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.

Mapping of
AHS-AMA Information Sharing Framework Principles
to an
Approach to Information Sharing
among users of
Alberta Health Services Clinical Information Systems

June 29, 2017

Purpose

Alberta Health Services (AHS), the Alberta Medical Association (AMA), the College of Physicians and Surgeons of Alberta (CPSA), the Universities of Alberta and Calgary and other stakeholders have collaborated to devise an Approach to Information Sharing in AHS Clinical Information Systems (CIS). This work builds upon a rich legacy and experience with a prior Information Sharing Framework (ISF) developed to facilitate adoption of AHS ambulatory care Electronic Medical Records (EMR).

This document reproduces the governing principles of the ISF and maps those that are applicable in an AHS CIS context to elements of the AHS CIS Information Sharing Approach.

An exact mapping of ISF principles to elements of a new construct is not expected for a number of reasons. First, a CIS is a continuum of care shared digital health record spanning the continuum of care, all health care settings, all generations and geographies. There are unique information sharing considerations. Second, the AHS CIS Information Sharing Approach is meant to apply to all participating health professionals, not only physicians, and so more inclusive provisions are expected. Third, changes have occurred in how the Health Information Act applies or has been interpreted. For these and other reasons, it is not possible to simply reproduce and edit ISF principles for use in the new CIS context.

Comparison

A "content working paper" is used to record agreed elements of an AHS CIS Information Sharing Approach in plain language. This will be rendered to formal instruments of agreement that express content assented to by stakeholders.

The content of the AHS CIS Information Sharing Approach is referred to as "**Approach**" in the comparison between ISF Governing Principles and AHS CIS Approach elements in the table that follows. Other anticipated documents may be referenced:

1) CIS information sharing objectives and principles will be formally described and assented to in a Memorandum of Understanding ("**MOU"**),
2) Elements to be included in terms of reference ("**ToR**") for CIS Information Stewardship Committees,
3) Support materials for the development of a CIS User Compact ("**Compact"**) summarizing information sharing rights, responsibilities and accountabilities assented by AHS and CIS users,
4) Elements to be included in an Information Manager Agreement ("**IMA"**) to be used where an "independent instance" of an AHS CIS is set up as a contracted service for independent physicians.
5) Elements to be included in a "**RACI**" document summarizing who is responsible, accountable, consulted and informed in information sharing operational matters.

What were called principles in the ISF may be recognized differently now (e.g. compact accountabilities).

EMR ISF Governing Principle	CIS Information Sharing Approach
Patient care, in the context of "sharing" EMR Information about a Patient that is stored in an EMR as part of an EMR System, will guide the disclosure and use of EMR Information and at all times EMR Information submitted by a Participating Physician will be respected as the product of the trusted relationship between a Patient and a Physician.	Patient-centred: →Approach Objectives 2, 3 →Approach Principles 1a →MOU, Compact Respect trust relationship: →Approach Principles 1b →MOU, Compact
The Patient has not only an inherent interest in the privacy, confidentiality, accuracy and integrity of EMR Information relating to him or her but a Patient has the right, in addition to other rights of a Patient described under the HIA, to (a) seek access to EMR Information about that Patient, (b) request the correction of an error or omission in the record containing EMR Information about that Patient, and (c) request that a Party limit the access to or disclosure of EMR Information relating to that Patient.	Patient right to access, correction, limitation is more an acknowledged expectation than a principle. →This right is clearly spelled out in the HIA, but is also referenced in other applicable legislation, regulation and policy operant in cross-continuum CIS settings. →Principle addressed in Compact →Operation addressed in RACI →Compliance addressed in Approach Objective 4; Principles 3, 4
Physicians as well have an inherent interest in the privacy, confidentiality, accuracy and integrity of their Physician information located in an EMR and in an EMR System, and the right, in addition to other rights relating to such information described under the HIA or other public sector privacy legislation, to request that AHS or Participating Other Custodian(s) not use or disclose Information relating to that Physician except in strict accordance with the terms of this Agreement.	Physician rights to protection of information about the physician and the physician's practice applies to all health professionals explicitly or implicitly sharing information about themselves (e.g. schedule availability). HIA, FOIPP, Staff Bylaws, AHS Policies and other regulations pertain. Protection of physician and practice information (e.g. Billing records) may need to be more explicitly referenced. →Principle addressed in Compact →Compliance with legislation addressed in Approach Objective 4; Principles 3,4
Physicians, Custodians and Patients have an enduring right to continued access to EMR Information located in an EMR System relating to that Physician, Custodian or Patient.	Enduring access to legal record of care: →Approach Principles 6a, 6b →Operational implications in RACI
EMR Information that is shared will be for the purpose of facilitating good Patient management practices, decisions and other related activities, and will be undertaken to enhance the care of Patients. Moreover, EMR Information disclosed and used in accordance with this Agreement may be used not only for the enhancement or betterment of individual Patient health, but also for the betterment of Patient populations and public health generally where authorized under the HIA and other legislation.	Intended uses of Information: →Approach Objectives 1, 3, 8 →Approach Principles 1, 7, 8
The disclosure and use of EMR Information will be undertaken in accordance with the HIA on a "least information necessary to achieve the purpose" principle, with the highest degree of anonymity that is practical in the circumstances and use of EMR Information will be on a "need to know" basis.	Tactics for principled information sharing are in the HIA and referenced by the Approach, Compact, ISC and RACI. →Emphasized in Compact
A Party disclosing or using EMR Information will utilize technological practices and standards, such as	Security:

EMR ISF Governing Principle	CIS Information Sharing Approach
encryption technology, that incorporate reasonable security measures, protect confidentiality and promote ease of use.	→see definitions of virtual facility in Approach and participant agreement to heed rules applicable in that space →principle emphasized in Compact →addressed in IMA template where applicable
The professional responsibilities of Physicians set forth in the CPSA's Standards of Practice, are acknowledged by the Parties, and the Parties shall comply with applicable legislation.	Professional responsibilities and regulations: →Approach Objectives 4, 5 →Approach Principles 3, 4 → Compact
EMR Information shared pursuant to this Agreement will be managed with due diligence and attention, recognizing the potential harm that can arise from the misuse of EMR Information.	Information Stewardship: →Approach Objectives 7, 8 →Approach Principles 3, 5 →ISC ToR Template
Each of the Parties agrees, and shall ensure that the EMR Information that it makes available for disclosure to and use by the other Party under this Agreement, will be accurate and neither Party shall alter, modify or enhance that EMR Information except in accordance with this Agreement.	Appropriate use: →Approach Objectives 5, 8 →Approach Principles 1b →ISC ToR →Compact
Any actual or perceived conflicts or inconsistencies that arise between the requirements of the HIA, on the one hand, and Standards of Practice of the CPSA with which their Physician members must comply on the other hand, will be referred to the Governance Committee for resolution.	Managing grey areas and conflicts between legislation, regulation, bylaws, policies and ethical norms: →Approach Objectives 5 →Approach Principles 4, 5 →Approach Governance →ISC ToR
The Parties recognize the need to create an effective Governance Committee to (among other matters) oversee the relationship among the Parties and create, oversee and, where necessary, amend or modify protocols and policies relating to the access, use and disclosure of EMR Information, including the identification of the use and disclosure of EMR Information for Primary Use and Disclosure and Secondary Use and Disclosure, and identifying, assessing and controlling the use and disclosure of EMR Information by those persons seeking to access, use or disclose EMR Information.	Governance and secondary use: →Approach Objectives 3, 5 →Approach Principles 1b, 2, 4, 5, 8 →Approach Governance →Approach Support →ISC ToR

Information Sharing Compact Development Package

supporting an

Approach to Information Sharing

among users of

Alberta Health Services Clinical Information Systems

June 29, 2017

Overview

Information Sharing

For an Alberta Health Services (AHS) Clinical Information System (CIS) initiative to achieve its goals, it is essential that the right information be appropriately captured, documented, shared, disclosed and used. These are matters of information sharing. They touch the core of health care professionalism and change as clinicians move from siloed paper records to shared digital records.

In order to address the need for CIS information sharing norms, and to account for professional obligations and legislative imperatives, a CIS Information Sharing Compact is proposed. Its adoption can promote effective information sharing in continuum-of-care enterprise clinical information systems.

Compacts

A compact is clear statement of reciprocal expectations and accountabilities between two 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.

An AHS CIS Information Sharing Compact will facilitate declaration of key principles, rights and responsibilities; highlighting AHS and CIS user accountabilities. It will be referenced in all access agreements, AHS policies and staff bylaws and will be integrated with health professional training and clinician on-boarding protocols. The Compact will be developed with stakeholder groups, including physicians. It will address considerations for a CIS to improve health care, including:

- 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 legislation, professional standards, and ethical norms.
- 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).
- Promote user engagement with, and participation in, information stewardship activities.
- Advocate information sharing behaviors that minimize information burdens across all CIS users.

Compact Development

An initial draft Compact will be developed with AHS assistance in collaboration with physician stakeholders. The same compact may be adjusted after consideration by other health care provider groups.

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

Context

The AHS CIS Information Sharing Compact will take the form of a declaration of key goals, principles, rights and responsibilities; highlighting organizational and user reciprocal accountabilities.

The reflections and materials that follow are intended to help compact developers by providing a sense of what the finished product should look like, what AHS CIS Information Sharing Approach goals and principles should be reflected and by abstracting helpful considerations from other documents.

Goals

For clinicians:

- Enhance practice with technology for high quality, safe, efficient and meaningful care.
- Ease availability, portability, access and flow of information so that best practices are promoted at the point of clinical decision-making.
- Ensure that physicians retain the ability to access information in support of their medicolegal and patient care obligations regardless of their affiliation with AHS

For Alberta Health Services:

- Facilitate information sharing to promote total health, patient-centred care and connected services with seamless transitions and integrated systems.
- Facilitate connections between external, internal and personal health information in the service of inquiry, instruction, improvement and workforce development in a learning healthcare organization.
- Promote AHS as a leader, innovator and enabler of best possible health services, education and research.

Principles

The AHS CIS Information Sharing Compact should resonate with the following AHS CIS Information Sharing 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 (Health Information Act, Health Professions Act, FOIIP, 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 Information Stewardship Committees.
    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 responsible health education organizations 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 de-identified 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.

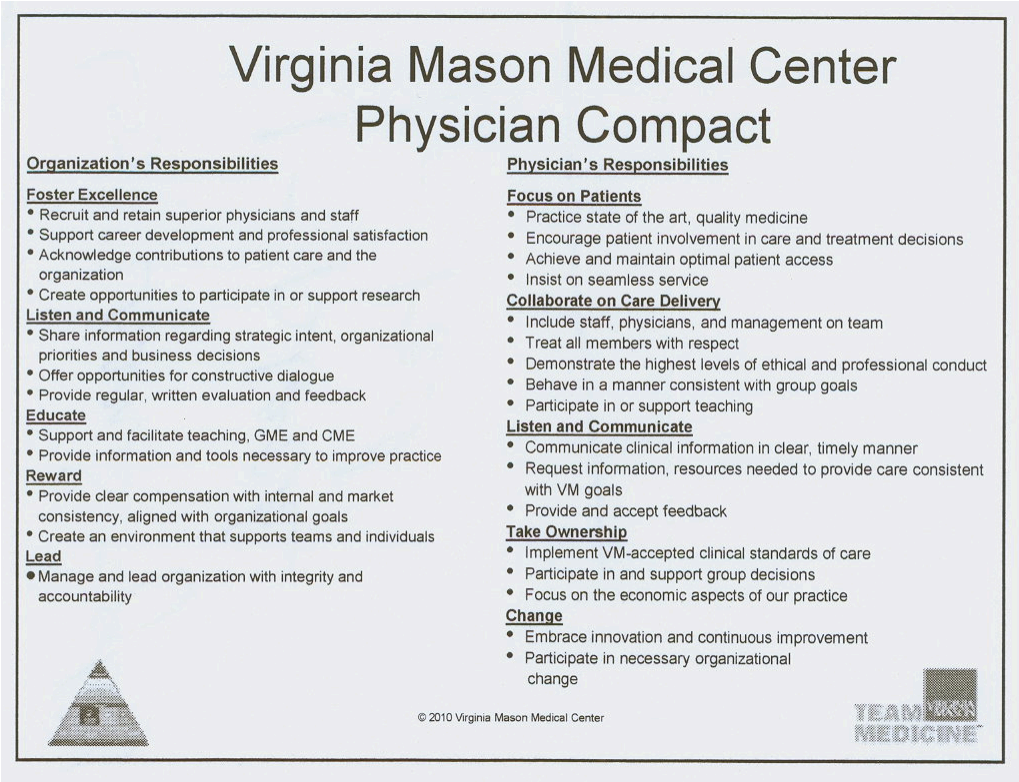
Prototype Compact

The following table illustrates how the information sharing principles embedded in the Information Sharing Approach could be re-framed into an AHS CIS Information Sharing Compact. A typical compact would be prefaced with a few high-level joint goals, perhaps akin to those listed above, and at most a few pages outlining mutual accountabilities in table format.

Principle	AHS Responsibilities	Clinician Responsibilities
Patient Guided	Prioritize an excellent patient experience first, a seamless practitioner experience next and organizational preferences last.	Embrace information sharing within a CIS as a catalyst to improve patient outcomes and the overall effective operation of the health system.
Access Rights	Seek convenient access for all CIS users wherever and whenever they need the CIS for the provision of health care services and clinical improvement. Access to the information contained in the CIS will be provided to patients and former system users in accordance with *the Health Information Act* (HIA).	All health care practitioners will use the CIS, replacing paper-based processes. Clinicians will access the CIS only in authorized circumstances and will use such access only when there is a demonstrated "need to know'.
Use	AHS will respect the privacy interests of CIS users and will use the information of clinicians only for authorized purposes. AHS will be transparent and accountable to clinicians, staff, government and the public with respect to its use of health information.	Clinicians will be accountable for their use of health information and will only use information in accordance with the HIA, AHS policies and professional standards of practice.
Disclosure	AHS will coordinate the disclosure of information. AHS will respect the discretion of clinicians in determining how much information should be released in response to external requests for	Clinicians will promptly respond when they become aware of the need to guide disclosure of health information in response to authorized external requests and will collaborate with AHS to respond

Principle	AHS Responsibilities	Clinician Responsibilities
	access to CIS information.	to the request.
Clinical and Health System Improvement	AHS recognizes that the CIS is a powerful tool that can be used to support clinical and health system improvement. AHS will endeavor to make CIS information available for these purposes and will support users to maximize their use.	Clinicians will identify opportunities for clinical and health system improvement to AHS and will collaborate with it to both produce and use the information required.
Protection of Information	AHS will ensure that the CIS contains appropriate technical safeguards to protect health information. It will communicate both the steps it take to protect the information and the steps it expects all users to take to all users. AHS will establish guides, policies and procedures related to the protection of information and will ensure that all users have access to appropriate training.	Clinicians will take reasonable steps to ensure that the information contained within a CIS is protected and treated as confidential. They will be accountable for the steps they take to release information and will not expose CIS information to known threats.
Accuracy	AHS will work to ensure that data feeds flowing into the CIS are accurate and reliable.	Clinicians will work to ensure that patient information is entered accurately in the CIS, that notes and encounters are completed promptly and that potential data integrity errors are addressed.
Governance	AHS will work to ensure that CIS governance structures, including CIS Information Stewardship Committees, have well rounded, multidisciplinary representation and are empowered to address information sharing issues.	Clinicians will participate fully in CIS governance structures and will advance data sharing issues and potential resolutions to the appropriate CIS governance structure.

External Compact Example – Virginia Medical Center



Virginia Mason Medical Center
Physician Compact

Organization's Responsibilities

Foster Excellence
- Recruit and retain superior physicians and staff
- Support career development and professional satisfaction
- Acknowledge contributions to patient care and the organization
- Create opportunities to participate in or support research

Listen and Communicate
- Share information regarding strategic intent, organizational priorities and business decisions
- Offer opportunities for constructive dialogue
- Provide regular, written evaluation and feedback

Educate
- Support and facilitate teaching, GME and CME
- Provide information and tools necessary to improve practice

Reward
- Provide clear compensation with internal and market consistency, aligned with organizational goals
- Create an environment that supports teams and individuals

Lead
- Manage and lead organization with integrity and accountability

Physician's Responsibilities

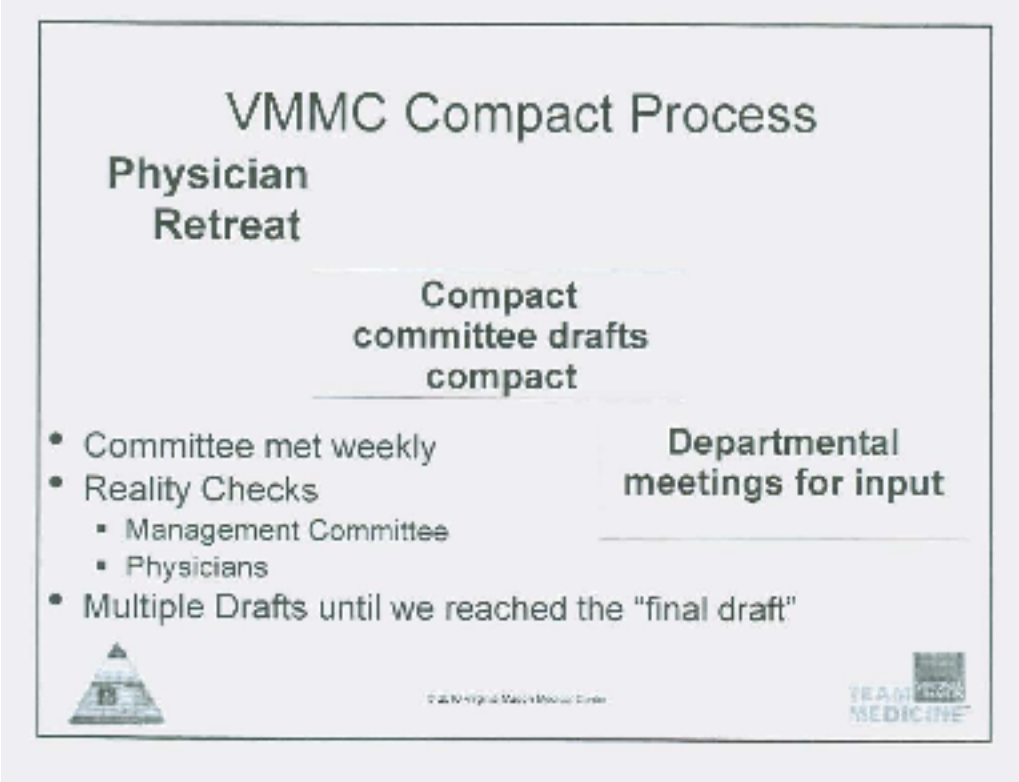
Focus on Patients
- Practice state of the art, quality medicine
- Encourage patient involvement in care and treatment decisions
- Achieve and maintain optimal patient access
- Insist on seamless service

Collaborate on Care Delivery
- Include staff, physicians, and management on team
- Treat all members with respect
- Demonstrate the highest levels of ethical and professional conduct
- Behave in a manner consistent with group goals
- Participate in or support teaching

Listen and Communicate
- Communicate clinical information in clear, timely manner
- Request information, resources needed to provide care consistent with VM goals
- Provide and accept feedback

Take Ownership
- Implement VM-accepted clinical standards of care
- Participate in and support group decisions
- Focus on the economic aspects of our practice

Change
- Embrace innovation and continuous improvement
- Participate in necessary organizational change



VMMC Compact Process

Physician Retreat

Compact committee drafts compact

- Committee met weekly
- Reality Checks
  - Management Committee
  - Physicians
- Multiple Drafts until we reached the "final draft"

Departmental meetings for input

DRAFT

AHS Clinical Information System Information Sharing Compact

supporting an

Approach to Information Sharing

among users of

Alberta Health Services Clinical Information Systems

June 29, 2017

Context

Information Sharing

For an Alberta Health Services (AHS) Clinical Information System (CIS) initiative to achieve its goals, it is essential that the right information be appropriately captured, documented, shared, disclosed and used. These are matters of information sharing. They touch the core of health care professionalism and change as clinicians move from siloed paper records to shared digital records.

In order to address the need for CIS information sharing norms, and to account for professional obligations and legislative imperatives, a CIS Information Sharing Compact is developed by AHS in collaboration with healthcare professionals. Its adoption can promote effective information sharing in continuum-of-care enterprise clinical information systems.

Compacts

A compact is clear statement of reciprocal expectations and accountabilities between two 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.

Drafting Workshop

This draft AHS CIS Information Sharing Compact derives from a compact-development workshop (June 21, 2917 and follow-up review) attended by ten physicians with experience in a wide range of clinical contexts, practice types and parts of Alberta. The workshop was facilitated by Mr. Sean Garrett, who has Compact development expertise and was appointed to this role by the ISF Working Group.

This draft may be further revised by this group and then will serve as the starting point for Compact validation sessions with a wider range of health care professions.

Workshop Participants

Although ISF Working Group members were invited to recommend workshop participants with the desired breadth of front-line experience, the final attendee list was derived to maximize diversity of geography, experience and years in practice. With a goal of approximately 10 workshop attendees, the following physicians prepared for and attended the June 21 session:

- Dr. Tim Graham (emergency medicine, urban, north, community)
- Dr. Tom Rich (emergency medicine, urban, south, facility)
- Dr. Mark Forder (family medicine, rural, north, community)
- Dr. Seth Heckman (obstetrics and gynecology, rural first nations, north, community)
- Dr. Vanessa Maclean (family medicine, rural, south, community)
- Dr. Ryan Snelgrove (surgery, urban, north, facility)
- Dr. Brendan Bunting (family medicine, rural, central, community)
- Dr. Allen Ausford (family medicine, urban, north, community)
- Dr. Jacques Romney (internal medicine, urban, north, community & facility)
- Dr. Stuart Rosser (internal medicine, urban, north, community & facility)
- Dr. Echo Enns (hospitalist, urban, south, facility)
- Dr. Robert Hayward (internal medicine, provincial, AHS CMIO)

Draft Information Sharing Compact

Principle	AHS Responsibilities	Clinician Responsibilities
Patient Guided	Prioritize information sharing processes to support patient well being first, ease of use next, followed by organizational needs.	Embrace and support information sharing for patient well being and clinical improvement.
Provider Access	Facilitate timely, reliable and secure access for all CIS users wherever and whenever CIS information sharing is required; including enduring access for legal or professional requirements.	Care for and maintain secure CIS personal access credentials, while keeping clinical contact information current and accurate.
Patient Access	Facilitate timely and secure CIS health record access for patients, using a patient portal where possible.	Respond to patient queries about CIS health records and direct as appropriate to information services.
Disclosure	Receive and coordinate requests for the disclosure of health information, to third parties, respecting the input of affected clinicians.	Respond promptly when made aware of the need to disclose health information, respecting patients' expressed wishes.
Protection of Information	Develop, implement and support technical, physical and administrative safeguards to protect health information while enabling appropriate user training.	Be aware of and adhere to CIS information protections and notify AHS when compromise or breech is suspected.
Use	Be transparent and accountable to clinicians, staff, government and the public with respect to use of health, clinician or organizational information stored in or extracted from the CIS.	Be accountable for the allowed use of CIS patient, provider, and practice information while respecting the contributions of others.
Clinical and Health System Improvement	Support clinical and health system improvement initiatives, including clinical research, quality improvement and educational advancement.	Identify opportunities for clinical and health system improvement and collaborate to produce and use the information required.

Principle	AHS Responsibilities	Clinician Responsibilities
Accuracy	Take steps to ensure that data feeds flowing in to and out of the CIS are accurate, reliable and corrected; and provide users with convenient means to report possible errors.	Completely, accurately and promptly contribute healthcare service information to the CIS, using accepted standards; and report possible errors.
Governance	Establish balanced, multidisciplinary and meaningful CIS information sharing governance structures that are empowered to address information sharing issues.	Avail of opportunities to meaningfully participate in information sharing governance structures, including reporting possible issues for review.

Information Stewardship Committee Terms of Reference Template

supporting an

Approach to Information Sharing

among users of

Alberta Health Services Clinical Information Systems

June 29, 2017

Overview

Information Stewardship

"Information stewardship" relates to oversight of the management of health information, including the collection, access, use, disclosure, management and security of that information. Information stewardship speaks to the "what" of governance. Information stewardship is based on the tenet that health information is "owned" by the patient, while those parties providing health care services become stewards of the information, with a duty to use and disclose the information responsibly and to take reasonable steps to protect it.

The advent of Clinical Information Systems (CISs) has subtly changed information stewardship paradigms in shared digital health records. A CIS is an integrated information management platform supporting the collection, access, use and sharing of information about the delivery of health services to persons and populations in multiple settings across the continuum of care. Alberta Health Services (AHS) has existing CISs (eCLINICIAN, Sunrise Clinical Manager, Meditech) operating in its Zones (Edmonton, Calgary and Rural respectively) and anticipates deployment of an AHS Provincial CIS Alberta-wide; ultimately to replace all Zone CISs. Historically, decisions about information sharing 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, users and other stakeholders; called an Information Stewardship Committee ("ISC").

Information Stewardship Committees

ISCs play an important role in implementing and using CISs in a manner that is able to meet the legal, regulatory and ethical obligations of those using and managing the technology. ISCs provide a mechanism to provide governance and oversight over the development of policies related to the management and use of information contained in a CIS, considering the input and interests of patients, providers and the health care enterprise. When effectively implemented, ISCs provide a means of achieving transparency and demonstrating accountability for the collection, access, use, disclosure and protection of health information.

Terms of Reference Template

The following template can be used to create terms of reference for an AHS CIS ISC. Each of the existing AHS CISs will have its own ISC specific to that CIS. The AHS Provincial CIS will also have an ISC. As the AHS Provincial CIS grows, and the other CISs are retired, eventually the AHS Provincial CIS ISC will replace all the other AHS CIS ISCs.

Accountability

It is anticipated that ISCs for each of the AHS CISs will report to a senior oversight and governance committee for the respective CIS as follows: 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. All ISCs liaise with the provincial Health Information & Data Governance Committee. This accountability structure is preliminary and may change.

CIS Information Stewardship Committee

Terms of Reference

Clinical Information System: [*Specify "eCLINICIAN", "MEDITECH", "Sunrise Clinical Manager" or "AHS Provincial CIS" (the "AHS CIS")]*

Co-Chairs: [*Insert names of Alberta Health Services (AHS) co-chairs here. It is recommended that one of the chairs be a physician with a formal CIS physician leadership role and the other a CIS leader from clinical operations; matching the "dyad" co-chairing of other Clinical Information System (CIS) governance committees.]*

Purpose:

This Alberta Health Services (AHS) Clinical Information System (CIS) Information Stewardship Committee (ISC) is responsible for providing governance oversight, direction and guidance over information sharing policies and stakeholder arrangements related to the collection, access, use, and disclosure of health information in the AHS CIS.

Mandate:

This AHS CIS ISC is an information oriented committee responsible for making recommendations to and resolving governance matters relating to information sharing policy matters for the AHS CIS. It may be asked to respond to issues raised by executive committees it reports to, by the Alberta provincial Health Information Data Governance Committee (HIDGC), or by other AHS CIS committees and workgroups.

The ISC will contribute to the successful design, deployment and operation of its associated CIS through proactive identification and timely resolution of information sharing issues. The ISC recognizes the need for strong alignment with AHS executive goals and any overall provincial information sharing strategy overseen by HIDGC.

The ISC will endeavor to:

- Provide guidance on information privacy, security and stewardship policies relating to or arising from the use of the applicable CIS;
- Provide guidance on the initial development or periodic review of policies and stakeholder arrangements relating to CIS health information access, use or disclosure policies;
- Identify gaps in existing information sharing policy and standards related to CIS information sharing;
- Advise on other information stewardship principles or issues relating to the CIS as raised by CIS governance committees;
- Ensure that zonal CIS information stewardship policies are aligned with AHS Provincial CIS information stewardship policies;

- Ensure CIS policies are harmonized with HIDGC policies and any provincial information sharing framework;
- Consider health profession regulatory compliance obligations when establishing data stewardship policies;
- Escalate unresolved disputes and areas of serious concern to CIS Governance Committee(s) and/or HIDGC, as appropriate; and
- Recommend CIS standards, guidelines and policies regarding system configuration, defined user roles and permissions, rules for masking and/or blocking of information, department-specific protections, data stewardship surveillance reports and reporting tools, data lifecycle management, and other CIS application-specific information management issues.

The ISC is not responsible for implementing information sharing policies. Once an issue has been identified and addressed, possibly through generation of policies, implementation is handed to AHS operational group(s) responsible for CIS data stewardship services. The ISC may require periodic reporting or other feedback from CIS data stewardship services about ISC policy impact or compliance.

Accountability

This AHS CIS ISC is accountable to the *[insert relevant zone CIS or provincial CIS senior governance or oversight committee]*.
The ISC will liaise with the Alberta provincial HIDGC and will report about significant new policies or issues quarterly.

Membership

ISC membership must be broad in order to allow for meaningful representation of clinical areas and professional perspectives. Specific provision is made for Alberta Medical Association, Alberta College of Physicians and Surgeons and regional University representation, with one voting member each. The remainder of the membership represents AHS areas and accountabilities important to clinical practice and information sharing. Some zones may have a major partner healthcare provider presence (e.g., Covenant Health) meriting representation.

The ISC co-chairs will work closely with the Secretariat to ensure appropriate invitations are extended for each meeting, based on pre-determined agenda topics. Membership will be reviewed every 2 years.

Committee Voting Members (example only; to be adjusted to the needs of each ISC)

ISC Required Voting Members	
	Co-Chair, Associate CMIO (Zone CIS) or CMIO (Provincial CIS)
	Co-Chair, Clinical Operations Director (Zone CIS) or Senior Program Officer (Provincial CIS)

ISC Required Voting Members	
	Health Information Management representative
	CIS Senior Program Officer representative
	Physician representative(s)
	Nursing representative(s)
	Allied Health representative(s)
	AMA representative
	CPSA representative
	Information & Privacy representative
	Regional health science university representative
	IT Clinical Services representative
	Analytics representative
	Legal Counsel – Clinical representative
	Health Profession Strategy and Practice representative
	Research & Innovation representative
	… + other members as appropriate

Other ad hoc or advisory members may be appointed or invited to specific meetings as needed. Each ISC may name non-voting secretariat, support or observer members as needed.

Roles and Responsibilities

ISC Members

- Review all pertinent background information relative to pre-circulated agenda prior to meeting, enabling comprehensive and timely discussion and collaborative decision-making.
- Advise the co-chairs if unable to attend and provide for attendance of an informed alternate.
- Contribute to the development of policy, standards, and recommendations for parent CIS Governance Committee action and approval.
- Communicate resulting policies to all associated stakeholders within respective area of representation.

ISC Chair and Co-chair

- Determine meeting schedule and set meeting agenda.
- Ensure appropriate committee representation relevant to subject matter.
- Confirm quorum is met.
- Review meeting minutes for accuracy.
- Escalate issues that cannot be resolved by the AHS ISC to appropriate senior CIS decision making and governance committee(s).
- Sit as a member of the CIS Governance Committee where I reports are tabled.
- Provide for liaison with the AH HIDGC or arrange for reporting as required.

- Coordinate with other CIS ISCs on information stewardship issues that have provincial implications; aligning with AHS Provincial CIS policies whenever possible.

Secretariat

- Schedule monthly meetings.
- Manage meeting schedules.
- Manage meeting agendas.
- Coordinate room bookings and technology requirements (teleconference, Telehealth, equipment needs, network access, etc...).
- Circulate agenda and minutes of previous meetings.

Agenda items will be identified by the ISC Co-Chairs, Committee Members and/or other CIS governance groups. Committee members are advised to submit agenda items through the Secretariat, but may also bring items forward directly to the co-chairs for consideration.

Meeting Frequency

The AHS CIS ISC will meet monthly or as needed at the call of the co-chairs.

Decision Making Process

The CIS ISC will adopt interactive decision making processes that emphasize collaboration, active cycles of feedback, and constructive debate in order to make sound decisions that are aligned with legislative and regulatory requirements, professional standards of practice, public expectations and AHS Provincial CIS information sharing policies.

Quorum

The co-chairs and at least 1 of the representatives from the AMA, CPSA and University are required for each ISC meeting reaching quorum. In addition, quorum for each meeting will require 50% of voting members plus one with the majority carrying the vote. At the discretion of the co-chairs, the vote can be based on the agenda topics and whether or not sufficient subject matter expertise is present in order to make a recommendation. Given the nature of the policies discussed, it is important that ISC be allowed to call in additional non-voting subject matter experts as needed and consider multiple viewpoints from a wide range of stakeholders (including patients and third parties).

Dispute Resolution

In the event that the ISC and parent CIS Governance Committee are unable to resolve an information stewardship issue, Alberta Health provides an avenue for formal dispute resolution and problem escalation. This dispute resolution process is also available to health care professionals who have exhausted all within-AHS oversight, deliberation and information stewardship resources for resolving a significant information sharing issue.

Those wishing to initiate the AH data stewardship dispute resolution process should contact the Executive Director, Information Management Branch, Alberta Health. Unresolved issues will be forwarded to HIDGC for consideration with the Minister retaining the authority to issue a binding resolution should HIDGC not achieve consensus.

This dispute resolution pathway does not imply lack of access of other avenues for investigation, such as those provided by the Office of the Information and Privacy Commissioner.

Requirement for an Information Management Agreement

under an

Approach to Information Sharing
among users of
Alberta Health Services Clinical Information Systems

June 29, 2017

Purpose

A Clinical Information System (CIS) is an integrated information management platform enabling collection, access, use and sharing of information supporting the delivery of health services to persons and populations in multiple settings across the continuum of care. Alberta Health Services (AHS) operates three existing zonal CISs: Sunrise Clinical Manager (Calgary Zone), eCLINICIAN (Edmonton Zone) and Meditech (North, Central and South Zones). AHS is building and implementing an AHS Provincial CIS which ultimately will replace all zone CISs.

The purpose of this document is to outline considerations that must be satisfied in order for a clinician or group of clinicians to need to enter into an Information Management Agreement (IMA) with Alberta Health Services (AHS) respecting use of an existing AHS CIS. The AHS Provincial CIS will be designed as a truly integrated continuum-of-care health information service and will not have health information sharing characteristics or arrangements that would merit an IMA.

The possible need for an IMA respecting an existing CIS will be based upon tests of health information sharing agency and control, rather than considerations of location, setting or employment. The following definitions and considerations will inform decisions about IMA use or renewal for users of Sunrise Clinical Manager, Meditech or eCLINICIAN.

AHS Virtual Facility

An AHS CIS exists within a “virtual facility” that can be accessed from anywhere. Access is contingent upon secure authentication and is not granted without a user account approved for access to AHS networks (the “Intranet”) or for logging on to one or more AHS CISs. CIS access may be authorized for one or more “roles” in one or more “departments” (section or group, e.g. “Cardiology”). The intersect of CIS role and department determines which CIS functions, content and permissions are made available to the authorized user. Such rights and permissions may affect what users are able to do, and are accountable for, respecting health information sharing.

Successful access to the AHS intranet and CIS information environments happens through a virtual computer workstation opened on the user’s computer device. It is within the virtual workstation that CIS information sharing occurs. This “virtual machine” does not exist on the user’s computer hardware or network; instead, the user has a window into the AHS networks, infrastructure and infostructure, which enables all CIS functionality.

The ability to view, contribute to and share information with an AHS CIS health record is not determined by a user’s physical location, such as a hospital, clinic, office or home. Instead, access and information sharing capabilities are determined by the users’ authorization, role and group membership; regardless of the individual’s location, facility, setting or computer device.

Privacy Controls

Physical, policy and process controls that relate to privacy, confidentiality, security and permissions are managed by AHS. Access to an AHS "virtual facility", within which AHS CISs operate, is provided only to users who have satisfied AHS access requirements. Access is not provided unless the user has completed mandatory AHS privacy awareness training and any required CIS-specific privacy training; has demonstrated applicable competency training, and has attested to a confidentiality user agreement. Access is removed if privacy policies or procedures are breached, CIS use is discontinued, or periodic privacy awareness reaffirmation does not occur.

Patient access to CIS functions (e.g. patient portal), including privacy controls and fulfillment of requests for CIS content, is AHS-managed. Administrative, health care analytics, quality improvement and research access to AHS CISs is AHS-managed. Policies and procedures governing CIS health information sharing apply to the entire digital health record and do not distinguish between information shared in outpatient, inpatient, continuing care, community or other settings.

The default assumption is that AHS CIS users contribute to a shared record where they serve AHS-defined roles within multidisciplinary, multi-user, virtual departments. They do not have individual or independent agency or control over health information sharing policies, procedures or processes. They agree to abide by policies, controls and regulations managed by AHS. Accordingly, they do not meet requirements for custodial control of health information, as defined in the Health Information Act (HIA), and are considered affiliates of AHS while contributing, using or sharing information in an AHS virtual facility.

AHS Provincial CIS

The intent and plan for the AHS Provincial CIS does not contemplate the possibility of custodians other than AHS. A core deliverable of the initiative is system-wide integration, across generations, geography and the continuum of care. The Provincial CIS health record is indivisible by design and will not have instances or services that can be separated from the whole. The health record architecture will not support separation or segmentation of the underlying health information dataset.

The AHS Provincial CIS, by design, will not support conditions necessary for groups other than AHS having custodial agency with respect to information sharing. There will be no provision for sub-sections of the CIS where independent access, privacy controls, policies, data stewardship or information stewardship are possible. Accordingly, the need for an information management agreement with independent custodian(s) is not anticipated.

AHS Zone CISs

Pre-existing AHS Zone CISs (including, Sunrise Clinical Manager, Meditech and eCLINICIAN) may have existing arrangements with user group(s) that did not assume the default information sharing controls described above. It is possible that a physician or physician group ("client") have contracted with AHS for the provision of CIS services under the former Information Sharing Framework. The contract may have assumed or assigned health information custodial responsibilities to the client.

The existence of an "independent instance" of an existing AHS CIS will be recognized when the following conditions are met:

- The client(s) are not subject to AHS medical staff bylaws where and when the independent instance is configured for use.
- A unique group or department is created in the AHS CIS that is logically partitioned from the rest of the AHS CIS such that the clients are supported to have:
    - Independent CIS configuration, function or customization choices,
    - Independent abilities to make choices affecting information sharing, security, content back-ups (business continuity) and other functionality that would otherwise be controlled at an AHS enterprise level.
- Ability to contribute information within the independent instance that can be uniquely identified, tracked and reported on.
- Ability for information shared by the independent instance to be managed separately from information in the remainder of the AHS CIS.
- Adoption by the independent physicians of information sharing policies and procedures, including privacy training and oversight, in accordance with Section 63 of the HIA.
- Preparation and submission of an independent Privacy Impact Assessment and an addendum to the AHS CIS Privacy Impact Assessment.
- Control over the physical setting where the AHS CIS is used, in compliance with findings of a Provincial Organizational Readiness Assessment pursuant to Section 64 of the HIA.
- Completion of a CIS service level agreement with AHS as the CIS service provider.
- Expectation that the Office of the Information and Privacy Commissioner would find the client(s) to have health information custodian accountabilities, as defined in the HIA.

These conditions do not apply to the AHS Provincial CIS, which does not contemplate non-AHS custodians.

The conditions will be used to determine whether there is need to continue or re-new an Information Manager Agreement (IMA) for any existing independent instance of an existing zone CISs (Meditech, Sunrise Clinical Manager, or eCLINICIAN). Creation of new independent instances within existing AHS zone CISs is not contemplated.

Information Management Agreement

Independent physicians operating an independent instance of an existing AHS CIS, as defined above, will be required to ratify an IMA with AHS based on the attached IMA template; or renew any existing IMA to align with the attached IMA template.

The attached AHS CIS Information Sharing IMA Template has been developed to outline expected content of an approved IMA. Specific independent instances of existing AHS CISs may merit additions or clarifications to the template. The resulting ratified IMA will not restrict AHS's use of information contributed to the AHS CIS, as authorized under the HIA.

ALBERTA INFORMATION MANAGER AGREEMENT (the "Agreement")

(Secondary reference: Information Manager Services for the AHS CIS)

Dated the_____day of_____, 20__ (the “Effective Date”)

BETWEEN:

_____

(name(s) of physician(s) within an office or clinic)
(collectively hereinafter referred to as the “Custodian”)

AND

ALBERTA HEALTH SERVICES
(hereinafter referred to as the “Information Manager”)

WHEREAS:

A. The Custodian provides the Information Manager with access to Health Information to enable the Information Manager to provide certain information technology services as contemplated by Section 66(1) of the Health Information Act for the Custodian’s independent instance of an AHS CIS running at the Clinic identified in this Agreement (the “Independent Instance”).

B. The Custodian is a Custodian as defined by the Health Information Act.

C. The Information Manager is also a regional health authority created pursuant to the *Regional Health Authorities Ac*t (Alberta) and the Custodian for the purposes of the AHS CIS.

D. Section 66(2) of the Health Information Act requires the Custodian to enter into an agreement with an information manager for the provision of services relating to the management of health information.

E. The intent of this Agreement is to satisfy the requirements of the Health Information Act and to govern the provision of Health Information from the Custodian to the Information Manager in relation to the Independent Instance.

NOW THEREFORE THE PARTIES TO THIS AGREEMENT WITNESS THAT in consideration of the premises and of the mutual covenants and agreements herein contained and for other good and valuable consideration, the receipt and sufficiency of which is hereby irrevocably acknowledged, the Parties hereby covenant and agree as follows:

Definitions

1. Except where noted, capitalized words and phrases used herein which are defined in section 1 of the Health Information Act have the same meaning in this Agreement.

2. In this Agreement:

   a) "CIS" means an integrated clinical information management platform supporting the collection, access, use and disclosure of information supporting the delivery of health services to persons and populations in multiple settings across the continuum of care.

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

   c) "Agreement" means this Information Manager Agreement between the Custodian and the Information Manager dated the Effective Date.

   d) "Clinic" means the Custodian's facility supported by the Independent Instance as further identified in Schedule "A" attached to this Agreement.

   e) "Health Information Act" or "HIA" means the Health Information Act, R.S.A. 2000, c. H-5, as amended from time to time, and the regulations thereunder.

   f) "Independent Instance" has the meaning ascribed to that term in Schedule "A" attached to this Agreement, which includes having a partitioned segment of a CIS dataset that can function without access to the rest of the CIS dataset.

   g) "Information Management Services" means the information management or information technology services provided by the Information Manager to the Custodian in respect of the Independent Instance as further described in Schedule "A" to this Agreement.

   h) "Schedule "A"" means Schedule "A" attached to, and forming a part of this Agreement.

Appointment of Information Manager

3. The Custodian hereby appoints the Information Manager as an information manager for the purposes of providing the Custodian with Information Management Services solely in relation to the Independent Instance.

Objectives and Guiding Principles of Agreement

4. The objectives and guiding principles of this Agreement are as follows:

   a. to comply with section 66 of the HIA with respect to the provision of services to the Custodian by the Information Manager as further described in Schedule "A" of this Agreement;

   b. acknowledge that the Information Manager is not only an information manager but is also a custodian for the purposes of the HIA and as such, the custodian of the Health Information in the AHS CIS;

   c. for the purposes of facilitating the disclosure of Health Information between the AHS CIS (where AHS is the "custodian" for the purposes of the HIA), and the Independent Instance (where the Custodian is the "custodian" for the purposes of the HIA), the parties agree they are relying upon Section 35(1)(a) of the HIA; and

d. the parties agree that the Information Manager, acting in its capacity as custodian of the Health Information in the AHS CIS, can use the Health Information in the Independent Instance disclosed to the Information Manager by the Custodian pursuant to Section 35(1)(a) for any of the purposes that are permitted under the provisions of the HIA.

Compliance with Applicable Laws

5. The relationship of the Custodian to the Information Manager pursuant to the terms of this Agreement is solely that of custodian to information manager. The Information Manager shall at all times comply with the HIA, the regulations and with the policies and procedures established or adopted by the Custodian under section 63 of the HIA.

6. The parties shall comply with the provisions of the HIA, including without limitation, in the processing, storage, retrieval or disposal of Health Information, including the stripping, encoding and transformation of individually identifying Health Information to create non-identifying Health Information, and the provision of information management or information technology services.

7. Nothing in this Agreement absolves the parties from complying with other statutory, legal or contractual requirements.

8. In providing the Information Manager Services in accordance with this Agreement, the Information Manager may need to have access to, or may need to use, disclose, retain or dispose of Health Information in accordance with the Custodian's policies and procedures.

Services to be Provided

9. The Information Manager shall provide Information Management Services to the Clinic in accordance with the terms and conditions on this Agreement and as further described in Schedule "A" attached to this Agreement.

10. The Information Manager may charge a fee for the Information Management Services and such fee shall be set out in Schedule "A" to this Agreement.

11. For the purposes of this Agreement and the provision of the Health Information Management services as set out herein, the parties agree and acknowledge that as and when the Independent Instance synchronizes with the AHS CIS, such synchronization constitutes a collection by the Information Manager, acting in its capacity as the custodian of the AHS CIS, and a disclosure by the Custodian pursuant to section 35(1)(a) of the HIA.

12. The Information Manager shall provide Information Manager Services with reasonable care, skill and diligence to a professional standard and maintain a high degree of data accuracy in handling Health Information.

Confidentiality

13. The Information Manager shall treat all Health Information in the Independent Instance that it has access to under this Agreement as confidential except as otherwise provided in this Agreement. Only those employees or agents of the Information Manager who are engaged in Information Manager Services shall have access to Health Information. The Information Manager shall take all reasonable steps to prevent an unauthorized disclosure of Health Information.

14. For the purposes of providing the Information Management Services, the Information Manager shall limit its use and disclosure of Health Information to only the minimum necessary Health Information required by the Information Manager to furnish such services or resolve support issues on behalf of the Custodian, except as otherwise provided in this Agreement.

15. Should any disclosure of Health Information occur, the Information Manager shall forthwith provide immediate notification to the Custodian, including the particulars of the disclosure. The Information Manager shall take all reasonable steps to mitigate the disclosure immediately and on an ongoing basis, as required.

16. The Information Manager may provide Health Information to any other Information Managers used by the Custodian with written authorization by the Custodian.

17. Any expressed wishes from a patient relating to Health Information will be directed to the Custodian. The Information Manager will not take any other action without authorization by the Custodian.

Patient Requests for Information

18. Any requests from a patient for access to, or correction of, Health Information will be directed to the Custodian for further handling in accordance with the Custodian's policies and procedures established by the Custodian pursuant to Section 63 of the HIA.

19. The Information Manager shall inform the Custodian of all patient requests for Health Information, including requests to amend or correct Health Information, as soon as is reasonably practicable in accordance with the Custodian's policies and procedures for responding to such requests.

Audit

20. To the extent applicable to the information technology, the Information Manager agrees to permit the Custodian to audit its performance of this Agreement solely as it relates to the Independent Instance, including providing reasonable access to the applicable facilities of the Information Manager solely as they relate to the provision of the Information Management Services. Notwithstanding the foregoing, the Custodian agrees and acknowledges that the Information Manager, acting in its capacity as the custodian of the AHS CIS also has the right to audit the Custodian's use of the Independent Instance to the extent the Custodian's activities in the Independent Instance have the potential to impact the security and privacy of the Health Information in the AHS CIS.

21. The Custodian may assign its right to audit under section 20 to its employees, agents and contractors.

22. Nothing in this Agreement shall be interpreted to limit the right of the Auditor General of Alberta or the Office of the Information and Privacy Commissioner of Alberta to conduct an audit or investigation.

23. To the extent applicable to the information technology, the Custodian has the right to monitor and generate an audit trail of the Information Manager's access of Health Information. Routine audits may be conducted to verify that Health Information has only

been used in the manner contemplated by this Agreement.

Protection and Security of the Health Information

24. The Information Manager, its employees, subcontractors, and agents must protect the Health Information against such risks as unauthorized access, use, disclosure, destruction or alteration.

25. The Information Manager must limit access to the Health Information only to those employees, subcontractors or agents of the Information Manager who have a need to know.

26. The Information Manager, its employees, subcontractors, and agents have a duty to protect Health Information that must be equal to or greater than the Custodian's obligations in section 60 of the *Health Information Act* and section 8 of the Health Information Regulation.

27. For the purposes of the Information Management Services, the Information Manager, its employees, subcontractors, and agents must not modify or alter the Health Information unless that is required as part of the services and only on the written instructions of the Custodian(s) providing the Health Information. Specifically:

    a. The Information Manager will ensure that its employees, subcontractors, and agents who may be in contact with the Health Information are informed of the need to fulfill the Information Manager's obligations as set forth herein*;*

    b. To the extent applicable to the Independent Instance, the Information Manager will comply with the Custodian's(s') policies and procedures for access to the Health Information and with the physical security and access controls and the information technology security and access controls that are set out in the Custodian's policies and procedures; and

    c. The Information Manager will notify the Custodian(s) in writing immediately if the Information Manager or its employees, subcontractors or agents become aware that any of the conditions set out in this Agreement or in any of the Custodian's security and privacy policies and procedures have been breached.

Retention and Disposition of the Health Information

28. No Health Information shall be permanently stored outside the Province of Alberta. Health Information may be temporarily stored, as copies, on servers outside of the Province of Alberta as part of the provision of Information Services. This Health Information will be deleted as soon as the Information Services have been have been provided and the temporary data storage for Health Information shall not be subject to back-up. In any case, the provisions of this Agreement will apply to any information temporarily stored outside the Province of Alberta.

29. The Information Manager will ensure that all Health Information extractions or copies that are no longer required are destroyed. The Information Manager will provide to the clinic a written certificate of destruction of any and all remaining data in the Information Manager's control.

Term and Termination

30. This Agreement shall commence on the Effective Date and continue for the period set out in Schedule "A" (the "Term") unless terminated earlier in accordance with this Agreement.

31. The parties may terminate this Agreement upon mutual agreement in writing. Either party may terminate this Agreement upon ninety (90) days written notice to the other party at its normal place of business by registered mail.

32. Upon termination of this Agreement, the Information Manager shall provide access to Health Information contributed by the Custodian, as authorized or required by legislation or regulation.

33. The Custodian agrees to be liable to, and indemnify and hold the Information Manager, its employees, subcontractor, agents, and suppliers harmless from any and all claims, demands, suits, actions, causes of action or liability of any kind whatsoever for damages, losses, costs or expenses (including legal fees and disbursements), or other amounts that may arise, directly or indirectly as a result of:

    a. any breach of applicable law;

    b. any breach of this Agreement;

    c. any unauthorized collection, use, or disclosure or alteration of Health Information;

    d. any unauthorized exchange of Health Information;

    e. any unauthorized access to the Independent Instance;

    f. any breach of the security or privacy of Health Information the Custodian has entered or has provided access to through the Independent Instance; or

    g. any unauthorized alteration (including, without limitation, unauthorized access) of the Health Information the Custodian has contributed to the Independent Instance, by or caused by the Custodian, its employees, agents or others for whom the Custodian is legally responsible.

<u>General Provisions</u>

34. Every request, notice, delivery or written communication provided for or permitted by this Agreement shall be in writing and delivered to, or mailed, postage prepaid, emailed or faxed to the party to whom it is intended to the address set forth in Schedule "A".

35. This Agreement shall not be modified, amended, or in any way varied or changed, except by a duly written executed instrument by the parties.

36. The terms and conditions of the Agreement shall be subject to and construed pursuant to the laws in force in the Province of Alberta.

37. Each provision of this Agreement shall be severable from every other provision of this Agreement for the purpose of determining the legal enforceability of any specific provision unless to do so affects the entire intent and purpose of this Agreement.

38. This Agreement may not be assigned by either party without the prior written consent of the other party.

39. This Agreement and the information contained herein may be made generally available to the public. The parties each agree that this document does not contain proprietary information and may be made available to the public at the Information Manager's discretion.

40. This Agreement sets forth the complete understanding of the parties with respect to this subject matter and supersedes all other all prior and contemporaneous agreements, written or oral, between them concerning such subject matter. In the event of any conflict between the provisions of this Agreement and the provisions of any other agreement between the parties, the provisions of this Agreement shall control.

41. No consent or waiver, express or implied by any party of any breach or default by the other party in the performance of any obligations hereunder shall be deemed or construed to be a consent or waiver to any other breach or default in the performance by such other party of the same or any other obligation of such party hereunder. Failure on the part of any party to complain of any act or failure to act of any other party or to declare any party to be in breach or default, irrespective of how long such failure continues, shall not constitute a waiver by such party of its rights hereunder. No failure or delay by a party in exercising any of its rights or pursuing any remedies available to it hereunder or at law or in equity shall in any way constitute a waiver or prohibition of such rights and remedies in the event of a breach of this Agreement.

[This space intentionally left blank – Section 42 and signatures on following page]

42. This Agreement may be executed in any number of counterparts, all of which taken together will be deemed to constitute one and the same instrument. Delivery of an executed signature page to this Agreement by any party by electronic transmission will be as effective as delivery of a manually executed copy thereof by such party.

ALBERTA HEALTH SERVICES

By: _____

Name:
Title:
Date:

By: _____

Name:
Title:
Date:

Custodian - _____ Date: _____
(Print Name)

_____ _____
Custodian Signature *Witness*

Schedule "A"
Description of Services to be provided by the Information Manager

Term: XXXX years

Clinic: **[Insert name and location of Custodian's facility here]**

Information Management Services: **[insert description of services here]**

Fees: **[to be determined]**

Addresses for Notice:

If to the Custodian:

[Complete address for notice of Custodian here including fax # and email]

If to the Information Manager:

Alberta Health Services
Information and Privacy Office
10101 Southport Road S.W.
Calgary, AB
T2W 3N2
Phone: 403 943-0424
Fax: 403 943-0429

Communications Plan

for

An Approach to Information Sharing

among Users of

Alberta Health Services Clinical Information Systems

June 29, 2017

Summary:

A revised approach to information sharing among users of Alberta Health Services (AHS) Clinical Information Systems (CIS) will take effect Jan. 1, 2018 pending approval from a number of key stakeholders. These stakeholders include AHS, Alberta Medical Association (AMA), the College of Physicians and Surgeons of Alberta (CPSA), University of Alberta, and University of Calgary. This development of a revised approach has been facilitated by Alberta Health (AH).

Under the new approach, AHS will be the sole 'custodian' of health information, with clinicians acting as 'affiliates' for the purposes of information sharing within AHS CISs. This will mean a change in assumptions about how some physicians relate to AHS CISs. A prior "Information Sharing Framework" contemplated ambulatory care physician 'co-custodians' for some uses of the eCLINICIAN CIS in the Edmonton Zone and the Sunrise Clinical Manager CIS in the Calgary Zone.

Background:

AHS has been charged with responsibility for implementing a single provincial CIS within the domain of its facilities and programs supporting the care of patients throughout Alberta. Approved users of this system gain access through a secure gateway to an online "virtual facility" where the digital health record and supporting health information systems are made available and managed by AHS.

The prior 'Information Sharing Framework' (ISF) for AHS-operated ambulatory care Electronic Medical Records was developed to facilitate adoption of electronic medical records by physicians in specific settings. The ISF is replaced by a new 'Information Sharing Approach' (ISA) applicable to all AHS CISs, while paving the way for the AHS Provincial CIS.

Key milestones include:

- Jun. 30, 2017 – consensus reached among stakeholders developing the ISA
- Summer 2017 – begin socializing new approach with clinicians
- Fall 2017 – official signing of the ISA physician and university Memorandum of Understanding
- Fall 2017 – begin ISF to ISA transition processes
- January 2018 – begin ISA implementation process

Goals and Objectives:

Communications activities will need to ensure that clinicians within and outside of AHS:

- Are aware the change is underway.
- Understand why it's important.
- Understand how it will impact information sharing assumptions across the continuum of care.
- Understand the benefits of the new approach for current CISs and for the AHS Provincial CIS.

- Have access to relevant documentation, or have high level understanding of the changes.
- Have opportunity and means to get questions answered.

Principles

- **Cohesive and Collaborative communications**: The Interested parties all agree that the need for cohesive and collaborative communications is imperative to the success of rolling out the Approach to AHS CISs.
- **Dedicated Time and Resources**: All Interested parties need to dedicate attention and resources to transition and communication efforts.
- **Speak together when possible:** The Interested parties need to appear as a united group and find opportunities to all appear to speak collaboratively to target audiences.
- **Avoid Communications Collisions:** There is a need to schedule the communications such that early communications set the framework for the further communications which need to be sequenced to avoid competing messaging around both other initiatives and other CIS communications.
- **Understand Diversity of Audiences:** There will be diverse audiences, divided by those exposed to the prior ISF and those with no information sharing agreement experience, further divided with those with and without exposure to CISs.
- **Engagement Across Disciplines**: Communications must be balanced and not single out any one healthcare profession or setting across the continuum of care.
- **Diversified Communications:** The intended audiences will different preferences, skills and means for accessing communications channels and so messages will have to be adapted for use with social media, emails, town halls, symposiums etc.

Strategic Summary:

Healthcare professionals in Alberta receive a variety of print and electronic publications, produced by AHS and partner organizations. These offer communication channels that can be used to inform about changes to CIS health information sharing, and to provide future updates. Related channels include divisional, departmental, organizational, educational and interest group communications. Key timelines for rollout of communications materials will align with the milestones identified above.

Target Audiences

Internal

- AHS healthcare professionals
    - Previously participating in ISF

    - No prior ISF exposure
- AHS clinical staff
- Covenant healthcare professionals
- Covenant clinical staff

External

- Alberta Health
- Alberta Medical Association
- College of Physicians and Surgeons of Alberta
- Non-AHS healthcare professionals and staff using AHS CISs
- Primary Care Networks
- U of A Faculty of Medicine & Dentistry, U of C Cumming School of Medicine
- Alberta healthcare education Colleges and Institutes

Key Messages:

General:

- We are pleased to tell you that AHS and its partners have reached a consensus regarding a revised approach to information sharing among users of AHS Clinical Information Systems (CIS).
- Under this new Information Sharing Approach, AHS is the custodian of health information, with clinicians acting as 'affiliates' for the purposes of information sharing within AHS CISs.
- We recognize that the patient is in fact the 'owner' of their personal information. The new approach will place AHS as the steward of that information, responsible for ensuring appropriate access and accountabilities.
- The Information Sharing Approach principles apply to all users of the AHS CISs, including all health disciplines and professions. Physicians have been an focus because of the need to transition from the prior ambulatory care Information Sharing Framework.
- This will change the way some physicians understand information sharing in AHS CISs. Previously, the some physicians were considered 'co-custodians' of CIS Health Information.
- The new information sharing framework will be applicable to all AHS CISs, which are used by authorized individuals regardless of their location or facility. It will also help pave the way for a single AHS Provincial CIS which is now in development.
- When approved by AHS, Alberta Health, AMA, CPSA, University of Alberta and University of Calgary in fall 2017, the Approach is expected to take effect Jan. 1, 2018.
- The AHS CIS Information Sharing Approach will apply to the collection, use, access to, and disclosure of health information related to care of patients or improvement of the health care system. This includes uses for training, administration, quality improvement, outcomes tracking, research and instruction.
- Clinicians currently utilize AHS Clinical Information Systems for a number of key functions, including:
    - Promoting safe and timely patient care
    - System improvement
    - Tracking population health
    - Quality improvement and assurance
    - Research and teaching

Stakeholders Messaging:

- It is critical that all AHS CIS users – including physicians – are involved in information-sharing oversight, stewardship and leadership.
- We recognize that different healthcare professionals have unique requirements which must be taken into consideration when it comes to how they use and share AHS CIS information.
- Alberta's healthcare professionals are required to adhere to legislation, regulation, norms and ethics respecting how and when they access health information in a CIS.
- We also recognize that healthcare professionals hold unique trust and confidentiality accountabilities with their patients, all respected under the Information Sharing Approach.
- The academic medical community also has a specific interest in the information shared within AHS CISs. The Faculties of Medicine and AHS are partners in ensuring physicians navigate the various regulatory requirements when accessing AHS CISs for research and academic purposes.
- The new approach to information sharing is founded on mutual trust and respect with all healthcare professionals, for the benefit of all Albertans.
- 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 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.

Tactics and Roll-Out:

MILESTONE	KEY ACTIVITIES	TACTICS
June 2017	Communications planning, development of key messages.	• Communications plan with stakeholder feedback. • Integration with existing clinician-to-clinician handbooks. • Integration with CIS dashboards, resource links and other within-CIS information and help services. • Begin developing materials for summer 2017.

MILESTONE	KEY ACTIVITIES	TACTICS
July – August 2017	Socialize upcoming changes with AHS and non-AHS healthcare professionals.	• Memoranda via AHS Medical Affairs, Operations, and AMA. • Articles for clinician publications, including: MD News Digest, MD Scope, Section News, CPSA Messenger, PCN Newsletters, etc. • In-person engagement opportunities, including: ZMAC Meetings in all five AHS Zones, PPIC and PPEC Meetings.
September/ October 2017	Notify Alberta clinicians of signed agreement. Communicate key changes in detail.	• Update informational webpage on AHS.ca. Links and/or integrate with existing zone CIS web pages and the AHS Provincial CIS web pages; both internal and external. • Memoranda via AHS Medical Affairs and AMA. • Update key messaging. • Clinician publications, including: SCN Newsletters, Vital Signs, Alberta Doctor's Digest, U of C Continuing Medical Education Newsletter, UAlberta News • In-person engagement opportunities including: AHS North Sector and South Sector Telehealth Sessions featuring AHS CMIO, Provincial Physician Liaison Forum, Regional Medical Staff Associations, Faculty/Academic Departments. • Social Media via AHS Social Media Channels
January 2018		• Memoranda via AHS Medical Affairs and AMA. • Update AHS.ca webpage • Social Media via AHS Social Media Channels • Articles in select clinical publications.