Queensland Nurses & Midwives' Union

Submission to

The Crime and Corruption Commission

Operation Impala
An examination of corruption and corruption risks in relation to the improper access to and disclosure of confidential information in the public sector

October, 2019

106 Victoria St, West End Q 4101
GPO Box 1289, Brisbane Q 4001
(07) 3840 1444
(07) 3844 9387
qnmu@qnmu.org.au
www.qnmu.org.au

submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Crime and Corruption Commission (CCC) for the opportunity to provide comments to Operation Impala.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing workforce including registered nurses (RN), registered midwives (RM), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 61,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

The QNMU does not condone inappropriate or unauthorised access to and use of health records. However, we do ask the CCC to take into account the often stressful and demanding areas in which our members work. We cite here the results from a recent survey of members working with digital medical records systems. Their work is critical to optimum health outcomes for the population and often occurs during periods of high stress and intense clinical activity. Our submission therefore responds to question 11.

> *How are changes in technology making it easier or more difficult to ensure confidential information is not improperly accessed or disclosed.*

Recommendations

The QNMU recommends:

- Health and Hospitals Services (HHS) provide more targeted training for nurses, midwives and all other health practitioners on the consequences of access to and disclosure of confidential information;
- QH involve nurses, midwives, doctors and other clinicians in the planning and implementation of digital information systems;
- Only one regulatory authority investigate and decide on further action for the same set of circumstances involving a member;

- The CCC in conjunction with the Queensland Police Service (QPS), the Australian Health Practitioner Regulation Agency (AHPRA), the Office of the Health Ombudsman (OHO), the Department of Health (DoH) and the QNMU participate in a forum to discuss the matters underlying this inquiry.

Integrated Electronic Medical Records (ieMR)

QH's digital hospitals program aims to have 25 digital hospitals by June 2020. IeMR provide timely, accessible and legible information about patients at the point of care. IeMR allow patients' medical records to be created, stored, accessed, and shared electronically.

A digital hospital integrates its electronic medical records with its clinical devices, workflows, and processes. This enables clinicians (doctors, nurses and other health professionals) to see a patient's medical record anywhere and at any time. It brings together records from clinicians, data, results, and other key clinical information such as pathology, pharmacy, and radiology reports. It also captures procedural information, and patient-related documents such as consent forms and other legal documents such as advance care directives (QAO, 2018).

Queensland Health and HHSs mitigate the risk of unauthorised access through monitoring and disciplinary processes underpinned by relevant policy and procedure.

The QNMU believes this is a reasonable approach because the risk of denied access could contribute to a serious adverse patient outcome while a data privacy breach has far less potential for detrimental impact.

The HHSs that have implemented the ieMR have a process for monitoring potential breaches of user access to clinical records and for taking disciplinary action against staff who use their ieMR access to view clinical records not relevant to their clinical duties. However, according to a recent Queensland Audit Office (QAO) report (2018) this process is not fully effective, because there is a gap in the monitoring process. The HHSs do not have a process to ensure the staff appointed to review the user access records complete their review of potential breaches of user access to clinical records.

According to the QAO, each month, eHealth Queensland generates a report for each HHS that shows potential breaches of user access to clinical records. eHealth Queensland sends this report to the HHSs to send to staff to whom they assign responsibility for reviewing the report. If these staff find a potential security breach, they refer it to the Human Resources Workforce Solutions section of the HHS which then investigates the matter and, if necessary, enforces disciplinary action. However, the HHSs do not have processes for following-up with staff who

do not review their report of potential access breaches. The process relies on the staff referring matters to the HR Workforce Solutions section (QAO, 2018).

The QAO also found weaknesses with the DoH's password controls for preventing unauthorised access to the ieMR. While the DoH offers guidelines to staff on best practice for creating passwords, it does not enforce this through preventative technical controls.

The DoH relies on detective controls (an internal control mechanism), which alert it when an ieMR user attempts to guess a password through a high number of unsuccessful attempts. This reduces the likelihood an account could be misused, which reduces the risk to the DoH and patients. However, there is still a residual risk. Unauthorised access to a clinician's account (through a successful password guess) could have significant adverse impacts (QAO, 2018).

The QAO has recommended the DoH address this.

Nursing Professional Practice and Workloads

As the largest discipline within the healthcare workforce, nurses are major users of health information technology (Chung & Staggers, 2014; Australian College of Nursing, 2018). The importance of nurses' and midwives' attitudes to electronic patient records cannot be underestimated. There can be a gap between ieMR pre-implementation expectations and the lived experience post-implementation (Sassen, 2009).

A study that explored nurses' perceptions of their electronic medical record five years post-implementation (Harmon, Fogle & Roussel, 2015) found that while an overall positive attitude remained, correlations existed between information technology increasing nursing time on specific tasks and their workload due to cumbersome processes and workarounds. On reflection, nurses perceived greater clinical decision support would ease workloads. This expectation was primarily due to the power of clinical information systems to quickly compile data and propose advice at the point of care (Harmon, Fogle & Roussel, 2015).

Our members working with ieMR have reported increased workloads associated with their use. At the 2019 QNMU annual conference, members passed a resolution for the development of a policy around deployment of nurses and midwives into areas where they are unfamiliar with the digital documentation system. The possibility for error both in recording and accessing data is exacerbated when a nurse or midwife is under pressure. The need to attend to their patients or fatigue may result in less attention to security log in or off processes. Nurses and midwives may be required to enter or retrieve data from multiple systems with different usernames and identifications. This increases the risk of lapses in security protocols.

Acute clinical environments are complex workplaces with significant interaction between people and technology. IeMR in these settings require greater support and protection of clinicians without imposing a burden on them to remember access protocols. Therefore, usability of systems, their alignment to workflow and meeting information needs are key considerations for successfully designing and implementing ieMR (Australian College of Nursing, 2018).

QNMU Research

In December 2017, the QNMU conducted a survey of members working in HHSs. The purpose of the survey was to obtain member feedback on the impact of the *Queensland Health Digital Initiatives Strategy* on aspects of their work and practice. The QNMU has recently repeated this survey to determine whether there has been change over time. We are still analysing this data.

We received a total of 665 responses to the initial survey. The results indicated the systems with major concerns were ieMR, Riskman and Patient Flow.

Of importance to the CCC's inquiry is the finding that approximately 70% of respondents indicated the rollout of digital technologies and information systems had a negative impact on their workloads citing time availability and decreased patient contact as areas of major concern. The top five areas of dissatisfaction were:

1. System responsiveness - slow and time consuming;
2. Functionality and system design;
3. Decreased patient contact;
4. Hardware;
5. Access, logon (QNMU, 2018).

Reponses indicated nurses and midwives generally did not believe the HHS had communicated or consulted adequately with them in the introduction of digital technologies and information systems.

Other elements of the survey which may be indicative of nurse and midwife participation in decision-making in the introduction of technology include:

- perceptions on the adequacy of training (42.43% agreement);
- perceptions on the adequacy of time set aside for training (44.32% agreement);
- concerns regarding adequacy of ongoing training (41.67% concerned);
- adequacy of support arrangements (50.77% agreement);
- satisfaction with communication and consultation processes (31.78% agreement);

- satisfaction with the impact of these technologies on the workplace (34.63% agreement);
- satisfaction with the impact of these technologies on consumers/patients (26.85% agreement).

While it is difficult to quantify the level of agreement that should constitute success, the generally low agreement scores indicate a perception by nurses and midwives their participation in decision-making processes is sub-optimal.

Research (Nguyen & Wickramasinge, 2017) strongly suggests the importance of engaging nurses in technology implementation, training and change management. Nurses and midwives should actively participate in the expansive learning process when new patient care data, systems and practices are introduced at both individual and community levels.

These are vital considerations for nurses and midwives working with ieMRs and other digital platforms. We ask the CCC to be mindful of the clinical and technological environment in which our members work.

Case Studies

The QNMU has represented a number of members who have had allegations made against them in respect to the unauthorised use and disclosure of patient information.

Our analysis of these cases indicates a member could be investigated by up to five different regulatory authorities for the one set of circumstances – OHO, AHPRA, QPS, CCC and the employer. We suggest the CCC through Operation Impala may find it useful to convene a meeting between the QNMU and these parties to determine a more effective process for dealing with alleged breaches of confidentiality.

We welcome further discussions with the CCC on this important matter.

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