![hse[v]]()

**Access to Information (A2I)**

**New Healthlink Service Integration Request /**

**New Referral Request - Terms of Reference**

# Background

Healthlink is the National Health Messaging broker and provides a web-based messaging service for the secure transmission of clinical patient information between Hospitals, Health Care Agencies and Medical Practitioners.

Healthlink is part of the Access to Information & Health Identifiers Programme (A2I-HIDs) under the Office of the CIO. The two teams have come together to realise the vision of enabling timely access to health information when and where it is needed.

# Aim

A set of criteria have been compiled to assist Healthlink in evaluating project proposals. This enables projects to be aligned with agreed priorities and ensure appropriate funding and resources are available and maximum value is obtained from the national messaging infrastructure.

# Objectives

Healthlink's core remit is to provide a messaging service that allows patient information to be securely transferred between Hospitals and Medical Practitioners.

Patient information is generated on the source hospital system and transferred to and from A2I-HIDs' servers using secure network connections. Users connect to Healthlink using a unique username, password, PIN and digital client certificate to verify identity. The application is also accessible via web service calls to the accredited Practice Management Systems. This facilitates the generation of referrals and orders from within the Practice Management Systems, which are processed to hospitals via Healthlink.

All messages are formatted in HL7 v2.4 with XML encoding. HL7 refers to a set of international standards for the transfer of clinical data between software applications used by various healthcare providers.

Healthlink is fully compliant with the HIQA National GP messaging Standards (National General Practice Information Technology - GPIT). Customers wishing to exchange messages with Healthlink, must ensure (via their Vendor) that their patient system adheres to these standards.

**Note:-** Healthlink is currently unable to support the transmission of messages that include file attachments.

# Pre-requisites

The following criteria must be completed before an ***integration service request*** can be initially considered:

* Completed Project Proposal form.
* Vendor signoff indicating they can create messages in HL7 v2.4 xml format.
* Allocated client Project Manager.
* Client Project Budget is in place
* Allocation of client and vendor resources covering both technical and clinical requirements for the project duration.
* Plan in place to transmit sample message in HL7 XML format generated from the system in question. (project kick-off requirement)

The following criteria must be met before a request for a ***new referral service*** can be considered:

* Specialist referrals must be built on top of the general referral template.
* Specialist referrals may have a maximum of 5 additional speciality-specific questions.
* Referral form signed off by the national clinical lead of the particular discipline.
* Referral form reviewed and signed off by ICGP Quality in Practice Committee.
* Completed Project Proposal form.
* Allocated client Project Manager.
* Allocation of client resources to work through the development and testing processes.

# Proposal Completion & Consideration for Acceptance

All new Service Requests must be submitted to the A2I-HIDs Project Management Office Representative (PMO) who will coordinate with the Proposer / Requester as required, to ensure that the request contains sufficient detail before being forwarded to the A2I-HIDs Programme Manager for initial consideration.

New proposals will be reviewed by the A2I-HIDs Programme Manager. Those proposals that do not clearly meet the aims of the A2I-HIDs Programme will be referred back to the Proposer via the PMO. These may be re-worked and re-submitted or withdrawn at the Proposer’s discretion.

Accepted Proposals will be added to the agenda for consideration / approval at the next scheduled A2I-HIDs Programme Governance Board (PGB) meeting.

If the Service Request is approved, then the PGB will set the priority for the work and where it will fall within the A2I-HIDs’ Master Delivery Schedule and the PMO will then be in contact to initiate the Request delivery. If the proposal is not approved by the PGB then the PMO will be in contact with the Proposer and provide the reasons for the non-approval of the Request. The proposal may be re-worked and re-submitted or withdrawn at the Proposer’s discretion.

Points to Note: -

* The A2I-HIDs may not be able to accommodate every Healthlink Service Request. Priority will be given to those requests that can demonstrate that significant benefit / value will be realised by connecting to the national messaging infrastructure.
* A2I-HIDs Programme is involved in many different Projects and Service Requests. In order to maintain Programme performance and priorities, the PGB may, if it deems it necessary, sanction a change to the Master Delivery Schedule which may affect the delivery of your proposed Service Request.
* It is important to be aware that once a project has commenced, should it stall beyond a period of 60 days or fail to meet milestones, A2I-HIDs Programme may have to reschedule implementation to a future date and /or reprioritise A2I-HIDs resources on to other ‘in-flight' projects.
* Service Request proposals must state that appropriate client funding and resources are available and aligned to the project before A2I-HIDs Programme will formally engage with the customer.
* It is advised to allocate a period of 3-4 months to get a Service Request from the point of initial kick-off to a production environment, notwithstanding the points above.

# Roles and Responsibilities

This is to provide a level of assurance to all stakeholders that effective systems are in place for the integration and delivery of the proposed project.

**Service Integration Request – estimated effort**

|  |  |  |  |
| --- | --- | --- | --- |
| ***#*** | ***Description*** | ***Responsibility*** | ***Effort (days)*** |
| **Vendor** | **Client** | **Healthlink** |
|  | Initial meeting to discuss the project, configuration, testing, timelines, etc. This will be followed by weekly status meetings organised by the client PM. | x | x | x | 5 |
|  | Provide sample vendor-generated HL7 messages to Healthlink for validation. | x |  |  | 5 |
|  | Setup VPN if not already in place. |  | x | x | 1 |
|  | Setup TCP service if not already in place. |  | x | x | 1 |
|  | Configuration services to facilitate new message type(s). |  |  | x | 0.5 |
|  | Process sample messages over TCP/IP. | x | x |  | 5 |
|  | Ensure Acks/Nacks are returned for all messages received from client. |  |  | x | 0.5 |
|  | Client site must ensure Acks are processed for auditing and reconciliation purposes. | x | x |  | 10 |
|  | Healthlink to conduct message validation before clinical testing can commence. |  | x | x | 5 |
|  | Healthlink to grant client access to Test portal for testing purposes. |  |  | x | - |
|  | Client to assign person(s) to carry out clinical testing. This testing require confirmation that messages from client system to Healthlink is as expected. | x | x |  | 20 |
|  | Client to provide clinical sign-off for tests conducted. |  | x |  | - |
|  | Healthlink to test sample of messages on all accredited systems and provide screenshots back to the client for signoff. |  |  | x | 2.5 |
|  | Client to provide Healthlink with list of pilot GPs (10 practices approx. across 4 accredited vendor systems). |  | x |  | 2 |
|  | Healthlink to contact these GPs to ask if they are happy to participate in the pilot. |  |  | x | 4 |
|  | Pilot can commence and will remain in place for a period until 100 reports have been processed, or for a min of 4 weeks. | x | x | x | 20 |
|  | Go-live rollout – communications from client to GPs, Healthlink broadcast to relevant GPs. |  | x | x | 2 |

**New Referral Service Request – estimated effort**

|  |  |  |  |
| --- | --- | --- | --- |
| ***#*** | ***Description*** | ***Responsibility*** | ***Effort (days)*** |
| **Vendor** | **Client** | **Healthlink** |
|  | Initial meeting to discuss the project, configuration, testing, timelines, etc. This will be followed by weekly status meetings organised by the client PM. | x | x | x | 5 |
|  | Healthlink development on new referral based on specification provided by Client. | x |  | x | 20 |
|  | Healthlink to grant client access to Test portal for testing purposes. |  |  | x | - |
|  | Client to assign person(s) to carry out clinical testing. This testing requires confirmation that the referral meets requirements | x | x |  | 15 |
|  | Client to provide clinical sign-off for tests conducted. |  | x |  | - |
|  | Healthlink to test sample of messages on all accredited systems and provide screenshots back to the client for signoff. |  |  | x | 2.5 |
|  | Pilot can commence and will remain in place for a period until 100 reports have been processed, or for a min of 4 weeks. | x | x | x | 20 |
|  | Go-live rollout – communications from client to GPs, Healthlink broadcast to relevant GPs. |  | x | x | 2 |

# Work Plan

The enclosed work plan will be used to schedule project activities for the new Service Integration Request / Referral Service request. This may be amended after the initial meeting to agree scope & timelines, etc.

**Please refer to ‘Healthlink SIR Readiness Checklist’ document**

# Readiness Checklist

The enclosed Readiness Checklist will be used to track the progress of work plan activities and will be used to determine if / when the new service / referral should go into Production.

**Please refer to ‘Healthlink SIR Work Plan’ document**