BC PSLS Central Office

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**BC PSLS Data Release / Data Access Request Form**

**Instructions:**

If you have health authority-authorized access to BC Patient Safety & Learning System (BC PSLS) and are seeking access to data beyond your access permissions but within your health authority, or if you are not a BC PSLS user but are seeking access to data at the level of a health authority only, contact the appropriate health authority BC PSLS Coordinator directly. For all other requests, complete this form to request release of or access to data held by BC PSLS (see Definitions and Limitations below). Note: All requests for BC PSLS data are subject to approval by the BC PSLS Steering Committee prior to release.

Fill out the form in MSWord using the tab or arrow keys to move from field to field. Enter an “**X**” to fill in a checkbox. Once completed, save the document, print, sign, and fax or mail to BC PSLS Central Office (address above), or save as a Word or PDF document, attach it to an email message from the requestor’s email address and send to bcpslscentral@phsa.ca.

If you have questions or require further information regarding data, please contact the BC PSLS Coordinator in your health authority or BC PSLS Central Office.

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**Definitions:**

**Aggregate Data:** Aggregate data present the total number of occurrences within a defined population or over a given time period. BC PSLS aggregate data contain no identifiable line-level data or personal health information.

**Line-level Data:** Line-level data are data at the individual level and are considered personal health information as defined in the *Freedom of Information and Protection of Privacy Act.*

**Personal Health Information:** Recorded information about an identifiable individual that relates to:

(a) The individual’s health or healthcare history,

(b) The provision of healthcare to the individual, or

(c) Payment for healthcare provided to the individual,

and includes:

(d) The PHN and any other identifying number, symbol or particular assigned to an individual,

(e) Any identifying information about the individual that is collected in the course of, and is incidental to, the provision of healthcare or payment for healthcare.

**Limitations:**

Only **Aggregate Data** are available for release through BC PSLS Central Office.

**Line-level Data** are not available for release through BC PSLS Central Office.

**Personal Health Information** is not available for release through BC PSLS Central Office.

**Part 1 – General Information**

**Date of Request (YYYY/MM/DD):**

**Name of Requester:** **NOTE: All correspondence will be sent to this person.**

**Affiliation or Organization:**

**Email address:** **Phone no.:**

**Part 2 – Planned Use of the Data**

1. **Provide a general description of the planned use of the data, including purpose, intended audience and proposed analytical methodology, if known. If you have included this information as an attachment, check here:** **[ ]**

1. **Will the data be used for the purpose of creating a report or publication?**

**No** **[ ]**

**Yes** **[ ]  If yes, describe the planned report or publication:**

**Part 3 – Specific Data Requested**

1. **Are you requesting one-time release of data (e.g. through a data extract provided in spreadsheet form) or ongoing access to data (e.g. through our Business Intelligence tool)?**

**One-time data extract [ ]  Describe preferred format:**

**Ongoing data access [ ]**

1. **List the specific data elements and time range for the data requested, and/or the variables of interest. Be as specific as possible.**

|  |  |
| --- | --- |
| **Data Elements Requested (field names, variables, etc.)** | **Time Range** |
|  | **to**  |
|  | **to**  |
|  | **to**  |
|  | **to**  |
|  | **to**  |
|  | **to**  |

**\*Fiscal year is April 1, YYYY through March 31, YYYY**

1. **Identify any inclusion/exclusion criteria (e.g. age range, type of event, type of location of care, degree of harm, etc.).**

1. **Include any other relevant information:**

1. **Indicate when you are hoping to begin analysis:**

**Note: Data extractions by BC PSLS Central Office are performed on a priority basis and meeting your timelines cannot be guaranteed. Once your request is received and approved and the technical time required for the extraction is determined, an estimated delivery date will be provided. If the request is for ongoing access to data, an estimated access date will be provided once your request has been approved and the technical time required to establish access has been determined.**

**Part 4 – Data Security**

**a) Indicate where the data will reside.**

**b) How will the confidentiality of the data be protected? Include a description of any security measures, how and when the data will be destroyed, and other relevant data protection issues. Be specific and use as much space as necessary.**

**Part 5 – Other Information**

**Include any other information relevant to this application.**

**Part 6 – Agreement**

**By signing this request, you agree that:**

**(a) The data are principally required for the purposes of healthcare planning, education and learning, program evaluation, health system surveillance, patient safety and/or quality improvement and/or quality assurance analysis.**

**(b) All reports and/or scientific publications resulting from the analyses of the data will be submitted to BC PSLS for review at least thirty (30) days prior to the document being submitted for publication. The BC PSLS Steering Committee or delegate will review the report/publication for appropriate representation of the data and to ensure there are no confidentiality violations. BC PSLS reserves the right to prohibit the publication of any report which upon review is found to contain inaccurate data or data presented in a form that may potentially breach confidentiality or this agreement.**

**(c) The data will not be copied or accessed by a third-party or for any purpose other than that outlined in this application.**

**(d) The data will not be disclosed to a third-party.**

**(e) The data will not be used to contact, directly or indirectly, any individual who may be represented by the data for any purpose.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Date** |  | **Signature of Person Making Request** |

**BC PSLS Central Office Use Only:**

Data Request File Number:

Received on:

Cost-recovery required? Yes [ ]  No [ ]  Estimate: $

Data extract Yes [ ]  No [ ]

Data access Yes [ ]  No [ ]

Expected Completion Date:

Supporting Documentation:

N/A [ ]

[ ]  Approved by Steering Committee

[ ]  Rejected by Steering Committee - Specify reasons:

[ ]  Conditionally Approved by Steering Committee - Specify conditions:

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**Date** **Signature of BC PSLS Provincial Director**