Checklist for Evaluating Vendors for New HMIS Implementation

Form an evaluation committee (e.g., IT, clinical, finance leads) to score vendors. Apply weights for a total score out of 100%. Rate each sub-criterion on a 1-5 scale (1: Does not meet; 5: Exceeds). Include evidence from vendor demos, RFPs, references, or site visits. Calculate weighted scores: (Sub-criteria average × Category weight). Add sections for comments, strengths/risks, and final recommendation to facilitate decision-making.

Category (Weight)	Sub-Criteria	Key Questions/Evaluat ion Points	Scor e (1- 5)	Weight ed Score	Comments/Evide nce (e.g., Demo, Reference)
Functional Capabilities & Workflow Alignment (25%)	Outpatient/Inpati ent Workflow Efficiency	Does it streamline patient journeys (registration to discharge), track TAT at key points, and support satellite centers (Naivasha, Marira, Nairobi)?			
	Clinical Documentation & Modules	Covers SOAP templates, ICD-11 coding, mental health, emergency, theater ops? Includes RIS/LIS, pathology, pharmacy/inventor y?			
	Backend Modules Depth	Handles HR, estate management, supply chain (prequalification, requisitions, stock takes), POS?			
	Reporting & Analytics	Real-time dashboards, customizable reports (e.g., MOH			

	AI & Advanced Features	tools for TB/HIV), BI for data-driven decisions? Integrates AI for clinical support, predictive analytics,		
		automation (e.g., scheduling, diagnostics)?		
	Category Average		(Avg × 0.25)	
Technical Architecture & Scalability (20%)	Technology Stack Modernity	Uses modern frameworks (e.g., .NET Core, SPA) vs. outdated (e.g., WebForms, MPA)? Web-based, responsive for mobile/tablets?		
	Performance & Stability	Response time <5s under load (>1000 users)? Demonstrated uptime/slowness mitigation?		
	Scalability & Future- Readiness	Modular design for growth; supports cloud/on-premise; AI/mobile access readiness?		
	User Experience & Usability	Intuitive UI, minimal training curve; accessibility (WCAG- compliant)?		

	Category Average		(Avg × 0.20)	
Integration	Data Migration	Seamless, secure	0.20)	
& Interoperabil ity (20%)	Plan	migration from SmartCare; ensures data integrity/validation ?		
	Financial Integrations	M-Pesa API (real- time payments), insurance portals (e-claims, pre- auth), SHA/DHA compliance?		
	Third-Party & Equipment Integration	Lab/radiology devices, KRA/UHC, external ERPs; supports HL7/FHIR standards?		
	API & Documentation	Robust APIs for custom integrations; offline sync capabilities?		
	Category Average		(Avg × 0.20)	
Vendor Stability, Support, & Partnership (15%)	Track Record & Experience	>5 years; successful Kenyan implementations (e.g., similar faith- based hospitals)? References verifiable?		

	Support Model & SLA Implementation Methodology	Local presence, <24h response (vs. 48h); post-go-live support (e.g., 3-6 months free)? Agile/Scrum plan; phased timeline (~18 months); knowledge transfer to internal team?		
	Partnership Approach	Collaborative; source code access to avoid lock-in; long-term upgrades commitment?		
	Category Average		(Avg × 0.15)	
Security & Compliance (10%)	Core Security Features	Protects against SQL injection, deserialization; RBAC, audit trails?		
	Data Protection	Encryption (at rest/transit); HIPAA/GDPR equivalent; ODPC registration as data processor?		
	Regulatory Compliance	MOH standards, ISO 15189:2022, Digital Health Act 2023; breach notification?		
	Category Average		(Avg × 0.10)	

Total Cost of	Cost Breakdown	Detailed: One-time		
Ownership	Transparency	(implementation,		
(TCO) (10%)		migration,		
		customization),		
		annual (AMC,		
		licenses)? VAT		
		inclusive?		
	Reasonableness	TCO over 3-5		
	& Sustainability	years reasonable;		
		includes		
		training/integration		
		s? No hidden fees?		
	Payment &	Milestone-based		
	Timeline	terms (e.g., 30 days		
	Alignment	post-sign-off); fits		
		18-month rollout?		
	Category		(Avg ×	
	Average		0.10)	
Overall Total			(Sum of	
Score			Weighte	
			d	
			Scores)	

Summary & Recommendation Section

- **Key Strengths**: List top advantages (e.g., strong AI integration, proven Kenyan references).
- **Key Risks/Concerns**: Note gaps (e.g., high TCO, limited local support). Mitigation ideas?
- **Final Recommendation**: Highly Recommend / Recommend with Reservations / Do Not Recommend. Proceed if score >80%; address reservations via negotiations.
- Next Steps: Vendor demo scheduling, reference checks, or RFP clarifications.