

Hospital Access to PharmaNet

For Hospitals and Designated Mental Health Facilities

Policies and Procedures Template



<i>Published by</i>	<i>BC Ministry of Health, Pharmaceutical Services Division</i>
<i>Version</i>	<i>3.0</i>
<i>Date Published</i>	<i>September 2010</i>

Hospital Access to PharmaNet Policies & Procedures Template

Purpose of this document

This document provides a template for the policies and procedures relevant for Hospital Access to PharmaNet. It reflects the decisions that hospitals and Designed Mental Health Facilities (DMHF) must make with regards to PharmaNet access, such as:

- Who will be authorized to access PharmaNet (MDs, pharmacists, nurses and/or clerical employees)?
- When PharmaNet will be accessed (all patient clinical visits, according to profile, on MD request, etc.)?
- How will access discrepancy reporting be performed (reconciliation of PharmaNet access to patient registration files or alerting/reporting method)?

This Policies and Procedures Template document can be used as is, or can be incorporated into your existing Policies & Procedures. Regardless of the approach chosen, the exact text contained in the policies, procedures and supporting forms must be retained except where options or variable wording is noted.

The PharmaNet transaction message set implemented within hospital and DMHF settings that are not part of the Emergency Department or pharmacy is a limited set of transactions for viewing purposes only.

The *PharmaNet Professional and Software Compliance Standards* provide the business and technical rules that must be followed by the hospital/DMHF accessing PharmaNet. These documents can be found at:

<http://healthnet.hnet.bc.ca/catalogu/tech/pnetcompdocs.html>

Questions about policies and procedures for Hospital Access to PharmaNet may be directed to Data Access Services: HLTH.DataAccessServices@gov.bc.ca

Note: Policies and Procedures are required at all sites that have access to PharmaNet.

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See also the separate PDF documents also on the Data Access Services website
<http://www.healthservices.gov.bc.ca/das/hap.html>:

- Appendix C – Undertaking to Complete Confidentiality Procedures (Hospital)
- Appendix D – Undertaking to Complete Confidentiality Procedures (DMHF)
- Appendix E – Undertaking of Confidentiality and Acknowledgement of Disclaimer by Physician (Hospital)
- Appendix F – Undertaking of Confidentiality and Acknowledgement of Disclaimer by Physician (DMHF)
- Appendix G – Undertaking of Confidentiality and Acknowledgement of Disclaimer by Authorized Person (Hospital)
- Appendix H – Undertaking of Confidentiality and Acknowledgement of Disclaimer by Authorized Person (DMHF)
- Appendix I – Patient Notification Poster
- Appendix J – Access to PharmaNet Patient Information Sheet

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< Insert - Hospital/DMHF Name >
<Insert – Hospital/DMHF Location>
Policies and Procedures for
Hospital Access to PharmaNet (HAP)

1. Patient Notification of PharmaNet Access



Select all boxes appropriate to your hospital/DMHF location

- a) A poster indicating to patients that their PharmaNet profile (medication information) may be accessed will be displayed in appropriately visible locations throughout the facility. *Please see document Appendix_I.pdf (for hospitals and DMHFs).*
- b) "Access to PharmaNet Patient Information Sheets" (See separate document Appendix_J.pdf) will be placed:
- at the registration desk (admissions)
 - on the information rack/table
 - other
- _____.
- c) Patient questions or concerns regarding PharmaNet will be responded to by:
- the patient's physician
 - the facility administrator
 - other:
- _____.
- d) Each patient is entitled to request and receive a report from the hospital/DMHF of all accesses to their PharmaNet profile that have been performed at this hospital/DMHF setting during their patient visit. This report will be provided to patients by:
- the facility administrator
 - other: _____.
- Note: Through any BC community pharmacy, a patient can request a complete report of all accesses to their PharmaNet profile.*
- e) Patients with questions or concerns about the information on the report must be referred to:
- the patient's physician
 - the facility administrator
 - other: _____.

2. Individuals Authorized to Access PharmaNet

- Each eligible physician in the hospital/DMHF must sign and submit an "Undertaking of Confidentiality and Acknowledgement of Disclaimer by Physician". *Please see separate document Appendix_E.pdf (for hospital physicians) or Appendix_F.pdf (for DMHF physicians).* Each physician is responsible for all activities undertaken by the authorized person in relation to PharmaNet.

All authorized persons in hospitals/DMHFs must sign an "Undertaking of Confidentiality and Acknowledgement of Disclaimer by Authorized Person" (*Hospitals, see separate document Appendix_G.pdf; DMHFs please see Appendix_H.pdf*). All authorized persons must be fully aware that access is under the control of the authorizing physician.

Pharmacists have already signed a confidentiality undertaking which is retained by the College of Pharmacists of British Columbia (CPBC). No additional confidentiality undertaking is required.

- An "Undertaking to Complete Confidentiality Procedures" (*Hospitals, please see Appendix_C.pdf; DMHFs please refer to Appendix_D.pdf*) must be signed by the Chief Executive Officer (CEO) or Chief Operating Officer (COO) of the hospital/DMHF and the Chief of Medical Services of the hospital or the Director of the DMHF. By signing, they are acknowledging:
 - a) the responsibility of physicians and pharmacists working in the hospital/DMHF;
 - b) the hospital's/DMHF's agreement to ensure confidentiality provisions are in place regarding hospital/DMHF employees (nurse, clerical staff) with access to PharmaNet.



Identify the location where the confidentiality undertakings and the "Undertaking to Complete Confidentiality Procedures" will be stored:

3. Registered Physician Report

Each health authority/hospital is required to submit a monthly "Registered Physician Report" to the Ministry of Health Services. This report contains the full name, College ID and College License number of each *physician* registered to access PharmaNet. (*Please see Appendix A.*)

4. Software Support Organizations

Within a hospital the Chief of Medical Services or their delegate may authorize one or more persons employed by or contracted to a Software Support Organization (SSO) temporary access to PharmaNet.

Within a DMHF, the Director or their delegate may authorize temporary access to PharmaNet for one or more persons employed by or contracted to an SSO.

These authorizations are only for the extent necessary and for the least amount of time required for the installation, testing, maintenance or repair of the hardware or software required for the hospital/DMHF to connect to and to access PharmaNet.

The SSO individual must obtain authorization from one of the following physicians within the hospital/DMHF before accessing PharmaNet.

Identify who may authorize access to an SSO and indicate the individual's functions:



5. Training

SSOs must train all authorized health care professionals and authorized persons. The Chief of Medical Services of a hospital or the Director of a DMHF must ensure that authorized persons receive training on business rules, software functions and features and policies and procedures developed for hospital/DMHF access to PharmaNet.

6. Security

Each authorized health care professional and authorized person will be assigned a user ID and password provided by a SSO. Authorized health care professionals and authorized persons will not:

- Permit any third-party to use any user IDs and passwords provided to access PharmaNet
- Divulge, share or compromise any user IDs and passwords
- Use, or attempt to use, the user ID or any password of any other person
- Test or examine the security related to PharmaNet
- Take any action that might reasonably be construed as altering, destroying or rendering ineffective the Patient Record Information
- Alter the format or content of a print or display of any confidential information
- Use any privately owned wireless devices such as personal digital assistants, laptops or cellphones to access PharmaNet.

The use of wireless technology such as a wireless router or local area network must meet the wireless access policies and procedures as defined in the latest version of the OCIO Wireless Standards

(http://www.cio.gov.bc.ca/local/cio/standards/documents/standards/standards_manual.pdf).

The individual responsible for information security must complete an Attestation of Compliance with the Government of British Columbia Wireless Standards Agreement.

Workstations and printers must be in a protected area.

Identify all of the locations below:

- Admission / Registration
 - Ward(s)
 - Other _____
-



7. Patient Profiles

Patients must be positively identified prior to accessing PharmaNet.

- **New patients** should be asked for their Care Card, or one primary or two secondary pieces of identification. (See *Appendix B for a description of primary and secondary identification*).
- **Returning patients** should be asked to confirm their PHN, name and address as recorded on their chart.
- Always verify the patient's demographics when accessing PharmaNet by PHN.

The patient's pharmacist, physician or delegate can print one copy of the medication profile for each patient and for each patient's medical file. A copy can be provided to the patient only if it has been authorized by the patient's physician.

Identify all locations within the hospital/DMHF where printing of profiles may occur:

- Admission / Registration
 - Ward(s)
 - No printing of profiles will be permitted
 - Other _____
-

8. Access Discrepancy Reporting

The hospital/DMHF is required to complete routine access discrepancy reporting to identify apparent unauthorized accesses. As a minimum, this reporting will compare the accesses to PharmaNet with patient visits to ensure that access is by an authorized person within the prescribed window. Additional access discrepancy reporting based on best practice privacy criteria is recommended.



Identify the method used for creating access discrepancy reports:

- Post-access reconciliation of the access log to patient visit
- Combination of near real-time notifications and post-access analysis of exceptions and patterns over multiple accesses

Describe the manual and automated processes used for creating access discrepancy reports (note: Some SSOs may provide electronic reconciliation capabilities).

Describe any best practice criteria used for identifying potential inappropriate accesses.



Identify the frequency at which a designated person in the hospital/DMHF will perform a review of an Access Discrepancy Report.

- Daily
 Weekly

A review of the Access Discrepancy Report must be completed at least weekly by the designated person in the hospital/DMHF. A review of a selective Access Audit Log Report or Access Discrepancy Report can be completed on demand.



The PharmaNet Access Log Reports and Access Discrepancy Reports will be retained for a minimum of two years and filed in _____ (location).

9. PharmaNet Access Audits

All instances of apparent inappropriate access to PharmaNet or confidentiality breaches will be investigated by the CEO or the COO of the hospital or facility, and the Chief of Medical Services of a hospital or by the Director of a DMHF, and will be escalated according to the facility's privacy breach procedures.

10. Help Procedures

When there are problems accessing PharmaNet, the facility's procedures for problem determination, escalation and resolution should be followed.



- For PharmaNet access software problems call _____ at _____ (Phone)
- For hardware problems call _____ at _____ (Phone)
- For Internet problems call _____ at _____ (Phone)
- For all other problems, call the PharmaNet Help Desk at the number listed below. Contact your SSO for all system-related problems before contacting the PharmaNet Help Desk.

Vancouver: 604-683-7151
Rest of B.C. 1-800-663-7100 (toll-free)

11. Downtime

The PharmaNet system has a scheduled downtime from 12:00 am (Midnight) until 08:00 a.m. every Thursday morning. Generally the system is down for less than 4 hours rather than the full 8-hour period.

12. Patient Keyword

A patient may have assigned a keyword to restrict access to their PharmaNet record. The patient must supply the keyword for access to occur. If the patient supplies a keyword, it must be removed from all hospital/DMHF records relating to them, when they are no longer receiving care or treatment from the hospital/DMHF.



Will the keyword supplied by the patient be stored in the hospital/DMHF automated or manual records for use during the patient's stay?

- Yes
 No

If yes, identify the procedure for ensuring that patient keywords are erased from hospital/DMHF records.

If the patient refuses to provide the keyword, this refusal should be noted on the patient's chart.

In the event that a patient has refused or is incapable of providing their keyword, a physician must determine if there are compelling circumstances for viewing the medication profile using indirect methods.

"A Provider or staff member may also collect personal information from another individual or organization if the physician has reasonable grounds to believe that indirect collection is necessary for the safe and effective treatment of the patient (including urgent and immediate circumstances, or where the patient is incapable of providing the information)." CPSBC

Reasonable grounds are based on the best judgement of the physician at the time of treatment.

To access the PharmaNet profile of a patient who has not provided their keyword, the physician working in the hospital/DMHF (or a nurse or clerk authorized by the physician) can contact the PharmaNet Help Desk to request that the patient's keyword be removed.

The physician who asked to have the keyword removed must notify the patient of this action within a reasonable time after the keyword was removed and before the patient is discharged from the hospital/DMFH. This ensures that the patient is aware that their keyword has been removed and of the need to re-establish a keyword, if desired.

When a keyword removal is requested, the PharmaNet Help Desk will request (and record):

- a) The PHN and name of the patient;
- b) The hospital ID of the patient;
- c) The CPSBC ID and name of the attending physician; and
- d) The name of the individual calling on behalf of the physician.

The Help Desk will notify the CPBC that the keyword has been removed.

The CPBC will notify the patient, in writing, at their last known address, that their keyword was removed as a result of the hospital/DMHF visit.

13. Miscellaneous

Authorized health care professionals and authorized persons are responsible for reviewing fan-out messages (PharmaNet Participant Messaging) routinely.

PharmaNet Participant Messages can be delivered using the most expedient method possible to alert users. This delivery method could include an electronic bulletin, electronic alerting system or the messages can be printed and manually distributed.

Identify the method used to notify Hospital Access to PharmaNet users of PharmaNet Participant Messaging:



Identify the location where these messages will be filed: _____
(location)

Appendix A – Registered Physician Report

The Registered Physician Report must be submitted monthly and includes a list of all *physicians* who were registered to access PharmaNet during the month. The report should include the following information:

- Month start and end dates
- Physician Last Name
- Physician First Name
- Physician Initial
- Physician Third Name, if applicable
- Physician College ID (This will always be the value 91)
- Physician License Number (This is the 5–digit license number)

The report can be submitted either as a comma delimited file or as an Excel spreadsheet. The filename should use the following format:

text file : HA.period.Hospital.txt
excel spreadsheet: HA.period.Hospital.xls

where:

- *HA* is the three to four character Health Authority acronym (e.g. VCHA, VIHA, NHA, FHA, PHSA, IHA)
- *period* is in the format YYYYMM e.g. 200707 for the period July 1–31, 2007
- *Hospital* is a short name for the hospital that includes the first 3 characters of each part of the hospital name e.g. RoyJub, VicGen, StPau, KitGen

Suggested report format

PharmaNet Registered Physician Report							
Month Start Date				Month End Date			
Physician Last Name	Physician First Name	Physician Initial	Physician Third Name	College ID (91)	College License Number	Registered for Emergency Department Access to PharmaNet (Y/N)	Registered for Hospital Access to PharmaNet (Y/N)

Appendix B – Patient Identification

Prior to releasing information from PharmaNet, the authorized health care professional or authorized person must take all reasonable steps to positively identify patients or patients' personal representatives, in compliance with PharmaNet standards as follows:

- a) Viewing one (1) piece of primary identification; or
- b) Viewing two (2) pieces of secondary identification.

Primary Documents which are acceptable to the Ministry of Health Services:

- Birth Certificate
- Canadian Citizenship ID Card
- Canadian Record of Landing or Confirmation of Permanent Residence or Permanent Resident Card
- Canadian Issued Student Authorization or Study Permit
- Canadian Issued Employment Authorization or Work Permit
- Canadian Issued Visitor Authorization or Temporary Resident Visa
- Diplomatic Passport
- Federal Minister's Permit, approved by BC Minister of Health Temporary Resident Permit

Secondary Documents which are acceptable to the Ministry of Health Services:

A secondary identification document is a trusted document containing either a photograph or signature (or both) that identifies an individual as being who he or she claims to be and supports the personal information supplied by the individual.

- Driver's License
- Passport
- Native Status Card (Issued by Indian and Northern Affairs Canada)
- Canadian Forces ID Card
- Canadian Police Identification Card
- Provincial or Territorial Identification Card
- Naturalization Certificate
- Consular Identity Card (External Affairs Identification Certificate or Card)
- Parole Certificate Identification Card
- Correctional Service Conditional Release Card

The BC Personal Health Number (PHN) is the provincial standard for identifying clients of the health care system and is needed to retrieve or update patient information. The existence of a PHN does not imply eligibility for health care services in BC, or provide any indication of an individual's benefit status.