

From Hippocrates to PHIPA: Privacy Challenges in the Emergency Department

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Privacy Challenges in the ED

- “Despite increasingly stringent privacy legislation in some jurisdictions where patient information may not be given to the next of kin without consent and researchers are being required to meet ever stricter levels of privacy guarantees, it seems that in EDs medical and personal information may be heard or overheard or seen by complete strangers in up to two-thirds of emergency attendances.”
 - Australian Journal of Emergency Medicine

Disclosure in the ED

- Design and Function
- Circle of Care and Lock Boxes
- Third Party Disclosures
 - Family members and friends
 - Emergency transfers
 - Police officers
 - Mandatory disclosures, reportable conditions and duty to warn
 - Research
 - Media

Design and Function

- The challenge:
 - EDs are designed with ease of surveillance and communication in mind
 - Waiting and triage areas are administrative and communication hubs
 - EDs are frequented by non-medical staff
 - ED design permits a cacophony of auditory information

Design and Function

- Best practices:
 - Reduce wait times
 - Use treatment areas, partitions and privacy screens
 - Be discreet
 - Restrict visitor access

Circle of Care and Lock Boxes

- The challenge:
 - Identifying who is within/ outside of the circle of care
 - Operating on a need-to-know basis
 - Sharing in appropriate settings
 - Confusion/ controversy on lock boxes
 - Students and other observers

Circle of Care and Lock Boxes

- Best practices:
 - Identify role of all caregivers
 - Share only
 - with those within the circle of care
 - on a need-to-know basis
 - in an appropriate setting

Third Party Disclosures

- The challenge: family members/ friends
 - Seek patient information out of concern
 - Disclosure requires consent under PHIPA
 - Consent is not always easy to obtain
- Best practices:
 - Get consent

Third Party Disclosures

- The challenge: emergency transfers
 - What information to transfer?
 - Not easy to limit scope of transfer in an emergency setting
- Best practices:
 - Transfer complete record securely

Third Party Disclosures

- The challenge: police officers
 - Might intrude on patient privacy
- Best practices:
 - Require warrants
 - Minimal compliance with the *Mandatory Gunshot Reporting Act*
 - Don't allow fishing expeditions
 - Treat police as visitors

Third Party Disclosures

- The challenge: mandatory disclosures, reportable conditions and duty to warn
 - What to report
 - When to report
 - Report to whom
- Best practices:
 - Familiarize yourself with the law
 - Read the OHA Privacy Toolkit
 - Balance individual privacy rights with public safety needs

Third Party Disclosures

- The challenge: research
 - What can be shared with associated research bodies?
- Best practices:
 - Get consent (express/ implied)
 - Don't disclose personal health information

Third Party Disclosures

- The challenge: media
 - Looks for newsworthy stories
- Best practices:
 - Refer media requests to privacy officer
 - Escort media reps on premises
 - Get consent
 - Pre-screen photographs/ material

Information Security in the ED

- Physical Security
- Electronic Security

Information Security in the ED

- The challenge: physical security
 - White boards, paper lists, sign-in sheets
- Best practices:
 - Do away with white boards
 - Keep charts out of plain view
 - Adopt storage and disposal protocols
 - De-identify information

Information Security in the ED

- The challenge: electronic security
 - Computer system access
- Best practices:
 - Use “time-out” screensavers and passwords
 - Place terminals out of public view
 - Educate and audit

Information Security in the ED

- The challenge: electronic security
 - Physical security of computer systems
- Best practices:
 - Prevent break-ins
 - Use a password-protected network

Information Security in the ED

- The challenge: electronic security
 - Fax systems
- Best practices:
 - Use faxes only when necessary
 - Use auto-dial features
 - Avoid inadvertent disclosures

Questions?

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