



Clinical Copy-Paste

Bottom Line

Computers, tablets, smartphones and other information devices allow multiple applications, including digital health records, to be open at the same time. Health information can be copied from a **source** to a **destination**, potentially transferring sensitive health information. At the same time, hidden, inaccurate or inappropriate information can transfer; and original meaning, context or privacy protections may be lost.

This guide exposes risks, defines safe practices and sets limits to the use of copy-paste within or between Alberta Health Services (AHS) information systems.

Reference in preference	Copy-paste of clinical information should be used only if references or links to source information are not possible, reliable or appropriate.
Limit chart bloat	Copied information should be edited to reduce pasted content to that which is essential to the destination clinical purpose.
Preserve context	Copy-paste information should remain unequivocally associated with the source system, patient, provider and encounter. Special privacy protections (e.g. masking of sensitive information) should be preserved at the destination.
Attribute appropriately	The source should be attributed and any discovery of error or incompleteness of copied information should be copied to the source system and notified to the source provider.
Transfer safely	Copy-paste should not occur between different digital health records or software applications unless both products have been tested for secure, accurate and lossless information transfer. Copy-paste of identifiable clinical information should not occur between different information systems unless a Privacy Impact Assessment and other HIA-requirements have been met for each system and for transfer of information between systems.
Copy accountably	Health care providers are responsible for ensuring the quality and accuracy of health information documented under their control, whether or not it is original, copy-paste, or produced with the aid of a shortcut, macro or text automation.
Copy competently	Health care providers are responsible for risk awareness and maintenance of copy-paste competence.
Recognize risk	Any copy-paste to a non-AHS health information system, where the copy-paste procedure has not been tested and specifically sanctioned by AHS, exposes the user to accountability for fault or breach, subject to the full force of fines, penalty and loss of privilege specified in the Alberta Health Information Act, civil litigation or any AHS bylaw, rule, policy or procedure.



Objectives

The intent of this guide is to provide direction for Alberta Health Services (AHS) Clinical Information System (CIS) users about appropriate use of copy-paste (copy and paste) functions within and between digital communication or health records applications; including secure messaging applications, electronic referral systems, the provincial Electronic Health Record (EHR, Netcare), community Electronic Medical Records (EMR), and/or AHS Clinical Information Systems (CIS; see definitions).

Significance

All digital health records offer manual, semi-automated or fully automated functions for copying clinical content from one area, such as parts of progress notes or discharge summaries, then pasting the content into another context, such as continuity of care documents or after-visit summaries.

CIS software is often used on computer devices (workstations, tablets, smartphones, etc.) where multiple applications (clinical and non-clinical) are open simultaneously. The device enables within-app and between-app copy-paste. Sensitive health information can easily find its way from one application to another, even without explicit user direction.

“Copy-in” occurs when material is duplicated in different parts of the same CIS. “Copy-out” occurs when material is copied from a CIS to communications or other health information systems.

Copy-paste functions are familiar to users accustomed to productivity, word-processing and communications software. However, copy-paste of clinical information has radically different risks. Not only may it trigger Health Information Act requirements for the secure, private and safe transfer of clinical information between authorized users, but the copy-paste process could escape normal protections of patient identity, patient preferences and clinical intent. Moreover, copying content can mislead if “surface” material (e.g. the words) pastes in the absence of “deep” material (e.g., hidden dynamic links, calculations or variables). Images or graphs may copy-pasted without important legends or meta-data.

Busy clinicians are tempted to copy rich clinical content (e.g. past progress note) from one part of the chart to another (e.g. current progress note) to save time. This is easy. It is also easy to miss careful editing to ensure that all parts of what are copied remain current, accurate and directly relevant to the new context. The chart can become bloated with redundant information, making it difficult for other clinicians to quickly appreciate what is uniquely important about a particular observation.

Scope

Clinical copy-paste guides constitute a subset of [clinical documentation norms](#). These guides provide additional detail about best practices that promote safe, high quality care that does not unfairly increase documentation burdens for clinicians collaborating to maintain a shared digital health record.

Best Practices

Prefer Reference over Replication

- It is almost always better to paste a reference to relevant source material than to copy and paste source material to a new destination. Ideally a destination will contain a link. This link will point to the source material and system, allowing the source system to continue to limit access to authorized persons while auditing such access. An exception might be when it is clinically important to transfer the exact state of the source text to the destination for some archival purpose (e.g., copy then paste laboratory test results and explicitly label the pasted material as evidence of what was known at the time of the pasting).
- Copy-paste operations should not be used to duplicate material that can be effectively referenced (instead of copied) at the destination location.



Beware of Embedded Dynamic Variables

- Copy-paste should not be used where displayed information is the product of dynamic variables that may change over time (e.g. most recent blood pressure displayed as the state of a variable pulling data from a different part of the chart) or may lose its connection to a source of truth.

Copy-Paste-Edit

- Pasted information should be edited to reduce it to that which is essential to the clinical purpose at the destination.

Preserve Privacy Protections

- Copy-paste information should remain unequivocally associated with a particular patient, or should be edited at destination to ensure no loss of identity.
- Special privacy protections (e.g. masking of sensitive information) should be fully preserved at the destination if copy-paste is used instead of destination reference to the content of a source.

Attribute Appropriately

- All verbatim copy-paste operations should attribute the source of information, ideally including a link or unequivocal reference to a source system, encounter and authoring clinician.

Avoid Security Breaches

- Copy-paste should not occur between different digital health records or software applications unless the associated products have been tested for secure, accurate and lossless transfer of information.
- Copy-paste of identifiable clinical information should not occur between discrete information systems unless a Privacy Impact Assessment and other HIA-requirements have been met for each system and for the operation of copying between systems.

Responsibilities

Copy-paste of health information is not a trivial act and should not be done lightly. Copied content is explicitly tracked and copy-paste events are recorded by the CIS. These can bear consequences for the clinician using copy-paste recklessly.

- Health care providers are responsible for ensuring the quality and accuracy of health information documented under their control, whether or not it is original, copy-paste content or health information produced with the aid of a shortcut, macro or automation.
- The health care provider is responsible for ensuring that the meaning and purpose of pasted health information is correct, relevant to the current encounter, not redundant and credited to the original author (and possibly source system) as appropriate.
- If copy-paste of health information results in a breach of the Health Information Act, the breach is to be reported immediately to AHS Information & Privacy.
- When health information errors are discovered in a source location after a prior copy-paste activity, the health care provider is responsible for correcting the pasted information in the destination location and notifying the original author of the erroneous information.
- Health care providers are responsible for documenting care in a succinct and readable form; using references, summaries or links to relevant investigations or procedures rather than copying repetitive clinical information from one place to another.
- Any copy-paste to mobile, personal information devices or other non-AHS health information system, where the copy-paste procedure has not been tested and specifically sanctioned by



AHS, exposes the user to full accountability and responsibility for information sharing and any possible misadventure during or after the information transfer; subject to the full force of fines, penalty and loss of privilege specified in the Alberta Health Information Act, civil litigation or any AHS bylaw, rule, policy or procedure.

Definitions

[see glossary.connect-care.ca]

- **Breach**
Failure to observe security or privacy processes, procedures or policies, whether deliberate or accidental, which results in health information being viewed, or having the potential to be accessed, used, transmitted, or held by unauthorized persons.
- **Copy-Paste**
Duplicating selected digital or digitalized information (data, text and/or hidden meta-data or data properties) and inserting it in another location without changing, or minimally changing, the original source. Within the context of this guideline, it means the process of copying and pasting existing clinical information from a source and pasting it in a destination within the same or different digital health record, software or information system.
- **Destination**
Location where information is pasted or where the information needs to go.
- **Encounter**
Contact between a patient and a practitioner who has primary responsibility for assessing and treating the patient at a given contact and exercising independent judgment.
- **Health Care Provider**
Any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services
- **Health Information**
Information that identifies an individual and is stored in any format that relates to diagnosis, treatment and care; or registration (e.g., demographics, residency, health services eligibility, or billing).
- **Source**
Software and location from which information is copied.

Resources

- [AHS Collection, Access, Use and Disclosure of Information Policy](#)