



CONDUCT COUNTS!

CONFIDENTIALITY AND PROTECTION OF PERSONAL HEALTH INFORMATION

SCENARIO

Billie had been working as a respiratory therapist for the past 5 years and split her time between a home care service company named Quality Air (the facility) and a local hospital named Great Sunrise General. Quality Air offered Billie a company car, cellphone, and flexibility to set her own hours, this was perfect for Billie since she loved being able to provide her services both in the community and at the hospital. One of the reasons why Billie loved working for a home care company was the connections she was able to establish in the community with her patient's. Billie felt proud to be able to serve her community with her specialized training.

Billie had a patient with Quality Air, and they shared a great patient-client relationship. Billie always enjoyed these visits and felt that the patient did too. One day, on a scheduled visit, the patient was not home, so Billie left a door-hanger on the patient's front door to let the patient know that Billie had been by.

When the patient returned home, they noticed the door-hanger and was immediately upset that Billie had included so many personal details about them on the door-hanger, including the patient's full name, their referring physician and the type of assessment and treatment requested by the patient's referring physician. So, the patient submitted a complaint to Quality Air and the CRTO.

RESULTS

The CRTO received a complaint from a member of the public and the Inquiries, Complaints and Reports Committee (ICRC) conducted an investigation into the member's conduct and actions.

The Member was provided with a copy of the complaint and invited to provide a response. The ICRC requested information from the Facility related to the complaint. The Member was completely surprised that the patient had made a complaint against them stating that they thought they had a good patient-client relationship. Billie offered to apologize to the patient and submitted that thought they were following Quality Air's protocol. A copy of the member's response was provided to the complainant for review and complainant was asked to provide any additional submissions to the ICRC. The complainant submitted that they still felt that their safety and personal information was jeopardized, that this shouldn't have happened, and wanted to prevent anything like this from occurring again.

Upon completion of the investigation, the Panel ordered that Billie review the CRTO's Standard of Practice, CRTO's Professional Practice Guideline on Community Respiratory Therapy Practice, the Personal Health Information Protection Act (PHIPA), and the Personal Information Protection and Electronic Documents Act (PIPEDA). In addition, that the member submit a reflective essay.



PROFESSIONALISM

"Professionalism" or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A "professional" is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, PT, MD, etc.). Professionals are often held to moral, ethical and legal standards because of this potential impact.

CONDUCT COUNTS!



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

CONFIDENTIALITY AND PROTECTION OF PERSONAL HEALTH INFORMATION

EXPECTATION

The panel of the Inquiries, Complaints and Reports Committee felt that Billie's conduct contravened the Standards of Practice, and the Professional Practice Guideline – Community Respiratory Therapy Practice, including:

Standard 7: Documentation & Information Management

- d. Protect the confidentiality and privacy of all forms of patient/client documentation in compliance with legislative, regulatory, and employer requirements.

Standard 11: Privacy / Confidentiality

- c. Take precautions to ensure that conversations and sharing of information via other mediums (e.g., social media, audiovisual recordings) regarding patients/clients are not accessible to others and that patient/client information is not shared with those who are not directly involved in their care).

Professional Practice Guideline – Community Respiratory Therapy Practice

Page 10. states:

“While seldom contemplated explicitly, there are ranges of values that are commonly considered to uphold the practice of healthcare. Many of these values would be seen as underpinning civil society in general – like honesty, courtesy and respect. Others among them are particularly relevant to professional practice – such as compassion, transparency, and accountability.”

The Panel was of the opinion that although Billie had no prior history with the CRTO, Billie failed to act in accordance with their professional obligations and expectations. Billie had also misunderstood Quality Air's protocols regarding leaving a door-hanger at a patient's home. Maintaining confidentiality and privacy is integral to providing patient care as expected by the public, the Facility and the CRTO.

Billie's conduct jeopardized patient safety and the integrity of the profession which members of the public expect regulated healthcare professionals to uphold on an on-going basis. Billie failed to foresee the risk of harm that her conduct posed to the patient and that Billie did not properly protect the patient's personal health information. Members of the public expect regulated healthcare professionals to act in accordance with their Facility and CRTO expectations, and therefore this significantly impacted the public's trust of Billie and Respiratory Therapists.

The Panel noted that while Billie may not have intended to cause any harm or disclose the patient's personal health information in an improper manner intentionally, Billie should have known that leaving such detailed information and personal identifiers of the patient posed a serious risk of harm to the patient, should anything had happened with that information left by Billie.

The Panel was concerned by the unnecessary risk at which Billie placed the patient in and wanted to remind Billie of appreciating the crucial responsibilities of being a regulated healthcare professional and to act accordingly.

BOTTOM LINE

Regulated healthcare professionals have a responsibility and obligation to always maintain confidentiality and patient's personal health information.

RESOURCES

[CRTO Standards of Practice](#)

[CRTO Professional Practice Guideline – Community Respiratory Therapy](#)

[Personal Health Information Protection Act \(PHIPA\)](#)

[Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#)