
Performance Audits



2 Health: Electronic Health Records

Summary

Nova Scotia is working towards the development of a provincial electronic health record system known as SHARE. The province is participating in and has received funding from a federal program through Canada Health Infoway designed to further the development of EHRs in Canada.

While the SHARE system is expected to be operational by March 2010, additional health information systems will need to be developed and existing systems upgraded to achieve a province-wide EHR.

The Department of Health does not have an overall information technology strategic plan. IT projects may be undertaken because there is funding available rather than because the project has been ranked as the highest priority. Department management should identify those EHR initiatives which must be undertaken in the next three to five years and determine how these initiatives will be funded. We recommended the Department develop a formal IT strategic plan for EHR and determine funding for implementation of remaining EHR initiatives.

We examined overall project management of the SHARE system. We found the project was well-planned and well-managed. Planning documents and processes were consistent with established best practices for project management.

At the time of our audit, certain of the identified privacy and security issues related to the SHARE project had not been addressed. We recommended the Department ensure these issues are dealt with before the SHARE system is operational.

We examined a sample of SHARE project procurements. We found the Department complied with the Province of Nova Scotia Policy on Government Procurement and considered value for money when making these purchases.

2 Health: Electronic Health Records

Background

HEALTH: ELECTRONIC HEALTH RECORDS

- 2.1 An electronic health record (EHR) is defined as “*a secure and private lifetime record of an individual’s health and care history.*” It pulls selected information from a number of different health information systems to provide an overall summary of the patient’s medical history, including lab and diagnostic test results; previous treatments and surgeries; and prescription and immunization details. Authorized health care professionals can access this information.
- 2.2 An electronic health record is different than an electronic medical record. Whereas an EHR stores information from many systems based on care received from a number of providers, an electronic medical record typically contains a patient’s file from a single physician’s office. Primary care providers may utilize electronic medical records to store patient information, including test results, which were previously stored in a paper file in the physician’s office.
- 2.3 In 2001, Canada Health Infoway (Infoway) was created to work with the provinces and territories to implement health information systems, including an interoperable electronic health record. Infoway is an independent not-for-profit organization funded by the Federal Government. Its members are Canada’s 14 Deputy Ministers of Health.
- 2.4 Infoway provides funding for provincial and territorial electronic health record projects in areas such as interoperable EHR systems, client and provider registries, IT infrastructure, diagnostic imaging, drug information systems, laboratory information systems, public health surveillance and telehealth. The Federal government has provided approximately \$2 billion in funding to Infoway for health information systems.
- 2.5 In Nova Scotia, the health care system includes a number of electronic systems as well as traditional paper files in a variety of health care settings such as acute care, physician offices and others. Over the years electronic systems have been developed in specific program areas such as diagnostic imaging and hospital records. Additionally, a recent provincial initiative is intended to assist primary health care physicians in adopting electronic medical records.
- 2.6 The electronic health record project in Nova Scotia is known as SHARE – Secure Health Access Record. The SHARE system is intended to provide

an interoperable electronic health record in Nova Scotia which can be accessed by health care providers and provides a patient's medical history over time and across the continuum of care.

- 2.7 EHR projects may be cost shared between Infoway and each province or territory. Infoway has funded a number of projects in Nova Scotia, including the SHARE project.
- 2.8 During 2009, legislative auditors in six provinces in Canada, including this Office, decided to undertake audits of electronic health record projects in their jurisdictions. In addition, the Office of the Auditor General of Canada undertook an audit of Infoway. The seven individual reports will be issued between fall 2009 and spring 2010. The Office of the Auditor General of Canada will issue a joint summary report on all audits in spring 2010.

Audit Objectives and Scope

- 2.9 In fall 2009, we completed a performance audit of the electronic health record project (SHARE) at the Department of Health. The audit was conducted in accordance with Section 8 of the Auditor General Act and auditing standards established by the Canadian Institute of Chartered Accountants.
- 2.10 The objectives of our audit were to determine whether the Department of Health:
- information technology plans guide and direct the implementation of the Nova Scotia component of a Canada-wide compatible (interoperable Pan-Canadian) electronic health record;
 - has a process in place to meet the requirements of any signed master and funding agreements with Canada Health Infoway;
 - monitors progress in achieving the goal(s) identified in its EHR strategy;
 - manages the SHARE project based on recognized project management methodology to achieve expected results; and
 - can demonstrate that privacy and security concerns related to the collection, storage and distribution of personal health information are being considered.
- 2.11 After concerns were identified with electronic health records procurement transactions in other provinces, we decided to examine SHARE project procurements. Our objective was to determine whether the Department of

Health complied with the Province of Nova Scotia Policy on Government Procurement for purchases related to the SHARE project, and whether value for money was considered when purchases were made for the SHARE project.

- 2.12 Our procurement testing included the current SHARE project only. Systems which will provide information to SHARE such as hospital information systems, PACS, and others were excluded. In June 2005 (Chapter 6), this Office completed a review engagement of the Nova Scotia hospital Information System. This engagement included examining procurement transactions. No significant concerns were identified.
- 2.13 We used criteria from recognized sources including the IT Governance Institute's *Control Objectives for Information and Related Technology (COBIT 4.1)* and the Project Management Institute's *A Guide to the Project Management Body of Knowledge (PMBOK Guide, 2008 Edition)*. Other criteria were specifically developed for this audit. These criteria were discussed with and accepted as appropriate by senior management of the Department.
- 2.14 Our audit approach included a review of documents and reports, interviews with management and staff within the Department and testing of certain processes and procedures. Since the SHARE system is not yet operational, our audit did not include an assessment of whether the system will operate as described and whether appropriate controls have been implemented.

Significant Audit Observations

National and Provincial Electronic Health Records

Conclusions and summary of observations

The SHARE project goal is to provide a provincial electronic health record. Canada Health Infoway provides funding and guidelines to provinces and territories to develop and implement health information systems, including electronic health records. The SHARE system is being developed using Canada Health Infoway's standards for electronic health records. Nova Scotia complies with the terms of its funding agreements with Infoway. This will help position Nova Scotia to participate in the future if a national EHR is developed.

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- 2.15 *National electronic health record* – Canada Health Infoway was created to work with the provinces and territories to implement health information systems, including electronic health records. Infoway's mission is "...to foster and accelerate the development and adoption of electronic health

information systems...on a pan-Canadian basis.” One of Infoway’s goals is that by 2010, 50 percent of Canadians will have their electronic health record available to authorized professionals who provide their health care services. Infoway cost shares provincial projects to further the development of EHRs in Canada.

- 2.16 *Provincial electronic health record* – In Nova Scotia, the electronic health record project is known as SHARE – Secure Health Access Record. This project is being cost shared between the Province (\$9.1 million) and Infoway (\$19.2 million). The vision for the SHARE system is an electronic health record which can be accessed by health care providers and provides a patient’s medical history over time and across the continuum of care. Development and implementation of the SHARE project are discussed later in this Chapter.
- 2.17 *Master Agreement with Infoway* – The Department of Health (DOH) has a formal master agreement with Infoway which outlines the terms and conditions for undertaking electronic health record projects which are of interest to Infoway and the Department. DOH is adhering to the terms and conditions of the master agreement by providing progress reports to Infoway, complying with project timetables, and conducting privacy impact assessments.
- 2.18 When Infoway provides funding for health information systems, it requires those systems to be compatible with Infoway’s standards for EHR systems. When systems are compatible, information can be more easily shared between systems and jurisdictions. When this Report was written, there was no formal plan to develop a national electronic health record system in Canada. However Nova Scotia is using Infoway’s national standards in developing the SHARE system. If a national EHR is developed in the future, this will put Nova Scotia in a good position to participate.
- 2.19 In order to move to a national electronic health record system which includes information from all jurisdictions, and which providers can access regardless of where they or their patients are located, various provincial health information systems will need to share patient information. Some of these systems may already exist while others may need to be developed.

Department of Health IT Strategic Planning

Conclusions and summary of observations

The Department of Health does not have an overall information technology strategic plan. Department IT management informed us IT projects may be undertaken because funding is available rather than because the project has been

ranked as the highest priority. When decisions are largely based on available funding, there is a risk that IT initiatives will not be aligned with the goals and priorities of the Department of Health and government. There are no long-term plans to implement all EHR projects and Department management do not know when or how these projects will be funded. Although there is a plan for the current SHARE project, this is just one component of an overall electronic health record in Nova Scotia. The IT systems which will communicate with the SHARE system are using various IT standards and data descriptions, which results in a complex environment. This increases the likelihood that these systems will not be able to communicate with each other and so may not be able to share information with a provincial or Canada-wide electronic health record system.

2.20 *IT Strategic Plan* – The Department of Health does not have a comprehensive IT strategic plan. This is consistent with our findings in Chapter 5 of the February 2008 Report of the Auditor General – Governance of Information Technology Operations in which we noted there are no departmental IT strategic plans in government.

2.21 An IT strategic plan should include longer term information technology goals, anticipated new systems, and upgrades to existing systems. Currently, DOH uses an informal process to identify high priority strategic initiatives on an annual basis. There is no documented process to determine which IT initiatives should be undertaken and no indication of whether projects are consistent with the goals of the Department and government. DOH IT management informed us they may choose certain projects to undertake because funding is available. As a result, lower-priority projects may move forward because there is funding available while high-priority projects are not implemented. This poses the risk that scarce human and financial resources will be expended on projects which do not support long-term DOH goals or that projects will not be implemented on a priority basis.

2.22 There is no documented overall vision for the EHR initiative. A number of systems need to be developed or upgraded as part of an overall EHR for Nova Scotians. This information could be contained in a long-range IT strategic plan which would detail IT projects for the upcoming three to five years. An IT strategic plan should describe the various initiatives to be undertaken to achieve the plan.

2.23 Although there is a plan for the SHARE project, this is only one component of an electronic health record. Without a long-range IT strategic plan, it is not clear when remaining EHR systems will be developed, which systems should be upgraded and when, whether the SHARE system will be compatible with a possible Canada-wide electronic health record system, and estimated cost of all EHR systems including SHARE.

2.24 The IT systems which communicate with SHARE are using various IT standards and data descriptions. This increases the complexity of the electronic health record system and increases the risk that these systems will not be able to communicate and exchange information.

2.25 DOH IT management informed us they believe a multi-year financial plan is needed to support IT strategies. At this time, there is no IT strategic plan because IT management do not know when or how IT projects will be funded. Although we understand the Department's perspective on this matter we believe it is important to identify key IT projects through a strategic planning process.

Recommendation 2.1

The Department of Health should develop a formal IT strategic plan for electronic health records. This plan should detail how and when the remaining EHR initiatives will be implemented and funded.

SHARE System

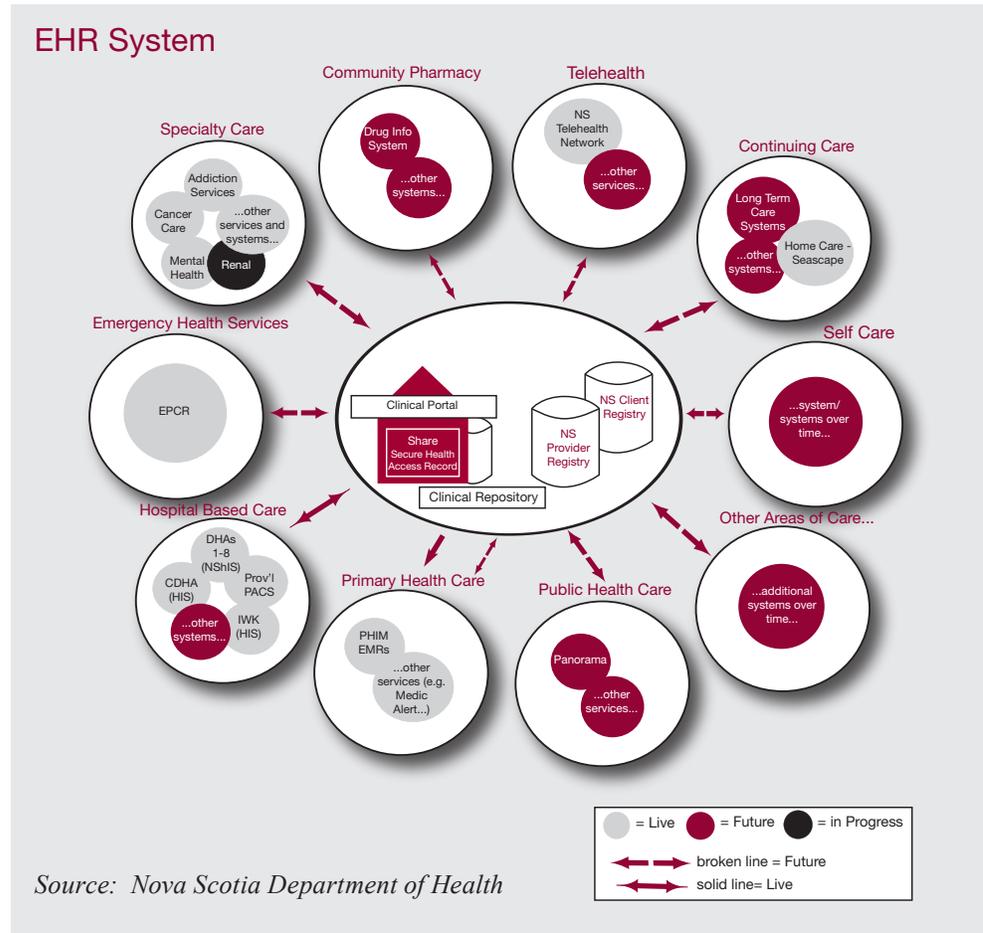
Conclusions and summary of observations

Although the SHARE system is expected to be operational in March 2010, additional EHR systems will need to be developed and existing systems upgraded in order to be compatible with Canada Health Infoway's standards for an electronic health record. We also noted primary care physician records will not be part of the initial SHARE system. When significant health information systems need to be developed, or require additional work, the resulting systems may not be able to communicate and share information with an electronic health record.

2.26 *Components of an electronic health record* – Canada Health Infoway has identified certain core systems which must be in place for an electronic health record.

- Client registry (uniquely identifies each individual in the system)
- Provider registry (uniquely identifies each service provider in the system)
- Diagnostic imaging system (x-ray, MRI, other)
- Drug information system
- Laboratory system
- Interoperable electronic health record (allows health care providers to view an integrated patient's health care record that includes demographic, diagnostic imaging, drug, laboratory, hospital clinical reports, infectious disease, immunization and other health information anywhere)

2.27 In Nova Scotia, the SHARE system will provide the interoperable electronic health record. The current phase of the SHARE project will result in the implementation of most of the core components of an EHR system. Subsequent phases will allow additional systems to transfer information to SHARE. The following diagram illustrates the various systems which DOH expects will form part of an electronic health record.



2.28 DOH expects the SHARE system to be operational by March 2010. At that time, this system will include a provider registry (clinicians such as physicians, nurses and pharmacists), client registry (patients), and other systems such as the hospital information systems in use in various district health authorities throughout Nova Scotia, and the PACS system, which stores diagnostic images electronically. Once operational, this phase of the SHARE project will provide information including patient-specific admission and discharge information; laboratory orders, status and results; clinical reports; diagnostic imaging orders and results; and a link to patients' diagnostic images such as x-rays and MRIs.

2.29 Many of the remaining systems have not been developed and others may require upgrades in order to be compatible with Canada Health Infoway's

standards for an electronic health record. Our concerns with the lack of long-range planning to develop and upgrade these systems were detailed earlier in this Chapter.

- 2.30 For example, when the SHARE system becomes operational in 2010, it will not include a drug information system – one of the systems identified by Infoway as a key component of an EHR. We were informed that preliminary planning is complete and this system will be developed in the future when funding becomes available; however there is no formal plan in place to move this system forward.
- 2.31 Additionally, primary care physician records will not be part of the SHARE system when it becomes operational. Although Infoway does not consider these medical records part of an electronic health record, we believe an individual's record of care from their family physician may include important health information for an electronic health record.
- 2.32 In Nova Scotia, DOH has a separate initiative, outside the SHARE project, to move physicians to electronic medical records for their patients. At the time of our audit, 27% of the primary health care physicians and 1% of specialists were using this medical records information system. We were informed that the vendor of the electronic medical records system is working with DOH to determine how the system can be integrated with the SHARE system. We are concerned that the development of such systems outside the EHR project and without an IT strategic plan could lead to these systems not being able to communicate with each other.

Recommendation 2.2

The Department of Health should determine all systems necessary to an EHR in Nova Scotia. Further, the Department should ensure these systems are able to communicate and share information.

SHARE Objectives and Performance Indicators

Conclusions and summary of observations

The SHARE project objectives are not specific or measurable and there were no performance indicators at the time of our audit. While Nova Scotia is participating in a joint initiative with two other provinces to develop indicators, DOH management are not certain when this will be complete. The lack of performance indicators and measurable objectives will make it difficult to determine if the resulting EHR system fully meets expectations at the end of the project.

2.33 *Performance indicators* – At the time of our audit, there were no established performance indicators for the SHARE project. Three Atlantic provinces – Nova Scotia, New Brunswick, and Newfoundland and Labrador – agreed to participate in a joint evaluation of two aspects of the EHR systems being implemented: lab systems and the overall EHR project. This evaluation is based on a framework established by Infoway and is led by the Newfoundland Centre for Health Information. We were informed that performance indicators will be developed as part of this evaluation. When this Chapter was written, the evaluation was not complete and there was no timeline to establish and implement performance indicators.

2.34 *Evaluation of documented objectives* – We also examined the documented objectives for the SHARE project.

- *“Deliver the project in a well-planned, cost effective and efficient manner.*
- *Fully meet or exceed the agreed to expectations of shareholders, including Canada Health Infoway.*
- *Build on the Province’s history of successful projects and become another “showcase” Nova Scotia project for the rest of Canada.*
- *Identify and address critical issues related to the sharing of patient information, including necessary policy and/ or legislation, access guidelines, standards and privacy concerns.*
- *Deliver measurable value to its main, primary stakeholders, the care providers of Nova Scotia.*
- *Build resources for sustainability in conjunction with HITS-NS through involvement in project delivery.”*

2.35 These objectives are not specific or measurable, and do not include timelines or deadlines.

2.36 The lack of performance indicators and measurable objectives will make it difficult to determine if the resulting EHR system fully meets the expectations at the end of the project. The Department should ensure clearly defined project objectives and performance indicators are established at the start of subsequent projects.

Recommendation 2.3

The Department should develop a detailed timeline to obtain baseline data and implement a performance indicator system.

SHARE Project Approval

Conclusions and summary of observations

Although the SHARE project agreement was formally approved by the Department, DOH management were uncertain whether central government approval was required because the project is cost shared with an external entity. We recommended the Department clarify and formally document the approval process for large IT projects.

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- 2.37 *SHARE Project Agreement* – The Department has a formal approved project agreement with Infoway for the SHARE project. The agreement details funding requirements, describes the results and benefits of the electronic health records initiative, and identifies deliverables.
- 2.38 *Project approval* – The SHARE project was approved by Department of Health management and by Canada Health Infoway. However, in Nova Scotia, significant government IT projects must generally be vetted by two committees – the Business Technology Advisory Committee (BTAC) and the Tangible Capital Asset (TCA) Committee.
- 2.39 Although DOH IT staff provided presentations to BTAC regarding the SHARE project, DOH management informed us they were not certain whether the project required BTAC approval because it is cost shared with Infoway. We believe significant IT projects should be assessed using similar processes, regardless of whether the projects are fully funded by the Province or cost shared with another entity.
- 2.40 The Department was required to obtain funding approval from the TCA Committee for the SHARE project. A funding submission was prepared and submitted and the Committee approved departmental capital spending.

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Recommendation 2.4

The Department of Health should formally document the process to approve significant IT initiatives, including determining what central government approvals may be required.

Project Management

Conclusions and summary of observations

Overall, the SHARE project was well-planned and well-managed. We found initial planning documents were consistent with project management best practices and

covered areas such as scope statement, project schedule, milestones, resource requirements, and risks. Processes to monitor and control work and approve changes were also documented. We found evidence of regular monitoring by project management. While the project plans detailed processes to approve project changes, we found these processes were not always followed. We recommended the Department adhere to its established project management processes.

- 2.41 *Project management methodology* – In order to manage large projects efficiently and help ensure budgets and deadlines are achieved, project management plans are necessary to coordinate implementation of multiple deliverables with multiple stakeholders. These plans should include a project schedule, milestones, resource requirements including cost estimates, staffing plans, and progress reporting requirements.
- 2.42 The Project Management Institute’s *A Guide to the Project Management Body of Knowledge (PMBOK Guide, 2008 Edition)* is a widely used source for best practices in project management. We examined the SHARE project management methodology and compared it to the *PMBOK Guide*. We concluded the project management methodology used for the SHARE project is consistent with PMBOK; however as discussed below, we found the processes for project changes were not always followed.
- 2.43 *SHARE project planning* – The initial SHARE project planning documents included a project charter, scope statement, project schedule, project management plan, a statement of roles and responsibilities, and cost estimates. We found these documents were well-prepared and considered key areas as required by project management best practices. Key risks were identified, documented and prioritized. Individual plans were also prepared to manage the project scope, schedule, costs, risk, quality and communications. Again we found these plans were well-developed and complete.
- 2.44 *Change control process* – We tested five approved change requests for the SHARE project and found one instance in which supporting documentation was inadequate.
- 2.45 Inadequate documentation increases the risk of unforeseen project delays, budget overages, and systems not meeting the needs of users.

Recommendation 2.5

The Department of Health should adhere to the documented SHARE project change control process.

- 2.46 *Monitoring* – We found SHARE project management are actively monitoring the project on an ongoing basis. Regular monitoring reduces

the risk that projects will get off track and fail to achieve time and budget deadlines. We found project status meetings are held regularly and status reports are prepared indicating whether the project is on track in accordance with the project plan. Key risks are actively monitored and updated by project management.

- 2.47 The initial \$28.3 million SHARE project budget was approved by DOH and Infoway. Costs are monitored and formal forecasts prepared. Any changes to project costs are authorized through the change request process. Although there have been some changes in the project, the budget did not need to be increased as a result. DOH management informed us they expected the SHARE project to be completed within its original budget.

Privacy and Security

Conclusions and summary of observations

At the time of our audit, certain of the identified privacy and security issues related to the SHARE project had not been addressed. DOH IT management informed us that remaining issues will be addressed in the coming months. We recommended the Department ensure these matters are addressed before the SHARE system is operational.

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- 2.48 *Scope of audit work* – As the SHARE system was not operational at the time of our audit, we were unable to test actual controls in place to safeguard information. We discussed planned processes with DOH management to determine whether privacy and security concerns are being addressed and include the results of this work here. However, we express no opinion on the operation of the SHARE system. Our work was limited to an examination and discussion of proposed approaches.
- 2.49 *Existing and proposed privacy legislation* – Legislation helps protect personal information held by public bodies, including an individual's personal health information. Some provinces have specific legislation addressing the privacy of health information. In Nova Scotia, there are several pieces of legislation which impact the storage and sharing of an individual's health information including Freedom of Information and Protection of Privacy Act, the Health Authorities Act and others.
- 2.50 DOH management informed us they have concerns with inconsistencies in existing legislation. For example, the rules for providers, records and facilities are not always consistent. Additionally, current legislation was developed for a paper-based record keeping system.

- 2.51 The Department of Health developed a discussion paper on personal health information in Nova Scotia to assist DOH in obtaining public input to create a single piece of legislation that deals with protection and privacy of health information.

Recommendation 2.6

The Department of Health should address inconsistencies in current legislation either by amending the legislation or creating a single piece of legislation to address personal health information. Furthermore, the Department should ensure the resulting legislation adequately addresses concerns expected in an electronic system.

- 2.52 *Privacy impact assessment* – Statistics Canada defines a privacy impact assessment as “a comprehensive process for determining the privacy, confidentiality and security risks associated with the collection, use and disclosure of personal information. It also defines the measures used to mitigate and, wherever possible, eliminate the identified risks.”
- 2.53 At the time of our audit, two privacy impact assessments were completed and a third was ongoing for the SHARE project. These examine privacy concerns related to the collection, use and disclosure of personal information and consider ways to mitigate identified risks. We found a number of areas were assessed as high risk with an indication this risk could be reduced to a low level if mitigating factors were put in place.
- 2.54 *Threat risk assessment* – The Province’s agreement with Infoway requires completion of a threat risk assessment which is intended to identify and analyze threats and risks to information technology assets and take appropriate steps to safeguard these assets. The assessment was completed and improvements were identified for particular areas.
- 2.55 We were informed certain privacy impact and threat risk assessment recommendations were incorporated into the SHARE project implementation plans while other recommendations are to be addressed before the SHARE system is operational. At the time of our audit the outstanding recommendations included:
- determining access for new user groups;
 - policy, procedures and agreement related to SHARE remote access; and
 - a formal retention policy for electronic health record systems.
- 2.56 We understand from DOH IT management that these outstanding recommendations will be addressed in the coming months.

Recommendation 2.7

The Department of Health should take appropriate action to address remaining risks identified in the privacy impact assessments and threat risk assessments before the SHARE system is operational.

- 2.57 *Other privacy and security issues* – During our audit we noted a privacy and security concern with existing SHARE systems. We informed DOH management of our concern and recommended it be addressed before the SHARE system is operational. Due to the nature of this issue, our finding is not detailed in this Chapter.
- 2.58 Once the SHARE system is operational, the Department will rely on HITS-NS (the operational support service for the district health authorities) to manage certain services for SHARE and other health information system applications in the Province. Department management informed us they do not intend to obtain an audit of controls at HITS-NS. A section 5970 audit report would provide independent assurance that this support service has adequate controls in place.

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Recommendation 2.8

The Department of Health should require an annual section 5970 audit report if HITS-NS manages services related to the SHARE system.

Procurement

Conclusions and summary of observations

We tested a sample of purchases related to the SHARE project and concluded the Department of Health complied with the Province of Nova Scotia Policy on Government Procurement and considered value for money when making these purchases.

- 2.59 *Procurement sample testing* – We selected a sample of four procurement transactions and concluded the transactions were in accordance with the Province of Nova Scotia Policy on Government Procurement (Procurement Policy). Requests for proposals were issued and vender bids submitted, scored, ranked and selected based on criteria specified in the requests for proposals.
- 2.60 *Alternative procurement testing* – The Procurement Policy allows for alternative procurement practices, such as sole sourcing, in certain circumstances if Deputy Minister approval is obtained. We selected a sample of three alternative procurement transactions and concluded



approval of the Deputy Minister of Health was obtained and there was appropriate documentation supporting why the alternate procurement practice was required. This documentation often described value for money considerations.

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Response: Department of Health

Recommendation 2.1

The Department of Health should develop a formal IT strategic plan for electronic health records. This plan should detail how and when the remaining EHR initiatives will be implemented and funded.

2.1 Response

We agree with this recommendation. The Department of Health will develop an Electronic Health Record (EHR) strategic plan for the advancement of electronic health records to support better patient care. In order for this strategic plan to be realized it will require a commitment to an Electronic Health Record Financial Investment Strategy which will be built through the annual business planning process.

Recommendation 2.2

The Department of Health should determine all systems necessary to an EHR in Nova Scotia. Further, the Department should ensure these systems are able to communicate and share information.

2.2 Response

We agree with this recommendation. The Department of Health will clarify and formally document, through the EHR strategic planning process, the key systems that are core to electronic health records of Nova Scotians. We will ensure that the systems are aligned with key Department of Health and Department of Health Promotion and Protection strategic directions, and the systems will be able to communicate and share key patient information.

Recommendation 2.3

The Department should develop a detailed timeline to obtain baseline data and implement a performance indicator system.

2.3 Response

We agree with this recommendation. The Department of Health is currently participating in an iEHR Benefits Evaluation Project with New Brunswick and Newfoundland & Labrador, with funding investment from Infoway. This project will develop a detailed timeline to obtain baseline data and identify how to monitor performance.

Recommendation 2.4

The Department of Health should formally document the process to approve significant IT initiatives, including determining what central government approvals may be required.

RESPONSE:
DEPARTMENT OF
HEALTH

2.4 Response

We agree with this recommendation. The Department of Health will work with other departments in government to clarify existing processes, outline, formalize and clearly document the process for project approval of significant initiatives.

Recommendation 2.5

The Department of Health should adhere to the documented SHARE project change control process.

2.5 Response

We agree with this recommendation. Processes have already been put in the place to ensure the change management process is followed, as documented.

Recommendation 2.6

The Department of Health should address inconsistencies in current legislation either by amending the legislation or creating a single piece of legislation to address personal health information. Furthermore, the Department should ensure the resulting legislation adequately addresses concerns expected in an electronic system.

2.6 Response

We agree with this recommendation. New legislation called Personal Health Information Protection Act was tabled for first reading in Fall 2009.

Recommendation 2.7

The Department of Health should take appropriate action to address remaining risks identified in the privacy impact assessments and threat risk assessments before the SHARE system is operational.

2.7 Response

We agree with this recommendation. The Privacy Impact Assessment and Threat Risk Assessment documents were developed when the SHARE system was in the planning phase. The current plan ensures that appropriate actions are taken for the identified risks as the project progresses to implementation. All of the privacy risks will be addressed with the appropriate technology and process solutions and will be tracked as the application evolves.

Recommendation 2.8

The Department of Health should require an annual section 5970 audit report if HITS-NS manages services related to the SHARE system.

2.8 Response

We agree with this recommendation. The 5970 process is already under consideration for HITS-NS as a result of other applications that HITS-NS currently supports.