

28th January 2021



Dear

Official Information Act Request for – Data Sharing

I write in response to your Official Information Act request received by us 14th December 2020, you requested the following information:

- 1. Do you have a privacy officer and at what level of DHB leadership do they sit?
- 2. Do you have a chief data officer and if so, what is their responsibility in the organisation?
- 3. How do you gain patient consent for data sharing ie via a consent form? (please provide a copy of the form or statement that explains how patient data is shared)
- 4. For what purposes are you sharing patient identifiable health information within the DHB?
 - Clinical care
 - Analytics
 - Quality improvement
 - Planning
 - Research
- 5. Do you share patient identifiable information outside of the DHB and if so, with what other entities? Ie other DHBs, PHOs, GPs, NGOs, social services. If so, what agreements do you have in place to support this?
- 6. Do you share any personal data directly with patients? (appointment and discharge letters/ emails to patients should not be included in this definition of 'sharing personal data')
 - a. If yes, what data do you share and via what method?
- 7. Do you plan to let consumers access and contribute to their own health information online, via something like a patient portal, in the future?
 - a. If so: when do you plan to implement and what info will be shared first?
- 8. How does your organisation govern data sharing?

Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 7,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 569,400 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal

services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

- 1. Do you have a privacy officer and at what level of DHB leadership do they sit?

 CM Health's Privacy Officer is our Risk & Privacy Manager, who reports through to the Chief Legal Advisor, who is a direct report of the Chief Executive Officer.
- 2. Do you have a chief data officer and if so, what is their responsibility in the organisation? Chief data officer is part of our Chief Information Officer's role. A brief overview of the relevant key accountabilities of this role is as follows:
 - health intelligence
 - data warehouse management and information life cycle
 - Enterprise patient management systems
 - production planning systems
 - clinical applications development and deployment
 - clinical coding.
- 3. How do you gain patient consent for data sharing i.e. via a consent form? (please provide a copy of the form or statement that explains how patient data is shared)

Patient registration form

Our patient registration form provides a General Privacy Statement as follows:

"We collect your health information to provide you with appropriate care, to plan for and fund health services, to carry out teaching, research, to monitor quality and to improve the services we deliver. We share this information with other healthcare providers and agencies involved in your care. In some circumstances your information may be shared with family, support people or other agencies if you give us permission or disclosure is authorised by law or for providing treatment to you. We treat you information as confidential and have processes to keep your information safe. You have the right to request access to your records and to request correction of the information. Please refer to our Privacy Transparency Statement on our website for further details as to how we collect, use and safeguard your personal information." See Appendix A.

Verbal consent may be obtained in some scenarios and documented in the clinical notes when a written consent process is a barrier for the provision of care e.g. in a family violence event. Interpreters are used where English is a second language and/or clinical staff want assurance that patients understand the information that is being communicated. Future referrals for additional support to the family are consented prior to any contact with providers. The process to obtain consent is a continuous process with the individual in this scenario particularly where a patient's care requires multiple visits and is complex (e.g. cancer treatment, management of long term conditions).

It is important to be aware that the Privacy Act 2020 and Health Information Privacy Code 2020 do not require us to obtain consent to sharing data in all situations. Information may be shared without consent for any of the purposes for which patients have been advised that information may be shared and as permitted by Privacy Principle 11 and Rule 11(2) of the Health Information Privacy Code 2020.

In some situations, however, patients will give verbal consent to their information being shared. Patients may also give written authorisation for release of their information to third parties, for example, to insurers, lawyers, etc.

In addition, sharing of patient information is mandatory under some statutes e.g., the Oranga Tamariki Act 2018, Section 22H Health Act 1956, the Land Transport Safety Act 1998 and under court orders. We also have discretion to disclose information under other statutes such as Section 22C Health Act.

We obtain consent and inform individuals about how their information is managed through a number of channels including:

Consent forms for a specific purpose

Some services may have their own unique patient registration form where the terms and conditions for collection; use; storage; or retention may be different from the General Privacy Statement above. This provides transparency in each specific scenario. Consent in these scenarios is provided when the patient first engages with the service and is predominantly obtained in writing.

An example is the Communications Team who routinely interview, photograph and/or film patients and staff. Before patients and/or staff are interviewed, photographed or filmed by CM Health, they need to give their written permission using the specific consent form. See Appendix B.

Another example is the Smoke Free Team also have a specific form for their consenting process. See figure 1 extract below.

| | Consent |
|--|---|
| | vill help us provide you the best possible service. All use anonymous information for reporting purposes. se that will identify you. |
| We will let your GP and/or referrer know about electronic care plans unless you tell us not | |
| I understand that in order to receive ince which will be validated with a reading of I understand that the payment of vouche If you are pregnant you can receive your | people to stop smoking (drop ins / maternity only). Intive payment I need to be completely smokefree 4ppm or under from the Carbon Monoxide Monitor rs will be 4 weeks from my quit date. Hers for being smokefree weekly from your quit date. tobacco or alcohol and cannot be exchanged for cash |
| help promote our service. If you are happy to filming, please read the statements below, ini This is an agreement between you and C I give permission for interviewing, photo and used by CM Health for publications (I promotional material relating to CM Health of CM Health. My/my child's participation is voluntary | |
| Clients signature: | Practitioners signature: |
| Clients Name: | Practitioners name: |
| Date: | |

Figure 1: Sourced 22/01/2021

Patient Information Brochure

We have a Patient Information Brochure which is provided in the wards which informs individuals about the collection of their information, how it is stored, used and shared.

Research

Data sharing for research – data may be shared with sponsors in clinical trials in a deidentified form. Patient consent to participation in clinical trials is gained via a consent form unless, under special circumstances, the Health and Disability Ethics Committee (HDEC) has waived the requirement for patient consent. The HDEC consent template provides instruction to researchers for the appropriate wording for information sheets/consent forms related to data sharing on pages 6-8:

https://ethics.health.govt.nz/updates/new-participant-information-sheet

- 4. For what purposes are you sharing patient identifiable health information within the DHB?
 - Clinical care
 - Analytics
 - Quality improvement
 - Planning
 - Research

We share identifiable patient information within our DHB for all of the purposes listed above.

We note that use of patient data within the DHB does not amount to sharing. Sharing under the Privacy Act 2020 and Health Information Privacy Code 2020 involves the disclosure of information outside the agency which collected the information.

5. Do you share patient identifiable information outside of the DHB and if so, with what other entities? i.e. other DHBs, PHOs, GPs, NGOs, social services. If so, what agreements do you have in place to support this?

Information about patients is shared with general practitioners, private specialists, rest homes, private hospitals and other providers involved in their care in the community. Information is also shared with other district health boards if patients move or are transferred out of Counties Manukau DHB's care or catchment area.

As previously mentioned, we also share information under various pieces of legislation with various government agencies and health providers and under court order.

In September 2005, the metro Auckland DHBs - Waitematā, Auckland and Counties Manukau - established the Regional Privacy Advisory Group (RPAG) to assist the Regional Information Services Strategic Plan (RISSP) Governance Group to address privacy issues arising out of regional information sharing projects. The Regional Health Information Sharing Guideline was subsequently developed, advocating a robust and consistent approach to maintain the trust and confidence of all stakeholders and to ensure that information is properly valued, respected and protected. The intention of the guideline is to promote an environment where relevant information can flow efficiently and safely between treating healthcare professionals. As such, the guideline enables shared regional on-line access to clinical information.

In addition, the DHB is a signatory to the Metro Auckland Data Sharing Framework for sharing of data between the metro Auckland DHBs and PHOs in the region.

- Do you share any personal data directly with patients? (appointment and discharge letters/ emails to patients should not be included in this definition of 'sharing personal data')
 - a) If yes, what data do you share and via what method?

Our clinical teams share information with patients throughout the course of their treatment. In addition, all patients are entitled to request access to their patient records at any time under the Privacy Act 2020 and Health Information Privacy Code 2020.

- 7. Do you plan to let consumers access and contribute to their own health information online, via something like a patient portal, in the future?
 - a) If so: when do you plan to implement and what info will be shared first?

Some patients use third party clinical equipment which submits data to their DHB-held health record. For example, some pacemakers and implantable cardioverter defibrillator (ICDs) have home monitors which record particular events.

The DHB is planning to expand several aspects of "remote monitoring" which will allow a patient to submit data into their own medical record. The remote monitoring project is currently investigating options for this functionality. The DHB is also looking at providing an online booking function for patients which will enable them to book, amend and review their appointments with our hospital services.

8. How does your organisation govern data sharing?

Counties Manukau DHB governs data sharing through the following mechanisms and groups:

- Regional Data Design Authority (RDDA)
- Metro Auckland Data Sharing Stewardship Group
- Privacy and Security Governance Group (PSGG)
- Regional Privacy Advisors Group
- Privacy policies
- Contracts with funded providers, suppliers and IT providers.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Fepulea'i Margie Apa Chief Executive Officer Counties Manukau Health



If Next of Kin or Guardian state relationship to patient

Affix Patient Label Here

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| Patient Details (Please update information if required) Surname: | | Patient NHI: Forename(s): | | | | | | | |
| Previous Family Name: | | Also Known As: | | | | | | | |
| · | | | | T | | | | | |
| Title: ☐Mr ☐Mrs ☐Ms ☐Miss ☐Master ☐Other | | Male/Female: | | Occupation: | | | | | |
| If Student or aged 5-17 yrs pleas | e state name of school | | | | | | | | |
| Date of Birth: | Country of Birth: | | _ | New Zealand Resident Date of Enti | | | | ntry: | |
| Marital Status: | Ethnic Group: | | | Spoken Language: | | | | | |
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| | | | Do you require an interpreter | | | | | | |
| Religion: | Smokefree Status: PatientLa | ntestLegalStatus | NO ☐ YES ☐ (Please tick) | | | | | | |
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| Patient email address for Receipt of F | Hospital Letters. | f your email addre 's 's no | t correct of | r is not ai | spiayed nere, | , piease p | I | clearly b | elow: |
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| Address: | 0) | O' | Home P | hone: | | | | | |
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| Second Emergency Contact (opti | ional) | | | | | | | | |
| Name: | Relationship: | | | | | | | | |
| Address: Home Phone: Mobile: | | | | | | | | | |
| Family Doctor/GP | | | | | | | | | |
| GP Name (Family Doctor): Practice: | | | | | | | | | |
| Phone: | | | | | | | | | |
| PAYMENT FOR TREATMENT | | | | | | | | | |
| | licly-funded healthcare for New Zealand ve treatment for acute services. CM He | | | | | | | | |
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| | on Corporation (ACC). We may need to | | | | | IS), who | in turn | will pro | vide Cl |
| General Privacy Statement | d as to your residency status. By signing | this form you consent to | tilis disclos | ure by us | aliu by NZIS. | | | | |
| • | to provide you with appropriate care, to | o plan for and fund healtl | h services, | to carry o | out teaching, | research, | to mo | nitor qu | ality an |
| • | share this information with other health people or other agencies if you give us | | | | | | | • | |
| | If and have processes to keep your information | | | | = | | - | | - |
| | our Privacy Transparency Statement of | n our website for furthe | r details as | to how | we collect, u | se and s | afegua | rd your | person |
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| BY ME IS TRUE AND CORRECT. | | | | | | | | | |
| NAME | | | | | | | | | |
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| Consent to use personal information | HEALTH |
|--|---|
| | (enter patient/staff member's name) |
| Date: | |
| Consent to collect, use and retain personal photographs Counties Manukau District Health Board. | s/recordings in direct association with |
| I give consent to be photographed, filmed or interviewed in rephotograph, film or interview (including audio) may be used o | • |
| Newspapers, TV, Radio Paanui (intranet) Website Social media (Facebook, Twitter, LinkedIn) Connect+ magazine / other print publications Daily Dose (internal newsletter) CM Health Vimeo / YouTube | CBELLA |
| I agree that any personal content collected remains in the Fos | cession of CM Health or (name other organisation involved). |
| Person giving consent: | |
| Name: | |
| Email: | |

Signature of parent if participant is under the age of 16

Phone number:

You can request removal of content at any time.

Counties Manukau Health has permission to use the personal information collected for up to three years. If for any reason we need to use this content on a channel not specified on this form, we will contact you directly.

If you would like a copy of the content please email communications@middlemore.co.nz.