**APPLICATION FOR ACCESS TO IDENTIFIED EMERGENCY MEDICAL AND TRAUMA SERVICES RECORDS DATA**

New Hampshire Emergency Medical and Trauma Services (EMTS) data are available for health-related research and other uses for evaluation purposes only by application to, review and approval of the Emergency Medical and Trauma Services Records Privacy Committee (ERPC) and approval by the Commissioner of the Department of Safety (DOS). This process is governed by state statute RSA 153-A, 35, Protected Health Information; Privacy Committee Established, federal regulations 45 CFR Part 164.514 under the federal Health Insurance Portability and Accountability Act and 45 CFR Part 46—Protection of Human Subjects

This applicationform provides the information the ERPC requires to determine whether to grant the request for data. The ERPC will consider your request only upon receipt of a completed application. *Any areas of this application left blank without explanation will delay the review of this request. Please provide responses to the questions in the application in this document only.* In addition, you may be required to read and sign a Data Use Agreement (DUA) upon approval of your data request. Please reference the attached document.

The approval process generally takes approximately four to eight weeks after the ERPC receives a completed application. The ERPC meets bi-monthly to review requests. Requests that are approved by the ERPC must them be reviews and approved by the Commissioner of Safety. and will notify Applicants of the status of their request after the monthly review meeting.

If the ERPC determines that the data requested for the study or project is available through receipt of aggregate data, public use data sets, or creation of proxy variables, it reserves the right to deny the request and redirect the applicant to the appropriate agency or request de-identified EMTS data to obtain the information required.

The ERPC reserves the right to verify anything contained in this application and may contact any Institutional Review Board that has purview over the research project and requested data.

Please send completed application materials to the following address:

By email: nhesr@dos.nh.gov

By mail:

*Emergency Services Data Manager*

*Division of Fire Standards & Training and EMS*

*33 Hazen Drive*

*Concord, NH 03305*

For questions, please do not hesitate to contact us at (603) 223-4200 and request a member of the Emergency Services Data team or e-mail nhesr@dos.nh.gov.

**Part I: Request for EMTS Data with Direct or Indirect Personal Identification Information**

Complete all application fields along with any required attachments. This information will serve as criteria for the Emergency Medical and Trauma Services Records Privacy Committee’s decision regarding release of confidential data.

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| **Section 1: Application Dates and Title** |
| **Project Reference Name:** | Click here to enter text. |
| **Application Date:** | Click here to enter a date. | **Desired Start Date:** | Click here to enter a date. |
| **Internal Use:** | Click here to enter text. | **Desired Completion Date:** | Click here to enter a date. |
| **Section 2: Requestor and Contact Information** |
| **Requestor Name:** | Click here to enter text. | **Title:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Organization:** | Click here to enter text. |
| **Section 3: Principal Investigator (PI) and Contact Information** |
| **PI Name:** | Click here to enter text. | **Title:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Section 4: Request Type** |
| [ ]  **Government or Public Health Agency Requesting Access for Injury or Illness Surveillance**[ ]  **Conducting Non-Research Program Evaluation** * Systematic approach to assess and provide feedback to improve an established program.

[ ]  **Conducting Health or EMS Related Research** * Systematic investigation using scientific methods designed to develop or contribute to generalizable knowledge
 |
| [ ]  **Other Reason:** | Click here to enter text. |
| **Which type of identifiable data do you need based on the table below** (Check all appropriate boxes): |
| **De-Identified Medical Data\*** | **Identifiable Data** |
| [ ]  **De-Identified Medical Data** | [ ]  **Limited Dataset** | [ ]  **Directly Identifiable Data** |
| [ ]  Age (Min. 5-Year Grouping) | [ ]  Home City | [ ]  Patient Names |
| [ ]  Incident Year | [ ]  Home County | [ ]  Relative or Guardian Names |
| [ ]  Zip Code (First 3-digits) | [ ]  Home Zip Code (5-digits) | [ ]  EMS Crew Names |
| [ ]  State | [ ]  Incident City | [ ]  Home Street Address |
|  | [ ]  Incident County | [ ]  Incident Street Address |
|  | [ ]  Incident Zip Code (5-digits) | [ ]  Telephone Numbers |
|  | [ ]  Patient Date-of-Birth | [ ]  Any Incident Number |
|  | [ ]  Patient Age | [ ]  Insurance Information |
|  | [ ]  Incident Date/Time | [ ]  Any other unique identifying number, characteristic or code |
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| **Section 5: Summary of Research Study Protocol or Project Activities**  |
| Please complete the following questions describing. Use as much space as you need below to answer the questions. Include a copy of your research/study/project protocol when submitting your application.  |
| **5.1 Full Title of Study or Project** |
| Click here to enter text. |
| **5.2 Summary Purpose of the Study or Project** * Include specifics about the Request Type selected above (research, evaluation, grant application, surveillance, etc.)
* Include a *brief* summary of the project, general goals and intended used of the data (specifics defined in Section 8)
 |
| Click here to enter text. |
| **Section 6: Personnel Associated with Study or Project** |
| **6.1 Requestors and Principal Investigators Qualifications and Organizational Affiliation for this Project*** Briefly describe and attach relevant resumes with more detail
 |
| Click here to enter text. |
| **6.2 Additional Study or Project Personnel** (Other than Principal Investigator and Requestor)* Provide names, roles and affiliations of personnel, subcontractors, and affiliated agencies involved in the project
* Data recipient(s) and project personnel will not use or disclose the information other than permitted by the agreement or otherwise required by law
 |
| Name(s) | Role(s) | Affiliation | Data Access |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| **Section 7: Funding Sources and Sponsors*** Describe the source(s) and duration of all funding for the study (including in-kind contributions)
* Describe any Sponsoring or Umbrella organizations and their goals and/or reasons for sponsorship
* Include the name, address, and a contact number for the agency directly responsible for the funding or sponsoring organization
 |
| Click here to enter text. |

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| **Section 8: Study or Project Background and Design*** An attached protocol shall not serve as a replacement for providing answers to the questions below
 |
| **8.1 Specific Purpose of the Study or Project*** State the specific goal(s) of the project. This should be as focused and detailed as possible and include:
	+ The problem statement / hypothesis / intent of the evaluation for the project
	+ The population to be studied or evaluated
	+ The expected outcomes or findings of the project
	+ The expected beneficiaries of the outcome of the study or project
	+ How this study will benefit New Hampshire residents and/or contribute to general EMS or medical knowledge or EMS system improvement
 |
| Click here to enter text. |
| **8.2 Study Design or Project Plan*** Based on the study goal(s) and design of the information to be collected, provide an outline of the study, intended start and completion dates, and intended data collection methodology
 |
| Click here to enter text. |
| **8.3 Describe the requested case definition(s)** * Define the criteria required for the study while minimizing the scope of the data requested. Include such details as:
	+ Population and date range criteria (e.g., age, gender, geographic regions, incident date range)
	+ Case medical inclusion or filtering criteria (e.g., primary impression, procedures, level or care, etc.)
	+ Incident types (e.g., 911 vs interfacility/medical transports, patient contact, transported calls)
* Wherever possible include the NEMSIS version and NEMSIS element ID (e.g., V3.4 eResponse.XX) related to the criteria
 |
| Click here to enter text. |
| **8.4 Describe the Method(s) of Data Analysis*** Describe the method(s) of data analysis and software programs you anticipate using
 |
| Click here to enter text. |
| **8.5 Reporting of Results*** Do you intend to publish, present or otherwise report on your results?
* What will be the format of your results (e.g., publication, grant application, poster, presentation, dashboard, etc.)?
* What will be the lowest geographical level of published results (e.g., state level, county level, zip code, etc.)?
* How will you manage small cell suppression?
 |
| Click here to enter text. |
| **Section 9: Data Linkage*** Will you be linking to any other databases, software systems or dashboards?
* Will any such linkage result in determination of additional individuals identifying data?
* Please describe the process of linkage
* If conducting surveillance and using a dashboard to display surveillance data, describe where data will be displayed, who will have access to see the results, how displayed data will be de-identified and who will have access to filters for the displayed data and actual raw data
 |
| Click here to enter text. |
| **Section 10: Contact with Individuals and IRB Approval** |
| **10.1 Will Study or Research Involve Contact with Individuals*** Will the study or project activities involve contact with any persons identified within the requested data records?
* Please explain the need for and the nature of the expected contact.
 |
| Click here to enter text. |
| **10.2 IRB Approval*** Do you have IRB approval for this study or project?
* If applicable, please include the current documentation of the Institutional Review Board approval for the study.
* The IRB of record shall be in compliance with the requirements of the U.S. Department of Health and Human Services Code of Federal Regulations for Protection of Human Subjects (45 CFR 46).
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| **Section 11: Data Requested*** NEMSIS V2.2 was collected for the whole state from 2012 until June 2016 when all direct entry users switched to V3.4
* Services using 3rd party software worked to transition to V3.4 from V2.2 until June 2019
* Data are from both versions from June 2016 to June 2019 with the bulk of the data being V3.4
* NH did not accept or collect any V3.3.4 data
* No V3.5 data will be available until after July 1, 2023
 |
| **11.1 Datasets Requests** |
| **Dataset Requested** | **Time Range Required for Study or Project** |
| [ ]  NEMSIS Version 2.2 | Click here to enter text. |
| [ ]  NEMSIS Version 3.4 | Click here to enter text. |
| **11.2 Data Fields Requested*** Provide an Excel table with the data fields requested for your desired version(s) using the NEMSIS Element Name and Number
* Include a column for NEMSIS Version, NEMSIS Element Number, NEMSIS Element Name and Reason for collecting (See attached Table template)
* For V3.4 data, include whether you wish to have Not Values and Pertinent Negatives included
* Enter additional comments below, if desired
 |
| Click here to enter text. |
| **11.3 Data Format Requested*** Data will be provided through a secure FTP site
* Select format below, only select one
* Larger requests fulfilled directly from the Software vendor may be available in different formats
 |
| [ ]  PDF | [ ]  MS Excel | [ ]  CSV | [ ]  XML |
| **Section 12: Attachments*** The Following Forms Must be Attached to this Request
 |
| [ ]  Resumes of Requestor and Principal Investigator[ ]  Full Study or Project Protocol[ ]  Excel document with fields requested[ ]  IRB Approval (if applicable)[ ]  Data Management and Security Plan Form (if data is identifiable)[ ]  Data Use Agreement[ ]  Other supporting documents you feel will benefit approval of your request   |

***I/we have reviewed the request form. All statements made in the request form are true, complete, and correct to the best of my/our knowledge, and I/we agree to abide by the aforementioned stipulations.***

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| Name of Requestor:Click here to enter text. | Name of Principal Investigator:Click here to enter text. |
| Signature Date:Click or tap to enter a date. | Signature Date:Click or tap to enter a date. |
| Signature: | Signature: |