

Appendix B: Survey questions

Introduction

Thank you for participating in the Office of the Australian Information Commissioner's (OAIC's) 2022-23 My Health Record assessment regarding the use of the emergency access function on behalf of [Organisation Name].

If you are not related to [Organisation Name], please advise assessments@oaic.gov.au as soon as possible. Please do not complete this survey at this time.

If your organisation was [Organisation Name] but has since rebranded or changed its name, you may complete the survey. Please advise us of your organisation's new name in a comment at the end of the survey.

This survey will take approximately **15-25 minutes** to complete. You can save this survey before it has been completed and return to finish it at any time before the survey closes on **27 August 2023**.

Please answer carefully. You will not be able to change your answers once you continue to the next question.

Please do not provide any personal information, including health information, about your employees or patients in your responses.

If you have any questions about this assessment or how to complete the survey, please email assessments@oaic.gov.au.

After the survey

Based on your responses in this survey, you may be required to provide further information or asked to participate in further regulatory activities.

This may include, but is not limited to:

- providing copies of policy and procedural documentation, training and other resources
- participating in a further privacy assessment.

The results of this survey will be published in a de-identified privacy assessment report on the OAIC website, and a link will be provided to you once this occurs. This report will not identify your organisation or any of the survey respondents.

Terms used in this assessment

The **emergency access function** is also known as a 'break glass' function. It allows a representative of a healthcare provider organisation to override any access controls set by an individual and gain full access to their My Health Record, including restricted documents, in certain situations.

This function may appear differently depending on your clinical software. For example, it may appear as a button, checkbox or drop-down list.

In this survey, you will be asked questions about your organisation including:

- how it uses the My Health Record system, particularly the emergency access function
- governance processes when using and monitoring use of the emergency access function
- how it identifies and addresses potential misuse of the emergency access function

Your organisation

1. What geographical areas does your organisation provide services to? (If you are part of a larger organisation, please answer only for your branch. For example, where your premises is located.)

a. Australia-wide

b. State/Territory-wide, please specify the State or Territory:

c. Local area, please specify the post code and State or Territory (e.g. 2000 NSW):

2. If GP clinic:

Approximately, how many patients does your organisation provide services to on an average day?

a. Less than 15

b. 15-30

c. 31-50

d. 51-70

e. 71-100

f. 101-150

g. 150-250

h. Over 250

If retail pharmacy:

Approximately, how many patients does your pharmacy dispense prescriptions for on an average day?

a. Less than 50

b. 51-100

c. 101-200

d. 201-500

e. 501-700

f. 701-900

g. Over 900

3. How many staff are authorised to access the My Health Record system at your organisation?

4. What clinical software is used at your organisation? (Select all that apply)

a. Best Practice

b. Communicare

c. Genie

d. Medical Director

e. Zedmed

- f. Fred Dispense
- g. The Provider Portal
- h. Other, please specify:

Emergency access function

5. Approximately, how many times did your organisation use the emergency access function in the 2022 calendar year?
- a. 0
 - b. 1-2
 - c. 3-10
 - d. 11-20
 - e. 21-50
 - f. 51-70
 - g. 71-100
 - h. Over 100
 - i. I don't know
6. Which of the following are reasons for your organisation using the emergency access function? (Select all that apply.)
- a. To allow users to check their own My Health Record.
 - b. The patient has forgotten their My Health Record access code.
 - c. To train staff in using functions of the My Health Record system.
 - d. The patient has consented to the user accessing their My Health Record.
 - e. To check whether a My Health Record has additional restricted documents.
 - f. Access to the My Health Record is necessary to prevent a serious threat to the public.
 - g. To check current or potential staff are compliant with employment conditions (e.g. test results, vaccination status, etc.)
 - h. To check an individual's My Health Record for information, other than to provide them healthcare (e.g. to obtain contact details).
 - i. The patient is present, consent cannot be reasonably or practicably obtained, but access is necessary to update their My Health Record.
 - j. Access to the My Health Record is necessary to prevent a serious threat to the patient, and the patient's consent cannot be reasonably or practicably obtained.
 - k. To check a patient's My Health Record when they are not present and, therefore, cannot provide their access code (e.g. to prepare for a consultation).
A patient is considered to be present if they are attending via telephone or online.

- l. Access the My Health Record is necessary to prevent a serious threat to an individual (other than the patient), and the patient's consent cannot be reasonably or practicably obtained.
- m. Other:
- n. Other:
- o. Other:
- p. My organisation does not use the emergency access function. **[Go to 8.]**
- q. I don't know. **[Go to 8.]**

7. Please rank the most common uses of the emergency access function at your organisation?

You may rank more than one item, but must rank at least one item (the most common reason).

[This question showed the answers selected in Question 6 as answer options to be dragged and dropped into a box for ranking.]

8. Have staff at your organisation ever had a reason to use the emergency access function outside of standard operating hours?

a. Yes, for the following reason(s):

- b. No
- c. I don't know

Governance

9. Which of the following governance processes have been implemented at your organisation to prevent, identify, and address potential misuse of the emergency access function? (Select all that apply)
- a. Written policies and procedures address the emergency access function **[Ask policies and procedures questions]**
 - b. Placing quick reference posters in workspaces to remind staff how and when to use the emergency access function.
 - c. A record is made of each use of the emergency access function, and why it was required. **[Ask record-keeping and auditing questions]**
 - d. Approval (formal or informal) from a colleague is required to use the emergency access function. **[Ask peer review questions]**
 - e. Processes have been implemented to ensure that staff use only their individually assigned accounts to access the My Health Record system.

- f. System access logs are reviewed to identify when the emergency access function is used and whether it has been used appropriately and according to organisation policies and procedures (if any). **[Ask auditing questions]**
- g. Training that addresses appropriate use of the emergency access function is provided to all users (including short-term staff and contractors) with access to the My Health Record system. **[Ask training questions]**
- h. Other:
- i. Other:
- j. Other:
- k. None of the above

Policies and procedures

You mentioned that your organisation has **written policies and procedures**.

10. Do these policies and procedures address any of the following? (Select all that apply)

- a. How to appropriately use the emergency access function
- b. Examples of potential misuse of the emergency access function
- c. The consequences of potentially misusing the emergency access function
- d. How to address potential misuse of the emergency access function
- e. What records should be kept when using the emergency access function
- f. Our written policies and procedures address using the My Health Record system, but not using the emergency access function specifically.
- g. None of the above

Record-keeping

You mentioned that your organisation **records each use of the emergency access function and why it was required**.

11. Where is this information recorded? (Select all that apply.)

- a. In a log or register
- b. In the patient file
- c. Other:

12. How many entries are recorded in the emergency access function register or log for the 2022 calendar year?

Auditing

You mentioned that your organisation either:

- **records each use of the emergency access function and why it was required.**
- **reviews system access logs to identify when the emergency access function is used and whether it has been used appropriately and according to organisation policies and procedures (if any).**

13. How are these registers or log maintained? (If you have multiple registers or logs, please select all that apply.)*

- Entries are manually recorded by users
- Entries are automatically recorded by clinical software
- Audit logs are requested from the Australian Digital Health Agency as the System Operator
- Other:

14. How often is the register or log reviewed?*

- As needed
- Multiple times per month
- Every 1-3 months
- Once or twice a year
- Every few years
- The register is not reviewed.

15. How long do you keep the register or log for before it is destroyed or deleted?*

- For a specific period of time (e.g. 5 years):

- Indefinitely
- I don't know

Peer review

You mentioned that **approval from a colleague is required to use the emergency access function.**

16. When is this approval obtained? (Select all that apply)

- Before the access occurs
- After the access occurs

Training

You mentioned that **your organisation trains users of the My Health Record system about appropriate use of the emergency access function.**

17. When is training conducted? (Select all that apply)

- a. As needed
- b. Induction for new staff
- c. Refresher training multiple times a year
- d. Refresher training once a year
- e. Refresher training every 2-3 years

18. How is the training delivered? (Select all that apply)

- a. A member of staff provides training
- b. Using an external training provider (including online training)
- c. Using Australian Digital Health Agency eLearning modules, webinars, or podcasts
- d. Staff read guidance on the Australian Digital Health Agency and/or OAIC websites
- e. Other:

f. Other:

Potential misuse

19. Has your organisation previously identified any potential or actual misuse of the emergency access function at [Organisation Name]?

- a. No
- b. Yes **[Go to 21]**

20. If your organisation was to identify potential misuse of the emergency access function, which of the following parties would be notified? (Select all that apply) **[Go to Comments]**

- a. The clinical software provider
- b. Your organisation's head office
- c. The Office of the Australian Information Commissioner
- d. The Australian Digital Health Agency as the System Operator
- e. The affected patient (including their authorised representative) would be notified by
- f. your organisation
- g. the Australian Digital Health Agency as the System Operator

- h. The affected patient's family (other than an authorised representative)
- i. Other: please specify
- j. Other: please specify
- k. Other: please specify
- l. None of the above (I would not notify anyone)

21. What was the reason for the potential misuse of the emergency access function?

22. Which of the following actions did your organisation take after identifying potential misuse of the emergency access function? (Select all that apply)

- a. Training all staff
- b. Training the staff member concerned
- c. Informing the clinical software provider
- d. Suspending/terminating the staff member
- e. Notifying the Office of the Australian Information Commissioner
- f. Notifying the Australian Digital Health Agency as System Operator
- g. Reviewing and updating policies, procedures, and staff access levels
- h. Temporarily or permanently revoking staff access to the My Health Record system
- i. Directly notifying the affected patient (including their authorised representative)
- j. Directly notifying the affected patient's family (other than an authorised representative)
- k. Asking the Australian Digital Health Agency to notify the affected patient (including their authorised representative)
- l. Asking the Australian Digital Health Agency to notify the affected patient's family (other than an authorised representative)
- m. Gathering and reviewing information to determine whether misuse of the My Health Record system occurred
- n. Consulting with third parties (including reviewing online guidance) to determine whether misuse of the My Health Record system occurred
- o. Other:
- p. Other:
- q. Other:
- r. None of the above (no action was taken)

Comments

23. Do you have any additional comments or feedback?