

VII. STANDING COMMITTEES

B. Finance, Audit and Facilities Committee

Medical Centers Billing System – Detailed Plan DevelopmentRECOMMENDED ACTION:

It is the recommendation of the administration and the Finance, Audit and Facilities Committee that the President or the President's authorized representative be delegated authority to enter into appropriate contracts and related expenditures in an amount not to exceed \$5,000,000 to continue the development of more detailed plans for possible implementation of the proposed new admissions-discharge-transfer and facility billing system for UW Medical Center and Harborview Medical Center.

BACKGROUND:

UW Medicine has reviewed preliminary plans to replace the admissions-discharge-transfer (ADT) and facility billing system with the Board of Regents, most recently at meetings in February and May, 2007. The ADT/Billing system project is part of UW Medicine's five year strategic information technology plan.

Preliminary planning has progressed to the point where authorization is requested to expend up to \$5,000,000 to continue development of more detailed plans for possible implementation of the proposed and critically needed system for the medical centers.

This work shall include, and be documented in a detailed report to the Vice President for Computing and Communications:

1. The development of a detailed project plan for implementing the ADT/Billing system for UWMC and Harborview Hospitals.
2. An assessment of overall institutional 'capacity' of UW Medicine to conduct simultaneous IT projects, via a detailed, task level, identification of the specific non-technical and also shared technical, management, and other staff resources that will be required for concurrent implementation of ORCA/Cerner, ADT/Billing, and other UW Medicine IT projects being conducted in the same timeframe.
3. A detailed, task level, identification and recruitment of the specific technical staff resources that will be required for successful implementation, including specific identification of reliable sources of that expertise that will commit to providing them in the required time-frames at a predictable cost.
4. A contingency plan addressing the probabilities that contention may arise in the competition between Cerner, ADT/Billing, and other UW Medicine IT projects for the time and attention of technical as well as functional, clinical and management staff. Explicit consideration should be given to the possibilities and impacts of having to suspend or delay some projects in order to successfully implement ADT/Billing.

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Formulation of the decision-making model, organization, and process, including commitment of the UW Medicine's hospitals and the new 'Chief Operating Officer' to this project, that will ensure timely and well-informed resolution of conflicting requirements, approaches and priorities regarding UWMC and Harborview Hospitals.

5. The development of a template of a vendor contract for proceeding with ADT/Billing that addresses all appropriate contingencies and incorporates provisions for effective risk mitigation plans.

Funding for these costs is available from patient revenues and has been approved by the Harborview Medical Center Board and the UW Medicine Board.

A determination that there are no significant impacts on institutional systems, resources or business practices was reviewed with the University's Information Management Advisory Committee.

The Washington State Department of Information Services and Information Services Board, which has oversight for information technology acquisitions by state agencies and institutions, will consider this proposed development plan once it is approved by the Regents. This request has been approved by the Chief Executive Officer for UW Medicine, the Vice President for Computing and Communications, and the Executive Vice President.