



# Digital Health Transformation

## Schedule 1 – Specification

DOH-6013

Electronic Medical Record (EMR) and Ambulance  
Electronic Patient Care Record (AePCR)  
Solutions

January 2023

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# Instructions to Respondents

The **Electronic Medical Record (EMR) and Ambulance Electronic Patient Care Record (AePCR) Solutions** (DOH-6013) RFP pack is comprised of the main Request for Proposal (RFP) Head document, 4 Schedules and 10 Attachments. All documents titled **Attachment** require a response from the Respondent.

The sections below specify all documents in the RFP pack and a brief description of their purpose.

## Head Document

Document Name	Description
RFP Terms and Conditions	The Tasmanian Government Request for Proposal document

This document **is required to be completed** by Respondents.

## Schedules

Schedule	Title
Schedule 1: Specification	This document provides context and advice to assist Respondents to understand what the Department is looking for in a response to the RFP.
Schedule 2: Reference Service Level Agreement	The purpose of this document is to outline the expected outcomes for arrangements with the successful Respondent with regards to ongoing maintenance and support of the solution.
Schedule 3: Architecture Principles	This document is intended as a technical guide for Respondents in understanding the overall ICT architecture managed and maintained by Health ICT within the DOH.
Schedule 4 – Definitions and Acronyms	This document contains an explanation of acronyms and definitions for key terminology used throughout the RFP Suite.

These documents **do not require** a response from Respondents.

## Attachments

Attachment	Title	Format
Attachment 1	No longer required	--
Attachment 2	RFP Executive Summary Response Template	Microsoft Word
Attachment 3	Tasmanian Economic and Social Benefit Plan Response Template	Microsoft Word

Attachment	Title	Format
Attachment 4	Assumptions, Constraints, Dependencies and Risks Response Template	Microsoft Word
Attachment 5	No longer required	--
Attachment 6	Implementation Approach Response Template	Microsoft Word
Attachment 7	Professional Services Response Template	Microsoft Word
Attachment 8	Operational Support Response Template	Microsoft Word
Attachment 9	Functional Requirements Response Template	Microsoft Word
Attachment 10	Specialty / Alternative Functionality Response Template	Microsoft Word
Attachment 11	Technical and Non-Functional Response Template	Microsoft Word
Attachment 12	Implementation Costs and Financials Response Template	Microsoft Excel

These documents **require** a response from Respondents.

This document is Schedule 1. This document contains additional information for Respondents relating to the Specification.

This specification has been written to provide an understanding of the objectives and requirements for the Request for Proposal DOH-6013 (RFP). This document will provide context and advice to assist Respondents in responding to this RFP.

## Organisation Overview

### Department of Health

The Department of Health (DOH) is responsible for hospitals, ambulances, community health, and related areas such as primary healthcare. It is the largest agency (by head count) within the Tasmanian Government and performs a vital role in the health and well-being outcomes of the Tasmanian community.

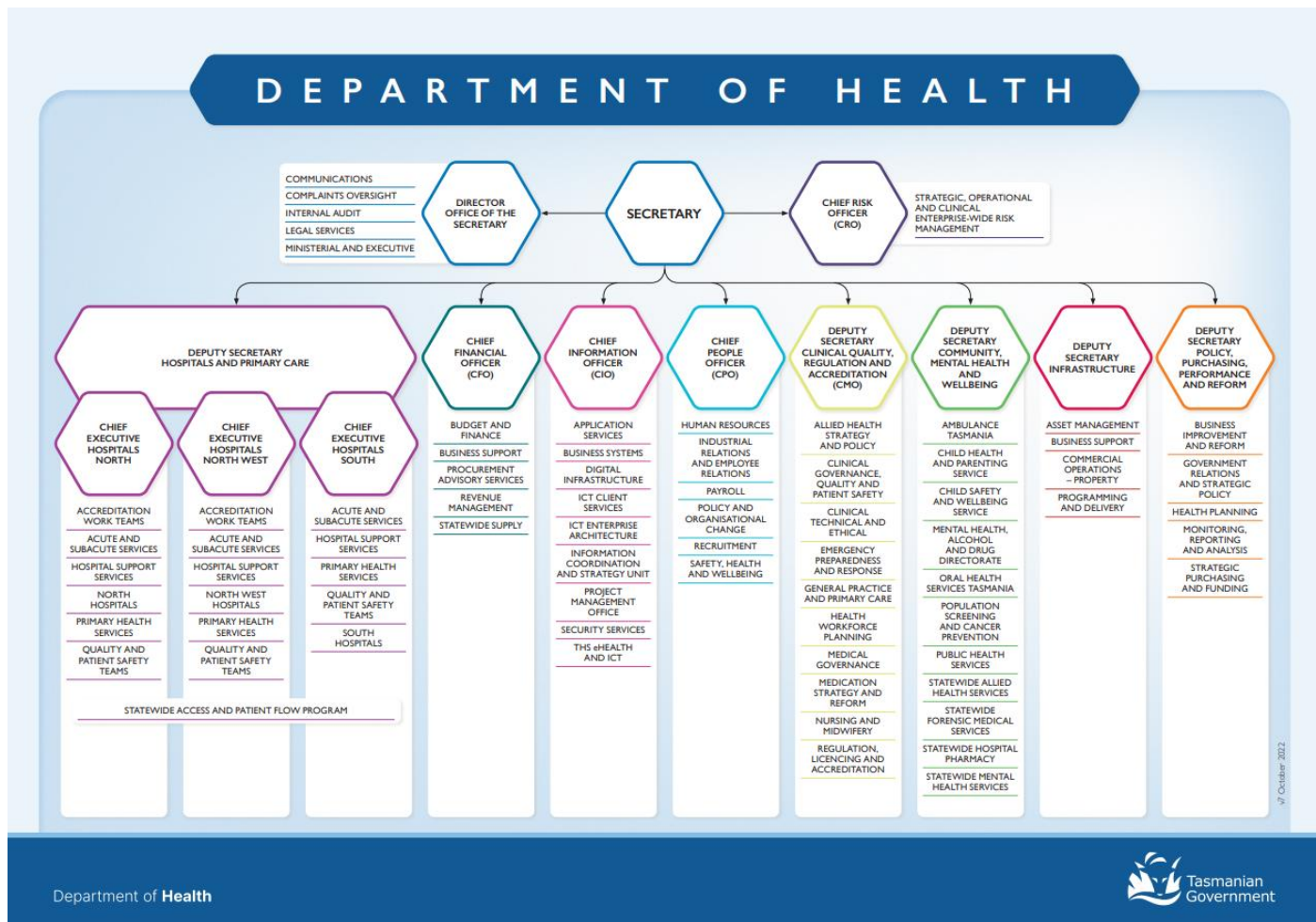
DOH provides a high quality, safe and sustainable health services system for all Tasmanians. It is actively engaged in positive reforms to provide care for consumers in the best possible way through an integrated system that is people-focused and supports individuals to be active in their own health and wellbeing management.

The collective purpose of the organisation is captured in its objective:

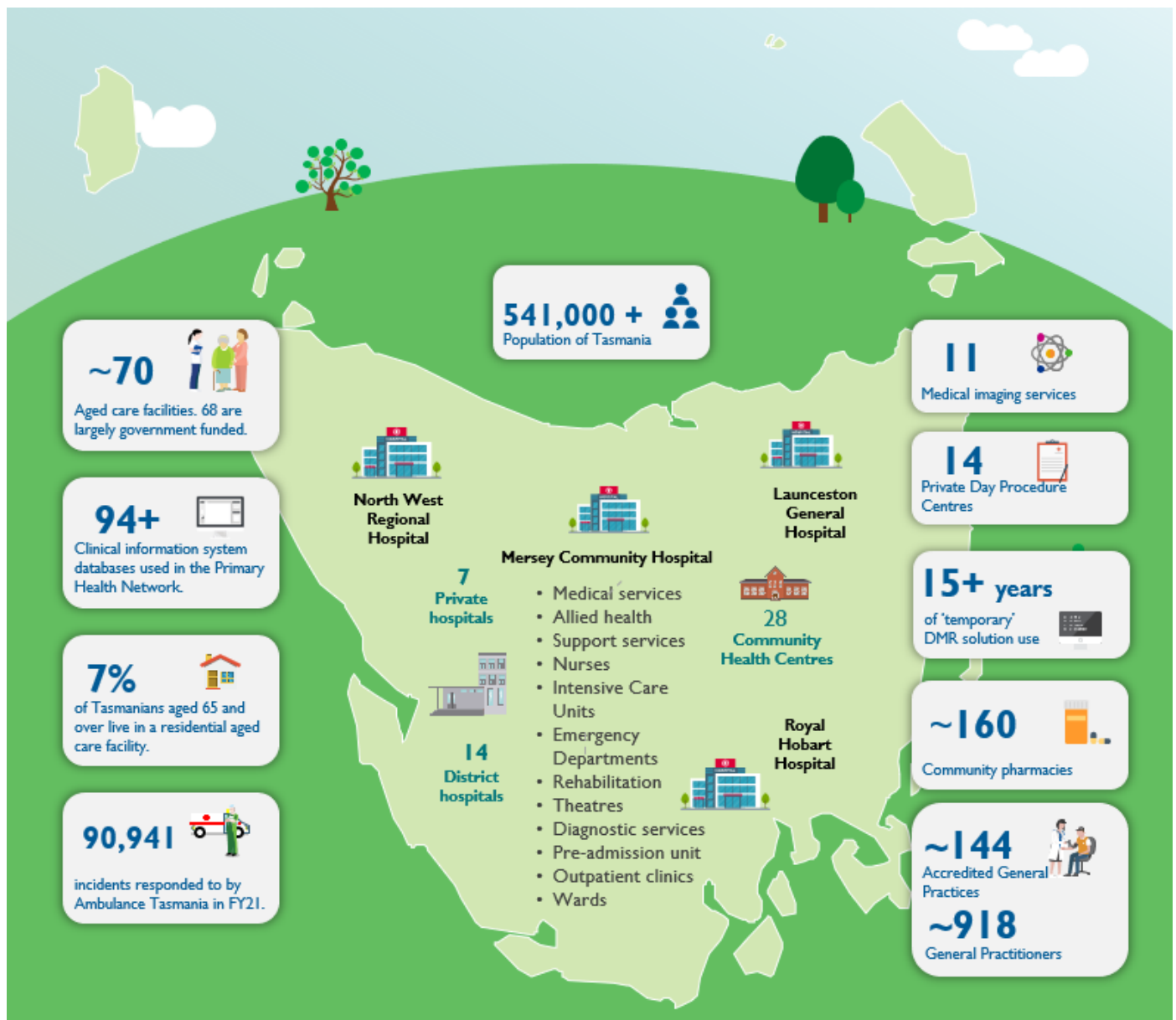
*“Together we provide access to services that help Tasmanians live healthier lives”*

The Department’s people are its most valuable asset. By transforming the ‘people experience’, the capability, capacity and engagement of the Department’s workforce can be optimised to enable it to adapt and continually meet the community’s needs and expectations.

The following diagram displays the organisational structure:



The following diagram provides example metrics for context around the scale and nature of the functions to be supported by the proposed solution.



## Tasmanian Health Service

Along with the central “Department” which includes the corporate branches such as Human Resources, Finance, Health ICT, etc, the Department is also made up of three Health Service regions known as the “Tasmanian Health Services” across:

- **North** encompasses Launceston General Hospital, district hospitals and community health centres;
- **North West** encompasses North West Regional Hospital (Burnie) and Mersey Hospital, district hospitals and community health centres; and
- **South** encompasses Royal Hobart Hospital, district hospitals and community health centres.



# Ambulance Tasmania

Ambulance Tasmania, also part of the Department of Health, delivers pre-hospital Ambulance and Paramedic services to the state of Tasmania. Ambulance Tasmania services are delivered using a range of registered Paramedics, Intensive Care Paramedics, Extended Care Paramedics and volunteers. In addition, the service employs doctors and nurses for specialist services and patient transport staff in rural and remote areas. Ambulance Tasmania operates from 55 locations across the state.

## Solution Overview


### Current State

The current DOH solution landscape is made up of numerous disparate clinical solutions with limited integration. Where integration / interfaces do exist, they are typically point-to-point. Whilst there is a single, statewide Patient Administration System and a single, statewide Digital (scanned) Medical Record solution, in other areas multiple solutions have often been implemented across the state which perform similar or the same functions. For example: There are currently 10 ICT solutions covering Pathology Laboratory functions and 7 solutions in the Diagnostic Imaging space.




Many functions, including ordering of procedures and medications, continue to be performed only on paper. Where electronic systems do exist for the entry of orders, the forms need to be printed and sent for manual processing or rekeying. All this results in an environment where effort is duplicated, time is wasted and there is an increased risk of error which could lead to harm.



### Future State

Implementing integrated **Digital Health Transformation – Improving Patient Outcomes – Tranche 1 Solutions** will deliver the following:

Aim	Digital enabler	Outcome
<b>Collaborative care</b> 	A statewide care consumer record viewer for consumers, hospitals/ facilities, ambulance stations, community, General Practitioners, specialists, and allied health professionals – to improve access to clinical information across care settings	<ul style="list-style-type: none"><li>• Streamlined service delivery processes from waitlist to appointment, integrating virtual care capabilities to support a multi-channel delivery model</li><li>• Improved visibility of clinical information across the state’s healthcare settings, promoting effective collaboration regardless of where care is delivered</li><li>• Health professionals communicate together, providing improved continuity of care as consumers move between care settings</li><li>• Health professionals work together in multidisciplinary teams to provide improved health outcomes for care consumers</li></ul>



Aim	Digital enabler	Outcome
<p><b>Informed care</b></p> 	<p>Modern Electronic Medical Record capability</p> <p>Modern first responder – Electronic (Paramedic) Patient Care Record – capability</p> <p>Integrated care consumer clinical record that includes care provided in public and private settings throughout Tasmania</p> <p>Enhanced quality, security, and efficiency of medication management</p> <p>Decision support tools and clinical pathways embedded in digital workflows</p> <p>Electronic supports for multidisciplinary team care planning and coordination</p>	<ul style="list-style-type: none"> <li>Healthcare providers access the care consumer health record to make informed and timely treatment decisions for their care consumers</li> <li>Healthcare providers make clinical decisions based on best practice evidence</li> <li>Healthcare providers are given the requisite support to prescribe, order, monitor, adjust, dispense, and record the administration of medicines digitally</li> <li>Healthcare providers spend more time focusing on clinical activities and providing care to care consumers, and less time on administrative tasks; improving care consumer safety, staff satisfaction and employee retention</li> <li>Improved compliance with national obligations including Medicare revenue, Activity-based Funding and National Safety and Quality Health Service standards</li> </ul>
<p><b>Care at home</b></p> 	<p>Support for Telehealth, Virtual care and Remote monitoring</p>	<ul style="list-style-type: none"> <li>Access to care via a range of modes, including virtual care and telehealth</li> <li>More care is provided in homes and communities</li> <li>Improved access to healthcare services for people residing in rural and remote areas of Tasmania</li> </ul>
<p><b>Self-care</b></p> 	<p>Consumer self-service, including the ability to verify and update demographic information and appointments and the provision of online health education and advice and mobile Health</p>	<ul style="list-style-type: none"> <li>Care consumers and their carers can update their own personal information electronically</li> <li>Care consumers and their carers can make and change their appointments</li> <li>People can access trusted health information that assists them in improving their health and wellbeing</li> <li>Care consumers and carers have the tools they need to help make decisions and manage their care with increased transparency around access to services and wait times</li> </ul>

Aim	Digital enabler	Outcome
<p><b>Informed system</b></p> 	<p>Support for capabilities such as:</p> <ul style="list-style-type: none"> <li>• Data analytics</li> <li>• Predictive analytics</li> <li>• Outcome measures</li> <li>• Performance metrics</li> <li>• Care variation statistics</li> <li>• Research and data linkage</li> </ul>	<ul style="list-style-type: none"> <li>• Capitalising on early clinical information systems investment and opportunities to aggregate data and improve care consumer outcomes</li> <li>• Health system planning, management, evaluation and quality improvement is informed by data collected across the system</li> <li>• Feedback from consumers, carers and clinicians is routinely collected and analysed to monitor care experiences and outcomes</li> </ul>
<p><b>Networked system</b></p> 	<p>Support for capabilities such as:</p> <ul style="list-style-type: none"> <li>• Rapid access</li> <li>• Single sign-on</li> <li>• Digital Health Standards and Guidelines</li> <li>• Identity and access management</li> <li>• Secure health information access and sharing</li> <li>• Integrated clinical systems</li> <li>• Operational Dashboards</li> <li>• Data visualisation tools</li> <li>• Patient flow decision support</li> </ul>	<ul style="list-style-type: none"> <li>• Better user experience, time savings and productivity</li> <li>• Data remediation, quality improvement and adoption of standards, identifiers and terminologies will lay the groundwork for efficient workflows and true interoperability with digital solutions</li> <li>• Healthcare demand and capacity across the state can be viewed centrally in real-time</li> <li>• Healthcare resources are mobilised, and patient flow is directed in response to changing healthcare needs and priorities</li> </ul>

# Project Overview

## Background

The Digital Health Transformation Program is a 10-year program aiming to empower health care consumers and enable healthcare workers to deliver better care consumer outcomes through system-wide, digitally enabled technologies. This is a multi-year journey with an anticipated investment of more than \$475 million to significantly change the landscape of health for all Tasmanians, regardless of where they live.

The program is based on the Digital Health Strategy developed in 2021. The Digital Health Strategy aims to uplift the digital foundations to achieve digital enablement and statewide adoption of modern health solutions. Primarily focused on improving care consumer outcomes, the program will improve access to healthcare, shift more care into the community and prevent unnecessary hospital visits. This investment will also provide an improved experience for our health professionals by enhancing access to care consumer information and reducing time spent on unnecessary duplication of tests or administrative tasks.

# Project Vision

The Program aims to empower consumers and enable healthcare workers to deliver better care consumer outcomes through system-wide, digitally enabled technologies. The focus areas of the strategy are to transform community care, engage care consumers in their care, optimise clinical and operational workflows and foster statewide clinical collaboration.

Importantly, it is acknowledged that the Program will be delivered within a dynamic environment and, to that end, will be designed in alignment with the National Digital Health Strategy and the Tasmanian Government and Tasmania Health ICT Strategies.

# Target Outcomes

The outcomes of the program, reflected in the Digital Health Strategy are aligned to the quadruple aim of healthcare transformation. It is expected that the respondent be able to accurately reflect how their proposed service offering is able to deliver against each of these aims, as outlined below:

- Improved care consumer experience
  - More care consumer reported measures routinely captured
  - Improvement in care consumer-reported measures
  - Waitlist times reduced
  - Improved care consumer demographic data quality
- Improved clinician experience
  - Improved staff / clinician satisfaction
  - Improvement in employee retention
  - Reduced time on administrative tasks
- Better health outcomes
  - Fewer unplanned hospital readmissions
  - Fewer adverse drug events
  - Faster identification of deteriorating care consumers
  - Improved risk stratification for early intervention
- Sustainable elasticity in Health System capacity
  - Shorter length of inpatient stay
  - Fewer “did not attend”
  - More service delivered closer to home
  - “Targeting zero fax machines”

# Procurement Outline

## Timeline

The following table summarises the indicative key milestones and dates associated with this RFP:

Activity	Completion Date
Request for Proposal Issued	Saturday 11 <sup>th</sup> February 2023

Activity	Completion Date
Request for Proposal Briefing Session	Friday 24 <sup>th</sup> February 2023
Request for Proposal Closes	Wednesday 29 <sup>th</sup> March 2023
Vendor Demonstrations and/or Reference Checks (potential)	24 <sup>th</sup> to 28 <sup>th</sup> April 2023
Shortlist Vendors Announced	By the end of May 2023
Request for Tender (RFT) Issued to Shortlisted Vendors (potential)	Saturday 1 <sup>st</sup> July 2023

## Guiding Principles

The following principles will guide the selection of **Digital Health Transformation – Improving Patient Outcomes – Tranche 1 Solutions**:

- Data privacy and the security of the solution will be paramount.
- We will look to fully leverage the inherent functionality and capability of the solution suite proposed.
- Implementation of a solution suite that will:
  - support least cost workflow and processes with the greatest employee experience,
  - support statewide standardisation of business processes,
  - enable a single source-of-truth for care consumer and clinical information,
  - leverage existing national infrastructure and industry standards,
  - enable a “single message; multiple destinations” approach to integration, and
  - deliver closed-loop processing where results / reports are delivered where they were ordered / requested.
- DOH also has a preference for:
  - a consistent UI/UX throughout the solution,
  - a single system integrator - if a consortium of providers is proposed, a prime-contractor model is preferred, and
  - a “configure over customise over build” approach.

## Digital Health Transformation – Tranche One

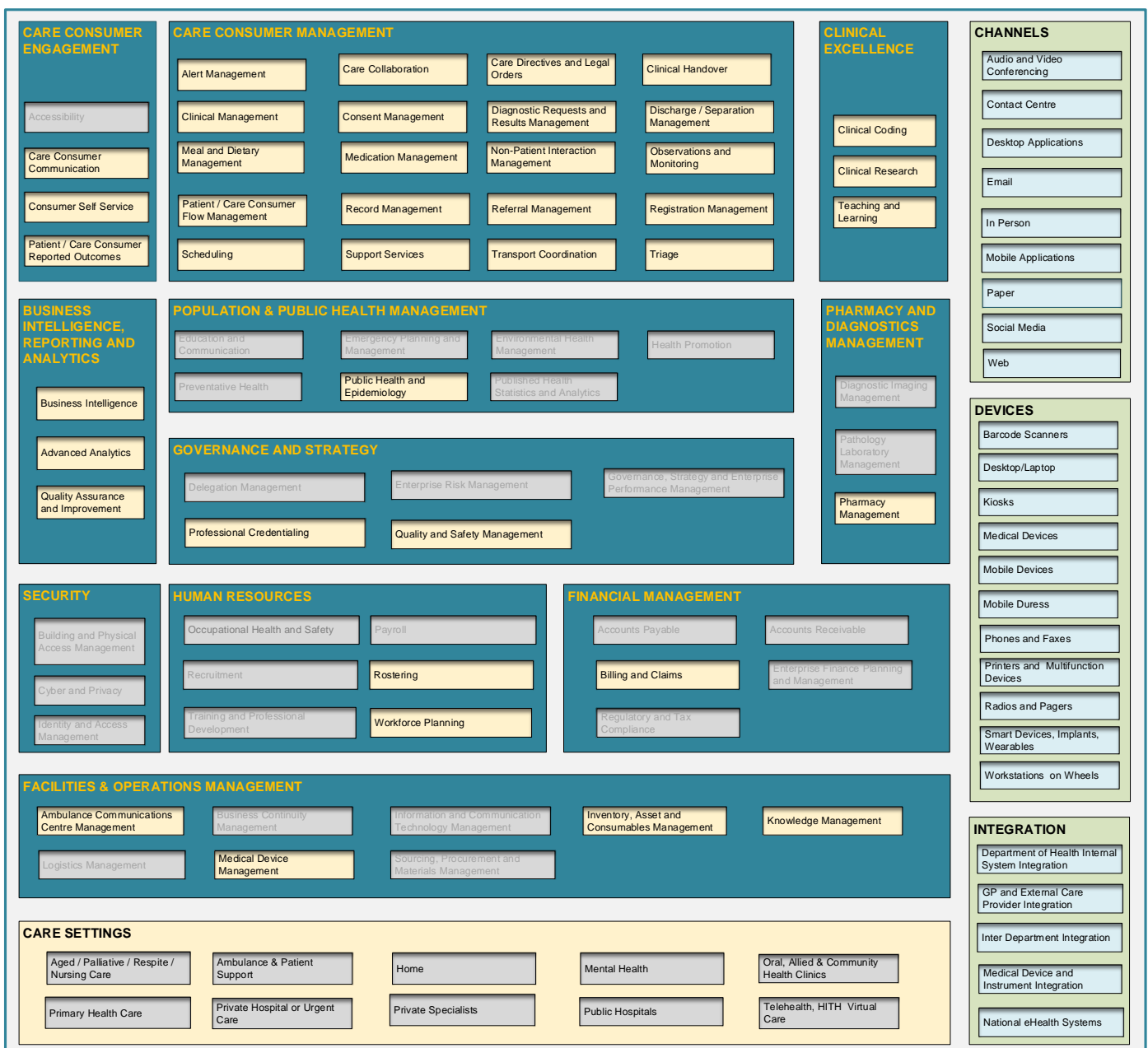
Tranche One has been allocated as the named portion of the scope of the Program which contains items from both Horizon One and Horizon Two of the Digital Health Strategy. The scope requested via this RFP has been identified due to the alignment of scope and strategic outcomes targeted as both logical in sequence and of high priority. It is anticipated that over time the program will identify and procure against other tranches of the program.

# Procurement Scope

## Corporate Capability Model

Through this procurement process, DOH wish to secure digital solution(s) and services from the market to address the vision and target outcomes discussed above. The following sections provide more detailed information relating to the functional, technical and non-functional requirements (solution scope) and professional, implementation and operational support services (services scope).

DOH has developed a capability framework which provides an indicative structured overview of the capabilities of the enterprise. The following capability framework diagram provides the two highest levels of capabilities across the entire enterprise. Capabilities in scope for this procurement are indicated in bold. Capabilities not in scope for this procurement are greyed out.



The definition of each capability and the associated functional requirements under each capability are described further in Attachment 9 – Functional Requirements Response Template. Respondents are required to indicate their ability to deliver the required functional requirements and to describe the functionality of their solution in this Attachment.

## Company Experience and References

Respondents are required to provide a description of relevant experience in delivering projects of this complexity and nature, and to provide examples of previous implementations or case studies, as well as relevant references. DOH may contact references provided to obtain further, supporting information.

These details and references are to be provided by Respondents in Attachment 2 –Executive Summary Response Template.

## Solution Scope

This procurement process outlines requirements which cover the typical functions and capabilities of an Electronic Medical Record (EMR) and an Ambulance Electronic Patient Care Record (AePCR). This encompasses:

### ***Electronic Medical Record***

- typical Electronic Medical Record (EMR) functionality such as:
  - patient flow and location management
  - scheduling and appointment management
  - order entry and results reporting
  - clinical notes, clinical alerts and clinical document management
  - triage, admission, transfer (clinical handover) and discharge
- typical Electronic Health Record (EHR) functionality such as:
  - diagnosis and problem history
  - medical history and progress notes
  - medication history
  - care plans
- typical medication and pharmacy management functionality such as:
  - prescribing
  - dispensing,
  - medication administration
  - medication profile management
  - medication alerts
  - pharmaceuticals management, inventory and stock control
  - pharmaceutical regulation management

### ***Ambulance Electronic Patient Care Record***

- typical Ambulance Electronic Patient Care Record (AePCR) functionality such as:
  - ambulance/paramedic case, event and incident reports
  - ambulance/paramedic patient records
  - ambulance/paramedic patient observation, intervention and treatment notes and reports

***And***



- integration capability typical of a Health Information Exchange (HIE) for integration with:
  - other internal DOH clinical and corporate ICT solutions
  - biomedical devices located in hospitals / facilities, DOH sites and remotely located
  - national health infrastructure solutions such as MyHealth Record
  - external ICT systems operated by private healthcare providers, primary care, General Practitioners and other organisations

Throughout this RFP, the term “solution” has been used to refer to the entire solution scope outlined by the full suite of functional requirements. Noting that the breadth of functions outlined above may be delivered by a suite of ICT systems, please note the following instruction:

*If your proposed EMR and AePCR are represented by separate ICT systems rather than modules within a single system, ensure you answer every question in relation to the entirety of your solution.*

## Functional Requirements

Functional Requirements of the solutions are covered in Attachment 9 – Functional Requirements Response Template. Respondents will be assessed for their ability to meet the requirements outlined in this Attachment.

### ***Disclosure of Information, Confidentiality, and Privacy***

The solution must provide the capability to support the Department in meeting its privacy obligations as defined in the Management of Personal Information Policy, the Personal Information Protection Act 2004, the Australian Privacy Principles and other relevant legislation and standards set out in Appendix A.

Respondents will also be required to demonstrate that their solution and associated processes governing their services comply with Federal and Tasmanian privacy legislation.

### ***Health Records Management***

Health records are also known as medical records and clinical records. DOH currently maintains hybrid health records with information available from a variety of sources including:

- **Digital Medical Record (DMR)** – Clinical Patient Folder/Digital Patient Chart. This application hosts clinical documentation which has been scanned, entered directly, or received from other clinical information systems.
- **Paper health record** – active health records used at sites that have not commenced scanning to the DMR.
- **Closed health record** - documentation held in paper files prior to the DMR implementation.
- **Current episode record** – documentation used during the current admission/episode, which will be scanned to the DMR post discharge.
- **Clinical Information Systems (CIS)** – databases used throughout to store clinical information about care consumers electronically. These include iPM, Obstetrix, ARIA, eCHaPS, TrakED, HCS Clinical Suite, Titanium and other clinical information systems.
- Other media containing care consumer information ie microfiche, DVD, CD, video tapes etc.

DOH requires all care and treatment provided to patients/care consumers to be documented in the health record, except where legislation or clinical standards requires information to be held separately or restricted (e.g.: genetic testing). Relevant legislation, policies and procedures relating to the management of health records are listed in Appendix A. The solution will need to satisfy all requirements outlined in the documents listed in Appendix A.



The solution (must provide the capability to meet the Australian Government Protective Security Policy Framework and other legislation, policies and guidelines outlined in Appendix A.

## **Solution Design Documentation**

The Department has a set of approved solution design templates which will be made available for use in capturing solution design information to support endorsement through the Department's architecture governance processes.

Should the successful Respondent(s) elect to use their own templates and design material, those artefacts will need to demonstrate the same level of design detail which is presently captured using the Department's approved templates.

Successful vendor(s) are expected to provide an architecture or technical SME to sponsor design material through the department's architecture governance processes.

## **Specialty / Alternative Functionality**

Throughout the life of the awarded contract, DOH may consider replacement of other clinical information systems with a goal of simplifying and rationalising the overall technology architecture. Questions relating to any additional functionality or capabilities of proposed solutions are covered in Attachment 10 - Specialty/Alternative Functionality Response Template. Responses to Attachment 10 will not be evaluated against weighted criteria. This an opportunity for Respondents to tell us more about their proposed solution and its full suite of capabilities.

## **Technical and Non-functional Requirements**

Attachment 11 – Technical and Non-Functional addressed solution requirements of a technical nature. Respondents will be required to provide responses related to the architecture and design of their solution and the solution's technical capabilities in this Attachment.

### ***Architecture Principles***

Schedule 3 – Architecture Principles outlines the expected solution architecture and design principles that should be applied to the proposed solution.

### ***Availability, Performance and Security***

Availability, performance and integrity will be critical to maintain confidence in the solution and for the benefits to be fully realised.

In addition, the solution will store, transact, send and receive critical data that involves the personal and medical information of patients and consumers. Hence, the security of the solution is paramount.

The following Departmental Risk Appetite Statements are relevant to the security of the solution:

- There is zero appetite for risks that have regulatory, legal and internal policy non-compliance consequences.
- There is minimal appetite for risks with potential financial consequences.
- There is limited appetite for risks requiring additional management effort to resolve / mitigate.

It is in that context that Respondents are required to detail how the security of their proposed solution is managed, maintained and assured so that the risk profile (likelihood and consequence) for compromise is continually assessed as Low.

## ***Integration and Interoperability***

The proposed solution should be accompanied by an overview, description, and conceptual approach for successful integration into the Tasmanian Health system. This should include considerations which impact successful integration, migration, and operation of the solution as well as any assumptions or prerequisite conditions which may apply.

As the scope of this procurement includes capability core to the successful operation and management of the Tasmanian Health system, the proposed solution must be able to provide interoperability and integration with existing and emerging technologies. Responses should include a conceptual architecture, which illustrates the integration and extensibility capabilities of the proposed solution as well as examples of prior success in achieving interoperability outcomes.

## ***Care Consumer Identifier Integration***

The proposed solution should provide the capability to allocate a unique identifier to each individual care consumer it records. This identifier may be assigned by the solution with the solution also supporting integration with the DOH identifier source of truth (Enterprise Master Patient Index) using HL7 v2, FHIR integration, IHE PIX/PDQ. The solution should be able to support linking, unlinking, merging and unmerging of care consumer records.

## **Services Scope**

In addition to the solution being sought from the market, Respondents are expected to offer professional services to ensure the successful implementation and ongoing operation of their solution:

- Implementation services, including:
  - Solution design and blueprint,
  - Configuration customisation and build,
  - Implementation and deployment, and
  - Release, configuration and environment management.
- Other professional services, including:
  - Project management,
  - Business analysis,
  - Testing and defect resolution,
  - Data migration, cleansing and management,
  - Training and capability uplift,
  - Change management and stakeholder engagement, and
  - Solution integration.
- Operational solution support services, including:
  - Support and maintenance service levels,
  - Information security management,
  - Change and release management, and
  - Transition out services.

These requirements are addressed in Attachments:

- Attachment 6 – Implementation Approach Response Template
- Attachment 7 – Professional Services Response Template
- Attachment 8 – Operational Support Response Template.

## **Implementation Services**

Respondents are to provide a detailed implementation plan describing the sequence, and indicative timeframes, of a phased implementation and rollout approach. This should take into consideration, the current systems landscape and discussed processes, issues and risks and should prioritise the implementation of solution functionality that addresses these issues and risks.

Respondents should discuss roles and responsibilities associated with implementation activities, outlining which tasks are proposed to be performed by the Respondent's proposed personnel, DOH teams or any external, third parties. When work is proposed to be performed by an external third party, Respondents should outline their proposal for engaging this work to be performed.

## **Professional Services**

### ***Business Analysis and Project Management***

Respondents are to provide in their response a description of the approach to project management and business analysis including the relationship between their team(s) and the DOH project delivery team. This should include a description of methodologies and how they would be aligned to DOH methodologies and an outline of any tools and solutions proposed to support project management and business analysis activities.

The Department will conduct collaborative planning with the successful Respondent to establish the approaches to project management and business analysis and the relationship with internal project delivery team(s).

### ***Change Management and Stakeholder Engagement***

Successful implementation of transformational change requires more than just training in the new solution. Stakeholder engagement, leadership and change management will be critical to the success of this program.

Respondents are to provide in their response a detailed plan describing their approach to change management. This must include proposed strategies for stakeholder engagement, governance and change management.

While the Department considers change management to be a component of the overall solution implementation, Respondents need to detail their recommended approach to this activity including any assumptions and dependencies that underpin their plan. Respondents shall also outline any tools and solutions proposed to be used to support change management activities.

Respondents should discuss roles and responsibilities associated with change management activities, outlining which tasks are proposed to be performed by Respondent's proposed personnel, DOH teams or an external, third party. When work is proposed to be performed by an external third party, Respondents should outline their proposal for engaging this work to be performed.

The Department will conduct collaborative planning with the successful Respondent to establish the optimal change management approach.

### ***Data Migration, Cleansing and Management***

Respondents are to outline their approach to migrating data from legacy systems to the proposed solution. Noting that, at time, migration will involve multiple source systems, the approach described should include strategies for:

- Data cleansing

- Implementation and mapping to standard codesets
- Merging and unmerging of care consumer records.

While the Department considers data migration as a component of the overall solution implementation, Respondents need to detail their recommended approach to this activity including any assumptions and dependencies that underpin their plan. Respondents shall also outline the tools and solutions proposed to be used to enable data migration and cleansing.

Respondents should discuss roles and responsibilities associated with data migration and data cleansing activities, outlining which tasks are proposed to be performed by Respondent's proposed personnel, DOH teams or an external, third party. When work is proposed to be performed by an external third party, Respondents should outline their proposal for engaging this work to be performed.

The DOH understands a variety of industry approaches are available to undertake and support the Data Cleansing Migration and Management process. Respondent's response may include an on-shore and off-shore resource model for the delivery to meet this request.

The DOH must maintain an appropriate degree of control and protection of the data as a State Government Health agency and as such the program encourages respondents to provide a clear and precise response to how sovereignty and protective controls will be maintained throughout the process. This should also include examples of how this has been conducted in other Australian jurisdictions.

The Department will conduct collaborative planning with the successful Respondent to establish the optimal data migration approach.

### ***Testing and Defect Resolution***

Respondents are to provide in their response a detailed plan describing their approach to testing and validation of the proposed solution. This should include all software testing stages and other testing such as data migration testing, integration testing, performance and load testing, disaster recovery testing, production verification testing, etc.

Noting that the eventual solutions landscape will be a highly integrated network of solutions, Respondents must outline how they propose validating solution functionality in such an environment.

While the Department considers testing, defect resolution and solution validation to be a component of the overall solution implementation, Respondents need to detail their recommended approach to this activity including any assumptions and dependencies that underpin their plan. Respondents shall also outline the tools and solutions proposed to be used to support testing, defect resolution and solution validation activities.

Respondents should discuss roles and responsibilities associated with testing and solution validation activities, outlining which tasks are proposed to be performed by Respondent's proposed personnel, DOH teams or an external, third party. When work is proposed to be performed by an external third party, Respondents should outline their proposal for engaging this work to be performed.

Along with their solution, Respondents will be expected to deliver non-production environments to support testing activities. Noting the integrated nature of the solution landscape, Respondents should discuss how their solution suite will be validated within the wholistic environment.

The Department will conduct collaborative planning with the successful Respondent to establish the optimal testing, defect resolution and solution validation approaches.

## ***Training and Capability Uplift***

Respondents are to provide in their response a detailed plan describing their approach to training and capability uplift. Noting the demographics of the healthcare workforce and the Tasmanian population, this must include strategies for uplifting the digital literacy of the Tasmanian population and the healthcare workforce and the health literacy of the Tasmanian population.

While the Department considers training and capability uplift as a component of the overall solution implementation, Respondents need to detail their recommended approach to this activity including any assumptions and dependencies that underpin their plan. Respondents shall also outline the tools and solutions proposed to be used to support training and capability uplift activities.

Respondents should discuss roles and responsibilities associated with training and capability uplift activities, outlining which tasks are proposed to be performed by Respondent's proposed personnel, DOH teams or an external, third party. When work is proposed to be performed by an external third party, Respondents should outline their proposal for engaging this work to be performed.

The Department will conduct collaborative planning with the successful Respondent to establish the optimal training and capability uplift approach.

## **Operational Support and Service Levels**

Schedule 2 – Reference Service Level Agreement outlines the expected operational support outcomes for the successful Respondent. The structure and content of the final Service Level Agreement (SLA) will be subject to negotiation once the vendor has been chosen and the support model is agreed.

Respondents will be required to provide responses related to their Operational Support Services in Attachment 8 – Operational Support Response Template.

## **Commercials and Financials**

Commercial arrangements and pricing estimates must be provided in Attachment 12 – Project Costs and Financials to allow the Department to compare Total Cost of Ownership (TCO) over a 10-year period. Attachment 12 provides the specified format for capturing this information. Respondents must provide implementation and other costs in the attached spreadsheet in the format provided. Respondents must include all assumptions, variables and cost levers to enable a like-for-like price comparison. Respondents should breakdown costs as far as possible, especially where a cost element is variable.

## **Implementation Costs**

Implementation costs must include the following:

- **Any assumptions on time-boxed activities:** these are activities that cannot be costed with confidence, and so a time-box allowance has been made;
- **Milestone payments:** costs should be broken down into the phases;
- **Assumptions and estimates** for all pass-through costs for on-site resources including any flights, accommodation, food and transport.

## Licensing and Subscription Costs

### ***Unit Rates and Inflation***

The Department expects that price rises (unit rates) will be limited to Consumer Price Index (CPI) throughout the entire term of the agreement.

Respondents must indicate whether CPI has been factored into the pricing, the CPI methodology and the CPI amount applied. This can include whether it has been increased over the 10-year TCO, or whether it has been factored into a flat rate that has been applied over the 10-year TCO. The Financial Model template within Attachment 12 – Project Costs and Financials Response Sheet has fields to indicate this. If your Response does not indicate that CPI has been applied, and no price increases can be seen in the prices provided, DOH will apply CPI increases to the prices indicated in the Response for a fair comparison to other Respondents.

### ***Solution Licences***

Respondents are to include in their response licence/subscription information regarding cost drivers, e.g.:

- Licence basis (named user, concurrent user, transactional, CPU-based, etc)
- Pricing basis (block or individual unit)
- Volume discounts applied.

In addition to the cost drivers, the total modelled annual licencing / subscription must be provided, modelled on the number of users, transactions, and proposed infrastructure footprint for the solution, as relevant to the cost drivers for licencing.

Respondents are also required to detail their model for licence “true-up” and “true-down”.

### ***Third-party Licences***

Any licence costs for third-party technologies used in the solution that have not been incorporated into the pricing above must be included, itemised by product and number of units.

Respondents are to include in their response copies of any third-party licences / subscription terms and conditions incorporated into the proposed solution.

## Operations and Support Costs

The full annual cost of support must be provided based on the proposed model. This must be broken down into components to allow for fair comparison:

- Vendor costs (if not included in baseline SaaS subscription fee - e.g.: Application Management Services)
- Internal costs (if roles and responsibilities are deferred to the Department – e.g.: Level 1 support).

Respondents should note that for any proposals that do not include a fully managed service model, the Department will model any components missing from the proposal based on current internal and external support partnerships available to derive a Total Cost of Ownership for this proposal.

All proposals will be evaluated on the Total Cost of Ownership, including internal and external implementation and operational support costs.



# Appendix A – Health Records Management

Please note – the lists provided below may not be exhaustive.

## Relevant Legislation

### Health Record Governance / Content

[Tasmania Archives Act 1983](#)

[My Health Record Act 2012](#)

[Office of the State Archivist Disposal Schedule for Client Health Records](#)

### Collection, Use, Disclosure of Information, Confidentiality, Privacy

[Personal Information Protection Act 2004](#)

[Right to Information Act 2009](#)

[Australian Privacy Principles](#)

[Protective Security Policy Framework](#)

### Clinical Care and Mandatory Reporting

[End of Life Choices \(Voluntary Assisted Dying\) Act 2021 commenced October 2022](#)

[Guardianship and Administration Amendment \(Advance Care Directive\) Act 2021](#)

[Public Health Act 1977](#)

[Family Violence Act 2004](#)

[Children, Young Persons, and Families Act 1997](#)

[Coroners Act 1995](#)

[Births, Deaths and Marriages Registration Act 1999](#)

[Mental Health Act 2013](#)

### Medicines / Medication

[Poisons Act 1971](#)

[Poisons Regulations 2018](#)

### Overarching Legislation

[State Service Act 2000](#)

[Tasmanian Health Service Act 2018](#)



# Relevant Standards

[Australian Standard 2828 Health Records 2019](#)

[National Safety and Quality Health Service Standards \(NSQHS\) Standards version 2](#)

# Digital Health Transformation



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Department of Health

[www.health.tas.gov.au](http://www.health.tas.gov.au)