



Provincial Health Services Authority

# MISDIRECTED SCREENING NOTIFICATIONS PROCEDURE: BREAST SCREENING

( RESULTS – SD 090 )

## Summary of Changes

	NEW	Previous
BC Cancer	New procedure template- Policy to Procedure per <i>SHOP Style Guide</i> ; Updated to reflect current practice; Title change	“Misdirected Screening Reports” January 2018, June 2002

Last Revised:	14/SEPT/2023	Next Review:	14/SEPT/2026	
				Page 1 of 4
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# MISDIRECTED SCREENING NOTIFICATIONS PROCEDURE (RESULTS – SD 090)

## 1. Introduction

### 1.1. Focus

To define and describe the process for reporting and handling misdirected screening notifications that result in a privacy breach.

### 1.2. Health Organization Site Applicability

All BC Cancer Breast Screening Centres

### 1.3. Practice Level

- BC Cancer Breast Screening Centre Staff
- BC Cancer Breast Screening Client Services Centre Staff

### 1.4. Need to Know

All centre staff are required to familiarize themselves with the [PHSA Managing Privacy and Confidentiality Breaches](#).

## 2. Procedure

### 2.1. Steps and Rationale

Workflow Step	#	Workflow Step	Role
Reporting Breach	1.	Report instance(s) of misdirected screening notifications to the Client Services Manager or designate, for investigation, record tracking and resolution.	Breast Screening Staff
	2.	Refer to <a href="#">PHSA Privacy and Confidentiality Breach Management Guidelines</a> on proper handling of the privacy breach.	Client Services Manager
	2.1	Inform Breast Screening Operations Director of the incident and outcome of investigation for awareness.	
	2.2	Enter the details of the distribution issue that resulted in the privacy breach to the <a href="#">Patient Safety Learning System (PSLS)</a> , i.e. report for one physician is batched with reports for another physician, address on report differs from address shown on envelope.	
	2.3	Report the incident to the PHSA Information Access and Privacy (IAP) or Risk Management (RM) Team for recommended next steps.	Breast Screening Operations Director
	2.4	Engage communications team to ensure the leadership is aware based on risk/privacy feedback.	
Resolving Breach	3.	Redirect the screening notifications to the correct recipient(s) and notify affected parties as required.	Client Services Manager

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				Page 2 of 4

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## 3. Related Documents and References

### 3.1. Related Documents

[PHSA Privacy and Confidentiality Policy](#)

[PHSA Managing Privacy and Confidentiality Breaches](#)

[Information Security Policy](#)

[Integrated Risk Management Policy](#)

[Disclosing Patient Safety Events Procedure](#)

[PSLS Reporting](#)

Last Revised:	14/SEPT/2023	Next Review:	14/SEPT/2026	
				Page 3 of 4
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**\*\*Last page of document\*\***

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<b>Approving Body:</b>	Breast Screening Quality Management		
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	Mary Nagy	Updated template and reflection of current practices; Title change	07-SEPT-2023