# **Oregon EMS & Trauma Research Project Proposal**

*\*\* For Official Use Only \*\**

*Date Received:*

*Request Number:*

# Oregon Health Authority

# Public Health Division

# Health Care Regulation & Quality Improvement

# EMS & Trauma Program

# 800 NE Oregon St. Suite 305

# Portland, OR 97232-2162

Instructions: Please complete the form, obtain required signatures, and submit to the attention of the EMS & Trauma Data Team: [EMS.Trauma@dhsoha.state.or.us](mailto:EMS.Trauma@dhsoha.state.or.us)

# DATA REQUEST CONTACT INFORMATION

|  |  |
| --- | --- |
| Project Name |  |
| Organization name: |  |
| Organization address: |  |
| Primary contact person (PI or manager) |  |
| Telephone number: |  |
| FAX Number: |  |
| Email address: |  |

DATA REQUEST INFORMATION**:**

Pursuant to ORS 431A, Oregon Trauma Registry data may be released to researchers provided:

* OHA Public Health Institutional Review Board has approved the project
* Agreements are in place to maintain the security and confidentiality of the data.
* Data requests are restricted to minimally-sufficient, individually-identifiable information necessary to complete research objectives.

**Files will be provided in .csv format unless otherwise specified**

# STUDY DESCRIPTION

*Specify year(s) of data that are needed:*

|  |  |
| --- | --- |
| Start date: |  |
| End Date |  |

*Is the request for repeated data (such as quarterly or annually)? Yes  No *

*If yes, how often is the data needed? Specify here:*

*Provide a description of the study (include the name of the funder, study aims, and anticipated outcomes):*

*Specify the population of interest in your project and criteria on which you intend to define membership in that population?*

*Specify relevant definitions or metrics you intend to derive from EMS/OTR data (including criteria, codes and citations).*

*Specify data needs (include variables, needs for analysis). The Oregon Trauma Registry (OTR) data dictionary may be found here:* <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/TRAUMASYSTEMS/Documents/Oregon-Trauma-Registry-Data-Dictionary-2019.pdf>

*Will the project involve linking to another dataset(s)?*

*If so, describe*

* *Dataset(s)- Please provide a data dictionary for all other dataset(s) with a column that indicates whether the returned linked datasets will include that variable*
* *Methods of data linkage:*
* *Method to ensure the linked dataset is not re-identifiable:*

*Analysis Plan- Briefly describe how you intend to analyze the data (including software, methods & models):*

*List all study personnel (include names of staff, their roles, and affiliation working under). Data recipient(s) will not use or disclose the information other than permitted by the agreement or otherwise required by law:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) starting with Principle  Investigator/Manager | Role(s) | Affiliation | Data Access  Y/N |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

*Describe measures that will be taken to receive or transport data securely.*

*Describe physical and technical safeguards to secure data (such as data backups, restricted access network locations, restricted access physical locations, encryption, passwords, locked files, etc.):*

*Will laptops or mobile devices be used? If so, describe how you will protect data from loss or unauthorized access:*

*If you connect remotely please describe the security protocol you will use to secure EMS/OTR data:*

*Describe plans to destroy data after study ends:*

*Describe plans for releasing, presenting, or otherwise sharing EMS/OTR data or results, including reporting back to the EMS/OTR data team:*

*Describe strategies to ensure confidentiality for reporting of small cell sizes such as sparsely populated geographies or population subgroups.*

*What support will you need from the OTR data team to complete your project?*

Please initial to signify your understanding of the following conditions of data use:

|  |  |
| --- | --- |
| Init: \_\_\_\_\_\_\_\_\_ | Projects must be reviewed by the OHA Science and Epidemiology Council, and OHA Public Health IRB if required. |
| Init: \_\_\_\_\_\_\_\_\_ | Data use is restricted to projects outlined in the proposal and data use agreement. |
| Init: \_\_\_\_\_\_\_\_\_ | Data access is limited to named individuals in the project proposal, and Data Use Agreement. Personnel with access to data must sign the OTR Privacy & Confidentiality Policy. |
| Init: \_\_\_\_\_\_\_\_\_ | Researchers consent to work with the OTR data team to develop an acceptable data use agreement that preserves data security and confidentiality standards. |
| Init: \_\_\_\_\_\_\_\_\_ | All project participants are aware that a member(s) of the OTR team will serve as a co-author on approved project unless, by prior agreement, team involvement fails to meet authorship requirements. |
|  |  |

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| --- | --- | --- | --- | --- | --- |
|  | Principal Investigator / Manager |  | Printed Name |  | Date |
| Individual user with access to data |  | Printed Name |  | Date |
| Individual user with access to data |  | Printed Name |  | Date |
|  | Individual user with access to data |  | Printed Name |  | Date |

|  |  |
| --- | --- |
| *\*\* Internal Use Only \*\** |  |
| *Date of program review request:* |  |
| *Date of project review:* |  |
| *Section manager approval signature:* |  |
| Date of manager signature: |  |