

Palawan Output

Station 1: Collection and Processing of Health Information

1. There should be an algorithm to standardize the process depending on the classification of health facilities
2. Considering all AO, policies, guidelines of regulation, licensing of Health facilities
3. Specify the information that can be disclosed or can be withheld
4. The purpose of personal health information that can be disclosed or can be withheld
5. Use other terms (e.g. coding encryption) rather than removal
6. A checklist of the purpose other than those mentioned in 3.A should be included in the consent form
7. Consent form should be in tagalog or dialect which the patient can understand and should be clear and simple
8. Separate form for PHIE (PHIE consent form)
9. To include "legal" language in the PHIE Admission form" order to protect the PHCP in the course of processing and collecting of health information
10. Standard case definition to reduce errors
11. Identify/specify
 - a. OPD
 - b. Emergency ER
 - c. In patient
 - d. Referred patient for lab and radiologic procedure and other services
12. Someone from the business office (last contact of the patient) will be the designated person to take the consent for the admission to PHIE.
13. Sample consent:

I hereby consent that my information will be shared through the PHIE for the following purpose only:

 - Continuation for care
 - Research
 - ..
 - ..
 - Others please specify _____
14. Involve the National Archives of the Philippines in the drafting of Policy guidelines on the filing/storage and disposal of electronic medical record

Station 2: Access to Health Information

Policy

The Chief of Health Facility shall issue a memorandum who shall have access to health info, copy furnish central office

The health facility shall formulate work flow on access to HI for uniform implementation i.e. office/responsible person

All health staff and non allied staff shall sign a non disclosure agreement

Specify the qualifications & competency of authorized users (specifically Privacy Officer). Ex. Track record, integrity, SG, years in service, etc.

Identify governance structure composition from national level down to RHU. Customized "Privacy Officer" based on the org structure/facility or context of the institution

Consider wishers decision of the family of deceased regarding organ donor.

PHIE Shall require institutions health facilities to share information exclusively for continuity of medical services (with request to present facility)

For National Security Purpose, case exemptions includes but not limited to emerging diseases as maybe identified by WHO or DOH in accordance to RA 3573 and any other existing laws.

Workflow

Additional info to be accessed (for PII):

- previous illness
- except highly communicable

If highly communicable (specially HIV/AIDS):

- Special coding
- Special documents (signed by 1. Patient 2. Attending Physician 3. HAC Team)

Social Worker shall prepare a clinical/case study on the physically/mentally incapable patient who can not give consent on time of health need

Authorization for people to handle/access records

Special codes for patients with special health conditions (HIV Ebola, Ebola, MERS-COV)

Restricted access to med records to patient with special health conditions (HIV Ebola, Ebola, MERS-COV)

Non-disclosure agreement to be signed by persons in charge of handling medical records

M&E System

Keep track of policy changes with regards to access in health information

Consistent & transparent deployment of HIE Policy, eradicating, different interpretation on the field.

Real time reporting of the name of the authorized users who violated the privacy law

Station 3: Use and disclosure of Health Information

A. Limitation and Use of Health Information

1. Patient consent must be voluntary with no coercion or threats.

2. Incapacitated (minors/elderly/etc.) consent must be given by immediate relatives in order of sanguinity. (3rd degree)
3. Social workers shall prepare clinical/case study of incapacitated patient.
4. PHIE shall require health facilities to share information exclusively for the continuity of medical services.
5. Religion/Religious/ Cultural beliefs should be included to Patients Basic Information to avoid complications in the management and treatment of patient.

B. Use and Disclosure of Health Information as per DOH Order

6. There should be an orientation for the patients regarding Data Privacy Disclosure.
7. Establish a work flow/process flow
8. Set controls to safeguard patient info: consent, tracking records, establish authorization per access
9. Management policy in use and disclosure of health info must be established.
10. Special codes shall be assigned to cases that pose a potential public health concern. (HIV)
11. All research protocols pertaining to patient condition shall pass thru strict review by the IRB (Institutional review board) to safeguard patient information
12. Person/Officer of DOH who is responsible to issue order should be identified. Secretary of Health or any designated official.
13. Identify who is the authorized person on the use of info in consideration of the approval of the shared info. A criteria or basis up to approval.

C. Disclosure of Health Information for Third Parties

14. For medical and financial assistance regarding Abstract. Only the next of kin shall be allowed.
 - Specific coding for highly contagious disease
 - Verification from medical records

F. Disclosure of Shared Health Information by PHCP or PHIE Governance Structure

1. Specify certain issues where in the court order will prevail over patient written consent

G. information may be disclosed for a legitimate purpose:

2. Stipulate list of mandatory reporting requirements

Additions:

Scenario: Patient in Hospital A give his/her consent, and then transferred to Hospital B the patient does not give his/her consent. *Consent must be specific. Consent must be secured in every services or visit in a facility. Or a general consent must be secured.*

Station 4: Data Security

State provisions regarding setting up of infrastructure where physical servers or data center of hospital information system shall be located. Applicability of the existing administrative order containing provisions on IHOMP shall be considered. Implementation of an off-site back up shall be done if the aforementioned administrative order shall be affected by this proposed set or rule. Information that is backed up shall be encrypted.

A health information security committee shall be organized rather than assigning a single security officer. Proposed composition of the team includes medical records officer, medical director, nurse, division heads of front liners, finance officer, and legal officer. The head of the unit shall be the head of the committee. Security officers may or may not have access to health information. Their main role is to ensure that health information are made secure. Membership of the committee shall vary for other health facilities. Hospital, LGUs, MHCO/CHO shall create the health information security committee.

Roles and responsibilities of the health information security committee shall include:

- Policy making on health information security
- Procedures on disclosure of health information
- Management of incident reports including attempts on the disclosure of health information
- Validation of security office rules
- Enforcement of sanctions on violation

Internal policies on disciplinary action, escalation of issues and concerns, among others shall be crafted by the health facility.

Chief Privacy Officer shall be the head of the facility or as may be assigned by the head.

Once the hospital has formulated its own policy on health information security, an orientation shall be made among all the hospital personnel at all levels.

Change of password shall be done regularly as stated in the health information security policy of the hospital.

Management of patient's complaints and its corresponding sanctions as prescribed by the civil service code shall be implemented.

A budget for the setting up of physical infrastructure for the IT equipment for PhilHealth use shall be allocated as part of the capitation fund being provided by PhilHealth.

Any electronic device should only be confined and cannot be taken outside the hospital premises, and should only be dedicated for hospital use. Exceptions shall include disaster, vaccination, among others.

A dedicated infrastructure in the hospital which has restricted and limited access to be used for the purpose of housing the servers or data center shall be put up. At the minimum, a data cabinet shall be installed in lieu of a server room. Clinics may use cloud computing while hospitals may use servers and put up server rooms.

Minimum requirements in putting up a health facility shall be in accordance with the DOH-issued guidelines.

Define the term incident for the purpose of incident reporting.

Implement a quality management system for all health facilities in order to put in place all processes, work flows, among others in relation to the implementation of PHIE.

Actual user code shall also expire in addition to user credentials.

Workstation for data collection and processing should be located in a separate area.

Provision regarding access of vendors to health information via applications that are hosted in their cloud service shall be included in the set of rules. Accountability of vendors shall be made explicit in the set of rules.

Capacity building in the security aspect of PHIE shall be implemented among health facilities.