Semi-Annual Checklist

EMR Certification



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# CERTIFIED EMR PROFILES – SEMI-ANNUAL CHECKLIST

OntarioMD will coordinate a collaborative discussion with the EMR vendor to review their current vendor profile and EMR Offerings for any changes that may have occurred over the last 6 months or since the profiles were last changed.

Individual copies of these profiles will be maintained by OntarioMD on a per Vendor, per EMR Offering basis and circulated prior to the review.

## Part 1: Vendor Profile

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| **Part 1** | **VENDOR PROFILE** | |
| **1** | **Vendor Details** | |
| a) | Vendor Name |  |
| b) | Vendor Address |  |
| **2** | **Vendor Contacts** | |
| a) | Vendor Authorized Representative |  |
| b) | Vendor Relationship Manager |  |
| c) | Vendor Security Officer |  |
| d) | Vendor Privacy Officer |  |
| e) | About the Vendor *(summary bio)* |  |
| f) | Year Vendor started marketing EMR Offerings in: | 1. Canada 2. Other jurisdictions *(list)* |
| g) | Number of Vendor staff supporting its EMR health care technology/services in: | 1. Canada 2. Ontario |
| h) | Number of full time equivalent EMR sales staff in: | 1. Canada 2. Ontario |
| **3** | **Vendor Certifications** | |
| a) | * Certificate Type * Certificate Issuer Name * Certificate Issue Date * Certificate Expiry Date |  |
|  |
|  |
|  |
| b) | Vendor and Supplier Insurance. a change in Vendor and Supplier insurance has occurred | Yes  No |

## Part 2: Offering Profile

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part 2** | **EMR OFFERING PROFILE** | | | | |
| **1** | **EMR Offering Identifiers** | | | | |
| a) | EMR Offering - Name | |  | | |
| b) | EMR Offering - Version and Build # | |  | | |
| c) | EMR Offering Website URL | |  | | |
| d) | Is your EMR Offering available in a Hosted model? | | Yes  If yes; fill out sections 2 and 3: Data Center – Primary & Data Center – Secondary  No  If no; skip down to section 4: Language Support | | |
| **2** | **Data Center – Primary** | | | | |
| a) | Data Center - Supplier Name | |  | | |
| b) | Municipality where the Data Center is located | |  | | |
| c) | Relationship to Vendor [owned, subleased, supplier etc.] | |  | | |
| d) | Data Center Certifications [Certificate Type, Issuer Name. Issue Date, Expiry Date] | |  | | |
| **3** | **Data Center – Secondary** | | | | |
| a) | Data Center - Company Name | |  | | |
| b) | Municipality where the Data Center is located | |  | | |
| c) | Relationship to Vendor if not supplied by Vendor | |  | | |
| d) | Data Center Certifications [Certificate Type, Issuer Name. Issue Date, Expiry Date] | |  | | |
| **4** | **Language Support** | | | | |
| a) | English | | | | |
| b) | French | | | | |
| c) | Other – Please Specify: | | | | |
| **5** | **EMR Offering – Key Components**  Provide names and version #’s of the key components that make up the EMR Offering. If there is more than one Client Operating System or Database Management System, please list separately | | | | |
| a) | Client Operating System | | |  | |
| b) | Database Management System | | |  | |
| **6** | **Drug Database** | | | | |
| a) | Supplier Name | | |  | |
| **7** | **Interfaces Supported by the EMR Offering** | | | | |
|  | *OntarioMD Validated Integration based on published EMR Specifications – Internal Use Only* | | | | |
| Commercial Labs | Life Labs  Dynacare  Other: | | | |
| EHR Interfaces | HRM  OLIS | | | |
| h) | Other Interfaces in Ontario | | | | |
| **8** | **Supported Coding Systems** | | | | |
| a) | ICD-9 | | | | |
| b) | ICD-10 | | | | |
| c) | SNOMED | | | | |
| d) | ICPC-2 | | | | |
| e) | ENCODE-FM | | | | |
| f) | Other (list) | | | | |
| **9** | **Vendor Certifications** | | | | |
| a) | Vendor and Supplier Insurance. Confirm the insurance policies and coverage for Vendor and its Suppliers required under Article 21 of the Agreement are in place during the currency of this Agreement. | | | | Yes  No |
| b) | * ISO 13485 * Certificate Issuer Name * Certificate Issue Date * Certificate Expiry Date | | | |  |
|  |
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|  |
| **10** | **Privacy, Security, Canadian Entity & Lock Outs** | | | | |
| a) | Confirm that the EMR offering continues to remain in compliance with all OntarioMD policies for EMR vendors published by OntarioMD on the OntarioMD Website and all applicable laws, regulations and now or hereafter in force relating to privacy and the protection of Personal Information, including Personal Health Information under PHIPA and Personal Information under PIPEDA. | | | | Yes  No |
| b) | **PIA.** Indicate whether a PIA was done in the reporting period and, if one was done, provide the reasons for a PIA being done. | | | | Yes  No |
| **11** | **Service Level Agreements** | | | | |
| a) | For the reporting period, confirm the extent to which the Vendor has complied with the service levels in its SLAs with Subscribers and, where there has been non-compliance with such commitments, indicate what was done to compensate Subscribers including as required under their Service Level Agreements. | | | |  |
| b) | Service Levels and Remedies. A change in current service level commitments and remedies. | | | | Yes  No |
|  | If Yes, describe the changes. | | | | |
| **12** | **Business Continuity** | | | | |
| **12.1** | **Disaster Recovery Plan** | | | | |
| a) | **Testing Dates. P**rovide the date the Disaster Recovery Plan was last tested. | | | | YYYY/MM/DD |
| **12.2** | **Threat Risk Assessments** | | | | |
| a) | Date for TRAs. Provide the date of the last Threat Risk Assessment and the date of the next scheduled TRA, if known. | | | | YYYY/MM/DD |
| **12.3** | **Annual Penetration Testing Date.** | | | | |
| a) | Testing Dates. provide the date of the last Penetration Test | | | | YYYY/MM/DD |
| b) | Provide the date of the next scheduled Penetration Test. | | | | YYYY/MM/DD |
| **12.4** | **Failover Testing & PITR.** | | | | |
| a) | Testing Dates. Provide the dates of the last failover testing and annual PITR testing and the date of the next scheduled testing of both, if known. | | | | YYYY/MM/DD |
| b) | Testing Completed. confirm scheduled failover testing and PITR scheduled for the reporting period has been done. Indicate when Point-In-Time-Recovery (PITR) was last tested to the EMR record level. | | | | YYYY/MM/DD |
| **13** | **Incident Tracking** | | | | |
| a) | Application Availability. confirm for each month in the reporting period the EMR Offering application availability measured against the requirement of ≥99.9% availability to Subscribers per calendar month (excluding scheduled downtime). | | | | Yes  No |
| **14** | **EMR Offering Changes** | | | | |
| a) | **EMR Offering - Mandatory Requirements.** A modification of or elimination of EMR Offering functionality or interoperability where that functionality or interoperability is mandatory in the applicable EMR Specifications and Additional Requirements.  (*If yes, additional documentation may be requested at the time of engagement, for example, EMR Product Release notes or other forms of documentation describing the changes*) | | | | Yes  No |
| b) | **EMR Offering - New Functionality/Interoperability**. Incorporation of new functionality or interoperability in the EMR Specifications and Additional Requirements that has not been Validated or otherwise assessed.  (*If yes, additional documentation may be requested at the time of engagement, for example, EMR Product Release notes or other forms of documentation describing the changes*) | | | | Yes  No |
| **15** | **Changes in Control or Sale of EMR Offerings Impacting EMR Offerings** | | | | |
| a) | Includes material changes to corporate ownership, the sale or transfer of assets that include EMR Offerings and restructuring, including a purchase, sale, merger or amalgamation or any other material event that actually or potentially alters the EMR Offering within the scope of this Agreement. | | | | Yes  No |