

Pacific Innovation Collaborative (PIC)
Implementation Readiness Assessment
 To be completed by PIC Project Directors (or appropriate substitute)

INSTRUCTIONS: Please answer the following questions as they relate to our PIC project. This information will ensure you are ready for our project's implementation and identify any needs before implementation. Please complete all questions and fax to Heather Law at (510) 272-0817 or email to hlaw@aapcho.org. Thank you.

Name: _____ Organization: _____ Date: _____

Technical Requirements

1. Do your computer systems meet the following minimum requirements for hardware and software specifications? Please check each requirement if you fulfill it and then fill in what you will actually be using.

<u>Minimum Requirements</u>	<u>Actual</u>
<input type="checkbox"/> CPU: 1GHz Intel Xeon	_____
<input type="checkbox"/> O/S: Microsoft Windows 2003 Standard Edition	_____
<input type="checkbox"/> Memory (RAM): 2 GB	_____
<input type="checkbox"/> Hard Drive Free Space: 40+ GB	_____
<input type="checkbox"/> CD Drive	_____

2. Will you require an upgrade to your hardware? YES NO
 If YES, please specify: _____
 If YES, have you purchased this? YES NO

3. What bandwidth will you be using? _____
 The requirements are 384Kbps UP for the regional aggregation sites (PTSO and Waianae) and 128Kbps UP for each geographically distinct member site (CHPW, ICHS, AlohaCare, Waimanalo, and Kalihi-Palama).
 Will this require an upgrade to your bandwidth capacity? YES NO
 If YES, have you purchased this equipment? YES NO

4. What type of firewall will you be using to support VPN communication? _____
 The requirements are AES or 3DES encryption capabilities.
 Will this require an upgrade to your systems? YES NO
 If YES, have you purchased this? YES NO

5. What type of server will you be using? _____
Will this require an upgrade to your server hardware or an additional server?

YES NO
If YES, have you purchased this? YES NO

6. Will you require additional equipment for implementation? YES NO
If YES, please specify: _____
If YES, have you purchased this? YES NO

7. Have you reviewed the PIC Functional Requirements document and approve the content?
 YES NO

If you answered NO, please explain:

8. Have you reviewed the PIC Functional Specifications document and approve the content?
 YES NO

If you answered NO, please explain:

Overall CHC Requirements

9. How long will it take to implement the health information exchange at your CHC?

10. How much will it cost to implement the health information exchange at your CHC?

11. Describe your communication about the project at your CHC?

12. How will you address poor performance on the part of individuals participating in the project at your CHC?

13. Do you have any additional comments/concerns?

**** Thank you for your participation ****