**TITLE**

**DATA ACCESS AND USE FOR HEALTH SYSTEM IMPROVEMENT PURPOSES (SECONDARY USE)**

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| **SCOPE** | **DOCUMENT #** |
| Provincial | 1178 |
| **APPROVAL AUTHORITY** | **INITIAL EFFECTIVE DATE** |
| Analytics Executive Committee | August 1, 2018 |
| **SPONSOR** | **REVISION EFFECTIVE DATE** |
| Analytics | Not applicable |
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| Not applicable | August 01, 2021 |

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To outline the roles and responsibilities of stakeholders of Alberta Health Services (AHS) to ensure that data in AHS' custody and control is made available to **authorized persons** to support the full spectrum of clinical, operational and health system improvement efforts (**secondary use**) while ensuring the data are collected, accessed, used, disclosed, retained, and destroyed in accordance with AHS policies and procedures, applicable legislation, information management agreements and ethical frameworks.

- To support clinical instruction, inquiry and investigation as permitted by the *Health Information Act* (HIA) while prioritizing patient care and safety, outcomes improvement, innovation, resource allocation, and cost savings efforts.

  Note: This Policy is not applicable to research. The use, disclosure and protection of health information for research purposes is addressed under the Research Information Management Policy (#1146).

## PRINCIPLES

- AHS supports access to health information under its control for clinical, operational and health care improvement efforts.

- The collection, access, use or disclosure of **records**, including **health information**, **personal information**, and business information in the control or custody of AHS shall be conducted in accordance with the *Health Information Act* (HIA) (Alberta), *Freedom of Information and Protection of Privacy Act* (FOIP) (Alberta), and all applicable AHS policies such as the Protection of Privacy and Information Access Policy.

- Authorized persons are granted access to information for these purposes in accordance with the principles of the Clinical Information Sharing Approach (CISA), as well as AHS's policies, procedures and ethical framework.

- Data, metadata and information in AHS's control are an **organizational asset**, not to be retained solely or privately by any one AHS department or team. While there are teams across AHS and its stakeholders that govern different information systems and data sources, there is a general recognition that all of this data does not 'belong' to any one area.

- **Business owners** shall enable access for use of the data for healthcare improvement purposes (secondary use), including sharing their expertise as they are in the best position to support analytics that touch on their area, and are expected to partner with other teams as needed.

- AHS representatives shall follow the applicable AHS policies to ensure an up-to-date privacy impact assessment (PIA) exists for the **source system** and data repository, if deemed necessary.

- For data supplied from external agencies or partners, AHS shall restrict access only to the extent required by information sharing agreements (ISAs) and information management agreements (IMAs).

**APPLICABILITY**

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**ELEMENTS**

1. **Roles and Responsibilities for Support of the Use of Information for Clinical, Operational and Health System Improvement**

   1.1    Business owners and other appropriate stakeholders (including **repository owners**) within AHS shall make data available for clinical, operational and health system improvement (i.e., secondary use) by enabling access, as appropriate, to the data by:

   a)    making raw data accessible to the broader AHS analytics community directly where the data resides or, if necessary, exported to the Enterprise Data Warehouse (EDW);

   b)    ensuring that appropriate and easy-to-use access documentation and processes are in place;

   c)    publishing and maintaining metadata;

    d)    publishing the contact information of subject matter resources (SMRs) who will provide consulting and advisory services;

    e)    creating an orientation process with core competencies describing:

        (i)    business practices explaining how the data are created; and

        (ii)    how the data can and cannot be used;

    f)    ensuring that the data is of the highest quality possible and remediating data quality issues identified, as appropriate;

    g)    managing PIAs and amendments to align with this Policy*;*

    h)    ensuring auditing and access controls are in place, where necessary;

    i)    managing ISAs and IMAs;

    j)    managing data licensing agreements; and

    k)    participating in change management processes to ensure that any changes to source data are identified and flagged by:

        (i)    notifying **Data analysts** and/or **Data users** about **application** enhancements, new releases or discontinuation; and

        (ii)    notifying Data analysts and/or Data users when data, sourced from a **primary source** system, is marked for archival and/or destruction.

1.2    AHS Data analysts and Data users shall:

    a)    complete an orientation process and demonstrate competency before receiving access to the data and analytic tools and also provide results to be reviewed by the business if requested;

    b)    complete the appropriate access documentation and processes;

    c)    use, disclose and protect data in accordance with applicable AHS policies, guidelines and ethical frameworks; and

    d)    make data available to approved users of AHS data products, along with descriptive and user-friendly metadata including source code for **algorithms**, coefficients, and ancillary data used to generate these products.

1.3    AHS' Analytics department shall provide facilitation and advisory services to support the use of the EDW.

1.4    The relevant governance structure shall provide facilitation and advisory services to support the use of in-system analytics, reporting and inquiry tools.

## 2. Dispute Resolution

2.1 Any disputes about the application and administration of this Policy that cannot be resolved by the parties involved and the governance committee for the source system shall be referred to the Analytics Executive Committee (AEC), including any committees delegated by or succeeding the AEC.

2.2 For any dispute related to information in an AHS Clinical Information System (CIS), AEC shall consult with the relevant Information Stewardship Committee.

2.3 The AEC may request in writing that all parties to the dispute provide all relevant material regarding the dispute within ten (10) working days of the original request.

2.4 The AEC shall consult with the Provincial Health Information Data Governance Committee (HIDGC) prior to deciding a matter to which the Information Sharing Approach applies.

2.5 Within 60 days of having received all relevant materials and information, the AEC shall advise the parties in writing of the decision on the dispute.

2.6 In exceptional circumstances, the AEC may take more than 60 days to provide a decision. The requirement for an extension and rationale shall be communicated to the parties within the 60 day timeline.

## DEFINITIONS

**Algorithm** means a self-contained step-by-step set of operations to be performed. Algorithms perform calculation, data processing, and/or automated reasoning tasks.

**Application** means a composition that supports a business process, in full or in part, through an interface either dedicated or shared (for example, when coordinated through a portal). An application implements business logic and rules to transform user or system input into data output. It automates and optimizes business functions, processes, tasks, and activities.

**Authorized persons** means individuals providing services or acting on behalf of Alberta Health Services who have been granted access to information on a "need to know" basis, including employees, students, appointees, volunteers, individuals providing services under a contract or agency relationship, health services providers, or others as defined by the *Health Information Act* (Alberta).

**Business owner** means an individual accountable for the five functions of management: planning, organizing, staffing, leading, and controlling a business functional area which includes data governance functions. Business owners determine the business needs, strategic direction, and the short and long term plans for data management in relation to their functional responsibilities.

**Clinical Information System (CIS)** means an electronic tool that provides healthcare providers one central access point to patient information, common clinical standards and best healthcare practices. As part of Connect Care, a single CIS (called the AHS Provincial CIS) will be implemented across AHS.

**Data analyst** means a person who inspects, transforms, links, cleanses, and models data from various sources, applying analytical techniques, reporting the data in consumable formats for decision makers, interpreting the findings, and providing recommendations. Data analysts can exist at any level in the organization. There are three types of analytics that data analysts perform: 1) Descriptive 2) Predictive 3) Prescriptive.

**Data user** means an authorized person who uses data to formulate information and knowledge products that inform stakeholders and enable business decisions. They understand the data and how best to use it for informed decision making. Data users can exist at any level in the organization. Stakeholder role related to the utilization of data. Data users may include external stakeholders outside of the organization. Individuals who use processed information to make tactical and strategic decisions.

**Health information** means information that identifies an individual and is stored in any format that relates to:

  a) diagnosis, treatment and care; and
  b) registration (e.g., demographics, residency, health services eligibility or billing).

**Metadata** means structured information that describes, explains, locates, or otherwise makes it easier to retrieve, use, or manage an information resource.

**Organizational asset** means a resource with economic value that an individual, corporation or country owns or controls with the expectation that it will provide future benefit.

**Personal information** means recorded information, not covered by the HIA, of any kind stored in any format that identifies an individual including, but not limited to:

  a) address and contact information (including an identifying number or symbol assigned to an individual);
  b) race, ethnic origin, gender or marital status;
  c) educational, financial, employment or criminal history;
  d) opinions of others about the person; and
  e) personal views and opinions of a person (except if these are about another person).

**Primary source** means a document or record containing first-hand information or original data on a topic (i.e., a work created at the time of an event or by a person who directly experienced an event).

**Records** means documents, data or information of any kind and in any form or medium (including, but not limited to, paper, digital, and audio-visual media) created, received and maintained by Alberta Health Services as part of its services or business. This does not include computer software or any mechanisms that produce records.

**POLICY**

| TITLE | EFFECTIVE DATE | DOCUMENT # |
|---|---|---|
| DATA ACCESS AND USE FOR HEALTH SYSTEM IMPROVEMENT PURPOSES (SECONDARY USE) | **August 1, 2018** | **1178** |

**Repository** means a collection of AHS information where the information is organized, made accessible to authorized persons, protected and stored for specified legal retention periods. A repository includes, but is not limited to, individual repositories and data warehouses.

**Repository owner** means the individual(s) responsible for defining the processes and controls for the assessment, storage, security, privacy, and disposition of the information in a repository.

**Secondary use** means using information for any purpose not directly related to the care of the individual patient who is the subject of that information.

**Source system** means an information storage system (commonly implemented on a computer system) that is the authoritative data source for a given data element or piece of information.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Privacy Protection and Information Access* Policy (#1177)
  - *Privacy Impact Assessment* Policy (#1145)
  - *Research Information Management* Policy (#1146)
- Non-Alberta Health Services Documents:
  - *Freedom of Information and Protection of Privacy Act* (Alberta)
  - *Health Information Act* (Alberta)
  - *Clinical Information Sharing Approach*

## VERSION HISTORY

| Date | Action Taken |
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| Click here to enter a date | Optional: Choose an item |
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