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IT Solutions for Healthcare Challenges

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Why “Vendor Selection”?

- Is that the goal? What is the goal?
- How do you know if you were successful?
- Who’s project is it – the vendor’s or the facility’s?
- Give the project a name that infers facility ownership and is outcomes focused!

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Selecting a HCIS

Stress Reduction Kit

Bang
Head
Here

Directions:
1. Place kit on FIRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.

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What’s the Big Deal?

- Over 82% of all significant IT projects finish over budget or fail to meet the core objectives originally set. - Gartner
- Over 30% of all significant IT projects are cancelled after a contract has been signed and resources have already been spent. -Gartner
- Software vendors are NOT the missionaries of change we expect them to be.
- Buying the package and morphing the processes to fit never works – define the process first!
- Interfacing is costly and seldom produces the return expected.
- Product is half the equation at best – people dictate the outcome.
- Beta software is much less likely to work than a clinical trial.
- “Inexpensive” solutions are often more costly in the end.

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How the customer explained it

How the project leader understood it

How the engineer designed it

How the programmer wrote it

How the sales executive described it

How the project was documented

What operations installed

How the customer was billed

How the helpdesk supported it

What the customer really needed

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The Selection Outline

- Understand the background - just the facts
- Define the objectives
- Develop the “Voice of the Customer”
- Determine high level options (RFI)
- Develop Estimated Budget and Expected Outcomes (i.e. – what will be changed)
- Gain Board / Stakeholder Sponsorship
- Complete necessary readiness assessments
- Conduct “smart” demonstrations and reference checks.
- Finalize selection through Steering Team
- Negotiate and begin project management activities

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Typical Team

- CEO or some C-Level must be involved, but doesn't dictate
- Steering team typically includes
 - Department heads
 - IT
 - Executives
 - Clinic representation
 - Physicians – when necessary
- Develop “Voice” for every department (within reason)
- Involve as many as possible in demonstrations
- Core team for site visits and reference checking
- An external leader for the “selection project”

Physician Involvement

- Somewhat dependent on facility
- General rules:
 - Not on the steering team, but involved as pro-tem or “subject matter expert(s)”.
 - Pick a “Physician Champion”, but allow all to participate
 - Offer “self-help” opportunities
 - Schedule flexibility – force the vendors to your requirements
 - Keep it short and simple
 - Present options, give them opportunities to immediately respond, otherwise – open door policy throughout.
 - CEO must stay informed along the way – be ready to answer questions
 - Educate early on what is possible, typical timeline, typical costs and who the players are.
 - Remove resistance by admitting clinics are different from hospitals and the software should be too.

Board Education

- I'm in favor of it!
- Simple is best – Answer “what's in it for me?” from their perspective.
- Communicate in stages
 - RFI – preliminary budget and timeline – selection project expectations.
 - Narrowing phase – where you are at, what is going on, when to expect recommendation.
 - Recommendation phase – solution presented, suggested phasing for implementation.

Supporting Activities

- Plan for the following
 - Multiple presentations from the Steering Team during Dept. Mgr. meetings
 - Technology “Fair” helping folks understand that the underlying tools are being considered along side the software.
 - Project budget / plan development along the way.
 - Help departments understand what is “in” and “out” of scope.
 - Don't do a full stop on all IT projects unless deemed necessary.
 - Make an informed person your funnel for these questions.

What's an RFI

- Request for Information and so much more
 - Budgetary pricing based on facility specific data and requirements
 - High level understanding of “standings” of each vendor in the industry.
 - High level response from each vendor on how they would go about meeting the need.
 - The beginning of the selection – weed out the weak ones well before demos.

What is the “Voice of the Customer”?

- Objective criteria defining the value statements we expect a vendor or vendors to meet.
 - “The system shall provide timely access to patient vitals so that...”
 - “The system shall directly capture and forward result data in real time from analyzers and biomedical equipment so that clinical decisions are made promptly and accurately.”
- An education process for the staff that will ultimately be held accountable for making the software do what was “sold” to the stakeholders.

What are “smart” demos?

- Objective/consistent scoring from each department
- “Experts” in the room during demos.
 - Buyer Beware – Vaporware or not? (Coming in a future release)
 - Custom – user defined – not always a good thing
 - Module switching / enhancement identification
- Consistent attendance through good planning and coordination
- Agendas based on requirements
- Noting the difference between a bad demo person and a bad product – get a good demo

Reference Checking

- Invest in site visits – dividends well beyond vendor selection.
- Call the right people (your uncle’s, brother’s, neighbor’s, friend is not likely a qualified source).
- Score the site visits too.
- Be picky about the sites you visit – go farther if you must to find the good ones.

Do’s / Don’ts

- Do:
 - Take two vendors to the end or as close to the end as possible
 - Schedule the demo’s tightly
 - Track your own follow-ups – see how the vendor responds
 - Allow the vendor to sell their product.
 - Consider the project budget to be significantly more than that of the vendor’s proposal.
- Don’t:
 - Ever let the cat out of the bag early
 - Accept the vendor contract as initially presented
 - Accept the vendor’s first, or second, proposal
 - Underestimate the project – ALL INCLUSIVE BUDGET

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