College of Occupational Therapists of British Columbia

Practice Guideline

March 2006

Collecting, Recording and Protecting Client Information

COTBC practice guidelines are published by the college to assist occupational therapists in meeting the *Essential Competencies of Practice for Occupational Therapists in Canada* through:

- increasing registrant knowledge of responsibilities;
- describing expectations for practice;
- defining safe, ethical competent practice; and
- guiding critical thinking for everyday practice.

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College of Occupational Therapists of British Columbia

Note to Readers

Throughout this guideline, reference is made to the following support documents. Please check that you have the most recent versions, download these from the college website, or contact the college to receive updates.

Assigning of Service Components to Unregulated Support Personnel. (COTBC, 2004).
Filed in your college binder under Tab 5
Available for download from the college web site at: http://www.cotbc.org/resources.php

College of Occupational Therapists of British Columbia Bylaws. (April, 6, 2001).
Filed in your college binder under Tab 2
Available for download from the college web site at: http://www.cotbc.org/resources.php

Essential Competencies of Practice for Occupational Therapists in Canada, 2nd Ed. (ACOTRO, 2003).
Filed in your college binder under Tab 4
Available for download from the college web site at: http://www.cotbc.org/resources.php

Questions regarding the content or application of these guidelines should be made to:

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Preamble

The College of Occupational Therapists of British Columbia (COTBC) regulates the practice of BC occupational therapists. The college is granted its authority under the *Health Professions Act* with the duty "to serve and protect the public".

This guideline was developed by informed occupational therapists from across the province who sit on the COTBC Standards Committee. The committee began by reviewing 43 documents relating to client records. Some of these documents were guidelines developed by other Canadian occupational therapy regulatory organizations, other Canadian health professional organizations as well as Australian and United Kingdom guidelines. Position statements, scholarly papers and practice articles were also reviewed, rated and pertinent information noted for inclusion into the present guideline. The committee also requested and received an opinion on charting and record-keeping from the college's legal counsel, Lovett & Westmacott. The final document was approved by the COTBC Board in January, 2006.

This guideline is intended to support occupational therapists' decision making regarding the management of client information across practice settings.

Statement of Purpose

This guideline clarifies the occupational therapist's accountability and the college's expectations regarding the collecting, recording and protecting of client information. It is also designed to assist occupational therapists to identify and reduce the risks inherent in managing client information, thereby protecting clients from harm. The college considers confidentiality crucial to ethical practice and expects that occupational therapists respect and uphold the client's right to privacy by safeguarding information learned and/or accessed in the context of the professional relationship.

Managing client information requires compliance with legislated acts and the legal requirements as set out in the COTBC Bylaws. The college's focus is on the quality and content of the client information, and acknowledges that occupational therapists collect, record and protect client information in different ways.

Managing client information is important because of the many ways in which the client record is used.

The client record…

- *enables client access to information*
  Clients can expect involvement in collecting, recording and protecting relevant information. They can also, with due process, expect access to current, legible, accurate and complete records of the occupational therapy services and process.

- *describes the occupational therapy process*
  Since occupational therapists collect and record client information to plan, implement, and carry out a systematic client-centred care plan, the occupational therapy process is reflected in the client record. Collecting, recording and protecting client information can allow an occupational therapist to demonstrate that safe, ethical and competent care was delivered to the client. The record can also make explicit the therapist's critical thinking, reasoning and decision-making.

- *advances quality occupational therapy services*
  The management of client information also aids occupational therapists to communicate effectively with the client, his or her primary caregivers, family, other health professionals and others involved in the care of the client. Client information may be used to advance the profession's evidence and knowledge base through education and research activities. It can also be used by administrators, planners and the college to guide decision-making, for quality improvement activities, and reflection on practice.

COTBC Bylaw Alert

The college bylaws cite relevant legislated acts that impact on OT's record management.

Review Part 6: Registrant Management of Client Records for details of privacy legislation, guardianship acts, etc.

Competence Check

The *Essential Competencies of Practice for Occupational Therapists in Canada (Essential Competencies)* 2003 contain the knowledge, skill and abilities related to managing client information. Refer to the following sections:

1.2, 1.3, 1.6, 2.3, 3.5, 3.7, 4.3, 5.1-5.6.

Definitions

Client

Clients may be individuals, families and/or groups, agencies or organizations receiving care and/or services from a registered occupational therapist. It is synonymous with patient or consumer and means a recipient of occupational therapy services.

Client information

Client information is personal data about clients and their contexts regardless of how it is collected.

Client representative

A client representative in most cases will be a family member or partner. He or she may also be considered a substitute decision maker. This individual may be selected by the client or appointed by the Court or Public Guardian and Trustee of British Columbia, and in this case is considered an authorized client representative.

Health record

A health record is a compilation of pertinent facts of an individual's health history, including all past and present medical conditions, illnesses and treatments, with emphasis on the specific events affecting the patient during the current episode of care. The information documented in the health record is created by all healthcare professionals providing the care. (Canadian Health Record Management Association)

Electronic health record (EHR)

The electronic health record (EHR) is a computer-based electronic file that resides in a system specifically designed to support users by providing accessibility to complete and accurate health data, alerts, reminders, clinical decision support systems, links to medical knowledge, and other aids. (Canadian Health Record Management Association)

Occupational therapy record

A client record is considered any written or computerized text information, and audio-visual media generated by the occupational therapist or individuals supervised by the occupational therapist that relate to the occupational therapy services provided to the client. It may also include the recording of appointments, equipment administration, and financial records pertinent to the individual client. An occupational therapy client record is part of an overall health record.

Secondary record

A secondary record is information that is not kept in the client record. Examples include raw data gathered from standardized evaluations which should be retained and inter-disciplinary communication journals which may become part of the permanent record.

Managing client information

Managing client information is the process by which occupational therapists collect, record and protect client information.

Occupational therapy service

Occupational therapy service may be direct care, research, education, consultation or administration.

Key Responsibilities

The occupational therapist has the responsibility to collect, record and protect client information of all types, including face-to-face or telephone communication, paper, computer, audio media, or video imaging.

Throughout the service continuum, occupational therapists engage in critical thinking and risk management procedures to make informed decisions regarding what information to collect, record and protect.

Occupational therapists are careful that while…

COLLECTING client information, the client is informed:

- of the importance of up-to-date, accurate, relevant and complete information.
- that providing consent directs how, where, when and by whom his or her information can be used.

RECORDING client information, the client is informed:

- that the information is combined with the therapist's practice knowledge to plan and implement client-centred, systematic occupational therapy services that resolve the client's occupational performance issues.
- of the critical thinking involved in the occupational therapy process.
- that the recording of information by students and unregulated support personnel is supervised by the occupational therapist.
- that recording may be multi-disciplinary but the occupational therapy content is checked for accuracy by the occupational therapist.

PROTECTING client information, the client is informed:

- of how to access his or her own record.
- that the occupational therapist is aware of relevant legal, professional and ethical obligations to prevent breaches in confidentiality and privacy of the client's personal information and/or unauthorized access to the client's records.
- of when information may be used to maintain or improve standards of care; for example, chart audits by an employer.
- of when information may be used for educational or research purposes.

COTBC Bylaw Alert

Occupational therapists must be careful not to intrude to an unreasonable extent upon the personal affairs of the client concerned. (COTBC Bylaw 74)

Competence Check

When managing client information, occupational therapists should act with professional integrity. Review Section 1.6 of the *Essential Competencies* regarding professional boundaries, addressing conflicts of interest, etc.

Additional resources

Freedom of Information and Protection Privacy Act (FOIPPA).

Personal Information Protection Act (PIPA).

Both available at: The Office of the Information & Privacy Commissioner for British Columbia htpp://www.oipcbc.org

Practice Guideline: Assigning of Service Components to Unregulated Support Personnel (COTBC, 2004). Documentation responsibilities, p. 3

COTBC Bylaw Alert
When collecting information on a specific client, only collect information that relates directly to and is necessary for providing occupational therapy services to the client or for related administrative purposes. (COTBC Bylaw 71)

Note responsibilities when dealing with a client representative. (COTBC Bylaw 70)

Sections 72 and 73 also include important regulations re: collecting client information.

Competence Check
Review Unit 5. Communicates Effectively in the *Essential Competencies* for ways in which you can improve your documentation practices.

Practice Expectations

I. Collecting Client Information

When collecting information, occupational therapists consider:

- Completeness of referral information.
- Client's knowledge of occupational therapy, and his or her ability to engage in the process.
- Client's informed consent to the occupational therapy process.
- Confidentiality and consent to the release of information.
- Creating a private environment in which to collect information.
- Minimizing the barriers to the client's ability to participate mentally and physically in the occupational therapy process.
- Involvement (and effect) of client supports such as parents, primary caregivers, spouses, and significant others.
- Necessity for an interpreter.
- Involvement (and effect) of student and/or support personnel.
- Timing of collection.
- Information to be collected and its relevance to the client's occupational performance issues.
- Information to be collected and its relevance to education and research.

Practice Expectations

II. Recording Client Information

During the referral process, occupational therapists record:

- Date referral is received.
- Source of referral and reason for referral.
- Contact information for client and referral source.
- Information from the referral source that is necessary for occupational therapy services.
- Date and time appointment is made and with whom, i.e. client or client representative.

During the delivery of services, occupational therapists record:

- Client was informed of purpose of occupational therapy appointment and what information will be gathered.
- Client was informed as to how the information will be used and with whom it will be shared.
- Client was informed as to how the information will be recorded (written, audio recording and transcription, and/or video taped.)
- Request made for missing information.
- Consent obtained from client or client representative to participate in occupational therapy services, or if unable to give consent, resulting action taken by occupational therapist.
- Client demographics that are relevant to providing services.
- Identification and validation of client occupational performance (OP) issues through interview, observation and assessment measures.
- Identification of components and conditions contributing to OP issues through assessment.
- Strengths, weaknesses, resources and impediments.
- Client's perceptions of OP needs, desired outcomes and progress.
- Measurable objectives to obtain targeted outcomes.
- Progress, including trials of equipment and results.
- Consultants and others involved in the delivery of services, including copies of their reports and other input.
- Outcomes, re-assessments and adjustments to occupational therapy care plan.
- Missed appointments.
- Periodic summaries, recommendations and final reports.
- Referral information if indicated.
- Signatures and countersignatures of supervised personnel, including students and at times colleagues, when writing joint reports.
- Dates of all entries and reports.
- Accompanying reports or information from client's health records that pertain to the occupational therapy service provision.

COTBC Bylaw Alert

Take every reasonable effort to ensure that the information recorded is current, legible, accurate and complete. (COTBC Bylaw 76)

Refer to COTBC Bylaws 77 and 78 for other important regulations re: recording client information such as how to record corrections to client information.

Timing

Date information when written.

Record as close to the time the event occurred as possible.

Record information in chronological order.

Word Usage

Use plain, jargon-free language or define terms. Be consistent in word usage. Avoid acronyms and abbreviations.

Detail and Frequency

Increase detail and frequency of recording relative to the degree of risk, e.g. increase with complexity of client's condition.

Signature

Accompany signature with name and professional designation of either OT or Occupational Therapist.

COTBC Bylaw Alert
Records must be safely and securely stored for a period of ten (10) years. (COTBC Bylaw 82) In the case of minors, records must be kept for 10 years after the client reaches the legal age of 19.

Refer to COTBC Bylaws 75, 78-88 for other important regulations re: protecting client information such as when information can be disclosed, what to do when an OT sells her or his business, and methods for disposing of client information.

Additional resources
Freedom of Information and Protection Privacy Act (FOIPPA).

Personal Information Protection Act (PIPA).

Both available at: The Office of the Information & Privacy Commissioner for British Columbia htpp://www.oipcbc.org

Practice Expectations

III. Protecting Client Information

The COTBC Bylaws contain very specific information regarding the storage, retention and protection of personal information. Review these in addition to reading the expectations outlined below.

When protecting client information, occupational therapists consider:

- Developing protocols for access, retention and destruction of client records in keeping with the COTBC Bylaws.
- Outlining in contractual agreements with payers the procedures for protecting client information.
- Recording when and what information has been released to clients and/or others.
- Setting up a secondary secure filing system for raw test data, and financial records pertinent to the client's case.
- Locked filing cabinets and password protected computer access, especially for home-based practices and laptop computers.
- Placing a notice at the bottom of all emails and fax transmissions regarding confidentiality and procedures if the information was sent to the wrong address or phone line inadvertently.
- Encrypting email messages.
- Securing files in progress, not just closed or completed cases.
- Implementing regular and secure backup procedures for electronic files.

Critical Thinking and Decision Making

Safe management of client information requires that occupational therapists make reasoned decisions regarding the information they collect, how they record it, and how they protect it. A risk management approach to managing client information, throughout the care continuum, is recommended to prevent harm.

Risk management is "nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm." (Health and Safety Executive, 1999)

In the suggested Decision Making Tool (see page 10), occupational therapists first identify the risk factors. These are listed on page 9 and are grouped into four main categories: nature of the referral, complexity of client's presentation, environmental conditions, and the occupational therapist's skills and knowledge.

Once the factors are identified, occupational therapists consider the probability of the risk occurring and the severity of the impact, i.e. harm to the client. The risks can be classified from low probability and low impact to high probability and high impact.

Occupational therapists are then expected to take action or precautions to minimize the risk of harm. In the case of managing client information this action could include:

- not proceeding with the collection of information;
- expanding the amount of information collected and recorded;
- increasing the frequency of information collected and recorded; and/or
- implementing higher security measures to protect the information.

It is important to record the risk management actions taken to demonstrate that precautions were taken to protect the client from harm and to minimize risk.

This risk management process is dynamic and ongoing throughout the care continuum, and carries on even after the file is closed.

Reducing Risk

The goal is to choose an action that is suitable and sufficient to minimize the risk. There may not be a perfect solution.

When managing information…

- Identify all risk factors.
- Assess the probability of each risk, i.e. how likely that it will occur.
- Assess the negative impact, i.e. what degree of harm could it cause the client.
- Take actions/ precautions to reduce the probability and impact of the risk.

Risk Factors

Nature of Referral

- Accuracy and quality of information from other sources, e.g. other professionals, client's significant others.
- Client is under pressure, even coercion to respond and/or behave in a certain way.
- Referral source has power to influence funding of services.

Complexity of Client's Presentation

- Complexity of condition including physical, mental, and social dimensions.
- Stability of condition.
- Capacity to authorize release of information, to give consent, to direct care, to make informed health-care decisions.
- Fluctuating performance in different situations due to fatigue, pain, medications, stress, and/or distractions, etc.
- Cultural beliefs and values.
- Ability to give and receive accurate information: language barriers, speech deficits, minimal dominant hand use which prevents proper signature; problems with reading, vision, understanding complex information, retaining information.

Environmental Conditions

- Time (or funding) allowed for documentation.
- Pressure from others on the client and/or on the occupational therapist to document findings and recommendations in a certain way.
- Access to client information by unauthorized persons, e.g. in home office, in car.
- Storage media integrity.
- Software reliability.

Occupational Therapist's Skills and Knowledge

Lack of, or insufficient:

- Knowledge of current legislation, e.g. when consent is or is not required, privacy, access to records, confidentiality.
- Clinical knowledge to proceed with the occupational therapy service required.
- Knowledge of use of technology in controlling confidentiality of transmitted information, storing and protecting information e.g. encrypting, firewalls.
- Level of experience in report writing and other documentation procedures.
- Ability to communicate information to clients or client representatives.
- Accuracy of testing and analysis of assessments.
- Therapeutic or trusting relationship with client.

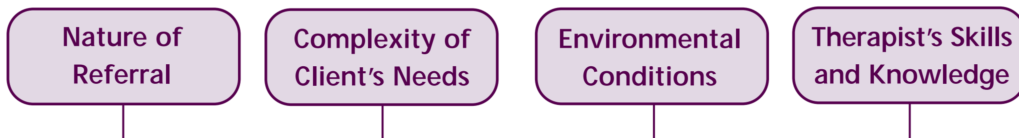
Decision Making Tool

A RISK MANAGEMENT APPROACH DESIGNED TO REDUCE THE PROBABILITY OF HARM

STEP ONE

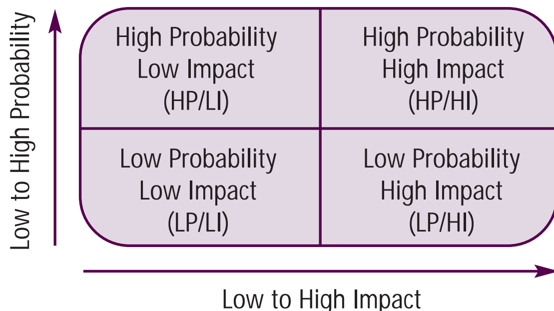
IDENTIFY POTENTIAL RISKS

Consider risks in all four areas when collecting, recording and using client information.



STEP TWO

ASSESS RISK FACTORS IN ALL AREAS AND CLASSIFY FROM LOW IMPACT/LOW PROBABILITY TO HIGH IMPACT/HIGH PROBABILITY



Low to High Impact

PROBABILITY
The chances of harm coming to the client during collecting, recording and/or protecting his/her information.

IMPACT
The severity of harm that may come to the client during collecting, recording and/or protecting his/her information.

STEP THREE

MANAGE OR CONTROL THE RISK

Possible Actions/Precautions to Take
Do not proceed with collection of information
Expand amount of information collected and recorded
Increase frequency of information collected and recorded
Implement higher security measures to protect information

STEP FOUR

CONTINUED MONITORING OF RISKS. REPEAT PROCESS

Using the Decision Making Tool

EXAMPLE #1. COLLECTING CLIENT INFORMATION

Client Presentation

Client requests a driving assessment.

He is living at home and recovering from a mild CVA sustained three months prior. He voices frustration with inability to drive and states he is angry that his keys are hidden from him.

STEP ONE

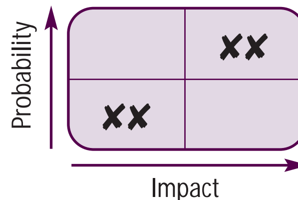
IDENTIFY POTENTIAL RISKS

Nature of Referral	Complexity of Client's Needs	Environmental Conditions	Therapist's Skills and Knowledge
1. Self-referral 2. No medical history 3. No records	1. Mild CVA 2. Appears emotionally labile 3. Relatives may provide biased information	1. Clinic has well-established policies and procedures for managing client information 2. Community-based centre, no doctor referral necessary	1. 10 years of experience in driving assessments 2. OT's neurological knowledge up-to-date

STEP TWO

CLASSIFY RISK OF HARM TO CLIENT

High probability/ High impact	High probability/ High impact	Low probability/ Low impact	Low probability/ Low impact



By looking at this composite figure, you can identify the level of overall risk and make a decision re: where priorities for risk management strategies should be placed.

STEP THREE

MANAGE OR CONTROL THE RISK - Possible Actions/Precautions to Take

Provide client with information that occupational therapist requires before proceeding with a driving assessment. Record client's presentation, concerns and wishes, and action taken.

STEP FOUR

CONTINUE MONITORING OF RISKS

Using the Decision Making Tool

EXAMPLE #2. RECORDING CLIENT INFORMATION

Client Presentation

Client is currently in hospital due to a suicide attempt. He has not been able to maintain a job or relationship since diagnosed with schizophrenia two years prior. While reviewing the client's occupational performance issues with respect to work, the client becomes very anxious and expresses desire to end his life.

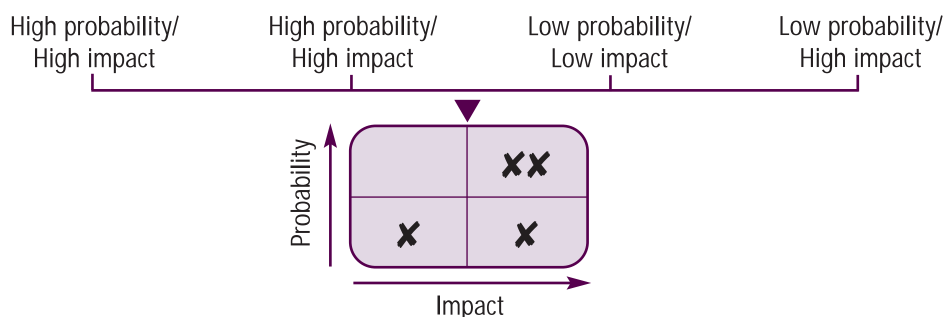
STEP ONE

IDENTIFY POTENTIAL RISKS

Nature of Referral	Complexity of Client's Needs	Environmental Conditions	Therapist's Skills and Knowledge
1. Standing referral for all clients to see an OT. 2. Client specifically requested an OT for job counselling.	1. Client is under maximum supervision due to suicide ideation. 2. Medications are being adjusted and client is experiencing hallucinations. 3. Client's ex-girlfriend just visited.	1. OT's time to report and record is adequate.	1. OT just transferred to unit and has not worked in psychiatry since she was a student 10 years ago.

STEP TWO

CLASSIFY RISK OF HARM TO CLIENT



By looking at this composite figure, you can identify the level of overall risk and make a decision re: where priorities for risk management strategies should be placed.

STEP THREE

MANAGE OR CONTROL THE RISK - Possible Actions/Precautions to Take

Client's desire to end his life is reported immediately by the occupational therapist to the psychiatrist-on-call and the nurse in charge. Incident and action taken (oral report) is recorded on the client's chart as soon as possible. Other recording measures specific to psychiatric unit are also followed, e.g. placing 'high risk flag' on chart.

STEP FOUR

CONTINUE MONITORING OF RISKS

Using the Decision Making Tool

EXAMPLE #3. PROTECTING CLIENT INFORMATION

Client Presentation

Client is a ten-year-old, grade 4 student who was referred for assessment due to delayed writing skills. The occupational therapist is in private practice and does frequent consultations for the school district. A full assessment was completed and the report was written with treatment and accommodation recommendations. The occupational therapist recently sold her practice and is moving to another province.

STEP ONE

IDENTIFY POTENTIAL RISKS

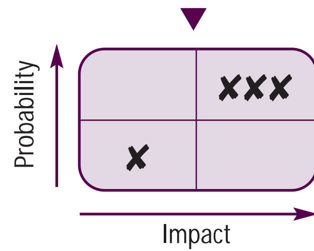
Nature of Referral	Complexity of Client's Needs	Environmental Conditions	Therapist's Skills and Knowledge
1. Referred by speech language pathologist (SLP) who is employed full-time with the school district. 2. Parents were informed and supported OT involvement.	1. Assessment confirmed delayed writing skills and coordination difficulties which might suggest developmental coordination disorder (DCD). 2. Teachers note client is disruptive in class, refusing to do written assignments. 3. Client says his writing is fine but he is upset about losing friends because he can't ride a bicycle. Describes himself as a "spaz".	1. OT is leaving the province. 2. Client records include both written documentation and computer files.	1. Therapist buying the OT practice is new to private practice and lacks knowledge regarding DCD.

STEP TWO

CLASSIFY RISK OF HARM TO CLIENT

Low probability/ Low impact	High probability/ High impact	High probability/ High impact	High probability/ High impact

Example #3 continued



By looking at this composite figure, you can identify the level of overall risk and make a decision re: where priorities for risk management strategies should be placed.

STEP THREE

MANAGE OR CONTROL THE RISK - Possible Actions/Precautions to Take

Implement higher security measures to protect information

Parents, speech language pathologist, school and family physician are informed of the change in therapist/company and have copies of the report. All files (including consents) compiled and transferred to the occupational therapist who has bought private practice. The occupational therapist buying the practice is apprised of the client's status and advised to increase her knowledge in DCD or to refer to an occupational therapist experienced in this area.'The occupational therapy buyer' signs document agreeing to take responsibility for maintaining confidentiality and security of the client record. This is recorded. Electronic files are then stored and protected by the 'occupational therapy vendor' for 10 years.

STEP FOUR

CONTINUE MONITORING OF RISKS

Collecting, Recording and Protecting Client Information Checklist

Use this checklist to identify areas where you may need to improve your client record methods.

When COLLECTING client information, I consider…	Meet Consistently	Need to improve
Completeness of referral information		
Client's knowledge of occupational therapy, and his or her ability to engage in the process		
Client's informed consent to the occupational therapy process		
Confidentiality and consent to the release of information		
Creating a private environment in which to collect information		
Minimizing the barriers to the client's ability to participate mentally and physically in the occupational therapy process		
Involvement (and effect) of client supports such as parents, primary caregivers, spouses, and significant others		
Necessity for an interpreter		
Involvement (and effect) of student and/or support personnel		
Timing of collection		
Information to be collected and its relevance to the client's occupational performance issues		
Information to be collected and its relevance to education and research		

When RECORDING client information, I consider…	Meet Consistently	Need to improve
During the referral process:		
Date referral is received		
Source of referral and reason for referral		
Contact information for client and referral source		
Information from the referral source that is necessary for occupational therapy services		
Date/time appointment is made and with whom, i.e. client or client representative		
During service delivery:		
Client was informed of purpose of occupational therapy appointment and what information will be gathered		
Client was informed as to how the information will be used and with whom it will be shared		
Client was informed as to how the information will be recorded (written, audio recording and transcription, and/or video taped.)		
Request made for missing information		
Consent obtained from client or client representative to participate in occupational therapy services, or if unable to give consent, resulting action taken by occupational therapist		
Client demographics that are relevant to providing services		
Identification and validation of client occupational performance (OP) issues through interview, observation and assessment measures		
Identification of components and conditions contributing to OP issues through assessment		

Continued on next page

When RECORDING client information, I consider...	Meet Consistently	Need to improve
During service delivery:		
Strengths, weaknesses, resources and impediments		
Client's perceptions of OP needs, desired outcomes and progress		
Measurable objectives to obtain targeted outcomes		
Progress, including trials of equipment and results		
Consultants and others involved in the delivery of services, including copies of their reports and other input		
Outcomes, re-assessments and adjustments to occupational therapy care plan		
Missed appointments		
Periodic summaries, recommendations and final reports		
Referral information if indicated		
Signatures and countersignatures of supervised personnel, including students and at times colleagues, when writing joint reports		
Dates of all entries and reports		
Accompanying reports or information from client's health records that pertain to the occupational therapy service provision		

When PROTECTING client information, I consider…	Meet Consistently	Need to improve
Developing protocols for access, retention and destruction of client records in keeping with the COTBC Bylaws.		
Outlining in contractual agreements with payers the procedures for protecting client information		
Recording when and what information has been released to clients and/or others		
Setting up a secondary secure filing system for raw test data, and financial records pertinent to the client's case		
Locked filing cabinets and password protected computer access, especially for home-based practices and laptop computers		
Placing a notice at the bottom of all emails and fax transmissions regarding confidentiality and procedures if the information was sent to the wrong address or phone line inadvertently.		
Encrypting email messages		
Securing files in progress, not just closed or completed cases		
Implementing regular and secure backup procedures for electronic files		

References

Association of Canadian Occupational Therapy Regulatory Organizations. (2003). *Essential competencies of practice for occupational therapists in Canada* (2nd ed.). Toronto, ON: Author.

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Notes

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