Statement of Principles

for

An Approach to Information Sharing

among Users of

Alberta Health Services Clinical Information Systems

June 29, 2017

Contents

Purpose

The AHS Provincial Clinical Information System initiative (the "Program") is a collaborative effort between Alberta Health ("AH"), Alberta Health Services ("AHS") and AHS staff, clinicians and patients to improve health care for Albertans. A Clinical Information System ("CIS") is an integrated information management platform enabling collection, access, use and sharing of information supporting the delivery of healthcare services to persons and populations in multiple settings across the continuum of care. AHS, together with other health sector stakeholders, including the Alberta Medical Association ("AMA"), the College of Physicians and Surgeons of Alberta ("CPSA") and Alberta's Healthcare Education Organizations, all recognize the importance of incorporating CISs into the planning and delivery of health care services for the people of Alberta.

AHS has been charged with responsibility for implementing an AHS Provincial CIS within the domain of its facilities and programs supporting the care of patients throughout the Province of Alberta. Approved users of this system gain access through a secure gateway to an online environment where the digital health record and supporting health information systems are provisioned and managed by AHS. The ability of the Program to improve patient experiences, and the quality and safety of patient care, however, is contingent upon meaningful and consistent use by all health care providers.

Accordingly, the purpose of this Statement of Principles is to describe the shared commitment of Program stakeholders to collaborate and foster the exchange of Health Information within the AHS Provincial CIS, based upon principles of information stewardship and governance that promote transparency and trust among participants. Stakeholders include health care providers, contracted and affiliated health service providers, educators, researchers, leaders and administrators.

Implementation of the AHS Provincial CIS province-wide is expected to take place over the course of many years, replacing currently existing CISs. It is therefore the desire of the Program's key stakeholders for this Statement of Principles to apply, not only to the anticipated AHS Provincial CIS, but also to all of the existing AHS CISs currently in use within AHS facilities in order to establish consistency and predictability while the AHS Provincial CIS is rolled out across the Province of Alberta.

While all parties recognize the importance of aligning their policies and procedures to comply with the Alberta *Health Information Act* ("**HIA**"), other relevant legislation, health professional regulatory bodies, health ethics and organizational policy; the parties also wish to promote conditions for CIS-facilitated healthcare improvement, instruction, inquiry and innovation.

Approach

The existing "Information Sharing Framework" ("**ISF**"), developed to facilitate Physician adoption of AHS ambulatory care EMRs, will be replaced by an information sharing approach applicable to all AHS CISs, all participating health care providers and all settings across the continuum of care within the Province of Alberta (the "**AHS CIS Information Sharing Approach**").

The content of the AHS CIS Information Sharing Approach is expressed through formal documents which include the following (referred to as the "**Information Sharing Toolkit**"):

1) AHS CIS information sharing objectives and principles described and assented to in a Memorandum of Understanding ("**MOU"**) specific to a profession or user group which may additionally specify considerations or information stewardship services unique to that group,
2) Elements to be included in terms of reference ("**ToR**") for AHS CIS Information Stewardship Committees ("**ISC**"),
3) Support materials for the development of an AHS CIS Information Sharing Compact ("**Compact"**) summarizing information sharing rights, responsibilities and accountabilities assented by AHS and CIS users, and
4) Considerations (test) for determining whether an Information Management Agreement ("**IMA**") is required for independent custodians and an IMA template showing required IMA elements.

Scope

AHS Virtual Facility

The AHS CIS Information Sharing Approach applies to use of AHS CISs, including the AHS Provincial CIS, in the AHS-wide "virtual facility" ("**Facility**"). A fundamental premise of this approach is 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 of the AHS CIS Information Sharing Approach is defined by the informational functions and services contained with each the AHS CISs, which can be accessed and used by authorized individuals regardless of the individual's location, facility, setting or access method.

The goal of the Program, as defined for the purposes of an AHS Provincial CIS Information Sharing Approach, is to foster an appropriate information sharing environment within the Facility. Access is contingent upon secure authentication and authorization to one or more "roles". The intersection of role and allowed CIS "department" (section or group) determines what functions, information and capabilities are made available to the user.

Successful access opens a virtual workstation in the Facility and this is where CIS information sharing occurs. This "virtual machine" does not exist on the user's computer hardware or network; instead, the user has a window to the Facility, with its AHS networks, infrastructure and infostructure enabling CIS functionality.

AHS CISs

Existing and anticipated AHS CISs are all within the scope of the AHS CIS Information Sharing Approach, including the anticipated AHS Provincial CIS.

Although AHS CISs may exchange information with the provincial Electronic Health Record (Netcare), as well as any non-AHS operated Physician office EMRs (community EMRs), those external systems are specifically outside the scope of the AHS CIS Information Sharing Approach.

AHS CIS Uses

The AHS CIS Information Sharing Approach applies to the collection, use, access and disclosure of Health Information to care for persons, populations or the improvement of the health care system. This includes uses for training, administration, process improvement, outcomes tracking, research and other forms of instruction, inquiry and investigation as permitted by the HIA.

AHS CIS Users

The AHS CIS Information Sharing Approach applies to those individuals who authenticate with AHS-provisioned credentials to gain access to the Facility, irrespective of where the individual happens to be or how he or she gains access; as prescribed by AHS' security policies and procedures.

Objectives

AHS CIS Information Sharing Approach stakeholders desire information sharing within AHS CISs to be based on the following objectives:

1. Principles-based
    a. Using plain language to express key Health Information sharing principles, consistent across the MOU, ToR, Compact and IMA.
2. Patient and family-centric
    a. Recognizing that the patient, as the "owner" of personal Health Information, is the focus of patient-centered care and all other stakeholders are the stewards of that information with appropriate access and accountabilities.
3. Improvement-oriented
    a. Promoting timely, safe, and high-quality care of individuals and populations, while contributing to the improvement of the health care system as a whole.
    b. Enabling disease registries, chronic disease management, population health and other informational means to health care improvement for persons, populations and systems.
    c. Promoting continuing quality improvement and assurance, patient safety, clinical inquiry and health care research.
    d. Linking with other data repositories to improve understanding of the determinants of health in Alberta.
    e. Supporting the training and education of future health care providers, the continuing development of established practitioners, and the ability of the healthcare system as a whole to learn and improve.

4. Compliant
    a. Upholding informational best practices consistent with applicable legislation (e.g., HIA), health profession regulatory requirements (e.g., health record standards), organizational policies (e.g., medical staff bylaws), and ethical norms.
5. Collaborative
    a. Emphasizing meaningful CIS end-user involvement in information sharing oversight, stewardship and leadership.
    b. Promoting trust among all CIS stakeholders, while motivating participation in a high-performing health information ecosystem.
6. Pragmatic
    a. Promoting equitable data access, inquiry support and quality improvement, within the capabilities of CIS technologies and operational capacities, across Alberta's zones and stakeholder groups.
    b. Harmonizing CIS information stewardship, oversight, governance and operations across all existing AHS CISs and the AHS Provincial CIS.
    c. Optimizing use of organizational resources to assure safe and sustainable data stewardship.
    d. Leveraging existing and emerging CIS operational supports (e.g., Clinical Inquiry Support Units, Health Information Management units, Analytics), research information management and inter-organizational collaborations.
7. Applicable
    a. Setting-agnostic
        - Applying to any health care setting where an AHS CIS might be used (e.g., community, emergency, critical care, inpatient, outpatient, home, etc.) anywhere in the province.
    b. System-agnostic
        - Recognizing that AHS CISs will interoperate with one another, with the Alberta Electronic Health Record, and with enterprise health information systems.
    c. Provider-agnostic
        - Including all health care providers who are authorized to use and contribute to an AHS CIS, irrespective of role, stage of education, location or relationship with AHS (e.g., employee, contractor, affiliate, medical staff, trainee).
8. Safe
    a. Assuring surveillance, auditing, and safe channels for reporting concerns.

Principles of Information Sharing

The AHS CIS Information Sharing Approach will uphold the following key principles:

1. Purpose
    a. Information is shared 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.
    b. The approach will recognize the patients' primary interest in, sharing of, and access to their Health Information for the facilitation of integrated care, optimal health outcomes and an excellent health care experience.
    c. Sharing of patient, provider and organizational information is managed in a way that respects, protects and promotes trust between patients, providers and the organization.
2. Rights, Responsibilities and Accountabilities
    a. Expressions of CIS information sharing rights, responsibilities, expectations and accountabilities are developed collaboratively with stakeholder communities.
3. Compliance
    a. Information stewardship, oversight, governance and operations will comply with applicable legislation (HIA, Health Professions Act, FOIP, etc.), organizational policies, medical staff bylaws and professional regulations.
    b. AHS CIS information sharing will comply with AHS privacy, confidentiality, security and appropriate use policies.
4. Professionalism
    a. AHS CIS information sharing policies will align with applicable health professions standards of practice and ethical norms.
5. Governance
    a. AHS CIS information stewardship and oversight will provide for meaningful health professional representation and participation.
6. Justice
    a. AHS CIS users will access information in accordance with AHS policies and procedures, developed in alignment with the requirements of the HIA and other applicable legislation and professional regulation, with input from stakeholders and oversight by CIS ISCs.
    b. Clinicians who use AHS CISs as the legal record of their provision of health care services will be able to access the record, as needed, for any activity related to the monitoring or assessment of the quality or outcomes of such services for the duration of their AHS affiliation, and for any period following departure from AHS affiliation required by legislation and/or professional regulation.
    c. Decisions based on health analytics information that affect clinical users will be evaluated in a transparent and reportable fashion by those affected.
7. Learning
    a. CIS information sharing will enable training of future health care providers, maintenance

of competence of current providers, and support for the enterprise to become a learning healthcare organization.

b. Learners and health education organizations (Universities, Colleges) will be supported to comply with health training accreditation, credentialing or evaluation requirements.

8. Inquiry
    a. Information sharing policies, procedures and supports will promote patient safety, quality assurance, quality improvement, disease management, decision support and other means to optimize health care services.
    b. Health analytics based on information shared in an AHS CIS will be used to support clinicians, regulatory bodies and policy-makers; and will be available to each in forms they can access and use.
    c. Facilitate use of Health Information to support the goals of other groups, such as the Universities, Quality Councils and Public Health for education, quality improvement and research.
    d. AHS CIS information sharing will support discovery and health care improvement through clinical research and innovation.

Roles and Responsibilities

Clinicians, including but not limited to Physicians, will be using AHS CISs to collect, use, access and disclose Health Information in order to deliver healthcare services across the continuum of care. AHS will work with representatives from the various health professional bodies to align CIS processes with the legal and regulatory requirements applicable to these groups; to clarify their respective roles and responsibilities regarding information sharing rights, expectations and accountabilities; and to collaborate with these representatives to adapt these principles of information sharing.

The AHS CIS Information Sharing Approach will recognize key stakeholder roles and responsibilities, including:

1. **Alberta Health Services**:
   AHS, as a Regional Health Authority, plays a critical role in providing continuum of care health services for Albertans and is mandated to provide Health Services in a manner that delivers quality health care in the province of Alberta on a sustainable basis for this generation and for generations to come within AHS CISs. As the stakeholder responsible for operation of the AHS CISs, AHS also has obligations to take reasonable measures for the sustainability and viability of the system, as well as its operation. In addition to meeting these compliance and system obligations, AHS plays a role in encouraging health practitioners and others in Alberta to work collaboratively to facilitate appropriate information sharing for the benefit of all Albertans.
2. **Alberta Health**:
   With respect to the AHS CIS Information Sharing Approach, Alberta Health plays a mediatory and advisory role to support the success of the all of the AHS CISs for the overall betterment of healthcare services in Alberta. Alberta Health is committed to encourage use of AHS CISs by the

various interested health care related parties including the public.

3. **Regulatory Bodies**:
   The regulated health professions are mandated by legislation to be overseen by regulatory bodies (e.g., College of Physicians and Surgeons of Alberta) responsible for assessing continuing competence, professional conduct and those credentials necessary for practice, and setting standards that must be met for acceptable health care practice. Some standards relate to the use of digital health records, expectations for clinical documentation, and requirements for IMAs. The AHS CIS Information Sharing Approach, information stewardship provisions and IMA provisions rely on meaningful engagement of these bodies and participation in ongoing improvements.
4. **Oversight groups**
   Patient advocates (e.g., Patient & Family Advisory Council), ombudspersons (e.g., Alberta Seniors Advocate) and legislated oversight groups (e.g. Office of the Information and Privacy Commissioner) are an important resource consulted for advice, review and promotion of the AHS CIS Information Sharing Approach, objectives and principles.
5. **Health Profession Associations**:
   The health professions have well-established associations (e.g., Alberta Medical Association) that help organize representation, advocacy and accountability for their members. The AHS CIS Information Sharing Approach acknowledges the key role these play in understanding and communicating the needs of stakeholders; and commits to working with professional associations to promote information sharing founded on mutual trust and respect for the benefit of all Albertans.
6. **Health Education and Research Institutions**:
   AHS CIS users participate in AHS CISs in ways reflecting different roles, purposes and career stages. In particular, AHS CIS relationships may be shaped by participants' status as trainees (e.g., student, clerk, resident, fellow, re-certification), health care evaluators (e.g., clinical improvement activities), or facilitators of health care inquiry (e.g., clinical research). Alberta's health education and health research institutions, including Universities and Colleges with health professional training programs, are key stakeholders in AHS CIS initiatives, with shared accountabilities for health investigation, instruction, innovation and service.
7. **Clinicians**:
   For the AHS CISs to support the purposes outlined in this document, it is critical persons who provide health care goods or services directly to patients in Alberta participate and become engaged in the success of the AHS CISs. Clinicians will be required to collect, use and disclose Health Information within AHS CISs in order to deliver Health Services, most often as affiliates of AHS. The AHS CISs will be governed and operated in a manner that is consistent with the compliance obligations as set out in the HIA but also that are consistent with the professional, education, quality assurance, practice audit, accreditation and other obligations that each Clinician is required to address.

Acknowledgement of the AHS CIS Information Sharing Approach, and its formal agreement instruments, may be indicated differently by different groups.

AHS CIS Information Sharing Compact

A compact is clear statement of reciprocal expectations and accountabilities between two or more groups. It is not a legal contract but is a matter of public accountability. Compacts are the dynamic outcome of collaborative efforts to understand shared interests. They leverage common goals – such as improving care for patients and populations – to discover how participant interests can be best aligned.

The AHS CIS Information Sharing Compact will facilitate declaration of key principles, rights and responsibilities; highlighting AHS and the applicable CIS user group's accountabilities. It will be referenced in all access agreements, AHS policies and staff bylaws and will be integrated with health professional training and Physician on-boarding protocols.

The Compact will be validated with various stakeholder groups, starting with Physicians. The Compact will address the following considerations for an AHS CIS to improve health care:

- Emphasis on responsible, professional, accountable and safe information sharing in the service of effective and efficient care for both patients and populations.
- Responsibility of all CIS stakeholders to uphold informational best practices, consistent with the HIA, professional regulatory standards of practice, and health professional ethical standards.
- Acknowledgement of the unique limitations and implications of shared enterprise records that cross the continuum of care and integrate organizational information assets.
- Recognition of the patient as owner of Health Information and the collective responsibility of the health care team to steward and protect that information.
- Embrace all health care providers who contribute to the CIS, irrespective of role, level of training, location or relationship (e.g., employee, contractor, affiliate, trainee).
- Reference and align with the AHS CIS Information Sharing Approach principles.
- Reference Health Information system privacy awareness and training commitments.
- Reference relevant AHS bylaws, policies and procedures.
- Reference charting norms, minimum use expectations and guides to safe participation in CIS communities.
- Promote user engagement with, and participation in, information stewardship activities.
- Advocate information sharing behaviors that minimize information burdens across all CIS users.

An initial draft Compact will be developed with AHS assistance in collaboration with Physician stakeholders. The Compact may be adjusted, using the support materials referenced under the subheading "Approach" at the beginning of this Statement of Principles, with review by HIDGC, after consideration by other health care provider groups.

Acknowledgement of the Compact will be incorporated into access and training processes for all users. Anyone gaining, or reactivating, a CIS user account will acknowledge the Compact.

Information Management Agreement

In those situations where AHS CIS users qualify as independent "custodians", pursuant to the HIA, for the purposes of their particular use and access to an AHS CIS, the AHS and a party who meets the criteria in the IMA Test ("Requirement for an Information Management Agreement" in the Information Sharing Toolkit) will be required to enter into an IMA with AHS that complies with the requirements of the HIA and regulations.

An AHS CIS Information Sharing IMA Template ("Information Management Agreement" in the Information Sharing Toolkit) has been developed to outline the content expected in an AHS CIS IMA. Specific independent instances may merit additions or clarifications to the template.

Data Stewardship Services

Data Stewardship Consolidation

Prior to the development and adoption of this Statement of Principles, AHS conducted an extensive review of the policies, procedures and lines of service applicable to the former ISF construct. This review identified information management best practices that can be applied to the expanded AHS CISs, including the AHS Provincial CIS.

The review also more clearly distinguished "data stewardship" as an operational matter, from "information stewardship" as a matter for governance. Many redundancies were identified in the delivery of data stewardship services across AHS CISs and many inconsistencies were identified among data stewardship practices. The 37 data stewardship lines of service described in the ISF did not line up consistently with accountable operational capacity in AHS. Accordingly, a plan was devised for coordinating delivery of data stewardship services in a manner that is balanced, fiscally responsible, and sustainable by leveraging existing AHS processes and procedures. These services were grouped into categories based on synergies that allow for flexible delivery and alignment with operational responsibilities.

Data Stewardship Services

AHS in collaboration with the AMA and other key internal and external stakeholders has grouped data stewardship services into the following high level general categories:

Privacy Privacy services relate to implementation of policies and procedures consistent with the privacy and confidentiality requirements of the HIA, other applicable legislation, AHS policies and procedures and health profession regulatory standards. This includes provisions for privacy education and training, compliance monitoring and processes for identifying, managing and reporting on any violation or breach of Health

	Information privacy.
Security	Information security services include processes to prevent, manage and report any breach of CIS security (including secure system access, encryption of data transmission, and protection of stored information) or any weakness or malfunction of the infrastructure or infostructure supporting a CIS that might, in turn, pose a security threat to the CIS.
Infrastructure	Information technology infrastructure services relate to the computers, networks and support systems that ensure timely access to and reliable function of a CIS. This includes database operations, servers, networks, wireless services, end-user devices, and remote access technologies; all of which have provision for down-time and business continuity in the event of technology failures.
Records	CIS data and records management services relate to the organization, storage, retrieval, copy, export, archiving and disposition of digital patient records within the CIS. These services are coordinated to ensure that CIS Health Information is accessible in ways that support the CIS mandate while complying with legislative, regulatory and organizational requirements.
Applications	Information technology application services relate to the operational maintenance of the CIS software and any configuration, customization or adaptations that users depend upon. This includes maintenance, upgrade, enhancement and CIS-to-CIS transition services.
Access Support	CIS access services relate to the approval, set-up, monitoring, and maintenance of all user accounts; including assignment to departments, roles and security profiles. The service also covers liaison with partner and stakeholder organizations (e.g. health education) to facilitate smooth on-boarding of new users and deactivation of expired or inappropriate access. Access support services also assure application of privacy awareness training, onboarding help and requirement compliance.
Standards	CIS information sharing policy, procedure and standards development services work closely with CIS ISCs to ensure that information sharing and data stewardship policies, standards and guideline development is deliberate, transparent and effective. Decision-makers are provided with information needed to guide policy development and periodic revision. End-users are alerted to policy and procedure implications through appropriate communication channels and change management processes.
Training	CIS user support and training services include any CIS use training, skills development, capacity building or other interventions needed to assure CIS

Support user awareness of key policies, engagement with policy goals, and enablement for meaningful compliance.

Exchange CIS information and technology exchange services relate to how health data and information is shared between source or destination health information systems, how it is distributed and retrieved from archival systems, and how it is migrated from one CIS to another as the AHS Provincial CIS takes hold province-wide.

These data stewardship categories are used to coordinate delivery of data stewardship services on a sustainable basis across all AHS CISs (including the AHS Provincial CIS). Work in each category will be 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 developed by the applicable ISC. Most importantly, the data stewardship service categories are mapped to, and will optimally use, AHS existing operational and technical infrastructure. The goal is to make effective use of existing capacities while striving to avoid unnecessary duplication of effort.

Data stewardship categories and descriptions are meant to be flexible to allow for changes over time. Technologies will evolve, applicable legislation or regulation may change, and organizational capacities may be reorganized. It is also important to note that not all of these service categories will apply to all AHS CISs equally; given differences in CIS software, data management technologies and capabilities.

Data Stewardship Operations

All AHS CIS Information Sharing Approach operational supports will be integrated with existing AHS health information management capacity, information technology capability, research and innovation capacity, information and privacy capacity, and Chief Medical Information Office capacity; with these considerations:

- In fulfillment of its Health Information custodial responsibilities, AHS oversees operational support for all AHS CIS information stewardship activities.
- Operational supports provided by AHS for CIS information sharing, monitoring and data stewardship, will be managed and coordinated by AHS.
- Coordination of the release of information, misuse monitoring, breach reporting and other data stewardship activities follows the same processes for all AHS CISs, consolidated with existing AHS supports to maximize efficiency, consistency and accountability.
- Compact development will be supported by the AHS Chief Medical Information Office and AHS Medical Affairs.

Governance

Information Stewardship

"Information stewardship" relates to oversight of the management of Health Information, including the collection, use, disclosure, management and security of that information. Information stewardship speaks to the "what" of governance. It reflects the tenet that Health Information is "owned" by the patient who then shares information with healthcare service providers as part of a trusted relationship. Care providers and organizations then become stewards of the information, with a duty to use and disclose the information responsibly and to take reasonable steps to protect it.

Information Stewardship Committees

Historically, decisions about providing access to information could be made by a care team on a case by case basis. As the use of CISs has expanded, information stewardship decisions are increasingly made by a representative group of health professionals and users; here called an ISC.

ISCs play an important role in ensuring that those implementing and using AHS CISs are able to meet the legal, regulatory and ethical obligations placed upon them. They provide a mechanism to ensure that decisions related to the management and use of information contained in a CIS consider the input and interests of care providers and patients; and a means of achieving transparency and demonstrating accountability for the use, disclosure and protection of information.

AHS CIS information stewardship, information sharing oversight and overall governance will be supported by AHS organizational structures, committees, workgroups and accountabilities. Additionally, provision will be made for independent problem-reporting or dispute resolution where issues are not satisfactorily dealt with by AHS CIS ISCs or other governance structures.

A template for ISC Terms of Reference is developed to support the AHS CIS Information Sharing Approach, with the following key provisions:

- Each AHS CIS will be associated with an ISC responsible for the review of information sharing policies and stakeholder arrangements related to the access, use, and disclosure of CIS information.
- ISCs will oversee compliance with legislative and regulatory requirements and will provide for periodic review of data sharing surveillance and data use audits for potential misuse.
- ISC terms of reference will assure meaningful input from the health professions, including Physicians.
- Information stewardship policies will harmonize with any policies and procedures developed by the Alberta HIDGC for provincial applicability.
- AHS CIS information sharing governance will align with the Alberta provincial health information governance framework, overseen by the HIDGC.
- Each of the AHS CIS ISCs will report to AHS CIS oversight committees and the AHS Provincial CIS ISC will report to the AHS Provincial CIS Standards and Content Committee.

- AHS CIS ISC chairs will report key developments to HIDGC at least quarterly.

Representation

The Alberta Medical Association, College of Physicians and Surgeons of Alberta and the Faculties of Medicine will be provided with explicit representation on AHS CIS ISCs.

Accountability

AHS CIS ISCs will be accountable to AHS executive and relevant CIS governance committees. Each AHS zone will have an ISC specific to its existing CIS (Meditech, Sunrise Clinical Manager, eCLINICIAN). The AHS Provincial CIS will also have an ISC. As the AHS Provincial CIS grows, and existing CISs are retired, the AHS Provincial CIS ISC will replace existing CIS ISCs.

Existing CIS ISCs will report to the senior oversight and governance committee for the CIS (eCLINICIAN Ambulatory Oversight Committee in the Edmonton Zone; SCM Core Clinical Design Team Committee for the Calgary Zone; Meditech Steering Committee for North, Central and South Zones). The AHS Provincial CIS ISC will report to the AHS Provincial CIS Standards and Content Committee.

Existing CIS ISCs will liaise with the AHS Provincial CIS ISC and will adopt or harmonized with provincial policies except where these cannot be implemented by the CIS. The AHS Provincial CIS ISC will additionally be accountable for harmonization with HIDGC policies and provincial information sharing frameworks.

Dispute Resolution

Issues that cannot be resolved by ISCs, or reports of significant concerns that could affect data sharing provincially, can be referred to dispute resolution pathways with the following key provisions:

- AH will provide an avenue of dispute resolution should AHS CIS stakeholders fail to find closure through AHS ISC and CIS governance committee issue resolution processes.
- The alternate dispute resolution pathway will be available to health care professionals who have exhausted all within-AHS oversight, deliberation and information stewardship resources for resolving a significant information sharing issue.
- The Alberta Health Executive Director, Information Management Branch, will act as the contact for any dispute inquiries or escalation requests.
- Should a dispute not be resolved by means available to the executive director, the HIDGC will be the next point of escalation followed by the Health Minister (if required), with decisions that are binding.
- These dispute resolution pathways do not imply lack of access to other avenues for investigation, such as those provided by the OIPC, the CPSA or other health information advocates.

Transitions

The AHS CIS Information Sharing Approach and Information Sharing Toolkit will completely replace all prior instruments, agreements and arrangements respecting oversight of AHS CISs. The AHS CIS Information Sharing Approach and Information Sharing Toolkit may be revisited and revised, from time to time, subject to review by the HIDGC. In the event that others are assigned duties associated with related agreements, the principles and obligations continue to apply, subject to review by the HIDGC.

Great care will be taken by the key stakeholders to communicate effectively, provide for change management and safely transition oversight and operations to the groups and capacities contemplated by the AHS CIS Information Sharing Approach.

Definitions

For the purposes of the CIS Information Sharing Approach, MOU, and Toolkit (AHS CIS Information Sharing Approach Principles, AHS CIS Information Sharing Compact, AHS Information Stewardship Committee Terms of Reference Template, AHS CIS Information Management Agreement Template), the following terms shall have the meanings assigned to them below:

"AH" means Her Majesty the Queen in right of Alberta, as represented by the Minister of Health;

"AHS" means Alberta Health Services, a corporation established as a regional health authority by the Minister of Health pursuant to s. 2(1) of the *Regional Health Authorities Act*, RSA 2000, c. R-10;

"AHS CISs" means, as the context requires, any one or all of eCLINICIAN, Meditech, Sunrise Clinical Manager and the AHS Provincial CIS;

"AHS Information Sharing Approach" means the information sharing philosophy applicable to the collection, access, use and disclosure of Health Information within an AHS CIS as set out in the Statement of Principles;

"AHS Provincial CIS" means a single one-person-one-record-one-system CIS operated by AHS throughout the Province of Alberta;

"AMA" means the Alberta Medical Association (CMA Alberta Division), representing its members for the purposes outlined in the MOU;

"Affiliate" has the meaning assigned to this term in the HIA;

"Attachments" means the schedules incorporated by reference into the MOU;

"Clinical Information System" or "CIS" means an integrated information management platform supporting the collection, access, use and sharing of information supporting the delivery of healthcare services to persons and populations in multiple settings across the continuum of care;

"Clinician" means any person who provides health care goods or services directly to patients, as opposed to being engaged in health care for other purposes, such as research or administration;

"CPSA" means the College of Physicians & Surgeons of Alberta, as constituted pursuant to the Health Professions Act, RSA 2000 c. h-7, or its successor legislation;

"Compact" means a CIS Information Sharing Compact which is clear statement of reciprocal expectations and accountabilities between two groups; applicable to all who collect, access, use and disclose Health Information within any AHS CIS;

"Covenant Health" or "Covenant" means that corporation incorporated pursuant to the Covenant Health Act, S.A. 1992, c. R-39, as amended, to pursue the objects described in that Act.

"Custodian" has the meaning assigned to this term in the HIA;

"eCLINICIAN" an ambulatory CIS managed by AHS in the Edmonton Zone that supports referral management, patient scheduling, electronic charting, secure provider messaging and Physician billing;

"Effective Date" has the meaning ascribed to such term on the face of the MOU;

"EMR" or "Electronic Medical Record" means a record of healthcare services and related information maintained by health care providers in an electronic system for access and use by health care providers;

"Facility" has the meaning ascribed to such term under Scope;

"Faculties of Medicine" refers to the University of Alberta Faculty of Medicine & Dentistry and the University of Calgary Cumming School of Medicine;

"HIA" means the Health Information Act, RSA 2000, c. H-5, and amendments thereto, as well as regulations passed thereunder;

"HIDGC" means the Health Information Data Governance Committee established pursuant to Ministerial Order M.O. 308/2016 dated June 29, 2016;

"Health Information" has the meaning ascribed to that term in the HIA;

"Health Professional Body" has the meaning ascribed to that term in the HIA;

"Health Service" has the meaning ascribed to that term in the HIA and "Healthcare Service" has the same meaning;

"Healthcare Education Organizations" includes all Universities, Colleges and Institutes in Alberta providing degree, diploma or certificate training related to health care professions;

"ISC**"** means an Information Stewardship Committee;

"Information Management Agreement" or "IMA" refers to an agreement between AHS, as an Information Manager, and non-AHS-affiliated custodian(s) of Health Information shared in an AHS CIS, entered into pursuant to section 66 of the HIA;

"Information Sharing Framework" or "ISF" means the concept of governing the disclosure and use of information in an electronic medical record established pursuant to a Memorandum of Understanding executed between AHS, the AMA and Covenant Health dated April 1, 2012, as amended from time to time;

"Information Sharing Toolkit" means the body of documents developed by the key stakeholders to give meaning to the AHS CIS Information Sharing Approach;

"Information Stewardship Committee" means that committee described in the Information Sharing Approach and having the responsibilities and duties described therein;

"ISF" means Information Sharing Framework;

"Meditech" a health institution CIS managed by AHS in its rural zones that supports the provision of healthcare services in those zones;

"Memorandum of Understanding" or "MOU" means the Memorandum of Understanding agreement entered into between AHS and one or more stakeholders, referencing other elements of the Information Sharing Toolkit, that records any considerations specific to a particular health profession or stakeholder or stakeholders;

"Physician" means a medical doctor duly licensed to practice medicine in the Province of Alberta by the CPSA;

"Program" means the AHS Provincial Clinical Information System Program established by AH and AHS to implement and rollout the various parts of the AHS Provincial CIS;

"RHAA" means the Regional Health Authorities Act, RSA 2000 c. R-10;

"Staff" means any employee, contractor, consultant, member of medical or midwifery staff, volunteer, student and other persons acting on behalf of AHS;

"Sunrise Clinical Manager (SCM)" is a CIS managed by AHS in the Calgary Zone that supports the provision of health care services in that zone;

"ToR" or "Terms of Reference" means the applicable Terms of Reference for any ISC providing oversight for information sharing policy and governance related to an AHS CIS or the AHS Provincial CIS.