

# SECURITY ACCESS MODEL MANAGEMENT POLICY

## 1 INTRODUCTION

The BC Medical Quality Initiative (BC MQI) program makes the provincial Credentialing and Privileging (C&P) databases, privileging dictionaries, and CACTI modules (known as the C&P system) available for use to participating health organizations (HOs).

The BC Medical Quality Initiative Office (BC MQIO) is responsible for the administration of the BC Medical Quality Initiative, including the C&P system, and for providing related support services as defined in the Participation and Information Sharing Agreements.

As part of their duties, BC MQIO will develop, comply with, and make available to the participating health organizations, policies, protocols, standard operating procedures and other operational documents as necessary for the smooth and effective functioning of the BC MQIO and the performance of its duties and services.

A BC MQIO developed policy or procedure will not be binding on a participating health organization if it would cause that HO to be non-compliant with its own legal, privacy, or security requirements. Each HO has the option to have their legal counsel review the BC MQI policies and procedures that impact them to ensure alignment with their HO's internal policies and procedures.

This BC MQIO policy is specific to the development and on-going management and administration of the Security Access Models used to define and control access to the C&P system.

### 1.1 Purpose

The purpose of this policy is to ensure that both the BC MQIO and the health organizations participating in the C&P system are aware of their obligations to control and effectively administer access to the C&P system.

### 1.2 Scope

The C&P system Security Access Models (SAMs) are used to control user access to information that is appropriate to a user's role. For each C&P system application (AppCentral, Visual Cactus) and/or CACTI modules, SAMs are developed based on input from each of the HOs specific to their users' access requirements.

### 1.3 Exceptions

None

## 2 POLICY

### 2.1 Policy Statement #1

All user access to the C&P system must be controlled through the applicable C&P Security Access Models and supporting user assignment matrices.

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## 2.2 Policy Statement #2

The C&P Security Access Models must be reviewed and approved by each of the participating health organizations and the BC MQIO prior to implementation. Any changes to existing Security Access Models (other than user assignments to existing roles) must be reviewed and approved by a director level position (or equivalent) at each participating HOs.

## 2.3 Policy Statement #3

The C&P system's Security Access Models must be managed over time through version control. A copy of the approved SAM must be stored by both the approving HOs and by the BC MQIO, and replaced versions of production SAMs archived.

## 2.4 Policy Statement #4

Semi-annually, an HO's user assignment matrix of approved C&P roles must be reviewed by that HO for appropriate user privileges, and if required, update requests sent to BC MQIO for processing.

## 2.5 Policy Statement #5

HOs must adhere to the following privacy principles when determining the user role assignments for their HO:

- **Need to know:** users should only have access to information that is necessary to fulfill their roles and responsibilities of the SAM group they have been assigned to.
- **Least privilege:** users should only be provided with the **minimum** level of privileges required to fulfill their roles and responsibilities of the group they have been assigned to.

# 3 RESPONSIBILITIES & COMPLIANCE

## 3.1 Responsibilities

All C&P system users are responsible to understand and comply with this policy.

### 3.1.1 BC MQIO

- to develop, maintain, comply with, and make available to the participating HOs, policies, protocols, standard operating procedures and other operational documents as necessary for the smooth and effective functioning of the BC MQIO and the performance of its duties and services, including Security Access Models;
- to ensure that role-based access controls are in place in compliance with the PHSA, VCH, PHC Role-Bases Access Control policy;
- to update and maintain the Security Access Models in accordance with approved requests from HO's impacted by those requests; and
- to develop and implement an archiving policy for C&P related policies, protocols, standard operating procedures and other operational documents.

### 3.1.2 Health Organizations

- to provide input to the development and maintenance of C&P SAMs and approve or reject completed SAMs;
- to semi-annually validate user assignments;

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- to ensure that user assignments to SAM roles are consistent with the privacy principles of “Need to Know” and “Least Privilege”; and
- to request the BC MQIO to make changes to one of more SAMs as may be required from time to time.

### 3.2 Compliance

All C&P system users are responsible to understand and comply with the provisions of this policy.

## 4 RELATED DOCUMENTS

- BC MQIO Security Access Model Management Procedure
- Third-Party Remote Access Procedure
- BC MQIO User Access Management Policy
- BC MQIO User Access Management Procedure

## 5 DEFINITIONS

TERM	DEFINITION
Authorized User	Any employee or independent contractor of a participating Health Organization that is authorized by his or her employer (or principal) to access any, or all, of the C&P system, subject to the Security Access Model and to controls implemented by the BC MQIO.
BC MQI	The BC Medical Quality Initiative program under which the C&P databases and privileging dictionaries are made available for use to the participating health organizations, and administered by the BC MQIO in accordance with the terms of the Participation Agreement and under the direction of PMSEC.
BC MQIO	The BC Medical Quality Initiative Office is tasked to administer the BC MQI including the C&P databases and privileging dictionaries and to provide certain support services (as defined in the Participation Agreement) to the participating health organizations regarding their use of the C&P system. The BC MQIO is within, and administered by, the Quality, Safety & Outcome Improvement department of PHSA.  PMSEC is responsible for the governance and strategic direction of both the BC MQIO and the BC MQI.
C&P	Provincial Practitioner Credentialing & Privileging System (C&P) that includes Privileging Dictionaries, Cactus (and/or symplr) software databases as defined in the Information Sharing Agreement (e.g. AppCentral and Visual Cactus) and Cactus software modules (e.g. iCommittee, iDirectory, etc.).
Data	Data, including Personal Information or Confidential Information that is either directly or indirectly deposited in, stored in, or accessed from the C&P system.

TERM	DEFINITION
FIPPA	<p><i>BC Freedom of Information and Protection of Privacy Act</i>  <a href="http://www.bclaws.ca/Recon/document/ID/freeside/96165_00">http://www.bclaws.ca/Recon/document/ID/freeside/96165_00</a></p>
HOs	<p>Health organizations comprised of BC health authorities and their affiliates participating in the Provincial Practitioner Credentialing &amp; Privileging Program (C&amp;P). Including:</p> <ul style="list-style-type: none"> <li>• Fraser Health Authority (FHA)</li> <li>• Interior Health Authority (IHA)</li> <li>• Northern Health Authority (NHA)</li> <li>• Providence Health Care Society (PHC)</li> <li>• Provincial Health Services Authority (PHSA)</li> <li>• Vancouver Coastal Health Authority (VCH)</li> <li>• Vancouver Island Health Authority (VIHA)</li> </ul>
PMSEC	<p>The Provincial Medical Services Executive Council (previously known as the Physician Services Strategic Advisory Committee or PSSAC), which is comprised of the Vice Presidents of Medicine or equivalents from each of the Participating Organizations and a representative from the British Columbia Ministry of Health, and any successor to such Council that may be constituted from time to time.</p>
Security Access Model (SAM)	<p>The C&amp;P Security Access Models (SAMs) are user role-based access control (RBAC) methods used to regulate access to the C&amp;P system databases and modules. Depending on their role, an individual user can be given privileges to perform one or more types of specific tasks, such as read (view), create, update, or delete data.</p> <p>The C&amp;P SAMs are approved by the participating health organizations.</p>
User Assignment Matrix	<p>Typically, a spreadsheet that represents what job titles (and related users) are assigned to specific roles and groups as defined in the Security Access Model(s).</p>

## 6 LINKS TO KEY REFERENCES

- 1) PHSA Information Access & Privacy:  
<http://2pod.phsa.ca/quality-safety/privacy/Pages/default.aspx>
- 2) PHSA Information Management/Information Technology Services (IMITS):  
<http://2pod.phsa.ca/our-phsa/browse-by-department/Pages/Information-Management-Information-Technology-Services-IMITS.aspx>
- 3) PHSA Policies & Procedures:  
<http://2pod.phsa.ca/workplace-resources/policies-procedures>
- 4) PHSA Legal Services:


- 5) BC MQI Teamsite:  
<http://2pod.phsa.ca/our-phsa/browse-by-department/Pages/Legal-Services.aspx>
- 6) BC *Freedom of Information and Protection of Privacy Act*:  
<http://our.healthbc.org/sites/CPsolutions/SitePages/Home.aspx>
- 6) BC *Freedom of Information and Protection of Privacy Act*:  
[http://www.bclaws.ca/Recon/document/ID/freeside/96165\\_00](http://www.bclaws.ca/Recon/document/ID/freeside/96165_00)

## 7 APPENDICES

None

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