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May 26, 2011

Lydia Lee  
COACH President and Board Chair  
Canada's Health Informatics Association

Dear Lydia,

We would like to take this opportunity to respond to the letters written by Dr. Matthew Morgan and yourself pertaining to "proper use of the HIMSS EMR Adoption Model". We became aware of this correspondence yesterday, since it was posted on the COACH website.

Dr. Morgan is concerned that in Canada, some organizations may be incorrectly citing the Stage designation that they have successfully achieved under the HIMSS EMR Adoption Model. He specifically cited North York General Hospital in his letter, which is our reason for responding.

Firstly, we would like to assure Dr. Morgan that we have officially met all requirements of our Stage 6 HIMSS designation. As per HIMSS guidelines, we have completed the necessary site surveys as well as telephone interviews to achieve this designation. Perhaps Dr. Morgan was not aware that all hospitals that have successfully reached HIMSS Stage 6 are publically listed on the HIMSS website at [http://www.himssanalytics.org/hc\\_providers/stage6Hospitals.asp](http://www.himssanalytics.org/hc_providers/stage6Hospitals.asp). That website actually lists all three Canadian hospitals that he cited in his letter. It would appear that all of these Canadian sites are correctly quoting their Stage 6 designation, as independently and officially verified by HIMSS.

At North York General Hospital, our inpatient electronic medical record system does meet the criteria for HIMSS Stage 2. We employ SNOMED-CT as controlled medical vocabulary for our healthcare team to record medical problems and diagnoses. Furthermore, we employ structured electronic documentation to actuate real-time clinical decision support for nurses and physicians. This allows our healthcare providers, as part of their daily workflow, to provide better care for patients at risk for falls, pressure ulcers, and venous thromboembolism, to provide three examples. We have further plans this year to undertake other initiatives including clinical decision support for early detection and treatment of sepsis, and improved management of congestive heart failure. We are

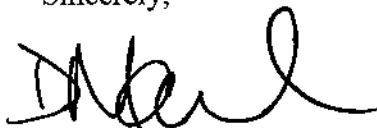
also developing a workflow-integrated technique to make it easier and faster for our physicians to enter SNOMED-CT encoded diagnoses for their patients, since we recognize the value of controlled medical vocabulary for retrospective reporting and real-time clinical decision support.

Lydia, we share the concerns and ideals outlined by yourself and Dr. Morgan. The HIMSS EMR adoption model does provide a convenient framework for comparing institutions and regions in their efforts toward a paperless hospital environment. However, as you have both indicated, the ultimate goal is not what Stage in a given model is reached, but rather, what improved outcomes are achieved for our patients, providers, and policy makers. We believe that Canadian health informatics professionals have a very important responsibility to ensure that the investments we make in health information technology will result in better quality, safety and efficiency of care for patients. At North York General, we take this responsibility very seriously. We are actively measuring clinically relevant outcomes from the use of our system, so that we can target and implement ongoing improvements. While our Stage 6 system has only been live for a few months, we have already seen a statistically significant increase in appropriate use of venous thromboembolism prophylaxis by our physicians, reduced medication administration errors, increased use of evidence-based standardized care, and early indications of reduced standardized mortality (HSMR) in our inpatient population. Dr. Patrick Powers from HIMSS will be presenting some of our outcome data at this year's eHealth conference to demonstrate what is possible with advanced inpatient EMR implementation.

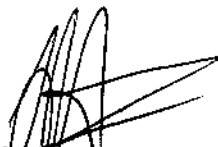
There is much to learn from one another as we share in the journey toward advanced clinical systems that truly enhance patient care. We support your recommendation of a Canadian adoption/maturity model that is inclusive of the full continuum of patient care, interoperability, and clinical outcomes. Furthermore, we would be pleased to participate in strategic sessions convened by COACH on the topic of adoption models.

Thank you for the opportunity to share in this important dialogue.

Sincerely,



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