Auckland Region DHBs

Privacy Framework

November 2010

Version V3.1

About This Document

Purpose

This document defines the agreed approach to implementing Privacy Policy in the context of the TestSafe information service.

Intended Audience

The intended audience for this document is any TestSafe stakeholder.

Document Status

Version:	Version 3.1
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Status:	Release

Document History

Date	Status	Ver-sion	Description of changes
22 Mar 05	Draft	1.5	Reflect integration of Implementation Options document for initial distribution.
29 Mar 05	Draft	1.6	Final release for internal project discussion
5 Apr 05	Release	1.7	Release for stakeholder review.
3 Jun 05	Final	1.8	Final release following Steering Group decisions on implementation options.
22 Aug 05	Final	1.9	Updated to reflect communications procedures agreed / governance approach.
17 Nov 05	Final	1.10	Updated to reflect Regional Privacy Advisory Group feedback
8 Dec 05	Release	2.1	Updated to reflect discussions on who should provide administration and governance of the RRR.
18 Apr 06	Release	2.2	Update to reflect input from Medical Protection Society regarding GP communications and agreements concerning the Governance Group. Change name from RRR to TestSafe in line with communications strategy.
8 Dec 06	Release	2.3	Update to reflect the confirmed governance structure involving RPAG and the newly formed Regional IS Group (RISG).
20 Jun 08	Release	2.4	Update to include aspects of GP Practice Audit Guideline, summarising the GP access approach.
13 Oct 10	Draft	3.0	Incorporate linkage to RISG TestSafe Policy and TestSafe Auditor's Manual. Remove references to Laboratory specifically to allow for Community Dispensing and other data types.
17 Nov 10	Release	3.1	Incorporate feedback from presentation to October RISG, specifically, updates to Governance model and National Health IT Plan references.

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1. Introduction

TestSafe is an information service provided by the three Auckland DHBs (Auckland, Counties Manukau and Waitemata) to improve information sharing among community and hospital based healthcare professionals, for the benefit of patients. TestSafe keeps selected clinical records in a secure on-line database which can be accessed by healthcare professionals involved in a patient's care.

Background to TestSafe

The DHB's have a broad statutory function to "improve, promote and protect the health of people" and to "promote the integration of health services, especially primary and secondary health services." TestSafe was established to facilitate the provision of information to treating providers.

Following extensive consultation[1] the Auckland Regional Information Systems Strategic Plan ('RISSP') was published in March 2004. Information Strategies to support the DHBs' key strategies included:

> "… Improve the safety and quality of care
>
> • Identify and convert to exclusive electronic form those parts of the permanent patient record currently held on paper that are required frequently at the point of care (e.g. results reports, referrals from GPs or within Secondary care, medication lists, disease coding).
>
> • Provide and populate a DHB Clinical Data Repository to facilitate decision support, information sharing, information analysis, patient access to information and privacy. High Level Implementation Design: "

This led to the establishment of the TestSafe project in 2005 as the key 'Clinical Data Repository' project.

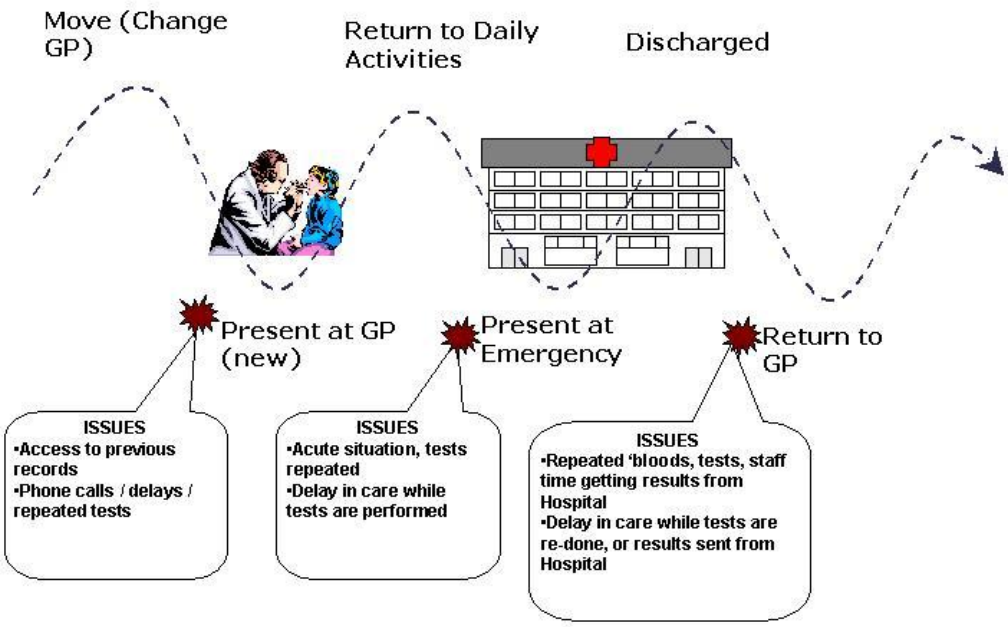
Laboratory Results Issues

Even before TestSafe existed patient laboratory test information was forwarded to a number of systems and repositories, but none had the complete picture. The following list details the existing lab test data flows:

- A repository operated by Diagnostic Medlab, able to be enquired upon via a call centre for healthcare professionals
- HealthPac, part of the Ministry of Health, for the purposes of processing laboratory payments
- PHO population management systems. Some PHOs collect patient level laboratory tests to support healthcare programmes they manage.
- Hospital laboratory systems. A number of Tests types are done by LabPlus on behalf of the Community provider DML.
- Auckland regional DHB provider facilities repository. This includes any result ordered by a GP and copied to a DHB or DHB clinician.
- It also includes any tests ordered by Clinician in a DHB facility, e.g. a 'SuperClinic' but the sample is taken at a DML collection point.

[1] Refer to the Appendix, 'Primary Care Engagement Summary'

This was an inconsistent approach leading to a number of issues, summarized by the following diagram:



This situation resulted in a number of problems for patients, providers and funders/planners, including:

- Duplicated Tests

  Test results are found in multiple information 'silos' that cannot be accessed when required.

- Disruption to the Continuum of Care

  This is most clearly reflected in the context of Chronic Care patients.

- Staff Time Expended

  The inefficiencies in the flow of result information noted above are often compensated for by follow up activities of providers and their staff.

Results Access Benefits

The TestSafe project was established to address the issues noted above. The sharing of a comprehensive record of patient test results targeted the following benefits:-

- Up to date results are available to healthcare professionals to assist with timely decision-making
- Patients may not have to provide extra test samples or wait for results before decisions on their care are made
- Reducing the number of tests ordered will result in savings

Healthcare professionals receive benefits of test results being shared, especially for patients who frequently move between community based and DHB provider based healthcare services.

GP User Pilot

As the TestSafe project was initiated by the DHBs it was important to establish that benefits could be obtained for General Practitioners. This was evidenced to the project by a pilot service run by Counties Manukau DHB (CMDHB).

As part of sector integration initiatives, CMDHB provided access to its systems to approximately 30 GP 'pilot users' via the Health Network. The pilot users were enthusiastic and saw significant value in having immediate electronic access to information about their patients. Access to hospital test results was one of the key benefits quoted by this group and is reflected in the TestSafe provider brochure which states.

> *"While hospital discharge summaries only have results from the recent visit, in TestSafe I am able to view a patient's history of lab results; it is good to be able to see the trend analysis."*
>
> *GP User of TestSafe Pilot*

Authorisation / Initiation

Before the TestSafe project was formally approved the proposal or 'Business Case' was the subject of rigorous DHB process. This included:

- Review by each DHB's PHO liaison group
- Review by each Clinical Boards in each DHB. Membership included GP representation.
- Approval by the ADHB's Community and Public Health Advisory Committee.

Following these approvals, the TestSafe project was formally established in 2005. Initial planning and implementation involved further consultation with the community[2] and the first phase of implementation was completed in June 2006.

Community Dispensing

In 2007 the possibilities of a shared information to support Safe Medicines Management was highlighted and a business case was approved to extend TestSafe to include community dispensing records.

The rationale for this was recently noted in the National Health IT Plan July 2010 (3.3.3) which states:

> "An early goal is to implement Medicines Reconciliation (MR) at the point of admission to hospital…"
>
> "…benefits of this work stream:
> - Reduces adverse drug events.
> - Improves the use of medicines to treat patients.
> - Reduces pharmaceutical wastage.
> - Reduces administrative overhead and manual handling"

MR is a manual process to determine what medications a patient is currently taking by:

[2] Refer to the Appendix, 'Primary Care Engagement Summary'

- Asking the patient and relatives
- Checking medications brought in by the patient or relative
- Checking the discharge prescription from the last admission
- Calling the patients General Practitioner, Pharmacist.

Even if done accurately, it may take days resulting in a longer length of stay. The objective of TestSafe is to support the MR process easier and timely access to more comprehensive information.

In April 2010 the collection of community dispensing records commenced and access to this information is targeted to be available from November 2010

current state to take advantage of the current infrastructure and projects underway.

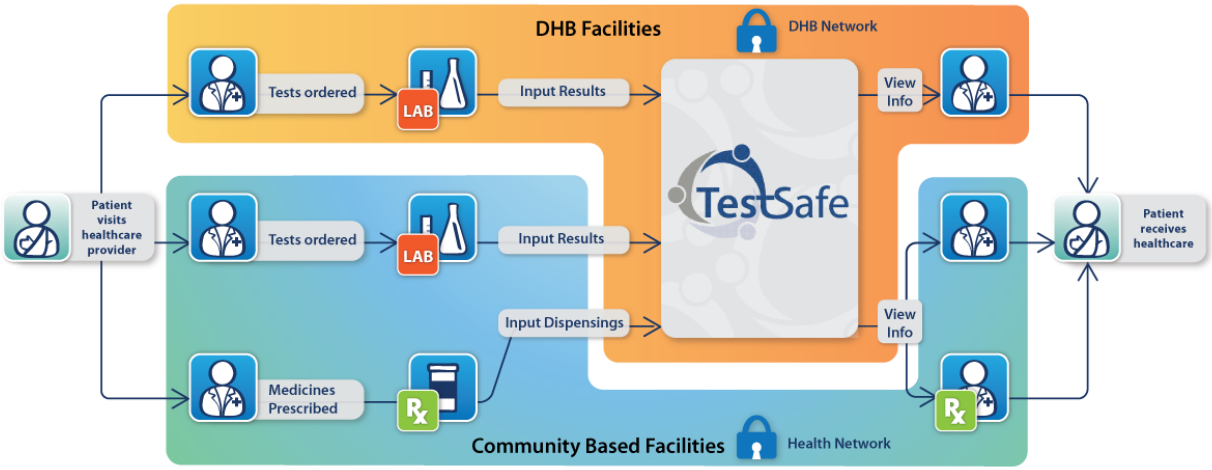
Dispensing Access Benefits

Healthcare professionals will be able to access community dispensing records in TestSafe to:-

- provide improved quality of care through reduced adverse drug events and readmissions.
- reduced cost through fewer adverse drug events, duplicate dispensings and less staff time on medicine reconciliation. Clinicians in the DHB provider setting will no longer have to rely on the last discharge prescription data or the patient or relatives to find out current medications.
  - establish the medication list at admission resulting in:
  - more informed discussions with patients
  - improved patient therapy
  - safer prescribing.
- implement more efficient procedures through reduced need to contact General Practitioners and Community Pharmacists.

TestSafe Data Source and Flows

The following diagram summarises the data sources and flows of information for TestSafe.



For more information refer to the presentation provided on the TestSafe website, www.testsafe.co.nz .

For detailed information regarding healthcare professional access to results, refer to section "3.10 Limits on Use and Disclosure of Information".

Scope and Definitions

Please note, any references in this document to:

- **'Healthcare Professional'** refers to any individual health care provider registered with a professional body established under the Health Practitioners Competence Assurance Act 2003 (HPCAA).
- **'Primary healthcare professional'** refers to health care professionals operating in a community based setting, commonly GPs, Practice Nurses, and Specailsts.
- **'Secondary healthcare professional'** refers to health care professionals operating in hospital based setting, including those involved in the provision of 'tertiary' services.
- **'TestSafe User** ' is healthcare professional who's access to TestSafe has been approved by the governance body ('RISG'). Access is provided subject to signing an agreement confirming responsibilities and obligations and verification of the applicants professional registration.
- **'Selected clinical records'** includes:
  - Hospital based records included in the Éclair repository system such as Hospital laboratory results, Radiology and Cardiology reports.
  - Laboratory results from Community laboratories
  - Medications dispensed from Community Pharmacies
  - Other items as added from time to time following authorisation from the governance group 'RISG'.
- **'Regional IS Group',** referred to as 'RISG', CIOs (or delegates) (2), Clinical Director/Advisor of IS (3), DHB Primary Care Advisor (3), Patient Information Service Managers (3) IS Operations Manager or Customer Support Manager. This group is responsible for the ongoing implementation and management of the TestSafe Privacy Framework.
- **'Privacy Officers'** refer to specific employees at each DHB with the task of being a Privacy Officer (unless the document otherwise specifies). People in this role ensure compliance with the Privacy Act 1993 and the Health Information Privacy Code 1994. Privacy Officers process requests for access to information and complaints related to TestSafe.

Objectives

The key objectives of TestSafe are to:

1.1 Extend DHB based information systems to provide accredited primary, secondary and tertiary healthcare professionals access to selected clinical records for their patients.

1.2 Consolidate, upgrade and improve usage of existing systems to meet changing clinical and business needs and risks.

1.3 Provide integrated information systems that allow seamless access to information and care coordination both among primary healthcare professionals and between primary and secondary healthcare services.
1.4 Improve quality of care and avoid unnecessary requests for investigations by providing accurate and timely access to reports of investigations previously ordered by other healthcare professionals.
1.5 Improve medicines prescribing safety and reduce unnecessary adverse medicines events by providing timely access to medications dispensed to patient's by Community Pharmacies.
1.6 Provide information for use in service planning related to items such as population monitoring, service utilisation and health outcomes.
1.7 Enable the use of patients' reports of investigations, ordered by healthcare professionals in one setting (e.g. primary care) to be available to healthcare professionals in another setting (e.g. secondary care) to improve the management of patients' care.
1.8 Enable the use of selected clinical records to enhance service provision while ensuring patients' privacy and confidentiality concerns are addressed.
1.9 Utilise and build on existing information systems infrastructure and procedure where possible.
1.10 Comply with the Regional Information Systems Strategic Plan.

For the avoidance of doubt, uses of TestSafe not specifically referred to herein are to be subject to approval by the Regional IS Group (refer to '2. Governance of TestSafe').

Legislative / Policy Background

These objectives correspond with statutory requirements that health care providers encourage cooperation and integrated care. Section 22F(1) of the Health Act 1956, Right 4(5) of the Code of Health and Disability Services Consumers Rights 1996, section 22(1) of the New Zealand Public Health and Disability Act 2000, and chapter 6 of the New Zealand Health Strategy December 2000 all require cooperation among providers in providing services to an individual, and integration of health services, especially primary and secondary health services. This concept is further refined in the National Health IT Plan July 2010.[3]

The framework for the management of the health information about identifiable individuals contained within TestSafe falls within the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994 ("HIPC"). The HIPC, in particular, provides a broad framework of controls for the management of information about identifiable individuals.

The HIPC has twelve rules about how health agencies such as GPs should deal with the health information they hold. The twelve rules in the code might be summarised as follows:

1. As a health agency, only collect health information if you really need it;
2. Get it straight from the people concerned;
3. Tell them what you're going to do with it;
4. Be considerate when you're getting it; and
5. Take care of it once you've got it.

[3] Refer to Appendix, National Health IT Plan July 2010, Excerpts.

6. People can see their health information if they want to; and
7. They can ask for it to be corrected if they think it's wrong.
8. As a health agency, make sure health information is correct before you useit;
9. Get rid of it when you're done with it;
10. Use it for the purpose you got it; and
11. Only disclose it if you have a good reason.
12. Agencies assigning unique identifiers must only do so where necessary and permitted.

The rules can be seen as a blueprint for the management of people's information and are used as the basis for this Privacy Framework. There are many detailed aspects to the rules which can be found in full on the Privacy Commissioner's website at http://www.privacy.org.nz/health-information-privacy-code/. It is important to understand some of these points as they determine key aspects of the overall Privacy Framework, for instance:

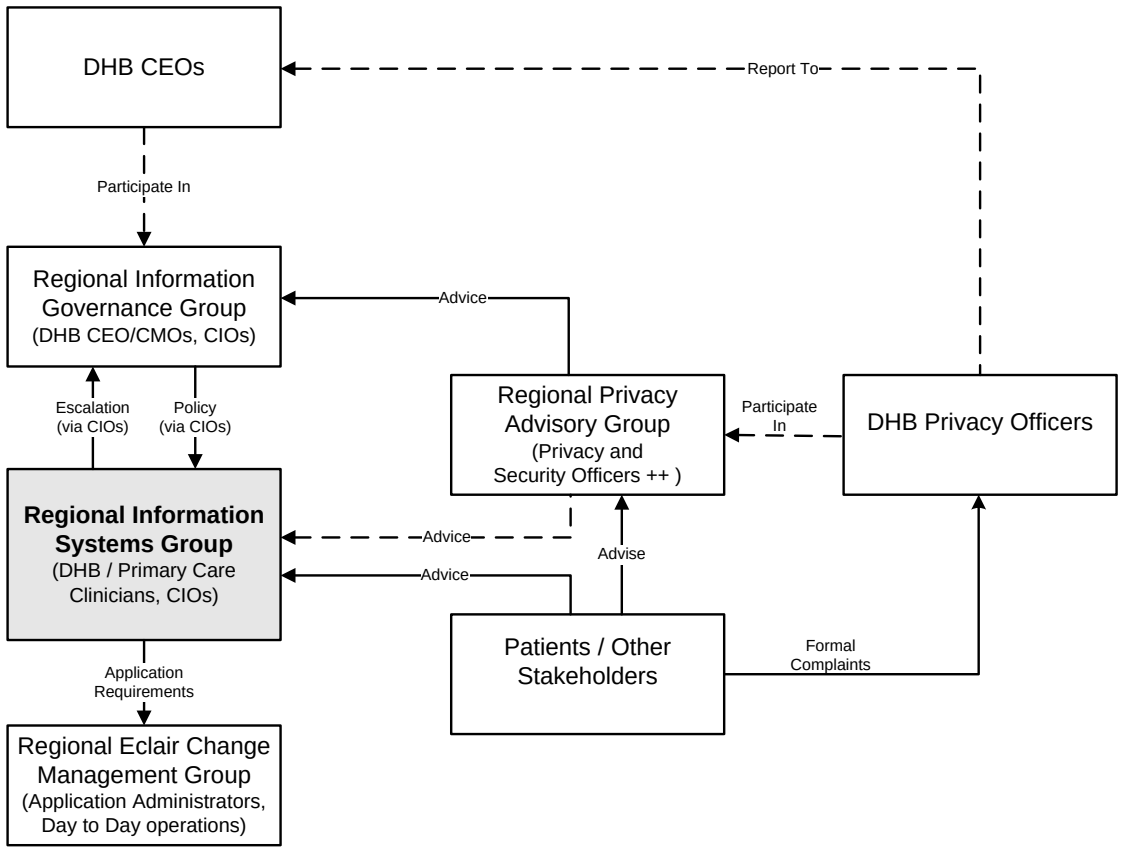
- Rule 11(1)(e) allows disclosure of someone's presence in a hospital, unless they've asked for their presence there to be kept secret;
- Rule 11(2)(j) allows disclosure of information about drug seekers to a Medical Officer of Health; and
- Rule 11(2)(b) allows health professionals to talk to a patient's relatives where it's not practical to get the patient's consent and the patient hasn't vetoed the disclosure.

This document set outs how the TestSafe information service provides for the safe management of the health information using the structure of the 12 rules of the HIPC.

2. Governance of TestSafe

Overall accountability for TestSafe rests with the DHB CEOs via the Regional Information Governance Group ('RIGG').

On an ongoing basis, the TestSafe governance function is performed by the Regional Information Systems Group ('RISG'). The following diagram summarises the groups involved and their relationships.



The Regional Information Governance Group ('RIGG')

The RIGG membership includes the DHB CEOs, CMOs and CIOs. It is responsible for high level oversight of all regional information management projects.

The RIGG decides strategic development and stage implementation and will:

- receive advice from the RPAG;
- direct the RISG on implementation of RPAG advice;
- act as the escalation point for the resolution of Operational / Privacy matters.

The Regional Privacy Advisory Group (RPAG)

The RPAG membership includes legal, Clinical, Security and Clinical Records staff from the three DHBs. The group provides advice to the RIGG / RISG.

The RPAG provides guidance on:

- the collection, use, management and disclosure of selected clinical records via TestSafe;
- the use and disclosure of selected clinical records when the purpose for use or disclosure was not anticipated at the time the information was collected;
- security safeguards for TestSafe.

Regional Information SystemsGroup ('RISG')

RISG membership includes: DHB CIOs, Clinical IS Advisors, Information Managers and GPs(performing a primary care liaison role). RISG is responsible for implementing and operating the Privacy Framework. This includes:

- Ensuring that the use of TestSafe remains the sharing of relevant summary information between clinicians in different parts of the health sector, for the purpose of enabling and supporting integrated care.
- Establishing, maintaining and endorsing policies and processes which ensure authorised access to information in TestSafe.
- Considering and resolving issues related to TestSafe information storage or access which are raised by DHB audit programs.
- Ensuring that information providers and users are fully aware of the purposes of TestSafe.
- Ensuring that the TestSafe security processes and functionality adequately support DHB information access policies and processes

It is envisaged that information will be managed by the RISG in a manner consistent with this framework, and it will only be in situations that go beyond the scope of '3.1 Purposes of Collecting the Information' that the RPAG and the RIGG will be required to play a more active role. For further information regarding RISG's role, refer to the document 'RISG TestSafe Policy'.

3. Health Information Privacy Code ("HIPC")

This section sets out the way in which TestSafe information will be managed in the context of the Health Information Privacy Code.

3.1 Purpose of Collecting the Information

A key goal of TestSafe is to facilitate the coordinated optimal provision of care to patients within the Auckland region and to improve operational efficiency. Within this context, the main purposes for the DHBs collecting and centralising the information within TestSafe are to:

- Provide integrated information systems that allow seamless access to information and care coordination both among primary healthcare professionals and between primary and secondary healthcare services.
- Improve quality of care and avoid unnecessary requests for investigations by providing accurate and timely access to reports of investigations ordered by other healthcare professionals.
- Provide information for use in service planning such related to items such as population monitoring, service utilisation and health outcomes.
- Enable the use of patients' reports of investigations, ordered by healthcare professionals in one setting (e.g. primary care) to be available to healthcare professionals in another setting (e.g. secondary care) to improve the management of patients' care.
- Enable the use of selected clinical records to enhance service provision while ensuring patients' privacy and confidentiality concerns are addressed.

3.2 Source of Information

The following data sources supply records to TestSafe:

- Hospital Departments
- Community Laboratories
- Community Pharmacies.

These are discussed further below.

Hospital Departments

Hospital based healthcare professionals may order a variety of investigations when treating a patient, in an inpatient or outpatient context.

Generally, investigations ordered for outpatients will be fulfilled by a community based provider. Community based Radiology records are not currently provided to TestSafe. Community laboratory results are reported to TestSafe and these are discussed in the following section.

In hospital deparments, such as laboratories and radiology, provide reports to the TestSafe database. This practice existed prior to the development of the TestSafe service and is subject to standard DHB policy and procedure, including the use of NHI as the patient identifier. However, it is a change in practice as a result of TestSafe that reports may now be accessed by authorised community based healthcare professionals. Formerly, these healthcare professionals may only have access to these records by calling the Information Services of the DHB facilities or by DHB based documentation sent directly to them, such as a Discharge Summary or Referral.

Community Laboratory Investigations

Community laboratories[4] fulfil investigations ordered by Community and DHB based clinicians. As was pre-existing practice, primary care health information about patients is obtained from the laboratory test request forms and from the test results. NHI is used for patient identification and / or other details drawn from the laboratory test request form.

The key change to previous practice is that Community Laboratories provide a copy of the resulting report to the to TestSafe service (database). As a result, the source of information is no longer restricted to the primary healthcare professional who ordered the test. With TestSafe, another healthcare professional, providing services to a patient, is able to access laboratory results directly. This makes access more timely and efficient, providing a number of benefits (for further explanation, refer to '1. Introduction', 'Background to TestSafe' above for further discussion on benefits).

Community Dispensing

Community Pharmacies fulfill prescriptions from authorised prescriber's, commonly GPs and Specialists. The details provided on the prescription is used as the basis for entry into the dispensary system, this generally includes an NHI for patient identification. If an NHI is not present on the prescription it can be time consuming for the Pharmacist to ascertain in which case no NHI is recorded.

A new flow of information for TestSafe is that prescribed medications with an NHI are sent to the TestSafe database. This information is then available to any authorised healthcare professional with access to TestSafe in a community or DHB setting. Previously this information would only be available by from the patient or their guardians, or by calling the Community Pharmacist. Currently, DHB clinicians frequently do this with patient's being admitted. If is 'after hours', or the Pharmacist is not available, significant delays in patient care can result and / or a lack of accurate information when making clinical decisions.

3.3 Collection of Information from Individuals

There are a number of obligations on the parties involved in the operation and management of TestSafe in relation to the collection of information from patients.

[4] LabTests Auckland Ltd. and Diagnostic Medlab Ltd. at the time of writing.

Notification vs Obtaining informed consent

HIPC rules do not require healthcare professionals to get their patients' informed consent (or authorisation) for every use of their health information. They do require that healthcare professionals are clear about the purpose for which they are collecting and holding health information, and that they are open about that purpose to the patient concerned.

In other words, healthcare professionals need to be able to tell their patients "this is what I intend to do with the health information I collect from you" and let patients decide what information to disclose about themselves based on that knowledge. This is because health information privacy law is aimed at providing a balance between the interests of patients in having some degree of control over information about them, and the interests of agencies in being able to carry out their functions.

The HIPC does have a strong requirement on an agency collecting the information to be open and transparent about what it is going to do with that information. This legal onus doesn't apply to agencies who receive the information later. For example, wIth TestSafe, this means that primary healthcare professionals ordering laboratory test are obliged to explain to patients how their information is going to be used. However agency that receives the information, in this case the DHBs is technically not, because it did not collect the information directly from the person concerned. Instead, it is required to use the information only for the purpose for which they obtained it or a directly related purpose.

Advice to Patients

In the case of TestSafe there is specific requirement to make patients aware of their option to restrict information sharing. Please refer to "3.10 Limits on Use and Disclosure of Information", which describes this option in detail.

As noted above, these requirements fall on the 'health agency that collects the health information directly from an individual.' In this instance this obligation falls on:

- DHB facilities treating patients whose reports of investigations populate TestSafe.
- Primary health care providers who order laboratory tests, such as General Practice, Specialists.
- Pharmacies who fulfill prescriptions.

DHB facilities have policies and procedures in place to advise patients of the flows of their information. As providers of the TestSafe service, the DHBs must have reasonable grounds for believing that the patient has been informed.

The following 'basket of measures' is used to satisfy this requirement:

- Media based promotion from time to time such as press releases when there is a change to the TestSafe service.
- Ongoing advice from Test Orders regarding patient choice to restrict information sharing.
- Provision of a 'TestSafe Help Desk' to field queries from patients and providers during the introductory period.

- Displaying information about TestSafe on the test order form in a visible way. This is achieved by adjusting order form templates in practice management systems. In addition, pre-printed laboratory order forms include this information.
- Displaying information about TestSafe on the prescription receipts in a visible way. This is achieved by adjusting the printed receipts from Pharmacy dispensary systems.
- Advising new patients about TestSafe in GP or PHO enrolment forms. Including TestSafe in other advice made available to patient's e.g. 'You and Your Health Information' brochure.
- Displaying posters in waiting areas and making information sheets available at the counter so that patients who have had tests ordered or prescriptions fulfilled, can be provided with relevant information.

The TestSafe Information sheet includes the following information for patients:

- The fact that the results will be held within TestSafe, identified by the patient's name and NHI number.
- The purposes for which the result may be used, as set out earlier in the document.
- The intended recipients being health care providers that require access to selected clinical information of a patient for the purposes of providing ongoing care.
- The healthcare professional's contact details, the fact that TestSafe is established and governed by the three DHBs
- Their right to access to the result and request correction of information held on TestSafe.
- Their right to restrict information sharing between providers and the contact phone number to call in order to restrict access to community laboratory results and community pharmacy medications dispensed.

3.4 Manner of Collection

The manner of collection will not be altered by TestSafe. As for any collection of information, the healthcare professional is collecting the information from the individual must do so in a sensitive and private manner.

3.5 Storage and Security

In developing TestSafe, emphasis has been placed on ensuring appropriate storage and security safeguards have been implemented to prevent both unauthorised access to and use of the information contained on the repository.

These safeguards entail a number of precautions, most of which are current practice including:

3.5.1 Privacy training.

Participating healthcare professionals need to be fully aware of their responsibilities in ensuring that health information about patients is safely managed and that patients are aware of how their information may be used.

3.5.2 User Identification / Password protocols.

Existing DHB protocols for User identification and password security applies. User access is provided only to authorised healthcare professionals who's registration can be verified via the Health Practitioner Index provided by the Ministry of health.

3.5.3 Use of internal and external firewalls.

High level protection of information is ensured through the use of firewalls within the system.

3.5.4 Back-up procedures.

The TestSafe systems are based on high availability DHB clinical information systems and are subject to the same level of support and including backup protocols. Standard DHB policies and procedures are used to ensure patient confidentiality is maintained on backups applies.

3.5.5 Audit and monitoring.

All access to results can be tracked and viewed. Audits are carried out on a regular and random basis in accordance with an agreed audit protocol for all participant agencies. Any anomalies in the records are investigated.

For DHB's this system was accepted working practice for the management of laboratory results in the Auckland region, prior to the implementation of TestSafe.

TestSafe audit is based on establishing that a community based health care provider has in fact provided care to a patient and had reason to access their records. TestSafe audit procedure is the activity of checking the relationship between community healthcare professionals using TestSafe and the patient's records they access.

There are two ways the 'patient - provider' relationship is checked:

- Automated checks by TestSafe systems
- Checks by patients themselves.

Automated Relationship Checking

TestSafe systems undertake automated checks to establish a 'prima facie' relationship between the healthcare professional and the patient where possible. This may use a patient register for the organisation from a trusted source or an event proximity check. The latter involves checking to see if there is a record of a patient event, such as a patient visit, for a User's organisation, near the time the User viewed a patient's records in TestSafe.

TestSafe audit then focuses on reviewing situations where the system has not been able to establish this relationship exists. How this is done is depending on:

- Provider Type (General Practice, Community Pharmacy, Laboratory)
- Willingness of healthcare professionals to assist in the process, and
- DHB resources available to undertake the checks.

Patient Determined Relationship Checking

In addition to the 'automated relationship checking' noted above, patients are given the opportunity to review a report on who has accessed their records. The patients themselves can then determine if access by a user is potentially inappropriate and then seek further explanation. This is approach is also referred to as 'Patient Focused Audit' and may be initiated in two ways:

- By the TestSafe service (i.e. 'DHB Initiated')
  Each month, the DHB information service selects a percentage of the exception records generated by TestSafe. A report is prepared for the patient on who has accessed their records and sent to the patient concerned for their review.
- By a Patient (i.e. 'Patient Requested').
  Patients may request a report on who has seen their records by calling 0508 TestSafe or by completing the form provided on the TestSafe web site.

3.5.6 Dealing with inappropriate access to TestSafe.

For DHB's Existing processes are already in place, including disciplinary processes where the inappropriate access is by an employee. If a primary healthcare professional views a result on TestSafe that that person is not entitled to view then their right to access TestSafe may be removed. If necessary the RISG may consider making a referral to a professional body or the Privacy Commissioner.

Where any form of audit has failed to confirm the appropriateness of access, or the DHBs have any reason to believe that access was not in accordance with its policies, the healthcare professional concerned will be informed and provided an opportunity to comment. If, after consideration of their response, the DHBs still cannot confirm that the access was appropriate, the DHBs may take further action including:

- access to Testsafe being removed
- informing the healthcare provider's employer
- informing the patient
- referring the matter to the Privacy Commissioner, the Health and Disability Commissioner, or a professional registration authority.

3.5.7 Physical security.

Any hard copies of laboratory test results and other patient information will be safely stored consistent with way in which the healthcare professional protects other such health information. Only authorised healthcare professionals will have access to such information.

3.5.9 Mechanisms to ensure safe transmission of information.

Primary healthcare professionals will access TestSafe through the secure Health Network, while secondary healthcare professionals care will access information through their DHB's secure network.

3.6 Access to Personal Health Information

Any patient or their representative may request access to information held about them on TestSafe database. If a patient wishes to access such information, requests

should be made to the Privacy Officer of the relevant DHB, who will process that request accordingly.

Generally, any request from an individual to a Privacy Officer for access to information will be transferred to that patient's healthcare professional who ordered the test, under s.39 Privacy Act. This is because of the knowledge that is required to relate the results of laboratory tests to a patient's medical condition. It is generally not desirable to release medical results directly to the patient without expert medical interpretation and explanation.

Requests for information received by the Privacy Officer may be either written or oral. In the case of written requests a copy of the request will be forwarded to the healthcare professional who ordered the test and a letter sent to the patient advising them of the transfer of the request. Where the request is oral, then the patient will be advised of where to make the request to access the result. In the occasional case where is it considered appropriate for the RISG or the Privacy Officer to release the information directly, the identity of the person requesting the information will need to be verified prior to releasing the information.

If the healthcare professional believes that there are reasonable grounds for withholding this information, in accordance with the provisions set out in the Privacy Act 1993, then this is worked through in an appropriate manner between the healthcare professional and the patient making the request, in accordance with that provider's own privacy policies.

3.7 Correction of Information

Depending on the nature of the request, the person making the request may be asked to put it in writing. Initially, the request will be given to the patient's healthcare professional who will decide whether the request should be actioned. The healthcare professional can then refer the request to the source organisation, i.e. laboratory or pharmacy. The source organisation will subsequently advise the RISG of any necessary change.

If approval is not granted to correct the information this will be worked through with the person who made the request and their healthcare professional. If the patient wishes, his or her request for correction will be forwarded to the RISG so consideration can be given to appropriate ways of incorporating into Testsafe the fact the request has been made (but declined) and that the information is disputed by the patient.

3.8 Ensuring Accuracy of Information before use

To assist in ensuring the information contained in TestSafe is accurate, up to date, complete, relevant and not misleading, the date the records were provided to TestSafe is available to users viewing the information. This ensures that healthcare professionals accessing TestSafe records are aware of when the tests were carried out or medications dispensed.

In addition, accuracy of information is ensured through regular quality audits, conducted by the organisations contributing information to TestSafe.

3.9 Retention of Information

The records will be retained in TestSafe for as long as it is clinically relevant and it is practicable to keep it. This will vary according to the type of information recorded. The minimum retention period is ten years after the date on which the patient was last seen.

3.10 Limits on Use and Disclosure of Information

The intended purposes of collection have been established and are set out earlier in this document.

Patients are made aware of these purposes when their healthcare professional completes a laboratory test order form or takes a specimen. For further information on this aspect, please refer to 3.3 Collection of Information from Individuals.

Use and disclosure of the information held within TestSafe only occurs in accordance with those stated purposes, and in the manner outlined in this document, unless one of the exceptions set out in Rule 10 or 11 of the HIPC applies. Other exceptions may be where information requests are authorised or required by another piece of legislation, such as notification of notifiable diseases to the Medical Officer of Health.

TestSafe access is provided only to authorised healthcare professionals who's registration can be verified via the Health Practitioner Index provided by the Ministry of health. RISG governs who may have access to TestSafe. TestSafe Users are summarised as:

- Primary care healthcare professionals operating from approved organisations, e.g. GPs and Practice Nurses in general practice, Specialists in private hospitals.
- Organisations involved in the provision of data to populate TestSafe, e.g. Community laboratories, Pharmacists / Pharmacies.

All access is subject to a number of measures to ensure that TestSafe is being used for its intended purpose. Refer to 3.5 Storage and Security, Audit and monitoring for discussion on how this is achieved.

From time to time, third party and other requests for information held on TestSafe are received. For requests for access to use TestSafe information that fall within the stated purposes for collection, granting of access is determined by whether or not the request is to support the treatment of an individual patient by a healthcare professional. Requests to use TestSafe information that fall outside of this context can be categorised as 'studies' which contribute to patient care in a more general sense. Studies may be granted access subject to RISG review which includes Ethics approval and advice from the Regional Privacy Advisory Group.

In any situation where it is proposed to use or disclose information for purposes other than those stated, the matter should be referred to the RISG for consideration.

The security provisions limit access to authorised providers to information about specific patients on an individual enquiry basis. In addition patients have the option to restrict information sharing.

Option to Restrict Information Sharing

Patient choice is the cornerstone of TestSafe privacy approach. In addition, emphasis has been placed on ensuring appropriate storage and security safeguards have been implemented to prevent both unauthorised access to and use of the information contained on the repository. Patients will be made aware that they have the ability to restrict access to community laboratory results and community pharmacy dispensing records, refer to 3.3 Collection of Information from Individuals for details on how this will be achieved.

To suppress the viewing of information, Patients may:

- For community laboratory results, advise the test orderer that they do not want their results shared. The test orderer can specify this restriction on the test order form.
- For community pharmacy dispensing, advise the community Pharmacist that they do not want their records shared. The Pharmacist can then specify this restriction in their dispensary system.

Alternatively, the following contact phone number will be available for patients to call in order to restrict access to community based results / dispensing records:

- 0508 TEST SAFE (837 8723)
- Monday to Friday 7am to 7pm

Patients calling this number will be required to specify a date range during which the laboratory test was ordered, or the medication dispensed. Any ability to view records within the date range specified is then removed from TestSafe.

Secondary Healthcare Access

Secondary care access operates as previously with regard to hospital based laboratory results and community based results 'copied to' a DHB based Healthcare professional. Access to Community based results and medications dispensed, will operate under the same policy and procedure, with the additional feature that patients have the option to restrict information sharing on these as noted above. For the avoidance of doubt, and to be consistent with current practice, patients are not able to restrict access to investigations and reports undertaken through secondary healthcare services.

Primary Healthcare Access

Access to TestSafe is only provided via the 'Health Network'. The Health Network[5] is a secure communications network that enables the Ministry of Health and other health care professionals to communicate securely with one another over a closed, electronic network. Only approved organisations are able to access the network and the resources available on it.

Each TestSafe user is required to sign an Access Deed which states they will only use TestSafe for its intended purpose, i.e. to support direct patient care. Healthcare professionals are also bound by their professional code of ethics.

[5] Refer: http://www.hisac.govt.nz/moh.nsf/pagescm/7405

Access Audit and Monitoring

It should be further noted that procedures operate to ensure that any TestSafe User is accessing a patient's records for the purpose of providing care. This is outlined further in the following sections:

- Access audit: Refer to 3.5 Storage and Security, Audit and Monitoring
- Disciplinary action: Refer to 3.5 Storage and Security, Dealing with inappropriate access to TestSafe.

These procedures operate, in-conjunction with standard security measures, staff training and employment contracts to ensure patient confidentiality is maintained.

3.11 Unique Identifiers

TestSafe uses the NHI number assigned to each patient as an identifier. This is consistent with current sector standards, and is necessary for the purposes of the programme.

4. Complaints and Breaches

Any complaints related to information contained within TestSafe should be directed to the relevant DHB Privacy Officer in the first instance, who will then refer the complaint to the appropriate healthcare professional or that provider's employer, depending on where the breach occurred.

The general procedure for dealing with a complaint or an alleged breach is as follows:

4.1 Acknowledgement

The Privacy Officer, on receiving a complaint or breach must:
6.1.1Contact the person making the complaint in writing, within 10 working days of learning about the complaint or breach, and
6.1.2 Inform the complainant of any relevant internal and external complaint procedures, and of the action that will be taken within 10 working days.

4.2 Investigation

As soon as practicable after a complaint is accepted, the DHB Privacy Officer must inform the healthcare professional or that person's employer of the complaint or breach of what has been alleged. The privacy officer for this healthcare professional must inform the complainant of the steps proposed to be taken to resolve the complaint or breach, and also that the complainant has the right to contact the Privacy Commissioner.

No Investigation

If the privacy officer for the healthcare professional decides not to accept a complaint or that a breach has occurred, on the basis that none of the terms of the HIPC or Privacy Framework have been breached, then as soon as reasonably practicable they must inform the complainant of the reasons for the decision, and the right to contact the Privacy Commissioner regarding the decision. The privacy officer must also advise the RISG.

Inappropriate Access

Inappropriate access to information on TestSafe by a staff member, contractor, volunteer or student operating in a participating provider, will generally be considered a serious breach of trust. The provider will take action, in accordance with due process and natural justice, which may include disciplinary action, removal of access privileges and referral to a relevant professional authority. The provider will act in a manner consistent with protecting the integrity and security of TestSafe.

Refer also to 3. Health Information Privacy Code ("HIPC"), 3.5 Storage and Security, 3.5.6 Dealing with inappropriate access to TestSafe.

Appendix

Primary Care Engagement Summary

RISSP

, The inception of TestSafe started in the Regional Information Systems Strategic Planning exercise in 2004.

Four Reference Groups oversaw development of the RISSP; one from each of the three DHBs, plus a group of prominent Primary Health Care representatives. The Reference Groups defined which information strategies the DHBs would adopt, and selected some key objectives to be attained by the RISSP programme of work.

The Primary Health Care Reference Group promoted a strategy to "Improve quality of care and avoid unnecessary orders by providing accurate and timely access to electronic results ordered by other caregivers", and set an objective to "Extend the Éclair regional laboratory result reporting system to provide accredited Primary, Secondary and Tertiary caregiver access to all Auckland region DHB laboratory and radiology test results reports and all community and private laboratory and radiology test results reports".

The three Auckland DHBs had already implemented the Éclair system to share electronic results amongst themselves; the TestSafe project was initiated to meet this new objective.

Members of the Primary Health Care Reference Group were:

- Allan Moffitt (CMDHB Director Primary Care Development)
- Allan Pelkowitz (ADHB Clinical Leader Planning and Funding)
- Clive Stone (Health West)
- Judy Moore (Comprehensive Health Services)
- Ken Leech (ProCare)
- Lani Iongi (Ta Pasefika)
- Lesley Prest (East Health)
- Mike Lamont (Mangere Community Health Trust)
- Paul Roseman (ProCare)
- Peter Vincent (Middlemore PHO)
- Sheryl Jury (WDHB GP Liaison).

TestSafe Project

The implementation stage of the TestSafe Project has been undertaken in two phases:

- Phase 1: DHB Facility Access
  - Available June 06
- Phase 2: General Practice Access
  - ‘Soft Launch’ October 07
  - Aspects of phase 2 are ongoing and a ‘Full Launch’ is targeted for August 08.

The primary care engagement activities are summarized in the context of the phases noted above.

Project Steering

The TestSafe Project was undertaken under the guidance of a formal Project Steering Group, chaired in Phase 1 by Dwayne Crombie, the CEO of Waitemata DHB and then in Phase 2 by Dale Bramley who was General Manager, Clinical Support Services, Waitemata DHB, at the time.

General Practice representatives on the Project Steering Group were:

- Phase 1: DHB Facility Access
  - Dr John Cameron, ProCare assigned GP representative
  - Dr Dave Monks, IT Practice Coordinator, HealthWest PHO
  - Linda Kensington, ProCare Auckland PHO CEO
- Phase 2: General Practice Access
  - Dr Siobahn Trevallyan, as Waitemata Clinical Leaders Forum Chair
  - Linda Kensington, ProCare Auckland PHO CEO

Note: In both phases close linkage was maintained between the steering group and the DHB Primary Care Liaison / Directors at each DHB (3). These are practicing GPs with linkages to multiple primary care representative groups.

Engagement Activities Summary

Project Inception

As the TestSafe project was initiated by the DHBs it was important to establish that benefits could be obtained for General Practitioners. This was evidenced to the project by a pilot service run by Counties Manukau DHB (CMDHB).

As part of sector integration initiatives, CMDHB provided access to its systems to approximately 30 GP 'pilot users' via the Health Network. The pilot users were enthusiastic and saw significant value in having immediate electronic access to information about their patients. Access to hospital test results was one of the key benefits quoted by this group and is reflected in the TestSafe provider brochure which states.

> *"While hospital discharge summaries only have results from the recent visit, in TestSafe I am able to view a patient's history of lab results; it is good to be able to see the trend analysis."*
>
> *GP User of TestSafe Pilot*

Before the TestSafe project was formally approved the proposal or 'Business Case' was the subject of rigorous DHB process. This included:

- Review by each DHB's PHO liaison group
- Review by each Clinical Boards in each DHB. Membership included GP representation.
- Approval by the ADHB's Community and Public Health Advisory Committee.

Phase 1: DHB Facility Access

The TestSafe implementation approach was developed over a period of time based on the following:

- Crown Solicitors Opinion (Meredith Connell)
- Auckland DHB Regional Privacy Advisory Group review
- PHO review consultation, ProCare Privacy Committee review
- Medical Protection Society comment.

For further information on this aspect refer to the Appendix, 'Provider Issues – More Information'.

The TestSafe Project Steering Group, including Primary Care representatives, guided this process and developed the overall package based on the requirements raised along with the practical issues in implementing these. The following table summarises engagement and communication activities.

Engagement with the Primary Sector

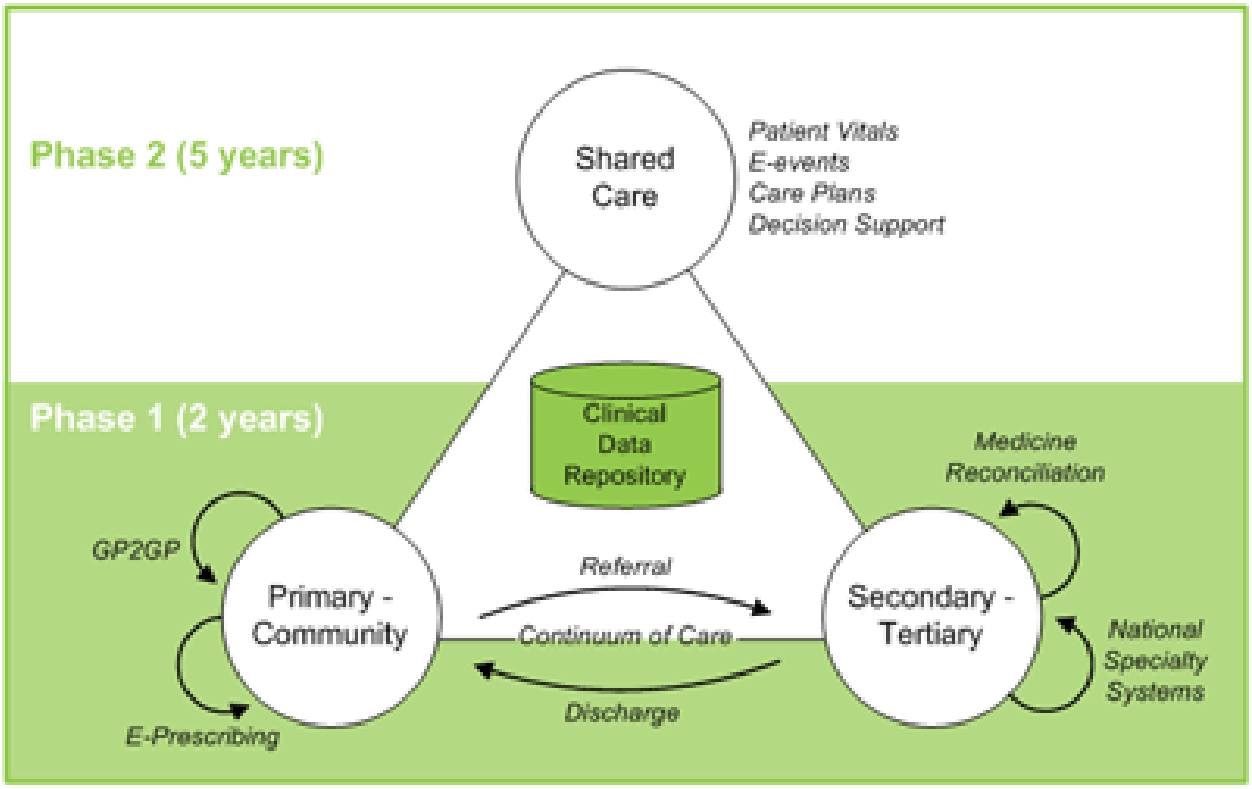
Date	Activity	Reference
June – Aug 05	• DHB PHO CEO Meeting 1 – A meeting each DHB's PHO group, e.g. 'GPHO' at Counties. – Proposed privacy model presented – Feedback sought	Phase 1 - Proposal.ppt
Sep – Nov 05	• Letter (and emails) to PHOs advising modifications to approach following their feedback.	Phase 1 - PHO Privacy Responses.doc*
10 Nov 2005	• DHB PHO Meeting 2 – Presentation of revisions to privacy model (following sector input).	Refer above.
Post Nov 2005	• Update / feedback from PHOs via DHB Primary Care liaison	Emails available on request.
Mar 2006	• PHO Implementation Letter 1 • Advice to PHOs of an Engagement Letter to be sent to GPs.	Phase 1 - PHO Letter 1.doc*
Apr 2006	• GP Engagement Letter (Copied to PHOs) – Feedback on implementation matters sought.	Phase 1 - GP Letter 1.doc*
Apr 2006	• PHO Implementation Letter 2 – Seeks feedback on possible PHO involvement in the implementation (following GP Engagement letter).	Phase 1 - PHO Letter 2.doc*
May 2006	• GP Implementation Pack / Covering Letter • Implementation packs hand delivered to GPs by DML for planned go-live.	Phase 1 - GP Letter 2.doc
Jul 2006	• GP Post Implementation Reminder facsimile – A follow up 'fax-out' to all GP practices providing reference to more information on TesSafe.	Phase 1 - GP Reminder.doc*

Phase 2: General Practice Access

Date / Venue	Activity	Reference
Feb – May 07	• On-site PHO Meeting 1: – Initial engagement via an on-site meeting with each PHO regarding the commencement of phase 2 – Some remote PHO meetings conducted by teleconference • Opt Off awareness raising – Liaison with PHOs to ensure that GP's systems had been updated to include the TestSafe statement on lab order forms and the GPs were reminded of this option. For example, included 2 articles in ProCare's Pulse magazine, visits to practices from PHO technical support, etc.	N/A (refer to 'Activity' column)
Apr – Jun 07	• On-site PHO Meeting 2: Implementation issues – Some remote PHO meetings conducted by teleconference • Responses recorded on the following points: – Want access? – Willing to assist in GP comms? – Initial approval for 'Security Index' received? – Allow breakglass? – Access non-ordered community results? – Extra security for sensitive tests?	
16 Aug 2007	• Letter advising outcome of issues raised during initial PHO meetings regarding Phase 2. • Provides 'Agency Agreement' for PHO sign off.	Phase 2 - PHO Letter 1.doc*
Sep 07 – Oct 07	• Emails and phone calls in the context of seeking sign off of the PHO Agency agreement	Emails available on request.
27 Sep 2007	• Letter advising PHOs of the imminent availability of the TestSafe service for GPs	Phase 2 - PHO Letter 2.doc*

National Health IT Plan July 2010, Excerpts.

Refer to:
http://www.hive.org.nz/sites/default/files/DRAFTNationalHealthITPlan230410.pdf



"5.3.4 Work Stream 4: Clinical Support

Information solutions are required to support a single sign-on and a fast, easy-to-use, common view of detailed clinical data to support diagnosis, prioritisation, treatment, recovery and clinical audit. While supporting access to information for all authorised clinicians, this work stream mainly focuses on secondary and tertiary care. National Health IT Plan 30 July 2010.

In the next two years, the aim is for each DHB region to implement a regional clinical support platform that includes all of the following:

- A common clinical workstation user interface
- A common set of clinical support systems, that is, radiology, laboratory and pharmacy
- A single clinical data repository that stores:
  - laboratory results
  - radiology results and images
  - other diagnostic results, for example, ECG, Holter, and Spirometry
  - discharge summaries
  - referrals
  - clinic letters
  - medications

- other patient documentation.

Associated benefits of this work stream:

- Improves access to diagnostics.
- Saves costs through reductions in repeat tests.
- Makes better use of the workforce (after-hour's radiology)."