

Procedure

CCHMC Trauma Services Operation Manual	Procedure Number	TR-11
Release of Trauma Registry Data	Effective Date	06/2015
	Page	1 of 3

1.0 SCOPE

- 1.1. The Trauma Service shall follow the CCHMC HIPAA Use and Disclosure of Protected Health Information (PHI) Policies.

2.0 DEFINITIONS

- 2.1. The Trauma Registry is a database of trauma patient information. It allows one to analyze and evaluate patient care, including epidemiologic and demographic characteristics of a population of patients. The trauma registry information is used on a national level, a state level, regionally and within hospitals to provide data to determine and define public health issues, performance improvement activities within various levels of a trauma system, for outcomes research and resource utilization

3.0 PROCEDURES

- 3.1. All requests must be in written format. Please complete the CCHMC Trauma Service Registry Request Form. See Trauma Registry Request form
- 3.2. Requests can be faxed or e-mailed to the Trauma Service Applications Specialist. Fax = (513) 636-7826 E-MAIL: Margie.Koehn@cchmc.org or Taunya.Kessler@cchmc.org
- 3.3. All requests must be approved by one of the Trauma Service Directors.
- 3.4. All requests must be signed or include the requesters e-mail address for electronic submissions.
- 3.5. Any request containing PHI (See CCHMC HIPAA Policy #I-301, Limited Data Sets and De-Identification of PHI) must have appropriate IRB approval.
- 3.6. Raw numbers may be released without approval if a raw number would not identify a patient (i.e., number of deaths for a certain zip code)
- 3.7. Research Requests – A person can request data for research before obtaining IRB approval if they complete the CCHMC HIPAA Request to Review PHI Preparatory to Research or complete the Request to Review PHI for Research on Decedents forms. See HIPAA F11c and F11d pdf forms.
- 3.8. It is then the responsibility of the researcher to obtain IRB approval before presenting or publishing the injury data for their research project. See the IRB approval forms:
- 3.9. **Disclosure Log** - As stated in the CCHMC HPIAA Policy I-101 Accounting of Disclosures of PHI, a patient is entitled to receive an accounting of all disclosures involving PHI about him/her when it is disclosed other than for treatment, payment or health care operations. All state, national and regional registry data submitted by the CCHMC trauma service will be logged into the CCHMC Disclosure Log or sent to HIM for importing into the Disclosure Log application by the Trauma Service Applications Specialist.
- 3.10. Research Data - It is the responsibility of the researcher to enter the data they receive from the Trauma Service into the CCHMC Disclosure Log software. The Trauma Service Application Specialist or Research Manager will log any Trauma Service Research

4.0 LIST OF ATTACHED FORMS

- 4.1. N/A

5.0 REFERENCES

- 5.1. HIPAA Regulations: 45 CFR Subtitle A, Subchapter C, Part 164

6.0 APPROVALS

- 6.1. The Injury Data Management section of the Trauma Department and appropriate content experts will periodically review and update this procedure as appropriate. Procedures will be reviewed at least every 3 years. Questions regarding this procedure shall be directed to, and authority over this procedure shall vest with, the Application Specialist of the Trauma Service.

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	<i>Page</i>	2 of 3

HISTORY
Original Date
1/00
Revision Date
1/05, 11/10, 10/13, 6/15
Review Date



TRAUMA REGISTRY REQUEST FORM

Date Request Submitted: _____

Date Required: _____
(Please allow 1 week)

Please indicate the purpose of your request:

- CCHMC Department use
- Healthcare Provider Student/Education (requires letter from course instructor)
- Publication
- Performance Improvement
- Credentialing/ Privileging
- Internal Education Purposes
- Other Specify: _____
- Research (IRB approval must be submitted)

Please describe in detail the intended use of the requested information:

Name of Requestor (Printed)	Title	Clinic/Division/Department	Phone or pager

Protected Health Information (PHI) encompasses electronic or non-electronic information including demographic information collected by CCHMC or other providers. This information relates to the past, present or future physical or mental health condition of an individual; the providing of health care to an individual; or the past, present or future payment for the provision of healthcare to an individual. I understand that the use or disclosure of PHI in the medical record(s) I have requested must be made in compliance with pertinent state and federal laws, particularly the Health Insurance Portability and Accountability Act (HIPAA) and the Code of Federal Regulations (CFR). I assume full responsibility for the use and disclosure of the PHI in these records. I understand that HIPAA law violations carry personal penalties, which include monetary fines or imprisonment, or both.

Time Frame of Request:

Specific Information to Appear on Request - Data Elements: (data element list available upon request)

Data Format: Check which apply
Paper Reports: Excel Format: Text file: Other: explain _____

Database User Agreement

We would like to thank you for your interest in utilizing data from the Division of Pediatric and Thoracic Surgery, Trauma Services Database. Our mission is to improve care of the injured child and eliminate injury as the leading cause of pediatric morbidity and mortality. It is our hope that your use of this data helps support this mission. We do wish to remind you that the content of the Trauma Services Database is copyrighted information of the Division of Pediatric and Thoracic Surgery at Cincinnati Children's Hospital Medical Center. Therefore, use of any information resulting from this data must include a prominent credit line. A suggested credit line is as follows:
Data utilized is from the Trauma Services Database of the Division of Pediatric and Thoracic Surgery at Cincinnati Children's Hospital Medical Center. The Division of Pediatric and Thoracic Surgery is not responsible for any claims arising from work based on the original data, text, tables or figures provided.
Finally, the members of Trauma Services would be happy to collaborate and/or review any manuscripts or presentation resulting from the data. For our records we would also appreciate copies of any published work resulting from the data.

Signature of Responsible Requestor or e-mail address for verification reply

Trauma Service to complete the following:

Date Received: _____

Date Completed: _____