**HOSPITALS and HOSPITAL GROUPS**

**Ongoing Approval**

**Data Request Form**

* This form must be used by hospitals and hospital groups to request detailed aggregate data on the outcome of procedures performed at their hospital or group of hospitals.
* This form provides ongoing consent to receive AOANJRR Hospital data reports annually unless there is a change in key personnel at any site (Head of Department, General Manager) or consent is withdrawn.
* It is the Head Office of the Hospital Group’s responsibility to ensure consent remains current and additional approvals are sought when there is a change in CEO/General Manager and/or Orthopaedic Surgeon representative (Orthopaedic Head of Department or equivalent).
* The AOANJRR is a Declared Federal Quality Assurance Activity and is required by law to abide by certain requirements of the declaration. The AOANJRR must protect the confidentiality of the information it receives and maintain high-level data security procedures. Only de-identified data can be released.
* Hospitals/hospital groups can use Data Reports containing data from either their own procedures or the AOANJRR dataset within quality assurance and education environments as appropriate.
* Hospitals/hospital groups can use Data Reports containing data on procedures undertaken in their hospital in the preparation of presentations or manuscripts for publication at their own discretion. There is no requirement for the AOANJRR be involved in the preparation or publication of the manuscript.
* Hospitals will not be charged for reports.

***TO COMPLETE THIS FORM IN WORD***

* *Place the cursor in the required field*
* *Tab to move to the next field*
* *Click on check box to mark*
* *Once complete email the form to* [*datarequests@aoanjrr.org.au*](mailto:datarequests@aoanjrr.org.au)
* *You should expect a response within 2 working days providing you with a reference number to track your request.*

**CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request** | Click or tap here to enter text. | **Date Information Required by** | Click or tap here to enter text. |
| **Principal Requester** | Click or tap here to enter text. | | |
| **Position** | Click or tap here to enter text. | | |
| **Telephone** | Click or tap here to enter text. | **Mobile** | Click or tap here to enter text. |
| **Email***AOANJRR require the email address to be an Institution / Organisation email* | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | |

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| **Purpose of this request** |
| **MULTIPLE HOSPITAL REQUEST: If the purpose of this report is to contribute individual hospital data to the overarching hospital group in a combined report, each hospital CEO/General Manager and Head of Orthopaedic Department/Craft Group must provide consent below. In providing consent, each hospital’s data will contribute to a combined data report. The consent will be ongoing. Consent can be withdrawn at any time by writing to the AOANJRR.**  **SINGLE HOSPITAL REQUEST: If the purpose of this request is for single hospital data, the CEO/General Manager and Head of Orthopaedic Department/Craft Group of each individual hospital must provide consent below.**  **Copies all reports will be provided to the relevant Hospital CEO/General Manager, Head of Department/Craft Group and the nominated Hospital Group Representative.** |
| Single Hospital Request  Multiple Hospital Request |
|  |

**AUTHORISATION**

|  |
| --- |
| **Hospital Group Representative** *(from the Hospital group Head Office)* |
| Name: Click or tap here to enter text.  Position: Click or tap here to enter text.  Organisation: Click or tap here to enter text.  Email (not personal email): Click or tap here to enter text.  I acknowledge that I am providing ongoing approval for data to be released and shared with the Hospital Group’s Head Office. I understand I can withdraw my consent at any time by writing to the AOANJRR.  Signature: |

**The following section MUST be completed**

Signed consent for ongoing approval must be provided below

|  |
| --- |
| **Name of Individual Hospital** |
| Click or tap here to enter text. |
| **CEO/General Manager of the Named Hospital** |
| Name: Click or tap here to enter text.  Position: Click or tap here to enter text.  Hospital: Click or tap here to enter text.  Email (not personal email): Click or tap here to enter text.  I acknowledge that I am providing ongoing approval for data to be released and shared with the Hospital Group’s Head Office. I understand I can withdraw my consent at any time by writing to the AOANJRR.  Signature: |
| **Head of Orthopaedic Department/Craft Group of the Named Hospital** *(Must be an Orthopaedic Surgeon. If no HoD, a representative orthopaedic surgeon must complete this section)* |
| Name: Click or tap here to enter text.  Position: Click or tap here to enter text.  Hospital: Click or tap here to enter text.  Email (not personal email): Click or tap here to enter text.  I acknowledge that I am providing ongoing approval for data to be released and shared with the Hospital Group’s Head Office. I understand I can withdraw my consent at any time by writing to the AOANJRR.  Signature: |

**DATA ANALYSIS REQUIRED**

**Details of Audit/Data Usage**

*Please provide details of intended use of the requested data*

Click or tap here to enter text.

**Data Period: Date from** Click or tap here to enter text. **Date To** Click or tap here to enter text.

**Data Required** *Tick and complete relevant box(es) and information*

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedures** | | | |
| Primary  Revision | Hip  Knee | Shoulder  Other *(details)* Click or tap here to enter text. | |
| **Prostheses** | | | |
| All Prostheses  Specific Prostheses *(details)* Click or tap here to enter text. | | | |
| **HOSPITALS –** *please note that individual hospital reports cannot be sent to the head of the hospital group without the consent of the individual hospital’s CEO and orthopaedic representative.* | | | |
|  | | | **Hospital Name(s)** |
| Single Hospital Request  Multiple Hospital Request  This request is to contribute to a Combined Report | | | Click or tap here to enter text. |
| **ADDITIONAL DATA REQUIRED** – Please specify | | | |
| Click or tap here to enter text. | | | |

***The AOANJRR will endeavour to provide the report by the nominated date; however, this is dependent on the available resources at the time of the request and the complexity of the analysis required***.

Please email this form to [datarequests@aoanjrr.org.au](mailto:datarequests@aoanjrr.org.au)