

WEST HALDIMAND GENERAL HOSPITAL
DIRECTORY OF RECORDS AND PERSONAL INFORMATION BANK
2013

The Directory of Records provides information about the general types of records held by West Haldimand General Hospital. It is updated on an annual basis.

Ontario's Freedom of Information and Protection of Privacy Act (s. 45) requires the hospital to make available to the public an index of the personal information banks it maintains, including details of individuals about whom information is maintained, where it is located, how it is used, the legal authority for its collection, and how long it is retained.

The index of personal information banks is organized according to the function or activity that the information supports rather than the current organizational structure of the hospital. The index is still under development, Further personal information banks will be added as they are identified.

CORPORATE							
Records relating to the management of the Hospital as a whole, and of its constituent departments and units							
Category	Inventory Description	Personal Information	Types of personal information	Uses	Authorized Users	Individuals in Bank	Legal Authority
Accreditation	Reports and addendums	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Articles of Incorporation		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Annual Report		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Board of Directors Lists		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, home address, phone number, email address, place of employment	To document the membership of the Hospital's governing body, to contact Directors	Senior Management, Board Secretary, authorized individuals	Board members/Directors	Public Hospitals Act Corporations Act
Capital Project Records	Functional programs, change Orders, Project Plans, Reports	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Contracts/Agreements	Legal contracts, leasing information service agreements, licenses, RFP responses	Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, home addresses, email addresses	Legal documentation and historical records	Senior Management, Finance Supply Chain, Legal and authorized individuals	Staff, Third Parties	Corporations Act, WHGH Policy

Corporate Bylaws		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Corporate Correspondence	General correspondence	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Disaster and Emergency Plans		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Equipment Maintenance	Sign-off sheets, reports	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Facilities Management	Fire Safety Drills, Logs, Elevator Inspection Reports	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Information Technology Information	Logs, records, tests, reports	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Insurance, Policies and Claims Management		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, phone, personal health information	Manage insurance claims, quality and process improvement	Senior Management, Risk and Quality, Human Resources, Legal	Patients, visitors, vendors	Insurance Act, Public Hospitals Act
Legal matters	Agreements, leases, correspondence	Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, personal or business addresses, date or birth, employment information, patient information, third party information	Information is used to investigate and resolve complaints about employees, physicians, employee misconduct, management labour relations and quality of care	Senior Management, Chief of Staff Office, Risk and Quality, Human Resources, Legal	Staff, individuals external to the hospital, patients, family members of patient and visitors	WHGH policy
LHIN4 Funding Agreements	H-SAA, Cancer Care Ontario Wait Time Strategy Agreement	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Medical Credentials/Professional Staff Files		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, phone number, credentialing information, education	Documentation of decisions made related to privileges and credentials for professional staff	Chief of Staff Office, Senior Management, authorized individuals	Professional staff	Public Hospitals Act, ECFAA, QCIPA, PHIPA
Ministry of Health & Long Term Care (MoHLTC)	Correspondence, funding letters, approvals, capital projects	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Minutes – board and Board		Yes <input checked="" type="checkbox"/> →	Names,	Information is used	Senior	Board members,	WHGH

Sub Committee		No <input type="checkbox"/>	addresses, personal opinions, legal opinions	to conduct business and make decisions	Management, general departments, authorized individuals	physicians, staff	policy
Minutes	General operations	Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, addresses, personal opinions, legal opinions	Information is used to conduct business and make decisions	Senior Management, general departments, authorized individuals	Board members, physicians, staff	WHGH policy
Organizational Charts		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Patient and Visitor Feedback	Correspondence, Risk Monitor Pro reports	Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, date of birth, employment information, details of issues, patient information, staff and physician information	Documentation in order to follow up and for continuous quality improvement	Senior Management, Risk and Quality Management, authorized individuals	Staff, physicians, individuals external to the hospital, patients, family members of patients and visitors	QCIPA, WHGH policy
Patient Declaration of Values		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Performance Monitoring, Scorecard, Statistics		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Policies and Procedures		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
President & CEO Briefs, Key Speeches, Presentations		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
PHIPA and FIPPA requests		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, telephone number, DOB, OHIP #, request number, details of request, financial information	To process requests under FIPPA and PHIPA	FOI and Privacy Office, Health Records, authorized individuals	Patients, staff, physicians, public	FIPPA, PHIPA
Public Relations	Newsletters, media releases	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Quality of Care Reviews, Reports and Records		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, date of birth, details of	For continuous quality	Senior Management,	Patients, staff, physicians	QCIPA, WHGH

			issue, personal health information, related documentation	improvement	Quality and Risk department, Medical Advisory Committee, authorized individuals		policy
Research	Proposals, Agreements	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Risk Alerts	Risk Monitor Pro reports	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Satisfaction Surveys	Patient, Staff, Physician	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Strategic Planning	Mission, vision, values and corporate priorities	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					

FINANCE							
Records relating to the management of the Hospital's financial resources							
Category	Inventory Description	Personal Information	Types of personal information	Uses	Authorized Users	Individuals in Bank	Legal Authority
Audited Financial Statements	Year end statements	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Budget Planning Records		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Capital Project Procurement		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Case Volumes		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Cleared Cheques and Bank Account Reconciliation and Statements		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Income Tax Act
Deposits – Patients, Departments, Corporate		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Income Tax Act
Expense Documents		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, telephone number, financial information	To issue reimbursement for various expenses	Finance, Senior Management, authorized individuals	Staff, physicians, public	Corporations Act, Income Tax Act
General Ledger entries		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Income Tax Act
MoHLTC – OHIP billing		Yes <input checked="" type="checkbox"/> →	Patient name,	Business	Finance,	Patients	Health

information		No <input type="checkbox"/>	address, phone number	transactions	authorized individuals		Insurance Act
Month End Billing Reports		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Income Tax Act
OHIP Remittance		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Health Insurance Act
Patient Census Reports		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Patient Financial Billing Charts		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Income Tax Act
Patient Invoicing and Insurance claims Invoicing		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Income Tax Act, Health Insurance Act
Payroll Reports		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, home addresses and phone numbers, SIN, banking information	Payroll for employees	Finance, authorized individuals	Staff	Income Tax Act
Records supporting GST rebate or refund		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Income Tax Act
Retail Sales Tax Records		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Patient name, address, phone number	Business transactions	Finance, authorized individuals	Patients	Income Tax Act
T4/T4A Slips		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, home addresses, SIN numbers, specific earnings	Business transactions	Finance, authorized individuals	Staff	Income Tax Act

HUMAN RESOURCES

Records relating to the management of employees, physicians, students, volunteers and the provision of services and programs to ensure the well-being of members and the Hospital

Category	Inventory Description	Personal Information	Types of personal information	Uses	Authorized Users	Individuals in Bank	Legal Authority
Agreements, Executive Employment		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, education, credentials	Documentation as to agreements	Human Resources, authorized individuals	Staff, Physicians	Employment Standards Act

Annual Workplace Inspection Reports		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Benefit Provision Records		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, addresses, date of birth, SIN #	To provide a record of benefits	Human Resources, authorized individuals	Staff	Employment Standards Act
Canada Pension Plan Contributions		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, addresses, date of birth, SIN #	Documentation of required information	Human Resources, authorized individuals	Staff	Employment Standards Act
Employee Records		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, addresses, date of birth, bank account information, performance, training information	Administrative purposes, employment and attendance management	Human Resources, Finance, authorized individuals	Staff	Employment Standards Act
Employee Health Records		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, addresses, date of birth, SIN #	Documentation of required information	Human Resources, authorized individuals	Staff	Employment Standards Act
Incident/Accident Reports		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, telephone number, personal information related to incident	Administrative purposes, to respond to incidents	Occupational Health, Quality and Risk, Senior Management, Managers/Directors, authorized individuals	Patients, staff, volunteers, physicians, public	Public Hospitals Act, ECFAA, QCIPA
Material Safety Data Sheets		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Ministry of Labour Inspection Reports		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Minutes	Occupational Health and Safety	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
N95 Fit Testing Compliance List		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
OH&S Records		Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					
Personnel Files	Staff, Physicians (Appointment Records) Volunteers	Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, date of birth, SIN, health card number	Documentation of required information	Human Resources, Occupational Health, Senior Management, authorized individuals	Staff, Physicians, students, volunteers	Workplace Safety and Insurance Act

Recruitment records		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, addresses, education, credentials, work history	Documentation of required information	Human Resources, Clinical and non-Clinical program leadership, authorized individuals	Employees, prospective employees, and Physicians	Employment Standards Act
Return to Work Program		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, date of birth, SIN, health card number, personal health information	Documentation of required information	Occupational Health, authorized individuals	Staff, Physicians, volunteers	Workplace Safety and Insurance Act
Search Committees		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Names, addresses, education, work history	Documentation of required information	Human Resources, President and CEO, Senior Management	Employees, prospective employees, and Physicians	Employment Standards Act
Staff Schedules and/or sign in sheets		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, employee number	To administer pay and benefits, maintain records of hours worked	Clinical and non-Clinical program leadership, medical departments, Payroll	Employees	Employment Standards Act, Income Tax Act
Union Records	Contracts	Yes <input type="checkbox"/> → No <input checked="" type="checkbox"/>					

PATIENT CARE							
Records relating to the treatment of patients within the Hospital							
Category	Inventory Description	Personal Information	Types of personal information	Uses	Authorized Users	Individuals in Bank	Legal Authority
Patient Register		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, phone, health care number, personal health information	To facilitate health care	Authorized staff	Patient, staff, physicians, next of kin	Public Hospitals Act WHGH policy
Patient Admissions		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, phone, health care number, personal health information	To facilitate health care	Authorized staff	Patient, staff, physicians, next of kin	Public Hospitals Act WHGH policy
Patient Diagnostic Images		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, phone, health care number,	To facilitate health care	Authorized staff	Patient, staff, physicians, next of kin	Public Hospitals Act

			personal health information				WHGH policy
Patient Health Records		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, phone, health care number, personal health information	To facilitate health care	Authorized staff	Patient, staff, physicians, next of kin	Public Hospitals Act WHGH policy
Patient Wait List		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, phone, health care number, personal health information	To facilitate health care	Authorized staff	Patient, staff, physicians, next of kin	Public Hospitals Act WHGH policy
Pharmacy Dispensing Records		Yes <input checked="" type="checkbox"/> → No <input type="checkbox"/>	Name, address, phone, health care number, personal health information	To facilitate health care	Authorized staff	Patient, staff, physicians, next of kin	Public Hospitals Act WHGH policy