DHIN System and User Auditing

As part of DHIN's Privacy and Security Controls, and as per DHIN's Access to Individually Identifiable Health Information Policy and Data Use Agreement, DHIN audits system and user access to individually identifiable health information on a weekly basis to ensure appropriate use of the system.

DHIN requests the practices to respond to audit requests within 2 weeks with their findings.

- After one week, if there is no response, DHIN System Administrator (SA) will reach out to practice (by email or phone) to request for response.
- If there is no response by the end of second week, the DHIN SA will notify the Director of Provider Relations and Business Development, and
- DHIN SA will also notify the Practice Administrator/Manager of any accounts that will be locked.

A sample DHIN audit form and completed audit form are attached below. The audit forms will look similar with the exception of the type of audit report.

Below are the types of audit reports:

1) **Break Glass Trending** – DHIN monitors the number of times a practice broke glass for the week; if the break glass count is above the top decile (40% higher than the average), the account is flagged. This applies to all organizations, regardless of Specialty.

2) **Pediatric Specialty Practices** – If a practice is listed as a Pediatric Specialty, DHIN monitors for break glass access when the patient is over the age of 19.

3) **GYN and OB/GYN Specialty Practices** – If a practice is listed as a Gynecological or Obstetrics and Gynecological Specialty, DHIN monitors for break glass access when the patient is a Male.

4) **Geriatric Specialty Practices** – If a practice is listed as a Geriatric Specialty, DHIN monitors for break glass access when the patient is under the age of 53.

5) **Same Last Name** – DHIN monitors for break glass access when users and patients have the same last name. This applies to all organizations, regardless of Specialty.

6) **After Hours Access** – DHIN monitors break glass between 10pm and 5am. This applies to all organizations, regardless of Specialty.

7) **General Audit** – DHIN will request the practice to confirm:
    - the staff is still employed with the practice.
    - the patient is a valid patient with the practice.

*** Sample DHIN audit report for After Hours Access sent to practice***

As part of DHIN's routine system security auditing, break glass access that is performed after hours is monitored. After hours is considered between the hours of 10 pm and 5 am, Sunday through Saturday.

If you feel access was inappropriate, please document it on this form and contact the DHIN System Administrator immediately at (302) 678-0220. If you have any questions on how to complete this form, please contact the DHIN.

Please complete and return this form within 2 weeks to the DHIN System Administrator via email at michele.ribolla@dhin.org or fax (302) 645-0398. Please note that failure to return this form or failure to comply may result in ProAccess system privileges to be suspended or revoked.

Thank you for your assistance and continued support of DHIN.

Date Sent: 9/13/2012

GOOD WEATHER CLINIC: After Hours Break Glass Report for the period of 6/1/2012 - 6/30/2012

Completed by:_____ Phone:_____ Date: _____

ID	User Name (UserID)	Break Glass		Patient Name
318786	Cloudy, Day (cloudd1)	6/26/2012	10:23:00 PM	RAY SUNSHINE
Please supply reason/explanation:				
318785	Sky, Blue (blusky)	6/27/2012	5:23:00 AM	BETTY RAIN
Please supply reason/explanation:				

*** Sample of COMPLETED DHIN audit report for After Hours Access sent to DHIN***

As part of DHIN's routine system security auditing, break glass access that is performed after hours is monitored. After hours is considered between the hours of 10 pm and 5 am, Sunday through Saturday.

If you feel access was inappropriate, please document it on this form and contact the DHIN System Administrator immediately at (302) 678-0220. If you have any questions on how to complete this form, please contact the DHIN.

Please complete and return this form within 2 weeks to the DHIN System Administrator via email at michele.ribolla@dhin.org or fax (302) 645-0398. Please note that failure to return this form or failure to comply may result in ProAccess system privileges to be suspended or revoked.

Thank you for your assistance and continued support of DHIN.

Date Sent: 9/13/2012

GOOD WEATHER CLINIC: After Hours Break Glass Report for the period of 6/1/2012 - 6/30/2012

Completed by: *Dr Carol Windy* Phone: *(302) 999 - 1234* Date: *9/15/12*

ID	User Name (UserID)	Break Glass		Patient Name
318786	Cloudy, Day (cloudd1)	6/26/2012	10:23:00 PM	RAY SUNSHINE
Please supply reason/explanation:	*Presented for clinical care*			
318785	Sky, Blue (blusky)	6/27/2012	5:23:00 AM	BETTY RAIN
Please supply reason/explanation:	*Evaluation for admission*			