReferrals
Talons	Talons	EAM	Preserve	Talons is the suite of programs that draws data from "feeder" systems on a number of systems based on the HBCIS platform, as well as other systems. It collates the data, brings it to a common format, then produces various extracts of this data for use in Transition II. Feeder systems include A.T.D., P.M.I., Medical records, Emergency, Theatre, Outpatient Appointment, Pathology, Radiology, Allied Health, Nurse dependency, Elective Admissions as well as other local specialist software. In drawing the data in, in some instances, products are "created" from date time data or combinations of other data fields, in others, well-defined products are already in use and are just extracted. The major function of Talons is to link these products to a specific admission episode, emergency attendance or outpatient event. In systems where no outpatient appointment feeder is used, unlinked pseudo episodes are created. As data is exported into files suitable for import into Transition II for Unix, Talons is able to Map local department codes both real and implied, into Standard Department codes as defined by the implementation.
Teamsite	Teamsite	EAM	Preserve	Publication tool used for Internet web site content management. The target application portfolio is limited to the framework for web content publishing, not the web content itself.
T-II	T-II	EAM	Preserve	Transition II (Data warehouse) Clinical costing analysis and reporting platform T2 is the system used to calculate what a patient's care costs QH or a particular hospital to provide. To get this information T2 relies on data from QH enterprise systems (referred to in T2 as feeder systems, being either clinical or non-clinical) including, but not restricted to Auslab, ORMIS, EDIS, STOCCA, QRIS, Payroll and GL Transactions. In conjunction with non-enterprise applications which are site specific, as well as general patient data from the QH PMI, HBCIS.
TPNEP	TPNEP	EAM	Preserve	Transition to Practice Nurse Education Program
Tridata	Tridata	EAM	Preserve	Qld Treasury web site that is used by all HHSs for reporting financial results. This is a Java based app that has specific desktop system requirements. https://gateway.treasury.qld.gov.au/tridata
Viewer	Viewer - The Viewer	EAM	Preserve	Clinical summary records viewer/portal (web)
VLAD	VLAD	EAM	Preserve	Variable Life Adjusted Display (see Stuart Bowhay) http://qheps.health.qld.gov.au/psq/vlad/webpages/vlad_homepage.htm http://www.health.qld.gov.au/psq/vlad/default.asp
Workbrain	Workbrain	EAM	Preserve	Staff rostering system (QHIC project implementation)
XERO - e-PACS Viewer	XERO - e-PACS Viewer	EAM	Preserve	Enterprise PACS zero footprint viewer, web based, intended for use in scenarios where the Enterprise PACS client is not available or the user is accessing images / reports on an approved QH mobile device (eg iPADs).

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	Censitrac IIMS (was Traybax)	Infrastructure	Establish	Instrument Inventory Management System. The IIMS application, which is to be procured by Abigroup under the contract Group 1 arrangements.
	Cisco Digital Media Manager	Infrastructure	Establish	Application for central management, scheduling, publishing and broadcasting of digital media content on public digital signs / screens within the hospital.
	Ekahau (Duress & Tracking)	Infrastructure	Establish	Patient Tracking:- The LCCH Models of Care (Security Services MOSD) require the capability to monitor the location of selected patients via Radio Frequency Identification Device (RFID) systems with alerts being triggered at key points throughout the LCCH. RTLS tracking in general:- The Ekahau solution initial implementation will not include the product components that provide asset / patient tracking. In order to implement an RTLS solution, the following components would need to be added to the build:- * Ekahau Vision - Location Analytics Platform - This application is free and can run on the same server as the RTLS controller. * Ekahau Tags - Tags should be purchased with both EPE and Vision licences. Thus some further development work is required before this portfolio component can be completed.
	IntelliDesk	Infrastructure	Establish	Computer-based console for the LCCH switchboard and associated contact centres. It integrates with LCCH's telephone exchange and is used by switchboard and contact centre staff to answer incoming calls and direct them to where they need to go.
	Patient Entertainment	Infrastructure	Establish	The Patient Entertainment System provides the following functionality * Home page - This Page is the main menu home page to make all your selections from. The Home page will also show what's on widget and also show any hospital donating foundations * TV – Including Free to Air, selected PayTV, and Starlight channels * Radio – Includes Public Radio and Radio Lollipop * Movies – On demand movies from a local hosted movie library * Web Access - Quick Link page where the patient can select from common WEB sites * Video Conferencing – Allows out-going calls to 3 preconfigured external addresses per patient The terminals are made up of 3 sizes (18.5" 32" and 42") of windows based terminals. All terminal equipment is to be supplied by Questek Australia. System is procured and installed by Abigroup under the contract Group 1 arrangements.
	Patient Parent Recall System	Infrastructure	Establish	System to manage queues in the pharmacy area and/or outpatient departments by providing a recall mechanism such as SMS message or a physical buzzer device ("bistro buzzer"). This item was previously labelled as "TBD: Patient Queuing / Paging / Recall"
	Questek (Nurse call)	Infrastructure	Establish	Questek Nurse call system, procured under the Abigroup contract Group 1 arrangements. The Nurse call product and the vendor are both named "Questek".
AORTIC	AORTIC	Infrastructure	Preserve	Software used for the collection and submission of data sets to the ANZPIC registry
Board - Boardmaker with SD Pro	Board - Boardmaker with SD Pro	Infrastructure	Preserve	Boardmaker with Speaking Dynamically Pro
Daniels Workloading Tool	Daniels Workloading Tool	Infrastructure	Preserve	http://www.danielsassociates.com.au/software/dwl/ This is used to estimate cleaning workload requirements based on entered dimensions, surfaces of rooms, type of equipment in each room and the level of cleaning required etc

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EPJB	PFM - Patient Flow Manager	Infrastructure	Replace	Patient Flow Manager is the designated replacement, state-wide, for the standalone electronic Patient Journey Boards (ePJB) that are based on MS-Access. PFM is in production at PAH. currently undergoing a rollout across Metro South district. Other districts to follow. Refer AIS.
Foodworks	Foodworks	Infrastructure	Preserve	Read-only reference information source used by Dietetics and Nutrition
GaitDev (Vicon Nexus) (RCH)	GaitDev	Infrastructure	Preserve	ICT/Biomedical hybrid system: Gait motion analysis equipment and associated software systems used in the Gait Lab for clinical testing
Groupwise	Outlook - MS Exchange & Outlook (Email Service)	Infrastructure	Replace	Outlook is the Microsoft email client program, provided by HSIA through the ICT Service catalogue. Outlook is expected to replace the use of Groupwise before LCCH opening.
ITunes	Multimedia Tools (not identified)	Infrastructure	Preserve	This is a generic category for the tools used for desktop video editing / DVD production / digital media production. Definition: a) This is a special non-identified category intended to cover generic software packages that are related to multimedia processing functions (e.g. video editing) and that would be found in any organisation, not necessarily health-related. b) They are off-the-shelf products, and c) they are a self-contained desktop install e.g. from CD/DVD (no backend database, no interfaces, no network complications or N-tier deployments), and d) they do not involve a support burden from local or QH ICT resources, and e) they do not otherwise conflict with official LCCH ICT strategy, or duplicate functions that are already provided by other LCCH application portfolio elements. Known examples of such software at the LCCH include iTunes, Garage Band, iMovie, VLC Media Player, Final Cut Pro, Quicktime, Pinnacle Studio (Gait), Nero Multimedia, Vegas Movie Studio, AVS Video Converter. This is not a complete list.
Patient Check-in System ("Queue Manager")	Patient Check-in System ("Queue Manager")	Infrastructure	Preserve	Automated patient check-in system, comprising physical check-in kiosks, plus a software system that interfaces with HBCIS. This system is currently scoped for delivery by CHQ prior to transition to the LCCH (refer meeting minutes CHQ EMT Jan 2013) The product is named "Queue Manager", provided by HealthIQ.
Radnet desktop	Radnet desktop	Infrastructure	Preserve	Radnet is the radiology information system hosted and managed by RBWH. This item represents the desktop component of the Radnet system.
Vet MIMS	Vet MIMS	Infrastructure	Preserve	
Vid - Video Editing / DVD / Digital Media Prodn Software	Multimedia Tools (not identified)	Infrastructure	Preserve	This is a generic category for the tools used for desktop video editing / DVD production / digital media production. Definition: a) This is a special non-identified category intended to cover generic software packages that are related to multimedia processing functions (e.g. video editing) and that would be found in any organisation, not necessarily health-related. b) They are off-the-shelf products, and c) they are a self-contained desktop install e.g. from CD/DVD (no backend database, no interfaces, no network complications or N-tier deployments), and d) they do not involve a support burden from local or QH ICT resources, and e) they do not otherwise conflict with official LCCH ICT strategy, or duplicate functions that are already provided by other LCCH application portfolio elements. Known examples of such software at the LCCH include iTunes, Garage Band, iMovie, VLC Media Player, Final Cut Pro, Quicktime, Pinnacle Studio (Gait), Nero Multimedia, Vegas Movie Studio, AVS Video Converter. This is not a complete list.

Lady Cilento Children's Hospital Program

ICT Blueprint

Web-CMS - Web Content Development and Mgmt System	Desktop Productivity Tools (not identified)	Infrastructure	Preserve	This refers to the family of tools and software that is installed on end users desktops, whether or not the software is part of the standard QH SOE. Definition: a) This is a special non-identified category intended to cover generic software packages that would be found in any organisation, not necessarily health-related. b) They are off-the-shelf products, and c) they are a self-contained desktop install e.g. from CD/DVD (no backend database, no interfaces, no network complications or N-tier deployments), and d) they do not involve a support burden from local or QH ICT resources, and e) they do not otherwise conflict with official LCCH ICT strategy, or duplicate functions that are already provided by other LCCH application portfolio elements, and f) they are not also present in the Multimedia Tools group. Known examples of such software at the LCCH include MS-Office suite, Adobe suite of products, Citrix viewer, Nuance Speech Magic, Matlab, SPSS, STATA, Matlab + Modules, Skype, EndNote, Checkpoint VPN, GoToMeeting, Barcode font, Visio Viewer, Groupwise Archive Reader, Cute PDF Writer, MS Lync. This is not a complete list.
	Compliance Maximiser	Local-Mater	Establish	Software for download and analysis of Respironics BiPAP machine data.
	Direct View	Local-Mater	Establish	Software for download and analysis of Respironics Trilogy machine data.
	EasyView 150	Local-Mater	Establish	Software for download and analysis of ResMed Elise NIV machine data.
	Encore Pro / Basic	Local-Mater	Establish	Software for download and analysis of Respironics REMStar Auto and other AutoSV machine data. (Existing issue where Encore Pro is not working - Investigation underway to seek additional information. They are currently only using Encore Basic which does not need desktop version of MS-SQL.)
	Epiphany	Local-Mater	Establish	Epiphany is an order filer driven by Healthtrack. It receives and store ECG, create and amend reports for upload to Healthtrack Receives orders from HT Receives ECG from Modalities Matches incoming ECG from Modalities (xml format) with order Update reports from ECG modality Update Healthtrack order status Update Healthtrack ECG Measurement Data once ECG Study Report is confirmed in Epiphany + update ECG Study Report in Health Track as a PDF file. http://www.epiphanyhealthdata.com/

	Healthtrack	Local-Mater	Establish	Cardic EMR Patient ID's are generated by searching for a URN and if not found internally to Healthtrack, importing from PAS (iPM). Patient ID's are maintained by a trickle feed from PAS (iPM) HT has a SQL database and a standard file system. HT contains predominantly PDF documents that can be scanned and/or imported. All QPCS patients registered within HT have an internal identification number assigned by HT. (This internal identification number is used as the primary key in HT.) A patient's documentation files are stored according to their assigned HT internal identification number. HT also has an "MRN" field. This field currently stores a patient's Mater UR number. Mater UR numbers are automatically sourced from iPM. iPM has been maintained as the source of truth for patient demographic information. Patient demographic information updates are also sourced from iPM. Ensemble is the "glue" for coordinating the HL7 messages being sent to and from both HT and iPM. To locate a patient's record within HT, an end user will search for the patient's record initially using the HT interface. If a patient does not exist within HT, the end user can press a button within the HT user interface, which externally launches iPM. The end user will search for the patient's record within iPM. Once identified, the relevant patient's demographic and other information will be automatically sent to HT. http://www.healthtrack.com.au/solutions/cardiac-management
	IMPAX-CV	Local-Mater	Establish	Specialist PACS solution for Angiography studies in LCCH Cardiac Service.
	Mater Doctor Portal	Local-Mater	Establish	Mater Doctor Portal is an electronic patient records viewer provided by Mater Health, similar to Verdi. It is the best candidate solution for the need to view Mater patient charts at the LCCH. The introduction of Mater Doctor Portal at LCCH is assumed at this stage - to be confirmed.
	Mirth	Local-Mater	Establish	Integration engine for HL7 message integration - installed alongside Healthtrack http://www.mirthcorp.com/products/mirth-connect
	Motionware8	Local-Mater	Establish	This software is used for downloading activity data from accelerometer-based watches.
	PC Direct	Local-Mater	Establish	Software to control the Respironics Trilogy ventilator via the AOM (Analog Output Module).
	Profusion Sleep 4	Local-Mater	Establish	Software for reviewing and potentially re-scoring sleep study data from other sleep units. If a patient is transferred from elsewhere in Australia and they have had a previous sleep study, it is probably in Compumedics format.
	Prosolv	Local-Mater	Establish	PACS and reporting system used primarily for Echocardiography Includes US imaging, comments, reports, measurements and calculations Completed reports are sent to Healthtrack. Currently not linked to PACS A19 query to iPM via ESB for patient demographics Size, growth, archiving of system? How are orders received? How in US imaging matched to patient? Is there any benefit to investigating US DICOM worklists or are US's generally offline nature How are completed reports are sent to Healthtrack? What is the notification of reports to Healthtrack? http://www.fujifilmusa.com/products/medical/cardiovascular/
	PSG Sleep Studies System	Local-Mater	Establish	Placeholder for (unidentified) Sleep Studies System, product yet to be identified. This system is used for the performing data capture, monitoring and scoring of a patient during a sleep study, followed by clinical reporting.

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	ResScan	Local-Mater	Establish	Software for download and analysis of many ResMed NIV machine data.
	SSMS - Sleep Service Mgmt System	Local-Mater	Establish	Placeholder for (unidentified) Sleep Service Management System, product yet to be determined. The exact nature of this solution is yet to be determined and depends upon: - Revised functional requirements at LCCH. - Market offerings from PSG system vendors. - LCCH Day 1 target architecture for referrals management, scheduling, billing etc. - Functional overlap with LCCH CCIS solution. Likely System is named Embla Enterprise
	Stockert Data Mgmt System (TBC)	Local-Mater	Establish	Stockert Data Management System Electronic perfusion charting system DMS records values and events of the heart-lung machines, and numerous other external devices (e.g. patient monitors, bloodgas analyzers, ACT meters and cerebral oximetry devices).
	Velocity (TBC)	Local-Mater	Establish	EnSite Velocity Collect anatomical and electrical data points from electrodes, and electrodes on a catheter/s Enables cardiac mapping and navigation with various visualisations inc 3d. www.ensitevelocity.com
	VisiDownload 3	Local-Mater	Establish	Software for download and analysis of overnight Oximetry and CO2 trend. Additional plug-ins are required for specific device formats. Depending on the device the connection may be USB, Serial or Memory Card.
ACFBAL DB	ACFBAL DB	Local-Mater	Preserve	MS Access 97 database used in research area of Respiratory Service
Easy On PC + Spirometer	Easy On PC + Spirometer	Local-Mater	Preserve	Software for analysis of data from Medical Technologies Spirometers
Epi Info Software	Epi Info Software	Local-Mater	Preserve	Software package developed by the USA Centers for Disease Control which allows users to check, analyse and report from survey data.
Exp'Air	Exp'Air	Local-Mater	Preserve	Medisoft Exp'Air provides the Laboratory with a complete clinical diagnostic suite for performing the tests of respiratory function. Small body box 5500 has stand alone Medisoft software.
EzyQC	EzyQC	Local-Mater	Preserve	EzyQC is a database application used by both MCH and RCH and is designed specifically for monitoring the quality output from Respiratory Biomedical devices and provides the quality control requirements and audit function for pulmonary function laboratories.
i2m	i2m	Local-Mater	Preserve	Used for Forced Oscillation Technique Testing in Respiratory Service. Brand: Cosmed Model: Quarki2m
Revman	Revman	Local-Mater	Preserve	Publication tool for the Cochrane Information Management System.
Smed - Sensormedics (Jaeger, Vmax, Viasys)	Smed - Sensormedics (Jaeger, Vmax, Viasys)	Local-Mater	Preserve	ICT/Biomedical hybrid system: Respirometry equipment and associated IT systems used in the Respiratory / CF Lab for clinical testing. Patient data and historical results have been back-loaded into this system.
	CSS - Concept Safety Systems (placeholder)	Local-NewApps	Establish	Placeholder that represents the presence of one or more building safety systems from the vendor, Concept Safety Systems. Details are TBD.

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	Digital Repository & EDRMS (HP-Trim) (LCCH inst)	Local-NewApps	Establish	The Digital Repository and EDRMS application is a new eDRMS system to be built using the HP TRIM product, on dedicated LCCH infrastructure. The new system will be available as a day one capability potentially for use in all areas of the hospital other than LCCH Administrative Services. The Digital Repository and EDRMS will provide a single repository to store digital assets (and index physical assets if required) that are created and managed by the LCCH's clinical departments (functional records and clinical assets) in a range of formats including: a) Images that are not in DICOM format and not related to patient medical imaging studies (MI studies are stored in the PACS system). b) Video footage that is not directly related to patient medical imaging studies (MI studies are stored in the PACS system). c) Audio files. d) Electronic documents of any form, e.g. Word docs, PDFs, (excluding those found in the Administrative Services area). The new system will not be used for: i) Documents and records created and managed by Administrative Services; ii) RCH patient records (held in HBCIS); iii) RCH radiology/medical imaging studies (held in the Radiology Information System and PACS); iv) RCH clinical records in-scope for iEMR. The scope of this system is broad, providing traditional EDRMS functionality, as well as storage and management of the full range of digital assets generally.
	EA - Enterprise Architect	Local-NewApps	Establish	Repository of ICT architecture models for the LCCH, established by the LCCH project.
	Electronic Formula and Feed Management System (EFFMS)	Local-NewApps	Establish	Placeholder for the Electronic Formula and Feed Management application. See also the LCCH Formula Room Model of Service Delivery.
	Reference Data Portal	Local-NewApps	Establish	Web based portal for the management of LCCH reference data.
Andin	Digital Repository & EDRMS (HP-Trim) (LCCH inst)	Local-NewApps	Replace	The Digital Repository and EDRMS application is a new eDRMS system to be built using the HP TRIM product, on dedicated LCCH infrastructure. The new system will be available as a day one capability potentially for use in all areas of the hospital other than LCCH Administrative Services. The Digital Repository and EDRMS will provide a single repository to store digital assets (and index physical assets if required) that are created and managed by the LCCH's clinical departments (functional records and clinical assets) in a range of formats including: a) Images that are not in DICOM format and not related to patient medical imaging studies (MI studies are stored in the PACS system). b) Video footage that is not directly related to patient medical imaging studies (MI studies are stored in the PACS system). c) Audio files. d) Electronic documents of any form, e.g. Word docs, PDFs, (excluding those found in the Administrative Services area). The new system will not be used for: i) Documents and records created and managed by Administrative Services; ii) RCH patient records (held in HBCIS); iii) RCH radiology/medical imaging studies (held in the Radiology Information System and PACS); iv) RCH clinical records in-scope for iEMR. The scope of this system is broad, providing traditional EDRMS functionality, as well as storage and management of the full range of digital assets generally.

Bisphos - Bisphosphanate Pt DB	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.
Cochlear - Cochlear Implant DB	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.
Diabetes	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.
Digital Repository & EDRMS (HP-Trim) (HSIA inst) [Pipeline]	Digital Repository & EDRMS (HP-Trim) (HSIA inst)	Local-NewApps	Preserve	Digital Repository / EDRMS application, namely HP-Trim, operated by HSIA. This instance of HP-Trim is to be used within the Administrative Services team, as a replacement for the old RCH Recfind application.
FDS - Feeding Devices System	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.

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Hips	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.
MMS	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.
Palliative	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.
QCCC - Oncology Services DB	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.

Rehab-Out - Rehab Outreach DB	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.
Speech	CCIS - Consolidated Clinical Info Sys	Local-NewApps	Replace	Planned application to consolidate and replace the multiple stand-alone specialist patient databases currently in use at the RCH and MCH. The application is a patient-centric, forms-based clinical data repository that is used to capture and manage structured data about the care of patients. It sources patient information from the master patient demographics system, either HBCIS or Client Directory. A total of 10 separate MS-Access databases are in scope for consolidation, with multiple additional databases and Excel spreadsheets being candidates for inclusion in the program as time and resources permit. Two new LCCH Models of Care - Adolescents and Obesity - have been defined, but are not expected to be established at the LCCH on day 1. However, their ICT requirements make CCIS a candidate solution for these services.
	NMIS	Local-RCH	Establish	Placeholder for the Nuc Medicine Information System (NMIS) application, not yet identified, which involves procurement by LCCH project.
CDA/CDW [Legacy]	CDA/CDW [Legacy]	Local-RCH	Preserve	PICU historical read-only database / application
CFP - Cystic Fibrosis Pt DB	CFP - Cystic Fibrosis Pt DB	Local-RCH	Preserve	
CS - Custom Sounds	CS - Custom Sounds	Local-RCH	Preserve	Device programmers plus software for Cochlear devices
EndoDev - Multiple Endochrinology & Diabetes Pump Software Apps	EndoDev - Multiple Endochrinology & Diabetes Pump Software Apps	Local-RCH	Preserve	ICT/Biomedical hybrid system: The EndoDev solution comprises of multiple applications. The EndoDev solution provides receiving stations for downloading of patient monitoring and drug delivery data from pump devices.
ePN	ePN	Local-RCH	Preserve	E- Parental Nutrition Management of parental nutrition programs
eVici	eVici	Local-RCH	Preserve	The app has been moved into an HSIA hosting environment, away from CaSS as of Nov 2011. Currently one app instance across RCH, RBWH(?), Cairns and PAH sites. Original intention was to deploy across many other departments (respiratory, oncology etc.). App was found to be difficult to adapt. Currently used for EMR style functions specific to liver transplant patients. It is also being used as part of the QH state-wide Sexual Health Program solution. The app has interfaces with Auslab and Client Directory. Business system owner and custodian is Prof Stephen Lynch (PAH). HSIA only provides hosting, no app support. App support is provided by the vendor, Clinical Systems Pty Ltd.
Forms DB	Forms DB	Local-RCH	Preserve	Local database for management of CHQ clinical forms. Built and supported by Stephen Fraser.

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Gait	Gait	Local-RCH	Preserve	Gait Lab Patient Database Patient-centric database for recording activities within the Gait Lab - management of referrals, appointments, schedules and follow-ups, plus associated reporting. This application was originally slated for replacement by the ESEM solution.
GSQ-Ref	GSQ-Ref	Local-RCH	Preserve	This identifies a family of read-only reference information sources used by GSQ (Genetics Services Qld): - LDDB (London Dysmorphology Database), These are owned by Genetic Services Qld, GSQ. Application management and support arrangements are not certain and require confirmation. They are understood to be based on the Herston campus. GSQ Reference is a generic term referring to the LDDB (London Dysmorphology Database (also referred to as the London Medical Database (LMD)). The users of LDDB will not be moving to the LCCH as they are RBWH staff. However doctors will go to the LCCH to conduct clinics where they will require access to the LDDB application. A shorter version of the Application Transition Plan was created because the only transition activity required is to deploy the proprietor LDDB software to desktops at the LCCH and to ensure they can access the server at the RBWH from the LCCH desktops.
HENS-DB	HENS-DB	Local-RCH	Preserve	Tracking and costing tool for patients on the HENS program.
Hummingbird [Legacy]	Hummingbird [Legacy]	Local-RCH	Preserve	PICU historical read-only database / application
ICIP [Legacy]	ICIP [Legacy]	Local-RCH	Preserve	ICIP - Intellivue Clinical Information Portfolio Capture and management of patient clinical and associated information in the Intensive Care Unit of RCH. This system is expected to be replaced by the Metavision CIS prior to LCCH opening.
ICU_Database [Legacy]	ICU_Database [Legacy]	Local-RCH	Preserve	PICU historical read-only database / application
Maestro - Maestro Hearing Implants	Maestro - Maestro Hearing Implants	Local-RCH	Preserve	Hearing implant system similar in nature to Cochlear implants system, but which involves a separate ICT application.
MedDir - Medical Director	MedDir - Medical Director	Local-RCH	Preserve	Medical Director is not officially endorsed as a component of the LCCH ICT application portfolio. However, it is hosted on RBWH infrastructure and therefore must participate in the LCCH migration program of work.
Medico - Medico-Legal DB	Medico - Medico-Legal DB	Local-RCH	Preserve	DB to track work activities related to medico-legal requests
MET calls & Unplanned PICU Admissions	MET calls & Unplanned PICU Admissions	Local-RCH	Preserve	Long running database for the collation of event data about unplanned ICU admissions and also about MET (Medical Emergency Team) calls and responses. The database currently takes the form of an Excel spreadsheet (2012 onwards), but an MS-Access database has been used in the past, which contains records from 1990 to 2012.
Neuro	Neuro	Local-RCH	Preserve	The Neuro Database is used to record patient details, store test details including test results and generate test reports. Neuro Database tracks and maintains referring and reporting doctors and reports on a number of various topics. The Neuro Database enables the following: * Entry of Patient Detail information; * Enter and maintain Tests Data and Results; * Maintain all Reference File Records; * Create Reports on demand. Neuro is a legacy system at LCCH. It will become read only and interfaces with other systems will not be used.

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OP-PIMS - [O&P] PIMS	OP-PIMS - [O&P] PIMS	Local-RCH	Preserve	Orthotics and Prosthetics Patient Information Management System
PI5	PI5	Local-RCH	Clone	Performance Indicators v5 Although the application is used state-wide, its implementation involves a separate instance in each district. PI5 is not a clinical information system and is not a replacement for the use of the patient chart or an EMR. Although there is some overlap with the activities recorded in a patient's EMR (i.e. Allied Health consultations that appear in patient charts or in the scheduling system), PI5 tracks many non-chart activities, for example group consultations, education sessions, report writing/documentation/administrative activities and non-patient activities (e.g. activities associated with deceased patients or DOAs). Therefore the introduction of an EMR at LCCH is not expected to replace the role that PI5 fills.
PMI-DL - HBCIS PMI Download	PMI-DL - HBCIS PMI Download	Local-RCH	Preserve	This is the (locally managed) BCP copy of the HBCIS patient master index.
Practix	Practix	Local-RCH	Clone	PractiX is used to carry out billing, receipting and banking functions for inpatients, outpatients and telehealth patients for services carried out RCH, CYCH, CYMHS and outreach locations. It holds patient demographics, financial data, debt management documents and referrals for Revenue use. Invoices are generated for patients. Bulk billing transactions are batched and sent electronically to Medicare. Private self-funded and ineligible patients are billed directly. Most health fund billing is batched and sent to the health funds, This process is currently being transitioned to Eclipse (Electronic claiming). HIC and Health Fund eligibility checks are performed via practiX. Integrated EFTPOS functionality will be active prior to transition. Some departments such as CYCH, Oncology, Immunology use the system for appointments and clinical documents. Pharmacy use the appointment module to monitor compound chemotherapy patient appointments. The system also stores doctor's options, thresholds, % FTE to provide the source information for doctors distributions, the facility and admin fees to be retained by CHQHHS. PractiX is the information source for cost modelling in private practice. practiX reports are used for doctor's payments, debt management, Department of Health reporting and audits.
ProFusion (neXus, Compumedics)	ProFusion (neXus, Compumedics)	Local-RCH	Preserve	ICT/Biomedical hybrid system: EEG analysis system used for conducting and storing Neurological clinical studies. This also includes the Nexus database product.
Qlikview	Qlikview	Local-RCH	Preserve	Business Intelligence tool used for ad-hoc analytics, data mining and dashboards. http://www.qlik.com/
QPIS	QPIS	Local-RCH	Preserve	Queensland Poisons Information System Storage and management of data about phone calls to the Poisons Info Center.
Qpulse	Qpulse	Local-RCH	Preserve	Document management system specific to Oncology
Recfind	Recfind	Local-RCH	Preserve	
Rehab-Asset	Rehab-Asset	Local-RCH	Preserve	Management of items of equipment owned by the QPRS and Rehab CP Departments plus their loan status to Rehab patients. Items of equipment are not recorded on FAMMIS / SAP
Rehab-Botox - Rehab BoNTA (Botulinum Toxin type A) therapy DB	Rehab-Botox - Rehab BoNTA (Botulinum Toxin type A) therapy DB	Local-RCH	Preserve	Patients undergoing therapy treatment for Botulinum Toxin type A.

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Rehab-CC - Rehab Connected Care Database	Rehab-CC - Rehab Connected Care Database	Local-RCH	Preserve	Management of Rehab patient referral and care team details
Rehab-ITB - Rehab ANZ ITB Audit DB	Rehab-ITB - Rehab ANZ ITB Audit DB	Local-RCH	Preserve	Patients undergoing ITB treatment programs. This application is not supported by RCH - it is provided "as-is" by the Aust. Paediatric ITB Research Group.
Rehab-ITBCaseRef - Rehab ITB Patient Case and Refill Mgmt	Rehab-ITBCaseRef - Rehab ITB Patient Case and Refill Mgmt	Local-RCH	Preserve	Storage of information about ITB patient cases, medical and surgical notes, etc, plus information about ITB refills given to individual patients and the costs attached to each refill.
Rehab-Limb - Rehab Limb Deficiency DB	Rehab-Limb - Rehab Limb Deficiency DB	Local-RCH	Preserve	Patient database for recording details of limb deficiency conditions and prosthetics notes.
Rehab-MDS - Rehab Minimum Data Set	Rehab-MDS - Rehab Minimum Data Set	Local-RCH	Preserve	Dataset of Rehab patient details plus clinical data fields.
Rehab-Order	Rehab-Order	Local-RCH	Preserve	Management and tracking of orders placed through FAMMIS and other ordering channels.
Retrievals DB	Retrievals DB	Local-RCH	Preserve	Database of paediatric retrieval events and associated activities. MS-Access. Live since 1995. Owned by Dr. Julie McEniery.
RMS	RMS	Local-RCH	Preserve	Resource Management System (also known as "Room Bookings System"). Single point of reference for viewing availability, bookings and management of facilities, equipment and fleet vehicles, and conducting reservations on line. Web based application. Logon page is at http://connect.health.qld.gov.au/RMS/asp/ This application is a candidate for consolidation or replacement by the Outlook calendar function.
RO-Mosaiq	RO-Mosaiq	Local-RCH	Preserve	Radiation Oncology; Mosaiq; EMR-like information management system for Radiation Oncology Depts. This application is expected to be required within LCCH as part of the Rad Oncology referrals and treatment process. The Mosaiq application is expected to also need an information flow from the LCCH PAS for patient demographics.
SAS - Surgical Audit System	SAS - Surgical Audit System	Local-RCH	Preserve	Surgical Audit System. System that stores the details of surgical procedures performed by paediatric surgeons at RCH.
Winscribe	Winscribe	Local-RCH	Preserve	Digital dictation and transcription system The system is assumed to be implemented as a new stand-alone instance after separation from the current Herston Campus infrastructure.

Table 3 - LCCH ICT Application Baseline

4.2   Applications Excluded from LCCH Scope

Decommissioned / Excluded System		Delivery Stream	Description
TMS		EAM	Travel Management System Whole of Gov't shared system, as at 1/7/2012 servicing Corporate Office, PAH and Herston. http://qheps.health.qld.gov.au/travel/staff/tms_supportcentre.htm At RCH this system is used within Oncology, Rehab and Cerebral Palsy Dept's only. The application is apparently not suitable for use for patient travel purposes.
Carestream (Mater inst)		Local-Mater	Mater PACS
Compliance Maximiser (Mater inst)		Local-Mater	Software for download and analysis of Respironics BiPAP machine data.
Direct View (Mater inst)		Local-Mater	Software for download and analysis of Respironics Trilogy machine data.
EasyView 150 (Mater inst)		Local-Mater	Software for download and analysis of ResMed Elise NIV machine data.
Encore Pro / Basic (Mater inst)		Local-Mater	Software for download and analysis of Respironics REMStar Auto and other AutoSV machine data. (Existing issue where Encore Pro is not working - Investigation underway to seek additional information. They are currently only using Encore Basic which does not need desktop version of MS-SQL.)
Epiphany (Mater inst)		Local-Mater	Epiphany is an order filer driven by Healthtrack. It receives and store ECG, create and amend reports for upload to Healthtrack Receives orders from HT Receives ECG from Modalities Matches incoming ECG from Modalities (xml format) with order Update reports from ECG modality Update Healthtrack order status http://www.epiphanyhealthdata.com/
Healthtrack (Mater inst)		Local-Mater	Cardic EMR Patient ID's are generated by searching for a URN and if not found internally to Healthtrack, importing from PAS (iPM). Patient ID's are maintained by a trickle feed from PAS (iPM) HT has a SQL database and a standard file system. HT contains predominantly PDF documents that can be scanned and/or imported. All QPCS patients registered within HT have an internal identification number assigned by HT. (This internal identification number is used as the primary key in HT.) A patient's documentation files are stored according to their assigned HT internal identification number. HT also has an "MRN" field. This field currently stores a patient's Mater UR number. Mater UR numbers are automatically sourced from iPM. iPM has been maintained as the source of truth for patient demographic information. Patient demographic information updates are also sourced from iPM. Ensomble is the "glue" for coordinating the HL7 messages being sent to and from both HT and iPM. To locate a patient's record within HT, an end user will search for the patient's record initially using the HT interface. If a patient does not exist within HT, the end user can press a button within the HT user interface, which externally launches iPM. The end user will search for the patient's record within iPM. Once identified, the relevant patient's demographic and other information will be automatically sent to HT. http://www.healthtrack.com.au/solutions/cardiac-management

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iPM (Mater inst)		Local-Mater	Mater's PAS
Karisma (Mater inst)		Local-Mater	Radiology and pathology reports
Kestral PLS - Pathology (Mater inst)		Local-Mater	PLS is the Pathology Lab System module from the Kestral suite of products (equivalent to Auslab at QH). This includes the interfaces with the lab analyser equipment http://www.kestral.com.au/products-PLS.html

CIS is the Clinical Information System module from Kestral. This is also used at Mater, but not exclusively to the Pathology Lab. http://www.kestral.com.au/products-cis.html |
| Mirth (Mater inst) | | Local-Mater | Integration engine for HL7 message integration - installed alongside Healthtrack

http://www.mirthcorp.com/products/mirth-connect |
Motionware8 (Mater inst)		Local-Mater	This software is used for downloading activity data from accelerometer-based watches.
PC Direct (Mater inst)		Local-Mater	Software to control the Respironics Trilogy ventilator via the AOM (Analog Output Module).
Profusion Sleep 4 (Mater inst)		Local-Mater	Software for reviewing and potentially re-scoring sleep study data from other sleep units. If a patient is transferred from elsewhere in Australia and they have had a previous sleep study, it is probably in Compumedics format.
Prosolv (Mater inst)		Local-Mater	PACS and reporting system used primarily for Echocardiography Includes US imaging, comments, reports, measurements and calculations Completed reports are sent to Healthtrack. Currently not linked to PACS A19 query to iPM via ESB for patient demographics

Size, growth, archiving of system? How are orders received? How in US imaging matched to patient? Is there any benefit to investigating US DICOM worklists or are US's generally offline nature How are completed reports are sent to Healthtrack? What is the notification of reports to Healthtrack?

http://www.fujifilmusa.com/products/medical/cardiovascular/ |
| ResScan (Mater inst) | | Local-Mater | Software for download and analysis of many ResMed NIV machine data. |
| Stockert Data Management System (Mater inst) | | Local-Mater | Stockert Data Management System

Electronic perfusion charting system DMS records values and events of the heart-lung machines, and numerous other external devices (e.g. patient monitors, bloodgas analyzers, ACT meters and cerebral oximetry devices). |
| Velocity (Mater inst) | | Local-Mater | EnSite Velocity

Collect anatomical and electrical data points from electrodes, and electrodes on a catheter/s Enables cardiac mapping and navigation with various visualisations inc 3d.

www.ensitevelocity.com |
| VisiDownload 3 (Mater inst) | | Local-Mater | Software for download and analysis of overnight Oximetry and CO2 trend. Additional plug-ins are required for specific device formats. Depending on the device the connection may be USB, Serial or Memory Card. |
| Bereav - Bereavement DB | | Local-NewApps | Bereavement Database - Oncology This database is expected to be merged into the Palliative Care DB prior to LCCH commissioning. |

External web sites group		Local-RCH	This represents the group of external web sites, not individually identified, that are used by staff at the RCH. Web sites are included in this category if:- - they are hosted and/or governed externally to Qld Health, and - they have no automated system-to-system interface with a Qld Health application, and - they involve no installation of software on the client computer, and - Qld Health has no involvement in supporting the site(s), and - licenses, if any, are not managed by the ICT function. Known examples include ABDR, BEMIR, Caltex Fuel Card Ordering Site, EAT (www.achs.org.au), elr.com.au, MIMS, NEMO, NPR, OASIS, OfficeMax, QFleet, StaRT, TOXINS, Recallnet (recallnet.gs1au.org), Paediatric Burns Database (operated by UQ), Learning Seat LMS, POSSUM, PaedsDB web site, Credentialing System (by The Patient Safety Company), Springboard (http://www.hrx.com.au/tech/springboard/), Q-Contracts (https://q.openwindowscontracts.com/), Health e-Workforce Solutions (http://www.healthewfs.com.au/), Infoview (http://infoview.com.au), ServiceNow (https://uxc.service-now.com), PowerPlus Management (by PowerHealth Solutions)
Fridges		Local-RCH	RCH Pharmacy Dept Fridge Monitors
Future		Local-RCH	Future - POS Inventory and Sales System used within the RCH Cafeteria
NM-MEMS (RBWH inst)		Local-RCH	Medical Equipment Management System RBWH Medical Equipment Management System, used for asset management, equipment inventory records, equipment fault logging and service calls.
NM-NMIS (RBWH inst)		Local-RCH	RBWH Nuclear Medicine Information System is a system used to manage nuclear medicine pharmacy assets and also for radiological pharmacy management, dosage management and administration, inventory keeping, dispensing, monthly statistics and summary reports
NM-PET (RBWH inst)		Local-RCH	MS Access database that captures data of all patients that have undergone PET scanning procedures at the RBWH. This system has an inbound interface from RBWH RIS system (Radnet).
Renal - Renal Patient Monitor Software		Local-RCH	ICT/Biomedical hybrid system: Renal Ambulatory Patient Monitoring System. The app is the receiving station for downloads of patient monitoring data from monitoring devices.
Teleforms		Local-RCH	RCH Teleforms scanning and OCR system. This system is expected to be decommissioned before LCCH commissioning

Table 4–Excluded Applications

Delivery Stream	Description
EAM	Enterprise Application Migration - QH Enterprise Systems
Infrastructure	Applications delivered through the LCCH Infrastructure team, including Group 1 items, Technology Solutions and End User Computing.
Local-NewApps	Local and District Systems - New Applications Stream
Local-RCH	Local and District Systems - RCH Transitions Stream
Local-Mater	Local and District Systems - Mater Transitions Stream

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Application Treatment (*)	Description
Establish	The application / component is new in the LCCH target architecture (i.e. it has no equivalent or similar system in current state).
Preserve	The existing application / component is in LCCH target app architecture in unchanged form. This category covers multiple scenarios, for example a system that remains in its current hosting environment (whether or not its information is altered), or a system that moves to a different hosting environment with no structural changes, or a state-wide system that has LCCH added as a new site.
Clone	The application / component is in LCCH target app architecture "as is", but its implementation is a new separate instance specifically for the LCCH.
Upgrade	The existing application / component is in LCCH target app architecture in upgraded form. The Upgrade and Replace categories are similar and overlap in some areas.
Replace	The existing application / component is replaced in the LCCH target app architecture by something more suitable. Two or more applications / components may be replaced by a single one, i.e. the relationship is not necessarily one-to-one.
Decommission	The existing application / component is no longer needed.
Exclude	The existing application / component is not present in the LCCH target app architecture because it will not be supported as part of the LCCH ICT operational model. This category recognises that, in practice, applications / components exist in operational settings under a clinical self-support arrangement.

(*) Note: application treatments operate independently to the treatment of the information within the application; information treatments are not listed in this document.

Pictorial views of the of the business and application environments at the opening of the LCCH are provided in the *Appendices 2 and 3*.

4.3   LCCH Application Interfaces

The interfaces that belong to each LCCH application are listed separately, in the LCCH ICT Interfaces Extract spreadsheet. This spreadsheet controls, for each application, the interface prioritisation, owner, documentation, testing and project status. It is managed through the LCCH change control process. Refer to *"LCCH Interface Extract as at 31-07-14.xlsx"* for further details.

4.4   LCCH Desktop Shortcuts and Web Links

The standard Qld Health SOE build includes a number of application shortcuts and web browser shortcuts that are provided to all PC users. These shortcuts are listed separately, in the LCCH ICT Applications and Desktop Shortcuts spreadsheet. This spreadsheet controls the set of universal desktop shortcuts and icons that are to be installed on all LCCH desktop and laptop PCs. It is managed through the LCCH change control process. Refer to *" LCCH Apps and SOE.xls"* for further details.

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5 Technology & Infrastructure

Technology/Service	Description
End User Computing	New Personal Computers (PCs) will be deployed throughout LCCH which by default will run the current Queensland Health Standard Operating Environment (SOE) being Microsoft Windows XP.

New printers and fax machines will be provisioned on an as needs basis to address both administrative and clinical needs.

Prior to the hospital opening, staff will be able to access their new PCs to setup their profile and verify that required applications and data are available.

Existing HSIA-provided "smart devices" will be able to be used at the LCCH. However, new smart devices will not be deployed as part of the LCCH project. The HSIA ICT Service Catalogue defines "smart devices" as mobile devices that offer more advanced computing ability, connectivity and features than a basic mobile phone or mobile device. The HSIA authorized smart devices currently are Apple iPads, Apple iPhones and BlackBerry smartphones. |
| Point-of-Care (POC) Terminals | Point-of-Care (POC) terminals will be installed at the bed-sides in wards throughout the LCCH.

POC terminals will be wall mounted in secure enclosures that are easily cleaned and disinfected.

POC terminals will provide access to clinical information at point of care. |
| Telephones | The LCCH telephony solution will include:
- Fixed desktop telephones
- Portable handsets (Wireless)
- Voice Mail
- Unified communication - a single inbox for email & voicemail
- Switchboard including staff consoles and contact centre software for call queuing and handling
- Call accounting
- Extension mobility - the ability for a staff member to log onto their handset and receive their calls |
| Mobile Phone Coverage | Mobile phone coverage will be provided throughout the LCCH by the major telecommunications providers. |
| Staff Duress | Staff Duress alarms will be fitted throughout LLCH to provide alerts to security when a staff member has been harmed, or is at risk of harm.

Fixed alarms will be mounted on walls, desks or other fittings.

Staff will have access to mobile devices which utilise the wireless network to display the location of a duress alarm when activated.

Staff duress can also be activated via the telephone system (x555). |
| Nurse Call | Nurse Call buttons will be fitted throughout the LCCH.

The location of an activated nurse call button will be displayed at the nurse's station. |
| Video Conferencing | The LCCH video conferencing solution will comprise of:
- QH State Wide Telehealth
- Patient video conferencing
- Interactive whiteboards capable of video conferencing
- Operating theatre video conference link |
| Smartboards and Digital Signs | Medium to Large meeting rooms will be fitted with smartboards for presentations and interactive displays with the capability to utilise video conference.

Small meeting rooms will be fitted with standard whiteboards with the ability to save/print to the network.

Visitors will be greeted with digital signs in lift foyers. These signs will be easily updated and capable of displaying a range of information from advertising, advisory or way finding. |

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Patient Check-In Kiosks	Outpatient Appointment Check-In Kiosks will be installed at key locations within the LCCH and will allow the patients to update their arrival status. In addition the Kiosks will direct the Patient/Parent to where their appointment is by displaying a map (e.g. showing how to get to Level 6 Oral Health).
Patient Entertainment System (PES)	An integrated Patient Entertainment System will be installed for use by patients and capable of delivering the following services (including provision to the Parent Resource Centre). ▪ Free to air TV ▪ Pay TV (9 Foxtel channels) ▪ Internet Services ▪ Educations Services ▪ Games from local server (not multiplayer) ▪ 4 radio channels – no music at this stage ▪ Movies on demand ▪ Menu services ▪ Radio Lollipop and Starlight
Integrated Theatres	LCCH will be fitted with a number of integrated theatres which will include: ▪ Ergonomic implementation of equipment including ICT and clinical elements (mounting of LCD monitors, endoscopic equipment and accessories) ▪ Devices specific to requirements for Operating Room including functions of the endoscopic system, accessory devices (diathermy etc) and environment (e.g. Operating Room and room lights) ▪ Information storage and retrieval (linking captured endoscopic information, images from open surgeries, and all other video sources into a digital capture device, and transmission to a central patient data base)
Instrument Inventory Management System (IIMS)	The LCCH will include an Instrument Inventory Management System (IIMS) which will track instruments (barcodes) and monitor sterilisation status.
LAN & WLAN Network	The network is an underpinning service which provides physical LAN or Wireless LAN (WLAN) access that: ▪ Provides a high speed network (voice, video & data) for Clinical, Administrative and University staff. ▪ Provide various levels of resiliency and redundancy to support business continuity. ▪ Support Quality of Service for important classes of traffic. ▪ Advanced network security enabling both detection and protection. This will provide the ability to detect, identify and allocate a device connected to the network and what equipment or services it can and cannot communicate with, therefore improving security and performance. ▪ Location based services for Duress ▪ A WLAN capable of meeting future requirements of RTLS (location based services) and RFID (Radio Frequency Identifier) for the purposes of asset tracking, BYOD (Bring Your Own Device) and guest hotspots public access. A number of Queensland universities have affiliates (i.e. staff and students) working on location at various QH facilities. These affiliates include university staff with academic, research, clinical or administrative appointments, university guests, and students of a course work or clinical nature. This design is to satisfy the business requirement for university affiliates working at QH facilities to connect to both University IT network resources and QH network resources using both QH devices (wired and wireless) and third-party wireless devices.
External Access	Access to the LCCH network from external locations will be provided through the standard HSIA External Access offering, as per the HSIA ICT Service Catalogue, This service includes wireless WAN access (via the Telstra NextG network), secure VPN connections via SecureID hardware tokens, and remote web access to certain QH network applications, also via SecureID hardware tokens.
Paging & Messaging	The Paging and messaging solution provides a system that ensures business & clinical groups are alerted as defined by business and clinical group process and systems.

Server Processing Capacity	Flexible and scalable infrastructure that can support the performance and availability requirements of the various business and clinical guest systems will be required. Server processing will be implemented as a virtualised utility service to flexibly and dynamically deploy processing power to facilitate the needs of the clinical and business applications utilised throughout the hospital and the state wide Children's Health Services District.
Storage Capacity	Local application data and user network drive data, will be stored on the centralised storage to ensure the integrity of the data is maintained, by using highly reliable and available storage infrastructure. Due to the varying clinical and business systems that will utilise shared storage; the solution requires a flexible and scalable infrastructure that can support the performance and availability requirements of these systems and data. Storage will be tiered to enable efficient placement of data on the most appropriate type of storage and provide reduced cost of ownership of costly storage devices.
Server & Communication Rooms	All rooms will have swipe card access, redundant building level UPS power as well as the standard environmental needs (air conditioning, lighting, security). Server room will also meet specialist environment requirements such as enhanced smoke/fire detection/extinguishment and moisture detection.
Building Management System (BMS)	Building Management Systems will utilise the network for communication to a range of devices from CCTV security footage and capture through to refrigerator monitoring.

Table 5 - LCCH ICT Technology Baseline

5.1   ICT-Enabled Biomedical Equipment

Biomedical equipment deployed at the LCCH is classified into two groups according to whether or not each device will be connected to the LCCH ICT network infrastructure. This ICT Blueprint covers only those devices that are network enabled.

The Biomedical Commissioning team, within the Client Commissioning Programme Stream, has identified the following:

- 125 Biomedical ICT-connected devices.

- 570 implementation instances of those 125 devices.

The complete list of ICT-enabled biomedical devices is documented separately and managed through the LCCH change control process. Refer to *" LCCH Biomedical Devices for Network Connectivity_REVISION (D)_ENDORSED 03-07-2014.xls"* for further details.

6 Appendix 1- CCHR ICT Blueprint

6.1 CCHR Overview

The Centre for Children's Health Research (CCHR) has adopted a precinct wide approach to Information Communication Technology (ICT) where possible to be in sync with the Lady Cilento Children's Hospital (LCCH). ICT environment provisioning for the CCHR will adopt LCCH ICT standards to deliver essential components that will support researchers to undertake their research activity. ICT is a key enabler that ensures the objectives of the CCHR are achieved.

The CCHR facility construction has been separated into Separable Portion A (SPA) to accommodate Pathology Queensland and Separable Portion B (SPB) to accommodate research tenants the Translational Research Institute (TRI), University of Queensland (UQ), Queensland (QUT) and Children's Health Queensland (CHQ). The project will also provide basic telecommunications connectivity to Retail tenancies as part of Separable Portion B.

Additionally the LCCH Foundation Building has been provided with ICT cabling infrastructure to provide a cabling platform to meet the ICT data and voice needs of the building occupants.

The CCHR ICT program is focused on the delivery of a sustainable ICT infrastructure and the establishment of foundational information systems for opening of the LCCH by December 2014, and for the opening of the CCHR by March 2015.

The LCCH and CCHR ICT design principle is that ICT delivered solutions are head-ended (controlled) in LCCH and expanded to CCHR where possible. This means that the major definition of the ICT environment of the LCCH/CCHR is provided in the LCCHP portion of this blueprint. Where differences occur, separate definitions for the ICT environment of the CCHR are for:

- Day 1 of the LCCH opening including CCHR SPA;
- Day 1 of the CCHR opening including CCHR SPB.

These definitions are necessary to ensure alignment between the definition of the LCCH ICT environment planned for Day 1 of opening and the academic and research partner institutions of CHQ (QUT, UQ and TRI).

This appendix describes the ICT environment that will exist at the CCHR at completion and opening of the various stages (SPA and SPB) and identifies the responsibilities for the commissioning of the ICT environment, including those of the academic and research partner institutions of CHQ.

6.2 CCHR Approach

In addition to the approach taken for the LCCH, presentations and papers were delivered and ICT working groups were established with academic and research partner institutions of CHQ, QUT, UQ and TRI, to develop the ICT components of the Detailed Design for CCHR SPB. Such groups will continue to provide input to further refining of the ICT design and delivery of same.

6.3 CCHR Information Transition Approach

Separable Portion B

Information transition for SPB will be the responsibility of each respective partner institution.

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ICT Blueprint

6.4   CCHR Applications Catalogue

Separable Portion B

LCCHP ICT will provide a solution allowing QH staff working in CCHR SPB to access agreed applications as detailed in the "LCCHP ICT Blueprint", section 4.1 "LCCH Applications in Scope". Installation of this solution (virtual desktop) on non-QH PCs will be the responsibility of each partner institution.

6.5   CCHR Technology& Infrastructure

Technology/Service	Separable Portion	Description
End User Computing	SPA & SPB	New printers and fax machines including A3 capable Multi-Function Devices, A4 capable networked Laser Printers and Label Printers will be provisioned on an as needs basis to address both administrative, clinical and research needs. Metrics from the QH Output Device Selection & Deployment Guidelines document will be used for selection and deployment of MFDs.

Pathology will require the use of special-purpose Label Printers to support Label printing requirements. The placement of Label Printers must meet the Queensland Health standards and guidelines for selection and deployment of Label Printers.

New Personal Computers (PCs) for Queensland Health staff will be deployed as required in CCHR which by default will run the current Queensland Health Standard Operating Environment (SOE) being Microsoft Windows XP.

Prior to the opening of SPA & SPB respectively, QH staff will be able to access their QH supplied PCs to setup their profile and verify that required applications and data are available.

For Level 9 QH fit-out some PCs might be transfer machines. |
	SPB Only	The provision of PCs, the operating environment and applications contained thereon and connectivity of same is the responsibility of each respective partner institution.
Telephony	SPA & SPB	The CCHR telephony solution will include: ▪ Fixed desktop telephones; ▪ Portable handsets (Wireless); ▪ Voice Mail; ▪ Unified communication - a single inbox for email & voicemail; ▪ LCCH Switchboard including staff consoles and contact centre software for call queuing and handling; ▪ Call accounting; and ▪ Extension mobility - the ability for a staff member to log onto their handset and receive their calls. QH/LCCH will supply the above telephony solution to partner institutions (TRI, UQ & QUT only). Costs can be chargeable back to the respective institution.
	SPB only	Inter Partner Telephony solution: ▪ A SIP Gateway will be installed to allow per Partner organisation internal free calls ▪ For all other calls or in case of failure of the SIP Gateway the above described CCHR telephony solution will be utilised.
Directory Integration	SPB only	There will be no Active Directory (AD) integration between Partner AD and QH AD or local CHQ AD. Telephone Directories will not be synchronised with Partner institutions
Mobile Phone Coverage	SPA & SPB	Mobile phone coverage will be available in the CCHR.
Staff Duress	SPA Only	Fixed Staff Duress alarms will be fitted as required to provide alerts to security when a staff member has been harmed, or is at risk of harm. Staff duress can also be activated via the telephone system (x555).

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Technology/Service	Separable Portion	Description
Staff Assist	SPA Only	The Staff Assist solution will be based on the same infrastructure as the LCCH "Nurse Call" system. Notifications will be received and processed according to the security process established by LCCH/CHQ and the partner institutions.
Video Conferencing	SPA Only	Pathology Queensland will be responsible for procurement and installation of their QH State Wide Telehealth solution.
	SPB Only	The CCHR video conferencing solution will comprise of: ▪ One fixed and one mobile QH State Wide Telehealth solution ▪ Interactive White Boards capable of video conferencing will be installed in various shared areas as Group 1 item by Lend Lease CCHR. QH/LCCH will not supply or support Video Conferencing, Audio / Visual, Camera and similar equipment to TRI rooms. This will be the responsibility of TRI.
LAN & WLAN Network	SPA & SPB	The network is an underpinning service which provides physical LAN or Wireless LAN (WLAN) access that: ▪ Provides a high speed network (voice, video & data) for Clinical, Administrative and University staff. ▪ Provide various levels of resiliency and redundancy to support business continuity. ▪ Support Quality of Service for important classes of traffic. ▪ Advanced network security enabling both detection and protection. This will provide the ability to detect, identify and allocate a device connected to the network and what equipment or services it can and cannot communicate with, therefore improving security and performance. ▪ A WLAN capable of meeting future requirements of RTLS (location based services) and RFID (Radio Frequency Identifier) for the purposes of asset tracking, BYOD (Bring Your Own Device) and guest hotspots public access. ▪ Wireless coverage for the CCHR includes retail space and level 2 car park, plus the tunnel and outdoor space near retail. ▪ The QH communication standard of Cat 6a will be used in CCHR as opposed to the LCCH standard of Cat 7a. Wireless access for university (or other Eduroam[4] signatory institution) users will be through Eduroam via the LCCH wireless network.
WAN	SPB Only	Connectivity from CCHR to each of the partners will be provided, allowing a maximum theoretical throughput of 10Gb per partner.
Paging & Messaging	SPA & SPB	The Paging and messaging solution provides a system for LCCH/QH staff that ensures business & clinical groups are alerted as defined by business and clinical group process and systems. Paging for CCHR will be IP based via the LCCH network.
	SPB Only	Paging services for non LCCH/QH staff will be provided by their respective institution, and not as part of LCCH/CCHR.
Server Processing Capacity	SPA Only	Server Processing Capacity for SPA will be housed in the LCCH. This is detailed in section 5 above.. No Server Processing Capacity will be housed in CCHR.
	SPB Only	Partners will not have onsite Server Processing Capacity.
Storage Capacity	SPA Only	Local application data and user network drive data will be stored on the centralised storage in the LCCH. This is detailed in section 5 above. No Storage Capacity will be housed in CCHR.
	SPB Only	Partners will not have onsite Storage Capacity. QH/LCCH staff will be able to store QH digital research Information on the LCCH SAN located in the LCCH Server Room;

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[4] Eduroam via QH allows member institution's (including QUT and UQ) staff and students working in or at QH hospitals to connect to their various home institutions to access their applications and information via a personal or 3rd party wireless connected device.

Technology/Service	Separable Portion	Description
Server & Communication Rooms	SPA & SPB	All rooms will be controlled by QH and have swipe card access, redundant building level UPS power as well as the standard environmental needs (air conditioning, lighting, security). No Partner institution owned devices will be housed in these rooms.
Building Management System (BMS)	SPA & SPB	BMS will utilise the network for communication to a range of devices from CCTV security footage and capture through to temperature controlled device monitoring and other specialist equipment nominated within the laboratories. The CCHR BMS will link with the LCCH BMS.
Biomedical Equipment	SPA Only	Pathology Queensland is responsible for the fit out of the Pathology Lab including Biomedical Equipment.
	SPB Only	QH will not supply or support Biomedical equipment or PACS for TRI, UQ and QUT tenants. QH supplied PACS will be supported as per Chapters 3&4 above.
Pneumatic tube	SPA only	A monitoring station will be installed in the Pathology department.

6.6   Foundation Building

The ICT cabling infrastructure for the Foundation Building is standalone and has not been connected to the LCCH ICT cabling infrastructure. It provides the essential cabling platform to meet the ICT data and voice needs of the building occupants.

Foundation Building has been fitted out according to QH guidelines for communications.

Wireless infrastructure has not been included though data-outlets have been provisioned on a best practice grid for future connection to wireless access points.

The ICT cabling infrastructure for the Foundation Building consist of the following:

- An external cable pit with multiple carrier conduits from the pit to the Combined Carrier Equipment Room.
- Voice IDF type MDF for termination of external carrier incoming cabling
- Racks and patch panels
- Copper horizontal cabling
- Telecommunications outlets
- Communications earthing system
- Duress - but not connected to the LCCH/CCHR system

No QH or LCCH ICT applications will be deployed in the LCCH Foundation Building.
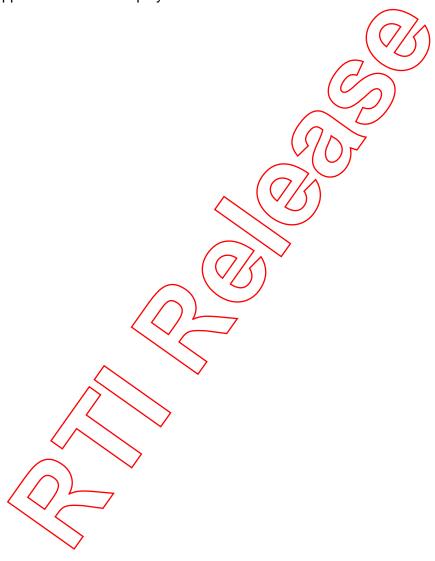
6.7   CCHR Retail Tenancies

As a tenancy shell space, Information Technology (IT) data will be supplied to the shell space as follows:
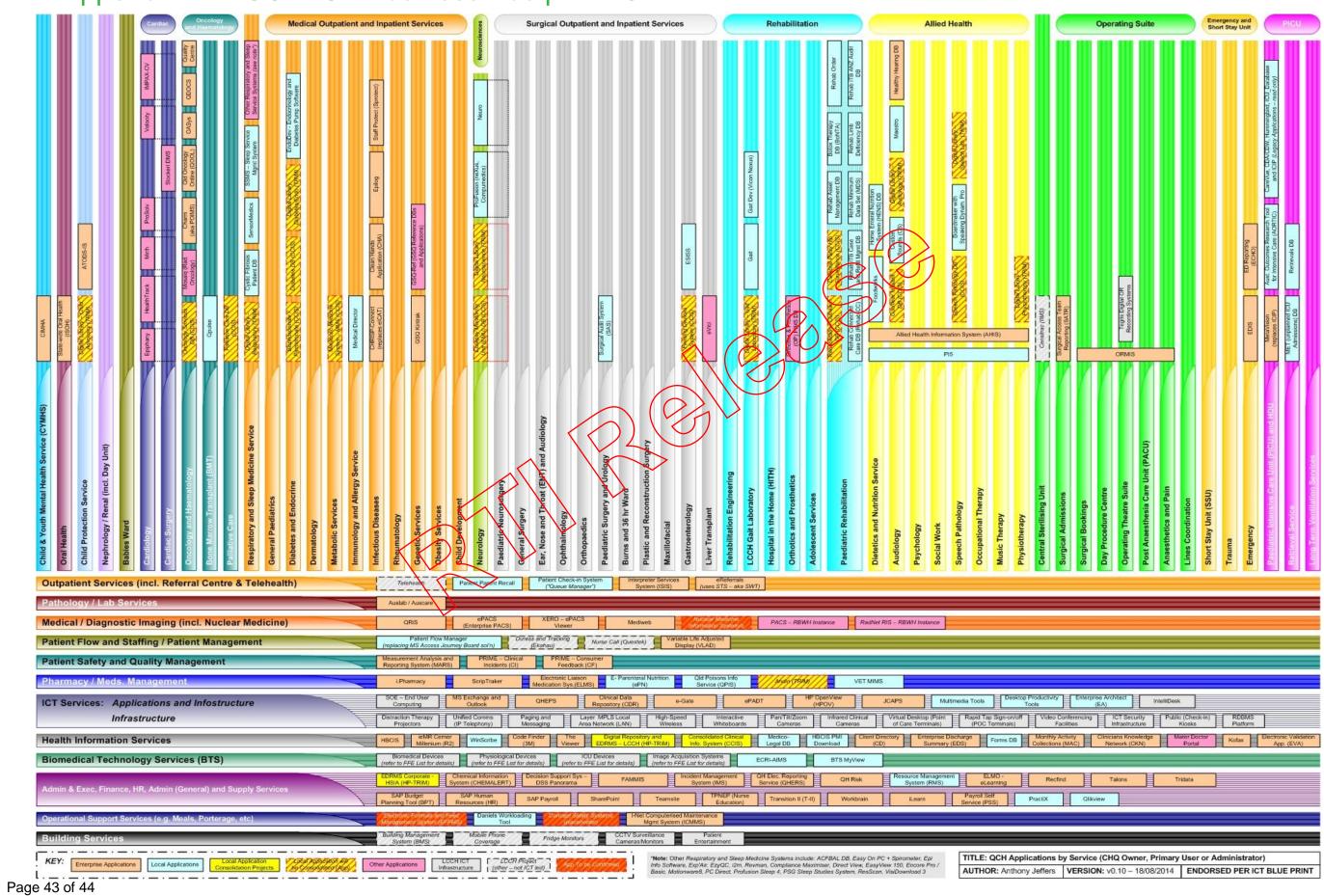
- Cat 6a cabling will be provided from an CCHR communication room to tenancies – four Cat 6a runs each, coiled up inside each tenancy.
- Connection to telecommunication providers will be the responsibility of individual tenancies.
- Cat 6a cabling will be provided from an CCHR communication room to Wireless Access Point locations.
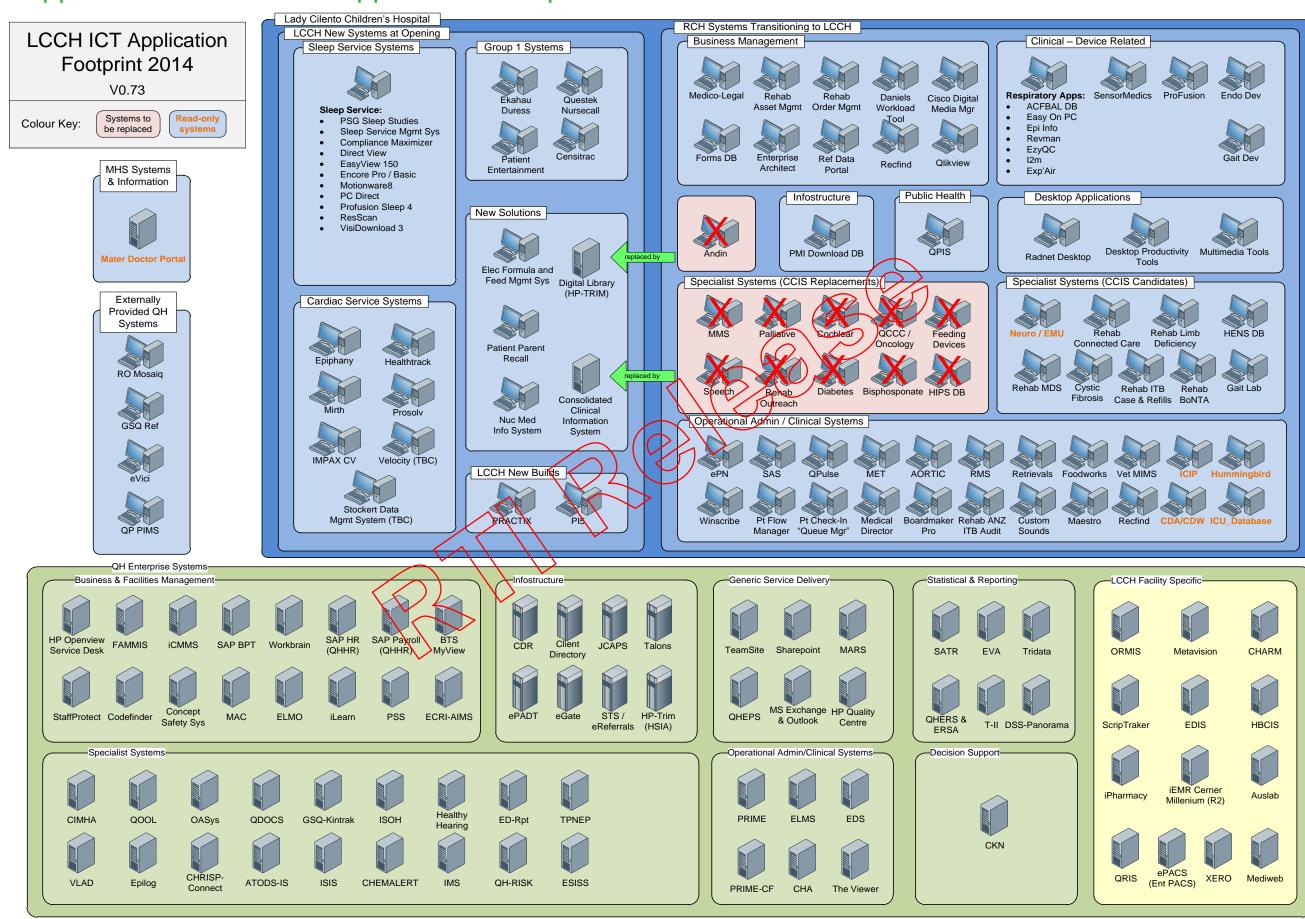
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- Cabling for CCHR access readers, door access controls and CCTV cameras is provisioned on retail level. Provision will be made for communications switch equipment and horizontal cabling terminations on level 2.

- ATM provisioning in Retail space will include power and data cabling. ATM provider will manage connectivity, either through 3G or wired service.

- QH will not supply or support desk or portable phones, messaging or paging services, computers, laptops and / or equivalent ICT equipment to Retail. No QH or LCCH ICT applications will be deployed in the CCHR retail tenancies.

7 Appendix 2 - LCCH ICT Business Footprint 2014

Service Column Headers (top)

Cardiac | Oncology and Haematology | Medical Outpatient and Inpatient Services | Neurosciences | Surgical Outpatient and Inpatient Services | Rehabilitation | Allied Health | Operating Suite | Emergency and Short Stay Unit | PICU

Service Areas (vertical labels)

Child & Youth Mental Health Service (CYMHS) | Oral Health | Child Protection Service | Nephrology / Renal (incl. Day Unit) | Babies Ward | Cardiology | Cardiac Surgery | Oncology and Haematology | Bone Marrow Transplant (BMT) | Palliative Care | Respiratory and Sleep Medicine Service | General Paediatrics | Diabetes and Endocrine | Dermatology | Metabolic Services | Immunology and Allergy Service | Infectious Diseases | Rheumatology | Genetic Services | Obesity Services | Child Development | Neurology | Paediatric Neurosurgery | General Surgery | Ear, Nose and Throat (ENT) and Audiology | Ophthalmology | Orthopaedics | Paediatric Surgery and Urology | Burns and 36 hr Ward | Plastic and Reconstruction Surgery | Maxillofacial | Gastroenterology | Liver Transplant | Rehabilitation Engineering | LCCH Gait Laboratory | Hospital in the Home (HITH) | Orthotics and Prosthetics | Adolescent Services | Paediatric Rehabilitation | Dietetics and Nutrition Service | Audiology | Psychology | Social Work | Speech Pathology | Occupational Therapy | Music Therapy | Physiotherapy | Central Sterilising Unit | Surgical Admissions | Surgical Bookings | Day Procedure Centre | Operating Theatre Suite | Post Anaesthesia Care Unit (PACU) | Anaesthetics and Pain | Lines Coordination | Short Stay Unit (SSU) | Trauma | Emergency | Paediatric Intensive Care Unit (PICU and HDU) | Flying Squad Service | Long Term Ventilation Service

ICT Service Rows (left labels)

- Outpatient Services (incl. Referral Centre & Telehealth)
- Pathology / Lab Services
- Medical / Diagnostic Imaging (incl. Nuclear Medicine)
- Patient Flow and Staffing / Patient Management
- Patient Safety and Quality Management
- Pharmacy / Meds. Management
- ICT Services: Applications and Infostructure / Infrastructure
- Health Information Services
- Biomedical Technology Services (BTS)
- Admin & Exec, Finance, HR, Admin (General) and Supply Services
- Operational Support Services (e.g. Meals, Porterage, etc)
- Building Services

Selected Application Labels

IMPAX-CV | Velocity | Mirth | ProSolv | HealthTrack | Epiphany | CIMHA | State-wide Oral Health (SOH) | ATODS-IS | Stocker DMS | Quality Centre | QDOCS | OASys | Qld Oncology Online (QOOL) | Mosaiq (Rad Oncology) | Charm (aka PDIMS) | Cpulse | Other Respiratory and Sleep Service Systems (see note *) | SSIMS – Sleep Service Mgmt System | SensorMedics | Cystic Fibrosis Patient DB | EndoBror – Endocrinology and Diabetes Pump Software | Medical Director | CHRISP-Connect (replaces eICAT) | Epilog | Clean Hands Application (CHA) | Staff Protect (Sprotec) | GSQ Kintrak | GSQ-Ref (GSQ Reference DBs and Applications) | ProFusion (noXus, Compumedics) | Neuro | Surgical Audit System (SAS) | eVici | ESiiS | Gait | Gait Dev (Vicon Nexus) | Rehab Order | Rehab TIB ANZ Audit DB | Healthy Hearing DB | Maestro | Botox Therapy DB (BoNTA) | Rehab Limb Deficiency DB | RehaB Asset Management DB | Rehab Minimum Data Set (MDS) | Rehab Connect OP PAIS DB | Rehab Connect Acute Care DB (Rehab CC) | FoodWorks | Home Enteral Nutrition System (HENS) DB | Bookmaker with Speaking Dynam. Pro | Allied Health Information System (AHIS) | PIS | Cerebher (IIMS) | Surgical Access Team Reporting (SATR) | Tegris Digital OR Recording Systems | ORMIS | ED Reporting (ECHO) | EDIS | MetaVision (replaces CIS) | Asst. Outcomes Research Tool for Intensive Care (AORTIC) | Retrievals DB | CareVue, CDX/CDW (Hummingbird, ICU Database and CIP (Legacy Applications – read only)) | MET (Unplanned ICU Admissions) DB

Telehealth | Patient Patient Recall | Patient Check-in System ("Queue Manager") | Interpreter Services System (ISIS) | eReferrals (uses STS – aka SWT) | Auslab / Auscare | QRIS | ePACS (Enterprise PACS) | XERO – ePACS Viewer | Mediweb | Nuclear Medicine Information System | PACS – RBWH Instance | RadNet RIS – RBWH Instance | Patient Flow Manager (replacing MS Access Journey Board sol'n) | Duress and Tracking (Ekahau) | Nurse Call (Questek) | Variable Life Adjusted Display (VLAD) | Measurement Analysis and Reporting System (MARS) | PRIME – Clinical Incidents (CI) | PRIME – Consumer Feedback (CF) | i.Pharmacy | ScripTraker | Electronic Liaison Medication Sys.(ELMS) | E-Parenteral Nutrition (ePN) | Qld Poisons Info Service (QPIS) | AnalyTRIM | VET MIMS | SOE – End User Computing | MS Exchange and Outlook | QHEPS | Clinical Data Repository (CDR) | e-Gate | ePADT | HP OpenView (HPOV) | JCAPS | Multimedia Tools | Desktop Productivity Tools | Enterprise Architect (EA) | IntelliDesk | Distraction Therapy Projectors | Unified Comms (IP Telephony) | Paging and Messaging | Layer MPLS Local Area Network (LAN) | High-Speed Wireless | Interactive Whiteboards | Pan/Tilt/Zoom Cameras | Infrared Clinical Cameras | Virtual Desktop (Point of Care Terminals) | Rapid Tap Sign-on/off (POC Terminals) | Video Conferencing Facilities | ICT Security Infrastructure | Public (Check-in) Kiosks | RDBMS Platform | HBCIS | ieMR Cerner Millenium (R2) | WinScribe | Code Finder (3M) | The Viewer | Digital Repository and EDRMS – LCCH (HP-TRIM) | Consolidated Clinical Info. System (CCIS) | Medico-Legal DB | HBCIS PMI Download | Client Directory (CD) | Enterprise Discharge Summary (EDS) | Forms DB | Monthly Activity Collections (MAC) | Clinicians Knowledge Network (CKN) | Mater Doctor Portal | Kofax | Electronic Validation App. (EVA) | Biomedical Devices (refer to FFE List for details) | Physiological Devices (refer to FFE List for details) | ICU Devices (refer to FFE List for details) | Image Acquisition Systems (refer to FFE List for details) | ECRI-AIMS | BTS MyView | EDRMS Corporate - HSIA (HP-TRIM) | Chemical Information System (CHEMALERT) | Decision Support Sys – DSS Panorama | FAMMIS | Incident Management System (IMS) | QH Elec. Reporting Service (QHERS) | QH Risk | Resource Management System (RMS) | ELMO - eLearning | Recfind | Talons | Tridata | SAP Budget Planning Tool (BPT) | SAP Human Resources (HR) | SAP Payroll | SharePoint | Teamsite | TPNEP (Nurse Education) | Transition II (T-II) | Workbrain | iLearn | Payroll Self Service (PSS) | PractiX | Qlikview | Electronic Formula and Feed Management System (EFMMS) | Daniels Workloading Tool | Chemical Safety Systems (placeholder) | I-Net Computerised Maintenance Mgmt System (ICMMS) | Building Management System (BMS) | Mobile Phone Coverage | Fridge Monitors | CCTV Surveillance Cameras/Monitors | Patient Entertainment

KEY

Enterprise Applications | Local Applications | Local Application Consolidation Projects | Local Application not for Consolidation (N/A) | Other Applications | LCCH ICT Infrastructure | LCCH Project (other – not ICT led) | Appln to be Confirmed

*Note: Other Respiratory and Sleep Medicine Systems include: ACFBAL DB, Easy On PC + Spirometer, Epi Info Software, Exp'Air, EzyQC, i2m, Revman, Compliance Maximiser, Direct View, EasyView 150, Encore Pro / Basic, Motionware8, PC Direct, Profusion Sleep 4, PSG Sleep Studies System, ResScan, VisiDownload 3

TITLE: QCH Applications by Service (CHQ Owner, Primary User or Administrator)
AUTHOR: Anthony Jeffers | VERSION: v0.10 – 18/08/2014 | ENDORSED PER ICT BLUE PRINT

LCCH ICT Application Footprint 2014

V0.73

Colour Key: Systems to be replaced | Read-only systems

MHS Systems & Information

Mater Doctor Portal

Externally Provided QH Systems

RO Mosaiq

GSQ Ref

eVici

QP PIMS

Lady Cilento Children's Hospital

LCCH New Systems at Opening

Sleep Service Systems

Sleep Service:
- PSG Sleep Studies
- Sleep Service Mgmt Sys
- Compliance Maximizer
- Direct View
- EasyView 150
- Encore Pro / Basic
- Motionware8
- PC Direct
- Profusion Sleep 4
- ResScan
- VisiDownload 3

Group 1 Systems

Ekahau Duress | Questek Nursecall

Patient Entertainment | Censitrac

New Solutions

Elec Formula and Feed Mgmt Sys | Digital Library (HP-TRIM) — replaced by

Patient Parent Recall

Nuc Med Info System | Consolidated Clinical Information System — replaced by

Cardiac Service Systems

Epiphany | Healthtrack

Mirth | Prosolv

IMPAX CV | Velocity (TBC)

Stockert Data Mgmt System (TBC)

LCCH New Builds

PRACTIX | PI5

RCH Systems Transitioning to LCCH

Business Management

Medico-Legal | Rehab Asset Mgmt | Rehab Order Mgmt | Daniels Workload Tool | Cisco Digital Media Mgr

Forms DB | Enterprise Architect | Ref Data Portal | Recfind | Qlikview

Infostructure

Andin ✗ | PMI Download DB

Public Health

QPIS

Clinical – Device Related

Respiratory Apps:
- ACFBAL DB
- Easy On PC
- Epi Info
- Revman
- EzyQC
- I2m
- Exp'Air

SensorMedics | ProFusion | Endo Dev

Gait Dev

Desktop Applications

Radnet Desktop | Desktop Productivity Tools | Multimedia Tools

Specialist Systems (CCIS Replacements)

MMS ✗ | Palliative ✗ | Cochlear ✗ | QCCC / Oncology ✗ | Feeding Devices ✗

Speech ✗ | Rehab Outreach ✗ | Diabetes ✗ | Bisphosponate ✗ | HIPS DB ✗

Specialist Systems (CCIS Candidates)

Neuro / EMU | Rehab Connected Care | Rehab Limb Deficiency | HENS DB

Rehab MDS | Cystic Fibrosis | Rehab ITB Case & Refills | Rehab BoNTA | Gait Lab

Operational Admin / Clinical Systems

ePN | SAS | QPulse | MET | AORTIC | RMS | Retrievals | Foodworks | Vet MIMS | iCIP | Hummingbird

Winscribe | Pt Flow Manager | Pt Check-In "Queue Mgr" | Medical Director | Boardmaker Pro | Rehab ANZ ITB Audit | Custom Sounds | Maestro | Recfind | CDA/CDW | ICU_Database

QH Enterprise Systems

Business & Facilities Management

HP Openview Service Desk | FAMMIS | iCMMS | SAP BPT | Workbrain | SAP HR (QHHR) | SAP Payroll (QHHR) | BTS MyView

StaffProtect | Codefinder | Concept Safety Sys | MAC | ELMO | iLearn | PSS | ECRI-AIMS

Infostructure

CDR | Client Directory | JCAPS | Talons

ePADT | eGate | STS / eReferrals | HP-Trim (HSIA)

Generic Service Delivery

TeamSite | Sharepoint | MARS

QHEPS | MS Exchange & Outlook | HP Quality Centre

Statistical & Reporting

SATR | EVA | Tridata

QHERS & ERSA | T-II | DSS-Panorama

LCCH Facility Specific

ORMIS | Metavision | CHARM

ScripTraker | EDIS | HBCIS

iPharmacy | iEMR Cerner Millenium (R2) | Auslab

QRIS | ePACS (Ent PACS) | XERO | Mediweb

Specialist Systems

CIMHA | QOOL | OASys | QDOCS | GSQ-Kintrak | ISOH | Healthy Hearing | ED-Rpt | TPNEP

VLAD | Epilog | CHRISP-Connect | ATODS-IS | ISIS | CHEMALERT | IMS | QH-RISK | ESISS

Operational Admin/Clinical Systems

PRIME | ELMS | EDS

PRIME-CF | CHA | The Viewer

Decision Support

CKN

ICT Mock Trial Readiness - 20 October 2014

🟢 On target	⚠️ Less than one week over	🔴 Greater than one week over

Infrastructure Services

Application/Technology	Readiness Date	Readiness Status	Risk Status	Comments
CCHR Sep A	20 Oct 14	🟢		
CCHR Sep B	31 Mar 15	🔴	(yellow)	Not applicable to mock trials. The Building Construction PC date is planned for 21/01/2014.
AUSLAB	20 Oct 14	🟢	(yellow)	Pathology mitigation implemented to address the risk of clinical data not being available to commission AUSLAB.
Core Infrastructure (LAN, WLAN, Security)	30 Sep 14	🟢	(yellow)	Release 2 activities are tracking well with most components now well into the testing phase.
Core Infrastructure	30 Jun 14	🟢	(blue)	Completed.
Group 1 and Ancillary				
- Audio Visual	26 Dec 14	🔴	(red)	Installation is dependant on LL capacity. AV installation has been prioritized with CHQ and will continue beyond mock trials.
- Nurse Call	17 Oct 14	🟢	(red)	Nurse Call replacement underway by LL and interface work with P&M is being completed in parallel.
- Security Services	29 Sep 14	🟢	(yellow)	Witness testing and BAS handover of the Core Security Stream is in progress, however final configuration activities remain (configuration of CCTV clinical cameras, Wireless Duress, Card Access AD integration, Printer delivery etc).
- Wireless Duress	17 Oct 14	🟢		The project is impacted by the Nurse Call replacement.
- Patient Entertainment Systems	17 Oct 14	🟢	(red)	The PES system is not yet fully commissioned and handed over to QH has not commenced.
- Wireless Infrastructure Internal	19 Aug 14	🟢	(green)	
- Wireless Infrastructure External	19 Sep 14	🟢	(green)	
UC, Paging and Messaging				
- P&M - Final Configuration	3 Oct 14	🟢		
- Telephone Deployment	15 Oct 14	🟢		
End User Computing				
- Network Print Services	12 Sep 14	🟢		
- Point of Care - Wall Mounted	30 Sep 14	🟢		
- Point of Care - Mobile Carts	20 Oct 14	🟢		
- Desktop Deployment Complete	13 Oct 14	🟢	(red)	Practical completion and limitations on room availability and suitability (eg. no furniture) causing delays for the physical deployment of printers and PCs. Late PC will see less time for all other project staff to be on-site - which means more compressed ad-hoc requests that may not be able to accommodate on-demand.
- Laptop Configuration and Deployment	18 Nov 14	🔴	(red)	Final configuration of laptops will not occur prior to mock trails. Dependant on allocation and application installation.
- Existing EUC Transitioned	24 Nov 14	🔴	(green)	Not applicable to mock trials. Aligned with hospital Go live.
- CCHR SEP A PC deployment	16 Sep 14	🟢		
IIMS	17 Oct 14	🟢		
Integrated Theatre	17 Oct 14	🟢	(red)	Cabling rectification works, spring arms and monitor holder replacement works are impacting delivery.
Patient Flow	20 Oct 14	🟢	(yellow)	
Patient Queue Manager (Check In)	31 Oct 14	🔴	(yellow)	Dependant on reference data and HBCIS configuration. Mock trials acheiveable if reference data provided by 15 Sep.
Patient Monitoring	2 Oct 14	🟢	(green)	

Enterprise Application HSIA

Application	Readiness Date	Readiness Status	Risk Status	Comments
BPT	30 Sep 14	🟢	(green)	
Chrisp Connect	13 Oct 14	🟢	(green)	
CIMHA	15 Oct 14	🟢	(green)	
Client Directory	1 Oct 14	🟢	(red)	Dependant on full Mater data extract.
Codefinder	10 Oct 14	🟢	(green)	
DSS - Panorama	30 Sep 14	🟢	(green)	
EDIS	17 Oct 14	🟢	(green)	
EDS	17 Oct 14	🟢	(yellow)	INET to confirm options to fulfil LCCH requirements and testing commencing 8 Sep.
eLMS	13 Oct 14	🟢	(green)	
Email Service (Outlook)	8 Sep 14	🟢	(green)	
EPADT	24 Oct 14	🟡	(green)	
EPILOG	14 Oct 14	🟢	(green)	
ERSA & QHERS	2 Oct 14	🟢	(green)	
ESISS	10 Oct 14	🟢	(red)	Change request to implement a HBCIS interface feed has been submitted.
External Access	10 Oct 14	🟢	(green)	
FAMMIS	14 Oct 14	🟢	(green)	
HBCIS	20 Oct 14	🟢	(red)	Dependant on full reference data and Mater data.
HPOV	9 Oct 14	🟢	(green)	
HP Quality Centre	28 Nov 14	🔴	(green)	Not applicable to mock trials. Only required to be ready for Go Live.
ICMMS	17 Oct 14	🟢	(green)	
iEMR	20 Oct 14	🟢	(red)	Dependant on full reference data and Mater data.
iPHARMACY	6 Oct 14	🟢	(green)	
Internet Platform Service	1 Oct 14	🟢	(green)	
ISIS	15 Oct 14	🟢	(green)	
ISOH	26 Sep 14	🟢	(green)	

ICT Mock Trial Readiness - 20 October 2014				
KINTRAK	26 Sep 14	🟢		
ORMIS	17 Oct 14	🟢		
PICU-CIS (Metavision)	16 Oct 14	🟢		
POIMS	16 Oct 14	🟢		
Power Plus Mgt	17 Oct 14	🟢		
PRIME & PRIME CF	6 Oct 14	🟢		
PSS	3 Oct 14	🟢		
QH Risk	2 Oct 14	🟢		
QHEPS	8 Oct 14	🟢		
QHHR	10 Oct 14	🟢		
QRIS & ePACS	17 Oct 14	🟢	🟨	
SATR	2 Oct 14	🟢		
Sharepoint	10 Oct 14	🟢		
Smart Devices	1 Oct 14	🟢		
Springboard	2 Oct 14	🟢		
Staff Protect	24 Nov 14	🔴		Not applicable to mock trials. Only required to be ready for Go Live.
STS	8 Oct 14	🟢		
Teamsite	7 Oct 14	🟢		
TII & Talons	11 Oct 14	🟢		
The Viewer	17 Oct 14	🟢	🟨	Waiting on INET to provide options and risks to remediate HBCIS facility code and Mater integration impacts.
TPNEP	3 Oct 14	🟢		
Tridata	13 Oct 14	🟢		
Video Conferencing Service	17 Oct 14	🟢		
Other	20 Oct 14	🟢		

Biomedical ICT Commissioning

Devices	Readiness Date	Readiness Status	Risk Status	Comments
Medical Imaging - 36 device types	1 Aug 14	🟢		
Cardiology - 30 device types	12 Sep 14	🟢	🟨	Configuration development inflight. Multiple
Patient Monitoring - 13 device types	11 Sep 14	🟢		
Pathology - 13 device types	8 Aug 14	🟢		
ICU - 3 device types	2 Sep 14	🟢		
Neurology - 9 device types	2 Sep 14	🟢		
Respiratory and Sleep Medicine - 17 device types	29 Aug 14	🟢	🟥	Outstanding solution overview due to late engagement of vendor is impacting delivery.
Operating Theatre - 5 device type	5 Sep 14	🟢		
General - 26 device types	5 Sep 14	🟢		

Local Applications

Application	Readiness Date	Readiness Status	Risk Status	Comments
Cardiac Applications	27 Oct 14	🟡	🟥	
Mater Information Sharing	17 Oct 14	🟢	🟥	Dependant on Mater work packages.
Sleep, Respiratory and Lung Function Applications	20 Oct 14	🟢	🟨	Lung function system may not be ready for mock trials due to delivery date of late September.
CCIS	10 Oct 14	🟢	🟥	Core system and one application only.
Clinical Digital Repository and eDRMS	24 Dec 14	🔴		New applications not applicable to mock trials.
Electronic Formula and Feed Management System (EFFMS)	5 Nov 14	🔴	🟨	New applications not applicable to mock trials.
CFP	10 Oct 14	🟢		
Custom Sounds	20 Oct 14	🟢		
EndoDev	13 Oct 14	🟢		
ePN	20 Oct 14	🟢		
eVICI	2 Oct 14	🟢		
Forms DB	20 Oct 14	🟢		
Gait DB	20 Oct 14	🟢		
Gait Dev	20 Oct 14	🟢		
GSQ Ref DB's	30 Sep 14	🟢		
HENS DB	26 Sep 14	🟢		
ICIP	15 Oct 14	🟢		
ICU DB (Retrievals DB)	20 Oct 14	🟢	🟨	
Maestro	20 Oct 14	🟢		
MedDIR	15 Oct 14	🟢		
Medico	15 Oct 14	🟢		
MET Calls & Unplanned PCIU Admissions	15 Oct 14	🟢		
Neuro (Historical, test reporting only)	14 Oct 14	🟢		
Non HSIA Applications (15)	20 Oct 14	🟢		
PI5	15 Oct 14	🟢		
PIMS	15 Oct 14	🟢		
PMI-DL GBCIS PMI Download	15 Oct 14	🟢		
Practix	19 Oct 14	🟢	🟨	Project has key dependencies on the approach to transitioning referrals into HBCIS and HBCIS interface.
Profusion	17 Oct 14	🟢	🟨	Delays in procurement of vendor work package increasing risk of not meeting mock trial dates.
QPIS (Qld Poisons Information System)	29 Sep 14	🟢		
QPULSE (Oncology doc management system)	30 Sep 14	🟢		
RecFind	30 Sep 14	🟢		
Rehab ITB Management_Refill DB	9 Oct 14	🟢		
Rehab-Asset	14 Oct 14	🟢		
Rehab-BoNTA - Rehab BoNTA DB	20 Oct 14	🟢		
Rehab-CC - Rehab Connected Care Database	10 Oct 14	🟢		
Rehab-ITB - Rehab ANZ ITB Audit DB	10 Oct 14	🟢		
Rehab-Limb - Rehab Limb Deficiency DB	15 Oct 14	🟢		
Rehab-MDS - Rehab Minimum Data Set	1 Oct 14	🟢		
Rehab-Order	10 Oct 14	🟢		
Resource Management System	30 Sep 14	🟢		
Retcam	20 Oct 14	🟢		
RO-MOSAIQ	14 Oct 14	🟢		
SAS	14 Oct 14	🟢		
Winscribe	15 Oct 14	🟢	🟥	Solution for day 1 to be confirmed.
Other	20 Oct 14	🟢		

Local Applications

Interfaces (3)	Readiness Date	Readiness Status	Risk Status	Comments
Interfaces	20 Oct 14	🟢		Resource contention may require prioritization of interface work.

Current LCCH Program ICT Extreme Risks – 23 October 2014

Project	Risk#	Risk description	Risk rating (Pre Mitigation)	Consequence rating	Likelihood rating	Risk rating (Post Mitigation)	Key Mitigation strategies
Commissioning/ Operations	3.126	There is a risk due to the high level of integration across multiple technologies with multiple vendors / providers, which may result in a delay to the delivery of ICT Solutions, Commissioning, and therefore in opening the LCCH (excluding Biomedical & QPCS which are covered in other risks). Note: Date driven project	Extreme (12)	Major	Unlikely	High (9)	• Dependencies are being continually identified and Integrated into project plans • Ensuring rigorous unit testing with each solution, to remedy any up front errors/issues. - In progress • Implementing lessons learned from previous hospital projects, in particular GCUH. -- Occurring • Introduce robust defect reporting and management, including vendor management. • Develop end to end scenario tests to cover the critical business solutions. -- completed. • Bring forward integrated testing activities as much as possible, especially integration with building management systems. Occurring • Focus on each service line end to end and determine any gaps in the delivery and testing of the solution, and prioritise key areas of concern for resolution • Confirm emergency response criteria for all Group 1 vendors, especially where these vendors are part of an integrated ICT solution - Completed

Project	Risk#	Risk description	Risk rating (Pre Mitigation)	Consequence rating	Likelihood rating	Risk rating (Post Mitigation)	Key Mitigation strategies
Commissioning/ Operations	3.127	There is a risk that the minimum set of identified core ICT Cardiac requirements may not be available for Day 1 to support the new cardiac service at the LCCH. Non-core Cardiac systems may adopt paper based service until ICT is made available. Challenges include: - Technical transition complexity - BTS Complexity - Lack of service models - Vendor engagement lead time and timelines - Operational service models	Extreme (18)	Major	Possible	High (14)	• LCCH ICT team works with CHQ team to document the services in detail. In progress - ongoing • Engagement of vendors for software delivery, solution design and support. Major cardiac vendor engaged mid July 2014 - complete • Obtain full copy of cardiac database and configuration from the Mater. Completed • Request CHQ business owners to further refine options for service delivery that will be less reliant on full delivery of the proposed ICT solution from MHS by opening date
Commissioning/ Operations	3.136	There is a risk that if ICT issues are identified, which require significant rectification or rework, this may impact the opening of the hospital, as LCCHP schedule does not currently include time to perform rectification work.	Extreme (18)	Major	Unlikely	High (9)	• Develop an overarching Test Strategy. • Ensure User Acceptance Testing (UAT) of all systems prior to mock trials. • Ensure business provides an approval criterion for Go-Live, including ICT requirements. • Establish robust issue and fault management and reporting processes and implement prior to mock trials to ensure there is a robust test of the process before go-live. Completed – operating in a live mode during October 2014. • Establish emergency ICT response teams on site who are capable of responding immediately to issues and crises if they arise, with the authority to authorise immediate rectification work. – Largely in place – being continually refined.

CHQ Change Request Tracking Spreadsheet - as at 23/09/14

#	Date Received by LCCHP	CHQ / MHS Initiator	Issue	Brief Signed / AGREED by CHQ HHS Executive	PROJECT OUTCOME	Rationale	Date Response Issued to CHQ	STATUS
1	8/05/2013	Jane Tomlinson CNC IMPS CHQ	Bracket for off contract alcohol rub	EDMS-John Wakefield	AGREED	Procured & installed	Y	CLOSED
2	9/09/2013		SPECT CT	Submitted to PEG for noting	AGREED		Y	CLOSED
3	9/10/2013	CHQF- Rachel Pearce A/PPO Office of Strategy Management	Foundation Library and Cinema requirements	Email-GMO-Sue McKee	NOT AGREED			TO CHQ CHANGE REQUEST REGISTER
4	21/10/2013	Sue McKee	LCCH Mortuary	Email-Sue McKee	NOT AGREED		Y	TO CHQ CHANGE REQUEST REGISTER
5	18/12/2013	Debbie Watson Senior Radiograpgher-CT CHQ	Approval to purchase CT scanner that is not the value for money option	A/CFO-Alan Fletcher	AGREED			formal response pending
6	28/01/2014	CHQ EMT	L7 Exec Suite - Delete joinery (fixed seating)	Nil	AGREED	Nil project cost	25/07/2014	CLOSED
7	4/02/2014	Di Feige ESO Dr.Steer CHQ	Executive Suite-Board Chair Office-FF&E changes	(Email)	NOT AGREED	Board Chairs Office - 6 seat table WH&S risk room constructed - insufficient space	25/07/2014	TO CHQ CHANGE REQUEST REGISTER
8	6/02/2014	Di Feige ESO Dr.Steer CHQ	L7 Exective Suite-FF&E-Filing cabinets	(Email)	AGREED	12 filing cabinets to be added to department equipment list - bringing total to 15 for the area - may be new or suitable transfer	25/07/2014	CLOSED
9	12/02/2014	Tom Toepfer Director Medical Imaging CHQ	General X-Ray Room	CFO-Loretta Seamer	AGREED			formal response pending
10	7/03/2014	Peter Steer HSCE CHQ	Intra Operative MRI	Email-Sue McKee	AGREED			formal response pending
11	7/03/2014	Damon Bennet MRI Unit Manager MHS	Allocation of MRI resources	Email-Sue McKee				OPEN
12	28/03/2014	Katie Kilpatrick Manager CRS CHQ	Additional workstations for CRS	GMO-Sue McKee	AGREED	add 2 office chairs, 1 desk phone & 1 pc to CRS reception to enable intended functionality No infrastructure change required	14/07/2014	CLOSED
13	2/04/2014	Karyn Ehren Nursing Director Surgical Division	Patient Information Boards - (bed head name boards)	GMO-Sue McKee	NOT AGREED	new scope CHQ move, settle, grow, - review demand requirments including safety, privacy and confidentiality post DLP POC terminal & whiteboard in room	29/07/2014	TO CHQ CHANGE REQUEST REGISTER
14	16/05/2014	Janelle Bowra ND CYMHS CHQ	Changes to Point of Care terminals / computer requirements in 8b CYMHS	EMT	pending			OPEN
15	21/05/2014	Janelle Bowra ND CYMHS CHQ	Day Program Reception Area 8b CYMHS	Brief signed by Sue McKee 03/06/2014	pending			OPEN
16	21/05/2014	Janelle Bowra ND CYMHS CHQ	Dual egress requirements of interview rooms in 8b CYMHS	Brief signed by Sue McKee 03/06/2015	pending			OPEN
17	28/05/2014	Deborah Sinclair / Stephen Knight DMI RCH	Medical Imaging Meeting Room - multiple changes Infrastructure changes required, delete built in cabinet, add noggings, power/data, aditional equipment requested	EMT - signed by Julie McEniery 14/05/2014	PARTIAL SOLUTION	CHQ move, settle, grow, adhere to agreed philosophy re meeting rooms, confirm if lecturn and table are required Confirmation Noelle Cridland received 22/07/2014 - delete lecturn and keep tables - FF&E advised 25/07/2014 ICT solutions accommodated	14/07/2014	TO CHQ CHANGE REQUEST REGISTER
18	29/05/2014	Dominic Tait Divisional Director Clinical Support	Additional check-in Kiosks x 3	ICT CP Draft-signed by Sue McKee 29/05/2014	NOT AGREED	CHQ move settle & grow into new premisis and review demand requirements for these items post DLP	26/06/2014	CLOSED

19	30/05/2014	Steve Ryan A/ND	5D clean utility / store - room modifications for consumables	EMT	NOT AGREED	Solutions - just in time, repurpose linen store, & advise on deletion of loose FF&E from clean utility Response re requirements 17 & 23/07/2014 FF&E advised 25/07/2014	14/07/2014	CLOSED
20	3/06/2014	Janelle Bowra ND CYMHS CHQ	**Additional ICT requirements 8b CYMHS**	EMT	pending			OPEN
21	12/06/2014	Jason Acworth Director Emergency MedicineCHQ	**Simulation facilities**	EMT - signed by Sue McKee 11/06/2014	pending	High Priority - investigations ongoing likely FAULT		OPEN
22	19/06/2014	Katie Kilpatrick / Paul Burnham	**BTS ICT FF&E omissions**	EMT-signed by Sue McKee 11/06/2015	pending			OPEN
			Peter Steer Executive Notice sent 26/06/2014 - 'unless genuine safety risk is identified no changes are to be made. Most existing and new change requests will be logged for further consideration after LCCH has opened.'					
23	3/07/2014	Dom Tait / Sue McKee	**Public & Staff Facilities ICT - multiple changes**	Signed by Sue McKee 20/06/2014. EMT AGREED 02/07/2014.	NOT AGREED			formal response pending
24	3/07/2014	Vicki Livett	**L3 Rm 12346 Surgical OPD-Consumables Storage.**	Signed by Vicki Livett-06/06/2014. Signed by Sue McKee-02/07/2014	pending			OPEN
25	9/07/2014	Priya Edwads-Acting Director Paeds Rehab	**6G Outpatients-change printers to MFD's**	Brief signed by SteveMcTaggart/ Sue McKee 11/07/2014	pending			OPEN
26	14/07/2014	Jan Connors, Director of Paediatric Services	**Dual Screen Monitors in Child Protection & Forensic Medicine Service (CPFMS)**	Brief unsigned	NOT AGREED			A formal response pending TO CHQ CHANGE REQUEST REGISTER
27	18/07/2014	Cathy Keyte	**Connect phillips monitoring to HBCIS for day 1**	EMT - not signed	NOT AGREED	Insufficient time. Recommend as a post day 1 possibility		A formal response pending TO CHQ CHANGE REQUEST REGISTER
28	23/07/2014	Vicki Livett / Sue McKee	**ORS-Convert 3 single offices to dual**	Brief signed by Vicki Livett 23/06/2014. EMT - not signed.	NOT AGREED			A formal response pending TO CHQ CHANGE REQUEST REGISTER
29	14/08/2014	Deborah Sinclair / Stephen Knight DMI RCH	**AV Requirements to Medical Imaging Meeting Room L01.3.615**	EMT - signed by Julie McEniery 14/05/2014	pending	Final ICT solution pending		OPEN
30	15/08/2014	Damien Searle/ Tony Slater PICU RCH	**PICU - AV Requirements to Rooms L04.1.054 & L04.3.681**	Brief unsigned	pending	Final ICT solution pending		OPEN
31	21/08/2014	Dominic Tait Divisional Director Clinical Support	**Need for privacy screen between Indigenous Meeting Place (outdoor) and Volunteer breakout area (indoor)**	EMT- signed by Sue McKee 20/08/2014. Signed by Dom Tait 15/08/2014	NOT A CHANGE	Decals as privacy alsways planned - yet to be installed - privacy will be achieved without the need for change		formal response pending

| 32 | 21/08/2014 | Dominic Tait
Divisional Director Clinical Support | Re-configuration of HIS Level 6 to accommodate HIS & iEMR | NIL | pending | | | OPEN |

POST 22/08/2014 CHIO INSTRUCTION - REQUIRES CEO APPROVAL PRIOR TO LCCH PROJECT INVESTIGATION

33	29/08/2014	Tom Toepfer Director Medical Imaging CHQ / Stephen Knight	ICT Equipment variance for DMI & Nuclear Medicine (CD/DVD Robot)	Original Brief signed by Sue McKee 09/07/2014. Amended Brief-04/07/2014- unsigned.				NO CEO APPROVAL
34	29/08/2014	Karen Menigoz/ Judi Krause/ Joelene Cox/ Michelle George	8b CYMHS printer deficit	Brief signed by Noelle Cridland				NO CEO APPROVAL
35	29/08/2014	Tom Toepfer	Medical Imaging & Nuclear Medicine-various FF&E omissions.	EMT-signed by Sue McKee 27/08/2014				NO CEO APPROVAL
36	1/09/2014	No Author	MDU Storage / FF&E	Brief unsigned				NO CEO APPROVAL
37	4/09/2014	Paul Burnham / Peter Ganter / Marissa Ehmer	ICT Equipment - Patient journey board omitted from SDU	CP DRAFT by Paul Burnham	pending	oversight - ICT solution pending		OPEN
38	16/09/2014	Penny Slater /Jill Shergold	Filtered Water in 11b BMT Unit	Signed by Ross Pinkerton & Steve McTaggart-29/08/2014. Signed by Sue McKee 03/09/2014	pending	Ommission from briefing - safety issue		OPEN
39	16/09/2014	Robyn Littlewood	ICT FF&E Formula Room	Signed by Dom Tait-09/09/2014. Signed by Sue McKee-undated				NO CEO APPROVAL
40	16/09/2014	Hugh Miller	Pharmacy Shelving	Signed by Dom Tait-09/09/2014. Signed by Sue McKee-11/09/2014	NOT AGREED			NO CEO APPROVAL A formal response pending TO CHQ CHANGE REQUEST REGISTER
41	16/09/2014	Janelle Bowra ND CYMHS CHQ	8b CYMHS-Hot water taps & Emergency Call Buttons	Signed by Julie McEniery 03/09/2014 & Sue McKee 12/09/2014	pending	possible saftey issue for Ix		OPEN
42	16/09/2014	Julie McEniery & Rob Justo	3d Cardiology ECHO Rooms configuration. 3d ECHO Reporting Room-dimmable lighting.	Signed by Sue McKee 10/09/2014	FAULT	AHFG show reporting room lights should be dimmable RDS for echocardiogram state 1-2 support people & includes echos under sedation		FAULT REGISTER
43	18/09/2014	Penny Slater/ Jo Ritchie	Required-Water Bath for BMT Service	Signed by Steve McTaggart-07/07/2014 Sue McKee- 08/07/2014				NO CEO APPROVAL
44	19/09/2014	Elizabeth Garrigan	Neurosciences-ceiling hoists & wheelchair Scales.	Signed by Geoff Wallace & Elizabeth Garrigan. Not signed by Sue McKee -EMT.				NO CEO APPROVAL

45	19/09/2014	Noelle Cridland	**Bookings Office-Move from L5 to L7**	No brief	**NOT AGREED**	email from FBB to NC	22/09/2014	NO BRIEF NO CEO APPROVAL TO CHQ CHANGE REQUEST REGISTER
46	24/09/2014	Penny Slater	**Change request 5c theatres**	Sue McKee				NO CEO APPROVAL
47	24/09/2014	Nancy Hoyes	**Change flooring in 6g Gait Lab**	Sue McKee				NO CEO APPROVAL

Project	Description	Status	Budget TEC	Budget BP3 2013-14 $'000	Revised June EOY Estimate $'000	October Forward Estimate 2013-14 $'000	April Forward Estimate 2013-14 $'000	Actual 30.04.2014 $'000	Cash flows with BP3 2013-14 $'000	Variance $'000	Forecast Completion	Issues	Risks	Additional Information
													Please include issues and risks that are high level. DDG is the target audience.	
Lady Cilento Children's Hospital (LCCH)	New 359 bed tertiary children's hospital.	Slight variation from plan	$1.4B	330,000	318,470	319,976	330,000	252,055	275,000	(22,945)	Main LCCH Building (including intersection upgrade and external works) - Forecast completion July 2014. Overall Project Opening - Forecast completion November late 2014.	• Ongoing discussions with Mater Health Services regarding claims and payments due to LCCH Project. • Commissioning engagement including LCCH Project dependencies on CHQ Hospital and Health Service (HHS). • ICT FFE procurement/delivery timeframe issues to meet managing contractor and commissioning timelines. • Delay in provision of site for development for Family Accommodation resulting in delayed opening of Family Accommodation. • Headwork's charges may exceed budget.	• Information and Communication Technology (ICT) procurement Group 2 and Group 3 items costs could exceed current budget expectations, resulting in budget overrun. • If early access to site prior to practical completion is not continuously granted, ICT readiness and therefore the LCCH opening may be delayed. • Delay in delivering Pathology services for the opening of the LCCH in late November 2014, resulting in cost to provide interim pathology services to LCCH or delaying the opening of LCCH. • Complexity in transition of Cardiac service from Mater, Cardiac Services cannot open in time. • The complexity of Biomedical integration and information security unit implementation may delay the commissioning of all ICT systems. • There is a risk that there is no Information Transition Strategy or ownership of Information decisions, resulting in ongoing disparate sources of information and lack of direction for the ICT project. Potential inability to provide LCCH reference data in a timely manner to enable application configuration.	Industrial activity in 2012 has delayed LCCH Project and LCCH Energy Plant construction. Current target completion date is July 2014 although the managing contractor is indicating this may be earlier. Overall project opening of December 2014 remains unchanged.

s.73 - Irrelevant matter under s.73 of the RTI Act

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