IT System Review Form

Below is the Information Technology System Review Form (SRF) questionnaire. This form is provided for use by IT Analysts and Project Managers, hereafter referred to as “Analysts,” in collaboration with the customer and vendor for evaluating the technical aspects of new IT system, or a currently implemented one undergoing a significant change, such as system upgrades that introduce new functionality, new interface requirements, database platform change, etc.

**General Overview**

The purpose of the SRF is to collect from the customer and vendor information that will assist in the Full Technical Review with each of the technical stake holder groups. The following form is required as part of Inova’s overall Technology Value Analysis Program (TVAP) process, and must be completed by applicable parties prior to initiating the Full Technical Review. Parties are responsible for certain portions of this form, as follows:

1. Questions 1-20 are to be completed by the project requestor.
2. Questions 21-54 are to be completed by the vendor.

Note: Vendor must also provide a system diagram detailing ports, protocols, servers, and data flows.

1. Questions 55-56 are to be completed by the Inova IT resources.

Ideally, the project requestor and vendor will complete their portions first. The analyst will then finish the form, collaborating with other parties as needed. Once all parties are satisfied, and the service or system has been determined to meet Inova’s requirements and standards, the form will be finalized with an overall assessment and signature approval by applicable IT groups.

**General Information** **(To be completed by the project requestor with IT Analyst)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Project Vendor/System Name** |  | **TVAP Number** |  | **SRF Start Date** |
|  |
| **Facility/Department** |
|  |  |  |
| **Requestor Name** |  | **Name of Approving Officer/Vice President** |
|  |
| **Requestor Title** |
|  |  |  |
| **Requestor Phone** |  | **Requestor Email** |
|  |  |  |
| **IT Project Leader Name** |  |  |
|  |  |  |
| **IT Project Leader Phone** |  | **IT Project Leader Email** |

**Vendor Information (To be completed by the project requestor)**

1. **What is the vendor name and who is the technical contact?**

|  |
| --- |
| If a vendor has already been selected, provide the vendor company name and the technical point of contact’s name, phone, and email. |

1. **How was the vendor selected?**

|  |
| --- |
| Provide details describing the vendor selection process (e.g. referral, trade show, sales call, etc.) Also, provide any details regarding competitive selection process, where multiple vendors competed for the contract, if applicable. |

1. **Why was this vendor selected?**

|  |
| --- |
| Provide details regarding how this vendor is preferred, including how vendor’s system provides advantages over others. Applicable details may include price, feature set, support level, etc.  |

**General System Overview (To be completed by the project requestor)**

1. **What is the name/type of system?**

|  |
| --- |
| Provide system and vendor name. Describe the primary objective of the system. You can usually extract this from the vendor documentation. For example: The Charge Capture Application Suite from Patient Keep delivers a mobile and web-based application for physician charge entry, reporting, and compliance tools. |

1. **What are the system objectives and key functional requirements?**

|  |
| --- |
| Describe how the system will increase/decrease/enhance/improve “X” as it relates to the business of the department. Functional requirements should describe how the system will automate and/or interface with current procedures/technologies. |

1. **How does this system project support the Inova Pillar Goals?**

|  |
| --- |
| Pillar Goals are Quality, Service, Cost, People, Growth, and Community. This information should come from the department executive. |

1. **Is this a new system, system upgrade, or system replacement?**

|  |
| --- |
| If the system is a replacement provide details about what system it is replacing and why it is being replaced. If the replacement system expands on current functionality, describe how. |

1. **Is this system currently in use at any other Inova facility?**

|  |
| --- |
| If yes, identify the facility and department where the system is being used. If no but a similar system is being used, provide the facility and department using it as well as the vendor and system name and version number. |

1. **Which departments will utilize this system?**

|  |
| --- |
| Identify all Inova facilities and departments that will use this system  |

1. **Who are the intended users of this system?**

|  |
| --- |
| Identify the end users within the department or facility that will utilize this system.  |

1. **How many users will access the system?**

|  |
| --- |
| Considering all facilities and departments together, how many end users will require access to this system?  |

1. **Do any users require remote access?**

|  |
| --- |
| Describe remote access requirements for users who are not on the Inova network, or who will need access from home. |

1. **How many client devices will need to access the system?**

|  |  |
| --- | --- |
| **Device Type** | **Qty** |
| Workstation(s) |   |
| Tablet Computer(s) |    |
| Cell Phone(s) |    |
| Other |    |

1. **Will this system communicate with or transfer data to/from another system?**

|  |
| --- |
| If yes, describe the manner in which this system transfers/shares data with any other Inova systems. Include details regarding any applicable protocols or TCP ports, and any uploads/downloads required. |

1. **Does this system require a Horizon Patient Folder (HPF) feed?**

|  |
| --- |
| If yes, how many estimate pages per month will be generated? Is this information currently included in the paper chart?  |

1. **Does the system store diagnosis codes, descriptions, or both?**

|  |
| --- |
| If the system stores diagnosis information in the form of codes and/or descriptions, is that information critical to your department’s operations? What is the vendor’s timeframe for ICD-10 readiness? Who is the vendor contact (including phone/email) for ICD-10 information?  |

1. **Will PHI data be transferred out of the Inova network?**

|  |
| --- |
| If yes, describe the method and encryption used. |

1. **What are the estimated costs?**

Provide details and cost estimations for recurring/on-going support, maintenance, and management. This could include maintenance/support contract, hardware leasing, training seminars, etc.

|  |  |  |
| --- | --- | --- |
|  | **Initial Fee** | **Annual Fees** |
| Hardware  |   |   |
| Software Licensing |    |    |
| Consulting/Training |    |    |
| Implementation |    |    |
| IT Costs (Implementation & Support) from Q#52 |    |    |
| Other (Facilities, Clin Engr, Util, etc.) |    |    |
| Contingency Costs |   |   |
| Total Fixed Costs |    |    |
| **Total On-going Support Costs** |   |   |

1. **Is this system budgeted?**

|  |
| --- |
| [ ] Yes [ ] No (If yes, please provide the following budget information) |
| Capital |   |
| Operating |   |
| Number of Fiscal Year(s) Budgeted |   |
| Cost Center |   |
| GL Code |   |

1. **When is the desired go-live date for the system?**

|  |
| --- |
| Is this date based on regulatory requirements? If yes, which regulatory requirement applies? If no, provide details regarding other applicable requirement(s).  |

1. **What potential ramifications exist if this system request is denied?**

|  |
| --- |
| Details should come from the requesting user. |

**Detailed System Information (To be completed by the vendor)**

1. **Is the vendor an Application Service Provider (ASP)?**

|  |
| --- |
| Yes  |

1. **Does the system process or store sensitive data?**

|  |
| --- |
| Yes, moderate, no PHI. |

1. **Is the vendor SSAE 16/SOC 2 compliant?**

|  |
| --- |
| Yes |

1. **What is the vendor’s statement on HIPAA compliance?**

|  |
| --- |
| FISMA moderate |

1. **Will the system require an Inova server?**

|  |
| --- |
| No |

1. **What are the production server operating system requirements?**

|  |
| --- |
| Hosted on Azure. |

1. **What are the production server and workstation hardware requirements?**

Please detail the function and minimum requirements for CPU, RAM, hard drive, and NIC requirements for each server and workstation. Note which, if any of the servers/workstations can be run as a virtual machine, and how that affects the requirements. For the servers, specify if NIC teaming is allowed.

For disk partitions, specify whether the application can be installed on a volume other than C:, and what the function for each volume is. Also, detail any estimations for growth over 3 and 5 years.

If there are more devices that space provided, please submit an appendix with this SRF and type “See Appendix [X]” in the first available field.

|  |  |  |  |
| --- | --- | --- | --- |
| **Resource** | **Server** | **Server** | **Workstation** |
| Function | Hosted on Azure |   | DataMartClient application |
| CPU |   |   | I3 class or above |
| Memory |   |   | 4GB |
| Physical Disks (speed and size) |   |   | 256MB or more depending on cache |
| RAID Configuration |   |   |   |
| Logical Disks (Qty per array) |   |   |   |
| Partitions (Incl. location on LD’s) |   |   |   |
| NIC’s |   |   | 1 |

1. **What are the network requirements for the system?**

|  |
| --- |
| Internet access |

1. **What are the ports and protocols used by the system, inside and outside the network?**

|  |
| --- |
| HTTPS port 443 |

1. **Will any part of the system exist in the network DMZ?**

|  |
| --- |
| NA |

1. **Does the system require connections other than network?**

|  |
| --- |
| No |

1. **Is wireless communication supported?**

|  |
| --- |
| Network access, wireless possible – not necessary |

1. **Is load balancing or high availability (HA) supported?**

|  |
| --- |
| NA |

1. **Does the system use thin or fat client?**

|  |
| --- |
| DMC is a fat client |

1. **Can LANDesk be used to deploy the client application?**

|  |
| --- |
| If not, what is the recommended form of deployment? Does the system have a bulk deployment feature? |

1. **Are any elevated privileges required?**

|  |
| --- |
| Windows Admin may be required to install DMC |

1. **Does the system support LDAP authentication?**

|  |
| --- |
| No |

1. **Does the system interface with or have dependencies on any other systems?**

|  |
| --- |
| No |

1. **Does the system require supporting software?**

|  |
| --- |
| No |

1. **Are any secondary applications required?**

|  |
| --- |
| .NET 4.7.2 |

1. **What database software is utilized by the system?**

|  |
| --- |
| Drivers for SQL Server, Postgres and Oracle |

1. **What is the recommended backup routine?**

|  |
| --- |
| NA |

1. **Does the application support/require Citrix?**

|  |
| --- |
| NA |

1. **Will the vendor require remote access to any part of the system?**

|  |
| --- |
| NA |

1. **Who will provide IT support for this system?**

|  |
| --- |
| HPHCI first line, then GDIT tech team |

1. **What are the support roles for the requesting department?**

|  |
| --- |
| Define any end-user or user department requirements for supporting this system. |

1. **How frequently will vendor updates and security patches be needed?**

|  |
| --- |
| Describe update/patch frequency requirements for both server(s) and workstation(s). Please specify if these updates/patches are cumulative or not. |

1. **Who will support patches and updates?**

|  |
| --- |
| GDIT |

1. **What is the technical support contact method?**

|  |
| --- |
| Harvard Pilgrim’s PopMedNet Service desk located with Hours of Service 9 AM to 5 PM EST Weekdays: <https://popmednet.atlassian.net/servicedesk/customer/portal/1/group/8>  |

1. **Who will ensure the hardware has proper virus protection?**

|  |
| --- |
| GDIT for hosted PMN. DMC is responsibility of user. |

1. **Does the technology require a system administrator?**

|  |
| --- |
| To install DMC |

1. **Will there be a permanent test system in place?**

|  |
| --- |
| Work in progress |

1. **What are all the technology types and functions required for the system to function?**

Below, please place a check beside any technology or function that the system requires to function. This information will be used to ensure all facets of security are managed effectively as applicable to the selected items.

**General Solutions and Functions**

|  |  |  |
| --- | --- | --- |
| [ ] Voice | [ ] Video | [ ] Multi-function Mobile Device |
| [ ] SBU Voice | [ ] SBU Video |  |

**Network Infrastructure**

|  |  |  |
| --- | --- | --- |
| [ ] Transport | [ ] Router/Switches | [ ] Security |
| [ ] Enterprise Network Mgmt. | [ ] Storage |  |

**Functions**

|  |  |  |
| --- | --- | --- |
| [ ] AGS | [ ] OTS | [ ] FNE |
| [ ] DNE | [ ] Access Aggregate Function M13 | [ ] EBC |
| [ ] Data Firewall | [ ] WIDS | [ ] IDS/IPS |
| [ ] VPN | [ ] HAIPE | [ ] Link Encryption |
| [ ] Integrated Security Solution | [ ] Network Access Control | [ ] WAN Soft Switch |
| [ ] LSC | [ ] Dual Signaling Soft Switch | [ ] AS-SIP End Instrument |
| [ ] AS-SIP to TDM Gateway | [ ] AS-SIP to IP Gateway | [ ] Multi Signaling Conf. Bridge |
| [ ] Mobile Devices | [ ] Aggregation Router | [ ] Provider Edge Router |
| [ ] Customer Edge Router | [ ] Access IP Switch | [ ] Distribution Switch |
| [ ] Core IP Switch | [ ] Wireless LAN | [ ] EMS |
| [ ] Operations Support System | [ ] Data Storage Controller | [ ] ESC |
| [ ] MFSS | [ ] RTS Routing Database | [ ] Multi Signaling MCU |
| [ ] RTS Stateful Firewall | [ ] Application |  |

**Solution Management**

|  |
| --- |
| [ ] The management application includes vendor application and coding. |
|  | [x] From a client via HTTPS |
|  | [ ] Installed executable locally on server |
|  | [x] Installed executable locally on client |
|  | [ ] Locally via a directly connected external terminal or emulator |
|  |  | Interface types and technologies:  |   |
|  | [ ] Remotely across a network |
|  |  | Interface types and technologies:  |   |
|  | [ ] Remotely via Dialup |
| [ ] No separate management application and/or is built into network device. |

**Estimated IT Costs (To be completed by IT resources)**

1. **What are the estimated IT resource requirements?**

Provide requirements/tasks and any associated personnel hours necessary to implement the system and provide ongoing management and support in the applicable tables below. Personnel hour costs will then be calculated per current Inova billing table. This section is for personnel hours only. Costs for hardware, software, services, etc. are addressed in Q#20. ***Provide documentation to support these tasks/hours.***

**Implementation Resource Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Resource** | **Task(s)** | **Hours** | **Cost** |
| Enterprise Applications |    |    |   |
| Access Management |    |    |    |
| Data Communications |    |    |    |
| IT Risk & Compliance |    |    |    |
| Network Security |    |    |    |
| NETTECH  |    |    |    |
| RITS |    |    |    |
| Server Engineering (Windows) |    |    |    |
| S.E. - Database |    |    |    |
| S.E. - Storage |    |    |    |
| S.E. - Unix |    |    |    |
| IT End User Device Services |    |    |    |
| Voice Engineering |    |    |    |
| **Total** |  |   |   |

**On-going Management and Support Resource Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Resource** | **Task(s)** | **Hours** | **Cost** |
| Enterprise Applications |    |    |   |
| Access Management |    |    |    |
| Data Communications |    |    |    |
| IT Risk & Compliance |    |    |    |
| Network Security |    |    |    |
| NETTECH  |    |    |    |
| RITS |    |    |    |
| Server Engineering (Windows) |    |    |    |
| S.E. - Database |    |    |    |
| S.E. - Storage |    |    |    |
| S.E. - Unix |    |    |    |
| IT End User Device Services |    |    |    |
| Voice Engineering |    |    |    |
| **Total** |  |   |   |

1. **What are IT Hardware/Infrastructure requirements?**

Provide requirements for IT hardware and infrastructure for the system. Costs for vendor supplied hardware, software, services, etc. are addressed in Question #20. ***Provide documentation to support these requirements.***

|  |  |  |
| --- | --- | --- |
| **Hardware/Infrastructure** | **Details (Include Manufacturer, Model #, Qty, etc.)** | **Cost** |
| Server(s) |    |   |
| Data Storage |    |    |
| Workstations |    |    |
| Cabling |    |    |
| Data Comm/Security |    |    |
| Voice devices |    |    |
| Other |    |    |
| **Total** |  |   |

**Technical Assessment and Recommendation (To be complete by Project Leader)**

Select the applicable verdict, below. Provide a summary of any issues requiring further action, or other items requiring further consideration. If the verdict is “further actions must be taken” or “do not recommend,” providing a summary is required.

|  |
| --- |
| [ ]  **No technical issues identified at this time. Teams recommend moving forward.**[ ]  **Technical issues identified. Outlined actions must be taken before moving forward.**[ ]  **Significant technical issues identified. Teams do not recommend moving forward.** |
| Comments: Please provide any additional comments, details on required actions to move forward, or summary of technical issues preventing approval. |

|  |  |
| --- | --- |
| RITM# |   |