

Why do I need to do a PIA?

Section 69(5.3) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) requires the head of a public body to conduct a privacy impact assessment (PIA) in accordance with the directions of the minister responsible for FOIPPA. Public bodies should contact the University Secretary to determine internal policies for review and sign-off of the PIA. If you have any questions about this PIA template or FOIPPA generally, please contact Heather Sanford (University Secretary) at heather.sanford@unbc.ca or (250) 960-5878 or visit <http://www.unbc.ca/foippa>.

What if my initiative does not include personal information?

Public bodies still need to complete Part 1 of the PIA and submit it along with the signatures pages to their privacy office(r) even if it is thought that no personal information is involved. This ensures that the initiative has been accurately assessed.

Part 1 – General

Name of Department:	School of Nursing		
PIA Drafter:	Trevor Smith		
Email:	Trevor.Smith@unbc.ca	Phone:	250-960-6768
Program Manager:	Linda Van Pelt (Coordinator FNP Program)		
Email:	Linda.Van.Pelt@unbc.ca	Phone:	250-960-5248

In the following questions, delete the descriptive text and replace it with your own.

1. Description of the Initiative

Typhon – NPST has been in use by the FNP Program since 2007. The program allows the student to track all of their patient encounters (utilizing a case log that uses direct entry and drop down menus for input) to capture the depth and breadth of the clinical experience. The preceptor (person the student is working with in the clinical setting who is not employed by UNBC) provides feedback on how the student is doing and this is overseen by a UNBC clinical faculty member who ultimately confirms the experience meets the requirements of the course.

2. Scope of this PIA

Covers the use of Typhon – NPST software as described above within the FNP Program.

3. Related Privacy Impact Assessments

N/A

4. All Elements of Information or Data

The following elements are collected:

On setup

- Student names and UNBC email addresses are entered into the system by our Instructional Design Technician. Students are then sent a username and password (generated by the system) and it is sent to their UNBC email address. Students have the ability to add home address and a pic but this is not required. Students also attach a CV that is accessible by their clinical faculty.
- Clinical faculty names and UNBC email addresses are added into the system by our Instructional Design Technician. Faculty are then sent a username and password (generated by the system) and it is sent to their UNBC email address.
- Preceptor names and work email addresses are added into the system along with clinic/facility address by our Clinical Placement Coordinator. Preceptors are then sent a username and password (generated by the system) and it is sent to their work email address.

Students enter

- Patient encounter info is entered into the system. Please see attached blank encounter for more details of information included (attachment #1). Please note patients names are NOT recorded.
- Students complete a self-assessment of themselves (Midterm and Final) based on the competencies for NP's as set by our regulating body CRNBC. See attachment #2 for questions asked.
- Student evaluates their clinical faculty experience. See attachment #3 for questions asked.

Preceptors enter

- Midterm and final assessment of the students based on the competencies for NP's as set by our regulating body CRNBC. See attachment #4 for questions asked.
- Preceptors evaluate their preceptorship experience. See attachment #5 for questions asked.

Clinical Faculty

Privacy Impact Assessment

Typhon – NPST

PIA#15-008

Form adapted from the BC Government template for Non-Ministry Public Bodies. June 2014

- Midterm and final assessment of the students based on the competencies for NP's as set by our regulating body CRNBC. See attachment #6 for questions asked.
- Clinical faculty evaluate the clinical site used by their students. See attachment #7 for questions asked.

If personal information is involved in your initiative, please continue to the next page to complete your PIA.

If no personal information is involved, please submit Parts 1, 6, and 7 to your privacy office(r). They will guide you through the completion of your PIA.

COMPLETED INITIATIVE

Part 2 – Protection of Personal Information

In the following questions, delete the descriptive text and replace it with your own.

5. Storage or Access outside Canada

Data is stored in Atlanta, Georgia, United States of America.



6. Data-linking Initiative*

In FOIPPA, "data linking" and "data-linking initiative" are strictly defined. Answer the following questions to determine whether your initiative qualifies as a "data-linking initiative" under the Act. If you answer "yes" to all 3 questions, your initiative may be a data linking initiative and you must comply with specific requirements under the Act related to data-linking initiatives.

1. Personal information from one database is linked or combined with personal information from another database;	No
2. The purpose for the linkage is different from those for which the personal information in each database was originally obtained or compiled;	No
3. The data linking is occurring between either (1) two or more public bodies or (2) one or more public bodies and one or more agencies.	No
If you have answered "yes" to all three questions, please contact the University Secretary to discuss the requirements of a data-linking initiative.	

7. Common or Integrated Program or Activity*

<p>In FOIPPA, “common or integrated program or activity” is strictly defined. Answer the following questions to determine whether your initiative qualifies as “a common or integrated program or activity” under the Act. If you answer “yes” to all 3 of these questions, you must comply with requirements under the Act for common or integrated programs and activities.</p>	
1. This initiative involves a program or activity that provides a service (or services);	Yes
2. Those services are provided through: (a) a public body and at least one other public body or agency working collaboratively to provide that service; or (b) one public body working on behalf of one or more other public bodies or agencies;	No
3. The common or integrated program/activity is confirmed by written documentation that meets the requirements set out in the FOIPP regulation.	No
<p>Please check this box if this program involves a common or integrated program or activity based on your answers to the three questions above.</p>	

** Please note: If your initiative involves a “data-linking initiative” or a “common or integrated program or activity”, advanced notification and consultation on this PIA must take place with the Office of the Information and Privacy Commissioner (OIPC) as well. Contact the University Secretary to determine how to proceed with this notification and consultation in the early stages of developing the initiative, program or activity.*

8. Personal Information Flow Table

Personal Information Flow Table			
	Description/Purpose	Type	FOIPPA Authority
1.	Students sign and submit a consent form to the School of Nursing which details the information they are consenting to release and have stored on Typhon servers	Consent	30.1 (a)
2.	Preceptors sign and submit a consent form to the School of Nursing which details the information they are consenting to release and have stored on Typhon servers	Consent	30.1 (a)

3.	<i>Instructional Design Tech inputs student names and UNBC email addresses into system</i>	<i>Collection</i>	<i>26 (d)</i>
4.	<i>Students receive username and password and login to attach a CV to their profile</i>	<i>Collection</i>	<i>26 (d)</i>
5.	<i>Instructional Design Tech inputs clinical faculty names and UNBC email addresses into the system</i>	<i>Collection</i>	<i>26 (d)</i>
6.	<i>Clinical Placement Coordinator inputs preceptor names and work emails along with clinic/facility address into the system</i>	<i>Collection</i>	<i>26 (d)</i>
7.	<i>Students enter patient encounter information into the system without using the patient name in order to anonymize the patient.</i>	<i>Collection</i>	<i>26 (e)</i>
8.	<i>Clinical faculty review the patient encounter information in the system and enter their assessment of the student's skills into the system.</i>	<i>Disclosure & Use</i>	<i>32 (b), 33.1 (1) (b), 33.2 (l)</i>
9.	<i>Preceptors evaluate the student's progress at the clinic/facility and enters that information into the system</i>	<i>Disclosure & Use</i>	<i>32 (b), 33.1 (1)</i>
10.	<i>Students complete and input two self-assessments into the system</i>	<i>Collection</i>	<i>26 (d)</i>
11.	<i>Preceptors evaluate their preceptorship experience and input it in the system</i>	<i>Collection</i>	<i>26 (e)</i>
12.	<i>Clinical faculty evaluate the clinical site used by students and input it in the system</i>	<i>Collection</i>	<i>26 (e)</i>
13.	<i>FNP Coordinator and Clinical Placement Coordinator (Academic) reviews preceptorship experience evaluations and clinical faculty evaluations of clinical site</i>	<i>Disclosure & Use</i>	<i>32 (b), 33.1 (1) (b), 33.2 (l)</i>
14.	<i>School of Nursing extracts required statistical information from Typhon servers to assess students, preceptors, and clinical sites and places this information on UNBC servers</i>	<i>Use</i>	<i>32 (a), 33.2 (l)</i>
15.	<i>All information put into the system by students, preceptors and clinical faculty is destroyed from Typhon's Servers three years after the student graduates.</i>	<i>Disposition</i>	<i>31 (b)</i>

9. Risk Mitigation Table

Risk Mitigation Table				
	Risk	Mitigation Strategy	Likelihood	Impact
1.				
2.				
3.				
4.				

10. Collection Notice

University of Northern British Columbia

Family Nurse Practitioner Program

Consent for the Disclosure of Personal Information

Regarding Student Use of TyphonGroup

Nurse Practitioner Student Tracking System (NPST)

I hereby consent to the University of Northern British Columbia, Family Nurse Practitioner Program (hereinafter referred to as FNP) disclosing personal information pertaining to my participation in or completion of courses in the Family Nurse Practitioner Program to assigned preceptors & clinical faculty, UNBC School of Nursing staff, and servers housing Typhon NPST. This disclosure is required for the purposes of:

- Tracking students to ensure they meet competencies set out by the FNP program and the College of Registered Nurses of British Columbia
- Evaluation of the depth and breadth of practical experiences of students
- Documentation of completion of set number of hours in clinical practica for certification with the registering body (e.g. CRNBC)
- Evaluation of the FNP by completing evaluations of preceptors, students and clinical sites.

The University of Northern British Columbia collects information and transmits and stores the information on Typhon NPST servers under section 26 (c) of the Freedom of Information and Protection of Privacy Act for the purpose of providing the capacity for nurse practitioner assessment.

The end date for the authorization to hold my personal information will be _____ [end date of assumed graduation + 4 years] [YYYY-MM-DD]

The FNP is hereby authorized to disclose the aforementioned personal information to:

TyphonGroup Nurse Practitioner Student Tracking System (NPST)

Provided by:

TyphonGroup, 2255 N Hullen St., Metairie, LA 70001, USA

Phone: 800-333-7984 x24, Fax: 504-828-5383

Email: emily@typhongroup.com

Website: www.typhongroup.com

I understand that personal information such as my full name, mailing address, phone number, email address, personal submissions and evaluation results will be stored outside of Canada in Atlanta, Georgia, United States of America with a backup server in Dallas, Texas, United States of America. I understand that my consent is required under section 30.1 (a) of the Freedom of Information and Protection of Privacy Act before my information can be stored in the United States. I understand that I am responsible for accurately entering my personal information and I will report any errors to the Coordinator FNP Program if I cannot make the corrections myself.

If you have any questions regarding the storage, use and disclosure of your personal information, please contact the Coordinator FNP Program at linda.vanpelt@unbc.ca or 250 960 5248.

Please enter your details below:

Full Name: _____

(Please Print)

Mailing Address: _____

Phone Number: _____
Student Number: _____

University of Northern British Columbia

Family Nurse Practitioner Program

Consent for the Disclosure of Personal Information
Regarding Preceptor Use of TyphonGroup
Nurse Practitioner Student Tracking System (NPST)

I hereby consent to the University of Northern British Columbia, Family Nurse Practitioner Program (hereinafter referred to as FNP) disclosing personal information pertaining to my participation in UNBC's Family Nurse Practitioner Program to assigned students & clinical faculty and the servers housing Typhon NPST. This disclosure is required for the purposes of:

- Conducting assessments on FNP students
- Conducting evaluations of the preceptorship experience.

The University of Northern British Columbia collects information and transmits and stores the information on TyphonGroup NPST servers under section 26 (c) of the Freedom of Information and Protection of Privacy Act for the purpose of providing the capacity for nurse practitioner assessment.

The end date for the authorization to hold my personal information will be _____ [end date of five years after signing] [YYYY-MM-DD]

The FNP is hereby authorized to disclose the aforementioned personal information to:

TyphonGroup Nurse Practitioner Student Tracking System (NPST)

Provided by:

TyphonGroup, 2255 N Hullen St., Metairie, LA 70001, USA

Phone: 800-333-7984 x24, Fax: 504-828-5383

Email: emily@typhongroup.com

Website: www.typhongroup.com

I understand that personal information such as my full name, facility mailing address, and work email address, will be stored outside of Canada in Atlanta, Georgia, United States of America with a backup server in Dallas, Texas, United States of America. I understand that my consent is required under

section 30.1 (a) of the Freedom of Information and Protection of Privacy Act before my information can be stored in the United States. I understand that I am responsible for providing accurate personal information and I will report any errors to the Coordinator FNP Program if I cannot make the corrections myself.

If you have any questions regarding the storage, use and disclosure of your personal information, please contact the Coordinator FNP Program at linda.vanpelt@unbc.ca or 250 960 5248.

Please enter your details below:

Full Name: _____

(Please Print)

Facility Address: _____

Work Email: _____

COMPLETED INITIATIVE

Part 3 – Security of Personal Information

If this PIA involves an information system, or if it is otherwise deemed necessary to do so, please consult with the UNBC University Secretary, the Chief Information Officer or the IT Security Officer when filling out this section.

11. Please describe the physical security measures related to the initiative (if applicable).

[REDACTED]

12. Please describe the technical security measures related to the initiative (if applicable).

[REDACTED]

13. Does your department rely on any security policies? If so, indicate here:

[REDACTED]

14. Please describe any access controls and/or ways in which you will limit or restrict unauthorized changes (such as additions or deletions) to personal information.

[REDACTED]

15. Please describe how you track who has access to the personal information.

[REDACTED]

Part 4 – Accuracy/Correction/Retention of Personal Information

16. How is an individual's information updated or corrected? If information is not updated or corrected (for physical, procedural or other reasons) please explain how it will be annotated. If personal information will be disclosed to others, how will the public body notify them of the update, correction or annotation?

Users update their own information once they are set up and understand they are responsible for the accuracy of this information.

17. Does your initiative use personal information to make decisions that directly affect an individual(s)? If yes, please explain.

Yes. Passing the clinical course is based on the clinical experiences entered by the student and the evaluation of the student by themselves, by preceptors, and clinical faculty.

18. If you answered “yes” to question 17, please explain the efforts that will be made to ensure that the personal information is accurate and complete.

All three parties agree on the outcome to provide transparency to everyone involved.

19. If you answered “yes” to question 17, do you have a records retention and/or disposition schedule that will ensure that personal information is kept for at least one year after it is used in making a decision directly affecting an individual?

Data is backed up by Typhon and is kept for each student for three years after graduation. At that point, UNBC School of Nursing is provided an email from Typhon indicating a list of student records being deleted on x date. UNBC School of Nursing runs reports and places these in the Nursing shared drive organized by individual student name.

Part 5 – Further Information

20. Does the initiative involve systematic disclosures of personal information? If yes, please explain.

No.

Please check this box if the related Information Sharing Agreement (ISA) is attached. If you require assistance completing an ISA, please contact the University Secretary.

21. Does the program involve access to personally identifiable information for research or statistical purposes? If yes, please explain.

No.

Please check this box if the related Research Agreement (RA) is attached. If you require assistance completing an RA please contact the University Secretary, the UNBC Research Office or UNBC Archives.

22. Will a personal information bank (PIB) result from this initiative? If yes, please list the legislatively required descriptors listed in section 69 (6) of FOIPPA. Under this same section, this information is required to be published in a public directory.

Yes.

Name: NPST Student Tracking System

Location: Atlanta, Georgia, USA (Backup in Dallas, Texas, USA)

Description: A student assessment and development tracking system containing university and clinic contact information, student performance data, and student, preceptor and clinical faculty evaluations.

Authority: Freedom of Information and Protection of Privacy Act s. 26 (c-e), s. 30.1a

Purpose: Personal identifying information of students, preceptors and clinical faculty is collected to match students with preceptors and clinical faculty. Student performance data is collected in the patient encounter logs to allow the clinical faculty to grade the work of the student. Preceptors contribute input on the performance of the student. Evaluations are collected to assist with evaluation of the student and assess the performance of the Family Nurse Practitioner Program.

Categories of Users: Students, Preceptors, Clinical Faculty, UNBC School of Nursing staff

Please ensure Parts 6 and 7 are attached to your submitted PIA.

Part 6 – University Secretary Comments

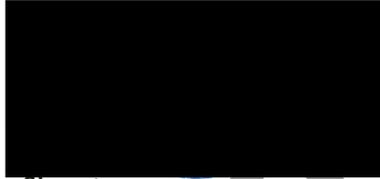
This PIA is based on a review of the material provided to the University Secretary as of the date below. If there are any substantive changes made to the scope of this PIA in the future, the public body will have to complete a PIA update and submit for approval.

Consent form documentation needs to be retained by the School of Nursing until a records retention and disposition schedule can be determined for these records.

Part 7 – Program Area Signatures

TREVOR SMITH

Name of Individual leading the Program/Project
(Normally the individual who completed the PIA)



Signature

Dec 9/15

Date

TREVOR SMITH

Program/Department Manager or Project Sponsor



Signature

Dec 9/15

Date

Contact Responsible for Systems Maintenance and/or Security
(if applicable)

Signature

Date

 HEATHER SANFORD

Head of Public Body, or designate
(at UNBC, this is the University Secretary)



Signature

Dec. 9th. 2015

Date

Please send a copy of this PIA with the respective signatures to Heather Sanford, University Secretary for comment, review, approval & filing.

A final copy of this PIA (with all signatures) will be kept on record with the Access, Privacy & Records Office.