Team Name: Health Information Services	Reference Number: ORG.1411.PL.507
Team Lead: Privacy and Access Specialist	Program Area: Health Information Services
Approved by: Regional Lead-Corporate Services & Chief Financial Officer	Policy Section: Privacy and Access
Issue Date: January 15, 2024 Review Date: Revision Date:	Subject: Texting with Clients, Natural Supports and other Staff

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

**Capitalized terms have a specific definition.

POLICY SUBJECT:
Texting with Clients, Natural Supports and other Staff.

PURPOSE:
To protect the confidentiality of Personal Health Information and Personal Information under *The Personal Health Information Act* (PHIA) and *The Freedom of Information and Protection of Privacy Act* (FIPPA).

To provide direction to Southern Health-Santé Sud (SH-SS) Staff when Texting may be used as a method of communicating with Clients, Natural Supports and other Staff.

To establish specific procedures to mitigate privacy and security risks associated with the use of Texting for work purposes.

This policy is not applicable to the use of *secure* communication platforms approved by Digital Shared Services (i.e. Medeo or Imprivata Cortex). MyMBT Messaging by Imprivata Cortex is the only secure platform approved by Digital Shared Services, at the time of publication of this policy, to communicate securely with other health care providers for matters related to patient care.

BOARD POLICY REFERENCE:
Executive Limitation 1 (EL-1) Global Executive Restraint & Risk Management
Executive Limitation 2 (EL-2) Treatment of Clients

POLICY:

Texting with SH-SS Clients or their Natural Support must be done using a SH-SS issued Smart Phone with vendor-provided Short Messaging Service (SMS) and in accordance with this policy. SMS refers to the "normal" text messaging service provided by the standard telecommunications service providers i.e. Bell, Rogers, TELUS etc.

SH-SS clinical programs will determine program specific Texting permissions. In the Acute Care program, Staff are not permitted to text Clients and Natural supports.

Staff are not required to use their own Smart Phone to Text with health care professionals (HCP).

Staff will not use their own Smart Phone to record and Text images of personal health information, regardless of whether or not the record has been deidentified.

Any Staff member using a Smart Phone for Texting must comply with their own professional and ethical standards.

The process of sending and/or receiving HCP orders via Text is strictly prohibited.

Staff must establish an understanding and agreement of communication with the Client if Texting is used.   Risks of this type of communication must be discussed with the Client and documentation made in the Client's record to reflect the Client's acknowledgement and agreement.

Current practices of communicating by phone, fax or through secure communication platforms such as Medeo, Healthmail or MyMBT Messaging (Cortex), are not to be replaced by Text unless extenuating circumstances prevail; such as communicating with at risk individuals about urgent or sensitive appointments; for use in teen clinics or adolescent mental health or the Rapid Access to Addictions Clinic (RAAM); or when Texting is the *only* means to communicate with the Natural Support of a Client.

Text messaging may lead to a privacy breach. If deemed <u>essential</u> that information be communicated through Texting, only the minimum amount of information necessary to support the purpose will be included.

Due to delays which may occur during the transmission of Text messages, Text messaging will not be solely relied upon for urgent communications.

Text messages will be deleted daily or at a minimum following a client's discharge from a program.

Any actual, suspected or potential privacy or security breaches will be immediately reported in accordance with ORG.1411.PL.203 Reporting and Investigating Privacy Breaches and Complaints

Random audits of user activity on SH-SS issued Smart Phones will be carried out at the discretion of the program lead or manager to detect any breaches of this policy.

If it is determined that there has been a contravention of this policy, the program lead or manager shall consult with Human Resources and/or the Privacy and Access Specialist to establish appropriate level of education and/or corrective action to be applied.

DEFINITIONS:

Client: Any person (including a person permitted to exercise the rights of an individual, where the context so requires) who receives health care services within SH-SS, including patients and residents.

Confidential Information: Includes, but not limited to, Personal Information (i.e. employee number, personal email account, gender etc.) as defined in FIPPA; Personal Health Information as defined in PHIA; and, administrative records collected and created as part of the course of business of SH-SS and related to legal, financial and operational matters of a confidential nature.

Health Care Professional (HCP): Refers to all Health Care Professionals, including those regulated *by The Regulated Health Professionals Act* (RHPA), engaged in actions whose primary intent is to enhance health, including those who promote and preserve health, those who diagnose and treat disease, manage health and includes professionals with specific areas of competence.

Medeo: A component of Accuro, the electronic medical record (EMR), that enables electronic communication between the health care professional and Client.

MyMBT Messaging: Commonly referred to as "Cortex", MyMBT Messaging is a communication platform which facilitates care coordination by offering secure Text messaging and image sharing between health-care providers from the user's desktop or mobile device. The application required is called Cortext Imprivata.

Natural Support: Refers to a person (family member, friend, significant other etc.) who plays a significant role in offering support to an individual.

Smart Phone: A portable device that performs all the operations of a computer and a mobile phone, including touchscreen display, internet connection, and an operating system.

Staff: Includes all employees and persons associated with SH-SS including: Medical staff, contracted individuals, students, volunteers, researchers, educators, and Board members.

Texting: Short electronic text messages, usually up to a maximum of 160 alphanumeric characters, shared on mobile devices (Android, iPhone/IOS) transmitted on a cellular network. An active cell phone number is the only requirement to participate in Texting.

IMPORTANT POINTS TO CONSIDER:
Using Texting to communicate Confidential Information carries significant risks including, but not limited to:
- ➢ Interception: Smart phones used by multiple individuals (i.e. family members, friends, Staff) can result in the wrong recipient reading the message.
- ➢ Misdirection: Sending information to the wrong cell number.
- ➢ Inference: The name and nature of sender and/or attached material may reveal Confidential Information about an individual.
- ➢ Alteration: The recipient of a message could edit or alter a health care provider's response and forward the changed message to a third party.

An individual's cell phone number is Confidential Information and must be protected. This includes Staff cell phone numbers.

Standard cell phones/Smart Phones lack secure platforms to safely transmit Confidential Information.

When Texting is the only option available, it is to be used primarily for the purposes of:
- confirming or scheduling appointments;
- providing links to publicly available websites; or
- providing general information.

PROCEDURE:
- ➢ Section 1: Texting between Staff
- ➢ Section 2: Texting Photographic Images to HCP
- ➢ Section 3: Texting with Clients Receiving Health Care Services
- ➢ Section 4: Texting with Clients Natural Supports

Section 1:   Texting between Staff
1.1. Confirm the contact number and identity of the recipient:
  - ➢ with a telephone call, or
  - ➢ by sending an initial Text to confirm you have connected to the right Staff member, ideally with one piece of information only the recipient will know, or
  - ➢ retrieve from the contact list on the Smart Phone
1.2. Do not include Client identifiers in the Text.
1.3. Limit the Text to general information. For example; "contact the medical ward" or "we have not received your consult via fax". It is recommended that the following urgency codes are included when a clinical unit Texts a HCP:
    Emergent - immediately
    Urgent - within 15 minutes
    Semi-urgent - within 30 minutes
    Non-urgent - within 1 to 2 hours
  - ➢ For on-call emergency HCPs, communicate patient's CTAS (1, 2, 3, 4 or 5) upon arrival. A Text **must** be accompanied by a phone call.
1.4. Delete contact numbers from a Smart Phone when they are no longer required.

Section 2:   Texting Photographic Images to HCP
   2.1. Inform the Client for the need for the photograph and receive verbal consent to Text the image for further patient care.
   2.2. Make clear documentation that verbal consent was received in the Client record.
   2.3. Call the recipient to inform them an image will be sent separately and confirm the recipient's cell number and patient identifiers.
   2.4. Do not include any patient identifiers such as the name, DOB or PHIN.
   2.5. Avoid including the physical identity of the Client whenever possible, for example a complete facial image.
   2.6. Send the image.
   2.7. Delete the image from the Smart Phone when transmittal and care is complete.
   2.8. Document in the health record what was transmitted and received and how safety measures were employed to protect the privacy of the Client.

Section 3:   Texting with Clients Receiving Health Care Services
   3.1. Determine whether another more secure method of communication is available or practicable to use.
   3.2. Confirm that the number you have to contact the Client is the correct number.
- Phone numbers for Clients may be stored in a SH-SS issued Smart Phone; however, identifiers must be limited to the minimum amount required to verify the Client's identity. A Client's contact information must be deleted immediately following discharge from a program, service or site.
- Phone numbers for individuals receiving care should never be stored on Staff personal phones.

   3.3. Text only the minimum amount of information required to accomplish the purpose for the text. For example; "your appointment has been changed to", "please contact me", or "I am at the door".
- Do not include any Personal Health Information in a Text to individuals receiving care.
- Do not include the reason for a visit in a Text message.
- Do not include the program or service, if at all possible, in a Text message.

   3.4. If it is necessary to identify yourself, avoid using information that may identify the program and the nature of the services provided (i.e. first name only).
   3.5. Advise any Client wanting to discuss their services or health-care issue in a Text that their concerns will be discussed during the next appointment or in a phone call.
   3.6. When responding to requests from Clients to change an appointment with a new date and time, do not include information about the appointment or reason for visit.
   3.7. If required, document that a communication was sent by Text in the client's integrated progress notes.

Section 4:   Texting with Client's Natural Supports
   4.1. Ensure Texting is the only reasonable means of communicating with the Natural Support. For example; due to distance, travel or health reasons.
   4.2. Confirm that the number you have to contact the Natural Support is the correct number.

- Phone numbers for Natural Supports may be stored in a SH-SS issued Smart Phone; however, identifiers must be limited to the minimum amount of information required to verify the identity of the Client's Natural Support.
- A Natural Support's contact information must be deleted immediately following the client's discharge from a program, service or site.
- Phone numbers of Natural Supports should never be stored on Staff personal phones.

4.3. Ensure the message is professional and concise.

4.4. Avoid identifying the Client such as using their name, PHIN or DOB in the message.

4.5. Limit the information communicated to Client updates and important notifications.
- Do not Text any Client records or Confidential Information.

4.6. Advise the Natural Support to refrain from communicating identifiable or Confidential Information.

SUPPORTING DOCUMENTS:
ORG.1411.PL.507.SD.01 Texting on Smart Phones in the Workplace (FAQ)

REFERENCES:
ORG.1411.PL.201 Confidentiality of Personal Health Information
ORG.1411.PL.503 Audio, Video and Photographic Recording including Surveillance
ORG.1610.PL.002 Appropriate Use of Information and Communication Technology
ORG.1411.PL.502.SD.01 *The Personal Health Information Act* (PHIA) Definitions
Interlake Regional Health Authority, GA 7-P-120 Electronic Communication of Personal and PHI
Interlake Regional Health Authority, Reference AC-1-R-20 FAQ, Texting on Mobile Phones in the Workplace – Acute Care
MyMBT Messaging (Cortext) Appropriate Use
CHIMA Professional Practice Brief PPB – 0047.19
The Personal Health Information Act (Manitoba), S.M. 1997, c. 51
The Freedom of Information and Protection of Privacy Act (Manitoba) S.M. 1997, c. 50
Shared Health Guideline: Texting with Individuals Receiving Health-Care Services from Shared Health
CMPA Publication – Texting Safely about patient care: Strategies to minimize the risks
Canadian Nurses Protective Society "Ask a lawyer: Texting updates to other health professionals"