



GUIDELINE FOR RECORDS MANAGEMENT PROCESSES FOR ADOPTIONS

March 2019

Approved by the Provincial Health Information Management Leadership Committee
Initially approved

March 21, 2012

Revised June 12, 2014; March 12, 2015; October 28, 2016; December 5, 2018; March 13, 2019

The Provincial Health Information Management Leadership Committee plays a key role in setting provincial health information standards, particularly those related to clinical and administrative data standards, and facilitating implementation within the public health system. The Committee also fulfills the role of the Client Registry Advisory Committee, by providing advice and making recommendations to the Newfoundland and Labrador Centre for Health Information, on matters related to the provincial Client Registry (a component of the Newfoundland and Labrador Electronic Health Record known as HEALTHe NL).

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Introduction

The Department of Children Seniors and Social Development (CSSD) manages adoption services on behalf of the Government of Newfoundland and Labrador. CSSD provides redacted immunization records and summaries of relevant medical reports to adoptive parents. The community health nurse completes a health summary for the adoptive parents. Upon placement, adoptive parents are instructed to seek a new MCP card for the child/youth as soon as possible post adoption to facilitate continuity of medical insurance coverage post-adoption.

Through a separate process, staff of CSSD will initiate a notification process to the health system. This will trigger actions on the part of the Newfoundland and Labrador Centre for Health Information (NLCHI), the Regional Health Authorities (RHAs), pharmacies connected to the Pharmacy Network (PN), and primary care providers using the provincial electronic medical record (EMR) system (eDOCSNL) regarding appropriate records management related to the adoption. To support future health care, the health records of the child/youth must be managed in a timely and specific manner to ensure historic records are vetted appropriately, yet associated with the new identity of the child/youth in a privacy sensitive manner.

In response to notification from CSSD of adoptions and adoption disruptions, the following process should be strictly followed by staff within the RHAs and the Registry Integrity Unit (RIU) of NLCHI. Where appropriate, the RIU will also work with Pharmacy Network Program staff and EMR users to support this process. By implementing these processes, the pre-adoptive and post-adoptive identities of the child/youth are kept separate but relevant historic health information is available to support care to the individual. The RHAs, eDOCSNL and NLCHI may develop more detailed instructions for specific users which reflect local systems and workflows; however, they must align with this provincial guideline.

This process does **NOT** apply to adoptions by step-parents, relatives, people with permanent custody and adoptions external to CSSD. These adoptions are treated as an official name change and demographic information is not severed between the pre-adoption and post-adoption record.

Regardless of whether the adoption was managed through CSSD or not, in the case of adoptions in which the surname of the adoptee does not change, MCP does **NOT** issue a new MCP# for the child. When the adoptee's MCP# does not change, there are major limitations on the ability of the RHAs, pharmacies and EMR users to separate the pre and post adoptive records to protect the identity of the child and birth parents within the health record. In such cases, **redaction of the pre-adoptive record is NOT required** but the mother's first name within the registration system should be updated to that of the adoptive mother along with the appropriate demographic, next of kin and contact information. In addition, the custodian of

the record should implement workflow processes to reduce the risk of inappropriate disclosure of personal and personal health information of the birth parents such as checking chart notes for any reference to the birth parent/s prior to release of information. Questions that arise regarding specific cases should be directed to CSSD for guidance.

In the case of adoptions managed through CSSD in which a new MCP# is issued, the following record management processes **MUST** be followed.

ADOPTION NOTIFICATION & RECORD MANAGEMENT PROCEDURE

DEPARTMENT OF CHILDREN, SENIORS AND SOCIAL DEVELOPMENT (CSSD) PROCESS

Note: CSSD continues to develop policies in this area which may necessitate future updates to this guideline.

1. Social workers involved in the adoptions process have an important role to play in communicating key requirements to the adoptive parents related to future health services. Upon placement of a child/youth with the post adoptive family, the CSSD social worker will:

- Advise the CSSD Adoptions Consultant (or delegated alternate) immediately of the placement.
- Provide a letter to the adoptive parents advising them to apply for a new MCP card immediately upon placement of their child/youth. Adoptive parents should not request a legal name change at MCP or the RHAs prior to the adoption notification being sent by CSSD to MCP and the RIU.

CSSD is then responsible for:

- Notifying the Department of Health and Community Services Medical Care Plan (MCP) Division of the adoption (see section 2 below).
- Initiating the notification of adoption to the health system via the RIU (see section 3 below).
- Advising adoptive parents that existing active prescriptions (including filled and unfilled refills) will be cancelled upon notification of the adoption to the health system and that new prescriptions are needed for any medications that must continue post-adoption. No refills will be dispensed under the pre-adoptive name. In addition, existing prescriptions cannot be transferred to the record under the post-adoptive name.

2. The CSSD Adoptions Consultant or delegated alternate will send a notification letter of **EACH** adoption managed through CSSD to MCP electronically. The notification of adoption letter will contain the following information:
 - Birth (Pre-adoptive) Name
 - MCP number before Adoption Placement
 - Date of Birth
 - Sex
 - Mailing Address Prior to Adoption Placement
 - Phone Number Prior to Adoption Placement
 - Date of Adoption Placement
 - Indication if the child's name will be changing post adoption. This is necessary to ensure MCP coverage is not immediately terminated and the records separated unnecessarily as would be the case if the name is changing and a new MCP# issued.

3. CSSD will send notification of **EACH** adoption managed through CSSD to the Registry Integrity Unit using the NLCHI Managed File Transfer (MFT) process. The notification of adoption letter will contain the following information:
 - Birth (Pre-adoptive) Name
 - MCP number before Adoption Placement
 - Date of Birth
 - Sex
 - Place of Birth
 - Mailing Address Prior to Adoption Placement
 - Phone Number Prior to Adoption Placement
 - Date of Adoption Placement
 - Adoptive Parent(s) Names
 - Adoptive Parent(s) Mailing Address
 - Adoptive Parent(s) Phone Number
 - Adoptive Name of Child
 - Indication if the child's name will be changing post adoption. This is necessary to ensure the records are not separated unnecessarily as would be the case if the name is changing and a new MCP# issued.

MCP

4. When an adoptive parent presents the CSSD letter to MCP requesting a new MCP card, the letter will be given to the manager onsite (Grand Falls-Winsor or St. John's office) or

delegated alternate, who will ensure the application is managed in accordance with this Guideline and the risk of account mergers is minimized.

When MCP receives a request to change an MCP# and there has not been a notification received from CSSD of an adoption, MCP will contact CSSD for confirmation before taking action.

Upon receipt of notification of an adoption, MCP will terminate the child's pre-adoptive MCP # and terminate code 88 Child in Care. In the case of adoptive children/youth whose names are **NOT** changing post adoption, a new card under a new MCP# is **NOT** issued.

For children/youth whose names are changing post adoption, a new MCP card will be issued after the adoptive parents have submitted the MCP application under the new name and MCP#.

REGISTRY INTEGRITY UNIT

5. In the case of adoptive children/youth whose names are **NOT** changing post adoption, the MCP # will not change. Notification to the RHAs, and eDOCSNL is still required so changes related to the post-adoption address, next of kin, Mother's name, person to contact, etc., can be entered in the local system. Pharmacies will receive updated demographic information from the Client Registry when the next prescription is filled. A notation regarding the adoption should be made in the Client Registry in case an adoption disruption notification is received.

In the case of adoptive children/youth whose names are changing and a new MCP# will be issued, the Registry Integrity Unit staff will review the Client Registry of the provincial electronic health record (HEALTHe NL) to identify all source systems that have a record for the adopted person under the pre-adoptive name. Source systems include any organization's information system that shares data with the Client Registry and has a local source record for the adopted person. This includes, but is not limited to, the information systems of the four regional health authorities, the Department of Health and Community Services-MCP, RHA and physician office deployments of the provincial EMR and community pharmacies connected to the Pharmacy Network.

6. Registry Integrity Unit staff will provide each RHA with relevant demographic and administrative details regarding pre-adoptive and post-adoptive status. This will enable the organization to action local records appropriately (as described in step 7 below).

Notifications occur during regular business hours, Monday to Friday. Information to validate the adoption will be sent via the MFT process and phone calls will be utilized to follow up and ensure proper management of the records is completed. RIU Notifications of Adoption include the following information related to the child/youth, **based on the information received from CSSD on its notification letter:**

- Name before adoption
- Name after adoption
- MCP number before adoption
- MCP number after adoption (if available)
- Mailing Address before adoption placement
- Mailing Address after adoption placement
- Phone Number before adoption placement
- Phone number after adoption placement
- Birth Mother's First Name
- Adoptive Parent(s) Names
- Date of Birth
- Gender
- Place of Birth
- Date of Adoption Placement
- Applicable Unique Client Identifier (e.g. Meditech Unit #, CRMS ID#, MedAccess ID#)

REGIONAL HEALTH AUTHORITIES

7. Upon receipt of notification of an adoption the **RHA** will take the following steps to ensure both paper and electronic records are managed appropriately and no link can be made between the pre-adoptive and the post-adoptive identities:

Due to variations in systems and workflows, each RHA will need to develop detailed procedures to address paper and electronic records in a manner that is consistent with the direction noted below. Wherever possible, consistency will be promoted, especially when applied to provincial systems such as CRMS and the NL EMR (eDOCSNL).

Secure the existing record under the pre-adoptive name

The original record (paper or electronic) should remain intact in case the child/youth requests access at 19 years of age. The core electronic records reside in Meditech, Client and Referral Management System (CRMS) **and the RHA EMR**. The custodian should:

- Review and adjust electronic and manual wait lists as appropriate.
- Review and notify applicable departments with stand-alone systems that do not interface with Meditech to exchange demographic information (e.g., ARIA Cancer Care system, PICIS OR Manager, HCRS).
- Cancel appointments under the pre-adoptive name.
- Notify the Picture Archiving and Communications System (PACS) Administrator if relevant information is contained within the existing record.
- Electronically 'lock' the record in the Meditech Patient Care Inquiry (PCI) or equivalent module. Restrict access to the pre-adoptive record in other systems **if electronically possible** within that system.
- Segregate the original paper record from other paper records in a secure manner.

The record will remain in the Master Patient Index of each electronic system (in inactive status within the EMR system) under the pre-adoptive name and can still be searched; for this reason, 'digging' for additional identifying information during registration should be discouraged.

The original record can be 'unlocked' if the child/youth decides at 19 years of age to request access to his/her information, or if the adoption is disrupted.

Start a new record under the post-adoptive name

- Create a new record in each relevant system with a new chart number under the post-adoptive name. If the new MCP number is not yet issued, the new record should still be created.
- In the case of CRMS, CSSD social workers no longer have access to CRMS and cannot create a record for the child in the post-adoptive name as in the past. Upon notification of an adoption, contact should be made with a CRMS super-user (e.g. CRMS Coordinator) and request creation of the new record.
- Rebook appointments originally booked under the pre-adoptive name in the post-adoptive name.

Notify the PACS Administrator

The PACS Administrator is responsible for managing the pre-adoptive identity associated with the PACS exams completed by his/her associated RHA that reside under the pre-adoptive name. The PACS Administrator will:

- Create a copy of the PACS reports and exams completed by that RHA in Radworks (or similar software application).
- Edit patient demographic information in the copy to remove all pre-adoptive identifiers and replace them with post-adoptive identifiers. Facility and RHA identifiers will also be removed from the image header to the extent possible. See Appendix A for a listing of identifiers to be vetted from the health record. Radworks will return exams as 'Unspecified.'
- Exams that contain 'burnt in' pre-adoptive identifiers (e.g., nuclear medicine, fluoroscopy) and scanned referrals and requisitions (e.g., digitized paper copy) embedded into the image cannot be changed and therefore may contain pre-adoptive identifiers. These exams **cannot currently** be copied to the post-adoptive name; however, the exam reports and requisitions can be redacted as part of the Health Records process. Software applications may enable "burnt in" pre-adoptive identifiers to be replaced by the post-adoptive identifiers in the future.
- Utilize Exam Manager to revise 'Unspecified' returned exams with a descriptor that includes the procedure description and date of the event. The exam status will be marked 'Completed.'
- Notify Medical Records adoptions record lead that the PACS portion of this procedure is completed.
- Mark the pre-adoptive report 'Confidential' in the PACS system to further limit future access to the pre-adoptive record.

New imaging completed on a go forward basis will be available under the post-adoptive name field.

Create a copy of the original record from each applicable facility/program

- Create a copy and redact the record, either in paper and/or electronic format.
- Vet the record of site and personal identifiers, redact, scan paper record (where scanning is available) and index this copy of the original record under the post-adoptive name. See Appendix A for a listing of the information to be redacted in the record.
***Note:** Visit history is not carried forward. The visit history must be printed, redacted and scanned into PCI in Meditech (where available) under the post-adoptive name and unit number.*
- In the case of in or out-of-province adoptions, a complete copy of this vetted record (including requisitions and PACS reports) will be retained within the Health Records department until a request to transfer the health record to another facility is received.

Notify the Registry Integrity Unit when the above process is complete

Registry Integrity Unit staff will work with RHA staff to ensure there is no linkage of records within the Client Registry.

Notify the eDOCSNL team when the above process is complete

Registry Integrity Unit staff will work with the eDOCSNL team and EMR users to ensure there is no linkage of records within the Client Registry.

No revisions are necessary to any pre-adoptive inpatient, day surgery or other abstracts submitted by the RHA to the Discharge Abstract Database or the National Ambulatory Care Reporting System of the Canadian Institute for Health Information.

COMMUNITY PHARMACIES (PHARMACY NETWORK)

8. The RIU will create a Service Desk ticket and assign it to the Pharmacy Network Program staff. They will then contact each community pharmacy Client Registry source where the adoptee had filled prescriptions under the pre-adoptive name and request the appropriate action(s) be taken in the pharmacy records. Communication will take place through phone calls, with follow up confirmation sent via secure MFT process or registered mail.

In most situations, Pharmacy Network Program staff will:

- Advise the pharmacy that due to an adoption it should inactivate the patient profile in the pharmacy's information system and insert a local note indicating "Inactivated upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach."
- Provide direction that a new patient profile should be created **ONLY** if the patient presents to the pharmacy.
- Advise pharmacies to contact Pharmacy Network Program staff if they suspect an adoption has been re-identified or if they have any concerns regarding the adoptions record management process.
- Include education and training related to adoptions record management in PN deployment and pharmacy follow up visits to ensure pharmacy staff are aware of the rationale and procedure.

There may be situations in which the Pharmacy Network Program staff will work with pharmacy staff on a case by case basis.

9. Upon notification, pharmacies are expected to:
 - Inactivate the patient profile in the pharmacy’s information system and insert a local note indicating “Inactivated upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach.”
 - Create a new patient profile **ONLY** if the patient presents to the pharmacy.
 - Contact Pharmacy Network Program staff if they suspect an adoption has been re-identified or if they have any concerns regarding the adoptions record management process.
10. Pharmacy Network Program staff must **notify** the Registry Integrity Unit when all record corrections relative to each adoption is completed.
11. Registry Integrity Unit staff will then work with Pharmacy Network Program staff to ensure there is no linkage of records within the Client Registry.

EMR CLINICS (eDOCSNL) (Excludes RHA EMRs)

12. The RIU will create a Service Desk ticket and assign it to the eDOCSNL team when the adoptee has an EMR source record in the Client Registry under the pre-adoptive name. The eDOCSNL team will contact each applicable EMR source so that the local record can be actioned. The contact will take place via telephone follow up. In most situations, the eDOCSNL team will:
 - Advise the EMR Clinic that due to an adoption it should archive the patient profile in the EMR and insert a local task note indicating “Archived upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach.”
 - Provide direction that a new patient profile should be created **ONLY** if the patient presents to the clinic. If the patient does continue to receive care through the clinic, new prescriptions will need to be provided to the patient under the post-adoption name.
 - Include education and training related to adoptions record management in EMR deployment and clinic follow up visits to ensure EMR users are aware of the rationale and procedure.

There may be situations where the eDOCSNL team and RIU staff will work with EMR users on a case by case basis to address adoptions records management scenarios.

13. Upon receipt of notification of an adoption

The designated lead for records management for the **EMR** clinic will take the following steps to ensure both paper and electronic records are managed appropriately and no link can be made between the pre-adoptive and the post-adoptive identities.

Secure the existing record under the pre-adoptive name

The original record (paper or electronic) should remain intact in case the child/youth requests access at 19 years of age. The custodian should:

- Cancel appointments under the pre-adoptive name.
- Segregate the original paper record from other paper records in a secure manner.
- Archive the patient profile in the EMR and insert a local task note indicating “Archived upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach.” **Note:** *The new name (post-adoptive) is **NOT** provided to the EMR clinic.*
- Restrict access to the pre-adoptive record (in paper and/or electronic form) if electronically possible.

Start a new record under the post-adoptive name ONLY if/when the patient presents to the same or a different EMR clinic in the future for care.

If the patient presents to the same EMR clinic

- Create a new patient profile with a new chart number under the post-adoptive name. The adoptive parent(s) can provide the provider with the child’s social and medical history based on a summary that is provided by CSSD. If the new MCP number is not yet issued, the new record should still be created. EMR users should strive to ensure that no link is made between the pre-adoptive and post-adoptive identities.
- Create a paper copy of the original record; print all reports that are in an electronic form. Vet the record of site and personal identifiers, redact, scan and index this copy of the original record under the post-adoptive name. See Appendix A for a listing of the information to be redacted in the record.
- Provide new prescriptions to the patient under the post-adoption name for medications required for ongoing treatment.

- Rebook or cancel appointments originally booked under the pre-adoptive name in the post-adoptive name as appropriate given the child's new address. If the child has moved to another geographic area, appointments may need to be booked with alternate providers closer to the child's place of residence. If so, CSSD will facilitate access to the new providers.
- Advise the eDOCSNL team if they suspect the pre-adoptive identity has replaced the post-adoptive identity, or if there are any concerns regarding the adoptions record management process.
- Notify the eDOCSNL team when the above process is complete. The Registry Integrity Unit staff will work with the eDOCSNL team and EMR users to ensure there is no linkage of records within the Client Registry.

If the patient presents to a clinic using a different EMR instance than used by the attending clinic pre-adoption

- Create a new patient profile with a new chart number under the post-adoptive name. The adoptive parent(s) can provide the provider with the child's social and medical history based on a summary that is provided by CSSD. If the new MCP number is not yet issued, the new record should still be created. EMR users should strive to ensure that no link is made between the pre-adoptive and post-adoptive identities.
- Provide new prescriptions to the patient for medications required for ongoing treatment post adoption.
- If the child has moved to another geographic area, appointments may need to be booked with alternate providers closer to the child's place of residence. If so, CSSD will facilitate access to the new providers.
- Advise the eDOCSNL team if they suspect the pre-adoptive identity has replaced the post-adoptive identity, or if there are any concerns regarding the adoptions record management process.
- Notify the eDOCSNL team when the above process is complete. The Registry Integrity Unit staff will work with the eDOCSNL team and EMR users to ensure there is no linkage of records within the Client Registry.

The record will remain in the Master Patient Index of the EMR in archive status under the pre-adoptive name and can still be searched. For this reason, 'digging' for additional identifying information during registration should be discouraged.

The original record can be 'unlocked' if the child/youth decides at 19 years of age to request access to his/her information, or if the adoption is disrupted.

14. eDOCSNL **must notify** the Registry Integrity Unit when all record corrections relative to each adoption is completed.
15. Registry Integrity Unit staff will then work with eDOCSNL staff to ensure there is no linkage of records within the Client Registry.

ADOPTION DISRUPTION NOTIFICATION & RECORD MANAGEMENT PROCEDURE

DEPARTMENT OF CHILDREN, SENIORS AND SOCIAL DEVELOPMENT (CSSD)

- 1.** CSSD will send two separate notification letters related to EACH adoption disruption managed through CSSD to MCP electronically: a notification of adoption disruption which will request cancellation of the post adoptive MCP# and a request for re-activation of the pre-adoptive MCP#.

The notification of adoption disruption letter will request termination of the MCP coverage and contain the following information:

- Current (post-adoptive) Name
- Current (post-adoptive) MCP number
- Date of Birth
- Gender
- Date of Adoption Placement
- Adoptive Parent(s) Names
- Adoptive Parents Mailing Address
- Adoptive Parents Phone Number

The request for re-activation of the pre-adoptive MCP# letter will contain the following information:

- Birth (Pre-adoptive) Name
- MCP number before Adoption Placement
- Date of Birth
- Gender
- Date of Adoption Placement
- Mailing Address Prior to Adoption Placement
- Phone Number Prior to Adoption Placement

- 2.** CSSD will

- Inform both the RIU and MCP of the child's new address and phone number if they do not revert back to the original (pre-adoptive) address and phone number following disruption. This situation can arise when the child cannot return to the pre-adoptive foster home.
- Advise the foster parent caring for the child post adoption disruption that existing active prescriptions (including filled and unfilled refills) will be cancelled upon notification of the adoption disruption to the health system, and that new prescriptions are needed for

any medications that must continue post-adoption disruption. No refills will be further dispensed under the post-adoptive name. In addition, existing prescriptions cannot be transferred to the record under the pre-adoptive name.

3. CSSD staff will send notification of EACH adoption disruption managed through CSSD to the Registry Integrity Unit using the NLCHI Managed File Transfer (MFT) process. The notification of adoption disruption letter contains the following information:

- Adoptive Name of Child
- Child's Birth Name (Pre-adoptive)
- Date of Birth
- Current MCP #
- Birth MCP# (Pre-adoptive)
- Gender
- Place of Birth
- Birth Parent(s) Names
- Date of Adoption Placement
- Date Adoption Placement Ended
- Adoptive Parent(s) Names
- Adoptive Parents Mailing Address
- Adoptive Parents Phone Number
- Mailing Address Following Adoption Placement Disruption
- Phone Number Following Adoption Placement Disruption

CSSD will inform both the RIU and MCP of the child's new address and phone number if they do not revert back to the original (pre-adoptive) address and phone number following disruption. This situation can arise when the child cannot return to the pre-adoptive foster home.

4. Registry Integrity Unit staff will review the Client Registry of the provincial electronic health record (HEALTHe NL) to identify all source systems having a record for the adopted person.

MEDICAL CARE PLAN (MCP)

5. Upon notification of an adoption disruption, the letter will be given to the manager onsite (Grand Falls-Winsor or St. John's office) or delegated alternate, who will ensure the adoption disruption is managed in accordance with this Guideline.

MCP will revert the child's demographic information back to the birth (pre-adoptive) name, birth (pre-adoptive) MCP# and birth (pre-adoptive) address (unless a new address is provided by CSSD). The child's record will again be coded as 88 Child in Care.

REGISTRY INTEGRITY UNIT

6. Registry Integrity Unit staff will contact each RHA source and provide relevant demographic and administrative details regarding the adoption disruption, enabling the organization to action local records appropriately. Notifications occur during regular business hours, Monday to Friday. Information to validate the adoption disruption will be sent via the MFT process and phone calls will be utilized to follow up and ensure proper management of the records is completed. RIU Notification of Adoption Disruption include the child/youth's.

- Name before adoption
- Name after adoption
- MCP number before adoption
- MCP number after adoption (if available)
- Mailing Address before adoption placement
- Mailing Address after adoption placement
- Mailing Address following Adoption Placement Disruption
- Phone Number before adoption placement
- Phone Number after adoption placement
- Phone Number following Adoption Placement Disruption
- Birth Mother's First Name
- Adoptive Parent(s) Names
- Date of Birth
- Place of Birth
- Date of Adoption Placement
- Date of Adoption Placement Disruption

The address post adoption disruption may be the same as the birth (pre-adoptive) address; however, the address to which the child is going post adoption disruption will be specified on the notification of disruption letter.

REGIONAL HEALTH AUTHORITIES

7. Upon receipt of notification of an adoption disruption, the RHA will take all steps necessary to reverse the actions taken previously and return the records to their original state. RHAs

must also address new records created post-adoption for which no pre-adoption record exists within that organization.

Secure the existing record under the post-adoptive name

The core electronic records reside in Meditech, Client and Referral Management System (CRMS) **and the RHA EMR**. The custodian should:

- Review and adjust electronic and manual wait lists as appropriate.
- Review and notify applicable departments with stand-alone systems that do not interface with Meditech to exchange demographic information (e.g., ARIA Cancer Care system, PICIS OR Manager, HCRS).
- Cancel appointments under the post-adoptive name.
- Notify the Picture Archiving and Communications System (PACS) Administrator if relevant information is contained within the existing record.
- Electronically 'lock' the record in the Meditech Patient Care Inquiry (PCI) module.
- Segregate the original paper record from other paper records in a secure manner.

The record will remain in the Master Patient Index under the post-adoptive name and can still be searched; for this reason, 'digging' for additional identifying information during registration should be discouraged.

RHA staff will ensure any information recorded on the client's post-adoptive health record since the time of adoption is vetted and added to the pre-adoptive record for completeness of the record. This is accomplished by completing the following steps:

Re-open the pre-adoptive record for each applicable facility/program, using the pre-adoptive MCP# and name (as before adoption).

- Create a copy of all components of the chart (either in paper and/or electronic format) that exist post adoption.
- Vet the post-adoptive record of site and personal identifiers, redact, scan paper records (where scanning is available) and index this copy of the original record under the pre-adoptive name. See Appendix A for a listing of the information to be redacted in the record.

Note: *Visit history is not carried forward. The visit history must be printed, redacted and scanned into PCI in Meditech under the pre-adoptive name and #.*

- Rebook or cancel appointments originally booked under the post-adoptive name in the pre-adoptive name as appropriate given the child's new address. If the child has moved to another geographic area, appointments may need to be booked with alternate

providers closer to the child's place of residence. If so, CSSD will facilitate access to the new providers.

- Notify the Picture Archiving and Communications System (PACS) Administrator of the adoption disruption. The PACS Administrator will review the post-adoptive record and take steps to reverse those initially taken to return the current file to the pre-adoptive name. The final record should contain all images and reports that existed under the pre-adoptive name and those that were completed in the post-adoptive name prior to disruption of the adoption. As a result of the adoption disruption, the post-adoptive record will be marked "confidential" and the "confidential" flag will be removed from the pre-adoptive record.
8. Organizations must **notify** the Registry Integrity Unit when all record corrections relative to each adoption disruption is completed.
 9. Registry Integrity Unit staff will work with RHA staff to ensure there is no linkage of records within the Client Registry.

COMMUNITY PHARMACIES (PHARMACY NETWORK)

10. In the event of an adoption disruption, the RIU will notify Pharmacy Network Program staff. They will then contact each applicable pharmacy Client Registry source with a record for the child under the post-adoptive name. Information to validate the adoption disruption will be communicated immediately by phone, with follow up confirmation sent via the MFT process or registered mail, to ensure proper management of the records is completed.

In most situations, Pharmacy Network Program staff will:

- Advise the pharmacy that due to an adoption disruption, it should inactivate the patient profile in the pharmacy's information system and insert a local note indicating "Inactivated upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach."
- Provide direction that a new patient profile should be created **ONLY** if the patient presents to the pharmacy.
- Advise pharmacies to contact Pharmacy Network Program staff if they suspect an adoption disruption has been re-identified or if they have any concerns regarding the adoptions record management process.

- Include education and training related to adoptions record management in PN deployment and pharmacy follow up visits to ensure pharmacy staff are aware of the rationale and procedure.

There may be situations in which the Pharmacy Network Program staff will work with pharmacy staff on a case by case basis.

11. Upon notification, pharmacies are expected to:

- Inactivate the patient profile in the pharmacy's information system and insert a local note indicating "Inactivated upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach."
- Create a new patient profile **ONLY** if the patient presents to the pharmacy.
- Contact Pharmacy Network Program staff if they suspect an adoption disruption has been re-identified or if they have any concerns regarding the adoptions record management process.

12. Pharmacy Network Program staff must **notify** the Registry Integrity Unit when all record corrections relative to each adoption disruption is completed.

13. Registry Integrity Unit staff will then work with Pharmacy Network Program staff to ensure there is no linkage of records within the Client Registry.

EMR CLINICS (eDOCSNL) (Excludes RHA EMRs)

14. In the event of an adoption disruption, the RIU will notify the eDOCSNL program. Team members will contact each applicable EMR clinic at which the child had received care post-adoption and request the post-adoptive record be inactivated. eDOCSNL staff will provide relevant demographic details by phone immediately regarding the adoption disruption to enable the organization to action local records appropriately. Information to validate the adoption disruption will be sent in follow up via the MFT process or registered mail to ensure proper management of the records is completed.

In most situations, eDOCSNL staff will:

- Advise the EMR clinic that due to an adoption disruption, it should archive the patient profile in the Med Access EMR and insert a local note indicating "Inactivated upon

request of NLCHI. Do not use this file as it may result in a patient confidentiality breach.”

- Provide direction that a new patient profile should be created **ONLY** if the patient presents to the clinic in the future.
- Advise clinics to contact eDOCSNL staff if they suspect an adoption disruption has been re-identified or if they have any concerns regarding the adoptions record management process.
- Include education and training related to adoptions record management in EMR deployment and follow up visits to ensure EMR users are aware of the rationale and procedure.

There may be situations in which the eDOCSNL staff will work with EMR users on a case by case basis to confidentially and effectively manage the record.

15. Upon notification, EMR clinics are expected to:

- Archive the patient profile in the EMR and insert a local note indicating “Archived upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach.”
- Cancel existing appointments under the post-adoptive name.
- Create a new patient profile **ONLY** if the patient presents to the clinic in the future. Create a paper copy of all components of the chart that occurred post adoption; print off all reports that are in an electronic form. Vet the record of site and personal identifiers, redact, scan and index this copy of the original record under the pre-adoptive name. See Appendix A for a listing of the information to be redacted in the record. Provide new prescriptions for medications that are required for ongoing treatment and rebook appointments originally booked under the post-adoptive name in the pre-adoptive name.
- Contact eDOCSNL staff if they suspect an adoption disruption has been re-identified or if they have any concerns regarding the adoptions record management process.

16. eDOCSNL must **notify** the Registry Integrity Unit when all record corrections relative to each adoption disruption is completed.

17. Registry Integrity Unit staff will then work with eDOCSNL staff to ensure there is no linkage of records within the Client Registry.

Questions regarding this recommendation can be directed to:

Director Data Quality and Standards
Newfoundland and Labrador Centre for Health Information
Telephone: 709-752-6003

Master Index Reference Number 2012-01 Issued 2012-04-13
Revised 2014-06-12, 2015-03-12, 2016-10-28, 2019-03-13

APPENDIX A REDACT PROCESS

When vetting the pre-adoptive health record of personal and potential identifiers, the following information should be redacted from all components of the client's health record for optimal consistency and privacy. Text should be blacked out to the point of illegibility: do not overwrite with alternate terms. This information must be redacted regardless of where this information is found in the **printed or electronic** record.

- Client Name
- Client Address
- Client MCP number/HCN #
- Facility Name, address, logo, ID number, disclaimer details and other information which can identify the facility at which the person received care
- Meditech location/nursing unit references (e.g. ICU, 5NA)
- Meditech Unit number
- Chart number (which equates to the Unit number for Meditech records)
- Meditech Account number
- Report numbers on Meditech Departmental module reports
- CRMS ID number
- CRMS File number
- Med-Access ID number (EMR)
- Radiology Exam number on radiology reports
- PACS prefix
- Next of Kin/Person to Notify
- Birth Parents-Mother's Name (this may be on chart as well as in registration system as an identifier)
- Birth Parents-Father's Name
- Names of babysitters, grandparents and other family references
- Birth Parents Address
- Home Telephone Number
- Other Telephone Number
- Maiden/Other Name
- Other Insurance Number (Alternate HCN)
- Other Insurance Description (Alternate HCN description)
- Foster Parent Name(s)
- Foster Parent Address
- Foster Parent Home Telephone Number
- Foster Parent Other Telephone Number
- Other identifiable information such as name of school, pre-school, teacher, etc.

The following information should NOT be redacted:

- Date of Birth
- Attending Physician
- Other Service Providers
- Unique Specimen Number (SUR#) referenced on pathology reports

In the case of an adoption disruption, in addition to the above information as it relates to the post adoptive period, the following information should also be redacted:

- Adoptive Parent Name(s)
- Adoptive Parent Address
- Adoptive Parent Home Telephone Number
- Adoptive Parent Other Telephone Number