northern health
the northern way of caring

Date of Request:

Fields outlined in red are mandatory field (red outline).

Part A - Requester Information

Name (First / Last):   Title:

Organization: Phone: Email:

Are you requesting on behalf of someone else? ☐ Yes   ☐ No

   If Yes, please indicate most appropriate contact:

   Name (First / Last):   Email:

Is this request for Research purposes? ☐ Yes   ☐ No   Academic Program/Institution:

Are there co-leads for this request?   ☐ Yes   ☐ No

   Co-Lead Information:

First Name	Last Name	Email	Organization

Have you discussed this request with anyone else from NH (present and past)?   ☐ Yes   ☐ No

   If Yes, please describe who below:

First Name	Last Name

Part B - Data Request Information

Project / Study Title:

Description (Include project aim/purpose/questions to be answered by the data/information):

Purpose of Data Request / Study

☐ Performance Measurement   ☐ Planning   ☐ Quality Improvement / Evaluation *

☐ Research**   ☐ Utilization Management   ☐ Other

If Other, please specify:

If Research, has Northern Health Ethics Review Board (REB) approved this request?

(Required for all data requests for a *Research* purpose)   ☐ Yes   ☐ No

* *Quality Improvement: The ARECCI Ethics Guidelines Tool and Screening Tool is an optional resource for project ethical considerations.*

** *Research: An application to the NH Research Engagement Team is required (Research@northernhealth.ca). Please review the NH Research Review Committee website for further information.*

Is this request urgent (i.e. information needed within 5 business days)? ☐ Yes ☐ No

Does this request improve or address a patient safety issue? ☐ Yes ☐ No

   Please explain:

Does this request align to a strategic objective? ☐ Yes ☐ No

   Please explain:

Does this request support an operational priority? ☐ Yes ☐ No

   Please explain:

Date Required: Is this a hard deadline? ☐ Yes ☐ No

   Please explain why:

Frequency of Data Request:

   ☐ **One Time**

   ☐ **Daily**

   ☐ **Calendar**   (☐ Month   ☐ Quarter   ☐ Year)

   ☐ **Fiscal**   (☐ Period End   ☐ Quarter   ☐ Year End)

Detailed description of Data Required (inclusions, exclusions, special instructions [eg: personally identifiable information, locations, diagnoses])

Do you have supplemental information/data that you can provide to support this request? ☐ Yes ☐ No

   If Yes, please submit with this Data Request Form

Time Period:

   Start: End: or Snapshot as of:

Type of Data (select all that apply):

   ☐ Clinical   ☐ Financial   ☐ Workforce   ☐ Other (Specify):

Care Level (select all that apply):

   ☐ Community   ☐ Emergency   ☐ Inpatient   ☐ LTC   ☐ Outpatient   ☐ Tertiary   ☐ Other:

   If Other, please specify:

Detail Level:

   ☐ Non-Identifiable/Aggregate: Data collected and reported at the group, cohort, or institutional level that is aggregated with the intention of preserving the anonymity of each individual included in the data. This data does not include personal information and is typically presented in summary format.

   ☐ Anonymized: A de-identification process that removes or transforms all direct and indirect identifiers in a record that could be used, either alone or with other information, to identify an individual.

   ☐ Personal/Identifiable: Information used alone or in combination with other information about an identifiable individual that includes record/case/row level detail that would identify a person (client/patients/staff).

If patient personal information is required, please justify:

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Data Included From:

NH Facility (select all that apply)

☐ **All NH Facilities**

Northeast

☐ Chetwynd Hospital (Chetwynd)

☐ Dawson Creek and District Hospital (Dawson Creek)

☐ Fort Nelson General Hospital (Fort Nelson)

☐ Fort St. John Hospital (Fort St. John)

Northern Interior

☐ Lakes District Hospital (Burns Lake)

☐ GR Baker Memorial Hospital (Quesnel)

☐ Mackenzie and District Hospital (Mackenzie)

☐ McBride and District Hospital (McBride)

☐ St. John Hospital (Vanderhoof)

☐ Stuart Lake Hospital (Fort St. James)

☐ University Hospital of Northern British Columbia (Prince George)

Northwest

☐ Bulkley Valley District Hospital (Smithers)

☐ Kitimat General Hospital (Kitimat)

☐ Mills Memorial Hospital (Terrace)

☐ Northern Haida Gwaii Hospital (Masset)

☐ Prince Rupert Regional Hospital (Prince Rupert)

☐ Haida Gwaii Hospital (Queen Charlotte City)

☐ Wrinch Memorial Hospital (Hazelton)

Community (select all that apply)

☐ **All NH Communities**

Northeast

☐ Fort Nelson

☐ Peace River North

☐ Peace River South

Northern Interior

☐ Burns Lake

☐ Nechako

☐ Prince George

☐ Quesnel

Northwest

☐ Kitimat

☐ Nisga'a

☐ Prince Rupert

☐ Queen Charlotte

☐ Smithers

☐ Snow Country

☐ Stikine

☐ Telegraph Creek

☐ Terrace

☐ Upper Skeena

Other instructions or comments:

Do you plan to share this information or publish this data outside of NH?   ☐ Yes   ☐ No

If Yes, please provide details.

Part C - Data Request Form Submission

Please save this form as the Project/Study Title to your computer, and submit to the Information & Data (ID) Hub Inbox

Submit

Internal Use Only

Date Assigned: Reference Number:

The normal turn-around time will begin once requirement collection is complete

Part D - Routing Path for Data Requests

Requester   ☐ →   ID Hub Coordinator   ☐ →   Request Review   ☐ →   Analyst Team