**HOSPITALS AND HOSPITAL GROUPS**

**Ad Hoc Data Request Form**

* This form should be used by hospitals and hospital groups to request detailed aggregate data on the outcome of procedures performed at their hospital.
* 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 Ad Hoc Report data containing data from either their own procedures or the AOANJRR dataset within quality assurance and education environments as appropriate.
* Hospitals/hospital groups can use Ad Hoc 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.
* Hospital /Hospital Groups using data from an Ad Hoc Report based on their own procedures who choose to use this data in a public forum for promotional purposes ie on their own website should reference the report as per the following example:

Referencing Individual Surgeon data from an Ad Hoc report:

Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR), Individual surgeon Data Ad Hoc Report: <Surgeon Name>, Procedures from 1 Sept 1999 – 31 Dec 2017, Ad hoc No.:0000. AOANJRR Database, Feb 2018, AOA, Adelaide: 1-24.

***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* [*adhocs@aoanjr.org.au*](mailto:adhocs@aoanjr.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. | | |
| **Hospital** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | |
|  | | | |
| **The AOANJRR requires approval from both the CEO and the Head of Orthopaedics Department. Copies of the report will be provided to both via email.** | | | |
|  | | | |
| **The following section MUST be completed** | | | |
| **CEO** *(or equivalent)* | | | |
| Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Signature: | | | |
| **Head of Orthopaedic Department** *(or equivalent)* | | | |
| Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Signature: | | | |

***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***.

**DATA ANALYSIS**

**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** | | | |
|  | | | **Hospital Name(s)** |
| Single Hospital Request  Multiple Hospital Request  Multiple Single Reports  Combined Report | | | Click or tap here to enter text. |
| **ADDITIONAL DATA REQUIRED** – Please specify | | | |
| Click or tap here to enter text. | | | |

Please email this form to AOANJRR Ad Hocs [adhocs@aoanjrr.org.au](mailto:adhocs@aoanjrr.org.au)