

NS Health Quality Improvement Personal Health Information Act (PHIA) & Quality-Improvement Information Protection Act (QIIPA) Compliance

<p style="text-align: center;">Quality Improvement (QI) Initiatives</p> <p><i>QI Initiatives have a well-defined aim statement change idea(s) selected / developed by a QI team, who work collaboratively to implement time-bounded small tests of change (plan-do-study-act cycles) which require dedicated human and/or financial resources, and continuous measurement to determine if the change is an improvement.</i></p>
<p style="text-align: center;">Clinical/Service Quality Projects</p> <p><i>Work that aims to improve clinical care/environments and service delivery but does not involve testing of change ideas through use of quality improvement methodologies (PDSA cycles, continuous measurement, etc).</i></p>

Under the [Nova Scotia Personal Health Information Act \(PHIA\)](#), the following items apply to QI work that is being conducted within the structure of a “**Quality Improvement and Safety Council/Team**”:

<p>31 A custodian shall collect personal health information directly from the individual about whom the information is being collected, except in the following circumstances:</p> <p><i>(m)</i> the collection is for the purpose of ensuring quality or standards of care within a quality review program within the custodian's organization;</p> <p>35 (1) A custodian may use personal health information about an individual without the individual's consent</p> <p><i>(c)</i> for the purpose of ensuring quality or standards of care within a quality review program within the custodian's organization;</p> <p>38 (1) A custodian may disclose personal health information about an individual without the individual's consent</p> <p><i>(f)</i> to another custodian for the purpose of ensuring quality or standards of care within a quality review program within the custodian's organization;</p> <p>72 (1) Notwithstanding Section 71, a custodian may refuse to grant access to an individual's personal health information about that individual if it is reasonable to believe that</p> <p><i>(c)</i> the information in the record was collected or created primarily for the purpose of ensuring quality or standards of care within a quality review program in the custodian's organization;</p>

“It is necessary to ensure that quality improvement work is being done within the structure of an established Quality Improvement and Safety Council or Team”.

There are established Quality Improvement & Safety Councils/Teams which are explicitly part of the Nova Scotia Health (NS Health) quality program within NS Health’s Quality Oversight Structure. For clarity regarding which quality team or council your initiative should operate under and report to, if you are unsure of same, speak with your Health Services Manager, Director accountable and/or your direct leadership.

This means that QI work should be conducted under established Quality Improvement Teams/Councils that operate under an up-to-date [Terms of Reference](#) which indicate protections under the [Quality-Improvement Information Protection Act \(QIIPA\)](#), subsection 2, sub (h):

<p>"quality-improvement activity" means an activity of a quality-improvement committee or any other activity that is part of a program or plan</p> <p>(i) approved by a health authority, the Minister or an entity referred to in clause 3(1)(c), and</p> <p>(ii) implemented for the purpose of assessing, investigating, evaluating or making recommendations respecting the provision of health services by a health authority, the Minister or an entity referred to in clause 3(1)(c), with a view to maintaining or improving the quality of health services;</p>
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Quality Improvement Initiatives must ensure Personal Health Information Act (PHIA) compliance. All employees, physicians and students must complete mandatory PHIA education and sign a NSHA pledge of confidentiality. Users can log in to the LMS system at: <https://elearning.nshealth.ca> to take the “Provincial NSHA/IWK Privacy and Confidentiality Training” and “Pledge of Confidentiality Reaffirmation” courses. For more information about Privacy, see the Privacy [site](#). NS Health’s Privacy and Confidentiality of Personal Health Information policy and procedure can be found [here](#).

Key Points:

- Quality Improvement & Safety (QIS) does not provide research exemptions. You will need to apply for a NS Health Research Ethics board exemption for that if needed [here](#).
- QIS does not provide ethical review on initiatives. If there are concerns from an ethical lens, application to the [NS Health Research Ethics Board](#) should be made and [NS Health Ethics](#) may need to be consulted as well.
- QI Initiatives are most successful when you have the support of your administrative and/or physician leadership. Please identify leadership sponsors when sharing your initiative using the NS Health [QI Hub](#).
- To access NS Health systems, you will need to be an employee (set up through People Services), physician or student (set up through Affiliate Placement).
- Always ask “**can the initiative be accomplished through use of de-identified data**”. An option may be a summary of data through [Performance & Analytics](#), or you can discuss if they can de-identify the data through use of a patient ID code. If you require patient identified data, ask the question about “**what is the minimum amount of identified data required**” (e.g., consider use of encounter number without the name).
 - If your QI initiative does require patient record level data, please contact Health Information Services
- You are encouraged to share the results of how your QI initiative is improving care and outcomes with your leadership sponsors, teams and with the Quality Improvement Team/Council you are reporting to.

Is there a question about whether your initiative is Research or Quality Improvement?

Sometimes the starting question may be “Is this research or is this quality improvement?”.

Please use NS Health’s Quality Improvement & Research Navigation Tool to help guide you in the right direction. The navigation tool can be found [here](#). The FAQ related to the tool can be found [here](#)

Do I need to have a review conducted by PRIVACY?

Most QI work is quite low risk, so long as it is meeting the requirements to ensure QIIPA compliance as described above. There are times you should still reach out to [privacy](#) for a connect before any QI work begins. They are:

1. If you intend on publishing OR presenting your work outside of NS Health
 - When contacting privacy for a connect - please ensure that you provide a comprehensive list of all the data variable points you are intending to publish or present.
2. If you are working with external partners NOT affiliated with NS Health
 - If it is imperative that external partners have access to (possibly) identifying personal data, you should contact privacy for a review. Please provide privacy a review of who the external non-affiliated partner is as well as the data points they need access to for the work.
 - If you are unsure if someone is ‘affiliated’ please reach out with full name and details of individual to qualityimprovement@nshealth.ca



Please note: Quality Improvement may flag your work for privacy review after submission to the QI Hub – you will be contacted after QI Hub submission if this is the case. **It is important that if you are undergoing a review by privacy, that you do not move forward with work until given direction to do so by privacy or quality improvement.**

If you are needing to contact privacy related to quality improvement work, please email privacy@nshealth.ca with required information.

If your quality work is using 3rd party applications or software

You need to connect with IT Services for review through the *non-standard software committee*. This committee reviews and decides if they will approve/allow the software to be installed inside the NSH environment or recommend a more in-depth review where it would be recommended to go to ARB (architecture review board). The ARB group consists of various stakeholders from Privacy, Infrastructure, Risk Management, CyberSecurity and more. Their role is to ensure the integrity of the NSH infrastructure and protection of data. If ARB is required, IMIT representatives would be notified and would connect with the user requesting the software/application/hardware to discuss next steps.

For *software review requests*, please submit a ticket through IT-Self Service [here](#).

For *non-standard hardware*, please submit a similar request through IT-Self Service [here](#).

It is important that you do not move forward with your work until the non-standard software committee has reviewed and approved the applicable application/software/hardware.

For questions around Quality Improvement please contact: qualityimprovement@nshealth.ca