



Patient privacy and electronic health records

Views of nurses working in community settings

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Background

- Developments in health technology has seen many patient records move online
- Digital devices are being increasingly used in mobile settings
- Disciplinary cases regarding privacy breaches in online settings and accessing patient notes inappropriately continue to occur
- Level of knowledge of nurses regarding privacy and confidentiality in use of e-records unknown

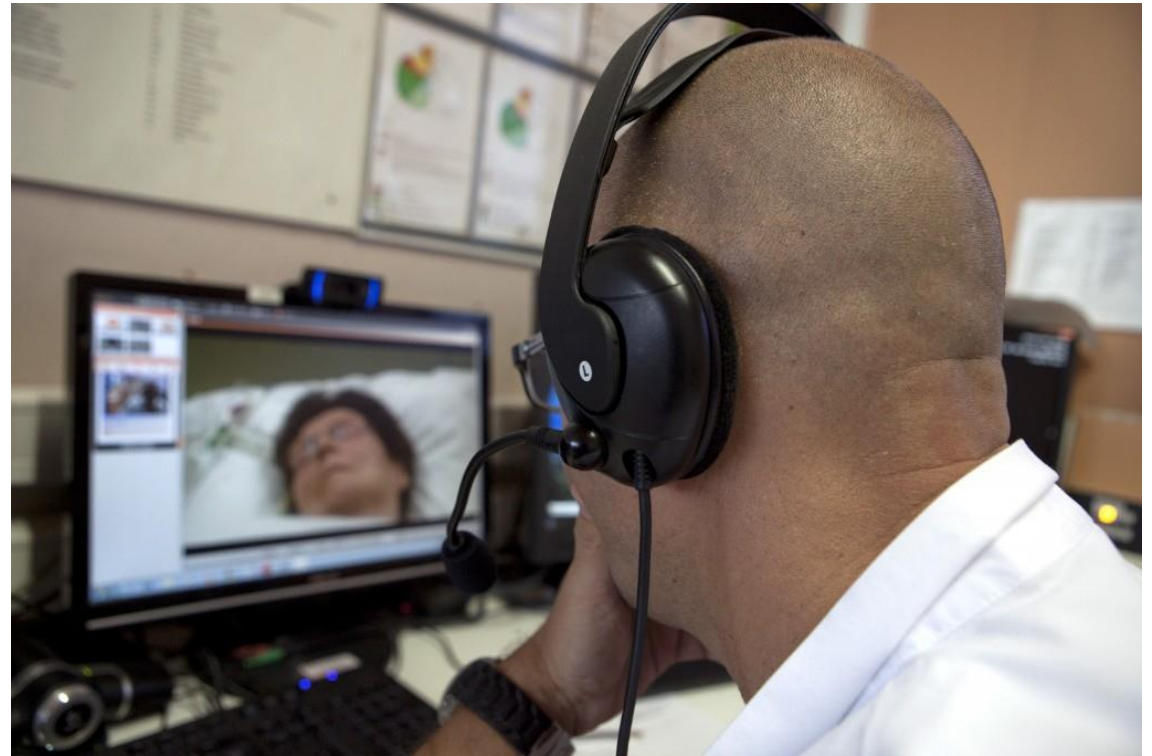
Aim

- To explore the views, expectations, practice and attitudes of registered nurses and nurse leaders working in community and primary health care settings concerning patient privacy, mobile devices and data storage platforms.



Approach

- Mixed method, case study approach
- Environmental scan
- Interviews and focus groups with 36 key informants (Nurse Leaders, Professional Nursing Advisors, District Nurses, Nurse Managers, Medico-legal Lawyers, rural Practice Nurses)





Privacy confidence

Privacy & confidentiality are cornerstones of nursing practice

I mean now we have in our employment agreement a fairly hefty discussion about confidentiality and privacy in this employment that I'm in now

So yep I'm pretty clear on that which is good. That's my closing comment is you know privacy is for everybody.



Privacy confidence

Significant awareness raising and training re privacy and e-records has taken place in all settings

And one of the things that you have to do as one of the I think it's annual or biannual mandatory training is around the Privacy Act

And confidentiality's high on the list and I've had many conversations with our management

Systems are set up well to keep reminding nurses not to breach privacy and confidentiality and also maintain those records in a secure way and the electronic space has actually



Privacy confidence

- Use of tablets and phones with access to password-protected portals improve privacy
- Nurses were aware that every time notes were accessed they were trackable
- Direct e-communication with patients e.g. texting appointments, can be helpful for both privacy and immediacy

Privacy risks

- There are some professional boundary issues in rural areas linked to privacy and small communities
- Some nurses unclear if patients understood and consented to the use of their notes for competency, disciplinary, teaching and/or audit purposes
- Some nurses unclear about the legitimacy of accessing their own notes



Practical Issues

- Cell coverage and topography
- Log-ins
- Devices
- IT support
- Read-write permissions
- Integration with clinical tools

Practical Issues - Log ins

“Have one to actually login that expires every ninety days and then you can’t just say oh god I can’t remember. You have to have another one which expires with the number of times that you’ve gone in, so it doesn’t have a ninety day expiry date it’s the number of times - I’m not sure the number of times. And you have to have one to login to Medtech which at least always stays the same which is good but I cant remember it.”

“You know I used to find it useful (Medtech), but to be honest I forgot my log in and just didn’t get round to chasing it up or using it – don’t have the time”

Practical Issues - Devices

“we feel the XXXXX trial didn’t go so well with tablets but we got them anyway.”

“For wounds now, there's a separate laptop that you’ve got to take out as well It takes all the measurements, heaps of them.”



Practical Issues - Support

- IT call centre
- Not supported to have or use available technology

“worst of both worlds”



Practical Issues - MDT read-write access

“They are good for accessing electronic notes but we can’t write on them, it’s not like we can write progress notes on our way it’s just another form of accessing the existing electronic services we’ve already got. It’s just that we can access them remotely”

This is limiting the true potential of integrated health care

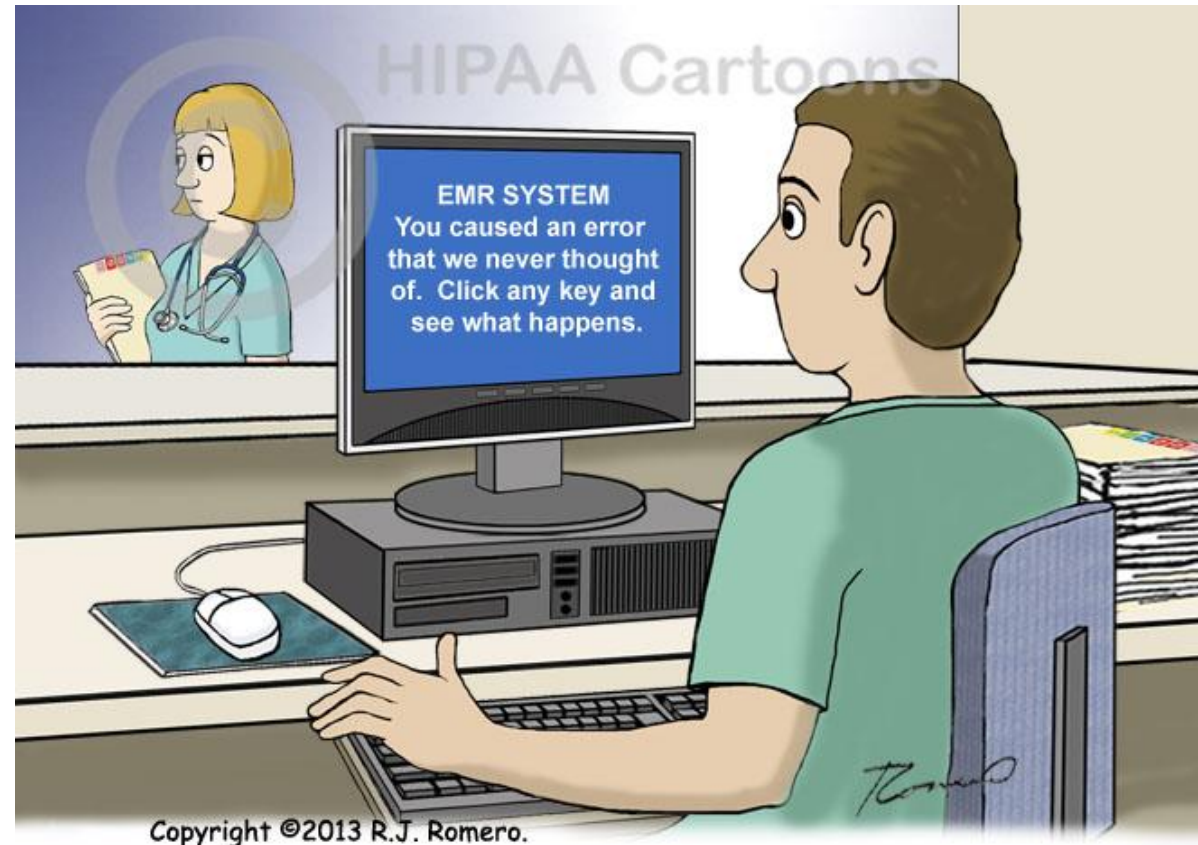


Practical Issues – integration with clinical tools

- Some inter-operability problems between applications
- Sub-optimal storage of clinical data such as photographs of wound healing in notes and sharing of radiological results in some settings.
- Remote monitoring and integration?

Practical problems and privacy risks

- ‘Workarounds’ may lead to the risk of privacy breaches
- Some incidents have occurred where nurses have been asked to justify their access to patient records
- Temporary logins can be an issue
- Some issues with different file formats e.g. Word



EMR System prompt: "You caused an error that we never thought of. Click any key and see what happens."

Conclusions

- Nurses have good understanding and adhere to high levels of protection of patient privacy
- Further work may need to be done regarding nurses understanding of accessing their own notes
- The way nurses write in patient notes may need to change (shared e-records)
- IT systems development and end-user involvement



“I had a pretty good day. For a little while, my computer and I were both functional at the same time.”

Recommendations

- Training in relation to privacy and confidentiality must be ongoing
- Health IT systems must support privacy and confidentiality but not create barriers e.g. delayed logins and multiple password changes, or 'workarounds' – infrastructure must be developed in collaboration with the end-user.
- Nurses in rural settings may need greater support to manage privacy and confidentiality

Outcomes

- Report to the OPC available on web site
- Article published in Journal of Telemedicine & Telecare
- 2 presentations at HiNZ
- Two new NZNO documents have been published:
 - Nursing, technology and telehealth position statement;
 - Guidelines on privacy, confidentiality and consent in the use of exemplars of practice, case studies and journaling.

Thank you!

