



# healthAlliance Case Study

Using iServer to align disparate systems to an overarching business strategy





## About healthAlliance

healthAlliance are a New Zealand based organization, formed in Auckland 18 years ago. Supporting hospitals in the Northern Region, they are responsible for managing the development of technology, including infrastructure networking, front-end application support and professional services, as well as non-IT functions such as finance and procurement. In total, healthAlliance ensure the provision of non-clinical services to four district health boards, fourteen hospitals and 26,000 staff, all of which together serve 1.8 million people.



*Before iServer,  
our solution  
architecture was  
delivered ad hoc*

## Summary

Historically, healthAlliance had been delivering solution architecture on an ad hoc basis. However, as the organization grew and modernized, so did the number of tools, processes and applications, rendering it necessary to apply a more holistic approach. iServer was onboarded to help the team drive an enterprise architecture initiative, which managed the sprawling technical landscape, standardized processes and provided key insight to non-technical stakeholders.

*iServer improved the fidelity of data and the speed at which decisions could be made*



# Benefits of Installing iServer

- Standardized processes and tooling
- Detailed, accurate analytics and insight
- So far have saved around 40-50 man hours per program (across 4 programs, totaling 160-200 hours) with potential for considerably more time saved still to come
- Remapped the entire organization to understand the impact of change

*Total 160-200 man hours saved since the implementation of iServer*

# Key Challenges

- Toolchain sprawl
- CAPEX procurement model meant rapid onboarding of isolated applications resulting with an estimated 2000 - 3000 applications
- Lack of technical and business alignment
- Inaccurate taxonomy

## Background

healthAlliance underwent significant transformation as part of a directive that ensured the New Zealand health service continued to be provided with modernized and up-to-date technology. As part of the initiative, an enterprise architecture program was instigated to control the spread of applications, processes and tools, as well as deliver insight into any potential changes. An application centric focus, coupled with a CAPEX based procurement model, meant the organization had been rapidly onboarding manifold applications into new environments without a structured method of aligning them with one another,

maintaining the applications and their ongoing OPEX costs– or indeed understanding the wider business implications of individual purchases. These frequent isolated installations rendered it almost impossible to keep track of exactly how many applications existed within the company. Furthermore, the scale of the project (early estimates ranged from 2,000 to 3,000 applications) required a centralized tool that could orchestrate the EA initiative. iServer was brought in to manage the introduction of new systems, standardizing them in conjunction with the overarching business strategy.





## Implementing iServer

The physical implementation of iServer proved straightforward, and the Microsoft interface and integration with Visio meant uptake was very smooth for core operational tasks. A short learning curve enabled the team to hit the ground running and enabled the rapid depiction of artifacts and data modelling – roughly 40-50 hours is being saved per project in comparison to completing this work without iServer. The initial tasks were to run bulk imports on datasets of pre-existing apps, services, functions, location models and organization models.

By using iServer, the team at healthAlliance were able to recognize deficiencies in their existing taxonomies and proceeded to rectify these before redefining concepts and a remapping of the organization took place. With the groundwork in place, healthAlliance gained efficiency by running the project at a conceptual level and moving down to a logical level; using the broader business strategy to define the finer solution details. Generating insights through the powerful modeling capabilities and presentation of data was crucial to the success of the wider enterprise architecture initiative within healthAlliance.

## Results

iServer enabled architects to present accessible models without needing to redraw diagrams, improving the fidelity of data and the speed at which decisions could be made.

Whereas prior to the introduction of iServer, healthAlliance had been reliant on Visio, Excel and whiteboard solutions, iServer empowered them with a new suite of graphical displays that could be easily digested by senior non-technical stakeholders. The ability to make any Visio object reusable when generating the models also enabled new projects to start at a rapid pace and pinpoint areas of waste and duplication. The taxonomies were so complex and unclear that over the course of the first year, the team primarily used iServer to untangle inaccurate mapping and analytics and minimize the amount of rework.



Areas that could be improved upon were highlighted through the visual representations, and issues such as siloes and spiraling costs were brought to the fore by identifying instances of duplicated technology.

iServer has also demonstrated tangible value to healthAlliance as it undergoes the task of replacing core legacy systems with myriad dependencies. One of the first instances involved changing how patient administration is handled, as tracking national insurance numbers required the main interface between the hospitals and the Ministry of Health to be updated.





Being able to model any potential changes within an enterprise architecture tool highlighted potential implications quickly and reliably, eliminating risks as to how this sensitive data is stored.

Moving forward healthAlliance are looking to leverage iServer and the work they have completed thus far to drive best practices and ensure standardized design and solution artifacts. This helps in the application of specific granular solutions, which can often be incongruous to the rest of the business. It is also tied into a peer review program, intended to improve governance and ensure all artifacts have a uniform presentation.

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