**APPLICATION FOR EMR CERTIFICATION**

The Application for EMR Certification consists of 3 sections:

* **Section 1 – EMR vendor Profile**: information pertaining to the **EMR vendor** that is submitting the Application for EMR Certification
* **Section 2 – EMR offering Profile**: information about **the product** that the EMR vendor is intending to obtain certification for
* **Section 3 – Vendor Declaration**: declaration from an authorized representative of the EMR vendor that the information provided within the Application for EMR Certification along with ALL other substantiation is true, accurate and complete

EMR vendors that are submitting the Application for EMR Certification **MUST** have the data center(s) located in Canada. EMR offerings that do not have a data center located in Canada are **NOT** eligible to submit an Application for EMR Certification.

The information being requested in the Application for EMR Certification is for **Informational Purposes Only**. This information will help OntarioMD and the jurisdictional partners understand the EMR offering you as a vendor are bringing to the EMR landscape in the specific jurisdiction. The responses will **not** be used to score/evaluate an EMR vendor or an EMR offering.

## Section 1: EMR VENDOR PROFILE

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| **A** | **Vendor Details** | |
| 1 | Vendor Legal Name |  |
| 2 | Vendor Address |  |
| **B** | **Vendor Contacts** | |
| 1 | Vendor Authorized Representative  (Service under the Agreement) | **<Name>**  **<Title>**  **<Email>**  **<Preferred Phone #>** |
| 2 | Vendor Relationship Manager | **<Name>**  **<Title>**  **<Email>**  **<Preferred Phone #>** |
| 3 | Vendor Security Officer | **<Name>**  **<Title>**  **<Email>**  **<Preferred Phone #>** |
| 4 | Vendor Privacy Officer | **<Name>**  **<Title>**  **<Email>**  **<Preferred Phone #>** |

## Section 2: EMR OFFERING PROFILE

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| **A** | **EMR Offering Information** | | |
| 1 | EMR offering – Care Domain  (e.g. Primary Care, Long Term Care etc.) | |  |
| 2 | What are your organization’s plans to expand to other domains? | |  |
| 3 | Which jurisdiction is the application being submitted for? | | Ontario New Brunswick |
| 4 | EMR offering - Name | |  |
| 5 | EMR offering - Version # | |  |
| 6 | EMR offering Website URL | |  |
| 7 | Number of clinicians that are currently using the EMR offering in a live environment within the specific jurisdiction. | | ON:  NB: |
| 8 | Number of clinics currently using your EMR offering, for each of the following group size categories.  a) Individuals and small clinics (<5 users)  b) Medium sized clinics (<20 users)  c) Large clinics (>25 users) | | ON:  NB: |
| **B** | **Data Center – Primary** | | |
| 1 | Data Center - Supplier Name | |  |
| 2 | Municipality where the Data Center is located | |  |
| 3 | Relationship to vendor [owned, subleased, supplier etc.] | |  |
| 4 | Data Center Certifications [Certificate Type, Issuer Name. Issue Date, Expiry Date] | |  |
| **C** | **Data Center – Secondary** | | | |
| 1 | Data Center - Company Name |  | | |
| 2 | Municipality where the Data Center is located |  | | |
| 3 | Relationship to vendor [owned, subleased, supplier etc.] |  | | |
| 4 | Data Center Certifications  [Certificate Type, Issuer Name. Issue Date, Expiry Date] |  | | |

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| **D** | **Business Continuity** | |
|  | In the event that the EMR offering suffers an extended outage for any reason, describe:   1. what processes and mechanisms are in place (e.g. off-line versions, separate read-only version, resort to paper) to ensure users can continue to collect and access EMR data including:  * Access to patient files during an outage * Access to the clinician’s daily schedule during an outage * Record patient interactions during an outage * Updating and synchronize records subsequent to an outage  1. Describe the criteria used to declare when this business continuity process will be invoked and how it is communicated to subscribers when the event occurs |  |
| **E** | **Backup and Recovery** | |
| 1 | Describe your data backup and recovery processes for the proposed solution. Your response should include:   * Overall approach to backup and recovery for each of the major solution components (servers, network, etc.) * On-site vs. off-site storage * Backup retention periods |  |
| 2 | Describe how system application and database backup/recovery processes are currently implemented to ensure Point-In-Time-Recovery (PITR) |  |
| 3 | Describe the impact to EMR users during the recovery of EMR/DBMS data |  |
| **F** | **Logical Architecture** | |
|  | Provide a logical architecture diagram of the EMR offering and describe each of the major components including:   * Storage * Server components (e.g. Database, application, web servers) * Network (e.g. DMZ and/or other network zones, firewall) * Supported clients * Connections to external interfaces |  |
| **G** | **Service Level Agreement** | |
| 1 | Briefly describe all unplanned public facing service outages for the past 12 months |  |
| 2 | Describe the tools and processes used to proactively monitor the service status, availability, errors (e.g. enterprise monitoring and altering) |  |
| **H** | **Server Availability** | |
|  | Describe how server availability/performance is managed. Your response should include:   * How is server availability and performance currently monitored? * Are availability/performance alerts currently generated automatically or must they be investigated manually? |  |
| **I** | **Storage** | |
|  | Describe how storage solutions availability and performance is monitored in terms of component availability, storage capacity, critical errors and performance. Your response should include:   * How the storage solution’s availability and performance are currently monitored * Whether performance alerts are currently generated automatically or must be investigated manually |  |
| **J** | **Client Technology** | |
|  | Describe how the EMR offering will enable a clinician to access the EMR offering from multiple physical locations. |  |
| **K** | | **Language Support** | |
| 1 | | English |  |
| 2 | | French |  |
| 3 | | Other |  |

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| **L** | | **EMR offering – Key Components**  **[Provide names and version #’s of the key components that make up the EMR offering]** | |
| 1 | | Client Operating System |  |
| 2 | | Database Server Software and version used by EMR offering (e.g. MS SQL Server, PostgreSQL, Oracle, etc.) |  |
| **M** | | **Drug Database** | |
| 1 | | Supplier Name |  |
| **N** | | **Interfaces supported by EMR offering** | |
| 1 | | Laboratories or Lab Aggregators | ON:  NB: |
| 2 | | Other Interfaces *[List]* | ON:  NB: |
| **O** | | **Supported Coding Systems** | |
| 1 | | ICD-9 |  |
| 2 | | ICD-10-CA |  |
| 3 | | SNOMED-CT |  |
| 4 | | ICPC-2 |  |
| 5 | | ENCODE-FM |  |
| 6 | | Other *[List]* |  |
| **P** | | **Marketplace Presence** | |
|  | | Describe what differentiates your EMR offering from others in the Market? What is the competitive advantage of your EMR offering? |  |
| **Q** | **Release Management** | | |
|  | Describe your approach to the EMR offering related updates in response to:   * Critical system updates (e.g. privacy, security, business critical functionality) * Bug fixes / minor improvements * New product functional / interoperability   Your response should include:   * General timeline / frequency of planned updates * How EMR product release/patches/updates are deployed * Release notes, support, training * Communications to subscribers that include notification of change and release notes describing the changes being introduced and any associated downtime | |  |
| **R** | | **Change Management** | |
|  | | Describe your processes for communicating with Subscribers about the following:   * Product roadmap * Service and support options * Product improvements * Known issues/work-around * Planned upgrades/fixes * Planned down time |  |
| **S** | **Database Management System (DBMS)** | | |
| 1 | Describe the high availability DBMS features that have been implemented | |  |
| 2 | Describe the features of the DBMS system that ensure Point-In-Time Recovery (PITR) to ensure there will be no loss of committed transactions | |  |
| **T** | | **Support Services** | |
| 1 | | Describe your incident management solution. Your response should include:   * Products and tools used in provision of the service * A description including examples of each severity level that can be assigned to each ticket issued * A description of the service categories that can be assigned to each ticket issued (e.g. severe, network, applications, privacy, security, performance, availability, 3rd party, local IT support) |  |

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| 2 | Describe your processes for indicating or communicating service status to users (e.g. EMR Status Bar, email, broadcast notifications). Your response should include:   * Real-time service status * Overall service outage (e.g. heartbeat) * Outages or error status on interfaces (e.g. laboratory interface) |  |

**Section 3: Vendor Declaration and Signature**

By signing below, EMR vendor acknowledges that it understands the Application process for EMR Certification and confirms that the information in this Application and the associated documents is true, accurate and complete.

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| **Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *I have authority to bind the Vendor* |
| **Name:** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Title:** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Date:** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Month Day, Year* |