RTI #4894 – Gateway review report - iEMR

Contextual Information

The role of gated assurance is to provide information to those that sponsor, govern and manage a project to help them make informed decisions to promote the conditions for success, reduce the causes of project failure, and deliver improved outcomes. The Queensland Government's Program and project assurance policy and supporting framework provides a structured approach for assurance that leverages existing, industry recognised best practice methodologies.

The Gate 4 Readiness for service occurs once the asset or service is ready for delivery. This review checks system testing has been completed to user satisfaction and the business is ready to take over operation.

Gateway review reports are conducted when the iEMR is being implemented in each Hospital and Health Service.

Overview: A **Gate 4** review validates that the solution is ready to make the transition to operational service. This is a key review for the agency overall and provides assurance that the solution itself and the various business and operational areas are ready for implementation of the service.
Timing: Occurs once all testing is complete and test summary report is prepared but prior to business go-live and/or release into production. It may need to be repeated per site implementation dependant on business change impact.
Review focus:

- Final business case validity and unaffected by change
- Service level agreement, contract and legal arrangements are current
- Service and system testing completeness
- Business readiness to implement the change
- Lessons learned are recorded

In the case of the Princess Alexandra Hospital (PAH) implementation, there was a clinical recommendation which was endorsed by the PAH Executive to not implement Pyxis at the time of the MARS project go live. This was based on the interface between the ieMR and the Pyxis machines not being ready at the time of go live at the PAH.

MARS stands for Medication, Anaesthetic and Research Support and was the final component of digital hospital implementation for the PAH in March 2017. Electronic medication management (EMM) provides clinicians with a readily accessible and transparent medication record, including the prescribing, administration and supply of medications. EMM enables computerised decision support for allergy checking, drug interactions and maximum dose checks of medications.

Pyxis is a drug storage and retrieval cabinet based on a ward. Pyxis units supports staff in selecting the correct medication at the correct time and correct dose for the correct patient by incorporating the patient and medication details from the EMM (when an interface is available and activated).

In the absence of Pyxis units, nursing staff utilise the 7 Rights of medication administration which is standard best practice in the administration of medications, those Rights being: right person, right time, right drug, right dose, right route, right documentation, and the right of the patient to refuse.

ICT Gated Review Gate 4 – Readiness for Service

Medications, Anaesthetics and Research Support (MARS) at Princess Alexandra Hospital

22nd February 2017

FINAL Version 1.00

Building a better working world

Document Details

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1. Background

1.1 Overview

Princess Alexandra Hospital (PAH) is part of the Metro South Hospital and Health Service (HHS), the most populated HHS in Queensland. It is the major provider of public health services, and health education and research in its region. As part of the continued effort to become a leading Digital Hospital, PAH is implementing the Medications, Anaesthetic and Research Support (MARS) Release of the state wide Digital Hospital Program.

The MARS Release comprises the original Release 4 and Release 4-D (Digital Exemplar activity). Release 4 includes medications management functionality, and Release 4-D includes anaesthesia and research support. The MARS Release forms a critical component of realising the full benefits of the ieMR (Integrated Electronic Medical Records) solution.

The scope of this Release includes the delivery of the following components, built as an extension to the existing platform delivered in prior releases:

- Medication Administration Record (MAR) – The documentation of medications administered to a patient.
- Point of Care Administration – Supports the use of bar-coding technology to ensure safe administration of medications at the bedside.
- PharmNet Inpatient – Manages pharmacy operations serving an inpatient population.
- Pharmacy Interface – Supports the transmission of orders for inpatient medications from PharmNet Inpatient to the i.Pharmacy solution.
- Pyxis MEDSTATION Interface (min. of 20 devices) – Supports transmission of pharmacy orders and medication profiles to the Pyxis console from PharmNet's Inpatient solution.
- Anaesthesia Management – Provides immediate access to patient records, automatic methods to capture information, and tools for extracting data for reports.
- PowerTrials Core – Supports clinical trials.
- Integration – Facilitates integration with existing infrastructure such as Pyxis ES CCE to leverage medication orders placed through FirstNet.
- Provider Matching Service (PMS) enhancement – Manages doctors and prescribers.
- Devices – New devices for prescription and anaesthesia.

The core software suite being implemented is the Cerner Millennium suite from Cerner Corporation, which offers an integrated set of modules and functions that have been deployed across multiple care facilities.

1.2 Driving Force for the Project

Queensland Health (QH) promulgated its eHealth Investment Strategy, which sets a vision of equipping Queensland hospitals with the latest technical advancements, and bringing these hospitals into the digital age. This strategy is being delivered through the Digital Hospitals Program, with an underlying goal of transitioning hospitals to a single enterprise solution to improve data exchange, process improvements and interoperability.

The ieMR Program underpins the vision of Metro South HHS and PAH to deliver high quality health care through an efficient and innovative use of resources, planning and evidence-based strategies. The benefits of the MARS release include safety, efficiency, sustainability and cost avoidance. This will enable positioning PAH as the leading public Digital Hospital in Queensland.

The ieMR vision is aligned with Metro South HHS and PAH's objectives:

- Health services focussed on patients and people
- Empowering the community and our health workforce

- Providing Queensland with value in health services
- Investing, innovating and planning for the future

1.3 Aims of the Project

The aims of the MARS release project at PAH include:

- To deliver an integrated technical solution based on the Cerner Millennium product set integrated with other QH systems
- To deliver measureable improvements in the quality of medications ordering, dispensing and administration (closed-loop), enabled through the use of information technology and process re-design
- To deliver measurable improvements in the anaesthesia process, including case preparation, workload prioritisation, and shared and accessible documentation
- To deliver measureable improvements in the process of matching appropriate Patient-Clinical trial information
- To establish reference implementations and collateral that can be used and adopted by other Queensland hospitals for electronic medications management
- To continue the digital transition process and leadership of PAH

1.4 Procurement/Delivery Status

There were no substantiated issues brought to the attention of the Review Team regarding the current contract between QH and Cerner Corporation for the provision of licensing, support and implementation services.

It is noted that QH and Cerner Corporation have recently completed a contract variation review. This included agreeing to what has been delivered to date by Cerner, and establishing an outstanding scope register. The Review Team understands that both parties have agreed to a path moving forward up to the completion of the Digital Release.

The Review Team confirmed with eHealth that there are sufficient ieMR licenses for the MARS implementation at PAH.

1.5 Current Position Regarding Gated Reviews

The Review Team understands that, to the best of their knowledge, no prior ICT Gated Reviews have occurred for the implementation of MARS release at PAH.

2. Purpose and Conduct of the Review

2.1 Purpose of the Review

ICT Gated Review 4: Readiness for service

This review investigates an organisation's readiness to make the transition from specification or solution to implementation. Where appropriate the review also assesses the capabilities of delivery partners and service providers. The review also confirms that ownership of the project is clearly identified after handover to operational services.

A full definition of the purpose of an ICT Gated Review Gate 4 is attached for information at Appendix A.

This report is an evidence-based snapshot of the project's status at the time of the review. It reflects the views of the independent Review Team, based on information evaluated over a four day period, and is delivered to the ieMR Senior Responsible Officer (SRO) immediately at the conclusion of the review.

2.2 Conduct of the Review

The ICT Gated Review Gate 4 was carried out between 6th February 2017 to 10th February 2017 at Princess Alexandra Hospital, Woolloongabba, QLD and the ieMR Program 100 Wickham Street, Fortitude Valley, QLD. Review interviews were conducted with 42 stakeholders. The review approach is demonstrated in Figure 1.

The Review Team would like to thank the SRO, Chief Executive, Cerner Corporation, Program Managers, Project Managers and all interviewees from the project and program teams for their support and openness, which contributed to the Review Team's understanding of the project and the outcome of this review.

The Review Team members and the people interviewed are listed in Appendix B.

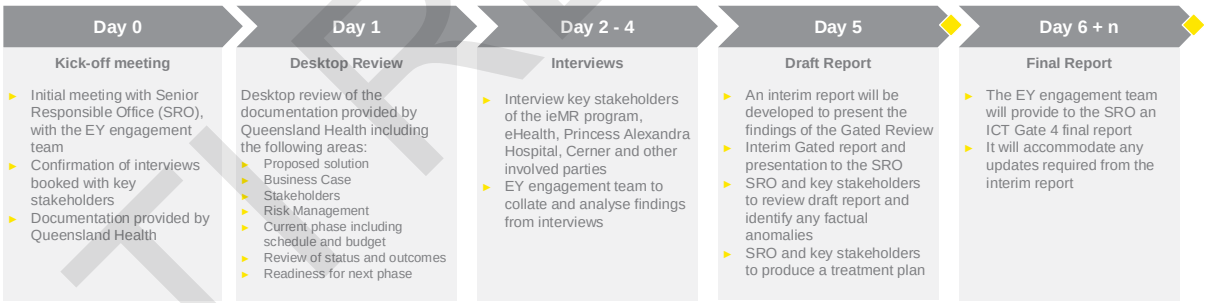

Figure 1: Review Approach

3. ICT Gated Review Conclusion

3.1 Review Conclusion

The Review Team assesses the delivery confidence as Green for the MARS Release at PAH. It is noted that there are a number of remaining activities still underway (for example, defects still to be re-tested, devices to be upgraded and tested, and final decisions on Go-Live scope); however, each of these activities are being constantly reviewed via existing (and effective) governance forums. Clinical engagement and acceptance of mitigations, treatment plans and work arounds at this point in preparing for Go-Live is high. It is clearly a clinically led project focussed on better outcomes for patients and supporting clinical staff adoption.

Further to this, there is a strong culture of patient safety, with this being the critical criteria in determining Go-Live readiness. This also extends to decision making around any / all deferrals to Go-Live scope. There were many aspects of better practice evidenced in our three day review cycle which demonstrates the site's passion and commitment to Queensland Health's digital health strategy. The focus on clinical design, build and test has, in our opinion, created an Australian Health System reusable design template for others to follow.

The testing, business change and adoption, Go-Live planning, business continuity and technical project management artefacts (and people) were of high standard, which demonstrated to the Review Team a high level of confidence in their Go-Live readiness. Due to PAH's past experience in ieMR releases, lessons learned have been applied throughout, which demonstrates the site's and solution's readiness for service. Supporting this is the positive attitude across all stakeholders to make sure that this Go-Live is successful, and patient safety and quality is front and centre in Go / No Go decision making.

RAG	Criteria Description
Green	Successful delivery of the project/program to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly.
Amber/Green	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/schedule overrun.
Amber/Red	Successful delivery of the project/program is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and whether resolution is feasible.
Red	Successful delivery of the project/program appears to be unachievable. There are major issues on project/program definition, schedule, budget required quality or benefits delivery, that at this stage do not appear to be manageable or resolvable. The Project/Program may need re-base lining and/or overall viability re-assessed.

Table 1: Review Criteria Description

3.2 Statement supporting the Conclusion

The Green status recognises that a successful delivery can be achieved based on the activities currently being actioned (and that are planned to be completed), and supported by the vast planning materials reviewed and the confidence displayed by all interviewees. There is an unparalleled commitment to a safe and successful MARS Release from all levels, from senior leadership to project delivery members.

The Review Team also acknowledges that there are a number of outstanding risks, issues being mitigated and activities still to occur. Whilst this may be the case, the stewardship demonstrated by the SRO, the project leadership team, all project team members, and importantly senior clinicians across aspects such as governance, risk and issues management, patient safety and quality, have resulted in very clear entry criteria and decision points to support a Go / No Go determination. Risk mitigations, treatment plans and clinically endorsed workarounds give the Review Team the indication that the PAH has mechanisms in place to mitigate any major risks threatening successful delivery. Furthermore, if they do materialise, then an effective and mature decision making process exists for any changes to Go-Live.

Further actions to be completed and are deemed critical to be resolved prior to Go-Live, or, actions that have a management plan developed for any deferral of scope are as follows:

- Resolution of all remaining defects or clinically endorsed work arounds relating to functionality (for example, Pyxis) required for Go-Live. The Test Summary Report should include a detailed management plan for all remaining Severity 2s and 3s.
- Resolution of Release 4 Security Role defects and approval of associated Security Position changes required for the User Flip (and the pre-production validation activities).
- Finalisation of regression testing as per the planned milestones, with the results to be released to all involved stakeholders at other sites and to Digital Application System (DAS) at the state-wide level.
- Upgrading of the Downtime Viewers (Terminals and Administration Consoles) and completing all remaining testing.
- Testing of all remaining interfaces (for example, anaesthetics) and completing device testing.
- Validation of future workflows relating to IV fluids and infusions, finalisation of any remaining testing.
- Confirmation of the cut-off date relating to the i.Pharmacy upgrade as it relates to Go-Live readiness and execution.
- Finalisation of the Business Continuity Plan (BCP) along with the necessary committee approvals. Any remaining business continuity procedure testing should also occur and be completed prior to Go-Live.
- Training and the realisation of the targeted users to be trained prior to Go-Live and an endorsed plan to train the remainder post Go-Live.
- Finalisation of all transition artefacts, including new and refined work instructions, new and refined support processes and end to end support model.
- Local Support Model to be finalised and agreed with all parties including Cerner, DAS and the ieMR Program Transition to Operations team.

Sub-section 3.3 Key Findings, provides detailed substantiation of the Review Team's conclusion.

3.3 Key Findings of the Review

Key Findings are listed below. Please refer to the *Findings and Recommendations* section for additional and detailed findings.

ID	Category	Key Finding
KF-1	Clinical Engagement	There is significant clinical engagement across the full depth and breadth of the PAH MARS Release. This has extended from design through to build, and now testing. The level of clinical engagement has created a strong culture based on patient safety, and it is evident that this is a clinically-led project (compared to an ICT implementation project). This level of engagement has provided a high degree of confidence that the business and solution is ready for service, and the appropriate clinical influence is part of all Go-Live decision making.
KF-2	Lessons Learnt	There is strong evidence that lessons learned from previous ieMR implementations have been incorporated into the planning and delivery of the MARS Release. This has been reflected in the approach to testing via clinical narrative, end-to-end integration testing, and the approach to training. It is the opinion of the Review Team that the application of these lessons learnt have resulted in a more robust design of the solution and the execution of testing, training, and change and adoption. The project management capabilities, tools and artefacts are also heavily influenced by patient safety principles.
KF-3	Strategic Vendor Relationship	The ieMR Program recently completed a contract validation review with Cerner Corporation. A path forward has been agreed between both organisations with regards to scope delivered and outstanding scope to be delivered. Separate site and enterprise optimisation and stabilisation activities are in execution.
KF-4	Testing	Regression Testing: Significant attention has been placed on regression testing. The regression testing is still being completed at the time of completing this Gate 4 Readiness for Service activity. There are 52 outstanding regression defects, with 9 Severity 2 and 39 Severity 3. Defect management is being closely monitored. This activity is due to be completed by 10th February 2017. Progression Testing: There are still quite a number of open Severity 2 (32) and Severity 3 (49) defects relating to security roles, IV fluids and infusions, and displays. Daily silver and gold meetings are occurring to make sure there is an accurate clinical understanding of the impact to defect resolution. A strong focus on patient safety has been evidenced by the Review Team in the approach to defect management. User Acceptance Testing (UAT): Clinical narratives were developed to guide UAT testing. This was one of the lessons learned applied to the approach to UAT from the ieMR Digital Release. There are still outstanding UAT defects, totaling 84, with no Severity 1 defects identified. There is significant clinical stewardship included in existing Silver and Gold governance arrangements. A Test Summary Report is in development by the Director of Testing. It is expected that this Report will also include a management plan for the approved resolution of all remaining Severity 2 and Severity 3 defects.

ID	Category	Key Finding
KF-5	Pyxis	There are a number of Severity 2 defects relating to Pyxis which will necessitate a pre Go-Live decision, pending defect management, as to whether the Pyxis functionality is deferred, and the work around is enacted. This work around has been developed with considerable clinical and pharmacy engagement.
KF-6	i.Pharmacy	The i.Pharmacy upgrade decision, from version 5.7.1 to 8.1, is still outstanding. This decision is outside the control of the PAH MARS Release project team. Parallel testing of both versions is occurring. The Review Team notes this does not impact the critical path to Go-Live however a resolution is preferred in finalising the Go-Live Plan.
KF-7	Devices	There are multiple new devices being implemented and the integration process is still underway. Key focus is being applied to monitor the progress of the following: Anaesthesia Device Integration: Testing is complete for device integration with some defects, which are being resolved in conjunction with project teams and vendors. Also outstanding is the configuration of new printers for the Anaesthesia workstream. Device Association for medical Devices: Ensuring correct association of the medical device and the SAA terminal. There were issues encountered with the terminal potentially displaying information of an incorrect patient. Design and process changes have been made, and are currently being tested, to ensure patient safety is maintained by reducing the chance of incorrect device association occurring and not being detected. Downtime Viewer: Approximately 80 Downtime Viewers within the PAH require a manual upgrade along with completing testing prior to Go-Live. This is a critical activity as there are dependencies to the Business Continuity Plan.
KF-8	Training	Most of the users to be trained are clinicians and nurses. Training plans are in place, and training is occurring. Training attendance is strong across the nursing stream, with an increased focus on the medical stream. PAH has a target of training 100% of the identified population rostered for Go-Live.
KF-9	Support Model	The Metro South Health (MSH) Digital Hospital Support Model is currently in draft (i.e. Version 1.2) and is well progressed. It is currently out for final socialisation with all key stakeholders. It outlines detailed workflow support models and roles, and comprehensive Problem/Incident Management processes and procedures. It appears all key stakeholders are engaged.Through interviews, the Review Team identified the need for comprehensive documentation of the end-to-end support model. This includes the appropriate support delivery models based on the future needs across all Go-Live sites, resourcing needs and importantly, the requirement of clinically aligned support roles due to the more clinically focussed scope related to medications and anaesthetics.
KF-10	Data Custodian	The Review Team identified an absence of state-wide coordination relating to health information data management, and importantly health information data custodianship. It is the view of the Review Team that this risk will only increase as further sites take on their MARS Release. The benefits of an enterprise design and solution extend to an enterprise approach to health information.

Table 2: Key Findings

4. Findings and Recommendations

4.1 Findings

ID	Category	Supporting Finding
BCS-1	Business case and Stakeholders	The requirement for the implementation of the MARS Release 4 and Release 4-D at PAH is still valid and consistent with the strategy to utilise Cerner as a state wide enterprise solution for major hospitals.
BCS-2	Business case and Stakeholders	The PAH executives that were interviewed, demonstrated a clear commitment to the business case intent as it relates to the capabilities and enhancements achieved by MARS implementation. There was strong evidence of clinical engagement throughout the design, build and test phases of the project. In particular, the clinical stewardship overarching the testing activities is considered better practice in a digital release of this nature. Project team members interviewed, unanimously (and independently) confirmed strong support that this is a clinically led project, and that all activities revolved around patient safety measures. Of significance to the Review Team was the evidence of cross stream governance, and a strong focus on the end-to-end impacts on future state workflows.
BCS-3	Business case and Stakeholders	All stakeholders interviewed expressed their confidence and commitment for the Go-Live and the broader strategy of patient focused health care delivery, which improved clinical and safety results, and clinical workflows. There were clear criterion to Go-Live readiness based on patient safety and the importance of clinical endorsement for business and solution readiness. PAH have developed the infrastructure, knowledge and support by incorporating their previous learnings and experiences and demonstrate a high level of maturity to manage the change that MARS release will implement. Overall, PAH sentiment towards this release is very positive. Based on where the project is up to, being six weeks out from Go-Live, there is recognition that considerable attention is required in testing, defect resolution, completion of training, and finalising the Go-Live Plan (and the associated execution activities for the Cut-Over and Command Centre). The Go-Live Roster is in draft and well progressed. Importantly, the majority of broader PAH staff want the change and are engaged to undertake the change that the MARS release will deliver.

ID	Category	Supporting Finding
BCS-4	Business case and Stakeholders	The defined set of benefits in the original business case have been updated to accommodate the change in benefits expectation after gaining more understanding of the system capabilities expected from the MARS implementation. These benefits consist of additional ones identified since the submission of the original business case, and the refined version of some of the benefits contained within it. A total of 14 benefits profiles with 12 associated benefit owners have been identified to be measured post the MARS implementation. Out of these 14 benefits, 4 are specifically for the MARS release, and the remaining 10 originated from previous releases that will continue to realise benefits. The benefits baseline was also updated to be in line with the benefit profile changes. PAH has created an exhaustive Benefits Realisation Plan with detailed benefits. Dis-benefits profiles have also been included. The updated Benefits Realisation Plan has been approved by the governance. The ieMR Program benefits team was heavily involved from the benefits identification through to the benefits finalisation phase. It is also noted that eHealth will be responsible for benefits measurement, monitoring and reporting post MARS implementation.
BSC-5	Business case and Stakeholders	PAH and the Software Vendor (Cerner) followed a cohesive delivery approach of co-designing, co-development and co-deployment for MARS implementation. PAH expressed a maturing relationship with Cerner incorporating the lessons learned from the previous delivery, being responsive, engaged and accommodating with the project team.
RM-1	Risk Management	The risk management process (as per the *20170130 ieMR MARS Risks Report ALL LVLS*) is comprehensive and highlights the current state evaluation, mitigation strategy, risk owner and additional resources. It is noted by the Review Team that the open risks within the *20170130 ieMR MARS Risks Report ALL LVLS*, have associated mitigation strategies. No detailed assessment of the risk mitigations or post mitigation assessments were undertaken by the Review Team. There are a number of outstanding activities to be rectified prior to Go-Live. In the event these activities are not resolved prior to Go-Live, the PAH Project and ieMR Program will need to assess each against its Go / No Go Decision framework.
RM-2	Risk Management	The upgrade of i.Pharmacy to version 8.1 is scheduled to occur a week prior to MARS Go-Live, and presents a minimal risk to this implementation. To mitigate the risk, two test environments were created to test both versions of the interfaces and identify the system requirements in case a roll back is necessitated. The testing is complete and the project team has identified the impact of the roll back to be minimal. Discussions are underway with the Commonwealth to confirm the upgrade date, and the decision is pending.

ID	Category	Supporting Finding
RM-3	Risk Management	The Go-Live Roster for PAH and the Command Centre is currently being drafted, and is well progressed. As expected at this time in Go-Live preparation, there are some resourcing details yet to be finalised. The Review Team understands these will be completed within the next two weeks.
RM-4	Risk Management	The ieMR Program is in the process of confirming the requirement for a formal Closure Report on the completion of the MARS Go-Live. The Review Team considers this to be better practice, and an effective instrument to validate the program outcome, close out any residual matters and have the Digital Hospital Program Committee ratify the closure of this stage.
RM-5	Risk Management	The Management Plan for remaining Severity 2 and 3 defects has not yet been documented. This activity is scheduled to be completed as part of finalising the Test Summary report. This Plan will outline all outstanding treatments that will be carried over into post Go-Live activities.
RM-6	Risk Management	The Review Team observed a broader enterprise-wide risk relating to the visibility of Production environment changes. This is recognised by the ieMR Program and the PAH Project Team as requiring increased maturity.
RM-7	Risk Management	Many stakeholders interviewed expressed the need to review the current enterprise-wide support model, and determine whether the current model is optimal. This relates to the need for further clinical business resources to support the existing Problem/Incident Management processes.

ID	Category	Supporting Finding
RCP-1	Review of Current Phase	Overall, high engagement and enthusiasm was observed amongst the PAH MARS Project team, Business Change Owners and Clinical Champions. A positive attitude is evident, especially around the increased functionality that will support enhanced patient safety outcomes. There was recognition, via those interviewed, that the design also focused on clinical safety and efficiency gains in the clinical workflows, which raises the confidence for a positive Go-Live. There is documented evidence of significant clinical stewardship and engagement in each project phase, from design, build and more recently through to testing. This level of engagement has positively shifted the project culture to Patient Safety first and foremost. The clinical leadership committed throughout has been highly appreciated by the project teams and PAH staff. There is evidence of strong senior executive support to achieve the target of training 100% of the rostered staff for the staggered Go-Live sequence over 4 weeks. The Divisional level reporting is used to track progress towards this overarching training target. Incorporating the lessons learned from the previous ieMR implementations has been a significant contributor to effective training, testing, communications, and other change management and adoption for the MARS release. To support overall engagement, the Digital Clinic Transformation Change Network was established including Clinical Consultants, Adoption Coaches, Change Leads and Digital Clinical Champions to drive sustainable change across all workstreams. The SRO, Business Change Owners and other executive showed confidence towards a successful completion of all business readiness activities in the lead up to the Go-Live. Their views are that the business and solution will be ready for Go-Live, and if there are any major issues that the governance processes in place will ensure decisions are based on Patient Safety consequences.
RCP-2	Review of Current Phase	The design and build of the MARS solution has had significant clinical engagement. This also extends to the testing phase where clinical narratives were developed to support end-to-end integration testing and UAT. There are instances of new requirements emerging, which were not originally identified, and appropriate change management processes have been established.
RCP-3	Review of Current Phase	The majority of project management documentation is current, including project reporting, risk log, issue log, project financials and communications. There are some project management artefacts that will require updating once the Go-Live Transition to Operations Plan and Support Model is finalised. There is evidence of a Rollback Plan, and the Business Change Impact Assessment register is continuously being updated as part of normal pre Go-Live business readiness checks.

ID	Category	Supporting Finding
RCP-4	Testing	Progression Testing: • Three cycles of progression testing have been completed with 32 severity-2 and 49 severity-3 defects still outstanding • Multiple libraries of functional test scripts were created with a view of reusability across multiple sites state wide • A major portion of defects were attributed to interfaces, primarily Pyxis, and incorrect rules set up in security matrix Regression Testing: • Finalised test scope by mapping priority areas identified by clinicians to those identified by the software vendor and focusing on high – high mapping • Involved multiple sites in regression testing. In total, identified 600 unique test scenarios and 500 additional site specific variations. All unique cases have been executed with three sites yet to have completed all the testing. User Acceptance Testing (UAT): • This testing was referred to have set a 'benchmark' in testing standards for ieMR implementations within Australia. PAH project team demonstrated confidence in the extent of testing performed and its outcomes • Focused on scenario based testing with heavy participation of clinicians instead of script based testing • Integrating multiple patient workflows within the test scenarios helped over 100 clinicians to uncover a large amount of defects which otherwise would have been missed in script based testing • Conducted in sync with the regression testing • Achieved 90% participant satisfaction rate
RCP-5	Review of Current Phase	There are still a high number of open defects, 81. A major portion of the defects are attributed to the following: • Incorrect rules in Security Matrix • Pyxis Integration • Anaesthesia Device Integration • Biomedical Device Association • Incorrect test data
RCP-6	Review of Current Phase	The End-to-End Process from Ordering to Dispensing Meds via Pyxis devices is not working as required. A large number of defects were uncovered during the testing of the Pyxis interface. It is noted that the issues may not be resolved in time for the MARS release Go-Live date. The discussions are underway to determine if the Pyxis interface needs to be deferred for a future release. There is a tested workaround identified. A Pyxis MedStation is an automated medication dispensing system with drawers linked to the ieMR. Even though Pyxis has been installed at other sites, PAH has an added complexity due to the addition of IV fluids and infusion dosages. These fluids are infused based on complex sets of calculations, failure of which can cause patient safety risks.

ID	Category	Supporting Finding
RCP-7	Review of Current Phase	There is evidence of a comprehensive Business Continuity Plan developed at PAH and used during planned downtimes. There are further updates being made at the time of this report to include the detailed scenarios around the new anaesthetic devices, device association for biomedical devices, and the temporary workaround for the truncation issue experienced with the Downtime Viewers. Post completion, the BCP will be circulated and approved. A planned downtime is scheduled in May 2017, and will be used to test the updated downtime operational procedures, which cannot be tested in its' entirety at this point.
RCP-8	Review of Current Phase	There is evidence of a draft support model (*Digital Hospital – Support Model V1.2 (MARS Updates))* containing clear responsibilities and activities for PAH project team, ieMR as well as external vendors. The draft is ready to be circulated with wider audience for approval.
RCP-9	Review of Current Phase	The Downtime Viewers truncate critical medical information of the patients. Cerner provided a resolution of mid-tier upgrade to the latest version 5.8 for the Downtime Viewers, but it cannot be executed before the MARS Go-Live date. PAH project team is implementing a workaround of using the patient transfer report to access their medical information on the Downtime Viewers. The patient transfer report will be sent every ten minutes to the viewers in critical care areas and hourly to the rest of the hospital. The configuration requires a manual update for each of the Downtime Viewer and the PAH project team noted this to be a manageable effort.
RCP-10	Review of Current Phase	There is an assigned space for the Command Centre with a detailed operational plan in place to establish it. There is evidence of detailed responsibility allocation and action plan for the Command Centre for pre, during and post Go-Live periods.
RCP-11	Review of Current Phase	A detailed Rollback Plan (*PAH MARS Rollback Plan v1.0*) has been developed as part of the Go-Live Business Readiness Assessment requirements, highlighting the sequential activities for each workstream, should a need to roll back arise.
RCP-12	Review of Current Phase	The ownership of the solution post Go-Live is understood by PAH. There is a strong understanding of the change management processes for post Go-Live and BAU activity via monitoring and maturing the system. BAU support relations appear mature between Cerner the Software Vendor, DAS, CISSU and CareFusion.
RCP-13	Review of Current Phase	There is evidence that the Business Change Impact Assessment document (*27 PAH MARS BCIA*) has been updated with a majority of activities still in the open status.
RCP-14	Review of Current Phase	There is evidence of PAH project team engaging with the unions regarding the changes related to the MARS release.
RCP-15	Review of Current Phase	The PAH Project team is maintaining an Outstanding Items register to provide a centralised view of open action items, action plans and their corresponding owners.

ID	Category	Supporting Finding
RCP-16	Review of Current Phase	The Management Plan for outstanding sev-2 and sev-3 defects has not been developed by the PAH Project team. This document is a necessary project artefact to determine clear risk management action plans.
RCP-17	Review of Current Phase	The PAH Project team has planned a staggered Go-Live over a period of four weeks with a comprehensive daily schedule listing the Go-Live sequence.
RCP-18	Review of Current Phase	The PAH Project team will perform minimal user flips prior to Go-Live to undertake pre-production validation keeping tight controls in place around the user roles.
RCP-19	Review of Current Phase	The Review Team confirmed with the PAH Project team that the current landscape of Wi-Fi is appropriate for the MARS release and there is no requirement to upgrade the Wi-Fi.
RNP-1	Readiness for Next Phase	There is a dress rehearsal scheduled in the upcoming weeks with a plan to involve key stakeholders from multiple workstreams.
RNP-2	Readiness for Next Phase	The PAH project team has planned an Optimisation activity post MARS release Go-Live date to continue to improve the system and achieve its full potential. PAH will have a separate governance body and a team structure in place to work autonomously with the program team for the Optimisation project.
RNP-3	Readiness for Next Phase	There is evidence of two Knowledge Transfer sessions planned at PAH. The Cerner to PAH project team session has occurred. Another is scheduled between the support team and PAH site team.
RNP-4	Readiness for Next Phase	Lessons learned from past Go-Live experiences has assisted PAH be prepared for some of the business change that will occur with the Go-Live of the MARS release. The project artefacts were developed to be reused at various roll out sites across the state.
RNP-5	Readiness for Next Phase	The Future State Validation workshops were conducted by the PAH Project team. There is also evidence of developed future state workflows.
RNP-6	Readiness for Next Phase	The PAH Project team is diligently contributing the project artefacts towards the knowledge database to enable reusability by the other sites.
RNP-7	Readiness for Next Phase	There is evidence of transition to operations documents and support models being developed. However, a complete end to end support model (including all external vendors and their support details) required for a successful and complete transition from the MARS project to DAS is not evident.

Table 3: Detailed Findings

4.2 Recommendations

ID	Related To Finding	Recommendation
R-1	KF-4, KF-5, KF-7, BCS-3, RM-5, RCP-4, RCP-5, RCP-6, RCP-16	The ieMR Program, Cerner and PAH Project teams to prioritise the defects to be resolved or have clinically acceptable workarounds or management mitigation plans documented, approved and communicated. This needs to occur as soon as possible in order to provide time for any additional training to be delivered or communications distributed prior to Go-Live.
R-2	KF-4, RCP-4, RCP-5	The PAH Project team to prioritise completing the security matrix, updating the rules and retesting the system to make sure the open defects attributed to incorrect role permissions are resolved.
R-3	KF-4, KF-5, KF-7, BCS-3, RM-5, RCP-4, RCP-5, RCP-6, RCP-16	The ieMR Program, Cerner and PAH Project teams to prioritise closing the open defects and issues with the devices, namely Anaesthetic Device Integration, Biomedical Device Association, Downtime Viewer truncation and the mid-tier server upgrades. Completing retesting of the system prior to Go-Live.
R-4	KF-5, RCP-4, RCP-5, RCP-6	The PAH Project team and DHPC to make a definitive decision on the scope of the Pyxis - ieMR integration to be included in the MARS release at PAH prior to 21st February 2017.
R-5	RCP-3	The ieMR Program, DAS, PAH Support team and the PAH Project to complete the steps and activities required for a successful transition to operations. This requires immediate attention and needs to be completed at least one week prior to Go-Live.
R-6	RM-1	The ieMR Program, Cerner and PAH Project teams continue to monitor, mitigate and treat risks, and address open issues to either resolve or implement approved workarounds prior to Go-Live.
R-7	BCS-3, RM-3	The PAH Project team to finalise the Go-Live resourcing roster for the areas of the hospital impacted by the MARS Release, circulate it and have it endorsed at least two weeks prior to Go-Live.
R-8	KF-9, RM-7	The PAH Project team to circulate and have endorsed the Business Continuity Plan prior to Go-Live.
R-9	KF-9, BCS-3, RNP-3	The PAH Project team to circulate and have endorsed the following support related documents at least two weeks prior to Go-Live: i. Transition to Operations Plan ii. Support Model iii. Support and Transition Plan.
R-10	KF-9, RM-2	The ieMR Program, DAS and PAH Support team to document a full end to end support model prior to Go-Live. The end to end support model should include vendor details and support details for all ieMR integration points to other systems (including Pyxis and i.Pharmacy) and provide a smooth transition from the MARS project to DAS.

ID	Related To Finding	Recommendation
R-11	KF-10	The ieMR Program, DAS and PAH support team to establish a clinical information maintenance framework, including governance and controls, for the information management of updates within the ieMR that could directly impact upon patient safety. For example, scenarios such as maintenance of catalogues, adding new drugs or updating units of measure for medicine dosage. This high priority given the MARS implementation and the further integration of the ieMR modules that results in changes in one part of the system possibly affecting other parts of the system.
R-12	RNP-1	The PAH Project team to complete the scheduled dress-rehearsals prior to Go-Live and update working procedures, workflows, training and communications as necessary.
R-13	RNP-3, RNP-6	The ieMR Program, DAS, Cerner (including AMS), PAH Project team and PAH Support to complete the scheduled knowledge transfer sessions and where necessary update support procedures.
R-14	KF-2, KF-8, BCS-3, RCP-1	The PAH Project team to continue to use best endeavours to complete as much training in the Digital Release and MARS release as possible prior to Go-Live.
R-15	BCS-1 to 5	The Business Case (dated September 2014) to be updated to reflect the agreed MARS release scope for this Go-Live, and include the updated and approved benefits for the MARS release.
R-16	KF-3, RNP-3	The ieMR Program and the ieMR Optimisation project to complete the MARS build for paediatrics and maternity by 30 June 2017.
R-17	RNP-3, RNP-6	The ieMR Program, DAS, Cerner (including AMS) and the sites continue to mature the state-wide governance required to ensure standardised practices across different sites, consistency of information and effective knowledge management and reusability.
R-18	KF-4, RCP-4	The ieMR Program to continue to refine and build test regression scripts as the functionality of the ieMR increases and integration to devices and other systems continues to be enhanced.
R-19	KF-2, KF-4, BCS-5, RCP-1, RNP-4	The ieMR Program and sites continue to log and apply lessons learned to future projects, rollouts and activities.
R-20	KF-10	The ieMR Program and DHPC to consider creating data owners and data governance roles across the ieMR solution, to ensure consistency and quality of clinical information.
R-21	N/A	The Clinical Engagement Survey at PAH to be continued post Go-Live, and be tailored to capture statistics relating to continued engagement, acceptance and adoptions of the MARS release workflows and functionality. These metrics also form part of an ongoing reporting mechanism back to the PAH senior executive.

Table 4: Recommendations

5. Previous ICT Gated Review Recommendations

The Review Team understands that, to the best of our knowledge, no prior ICT Gated Reviews have occurred for the implementation of MARS release at PAH.

6. Next ICT Gated Review

The next ICT Gated Review is Gate 5 – Benefits realisation. It is recommended that a benefits realisation gated review is performed 6-12 months after Go-Live.

7. Distribution of ICT Gated Review Report

The contents of this report are confidential to the SRO and their representative/s. It is for the SRO to consider when and to whom they wish to make the report (or part thereof) available, and whether they would wish to be consulted before recipients of the report share its contents (or part thereof) with others.

The Review Team Members will not retain copies of the report nor discuss its content or conclusions with others. A copy of the report is lodged with the Department of Science, Information Technology and Innovation (DSITI) and can be used to identify and share the generic lessons learned from ICT Gated Reviews. EY will retain a copy of the report to provide Review Team Members involved in any subsequent review as part of the preparatory documentation needed for Planning Meetings. Any other request for copies of the ICT Gated Report will be directed to the SRO.

Appendix A Purpose of an ICT Gated Review 4: Readiness for Service

- Check that the current phase of the contract is properly completed and documentation completed.
- Ensure that the contractual arrangements are up-to-date.
- Check that the Business Case is still valid and unaffected by internal and external events or changes.
- Check that the original projected business benefit is likely to be achieved.
- Ensure that there are processes and procedures to ensure long-term success of the project.
- Confirm that all necessary testing is done (e.g. commissioning of buildings, business integration and user acceptance testing) to the client's satisfaction and that the client is ready to approve implementation.
- Check that there are feasible and tested business contingency, continuity and/or reversion arrangements.
- Ensure that all ongoing risks and issues are being managed effectively and do not threaten implementation.
- Evaluate the risk of proceeding with the implementation where there are any unresolved issues.
- Confirm the business has the necessary resources and that it is ready to implement the services and the business change.
- Confirm that the client and supplier implementation plans are still achievable.
- Confirm that there are management and organisational controls to manage the project through implementation and operation
- Confirm that contract management arrangements are in place to manage the operational phase of the contract
- Confirm arrangements for handover of the project from the SRO to the operational business owner
- Confirm that all parties have agreed plans for training, communication, rollout, production release and support as required
- Confirm that all parties have agreed plans for managing risk
- Confirm that there are client-side plans for managing the working relationship, with reporting arrangements at appropriate levels in the organisation, reciprocated on the supplier side
- Confirm information assurance accreditation/certification
- Confirm that defects or incomplete works are identified and recorded
- Check that lessons for future projects are identified and recorded
- Evaluation of actions taken to implement recommendations made in any earlier assessment of deliverability.

Appendix B Review Team and Interviewees

Review Team

Review Team Leader:	[redacted] Partner, EY
Review Team Members:	[redacted] Executive Director, EY
	[redacted] Director, EY
	[redacted] Consultant, EY

Interviewees

Name	Role, Organisation
Dr Richard Ashby SRO	Senior Responsible Officer, Princess Alexandra Hospital
Michael Draheim	Chief Information Officer, Metro South Hospital
Dr Michael Daly	Executive Director, Clinical Governance, Metro South Health
Dr Stephen Ayre	Executive Director, PAH-QEII Health Network
Dr Peter Pillans	Director of Clinical Pharmacology
Nola Hingston	Implementation Manager, ieMR
Tim Brosnan	Digital Release Director, ieMR
Angela Baker	Senior Applications Specialist, iApps
Jason Hitchcock	Chief Architect of the Program
Michael Easton	Project Director, MARS
Payal Barde	Benefits Management, ieMR
Natalie Caskie	Risks and Issues Management, ieMR
Annette Butterworth	Implementation Manager, ieMR
Jason Kennely	Implementation, ieMR
Sean Holmes	Cerner Engagement Lead
Claire Strathern	Cerner Delivery
Helen Christine Werder	Assistant Director of Nursing, Perioperative and ICU Services
Renea Collins	Clinical Director, eHealth Clinical Informatics
Kathy Grudzinskas	Executive Director, Clinical Support Services
Dr Michael Cleary	Executive Director Medical Services
Cameron Ballantine	Project Director, Clinical Informatics
Matt Jones	Program Director, Clinical Informatics
Melanie J Tucker	Director Business Delivery, Clinical Informatics
Richard Warne	Assistant Director Program Management, Clinical Informatics
David McCann	Test Director, Clinical Informatics
Brett Cowan	Test Director, ieMR
Christopher Morris	Test Lead, PAH
Dr Raelene Donovan	Staff Specialist, Emergency Department

Name	Role, Organisation
Dr Nicholas Heard	Anaesthetic Consultant, Anaesthetics Department
James Grant	Senior Clinical Consultant, Pharmacy, Clinical Informatics
Peter Moran	Clinical Consultant, PAH
Jake Farr-Wharton	Project Manager, Optimisation, Clinical Informatics
Sylvia Iskra	Support Lead, Business Delivery, Clinical Informatics
Cassie Obrien	Support Team, PAH
Kate Crawford	Training Manager, Business Delivery, Clinical Informatics
Noelene Herbert	MARS Change and Implementation Lead, Business Delivery, Clinical Informatics
Rhonda Lukies	Business Change Officer, eHealth
Andrew Lucas	A/Director CISSU, Manager Pharmacy Team, Eight Mile Plains
Karen Boch	Manager, Patient Safety and Quality Unit
Dr Gordon Laurie	Staff Specialist, Intensive Care Unit
Michelle Winning	Senior Clinical Analyst, Clinical Services Excellence Team
Tracey Smith	Director Health Information, Health Information Management Service

Table 5: List of Interviewees

Appendix C Abbreviations

Abbreviation	Expansion
AMS	Application Management Service
BAU	Business As Usual
BCP	Business Continuity Plan
DAS	Digital Application System
DCW	Data Collection Worksheet
DR	Digital Release
DRPCG	Digital Release Project Control Group
DSITI	Department of Science, Information Technology and Innovation
HHS	Hospital and Health Service
ieMR	Integrated Electronic Medical Records
ICT	Information Communication & Technology
IV	Intravenous
MAR	Medication Administration Record
MARS	Medications, Anaesthetic and Research Support
MSH	Metro South Health
PAH	Princess Alexandra Hospital
PMS	Provider Matching Service
QH	Queensland Health
SRO	Senior Responsible Officer
UAT	User Acceptance Testing

Table 6: List of Abbreviations

Appendix D Supplied Documents

Req. No.	Document Category	Document Name	File Name
1	Requirements definition / specification	Project Initiation Document (PID) and ADDENDUM 11 November 2016	ieMR_MARS_PID_v1 00 PCG and DHPC Approved
			ieMR_MARS_PID_Addendum 1
		Solution Architecture and Design	MARS Solution Architecture Overview V1
		Detailed Design	MARS Design Acceptance Certificate signed
		Scope of MARS solution	05 S2 Attachment 2 - Professional Services Scope_07052014_Rectified
		Future State Validation	MARS Future State Validation Report signed
2	Business case	Metro South Health Outline Business Case	MSH Outline Business Case signed
		ieMR	Document not supplied to Review Team
3	Plans for service delivery	Document not supplied to Review Team	n/a
4	Project status reports, project financials and budget versus actuals	DPRG Project Performance Report (PCG weekly)	1_Revised DRPCG Agenda and Papers 11 February 2016_PID Approval
			2_Revised DRPCG Agenda and Papers 15 September 2016_PlanIT 1
			3_DRPCG Agenda and Papers - 6 October 2016_Testing Approach
			4_2nd Revised DRPCG Agenda and Papers 27 October 2016_Regression
			5_Revised DRPCG Agenda and Papers - 12 January 2016
			6_Revised DRPCG Agenda and Papers - 19 January 2017_PAH Status
			7_Revised DRPCG Agenda and Papers - 25 January 2017_Workaround Governance
		MARS Management Team Agenda, Minutes and Actions (MMT weekly)	20161220 Combined MMT Agenda Minutes Actions Papers for 20.12
			20161223 Extraordinary MMT Meeting Papers for 03.01

Req. No.	Document Category	Document Name	File Name
			20170110 MMT Combined Meeting Papers for 10.01
			20170117 Combined MMT Papers for 17.01
		Financial	Document not supplied to Review Team
5	Project schedule	Project Level Schedule	MARS Summary Schedule
		Workstreams	Document not supplied to Review Team
6	Communication and external relations plan	MARS Communications & Marketing Plan	MARS Marketing & Communications Plan V3.0 signed
7	Adherence to statutory requirements	SCHEDULE S2 ATTACHMENT 1 SOLUTION SCOPE	Schedule 2 Attachment 1 - Statutory Requirements - National Agenda
8	Assessment of contractual issues during the project to date	Document not supplied to Review Team	n/a
9	Governance arrangements for the management of the operational contract	Document not supplied to Review Team	n/a
10	Go-live and post go-live support arrangements and governance	MSH Support Strategy - MARS	MSH Support Strategy - MARS V1.6 signed
		Digital Hospital - Support Model	Digital Hospital - Support Model V1.2
11	Plan for performance measurement	MARS Benefits Realisation Plan	Benefits Realisation Plan v1.0 signed
12	ICT contracts related to the solution, managed services, etc	Document not supplied to Review Team	n/a
13	Test plans, reports and assurance	Master Test Plan and Attachments	00-0ICT8400 P1 - MARS Master Test Plan v1_0A
			A_Revised Test Schedule
			B_Revised Clinical Testing Work Plan
			C_Regression Testing Proposed Approach
		Supporting Test Plans	DRPCG Agenda and Papers - 6 October 2016_Testing Approach

Req. No.	Document Category	Document Name	File Name
			2nd Revised DRPCG Agenda and Papers 27 October 2016_Regression
			Defect Management Governance_V1.0
			22-0 ICT6712 P1- ieMR Defect Management Procedure v1_0 Signed (2)
			Clinical Testing UAT 22112016_v0.1
			User Acceptance Testing plan_V1.0 signed
		Test Reports	MARS PROGRESSION Daily Test Status Report – 20170124
			MARS PROGRESSION Daily Test Status Report – 20170125
			MARS PROGRESSION Daily Test Status Report – 20170127
			MARS REGRESSION Daily Test Status Report 20170124
			MARS REGRESSION Daily Test Status Report 20170125
			MARS REGRESSION Daily Test Status Report 20170127
		PlanIT Assurance Stage 1	Stage 1 Planit Quality Assurance Report - ieMR Project DoH_final140816
			Planit Test Assurance Stage 1 Recommendations and Actions_Final
		PlanIT Assurance Stage 2	Planit Quality Assurance Report(Stage2) - ieMR Project DoH_v1.0 Final
			Planit Test Assurance Stage 2 Recommendations and Actions_v1
			(Stage2) Planit Quality Assurance Report - ieMR Project DoH_v1.0 Final - Cerner comments
		PlanIT Test Assurance Regression	QHealth Quality Assurance Report_Regression Testing - updated130117
			Planit Test Assurance Regression Recommendations and Actions for Regression Testing_v1
		Test Cases	MARS Test Case Samples

Req. No.	Document Category	Document Name	File Name
		Others	Clinical Narratives Test Script Tracker backup Oct 13
			PAH Testing Schedule - Cerner Support
14	Training plans and training reports	Training Needs Analysis	Training Needs Analysis V1.1 signed
		Training Plan	MARS Training Plan V1.1 signed
15	Data migration strategy, plans and results	Appendix B in Go-Live Implementation Plan	PAH MARS GL Implementation Plan v1.1 - SIGNED
16	Risk register and issues log, including residual risks	MARS Risks – all levels	20170130 ieMR MARS Issues Report ALL LVLS (Inc Confidential)
		MARS Issues – all levels	20170130 ieMR MARS Risks Report ALL LVLS (Inc Confidential)
17	Risk management strategies	PID	ieMR_MARS_PID_v1 00 PCG and DHPC Approved
18	Project plans through to completion and detailed plans for the next stage	SCRUM	Photos: IMG_0010 IMG_0011 IMG_0012 IMG_0013
19	Plan for management of change, including post go-live	Change Plan	MARS Change Plan Final V2.0 signed
20	Details of any items not provided to the required specification and any missing or deficient items, with agreed plans for addressing any outstanding issues	Document not supplied to Review Team	n/a
21	Benefits management plan	MARS Benefits Realisation Plan	Benefits Realisation Plan v1.0 signed
22	Transition plan including go-live/cutover, resourcing, service desk, onsite support	Transition Plan	ieMR MARS Transition Plan v1.1
		Go Live Support and Transition Plan	MARS GL Support and Transition Plan V0.3 draft
			Digital Hospital - Support Model V1.2 (MARS Updates)
		Transition to Operations Plan	PAH MARS Transition to Operations Plan V0.4
		Go Live Implementation Plan	PAH MARS GL Implementation Plan V1.1 signed

Req. No.	Document Category	Document Name	File Name
23	Contingency and reversion plans	MARS Rollback Plan	PAH MARS Rollback Plan V1.0
24	Previous assurance reports for the MARS release including readiness assessments and gated reviews	MARS Readiness Survey	MARS Readiness Survey signed
			MARS Baseline Readiness Survey - Additional Comments
25	List of required DCW's	Site Acceptance Certificate MARS DESIGN	MARS Design Acceptance Certificate signed
26	Business continuity plan updated for MARS	Document not supplied to Review Team	n/a
27	Business change impact assessment	Business Change Impact Assessment	27 PAH MARS BCIA
		Business Change Impact Assessment	Business Change Impact Assessment signed
		MARS Baseline Survey Report V1.0	MARS Baseline Survey Report V1.0 signed
		MARS Baseline Survey Action Plan	MARS Baseline Survey Action Plan
28	Any other documents QH or ieMR Program deem relevant	Document not supplied to Review Team	n/a
29	Additional documents supplied during the review	PAH MARS Readiness Assessment (RAx) Register of Evidentary Documentation	00 PAH MARS RAx Evidentiary Documentation Register_2
		MARS Go Live Readiness Assessment – Princess Alexandra Hospital – Go Live Date 20/03/17	01 PAH MARS Go Live Readiness Assessment_20170213 and 27 PAH MARS BCIA
		Digital Hospital Support Model	Digital Hospital - Support Model V1.2 (MARS Updates)
		Go Live Support and Transition Plan	MARS GL Support and Transition Plan v0.3
		Narrative 4: ED only	MM Narrative 4 ED only
		Go Live Implementation Plan	PAH MARS GL Implementation Plan v1.1 - SIGNED
		Transition to Operations Plan	PAH MARS Transition to Operations Plan v0.4

Table 7: List of Documents Reviewed

EY | Assurance | Tax | Transactions | Advisory

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