

OFFICE AUTOMATION (OA) PROCEDURES

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook establishes procedure for the procurement of office automation equipment and software as part of VHA's health care information systems.
- 2. SUMMARY OF CONTENTS AND/OR MAJOR CHANGES:** This VHA Handbook is a total revision of M-11, Chapter 5.
- 3. RELATED DIRECTIVE:** VHA Directive 1900, Veterans Health Administration Information Technology Policy.
- 4. RESPONSIBLE OFFICE:** The Office of the Associate Chief Information Officer for Customer Support (193) is responsible for the contents of this Handbook.
- 5. DOCUMENT RESCINDED:** M-11, Chapter 5, Office Automation, dated January 17, 1995, is rescinded.
- 6. RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of February 2006.

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CONTENTS

OFFICE AUTOMATION (OA) PROCEDURES

PARAGRAPH	PAGE
1. Purpose	1
2. Authority	1
3. Scope	1
4. Responsibilities	2
5. Definitions	3

OFFICE AUTOMATION (OA) PROCEDURES

1. PURPOSE

a. This handbook establishes procedures governing the procurement of Office Automation (OA) equipment and software in order to augment the flow of information which functions as a vital component of the Veterans Health Administration (VHA) health care information systems.

b. A significant part of VHA's business practices are dependent on OA technologies. This handbook addresses OA systems in VHA Headquarters, Office of Information (OI) Field Offices, Veterans Integrated Services Network (VISN) Offices, and their respective medical facilities.

2. AUTHORITY

It is VHA policy that OA will be managed and acquired as a Information Technology (IT) resource in accordance with:

a. The Paperwork Reduction Act of 1980, as amended (Title 44 United States Code (U.S.C.) 35), and

b. Federal policy and regulations including:

(1) Federal Acquisitions Regulations (FAR),

(2) Office of Management and Budget (OMB) Circular A-130, Management of Federal Information Resources, and

(3) Veterans Affairs Acquisition Regulations.

c. Guidance provided by Federal Information Processing Standards (FIPS) of the National Institute for Standards and Technology (NIST).

3. SCOPE

a. All health care facility OA systems must be compatible with existing VHA information systems. They must be capable of exchanging data and/or text with existing VHA information systems.

(1) Exchange servers based on INTEL platforms are currently installed across VHA and are used as the primary E-Mail distribution systems. All multimedia mail and information exchange systems must be compatible with these existing systems. Veterans Health Information Systems and Technology Architecture (VistA) MailMan, installed on local VistA systems and on the national FORUM system, serves as the legacy backup electronic mail system.

(2) Hardware and software inventories are currently accomplished using Microsoft (MS) System Management Software (SMS). **NOTE:** *Interoperability with this system is to be considered when augmenting existing equipment and Operating Systems.*

(3) Other X.400 compliant electronic systems may be used on a limited basis, provided that the systems are interoperable and that proper procurement regulations are followed.

b. VHA must plan comprehensively for all OA system activities. Acquisition planning for all OA and other Information Technology (IT) is to be integrated to maximize the use of existing and future technical resources.

c. OA procurements must follow the same procedures as other IT equipment. **NOTE:** *Requests for OA are to be prepared and submitted according to requirements in the IT Capital Investment Guide.*

d. Acquisition of OA resources must be appropriately documented and conducted on the basis of comprehensive planning, to include strategic planning, program planning, life-cycle management planning, implementation planning, and post-implementation review.

e. In order to meet agency strategic planning interoperability goals, all OA equipment must be upgradeable to comply with Department of Veterans Affairs (VA) approved standards and industry standards communications protocol suite.

f. Dissimilar OA systems used within a facility must comply with VA approved standards and industry standards communications protocol suite and must be interoperable with existing VHA OA systems.

g. All stand-alone OA workstations must be capable of being configured to access and fully operate with existing VHA OA and medical information systems.

h. Shared logic and shared storage OA systems and printers must be accessible from any existing VHA OA and medical information system.

i. To promote VA's goal of interconnectivity and interoperability, any OA equipment used must be able to access any other major VA information system.

j. Any requests for exceptions to policy must be specifically justified in all applicable acquisition requests.

k. The Office of Information Resources Management (IRM) maintains a web site that provides guidance on the IRM acquisition approval process for requests that cost more than \$250,000 and less than VHA's established capital investment threshold. This web site includes guidance on IRM acquisition approval for requests that are part of projects that have been approved by the Chief Information Officer (CIO) Council for supplies or services less than \$250,000.

l. OA technology must comply with the VA Technical Architecture; i.e., the Technical Reference Model and Standards Profile.

4. RESPONSIBILITIES

a. **Chief Information Officer.** The Chief Information Officer is responsible for:

(1) Including initiatives for the use of OA technology in VHA long-range plans.

(2) Seeking the approval of the Under Secretary for Health for the acquisition of new major OA technology or systems consistent with delegated authority.

(3) Providing advice and assistance to the Under Secretary for Health regarding long-range plans, strategies, policy, budgeting, or the acquisition and implementation of major OA technology or systems.

(4) Establishing an OA organizational component responsible for developing long-range plans, budgets, policy, oversight and management of VHA national OA initiatives.

b. **VISN and/or Facility Directors.** VISN and/or Facility Directors are responsible for:

(1) Ensuring an OA organizational component is established locally to meet the needs of the VISN and its facilities.

(2) Ensuring that local decentralized OA initiatives are in compliance with this document.

(3) Coordinating OA related issues with VHA's OI support services, keeping them informed of local OA initiatives, and seeking their guidance, advice and assistance in VHA OA functions, especially where national compliance is a factor.

(4) Supporting OA networking with other VISNs and local facilities for transfer of clinical and administrative information.

5. DEFINITIONS

a. **Interconnectivity.** Interconnectivity is the ability of dissimilar computer systems to physically connect to each other.

b. **Interoperability.** Interoperability involves the ability of dissimilar computer systems to fully interact with each other. Interoperability implies a higher level of integration than interconnectivity.

c. **OA.** OA includes, but is not limited to:

(1) Word processing,

(2) Spreadsheets,

(3) Business graphics generation and editing,

(4) Electronic mail,

(5) Appointment calendars,

(6) Telephone directories,

(7) Video conferencing,

(8) Audio conferencing,

(9) VA Intranet; and

(10) The Internet.

d. **Health Care Information System**. A computer system which stores patient data, such as the VistA system.