

Mandatory Information Requirement 20%

Type	SCHT ID	Requirement
Assessments		
statement	AS-0001-MR	More than one user must be able to read and add to the same patient record at the same time.
statement	AS-0002-MR	The user must be able to add additional information to an existing patient record.
statement	AS-0003-MR	The user must be able to record a patient's refusal to any intervention (i.e. equipment, medication etc). Including refusal of a vaccination in the patient record.
statement	AS-0005-MR	The user should be able to record, during consultation, if it is a new or on-going episode of care, with an option to include this or not in the patient summary
statement	AS-0006-MR	The user must have the ability to record a family assessment
statement	AS-0007-MR	The user must be able to enter information to a patient record at a later date, and back date the entry (if unable to enter at point of care).
statement	AS-0008-MR	Users must be able to configure templates to collect data for the required data sets, e.g. the Common Assessment Framework for Adults (CAFA) minimum dataset.
statement	AS-0009-MR	The system must allow the local creation of service specific configurable templates by authorised users
statement	AS-0012-MR	The system must be able to support a Single Assessment Process and Education Health Action Plan for Children.
statement	AS-0013-MR	The user must be able to record clinical findings numerically in a patient record e.g. measurement scales.

statement	AS-0014-MR	The user must be able to record the patient's clinical assessment in the patient record on the system.
statement	AS-0015-MR	The user must be able to record on the system, the patient's current "mental capacity" AND ABILITY TO CONSENT (ability to make an informed decision) at point of treatment.
statement	AS-0016-MR	During a patient consultation the user must be able to select and complete an appropriate clinical template from the patient record.
statement	AS-0017-MR	The system must contain medical drawings not only of a whole body, but also individual body parts (i.e. a foot from top view, from side view, from underneath, etc).
statement	AS-0018-MR	The system must be able to record 'nursing observation' outcomes such as to record temperature, pulse, glucose levels in a patient record with an associated time logged.
statement	AS-0021-MR	The system must provide functionality to numerically score and total a numerical outcome e.g. for wound care
statement	AS-0022-MR	The system could have the function of placing a range of grids over a photograph of a wound that would indicate the size of the wound. The grid would be in relation to the distance that the picture was taken from.
statement	AS-0023-MR	The user must be able to record numerical recordings in a patient record
statement	AS-0024-MR	The user must be able to assign a numeric scale to a text field in a clinical template/form
statement	AS-0025-MR	The user must be able to document the outcomes of X-Rays for both single body site and multiple sites on the body.
statement	AS-0026-MR	The user must be able to save values/results from the clinical tools functionality into the patient record
statement	AS-0027-MR	Immunisation results, including bulk immunisations, must be recorded and maintained in the system for each patient including antigens and course numbers that do not fall within UK immunisation and vaccination recommendations
statement	AS-0028-MR	The system should contain diagrams e.g., range of movement diagrams, Palpation chart etc.

	Summary statement for Assessments section:
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Question 1	[Enter Text Here]
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Bed Management

statement	BM-0001-MR	The user must be able to request and book beds for patients at community hospitals.
statement	BM-0002-MR	The user must be able to record on the system the date a patient is referred for a bed.
statement	BM-0005-MR	The system must have the ability for users to view a "bed board" re bed state in real time (for example available/occupied/dirty/booked awaiting arrival of a patient)
statement	BM-0006-MR	An authorised user must be able to override a bed allocation.
statement	BM-0007-MR	The user should be able to allocate patients to beds (in date/priority order).
statement	BM-0010-MR	The user must be able to view community hospital admissions on the system
statement	BM-0011-MR	The user must be able to print wrist bands for patients from the system which includes the NHS number and barcodes
statement	BM-0012-MR	The system must have the ability to read machine bar code from products and add the bar code to the printed medical records.
statement	BM-0013-MR	The system must fully support dynamic bed management including the number and location of "virtual" ward beds in situations where patients who are no longer occupying beds still require care and treatment in the ward. (For example patients transiting through Admission and Discharge Lounges)
statement	BM-0014-MR	The system must allow for the assigning of an attending clinician or attending team to each inpatient. The clinician may not necessarily be a medical doctor and may be a nurse or allied health professional.

statement	BM-0015-MR	The user must be able to change allocation of patients to beds / virtual beds across wards/sites
statement	BM-0016-MR	The system must support dynamic discharge planning, allowing for entry of predictive as well as actual discharge dates and times.
statement	BM-0017-MR	The system must support the reduction and management of infection within the inpatient setting. Examples of functionality are: Infection alerts clearly visible on the patient records. (The organisms for which an alert is raised should be locally defined) The identification and monitoring of hospital acquired infections
statement	BM-0019-MR	The system could allow for partial / temporary closure of wards on a date/date range or ad hoc basis making some or all beds in the location unavailable at that time.
statement	BM-0020-MR	The system could cater for service users on home leave, and "delayed transfer of care" updating the bed availability immediately the events are recorded.
statement	BM-0021-MR	The system should maintain audit trails of bed usage and closure for each ward.
statement	BM-0022-MR	The system could include facilities to view future predicted bed states.
statement	BM-0023-MR	The system should provide a bed dashboard view by ward and hospital.
statement	BM-0024-MR	The system should have facilities to produce reports on current bed occupancy, daily bed state, bed usage/availability by patient/ward/service/clinician against ward operational plan, retrospective ward x operational plan against usage.

Summary statement for Bed Management section:

Question 2 [Enter Text Here]

Contact Administration

statement	CAD-0001-MR	The system must be able to record the following: <ul style="list-style-type: none"> · role type (e.g. caseload holder, secondary involvement) · status (active, discharged or suspended) · caseload weighting (e.g. high/low or score)
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statement	CAD-0003-MR	The service user must be able to record which clinician has treated a patient.
statement	CAD-0004-MR	The user must be able to record on the system the clinician or nurse practitioner overseeing a trainee member of staff treating a patient
statement	CAD-0005-MR	The system must record the date and time when a Care Contact took place
statement	CAD-0006-MR	The system must be able to record a date and reason for cancellation of a Care Contact
statement	CAD-0007-MR	The system must be able to record the type of Care Activity performed during a Care Contact
statement	CAD-0008-MR	The system should support the validation of assessment input by junior staff by qualified Health Care Professionals.
statement	CAD-0009-MR	When looking in a patient record at their appointment schedule the user must be presented with the appointments in date order - ascending or descending.
statement	CAD-0010-MR	The user must be able to record when administration of treatment by the service is suspended (e.g. patient on holiday or in hospital).
statement	CAD-0011-MR	The system must be able to display a difficult patient/alert encounter flag e.g. domestic violence, dangerous pet.
statement	CAD-0012-MR	The system must display in a patient record all appointments (past and future).
statement	CAD-0013-MR	The system should record who else is present when the contact takes place
statement	CAD-0014-MR	The system should record where the contact took place
statement	CAD-0015-MR	The system should record the start, end and duration of a contact

statement	CAD-0019-MR	The system needs the ability to support two (multiple) signatures per encounter
Summary statement for Contact Administration section:		
Question 3	[Enter Text Here]	

Clinic Management

statement	CM-0001-MR	The system must be able to allow the management of clinics by location, time, service provider lead and service user groups.flexible recurrence system
statement	CM-0002-MR	The user must be able to set up clinics on the system.
statement	CM-0003-MR	The user must be able to 'bulk' move clinics to another date on the system.
statement	CM-0004-MR	The users within a service must be able to share Clinic/Diaries on the system.
statement	CM-0005-MR	The system must allow users to view multiple user diaries in a single screen.
statement	CM-0006-MR	The system must provide planner functionality on a team and monthly basis. Planner functionality is the ability to plan over a set period of time, and with a set number of resources all the activity that needs to be undertaken, e.g. facilitate all Service Users to be seen in one month by x many members of a
statement	CM-0007-MR	The system must be able to hold details of the resource availability and service providers and their diaries. It warns if there is a clash of appointments.
statement	CM-0008-MR	The user must be able to print the electronic diary.
statement	CM-0009-MR	The diary functionality should be linked to the clinic schedules to allow a clinician to simultaneously view their diary with their clinic schedule.

statement	CM-0010-MR	The system must allow the service provider to group orders to minimise contact points for the patient and optimise efficiency. This will allow patients to group their appointments to a single visit to a single location (assuming that clinical or waiting time protocols will not be breached)
statement	CM-0011-MR	The system must allow users to view any clinic sessions running on a particular day, including by clinic and service provider codes.
statement	CM-0012-MR	The user must be able to cancel whole clinics on the system.
statement	CM-0013-MR	The user should be able to request patient transport (and any special needs regarding mobility) via the system.
statement	CM-0014-MR	The system must be able to record the method of transport used by the patient.
statement	CM-0015-MR	The user must be able to add ad-hoc clinics onto the system.
statement	CM-0016-MR	The user must be able to set-up multi-disciplinary clinics on the system.
statement	CM-0017-MR	The user must be able to name clinics and clinic slots as required, for example New/Follow-up/Blocked.
statement	CM-0018-MR	The user must be able to assign clinics to specific clinicians on the system.
statement	CM-0019-MR	The user must be able to make changes to clinic list by increasing/decreasing/adding more appointment times.
statement	CM-0020-MR	The user must be able to change the name of a clinician holding a clinic/appt.
statement	CM-0022-MR	The system must not allow the booking of clinics/appointments for users who have other commitments recorded on the system at the same time
statement	CM-0023-MR	Users with the correct permissions must be able to force book appointments for emergency patients

statement	CM-0024-MR	If a user records their annual leave on the system and a clinic/appointment is already booked at the same time, the system must highlight this to the user
statement	CM-0025-MR	The user must be able to name appointments as required (i.e. new, follow up).
statement	CM-0026-MR	The system must contain all clinical locations that a patient may attend and allow for patient choice in time, clinic and professional.
statement	CM-0027-MR	The system must have the capability to uniquely reference all locations where services may be provided; this must not be limited to locations with NACS/ODS codes.
statement	CM-0028-MR	The system should allow for patients to easily and quickly self "check-in" to a clinic appointment.
statement	CM-0029-MR	The system must have the ability to carry forward any instruction that may be attached to an original appointment
statement	CM-0030-MR	The system must display any special needs of the patient on clinic lists e.g. interpreter needed
statement	CM-0031-MR	The system should provide the facility to record appointment acknowledgement from patients
statement	CM-0032-MR	The system must be capable of sending SMS/text and email reminders of appointments
statement	CM-0033-MR	The system should be capable of monitoring DNAs and producing letters to patients about DNA.
statement	CM-0034-MR	The system should have functionality which flags patients when they are nearing a 'breach' of a time constraint (e.g. 18 week wait etc).

Summary statement for Clinic Management section:

Question 4

[Enter Text Here]

Care Plans and Pathways

statement	CPP-0001-MR	The user must be able to record on the system an expected discharge date.
statement	CPP-0002-MR	The system must include significant events timeline functionality, which must include a display of patient's open and closed episodes of care and the status of the referrals.
statement	CPP-0003-MR	The user must be able to create more than one treatment plan for a patient within the same service at the same time.
statement	CPP-0004-MR	The system should support integrated treatment plans across multiple agencies.
statement	CPP-0005-MR	The system must allow the user to set up multiple treatment plans for a patient and include patients' contributions
statement	CPP-0006-MR	Users must be able to share patient treatment plans with other users.
statement	CPP-0007-MR	The user must be able to create review dates for treatment plans in the patient record.
statement	CPP-0008-MR	The system must allow dependency scores to be attached to treatment plans.
statement	CPP-0009-MR	The user must be able to create and analyse both standard and individual treatment plans with goals, visiting frequency, action history, evaluation recorded and attach to the patient record
statement	CPP-0010-MR	The system should be able to record an identifier, which will uniquely identify the patient pathway when used with the organisation code
statement	CPP-0011-MR	The system must incorporate workflow as an inherent component to support multidisciplinary treatment planning and integrated care pathways. (Workflow involves the identification and allocation of tasks to specific individuals or groups of individuals, management and tracking of tasks to completion, and controls
statement	CPP-0012-MR	The user must be able to print all parts of a patients' treatment plan.

statement	CPP-0013-MR	The system must be able to record, update and maintain personalised treatment plans and record the output from contingency planning.treatment plans include the ability to record the following: - A personal self-management plan agreed with the patient to detect and
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Summary statement for Care Plans and Pathways section:

Question 5	[Enter Text Here]
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Clinical Risk and Alerts

statement	CRA-0001-MR	The user must be able to record an alert against a patient record, e.g. fierce dog/ drug association/ long walk to property etc.
statement	CRA-0002-MR	The system must be able to provide timely information to the End User or referer about completion and delivery or failure to deliver an order, giving the End User or referer the opportunity to intervene if appropriate.
statement	CRA-0003-MR	The system must allow the end user to identify lifestyle and other risk factors for the patient which are amenable to preventative measures at the point of care and allows the user to record potential risks to the patient based on the risk factors and medical history which are contained within the patient record
statement	CRA-0004-MR	The user must be able to record on the system if a patient has signed an acting power of attorney or has an Advanced Care Plan in place
statement	CRA-0005-MR	The system must generate, capture and hold the following data relating to alerts: · Patient ID · Alert type (i.e. violent warning, allergy/carer/patient competency etc) · Alert start date
statement	CRA-0006-MR	When viewing a patient record the user must be able to see any clinical/RELEVANT ALERTS alerts on screen.
statement	CRA-0007-MR	The system must allow all alerts to be coded
statement	CRA-0008-MR	The user must be able to record national and locally defined alerts against a patient record e.g. diabetic/ risk of falling/ mental health etc
statement	CRA-0009-MR	The system must include functionality that would enable a user to alert other users e.g. health visitors that contact with family is required.

statement	CRA-0010-MR	The system must be able to indicate any patient re-attendance with the same condition in the previous two weeks
statement	CRA-0011-MR	The system must be able to warn users when a deceased patient has been selected AND CLOSE OPEN REFERRALS SPECIFIC TO DISCIPLINE.
statement	CRA-0012-MR	When a date of death is recorded the system must raise a flag against all open referrals.
statement	CRA-0013-MR	When a date of death is recorded the system must raise a flag against all in-patient episodes.
statement	CRA-0014-MR	When a date of death is recorded the system must automatically raise a flag against any future appointments that have been booked.
statement	CRA-0015-MR	When a date of death is recorded the system must automatically raise a flag against all waiting list entries for that patient.
statement	CRA-0016-MR	The user must be able to flag potential child and vulnerable adult patient concerns.
statement	CRA-0017-MR	The user must be able to record/view on the system if a child is subject to the child protection plan.
statement	CRA-0018-MR	Authorised users must be able to see where a patient has been recorded as a "vulnerable child" on the system. / & eg CAF & TAC process
statement	CRA-0019-MR	The user must be able to record/view if an adult patient is subject to the adult protection plan.
statement	CRA-0020-MR	Any Health Record with a patient 'ALERT' must have that fact displayed prominently on the screen during viewing of the Health Record
statement	CRA-0021-MR	The user must be able to record the type of concern against a patient record (e.g. routine attendance, safeguarding concern, child protection concern).
statement	CRA-0022-MR	The user must be able to record on the system a change in status if a child/adult is no longer subject to the Child (or Adult) Protection Plan.

statement	CRA-0023-MR	Users must have the ability to securely notify other users that case is being dealt with by relevant service but the patient is unaware.
statement	CRA-0024-MR	The system must include functionality to support flags and alerts associated with the Service User record including alerts such as: · DNAR · living wills/advanced directives
statement	CRA-0025-MR	The system must alert relevant users when a child/ADULT has attended any MIU, Acute sites in the area 3 times or more as part of safe-guarding.
statement	CRA-0026-MR	The system must be able to notify the relevant users of any patients flagged as vulnerable.
statement	CRA-0027-MR	The system must enable special communication needs for patients to be recorded e.g. Visually impaired, inability to read information, Asperger's syndrome, deaf, autism or first language that is not English and that any special needs are recorded and shown e.g. as a flag
statement	CRA-0028-MR	The user must be able to record on the system who has the acting power of attorney is for a patient.
statement	CRA-0029-MR	The user must be able to record on the system an alert on linked patient records i.e. family members (For example to record family as low, medium or high complexity, their vulnerability, and/or level of intervention required.

Summary statement for Clinical Risks and Alerts section:

Question 6

[Enter Text Here]

Clinical Risk - Handling Incidents

statement	CRH-0001-MR	The Trust is required by the NHS Information Standards Board to implement DSCN 18/2009 : a clinical risk management standard for the implementation and deployment of IT systems. The DSCN requires that the organisations procure clinical systems from suppliers who are compliant with DSCN 14/2009 – the
statement	CRH-0002-MR	Clinical Safety Officer: The supplier shall identify a member of staff responsible for managing clinical safety issues. The supplier must provide copies of internal safety processes and an organisational chart showing safety responsibilities.
statement	CRH-0003-MR	Deliverables : In line with supplier requirements defined in DSCN 14/2009, the supplier must indicate in their response how and when they will be providing : - a hazard assessment for the system provided - a safety case for the system being provided

statement	CRH-0004-MR	Safety risk management: the supplier must clearly state their willingness to participate in any hazard assessment workshops or safety meetings which the organisation deems necessary to support the safety deployment of the project. (This shall not exceed a weekly meeting of an hour and a hazard workshop of no
statement	CRH-0005-MR	Safety incident management: The supplier must clearly state how safety incidents with the system are to be escalated and the expected service response levels on such incidents.
statement	CRH-0006-MR	On-going safety management: DSCN 14/2009 requires the supplier to clinically risk manage any subsequent changes to the system. The supplier must indicate the manner in which on-going DSCN 14/2009 requirements will be met in respect of updates.

Summary statement for Clinical Risk - Handling Incidents section:

Question 7	[Enter Text Here]
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Caseloads

statement	CSL-0001-MR	The user must be able to allocate on the system, referrals to the relevant caseload
statement	CSL-0002-MR	The system must support caseload management.
statement	CSL-0003-MR	The user must be able to add a patient to more than one caseload list where relevant.
statement	CSL-0004-MR	The user must be able to identify and allocate tasks to groups or individuals and groups must be easily and quickly editable and groups to manage and track tasks including giving alerts where they have not been completed.
statement	CSL-0005-MR	The user should be able to attach all relevant members of staff to theatre slots or procedures
statement	CSL-0006-MR	The system must support multi-site and multi-organisational case management. This will include functionality to facilitate case conferences, Multi-Disciplinary Teams, CPA meetings, remote consultations, teaching sessions by means of video and audio conferencing between Clinicians located in a range of care
statement	CSL-0007-MR	The system should allow discharge from the caseload without necessarily discharging from the Service.

statement	CSL-0008-MR	The user must be able to re assign a patient and their planned activities from one HCP to another in real time.
statement	CSL-0009-MR	The system must integrate care pathway planning with caseload management, allowing practitioners to manage their workload.
statement	CSL-0010-MR	The system must provide a workforce planning module within the application software, to assist staff in managing their individual/team workloads.
statement	CSL-0011-MR	The system must support the transfer of a caseload between clinicians/teams
statement	CSL-0012-MR	The system must be able to show a summary of all current and closed care episodes, including past and booked activity to be displayed in response to patient details entered.
statement	CSL-0013-MR	The system must be able to notify the user of all events relating to patients under their care, including contacts, assessments, care Treatment plans, onward referrals, datix, RCA's, Complaints, discharges and death.
statement	CSL-0014-MR	The system must allow bulk discharges.
statement	CSL-0015-MR	The system should provide an overview for a given team, their current capacity vs caseload and highlights any risks to Service Users as a result.
statement	CSL-0016-MR	The system should allow a user to create a Legitimate Relationship link to any authorised case in the application.
statement	CSL-0017-MR	The system must allow the user to remove a patient from a service provider individuals' caseload without automatically discharging the patient from the organisation. The patient removed will no longer appear on caseload capacity and efficiency reports
statement	CSL-0018-MR	The system should allow a user to plan a visiting schedule for their workload, taking into account e.g. geographical location (the Application shows distance to Service Users' location) and complexity (judged by the user).
statement	CSL-0019-MR	The system must allow the prioritisation of caseload for patients based on urgency of patients in caseload.

Summary statement for Caseloads section:

Question 8	[Enter Text Here]
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Document Management

statement	DM-0001-MR	The user requires the system to record the status of letters/reports within the patient record
statement	DM-0002-MR	The user should be able to identify the type of document attached to a patient record, e.g. by list or icon
statement	DM-0003-MR	The user must be able to save a letter as 'not sent/draft' in the patient record then go back into the letter at a later date to amend and send.
statement	DM-0005-MR	The user must be able to record and view the dates that letters are sent to either the patient or the referrer
statement	DM-0008-MR	Authorised users must be able to create and modify letter templates.
statement	DM-0011-MR	The user must be able to merge clinical and admin information into documents.
statement	DM-0012-MR	The user must be able to view from a patient record that a letter has been drafted/sent, e.g. by an icon
statement	DM-0013-MR	The system must be able to produce forms electronically. These must be configurable and amendable by the care community area & a copy must be maintained in the health record
statement	DM-0015-MR	The system must allow specification of print options, including the ability to print page, print sections of a record and printing of the whole patient record.
statement	DM-0016-MR	The system must be able to generate printed outputs e.g. appointment letters, acknowledgement of referral letters, discharge summaries (including 'To Take Out'), X-ray request forms etc
statement	DM-0017-MR	The user must be able to print labels and forms from the system.

statement	DM-0018-MR	The system should allow label sizes to be defined.
statement	DM-0020-MR	The user must be able to open and view any letters, images, documents from the patient record.
statement	DM-0021-MR	The system must contain a facility for the recovery of documents and records deleted in error.
statement	DM-0022-MR	The system must store scanned images in a secure location with access control.
statement	DM-0023-MR	The system must be able to scan a variety of kinds of documents (as contained within health records, and in incoming post and faxes from a variety of sources), featuring different sizes, colours and thickness and qualities of paper, creased or damaged documents etc. with minimal operator intervention
statement	DM-0024-MR	The system should provide a notes tracking functionality for documentation that cannot be stored electronically.
statement	DM-0025-MR	The system must pre-populate all letters and forms with patient details, which can be customised locally.
statement	DM-0026-MR	The system should have version control to track any changes made in a document.

Summary statement for Document Management section:

Question 9	[Enter Text Here]
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Facility to Search Index

statement	FSI-0001-MR	The system must be able to link a child's and parent's/ guardian's/ carer's/siblings records to enable the user to trace said parent/guardian/carer/child.
statement	FSI-0002-MR	The system is able to record and hold details of a child's care arrangements such as fostering and placement address.

statement	FSI-0003-MR	The user must be able to link family members on the system
statement	FSI-0004-MR	The user must be able to search on any combination of search fields e.g. mother's name and date of birth
statement	FSI-0005-MR	The user must be able to search and retrieve patient records within the system by NHS number.
statement	FSI-0006-MR	The user must be able to search and retrieve patient records within the system by patient name/part of name.
statement	FSI-0007-MR	The user must be able to search and retrieve patient records within the system by address/part of address or postcode.
statement	FSI-0008-MR	The user must be able to search and retrieve patient records within the system by date of birth.
statement	FSI-0009-MR	The user must be able to search and retrieve patient records within the system by mother's/father's/guardian's name.
statement	FSI-0010-MR	The user must be able to search and retrieve patient records by GP practice location
statement	FSI-0011-MR	If the system does not match the search criteria for a patient, the user must be presented with nearest matches available
statement	FSI-0012-MR	The system must display sufficient detail of match results to enable easy identification of the correct patient
statement	FSI-0013-MR	The user must be able to unlink family members on the system
statement	FSI-0014-MR	The user must be able to search and retrieve patient records within the system by searching phonetically on names, e.g. 'Soundex'

Summary statement for Facility to Search index section:

Question 10	[Enter Text Here]
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Functions

statement	FUN-0002-MR	The system must be able to records a patients' consent for examinations, treatment and any necessary tests/ investigations.
statement	FUN-0003-MR	The users must be able to share patients records with other users in within the constraints of the Information Governance framework and the data protection legislation.
statement	FUN-0004-MR	The user must be able to see patient demographics on the same screen when viewing a patient record, on all screens.
statement	FUN-0005-MR	The system must also be usable through keyboard shortcuts where user has difficulty operating a mouse.
statement	FUN-0006-MR	The system must provide functionality for users to alter text size and screen colour individually.
statement	FUN-0007-MR	The user must be able to magnify the view on the screen showing the system.
statement	FUN-0009-MR	The system must support user-defined profiles for user categories and the relevant permission levels.
statement	FUN-0010-MR	The system must support the use of both nationally defined and locally configured of forms and templates.
statement	FUN-0013-MR	The system must be able to support mandatory fields.
statement	FUN-0014-MR	The authorised user must be able to print a whole patient record.
statement	FUN-0015-MR	Users must be able to hide all or part of a patient record from other users who do not have the authority to view those fields.

statement	FUN-0016-MR	An authorised user must be able to override and view a hidden record or partial record i.e. A&E consultant
statement	FUN-0017-MR	The system must not show to unauthorised users that a record or partial record has been hidden.
statement	FUN-0018-MR	The authorised user must have the ability to hide history of service involvement from all other services
statement	FUN-0019-MR	The system must include instant messaging functionality, where a user can send an instant message to another user/users who are logged on
statement	FUN-0021-MR	The user must be able to retrieve a patients record at any time even after discharge
statement	FUN-0022-MR	The user must be able to record on the system, other members of staff present at a patient appointment (e.g. if not registered on system, i.e. students).
statement	FUN-0023-MR	A user must be able to view an electronic to do list within the system
statement	FUN-0024-MR	The user must be able to search, at word level, in a patient's record.
statement	FUN-0025-MR	Authorised users must be able to view patient tracking and monitor all the service treatment units from any single location site.
statement	FUN-0027-MR	The system must be able to generate a notification message should an electronic referral fail to send
statement	FUN-0028-MR	The system should have UK and medical spell check on free format texts boxes.
statement	FUN-0030-MR	The user must be able to be logged into various systems simultaneously.
statement	FUN-0031-MR	The system must notify users on screen when a record is also being viewed by another user.

statement	FUN-0032-MR	The user must be able to view in a patient record any information recorded in clinical templates.
statement	FUN-0033-MR	Following a theatre procedure, each member of staff in attendance must be able to record who did what during the procedure in a patient record (this would include agency staff).
statement	FUN-0034-MR	The user should be able to build templates that can be configured to conduct calculations
statement	FUN-0035-MR	The user must be able to configure templates to incorporate clinical decision algorithms
statement	FUN-0037-MR	The user should have the ability to apply additional character sets e.g. phonetic symbols
statement	FUN-0038-MR	The system should provide for users to be able to generate their own short lists of frequently entered items in a variety of easily-accessible forms.
statement	FUN-0039-MR	The system must be able to send an alert to the Caldicott Guardian at any transaction point, managed by the rules engine

Summary statement for Functions section:

Question 11	[Enter Text Here]
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General Access

statement	GA-0001-MR	Users (NHS or Non NHS) must have access to the system controlled through 'smartcard' and RBAC authorities (including separation of roles).
statement	GA-0002-MR	The system must automatically suspend a user if the number of unsuccessful attempts to gain access to the system exceeds a predetermined limit.
statement	GA-0004-MR	The user must be able to give access to a patient record to another user in another area if the patient transfers.

statement	GA-0005-MR	The system should be able to accommodate users with disabilities where reasonable adjustments are necessary, e.g. screen readers, screen contrast etc.
statement	GA-0006-MR	Users must be able to view filtered lists of all Health Care Professionals registered on the system.
statement	GA-0007-MR	The user must be able to record, the name and position of the person by whom they are authorised to carry out delegated actions. (selecting from a list of authorised users)

Summary statement for General Access section:

Question 12	[Enter Text Here]
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General Coding

statement	GC-0001-MR	The system must contain national clinical numeric readings showing the minimum/maximum ranges as a look up facility.
statement	GC-0004-MR	The user must be able to record on the system multiple treatment codes in a patient record.
statement	GC-0006-MR	The system must support SNOMED CT coding
statement	GC-0007-MR	The system must support ICD-10 coding
statement	GC-0008-MR	The system must support OPCS coding and the ability to update these as new DSCNs are issued.
statement	GC-0010-MR	The user should be able to record the HRG codes in a patient record.
statement	GC-0011-MR	The user must be able to identify and select appropriate read codes from lists which clearly identify the read code heading.

statement	GC-0015-MR	The user must be able to record non-read coded allergies in a patient record.
statement	GC-0016-MR	The user must be able to record on the system patient consent for the sharing of their record with another service in accordance with current legislative requirements.
statement	GC-0017-MR	In the event that patient data is shared with agencies outside of the usual Community Health sector, the system must record the date and time the information was released, by whom, to whom, with authorisation and reason codes.
statement	GC-0018-MR	The user must be able to record a standard reason in accordance with government policies i.e. under section 115 of the Crime Disorder Act 1998 etc. if children's information is shared with agencies outside of the care community but there was no consent recorded.
statement	GC-0019-MR	The user must be able to record a patient's refusal for treatment.
statement	GC-0020-MR	The user must be able to produce a report of patients or person with parental responsibility with no record of consent/intent given.
statement	GC-0021-MR	The user must be able to record on the system the patient's consent to photographs, video and audio.
statement	GC-0022-MR	The user must be able to record on the system the patient's or advocate's consent to a procedure or treatment.

Summary statement for General Coding section:

Question 13	[Enter Text Here]
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Location Services

statement	LOC-0003-MR	The user must be able to record single or multiple activity type for each individual contact recorded on the system. e.g. telephone, face-to-face, advice, leaflet given.
statement	LOC-0004-MR	The system must allow more than one HCP (or other professional) to be recorded against any patient encounter (whether in-patient or in a community setting).

statement	LOC-0005-MR	The system must be able to record the individual named person (health professional) scheduled to see the patient and who actually saw them.
statement	LOC-0006-MR	The system must be able to produce labels by end-user selectable clinic and clinic date.
statement	LOC-0007-MR	The system must prompt the user for possible changes to patient registration details and if required, support the production of new patient labels at the point of contact.
statement	LOC-0008-MR	The user must be able to record time spent on an activity within the system (e.g. admin or clinical activity), with the ability to break the activity down into different tasks
statement	LOC-0009-MR	The system should allow the user to record non patient activity e.g. training provided, recording travel time
statement	LOC-0010-MR	The user should be able to record they have given clinical supervision for x amount of time, against another member of staff.
statement	LOC-0012-MR	The user must be able to select a patient from a clinic list and open their record within 5 seconds.
statement	LOC-0013-MR	The user must be able to select a clinic from the system and print the details, i.e. list of names, NHS number, time, type of appointment and any un-booked appointment slots.
statement	LOC-0014-MR	The user must be able to record the outcome of a clinic appt e.g. cancelled by patient/ cancelled by HCP and date cancelled/ arrived/ Did Not Attend (DNA) and reason/ seen on the system.
statement	LOC-0015-MR	The user must, when viewing a clinic list, be able to set the screen to show only the appointment times/types (not the patient name/NHS number), e.g. for confidentiality on a reception where patients may be able to see the screen.
statement	LOC-0016-MR	The user should be able to record against a patient appointment when transport has been requested and confirmed.
statement	LOC-0017-MR	When a patient arrives for an appointment the user should be able to highlight on the schedule any priority for treatment e.g. chest pains

Summary statement for Location Services section:

Question 14	[Enter Text Here]
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Medicinal Administration

statement	MA-0001-MR	The system must allow drug administration/ prescription within role based access controls.
statement	MA-0002-MR	The system must be able to record the administration or supervision of a single or multiple medicinal products to patients, including administration of medicinal and non medicinal products through any route of administration.
statement	MA-0003-MR	The system should generate a letter describing what has been prescribed.

Summary statement for Medicinal Administration section:

Question 15	[Enter Text Here]
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Management of Duplicate Records

statement	MDR-0001-MR	An authorised user must be able to merge two or more patient records where it becomes evident that duplicates have been made.
statement	MDR-0002-MR	The system must not permit the creation of records with duplicate NHS numbers
statement	MDR-0004-MR	The system must alert users when a merged record is first accessed by the each user

Summary statement for Management of Duplicate Records section:

Question 16	[Enter Text Here]
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Minor Injuries Unit

statement	MIU-0001-MR	The system must support the recording of patient arrival at an MIU reception.
statement	MIU-0002-MR	The system must be able to create a new attendance for each patient.
statement	MIU-0003-MR	The system must provide a warning to the user of any previous MIU episodes.
statement	MIU-0004-MR	The system must be able to link a new episode to previous attendances within a given timeframe.
statement	MIU-0005-MR	The system must automatically generate a case number for each patient attendance at MIU.
statement	MIU-0006-MR	The system must support the fast registration of patients who have limited identification as well as demographic information available.
statement	MIU-0007-MR	The service user must be able to register a patient with no NHS number.
statement	MIU-0008-MR	The service user must be able to record the reason why no NHS number has been recorded.
statement	MIU-0009-MR	The system must be able to create different units for different MIU locations.
statement	MIU-0010-MR	The service user must be able to record a call no response (where a patient has been summoned for treatment but could not be located).
statement	MIU-0011-MR	The system must be able to record a presenting complaint(s) for each patient.
statement	MIU-0012-MR	The system must be able to record a reason for attendance.

statement	MIU-0013-MR	The system must be able to record the priority of each patient (e.g. major, minor).
statement	MIU-0014-MR	The system must be able to record whether the patient has been accompanied to the unit.
statement	MIU-0015-MR	The user must be able to record the demographic details of an adult who accompanies a child or vulnerable adult (Social Service Recommendation)
statement	MIU-0016-MR	The system must be able to record the location of the accident.
statement	MIU-0017-MR	The system must be able to record the time elapsed since the incident occurred.
statement	MIU-0018-MR	The system must be able to record whether the patient has requested any pain relief at the time of presenting.
statement	MIU-0020-MR	The organisation must be able to configure local rooms and locations within the units.
statement	MIU-0021-MR	The system must be able to record triage status.
statement	MIU-0022-MR	The system must be able to display and record any resuscitation activities (including any interventions given and the time).
statement	MIU-0023-MR	The system must be able to record TTO and any given analgesia.
statement	MIU-0024-MR	The system must warn the user of any episodes either in breach, or close to breaching nationally and locally defined quality standards.
statement	MIU-0025-MR	The system must be able to record a major incident.
statement	MIU-0026-MR	The system must be able to produce locally defined ad hoc reports on any aspect of their attendance (e.g. number of breaches)

statement	MIU-0027-MR	The user must be able to report fully on all mandatory minimum dataset that are available on the NHS data dictionary e.g., ethnicity, disability, sexual orientation, religion and gender.
statement	MIU-0028-MR	The system must be able to provide a detailed view of previous episodes and attendances.
statement	MIU-0029-MR	The system must be able to support locally defined clinics and book patients into specified appointment slots.
statement	MIU-0030-MR	The system must be able to produce a full data extract of the A&E quarterly monitoring dataset (QMAE) (ref http://www.datadictionary.nhs.uk/data_dictionary/messages/central_return_datasets/data_sets/accident_and_emergency_quarterly_monitoring_data_set_28a)
statement	MIU-0031-MR	The system must be updated to incorporate any updates and changes to the A&E dataset
statement	MIU-0032-MR	The system must be able to notify Child Health Dept. of Children under 19 attendances (every one/each occasion). Including a count of number of attendances in total as a running record plus today's visit, the reason for attendance and if possible outcome
statement	MIU-0033-MR	The system should be able to provide data on number of patients in the unit at any one time against wait time etc

Summary statement for Minor Injuries Unit section:

Question 17	[Enter Text Here]
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Manage Referrals

statement	MR-0001-MR	The user must have access to an electronic in-tray within the system
statement	MR-0002-MR	The system must have the ability to receive electronic referrals from other users using the same system.
statement	MR-0003-MR	The system must allow the patient to be the subject of a number of referrals simultaneously.

statement	MR-0004-MR	The system must link other events, (i.e. contacts, case notes etc) to the referral.
statement	MR-0005-MR	The user must be able to record a referral on the system recording the outcome type of a referral e.g. inappropriate referral, awaiting assessment.
statement	MR-0006-MR	The user must have the ability to refer a patient on electronically to other system users
statement	MR-0007-MR	The user must be able to refer a patient into a service to unspecified clinicians or to a group of clinicians.
statement	MR-0008-MR	The user must be able to refer a patient in to any combination of service, team and individual health care professional
statement	MR-0009-MR	The user must be able to record the reason for a referral on the system.
statement	MR-0010-MR	The user must be able to triage referrals that are recorded in the system, recording urgency of the referral
statement	MR-0011-MR	When electronic referrals are received they must automatically be assigned to an inbox for electronic referrals.
statement	MR-0012-MR	When new referrals are recorded the system must provide the option for them to be automatically be assigned to an inbox for manual referrals.
statement	MR-0013-MR	The user must be able to view on the system all referrals within a service team.
statement	MR-0014-MR	The system must be able to transfer referrals between staff within a service team.
statement	MR-0015-MR	The user must be able to record the date and source, type of referral.
statement	MR-0017-MR	The user must be able to reject Inappropriate electronic referrals and notify the source of referral.

statement	MR-0018-MR	The user must be able to record on the system, the reason(s) for rejecting a referral
statement	MR-0019-MR	The user must have the ability to update on the system a referral status once received and actioned.
statement	MR-0020-MR	The user must be able to allocate referrals to the relevant case loads
statement	MR-0021-MR	The system should have the ability to record a multi-source referral as one referral.
statement	MR-0022-MR	The user must be able to record the referral closure date.
statement	MR-0023-MR	The user must be able to record the reason for referral closure (i.e. discharge or rejected referral).

Summary statement for Manage Referrals section:

Question 18	[Enter Text Here]
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Medical and Social History

statement	MSH-0001-MR	The system must be able to link user defined fields or configurable items to a system data dictionary and make them available for reporting.
statement	MSH-0002-MR	The user must be able to record a summary of medical history within new patient records (including, high risk behaviours [smoking, drugs, drink] current medications, allergies, tetanus status, vaccinations and immunisations, and mandatory information to support clinical and non clinical activity monitoring
statement	MSH-0003-MR	The user must be able to see a history of the change in demographic details of a patient
statement	MSH-0004-MR	The user must be able to filter the view of a patient record to show only entries by a specific service.

statement	MSH-0005-MR	The system must show entries in the patient record in chronological order.
statement	MSH-0006-MR	The user must be able to view all treatment/assessment history in a patient record by a number of parameters including team, clinician etc.
statement	MSH-0007-MR	Authorised users must have the ability to mark incorrect entries in a patient record as entered in error.
statement	MSH-0008-MR	The system must be able to record the history of the presenting complaint.
statement	MSH-0009-MR	The system must have the ability to record details from the Mental Capacity Act form.
statement	MSH-0010-MR	The user must be able to view within a patient record, all non-sensitive services providing care to that patient.
statement	MSH-0011-MR	The system must be able to record in the patient record what medication is being taken, (including drug, route, form, dose, frequency, duration and batch number) has been prescribed, supplied or administered to a patient (including on PGDs)
statement	MSH-0012-MR	The user must be able to record diagnosis in a patient record on the system in a reportable format (including site and side).
statement	MSH-0013-MR	The user must be able to record in the patient record both single and multiple diagnoses against the same episode of care.
statement	MSH-0014-MR	The user must be able to record in the patient record the treatment undertaken.
statement	MSH-0015-MR	The user must be able to record the year and/or date of diagnosis in the patient record
statement	MSH-0016-MR	The user must be able to record procedure dates in a patient record (i.e. for surgical procedures)

Summary statement for Medical and Social History section:

Question 19	[Enter Text Here]
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Mobile Working

statement	MW-0001-MR	Community staff should have secure access to the system from other NHS sites and other agency sites such as Local Authority.
statement	MW-0002-MR	A user who has updated a record offline, must be able to upload the changes to the record on the system when next online.
statement	MW-0003-MR	The user must be able to use the system when mobile, e.g. from a PDA, Laptop, Tablet etc.
statement	MW-0004-MR	The system must support the NHS security standards for mobile devices, including data encryption standards. A standards catalogue is available for download at http://www.govtalk.gov.uk/schemasstandards/eeif_document.asp?docnum=957
statement	MW-0006-MR	The system must be able to securely transfer a patient record to a properly configured mobile device for the user to use when working away from an NHS site. (e.g. 'brief casing')
statement	MW-0007-MR	The system must notify any other users when accessing a record that has been "booked out' for remote use (e.g. briefcase).
statement	MW-0008-MR	A user should be able to complete a blank assessment form remotely and upload it to a patient record when they are next online (visits to unexpected appointments).
statement	MW-0009-MR	The system should allow store and forward functionality when other forms of mobile working are not available.
statement	MW-0010-MR	The system should ensure that once a mobile network is available, active synchronisation of any off-line data must take place.
statement	MW-0011-MR	The system must be able to keep an indefinite audit trail of when and what records a Service Provider individual took offline.
statement	MW-0012-MR	The system must be able to send an alert to the Caldicott Guardian at any transaction point; managed by a rules engine

statement	MW-0013-MR	A user looking at a record offline must be able to see an audit trail of the last e.g. 10 times this Service User's record was taken offline by whom and synchronisation date times if any. The timestamp on this view is the synchronisation time
statement	MW-0014-MR	A user looking at a record online must be able to see an audit trail of the last e.g. 10 times this Service Users record was taken offline by whom and any synchronisation date times if any.
statement	MW-0015-MR	The Application is able to ask for confirmation of Legitimate Relationship for each record or set of records prior to a synchronisation.
statement	MW-0016-MR	The Application automatically removes or allows the End User to remove locally held records on a mobile device where the End User has indicated that they no longer have a Legitimate Relationship.
statement	MW-0017-MR	The Application is able to integrate records created, updated or deleted offline with those held online during synchronisation.
statement	MW-0018-MR	The system can be used on handheld devices including Tablets, Smartphones and PDAs etc. This includes functionality for scheduling; critical risk management information/alerts (e.g. Service User violent); and minor interventions.
statement	MW-0019-MR	The system must encrypt all patient records that are downloaded on to an End User's computer or handheld devices.
statement	MW-0020-MR	The system must be able to provides End Users' system administrators with back-office functionality to support and resolve any conflicts Service User records caused by synchronisation between mobile devices and the online database
statement	MW-0022-MR	The system must support the End User's need to be mobile and access information from the Application whilst attending the patient at home or any other location outside of the normal network based connection by providing <i>disconnected working</i>
statement	MW-0023-MR	The system must allow update to records and maintains data integrity by providing automatic synchronisation of information when the mobile device reconnects to the network.
statement	MW-0024-MR	The system must support disconnected working when network connectivity is not available to mobile End Users. The necessary dataset and functionality is available offline for the care being provided to the patient.
statement	MW-0025-MR	The system must ensure that the integrity and provenance of the data is maintained across all transactions and user interactions, irrelevant of network connection. The system must provide a methodology to prompt or/and carry out <i>timely synchronisation of records held offline by a Service Provider</i>
statement	MW-0026-MR	The system must provide end user diaries, caseload, scheduling, assessments and necessary patient information in disconnected mode.

statement	MW-0027-MR	The system must supports the NHS security standards for mobile devices, including encryption
statement	MW-0028-MR	The system must provide clinically safe user interfaces for a range of mobile devices typically used across the healthcare community.
statement	MW-0030-MR	The system must has the capability to queue the print request until connectivity is restored
statement	MW-0031-MR	The system must ensure that where End Users are accessing the system through mobile connectivity, the session is securely preserved irrelevant of the strength and reliability of the mobile connectivity, but observing the maximum session and inactivity timeouts
statement	MW-0032-MR	The system must ensures that if an End User session is terminated for any reason, the recovery of the current transaction is aligned to business process and clinical safety guidelines
statement	MW-0033-MR	When operating in a disconnected mode the system must meets NHS IG standards, including access control based on legitimate relationships
statement	MW-0034-MR	The system should clear unnecessary locally held records on synchronisation or through direct action

Summary statement for Mobile Working section:

Question 20	[Enter Text Here]
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Operational Reports

statement	OR-0004-MR	The system must be able to extract data to support financial flows, including Payment by Results and Reference Cost returns
statement	OR-0035-MR	The system must be able to accommodate capture of data for Tariff and subsequently report as per http://www.datadictionary.nhs.uk/retired/data_dictionary/messages/commissioning_data_set_v5/out-patient_attendance_cds_type_fr.asp?shownav=1
statement	OR-0043-MR	The system must report potential duplications at the point of registration.

statement	OR-0043-MR	The system must report potential duplications at the point of registration.
statement	OR-0045-MR	The user must be able to generate reports across some/all services using the system, e.g. if one patient has open episodes with several services
statement	OR-0047-MR	The system must be able to provide the full data set required by the CAF/SAP "Minimum Information Set" and include an indicator that a SAP assessment exists.

Summary statement for Operational Reports section:

Question 21	[Enter Text Here]
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Orders

statement	ORD-0001-MR	The user must be able to order pathology tests/ X-rays/ any other tests or investigations needed electronically via the system
statement	ORD-0002-MR	The system must be able to record a request for any investigations e.g. blood tests, radiology (including site and side) urinalysis etc.
statement	ORD-0003-MR	The user must be able to record on the system the date tests have been requested.
statement	ORD-0004-MR	The system should be able to order medicinal and administrative order items, from planned care pathways and ad-hoc and emergency events
statement	ORD-0008-MR	The system should be able to provide order and request reporting and order and request enquiry facilities.

Summary statement for Orders section:

Question 22	[Enter Text Here]
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Outcomes

statement	OUT-0001-MR	The user must be able to record on the system, the date of discharge of a patient.
statement	OUT-0002-MR	The system must be able to automatically record the time when patient is discharged from a service's care.
statement	OUT-0003-MR	The user must be able to record on the system where a patient has been discharged to, i.e. Nursing Home/usual place of residence, hospital and method of transfer.
statement	OUT-0004-MR	The user must be able to record in the patient record single/multiple actions/treatment given to an individual or group of patients e.g. a serial number of a vaccine
statement	OUT-0005-MR	The system must be able to record the outcome of the episode (including any follow up treatment, future appointments or onward referral).
statement	OUT-0006-MR	The user must be able to record on the system, the reason(s) for discharge i.e. outcomes
statement	OUT-0007-MR	The user must be able to record on the system the date of the death of the patient.
statement	OUT-0008-MR	The user must be able to record on the system the time of a patient's death.
statement	OUT-0009-MR	The user must be able to record on the system the place of death of the patient.
statement	OUT-0010-MR	The user must be able to record on the system death by suicide.
statement	OUT-0011-MR	The user must be able to record multiple outcomes in a patient record, e.g. one problem resolved but another continues.
statement	OUT-0012-MR	The system must be able to record cause of death (using recognised coding) in accordance with national and local guidelines.

statement	OUT-0013-MR	The system must prompt for a date of death (This may not always be known) when a patient is recorded as deceased.
statement	OUT-0014-MR	The system must calculate and store the age of days of any patient who dies before reaching the age of one month.
statement	OUT-0015-MR	The system must cancel all appointments or planned activity for the patient and prevents any automatically generated communication being sent to any guardians. Any test relating to a post mortem must not be cancelled.
statement	OUT-0016-MR	The system must prevent further action being taken once a date of death has been entered, i.e. scheduling of episodes, correspondence investigations etc
statement	OUT-0017-MR	The system must notify all those with a current legitimate relationship with the patient whose death has been recorded.
statement	OUT-0018-MR	The user must be able to bulk record the same information in several patient records automatically e.g., immunisations
statement	OUT-0019-MR	The user must be able to link an activity/ outcome to a referral in a patient record
statement	OUT-0020-MR	The user must be able to record clinical outcomes of an episode or care.
statement	OUT-0021-MR	The user must be able to add clinically relevant information to a record after death with appropriate authority, for example sudden death overview panel investigation.
statement	OUT-0022-MR	The system must be able to calculate, qualify and quantify the outcome of clinical care
statement	OUT-0023-MR	The system must allow authorised persons to update details of care post mortem, without changing their status to 'live'.
statement	OUT-0024-MR	The system should notify staff who are involved with an active patient that the patient has died.

Summary statement for Outcomes section:

Question 23 [Enter Text Here]

Prescribing

statement	PRS-0003-MR	The system must display any known allergies at the time a prescription is generated
statement	PRS-0004-MR	The user must be able to generate prescriptions from a non-medical formulary on the system (e.g. Calpol/dressing) which is recorded in the patient record.
statement	PRS-0005-MR	The system must allow drug administration/ prescription from any specified local or national formulary – multiple formularies may be used.
statement	PRS-0008-MR	The system could provide medicines management functionality within wards and inpatient departments. This should provide at a minimum: Ward and dispensary stock control Issuing and dispensing of medicines particularly the issuing and prescription of “take home” medicines for discharged patients ward
statement	PRS-0009-MR	The system must be able to support prescribing in all care settings and includes medication and changed medication details in the discharge communications at the point of transfer of care between organisations.

Summary statement for Prescribing section:

Question 24 [Enter Text Here]

Patient Scheduling

statement	PSC-0001-MR	The user must be able to add ad-hoc appointments on the system.
statement	PSC-0002-MR	The user must be able to book patients into clinics held on the system.
statement	PSC-0003-MR	The user must be able to move appointments in the system.

statement	PSC-0004-MR	The user must be able to cancel appointments on the system.
statement	PSC-0005-MR	The system must ensure that the automatic rescheduling for cancelled clinics gives priority to those patients who have already had appointments cancelled or changed by the service provider since their last attendance or the date of referral in the case of new or first appointments.
statement	PSC-0005-MR	The system must ensure that the automatic rescheduling for cancelled clinics gives priority to those patients who have already had appointments cancelled or changed by the service provider since their last attendance or the date of referral in the case of new or first appointments.
statement	PSC-0006-MR	The user must be able to book a patient into multiple appointments at a group facility as dictated by the service users care plan.
statement	PSC-0007-MR	The user must be able to schedule on the system appointments for group sessions.
statement	PSC-0008-MR	The user must have the ability to schedule appointments for patients in the system
statement	PSC-0009-MR	The user should be able to book several patients into an individual slot, i.e. a family attendance
statement	PSC-0010-MR	The system must allow free text to be recorded against scheduled patient appointments.
statement	PSC-0011-MR	The system must allow users to schedule repeat appointments (e.g. weekly visits on a monthly planner)
statement	PSC-0012-MR	The system must allow patients to specify a return date for next appointments and allows the allocation of patients to clinics in the week of the specified return.
statement	PSC-0013-MR	The system must be able to record patient preferences for location, days and times of treatment and warns of potential clashes.
statement	PSC-0014-MR	The user must be able to perform a vacant appointment slot search within the system.
statement	PSC-0015-MR	The system should have functionality to enable theatre slots to be scheduled.

statement	PSC-0016-MR	The user should be able to split appointments on the system e.g., to show that a Nurse sees the patient for e.g. 15 minutes, then the Podiatrist sees the patient for the remaining 30 minutes (of a 45 minute slot).
statement	PSC-0017-MR	The system must be able to pull through relevant previous clinician/patient details to future diary/clinic entries.
statement	PSC-0018-MR	The user must be able to see appointment details linked to each referral and is able to calculate the waiting time from the referral date to service provision date in accordance with the NHS Data Dictionary Standards.
statement	PSC-0019-MR	The system must be able to link appointments to care episodes.

Summary statement for Patient Scheduling section:

Question 25	[Enter Text Here]
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Results

statement	RES-0001-MR	The user must be able to view x-ray results and images on the system
statement	RES-0002-MR	The user must be able to view test results on the system.
statement	RES-0003-MR	The system must alert the service provider that clinical test results are available for a patient.
statement	RES-0004-MR	The user must be able to record and update test/ investigation results on the system at the point of contact with the patient.
statement	RES-0006-MR	The system must allow a group of users to record, create, maintain and view assessment information about a patient in a collaborative, multi-disciplinary manner.
statement	RES-0007-MR	The system should flag abnormal results to bring it to the attention of the team or escalation point.

Summary statement for Results section:

Question 26

[Enter Text Here]

Resource Management

Summary statement for Resource Management section:

Question 27

[Enter Text Here]

Surveillance and Screening

statement	SAS-0001-MR	The system must support planned and ad-hoc screening programmes
statement	SAS-0002-MR	The system must support the management of mass immunisation programmes; this includes the recording of vaccination prescription information for each patient.
statement	SAS-0003-MR	The system must support full reporting facilities; all items of clinical and patient administrative data within the system are reportable on and/or made accessible by extracts from the system.
statement	SAS-0004-MR	The system must support disease registers within geographic areas.

Summary statement for Surveillance and Screening section:

Question 28

[Enter Text Here]

Virtual Ward Management

statement	VWM-0001-MR	The system must support the creation and management of virtual wards.
statement	VWM-0004-MR	The system must allow users to add/amend data at the time of the event or retrospectively with appropriate audit trails.
statement	VWM-0005-MR	The system must provide a full audit trail of all transactions that can be viewed and reported at a minimum: <ul style="list-style-type: none"> · By individual patient · By ward
statement	VWM-0006-MR	The system must be able to track patient activity to see whether they have been <ul style="list-style-type: none"> · Admitted · Pre-admitted · Cancelled
statement	VWM-0007-MR	The system must provide templates and allow the user to create templates to support all necessary processes in the virtual ward for patient management

Summary statement for Virtual Ward Management section:

Question 29	[Enter Text Here]
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Waiting Lists

statement	WL-0001-MR	The system must be able to provide the ability to capture demand and set up waiting lists for community and therapy services to support in-patient, outpatient and therapeutic care and the delivery of all other ambulatory and non-ambulatory care. This includes waiting lists management (primary targeting lists).
statement	WL-0002-MR	The system must be able to maintain planned waiting list and allow patients to be booked at least 6 months in advance.
statement	WL-0003-MR	The system must be able to hold multiple waiting lists for a consultant/clinician/staff team with the ability to display this information to a Service Provider End User allowing access to a single list or group of lists.
statement	WL-0004-MR	The user must be able to record projected event dates, proposed length of service provider intervention, start and end dates of actual interventions with coded information to support quality and service delivery to the patient.
statement	WL-0005-MR	When the user removes a patient from a waiting list, the system must prompt the user to record a reason.

statement	WL-0006-MR	The system must prompt the user if a patient is about to exceed a waiting time threshold with a configurable lead in time.
statement	WL-0007-MR	The system must flag to the user when conflicting appointments are booked for same patient from same/different services.
statement	WL-0008-MR	The user must be able to place patients unable to book appointment on to a relevant waiting list.
statement	WL-0009-MR	The user must be able to view from the patient record all waiting lists a patient is on.
statement	WL-0010-MR	The system must be able to record and show priority and clinic/site codes for all entries on referral and waiting lists.
statement	WL-0011-MR	The user must be able to categorise patients on waiting lists by user definable groups as well as national standard groups.

Summary statement for Waiting Lists section:

Question 30	[Enter Text Here]
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Mandatory Total	Total Score
	Weighted Mandatory Score Total

Mandatory or Desired (Refined)	Compliant Yes/No
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Advanced Health & Care		Score	Weighted Score	Total
Assessments				
AS-0001-MR	Yes			
AS-0002-MR	Yes			
AS-0003-MR	Yes			
AS-0005-MR	Yes			
AS-0006-MR	Yes			
AS-0007-MR	Yes			
AS-0008-MR	Yes			
AS-0009-MR	Yes			
AS-0012-MR	Yes			
AS-0013-MR	Yes			

EMIS Response

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AS-0014-MR	Yes	
AS-0015-MR	Yes	
AS-0016-MR	Yes	
AS-0017-MR	No	
AS-0018-MR	Yes	
AS-0021-MR	Yes	
AS-0022-MR	No	
AS-0023-MR	Yes	
AS-0024-MR	Yes	
AS-0025-MR	Yes	
AS-0026-MR	Yes	
AS-0027-MR	Yes	
AS-0028-MR	Yes	

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includes several assessments

5	1	5
Bed Management		
BM-0001-MR	Yes	
BM-0002-MR	Yes	
BM-0005-MR	Yes	
BM-0006-MR	Yes	
BM-0007-MR	Yes	
BM-0010-MR	Yes	
BM-0011-MR	Yes	
BM-0012-MR	Yes	
BM-0013-MR	Yes	
BM-0014-MR	Yes	

a specific Assessments

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BM-0015-MR	Yes	
BM-0016-MR	Yes	
BM-0017-MR	Yes	
BM-0019-MR	Yes	
BM-0020-MR	Yes	
BM-0021-MR	Yes	
BM-0022-MR	Yes	
BM-0023-MR	Yes	
BM-0024-MR	Yes	
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statement		
CAD-0001-MR	Yes	

Carenotes provides extensive

The system provides

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CAD-0003- MR	Yes	
CAD-0004- MR	Yes	
CAD-0005- MR	Yes	
CAD-0006- MR	Yes	
CAD-0007- MR	Yes	
CAD-0008- MR	Yes	
CAD-0009- MR	Yes	
CAD-0010- MR	Yes	
CAD-0011- MR	Yes	
CAD-0012- MR	Yes	
CAD-0013- MR	Yes	
CAD-0014- MR	Yes	
CAD-0015- MR	Yes	

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	CAD-0019-MR	Yes	
Carenotes provides comprehensive	10	1	10
	Clinic Management		
	CM-0001-MR	Yes	
	CM-0002-MR	Yes	
	CM-0003-MR	No	
	CM-0004-MR	Yes	
	CM-0005-MR	Yes	
	CM-0006-MR	Yes	
	CM-0007-MR	Yes	
	CM-0008-MR	Yes	
	CM-0009-MR	Yes	

EMIS allows for intuitive

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CM-0010-MR	Yes	
CM-0011-MR	Yes	
CM-0012-MR	Yes	
CM-0013-MR	Yes	
CM-0014-MR	Yes	
CM-0015-MR	Yes	
CM-0016-MR	Yes	
CM-0017-MR	Yes	
CM-0018-MR	Yes	
CM-0019-MR	Yes	
CM-0020-MR	Yes	
CM-0022-MR	Yes	
CM-0023-MR	Yes	

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CM-0024-MR	Yes	
CM-0025-MR	Yes	
CM-0026-MR	Yes	
CM-0027-MR	Yes	
CM-0028-MR	Yes	
CM-0029-MR	Yes	
CM-0030-MR	Yes	
CM-0031-MR	Yes	
CM-0032-MR	Yes	
CM-0033-MR	Yes	
CM-0034-MR	Yes	
Carenotes ' clinic managem	1	1

EMIS' Appointm ent Book

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Care Plans and Pathways		
CPP-0001-MR	Yes	
CPP-0002-MR	Yes	
CPP-0003-MR	Yes	
CPP-0004-MR	Yes	
CPP-0005-MR	Yes	
CPP-0006-MR	Yes	
CPP-0007-MR	Yes	
CPP-0008-MR	Yes	
CPP-0009-MR	Yes	
CPP-0010-MR	Yes	
CPP-0011-MR	Yes	
CPP-0012-MR	Yes	

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	CPP-0013-MR	Yes	
Carenotes includes pre-built	10	1	10
	Clinical Risk and Alerts		
	CRA-0001-MR	Yes	
	CRA-0002-MR	Yes	
	CRA-0003-MR	Yes	
	CRA-0004-MR	Yes	
	CRA-0005-MR	Yes	
	CRA-0006-MR	Yes	
	CRA-0007-MR	Yes	
	CRA-0008-MR	Yes	
	CRA-0009-MR	Yes	

Guidance states that any

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CRA-0010-MR	Yes	
CRA-0011-MR	Yes	
CRA-0012-MR	Yes	
CRA-0013-MR	Yes	
CRA-0014-MR	Yes	
CRA-0015-MR	Yes	
CRA-0016-MR	Yes	
CRA-0017-MR	Yes	
CRA-0018-MR	Yes	
CRA-0019-MR	Yes	
CRA-0020-MR	Yes	
CRA-0021-MR	Yes	
CRA-0022-MR	Yes	

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CRA-0023-MR	Yes	
CRA-0024-MR	Yes	
CRA-0025-MR	Yes	
CRA-0026-MR	Yes	
CRA-0027-MR	Yes	
CRA-0028-MR	Yes	
CRA-0029-MR	Yes	
Carenotes enables alerts to	10	1
Clinical Risk - Handling Incidents		
CRH-0001-MR	Yes	
CRH-0002-MR	Yes	
CRH-0003-MR	Yes	

Within EMIS, warnings

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	CRH-0004-MR	Yes	
	CRH-0005-MR	Yes	
	CRH-0006-MR	Yes	
All major software releases	10	1	10
Caseloads			
	CSL-0001-MR	Yes	
	CSL-0002-MR	Yes	
	CSL-0003-MR	Yes	
	CSL-0004-MR	Yes	
	CSL-0005-MR	Yes	
	CSL-0006-MR	Yes	
	CSL-0007-MR	Yes	

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CSL-0008-MR	Yes	
CSL-0009-MR	Yes	
CSL-0010-MR	Yes	
CSL-0011-MR	Yes	
CSL-0012-MR	Yes	
CSL-0013-MR	Yes	
CSL-0014-MR	Yes	
CSL-0015-MR	Yes	
CSL-0016-MR	Yes	
CSL-0017-MR	Yes	
CSL-0018-MR	Yes	
CSL-0019-MR	Yes	

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Carenotes provides comprehensive	5	1	5
Document Management			
DM-0001-MR	Yes		
DM-0002-MR	Yes		
DM-0003-MR	Yes		
DM-0005-MR	Yes		
DM-0008-MR	Yes		
DM-0011-MR	Yes		
DM-0012-MR	Yes		
DM-0013-MR	Yes		
DM-0015-MR	Yes		
DM-0016-MR	Yes		
DM-0017-MR	Yes		

Caseload management is

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DM-0018-MR	Yes	
DM-0020-MR	Yes	
DM-0021-MR	Yes	
DM-0022-MR	Yes	
DM-0023-MR	Yes	
DM-0024-MR	Yes	
DM-0025-MR	Yes	
DM-0026-MR	Yes	
10	1	10
Facility to Search Index		
FSI-0001-MR	Yes	
FSI-0002-MR	Yes	

Carenotes provides document

EMIS understand that a list of

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FSI-0003-MR	Yes	
FSI-0004-MR	Yes	
FSI-0005-MR	Yes	
FSI-0006-MR	Yes	
FSI-0007-MR	Yes	
FSI-0008-MR	Yes	
FSI-0009-MR	Yes	
FSI-0010-MR	Yes	
FSI-0011-MR	No	
FSI-0012-MR	Yes	
FSI-0013-MR	Yes	
FSI-0014-MR	No	

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Carenotes ' interface enables efficient	5	1	5
Functions			
FUN-0002- MR	Yes		
FUN-0003- MR	Yes		
FUN-0004- MR	Yes		
FUN-0005- MR	Yes		
FUN-0006- MR	Yes		
FUN-0007- MR	Yes		
FUN-0009- MR	Yes		
FUN-0010- MR	Yes		
FUN-0013- MR	Yes		
FUN-0014- MR	Yes		
FUN-0015- MR	Yes		

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FUN-0016- MR	No	
FUN-0017- MR	Yes	
FUN-0018- MR	Yes	
FUN-0019- MR	No	
FUN-0021- MR	Yes	
FUN-0022- MR	Yes	
FUN-0023- MR	Yes	
FUN-0024- MR	Yes	
FUN-0025- MR	Yes	
FUN-0027- MR	Yes	
FUN-0028- MR	Yes	
FUN-0030- MR	Yes	
FUN-0031- MR	No	

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	FUN-0032-MR	Yes	
	FUN-0033-MR	Yes	
	FUN-0034-MR	Yes	
	FUN-0035-MR	Yes	
	FUN-0037-MR	Yes	
	FUN-0038-MR	Yes	
	FUN-0039-MR	Yes	
Carenotes is a modern,	1	1	1
	General Access		
YES	GA-0001-MR	Yes	
YES	GA-0002-MR	Yes	
YES	GA-0004-MR	Yes	

EMIS understands that

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YES	GA-0005-MR	Yes	
YES	GA-0006-MR	Yes	
YES	GA-0007-MR	Yes	
Carenotes provides secure environment	10	1	10
General Coding			
	GC-0001-MR	Yes	
	GC-0004-MR	Yes	
	GC-0006-MR	No	
	GC-0007-MR	Yes	
	GC-0008-MR	Yes	
	GC-0010-MR	Yes	
	GC-0011-MR	Yes	

EMIS Web supports both Carenotes and EMIS

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	GC-0015-MR	Yes	
	GC-0016-MR	Yes	
	GC-0017-MR	Yes	
	GC-0018-MR	Yes	
	GC-0019-MR	Yes	
	GC-0020-MR	Yes	
	GC-0021-MR	Yes	
	GC-0022-MR	Yes	
Carenotes ' picklists can be	1	1	1
	Location Services		
YES	LOC-0003-MR	Yes	
YES	LOC-0004-MR	Yes	

EMIS is fully Read compliant with all

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Carenotes includes a variety of functions	10	1	10
Medicinal Administration			
YES	MA-0001-MR	No	
YES	MA-0002-MR	No	
YES	MA-0003-MR	Yes	
Whilst Carenotes currently	1	1	1
Management of Duplicate Records			
YES	MDR-0001-MR	Yes	
YES	MDR-0002-MR	Yes	
YES	MDR-0004-MR	No	
Carenotes prevents the	5	1	5

The clinic functionality allows

The System allows

EMIS will flag all potential

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Minor Injuries Unit			
YES	MIU-0001-MR	Yes	
YES	MIU-0002-MR	Yes	
YES	MIU-0003-MR	Yes	
YES	MIU-0004-MR	Yes	
YES	MIU-0005-MR	Yes	
YES	MIU-0006-MR	Yes	
YES	MIU-0007-MR	Yes	
YES	MIU-0008-MR	Yes	
YES	MIU-0009-MR	Yes	
YES	MIU-0010-MR	Yes	
YES	MIU-0011-MR	Yes	
YES	MIU-0012-MR	Yes	

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YES	MIU-0013- MR	Yes	
YES	MIU-0014- MR	Yes	
YES	MIU-0015- MR	Yes	
YES	MIU-0016- MR	Yes	
YES	MIU-0017- MR	Yes	
YES	MIU-0018- MR	Yes	
YES	MIU-0020- MR	Yes	
YES	MIU-0021- MR	Yes	
YES	MIU-0022- MR	Yes	
YES	MIU-0023- MR	Yes	
YES	MIU-0024- MR	Yes	
YES	MIU-0025- MR	Yes	
YES	MIU-0026- MR	Yes	

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YES	MIU-0027-MR	Yes	
YES	MIU-0028-MR	Yes	
YES	MIU-0029-MR	Yes	
YES	MIU-0030-MR	Yes	
YES	MIU-0031-MR	Yes	
YES	MIU-0032-MR	Yes	
YES	MIU-0033-MR	Yes	
Whilst Carenotes could be	10	1	10
	Manage Referrals		
YES	MR-0001-MR	Yes	
YES	MR-0002-MR	Yes	
YES	MR-0003-MR	Yes	

EMIS can leverage existing

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YES	MR-0004-MR	Yes	
YES	MR-0005-MR	Yes	
YES	MR-0006-MR	Yes	
YES	MR-0007-MR	Yes	
YES	MR-0008-MR	Yes	
YES	MR-0009-MR	Yes	
YES	MR-0010-MR	Yes	
YES	MR-0011-MR	Yes	
YES	MR-0012-MR	Yes	
YES	MR-0013-MR	Yes	
YES	MR-0014-MR	Yes	
YES	MR-0015-MR	Yes	
YES	MR-0017-MR	Yes	

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YES	MR-0018-MR	Yes	
YES	MR-0019-MR	Yes	
YES	MR-0020-MR	Yes	
YES	MR-0021-MR	Yes	
YES	MR-0022-MR	Yes	
YES	MR-0023-MR	Yes	
Carenotes provides flexible	10	1	10
Medical and Social History			
YES	MSH-0001-MR	Yes	
YES	MSH-0002-MR	Yes	
YES	MSH-0003-MR	Yes	
YES	MSH-0004-MR	Yes	

EMIS has a simple referral

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YES	MSH-0005- MR	Yes	
YES	MSH-0006- MR	Yes	
YES	MSH-0007- MR	Yes	
YES	MSH-0008- MR	Yes	
YES	MSH-0009- MR	Yes	
YES	MSH-0010- MR	Yes	
YES	MSH-0011- MR	Yes	
YES	MSH-0012- MR	Yes	
YES	MSH-0013- MR	Yes	
YES	MSH-0014- MR	Yes	
YES	MSH-0015- MR	Yes	
YES	MSH-0016- MR	Yes	

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Carenotes provides several methods	5	1	5
	Mobile Working		
YES	MW-0001-MR	Yes	
YES	MW-0002-MR	Yes	
YES	MW-0003-MR	Yes	
YES	MW-0004-MR	Yes	
YES	MW-0006-MR	Yes	
YES	MW-0007-MR	No	
YES	MW-0008-MR	Yes	
YES	MW-0009-MR	Yes	
YES	MW-0010-MR	Yes	
YES	MW-0011-MR	Yes	
YES	MW-0012-MR	Yes	

EMIS allows for intuitive methods

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YES	MW-0013-MR	Yes	
YES	MW-0014-MR	Yes	
YES	MW-0015-MR	No	
YES	MW-0016-MR	No	
YES	MW-0017-MR	Yes	
YES	MW-0018-MR	Yes	
YES	MW-0019-MR	Yes	
YES	MW-0020-MR	Yes	
YES	MW-0022-MR	Yes	
YES	MW-0023-MR	Yes	
YES	MW-0024-MR	Yes	
YES	MW-0025-MR	Yes	
YES	MW-0026-MR	Yes	

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YES	MW-0027-MR	Yes	
YES	MW-0028-MR	Yes	
YES	MW-0030-MR	No	
YES	MW-0031-MR	Yes	
YES	MW-0032-MR	Yes	
YES	MW-0033-MR	Yes	
YES	MW-0034-MR	Yes	
The Carenotes solution includes	5	1	5
	Operational Reports		
YES	OR-0004-MR	Yes	
YES	OR-0035-MR	Yes	
YES	OR-0043-MR	Yes	

EMIS offers several capabilities

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YES	OR-0043-MR	Yes	
YES	OR-0045-MR	Yes	
YES	OR-0047-MR	Yes	
We take an open approach	10	1	10
Orders			
	ORD-0001-MR	Yes	
	ORD-0002-MR	Yes	
	ORD-0003-MR	Yes	
	ORD-0004-MR	Yes	
	ORD-0008-MR	Yes	
Carenotes supports electronic	5	1	5

EMIS Web has a comprehensive

The Orders Management

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Outcomes			
YES	OUT-0001-MR	Yes	
YES	OUT-0002-MR	Yes	
YES	OUT-0003-MR	Yes	
YES	OUT-0004-MR	Yes	
YES	OUT-0005-MR	Yes	
YES	OUT-0006-MR	Yes	
YES	OUT-0007-MR	Yes	
YES	OUT-0008-MR	Yes	
YES	OUT-0009-MR	Yes	
YES	OUT-0010-MR	Yes	
YES	OUT-0011-MR	Yes	
YES	OUT-0012-MR	Yes	

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YES	OUT-0013- MR	Yes	
YES	OUT-0014- MR	Yes	
YES	OUT-0015- MR	Yes	
YES	OUT-0016- MR	Yes	
YES	OUT-0017- MR	Yes	
YES	OUT-0018- MR	Yes	
YES	OUT-0019- MR	Yes	
YES	OUT-0020- MR	Yes	
YES	OUT-0021- MR	Yes	
YES	OUT-0022- MR	Yes	
YES	OUT-0023- MR	Yes	
YES	OUT-0024- MR	Yes	

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Carenotes provides extensive notes	10	1	10
Prescribing			
YES	PRS-0003-MR	No	
YES	PRS-0004-MR	No	
YES	PRS-0005-MR	No	
YES	PRS-0008-MR	No	
YES	PRS-0009-MR	No	
Patient Scheduling			
YES	PSC-0001-MR	Yes	
YES	PSC-0002-MR	Yes	
YES	PSC-0003-MR	Yes	

When discharging a patient

EMIS Web has full inpatient

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YES	PSC-0004-MR	Yes	
YES	PSC-0005-MR	No	
YES	PSC-0005-MR	No	
YES	PSC-0006-MR	Yes	
YES	PSC-0007-MR	Yes	
YES	PSC-0008-MR	Yes	
YES	PSC-0009-MR	Yes	
YES	PSC-0010-MR	Yes	
YES	PSC-0011-MR	Yes	
YES	PSC-0012-MR	Yes	
YES	PSC-0013-MR	Yes	
YES	PSC-0014-MR	Yes	
YES	PSC-0015-MR	Yes	

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YES	PSC-0016-MR	Yes	
YES	PSC-0017-MR	Yes	
YES	PSC-0018-MR	Yes	
YES	PSC-0019-MR	Yes	
Carenotes supports appointment	1	1	1
Results			
YES	RES-0001-MR	Yes	
YES	RES-0002-MR	Yes	
YES	RES-0003-MR	Yes	
YES	RES-0004-MR	Yes	
YES	RES-0006-MR	Yes	
YES	RES-0007-MR	Yes	

EMIS' Appointment Book

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Carenotes supports electronic	5	1	5
Resource Management			
Carenotes can support	10	1	10
Surveillance and Screening			
YES	SAS-0001-MR	Yes	
YES	SAS-0002-MR	Yes	
YES	SAS-0003-MR	Yes	
YES	SAS-0004-MR	Yes	
Carenotes provides support	10	1	10
Virtual Ward Management			

To enable efficient working

EMIS can schedule rooms, staff

EMIS Web has a comprehensive

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YES	VWM-0001-MR	Yes	
YES	VWM-0004-MR	Yes	
YES	VWM-0005-MR	Yes	
YES	VWM-0006-MR	Yes	
YES	VWM-0007-MR	Yes	
Carenotes provides extensive	10	1	10
	Waiting Lists		
YES	WL-0001-MR	Yes	
YES	WL-0002-MR	Yes	
YES	WL-0003-MR	Yes	
YES	WL-0004-MR	Yes	
YES	WL-0005-MR	Yes	

EMIS can manage virtual

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YES	WL-0006-MR	Yes	
YES	WL-0007-MR	Yes	
YES	WL-0008-MR	Yes	
YES	WL-0009-MR	Yes	
YES	WL-0010-MR	Yes	
YES	WL-0011-MR	Yes	
Carenotes supports the	10	1	10
		201	
		13.40	

Waiting list functionali

EMIS		
Score	Weighted Score	Total
Assessments		
AS-0001-MR	Yes	
AS-0002-MR	Yes	
AS-0003-MR	Yes	
AS-0005-MR	Yes	
AS-0006-MR	No	
AS-0007-MR	Yes	
AS-0008-MR	Yes	
AS-0009-MR	Yes	
AS-0012-MR	Yes	
AS-0013-MR	Yes	

Servelec			
Servelec Response	Score	Weighted Score	Total
Assessments			
	AS-0001-MR	Yes	
	AS-0002-MR	Yes	
	AS-0003-MR	Yes	
	AS-0005-MR	Yes	
	AS-0006-MR	Yes	
	AS-0007-MR	Yes	
	AS-0008-MR	Yes	
	AS-0009-MR	Yes	
	AS-0012-MR	Yes	
	AS-0013-MR	Yes	

AS-0014-MR	Yes	
AS-0015-MR	Yes	
AS-0016-MR	Yes	
AS-0017-MR	Yes	
AS-0018-MR	Yes	
AS-0021-MR	Yes	
AS-0022-MR	No	
AS-0023-MR	Yes	
AS-0024-MR	Yes	
AS-0025-MR	Yes	
AS-0026-MR	Yes	
AS-0027-MR	Yes	
AS-0028-MR	Yes	

AS-0014-MR	Yes	
AS-0015-MR	Yes	
AS-0016-MR	Yes	
AS-0017-MR	Yes	
AS-0018-MR	Yes	
AS-0021-MR	Yes	
AS-0022-MR	No	
AS-0023-MR	Yes	
AS-0024-MR	Yes	
AS-0025-MR	Yes	
AS-0026-MR	Yes	
AS-0027-MR	Yes	
AS-0028-MR	Yes	

10	1	10
Bed Management		
BM-0001-MR	Yes	
BM-0002-MR	Yes	
BM-0005-MR	Yes	
BM-0006-MR	Yes	
BM-0007-MR	Yes	
BM-0010-MR	Yes	
BM-0011-MR	No	
BM-0012-MR	No	
BM-0013-MR	Yes	
BM-0014-MR	Yes	

compliant with the Trust's

10	1	10
Bed Management		
BM-0001-MR	Yes	
BM-0002-MR	Yes	
BM-0005-MR	Yes	
BM-0006-MR	Yes	
BM-0007-MR	Yes	
BM-0010-MR	Yes	
BM-0011-MR	Yes	
BM-0012-MR	Yes	
BM-0013-MR	Yes	
BM-0014-MR	Yes	

BM-0015-MR	Yes	
BM-0016-MR	Yes	
BM-0017-MR	Yes	
BM-0019-MR	Yes	
BM-0020-MR	Yes	
BM-0021-MR	Yes	
BM-0022-MR	Yes	
BM-0023-MR	Yes	
BM-0024-MR	Yes	
5	1	5
statement		
CAD-0001-MR	Yes	

BM-0015-MR	Yes		
BM-0016-MR	Yes		
BM-0017-MR	Yes		
BM-0019-MR	Yes		
BM-0020-MR	Yes		
BM-0021-MR	Yes		
BM-0022-MR	Yes		
BM-0023-MR	Yes		
BM-0024-MR	Yes		
compliant with the Trust's	10	1	10
statement			
CAD-0001-MR	Yes		

CAD-0003-MR	Yes	
CAD-0004-MR	Yes	
CAD-0005-MR	Yes	
CAD-0006-MR	Yes	
CAD-0007-MR	Yes	
CAD-0008-MR	Yes	
CAD-0009-MR	Yes	
CAD-0010-MR	Yes	
CAD-0011-MR	Yes	
CAD-0012-MR	Yes	
CAD-0013-MR	Yes	
CAD-0014-MR	Yes	
CAD-0015-MR	Yes	

CAD-0003-MR	Yes	
CAD-0004-MR	Yes	
CAD-0005-MR	Yes	
CAD-0006-MR	Yes	
CAD-0007-MR	Yes	
CAD-0008-MR	Yes	
CAD-0009-MR	Yes	
CAD-0010-MR	Yes	
CAD-0011-MR	Yes	
CAD-0012-MR	Yes	
CAD-0013-MR	Yes	
CAD-0014-MR	Yes	
CAD-0015-MR	Yes	

CAD-0019-MR	Yes	
10	1	10
Clinic Management		
CM-0001-MR	Yes	
CM-0002-MR	Yes	
CM-0003-MR	Yes	
CM-0004-MR	Yes	
CM-0005-MR	Yes	
CM-0006-MR	Yes	
CM-0007-MR	Yes	
CM-0008-MR	Yes	
CM-0009-MR	Yes	

RiO is fully compliant and can

CAD-0019-MR	Yes	
10	1	10
Clinic Management		
CM-0001-MR	Yes	
CM-0002-MR	Yes	
CM-0003-MR	Yes	
CM-0004-MR	Yes	
CM-0005-MR	Yes	
CM-0006-MR	Yes	
CM-0007-MR	Yes	
CM-0008-MR	Yes	
CM-0009-MR	Yes	

CM-0010-MR	Yes	
CM-0011-MR	Yes	
CM-0012-MR	Yes	
CM-0013-MR	No	
CM-0014-MR	Yes	
CM-0015-MR	Yes	
CM-0016-MR	Yes	
CM-0017-MR	Yes	
CM-0018-MR	Yes	
CM-0019-MR	Yes	
CM-0020-MR	Yes	
CM-0022-MR	Yes	
CM-0023-MR	Yes	

CM-0010-MR	Yes	
CM-0011-MR	Yes	
CM-0012-MR	Yes	
CM-0013-MR	Yes	
CM-0014-MR	Yes	
CM-0015-MR	Yes	
CM-0016-MR	Yes	
CM-0017-MR	Yes	
CM-0018-MR	Yes	
CM-0019-MR	Yes	
CM-0020-MR	Yes	
CM-0022-MR	Yes	
CM-0023-MR	Yes	

CM-0024-MR	Yes	
CM-0025-MR	Yes	
CM-0026-MR	Yes	
CM-0027-MR	Yes	
CM-0028-MR	Yes	
CM-0029-MR	Yes	
CM-0030-MR	Yes	
CM-0031-MR	Yes	
CM-0032-MR	Yes	
CM-0033-MR	Yes	
CM-0034-MR	Yes	
5	1	5

CM-0024-MR	Yes		
CM-0025-MR	Yes		
CM-0026-MR	Yes		
CM-0027-MR	Yes		
CM-0028-MR	Yes		
CM-0029-MR	Yes		
CM-0030-MR	Yes		
CM-0031-MR	Yes		
CM-0032-MR	Yes		
CM-0033-MR	Yes		
CM-0034-MR	Yes		
RiO fully meets Shropshir	5	1	5

Care Plans and Pathways		
CPP-0001-MR	Yes	
CPP-0002-MR	Yes	
CPP-0003-MR	Yes	
CPP-0004-MR	Yes	
CPP-0005-MR	Yes	
CPP-0006-MR	Yes	
CPP-0007-MR	Yes	
CPP-0008-MR	Yes	
CPP-0009-MR	Yes	
CPP-0010-MR	Yes	
CPP-0011-MR	Yes	
CPP-0012-MR	Yes	

Care Plans and Pathways		
CPP-0001-MR	Yes	
CPP-0002-MR	Yes	
CPP-0003-MR	Yes	
CPP-0004-MR	Yes	
CPP-0005-MR	Yes	
CPP-0006-MR	Yes	
CPP-0007-MR	Yes	
CPP-0008-MR	Yes	
CPP-0009-MR	Yes	
CPP-0010-MR	Yes	
CPP-0011-MR	Yes	
CPP-0012-MR	Yes	

CPP-0013-MR	Yes	
10	1	10
Clinical Risk and Alerts		
CRA-0001-MR	Yes	
CRA-0002-MR	Yes	
CRA-0003-MR	Yes	
CRA-0004-MR	Yes	
CRA-0005-MR	Yes	
CRA-0006-MR	Yes	
CRA-0007-MR	No	
CRA-0008-MR	Yes	
CRA-0009-MR	Yes	

CPP-0013-MR	Yes		
RiO is fully compliant on care	10	1	10
Clinical Risk and Alerts			
CRA-0001-MR	Yes		
CRA-0002-MR	Yes		
CRA-0003-MR	Yes		
CRA-0004-MR	Yes		
CRA-0005-MR	Yes		
CRA-0006-MR	Yes		
CRA-0007-MR	Yes		
CRA-0008-MR	Yes		
CRA-0009-MR	Yes		

CRA-0010-MR	yes	
CRA-0011-MR	Yes	
CRA-0012-MR	Yes	
CRA-0013-MR	Yes	
CRA-0014-MR	Yes	
CRA-0015-MR	Yes	
CRA-0016-MR	Yes	
CRA-0017-MR	Yes	
CRA-0018-MR	Yes	
CRA-0019-MR	Yes	
CRA-0020-MR	Yes	
CRA-0021-MR	Yes	
CRA-0022-MR	Yes	

CRA-0010-MR	Yes	
CRA-0011-MR	Yes	
CRA-0012-MR	Yes	
CRA-0013-MR	Yes	
CRA-0014-MR	Yes	
CRA-0015-MR	Yes	
CRA-0016-MR	Yes	
CRA-0017-MR	Yes	
CRA-0018-MR	Yes	
CRA-0019-MR	Yes	
CRA-0020-MR	Yes	
CRA-0021-MR	Yes	
CRA-0022-MR	Yes	

CRA-0023-MR	Yes	
CRA-0024-MR	Yes	
CRA-0025-MR	Yes	
CRA-0026-MR	Yes	
CRA-0027-MR	Yes	
CRA-0028-MR	Yes	
CRA-0029-MR	Yes	
10	1	10
Clinical Risk - Handling Incidents		
CRH-0001-MR	Yes	
CRH-0002-MR	Yes	
CRH-0003-MR	Yes	

CRA-0023-MR	Yes	
CRA-0024-MR	Yes	
CRA-0025-MR	Yes	
CRA-0026-MR	Yes	
CRA-0027-MR	Yes	
CRA-0028-MR	Yes	
CRA-0029-MR	Yes	
10	1	10
Clinical Risk - Handling Incidents		
CRH-0001-MR	Yes	
CRH-0002-MR	Yes	
CRH-0003-MR	Yes	

Please expand to see full text

CRH-0004-MR	Yes	
CRH-0005-MR	Yes	
CRH-0006-MR	Yes	
10	1	10
Caseloads		
CSL-0001-MR	Yes	
CSL-0002-MR	Yes	
CSL-0003-MR	Yes	
CSL-0004-MR	Yes	
CSL-0005-MR	No	
CSL-0006-MR	Yes	
CSL-0007-MR	Yes	

Please
expend
the box to
insert the

CRH-0004-MR	Yes	
CRH-0005-MR	Yes	
CRH-0006-MR	Yes	
10	1	10
Caseloads		
CSL-0001-MR	Yes	
CSL-0002-MR	Yes	
CSL-0003-MR	Yes	
CSL-0004-MR	Yes	
CSL-0005-MR	Yes	
CSL-0006-MR	Yes	
CSL-0007-MR	Yes	

CSL-0008-MR	Yes	
CSL-0009-MR	Yes	
CSL-0010-MR	No	
CSL-0011-MR	Yes	
CSL-0012-MR	Yes	
CSL-0013-MR	No	
CSL-0014-MR	No	
CSL-0015-MR	No	
CSL-0016-MR	Yes	
CSL-0017-MR	Yes	
CSL-0018-MR	Yes	
CSL-0019-MR	Yes	

CSL-0008-MR	Yes	
CSL-0009-MR	Yes	
CSL-0010-MR	Yes	
CSL-0011-MR	Yes	
CSL-0012-MR	Yes	
CSL-0013-MR	Yes	
CSL-0014-MR	No	
CSL-0015-MR	Yes	
CSL-0016-MR	Yes	
CSL-0017-MR	Yes	
CSL-0018-MR	Yes	
CSL-0019-MR	Yes	

1	1	1
Document Management		
DM-0001-MR	Yes	
DM-0002-MR	Yes	
DM-0003-MR	Yes	
DM-0005-MR	Yes	
DM-0008-MR	Yes	
DM-0011-MR	Yes	
DM-0012-MR	Yes	
DM-0013-MR	Yes	
DM-0015-MR	Yes	
DM-0016-MR	Yes	
DM-0017-MR	Yes	

RiO fully meets and exceeds the Trust's	5	1	5
Document Management			
DM-0001-MR	Yes		
DM-0002-MR	Yes		
DM-0003-MR	Yes		
DM-0005-MR	Yes		
DM-0008-MR	Yes		
DM-0011-MR	Yes		
DM-0012-MR	Yes		
DM-0013-MR	Yes		
DM-0015-MR	Yes		
DM-0016-MR	Yes		
DM-0017-MR	Yes		

DM-0018-MR	No	
DM-0020-MR	Yes	
DM-0021-MR	No	
DM-0022-MR	Yes	
DM-0023-MR	Yes	
DM-0024-MR	No	
DM-0025-MR	Yes	
DM-0026-MR	No	
5	1	5
Facility to Search Index		
FSI-0001-MR	Yes	
FSI-0002-MR	Yes	

DM-0018-MR	Yes	
DM-0020-MR	Yes	
DM-0021-MR	Yes	
DM-0022-MR	Yes	
DM-0023-MR	Yes	
DM-0024-MR	Yes	
DM-0025-MR	Yes	
DM-0026-MR	Yes	
RiO fully supports the Trust's	10	1
Facility to Search Index		
FSI-0001-MR	Yes	
FSI-0002-MR	Yes	

FSI-0003-MR	Yes	
FSI-0004-MR	Yes	
FSI-0005-MR	Yes	
FSI-0006-MR	Yes	
FSI-0007-MR	Yes	
FSI-0008-MR	Yes	
FSI-0009-MR	No	
FSI-0010-MR	No	
FSI-0011-MR	Yes	
FSI-0012-MR	Yes	
FSI-0013-MR	Yes	
FSI-0014-MR	No	

FSI-0003-MR	Yes	
FSI-0004-MR	Yes	
FSI-0005-MR	Yes	
FSI-0006-MR	Yes	
FSI-0007-MR	Yes	
FSI-0008-MR	Yes	
FSI-0009-MR	Yes	
FSI-0010-MR	Yes	
FSI-0011-MR	Yes	
FSI-0012-MR	Yes	
FSI-0013-MR	Yes	
FSI-0014-MR	Yes	

5	1	5
Functions		
FUN-0002-MR	Yes	
FUN-0003-MR	Yes	
FUN-0004-MR	Yes	
FUN-0005-MR	Yes	
FUN-0006-MR	No	
FUN-0007-MR	Yes	
FUN-0009-MR	Yes	
FUN-0010-MR	Yes	
FUN-0013-MR	Yes	
FUN-0014-MR	Yes	
FUN-0015-MR	Yes	

RiO is fully compliant with the	10	1	10
Functions			
FUN-0002-MR	Yes		
FUN-0003-MR	Yes		
FUN-0004-MR	Yes		
FUN-0005-MR	Yes		
FUN-0006-MR	Yes		
FUN-0007-MR	Yes		
FUN-0009-MR	Yes		
FUN-0010-MR	Yes		
FUN-0013-MR	Yes		
FUN-0014-MR	Yes		
FUN-0015-MR	Yes		

FUN-0016-MR	Yes	
FUN-0017-MR	No	
FUN-0018-MR	Yes	
FUN-0019-MR	Yes	
FUN-0021-MR	Yes	
FUN-0022-MR	No	
FUN-0023-MR	Yes	
FUN-0024-MR	Yes	
FUN-0025-MR	Yes	
FUN-0027-MR	Yes	
FUN-0028-MR	Yes	
FUN-0030-MR	No	
FUN-0031-MR	Yes	

FUN-0016-MR	Yes	
FUN-0017-MR	Yes	
FUN-0018-MR	Yes	
FUN-0019-MR	Yes	
FUN-0021-MR	Yes	
FUN-0022-MR	Yes	
FUN-0023-MR	Yes	
FUN-0024-MR	Yes	
FUN-0025-MR	Yes	
FUN-0027-MR	Yes	
FUN-0028-MR	Yes	
FUN-0030-MR	Yes	
FUN-0031-MR	Yes	

FUN-0032-MR	Yes	
FUN-0033-MR	No	
FUN-0034-MR	Yes	
FUN-0035-MR	Yes	
FUN-0037-MR	No	
FUN-0038-MR	Yes	
FUN-0039-MR	No	
5	1	5
General Access		
GA-0001-MR	Yes	
GA-0002-MR	Yes	
GA-0004-MR	Yes	

RiO can support all the Trust's

FUN-0032-MR	Yes	
FUN-0033-MR	Yes	
FUN-0034-MR	Yes	
FUN-0035-MR	Yes	
FUN-0037-MR	Yes	
FUN-0038-MR	Yes	
FUN-0039-MR	Yes	
10	1	10
General Access		
GA-0001-MR	Yes	
GA-0002-MR	Yes	
GA-0004-MR	Yes	

GA-0005-MR	No	
GA-0006-MR	Yes	
GA-0007-MR	No	
5	1	5
General Coding		
GC-0001-MR	Yes	
GC-0004-MR	Yes	
GC-0006-MR	Yes	
GC-0007-MR	Yes	
GC-0008-MR	No	
GC-0010-MR	No	
GC-0011-MR	Yes	

RiO can support the Trust's

GA-0005-MR	Yes	
GA-0006-MR	Yes	
GA-0007-MR	Yes	
10	1	10
General Coding		
GC-0001-MR	Yes	
GC-0004-MR	Yes	
GC-0006-MR	Yes	
GC-0007-MR	Yes	
GC-0008-MR	Yes	
GC-0010-MR	Yes	
GC-0011-MR	Yes	

GC-0015-MR	Yes	
GC-0016-MR	Yes	
GC-0017-MR	Yes	
GC-0018-MR	Yes	
GC-0019-MR	Yes	
GC-0020-MR	Yes	
GC-0021-MR	No	
GC-0022-MR	Yes	
1	1	1
Location Services		
LOC-0003-MR	Yes	
LOC-0004-MR	Yes	

RiO can fully support the TSM

GC-0015-MR	Yes	
GC-0016-MR	Yes	
GC-0017-MR	Yes	
GC-0018-MR	Yes	
GC-0019-MR	Yes	
GC-0020-MR	Yes	
GC-0021-MR	Yes	
GC-0022-MR	Yes	
10	1	10
Location Services		
LOC-0003-MR	Yes	
LOC-0004-MR	Yes	

LOC-0005-MR	Yes	
LOC-0006-MR	Yes	
LOC-0007-MR	Yes	
LOC-0008-MR	Yes	
LOC-0009-MR	Yes	
LOC-0010-MR	No	
LOC-0012-MR	Yes	
LOC-0013-MR	Yes	
LOC-0014-MR	Yes	
LOC-0015-MR	Yes	
LOC-0016-MR	No	
LOC-0017-MR	Yes	

LOC-0005-MR	Yes	
LOC-0006-MR	Yes	
LOC-0007-MR	Yes	
LOC-0008-MR	Yes	
LOC-0009-MR	Yes	
LOC-0010-MR	Yes	
LOC-0012-MR	Yes	
LOC-0013-MR	Yes	
LOC-0014-MR	Yes	
LOC-0015-MR	Yes	
LOC-0016-MR	Yes	
LOC-0017-MR	Yes	

5	1	5
Medicinal Administration		
MA-0001-MR	Yes	
MA-0002-MR	Yes	
MA-0003-MR	Yes	
10	1	10
Management of Duplicate Records		
MDR-0001-MR	Yes	
MDR-0002-MR	Yes	
MDR-0004-MR	No	
5	1	5

RiO fully supports the Trust's	10	1	10
Medicinal Administration			
MA-0001-MR	Yes		
MA-0002-MR	Yes		
MA-0003-MR	Yes		
RiO fully supports and	10	1	10
Management of Duplicate Records			
MDR-0001-MR	Yes		
MDR-0002-MR	Yes		
MDR-0004-MR	Yes		
RiO fully supports the Trust's	10	1	10

Minor Injuries Unit		
MIU-0001-MR	Yes	
MIU-0002-MR	Yes	
MIU-0003-MR	Yes	
MIU-0004-MR	Yes	
MIU-0005-MR	No	
MIU-0006-MR	Yes	
MIU-0007-MR	Yes	
MIU-0008-MR	Yes	
MIU-0009-MR	Yes	
MIU-0010-MR	No	
MIU-0011-MR	No	
MIU-0012-MR	Yes	

Minor Injuries Unit		
MIU-0001-MR	Yes	
MIU-0002-MR	Yes	
MIU-0003-MR	Yes	
MIU-0004-MR	Yes	
MIU-0005-MR	Yes	
MIU-0006-MR	Yes	
MIU-0007-MR	Yes	
MIU-0008-MR	Yes	
MIU-0009-MR	Yes	
MIU-0010-MR	Yes	
MIU-0011-MR	Yes	
MIU-0012-MR	Yes	

MIU-0013-MR	No	
MIU-0014-MR	No	
MIU-0015-MR	Yes	
MIU-0016-MR	Yes	
MIU-0017-MR	No	
MIU-0018-MR	Yes	
MIU-0020-MR	Yes	
MIU-0021-MR	No	
MIU-0022-MR	Yes	
MIU-0023-MR	No	
MIU-0024-MR	Yes	
MIU-0025-MR	No	
MIU-0026-MR	Yes	

MIU-0013-MR	Yes	
MIU-0014-MR	Yes	
MIU-0015-MR	Yes	
MIU-0016-MR	Yes	
MIU-0017-MR	Yes	
MIU-0018-MR	Yes	
MIU-0020-MR	Yes	
MIU-0021-MR	Yes	
MIU-0022-MR	Yes	
MIU-0023-MR	Yes	
MIU-0024-MR	Yes	
MIU-0025-MR	Yes	
MIU-0026-MR	Yes	

MIU-0027-MR	Yes	
MIU-0028-MR	Yes	
MIU-0029-MR	Yes	
MIU-0030-MR	No	
MIU-0031-MR	No	
MIU-0032-MR	No	
MIU-0033-MR	Yes	
1	1	1
Manage Referrals		
MR-0001-MR	Yes	
MR-0002-MR	Yes	
MR-0003-MR	Yes	

RiO fully meets and exceeds the

MIU-0027-MR	Yes	
MIU-0028-MR	Yes	
MIU-0029-MR	Yes	
MIU-0030-MR	Yes	
MIU-0031-MR	Yes	
MIU-0032-MR	Yes	
MIU-0033-MR	Yes	
10	1	10
Manage Referrals		
MR-0001-MR	Yes	
MR-0002-MR	Yes	
MR-0003-MR	Yes	

MR-0004-MR	Yes	
MR-0005-MR	Yes	
MR-0006-MR	Yes	
MR-0007-MR	Yes	
MR-0008-MR	Yes	
MR-0009-MR	Yes	
MR-0010-MR	Yes	
MR-0011-MR	Yes	
MR-0012-MR	Yes	
MR-0013-MR	Yes	
MR-0014-MR	Yes	
MR-0015-MR	Yes	
MR-0017-MR	Yes	

MR-0004-MR	Yes	
MR-0005-MR	Yes	
MR-0006-MR	Yes	
MR-0007-MR	Yes	
MR-0008-MR	Yes	
MR-0009-MR	Yes	
MR-0010-MR	Yes	
MR-0011-MR	Yes	
MR-0012-MR	Yes	
MR-0013-MR	Yes	
MR-0014-MR	Yes	
MR-0015-MR	Yes	
MR-0017-MR	Yes	

MR-0018-MR	Yes	
MR-0019-MR	Yes	
MR-0020-MR	Yes	
MR-0021-MR	No	
MR-0022-MR	Yes	
MR-0023-MR	Yes	
5	1	5
Medical and Social History		
MSH-0001-MR	Yes	
MSH-0002-MR	Yes	
MSH-0003-MR	Yes	
MSH-0004-MR	Yes	

RiO fully supports the functionality

MR-0018-MR	Yes	
MR-0019-MR	Yes	
MR-0020-MR	Yes	
MR-0021-MR	Yes	
MR-0022-MR	Yes	
MR-0023-MR	Yes	
10	1	10
Medical and Social History		
MSH-0001-MR	Yes	
MSH-0002-MR	Yes	
MSH-0003-MR	Yes	
MSH-0004-MR	Yes	

MSH-0005 MR	Yes	
MSH-0006 MR	Yes	
MSH-0007 MR	Yes	
MSH-0008 MR	Yes	
MSH-0009 MR	Yes	
MSH-0010 MR	Yes	
MSH-0011 MR	Yes	
MSH-0012 MR	Yes	
MSH-0013 MR	Yes	
MSH-0014 MR	Yes	
MSH-0015 MR	Yes	
MSH-0016 MR	Yes	

MSH-0005 MR	Yes	
MSH-0006 MR	Yes	
MSH-0007 MR	Yes	
MSH-0008 MR	Yes	
MSH-0009 MR	Yes	
MSH-0010 MR	Yes	
MSH-0011 MR	Yes	
MSH-0012 MR	Yes	
MSH-0013 MR	Yes	
MSH-0014 MR	Yes	
MSH-0015 MR	Yes	
MSH-0016 MR	Yes	

10	1	10
Mobile Working		
MW-0001-MR	Yes	
MW-0002-MR	Yes	
MW-0003-MR	Yes	
MW-0004-MR	Yes	
MW-0006-MR	Yes	
MW-0007-MR	No	
MW-0008-MR	No	
MW-0009-MR	Yes	
MW-0010-MR	Yes	
MW-0011-MR	Yes	
MW-0012-MR	Yes	

Servelec RiO fully supports the	10	1	10
	Mobile Working		
	MW-0001-MR	Yes	
	MW-0002-MR	Yes	
	MW-0003-MR	Yes	
	MW-0004-MR	Yes	
	MW-0006-MR	Yes	
	MW-0007-MR	Yes	
	MW-0008-MR	Yes	
	MW-0009-MR	Yes	
	MW-0010-MR	Yes	
	MW-0011-MR	Yes	
MW-0012-MR	Yes		

MW-0013-MR	No	
MW-0014-MR	No	
MW-0015-MR	Yes	
MW-0016-MR	Yes	
MW-0017-MR	Yes	
MW-0018-MR	Yes	
MW-0019-MR	Yes	
MW-0020-MR	Yes	
MW-0022-MR	Yes	
MW-0023-MR	Yes	
MW-0024-MR	Yes	
MW-0025-MR	Yes	
MW-0026-MR	No	

MW-0013-MR	Yes	
MW-0014-MR	Yes	
MW-0015-MR	Yes	
MW-0016-MR	Yes	
MW-0017-MR	Yes	
MW-0018-MR	Yes	
MW-0019-MR	Yes	
MW-0020-MR	Yes	
MW-0022-MR	Yes	
MW-0023-MR	Yes	
MW-0024-MR	Yes	
MW-0025-MR	Yes	
MW-0026-MR	Yes	

MW-0027-MR	Yes	
MW-0028-MR	Yes	
MW-0030-MR	No	
MW-0031-MR	Yes	
MW-0032-MR	Yes	
MW-0033-MR	Yes	
MW-0034-MR	Yes	
5	1	5
Operational Reports		
OR-0004-MR	No	
OR-0035-MR	No	
OR-0043-MR	Yes	

Servelec
Healthcar
e fully

MW-0027-MR	Yes	
MW-0028-MR	Yes	
MW-0030-MR	Yes	
MW-0031-MR	Yes	
MW-0032-MR	Yes	
MW-0033-MR	Yes	
MW-0034-MR	Yes	
5	1	5
Operational Reports		
OR-0004-MR	Yes	
OR-0035-MR	Yes	
OR-0043-MR	Yes	

OR-0043-MR	Yes	
OR-0045-MR	Yes	
OR-0047-MR	No	
5	1	5
Orders		
ORD-0001-MR	Yes	
ORD-0002-MR	Yes	
ORD-0003-MR	Yes	
ORD-0004-MR	Yes	
ORD-0008-MR	Yes	
10	1	10

OR-0043-MR	Yes		
OR-0045-MR	Yes		
OR-0047-MR	Yes		
RiO fully supports operation	10	1	10
Orders			
ORD-0001-MR	Yes		
ORD-0002-MR	Yes		
ORD-0003-MR	Yes		
ORD-0004-MR	Yes		
ORD-0008-MR	Yes		
RiO's Orders and	10	1	10

Outcomes		
OUT-0001-MR	Yes	
OUT-0002-MR	Yes	
OUT-0003-MR	Yes	
OUT-0004-MR	Yes	
OUT-0005-MR	Yes	
OUT-0006-MR	Yes	
OUT-0007-MR	Yes	
OUT-0008-MR	Yes	
OUT-0009-MR	Yes	
OUT-0010-MR	Yes	
OUT-0011-MR	Yes	
OUT-0012-MR	Yes	

Outcomes		
OUT-0001-MR	Yes	
OUT-0002-MR	Yes	
OUT-0003-MR	Yes	
OUT-0004-MR	Yes	
OUT-0005-MR	Yes	
OUT-0006-MR	Yes	
OUT-0007-MR	Yes	
OUT-0008-MR	Yes	
OUT-0009-MR	Yes	
OUT-0010-MR	Yes	
OUT-0011-MR	Yes	
OUT-0012-MR	Yes	

OUT-0013-MR	Yes	
OUT-0014-MR	Yes	
OUT-0015-MR	Yes	
OUT-0016-MR	Yes	
OUT-0017-MR	Yes	
OUT-0018-MR	Yes	
OUT-0019-MR	Yes	
OUT-0020-MR	Yes	
OUT-0021-MR	Yes	
OUT-0022-MR	No	
OUT-0023-MR	Yes	
OUT-0024-MR	Yes	

OUT-0013-MR	Yes	
OUT-0014-MR	Yes	
OUT-0015-MR	Yes	
OUT-0016-MR	Yes	
OUT-0017-MR	Yes	
OUT-0018-MR	Yes	
OUT-0019-MR	Yes	
OUT-0020-MR	Yes	
OUT-0021-MR	Yes	
OUT-0022-MR	Yes	
OUT-0023-MR	Yes	
OUT-0024-MR	Yes	

10	1	10
Prescribing		
PRS-0003-MR	Yes	
PRS-0004-MR	Yes	
PRS-0005-MR	Yes	
PRS-0008-MR	Yes	
PRS-0009-MR	Yes	
10	1	10
Patient Scheduling		
PSC-0001-MR	Yes	
PSC-0002-MR	Yes	
PSC-0003-MR	Yes	

RiO fully supports outcomes	10	1	10
	Prescribing		
	PRS-0003-MR	Yes	
	PRS-0004-MR	Yes	
	PRS-0005-MR	Yes	
	PRS-0008-MR	Yes	
	PRS-0009-MR	Yes	
RiO fully supports Prescribin	10	1	10
	Patient Scheduling		
	PSC-0001-MR	Yes	
	PSC-0002-MR	Yes	
	PSC-0003-MR	Yes	

PSC-0004-MR	Yes	
PSC-0005-MR	Yes	
PSC-0005-MR	Yes	
PSC-0006-MR	Yes	
PSC-0007-MR	Yes	
PSC-0008-MR	Yes	
PSC-0009-MR	Yes	
PSC-0010-MR	Yes	
PSC-0011-MR	Yes	
PSC-0012-MR	Yes	
PSC-0013-MR	Yes	
PSC-0014-MR	Yes	
PSC-0015-MR	No	

PSC-0004-MR	Yes	
PSC-0005-MR	Yes	
PSC-0005-MR	Yes	
PSC-0006-MR	Yes	
PSC-0007-MR	Yes	
PSC-0008-MR	Yes	
PSC-0009-MR	Yes	
PSC-0010-MR	Yes	
PSC-0011-MR	Yes	
PSC-0012-MR	Yes	
PSC-0013-MR	Yes	
PSC-0014-MR	Yes	
PSC-0015-MR	Yes	

PSC-0016-MR	Yes	
PSC-0017-MR	Yes	
PSC-0018-MR	Yes	
PSC-0019-MR	Yes	
5	1	5
Results		
RES-0001-MR	Yes	
RES-0002-MR	Yes	
RES-0003-MR	Yes	
RES-0004-MR	Yes	
RES-0006-MR	Yes	
RES-0007-MR	Yes	

PSC-0016-MR	Yes		
PSC-0017-MR	Yes		
PSC-0018-MR	Yes		
PSC-0019-MR	Yes		
RiO supports scheduling PSC-001	5	1	5
Results			
RES-0001-MR	Yes		
RES-0002-MR	Yes		
RES-0003-MR	Yes		
RES-0004-MR	Yes		
RES-0006-MR	Yes		
RES-0007-MR	Yes		

10	1	10
Resource Management		
10	1	10
Surveillance and Screening		
SAS-0001-MR	Yes	
SAS-0002-MR	Yes	
SAS-0003-MR	Yes	
SAS-0004-MR	Yes	
10	1	10
Virtual Ward Management		

RiO fully supports Results	10	1	10
Resource Management			
RiO supports Resource	10	1	10
Surveillance and Screening			
SAS-0001-MR	Yes		
SAS-0002-MR	Yes		
SAS-0003-MR	Yes		
SAS-0004-MR	Yes		
RiO fully supports Surveillan	10	1	10
Virtual Ward Management			

VWM-0001-MR	Yes	
VWM-0004-MR	Yes	
VWM-0005-MR	Yes	
VWM-0006-MR	Yes	
VWM-0007-MR	Yes	
10	1	10
Waiting Lists		
WL-0001-MR	Yes	
WL-0002-MR	Yes	
WL-0003-MR	Yes	
WL-0004-MR	No	
WL-0005-MR	Yes	

VWM-0001-MR	Yes		
VWM-0004-MR	Yes		
VWM-0005-MR	Yes		
VWM-0006-MR	Yes		
VWM-0007-MR	Yes		
RiO fully supports Virtual Work	10	1	10
Waiting Lists			
WL-0001-MR	Yes		
WL-0002-MR	Yes		
WL-0003-MR	Yes		
WL-0004-MR	Yes		
WL-0005-MR	Yes		

WL-0006-MR	No	
WL-0007-MR	Yes	
WL-0008-MR	Yes	
WL-0009-MR	No	
WL-0010-MR	Yes	
WL-0011-MR	Yes	
5	1	5

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WL-0006-MR	Yes	
WL-0007-MR	Yes	
WL-0008-MR	Yes	
WL-0009-MR	Yes	
WL-0010-MR	Yes	
WL-0011-MR	Yes	
RiO fully supports Waiting	10	1

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