



Quarterly Change

The **Canadian Institute for Health Information** (CIHI) has appointed Graham W.S. Scott, Q.C. as the Chair of its Board of Directors. Mr. Scott is the managing partner of McMillan Binch LLP and partner-in-charge of the firm's public policy and government issues practice. Scott has served as Deputy Minister of Health in Ontario, as Chair of the Task Force on the Use and Provision of Medical Services (Ontario) and Chair of the Transition Team for Cancer Care Ontario. He has also served as the independent Chair or Co-Chair of several different hospital amalgamation processes, and as a former Chair of the Public Policy Forum, a non-partisan organization promoting greater collaboration between public and private sectors. Mr. Scott succeeds Michael Decter, who was Board Chair since 1998 and recently stepped down to become Chair of the newly formed Health Council of Canada.

Mr. Scott is joined by three new board members: Roberta Ellis, Vice President of the Prevention Division, the Workers' Compensation Board of British Columbia; Kevin Empey, Vice President of Finance and Corporate Services, the University Health Network (Toronto); and Dr. Peter Barrett, a physician from Saskatoon.

Federal/Provincial/Territorial Ministers of Health Establish New Canadian Patient Safety Institute

The Canadian Patient Safety Institute (CPSI) was officially announced in December as well as the Institute's Founding Board of Directors. The Institute will provide leadership and coordination in building a culture of patient safety and quality improvement throughout the Canadian healthcare system. As a not-for-profit corporation, at arm's length from government, it will promote best practices, raise awareness and provide advice on effective strategies to improve patient safety. The Institute will rely on national networks and expertise, supported by a secretariat located in Edmonton, Alberta. The federal government had announced funding of \$10 million annually in the 2003 Federal Budget to support national patient safety initiatives, such as the CPSI. In September 2003, Ministers of Health unanimously supported the establishment of the Institute by the end of 2003. www.hc-sc.gc.ca/english/media/releases/2003/2003_99.htm

The city of Drumheller in Alberta is the first in Canada to link its entire medical community to a **provincial electronic health record**. Physicians, nurses, pharmacists, home care and all other eligible health providers in Drumheller are now using Alberta's electronic health record to access pertinent patient information online. Over 15,000 patients in the community will now be served by the electronic health record which stores pertinent patient information online so that healthcare providers may access a patient's prescription history, allergies and laboratory test results immediately online, via computer. The Alberta electronic health record was launched in October 2003. It is expected all of Alberta's health regions, one-third of physicians' offices, and half of all pharmacies will be using electronic health records by spring 2004.

The **Canadian Council on Health Services Accreditation** (CCHSA) is among the winners of the Conference Board of Canada/Spencer Stuart National Awards in Governance. CCHSA developed and adopted a self-evaluating governance model that allows it to promptly evaluate opportunities for improvement and address them through a performance management and feedback accountability loop. In addition to selecting performance indicators for CCHSA itself, the board of directors – in focusing on strategic issues – developed its own goals complete with explicit objectives and performance indicators.

The Conference Board award recognizes examples of innovation in governance that demonstrate improvement, yield measurable results and showcase accomplishments that can be shared with other organizations. In recognizing CCHSA as a winner in the not-for-profit category, the judges remarked on CCHSA's strong, clear alignment of its mission, vision and values with a corporate governance framework focused on policies and ends, and resultant corporate and board work plans. This alignment is further reflected in the terms of reference of the board and CEO, and the monitoring and evaluation of corporate and board actual performance against performance indicators. For more information see www.cchsa.ca.

Alberta's regional health authorities have been granted a total of \$20 million in capital funding for 18 projects that expand the range of healthcare services available to Albertans. The 18 projects all involve redevelopment of existing care facilities to improve access to health services. Projects include converting existing unused capacity to long-term care facilities; implementing new service-delivery models such as comprehensive primary healthcare or centres of specialization; integrating mental health services with existing regional facilities; or consolidating regional services for more efficient access. The funds are part of the Health Sustainability Initiative Fund, a partnership between Alberta Health and Wellness and Alberta Infrastructure. The fund was created to provide \$59 million to health regions over three years. This is the first allotment from the fund. Earlier this year, other primary health initiatives were announced as part of Alberta's \$54.7 million in federal funding to improve primary healthcare. www.health.gov.ab.ca

Saskatchewan Health has approved \$15.3 million in capital equipment purchases as identified by Saskatchewan's Regional Health Authorities, the Saskatchewan Cancer Agency and the Provincial Laboratory. The province is allocating \$6.8 million to purchase diagnostic and therapeutic equipment, such as radiology, ultrasound and mammography units. Over \$5.5 million will purchase medical and surgical equipment. A further \$1.5 million will be spent on new laboratory equipment and \$1.5 million is dedicated to addressing priorities affecting patient safety and comfort.

Previously, Saskatchewan Health announced \$2 million to purchase new equipment and technology to ensure better access to surgical procedures and reduce the time for invasive surgery, as well as \$2 million for new CT Scanners.

Ontario must implement an action plan to ensure the province is better prepared to handle **infectious disease outbreaks and public health emergencies**, according to a report by an expert panel established to identify key lessons learned from the outbreaks of Severe Acute Respiratory Syndrome (SARS) in the Greater Toronto Area in late winter and spring 2003. The report, titled *For the Public's Health*, contains more than 50 recommendations for strengthening the healthcare system's ability to respond to future infectious disease outbreaks and manage health emergencies. It represents the first phase of the work being led by the Expert Panel on SARS and Infectious Disease Control, chaired by Dr. David Walker, Dean of Medicine at Queen's University. For more information see: www.health.gov.on.ca.

Canadian businessman and philanthropist Michael G. DeGroote has given **\$105 million to McMaster University** in Hamilton, Ontario. McMaster's medical school will be the beneficiary of the largest single cash gift in Canadian history. In tribute, the School of Medicine will now be known as the Michael G. DeGroote School of Medicine at McMaster University, the first Canadian medical school to bear the name of a benefactor. Mr. DeGroote, noted entrepreneur, purchased and grew Laidlaw Transport Ltd., a company that became the largest school bus operator and third-largest waste management company in North America before it was sold in 1988.

Prince Edward Island's **state-of-the-art Cancer Treatment Centre** officially opened its doors in November. In 1997, the Province announced its commitment to establish enhanced radiation therapy services at the Queen Elizabeth Hospital. The expansion project, which started in 1999, included the addition of a linear accelerator unit to enhance curative oncology treatment services at the hospital. The linear accelerator, which has been in operation since October, uses high-energy radiation to localize treatment on tumours. It will also be used to treat patients with cancer of the prostate and gynecological cancers. The expansion of the Cancer Treatment Centre means that at least 90% of Island cancer patients will now be able to remain in PEI for their treatment. In addition to the new equipment, the Centre has added 20 new employees including five radiation therapists, oncology nurses, an electronic engineer, a social worker and a dietician.

British Columbians will have an opportunity to help guide the renewal of the public health system by participating in the **first provincial patient satisfaction survey**. Residents from across the province will be contacted to comment on their experiences in accessing a range of healthcare services.

Information collected will include British Columbians' observations on specific healthcare services such as child immunization, a visit to their doctor or a hospital stay, as well as overall satisfaction with the care provided. Using a scale of one to five, participants will rate their level of satisfaction with the convenience of access, reasonableness of wait and overall quality of the service provided. For more information see www.gov.bc.ca.

Atlantic Health Initiative on the World Stage

A technology project that allows health-care workers in Atlantic Canada to more easily share vital patient information is earning national and international accolades. The project, a collaborative effort by the four Atlantic provinces and Health Canada, was selected as Canada's e-health submission in a competition for a United Nations World Summit Award. Called Tele-i4, which stands for the inter-provincial integration of images and information, the project is also known as Picture Archiving and Communication Systems (PACS). The technology allows hospitals to send digital images across a network to other hospitals within and across the four provinces. Tele-i4 increases timely access to specialists and has reduced the need to send patients out of their home province or communities for diagnosis and treatment. The World Summit Award, a global three-year project, is a worldwide initiative to select, evaluate and promote the best-practice examples of electronic technology and creativity. It involves 136 countries. E-health is one of the eight categories for the World Summit Awards. For more information see www.gov.ns.ca/health/hia.

In 2004, the **Montreal Heart Institute** (MHI) marks its 50th anniversary. The anniversary attests to the Institute's outstanding accomplishments, ranking it among the best cardiology centres in Canada, and earning for it an international reputation. Since its inception, the Institute has distinguished itself with numerous research works, many of which were trailblazers in the cardiology field both nationally and internationally. Listed among the MHI's medical breakthroughs are the first open-heart surgical procedure in Quebec in 1957; the first heart transplant in Canada in 1968; the first coronary angioplasty (balloon dilatation) in 1980; and the first Laser coronary angioplasty in the world in 1988. For more information see: www.icm-mhi.org.

The **Université de Montréal** has received a commitment of US\$11.7 million (CAN\$16 million) from the Bill & Melinda Gates Foundation to build capacity for population and health research and policy in French-speaking sub-Saharan Africa. This program, lasting 10 years and run in partnership with the Université de Ouagadougou in Burkina Faso (West Africa), will support reproductive health in the region by providing advanced training programs, developing a regional policy research leadership center and establishing a network of specialists in the field. See www.gatesfoundation.org

Transitions

Canadian **Janet Davidson** is one of five individuals worldwide who were recently elected to the Standing Commission of the **Red Cross Red Crescent Movement**. The Standing Commission is the international humanitarian movement's highest deliberative body. Its members are chosen by the 181 national Red Cross or Red Crescent Societies and their governments. Davidson, who in her professional life is the Chief Operating Officer with Vancouver Coastal/Vancouver Acute Health, has been a volunteer with the Red Cross Red Crescent Movement locally and globally for over 30 years. She is a past President and honorary Vice-President of the Canadian Red Cross and a Vice-President of the International Federation of Red Cross and Red Crescent Societies. For more information see www.redcross.ca.

Dr. Sheila Basrur will be the new Chief Medical Officer of Health and Assistant Deputy Minister of the Public Health Division. Dr. Basrur was the City of Toronto's Medical Officer of Health, where she led a team of more than 1,800 public health employees. Dr. Basrur provided leadership during the Severe Acute Respiratory Syndrome (SARS) outbreak last year, and in her new role she will be reviewing the scope and structure of public health programs and services to improve the way they are organized and delivered.

On January 1, 2004, the Cornwall Community Hospital (Hôpital communautaire de Cornwall) assumed the ownership and operation of the two Cornwall acute care hospitals. **Andrew Neuner** has been appointed President and CEO of the new hospital. Mr. Neuner is an administrator who has had extensive experience with hospital restructuring in British Columbia. Prior to coming to Cornwall, Mr. Neuner was CEO of the Northern Health Authority, British Columbia, where he was directly responsible for a budget of \$85 million and 1,400 staff.

The capital budget for **New Brunswick's Department of Health and Wellness** is \$53.7 million, a 46.2% increase over 2003–2004 revised figures. The additional funding will be applied to major capital projects including \$12.1 million for the construction of the Stan Cassidy Centre for Rehabilitation, New Brunswick's provincial rehabilitation centre and \$2 million allocated to the planning phase of the new ambulatory care unit and laboratory services at the Moncton Hospital. The proposed new hospital for the Upper Saint John River Valley will receive \$3 million for project planning; \$1.5 million will go toward a new addictions centre in Campbellton; and \$200,000 will go toward the planning stage of the renovation project of the surgical suite at the Bathurst Regional Hospital.

The department's capital equipment fund, which totals \$13.7 million, will be used to purchase new and replacement medical equipment. Disbursement of this funding will be done in collaboration with the regional health authorities on a priority basis. A total of \$4.4 million is also budgeted for capital improvement projects which will significantly improve hospital infrastructure.

The **Scarborough Hospital** (TSH) recently announced the retirement of Deputy CEO and Executive Vice-President **Lieutenant-Colonel Irene Stickland**. Lt.-Col. Stickland served as President and CEO of the Salvation Army Scarborough Grace Hospital prior to the 1999 merger with the Scarborough General Hospital. Following the voluntary amalgamation of the two hospitals, Lt.-Col. Stickland assumed the role of Executive Vice-President and Deputy CEO of the newly formed TSH.

The Board of Trustees of St. Mary's General Hospital in Hamilton, announced that **Dr. Kevin Smith** has been



appointed the new President and CEO, effective March 1, 2004. Dr. Smith is currently the President and CEO of St. Joseph's Healthcare in Hamilton and will retain that role in addition to his new appointment at St. Mary's.

The Board of Directors of the **Ontario Hospital Association** (OHA) announced the appointment of **Hilary Short** to the position of President and Chief



Executive Officer (CEO) of the Association. From February 2003, Ms. Short served as Interim President and CEO. Prior to that, she held several leadership positions at the OHA, including Chief Operating Officer and Vice-President of Member Relations, Policy and Public Affairs. From 1999 to 2001, Ms. Short was seconded to the Ministry of Health and Long-Term Care, where she served as Chief of Staff to the Honourable Elizabeth Witmer, Minister of Health and Long-Term Care.



MEDEC, Canada's Medical Device Technology Companies, has appointed **Stephen Dibert** President and CEO. Mr. Dibert has an accomplished

background in both government and healthcare. Prior to joining MEDEC, Dibert was with Hill and Knowlton, leading the Toronto Public Affairs Health and Pharmaceutical Practice. From 1995 to 2002, he worked for GlaxoSmithKline (GSK), where he held many senior roles with responsibility for external relations, health, economic and reimbursement strategy and health policy. At GSK, Dibert created several health policy advocacy campaigns with stakeholder and professional associations and lobbied government on behalf of the company and the industry. Prior to joining GSK, he was responsible for business development at the Institute for Work & Health.



Anne McFarlane has been appointed the **Canadian Institute of Health Information's (CIHI)** first Executive Director, Western Canada. Ms. McFarlane will

work to enhance CIHI's presence in the West, ensuring that the Institute's products and services reflect the needs of the four western provinces and the territories, and identifying new business opportunities. Along with an MSc in Community Health and

Epidemiology, Ms. McFarlane brings more than 20 years' experience in the health and social service sectors to CIHI, including senior management positions with the B.C. Ministry of Health and the Saskatchewan Health Services Utilization and Research Commission. She has also served on the boards of the Canadian Institute for Health Services and Policy Research and the Michael Smith Foundation for Health Research.



Ene Underwood has been named to the newly created position of Executive Vice-President and Chief Operating Officer at Toronto's **Bridgepoint Health**. Ms. Underwood has held a number of senior positions in the healthcare sector, including site administrator for the former Doctor's Hospital; special advisor to Dr. Alan Hudson, former President and CEO, University Health Network; consultant to the Toronto District Health Council; and consultant with the McKinsey Group. Most recently, she was President and CEO of TML Laboratories.

Reporting directly to the President and CEO, Ms. Underwood will be responsible for overseeing the day-to-day operations of Bridgepoint Hospital, Bridgepoint Community Rehab and Bridgepoint Health Research Institute.



The **Children's Hospital of Eastern Ontario (CHEO)** is pleased to welcome **Pat Elliott-Miller**, as its new Vice-President of Patient Services and Chief Nursing Executive. Pat comes to CHEO from SCO Health Services in Ottawa, where she held the position of Chief Nursing Officer. Her passion for nursing is rooted in 20 years of direct involvement in all aspects of the profession and her leadership extends to several professional organizations, including the Joint Provincial Nursing Sub-Committee, the OHA, the Provincial Nursing Leadership Network and the Ottawa Council of Nurses Executives, which she chairs. Pat has also been called upon to address nursing and patient care issues at provincial and national symposiums.

Patricia Petryshen, Executive Vice-President and Chief Nursing Officer at St. Michael's Hospital in Toronto, has accepted the position of **Assistant Deputy Minister of Performance Management and Improvement with the Ministry of Health Services for the Government of British Columbia**. In her new role, she will be responsible for establishing the responsibilities of the Ministry of Health Services and Health Authorities, performance management, developing and negotiating performance expectations, and advancing system improvement. In addition, the strategic management of emerging and day-to-day operational issues arising from the activities of the health authorities will be her responsibility.

In Ontario, **George Smitherman** was named **Minister of Health and Long-Term Care** in the Liberal government of Dalton McGuinty. He was first elected Ontario's Member of Provincial Parliament for the riding of Toronto Centre-Rosedale in 1999. In the legislature, he serves as Deputy Whip. Additional responsibilities include serving as chair of the Greater Toronto Area caucus and as critic for financial institutions. Smitherman also served as Chief of Staff to Toronto mayor Barbara Hall and was an advisor to federal Cabinet Ministers David Collenette and Herb Gray. At the provincial level, George served as an assistant to Premier David Peterson and a member of his cabinet.

Elizabeth Marshall was named **Newfoundland and Labrador Minister of Health and Community Services** in the cabinet of Tory Premier Danny Williams. She is Canada's only female health minister at the provincial-territorial level. A former chartered accountant, Ms. Marshall spent 23 years in the public service and at one time was Deputy Minister of Social Services. She was Attorney General when the Tories were last in power.

George Langill, CEO of the Royal Ottawa Health Care Group (ROHCG), announced his retirement, effective December 31, 2004, after 30 years of committed service to the field of mental health and physical rehabilitation. Mr. Langill oversees the operations of the Royal Ottawa Hospital, the Brockville Psychiatric Hospital and a number of satellite community programs.

Vendor News

Provincial governments are covering fewer new medicines under provincial drug plans, but a new opinion poll suggests 95% of Canadians want access to the most leading-edge pharmaceutical treatments. The survey also found overwhelming support for knowledge-based industries as a driver of economic growth in the health sector. The opinion study, which was designed and conducted by **Pollara Inc.**, found that Canadians believe governments must do more to encourage research and development into new therapies for treating and preventing illness. The survey also found that the pharmaceutical sector is one of Canada's top economic growth industries. To view full survey results see files.newswire.ca/327/Pollara.ppt.

Nexlink Technologies Inc. announced it has been awarded a \$2.4 million contract for the rollout and technical support of a complete integrated solution to computerize all Outaouais region hospital centre laboratories. The Centre hospitalier des Vallées de l'Outaouais ("CHVO") is the institution responsible for computerizing the laboratories in the region. This multi-site solution fits perfectly with the regionalization approach advocated for healthcare networks in the Outaouais region, as it provides for the computerization of all analysis and follow-up activities carried out by the six hospital centres in the region. For more information see www.nexlink.com

Ontario Air Ambulance received a top international award from **Microsoft Corporation** for its application of new on-line technology that enables rapid patient transfer during an infectious disease outbreak. The software used by the Ontario Air Ambulance's Provincial Transfer Authorization Centre (PTAC) won .NET Application of the Year, Microsoft's highest honour recognizing the best use of on-line technology worldwide. PTAC is a web-based system that collects and analyzes patient transfer requests, highlighting those that will require a quick transfer due to potential infectious disease exposure. Using the on-line system, PTAC requests are approved in seconds, rather than the hours it took previously to manually file and fax forms.

For individuals living with a chronic health condition, access to information, education and professional care can be a challenge: healthcare workers are in short supply, funding is limited and the specialized expertise they require may be miles away. However, an innovative new approach to healthcare management may provide a solution. The Web of Wisdom (WOW) Wound Care and WOW Cardiac Care research projects have been awarded \$180,000 of funding from **CANARIE** and have also received matching funds and an additional in-kind contribution from **Saint Elizabeth Health Care**.

Healthcare providers – particularly those in rural and remote locations – are discovering how established linkages with experts, mentors and peers beyond their community can enable them to stay current with best practices, build local capacity and feel more confident about the care they provide.

The WOW concept, which represents the convergence of three e-learning and e-care initiatives, has been fully implemented at all of the participating test sites, including West Prince Regional Health Authority in Prince Edward Island, Anishinaabe Mino-Ayaawin Health Authority in Manitoba and two of Saint Elizabeth Health Care's Ontario service delivery centres, London and North York.

The web-based applications, known as "YourSide," "YourSide Colleague" and "YourSide Companion," respectively provide education and health management for individuals; e-learning and development for healthcare providers; and care delivery tools to enable remote monitoring, expert assessment and consultation. The dynamic combination of these applications is referred to as a Web of Wisdom. For more information see www.saintelizabeth.com.

The **Ottawa Hospital** (TOH) announced it has entered a 15-year agreement with Honeywell Building Solutions that will see the hospital invest \$17 million in its facilities which will result in a guaranteed utility/energy savings of \$2.7 million per year - money that will be reinvested in patient care. Honeywell will provide its engineering and energy management expertise to coordinate the implementation of infrastructure upgrades at TOH, which include lighting, heating, cooling, ventilation and building control systems. These upgrades will make the systems significantly more energy-efficient and will result in a reduction of the hospital's \$14 million annual utility costs. A portion of those savings will then be used to repay for the upgrades, while the rest is reinvested into patient care and the hospital's operations. For more information see www.ottawahospital.on.ca.

The **Ottawa Hospital Foundation** and **Bell Canada** recently marked the opening of the Bell Patient Decision Support Laboratory – the first in Canada – thanks to a contribution of \$500,000 provided by Bell Canada. Funding will go toward researching effective ways to help patients and their families facing difficult decisions about their health. It will also support the on-going development of unique tools called "decision aids" which can be tremendously useful to Canadians facing tough choices – such as deciding whether to place a family member with dementia in a care facility, or taking stronger drugs for arthritis. There are over 500 decision aids in the database and over 150 are now accessible for public use at the lab website www.ohri.ca/decisionaid. Apart from provincial and federal government funding, Bell Canada is the only corporate investor to support on-going operations for this unique project.

Infoway Invests \$2.5 Million in Saskatchewan Health IT Project

Canada Health Infoway is investing more than \$2.5 million in a Saskatchewan project to assist regional health providers in exchanging information in a secure manner. The Provider Registry project will link a new provincial listing of health providers with current and future health information systems in health regions. A provider registry lists health providers who operate in the province along with information on their practicing status, qualifications, education and contact information. The electronic Provider Registry will initially contain registration data on physicians, pharmacists, dentists and nurses. The list will be updated daily by health profession licensing bodies in the province.

The Registry will assist health providers in communicating with each other by acting as a type of electronic Yellow Pages, making it easier for them to coordinate care for patients. It is also an important component in implementing future technologies to ensure that only authorized health providers are able to access their patients' electronic health records (EHRs) when information needs to be shared between care providers.

Partners in the project include: Canada Health Infoway, Saskatchewan Health, the Regina Qu'Appelle and Saskatoon Health regions and healthcare provider licensing bodies in the province.

Infoway invests approximately \$16 million in Alberta's Pharmaceutical Information System (PIN)

Infoway will invest approximately \$16 million for the province-wide deployment of Alberta's Pharmaceutical Information System (PIN), a major component of the province's electronic patient record (EHR). Use of PIN will result in better-quality healthcare by ensuring that prescriptions are dispensed accurately and quickly, with fewer negative drug interactions.

PIN lets physicians view a patient's complete drug profile online, order a prescription electronically and receive notification of drug interactions automatically. This system also allows pharmacists to view the order online, and send a message electronically back to the prescribing physician with the patient's dispensing information once the prescription is filled.

Key benefits of Drug Information Systems include:

- A decrease in prescription errors and a reduction in adverse drug complication
- Improved diagnosis support through availability of complete drug profile
- Fewer callbacks by pharmacists to physicians for clarification

The provincial EHR was officially launched on October 21, 2003 and deployment will continue through March 2005.

Infoway to invest \$1.8 million in Capital Health's Patient Registry

Infoway will invest \$1.8 million in a Capital Health (Edmonton) project to create a regional electronic patient registry. A patient registry is an electronic directory of all persons who have received healthcare services.

Capital Health's regional patient registry solution, called the Enterprise Master Person Index (EMPI), will allow for the unique identification and matching of patient information from different sites. It will also eventually support the identification of patients who are referred into the region from other jurisdictions.

This investment is a major step toward making compatible EHR systems a reality across Canada. Patient registries are designed to be linked to health databases, therefore matching the right patient with the right health history or information. This provides physicians, nurses and other health practitioners with accurate and timely information, enabling improved diagnosis, treatment and health outcomes for patients. Since patient registries uniquely identify each patient (even if two patients have the same name and birth date, the system can distinguish them), they help reduce the risk of errors. Infoway and Capital Health will work together to develop a tool kit of best practices, architecture and implementation plans based on the knowledge, experience and lessons learned from Capital Health's initial patient registry.

Infoway invests \$11.4 million in one of Canada's largest diagnostic imaging system implementations

Infoway will invest \$11.4 million in one of Canada's largest diagnostic imaging system implementations. The project will link 12 British Columbia hospitals operated by the Fraser Health Authority. These hospitals will share a digital Picture Archiving and Communication System (PACS), which will enable patients to have an x-ray or MRI scan performed at one hospital with the results accessible at other Fraser Health hospitals and online to physicians.

Infoway has identified the online viewing of diagnostic images as one of the key building blocks to an EHR. This investment will allow Infoway to evaluate the benefits of a shared model approach, where smaller and larger hospitals share the same systems and technology at lower cost than if they had to individually equip themselves. This approach helps address the challenge of providing affordable access for smaller hospitals and clinics to the technology underlying EHR. Small hospitals and clinics comprise 80% of Canadian facilities. Infoway plans to make this "shared services" model replicable and reusable in jurisdictions across Canada.