

SAHTU HEALTH & SOCIAL SERVICES AUTHORITY

Policy

ADMINISTRATION POLICIES

Facsimile Administration Policy

INDEX:	ADM.115
DATE OF ORIGIN:	July 14, 2010
DATE REVIEWED/APPROVED:	July 15, 2010
DISTRIBUTION:	ALL MANUALS
ORIGINATED BY:	CEO

Purpose:

To clearly define the administration processes surrounding sending faxes from Sahtu Health and Social Service Authority (SHSSA) fax machines.

Scope: This policy impacts all SHSSA employees, contractors, documents being considered for facsimile transmission, and all SHSSA facsimile equipment.

Definitions:


MUST – Compliance is mandatory; no alternative is reasonable; imperative.

Policy:

All documents containing client identification and/or client medical or social information **MUST** be sent via registered mail in a protective envelope, or with the client when time is **NOT** of the essence.

- When time is of the essence the Department of Health and Social Services, Guidelines for Sending Patient/Client Information by Facsimile **MUST** be followed.
- When administering facsimile pre-programmed numbers the SHSSA, Guidelines for Administering Pre-Programmed Facsimile Numbers **MUST** be followed.
- When auditing compliance with the above guidelines the SHSSA, Guideline for Auditing Facsimile Pre-Programmed Numbers **MUST** be followed.

Approved by: _____


Chad Fehr, CEO

PURPOSE

To ensure that patient/client health and social services information is kept confidential and secure thereby ensuring system accountability.

PRINCIPLES

1. Follow established guidelines that are proven to reduce risk;
2. Reduce unnecessary faxing and look at re-engineering systems and options for better solutions;
3. Increase awareness on individual and system accountability for the security of health information.

SCOPE

These guidelines pertain to all faxes containing confidential patient/client information.

DEFINITIONS

For the purposes of these guidelines:

Urgent – urgent means when there is need for information which is immediately necessary for the continuity of care and there are no other means of transmitting the information in a secure or timely manner.

Audit – A random selection of pre-programmed numbers totalling a minimum of 20% of the total numbers in the Health and Social Services Authority (HSSA) fax system must be audited on a quarterly basis in accordance with the schedule established by the Department (attached).

PROVISIONS

1. Audited pre-programmed fax numbers must be used; doing so will reduce the possibility of misdialing a number.

2. The HSSAs must maintain a detailed log of all faxes sent which contain client information.
3. Always complete a fax cover sheet, clearly identifying both sender and intended receiver. The cover sheet should include a warning that the information is private and confidential and that you should be notified immediately if the information is received in error. An example is attached for your use.
4. Perform regular audits of pre-programmed fax numbers per Appendix A to make sure that the numbers entered are correct and up to date.

EXCEPTIONS

In exceptional cases, pre-programmed/audited fax numbers may not be available. If so, the following provisions apply:

1. When faxing urgent faxes to a non pre-programmed fax number is necessary, phone ahead to let the recipient know that a fax is coming and to confirm the fax number.
2. Any urgent faxes that are not pre-programmed require 2 people to review and document, similar to narcotic count processes, and these are to be logged separately and monitored.
3. Call the recipient to verify that he or she received the complete transmission; or check the confirmation sheet to see that it went through to the correct number.

AUTHORITY AND ACCOUNTABILITY

Chief Executive Officers of all HSSAs are responsible to administer and ensure compliance with these guidelines.

In order to ensure compliance, the Chief Executive Officers will:

- Standard signage must be posted at all fax machines outlining these guidelines;
- Stress the importance of client confidentiality to all staff on a regular basis;
- Include these guidelines as part of the ongoing staff training/orientation;
- Monitor that the two person fax protocol, when required, is followed;
- Perform audits of pre-programmed fax numbers as defined;
- Maintain a system standardized log of all faxes and audits; and
- Designate a specific individual to pre-program fax numbers or to change fax numbers already pre-programmed into the system.

Approved by:

ORIGINAL SIGNED

Deputy Minister
Health and Social Services

Effective Date: June 22, 2010

Standard Fax Cover Sheet and Privacy Disclaimer

facsimile transmittal -Confidential

[Health and Social Services Authority Contact Information]

To: [Name]

Fax: [fax number]

From: [Name]

Date: 7/15/2010

Re: [subject of fax]

Pages: [number of pages]

Cc: [Name]

Urgent For review Please

Please

Please recycle

The documents accompanying this transmission contain **CONFIDENTIAL** information intended for a specific individual and purpose. The information is private and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reference to the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by regular mail.

QUARTERLY AUDIT SCHEDULE

Beaufort Delta Health and Social Services Authority

- *First week January, April, July, October*

Deh Cho Health and Social Services Authority

- *Second week January, April, July, October*

Fort Smith Health and Social Services Authority

- *First week February, May, August, November*

Hay River Health and Social Services Authority

- *Second week February, May, August, September*

Sahtu Health and Social Services Authority

- *First week March, June, September, December*

Stanton Territorial Health Authority

- *Second week March, June, September, December*

Tlicho Community Services Agency

- *Last week January, April, July, October*

Yellowknife Health and Social Services Authority

- *Last week February, May, August, November*

PURPOSE

To ensure that pre-programmed facsimile numbers are standardized, accurate, and maintained in a controlled manner.

SCOPE

These guidelines pertain to all employees, contractors, and facsimile equipment.

PROVISIONS

1. The CEO will designate fax administration officers by position (Appendix A).
2. Fax administration officers are responsible and accountable for ensuring all provisions in this guideline are followed.
3. There is a single list maintained centrally of all pre-programmed facsimile numbers. The list is maintained quarterly by the CEO. Requests to add/delete/change pre-programmed numbers are made to the CEO at least one week in advance of the quarterly meeting of fax administration officers. Notice of the quarterly meeting will be given at least two weeks in advance of the actual meeting date.
4. All actions from the quarterly meeting will be recorded and an effective date for all changes decided.
5. Each change must be tested by sending a test sheet to the changed or new number from the Regional Office – see Appendix B for test template – each test fax must be returned to the sender acknowledging receipt. Once each fax number is successfully tested the Controlled Fax List will be sent to each facility with fax equipment. Records of the test must be kept for a minimum of two quarterly meetings since the change. An action to destroy the test records needs to be made at quarterly meetings.
6. The Controlled Fax List must be entered on each fax machine and two people must verify the number entered on the fax machine matches the number on the Controlled Fax List. The Fax Administration Officer must keep a record of the entry and double verification.
7. All employees have the responsibility to notify the fax administration officers of any problems with fax machines and fax pre-programmed numbers. Fax administration officers have a duty to confirm problem is valid and report these problems to the CEO within 24 hours.

Approved by:



Chief Executive Officer
Sahtu Health and Social Services
Authority

Effective Date: July 15, 2010

Appendix A: Fax Administration Officer Position Listing

Employees that have job descriptions with the following position numbers referenced are designated as fax administration officers for the list of specific fax equipment below.

Community	Facility	Fax Machine S/N	Employee Position #
Deline	Dora Gully Health Center	RYU354228	87-5729
Deline	Deline Wellness Center	RYU354234	87-4491
Tulita	Harriet Gladue Health Center	RYU354232	87-5728
Tulita	Clement Building	RYU354225	Machine decommissioned until position filled
Tulita	Clement Building	RYU007648	87-12474
Norman Wells	Regional Office	FKA620393	87-11171
Norman Wells	Regional Office	RYU342060	87-12623
Norman Wells	Monica Loomis Health Center	RYU354235	87-5727
Fort Good Hope	Health Center	RYU352509	87-5726
Colville Lake	Health Center	RYU354226	87-5726

Appendix B: Test Template

- Fax Audit – Initial Setup of Pre-Programmed Numbers



Sahtu Health & Social Services Authority
PO Box 340
Norman Wells, NT
X0E 0V0

Phone: (867) 587-3650
Fax: (867) 587-3436

Fax

Date: _____

Pages: 1

To: _____

Fax #: _____

Re: **FAX AUDIT-INITIAL SETUP OF PRE-PREPROGRAMMED FAX
NUMBERS**

From: _____

THIS IS A TEST FAX.

Please acknowledge receipt of this fax to the recipient above as correct by filling in the following information AND returning to fax number listed at the top of the page:

Name: _____ Signature & designation: _____

Agency of Receiving Fax: _____ Date: _____

THE DOCUMENTS ACCOMPANYING THIS TRANSMISSION CONTAINS CONFIDENTIAL INFORMATION FOR A SPECIFIC INDIVIDUAL AND PURPOSE. THE INFORMATION IS PRIVATE AND DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL TO US BY RETURN MAIL AT OUR EXPENSE.

PURPOSE

To ensure that pre-programmed facsimile numbers are standardized, accurate, and regularly audited for compliance to the Guidelines for Administering Pre-Programmed Facsimile Numbers and Guidelines for Sending Patient/Client Information by Facsimile.

SCOPE

These guidelines pertain to all employees, contractors, and facsimile equipment.

PROVISIONS

1. The CEO will designate an auditor to conduct the audit. The auditor will not be a fax administration officer who is charged with controlling pre-programmed facsimile numbers for specific fax equipment.
2. The auditor will adhere to the audit schedule in the Guidelines for Sending Patient/Client Information by Facsimile.
3. The Auditor will follow Appendix A: Audit Procedures and send their audit results to the CEO within 72 hours of beginning the audit.

Approved by:



Chief Executive Officer
Sahtu Health and Social Services
Authority

Effective Date: July 15, 2010

Appendix A: Audit Procedures

1. Provide one week's notice to all employees that utilize the fax equipment you are auditing of what date and time the fax equipment will be unavailable for use.
2. Photocopy the current speed dial list placed by the fax equipment you are auditing and sign the photocopy certifying it is a copy of the list posted. Secure the posted list during the audit so that it cannot be altered.
3. Print the speed list from the fax equipment you are auditing.
4. Note all discrepancies between the posted and programmed speed dial lists on the Fax Audit Results form.
5. Print a configuration page from the fax equipment you are auditing.
6. Confirm the Batch Transmission feature is disabled OR turned off on the Fax Audit Results form.
7. Complete the Fax Equipment Audit Cover Page.
8. Select the speed dials to audit by asking a co-worker to pick a number between 1 and 10 (X). Using the number the co-worker selected count down the list selecting the corresponding speed dial number. This is your first speed dial number to audit. Continuing counting down the list starting at the next sequential number selecting each X number. Repeat until you have reached your audit sample total calculated on the Fax Equipment Audit Cover Page. If you reach the end of the list before reaching your sample total continue counting from the top of the list. **EXAMPLE:** Co-worker selects number 7. Speed list contains 66 numbers. Sample size = $66 \times .2 = 13.2$, rounded up to 14. You would select speed dial numbers 7, 14, 21, 28, 35, 42, 49, 56, 63, 4, 11, 18, 25, 32.
9. For each speed dial number selected in step 8 fill out the Audit Test Fax Page and send to the recipient.
10. Collect all confirmation sheets from step 7 and attach to the corresponding Audit Test Fax Page. Record all transmission discrepancies on the Fax Audit Results form.
11. Verify the Fax Audit Results form is complete, sign, and send all material to the CEO using a protective envelope and registered mail.

Appendix B: Forms

1. Audit Notice
2. Fax Equipment Audit Cover Page
3. Audit Test Fax Page
4. Fax Audit Results Form

Audit Notice

The fax machine this notice is attached to
will be unavailable for use on _____,
from the time of _____ to _____.

If you have questions please direct them to:
_____ at phone # _____.

Thank you for your cooperation.

Fax Equipment Audit Cover Page

Item	Description	Response 1	Response 2
I.	Community		
II.	Facility		
III.	Fax Equipment Serial Number		
IV.	Auditor Name and Contact Number		
V.	Date of Audit		
VI.	Time Audit Started		
VII.	Time Audit Ended		
VIII.	Speed Dial List Effective Date		
IX.	Total Number of Speed Dial Numbers on List		
X.	Sample Size (IX multiplied by .2 rounded up to nearest whole number)		
XI.	Co-Worker Random Number Selected and Co-Worker Name and Signature		

Attachments:

Please check off that each attachment below is attached to the cover page before sending to the CEO.

- Audit Notice
- Copy of posted pre-programmed list.
- Printed speed dial list from fax machine.
- Printed fax configuration page.
- Audit test fax pages with confirmation sheets
- Fax Audit Results Form

FAX TEST PAGE



Harriet Gladue Health Centre
P.O. Box 145
Tulita, NT
X0E 0K0

Phone: (867) 588-4251
Fax: (867) 588-3000

Fax

Date: _____

Pages: 1

To: _____

Fax #: _____

Re: FAX AUDIT

From: _____

THIS IS A TEST FAX.

Please do not acknowledge receipt of this fax. A confirmation page will be used to verify transmission success.

THE DOCUMENTS ACCOMPANYING THIS TRANSMISSION CONTAINS CONFIDENTIAL INFORMATION FOR A SPECIFIC INDIVIDUAL AND PURPOSE. THE INFORMATION IS PRIVATE AND DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL TO US BY RETURN MAIL AT OUR EXPENSE.

Fax Audit Results Form – Page 1

List all discrepancies between previous audited printed speed dial list, current printed speed dial list and the posted speed dial list.

Speed dial # on posted list	Discrepancy on Printed list

Is the batch transmission feature disable or turned off? YES NO

List all transmission discrepancies resulting from the test faxes.

Speed dial #	Discrepancy on Transmission Confirmation Sheet

Fax Audit Results Form – Page 2

Auditor's Signature

Management Section

Date Audit Report Received by CEO _____

CEO has confirmed that the posted pre-programmed list in this audit report has accounted for all changes identified in the minutes from the Fax Administration Officer Quarterly Meetings. If any discrepancies exist they are noted below:

CEO Signature