



PROGRAM POLICY

NUMBER:	QPS 140
TITLE:	Confidentiality and Security of Ambulance Call Reports and Patient Information
CATEGORY:	Quality Management
APPROVED:	August 2008
VERSION:	2.0
AUTHORITY:	Program Director
LAST REVIEWED:	July 2023
LAST REVISED:	June 12, 2023

BACKGROUND: To ensure the safeguarding of confidential patient care information within the Regional Paramedic Program for Eastern Ontario. The Ottawa Hospital, and subsequently the RPPEO, is a health information custodian of patient’s health record and personal health information.

POLICY: All health records and personal health information (PHI) received, generated, or managed by RPPEO will remain in strict confidence and in compliance with applicable laws and regulations such as the Personal Health Information Protection Act (PHIPA).

Examples of health records, personal health information, and personally identifiable information (PII) include, but are not limited to, Ambulance Call Reports (ACRs), quality of care review documents, patch audio files, QPS correspondence, outcome letters, and patient care records.

PROCEDURE: In accordance with current provincial and federal legislation, the RPPEO will ensure proper safeguarding of any personal health information by:

- Ensuring patient identifiers (PHI) have been redacted (de-identified) for all Ambulance Call Reports and Quality of Care Reviews where applicable.
- Retaining PHI and documentation as per The Ottawa Hospital retention policy and the MOH Performance Agreement schedule(s).
- Implement technology advances to protect and secure information such as: the use of encrypted devices and technology, electronic audits on drives and protecting secured infrastructure.
- Securing all Ambulance Call Reports (ACRs), once obtained whether in hardcopy or electronic format.
- Limiting the transfer of patient information by trusted means of transmission. The sender and receiver of the information shall be responsible for the security of the information.
- Maintaining and monitoring all Ambulance Call Reports in accordance with governing policies.
- Training and developing a culture of confidentiality within the RPPEO.

RPPEO will follow various retention and redaction procedures whether for internal or external use not limited to Quality, Education and Research.

Any breach or violation of this policy will follow The Ottawa Hospital’s policy “Patient Concerns Management” for investigating and corrective actions. RPPEO will also follow existing policy ADM-140 with regards to notifying EHS branch of breach.

RELATED POLICIES/LEGISLATION:

- ADM 120 Document Retention
- ADM 140 Notification EHS of a Privacy Breach
- BLS Patient Care Standards
- Emergency Health Services Manual of Confidentiality and Security
- MOHLTC Documentation Standards and ACR Completion Manual
- *Personal Health Information Protection Act*
- Regional Base Hospital Performance Agreement, Ministry of Health and Long-Term Care
- The Ottawa Hospital “Leaders' FIPPA Preparation Checklist”
- The Ottawa Hospital “Retention Schedules”
- The Ottawa Hospital “Patient Concerns Management (00304)” - January 29, 2016

REVISION RECORD:

Version #	Revision Date	Summary of Changes
1.0	September 2016	Removed Reference to QUA-310 from previous version Removed duplicate references Changed to bullet list Added phrase to ensure not limited to Research and staff

1.1	December 2018	Reworded policy to include RPPEO's involvement with PHI
1.2	June 2023	Rewrote background and policy statement sections