

# SOCIAL MEDIA AND ELECTRONIC TECHNOLOGIES



# Aims of this presentation...

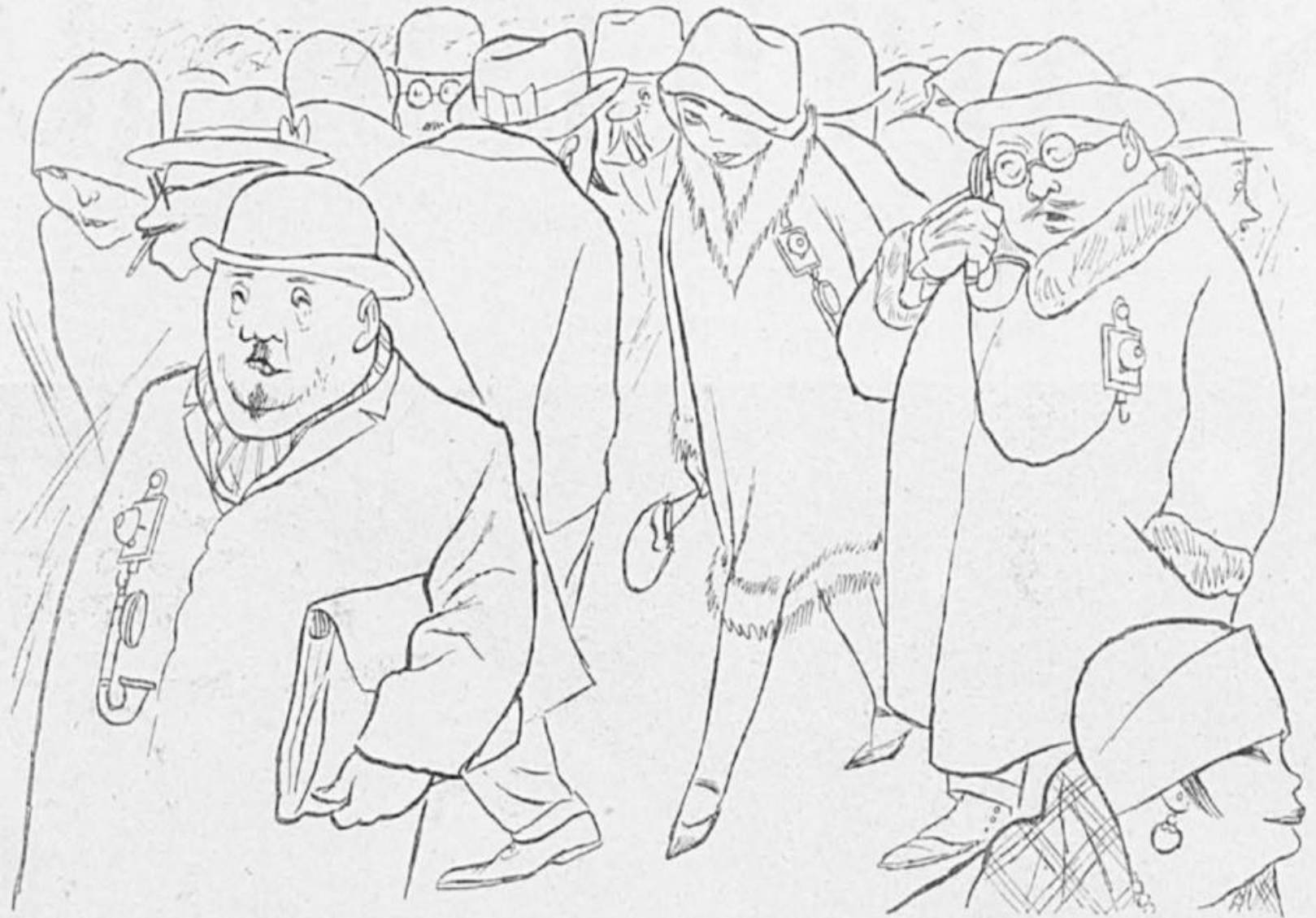
## (learning outcomes)

- To remind you of some legal components that shape/control your practice particularly pertaining to electronic technology use and consumer/colleague privacy
- To remind you of your professional responsibilities around use of social media and electronic technologies

**To remind you to think carefully before  
you text, email,  
facebook, snapchat...**

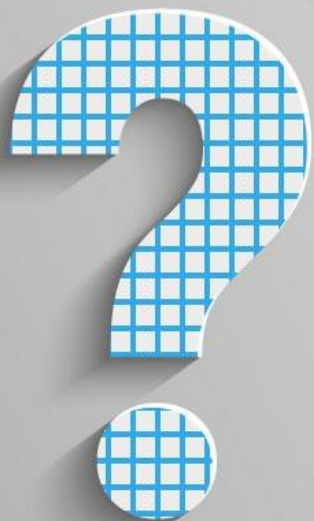
# Berlin

## Drahtlose Telephonie



„Hier Ausfchle zur Zeit Ecke Friedrich-Dehnenstraße . . . gut — bon — gemacht — komme sofort!“

**QUESTION**



**Social Media/Computers/  
Mobile Technologies/ are part  
of our lives-here to stay**



# Social Media/ Electronic technology - Good for clients

- Legitimate sharing of information and reputable resources with individual clients about their health/your services
- Remote (telehealth/telemedicine) care
- Appointment reminders (emails, texts)
- Direct real time queries(**HealthTap** launched)
- Broader Clinical Use – Blogs and twitter eg anxiety and other mental health issues, smoking cessation- HEALTH PROMOTION
- Links with other patients



# Electronic technologies /Social Media - Good for Professionals

Being able/available to offer instant current education/support and advice to clients.

Ready access to a wide range of resources

Easy access to educational data and forums

Being able to communicate FAST with other local or national health professionals about individual clients/groups

Easy access to like-minded international individuals or/and groups of health professionals

Exposure to a vast professional setting(employment opportunities)

Increased access to education/professional development (tertiary learning)

But wait...it's not all good





# Social media - context



■ **“Electronic technologies and social media** provide interactive dialogue between organisations, communities, and individuals.“

■ Personal and/or professional conversations & information, pictures, videos content that in the past was likely private but now have capacity to become available to a much wider and sometimes unplanned audience .



Our use of electronic technologies  
and online behaviour  
(professional and personal) and  
can be challenged....



# External Legal Review

- Can be prosecuted by police under the Crimes Act (unlawful recording/filming, bribery, coercion, blackmail)
- Harmful Digital Communications Act (cyberbullying, coercion, inciting violence/terrorism, inciting suicide)
- Privacy Act and Regulations
- HDC – breaches of the Code of Rights

**Right One:** “ A health consumer should be treated with respect, including respect for your **personal privacy**”

# Health Practitioners Competence Assurance Act, 2003(HPCA)

Nursing Council of New Zealand (NCNZ)

[www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

- Regulatory-Annual Practising Certificates
- Education Frameworks
- Scopes of practice (Competence and practice boundaries)
- Sets Standards for behaviour (Ethics,
- Professional Boundaries, CoC)

# Health Practitioners Competence Assurance Act, 2003(HPCA) & NCNZ



# NCNZ Code of Conduct

## PRINCIPLE 5

Respect health consumers' privacy  
and confidentiality

## PRINCIPLE 6

Work respectfully with colleagues to best  
meet health consumers' needs

## PRINCIPLE 7

Act with integrity to justify health  
consumers' trust

## PRINCIPLE 8

Maintain public trust and confidence in  
the nursing profession



**Nurses, nursing students, HCAs ....**

**Inappropriate on-line behaviour can and does, damage personal integrity, nurse-patient relationships, nurse-colleague relationships, and future employment opportunities.**

REALLY ????????





# Breaches.... Code of Conduct and Code of Rights & NZ Laws

**Electronic technologies make Code (and legal) breaches frighteningly easy !**

- Privacy and confidentiality
- Defamation
- Jeopardising your client and professional relationships and future employment
- Breaching professional boundaries



# The Code (and laws) in Context

How could I breach Privacy and/or Confidentiality via electronic technologies/Social Media ?.....

Let me count the ways !





# PRIVACY & CONFIDENTIALITY

## **Privacy Definition:**

- A person's right to control access to his or her person and personal information.

## **Confidentiality Definition :**

the act of keeping information, documents or objects away from those who are not meant to see or hear them.

# Privacy Act 1994, Health Information Privacy Code - relevant points

## ■ Instructs on the gathering, storing and sharing of health information-Main points

1. Get information straight from the person/people concerned when ever possible

2. Tell them what you're going to do with it.

3. Be considerate when you're gathering it.

4. Take care of it once you've got it.

5. Only disclose it if you have a good reason

6. **Use it ONLY for the purpose you got it**

7. **The Act has recently been replaced...**

# Privacy Code: Quote from Privacy Commissioner (2016)

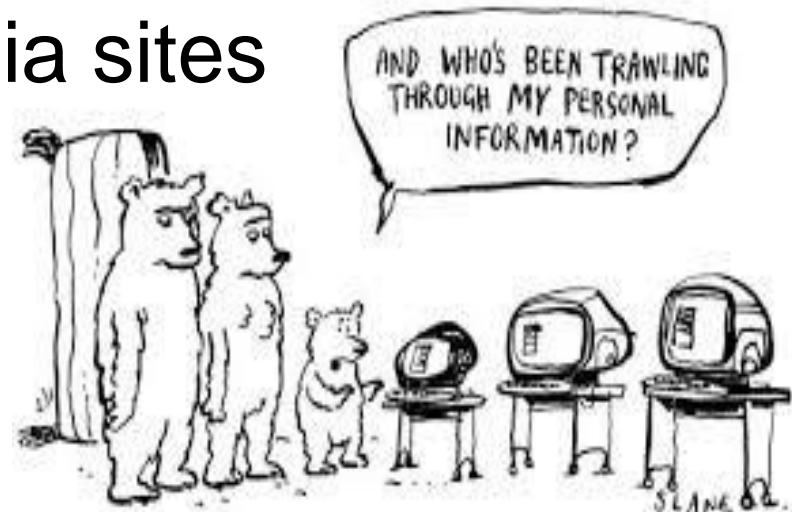
- Data breaches usually involve either deliberate misuses or theft of personal information (such as employee browsing, hacking, or theft of data storage devices), or inadvertent actions by an agency that expose personal information.

John Edwards



# How could I breach Privacy and/or Confidentiality ?.....

- Through intentionally accessing and/or sharing consumer (or colleague, employer) information without consent
- Through unintentionally or intentionally revealing consumer, colleague or employer details/information in emails, texts or on Social Media sites



# NCNZ Code of Conduct 2012

## Principle 5: Respect health consumer privacy and confidentiality.

■ Maintain health consumers' confidentiality and privacy by not discussing health consumers, or practice issues in public places **including social media**. Even when no names are used a health consumer could be identified.

### **Do not discuss work-related issues online.**

Do not identify health consumers by name or publish information that could identify them.

Do not post inappropriate comments about health consumers.

Presume that everything you post online will be permanent and shared.

# Privacy/Confidentiality breaches

- ACC – database emailed
- EQC – emailed
- MPs sharing patient details !!!!!
- Health information transmitted to the wrong recipients (DHB notes or referrals)
- **Inappropriate use/accessing of notes and sharing of patient information (eg ADHB, TD)**
- **Social media – nurses & other HP disclosing patient information on Facebook**

# Privacy/Confidentiality breaches

## Sharing-THINK !!!!!

**Nurse suspended for putting photographs of patients in surgery on Facebook** | News | Nursing Times - Windows Internet Explorer

http://www.nursingtimes.net/whats-new-in-nursing/news-topics/ethics-and-law-in-nursing/nurse-suspended-for-putting-photographs-of-patients-in-surgery-or

1000+ attendees in 2011, 70+ speakers, 11 CPD points  
8 conference streams, 2 days  
To register, call 0845 056 8339 and quote H202-WEBAD1

**Nursing Times.net** "Is it necessary for all nurses to be mentors?" WINNER: Online Media Awards 2011

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### Nurse suspended for putting photographs of patients in surgery on Facebook

22 January, 2010 | By Victoria Thompson

A nurse has reportedly been suspended after putting photos of patients having operations on social networking website facebook.

**JOB PROMOTION**  
Senior Team Leader (RMN) - £28,056 - £31,605 p.a., London, click here to apply.  
Click here for more vacancies at Nursing Times Jobs Express.

The pictures, which were posted on Facebook, were thought to have been taken at a Glasgow hospital, the Daily Record reported.

Patients are not thought to be identifiable from the pictures, according to the newspaper.

A source told the paper: "Most, if not all, of the other staff..."

**RELATED ARTICLES**

- NMC issues Facebook and Twitter warning

**Most Popular**

- 'Is it necessary for all nurses to be mentors?'
- How should nurses address patients?
- #NURSESHIFT: we discuss mentors
- 'Corrosive competition and conflict will be Lansley's legacy'
- Advantages and disadvantages of colloid and crystalloid fluids

**Most Commented**

**NursingTimesjobs.com**  
Jobs in Nursing and Healthcare

Browse thousands of new vacancies right now

Nurse suspended for putting photographs of patients in surgery on Facebook | News | Nursing Times



# Privacy/Confidentiality

## Access and sharing breaches

# The New Zealand Herald

## Hospital removes eel from man's bum

5:30 AM Sunday Sep 23, 2012



**Man's predicament the talk of the hospital.**



# Privacy/Confidentiality breaches

## Unauthorised access !

Unlike hard copy notes for which access trails are virtually un-auditable in the ward/ unit /hospital situation, computer records have a built in feature which tracks all entries –

- who accessed the file
- who made the entry
- time & date
- any changes made

NB Electronic health records are legally required to be regularly audited for security



# Privacy/Confidentiality breaches

## HPDT cases

- Two of the more recent cases have involved senior nurses with extensive clinical and professional experience



# Privacy/Confidentiality- What Was Learnt

- Even if you delete images etc from your device (phone, Ipad etc), they remain can on the device.
- Always log off no matter how busy you are.
- Your computer password is your personal patient protector (PPP)
- Keep your PPP secure no matter what the peer pressure is to borrow/ use it
- ***Sum total of information can add up to easy recognition***

# Privacy/Confidentiality- Patients records

- Unless you have clinical reasons you can not access a patients record – **not even your own or any family members with their permission or not.**

- You can request to see your notes, but you must go through the same process of requesting just like any other patient.

- Only disclose information for the purpose it was collected.

- Always follow Employer PPGs



# Privacy/Confidentiality breaches

## General Watch points/ tips:

- Keep screens displaying patient information away from public areas or at least turned away
- NEVER share your log in (or pin) – it is your digital signature - if its entered under your log in YOU DID IT as far as the system knows...
- So always log off if you leave an electronic device/computer...
- Only access notes for patients you are actually providing care or have another legitimate reason such as clinical audit

# Protect yourself (and your patients and colleagues) in times of vulnerability





# “On the record” – produced by the Privacy Commission

- Guidance on disclosure of health information to family, caregivers and friends
- Disclosure with a purpose – local policies underpin this activity.
- Disclosure to the media – disclosure in general terms and with the permission of the individual

Excellent Resource re Health Information  
management



# **The Code (and laws) in Context**

**How can I jeopardise  
professional relationships ?  
How can Defamation occur ?  
Let me count the ways !**



# DEFAMATION

Can occur much more easily than  
you might think

Defamatory statements:

are published to a third person or  
group of people;

identify (or are about) a  
patient/colleague/person  
(‘subject’); *and*

damage the reputation of the  
subject.



# Defamation(Laws)-Just quickly...

- Harmful Digital Communications Act 2015...**relevant points**
- Designed to reduce harm caused by electronic communications and provide quick and effective redress for victims
- 10 Communication Principles – rules about what digital communications should not be or do
- BUT does not have legal ability to STOP use of devices for harmful purposes

# Defamation

Communication Principles - Digital communications should not (for example):

- Disclose sensitive personal facts about individuals
- Be threatening, intimidating or menacing
- Be grossly offensive to a reasonable person
- Be indecent or obscene
- Be used to harass an individual
- Make a false allegations
- Contain a matter published in breach of confidence
- Incite or encourage anyone to send a message for the purposes of causing harm to the recipient
- Not incite/encourage another to commit suicide
- Not denigrate personal by reason of race, religion, gender, sexual orientation or disability etc

# NCNZ Code of Conduct 2012

**Principle 6:** Work respectfully with colleagues to best meet health consumers' needs.

6.4 Be respectful to colleagues – no dismissiveness, indifference, bullying, verbal abuse, harassment or discrimination. **Applies to social networking**

- Do not discuss colleagues in public places **or on social media.**
- Do not post (or make) inappropriate comments about colleagues or other health service providers.
- Follow organisational policies related to the use of social media, electronic communication and the use of personal devices in the work place.

# Defamation

- An awful shift....



# Defamation

- How gossip can escalate....



# Protect yourself

- Know your Organisations PPGs
- Think before you act (put anything in emails/texts/on a networking site)
- Complain using the right processes/ and through appropriate channels
- Poor decision making around sharing information via digital media can be catastrophic all concerned





# The Code (and laws) in Context

How can I jeopardise  
professional boundaries ?

Let me count the ways !



# Boundary breaches

## Nursing Council of New Zealand: Professional Boundaries





# Boundary Breaches

## But first...what are professional boundaries ?

“Professional Boundaries (in healthcare) are defined as limits which protect the space between the professional’s power and the clients vulnerability”.

**The Health Professional is responsible for the maintenance of professional and personal boundaries in the relationship with health consumers**



# Boundary breaches- Code of Conduct reminder- Principle 7

- 7.1 Be open and honest in your interactions with health consumers. Be clear when an episode of care is complete...
- 7.2 Protect vulnerable health consumers from exploitation and harm.
- 7.5 Act in ways that cannot be interpreted as, or do not result in, you gaining personal benefit from your nursing position.
- 7.13 Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.

# Boundary Breaches

- Professional relationships are therapeutic relationships ...clear start and stop points
- In their relationships with health consumers nurses and most health care workers have greater power due to their specialised knowledge and access to privileged information (of clinical issues and patients intimate issues)
- \*\* Also- Health consumers can seek to deliberately cause nurses to breach boundaries

# Boundary Breaches- What do they look like ?

## Warning signs:

Reveals feelings, aspects of personal life beyond what is required

Regards person as “someone special”

**Provides contact details outside of that required (private phone number, emails, texts, snapchat, facebook etc)**

**Attempts made to see/contact person outside of care setting, hours of work (emails, texts, snapchat etc)**

Gifts and/or social invitations given /received

Excessive touching, **flirtatious behaviour, changes in dress styles (text messages, seen on facebook posts!!)**

Reluctance to conclude professional relationship

Fostering dependency rather than encouraging independence

# Boundary Protection

## Tips:

- If available, offer choices of carer
- Be clear when you are acting as a professional (set the boundaries)
- Be sure you meet client needs first and foremost (use that care plan and document carefully and clearly)
- **Ensure you protect client privacy**
- If client contact you during off duty refer clients to other health professionals (involve other healthcare workers routinely)
- Be very clear when an episode of care is over
- Don't accept/give gifts, money...(check PPGs)
- **Don't share your personal contact details**
- Don't get financially involved
- Don't get sexually involved



# Nurse- client relationships

Make their **care** your first  
concern.

Pam Doole Nursing Council 2012



# Boundary Transgressions

- The yellow bikini !!!



# Boundary breaches –Easy !

Keep your friends close and others ... not so close . Remember those Boundaries. NCNZ says....

- Nurses/Midwives/Health care workers who allow clients to access their entire on-line ‘profile’ (private) introduce those clients to details about the HCP/Ws personal lives well beyond what would normally occur as part of the usual nurse-patient relationship, **which may be a violation of professional boundaries**

# The Code in Context

**How could I jeopardise my  
current and/or future  
employment?.....**





# NCNZ Code of Conduct 2012

**Principle 8:** Maintain public trust and confidence in the nursing profession

**8.1 Maintain a high standard of professional and personal behaviour. The same standards of conduct are expected when you use social media and electronic forms of communication.**

- Keep your personal and professional lives as separate as possible.
- Do not post objectionable material.
- If you are identified as a nurse online you should act responsibly and uphold the reputation of your profession.

# FUTURE EMPLOYMENT OPPORTUNITIES ?

Employers May Google Job Applicants





# Future employment opportunities

- Applicants are not employees so potential employer has no duty of good faith
- Privacy Act 1993
  - Agency should collect personal information directly from the individual concerned
  - **Exception is where the information is publicly available**
- Applicants need to be mindful of their internet and social media presence- information can be “in the public arena”

# Facts

- Increased use of social networking sites to express dissatisfaction with employers is becoming more prevalent. (Judge Inglis)
- Now well established that conduct occurring outside the workplace may give rise to disciplinary action, and Facebook posts, even those ostensibly protected by privacy settings may not be “protected communications” beyond reach of the employment process.
- How private is a written conversation initiated over the internet with 200 “friends” who can pass the information on to a limitless audience?  
(Judge Inglis-Employment Disputes Tribunal)

# Employers...

## Accessing your personal networking sites ????

- YES...your Employers can seek access to your personal Social networking sites via legal means
- YES...if there is information about you in the public arena your Employer /potential employer can access it





# Current and Future employment opportunities

I didn't text you, Vodka did.



your  cards  
someecards.com



# **Nurses and nursing students and the use of texting, emailing & PRIVATE social networking sites**

**Inappropriate on-line behaviour (or texting, emailing etc) can damage personal integrity, nurse-patient relationships, nurse-colleague relationships, and current and future employment opportunities.**

# Remember....for your clients

## ■ Know and adhere to your CoC and employers PPGs

■ Maintain clients privacy and confidentiality

■ Don't electronically transmit client images or information (unless consented procedure/practice)

■ Don't be disparaging, defaming, threatening, harassing of clients, their family/whanau, colleagues or employers

■ Maintain professional boundaries at all times

■ Maintain appropriate high standard of professional and personal image on line (and everywhere)

■ Report any breaches promptly

Refer to : Social Media and the Nursing profession (NZNO)

Guidelines: Social Media and Electronic Communication (NCNZ)

[www.nzno.org.nz](http://www.nzno.org.nz)

# Remember...for yourself

- Remember your profile...CHECK YOUR SETTINGS
- Think **before** you accept “friend requests”
- Think **before** posting ANY information about anyone but most especially about patients/clients (present and past) or your work colleagues and workplace
- Think **before** posting/sharing anything that might be perceived as offensive- pictures, comments, jokes
- Think **before** posting/sharing information about unprofessional activities e.g. drugs and/or alcohol use....partying up large....every weekend !
- Consider the content and **context** and take your time - make the right decisions.

**Ask yourself- BEFORE you post anything anywhere...**



**Have I represented myself well ?**

**Have I represented nursing well ?**

[www.nzno.org.nz](http://www.nzno.org.nz)

# Discussion/Questions



**MSC- 0800 28 38 48**



# NZNO Support

- NZNO members have indemnity cover in relation to professional practice
- NZNO Organisers and PNAs offer initial direct responses and support
- NZNO lawyers provide legal advice/representation
- Coronial inquiries/inquests; HDC investigations; sentinel event inquiries; Nursing Council; Health Practitioners Disciplinary Tribunal

[www.nzno.org.nz](http://www.nzno.org.nz)

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