Faster, Cheaper, Better

Implementing Fusion Middleware at Capital & Coast District Health Board

Introduction

- C&CDHB needed to integrate the eBusiness Suite with legacy applications
- Project timeframes demanded a faster solution than the original approach allowed
- C&CDHB required the solution to be robust and easy to administer
- Any tool required to help with the integration had to be approved for purchase by the CFO

Objectives of the Session

- Explain the decision process that resulted in the selection of BPEL
- Explain the details of the solution
- Present the outcome for C&CDHB

Quiz Time

The National Icon of New Zealand is:

A) or B)

Quiz Time: Where in the World is New Zealand?

A) in South America?

B) In Australasia?

C) In North Europe?

Answer


Asia
Europe
Africa
North America
Atlantic Ocean
South America
Indian Ocean
Australia
Pacific Ocean

New Zealand

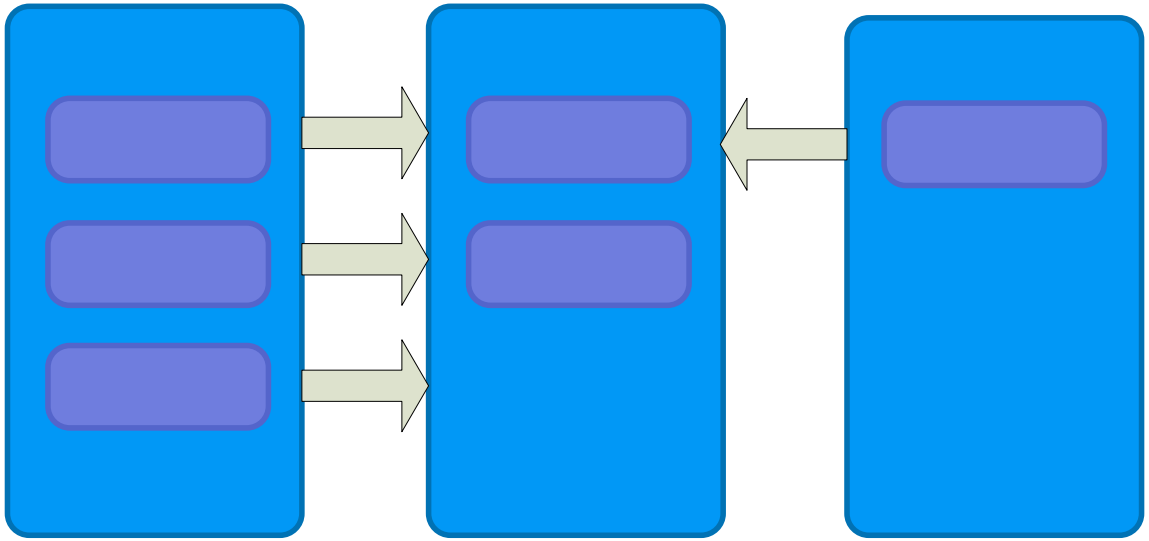

Brisbane
New South Wales
Sydney
Canberra
ACT
West Island (Australia)
Victoria
Melbourne
Tasmania
Hobart
Auckland
North Island
Wellington
New Zealand
Christchurch
South Island

Capital & Coast District Health Board

- Publicly funded hospital and healthcare service
- Serves 250,000 residents in the immediate Wellington region, and 900,000 in the wider central region
- 4500 full time staff
- Annual operating expenditures of US$550 million+

Project Background

By 2006, C&CDHB needed a new integrated FMIS suite to replace 3 legacy systems:



Forces for Change

The existing systems:

- did not scale
- featured predominantly manual processes
- were difficult and expensive to maintain
- lacked adequate reporting
- lacked internet based procurement
- lacked contract management

C&CDHB Selects Oracle and HP:

- Fully integrated suite to replace all 3 target systems
- Met the requirements for iProcurement, Business Intelligence and Procurement Contracts
- HP to provide a one stop shop: architecture, hardware, and implementation services.

ORACLE

hp invent

Automation... with Control

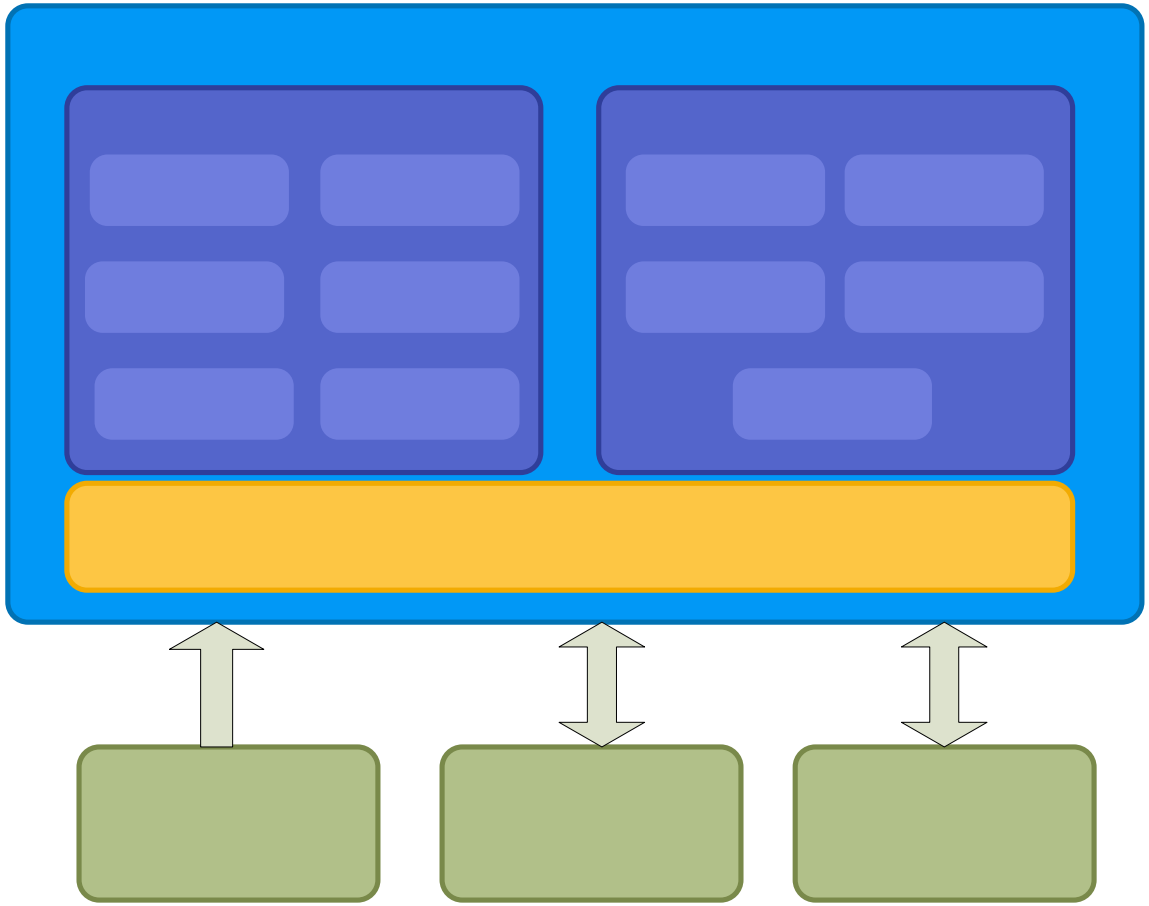
C&CDHB required integration processes to:

- Be fully automated where possible
- Include interaction with users for authorisation or notification where the business rules demand it
- Allow simple administration
- Be reliable

The Project Timeframe

- SIX month implementation for all modules – including an extensive data conversion exercise
- Just prior to project initiation, we needed to replan to finish in FIVE months.
- Integration was one of the areas re-examined to look for time savings

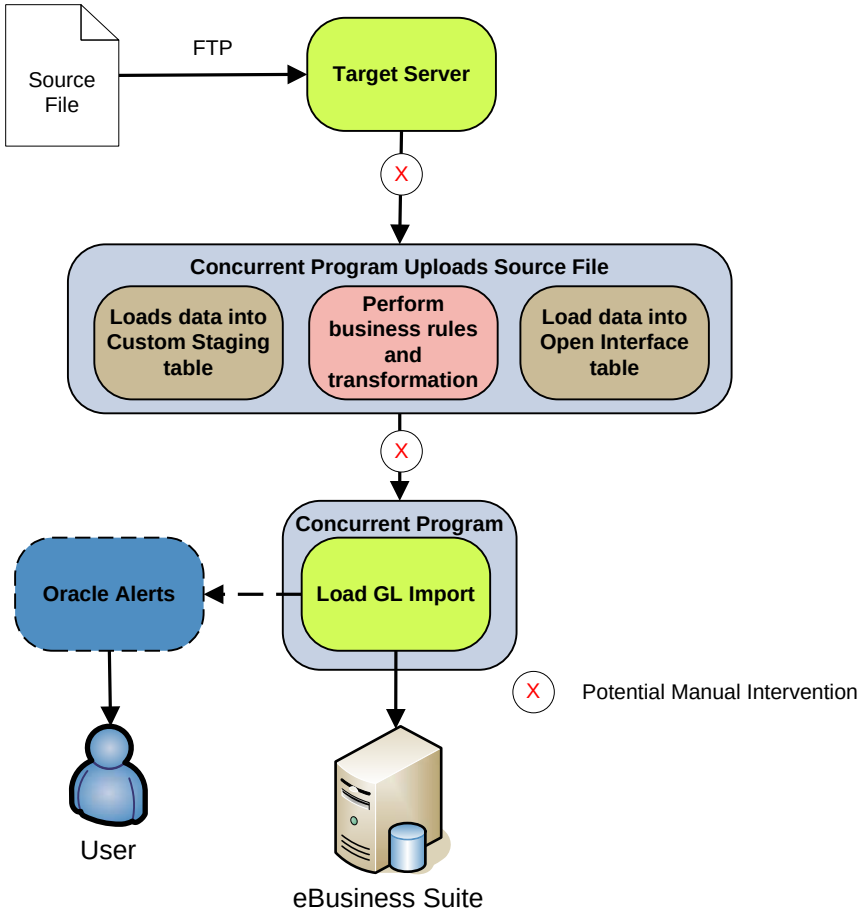
The Future State



Original Design

- No existing middleware
- Re-use technology of prior DHB implementations
- Estimations based on the ‘traditional’ approach

Traditional Integration



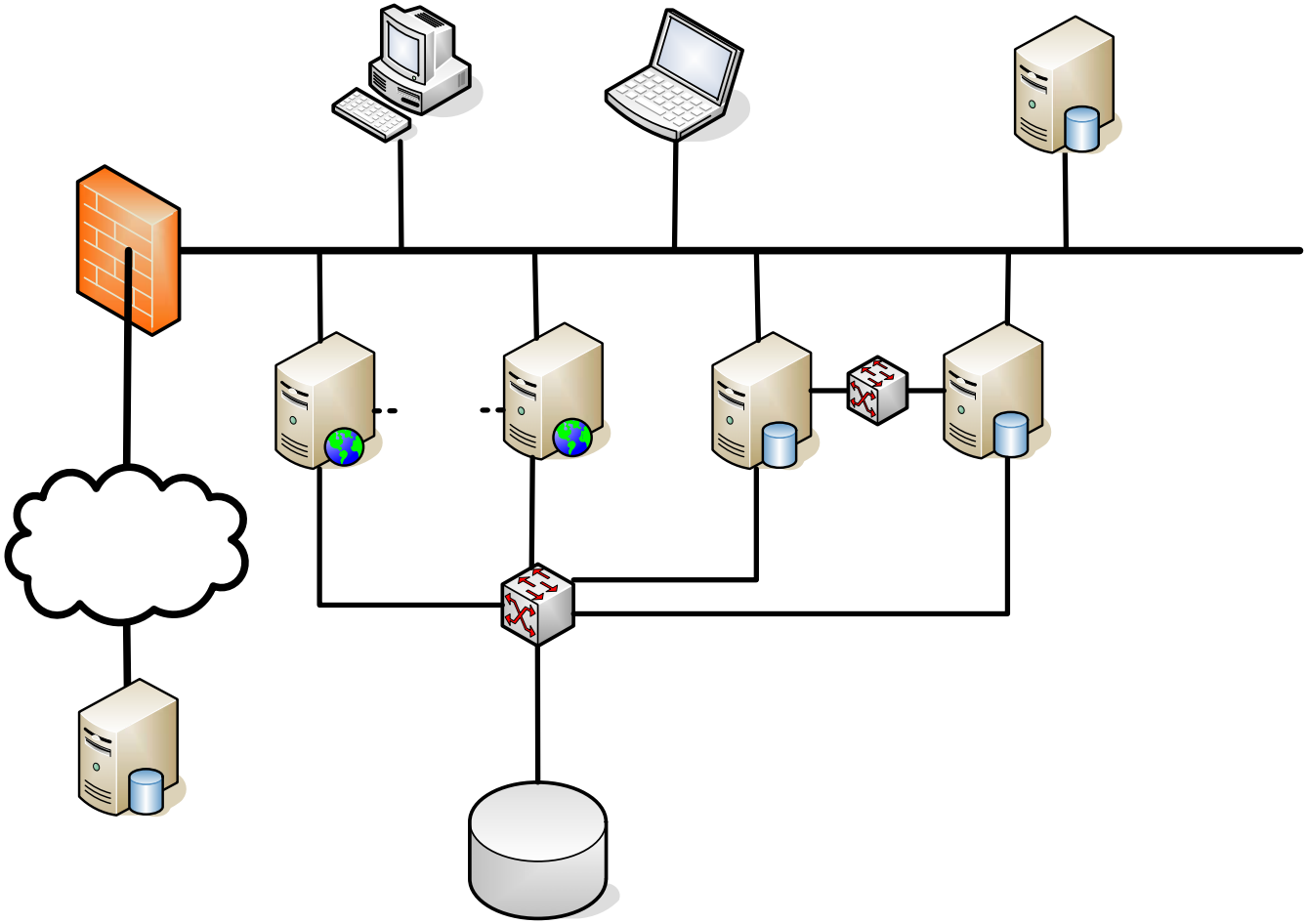
Traditional Drawbacks

- Multiple technologies
- Multiple development tools
- Manual intervention
- Designed specifically for the ‘Source’ and ‘Target’
- If one of the applications changes: Rewrite!
- Difficult to diagnose problems

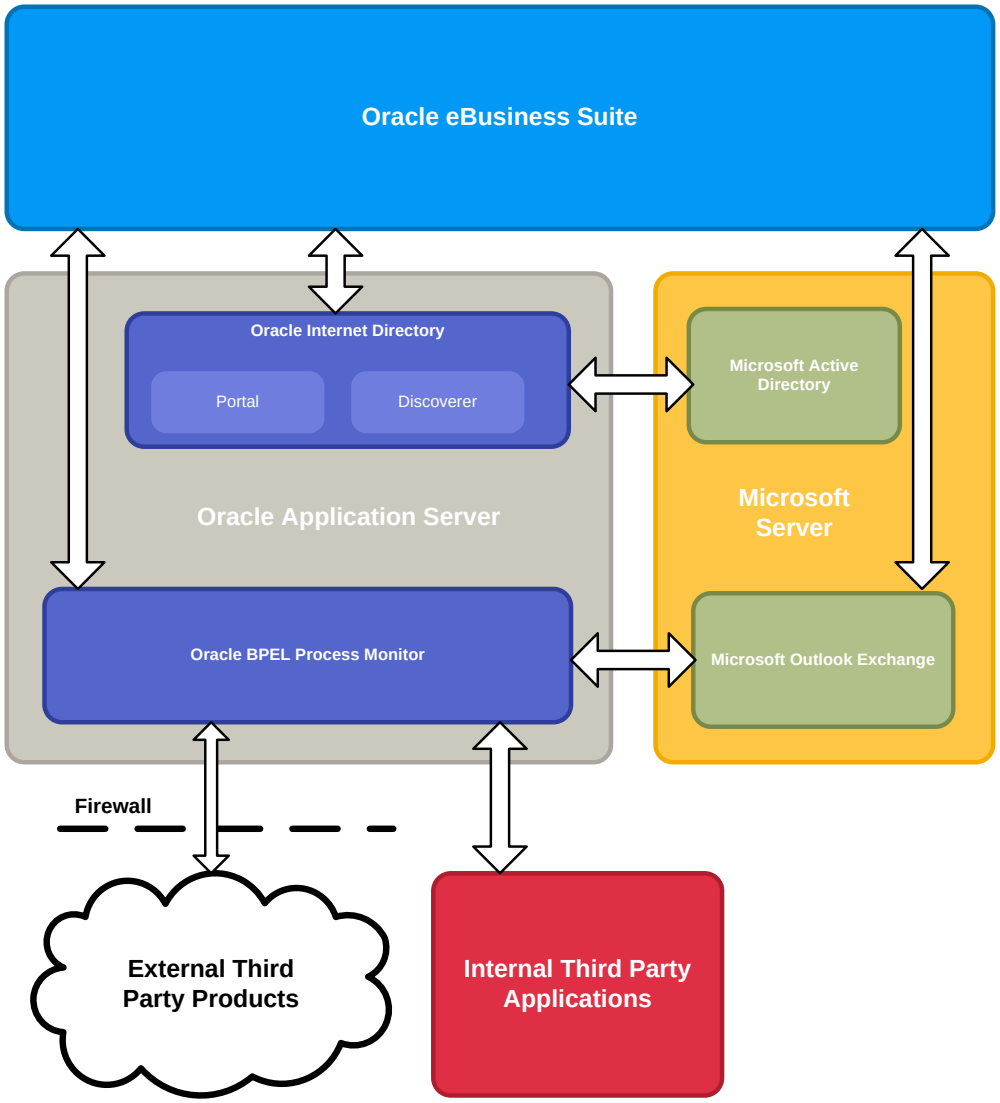
The Case for OFM & BPEL

- SOA standards based
- Automate complex business rules via workflow capabilities
- Flexible
- Improved administration
- Ease of development: save TIME!
- Projected cost savings to offset against the purchase of licenses

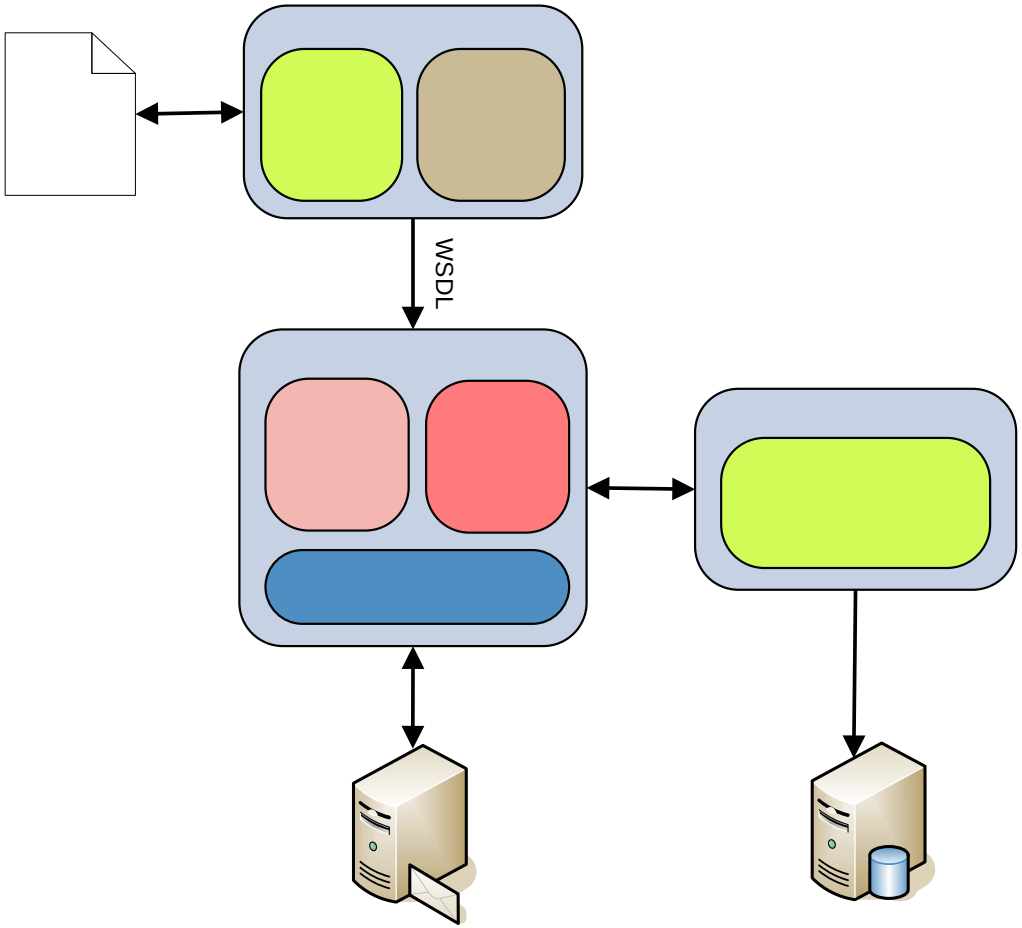
Architecture Overview



High Level Design



BPEL Process Design



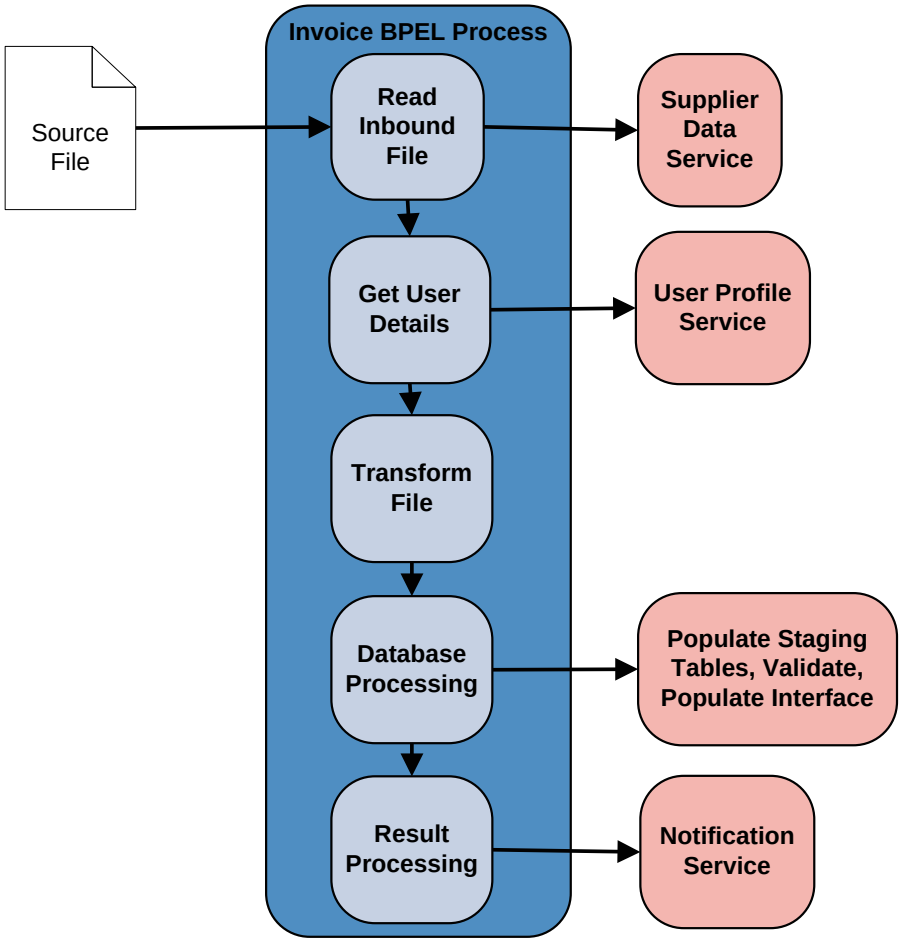
Types of Integration

1. Inbound transactions to use file adapters and database adapters
2. Outbound transactions to be initiated by web services and distributed to the target system
3. Inbound transactions using workflow

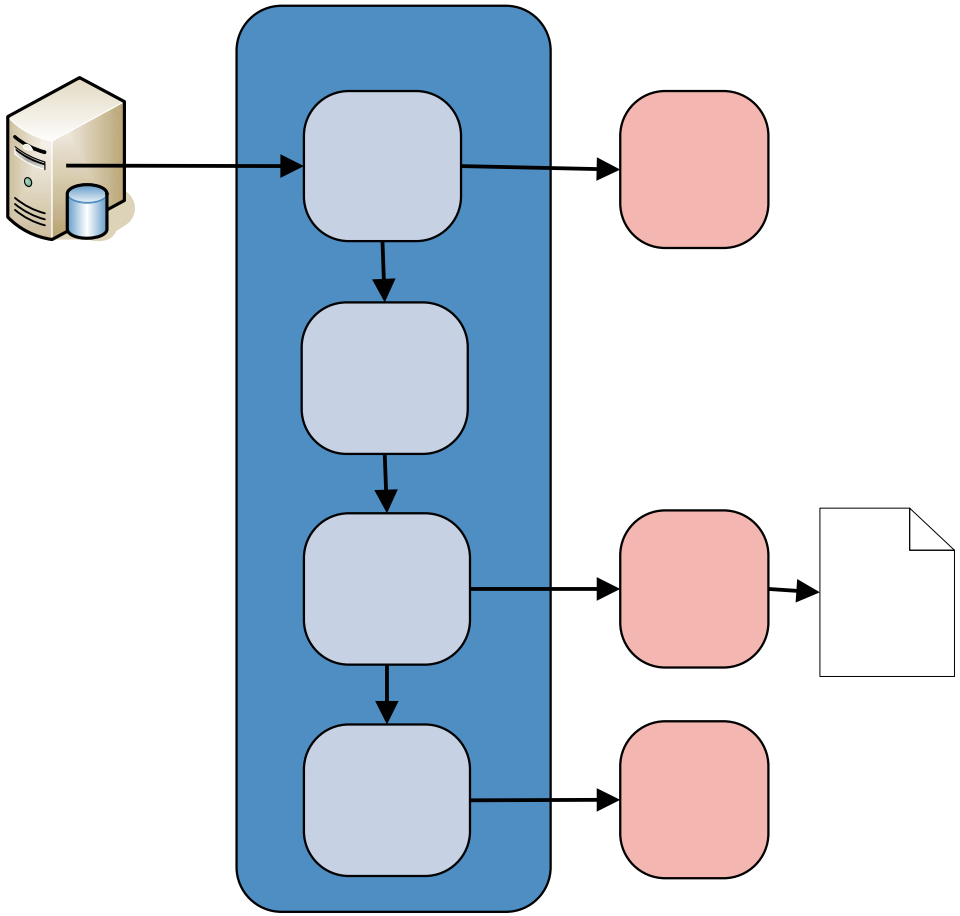
WinDose

- WinDose is a pharmacy application
- Includes functionality for:
  - dispensing
  - ward imprest
  - compounding
  - repackaging
  - supply management
  - stock control
- 3 points of integration

WinDose Invoice Process



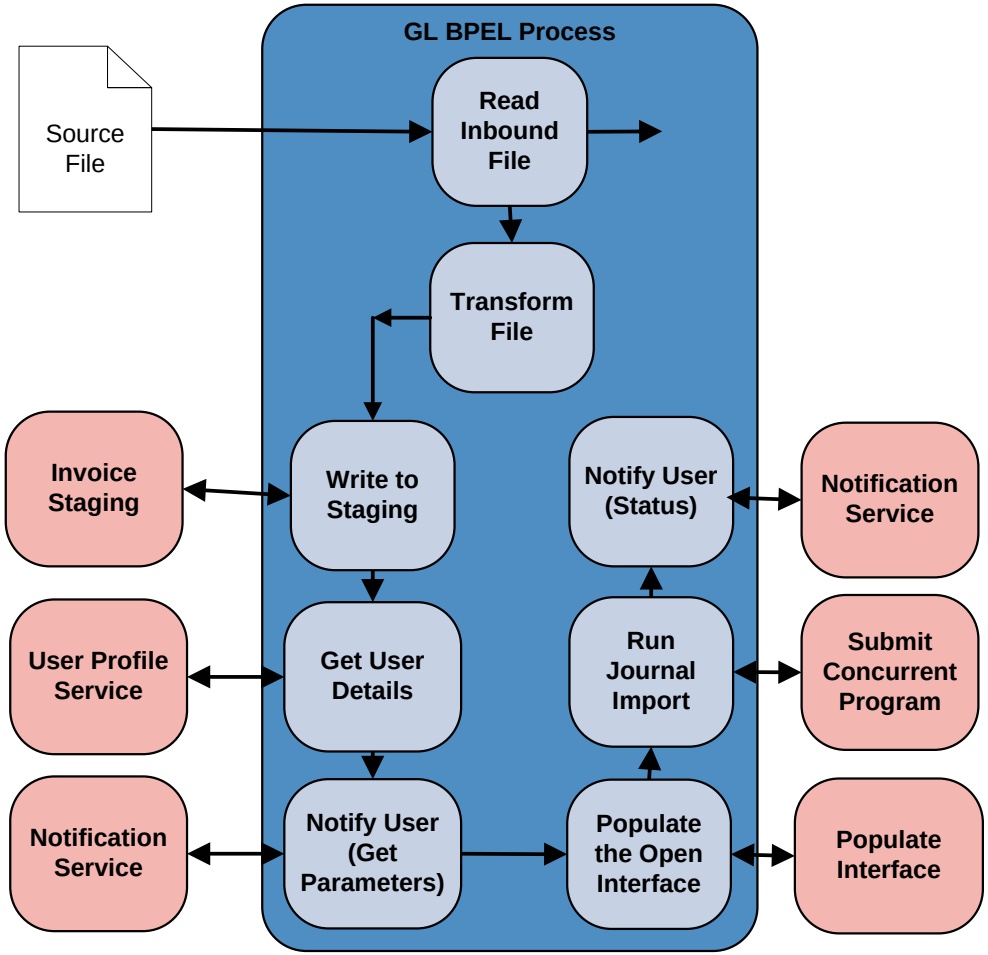
WinDose Suppliers Process



Leader

- Leader is specifically designed for the health sector in New Zealand
- Includes functionality for:
  - rostering
  - contract and award interpretation
  - payroll
  - HR

WinDose & Leader GL Process



Faster?

- BPEL development environment well loved by the HP team
- Data transformations/mappings completed in minutes rather than hours
- Still need to build views and stored procedures
- Half the development time of the traditional approach

Cheaper?

- Decision to purchase was vindicated
- Time savings = cost savings
- Cost savings covered the cost of the licenses
- Ongoing support costs much lower
- Automation frees up users to focus on ‘value add’ activities

Better?

- Solution is robust and reliable
- Administration via the BPEL console is effective and simple
- Good balance between automation and control
- Users like using email
- Ongoing support costs much lower
- Automation frees up users to focus on ‘value add’ activities

Better? (continued)

- ‘Insurance’ for future system changes
- Flexibility for future integration projects

Summary

- C&CDHB has been live for 16 months
- BPEL lived up to expectations and delivered
- BPEL is good for CIO's based on features and functionality
- BPEL is good for CFO's on the basis that it 'pays for itself'
- BPEL is good for administrators and users as it gives them the tools to make their lives easier

Questions?