

Stage 2 Preliminary Assessment

2.1 General Information					
Agency or State Entity Name:					
Department of State Hospitals					
Organization Code:					
4440					
Proposal Name:					
Department of Technology Project Number:	4440-127				
2 2 Preliminary Submittal Information	4440 127				
Contact Information:					
Contact First Name:	Contact Last I	Name:			
Douglas	Newcomb				
Contact Email:	Contact Phon	٥.			
	916 573 0/89	.			
Preliminary Submission Date:	Preliminary A	, ssassmant Transı	mittal [.]		
Freiminiary Submission Date.	(Include trans	mittal as an attac	hment to your	· omail	
7/15/2019	submission.)			eman	
2.3 Stage 2 Preliminary Assessment					
2.3.1 Impact Assessment					
				Yes	No
1. Has the Agency/state entity identified and committed subject matter experts from all business □ □ sponsors and key stakeholders?					
2. Are all current baseline systems that will be impacted by this proposal documented and current (e.g., data classification and data exchange agreements, privacy impact assessments, design documents, data flow diagram, data dictionary, application code, architecture descriptions)?					
 Does the Agency/state entity anticipate needing support from the California Department of Technology (CDT) Statewide Technology Procurement (STP) to conduct market research for this proposal (Market Survey, Request for Information)? 					
4. Does the Agency/state entity anticipate submitt procurement activities of this proposal?	 Does the Agency/state entity anticipate submitting a budget request to support the procurement activities of this proposal? 				
 Could this proposal involve the development and/or purchase of systems to support activities included in Financial Information System for California (FI\$Cal) (e.g., financial accounting, asset management, human resources, procurement/ordering, inventory management, facilities management)? 					
 Does the Agency/state entity have a designated Chief Architect or Enterprise Architect to lead the development of baseline and alternative solutions architecture descriptions? 					
7. Will the Agency/state entity's Information Security Officer be involved in the development and review of any security related requirements?					
8. Does the Agency/state entity anticipate performing a business-based procurement to have vendors propose a solution?					
2.3.2 Business Complexity Assessment					
Business Complexity: 2.0 Business Com	plexity Zone:	□ <mark>High</mark>	⊠ <mark>Medium</mark>	🗆 Lov	v



2.4 Submittal Information	
Contact Information:	
Contact First Name:	Contact Last Name:
Douglas	Newcomb
Contact Email:	Contact Phone:
Douglas.Newcomb@dsh.ca.gov	916.573.0489
Submission Date:	Project Approval Executive Transmittal:
7/15/2019	(Include transmittal as an attachment to your email submission.)
Submission Type:	
New Submission	Updated Submission (Post-Approval)
Updated Submission (Pre-Approval)	Withdraw Submission
	Reason: Other
	If "Other," specify: Updates from CDT review and RFI responses
NOTE: The previous document file was corrupted. The	
data has been transferred to this new template.	



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Sect	ions Updated (For Updated Submissions Only) – (check all the	hat app	oly)
	2.1 General Information		2.10.6 Implementation Approach
	2.2 Preliminary Submittal Information		2.10.7 Architecture Information
	2.3 Stage 2 Preliminary Assessment	\boxtimes	2.11 Recommended Solution
	2.3.1 Impact Assessment		2.11.1 Rationale for Selection
	2.3.2 Business Complexity Assessment		2.11.2 Technical/Initial IT Project Oversight Framework Complexi Assessment
	2.4 Submittal Information		\square 2.11.3 Procurement and Staffing Strategy
\boxtimes	2.5 Baseline Processes and Systems		2.11.4 Enterprise Architecture Alignment
	\Box 2.5.1 Description		☑ 2.11.5 Project Phases
	□ 2.5.2 Business Process Workflow		2.11.6 High Level Proposed Project Schedule
	2.5.3 Current Architecture Information		2.11.7 Cost Summary
	2.5.4 Current Architecture Diagram		2.12 Staffing Plan
	\square 2.5.5 Security Categorization Impact Table		2.12.1 Administrative
	2.6 Mid-Level Solution Requirements		2.12.2 Business Program
	2.7 Assumptions and Constraints		\Box 2.12.3 Information Technology (IT)
	2.8 Dependencies		□ 2.12.4 Testing
\boxtimes	2.9 Market Research		2.12.5 Data Conversion/Migration
	2.9.1 Market Research Methodologies/Timeframes		\square 2.12.6 Training and Organizational Change Management
	2.9.2 Results of Market Research		\square 2.12.7 Resource Capacity/Skills/Knowledge for Stage 3 Solution
	2.10 Alternative Solutions		Development
	\Box 2.10.1 Solution Type)		2.12.8 Project Management
	Recommended		2.12.8.1 Project Management Maturity Assessment
	□ Alternative		2.12.8.2 Project Management Planning
	🗆 2.10.2 Name		2.12.9 Organization Charts
	\Box 2.10.3 Description	\boxtimes	2.13 Data Conversion/Migration
	2.10.4 Benefit Analysis	\boxtimes	2.14 Financial Analysis Worksheets
	□ 2.10.5 Assumptions and Constraints		

Summary of Changes:

Updated financials in 2.11.7

Condition(s) from Previous Stage(s): S1BA approved January 8, 2019 without conditions				
Condition #				
Condition Category	Select			
Other, specify				
Condition Sub-category	Select			
Other, specify				
Condition				
Assessment	Select			
Other, specify				
Agency/state Entity				
Response				
Status	Select			
Other, specify				
Select + to add conditions.				
Other, specify Select + to add conditions.				



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2.5 Baseline Processes and Systems

2.5.1 Description

The Department of State Hospitals (DSH) manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. DSH oversees five state hospitals Atascadero, Coalinga, Metropolitan – Los Angeles, Napa and Patton) and employs nearly 11,000 staff. Additionally, DSH provides services in jail-based competency treatment programs and conditional release programs throughout the 58 counties. In FY 2017-18, DSH served 11,961 patients within state hospitals and jail-based facilities, with average daily censuses of 5,897 and 227 respectively. The conditional release program (CONREP) maintains an average daily census of approximately 654. In accordance with Coleman v Brown, a federal class action lawsuit, DSH continues to designate 336 beds at three of its state hospitals, Atascadero, Coalinga, and Patton for the treatment of mentally-ill prisoners for patients referred by CDCR.

The Department of State Hospitals proposes to implement pharmacy modernization with the implementation of an enterprise-wide solution for all five state hospitals. This proposal meets the stated objectives in the Stage 1 Business Analysis document with the following elements: Inventory (medication) control, medication repackaging and dispensing, secure management of controlled medications, accurate patient billing information, pharmacy data integration across all five hospitals and modifications to the existing application environment and architecture to support new hardware and software.

The business drivers for Pharmacy Modernization are best explained with a review of the current pharmacy practices which will reiterate the need for a standardized pharmacy solution:

- Medication inventory is received at the hospital pharmacy and manually recorded by a pharmacy technician prior to be stored in the pharmacy until an order for the medication is received. Medications are inventoried bi-annually. Controlled medications are inventoried quarterly.
- Medication orders which require re-packaging for dispensing to patients are initiated with a written, paper order and faxed to the hospital pharmacy. (The exception is Napa State Hospital which uses the Physicians Ordering System (POS) application to receive medication orders.) Preparing the medication for dispensing requires several layers of manual validation by pharmacists and pharmacy technicians to ensure accurate medication and dosage is packaged for each patient.
- Dispensing medications to the patients require a unit's nursing staff member to manually sign for all medications received for the unit. Any medications not administered to a patient are documented on a paper form which is returned to the Pharmacy initiating another manual process to determine if a credit may be requested. Additional paper documentation is required daily to account for the dispensing of controlled medications
- Throughout the business processes, data is manually entered into the Pharmacy Hospital Operations application and ultimately completes the medication prescription validation. This triggers the generation of claims data which is the input for the billing process. The billing systems, which are not in scope of this project, are external systems developed by the Department of Developmental Services (DDS) and the Cost Recovery System (CRS).
- Finally, the interoperability of patient data across each of these business process groups is also of paramount importance. Patient data must be exchanged internally within hospital units and departments, across hospitals and their respective departments, as well as with external agencies, community hospitals and regulatory bodies as required by law.

This project supports DSH strategic plan goals of enhancing the reliability and efficiency of state programs and improving business operations and services with efforts to optimize and standardize Pharmacy Hospital Operations.



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The Pharmacy Modernization project also aligns with the California Health and Human Services Agency (CHHS) Strategic Plan by improving communication within DSH and utilizing electronic oversight methods. 2.5.2 Business Process Workflow PDF PDF PDF PDF PDF PDF As-Is Medication As-Is Medication As-Is Medication As-Is Medication As-IS Medication As-IS Medication Dispensing & SecuriDispensing & SecuriInventory Work FlovInventory Work FlovOrder Processing ALOrder Processing Mi As-Is Patient Billing Work Flow.pdf Business Function/Process(es) **Pharmacy Operations** Application, System or Component Pharmacy Hospital Operations (PHO) COTS, MOTS or Custom **Custom application** Name/Primary Technology: Pharmacy Hospital Operations (PHO) Runtime **Cloud Computing Used?** \boxtimes Yes \square No If "Yes," specify: Platform as a Service (PaaS) Environment Mainframe Server/Device Function Mainframe Servers Hardware Operating System z/OS System Software Natural Programming Language, ADABAS DBMS Admission, Discharge and Transfer (ADT), Cost Recovery System, System Interfaces ADABAS DBMS, ADDS, FastPack **Data Center Location** State data center operated by CDT Other, specify Security Access (check all that apply) \Box Other, specify: Type of Information \boxtimes Personal \boxtimes Health \square Tax \boxtimes Financial \boxtimes Legal (check all that apply) \boxtimes Confidential \square Other, specify: Protective Measures \boxtimes Technical Security \boxtimes Identity Authorization and Authentication (check all that apply) ⊠ Physical Security ⊠Backup and Recovery \Box Other, specify: Data Management Data Owner Name: Uyen Nguyen Title: Clinical Operations Advisory Council Pharmacist Business Program: Pharmacy Operations Name: Lisa Chuck Data Custodian Title: PHO Lead Business Program: Technology Services Business Function/Process(es) Patient Specific Medication Billing Department of Development Services (DDS) Cost Recovery System Application, System or Component (CRS) COTS, MOTS or Custom **Custom application** Name/Primary Technology: CRS Runtime **Cloud Computing Used?** If "Yes," specify: \Box Yes \boxtimes No Environment



	Server/Device Function	Mainframe			
	Hardware	Mainframe Servers			
	Operating System	z/OS			
	System Software	dB2 Cobol			
System Interfaces		ADT, PHO, CRS			
Data Center Locat	ion	State data center operated by CDT			
	Other, specify	Click here to enter text.			
Security	Access	🗆 Public 🛛 Internal State Staff 🖾 External State Staff			
	(check all that apply)	□ Other, specify:			
	Type of Information	🛛 Personal 🖾 Health 🗌 Tax 🖾 Financial 🖾 Legal			
	(check all that apply)	Confidential Other, specify:			
	Protective Measures	☑ Technical Security ☑ Identity Authorization and Authentication			
	(check all that apply)	Physical Security Backup and Recovery			
		□ Other, specify:			
Data Management	t Data Owner	Name: Angela Griffith			
		Title: PCRS Section Chief			
		Business Program: Billing			
	Data Custodian	Name: Don Chipman			
		Title: IT Manager			
		Business Program: Department of Development Services (DDS) Billing			
Business Function,	/Process(es)	Patient Care			
Application, System	m or Component	Physician Order Entry (POS)			
COTS, MOTS or Cu	stom	Custom application			
Name/Prir	mary Technology:	POS			
Runtime Environment	Cloud Computing Used?	□ Yes ⊠ No If "Yes," specify:			
	Server/Device Function	Application Server			
	Hardware	Physical			
	Operating System	Windows 2012 r2			
	System Software	Adabas/Natural			
System Interfaces		ADT, ODS			
Data Center Locat	ion				
	Other, specify	State Data Center host at CDT			
		Agency/state data center operated by Agency/state entity			
Security	Access	Public M Internal State Staff L External State Staff			
	(check all that apply)	U Other, specify:			
	Type of Information	⊠ Personal ⊠ Health ⊔ Tax ⊠ Financial ⊠ Legal			
	(check all that apply)	⊠ Confidential □ Other, specify:			
	Protective Measures	☐ Technical Security ☐ Identity Authorization and Authentication			
	(check all that apply)	Ny) 🖾 Physical Security 🖾 Backup and Recovery			
Data Ma		□ Other, specify:			
Data Management	Data Owner	Pr Name: Edward Halsell			
		Rusinese Program. Clinical Operations			
	Data Custadian	Dusiness Program: Clinical Operations			
	Data Custodian				
		Inde: IT Manager, DSH Napa			
		Business Program: Technology Service Division			



Business Function/Process(es)		Data Management						
Application, System or Component			Operations Data Store (ODS)					
COTS, MOTS or Custom			Custom application					
Name/Prir	mary 1	Fechnology:	SQL					
Runtime Environment	Clo	ud Computing Used?	🗆 Yes 🛛 No	'es ⊠ No If "Yes," specify:				
	Sei	rver/Device Function	Database Server	, Patient replication	n data from Mainframe			
		Hardware	Physical					
		Operating System	Windows 2008 R2					
		System Software	SQL					
System Interfaces			POS, ADABAS Da	atabase				
Data Center Locati	ion							
		Other, specify	Agency/state da	ta center operated	by Agency/state entity			
Security		Access	\Box Public \boxtimes Int	ernal State Staff	\exists External State Staff			
		(check all that apply)	🗌 Other, specify	y:				
		Type of Information	🛛 Personal 🖾	Health 🗆 Tax 🗆	Financial 🗆 Legal			
		(check all that apply)	oxtimes Confidential	□ Other, specify:				
		Protective Measures	🛛 Technical Sec	urity 🛛 Identity A	uthorization and Authentication			
		(check all that apply)	🛛 Physical Secu	rity Backup and	Recovery			
			Other, specify	y: Advanced Encryp	tion Systems (AES)			
Data Management	t	Data Owner	Name: Rob Scha	aufenbil				
			Title: Assistant I	Deputy Director, Cli	nical Operations			
			Business Progra	m: Clinical Operation	ons			
		Data Custodian	Name: Rob Sch	aufenbil				
			Title: Assistant	Deputy Director, Cl	inical Operations			
			Business Progra	m: Clinical Operati	ons			
Business Function	/Proce	ess(es)	Patient Registrat	tion				
Application, Syster	m or C	Component	Admission-Disch	narge-Transfer (AD [·]	т)			
COTS, MOTS or Cu	stom		Custom applicat	ion				
Name/Prir	mary 1	Fechnology:	ADT					
Runtime Environment	Clo	ud Computing Used?	🗆 Yes 🖾 No	If "Yes," specify:				
	Sei	rver/Device Function	Mainframe					
		Hardware	Mainframe Serv	ers				
		Operating System	z/OS					
		System Software	Natural Program	nming Language, AD	DABAS DBMS			
System Interfaces			Pharmacy Hospi	tal Operations				
Data Center Locati	ion	Other, specify	State Data Cente					
Security		Access	🗆 Public 🛛 Int	ernal State Staff	External State Staff			
		(check all that apply)	🗌 Other, specify	y:				
		Type of Information	\boxtimes Personal \boxtimes	Health 🗆 Tax 🛛	Financial 🛛 Legal			
		(check all that apply)	t apply) 🛛 Confidential 🔲 Other, specify: easures 🖾 Technical Security 🖾 Identity Authorization and Authenticatior					
		Protective Measures						
		(check all that apply)	oly) 🛛 Physical Security 🖾 Backup and Recovery					
			🛛 Other, specify	y: Advanced Encryp	tion Systems (AES)			
Data Management	t	Data Owner	r Name: Stephanie Perez					



		Title: COAC Health	Title: COAC Health Information Management Lead				
		Business Program:	Business Program: Patient Registration				
	Data Custod	ian Name: Rich Deside	Name: Rich Desideri				
		Title: ADT Lead	Title: ADT Lead				
		Business Program:	Business Program: Technology Services Division				
Business Function	/Process(es)	Pharmacy Operation	ons				
Application, System	m or Component	Automated Drug	Automated Drug Dispensing Systems (ADDS)				
COTS, MOTS or Cu	stom	Commerical off-th	Commerical off-the-shelf (COTS)				
Name/Pri	mary Technology:	Medication dispen	Medication dispensing				
Runtime Environment	Cloud Computing Use	ed? □ Yes ⊠ No I	□ Yes ⊠ No If "Yes," specify:				
	Server/Device Funct	ion Automated drug d	Automated drug dispensing equipment				
	Hardw	are MS Windows Serve	er, Dispensing Cab	pinet			
	Operating Syst	em MS Windows 2016	5				
	System Softw	are SQL					
System Interfaces		Inventory Manage	ment, Corepoint				
Data Center Locat	ion Other, spe	cify OTECH					
Security	Acc	ess 🗌 Public 🖾 Inter	nal State Staff 🗌] External :	State Staff		
	(check all that ap	oly) 🗌 Other, specify:					
	Type of Informat	ion 🛛 Personal 🖾 He	ealth 🗆 Tax 🖂	Financial	🛛 Legal		
	(check all that ap	oly) 🗆 Confidential 🗆	Confidential 🗆 Other, specify:				
	Protective Measu	res 🛛 🖾 Technical Secur	ity 🛛 Identity Au	uthorizatio	n and Authentication		
	(check all that ap	oly) 🛛 🖾 Physical Securit) \boxtimes Physical Security \boxtimes Backup and Recovery				
		Other, specify:					
Data Management	t Data Ow	her Name: Kanwal Sin	gh				
		Title: Applications	Chief				
		Business Program:	Technology Serv	ices			
	Data Custoo	ian Name: Kanwal Sin	gh				
		Title: Applications	Chief				
	-	Business Program:	Technology Serv	ices			
2.5.4 Current Ar	chitecture Diagram						
2.5.4 Pharmacy Architecture Rev 3.p							
2.5.5 Security Ca	tegorization Impact	Table					
2.5.5 Pharmacy -Security Categoriza	2.5.5 Pharmacy						
sectory categoriza							
SECURITY	YOBJECTIVE	LOW	MODER	ATE	HIGH		
Confid	dentiality						
Int	egrity				\boxtimes		
Ava	ilability				\boxtimes		
2.6 Mid-Level	2.6 Mid-Level Solution Requirements						



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Attachment: Attach file to email submission.



2.7 Assumptions and Constraints				
Assumptions/Constraints	Description/Potential Impact			
Scope, objectives, roles and responsibilities and	All parties must agree to scope, objectives, roles and			
approach is agreed to and understood by all parties.	responsibilities and approach to move forward.			
All facilities have proper networking capabilities and	Financial impact of this assumption is low since the Medical			
infrastructure to support this effort.	Grade Network project has completed. DSH is providing			
	necessary redundancies to support related network			
	connectivity.			
DSH executive management and staff are engaged	Without stakeholder buy-in and executive sponsorship, there			
and committed to the success of this project.	is a risk of clinical staff adoption.			
Existing Local Area Networks (LAN) and Wide Area	Additional network coverage will be evaluated as needed.			
Network (WAN) infrastructure will be used where				
possible.				
The project will adhere to a formal schedule.	Keeping to a formal project schedule is necessary given the			
	size and financial impact of the project.			
Bi-directional communication between project team	Without bi-directional communication, the project risks delay			
and stakeholders throughout the organization	due to planning revisions.			
regarding objectives, plans and plan revisions will				
occur.				
Qualified DSH project staff have been identified and	Given the scope and impact of the project, experienced			
committed to this project for the expected goals and	project staff and outside consultants, as appropriate, will			
timeline to be met.	meet goals and objectives within the timeline.			
A project infrastructure will be defined and	Existing infrastructure will be involved throughout the project.			
maintained throughout the project.				
The project team will identify and manage project	Risk management will be ongoing throughout the project and			
risks and assumptions through the project life cycle.	a project manager will serve as risk manager.			
Appropriate DSH resources are available and will be	Without proper staffing a large project may experience			
allocated to this effort as required.	significant delays.			
Supporting contracts and procurements will be	Delays in contracts and procurements will create overall			
completed on schedule.	project delays.			
The project implementation will minimize disruptions	DSH will establish a 'clinical cutover' plan and other			
to the daily operations and will not impede public	transitional business processes to minimize disruption of daily			
access to the participating nospitals.	operations.			
Organizational change management activities will	DSH will leverage and build upon existing organizational			
speed adoption and help mitigate organizational	change management plans to prepare starr and systems to			
disruption.	mitigate the impact of large-scale change.			
Select + to add assumptions/constraints.				
2.8 Dependencies				
Element	Description			
HL-7 Training	Developer and tester training to ensure the integration efforts			
	are compliant with HL-7 protocols for maximum integration			
	etticiencies.			
Current Medicare claim interface specification	Developer and tester training to ensure the billing data			
	created is compliant with current Medicare claim interface			
	data.			
Select + to add dependencies.				
2.9 Market Research				
291 Market Research Methodologies /Timeframes				



Methodologies Used To Perform Market Research (check all that apply):					
\boxtimes	Request for Information (RFI)			Trade shows	
\boxtimes	Internet Research		\boxtimes	Published Literature	
\boxtimes	Vendor Forums/Presentation			Leveraged Agreements	
\boxtimes	Collaboration with other Agencies/state entities or governmental entities		\boxtimes	RFI:	
Time spent conducting market research: Over 1		Over 1	Year		
Date market research was started: 12/19/		2/19/2014			
Date all market research was completed: 7/31/2		7/31/20	7/31/2019		
2.9.	2.9.2 Results of Market Research				



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In 2014, the first look at system-wide implementation of automated dispensing cabinets came from a formal research report for an Electronic Health Record (EHR) by DSH. Gartner, a leading information technology research and advisory company, was contracted to develop the report. Although the report focuses on EHR, their expertise and experience with integrated automated dispensing cabinets that integrate with EHR systems using the international standard communication protocol, Health Level-7 (HL7), for nursing station medication rooms ("med rooms") was solicited. At the time of this research, through DSH interviews with clinical subject matter experts about existing workflows and technology, it was discovered that there were automated dispensing cabinets in all med rooms at DSH-Patton and DSH-Coalinga, but none at the other three state hospitals, DSH-Napa, DSH-Atascadero, and DSH-Metropolitan. After their report, which contributed to a baseline set of requirements, DSH-Napa purchased night lockers and a controlled drug vault and DSH-Atascadero purchased a night locker to meet their immediate needs. This equipment was purchased from more than one vendor.

Between December 2016 through July 2018 additional market research was conducted. During this time, DSH-Sacramento Executive Management created a Medication Cabinet Steering Committee (MCSC) to develop an in-house market analysis for a standardized, enterprise approach to Automated Drug Dispensing System (ADDS). The MCSC was made up of Pharmacy, Patient Cost Recovery (PCR), Nursing, Administration and Technology Services Division (TSD) staff. This effort lead to the adoption of ADDS standards across all state hospital locations.

Also, during this time, a subcommittee from DSH-Atascadero, comprised of subject matter experts (SME) in pharmacy, nursing, administration, Electronic Health Record (EHR) advocates and Technology Services Division (TSD) staff was tasked to evaluate the current market leaders of ADDS. Of the five leading market leaders, the team received responses from three vendors. These vendors were subsequently invited to DSH-Atascadero in early 2017, to receive an introductory tour of the hospital pharmacy and unit medication rooms to help them understand the initial needs at DSH -Atascadero.

In late spring 2019, it was determined that a Request for Information (RFI) could be beneficial and was released in June 2019 and completed at the end of July 2019. The following comparative matrix is the result of the DSH team's analysis of the responses, meeting results and the 2019 RFI; they are grouped by function and Pharmacy Modernization stated objectives.

Function	Response				
Objective #1 – Inventory	Vendor 1	Vendor 2	Vendor 3		
Real-time inventory monitoring	Y	Y	Y		
Reconciliation	Y	Y	Y		
Reporting	Y	Y	Y		
Access control	Y	Y	Y		
Compliance	Y	Y	Y		
Activity tracking	Y	Y	Y		
Dashboards	Ν	Y	Y		
Remote access	Ν	Y	Y		
Work flow optimizations	Ν	N	Y		
Charge captures	Ν	Y	Y		
Analytics for Periodic Automatic	Ν	N	Y		
Replenishment (PAR) levels					
Objective #2 – Repackage					
Limited single item access	Y	Y	Y		
Customizable	Ν	Y	Y		
Medication filled location, unit, or pharmacy	Unit	Unit	Pharmacy		
Footprint small, medium, large	Medium	Large	Customizable		



Portability	N	Ν	Y
Objective #3 & #4 – Dispensing & Security			
Restricted inventory access for nursing staff	Y	Y	Y
Barcode scanning	Ν	Y	Y
Label printing	Unit	Unit	Pharmacy
Restrict dispensing	Medium	Large	Customizable
Locking draws	Ν	Ŷ	Y
Countbacks	Y	Y	Y
Analytics	N	N	Y
Compliance	Y	Y	Y
Objective #5 & #6 – Billing & Data			
Integration			
HL-7 compliant	Y	Y	Y
Multiple National Drug Codes per medication	N	Y	Y
and dosage			
Technical		Response	
	Vendor 1	Vendor 2	Vendor 3
Integrated components	Y	Y	Y
 Inventory control 			
 Packaging machine 			
Controlled drug vault			
Server	One server per	Single Enterprise	Single Enterprise
	location – does not	server – supports	server – supports
	support multi-	multi-hospital	multi-hospital
	hospital	environment	environment
	environment		
Operating system compatibility	MS Windows server	MS Windows server	MS Windows server
	2008 with service	2008 with service	2008 R2/2012 MS
	pack 2 (v15 or	pack 2 (v15 or	SQL server 2008
	higher)	higher)	R2/2012
	MS Windows 8	MS Windows 10	MS Windows 10
	compatible	compatible	
Device dimensions	39.4" H	26.5 W X 27 D X 77 H	22.8 W X 27 D X 55 H
Life span	<u>Hardware:</u> ~10 to 15	Hardware: 15 years	Hardware: ~5 to 8
	years	Software: Continued	years
	Software: Continued	release cycles base	Software: Continued
	release cycles base	on life of hardware	release cycles for a
	on service contract		five-year term
Business – Non-Functional	Response		Vandar 2
Eurotionality		vendor 2	vendor 3
Functionality	Limited Single	Standard Single	Standard Single
	Item Access	Item Access	Item Access
	Compartment	Compartment	Compartment
	space per set	space is	space is
		customizable	customizable



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Customer service/maintenance	 Medication must be filled at each location. Availability of coils for single dose-controlled drug dispensing, but must be filled at the MedSelect cabinet Standard footprint Not configurable <u>Phone Support</u>: Average <u>Field Support</u>: Poor <u>Hardware</u> <u>Maintenance</u>: Poor 	 Medication can be filled at central location. Any medications not in the controlled drug container must be filled at Vendor Two Larger footprint Reconfigurability Reconfigurability Reconfigurability Reconfigurability Reconfigurability Reconfigurability Average Hardware Maintenance: Average Software Maintenance: 	 Medication can be filled at central location. Any medication not in the ADDs cart can be replaced using controlled access trays from central location to distribution point Customizable footprint Reconfigurability <u>Phone Support:</u> Average <u>Field Support:</u> Above Average <u>Hardware</u> <u>Maintenance:</u> Average
	· · · · · · · · · · · · · · · ·	Above Average	Above Average
Contract Requirements	Existing contract with no issues for additional procurement.	Company would not originally accept the State's terms and conditions. Note: Company states that this process has been streamlined for future procurements	No issues were discovered while performing initial costing.
Training	Y	Y	Y
Research & Development	Poor R&D Note: This is problematic with new regulations coming out for automated dispensing cabinets. Company has low market shares and long-term viability may put the state at risk.	Excellent R&D	Excellent R&D Note: Software updates guaranteed only for 5 years. May need to purchase new equipment to continue to receive updated software, although life of equipment would be expected to be 10 years or more.

The MCSC began their organization change efforts by meeting with Pharmacy Managers at all sites to develop a mid-level set of requirements. The team created a cost analysis for one time and ongoing cost over five-year cost for all three ADDs vendors. A lease option is available which only one out of the three vendors responded back with a pricing model. The three vendors were asked to visit all sites for evaluation of equipment needs and provide equipment recommendations for all unit medication rooms. This was



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presented to DSH administration in November 2017. While gathering additional market research KLAS research group who specializes in Healthcare IT (HIT), released in their February report "Best in KLAS 2018" which clearly identifies the top four ADDs vendors. Of the top four vendor DSH has been working with the responsive companies to provide detail site survey in July 2018 to get up to date specifications and dimension for latest products for each site.

In conclusion, two of the three vendor's inventory system will result in several benefits, including a net savings in labor costs, a significant reduction in waiting time for first doses and a reduction in dispensing errors. It will also minimize the disruption of pharmacists engaged in the direct provision of pharmaceutical care. Overall two of the three vendors met most of the requirements, however one vendor (as shown on the above matrices) met or exceeded the requirements and some key features included the security-controlled medication trays that allows for medication fulfillment central which reduces the need for additional pharmacist and clinical staff. One vendor clearly meets inventory control requirements and provides for the best option for a consistent user interface that would facilitate pharmacy staff efficiency. When an EHR solution is chosen the system will be able to integrate using HL-7 interface adapters that will further expand the longevity of this current investment.

2.10 Alternative Solutions

2.10.1 Solution Type

⊠ Recommended

2.10.2 Name

Lease Option of a Commercial Off-the-Shelf (COTS) hardware and software

2.10.3 Description

This alternative solution proposes leasing hardware and software from a commercial off-the-shelf (COTS) vendor, the integration of pharmacy data from all five hospitals and the modifications to the existing application environment/architecture necessary to integrate with the new pharmacy system.

The scope of this alternative solution meets the stated business objectives with the following functionality: Inventory (medication) control, medication repackaging and dispensing, secure management of controlled medications, accurate patient claims information used for billing, pharmacy data integration across all five hospitals and modifications to the existing application environment and architecture so support new hardware and software.

Implementing this solution has the additional financial benefit of reduced initial costs and the advantage of having the vendor provide regular upgrades to the hardware and software as part of the leasing costs

Approach (Check all that apply):

- □ Increase staff new or existing capabilities
- Modify the existing business process or create a new business process
- □ Reduce the services or level of services provided
- Utilize new or increased contracted services
- Enhance the existing IT system
- Create a new IT system
- Perform a business-based procurement to have vendors propose a solution
- Other, specify:

2.10.4 Benefit Analysis

Benefits/Advantages

Represents the lowest initial cost with the highest return on investment



Leve	els the Departme	nt's pharmacy syste	m equipment costs e	evenly over time				
Sign	ificant improvem	nents in hospital pha	rmacy processes for	the management ar	nd administration of	drugs to patients		
Ente	erprise-wide busi	ness processes prom	note efficiencies in h	ospital pharmacy op	erations			
It is	more cost effect	ive to maintain indus	stry standard, pharm	acy operations with	a lease option			
Mod	ts all objectives	as stated in the S1R/	N					
	ct + to add hene	fits/advantages	1					
Juli		nts/advantages.						
Disa	dvantages							
No a	asset equity beca	use the equipment i	s leased.					
Sele		vantages.						
		Anticipated	Time to Achieve Ob	ojectives After Proje	ct Go-Live			
			Objective T	imeframe				
Obj	ective Number	Within 1 Year	2 Years	3 Years	4 Years	Over 4 Years		
	1	\boxtimes						
	2		\boxtimes					
	3	\boxtimes						
	4	\boxtimes						
	5	\boxtimes						
Sele	ect + to add obj	ectives.						
		Anticipated Tin	ne to Achieve Finand	cial Benefits After P	roject Go-Live			
Fi	nancial Benefit	Within 1 Year	2 Years	3 Years	4 Years	Over 4 Years		
Ind	creased Revenue	s 🗌	\boxtimes					
	Cost Saving	s 🗌		\boxtimes				
	Cost Avoidance	e 🗌		\boxtimes				
	Cost Recover	у 🗆			\boxtimes			
2.10	.5 Assumptions	and Constraints						
Th	is alternative ass	umes the approval o	of this project and as	sociated budget.				
Sele	ct + to add assur	nptions/constraints						
2.10	.6 Implementati	ion Approach						
Ide	ntify the type of	existing IT system e	nhancement or new	v system proposed (check all that apply)	:		
	Enhance the cu	rrent system						
	Develop a new	custom solution						
	Purchase a Com	imercial off-the-Shel	f (COTS) system					
	Purchase or obt	ain a system from a	(Saas) system	agency (Transfer)				
	Other specify:	Lesse the hardwar	(SddS) System	on and utilize the Fr	nternrise Service Bug	s to communicate		
with back end systems.								
Ide	ntify cloud servi	ces to be leveraged	(check all that apply)):				
\boxtimes	Software as a Se	ervice (SaaS) provide	d by OTech					
	Software as a Se	ervice (SaaS) provide	d by commercial ver	ndor				
	Platform as a Se	ervice (PaaS) provide	d by OTech					
	Platform as a Se	ervice (PaaS) provide	d by commercial ver	ndor				
	Infrastructure as a Service (IaaS) provided by OTech							



\boxtimes	Infrastructure as a Service (IaaS) provided by commercial vendor										
	No cloud services will be leveraged by this alternative. Provide a description of why cloud services are not being										
	leveraged:										
Ide	ntify who will mo	dify the existing system or create the new system (check all that apply):									
\boxtimes	Agency/state ent	ity IT staff									
\boxtimes	A vendor will be	contracted									
	Inter-agency agro	eement will be established with another governmental agency. Specify Agency name(s):									
\boxtimes	Other, specify:	This option includes data integration of all five hospital pharmacies and the use of an									
		Enterprise Service Bus.									
Ide	ntify the impleme	entation strategy:									
	All requirements	will be addressed in this proposed project in a single implementation.									
\boxtimes	Requirements wi	Il be addressed in incremental implementations in this proposed project.									
	Some requireme	nts will be addressed in this proposed project. The remaining requirements will be addressed									
	later.										
	Specify the year	when the remaining requirements will be addressed:									
Ide	Identify if the technology for the proposed project will be mission critical and public facing:										
	The technology i	mplemented for this proposed project will be considered mission critical and public facing.									
2.10).7 Architecture Ir	formation									
This	This alternative solution includes all the architecture objects identified in Section 2.5.3 because those elements remain										
requ	uired but do not cl	nange in this solution. The following is a new architecture element that will be introduced with									
this	nis solution										



Business Function/I	Process(es)	Pharmacy Operations				
Select + to add a bu	isiness process with the sam	e application, system, or component; COTS, MOTS or custom solution;				
runtime environme	nt; system interfaces, data o	center location; and, security.				
Application, System	n or Component	Inventory Control				
		Select + to add an application, system, or component.				
COTS, MOTS or Cus	tom	COTS				
N	ame/Primary Technology:	Inventory Management System				
Runtime Environment	Cloud Computing Used?	X Yes D No If "Yes," specify: Internal Cloud Computing using OTech				
	Server/Device Function	Enterprise Server (ES) App, DB and Report				
	Hardware	MS Windows Server				
	Operating System	MS Windows Server 2008-2012Rw				
	System Software	MS Windows 2008-2012 SQL				
System Interfaces		Automated Dispensing System, ADT, PHO, CRS				
Data Center Locatio	on	OTech				
	Other, specify					
Security	Access	\Box Public X Internal State Staff X External State Staff				
	(check all that apply)	Other, specify:				
	Type of Information	X Personal X Health 🗆 Tax X Financial X Legal				
	(check all that apply)	Confidential Other, specify:				
	Protective Measures	X Technical Security X Identity Authorization and Authentication				
	(check all that apply)	X Physical Security X Backup and Recovery				
		□ Other, specify:				
Data Management	Data Owner	Name: Uyen Nguyen				
		Title: Clinical Operations Advisory Council Pharmacist				
		Business Program: Clinical Operations				
	Data Custodian	Name: Uyen Nguyen				
		Title: Clinical Operations Advisory Council Pharmacist				
		Business Program: Clinical Operations				



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Select + to add business functions/processes.

2.10.1 Solution Type

\boxtimes Alternative 2

2.10.2 Name

Purchase Commercial Off-the-Shelf (COTS) hardware and software

2.10.3 Description

This alternative solution proposes the purchase of hardware and software from a commercial off-the-shelf (COTS) vendor, integration of pharmacy data from all five hospitals and the modifications to the existing application environment/architecture necessary to integrate with the new pharmacy system. This solution will bring Department of State Hospitals' pharmacy operations into compliance with the State Leadership Accountability Act (SLAA), Office of State Audits and Evaluations (OSAE) and the Drug Supply Chain Security Act.

The scope of this alternative solution meets the stated business objectives with the following functionality: Inventory (medication) control, medication repackaging and dispensing, secure management of controlled medications, accurate patient billing information, pharmacy data integration across all five hospitals and modifications to the existing application environment and architecture so support new hardware and software.

Approach (Check all that apply):

\boxtimes	Increase staff – new or existing capabilities						
\boxtimes	Modify the existing business process or create a new business process						
	Reduce the services or level of services provided						
\boxtimes	Utilize new or increased contracted services						
\boxtimes	Enhance the existing IT system						
\boxtimes	Create a new IT system						
	Perform a business-based procurement to have vendors propose a solution						
	Other, specify:						
2.10.4 Be	enefit Analysis						
Benefits/	Advantages						
Improves	patient safety, continuity of care and outcomes						
Meets al	business objectives as stated in the S1BA						
Significar	nt improvement for pharmacy operations by automating manual processes						
Enterpris	e-wide business processes promote efficiencies in hospital pharmacy operations						
Provides a single HL-7 connector for use by EHR (rather than five individual connectors, one per hospital)							
Select + to add benefits/advantages							
Disadvantages							
Hardwar	e and software maintenance (including software upgrades) are the responsibility of DSH						
Large up-	front cost for purchase of hardware and software						

Requires additional (new) DSH personnel to alleviate strain on current resourcing.

Select + to add disadvantages

Anticipated Time to Achieve Objectives After Project Go-Live

Objective Timeframe

Objective Number	Within 1 Year	2 Years	3 Years	4 Years	Over 4 Years			
1	\boxtimes							
2		\boxtimes						
3	\boxtimes							
4	\boxtimes							



5	\boxtimes										
6	\boxtimes										
Select + to add objectives											
	Anticipated Tim	e to Achieve Fina	ncial Benefits After Pr	oject Go-Live							
Financial Benefit	Within 1 Year	2 Years	3 Years	4 Years	Over 4 Years						
Increased Revenues		\boxtimes									
Cost Savings	Cost Savings										
Cost Recovery											
2 10 E Assumptions	and Constraints										
This alternative ass	umes the approval of	this project and a	associated budget.								
Select + to add assun	nptions/constraints										
2.10.6 Implementati	on Approach										
Identify the type of	existing IT system er	hancement or ne	w system proposed (heck all that apply	<i>/</i>):						
Enhance the cu	rrent system			· · · · · · · · · · · · · · · · · · ·	,						
Develop a new	, custom solution										
Purchase a Com	mercial off-the-Shelf	(COTS) system									
Purchase or obt	ain a system from an	other governmen	t agency (Transfer)								
\Box Subscribe to a S	oftware as a Service	(SaaS) system									
Other, specify:		(0000) 5950011									
Identify cloud service	ces to be leveraged (check all that appl	v):								
Software as a Se	Software as a Service (SaaS) provided by OTech										
Software as a Se	Software as a Service (SaaS) provided by commercial vendor										
Platform as a Se	Platform as a Service (PaaS) provided by OTech										
Platform as a Se	ervice (PaaS) provided	hy commercial v	endor								
Infrastructure a	s a Service (JaaS) provided	vided by OTech									
	s a Service (laas) prov	vided by commerce	ial vendor								
	s will be leveraged b	w this alternative	Provide a description	of why cloud servi	ices are not being						
Leveraged:	es will be level aged b	y this alternative.	riovide a description	or wrig cloud servi	ices are not being						
levelagea.											
Identify who will m	odify the existing sys	tem or create the	new system (check al	I that apply):							
Agency/state er	ntity IT staff										
🛛 🛛 🛛 🖂 🖂	e contracted										
Inter-agency ag	reement will be estat	lished with anoth	er governmental agen	cy. Specify Agency	y name(s):						
Other, specify:											
Identify the implem	entation strategy:										
All requirement	s will be addressed in	this proposed pr	oject in a single impler	nentation.							
Requirements v	vill be addressed in in	cremental implen	nentations in this prop	osed project.							
Some requirem	ents will be addresse	d in this proposed	project. The remainin	g requirements wi	ll be addressed						
Specify the year	when the remaining	requirements wil	be addressed.								
Identify if the techn	ology for the propos	ed project will be	mission critical and n	ublic facing:							
The technology	implemented for this	s proposed project	t will be considered mi	ssion critical and n	oublic facing.						
2.10.7 Architecture I	nformation	,, p. 0,00									



This alternative includes all the architecture elements identified in section 2.5.3. This solution will be integrated with	
the existing Pharmacy Operations, Clinical and Billing components and includes the following new element.	

Business Function/	Process(es)	Pharmacy Operations				
Application, System	n or Component	Inventory Management				
COTS, MOTS or Cus	tom	Commerical off-the-shelf (COTS)				
N	lame/Primary Technology:	Inventory Control				
Runtime Environment	Cloud Computing Used?	☑ Yes □ No If "Yes," specify: Software as a Service (SaaS)				
	Server/Device Function	Enterprise Server (ES) App, DB and Report				
	Hardware	MS Windows Server				
	Operating System	MS Windows Server 2008-2012R2				
	System Software	MS SQL 2012R2				
System Interfaces		Automated Dispensing System, ADT, PHO, CRS				
Data Center Locatio	on	State data center operated by department of Technology				
	Other, specify					
Security	Access	🗆 Public 🛛 Internal State Staff 🛛 External State Staff				
	(check all that apply)	□ Other, specify:				
	Type of Information	🛛 Personal 🖾 Health 🗌 Tax 🖾 Financial 🖾 Legal				
	(check all that apply)	⊠ Confidential □ Other, specify:				
	Protective Measures	$oxedsymbol{\boxtimes}$ Technical Security $oxedsymbol{\boxtimes}$ Identity Authorization and Authentication				
	(check all that apply)	Physical Security Backup and Recovery				
		□ Other, specify:				
Data Management	Data Owner	Name: Kanwal Singh				
		Title: Applications Chief				
		Business Program: Technology Services				
Data Custodia		Name: Kanwal Singh				
		Title: Applications Chief				
		Business Program: Technology Services				



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Select + to add business functions/processes.

2.11 Recommended Solution

2.11.1 Rationale for Selection

DSH recommends approval of the lease option request of \$6.3 million in FY 2020-21, \$3.3 million in FY 2021-22, \$1 million ongoing in General Fund authority to support the pharmacy modernization initiative for all five state hospitals consisting of inventory, repackaging and dispensing as well as pharmacy data integration and rearchitecting the existing application environment to accommodate the new pharmacy system.

The lease option is a significantly lower upfront cost than the purchase of the pharmacy equipment. Leasing also has the advantage of maintaining currency of the equipment over time. This assures that end of equipment lifespan or regulatory changes related to equipment do not result in a scramble to find another large capital expenditure to maintain equipment at current standard of practice. The ongoing lease will prevent a situation such as that of DSH-Patton where MedSelect automated dispensing cabinets were purchased many years ago when there were fewer medications on the market and current equipment cannot hold all the medications currently in use. Patient safety features such as single item access did not exist when DSH-Patton's equipment was purchased, so their equipment no longer meets standard of practice for patient safety by protecting patients from a wrong medication selection. The older equipment's software is unable to recognize the same medication from different manufacturers as now required for billing and therefore when a medication manufacturer is changed the prior product must be discarded, creating unnecessary waste.

Attachment: Attach file to email submission.

2.11.2 Technical/Initial CA-PMM Complexity Assessment						
Complexity	/			Complexity Zone		
		🗆 Zo	ne l	Low Criticality/Risk		
Technical Complexity Sco	re: 2.3	🛛 Zo	ne II/III	Medium Criticality/Risk		
		🗆 Zo	ne IV	High Criticality/Risk		
2.11.3 Procurement and	Staffing Strategy					
Activity						
Solicitation Development						
				Cost Estimate	!	
Responsible	When Need	ed		Verification		
(check all that apply)	(check all that a	apply)		(check all that apply)		
\boxtimes Agency/state entity	⊠ Stage 3 Solutio	n	☑ Market research conducted (MR)			
staff	Development		Cost estimate provided (CE)			
□ STP staff	🖾 Stage 4 Project					
CDT Project Approvals	Readiness and		□ DGS CE			
and Oversight staff	Approval	🗆 Reg		lest for Information (RFI) cond	lucted	
CA-PMO staff	🗆 After project is		⊠ Comparable vendor services have been used on previous			
\Box DGS staff	approved (afte	r Stage 4	cont	racts (CV)	·	
Contractor	Project Reading	ess and	🗆 Leve	raged Procurement Agreeme	nt (LPA)	
\Box Other, specify:	Approval)			5 5		
, , ,						
Complete Only if Contracto	or Responsible for A	ctivity				
Procurement Vehicle S	elect			Contract Type	Select	
If "Other," specify:				If "Other," specify:		
Requirements Elicitation						



Responsible	When Needed		Cost Estimate Verification		
(check all that apply)	(check all that apply)		(check all that ap	ply)	
⊠ Agency/state entity	⊠ Stage 3 Solution	$oxedsymbol{\boxtimes}$ Market research conducted (MR)			
staff	Development	🛛 Cost	estimate provided (CE)		
□ STP staff	Stage 4 Project	🗆 CDT	CE		
CDT Project Approvals	Readiness and	\Box DGS	CE		
and Oversight staff	Approval	🗆 Requ	uest for Information (RFI) cond	ucted	
CA-PMO staff	□ After project is	🖾 Com	parable vendor services have	been used on previous	
□ DGS staff	approved (after Stage 4	cont	racts (CV)	·	
Contractor	Project Readiness and	🗆 Leve	eraged Procurement Agreemer	nt (LPA)	
□ Other, specify:	Approval)		0	, , , , , , , , , , , , , , , , , , ,	
Complete Only if Contracto	or Responsible for Activity		Constant to an a		
Procurement Venicle			Contract Type	Click have to optor	
If "Other," specify:	lick here to enter text.		If "Other," specify:	text.	
Cost Estimating					
Descusarily is			Cost Estimate		
(check all that apply)	(check all that apply)		verification	nhu)	
		Mar	(check all that ap	μιγ)	
Agency/state entity			estimate provided (CC)		
	Readiness and	DGS CE			
and Oversight staff		L Requ	uest for Information (RFI) cond	ucted	
		🖾 Com	parable vendor services have	been used on previous	
DGS staff	approved (after Stage 4	cont	racts (CV)		
	Project Readiness and	Leveraged Procurement Agreement (LPA)			
Other, specify:	Approval)				
Complete Only if Contracto	or Responsible for Activity				
Procurement Vehicle			Contract Type		
If "Other," specify:	lick here to enter text.		If "Other," specify:	Click here to enter text.	
Business Analysis					
			Cost Estimate		
	When Needed		Verification	nhu)	
		Mar	(check all that ap	ріу)	
Agency/state entity			ket research conducted (WR)		
	Development	Cost estimate provided (CE)			
			CE		
	Approval		LE		
and Oversight staff		L Requ	uest for Information (RFI) cond	lucted	
	After project is	🖾 Com	parable vendor services have	been used on previous	
□ DGS statt	approved (after Stage 4	_ cont	racts (CV)		
\square Contractor	Approvely	🗆 Leve	eraged Procurement Agreemer	nt (LPA)	
└└ Other, specify:	Аррготај				
Complete Only if Contracto	or Responsible for Activity				



Procurement Vehicle			Contract Type		
If "Other," specify:	If "Other," specify: Click here to enter text.		If "Other," specify:	Click here to enter text.	
Technical Analysis					
Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that apply)		
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previou contracts (CV) Leveraged Procurement Agreement (LPA) 			
Complete Only if Contrac	tor Responsible for Activity		- · · -		
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.	
Project Management					
Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that apply)		
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 			
Complete Only if Contrac	tor Responsible for Activity				
Procurement Vehicle			Contract Type	Oliek here to cotor	
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.	
Conduct Procurement					
Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that ap	ply)	



 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Man Development Cos Stage 4 Project CDT Readiness and DGS Approval Req After project is approved (after Stage 4 Project Readiness and Approval) Lev Approval 		 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		
Complete Only if Contrac	tor Responsible for Activity		Contract Type		
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.	
Independent Verificatio	n and Validation (IV&V)				
Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that ap	(νΙα	
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: TBD 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 			
Complete Only if Contrac	tor Responsible for Activity				
Procurement Vehicle			Contract Type		
If "Other," specify:	lick here to enter text.		If "Other," specify:	Click here to enter text.	
Project Oversight Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that ap	ply)	
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 		 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 			
Procurement Vehicle	tor Responsible for Activity		Contract Type		



If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.
Organizational Change Management				
Responsible (check all that apply)	When Needed (check all that apply)	Cost Estimate Verification (check all that apply)		ply)
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		lucted been used on previous nt (LPA)
Complete Only if Contrac	tor Responsible for Activity			
Procurement Vehicle			Contract Type	
If "Other," specify:	Click here to enter text.	ere to enter text. If "Other,"		Click here to enter text.
Testing				
Responsible (check all that apply)	When Needed (check all that apply)	Cost Estimate Verification (check all that apply)		ply)
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		lucted been used on previous nt (LPA)
Complete Only if Contractor Responsible for Activity				
Procurement Vehicle			Contract Type	Click have to optor
If "Other," specify:	Click here to enter text.		If "Other," specify:	text.
Data Cleansing				
Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that ap	ply)



 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		lucted been used on previous ht (LPA)
Other, specify:	Approval)			
Complete Univ If Contrac	tor Responsible for Activity		Contract Type	
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.
Data Validation				
Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that ap	ply)
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		lucted been used on previous nt (LPA)
Complete Only if Contrac	tor Responsible for Activity			
Procurement Vehicle			Contract Type	
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.
Data Conversion			Cost Estimate	
Responsible (check all that apply)	When Needed (check all that apply)		Verification (check all that ap	ply)
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		
Complete Only if Contrac	tor Responsible for Activity		Contract Type	
Procurement venicie			contract Type	



If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.
Data Migration				
Responsible (check all that apply)	When Needed (check all that apply)	Cost Estimate Verification (check all that apply)		ply)
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		lucted been used on previous nt (LPA)
Complete Only if Contractor Responsible for Activity				
Procurement Vehicle			Contract Type	
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.
Training				
Responsible (check all that apply)	When Needed (check all that apply)	Cost Estimate Verification (check all that apply)		ply)
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		lucted been used on previous nt (LPA)
Complete Only if Contractor Responsible for Activity				
Procurement Vehicle			Contract Type	
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.
Contract Management				
Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that ap	ply)



 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		lucted been used on previous at (I PA)
□ Other, specify:	Approval)			
Complete Only If Contrac	tor Responsible for Activity		Contract Type	
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.
Enterprise Architecture				
Responsible (check all that apply)	When Needed (check all that apply)		Cost Estimate Verification (check all that ap	ply)
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		lucted been used on previous nt (LPA)
Complete Only if Contrac	tor Responsible for Activity			
Procurement Vehicle			Contract Type	
If "Other," specify:	Click here to enter text.		If "Other," specify:	Click here to enter text.
Quality Assurance			Cost Estimate	
Responsible (check all that apply)	When Needed (check all that apply)	Cost Estimate Verification (check all that apply)		
 Agency/state entity staff STP staff CDT Project Approvals and Oversight staff CA-PMO staff DGS staff Contractor Other, specify: 	 Stage 3 Solution Development Stage 4 Project Readiness and Approval After project is approved (after Stage 4 Project Readiness and Approval) 	 Market research conducted (MR) Cost estimate provided (CE) CDT CE DGS CE Request for Information (RFI) conducted Comparable vendor services have been used on previous contracts (CV) Leveraged Procurement Agreement (LPA) 		
Complete Only if Contrac	tor Responsible for Activity		Contract Type	
FIOCULEMENT VENICLE			contract type	



If "Other," specify:	Click here to enter text.	If "Other," specify: Click here to enter text.		nter		
					Yes	No
Will any of the activities identified above result in a competitive or non-competitive solicitation that will be over the Agency/state entity's DGS delegated purchasing authority?					\boxtimes	
2.11.4 Enterprise Arch	itecture Alignment					
The recommendation solution allows DSH to reach its goal of building an enterprise architecture for its hospital operations by providing a single solution for all of its core pharmacy areas of inventory, repackaging, dispensing medications to patients, improved controlled drug security and patient specific medication billing and data integration.						
Information Technology Capability Table						
Existing Enterprise New Enterp Capability to be Capabili				erprise oility		
Information Technology	Capability		Leverage	d	Need	led
Public or Internal Portal/	Website		\boxtimes			
Public or Internal Mobile Application					\boxtimes	
Enterprise Service Bus			\boxtimes			
Identity and Access Mana	agement		\boxtimes			
Master Data Managemer	nt		\boxtimes			



2.11.5 Pro	ject Phases			
Phase 1	Project Planning			
	Description		Phase Deliverable	
All PAL phases			PAL Stage approvals	
Phase 2	Assess facilities for poter	ntial building modifica	ations	
	Description		Phase Deliverable	
Determine	building modifications req	uired to	Schedule of work to be completed to prepare for new	
accommodate new equipment.			equipment.	
Phase 3	Design Backend Archited	ture		
	Description		Phase Deliverable	
Design of ei	nterprise level architecture	e and integration of	Design Document	
new equipn	nent and systems		Architecture diagrams	
Phase 4	Implementation of back	end automatic drug d		
	Description		Phase Deliverable	
Implementa	ation of enterprise enviror	iment for inventory	Product Installation	
Phase 5	Procurement of ADDS		Acceptance test results	
Fildse J	Description		Dhace Deliverable	
Brocuromo	Description	ont	Fauinment and licenses obtained for each site	
Phoco 6	Hospital 1 Implementati	200	Equipment and incenses obtained for each site	
Fildse U			Dhace Delivershie	
Description		aguinment and		
ADDS equipment installed		equipment and		
Phase 7 Hospital 2 Implementation				
	Description		Phase Deliverable	
Inventory Management, Repackaging equipment and		equipment and	Successful deployment	
Phase 8	Hospital 3 Implementati	on		
	Description		Phase Deliverable	
Inventory N	lanagement, Repackaging	equipment and	Successful deployment	
, ADDS equip	ment installed			
Phase 9	Hospital 4 Implementati	on		
	Description		Phase Deliverable	
Inventory M ADDS equip	1anagement, Repackaging oment installed	equipment and	Successful deployment	
Phase 9	Hospital 5 Implementati	on		
Description			Phase Deliverable	
Inventory Management, Repackaging equipment and ADDS equipment installed		equipment and	Successful deployment	
Phase 9 Project Close				
Description			Phase Deliverable	
Complete a	Il project closing activities		Live systems at all sites, all project close artifacts completed	
2.11.6 Hig	h Level Proposed Projec	t Schedule		
Proposed P	roject Planning Start	5/1/2018	Proposed Project Planning 6/30/2020	
Date:			End Date:	



Proposed Project Start Date:	7/15/2020	Proposed Project E Date:	nd 3/31/20	022
Activity Name			Start Date	End Date
Stage 3 Solution Development			5/17/2019	12/31/2019
Stage 4 Project Readiness and Approval			12/31/2019	4/30/2020
Implementation – Back end enterprise system	1		3/2/2020	8/3/2020
Hospital 1 Implementation			7/6/2020	12/1/2020
Hospital 2 Implementation			12/1/2020	3/31/2021
Hospital 3 Implementation			3/1/2021	8/2/2021
Hospital 4 Implementation			7/1/2021	10/30/2021
Hospital 5 Implementation			10/1/2021	1/31/2022
Project close			2/1/2022	3/31/2022
Select + to add activities				
2.11.7 Cost Summary				
Тс	tal Proposed Planning Cost	: \$2.4 million		
1	Fotal Proposed Project Cost	: \$ 10.9 million		
Total Proposed Future Opera	ations IT Staff & OE&E Cost (Continuing)	s :		
Total Proposed Annual Future	Operations IT Costs (M&O)	\$823,000		
2.12 Staffing Plan				
2.12.1 Administrative				



California Department of Technology, SIMM 19B (Rev. 2.1), Revision 5/21/2018

Due to the criticality and magnitude of this project, to effectively prepare the contract and successfully mitigate risk DSH's staffing plan includes requesting the following resources to complete Stages 3 and 4 of the Project Approval Lifecycle, including solution development/procurement and project readiness.

A project manager and business analyst will track and manage all DSH Pharmacy project readiness and governance efforts. The contract manager will coordinate with control agencies, lead and prepare the procurement approach and procurement documents. This is key to ensure proper planning, monitoring, risk mitigation, issue resolution and communication.

A contract manager is integral to coordinating among control agencies, DSH legal expert and project planning team members to ensure the solicitation development, selection and award is properly planned and executed. The resulting contract will dictate the course of the project and set the stage for success.

A billing Pharmacy advocate will augment our clinical resources to provide input and implement organizational readiness activities to ensure billing is integrated effectively with the clinical goals of the project. This is key to ensuring we achieve project outcomes associated with revenue generation.

A legal expert will ensure all HIPAA, privacy and contractual considerations are addressed throughout the planning stages. This will mitigate significant risks.

Contracted Pharmacy implementation consultants will focus on organizational readiness. The Pharmacy consultants will be clinicians that have IT experience implementing Pharmacy systems in large hospital organizations and they will provide guidance and help ensure organizational readiness and implement lessons learned in market research and contract preparation. The Pharmacy task forces will work alongside the consultants and serve as subject matter experts, providing in depth knowledge and understanding of business processes related to EHR. This resource is critical to achieving user adoption, effective organizational change management and contributing key information to project planning.

2.12.2 Business Program

Following a Pharmacy Governance Plan, the Pharmacy Advocates will work with clinical subject matter experts to provide assistance with business process reengineering, gap analysis, policy revision recommendations and business program support.

2.12.3 Information Technology (IT)

The project manager will track and manage all recommended solution efforts and will be responsible for developing a project management plan and monitoring all daily activities associated with this proposal. The project manager will also be responsible for tracking milestones and success criteria and preparing status reports, escalating issues, etc.

2.12.4 Testing

DSH has existing experienced resources who are capable of providing testing and have performed all stages of testing in previous projects, including Functional, Integration, Security, Regression, Stress/Load, Performance and User Acceptance Testing (UAT).

2.12.5 Data Conversion/Migration

Data conversion and migration planning will be completed by experienced, current TSD staff as part of the Stage 3 and Stage 4 Project Approval Lifecycle documentation.

2.12.6 Training and Organizational Change Management



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There will be a moderate degree of business disruption that will be mitigated by effective training, planning, basic computer skills education, completion of a gap analysis, business process reengineering and other Organizational Change Management (OCM) efforts tailored to each local hospital's organizational needs.

Training will be provided by DSH staff in cooperation with the vendor (as applicable). The state has robust Training Departments at each of its standalone hospitals with enough qualified staff to coordinate training. Cost estimates include any requests relevant to training and organizational change management.

OCM planning will be completed by Pharmacy Advocates. Implementation of OCM efforts will be completed by Pharmacy Advocates, local hospital-specific Change Ambassadors (to be identified) and other key stakeholders, with oversight by the Clinical Operations Division.

2.12.7 Resource Capacity/Skills/Knowledge for Stage 3 Solution Development

DSH anticipates an increase in staff and resources for Stage 3 Solution Development and other Pharmacy planning efforts. Staff mentioned in the FAW will participate in the remainder of the planning phases and through the project duration as indicated. Planning and implementation efforts will leverage the support and guidance of an Executive Project Sponsor and the Executive Steering Committee for decision making relative to critical change requests and risks/issues which cannot be resolved at the lower levels of the project team structure. Along with controlling agencies, project members identified and illustrated in the project structure will support the Stage 3 effort. Staff serving in the IT Specialist rank have the capacity, skill and knowledge of DSH's procurement program and resources to support the procurement effort and are familiar with DSH's governance framework as it pertains to procurement.

2.12.8 Project Management		
2.12.8.1 Project Management Risk Assessment		
Project Management Risk Score:	2.5	
07 Pharmacy_Moderniz		

2.12.8.2 Project Management Planning

Are the following project management plans or project artifacts complete, approved by the designated Agency/state entity authority, and available for Department of Technology review?

Project Charter	Yes	
Scope Management Plan	Yes	
Risk Management Plan	Yes	
Issue and Action Item Management Plan	Yes	
Communication Management Plan	Yes	
Schedule Management Plan	Yes	
Human Resource Management Plan	Not	
numan Resource Management Plan	Applicable	
Staff Management Plan	Yes	
Stakeholder Management Plan	Yes	
Governance Plan	Yes	
2.12.9 Organization Charts		



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2.13 Data Conversion/Migration

Identify the status of each of the following data conversion/migration activities:

Data Conversion/Migration Planning	Not Started	Data Quality Assessment	Not Started
Data Conversion/Migration Requirements	Not Started	Data Quality Business Rules	Not Started
Current Environment Analysis	In Progress	Data Dictionaries	In Progress
Data Profiling	Not Started	Data Cleansing and Correction	Not Started

Attachment: Attach files to email submission.

2.14 Financial Analysis Worksheets

Attachment: Attach file to email submission.

Preliminary Assessment – Department of Technology Use Only			
Original "New Submission" Date	11/1/2018		
Form Received Date	9/13/2019		
Form Accepted Date	9/13/2019		
Form Status	Completed		
Form Status Date	1/10/2020		
Main Form – Department of Technology Use Only			
Original "New Submission" Date	9/13/2019		
Form Received Date	9/13/2019		
Form Accepted Date	9/13/2019		
Form Status	Completed		
Form Status Date	9/13/2019		
Form Disposition	Approved		
Form Disposition Date	1/10/2020		