Chad Skelton, Reporter
The Vancouver Sun
1-200 Granville St.
Vancouver, B.C. V6C 3N3
cskelton@vancouversun.com

Jan. 7, 2015

Office of the Information and Privacy
Commissioner for British Columbia
PO Box 9038, Stn. Prov. Govt.
Victoria, BC V8W 9A4
info@oipc.bc.ca

To whom it may concern:

I am writing you to request a review of the Provincial Health Services Authority's decision to refuse to provide me with raw data on BC Ambulance response times, on the grounds that doing so would risk re-identifying individuals in violation of Section 22 of the Freedom of Information and Protection of Privacy Act.

I have attached my original Freedom of Information request, my correspondence with the PHSA, and the PHSA's formal response. I have also separately attached three sample spreadsheet files the PHSA provided to me during our correspondence about my request.

On Oct. 1, 2014, I sent two Freedom of Information requests to the PHSA. The first asked for a copy of BCAS' response-time data: essentially a separate row of data for every ambulance response in the province since Jan. 1, 2009. The second request asked for a copy of BCAS' current "database layouts" for its response-time tracking systems: essentially a "table of contents" explaining how its response-time data is structured. This request for review only concerns the first request (for response-time data) as the BCAS did provide me the database layout I requested.

From the very beginning, in my original request for response-time data, I made clear to the PHSA that I was not seeking personal information on individual patients and that I was OK with certain fields (such as each patient's name) being redacted from the data provided:

> I appreciate that some fields — such as the name of a patient — may be exempt under privacy grounds. In such cases, you can remove the entire field from the data before providing it to me. In cases in which a field in the database may raise **potential** or **partial** privacy concerns, please call me to discuss ways to ameliorate that concern short of exempting the data in its entirety (such as by providing a hundred-block for each call rather than a precise street address).

As the correspondence attached makes clear, the PHSA was originally quite helpful in trying to figure out a way to provide me with data while being mindful of the privacy concerns of patients. Similarly, I made meaningful concessions in what data I was willing to accept, where I thought the concerns raised by the PHSA were legitimate.

For example, in a phone conversation on Oct. 8, 2014, PHSA FOI coordinator Muni Toor told me the health authority was concerned that providing the hundred-block of ambulance calls could violate the privacy of individuals, even if the patient names were redacted. For example, if people saw that an ambulance responded to a specific block, at a specific time, for a mental health call, people in that neighbourhood might remember that ambulance visit and be able to figure out which of their neighbours had a mental-health problem. This struck me as a legitimate concern and so I agreed that, instead of providing me the hundred-block for each call, the PHSA could simply provide me with the municipality of each call.

This phone call was followed by an email, on Oct. 17, in which Ms. Toor provided me with "a sample of what we can provide": a 491-row dataset of ambulance response times in Duncan and Terrace. That dataset did not include the hundred block of each call but only the city where the call took place. And, rather than the specific date and time of the call, the sample dataset only included the month (i.e. "December") and the hour of the call (i.e. "2pm").

Ms. Toor asked me to "please have a look and let me know what you think". In a detailed email back, I made a number of suggestions, in particular that the PHSA provide me with a more detailed "event type" code for each call so I could measure whether response times for specific types of calls had gotten better or worse and for the exact date and time of each call. That said, I was very clear in my email that I was open to discussing these issues and that I would rather be provided with some data rather than none:

> If possible, I'd like to have more specific information on the exact date and time of each call, rather than just the month and hour of day. That said, having the more precise "event type" codes – and, in a separate dataset, the hundred-blocks – is more important to me. So if, in balancing the privacy concerns here, you need to keep the date/time data more general in order to give me more specific event type/location data, I'm OK with that.

In an email on Nov. 20, 2014, Ms. Toor gave me the impression that the PHSA was still reviewing my request and working on providing whatever data it could:

> We are still working on your request. Just seeing what can be provided without running a risk of re-identifying and keep patient information private and confidential.
> I should have more information for you next week.

Then, on Dec. 17, Ms. Toor sent me an email with a letter attached abruptly refusing to provide any of the data I had requested, in any form, on the grounds that doing so would risk re-

identifying individuals. That letter acknowledged "this final decision may seem at odds with our earlier communications to you".

The PHSA's letter provided no detailed explanation for how the data I requested risked re-identifying individuals and, on its face, I don't believe there is one. Knowing that, for example, an ambulance responded to a heart attack in Terrace on some date in December, sometime around 1 p.m., in no way violates the privacy of the person who had the heart attack. It's certainly possible that, in a small community, someone may know who the person was who had the heart attack in question. But the only *additional* information the data requested here would provide is how long it took the ambulance to get to the person's house. That is not personal information and in no way violates personal privacy.

Furthermore, even if a case can be made that detailed response-time data could risk re-identifying individuals, the PHSA had other options at its disposal than simply refusing this request outright.

For example, it could have released data only for large municipalities, like Vancouver or Surrey, withholding data for small communities where the risk of re-identification may be higher. Or it could have provided fewer fields of data, withholding information on specific dates and times and instead only providing details on each call's Year, Municipality, Event Type and Response Time. (i.e. "2014", "Port Moody", "Gunshot wound", "14 minutes"). The latter would make it possible to track changes in response times while raising no real risk of re-identification.

Indeed, it is precisely this type of more limited response that the Act demands. When a public body believes a record may be subject to exceptions under the Act, the correct response is not to deny access to the record in its entirety but, rather, to release the record with the excepted information redacted. This principle clearly applies to electronic records as well as paper ones, as made clear by Order F09-21, in which the Commissioner's Office ruled that certain fields of data from the Foundation Skills Assessment could be released to a requester, but not others.

In summary, I do not believe that the records I have requested risk the re-identification of individuals and, even if they did, I believe the PHSA can and should provide me with a more limited dataset rather than to deny my request outright. Please review this matter. If you have any further questions, I can be reached at 604-605-2892 or cskelton@vancouversun.com.

Sincerely,

Chad Skelton, Reporter
The Vancouver Sun

Chad Skelton, Reporter

The Vancouver Sun
1-200 Granville St.
Vancouver, B.C. V6C 3N3
cskelton@vancouversun.com

Oct. 1, 2014

Muni Toor or Cindy Brice
FOI Coordinator
Provincial Health Services Authority
MToor@phsa.ca
cbrice@phsa.ca
PHSAFOIOffice@phsa.ca

Dear Ms. Toor or Ms. Brice:

Under the Freedom of Information and Protection of Privacy Act, please provide me with:

• In electronic database format, full details on all BC Ambulance Service calls since Jan. 1, 2009.

Please provide these records to me in a standard database format such as Microsoft Excel, Microsoft Access or Comma Separated Values (CSV). I **do not** want the data in PDF format.

Please place each call on a separate row with all relevant details about the call in adjoining columns. I assume such fields may include:

- Date and time call was received.
- Date and time ambulance was dispatched.
- Date and time ambulance arrived at the scene.
- Date and time patient was delivered to hospital.
- Total "response time" (in minutes and seconds)
- Call type
- Assigned units
- Medical nature of call (i.e. heart attack, stroke)
- Patient acuity classification
- Call priority level ("Code 2", "Code 3")
- Ambulance station
- Type of ambulance dispatched (standard/advanced life support)
- Patient originating point
- Address of originating point
- Municipality of originating point

- Latitude and longitude of originating point
- Ambulance destination
- Presence of other emergency staff on location upon arrival (i.e. fire department, police)
- Patient's medical status

Please note that this is not an exhaustive list and I am looking for **all** data recorded about each call.

I would prefer the data be provided in a "flat file" such as this – with each call on a separate row. However, if the data is maintained in a relational database and it is not possible to "flatten" it, PHSA may instead provide me with a series of separate tables, along with instructions on how the tables are connected, such as a database layout.

I appreciate that some fields — such as the name of a patient — may be exempt under privacy grounds. In such cases, you can remove the entire field from the data before providing it to me. In cases in which a field in the database may raise *potential* or *partial* privacy concerns, please call me to discuss ways to ameliorate that concern short of exempting the data in its entirety (such as by providing a hundred-block for each call rather than a precise street address).

As well, if there are any technical concerns related to this request (for example, data for some years or some areas of the province being maintained in different formats), please call me first to discuss how my request can be amended rather than simply refusing the request outright.

I believe such prior consultation is consistent with the Sec. 6(1) duty under FIPA for public bodies to "make every reasonable effort to assist applicants".

I draw your attention to the following 2010 order by the Office of the Information and Privacy Commissioner, which, in our view, clearly states (in paragraph 16) that public bodies are required to provide records in electronic format if doing so would not pose an unreasonable burden on their operations:

http://www.oipc.bc.ca/orders/962

The issue of ambulance response times, and how BCEHS prioritizes calls, has been a subject of intense public interest over the past few months, resulting in numerous media stories and debate among municipal leaders. As such, I would ask that all fees related to this request be waived. If you have any concerns, please phone me at (604)605-2892. My email address is cskelton@vancouversun.com

Sincerely,

Chad Skelton, Data Journalist
The Vancouver Sun
cskelton@vancouversun.com

From: Brice, Cindy [mailto:CBrice@phsa.ca]
Sent: October-01-14 3:27 PM
To: Skelton, Chad (Vancouver Sun); Toor, Muni; PHSA Freedom of Information Office
Subject: Re: Two more FOI requests

Received.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Skelton, Chad (Vancouver Sun)
Sent: Wednesday, October 1, 2014 3:25 PM
To: Brice, Cindy; Toor, Muni; PHSA Freedom of Information Office
Subject: Two more FOI requests

Cindy & Muni:

Please find enclosed – both pasted below and attached as a PDF file – two more FOI requests. Would appreciate it if you could shoot me a quick email back just letting me know you received these. Thanks!

- Chad Skelton

===

Chad Skelton, Reporter
The Vancouver Sun
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cskelton@vancouversun.com

Oct. 1, 2014

Muni Toor or Cindy Brice
FOI Coordinator
Provincial Health Services Authority
MToor@phsa.ca
cbrice@phsa.ca
PHSAFOIOffice@phsa.ca

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Sincerely,

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The Vancouver Sun
cskelton@vancouversun.com

Chad Skelton, Reporter
The Vancouver Sun
1-200 Granville St.
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cskelton@vancouversun.com

Oct. 1, 2014

Muni Toor or Cindy Brice
FOI Coordinator
Provincial Health Services Authority
MToor@phsa.ca
cbrice@phsa.ca

Dear Ms. Toor or Ms. Brice:

Under the Freedom of Information and Protection of Privacy Act, please provide me with:

• A copy of the current database layouts for the BCAS Management Information System (BCAS/MIS), BCAS Data Mart, PRC Altaris CAD, RightCAD and any other database systems used by the BC Ambulance Service to record data on ambulance calls.

Database layouts, sometimes also referred to as data dictionaries or "table and column definitions reports", generally include information on the tables contained within a relational database and a description of the database's fields (i.e. "DATETIME: Date and time of the call.") They may also include a description of how different tables in a database are related to each other.

If you have any concerns, please phone me at (604)605-2892. My email address is cskelton@vancouversun.com

Sincerely,

Chad Skelton, Data Journalist
The Vancouver Sun

cskelton@vancouversun.com

CHAD SKELTON
Data Journalist
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Websites: The Data Trail | Data Central

PLEASE NOTE: I work Wednesdays to Fridays and do not check email regularly on Mondays and Tuesdays.

THE VANCOUVER SUN
vancouversun.com

From: Toor, Muni [mailto:MToor@phsa.ca]
Sent: October-08-14 10:13 AM
To: Skelton, Chad (Vancouver Sun)
Subject: FW: PHSA 0091-14

Good Morning Chad,

Hope you're doing well. I wanted to see if you had some today after 12pm or sometime this week to discuss your two recent request.

Thank you,
Muni

From: Skelton, Chad (Vancouver Sun) [mailto:CSkelton@vancouversun.com]
Sent: Wednesday, October 08, 2014 10:38 AM
To: Toor, Muni
Subject: RE: PHSA 0091-14

Hi Muni,

I should be around this afternoon if you'd like to chat about my requests.

CHAD SKELTON
Data Journalist
The Vancouver Sun
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Email: cskelton@vancouversun.com
Twitter: @chadskelton
Websites: The Data Trail | Data Central

PLEASE NOTE: I work Wednesdays to Fridays and do not check email regularly on Mondays and Tuesdays.

THE VANCOUVER SUN
vancouversun.com

From: Toor, Muni [mailto:MToor@phsa.ca]
Sent: October-08-14 11:19 AM
To: Skelton, Chad (Vancouver Sun)
Subject: RE: PHSA 0091-14

Great, I will give you a call in the afternoon.
Thanks
Muni

Good Morning Chad,

Thanks for the taking the time to talk to me a couple weeks ago. As discussed here is a sample of what we can provide.

Please have a look and let me know what you think.

Thanks,
Muni

[Attached: Van-Sun-Sample.csv, Sample-Data-Dictionary.xlsx, MPDS-Cards.xlsx]

Hey Muni,

Thanks for getting me this sample data. It really helps me to get my head around the data and get a good sense of whether what you're proposing will meet my needs or not. I'm going to take a closer look at it next week, but a few things that occur to me off the bat:

1. I like how the **MPDS Card** data provides some specificity to the nature of the call (i.e. "Choking" vs. "Convulsions/Seizures"). However, it's my understanding that there's another, more specific, "event type" field that describes the nature of a call in even more detail. When Vancouver and Burnaby raised concerns about the re-classification of certain calls, they made reference to 74 "event types" that were downgraded from emergency dispatch to routine dispatch (see attached PDFs). These downgraded event types are listed in the Burnaby document (p. 93) and appear to be a much more specific variant of the MPDS Card codes. So, for example, **15C01e – Electrocution – Alert and breathing normally - Electrocution** is, I'm assuming, contained within the broader MPDS Card category of **15 – Electrocution / Lightning**. It's important for us to have these more specific "event type" codes as one of the things we'll be wanting to analyze is how response times have changed specifically for those 74 re-classified event types. If we only have MPDS Card data, that won't be possible as I'm assuming, for example, that there are various types of electrocution/lightning calls that have *not* been downgraded (like, I'm guessing, electrocuted and *not* breathing). Without the event type cards, we won't be able to separate them out. Given no address data is provided beyond the city level, I can't see how more specific "event type" data would raise any privacy concerns.

2. On the topic of address data, when we chatted on the phone I acknowledged that having both a specific location **and** "event type" for each call could reasonably be expected to raise privacy concerns (for example, if there were a dozen mental health calls to a certain hundred block in Vancouver). In the sample data you've provided here, MPDS Card data is provided but no address, hundred block or lat/lon coordinates. As suggested on the phone, I'd like it if you were also able to provide the reverse: location data (i.e. a hundred block) *without* "event type" data. That would allow me to analyze if response times vary from neighbourhood to neighbourhood – and if ambulance calls are more common to certain areas of a city -- without raising privacy concerns. If you did that, of course, you'd most likely want to remove the **EF_ID** field from both datasets, so that they can't be joined together.

3. If possible, I'd like to have more specific information on the exact date and time of each call, rather than just the month and hour of day. That said, having the more precise "event type" codes – and, in a separate dataset, the hundred-blocks – is more important to me. So if, in balancing the privacy concerns here, you need to keep the date/time

data more general in order to give me more specific event type/location data, I'm OK with that.

4. Easy one: I'm assuming the **Det_Code_Final** field is the priority of the call (the "echo/delta/bravo/omega" coding you mentioned on the phone) and that the downgrading of the 74 event types would have involved moving calls from one of those Det_Code categories into another. If I've got this wrong, though, please let me know. At some point, I'll probably also want a more precise explanation of what all those codes mean in terms of how fast an ambulance responds, whether they use sirens, etc. But don't need that right now.

Thanks Muni. I think these are the main issues, but will email you next week if anything else occurs to me.

CHAD SKELTON
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PLEASE NOTE: I work Wednesdays to Fridays and do not check email regularly on Mondays and Tuesdays.

THE VANCOUVER SUN
vancouversun.com

vancouversun.com

From: Toor, Muni [mailto:MToor@phsa.ca]
Sent: October-20-14 12:04 PM
To: Skelton, Chad (Vancouver Sun)
Subject: RE: PHSA 0091-14

Thanks Chad for the email.

Give me a call or send me an email sometime this week. I'm going to look into this further on our end and see what we can do, if we can do something.

Thanks
Muni

From: Skelton, Chad (Vancouver Sun) [mailto:CSkelton@vancouversun.com]
Sent: Friday, October 24, 2014 11:01 AM
To: Toor, Muni
Subject: RE: PHSA 0091-14

Hey Muni,

Had another look at this data and don't think I have any additional concerns beyond the ones I originally emailed to you last week (see below). And, of those, the big one really is having the "event type" codes and not just the **MPDS Card** categories.

This is important, as I noted, for us to be able to track the specific change in response times for the 74 downgraded event types at issue. But it strikes me this additional level of detail is also important to determine whether response times have *improved* for any types of calls. As I understand it, one of the justifications for the downgrading of the 74 event types is that it allows BC Ambulance to improve its response times for those small number of extremely serious incidents (heart attacks, strokes, etc.) in which getting there a minute or two sooner can make a real difference to patient outcomes.

Given how broad the MPDS Card categories are, I suspect measuring the improvement in response times for some of those crucial, but very specific, types of events would also be impossible unless we have that additional level of detail.

So that's really the big one from our perspective. I'm around today if you want to chat by phone or, if you want to chat with your folks a bit before we chat, I'll be back on Wednesday. Thanks!

CHAD SKELTON
Data Journalist
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THE VANCOUVER SUN

vancouversun.com

Hi Chad,

Hope you're doing well. I can't remember if I have already been in touch with you since your last email. I apologize if I have not.
We are still working on your request. Just seeing what can be provided without running a risk of re-identifying and keep patient information private and confidential.
I should have more information for you next week.

I don't want you think , I forgot about this request. I'm still working on it ☺

Thanks
Muni

From: Toor, Muni [mailto:MToor@phsa.ca]
Sent: December-17-14 1:59 PM
To: Skelton, Chad (Vancouver Sun)
Subject: PHSA 0091-12 and PHSA 0092-14

Hi Chad,

Please find enclosed our response letter for PHSA 0091-14 and the responsive records.

For PHSA 0092-14 our responsive letter has been provided. I know this is not the response you were looking for or thought you would be getting. We came this   conclusion after a lot research and connecting with a
lot of different individuals. I apologize that I was not able to connect with you prior to sending you our response letters.

I'm out of the office Dec 18 to Dec 29, but send me an email and we can discuss further.

Thanks
Muni

Muni Toor
Freedom of Information Coordinator, Information Access & Privacy
Provincial Health Services Authority

Phone: (604) 707 5854
RightFax: (604) 675 7224

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Please ensure you complete the mandatory confidentiality e-Learning module.

December 17, 2014

VIA EMAIL: cskelton@vancouversun.com

Mr. Chad Skelton
Data Journalist
The Vancouver Sun

Dear Mr. Skelton:

Re: Response Letter
        Freedom of Information and Protection of Privacy Act (the Act)
        Our File No: PHSA 0092-14

I am writing in follow-up to your request for records made under the *Freedom of Information and Protection of Privacy Act* (the *Act*) dated October 1, 2014.

My department is responsible for processing requests for records made under the *Act* and we provide services under the *Act* to BC Emergency Health Services (BCEHS), which is the public body that operates the BC Ambulance Services (BCAS).

Your request was for the following records:

- In electronic database format, full details on all BC Ambulance Service calls since Jan. 1, 2009
- Date and time call was received
- Date and time ambulance was dispatched
- Date and time ambulance arrived at the scene
- Date and time patient was delivered to hospital
- Total "response time" (in minutes and seconds)
- Call type
- Assigned units
- Medical nature of call (i.e. heart attack, stroke)
- Patient acuity classification
- Call priority level ("Code 2", "Code 3")
- Ambulance station
- Type of ambulance dispatched (standard/advanced life support)
- Patient originating point
- Address of originating point
- Municipality of originating point
- Latitude and longitude of originating point

- Ambulance destination
- Presence of other emergency staff on location upon arrival (i.e. fire department, police)
  Patient's medical status

You have requested the records be provided in a standard database format such as Microsoft Excel, Microsoft Access or Comma Separated Values (CSV). We confirm our understanding that you do not want the data in PDF format and you have indicated that you would like us to place each call on a separate row with all relevant details about the call in adjoining columns.

I have been advised by Ms. Muni Toor, FOI Coordinator that she had been in contact with you in this regard on a few occasions, the first being on October 8, 2014. At that time Ms. Toor contacted you to discuss your request and the potential issues and concerns arising from your request. I understand you agreed not to pursue the longitude and latitude information sought in your original request. Ms. Toor also advised you at that time that she could provide a sample excel spreadsheet of what could be provided. The sample spreadsheet was provided to you on October 17, 2014.

On October 17, 2014 and October 24, 2014, you responded to Ms. Toor with some questions and issues regarding the sample spreadsheet. In particular you have requested that a more "specific event" field be provided; you would also prefer it if we could also provide the reverse location data (i.e. a hundred block) without the "event type" data, and if possible you would like to have more specific information on the exact date and time of each call, rather than just the month and hour of day.

I understand the last correspondence that Ms. Toor has had with you was on November 20, 2014, at which time she advised you that she was still reviewing your request and trying to determine the risk of re-identification in respect of the information requested.

Response

We sincerely apologize for the delay in providing you with our formal response. We wanted to ensure we provided you with an accurate and complete response.

We have consulted with Linda Lupini, Executive Vice President of BC Emergency Health Services (BCEHS), Jodi Jenson, Chief Operating Officer, Stuart Frampton, Director, Technology Operations & Client Services (BCEHS), IMITS, and Randy Slemko, Manager, Corporate Information & Performance (BCEHS), regarding your request.

An analysis of your request included:

- a review of the ability of BC Emergency Health Services to generate the records in the format you requested; and
- a review the risk of re-identification of health data sets.

Ability of BCEHS to Generate the Records

I understand you were advised by BCEHS Communications that this data could be provided and Ms. Toor, FOI Coordinator provided you with a sample excel spreadsheet of what could be provided.

Risk of Re-identification

During our consultation, we considered the authority of the BCEHS to disclose the records to you through a Freedom of Information request. Although you stated that personal information was to be removed from the data set, we have concluded that the data elements that you requested may have the potential to re-identify individuals. After careful consideration, reviewing risk of re-identification literature and consulting with several data specialists within the Provincial Health Services Authority and the Provincial Government, we have determined that these records cannot be provided to you, as there is a risk of re-identification. Therefore, in accordance with Section 22 of *the Act*, the records will not be generated. A copy of section 22 of *the Act*, is enclosed for your reference.

We do apologize for the fact that this final decision may seem at odds with our earlier communications to you, prior to our having done a very thorough analysis of the re-identification risks; we have not previously had a request such as this.

Request for Destruction of Sample Data Set

We are requesting that you please destroy the excel spreadsheet that was provided to you on October 17, 2014. When that data set was provided to you, our Freedom of Information staff thought the sample included sample or dummy data only; we have since learned that it contained actual data. We appreciate you assistance on this matter.

Notwithstanding our position as set out above, management at BCEHS remain willing to discuss their provision of services with you, should you wish. If you would like to arrange a meeting or telephone call, you may be in touch with Ms. Jodi Jensen, Chief Operating Officer, who may be reached at: Jodi.jensen@bcehs.ca or 250-387-1512.

Right to Request a Review

Under section 52 of the *Act,* you may complain about this response to the Office of Information and Privacy Commissioner for BC. You have 30 days from receipt of this letter to request a review by writing to the Office of the Information and Privacy Commissioner.

Requests for review by the Information and Privacy Commissioner should be directed to:

> Office of the Information and Privacy Commissioner for British Columbia
> PO Box 9038, Stn. Prov. Govt.
> Victoria, BC
> V8W 9A4
> Tel: (250) 387-5629
> Fax: (250) 387-1696

If you request a review, please provide the Commissioner's office with:

1) a copy of your original request for information that you sent to us;
2) the file number assigned to your request (PHSA 0092-14);
3) a copy of this letter; and
4) detailed reasons or grounds upon which you are seeking a review.

Under the *Act*, you may also make a formal complaint to the Office of the Information and Privacy Commissioner for British Columbia.

If you have any questions or concerns, please feel free to call Ms. Muni Toor, PHSA Freedom of Information Coordinator at 604.707.5854.

Sincerely,

Sandra MacKay, JD
General Counsel, Chief Freedom of Information and Privacy Officer
Delegated Head of the Public Body
Provincial Health Services Authority

Encl.