



CRISP – Frequently Asked Questions (FAQs)

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One Portal,
One Password,
One Patient Record
For every Clinician
At Every Facility
Across the Central Region

What does the acronym CRISP mean?

CRISP is an acronym for the “Central Region Information Systems Plan”. This document articulates the strategic direction for IT investment in support of the Regional Services Plan (RSP) and to enable the National Health IT Plan’s vision.

What has been achieved to Date?

Approval to proceed with Central Region Information Systems Plan (CRISP) was received from the Capital & Coast, Hawke’s Bay, Hutt Valley, MidCentral, Wairarapa and Whanganui DHBs, the National Health Board, the National Health IT Board, the Capital Investment Committee and the Minister of Health in October last year. Approval to commence CRISP Phase One was given after intensive research and documentation was completed for the CRISP Programme Business Case. Once approved, an interim CRISP Programme Management Office was established to complete the foundation activities of the CRISP Programme Phase One. CRISP is being operated under the umbrella of TAS, which is an entity owned and operated jointly by the six central DHBs.

What is “in-scope” of CRISP Phase 1?

The scope of CRISP is aligned to the scope of Phase 1 of the National Health IT Plan which is to consolidate and rationalise existing clinical systems to provide a foundation layer for Phase Two of the NHIT Plan.

The main in-scope items include single regional instances of a Patient Administration System (using iSOFT WebPAS), Clinical Workstation (using Orion Concerto), a regional shared Clinical Data Repository, e-referrals, regional Radiology Information System (RIS), a regional PACS archive and supporting regional infrastructure. There are also a number of optional scope items being considered including regional pharmacy, renal, maternity & clinical audit systems.

What is “out of scope” of CRISP Phase 1?

CRISP Phase 1 does not include any changes or enhancements to other local IT systems, or the provision of additional/replacement local infrastructure such as PCs and laptops.

This phase will not deliver the Shared Care record as described in Phase Two of the National Health IT Plan, although it sets the foundation in place for its achievement.



Who is involved in the CRISP Programme?

The incumbent Programme Steering Committee consists of clinical and non-clinical representatives of all six DHBs, TAS and National Health IT Board representation, and it is chaired by Wairarapa DHB CEO Tracey Adamson as Project Sponsor.

The programme team that developed the business case was made up of seconded employees from DHBs. Vendor partners iSOFT (WebPAS), Orion Health (Clinical Workstation) and HP (Infrastructure) comprised the Vendor Consortium that provided the technical solutions to inform the business case.

How much will it cost?

The total capital cost of the programme is approximately \$38m spread over several years; however the net cost to DHBs will be substantively lower as it offsets a large amount of cost associated with operating existing local systems which will be de-commissioned.

How we can afford this when we are cutting costs elsewhere?

That is ultimately a prioritisation question. For example, does implementing CRISP make more sense than building new facilities or procuring a new MRI machine for the region?

How long will it take?

The programme will be implemented in several work streams which will be phased over a four- year timeframe.

How many people are impacted by this project?

It is not yet known whether there will be any structural changes required to deliver or operate the regional platform, however should this eventuate, then normal DHB change management processes will apply for all impacted staff.

I've heard all this before - will it really happen this time?

The CRISP Programme is a key enabler for the Regional Services Plan. It is also a requirement from the National Health IT Board for each region to implement an approved regional plan within defined time periods.

How does CRISP fit in with the Regional Services Plan (RSP)?

CRISP is a key enabler for delivering the RSP. The RSP outlines how the Central Region DHBs will work together to bring a regional perspective to planning and service delivery that will improve health outcomes for the collective population irrespective of an individual's postcode and proximity to a major hospital.

Sharing information is a key enabler for delivering integrated health care across the region and the CRISP project is part of that wider regional strategy.

What is the proposed operational model?

No final decisions have yet been made, however the options being considered include the creation of a dedicated regional capability to operate the new regional systems.



Can we still have local functionality?

As the regional systems are intended to be a single shared instance, it is unlikely that variations in functionality will exist between each DHB. Where this is a requirement, then it will be accommodated through having site-specific configurations rather than extensive customisations.

What about local systems?

There will still be a requirement for some local systems for the foreseeable future to support requirements for specialist or site-specific functionality. There will however be a standard defined interface for remaining local systems to interact with the regional platform.

Will we continue to innovate?

The regional approach will allow the region to more easily combine its collective financial and intellectual capabilities to drive greater levels of innovation, and allow such innovations to be more easily shared across all participating DHBs.

What are the governance arrangements?

The business case development was governed by a multi-disciplinary Steering Group drawn from senior Clinical and Executive staff from all DHBs in the region. Clinical members were nominated by the Regional Leadership Committee and Executive members from the CEOs across the region. In addition the National Health IT Board was represented on the Steering Group.

The Governance arrangements necessary for implementing the CRISP Programme were reviewed as part of the Phase One foundation activities in early 2012, and a remodelled Steering Group will be appointed in February to take the programme forward into implementation.

What are the benefits for Clinical staff?

The primary benefit for clinicians will be the ability to view all of a patient's clinical record in one place, in a consistent form irrespective of which geographical area the patient originates from. There are significant productivity benefits for clinicians who move between facilities in being able to use a common logon, and to have a common system without the need for re-training each time.

There are also benefits from sharing of patient data between primary/community care organisations and secondary care organisations, and making transfer of care a more seamless and integrated process.

What are the benefits for DHBs?

CRISP is a key enabler for delivering the RSP. DHBs will reduce the costs of IT through greater consolidation and standardisation of clinical systems, and in not having to make the same functional enhancements six times over.

There are also benefits from an enhanced Disaster Recovery (DR) capability that will provide for regional data to be also held locally at DHBs for business continuity purposes in the event of a major outage.

The sequencing and approach being taken by the Programme will also allow DHBs to maximise the economic return from their existing ICT assets and minimise any write downs.



What are the benefits for Patients?

The primary focus of this phase of work is on providing direct benefits to clinicians, allowing them to make more informed decisions based on ready access to all of the available information, which will have a flow-on benefit to patient outcomes.

Timely access to information will support improved decision making by clinicians and reduce the risk to patients. Better information systems mean there's less chance of medication or treatment errors. This phase also sets in place the foundation technologies for Phase 2 of the National Health IT Plan which delivers direct patient benefits by way of enabling online access to their Health Care Records.

Where to from here?

Now underway is a programme of foundation work leading to the next major milestone, being another State Services Commission independent quality assurance review prior to Phase One implementation. This is expected to occur in April and will determine readiness for implementation activities. A detailed implementation planning study with details around timing and process for this project will also be completed. It is expected this study will be completed by mid-2012.

Applications are currently being reviewed for the CRISP Programme Director role. A CRISP programme management office is being set up and will oversee the planning and implementation of the CRISP project. In the meantime an interim PMO team has been established to drive the foundation tasks.

Where can I get further information?

Tracey Adamson – CRISP Programme Sponsor
Mike Grant - Interim Programme Director
Brian Davies – CRISP PMO Manager
Ian Ward – CRISP Programme Architecture Lead
Victoria Bell –CRISP Communications Lead
Chief Information Officers at each DHB