

1. PURPOSE

1.1. Purpose and Scope of this Specification

The purpose of this functional and non-functional requirements specification is to provide documentation to prospective solution vendors on the requirements to satisfy internal business processes to implement and operate a Client Information, Volunteer and Human Resources Management multi-tenant web based solution.

2. FUNCTIONAL REQUIREMENTS

2.1. Summary of Functions

Better Living requires a multi-tenant web based solution for data collection and program and service management whose primary function is to:

- Advance and streamline the process of visiting hospice services and the full basket of home and community care services delivery of service
- Plan services and programs appropriately to address emerging Client needs
- Support volunteer and human resources management, including payroll and training
- Measure performance of individual programs and the system as a whole

2.1.1. Functional Requirements

In order to accomplish the above expressed need, Better Living requires a robust data collection and record management solution that must include the following functionality:

a) Client Records Managements

- i. Multi-tenant environment for minimum of six organizations respecting the privacy and restricting access of Client information to each unique organization, but allowing for aggregate system data to be generated
- ii. Client general information data, including recording of; address, date of birth, postal codes, telephone numbers, and other unique identifiers (i.e. CAN ID, BRN), etc.
- iii. Client demographic information data, including recording of; living situation, languages, medical/health status, etc.
- iv. Ability to record Client contact information by contact type, including; emergency contact person, service delivery contact person, Substitute Decision Makers, funder, etc. As well as tracking of contact general information, including; name, address, email, telephone number, etc.
- v. Client status tracking by program/service, including; active, hold, waiting, discharged/closed
- vi. Ability to attach or scan a documents to a Client record as well as the ability to categorize and add documents in chronological order
- vii. Ability to bulk archive closed Client files and bulk destroy (delete) qualifying Client records after a period of time
- viii. Ability to correct the Client record with strikethrough function and date stamp
- ix. Consent management tracking for programs and services and mail distribution management (i.e. do not mail listings)

b) Case Management

- i. Multi-service functionality: Ability to allow Clients to utilize multiple programs/services within the same Client record
- ii. Capability to complete interRAI Community Health Assessment (CHA) and interRAI Preliminary Screener (PS) assessments and track Client consent for uploading to the Integrated Assessment Record (IAR)
- iii. Client assessment tracking, including what assessments have been completed, what assessments are upcoming, what assessments are overdue, and assessment results and outcomes, etc.

- iv. Client case noting/narrative documentation fields with ability to categorize, filter, spell check, strikethrough, date stamp and auto-locking features
- v. Client care/service planning documentation, including tracking of Client goals and outcomes
- vi. Client risk rating/level tracking and reporting capabilities for emergency management planning
- vii. Ability to create alerts, notifications and reminders for users on Client Records for various reasons

c) Delivery of Client Services/Programs

- i. Service delivery management of business processes, including; intake, internal referrals, transitions of care, end of service, etc.
- ii. Ability to retain current and a historical record of Client program/service activity
- iii. Referral management: ability to document and retain a history of incoming and outgoing external referrals, follow up items, reminder capabilities, status and outcomes
- iv. Secure referral transmission between programs and services internally, between organizations within the multi-tenant solution and to third party healthcare solutions (i.e. HPG, CHRIS)
- v. Ability to assign a primary and secondary supervisor/care provider to a Client record

d) Scheduling Functions

- i. Program, Client, Employee/Volunteer, location, time logic that links the scheduled visit appropriately (i.e. double bookings, status invalid, availability mismatch, preferences, etc.)
- ii. Subscription based/Master scheduling capabilities that allow for forecasted schedules based on reoccurring and/or preplanned service visits by program/service area, including the ability to indicate visit; frequency, time, location, start date and end date, assigned employee/volunteer care/service plan tasks, schedule based on funding authorizations, preferences, skill levels and requests to do not schedule, etc.
- iii. Ability to track Client continuity of care based on the number of instances an employee/volunteer has visited a Client and vice-versa
- iv. Schedule Management: ability to schedule unassigned Client visits to match with available employees/volunteers through a schedule planner
- v. Capability to track real time visit verification from employees/volunteers working in the community
- vi. Ability to communicate schedules, schedule changes and schedule verification with employees/volunteers
- vii. Ability to track attendance to off-site group sessions through mobile device (i.e. attendance lists)
- viii. Built in mapping and/or GPS features for improved scheduling and tracking of employee/volunteers visits

e) Volunteer/Human Resources Records Management

- i. General information data, including recording of; address, postal codes, telephone numbers, email address, etc.
- ii. Demographic information data, including; languages, skills, preferences, education, etc.
- iii. Volunteer and Employee Status tracking by program/service for program assignment, including; active, hold, waiting, discharged/closed and ability to track length of service for recognition
- iv. Ability to record emergency contact information by contact type, as well as, tracking of contact general information, including; name, address, email, telephone number, etc.
- v. Ability to track and template availability of Volunteers/Employees to aid in schedule development, including; days available, frequency, times and restrictions and ability to generate availability lists

- vi. Capability to record supervisory notes with ability to set privacy controls, categorize, filter, spell check, strikethrough, date stamp, auto-locking features, and various authorization levels within the record and/or solution
- vii. Statistical reporting tools for extracting volunteer hours by program assignment
- viii. Ability to attach or scan a documents to a record as well as the capacity to categorize and add documents in chronological order
- ix. Training tracking: ability to track training compliance for mandatory training sessions, upcoming training needs as well as tracking attendance at non-mandatory in-service training sessions offered
- x. Matching logic to Client and Volunteer/Employee preferences, skills, and/or training
- xi. Consent management tracking for programs and services and mail distribution management (i.e. do not mail listings)
- xii. Volunteer/Employee user portal for updating and confirming hours worked, confirming schedules and communication

f) Reporting Requirements

- i. Capacity to generate standard reports, including; Client/Employee lists, service activity data, Client not served/Volunteer and Employee not utilized reports
- ii. Built in/mapped coding for OHRS and HPCO statistical reporting
- iii. Built in interRAI CHA reports; Outcome measures, CAPs, Assessor reports, and HSP Reports
- iv. Ability to develop user defined reports and lists based on filtered data fields, i.e. by program, supervisor, Volunteer, Employee, Client, period of time, status, etc.
- v. Ability to extract data into Microsoft Excel .csv format

g) Accounts Receivable and Payroll

- i. Ability to reconcile and export payroll data compatible with the HRIS Software - Quadrant Workforce
- ii. Ability to manage fee based services by built in invoicing processes, including; pre-billing checks, invoicing, overdue accounts reporting
- iii. Ability to support various payment and funding authorization types i.e. cheque, pre-authorized bank, pre-authorized credit card, third party funding contract payments (i.e. CCAC), credit and debit memos, etc.

h) Program Specific Requirements – Meals on Wheels

- i. Subscription based meal routing: ability to route ongoing meal delivery based on frequency and day(s) of the week
- ii. Ability to track Client diet preferences/intolerances
- iii. Ability to generate master and daily route sheets for service planning and daily meal delivery labels

2.1.2. Functional Preferences

In order to accomplish the above expressed need, Better Living requires a solution that includes the following functionality which would add value to the operations or the full basket of community and health care programs and services of all organizations:

- Dashboard/profile for both Client and Volunteer/Employee records that provides a current timeline of activity and events, including; current status, risk level, upcoming tasks/follow up items, upcoming or overdue assessments or care/service plans, alerts, reasonable accommodations, new activity, changes to the record, notification of late visits, missed visits or not seen not found visits, and optional photo identification

- Task Management and communication logs with capability to assign referral tasks to users, notify users of status changes, flag/alert other users of information on a record or to assign a follow up item to another user and reminders of upcoming/overdue tasks
- Ability to create user defined electronic forms/checklists that auto populates information into Client or volunteer fields (i.e. general information, demographics, etc.)
- Ability to complete interRAI CHA assessments offline
- Application to residential hospice management
- Family and/or Caregiver portal for caregivers to have access to the Client record

3. NON-FUNCTIONAL REQUIREMENTS

3.1. Performance Requirements

Better Living requires a solution that will align with both current and future healthcare reporting requirements. The proposed solution should have the capability and capacity to deliver the non-functional requirements listed below:

3.1.1. Accuracy and Validity

The solution should have various data quality assurance elements, including but not limited to:

- i. Data logic warnings (incomplete information from mandatory fields, etc.)
- ii. Ability to define organization specific data completeness requirements
- iii. Drop down menu fields with standard responses
- iv. Text field input masks
- v. Search functions to match records to identifiers (i.e. telephone number, unique client number, date of birth, email address, etc.)

3.1.2. Reliability

The solution must be able to;

- i. Enable users to work offline and synchronize data when connection is available
- ii. Enable backup of data so information is recoverable in the event of a system or hardware failure
- iii. Be able to reliably perform input tasks within an appropriate amount of time with resistance to failure
- iv. Be deployable in an environment with average or irregular internet connectivity
- v. Allow for devices with low bandwidths or irregular connectivity

3.1.3. Performance

The solution must be able to;

- i. Efficiently operate to reduce data communication time on a variety of hardware systems and mobile devices, including lower-cost models
- ii. Support approximately 6000 active Client records and 2000 Volunteer and Employee records
- iii. Capacity to add approximately 200+ users (including mobile users) and handle login capacity of 90% during peak periods
- iv. Provide real time visit verification to transactions submitted by connected devices based on configuration volumes

3.1.4. Compatibility

The solution must be able to;

- i. Operate on various operating systems, browsers and hardware systems and devices
- ii. Provide access from online enabled devices (i.e. tablet, mobile devices, etc.)
- iii. Support flexible data collection methods (i.e. web forms, SMS text messages, electronic forms)
- iv. Interface with other healthcare systems and/or third party solutions (i.e. OHRS, CHRIS, IAR, RMR, HRIS Software, NOVUS, etc.)
- v. Promote interoperability to align with other healthcare systems

3.1.5. Privacy and Security

The solution must be able to;

- i. Prevent unauthorized access to personal health information
- ii. Allow administrator controls to establish unique user logins for each user and establish access privileges and priorities based on user role
- iii. Support administrator controlled data access feature capabilities, i.e. viewing, entry, editing, auditing, and deleting
- iv. Generate privacy reports and audit logs to track user access by date and time of access, IP address where record accessed, number of records accessed and what information was accessed etc.
- v. Create an automated time stamped audit trail record on each unique record to trace and track changes to data by users (i.e. updates, deletions, additions)
- vi. Provide flexible password control to users

3.1.6. Usability

The solution must be able to;

- i. Allow for administrator defined configurations based on the context of use (i.e. fields not used are not visible)
- ii. Provide a pleasing and satisfying interaction for the user (i.e. look and feel and user friendliness)
- iii. Enable easy data entry that is organized and easily disseminated
- iv. Be user friendly, intuitive and easily learned by users and supervisors to meet solution effectiveness and efficiencies
- v. Deploy compatibility on a variety devices to reduce data entry burden and improve accuracy
- vi. Support real time data entry validation and logic to prevent data entry errors from being recorded
- vii. Allow users to easily locate functions and features with limited data clicks

3.1.7. Maintainability

The solution must;

- i. Have adequate support resources available to ensure scalability and sustainability
- ii. Include an administrator content control system
- iii. Provide unique version numbers for all future updates and releases
- iv. Background support for repair or upgrade of the solution including automatic updates that do not, or minimally, interrupt delivery of services