VistA Surgery Application FY16/17 Annual Surgery Updates (ASU) Development

Release: SR*3.0 191

Deployment, Installation, Back-Out, and Rollback Guide



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Revision History

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07/27/2017	0.8	Added the Initial Operation Capability (IOC) testing sites in Section 3, along with updated verbiage.	LarMar Walton, Surgery Deployment Manager
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Artifact Rationale

This document describes the Deployment, Installation, Roll-Back, and Back-Out Guide for new products going into the VA Enterprise. The plan includes information about system support, roles and responsibilities involved in all those activities. Its purpose is to provide clients, stakeholders, and support personnel with a smooth transition to the new product or software, and should be structured appropriately, to reflect deployment planning of these procedures for a single location or multiple locations, a single-phase deployment or a multiphase deployment, and should identify the requirements and responsible party for each process step.

The Veteran-focused Integrated Process (VIP) Guide, cites Deployment, Installation, Back-Out, and Rollback Guide is required to be completed prior to Critical Decision Point #2 (CD #2), with the expectation that it will be updated throughout the lifecycle of the project for each build, as needed.

Table of Contents

1	Intr	oduc	tion	1
	1.1	Pur	pose	1
	1.2	Dep	endencies	1
	1.3	Con	straints	1
2	Role	es an	d Responsibilities	1
3	Dep	oloyn	nent	2
	3.1	Tim	eline	2
	3.2	Site	Readiness Assessment	3
	3.2.	.1	Deployment Topology (Targeted Architecture)	3
	3.2.	.2	Site Information (Locations, Deployment Recipients)	3
	3.2.	.3	Site Preparation	
	3.3	Res	ources	3
	3.3.	.1	Facility Specifics (optional)	3
	3.3.	.2	Hardware	4
	3.3.	.3	Software	4
	3.3.	.4	Communications	4
	3.	3.4.1	Deployment/Installation/Back-Out Checklist	4
4	Inst	allati	ion	4
	4.1	Pre-	installation and System Requirements	4
	4.2	Plat	form Installation and Preparation	4
	4.3	Dov	vnload and Extract Files	4
	4.4	Data	abase Creation	5
	4.5	Inst	allation Scripts	5
	4.6	Cro	n Scripts	5
	4.7	Acc	ess Requirements and Skills Needed for the Installation	5
	4.8	Inst	allation Procedure	4
	4.9	Inst	allation Verification Procedure	.5
	4.10	Syst	em Configuration	.5
	4.11	Data	abase Tuning	6
5	Вас	k-Ou	t Procedure	6
	5.1	Bac	k-Out Strategy	6
	5.2	Bac	k-Out Consideration	6
	5.2.	.1	Load Testing	6

5.2.2 User Acceptance Testing6					
5.3 Back-Out Criteria6					
5.4 Back-Out Risks6					
5.5 Authority for Back-Out6					
5.6 Back-Out Procedure6					
5.7 Back-out Verification Procedure7					
6 Rollback Procedure					
6.1 Rollback Considerations					
6.2 Rollback Criteria					
6.3 Rollback Risks					
6.4 Authority for Rollback					
6.5 Rollback Procedure					
6.6 Rollback Verification Procedure					
Tables and Figures					
Table 1: Deployment, Installation, Back-out, and Rollback Roles and Responsibilities 2					
Table 2: Deployment Timeline					
Table 3: Deployment/Installation/Back-Out Checklist4					

1 Introduction

The Deployment, Installation, Back-Out, Rollback Guide describes how to deploy and install the Veterans Health Information Systems and Technology Architecture (VistA) Surgery patch SR*3.0 191, as well as how to back-out the product and rollback to a previous state.

The 2017 ASU solution (patch SR*3.0*191) provides updates to the request, schedule, risk assessment and operation menus, planned principal procedure codes, transplant timeout checklists, hospital admission status, data field print screens, updated post-operative occurrences and the introduction of new fields for scheduling and case management within the VistA Surgery package. This patch also provides remote procedures designed specifically for VistA Surgery and permit the VistA Surgery Graphical User Interface to integrate with a VistA instance.

1.1 Purpose

The purpose of this guide is to provide a single, common document that describes how, when, where, and to whom the VistA Surgery patch SR*3.0 191 will be deployed and installed, as well as how it is to be backed out and rolled back, if necessary. The guide also identifies resources, and communication methods. Specific instructions for deployment, installation, back-out, and rollback are included in this document.

1.2 Dependencies

There is no application, system, financial, upstream processing, or other dependencies for this deployment. The VistA Surgery SR*3.0 191 is for installation on a fully patched VistA system. The installation of VistA Surgery patch SR*3.0 191 is required to use VistA SUITE.

1.3 Constraints

The VistA Surgery Patch 191 is expected to be installed on existing Department of Veterans Affairs (VA) platforms. VistA Surgery 3.0 patch 190 should be installed prior to installation of patch SR*3.0 191.

2 Roles and Responsibilities

The deployment, installation, back-out, and rollback roles and responsibilities are outlined in Table 1 below, which identifies the technical and support personnel who are involved in the deployment of the VistA Surgery patch SR*3.0 191 release.

Table 1: Deployment, Installation, Back-Out, and Rollback Roles and Responsibilities

ID	Team	Phase / Role	Tasks	Project Phase (See Schedule)
1	Site personnel in conjunction with local or regional IT support	Deployment	Plan and schedule deployment	Planning
2	Site personnel in conjunction with local or regional IT support	Deployment	Determine and document the roles and responsibilities of those involved in the deployment.	Planning
3	Site personnel	Deployment	Test for operational readiness	Build
4	Site personnel in conjunction with local or regional IT support	Deployment	Execute deployment	Release Preparation
5	Site personnel in conjunction with local or regional IT support	Installation	Plan and schedule installation	Build
6	Facility CIO and IT support, which may be local or regional	Back-out	Confirm availability of back-out instructions and back-out strategy (what are the criteria that trigger a back-out)	Build
7	Hardware and System support	Post Deployment	Hardware, Software and System Support	Post Release

3 Deployment

Deployment and installation is planned as a Standard National release of the VistA patch SR*3.0 191 to all VistA Surgery sites.

Deployment will be performed by Local Facility staff and supported by team members from one or more of the operations organizations: Enterprise Systems Engineering (ESE), Field Operations (FO), Enterprise Operations (EO), and/or others.

3.1 Timeline

This is considered a mandatory release and installation at the site will be required, within the constraints of the compliance period for the release. The Initial Operation Capability patch release date is in the process of being determined. An overview of the deployment and site installation schedule is shown in Table 2 below.

Table 2: Deployment Timeline

Deployment	Start	Finish
Patch Release	TBD	TBD
Deployment and Site Installation	TBD	TBD

3.2 Site Readiness Assessment

Deployment will take place at the physical locations where VistA is already running.

3.2.1 Deployment Topology (Targeted Architecture)

The VistA Surgery Patch SR*3.0 191 will be deployed to each VistA instance that will include local and regional data processing centers. System administrators and support personnel are responsible for installation .Currently, there are 7 confirmed test sites targeted for deployment.

3.2.2 Site Information (Locations, Deployment Recipients)

The VistA Surgery patch SR*3.0 191 is released on FORUM and should be deployed to VA sites. The initial deployment will be at Initial Operating Capability (IOC) sites for verification of functionality. Once testing is completed and approval is given for national release, the VistA Surgery patch SR*3.0 191 will be released and installed to all VistA instances. At this time, the following Test Sites have committed to the deployment and installation of this patch.

- Boise VA Medical Center (Boise, ID)
- Cleveland VA Medical Center (Cleveland, OH)
- Des Moines VA Medical Center (Des Moines, (IA)
- Iowa City VA Medical Center (Iowa City, IA)
- Phoenix VA Medical Center (Phoenix, AZ)
- Seattle VA Medical Center (Seattle, WA)
- White River Junction VA Medical Center (White River Junction, VT)

3.2.3 Site Preparation

There are no special preparations or changes that must occur to the operational site and no special features or items that need to be modified to adapt the VistA Surgery patch SR*3.0 191. A fully patched VistA system is the only requirement.

3.3 Resources

This section describes the hardware, software, facilities, and documentation, and any other resources, other than personnel, required for the deployment and installation.

3.3.1 Facility Specifics

This section is not applicable to the VistA Surgery patch SR*3.0 191.

3.3.2 Hardware

No hardware is required for patch SR*3.0 191.

3.3.3 Software

No software is required for this patch SR*3.0 191.

3.3.4 Communications

Prior to the deployment of the VistA Surgery patch SR*3.0 191 release, a product announcement will be sent via email to notify stakeholders for each site describing the product and a brief description of the deployment. Included will be links to the VistA Surgery patch SR*3.0 191 VA Software Document Library (VDL) and Rational repositories containing further information about the release and the deployment and pre-installation activities.

3.3.4.1 Deployment/Installation/Back-Out Checklist

Table 3 below provides a checklist that will be used to capture the coordination effort and document the day/time/individual when each activity is completed. The deployment and installation will be performed by on-site support personnel once the VistA Surgery patch SR*3.0 SR*3.0 191 update is nationally released.

Table 3: Deployment/Installation/Back-Out Checklist

Activity	Day	Time	Individual who completed task
Deploy			
Install			
Back-Out			

4 Installation

4.1 Pre-installation and System Requirements

VistA Surgery 3.0 patch 190 is required before installation.

4.2 Platform Installation and Preparation

None are required.

4.3 Download and Extract Files

Installation of the builds shall be achieved via Packman messages. Associated documentation will be available on the VistA Document Library (VDL). The online versions will be updated as needed. Please look for the latest version on the VDL: http://www.va.gov/vdl

4.4 Database Creation

This section is not applicable to the VistA Surgery patch SR*3.0 191.

4.5 Installation Scripts

This section is not applicable to the VistA Surgery patch SR*3.0 191.

4.6 Cron Scripts

This section is not applicable to the VistA Surgery patch SR*3.0 191.

4.7 Access Requirements and Skills Needed for the Installation

Local administrator will require PackMan or Forum access to retrieve the latest patch.

4.8 Installation Procedure

This patch should be installed during non-peak hours or a period of low system activity to minimize disruption to users. Use the Kernel Installation and Distribution System's (KIDS) 'Install Package' option under the KIDS menu and load the appropriate KIDS file. When prompted follow the procedures below:

- 1: Load Distribution
- 2: Enter the path of the patch location including full file name
- 3: Install Package and from this menu, and when prompted for the install enter patch # SR_3_191:
 - a. Backup a Transport Global This option will create a backup message of any routines exported with this patch. It will not backup any other changes such as due dates or templates.
 - b. Compare Transport Global to Current System This option will allow you to view all changes that will be made when this patch is installed. It compares all components of this patch.
 - c. Verify Checksums in Transport Global This option will allow you to ensure the integrity of the routines that are in the transport global.
- 4: Type the install name SR_3_191.KIDS
- 5: Perform installation

4.9 Installation Verification Procedure

To verify installation of VistA Surgery patch 191, run the Patch Description utility to validate it has been installed.

4.10 System Configuration

This section is not applicable to the VistA Surgery patch SR*3.0 191.

4.11 Database Tuning

This section is not applicable to the VistA Surgery patch SR*3.0 191.

5 Back-Out Procedure

5.1 Back-Out Strategy

Prior to attempting a back-out of the software, contact the VA Help Desk at 1-855-673-4357 for support.

5.2 Back-Out Considerations

This section is not applicable to the VistA Surgery patch SR*3.0 191.

5.2.1 Load Testing

This section is not applicable to the VistA Surgery patch SR*3.0 191.

5.2.2 User Acceptance Testing

User Acceptance Testing for the VistA Surgery patch SR*3.0 191 is performed during the development period. Testing will be conducted by the test sites listed in Section 3.2.2 Site Information. The sites are expected to follow provided test plans and execute the test cases according to the plan for the first build of the VistA Surgery patch SR*3.0 191.

5.3 Back-Out Criteria

Back-out will be considered if there is a catastrophic failure that causes loss of function for the VistA Surgery application and a significant patient safety issue.

5.4 Back-Out Risks

There is a risk that the process of a back-out, which would be performed only in an emergency situation, would significantly impact patient care due to the interruption.

5.5 Authority for Back-Out

The Facility CIO has the final authority to require the rollback and accept the associated risks.

5.6 Back-Out Procedure

Back-Out procedure is not required since the VistA Surgery patch 191 installation does not add any new or update any existing software on VistA servers. Once a project has gone live and has been handed to support, a documented back out procedure is needed if unexpected situations arise. In this case, the back-out procedure is as follows:

 Restore the backup message of any routines exported with the patch and reload the transport global. In the event of a catastrophic failure, the following questions (but not limited to) below should be addressed:

- The period of time that back-out is valid
- The period of time that back-out is no longer appropriate
- Identification of key decision makers
- How quickly services can be restored
- Determine how much data may be lost
- Verify that all system health checks have been conducted
- Verify if user access is enabled
- Notifications advising the Service Desk

5.7 Back-out Verification Procedure

Perform site-specific testing appropriate to the areas where the catastrophic failure was identified.

6 Rollback Procedure

6.1 Rollback Considerations

This section is not applicable to the VistA Surgery patch SR*3.0 191.

6.2 Rollback Criteria

This section is not applicable to the VistA Surgery patch SR*3.0 191.

6.3 Rollback Risks

This section is not applicable to the VistA Surgery patch SR*3.0 191.

6.4 Authority for Rollback

Rollback can be authorized by system administrators once a problem has been identified.

6.5 Rollback Procedure

This section is not applicable to the VistA Surgery patch SR*3.0 191.

6.6 Rollback Verification Procedure

This section is not applicable to the VistA Surgery patch SR*3.0 191.