![hse[v]]()

# Selection Criteria for Access To Information Projects

Healthlink provides a messaging service that allows Clinical Patient Information to be securely transferred between Hospitals, smaller health care organisations and General Practitioners electronically. This efficient sharing of patient information will:

* Reduce administrative workloads for Primary and Secondary Care Practitioners
* Improve the quality of patient care
* Improve data integrity
* Reduce manual error

The following criterion has been compiled to assist the Access To Information Working Group to evaluate project proposals. It will enable developments to be aligned with agreed priorities, has appropriate governance, ensure appropriate funding is available and maximum value is obtained from the national messaging infrastructure.

**Note:** Healthlink can only support the transmission of referral messages containing attachments that are sent by GPs to acute settings.

|  |  |
| --- | --- |
| Requestor |  |
| Proposal Sponsor |  |
| Division |  |
| Requestor’s Title |  |
| Contact No. |  |
| Contact Email |  |
| Date of request |  |

### Title of Proposal:

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| --- |
|  |

### Statement of Problem or Need:

*(Describe the purpose / need / rationale for the project. What problem is this project designed to address?)*

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### Project Deliverables and Benefits:

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| --- | --- | --- |
| Will this project: | Y/N | Specify details |
| Reduce administrative workloads for Primary and Secondary Care Practitioners? |  |  |
| Improve the quality of patient care? |  |  |
| Improve data integrity? |  |  |
| Reduce manual error? |  |  |
| Be governed by an existing contract or framework for this type of system? |  |  |
| Require a Privacy Impact Assessment (PIA)? |  |  |
| Other |  |  |

### Strategic Context:

*(Explain how the project relates to strategic plans and initiatives.)*

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### Risks / Time Factors:

*(Please detail anticipated project plans and expected timeframes to facilitate scheduling.)*

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### Special Provisions:

*(Are there any factors, such as regulator / ethical / legal requirements that should be considered?)*

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### Is this project in line with the Slainte Care Report? If yes, please specify:

(<https://www.oireachtas.ie/parliament/media/committees/futureofhealthcare/Oireachtas-Committee-on-the-Future-of-Healthcare-Slaintecare-Report-300517.pdf>)

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### Is your project in line with the current HSE Service Plan? If yes, please specify:

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|  |

### Please indicate expected volume of messages and associated GPs:

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### Geographic Scope - Location(s) at which it is envisaged the system will be deployed:

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### Are There Similar Solutions Operational On Other HSE Sites?

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### Estimated Project Expenses:

*(Please indicate what expenses will be associated with this project as well as the sources for the funding.)*

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### Project Governance:

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| Project Sponsor:Project Manager:Technical Lead:Business Lead: |

### Information Governance:

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### Stakeholders:

*(Who will have input into the requirements and expectations? Please provide details.)*

|  |  |  |
| --- | --- | --- |
| Name | Title | Phone / Email |
|  |  |  |
|  |  |  |
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### Pre-project Requisites Checklist (please complete):

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| --- | --- | --- |
| **1** | **Technical Specifications** | **Completed Yes/No** |
| 1.1 | [Review Healthlink specifications as available on www.healthlink.ie.](http://www.healthlink.ie/)  |   |
| 1.2 | Review of HL7 2.4 standards.  |   |
| 1.3 | Separate Test environment in place that mirrors current production environment. Test platform must remain in place to facilitate further testing and/or development.  |   |
|   |   |   |
|  | **Integration Service Request** |  |
| 2 | The following criteria must be completed before an ***integration service request*** can be considered:  |   |
| 2.1 | Completed Project Proposal form.  |   |
| 2.2 | Vendor signoff indicating they can create messages in HL7 format.  |   |
| 2.3 | Allocated client Project Manager.  |   |
| 2.4 | Client Project Budget is in place.  |   |
| 2.5 | Allocation of client and vendor resources covering both technical and clinical requirements for the project duration.  |   |
| 2.6 | Plan in place to transmit sample message in HL7 XML format generated from the system in question (project kick-off requirement).  |   |
|   |   |   |
|  | **New Referral Service Request** |  |
| 3 | The following criteria must be met before a request for a ***new referral service*** can be considered:  |   |
| 3.1 | Specialist referrals must be built on top of the general referral template.  |   |
| 3.2 | Specialist referrals must have a maximum of 5 additional speciality-specific questions.  |   |
| 3.3 | Referral form signed off by the national clinical lead of the particular discipline.  |   |
| 3.4 | Referral form reviewed and signed off by ICGP Quality in Practice Committee.  |   |
| 3.5 | Completed Project Proposal form.  |   |
| 3.6 | Allocated client Project Manager.  |   |
| 3.7 | Allocation of client resources to work through the development and testing processes.  |  |

**Please email completed proposal along to:** a2ihids-pmo@hse.ie