**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@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** | 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.  |

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| --- |
| **Name of Hospital** |
| Click or tap here to enter text. |
| **Purpose of this request**  |
| **MULTIPLE HOSPITAL REQUEST: If the purpose of this report is to contribute your hospital data to the overarching hospital group in a combined report, your hospital CEO and your Head of Orthopaedic Department/Craft Group must provide consent below. In providing consent, your hospital data will contribute to a combined data report. Copies of the combined data report will be provided to the CEO, HoD and the nominated Hospital Group Representative.** **SINGLE HOSPITAL REQUEST: If the purpose of this request is for single hospital data, the CEO and Head of Orthopaedic Department/Craft Group of your individual hospital must provide consent below. The AOANJRR will not send individual hospital reports to the overarching hospital group. The individual hospital may choose to send their individual data to the overarching hospital group at their discretion.** |
| [ ]  Single Hospital Request [ ]  Multiple Hospital Request  |
| **The following section MUST be completed** |
| **CEO 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: Click or tap here to enter text.Signature:       |
| **Head of Orthopaedic Department/Craft Group** *(HoD 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: Click or tap here to enter text.Signature:       |
| **Hospital Group Representative (for Multiple Hospital requests only)** |
| 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: 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 –** *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 multiple hospital request [ ]  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