



# PharmaNet

## Professional and Software Compliance Standards

### Volume 2 – Business Rules

**THIS IS A DEPRECATED LEGACY DOCUMENT**

For the latest conformance standards refer to:

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/software/conformance-standards/>

## Emergency Departments

Version 3.5

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# 1 GENERAL INFORMATION

The Professional and Software Compliance Standards Document for PharmaNet has been revised into volumes, divided by PharmaNet participant functionality requirements.

The 'library' approach provides more logical formatting while reducing redundancy and repetition.

There are common volumes required by all software developers and both business and technical volumes for the different functions. This enables software developers to download only the necessary volumes. The documentation is available on the *healthnetBC* Products and Services Catalogue web site. <http://healthnet.hnet.bc.ca/catalogu/index.html>

## 1.1 The Volumes

The 6-volume documentation set contains:

### Volume 1 – Introduction

Volume 1 introduces the reader to common development components, such as:

- Document Conventions and Structures
- Related Standard
- Contacts
- Support Responsibilities
- Compliance Evaluation Process
- Mandatory policies and procedures to ensure compliance with all standards.

### Volume 2 – Business Rules

Volume 2 has been further divided into separate documents for the functionality requirements of Hospital Admitting (HA), Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *implementation requirements* and the *business rules* related to the use of the available transactions and the local system requirements.

### **Volume 3 – Technical Rules**

Volume 3 has been further divided into separate documents for the functionality requirements of Hospital Admitting (HA), Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *general processing* and the *technical rules* related to the use of the available transactions and the *local system requirements*.

### **Volume 4 – HL7 Message Catalog**

Volume 4 identifies transaction details and message responses, such as:

- Network Transmissions and Responses
- Health Level 7 (HL7) Standards
- Message Formats and Data Definitions
- Input and Output Message Segments and Fields

### **Volume 5 – Security**

Volume 5 provides security objectives, requirements and guidelines and a framework for developing policies and implementing local security controls.

### **Volume 6 – Glossary**

Volume 6 lists a glossary of terms persistent through out *healthnetBC*.

## **1.2 The Audience**

The compliance standards documentation is intended for software developers, health care providers, administrators and other health care professionals who share responsibility for implementing compliant software in their organization.

## **1.3 This Document**

This volume contains the business rules for using the PharmaNet transaction messages for Hospital Emergency Departments (ED). Read this volume in conjunction with Volume 3 – Technical Rules (Emergency Department).

## **1.4    *healthnetBC* / PharmaNet Operation Information**

Basic information regarding practitioners, prescribers and operators, must exist on PharmaNet before any message from a Provider will be accepted for processing. This information may be sent to PharmaNet in an electronic format by authorized individuals. Detailed specifications for this process are described in the document titled '*healthnetBC* / PharmaNet Practitioner and Operator Data Interface Specifications'.

## 2 EMERGENCY DEPARTMENTS

To improve patient care by making the patient's medication history available to authorized individuals in a hospital Emergency Department (ED) in a timely and secure manner.

Access is only considered appropriate if:

1. Access is tied to and ED / patient encounter.
2. The purpose and manner are consistent with *healthnetBC* standards (Service Level & Confidentiality Agreement (SLCA), PharmaNet Application Services Professional and Software Standards)
3. The information retrieved is used only for the therapeutic treatment and care of patients (as per the *Pharmacy Operations and Drug Scheduling (PODS) Act*), and,
4. Access is made upon the request of a physician or in accordance with the documented policies and procedures of the ED.

### 2.1 Implementation Requirements

In order to obtain access to PharmaNet, EDs must do the following:

#### 2.1.1 Agreements

1. The CEO (or designate) of the Health Authority must sign and submit a SLCA with the Ministry of Health Services (MoHS) detailing such items as:
  - a) Confidentiality
  - b) Permission to conduct spot audits / inspections by the PharmaNet compliance team; administration and maintenance of operator IDs
  - c) Penalties for misuse of information
  - d) Problem escalation procedures (i.e., identification of key personnel)
  - e) Contact information.
2. The hospital CEO and the Chief of the hospital ED must sign an undertaking acknowledging responsibilities related to confidentiality for:
  - a) ED physicians
  - b) Hospital staff.
3. Hospital administration must have on file, signed confidentiality undertakings or pledges from all employees accessing confidential *healthnetBC* data.



### **2.1.2 Software and Training**

1. Hospitals must Install PharmaNet compliant software.
2. Physicians and / or designated support staff must receive training / education on use of the local software from the SSO supplying the software.

### **2.1.3 Confidentiality Undertakings**

A service level agreement (SLA) between the MoHS and the CEO of the health authority (or designate) must be signed and retained by the *healthnetBC* Connections Coordinator.

For physicians, two undertakings will apply. Upon registration with the College of Physicians and Surgeons of British Columbia (CPSBC), every physician signs an undertaking agreeing to abide by the Code of Ethics and also recognizing receipt of a copy of the *Health Professions Act*. These undertakings are retained at the CPSBC as a permanent record.

Secondly, hospital staff privileges for physicians include maintenance of good standing and licensure with the CPSBC and include agreement to comply with hospital or regional medical staff bylaws and rules and regulations. Therefore, membership in the hospital medical staff also demands the need to maintain patient confidentiality. Documentation supporting the above must be retained by the hospital administration in a personal file for each physician and that document must be surrendered for review by the compliance audit team. CPSBC

For authorized nurses and clerical employees a confidentiality pledge or agreement, signed by the employee, must be in place or obtained. These undertakings or pledges must be retained by hospital administration in a personal file for each Provider and surrendered for review by the *healthnetBC* compliance team.

An undertaking between the MoHS, the hospital CEO, and the Chief of ED must be signed acknowledging:

1. The responsibility of physicians working in the ED
2. The hospital's agreement to ensure confidentiality provisions are in place regarding a hospital employee (nurses, clerical staff).

### **2.1.4 Business Overview**

As patients arrive at a hospital ED, patient care may be improved if access to the patient's medication history is available.

Today, physicians in EDs go to great lengths to get the information they need regarding the medications that a patient has been taking. During triage, nurses take the initial patient histories, but often a patient cannot provide complete information due to language problems or lack of knowledge about the medications being taken. If this is the case, the information is sought from the family, the family physician, or an old hospital chart. This procedure is used routinely for many patients in the ED, not just patients who are comatose or who are suspected to be drug seeking. Currently, there is a concern about the lack of information as well as the potential for misinformation.

The medication information must be available in a timely, secure, and convenient manner. Some hospital ED administrators feel the PharmaNet patient record should be automatically retrieved for all patients who are registered in the ED and placed on the patient's chart. Other administrators feel that access to the profile would be made at the discretion of the physician working in the ED. The ED must not retrieve information about patients not registered in the ED.

Authority to access this PharmaNet data comes under an amendment to the regulations of the *Pharmacy Operations and Drug Scheduling (PODS) Act*.

A BC Personal Health Number (PHN) is necessary in order to retrieve or update a patient's medication profile. Most people who have come in contact with publicly funded health care services in BC will have been assigned a PHN, even if they are not a BC resident. If a PHN is not provided by the patient, a patient name search may be performed to obtain a PHN. If a PHN is not found from the name search then a new PHN may be created. A PHN does not imply Medical Services Plan (MSP) eligibility or provide any indication of an individual's benefit status.

The PHN has been identified as a provincial standard for the identification of clients of the health care system. Through *healthnetBC* a PHN may be obtained or created for use in the hospital's ED system.

Access to PharmaNet by ED will occur by one of two methods. The business rules for each may differ:

#### Stand-alone system

This is a software product which is not integrated with hospital operations and has been built and installed with the key focus of providing PharmaNet access. In some cases, this software would be evolved from pharmacy software. Typically, the database of information would only be accessible to an operator of the stand-alone system within the ED.

#### Integrated system

This is a software product where PharmaNet access is one of many functions provided. The software is used to meet many other requirements of the hospital. In this case, the hospital's database would be on a central server accessible to authorized providers throughout the hospital. All patient information must be treated with the same high degree of confidentiality as any other patient or hospital information.

### 2.1.5 Business Rules

1. All staff in ED must be fully aware that access to sensitive information is under the control of the physician requesting the patient's profile in the ED. CPSBC
2. Computer screens and printers must be located so as to prevent viewing of information by the public or by unauthorized staff.
3. Under the PODS legislation, the following persons are designated as having authority to access patient record information on the PharmaNet system for the purpose of providing therapeutic treatment or care to ED patients:
  - a) A medical practitioner who has privileges to practice medicine in a hospital ED
  - b) A licensed practical nurse who is a member of the College of Licensed Practical Nurses of British Columbia, who is in good standing with the College, and who provides nursing services related to the care of patients in a hospital ED.

- c) A registered nurse who is a member of the Registered Nurses' Association of British Columbia, who is in good standing with the Association, and who practices nursing in a hospital ED
  - d) A registered psychiatric nurse who is a member of the Registered Psychiatric Nurses Association of British Columbia, who is in good standing with the Association, and who practices psychiatric nursing in a hospital ED
  - e) A member of the hospital clerical staff performing tasks in the course of employment in a hospital ED
  - f) A Provider licensed to practice in British Columbia providing clinical services to the ED; and,
  - g) It is the decision of each hospital (Chief of ED in consultation with hospital administration) on how to implement access to the PharmaNet data. Policy and procedure regarding this access (e.g., who will access on behalf of the physician, the conditions under which access will occur, notification of anomalies identified in the profile, etc.) may differ from hospital to hospital.
4. The two measures in place today to assure compliance with PharmaNet standards will continue as authorized by a SLA between the MoHS and the appropriate Health Authority. These measures are:
- a) Compliance evaluation of new software products or new releases of software products which access PharmaNet; and
  - b) Random unannounced spot audits and inspections.

These measures will continue to be performed by a joint team of representatives from PharmaNet's Quality Assurance group (technical), the CPBC (use of the drug profile) and the CPSBC (professional standards).

5. Hospital EDs do not include Diagnostic and Treatment Centers. These facilities will be considered part of the roll out of PharmaNet access to physicians in private practice.
6. Access to the terminals must be restricted to those physicians, nurses, or clerical employees authorized to access PharmaNet data.
7. Terminals and printers must be in a protected area in, or adjacent to, the ED, under the control of and approved by hospital administration.

8. The use of remote access software is only permitted by SSOs for the purpose of supporting the software.
9. The CPSBC registration number of the responsible physician working in the ED must be included with every message sent to *healthnetBC*.
10. ED access to *healthnetBC* data for an ED patient must only take place within +/- 24 hours of the ED registration.
11. SSOs must train personnel selected by the hospital administrator or designated Physician. The hospital administrator or designated Physician must ensure that all authorized providers receive training on business rules, software functions and features, and policy and procedures developed for ED access to PharmaNet.

## **2.2 PharmaNet Participant Messaging**

### **2.2.1 Business Overview**

This function (fan out) is used to transmit urgent messages to all providers or to a specified list (e.g., locations within a geographic region, specific software users or specific agencies).

When a transaction is processed, PharmaNet checks to determine if any message(s) are pending for that location. If there are, these pending message(s) are added to the transaction response message. Once the message is returned to the location, the message status changes to 'sent'. Only one copy of the message is sent to each location.

### **2.2.2 Business Rules**

1. It is the responsibility of the Provider to ensure all appropriate staff are made aware of the contents of the message.
2. On occasion PharmaCare may issue an important message to all or selected participants. PharmaNet distributes fan out messages by attaching them to responses to certain information requests. *healthnetBC* recommends that participants issue at least one information request message each work cycle to ensure that any pending fan out messages are received. If there is no reason to issue a patient related information request use the Prescriber Information (TIP) transaction to avoid confidentiality concerns. Specify the name of a physician working in the ED.

## **2.3 Identify / Update a Patient**

### **2.3.1 Business Overview**

Access to the MoHS Client Registry System (CRS) can be via the transactions that were part of the original PharmaNet transaction set or the new transactions made available through the Health Registry project using HNSecure.

### **2.3.2 Business Rules**

1. Prior to creating a patient record on *healthnetBC* or releasing information from *healthnetBC* or PharmaNet, the Provider must take all reasonable steps to positively identify patients or patients' personal representatives, in compliance with *healthnetBC* standards as follows:
  - a) Viewing one (1) piece of primary identification; or
  - b) Viewing two (2) pieces of secondary identification.
2. Every reasonable effort must be taken to obtain the patient's PHN. This includes asking the patient (or patient's relatives), a search of local files, a name search of the MoHS's CRS database or calling the PharmaNet Help Desk. This applies whether or not the patient is from outside the province. Any patient who is a BC resident and is registered with MSP already has a PHN. This means that a PHN likely exists on *healthnetBC* and can be accessed by a search using the patient's name, date of birth and gender.

### 2.3.3 Correction to Patient Demographic Information

If you become aware that any patient demographic information recorded on *healthnetBC* is not accurate, please take the following action:

DATA ITEM NEEDING CORRECTION	ACTION
Patient name as recorded on <i>healthnetBC</i> or CareCard is incorrect.	Ask the patient to call the Medical Services Plan (MSP) at (250) 382-8406 (Victoria), (604) 683-7151 (Vancouver) or 1-800-663-7100 (elsewhere in BC).
Patient name as recorded on their birth certificate is incorrect.	Ask the patient to call the BC MoHS, Division of Vital Statistics at 952-2681 (Victoria) or 1-800-663-8328 (rest of BC).
Patient phone number or address is incorrect on <i>healthnetBC</i> .	Update <i>healthnetBC</i> records using your local system.
Patient date of birth or gender is incorrect on <i>healthnetBC</i> .	Call or fax the PharmaNet Help Desk and request correction. The Help Desk is authorized to change a gender of 'U' to 'M' (male) or 'F' (female). The Help Desk is also authorized to correct the "day" portion of the date of birth. All other changes must be requested through the BC MoHS, Medical Services Plan (MSP) (as above).
Patient name is incomplete on <i>healthnetBC</i> .	Call or fax the PharmaNet Help Desk to replace initials with complete names.

## 2.4 Multiple PHNs for Patient

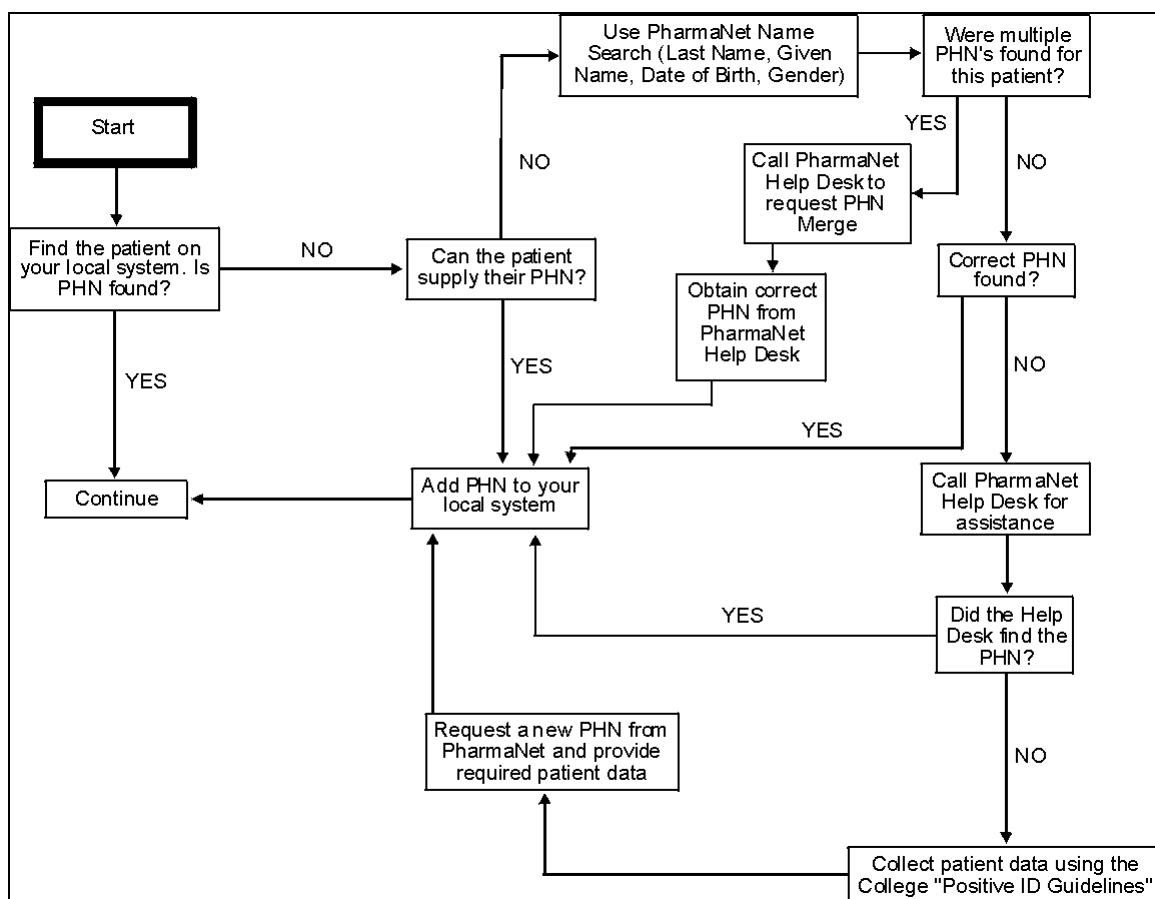
### 2.4.1 Business Overview

In some cases, a Personal Health Number (PHN) may be assigned to a patient when one already exists for that patient. These duplicate PHNs are then merged on the Client Registry System (CRS) into a single PHN record. If a PHN has been merged with another PHN(s), PharmaNet will return the merged PHN.

### 2.4.2 Business Rules

1. When the Provider is notified, via a message returned by PharmaNet, that a PHN is merged, the Provider must perform a TID and verify the patient demographics on PharmaNet against those on the local system.
2. If the information returned by PharmaNet on the TID appears correct, the Provider must update the local system with the merged PHN.
3. If the merge appears to have been done incorrectly, the Provider must contact the PharmaNet Help Desk to request correction or un-merge.

### 2.4.3 Flowchart – Requesting New PHNs



### 2.4.4 PHN Quick Reference

The following list of tips for identifying a patient is copied from the PHN Quick Reference Card published by PharmaCare. The purpose of the Reference Card is to provide a convenient information source for those *healthnetBC* participants who use name search functionality or assign PHNs. Obtain copies of this card from the CPBC or the PharmaNet Help Desk.

#### If the patient is a resident of BC:

- a) They likely have a PHN.

#### If the patient is not a resident of BC ask if they:

- a) Previously lived in BC
- b) Visited BC in the past
- c) Have had a prescription previously filled in BC.



**If the patient does not have their CareCard:**

- a) Request positive identification to verify the patient's legal name, correct spelling of the name and correct date of birth.

**Search for PHN using:**

- a) Last Name
- b) First Initial
- c) Gender (M or F)
- d) Date of Birth.

**If no PHN matches are found:**

- a) Verify the patient identification belongs to the patient for whom the prescription was written.
- b) Confirm legal first and last names and check if the patient:
  - a. Has changed last name, married, or divorced
  - b. Has a hyphenated last name
  - c. Has embedded spaces in the last name (e.g., van der ham vs. vanderham)
  - d. Is using their middle name as a first name
  - e. Is using a nickname or alternate spelling of the first name, which might begin with a different letter (e.g., Bob for Robert).
- c) PHN Hints:
  - a. Switch first and last name or middle and last name especially for people from cultural backgrounds where the surname traditionally comes first (e.g., Chinese)
  - b. Ask people from different cultural backgrounds if they go by an English first name
  - c. Using 'baby' as the first name, if prescription is for a baby
  - d. Using closely related names (e.g., Mac vs. Mc).

- e. Confirm date of birth. Try using year of birth only, as this expands the search to +/-5 years.
- f. Contact the prescribing physician to get the PHN
- g. Call the PharmaNet Help Desk who may be able to assist with a search.

**If more than one match is found:**

- a) Historical PHN records are displayed, so there may be multiple matches with the same PHN.
- b) Use the full name and address information to select an exact match
- c) If there is more than one exact match with different PHN numbers, and you are satisfied that they are the same person, contact the PharmaNet Help Desk to request a merge, and they will instruct you which PHN to use (ensure the local system is also updated)
- d) If there is not an exact match, check with the patient about whether they have lived at any of the address.

**If there is evidence of:**

- a) A change of address for this PHN, update the address using Update Patient Address transaction (TPA)
- b) An incorrect date of birth on file, fax the correct information including the PHN to the PharmaNet Help Desk.

**Other Notes About PHNs:**

- a) If the patient is a newborn, it is possible that the PHN exists, but has not been loaded on PharmaNet. In this case, issue a new PHN.
- b) PHNs are for individual human patients only. Veterinarian prescriptions are to be processed using the PHN of the owner or person picking up the prescription.
- c) Do not request PHNs for animals, stock transfers, office use, emergency supplies and similar items.
- d) If the client is in prison, and there is a PHN match with the address of the prison, use that PHN.
- e) PharmaNet regularly checks for multiple PHNs and merges them, using the first PHN that was created.

- f) A PHN does not imply MSP eligibility or provide any indication of an individual's health benefit status.

## **2.5 Patient Name Search - TPN**

### **2.5.1 Business Overview**

The patient name search is used to locate the PHN for a particular patient.

This feature also allows Providers to ensure multiple PHNs are not assigned to patients. Assignment of a second PHN results in a split of the patient's profile (medical history, clinical conditions, and adverse reaction), negatively affecting Drug Utilization Evaluation (DUE) checking and PharmaCare benefits adjudication for the patient.

The patient name search is initially performed by a Provider on their local system. If no matches are found, a further search is performed on *healthnetBC* to determine if a PHN exists. These searches are performed using a patient's name, date of birth and gender.

Most patient name search requests coming through PharmaNet are processed by the MoHS's CRS. However, if CRS is not available, PharmaNet processes the request.

### **2.5.2 Business Rules**

1. All patients must be identified and profiled by a PHN.
2. The Provider must contact the PharmaNet Help Desk to request a merge of PHNs if multiple PHNs for the same patient are identified.

## 2.6 Personal Health Number (PHN) Assignment – TPH

### 2.6.1 Business Overview

Once the Provider has searched their local system and *healthnetBC* and is certain a PHN does not exist for a particular patient, a PHN may be assigned. Adding new PHNs is permitted for both 'stand-alone' and 'integrated systems'.

The PHN has been identified as a provincial standard for the identification of clients of the health care system. Through *healthnetBC* a PHN may be obtained or created for use in the hospital's information systems. A PHN does not imply MSP eligibility or provide any indication of an individual's benefit status.

### 2.6.2 Business Rules

1. To reduce the possibility of multiple records being created the Provider must accurately identify the patient prior to assigning a new PHN.
2. A PHN must only be issued to humans. PHNs are not to be assigned to animals, pharmacies, practitioner's offices, clinics or facilities.
3. The only name recorded when requesting a new PHN should be the patient's legal name. This should be obtained by observing a piece of 'primary' or 'secondary' documentation.
4. Full names must be used instead of initials and names should not be recorded based on common name usages (i.e., Bob for Robert).
5. New PHNs requested for babies must follow these rules:

#### **Surname**

- a) If known, the baby's legal surname must be entered
- b) If not known, use the mother's legal surname.

#### **Given Name**

- c) If known, the baby's legal given name must be entered
- d) If not known, the baby's legal given name must be entered as follows:

- i. **For single births:** Baby Boy A or Baby Girl A

- ii. **For multiple births:** The appended letter must indicate the sequence of birth. For example, triplets where the first and third births are boys and the second is a girl would be, Baby Boy A, Baby Girl B, Baby Boy C.

The baby's legal given name will appear on the *healthnetBC* files once the parents have MSP coverage.

Please note that these requirements may be satisfied through SSO training and manual processes.

6. The address recorded must be the mailing address of the patient.

## 2.7 Patient Address Update – TPA

### 2.7.1 Business Overview

The Provider must review the patient's address information on both their local system and *healthnetBC* to ensure it is accurate and, if necessary, make changes to the address information.

### 2.7.2 Business Rules

1. The only address retained for *healthnetBC* is the patient's mailing address.
2. For patients residing out-of-province or out-of-country, their home mailing address is captured, not their BC address while visiting the province.
3. Canada Post mailing standards must be used for Canadian addresses.
4. Format for postal code is six (6) alphanumeric characters with no spaces (e.g., V9V9V9). Out-of-country zip codes are stored in the postal code field, since the entry of a country code other than Canada eliminates the format checking.
5. The requirements for address verification are:
  - a) If the country is Canada then the province code must be a legitimate province code.
  - b) If the province code is legitimate then the first position of the postal code must be a legitimate entry for the province; and
  - c) If the country is something other than Canada, then the postal code is not required. Please note this is presently not working correctly.

PharmaNet currently returns an error if the postal code is left blank. Providers should be instructed to enter their facility's postal code if the patient's zip code or equivalent is not available.

## **2.8 Patient Identification - TID**

### **2.8.1 Business Overview**

This inquiry is used to verify patient demographic information when the PHN is known.

The inquiry requires a PHN to be entered and will return demographic information associated with that patient record. The Provider may then confirm this demographic information with the patient to ensure the information on *healthnetBC* is correct.

### **2.8.2 Business Rules**

See Volume 3 – Technical Rules

## **2.9 Process a Patient**

### **2.9.1 Business Overview**

Prior to treating a patient, the physician working in the ED may review the patient's medication profile in order to identify potential contraindications to treatment in the ED or to identify possible causes for the patient's symptoms. In future, the patient's profile may be updated with information regarding adverse drug reactions, clinical conditions (which include allergies) and associated comments for both. The ED may optionally update the patient's profile with medications administered or dispensed in the ED. The CPSBC strongly encourages EDs to enter narcotics and controlled drugs administered in the ED onto a patient's medication profile.

As the comments field is part of the patient profile and therefore, subject to possible review by the patient, absolute discretion must be exercised when using this field.

### **2.9.2 Business Rules**

See Volume 3 – Technical Rules

## 2.10 Patient Profile Request – TRP, TRR

### 2.10.1 Business Overview

The patient medication profile is that portion of the patient record containing the medication history, clinical condition, adverse reactions and associated comments recorded for the patient.

The patient medication profile request allows the Provider to review all dispensed medications and associated comments for a patient during the past 14 months, including all adverse reactions, clinical conditions, and associated comments, from all PharmaNet connected BC pharmacies. Profiles are available in the following formats:

#### Retrieve Full Profile – TRP

Returns prescriptions dispensed or reversed for reasons other than data entry errors during the last 14 months.

#### Retrieve Most Recent Only – TRR

Returns the most recent 15 prescriptions dispensed or reversed for reasons other than data entry errors. This is the most convenient format to use for an initial inquiry.

### 2.10.2 Business Rules

1. To ensure that the data is accurate for the next Provider, if an error is discovered in the medication profile, the physician or designate should advise the CPBC by secure means. This notification should provide the PHN, name of the patient and a brief description of the discrepancy. CPBC
2. To ensure that the data is accurate for the next Provider, if an error is discovered in the medication profile, the pharmacist or designate should advise the CPBC by secure means. This notification should provide the PHN, name of the patient and a brief description of the discrepancy. CPBC
3. The patient medication profile may be displayed, printed or distributed by a medical practitioner or pharmacist working in the ED, or by an authorized member of ED staff who is working under the supervision of a medical practitioner, only on the following conditions:
  - a) The purpose of displaying, printing and/or distributing the medication profile is to enhance the therapeutic care or treatment of the patient;

- b) The medication profile is only used for review by a medical practitioner or pharmacist in a hospital, Designated Mental Health Facility, ED, Medical Practice, or Pharmacy; and
  - c) The printed or distributed copy or image of the medication profile must either be maintained on the patient's medical chart or record, or it must be appropriately destroyed.
- 4. If the patient medication profile is printed or distributed, only one of the following two report formats may be used (see Volume 3 – Technical Rules (Emergency Department) for more details on display and print standards):
  - a) Medication Profile Report format;
  - b) Medication Reconciliation Report format.
- 5. Section 27 of the *Freedom of Information and Protection of Privacy Act (FOIPPA)* states:

*'A public body must tell an individual from whom it collects personal information:*

  - a) The purpose for collecting it*
  - b) The legal authority for collecting it; and*
  - c) The title, business address and business telephone number of an officer or employee of the public body who can answer the individual's questions about the collection.*

To comply with this requirement, a hospital ED must:

- a) Post a sign in clear view of patients presenting to the ED. This sign must state:

*'While providing treatment in the Emergency Department, authorized staff may access your PharmaNet profile to get a list of your current medications. This access is permitted by legislation. For further information, please review a copy of the ED Access to PharmaNet information sheet available in the Emergency Department'.*
- b) Have available an information sheet with more detail about PharmaNet and the access to patient records. An original copy of the information sheet can be obtained from the *healthnetBC* Connections Coordinator.
- c) Identify a hospital contact who may be consulted by a patient who requires further discussion or answers to questions.



6. Some patients may have assigned Patient Keywords to their medication profiles. Therefore, the patient must supply the keyword for medication profile access to occur otherwise no profile access will be permitted.
7. The print out must either become part of the patient's chart (and must be treated with the same confidentiality considerations as with other highly sensitive, confidential information), or be destroyed. Printed copies may be given to the patient in unusual circumstances (i.e., the printed profile will be delivered by the patient to the family doctor). In most cases the patient should be encouraged to request a copy through any community pharmacy in the Province. The printing of these profiles for use by patients will remain a centralized function (by the CPBC) as this provides:
  - a) Consistency of content and format
  - b) Accuracy of information
  - c) Additional information not available elsewhere such as a log of all accesses
  - d) Fulfillment of the 'positive ID requirement.

## **2.11 Prescriber Identification – TIP**

### **2.11.1 Business Overview**

This function may be used to obtain information on a Provider (e.g., physician, pharmacist, podiatrist, dentist, veterinarian, etc.) by either searching by name or by the unique identification number assigned by the appropriate regulatory body.

Please note that MSP billing numbers are not used to identify Providers anywhere in *healthnetBC*.

### **2.11.2 Business Rules**

1. In some cases the PharmaNet Help Desk staff will be able to add Provider information to PharmaNet. Prior to adding this information, the PharmaNet Help Desk staff will validate the Provider using information from the appropriate provincial regulatory authority. The CPBC and CPSBC transmit electronic uploads to PharmaNet on a daily basis with the information regarding their members.
2. PharmaNet uses the Provider ID number and Provider reference number for Providers as assigned by the appropriate regulatory body.

3. As the Provider's name on PharmaNet could be different than the name commonly used by the practitioner, we recommend the following procedure when using TIP to search for a Provider on PharmaNet:
  - a) First, use TIP to search using the Provider's family name only (i.e., no first name used); and,
  - b) If too many matches are returned add the Provider's first initial of the first name and submit another TIP search.

## **2.12 Drug Utilization Evaluation – TDU**

### **2.12.1 Business Overview**

The DUE inquiry function allows a Provider to inquire without updating a patient's medication profile. This functionality is useful when researching 'what if' scenario related to administering medications to a patient.

### **2.12.2 Business Rules**

1. Some patients may have assigned Patient Keywords to their medication profiles. The patient must supply the keyword for medication profile access to occur otherwise no profile access will be permitted.

## **2.13 Drug Monograph Information – TDR**

### **2.13.1 Business Overview**

PharmaNet provides on-line access to patient counseling information through three PharmaNet drug monographs, 'Education Short', 'Education Long' and 'Education American Society of Health-System Providers' (AHSP). Optional on-line access to generic equivalent data is also available using this transaction.

Drug monograph information is supplied to PharmaNet by First DataBank (FDB), and may be augmented by the CPBC. Monographs include information in regard to drug ingredients, possible side effects, contraindicated drugs and so on.

### **2.13.2 Business Rules**

1. The following types of monographs may be requested from PharmaNet.

#### *Patient Education Monographs*

Three types of monographs are available, Education Short, Education Long, and Education ASHP. Providers use these monographs as an aid in counseling patients about the proper use and side effects of medications. The information is presented in a manner that can be understood by a layperson, and can be printed and provided to the patient.

- a) The Education Short monograph provides a condensed version of the patient counseling information suitable for printing on a prescription label.

The information includes reasons for taking the medication, how to take it, potential side effects and information related to missed dose's.

- b) The Education Long monograph provides more detailed information for the patient. In addition to expanding the information provided in the Education Short monograph, information on precautions, drug interactions, and storage of the medication are provided.
- c) The Education ASHP monograph provides more detailed patient counseling information, including phonetic spelling, other names for the medication, uses of the medication, how and when to take it, side effects, other precautions and storage conditions.

### *Counseling Message Monographs*

Counseling message monographs are available in pairs, one intended for the Provider and the other intended for the patient. Each pair of messages is rated according to the importance of the information to the patient. All messages have been designed to be printed.

- a) Counseling Professional provides a 'technical' and sometimes detailed explanation regarding proper use, side effects and other information.
- b) Counseling Patient provides the equivalent information to the Counseling Professional, but the messages are meant to be understood by laypersons.

2. Providers are not required to print drug monographs.

## **2.14 Medication Update - TMU**

### **2.14.1 Business Overview**

The option to update a patient's medication profile would apply in cases where the attending physician feels other Providers should be aware of medications administered or dispensed in the ED. This may be useful in detecting cases of fraud. It will also be helpful for subsequent Providers who wish to identify recent important medication changes. CPSBC

Prior to recording a medication administered to a patient in the ED or dispensed to the patient, the Provider must have positively identified the patient. This section describes the steps of recording the medication information on PharmaNet.

### **2.14.2 Business Rules**

1. The patient record may be reviewed by the Provider prior to dispensing a prescription in order to identify and take appropriate action where applicable:
  - a) Drug-to-drug interactions
  - b) Unintended dosage changes
  - c) Medication duplication
  - d) Inappropriate drug therapy
  - e) Contraindicated medications
  - f) Unusual dosages
  - g) Any other observations which may adversely affect the patient; and,
  - h) Those individuals suspected to be 'drug seeking'.
2. The prescription record on the local system should contain the following:
  - a) PHN of the patient
  - b) Name, initials and address of the patient
  - c) Prescription dispensing date
  - d) Prescription number (as assigned by the local software)
  - e) Quantity of the drug dispensed
  - f) Intended duration of therapy, specified in days
  - g) Directions to the patient (without SIG or shorthand codes)
  - h) Identification of prescribing or authorizing practitioner; and,
  - i) Identification of the physician who requested the PharmaNet medication profile.
3. Updating a medication profile may occur when the ED dispenses or administers medication(s) that should be added to the patient's medication profile. This is permitted for EDs using either integrated or stand-alone systems, with the following conditions:

- a) There must be no claim for payment to PharmaCare or other insurers. The drug cost and dispensing fee must always be zero with no opportunity to override; and,
  - b) The Prescriber ID and Practitioner ID submitted to PharmaNet must both correspond to the CPSBC ID of the responsible physician.
4. Any label printed for medications administered in the ED should be included in the patient's chart.
5. According to current MoHS policy, HIV / AIDS drugs dispensed at the British Columbia Centre for Excellence are not entered on PharmaNet. For information regarding these drugs contact the prescribing physician.
6. Prescriptions for HIV / AIDS drugs dispensed at community pharmacies are recorded on PharmaNet.

## **2.15 Reversing a Medication Update – TMU Reversal**

### **2.15.1 Business Overview**

This function is used to correct a medication update error initiated by the ED. Alternatively, if there is a correction or a query regarding the accuracy of all other medications listed on a patient's profile, the CPBC must be contacted as described earlier in this section.

Reversing a medication update will flag a medication entry on the patient's profile as 'reversed'. An intervention code indicating the reason for the reversal must be entered as part of the reversal process.

### **2.15.2 Business Rules**

1. Backdating of prescriptions on PharmaNet is permitted only for the purpose of correcting previously transmitted prescriptions.
2. All corrections to the medication profile require that the prescription be reversed and then filled with the correct information using the same date as the original prescription; not the date the correction was made. It is imperative that the patient's medication profile shows the correct medications with the correct dispensing dates.

Reversals and corrections to the prescription may only be done on-line within 91 days.

To correct a claim less than 91 days:

- a) The medication update must be reversed on the local system and PharmaNet
- b) The correction must be made on the local system; and,
- c) The correct medication update must be re-sent to PharmaNet with the original dispensing date.

To correct a claim greater than 91 days:

- a) Contact the College of Pharmacists of BC. CPBC

Backdating a prescription is not permitted for any other reason.

3. A medication update can be reversed for a variety of reasons. Any CPhA valid intervention / exception code can be used to reverse a claim.
4. When reversing a medication update, an intervention code is required as input. If the intervention code of 'RE' (Data Entry Error) is used, the reversed medication update and corresponding medication profile entry will no longer be returned by PharmaNet on subsequent profile request (TRP, TRR) transactions.

## **2.16 Patient Keyword Maintenance – TCP**

### **2.16.1 Business Overview**

A PharmaNet Patient Keyword is used by a patient to restrict access to their patient record and profile.

### **2.16.2 Business Rules**

1. Some patients may have assigned Patient Keywords to their medication profiles. The patient must supply the keyword for access to occur otherwise no profile access will be permitted. The general public must be made aware that keywords may compromise care at a hospital should the patient be unconscious or unable / unwilling to divulge the keyword for any reason.

Section 2(b) (iii) of the draft '*Privacy Code for Private Physicians' Offices in British Columbia*' states:

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

This would be accomplished by the Provider working in the ED or authorized nurse or clerk contacting the PharmaNet Help Desk to have the keyword reset. The physician working in the ED must notify the patient by secure means within a reasonable period of time after the keyword has been reset to ensure that the patient is aware that their keyword has been reset and that they will need to re-establish a keyword if required. The PharmaNet Help Desk will request (and record):

1. The PHN and name of the patient
2. The ID of the patient cited
3. The CPSBC ID and name of the attending physician in the ED
4. The name of the individual calling on behalf of the physician.

The Help Desk will also be responsible for notifying the CPBC by secure means that the keyword has been removed.

In addition, the CPBC will notify the patient, in writing, that their keyword was reset as a result of the ED visit.

2. If the patient refuses to provide the keyword, this refusal should be noted on the patient's chart.
3. Once a keyword is established, that keyword is required for accessing patient profiles, executing a DUE check and providing medication updates.
4. A patient may request to have their Patient Keyword changed by designated Providers. Designated Providers may also, on the patients' behalf, contact the PharmaNet Help Desk to have the keyword reset to blanks. Patients may not make this request at the ED.
5. It is permissible to store a Patient's Keyword on the local system for use within the same treatment period if the patient gives their consent. Keywords cannot be shared among providers sharing patient information. This restricts access to the patient's record and medication profile to Provider(s) chosen by the patient and therefore protects their right to privacy.



### 3 DETECTION OF BROWSING

In accordance with the terms of the SLCA the *healthnetBC* participant (e.g., Designated Physician) is required to investigate all instances of:

1. Unauthorized access
2. Misuse of information
3. Breaches of confidentiality.

#### 3.1 PharmaNet Access Reconciliation

The purpose of reconciling *healthnetBC* and PharmaNet accesses with ED registrations is to identify apparent unauthorized accesses that may constitute browsing. Access is considered appropriate when authorized by a physician working in the ED in accordance with documented hospital policy.

##### 3.1.1 Business Rules

1. The information used to perform the reconciliation is the PharmaNet access log (report of transaction) provided in the access software and ED census information.
2. The reconciliation may be performed manually by comparing the reports or electronically by developing a computer program that compares data from the access transaction log with data from the ED registration program.
3. The reconciliation process must be performed by a designated individual at least weekly. This may be the chief of the ED, an RN, or a hospital FOI administrator, etc.
4. Reconciliation is patient based and provides for a +/- hour access window in relation to date / time of the ED registration.
5. Access is deemed to be inappropriate when there are one or more accesses without a corresponding ED registration within a +/- 24 hour period.
6. All apparent inappropriate accesses must be investigated. These may be the result of errors in data entry (i.e., searching 'Block' versus 'Black') problems related to accurate patient identification, etc. The outcome of the investigation of an apparent inappropriate access must be documented and maintained along with the reconciliation reports for a period of two years for review by the audit / inspection team.

7. Apparent inappropriate accesses that cannot be resolved must be reported / escalated as described in the next section.
8. For the stand-alone software, the access log must be compared with ED registrations in a specific time period. Verification must be designated to minimize manual effort. The preferred method is to:
  - a) Establish an electronic comparison between the local system recording ED encounters and the stand-alone system used to access PharmaNet
  - b) Record the patient number / ED encounter number (uniquely identifying the ED encounter) on the stand-alone system
  - c) Electronically compare the access log to treatment records by using the data unique to the patient such as PHN (preferred method), patient demographics (surname, first initial, gender and date of birth), or patient number / ED encounter number
  - d) Produce a report of cases where an access log record exists without and ED treatment episode occurring +/- 24 hours of the access. This report is called an 'Access Discrepancy Report'. The Access Discrepancy Report and access log verification must be executed at least once per week.

## **3.2 Reporting of Inappropriate Accesses**

The responsibility for authorizing access to PharmaNet lies with the physician working in the ED.

All apparent inappropriate accesses that have not been resolved, as described earlier, must be brought to the attention of the Chief of Emergency or the Chief of Medical Staff (if the hospital does not have a Chief of Emergency) and hospital administration. The Chief of Emergency should then review the apparent inappropriate access with the physician most responsible for the access. If an access has been initiated by a hospital employee (nurse or clerk) without appropriate authorization, it should be referred to hospital administration. Inappropriate access by a physician should be referred to the Chief of Medical staff and / or the Medical Advisory Committee. If necessary, the matter may be referred to the CPSBC.

### **3.2.1 Confidentiality Breaches**

Instances of misuse of information or breaches of confidentiality related to *healthnetBC* and PharmaNet data must be dealt with in accordance with hospital policy and escalated to the appropriate regulatory body as necessary.

The CPSBC will use the *Health Professions Act* and the Bylaws under the Act, together with the Canadian Medical Association Code of Ethics for practitioners, should a physician be shown to have breached confidentiality or misused a patient's confidential data. CPSBC

For nurses, hospital administration may escalate to the appropriate governing body (RNABC, RPNABC, LPNABC).

For authorized clerical staff, hospital administration will need to take appropriate action pursuant to hospital policy regarding confidentiality breaches or misuse of information.

Any employee of a hospital is bound by the *FOIPP Act* Part 3 (Protection of Privacy) to ensure confidentiality and to ensure access to personal information is authorized and complies with the *Act*.