

CAT Plus INSTALLATION AND DATA AGREEMENT

We are pleased to offer you a nonexclusive licence to use CAT Plus. This document together with General Practice Agreement (Attachment 2) sets out the terms of relationship between the General Practice (**Practice/You/Yours**) and Sydney North Health Network (**Us/We/SNHN**) in relation to CAT Plus.

Your use of CAT Plus supports the continuing partnership of practices within our region and aligns with Our vision of 'Achieving Together, Better Health, Better Care'. We are pleased that You are committed to improving health within our region and Your continuing support is appreciated.

Your participation in this initiative (the submission of de-identified data to Us through the use of CAT Plus) will assist in achieving Our vision by allowing Us to:

- (a) support You with implementing quality improvement initiatives; and
- (b) fulfill our function as a planner, integrator and commissioner of health related services in our region.

The parties agree as follows:

1. Your obligations

1.1 You agree to:

- provide SNHN and/or Pen CS (who is the owner of CAT Plus) with reasonable access (remotely or otherwise) to Your premises and technology systems for purposes of installing CAT Plus for the parties use as set out in this agreement. This also includes allowing for local and remote data extraction and to enable Us (and/or PCS) to provide You with support and training in relation to use of CAT Plus;
- submit de-identified data to SNHN via the Clinical Audit Tool (CAT 4) and Practice Aggregation Tool (PATCAT), as set out in Item 3 below.
- notify SNHN of the primary contact who is responsible for data extraction and upload to PATCAT dedicated server at SNHN. You will also promptly notify Us of any change of primary contact;
- demonstrate a commitment to quality improvement by meeting with their assigned SNHN Primary Care Advancement Coordinator to receive feedback on data extracted, and discuss potential areas to improve practice efficiency and patient outcomes;
- only use the CAT Plus Tool set out in this agreement and as reasonably advised by SNHN from to time;
- cease using CAT Plus and allow Us with access to Your premises/systems to have CAT Plus uninstalled if You choose to no longer participate in this initiative; and

- not share the set up user accounts or any authentication details with other practices or third parties.

1.2 You understand that You do not own or have any proprietary rights in CAT Plus.

2. Our obligations:

We will:

- We only collect de-identified data.
- arrange with Pen CS for the remote installment of CAT Plus on the systems in Your practice;
- provide You with reasonable support and training as necessary for the use of CAT Plus;
- work together with You to ensure the success of the initiative;
- notify You of the details of the SNHN Primary Care Advancement Coordinator who is Your primary contact. We will promptly notify You of change of SNHN Primary Care Advancement Coordinator;
- use the de-identified data in a manner that will not allow for the identification of Your patients of but which will link data sets to Your practice.
- use de-identified data captured by CAT Plus:
 - for population health analysis;
 - to target support activities and the development of resources by SNHN for use by the General Practice and others;
 - for internal planning activities;
 - for approved research purposes;
 - to inform policy and planning at regional, state and federal levels;
 - to evaluate the impact of support and resources provided by SNHN to the General Practice and others; and
 - such other uses as may support our visions and objectives.
- provide You with ongoing support and guidance with quality improvement activities for the Practice, within the scope of practice support, as currently provided by SNHN.
- arrange for un-installation of the CAT Plus and cease to extract data from the General Practice, should You opt to discontinue Your participation in this initiative.

3. Practice Payments

- As part of this initiative You agree to have CAT Plus installed and provide us with

extracted de-identified data through the Clinical Audit Tool (CAT 4) and Practice Aggregation Tool (PATCAT).

- In consideration of You promptly, but no later than within two months of signing this Agreement:

- (a) allowing Us access to install CAT Plus in Your practice; and

- (b) commencing the scheduled data extraction,

We will pay the amount of \$1000 into an account nominated by You.

- We will also make another payment of \$1000.00 if You:

- (c) continue with the scheduled data extraction ;

- (d) demonstrate commitment to ongoing improvement discussion,

- (e) and submit a minimum of two completed PDSA* cycles by June 2016.

- You agree that We are not liable to pay You the above payments if You do not, in our reasonable opinion, meet the specified targets. You acknowledge that the payments are inclusive of all taxes and SNHN will not be liable to pay any taxes on the payments which will be Your liability (if any).

**Plan, Do, Study, Act*

PLEASE COMPLETE THIS INFORMATION (pages 4 – 6) and return by email to pcaait@snhn.org.au or fax: 8088 4770 for attention Primary Care Advancement Team

CAT Plus Tool Agreement

I understand the information contained within this document and I consent to:

- (i) Installation of CAT Plus
- (ii) Scheduled data extraction
- (iii) I have read the CAT Plus Installation and Data Agreement and Attachment 2, located on the SNHN website at www.snhn.org.au and agree to CAT Plus installation and use.

Optional

- (iv) Commit to participation with SNHN to review feedback on practice data and discuss opportunities to maximise practice efficiency and patient outcomes.

The General Practice

Name _____

Address _____

Telephone _____ Fax _____

Email _____

Nominated Primary Contact:

Name _____

Title _____

Signed

On behalf of the General Practice

On behalf of SNHN

(Name)

Lynelle Hales

Practice GP Principal/ Partner

Chief Executive Officer

(Signature)

(Signature)

Date _____

Date _____

CAT Operating Environment Check Sheet

Practice Operating Environment

Practice name:	
Practice address:	
Practice CAT contact name/s:	Contact 1.
	Contact 2.
Practice CAT contact phone:	
Time to call to perform installation:	Contact 1.
	Contact 2.
Practice CAT contact email:	
Practice IT contact name:	
Practice IT contact phone:	

CAT install locations:	CAT Username:	CAT Password:
Server Location		

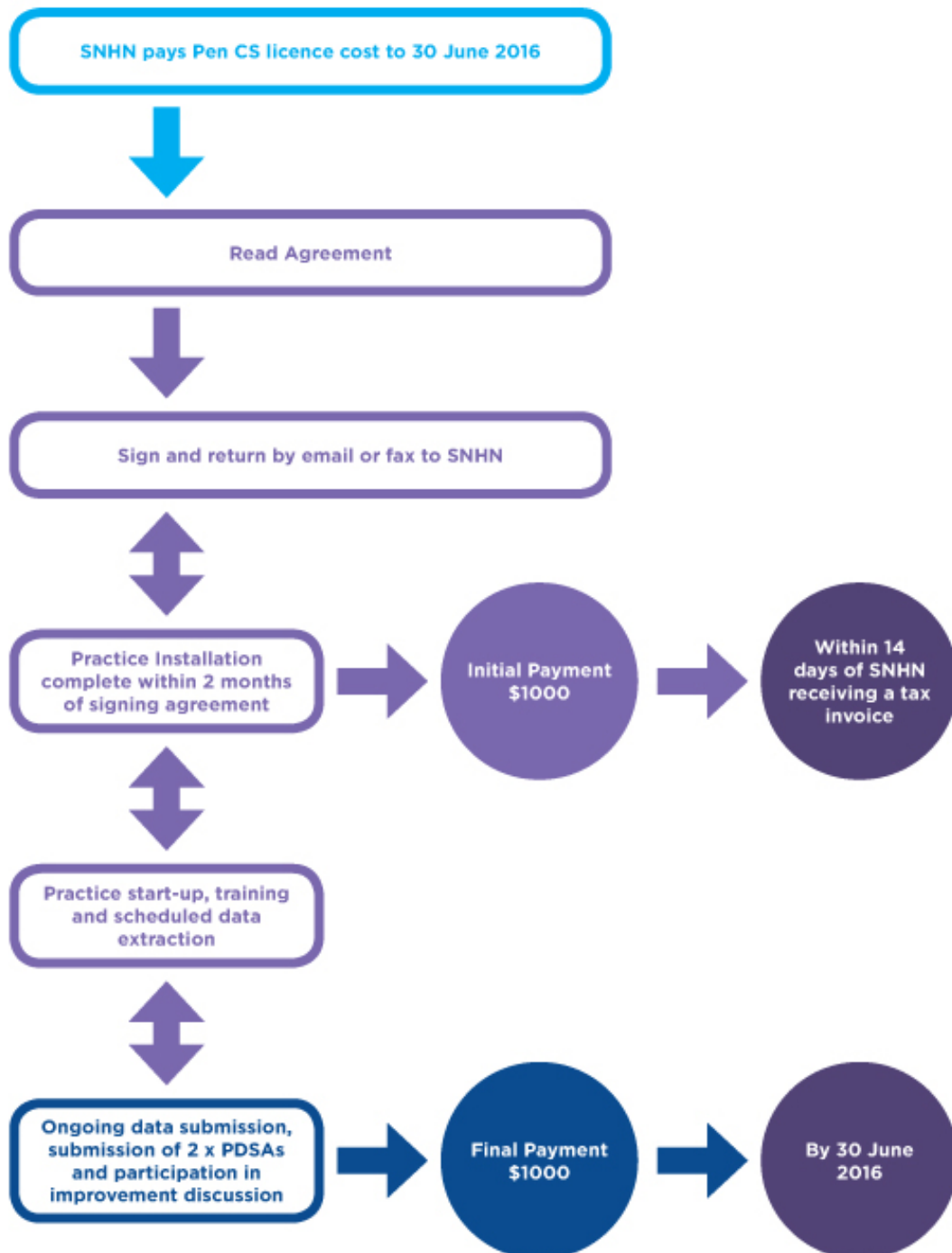
SLA Received by:	
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Please tick one option in each category:

Category	Options	Select One (✓)
Clinical Software package	<ul style="list-style-type: none"> • Medical Director 2 • Medical Director 3 • Best Practice • ZedMed • Other, specify: 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Operating System	<ul style="list-style-type: none"> • Windows XP • Windows Vista • Windows 7 • Windows 8 • Other, specify: 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Admin Access on CAT Install Locations	<ul style="list-style-type: none"> • Yes • No • Not Sure 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Admin Access Available on Scheduler PC/Server (if applicable)	<ul style="list-style-type: none"> • Yes • No • Not Sure 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Networked Environment	<ul style="list-style-type: none"> • Yes • No • Not Sure 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Internet Access	<ul style="list-style-type: none"> • Yes • No 	<input type="checkbox"/> <input type="checkbox"/>
Virus Protection Software	<ul style="list-style-type: none"> • Yes • No • Not Sure If Yes, specify:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Server Access	<ul style="list-style-type: none"> • Yes • No • Not Sure If Yes, specify contact person:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Firewalls	<ul style="list-style-type: none"> • Hardware • Software • Both • Not Sure 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Backup Regularity	<ul style="list-style-type: none"> • Hourly • Daily • Weekly • Other: 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Attachment 1:

HOW TO CLAIM THE QUALITY IMPROVEMENT INITIATIVE PRACTICE PAYMENT



Attachment 2:

SNHN is obliged by Pen CS to make available these Terms of Practice Agreement as part of CAT Terms and Conditions.

Please refer SNHN website www.snhn.org.au