



Information and Privacy  
Commissioner/Ontario  
Commissaire à l'information  
et à la protection de la vie privée/Ontario

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*Personal Health Information Protection Act, 2004*

REPORT

FILE NO. HI-050042-1

A Hospital Emergency Department

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# *Personal Health Information Protection Act, 2004*

## **REPORT**

**FILE NO.**

**HI-050042-1**

**INVESTIGATOR:**

**Gillian Judkins**

**HEALTH INFORMATION CUSTODIAN:**

**A Hospital Emergency  
Department**

### **SUMMARY OF INFORMATION GIVING RISE TO REVIEW:**

The Chief Privacy Officer of a hospital (the hospital) contacted the Office of the Information and Privacy Commissioner/Ontario (the IPC) to advise that twelve partial emergency department records (the records) had gone missing from their emergency department. The IPC opened a file and worked with the hospital to fulfill its obligations under the *Personal Health and Information Protection Act, 2004* (the Act).

### **RESULTS OF REVIEW:**

The hospital's Chief Privacy Officer provided the following information.

Following their end of day audit, the hospital's emergency department alerted the medical records department that they were missing twelve partial health records. Medical records immediately contacted the Risk Management and Privacy Office.

The hospital advised that emergency department records consist of four copies that are attached together: a copy for medical records (the white copy); a copy for the family/referring physician or consultant (the yellow copy); a copy for the physician in emergency (the green copy); and a copy that can be used for x-ray requisitions (the blue copy).

The hospital further advised that it had been the practice to separate the copy for the physician in the emergency department (the green copy) from the copies for the referring physician and x-ray

requisition (the yellow copy), after the patient's visit is complete. The physician in emergency keeps the green copy and the white copies are put in a separate pile for medical records. In situations where there is no family or referring physician, the yellow copy is discarded in the shredding box under the ward clerk's desk. Similarly, if there are no x-rays required, the blue copy is discarded in the same manner. It is the responsibility of the ward clerk to empty the shredding box into the larger Pro-Shred locked bin.

Upon investigation of the missing records, the hospital discovered that the white copies intended for the medical records department were inadvertently placed in the Pro-Shred bin and subsequently shredded. As a result, the hard copies of the records that had been retained by the emergency department physicians were collected and the health records were re-created for the medical records department.

In addition to the above, the hospital advised that they conducted an analysis of its processes and this incident in order to determine what steps could be taken to ensure that an incident of this nature does not occur in the future. As a result of this analysis, the hospital took the following steps towards improving their processes:

- The process of chart management has been reviewed by staff and management. Modifications have been made to the workstations. Flat screen computer monitors have been added to increase workspace. Plexiglas has been added to increase privacy and reduce distractions. Charts are now being sent to health records department within 24 hours rather than being retained in emergency for 48 hours.
- Health records currently maintains a list of which charts are returned to the emergency department and which ones are in the process of being completed. A written procedure will be developed for health records that will specify how often the list is checked and what processes will occur if the chart is not returned within a specified number of days.
- Standardizing the confidential shredding buckets for staff members' desks: The hospital is working with supply companies to determine the best colour and type of box for shredding. Confidential information would go into the coloured, labelled boxes and be emptied by the staff member at the end of the shift. Staff are expected to double check the box before emptying it into the shredding lock box to ensure that they have not inadvertently put something in the box accidentally.
- Staff in the emergency department have been reminded to be respectful of the multi-tasking that occurs at the main emergency desk.
- A copy of the IPC's brochure, "Your Health Information and Your Privacy in our Hospital" was given to all ward clerks to review; they also attended privacy sessions given by the Chief Privacy Officer.

The hospital advised they were able to reach eleven of the twelve patients by phone to notify them of the inadvertent destruction and the re-creation of their health record. In addition, all twelve patients were sent a letter from the hospital regarding the incident including a copy of the IPC's "Your Health Information and Your Privacy in our Hospital" brochure. The hospital

undertook these steps to fulfill their obligations under section 12(2) of the *Act* to notify patients if their personal health information is stolen, lost or accessed by unauthorized persons.

On the basis of all of the above, it was determined that further review of this matter was not warranted and the file was closed.

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June 20, 2006

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Ann Cavoukian, Ph.D.  
Commissioner