



Health Policy and Practice / Santé: politique et pratique médicale

How Well Are We Respecting Patient Privacy in Medical Imaging? Lessons Learnt From a Departmental Audit

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Abstract

Rationale and Objectives: Preservation of patient privacy and dignity are basic requirements for all patients visiting a hospital. The purpose of this study was to perform an audit of patients' satisfaction with privacy whilst in the Department of Medical Imaging (MI) at the Civic Campus of the Ottawa Hospital.

Materials and Methods: Outpatients who underwent magnetic resonance imaging (MRI), computed tomography (CT), ultrasonography (US), and plain film (XR) examinations were provided with a survey on patient privacy. The survey asked participants to rank (on a 6-point scale ranging from 6 = excellent to 1 = no privacy) whether their privacy was respected in 5 key locations within the Department of MI. The survey was conducted over a consecutive 5-day period.

Results: A total of 502 surveys were completed. The survey response rate for each imaging modality was: 55% MRI, 42% CT, 45% US, and 47% XR. For each imaging modality, the total percentage of privacy scores greater than or equal to 5 were: 98% MRI, 96% CT, 94% US, and 92% XR. Privacy ratings for the MRI reception and waiting room areas were significantly higher in comparison to the other imaging modalities ($P = .0025$ and $P = .0227$, respectively).

Conclusion: Overall, patient privacy was well respected within the Department of MI.

Résumé

Exposé raisonné et objectifs : Il est essentiel de respecter la vie privée et la dignité de tous les patients qui se présentent à l'hôpital. L'étude avait pour objectif d'évaluer la satisfaction des patients à l'égard du respect de la vie privée dans le cadre d'une visite au service d'imagerie médicale du Campus Civic de L'Hôpital d'Ottawa.

Matériel et méthodes : Un sondage sur le respect de la vie privée a été distribué aux patients externes qui ont subi des examens d'imagerie par résonance magnétique (IRM), des tomographies (TDM), des échographies ou des radiographies à cliché simple. Le sondage demandait aux participants d'évaluer dans quelle mesure leur vie privée avait été respectée (selon une échelle de 1 à 6 où 1 correspondait à aucun respect de la vie privée et 6 à un excellent respect de la vie privée) à cinq endroits clés du service d'imagerie médicale. Le sondage a été réalisé sur période de cinq jours consécutifs.

Résultats : Au total, 502 sondages ont été recueillis. Les taux de réponse suivants ont été compilés pour chaque modalité: 55 % pour l'IRM, 42 % pour la tomographie, 45 % pour l'échographie et 47 % pour la radiographie à cliché simple. Le pourcentage de notes égales ou supérieures à 5 a également été calculé en fonction de la modalité: 98 % pour l'IRM, 96 % pour la tomographie, 94 % pour l'échographie et 92 % pour la radiographie à cliché simple. En matière de respect de la vie privée, le comptoir d'accueil et l'aire d'attente pour les examens d'IRM ont obtenu des notes nettement plus élevées que ceux des autres modalités d'imagerie ($P = 0,0025$ et $P = 0,0227$, respectivement).

Conclusion : Dans l'ensemble, le service d'imagerie médicale voit au respect de la vie privée des patients.

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Key Words: Clinical audit; Patient privacy

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All patients are entitled to have their privacy and dignity respected during and after their hospital stay [1,2]. Patient privacy refers to a patients' fundamental right to determine how, when, and to what extent their health information is collected, used, and disclosed to others [3]. Within a hospital, patient privacy and dignity must be respected in all clinical areas. Studies in emergency departments have shown that there is a significant correlation between respecting privacy and patients' overall satisfaction [4,5].

A clinical audit is a useful tool that can be used to systematically assess current practice in order to improve patient care [6]. Audits have been performed in radiology departments in order to evaluate radiation dose and communication of radiology reports [7,8]. To our knowledge, there are no published audits of patient privacy from radiology departments.

The Ottawa Hospital (TOH) is a leading academic health science centre located in Ottawa, Ontario, Canada. It is a teaching hospital composed of 3 campuses (Civic, General, and Riverside) and is focused on providing high quality, patient-focused health services. TOH's policy on privacy mandates that all staff must respect the privacy and confidentiality of patients as well as protect the personal health information to which they are entrusted with by their patients [9].

The aim of our study was to conduct a clinical audit in the Department of Medical Imaging (MI) at the Civic Campus of TOH to assess whether patients felt their privacy was respected during their visit. We also wanted to identify any specific problem(s) within each imaging modality relating to patient privacy and dignity. We hypothesized that patient privacy was respected across all imaging modalities.

Materials and Methods

All consecutive patients undergoing outpatient magnetic resonance imaging (MRI), computed tomographic (CT), ultrasonography (US), and plain film radiograph (XR) examinations in the Department of MI at the Civic Campus of TOH were provided hard copy English survey by research assistants (refer to Supplemental Appendix S1). Patients were requested to complete the survey after their imaging examination was performed. The survey asked patients to rank (on a 6-point scale: 6 = excellent, 5 = good, 4 = acceptable, 3 = poor, 2 = very poor, and 1 = no privacy) whether their privacy was respected when talking to radiology staff (receptionists, technologists, residents, staff physicians), changing, waiting to be seen, being examined or within the reception area [10]. For each question, if the patient scored 2 or 1, they were asked to write down the specific problems they encountered during their visit. In addition, the patients were asked to classify their age group (18-25, 26-45, 46-59, or over 60 years of age). Each survey copy stated specifically that patient privacy referred to "the practice of keeping personal and medical information about a patient confidential. It also refers to a patient's right to have their physical privacy respected" [3]. Inpatients were not included as part

of the study because they are inherently sicker than outpatients and may not be able to complete the survey. Furthermore, privacy locations for specific imaging modalities (mammographic, angiographic, and fluoroscopic studies) were not assessed for logistical reasons. At our institution, mammograms are performed at the Women's Breast Health Centre, which is in a separate building from the MI department at TOH Civic campus. The angiographic and fluoroscopic studies are primarily inpatient studies and this study was designed for outpatients only. Completed surveys were collected over a consecutive 5-day period from August 11-15, 2014 (inclusive), during regular working hours (8 AM to 5 PM each day). A single research assistant was assigned to each imaging modality on a daily basis in order to offer surveys to patients and to collect the completed surveys. The survey was anonymous. This study was approved by the Ottawa Hospital Research Ethics Board.

Surveys that contained questions that were blank or had multiple answers were excluded from the analysis (a total of 2 surveys were excluded). For each imaging modality, a survey response rate was calculated as a percentage of the number of completed surveys in relation to the total number of completed examinations for a given modality. The data were analysed using chi-square tests to assess for significant differences in the distributions of responses for each question. Additional chi-square analyses examined differences in age groups between imaging modalities. Differences with P values $<.05$ were considered statistically significant.

Results

A total of 502 surveys were completed and returned. The response rate for each imaging modality was: 55% (108 of 195; MRI), 42% (188 of 450; CT), 45% (84 of 186; US), and 47% (122 of 259; XR). The age distribution of the survey respondents is depicted in Figure 1. The majority of respondents (38%; 188 of 502) underwent a CT examination. In contrast, only 17% (84 of 502) of respondents underwent an US study.

There was a significant difference among the patient age groups across modalities ($\chi^2 = 26.49$, $P = .0017$). Among patients who underwent either a CT or XR, 52% (98 of 188) and 48% (59 of 122) of respondents were over the age of 60, respectively. However, 62% (52 of 84) of those who had an US study were between 26-59 years of age. Similarly, 58% (63 of 108) of respondents who underwent an MRI were between the ages of 26-59. For all modalities, the largest proportion of respondents constituted the age group of over 60 years of age (46%; 229 of 502 respondents). On the other hand, only 4% of the total respondents (20 of 502) were in the group of 18-25 years of age.

For a given imaging modality, the total percentage of privacy scores greater than or equal to 5 was: 98% MRI, 96% CT, 94% US, and 92% XR. Figure 2 shows the frequency of privacy scores (expressed as a percentage) per privacy location for each imaging modality.

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