

Health System Planning Data Request Form

When to use this form

This form is used to request aggregate or Published OH data to support health system management and planning. It may also be used to request aggregate or Published Data vel in advance of a grant submission. For REB-approved research, please use the form provided on our website (<https://www.ccohealth.ca/en/request-data-for-research>).

Sections to be completed:

- A. CONTACT INFORMATION
- B. REPORT DESCRIPTION
- C. REPORT SPECIFICS
- D. ACKNOWLEDGEMENTS

Please ensure all sections (A, B, C & D) are completed before submitting to OH-CCO_Datarequest@ontariohealth.ca. Forms will not be processed until all sections are complete.

Request Fulfilment Timeline

The length of time it takes to complete a data request is dependent upon the complexity of the request. Once your request has been received, it is reviewed for completeness. If all components of the form are complete, OH data experts review your request for feasibility. This stage may require additional clarification from requestors. If the request is deemed feasible, the team will provide an estimated delivery date. Please note that while we do our best to fulfil data requests, OH may not always be able to complete the request.

A. CONTACT INFORMATION

| | |
|----------------------|--|
| Name of Requestor | |
| Name of Organization | |
| Type of Organization | |
| Address | |
| Phone Number | |
| Email Address | |

B. REPORT DESCRIPTION

| | |
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| Purpose of Request (Objective Statement) | |
| Detailed description of how will the data be used Note: Please note that any data OH provides can only be used for the purpose outlined here | |
| Intended Audience | |
| Data type seen by Audience (Aggregate or Published Data) | |
| OH Methodology Please indicate if OH has the methodology for the data you are requesting and/or if you have been in contact with someone from OH to discuss your request (if yes please provide a contact name) | |
| Preferred Data Delivery Date Note: Please review Request Fulfilment Timeline description on p.1 | |

C. DATA REQUESTED

*If OH has the methodology for the data being requested and you have indicated this above this section does not need to be completed

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| Choose the type of data you are requesting | |
| List of data elements, if applicable | |
| Data Source(s) | |
| Data time frame (E.g. fiscal 2014/15) | |
| Summary data elements, if applicable (E.g. visit counts, wait times in days etc.) | |
| Grouping of data elements, if applicable (E.g. by month, by disease site, by gender, etc.) | |
| Please indicate if there exclusion criteria to the data (E.g. age groups, regions) | |
| Other filtering criteria, if applicable (E.g. only patients with ICD10 diagnosis of C50) | |
| Report Format (Please attach a template table for how the data should be presented) | |

D. ACKNOWLEDGEMENTS

The Requestor and their Manager/Supervisor certify that the information reported in this form is accurate and the data provided by OH will only be used for the purpose stated above.

The Requestor and their Manager/Supervisor acknowledge and agree not to use any aggregate or record-level data provided by OH, either alone or with other information, to identify an individual. This includes attempting to decrypt information that is encrypted, attempting to identify an individual based on unencrypted information and attempting to identify an individual based on prior knowledge.

| | |
|----------------------------------|--|
| Requestor's Name | |
| Title | |
| Signature | |
| Date | |
| Manager/Supervisor's Name | |
| Title | |
| Signature | |
| Date | |

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca. Document disponible en français en contactant info@ontariohealth.ca