



Clinical Information Sharing Approach

What is the Clinical Information Sharing Approach (CISA)?

Information sharing is about how health data is collected, accessed, used, disclosed, and exchanged. The Alberta Health Services (AHS) [Clinical Information Sharing Approach](#) (CISA) is about how information sharing in AHS clinical information systems (CISs) is guided, managed and monitored across the continuum of care.

AHS has worked closely with Alberta Health (AH), Covenant Health, the Alberta Medical Association (AMA), the College of Physicians and Surgeons of Alberta (CPSA), the University of Alberta (UofA), the University of Calgary (UofC) and other stakeholders to develop a province-wide approach to Information Sharing in AHS CISs.

A [CIS](#) is an integrated information management platform through which clinicians share information about the delivery of healthcare services to persons and populations in multiple settings across the continuum of care. AHS has three existing CISs (eClinician, Sunrise Clinical Manager, Meditech); all to be transitioned to the single [Connect Care](#) CIS.

The CISA applies to uses of all AHS CISs. It replaces an Information Sharing Framework (ISF) that applied to AHS ambulatory care [Electronic Medical Records](#) (EMRs).

CISA was approved by all stakeholders in September 2017 and, after a two (2) month transition period, became effective January 1, 2018.

What is the purpose of CISA?

The intent of CISA is to establish a shared commitment to collaborate and foster the exchange of health information within AHS CISs based on principles of information stewardship and governance that promote transparency and trust among participants.

What is the objective of CISA?

CISA seeks a principled approach to information stewardship that is patient and family-centric, improvement oriented, compliant, collaborative, pragmatic, applicable and safe.

What constitutes information sharing?

Information Sharing is about the exchange of health information between users of an AHS CIS to promote the provision of integrated, safe, high-quality, care to persons and populations, while enabling improvement of the health care system as a whole.

What is information stewardship?

Information stewardship refers to oversight of the management of personal health information. It reflects the tenet that health information is “owned” by the patient who then shares with healthcare service providers as part of a trusted relationship. Care providers and organizations



become stewards of the information, with a duty to use and disclose health information responsibly and to take reasonable actions to protect it.

CISA sets out the principles of health information stewardship and identifies key expectations and interests aligned with how information sharing is understood and governed in Alberta.

What is the difference between data stewardship and information stewardship?

Data stewardship is an AHS operational matter while information stewardship is a matter of governance.

There are currently nine categories of data stewardship services identified in CISA: Privacy, Security, Infrastructure, Records, Applications, Access Support, Standards, Training Support and Exchange.

Data stewardship services are coordinated by AHS for each of the AHS CISs in accordance with processes and procedures developed by AHS and other key stakeholders, including guidance and policies by applicable Information Stewardship Committee(s).

Who are CISA's key stakeholders?

Key stakeholders recognized by CISA include Alberta Health Services, Alberta Health, Regulatory Bodies (e.g. CPSA), Oversight Groups (e.g. Office of the Information and Privacy Commissioner), Health Profession Associations (e.g. AMA), Health Education and Research Institutions, and clinicians.

Why should physicians care about CISA?

The principles articulated in CISA apply to all clinicians. In acknowledgement of physicians' unique professional interests, additional considerations were documented in a memorandum of understanding executed between the stakeholders and physician representatives.

CISA is important to physicians because it:

- Safeguards the trusting relationship between patients and physicians;
- Clarifies roles and responsibilities when sharing information in an AHS CIS;
- Identifies AHS' obligations as Custodian of the information in an AHS CIS;
- Highlights the rights and assurances afforded to physicians when accessing, using and disclosing health information managed in an AHS CIS; and
- Establishes the mechanism by which physicians have meaningful input into decisions about information sharing in an AHS CIS, including the availability of dispute escalation and resolution pathways.

What are the key elements of CISA?

[CISA](#) is founded on agreed [principles](#) of information stewardship and governance that respect, protect and promote trust between patients, providers and the organization.

These [principles](#) address the purpose of CISA, the rights, responsibilities and accountabilities of stakeholder communities, compliance with legislation, organizational policies and professional

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regulations, professionalism, governance enabling oversight and meaningful representation, participation, justice, learning and inquiry.

An [Information Sharing Compact](#) supports these principles with a clear statement of reciprocal expectations and accountabilities between clinicians and AHS.

Where does CISA apply?

The concept of the “virtual facility” is a key component of CISA; holding that the creation and maintenance of health records is not delineated by a user’s access within a physical location, such as a hospital or AHS-operated clinic. Instead, the scope is defined by the informational functions and services contained within each AHS CIS, which can be accessed and used by authorized individuals regardless of the individual’s location, facility, setting or access method.

Which clinical information systems are subject to CISA?

AHS’ existing CISs (eClinician, Sunrise, Meditech) and Connect Care, are all within scope of CISA. Netcare and any non-AHS operated EMRs are specifically outside the scope of CISA.

Who does CISA apply to?

CISA applies to all users of an AHS CIS who authenticate with AHS-provisioned credentials to gain access to the virtual facility, irrespective of where the individual happens to be or how he or she gains access, as prescribed by AHS’ security policies and procedures.

What information sharing purposes are subject to CISA?

CISA applies whenever health information is shared to care for persons or populations and includes uses for training, administration, process improvement, outcomes tracking, research and other forms of instruction, inquiry and investigation as permitted by the health information Act (HIA).

Are CISA clinicians affiliates or custodians?

All users of an AHS CIS are affiliates of AHS and AHS is the custodian of the information in the AHS CIS.

In the context of CISA, the terms “affiliate” and “custodian” have the meaning assigned to them in the [Health Information Act](#) of Alberta.

Can physicians be both affiliates and custodians when using an AHS CIS?

CISA acknowledges the physician is an “affiliate” when information is shared in an AHS CIS. AHS operates the CIS and therefore is the most well positioned party to exercise the responsibilities of a custodian for information contained within the CIS. Therefore, within this context, the physician is an affiliate and AHS is the custodian.

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Not all patient records are shared within AHS CIS. Records that remain in the control of a physician are not within the scope of CISA. Providing the physician is not admitting and treating patients at an AHS facility, the physician remains the custodian with respect to any Electronic Medical Record that the physician may maintain independently.

Where are expectations and accountabilities of both AHS CIS users and AHS outlined?

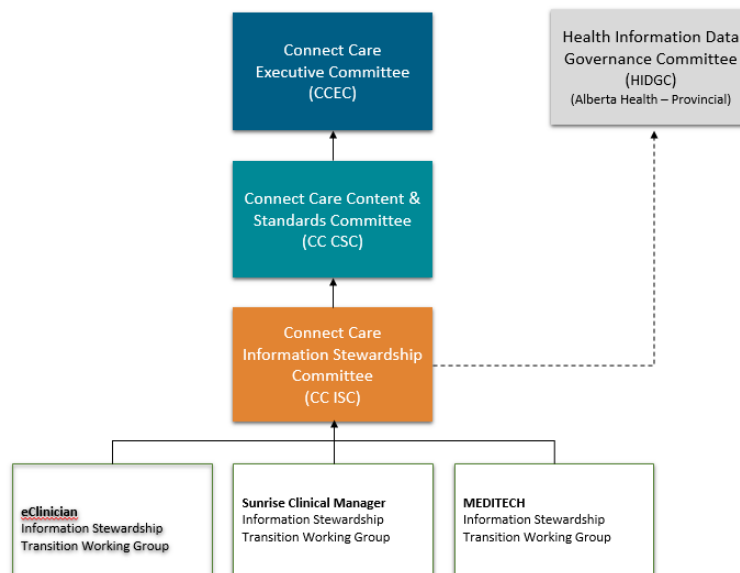
To account for professional obligations and legislative requirements, a [Clinical Information Sharing Compact](#) has been developed by AHS in collaboration with healthcare professionals. It lays out shared rights, responsibilities and accountabilities for shared information.

A compact is not a legal contract but instead is a declaration of accountabilities that helps multiple stakeholders understand shared interests and responsibilities. Compacts leverage common goals, such as improving care for patients and populations, in order to discover how interests can be best aligned.

What is the AHS governance structure for information stewardship?

The following is the governance for Information Stewardship:

Clinical Information Stewardship Governance



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Do physicians participate in information stewardship governance?

The AMA, CPSA, UofC, UofA and Covenant Health are all represented on the Connect Care Information Stewardship Committee, and as well on each of the eClinician, SCM and Meditech Information Stewardship Working Groups.

Contact cisa@ahs.ca for the most up-to-date contact information for members.

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Where can more information be found?

For more information, including the CISA Principles, Clinical Information Sharing Compact and the signed Memorandum of Understanding, please visit the Connect Care CISA webpage:

- <http://ahs-cis.ca/cisa>

Anyone with questions about CISA can send an email to:

- CISA@ahs.ca.