CEHC Regional Epic Instance Privacy Training

EpicCare Link / Third Party Access

2022/23

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Enabling Healthcare Across Networks of Central East Ontario

Objectives

After completing this module, you will have a better understanding of:

- the regional nature of the CEHC Epic instance relevant privacy legislations
- the definition of PHI
- what constitutes a privacy breach & its potential consequences
- what a Private Encounter is and the expectations of Health Care Providers what Break-the-Glass (BTG) is and the expectations of Health Care Providers what a Release Restriction is and the expectations of Health Care Providers what privacy resources are available to you and how to locate them

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CEHC Regional Epic Instance

- Partners of the Central East Hospital Cluster (CEHC) have adopted a shared, regional clinical information system. In practice, this enables clinical end users of the system to access and use personal health information across all Partner sites for authorized purposes (such as the provision of healthcare to patients).

- When accessing Epic, clinical users will gain access to or occurring at all seven Partner organizations. patient-level and encounter-level information collecting

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CAMPBELLFORD MEMORIAL HOSPITAL

HALIBURTON HIGHLANDS HEALTH SERVICES

Lakeridge Health

NHH

PRHC Peterborough Regional Health Centre

ROSS MEMORIAL HOSPITAL Kawartha Lakes

SHN SCARBOROUGH HEALTH NETWORK

Training Rationale

- To provide external users with information on how to best safeguard our patients' personal health information (PHI) against lost, theft, and unauthorized access, collection, use, and disclosure
- To ensure all users have access to education/training around matters relating to PHI and privacy
- To address common incidents identified through electronic health record (EHR) audits, near misses, and privacy breaches
- To meet Information and Privacy Commission of Ontario (IPC) guidance, expectations, & in alignment with previous IPC Orders
- To support all team members of the CEHC community with information regarding privacy legislation, and CEHC Regional policies

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Key Terms

Agent:	A person that acts for or on behalf of a health information custodian with authorization of the custodian
Breach:	Personal Health Information that is lost, stolen, or accessed, collected, used or disclosed without authorization
Circle of Care:	Enables HICs to rely on an individual's assumed implied consent for the purpose of providing health care (not defined under PHIPA)
FIPPA:	Freedom of Information and Protection of Privacy Act, 1990
HIC:	Health Information Custodian. Person or organization who has control or custody of PHI as a result of performing the duties of a hospital or practice of health care providers
IPC:	Information and Privacy Commissioner of Ontario
PHI:	Personal Health Information (see slide #6 for PHIPA's definition)
PHIPA:	Personal Health Information Protection Act, 2004

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Privacy Legislation

There are two main privacy Acts that apply to hospitals:

i. *Personal Health Information Protection Act, 2004* (PHIPA)

ii. *Freedom of Information and Protection of Privacy Act*, 1990, (FIPPA)

PHIPA applies to all personal health information

FIPPA applies to all organizational & personal information (non-health)

- This training session will discuss items covered by PHIPA.

PHIPA:

- Balances the privacy right of patients with the legitimate need of HICs to access, collect, use and disclose PHI in order to deliver effective and timely health care
- Governs the way PHI may be accessed, collected, used and disclosed.

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Personal Health Information

Any health information pertaining to an identifiable individual, or that could reasonably be used with other information to identify an individual

PHI must be protected in any form, verbally or recorded, and in any medium (written, print, photographic, audio, video, electronic or otherwise)

PHI includes, but is not limited to:

- the physical or mental health of an individual (incl. family health history)
- identification of a person as a health care provider of an individual
- payments or eligibility for health care services
- a health number (i.e., an Ontario Health Card Number alone is considered PHI)
- the substitute-decision maker (SDM) of an individual

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What is a Breach of Privacy?

- A privacy breach refers to any;
  - unauthorized access, collection, use, or disclosure
  - loss
  - theft

of any:

  - personal information (PI), or
  - personal health information (PHI)

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Unauthorized Access/Disclosure

Unauthorized Access:

Accessing anyone's PHI without a work-related NEED-TO-KNOW, including accessing more information than is necessary

Unauthorized Disclosure:

Sharing patient information (within or outside of LH) to people who d o not have a work-related **NEED-TO-KNOW**

Need-to-know considers: consent

- circle of care
- significant risk of serious bodily harm, or
- use for other permitted purposes under P HIPA 37(1), for example:
  - Planning or delivering programs or services
  - Risk or error management, quality of care
  - Educating agents to provide health care (formal)

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Privacy Breach Implications

As a result of unauthorized access, collection, use, disclosure, loss, or theft of PHI, the following consequences can occur:

Mandatory reporting to:

- Regulatory colleges
- the IPC
- the patient/SDM/Executor

IPC's investigation can lead to penalties, including:

- Fines for Agents up to $200,000 and/or imprisonment of 1 year Fines for HICs up to $1,000,000

Disciplinary action can include loss of access and/or privileges

Legal action including criminal charges and/or civil lawsuits

Reputational damage & loss of patient/community trust

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Most Common Incidents:

1. Giving information to wrong patient
   - When releasing prescriptions, referrals, discharge summaries or other PHI, ensure the correct documents are given to the correct patient (check name on all documents PRIOR to release) – particularly if using a shared printer and/or computer.
2. Snooping
   - All agents of a CEHC Partner are permitted access to PHI for the purposes of completing their job functions and aligned to accountabilities expected of them by the sponsoring Partner (and for no other purpose).
3. Disclosing information without proper consent
   - When releasing information, ensure that informed consent has been obtained, or confirm that you are releasing with circle-of-care implied consent.
   - Only release what is necessary for the purpose.

Each User, Site Administrator and Sponsoring CEHC Partner are responsible for the information accessed through the shared Epic instance.

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Private Encounter Patients

Under PHIPA, HICs are permitted (not mandated) to confirm that a patient is:

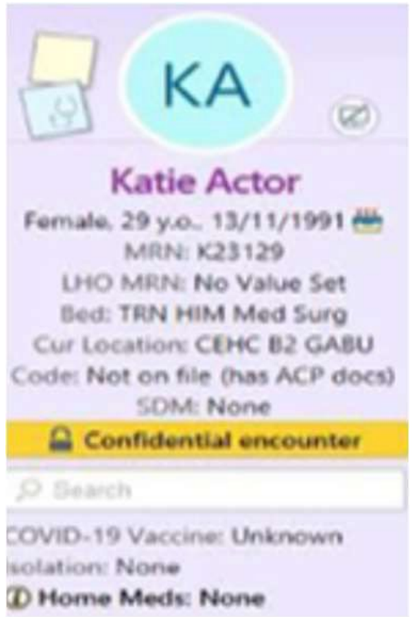
i. in the facility

ii. the patient's location

iii. their general health status (critical, poor, fair, stable or satisfactory)

Patients have the right to opt-out of this disclosure and have their visit confidential.

If a patient has a Private Encounter, you will see a banner on the storyboard in Epic.



If a patient is not capable, a SDM can request a Private Encounter status; if no SDM is available, **a clinician can make the patient Private until a SDM is located**

For Private Encounter patients:

NO information should be shared about the patient

The patient's name should not be written on any boards, bedrooms, etc.

If someone calls or shows up looking for this patient, they will be told, "I have no information for that person"; this includes police unless they have a warrant, consent, require the information due to a "significant risk of serious bodily harm" or produce an Urgent Demand for Records under the Missing Persons Act, 2018

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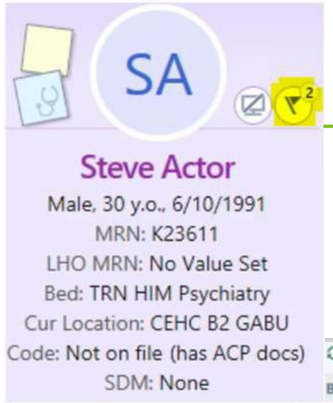
Break-The-Glass (BTG) Patients

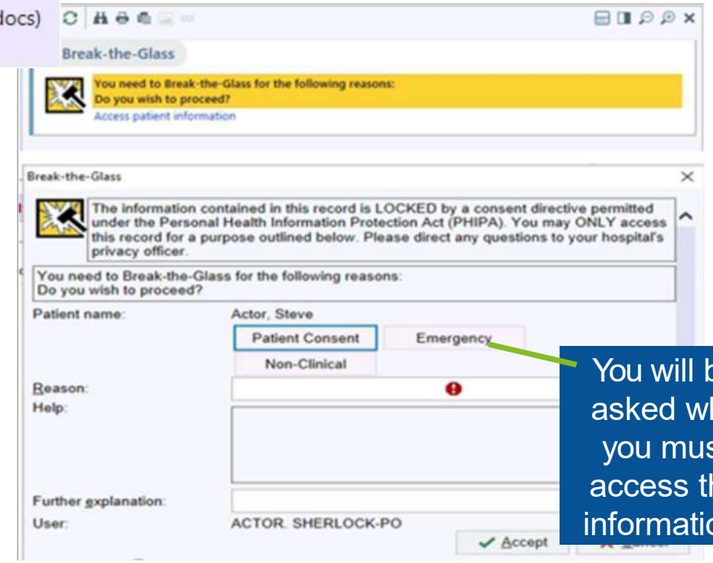
- Under PHIPA patient have the right to place a restriction on the access and/or disclosure of their PHI.
- All BTG requests are processed by the Privacy Offices of CEHC partners.
- The restriction can be applied at the patient level or at the encounter level.
- When accessing, you will be prompted for a password.

The password = your Epic log-in password

Your may only break the glass if you have patient consent or where the information is necessary to eliminate or reduce a significant risk of serious bodily harm.



You will know a patient has a BTG on their chart by hovering over the flag on the patient's storyboard.



You will be asked why you must access the information.

The Privacy Office is notified of all Breaks

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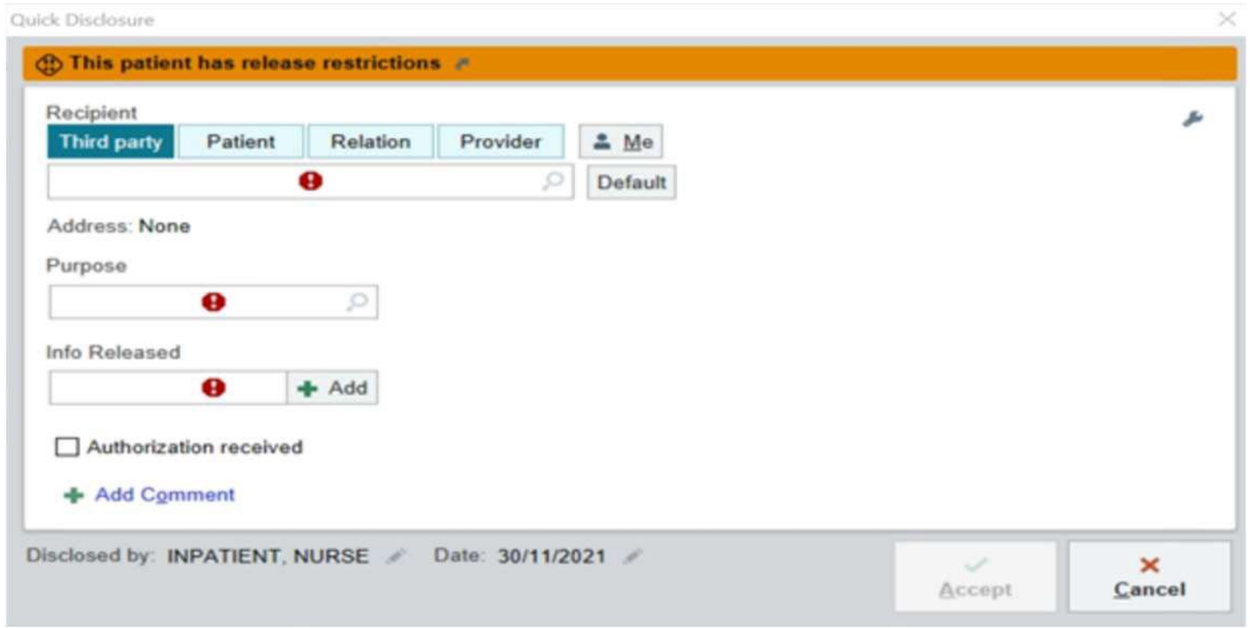
Release Restriction Patients

- Under PHIPA, patients have the right to place a restriction on the access and/or **disclosure** of their PHI. All Release Restriction requests should be directed to the Privacy Office of your Sponsoring Partner for processing.



- A banner will flag the Release Restriction when using the ***Quick Disclosure Activity.***

- A Tip Sheet (*Release Information Using the Quick Disclosure Activity)* is available on your Home Dashboard by clicking F1 or in Additional Resource section under ‘Release Information.’

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InBasket

- Epic also includes a number of new electronic communication tools, including Secure Chat and In Basket
- Both solutions enable care team members to communicate quickly and safely with colleagues using secure instant messaging or email-like functions within Epic
- Secure Chat & In Basket messages do not form a part of the patient's legal health record, therefore any information from these messages that is used to inform care decisions or delivery must be copied into the legal health record (i.e., via a clinical note).
- While not a component of the legal health record, communication may be subject to disclosure in legal proceedings.

- CEHC's Care Team Communication Guide (appendix a) provides additional information on the appropriate use of communication tools for different purposes

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If you become aware of a privacy breach or have a privacy concern, please immediately contact our team.

Campbellford Memorial Hospital:

- ekeogh@cmh.ca
- 705-653-1140 ext. 2147

Haliburton Highlands Health Services:

- kchurko@hhhs.ca
- 705-457-1392 ext. 2222

Lakeridge Health:

- privacy@lh.ca
- 905-576-8711 ext. 34367

Northumberland Hills Hospital:

- privacy@nhh.ca
- 905-372-6811 ext. 4827

Peterborough Regional Health Centre:

- privacy@prhc.on.ca
- 705-743-2121 ext. 3856

Ross Memorial Hospital:

- privacyofficer@rmh.org
- 705-328-6297

Scarborough Health Network:

- privacy@shn.ca
- 416-284-8131 ext. 7782

CEHC Privacy Office Contacts

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References & Resources

- LH Care Team Communication Guide
- Information & Privacy Commissioner of Ontario
- Personal Health Information Protection Act (PHIPA)
- Important and Influential IPC & Orders:
- Unauthorized Access & Disclosure: IPC Ontario
  - H-013 Disclosure
  - H0-002, H 0-010, Decisions 44, 7 4, 8 0 Snooping
  - Decision 102 Shared Electronic Health Records
  - Decision 110 Hospital EMRs & Private Practice Employees
- Transporting PHI & Encryption: IPC Ontario
  - H0-004
- Patient Access to Records: IPC Ontario
  - H0-009, H0-012

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