

<u>Critical Care Information System (CCIS) Frequently Asked Questions (FAQ's)</u>

Background

On January 30, 2006, the Ontario Ministry of Health (MOH) announced a \$90 million Critical Care Strategy to ensure Ontario remains a global leader in providing critical care services and to improve access, quality and system integration in healthcare. The strategy identified seven components as priorities for provincial investment, including: (1) establishing Critical Care Response Teams ("CCRT"s) to improve patient safety; (2) enhancing the skills of existing health care providers; (3) establishing a new Critical Care Information System (CCIS) to provide key data; (4) working together to improve performance and quality; (5) exploring ethical and legal issues with stakeholders; and (6) training more critical care physicians and nurses. One of the essential components of the strategy was the development of the provincial CCIS to collect and report on data supporting the information needs of the entire strategy.

Below are some *Frequently Asked Questions* about the privacy and security of the CCIS.

What is the CCIS?

The CCIS is a health registry that contains critical care data collected from hospital critical care units across Ontario. The data is entered by CCIS trained and authorized critical care unit staff through a secure web-portal that generates aggregate statistical reports on critical care services (i.e. bed availability, Admission/Discharge/Transfer (ADT) data and CCRT activity). This data is used to facilitate resource allocation and bed management decision-making.

What is the Status of the CCIS under the Personal Health Information Protection Act (PHIPA)? Hamilton Health Sciences (HHS) has been prescribed by the Regulation (329/04, Section 13 (1)(5) that accompanies PHIPA as a person responsible for maintaining the CCIS for the purpose of facilitating and improving the provision of health care. HHS has delegated the day-to-day operation and management of the CCIS to CritiCall Ontario (CritiCall), a provincial program administered by HHS and funded by the MOH.

What are HHS/CritiCall's Responsibilities under PHIPA?

PHIPA requires prescribed persons to have privacy policies and related procedures in place and approved by the Information and Privacy Commissioner of Ontario (IPC) every 3 years, to protect the privacy and confidentiality of the personal health information (PHI) within the CCIS.

The Chief Executive Officer (CEO) of HHS is ultimately accountable for the protection of PHI in the custody or control of the CCIS. The CEO has delegated the day-to-day responsibility of oversight for ensuring compliance to the Legal Counsel and Chief Privacy Officer, HHS. The Legal Counsel and Chief Privacy Officer, together with the CritiCall Executive Director, are responsible for overseeing compliance with PHIPA, and CCIS privacy and security policies, procedures and practices. The CritiCall Executive Director, has appointed a CritiCall Privacy Lead who is responsible for the day-to-day privacy operations, compliance and management.

CritiCall staff are employees of HHS and as such, upon hire, sign confidentiality agreements and are provided with initial corporate privacy and security training and awareness. Additionally, all CritiCall staff undergo annual privacy and security training and awareness. Staff members with job- related duties specific to the CCIS undergo additional role-based privacy and security training. These staff must



also sign and annually renew, confidentiality agreements specific to their obligations relative to the CCIS.

CritiCall makes privacy and security policies and procedures available electronically to all Ontario hospitals participating in the CCIS as well as to vendors and any other agents that support the CCIS. Through contracts and agreements, CritiCall further requires vendors and other agents that support the CCIS to acknowledge and agree to their obligations to protect and keep confidential the PHI within the system.

Hospitals that participate in the CCIS enter into Agreements with HHS. Hospitals are responsible for the PHI that they collect and enter into the CCIS while HHS/CritiCall is responsible for the PHI received.

What data is collected by the CCIS?

The CCIS collects a number of data elements about critical care patients; the hospitals and units where they are receiving care; and the types of care required during the course of their stay in the critical care unit.

The types of PHI collected in the CCIS include:

- Patient name
- Medical record number
- Date of birth
- Age
- Gender
- Health card number and type

All data is entered by CCIS trained and authorized hospital staff working in the critical care units of hospitals that have entered into Participation Agreements for the CCIS. ICU staff receive CCIS training and have electronic access to all CCIS policies and procedures, including those related to privacy and security, through the CCIS Document Library.

How is the CCIS data used?

The CCIS has been developed to provide real time data on every patient admitted to Level 3 and Level 2 Critical Care Units in Ontario's acute care hospitals. It is intended to provide the MOH, Local Health Integration Networks (LHINs)/Regions and hospital leaders with information such as bed availability, critical care services utilization and patient outcomes.

The CCIS also supports performance measurement which is intended to facilitate decision making and highlight opportunities for implementing quality improvement initiatives. This is done through the collection of data, entered in real time for every critically ill patient admitted to a critical care unit. The core data export functionality allows end-users to download their own hospital data entered into CCIS for additional analysis. CCIS users can access a number of system generated reports by logging onto the CCIS. Quarterly/scorecard reports with selected indicators are also generated from CCIS data, analyzed and distributed by CCSO. The data enables evidenced-based decision making, supports system-wide planning and informs where possible capacity investments will have greatest impact. Publicly reported clinical indicators such as Central Line Infections (CLI) and Ventilator Acquired Pneumonia (VAP) incidents are also collected in the CCIS and sent to the MOH for public reporting.



Data collected within the CCIS is limited to that which is necessary to fulfill the above purpose. Please refer to 'P5-List of Data Holdings and P7-Statements of Purpose for Data Holdings Containing Personal Health Information' for a list of the data elements contained within the CCIS.

Is CCIS data disclosed?

In addition to disclosing aggregate data to CCSO as a PHIPA Agent of HHS/CritiCall (with respect to CCSO's role in strategic oversight of the CCIS), CritiCall provides data back to individual hospitals that participate in the CCIS. CritiCall also accepts and reviews requests for CCIS data for research and non-research purposes via applications submitted to CritiCall (forms available on the website) where the requestor may be authorized to receive CCIS data.

All research requests must have prior approval from a researcher's Research Ethics Board before being submitted. All other requests are reviewed on a case-by-case basis and are based on the authorities provided by PHIPA, including authorization to disclose (i.e. to a prescribed entity). Once submitted, the requests are reviewed by the CritiCall Privacy Lead and subsequently the CCIS Data Stewardship Committee to make a formal determination around disclosure. If approved, the requestor/researcher will be required to enter into a formal data sharing agreement with HHS/CritiCall that requires the requestor/researcher to ensure the protection of the PHI throughout the course of study and/or its use, as well as the secure destruction of the PHI at the end of the project.

Patients may also request access to their own CCIS data by contacting the CritiCall Privacy Lead. The CritiCall Privacy Lead will refer the patient to the hospital that originally entered their PHI into the CCIS. These hospitals are responsible for providing patients with access to their PHI and for making corrections to a patient record as required.

As HHS is also an 'institution' under the Freedom of Information and Protection of Privacy Act, Ontario, 1990 (FIPPA), access requests can also be made for Personal Information (PI) under FIPPA. In these cases, HHS/CritiCall will again transfer the request to the hospital that has collected the PI.

How does HHS/CritiCall ensure the protection of the PHI within the CCIS?

HHS/CritiCall has implemented administrative, physical and technical safeguards to help ensure the protection of the PHI within the CCIS. These are detailed in all of the CCIS policies and procedures which are available through the CCIS Document Library or upon request to the CritiCall Privacy Lead.

Some of the safeguards are outlined below:

Administrative Safeguards:

- More than 35 policies and procedures documenting requirements and procedures related to privacy, security, human resources and organizational expectations pertaining to the CCIS
- More than 15 Logs documenting adherence to policies and procedures
- Committee structures to support operational and research aspects of the CCIS
- Privacy Impact Assessments
- Ongoing privacy and security training and awareness for staff
- Confidentiality and contractual agreements

Technical Safeguards:

System access and password controls



- Encryption requirements and procedures for storage and transmission of CCIS data
- Threat Risk Assessments
- Secure portal access to CCIS

Physical Safeguards:

- Controlled access to CritiCall offices
- Secure destruction/confidential waste
- Visitor log

What steps does HHS/CritiCall take in relation to CCIS to protect PHI from theft, loss and unauthorized use, disclosure or unauthorized copying, modification or disposal?

Access to the CCIS is provided on a "need-to-know basis" and restricted only to employees, vendors and other agents that require access to perform job-related functions. Access is also role-based to ensure those being granted have access only to the information they require for the purposes of their role. Access to the CCIS is audited to ensure information is being accessed appropriately and for the purposes for which it is required.

CCIS data is housed in a secure data centre with advanced identity provisioning and physical access controls, including restricted access to its operational environment and video monitoring. Furthermore, the Data Centre has resilient power, Heating Ventilation Air Conditioning (HVAC), and fire controls that are optimally clustered, to ensure that no data will be lost if a server goes down. These physical safeguards are supported by strict access policies and procedures to further protect the data from theft or unauthorized access.

All staff, contractors and other agents receive privacy and security training and education and are bound by contractual agreements (i.e. confidentiality agreements or contract clauses related to privacy and security requirements) to protect the PHI in the CCIS. Logs are maintained to document the destruction or return of any hard copy or electronic PHI that has been authorized for release.

A Breach Management Policy and Procedure is in place for both privacy and security incidents or breaches to ensure that incidents are appropriately contained, documented, investigated, remediated and followed-up.

How can I find out more information or make an inquiry or complaint?

Please contact the CritiCall Privacy Lead for all inquiries, complaints or information requests related to the CCIS.

The CritiCall Privacy Lead may be contacted:

By email:

privacy@criticall.org

By mail to: Attention CritiCall Privacy Lead 1725 Upper James Street Suite 200 L9B 1K7



By Telephone:

(289) 396-7000

Individuals may also make a complaint to the Information and Privacy Commissioner of Ontario. The Information and Privacy Commissioner/Ontario may be contacted:

By mail to:

Information and Privacy Commissioner of Ontario 2 Bloor Street East Suite 1400 Toronto, Ontario M4W 1A8

By Telephone:

(416) 326-3333