OHT data sharing and privacy (DSP): Capability self-assessment
[draft tool 8 in the privacy management and data sharing (PMDS, or privacy) toolkit]
(Last updated 3 November 2026)

Background

- This tool was initially made available as an optional online survey designed to be completed by OHTs (**one survey per team**) on a **self-organized call involving privacy leads** (or data sharing and privacy leads) from all member organizations. An OHT may have chosen any workable alternative to aggregating input from privacy leads (e.g., asking them to complete this Word version of the survey and then having a single individual complete the online survey based on the submitted Word versions). We asked that each OHT only submit a single online survey.
- We are now making available the self-assessment survey as a tool that can be completed by an OHT at any time.
- This survey is meant to help OHTs understand their current data sharing and privacy (DSP) capabilities and identify opportunities for growth, as well as inform the development of future DSP resources and implementation supports, including the following:
  - webpages on the RISE website with links to all available resources (like those listed in the next bullet) and to all planned implementation supports (like those listed in the following three bullets)
  - toolkits, including both updates to the existing data-sharing agreement (DSA) toolkit and the development of a privacy toolkit (e.g., plain-language summary, training and awareness materials, role-based competency framework, executive-level briefing materials)
  - a series of virtual 30-minute drop-in sessions
  - a workshop training series based on clinical use cases and involving DSP champions
  - a new online community of practice in Quorum.
- The survey includes 46 questions that cover four domains:
  1. network-level data sharing and privacy governance and enablement (section A; nine questions plus one conditional on previous responses)
  2. organizational data sharing and privacy practices, aggregated to the network level (section B; 11 questions plus two conditional on previous responses)
  3. organizational data sharing and privacy enablers, also aggregated to the network level (section C; 24 questions covering staff, leadership, supports and readiness)
  4. context (section D; two questions, including one about what percentage of members participated in the survey-completion process).
- The anticipated time to completion is 25 to 30 minutes, although this may vary by the number and diversity of member organizations.

Section A: Network-level data sharing and privacy (DSP) **governance** and enablement

#	Question	Scale
A1	Has your OHT Collaboration Council had one or more **formal discussions** about DSP obligations?	4 items • Yes, regular agenda item • Yes, on one or two occasions • Being planned • No
A2	Has your OHT Collaboration Council approved an explicit **commitment** to DSP?	4 items • Yes, fulsomely and recently • Yes, in part and/or long time ago • Being planned • No
A3	Does your OHT have a DSP **working group** or equivalent governance-aligned body with representation from member organizations?	4 items • Yes, active (e.g., meeting regularly) and formal (e.g., documented terms of reference) • Yes, active at times and/or informal • Being planned • No
A4	Does your OHT use any **light-touch tracking mechanisms** to help the OHT or member organizations' prioritize DSP capabilities that would benefit from strengthening? *Examples of trackers may include: 1) privacy contact persons; 2) DSP policies covering collection, use, disclosure, retention and disposal of PHI; 3) digital tools being used to collect, use, disclose, retain and dispose of PHI; 4) safeguards to protect PHI (e.g., facility access controls, logging and alerting); and/or 5) training on data sharing and on privacy compliance and security for staff and contractors*	4 items • Yes, active, formal and broad-ranging • Yes, active at times, informal and/or targeted • Being planned • No
A5	Has your OHT conducted any **light-touch assessments** of DSP practices and enablers among non-HIC member organizations to help the OHT or member organizations' prioritize DSP capabilities that would benefit from strengthening? *Examples of non-HIC member organizations may include: community support services, social services, mental health organizations, Indigenous health organizations*	5 items • Yes, formal and broad-ranging • Yes, informal and/or targeted • Being planned • No • Not applicable (we do not have non-HIC members)
A6	When a DSP question, request or issue arises that spans multiple member organizations, is there a clear **process** for who leads the response?	4 items • Yes, formal (documented and tested process) • Yes, informal • Being planned

	A question may be about privacy safeguards, a request may be a patient asking for their health records from across the OHT, and an issue may be a new data-sharing challenge	• No
A7	Has your OHT or any member organization experienced a privacy **breach** or near-miss in the last 12 months?	3 items • Yes → see A7b • No • Prefer not to say
A7b	If yes, was a structured breach response process followed?	3 options • Yes — documented process was activated and followed • Yes – a process was created or 'borrowed' and then followed • No structured process existed at the time
A8	What is the level of confidence that your OHT's leadership has expressed about DSP obligations currently being met across your network?	5 options • Completely confident • Mostly confident • Neutral • Mostly unconfident • Completely unconfident • Unsure
A9	What is the single most important data sharing and privacy challenge your OHT would want Ontario Health's support to address?	Open text

Section B: Organizational data sharing and privacy (DSP) **practices**

#	Question	Scale
B1	Are your member organizations currently **sharing** personal health information (PHI) across member organizations for the purpose of delivering integrated care?	4 items • Yes, routinely, in most or all initiatives, and for most or all relevant members • Yes, for specific initiatives only and/or for some relevant members only • In planning stage • No
B1b	If yes, which **types** of data sharing are currently happening in your OHT?	8 items (Select all that apply) • Care coordination and referrals (e.g., ALC prevention and management, health and social care) • Home and community care transitions • Primary-care access and attachment • Chronic disease prevention and management • Cancer screening • Mental health and addiction service access • Population health analytics • Other *(open text)*
B2	Do your member organizations have **data-sharing agreements** (DSAs) in place among them?	3 items • Yes, for most or all active sharing relationships • Yes, for some sharing relationships only • In planning stage • No formal DSAs in place
B2b	If yes, what **types** of DSAs are in place?	3 items • OHT-approved DSA, adapted as needed • Project-specific DSAs • Mix of both
B3	Have your member organizations **worked through the pros and cons** between the HIC-agent model and the HINP model for one or more member organizations acting as agents of other member organizations to facilitate the sharing of personal health information?	4 items • Yes, for most or all initiatives and with most or all relevant members • Yes, for specific initiatives only and/or for some relevant members only • In planning stage • No
B4	Are member organizations using a **HIC-agent model** on behalf of other member organizations?	4 items • Yes, for most or all initiatives and with most or all relevant members • Yes, for specific initiatives only and/or for some relevant members only • In planning stage • No

B5	Are member organizations using a **HINP (Health Information Network Provider) model** for electronic PHI exchange among member organizations?	4 items • Yes, for most or all initiatives and with most or all relevant members • Yes, for specific initiatives only and/or for some relevant members only • In planning stage • No
B6	Have your member organizations designated a **privacy contact person**?	4 items • Yes, for most or all members • Yes, for some members • In planning stage • No
B7	Do your member organizations maintain documented privacy and information-management **policies** and procedures *Examples include:* • *confidentiality policy* • *acceptable use of technology policy* • *records retention and destruction policy* • *privacy breach response policy or plan*	4 items • Yes, for most or all relevant types of policies and procedures and for most or all members • Yes, for some relevant types of policies and procedures and/or for some members • In planning stage • No
B8	Do your member organizations have a formally documented information-security policy or program addressing physical, technical and administrative **safeguards** to protect personal health information *Examples include:* • *facility/workplace access controls* • *device tracking and disposal controls* • *identity and access management controls* • *endpoint security* • *logging and alerting* • *network segmentation* • *developed practices for administering consent withholdings and withdrawals* • *developed assessment/auditing practices* • *developed vendor risk management practices*	4 items • Yes, for most or all relevant types of safeguards and for most or all members • Yes, for some relevant types of safeguards and/or for some members • In planning stage • No
B9	Do your member organizations provide **privacy compliance training** to all of its staff and contractors whose roles involve access to personal health information?	4 items • Yes, for most or all members • Yes, for some members • In planning stage • No
B10	Do your member organizations provide **information-security awareness training** to all of its staff and contractors whose roles	4 items • Yes, for most or all members

	involve access to personal health information? *Example includes phishing awareness.*	• Yes, for some members • In planning stage • No
B11	Do your member organizations cause all its staff and contractors to sign a reasonable **confidentiality acknowledgement** on an annual basis?	4 items • Yes, for most or all members • Yes, for some members • In planning stage • No

Section C: Organizational data sharing and privacy (DSP) **enablers**

Staff

#	Question	Scale
CSt1	Do your member organizations have staff who understand and value **data sharing** in an integrated-care context?	3 items • Yes, for most or all organizations • Yes, for some organizations • No
CSt2	Do your member organizations have staff who understand and accept **PHIPA obligations** in an integrated-care context?	Same
CSt3	Do your member organizations have staff who get the **balance** right between 'it's easier not to share data' (risk aversion) to 'we need to find ways to share data to meet our integrated care responsibilities while fulfilling PHIPA obligations?	Same
CSt4	Do your member organizations have staff with the time and capacity to establish and maintain a **project/initiative** to share data while respecting PHIPA obligations?	Same
CSt5	Do your member organizations have staff with access to the **digital tools** to share data while respecting PHIPA obligations?	Same
CSt6	Do your member organizations have staff-level DSP **champions** beyond the designated privacy contact person?	Same

Leadership

#	Question	Scale
CL1	Do your member organizations have leaders (clinical, management, governors)* who understand and value **data sharing** in an integrated-care context?	3 items • Yes, for most or all organizations • Yes, for some organizations • No
CL2	Do your member organizations have leaders (clinical, management, governors) who understand and accept **PHIPA obligations** in an integrated-care context?	Same
CL3	Do your member organizations have leaders who get the **balance** right between 'it's easier not to share data' (risk aversion) to 'we need to find ways to share data to meet our	Same

	integrated care responsibilities while fulfilling PHIPA obligations?	
CL4	Do your member organizations have leaders (clinical, management, governors) with the time and capacity to oversee a **new project/initiative** to share data while respecting PHIPA obligations?	Same
CL5	Do your member organizations have leadership-level DSP **champions** beyond the designated privacy contact person?	Same

*A clinical leader could include a Family Health Organization (FHO) leader, a management leader could include an executive director or CEO, and a governor could include a member of the Collaboration Council.

Supports

#	Question	Scale
CSu1	Do your member organizations have access to **DSP templates** (e.g., policies and procedures, tips for safeguard, data-sharing agreements) that can be adapted to their organization or a specific project?	3 items • Yes, for most or all organizations • Yes, for some organizations • No
CSu2	Do your member organizations have access to **DSP training** (e.g., for staff, privacy contact persons, and leaders) that can be adapted to their organization or a specific project?	Same
CSu3	Do your member organizations have access to **legal expertise** for targeted work at reasonable cost?	Same
CSu4	Do your member organizations have access to **additional DSP expertise** for targeted work at reasonable cost?	Same
CSu5	Do your member organizations prefer particular **formats** for training and access to expertise? *Note that RISE will be making available all of these types of implementation supports*	• Webpage with links to all available supports • Toolkits (e.g., plain-language summary, training and awareness materials, role-based competency framework, executive-level briefing materials) • Online 30-minute drop-in sessions • Workshop training series based on clinical use cases and involving DSP champions • Posts and responding to posts in a new online community of practice in Quorum • Other
CSu6	Are there particular **types of member organizations** that would benefit the most from supports?	• Home care providers • Community and social service providers • Primary care practices and teams • Hospitals • Long-term care homes • Mental health and addictions organizations • Indigenous health organizations • Don't know • Other (open text)

CSu7	Are there particular **challenges** that would benefit the most from being addressed as part of planned implementation supports?	• Engaging primary-care clinicians • Including non-HIC member organizations • Navigating Indigenous data sovereignty requirements • Addressing Northern geography or remote access constraints • Documenting benefits to member organizations • Understanding and addressing mistrust • Finding creative approaches for small organizations • Securing commitment from organizational leaders • Other (open text)

Readiness

#	Question	Scale
CR1	How ready are your member organizations to improve their **data-sharing practices** as a means to an end of supporting TPA deliverables and broader OHT goals around integrated care?	4 Items • Ready to start now • Need some orientation and preparation • Need significant preparation before we can improve • Not sure where to start
CR2	How ready are your member organizations to improve their **privacy practices** as a means to an end of supporting TPA deliverables and broader OHT goals around integrated care?	4 Items • Ready to start now • Need some orientation and preparation • Need significant preparation before we can improve • Not sure where to start
CR3	How ready are your member organizations to work with an **adaptable DSA template** (developed by a third-party legal firm)	4 Items • Ready to start now • Need some orientation and preparation • Need significant preparation before we can improve • Not sure where to start
CR4	How ready are your member organizations to use **DSP tools** to be made available by RISE working in partnership with legal experts and with data sharing and privacy practitioners? *Examples include the recently released DSA toolkit (e.g., FAQs and 'new project' roadmap) and the planned privacy toolkit*	4 Items • Ready to start now • Need some orientation and preparation • Need significant preparation before we can work with it • Not sure where to start
CR5	How ready are your member organizations to use **DSP implementation supports** to be made available by RISE working in partnership with legal experts and with data sharing and privacy practitioners?	4 Items • Ready to start now • Need some orientation and preparation • Need significant preparation before we can work with it

	Examples of implementation supports include 30-minute drop-in sessions, 60-minute training workshops, and online community of practice	• Not sure where to start
CR6	Are there particular **types of member organizations** that are more ready to improve?	• Home care providers • Community and social service providers • Primary care practices and teams • Hospitals • Long-term care homes • Mental health and addictions organizations • Indigenous health organizations • Don't know • Other (open text)

Section D: Context

D1. OHT drop-down menu

#	Indicator	Source
D	Region (Central, East, North East, North West, Toronto)	• Mapped from OHT selected
	Number of member organizations (1-10, 11-20, 20+)	• Mapped from OH data

D2. Percentage of member organizations participating in survey

#	Question	Scale
D2	Roughly what percentage of your members participated in the survey-completion process?	5 items • >80% • 60-79% • 40-59% • 20-39 • <20%

Thank you for taking the time to complete the OHT DSP capability self-assessment.

RISE webpage for DSP resources: https://www.mcmasterforum.org/rise/support-data-sharing-and-privacy
RISE webpage for DSP implementation supports: https://www.mcmasterforum.org/rise/support-data-sharing-and-privacy/data-sharing-and-privacy-implementation-supports

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Note from RISE: This tool is meant to be read in conjunction with the other tools in this PMDS toolkit, as well as the tools in a complementary data-sharing agreement (DSA) toolkit. RISE prepares both its own resources (like the RISE brief) that can support rapid learning and improvement, as well as provides a structured 'way in' to resources prepared by other partners and by the ministry. RISE is supported by a grant from Ontario Health to the McMaster Health Forum. The opinions, results and conclusions are those of RISE and are independent of Ontario Health and the Ontario Ministry of Health. No endorsement by Ontario Health or the ministry is intended or should be inferred.



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