Cottage Health Data Use Committee

IRB#:

Project Request Form

The information contained in this form will be reviewed and evaluated by the Data Use Committee (DUC) to ensure that all HIPAA and Privacy and Security regulations are in place prior any collection of data.

Project Title:		
Person submitting request:	Phone:	E-Mail (Patient data will only be sent to **@SBCH.org**):
Please list all individuals involved:	Phone:	E-Mail (Patient data will only be sent to **@SBCH.org**):
Sponsor, if any:		

Project Design

The intended scope of this project / data collection request is (check one):

- ☐ **Research** (generate new knowledge to add to professional literature)
- ☐ **Quality Improvement** (improve patient care within unit or organization)
- ☐ **Evidence Based Practice** (change practice in an identified population
  - ➢ In purpose section below, please answer 1) What is the practice change and when did it/will it change? 2) What evidence are you using to support the practice change? (Attach published research)
- ☐ **Evaluation** (improve a specific program, policy, system and/or inform decision making)
  - ➢ In purpose section below, please answer 1) What specific program, policy and/or system do you plan to change/improve? 2) Explain how the findings from this project help to inform future decision making.
- ☐ **Other** (explain): _____

My project is:

- ☐ **Descriptive/Exploratory** (no set hypothesis; aims to summarize trends in the data)
- ☐ **Confirmatory** (confirms or denies a specific hypothesis)

Does your request include the creation of a database/registry? ☐ Yes ☐ No

Provide a brief description of the project purpose and objective(s).

What patients will be included in this project? State the inclusion and exclusion criteria.

Data

From where will the data be retrieved? Check all that apply:

- ☐ CottageOne
- ☐ Database/Registry
- ☐ Vizient
- ☐ RL Solutions
- ☐ Survey/interview
- ☐ Other (specify): _____

How will the data points be collected? Check all that apply:

☐ Discrete data in CottageOne

➔ Will you be submitting a Data Request in ServiceNow on the Employee Portal? ☐ Yes ☐ No

☐ Data (in text form) in Notes → will require manual chart review

☐ Additional data collection is required via survey/interview

☐ Other (specify): _____

What is the time frame of the data you propose to collect? Include all groups/time frames that apply.

Group 1 (_____): Start Date: _____ End Date: _____

Group 2 (_____): Start Date: _____ End Date: _____

Where will you store the data? Check all that apply:

☐ Personal Shared Drive on your Cottage-issued device

☐ Department Shared Drive on your Cottage-issued device

☐ Other Shared Drive created by IT on your Cottage-issued device

☐ Cottage-issued encrypted flash drive

☐ REDCap

☐ Paper records in a locked cabinet in a locked room/office

List of All Data Points:

Include or attach an exhaustive list of data points required for the project. (Some good examples include "date of birth" and "asthma" instead of "medical history" and "chronic diseases".)

Protected Health Information (PHI)

Which of the following HIPAA identifiers do you need in order to complete this project? Check all that apply.

☐ None of the data listed below will be collected.

☐	Names	☐	Telephone Numbers
☐	Address	☐	E-mail Addresses
☐	Fax Numbers	☐	Medical Record Numbers
☐	Social Security Numbers	☐	Account Numbers
☐	Health Plan Beneficiary Number	☐	Vehicle Identifiers and Serial Numbers
☐	Certificate/License Numbers	☐	Web Universal Resource Locators (URL)
☐	Device Identifiers and Serial Numbers	☐	Biometric Identifiers (finger and voice prints)
☐	Internet Protocol (IP) Address Numbers	☐	Any Elements of Dates - birth date, admission date, discharge date, date of death, age over 89 (**please specify**): _____
☐	Any Geographic Subdivisions Smaller Than a State - county, city, parish, or zip code (**please specify**): _____		
☐	Full face photographic images and comparable images	☐	Any other unique identifying number, characteristic, or code (**please specify**): _____

Will any of the individuals requiring access to the raw data be non-CH employees? ☐ Yes ☐ NO

➔ If yes, specify: _____

➔ **Please note that all patient data must be transferred between individuals using @SBCH.org email addresses, a Personal or Department Shared Drive on your Cottage-issued device, on a Cottage-issued encrypted flash drive or through REDCap.**

Will the data and/or the findings leave Cottage for any reason? (e.g., external collaborators, poster presentation, conference talk, journal publications) ☐Yes ☐No

➔ If yes, specify where: _____

If yes, please note that unless subjects have provided their consent or authorization for this purpose, the shared data must be **anonymous/de-identified.**

Next Steps:

- You will be asked to present your project to the DUC (which meets every Tuesday from 10-11am over Zoom)
    - Be prepared to provide a summary of your project, data points you are requesting, how the data will be collected, stored and used including any dissemination of results.
- If your project constitutes as research, it will require review and approval by the Santa Barbara Cottage Hospital Institutional Review Board (SBCH IRB).
- As applicable, submit your Data Request in ServiceNow on the Employee Portal and indicate that DUC and/or IRB approval is pending.

My signature below attests that:

1) The information given in this request is correct to the best of my knowledge.
2) I shall willingly comply with any/all required data use policies and parameters surrounding this request.
3) I acknowledge that the DUC review is only one of the approvals and I may need to also contact the IRB to conduct the project.
4) I will not begin the project until the necessary approvals have been secured.

_____	_____	_____
Name	Signature	Date

Manager/Director Attestation

I have met with the individual interested in conducting the project and have determined that the project is feasible. I have reviewed the overhead needed to conduct the study and I am able and willing to support it.

My signature below attests that the individual will have the support of the department to conduct the project and will be provided with sufficient resources to properly conduct and complete the project.

☐ *Not required

_____	_____	_____
Name	Signature	Date