



HELSEPLATTFORMEN
for pasientens helsetjeneste

**Procurement of an
EHR solution
with adjacent systems and services**

Invitation to Dialogue

T Appendix 3 Project and Progress Plan

Based on SSA - T

Case number: 2016/238



History

Version	Responsibility	Date	Comments/Changes
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Annex 1 - The Contractor's response to Project and Progress Plan

1 INTRODUCTION

This Appendix sets out the overall approach to the project and progress plan for the implementation of the Contractor's proposed EHR solution.

The Contractor shall in *Annex 1* submit its project and progress plan by completing the templates in *T Appendix 1, Annex 1, Chapter 2*, together with such additional documentation as is necessary and desirable to demonstrate that the plan is suitable for the implementation of the EHR solution.

The response shall serve as the starting point for the dialogue which at Effective Date will conclude with an agreed plan for the implementation of the EHR solution, to which the contractual milestones related to progress, payment and sanctions will be attached. Furthermore the project and progress plan will in the tender phase serve to differentiate between the competing Contractors. For this purpose the plan will be considered under the award criteria Risk, and the score will reflect the Risk associated with the implementation plan.

As a starting point and to assist the Contractor, the Customer has defined a set of prerequisites, assumptions and guidelines for the overall approach to the project and progress plan, as further described below. Furthermore, in general the Delivery Contract and appendices to the Contract provides terms and conditions for the EHR delivery that the project and progress plan must be aligned with and take into account, cf. *Delivery Contract, Chapter 2* and in particular *Appendix C6, Appendix C7, T Appendix 4* and *T Appendix 6*. Within this framework, the Contractor shall use its own expertise and methodology to propose a project and progress plan suited for its EHR solution.

The Contractor has acknowledged and taken into account that the EHR delivery has two main parts: 1) The Helseplattformen Main Project, referred to as "HMP" (which has a fixed start-up date), and 2) The Options that during the Term of the Delivery Contract is called for by the Individual Customers (which have unknown start up dates). The HMP and Customer Options consist of:

1. HMP: Defined as the implementation of the EHR solution with all functionality to Central Norway Regional Health Authority (HMN), Helse Møre og Romsdal HF, Helse Nord-Trøndelag HF, St. Olavs Hospital HF, the City of Trondheim and two (2) General Practitioner offices in the City of Trondheim. The Contractor can assume that there is an average of five (5) doctors in each GP office. The Hospital Pharmacy is included in HMP with a delivery in the form of a close integration with Helseplattformen.
2. Individual Customers exercising Customer Options, cf. *the Bridging Contract, Chapter 5* and *Appendix C3*. Customer Options may potentially be called at any time during the Term and may be called individually or as a group of Individual Customers calling Options simultaneously.

Similarly the Contractor has acknowledged and taken into account that the EHR delivery will be a joint effort between the Contractor and the Customer, however with clear divisions of responsibilities, and hence that all the Customer's required activities (as set out in *Appendix C7*) shall be taken into account in the project and progress plan.

The phases and activities described in the project and progress plan will require individual planning and preparation. The detailed planning, resulting in a detailed project and progress plan shall, within the constraints set out in this Appendix and the *Delivery Contract*, be undertaken by the Customer and the Contractor as part of the dialogue phase. The Customer's

ambition is to have a mature and elaborated Project- and progress plan at the end of the dialogue phase that provides a precise and good starting point for detailed planning (as outlined in the *Delivery Contract, Chapter 2* and its regulation of the preparatory phase).

When evaluating the project and progress plan under the award criteria “Risk”, cf. *Invitation to Dialogue, Chapter 25.5*, the Customer will in general assess and consider the risks attached to the project and progress plan in terms of how robust, flexible and dynamic the plan is considered to be. Amongst the sub-criteria that will be taken into consideration (to be completed as part of the evaluation model) are:

- Understanding of the interaction with the Customer and CFA provided by the Customer.
- Duration of the different implementation phases relative to the overall time schedule the Contractor shall assume, cf. *Chapter 2.3*.
- Complexity of the implementation plan (understood as the number of simultaneous activities and the scope and size of necessary development).
- Contractor’s description of lead times for Customer Options and its ability to incorporate Customer Options when these are called.
- If changes in HMP start up time/delays occurs and how they are able to accelerate the plan and absorb changes.
- The ability to adapt to organisational changes on the Customer side.
- The process and possibility to incorporate changes in the Contractor’s EHR standard software solution up to the Delivery Date.

As part of the documentation of the Contractor’s project and progress plan, a selection of scenarios are requested in *Annex 1* that the Contractor shall simulate to demonstrate the robustness and feasibility of its proposed project and progress plan.

At submission of the initial proposal it is expected that the Contractor’s project and progress plan for HMP is adequately described so that the Customer is able to assess the robustness, flexibility, quality and feasibility of the plan.

2 PREREQUISITES, ASSUMPTIONS AND GUIDELINES

2.1 INTRODUCTION

This Chapter, in addition to the terms and conditions in the *Delivery Contract, Chapter 2*, sets out assumptions, prerequisites and guidelines for the Contractor’s response to and completion of the project and progress plan.

2.2 METHODOLOGY AND OVERALL ASSUMPTIONS FOR THE PROJECT AND PROGRESS PLAN

The general principle is that the Contractor, within pre-requisites, assumptions and guidelines set out in this Appendix, is encouraged and asked to use its own experience and apply its recommended methodical approach to the project and progress plan.

The proposal for a project and progress plan shall address HMP and Customer Options (that may be called for individually or in groups), both separately and as a joint and comprehensive project and progress plan suitable for reaching the overall ambition of having one common EHR solution for all actors in the Central Norway Health Region (e.g., that all entities listed as Customers takes part in the EHR delivery).

Related to the Customer Options the Contractor is expected to provide a generic plan and method suitable to enable Call Off Orders to be exercised within the time schedule for delivery of Options (within the lead times as proposed by the Contractor).

In both instances the Customer expects the project and progress plan to take into account both the technical and organisational implementation.

The Project- and progress plan, both related to the HMP and Customer Options, shall adhere to the five phases set out in the Delivery Contract: the preparatory phase, the specification phase, the development phase, the acceptance test phase and the approval period. The terms and conditions for the transition between these phases are set out in the *Delivery Contract* and *T Appendix 4*.

The Deliverables as a whole (the overall EHR solution) are to be split into Partial deliveries that are introduced over time. It is up to the Contractor (within the relevant constraints pointed out in this Appendix) to propose the most suitable scope, time schedule and number of Partial deliveries. The Customer expects that the Contractor elaborates and describes how they will split the implementation of the whole EHR solution (the Deliverables) to actors in HMP into Partial deliveries, and the reasoning for the recommendation. Implementation of Customer Options shall follow the same principles as the HMP. However, related to this part of the EHR delivery the Customer expects a generic plan and methodology for implementation for the different Options (categorised in different types of municipalities as further explained below).

The following illustration depicts HMP and Customer Options in relation to the different phases, the main milestones and the connection with the payment plan, cf. *T Appendix 6*.

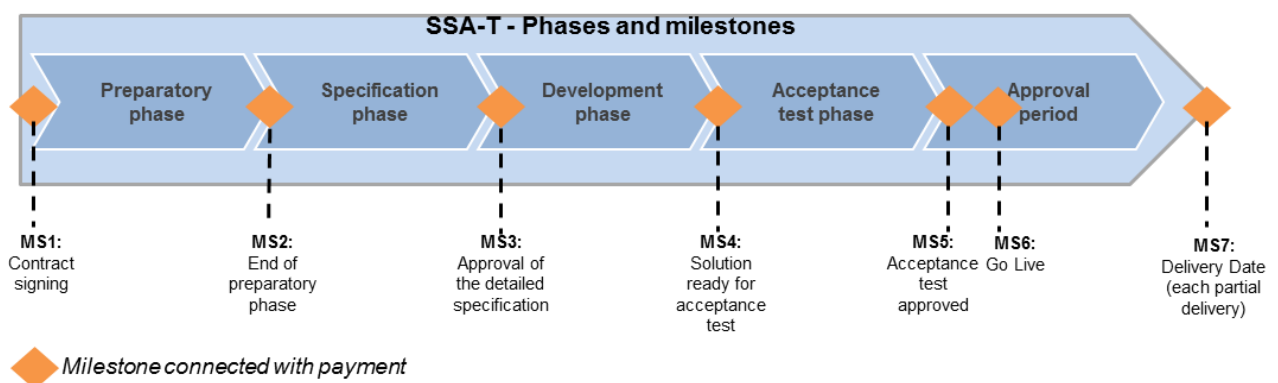


Figure 1 - Relationship between phases, milestones and payment for each Partial delivery

Figure 2 further illustrates the conceptual overview of the relationship between the phases and transition between phases. As the figure demonstrates, Partial deliveries will be introduced over time and be (individually or collectively) transferred from being subject to the terms and conditions of the *Delivery Contract* to the *Maintenance Contract*. During any given phase in the HMP, and later on, the different Customers and Individual Customers will be in different stages of implementation.

The process for transition between phases is set out in the *Delivery Contract* and *T Appendix 4*.

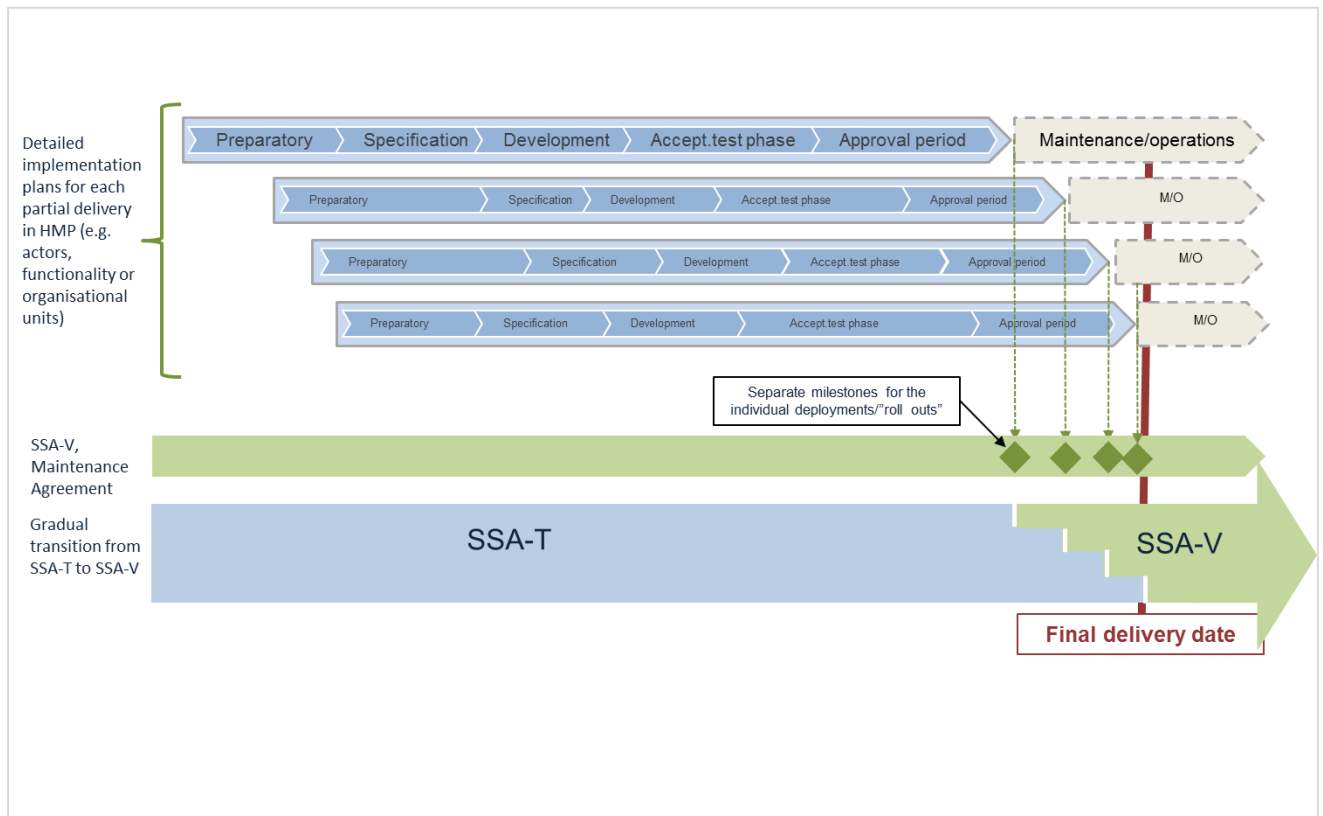


Figure 2 - Relationship between phases in the Delivery Contract (HMP split into Partial deliveries) and the transfer into the Maintenance Contract.

The HMP and subsequent Customer Options are subject to an iterative process for each Partial delivery which can be repeated as often as is necessary to realise the Deliverable.

It is required to have a common preparatory phase for HMP. It is furthermore envisaged to have a less complex preparatory phase for each Partial delivery thereafter. The Contractor may recommend a solution where the preparatory phase is common for one or more Partial deliveries.

The basic principle that the Contractor should reflect in their response is that there is a close relationship between the phases, milestones and Partial deliveries in HMP. There is also a close relationship that the Contractor should take into account to test and acceptance, cf. *T Appendix 4*, payment plan, cf. *T Appendix 6* and sanctions. These principles also applies for Customer Options and the Contractor must align their proposal with the framework set out in the Delivery contract, cf. *Delivery contract, Chapter 2*. The principle and the relationship is illustrated in the figure below.

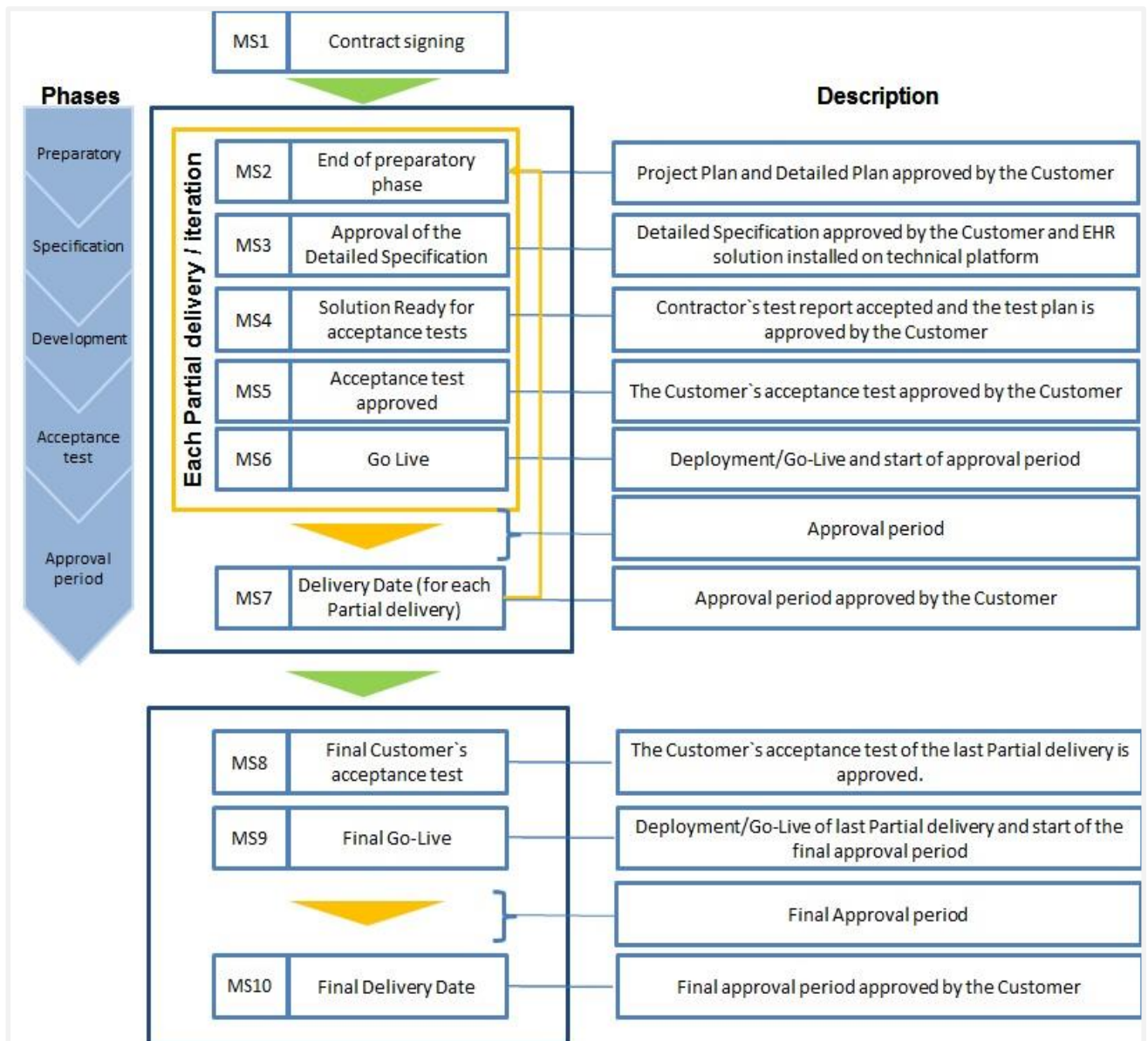


Figure 3 – The relationship between project phases, Partial deliveries, the Milestones representing the transition between phases and the overall criteria for verification of the Milestones

2.3 OVERALL PREREQUISITES RELATED TO THE TIME SCHEDULE

The detailed framework and principles regarding time schedule and the project and progress plan are defined in the Delivery Contract, cf. *Delivery Contract, Chapter 2* and in *T Appendix 4*.

The Customer has furthermore defined some overall assumptions related to the time schedule that the Contractor shall take into account when responding to *Annex 1*:

- HMP should be completed no later than five (5) years after the Effective Date.
- The EHR delivery should be completed no later than seven (7) years after HMP Final Delivery Date, assuming that the last Customer Option is exercised no later than five (5) years after HMP Final Delivery Date.

- The Contractor should as a default assume that St. Olavs Hospital HF will be a part of the first Partial delivery.
- The Contractor should as a default assume that the EHR solution shall be implemented when opening the new hospital in Nordmøre og Romsdal (SNR). The Contractors will during the dialogue phase be kept informed and be given the opportunity to coordinate the EHR delivery with the SNR project.

2.4 CUSTOMER FURNISHED ASSETS

The Contractor should note that in general all deliveries and pre-requisites or assumptions relevant for implementation of the EHR solution, both related to the Contractor’s deliverables and the Customer Furnished Assets (CFA), cf. *Appendix C7*, shall be taken into account when preparing the project and progress plan.

The figure below illustrates the concept and relationship between the Contractor’s EHR solution, actors in HMP, introduction of CFA and the Contractor’s response to Partial deliveries and project and progress plan.

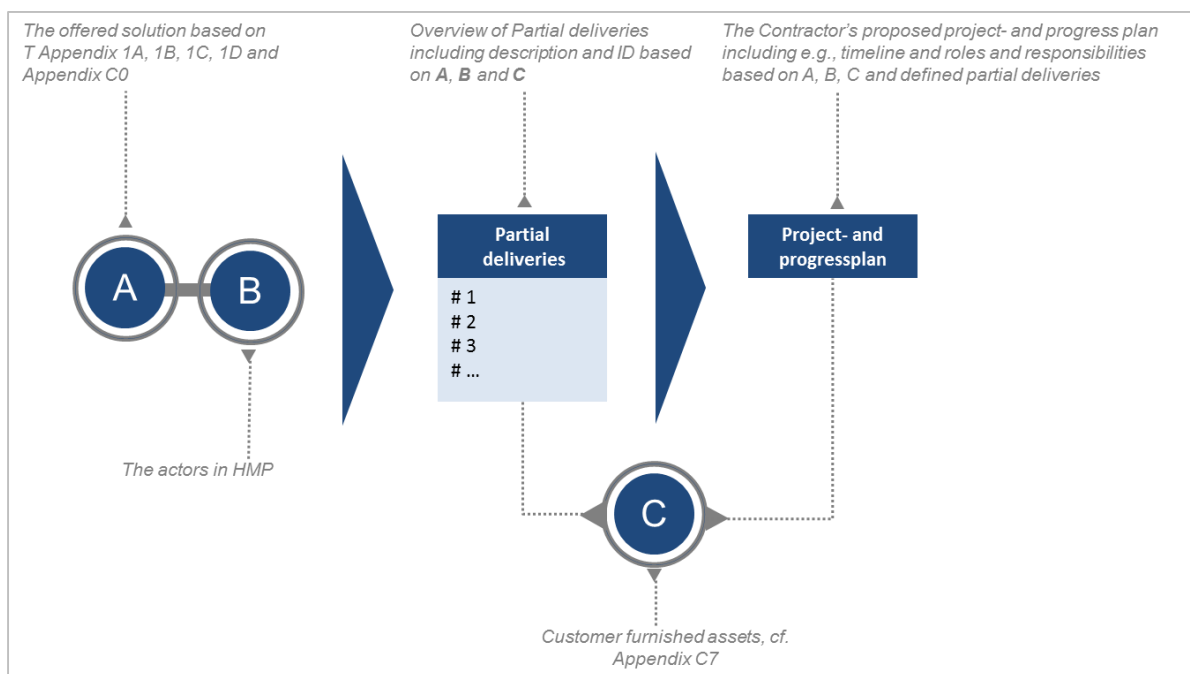


Figure 4 - Relationship between the solution, actors in HMP, partial deliverables, introduction of Customer furnished assets and the Project and progress plan for HMP.

2.5 INTERDEPENDENCIES WITH OTHER ITD DOCUMENTS

This Appendix is interconnected with several other ITD documents. In general all deliveries and pre-requisites or assumptions relevant for implementation of the EHR solution, both related to the Contractor’s deliverables and the Customer Furnished Assets (CFA), cf. *Appendix C7*, shall be taken into account when answering the requirements in this Appendix. The Contractor’s response shall include or reflect information described or responded to by the Contractor in other appendices. The following table provides a list of relevant appendices and information elements that should be read, understood, included or reflected in the Contractor’s response to this Appendix. The list is not exhaustive.

Table 1 - Overview of appendices with relevant information or elements that shall be included or reflected in the Contractor's response to the Project and progress plan

#	Appendix/document reference of importance to the project- and progress plan for HMP (the list is not exhaustive)	Description
1	SSA-T, the Delivery Contract, Chapter 1 and 2	Chapter 1 states the phases and milestones of the Delivery Contract. Chapter 2 contains the performance of the deliverables, including information regarding project- and progress plan.
2	Appendix C0, Chapter 2 - 9	Appendix C0 contains a description of the Customer's ambition and objectives for a new electronic health record (EHR) solution, and the context in which the EHR solution will be implemented and taken into use.
3	Appendix C1 Customer's Technical Platform	Appendix C1 provides an overall description of the technological components and infrastructure that comprise the Customer's platform as of February 2017.
4	Appendix C2 Risk and Risk Management	Appendix C2 establishes the strategic guidelines and principles for the continuous risk management processes that the Contractor is expected to apply during the Implementation project.
5	Appendix C3 Customers	Appendix C3 lists the Customers including Customer Options under the Contract that shall be included in the Implementation project.
6	Appendix C7 Customers Furnished Assets	Appendix C7 establishes a clear understanding on the interfaces and use of the Customer's existing and future technical solutions, applications and personnel and establishes the framework that the new solution have to operate within.
7	<ul style="list-style-type: none"> - T Appendix 1A General Requirements - T Appendix 1B Functional Requirements - T Appendix 1C Technical Requirements - T Appendix 1D Training Requirements 	The project- and progress plan shall reflect and ensure implementation of a solution that meets the requirements set in 1A, 1B, 1C and 1D.
8	T Appendix 4 Testing and Approval	This Appendix will define the Contractor's and Customer's common approach to testing and approval. Principles, details and plans for testing and approval shall ultimately be aligned with and reflected in the response to project- and progress plan.
9	T Appendix 6 Total Price and Pricing Provisions	The Implementation project and elements in the Contractor's response to the project- and progress plan shall be priced in T Appendix 6. Any description regarding pricing and pricing provisions shall be included in T Appendix 6 with reference to the relevant elements in the project- and progress plan for HMP and Customer Options.
10	T Appendix 7 Options	This Appendix describes the different Options that the Customer may buy and use during the SSA-T Agreement. Options as a part of the Implementation project shall be included in the Contractor's response to project- and progress plan.