HCAi

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Limited Data Request

Request number - CS0001970

HCAI offers several types of non-public data to licensed California Hospitals and California Local Health Departments. Eligible hospitals and local health departments may request Limited Model Data Sets for Patient Discharge Data, including Inpatient (PDD), Emergency Department (EDD), and Ambulatory Surgery Center (ASD). They may also order Patient Origin/Market Share data (PO/MS), created to assist hospitals and communities facing tremendous budgetary pressures, which makes the need to understand key operating performance issues critical. In addition, there are also Prevention Quality Indicators, a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions. This is data standardized for the Agency for Healthcare Research and Quality (AHRQ PQI.)

The Limited Data Set includes Inpatient (PDD), Emergency Department (EDD) and Ambulatory Surgery (AS) files. The contents of these files, including descriptions of the variables that they contain, are described in the Non-Public Data Documentation. A cross-referenced list of variables across multiple years is contained in the Master Variable Grid.

All documentation linked on this request form can also be found on the Limited Data Request Landing Page.

§128766 of the Health and Safety Code gives HCAI the legal authority to disclose patient-level data to hospitals, Tribal Epidemiology Centers, local health departments and local health officers, and certain federal agencies conducting a statutorily authorized activity. The law provides that the disclosure be consistent with limited data set standards and limitations under 45 CFR §164.514. Any hospital that receives data under §128766 shall not disclose the data to any person or entity except as required or permitted by the HIPAA medical privacy regulations. The hospital and its contractor(s) are prohibited from re-identifying or attempting to re-identify any information received pursuant to §128766. This form must be completed if you are requesting access to a limited data set from HCAI.

Organization Identification/Eligibility
Contact Information

Health Officer: First Name
Edward

Health Officer: Last Name
Moreno

Name of Project
Disease Surveillance for Program Evaluation

Organization
Monterey County

Department:
Monterey County Health Department: Administration

Address
1270 Natividad Rd

City
Salinas

State
California

ZIP Code
93906

Health Officer Phone Number
831-755-4585

Health Officer Email Address
morenoel@co.monterey.ca.us

<u>**Additional Information**</u>
If different from above
☐ Designated Point of Contact

<u>**Purpose**</u>
Please indicate the purpose for which the data are requested
Data used for research purposes will require a Research Supplement to be attached before the form is submitted.
☒ Public Health ☐ Research

Please describe the specific limited purposes for which the data is requested
Surveillance of preventable conditions, injury surveillance, production of community assessments, and health briefs.

Please explain how the data meets the stated purpose noted above
Data are analyzed for various conditions that may not be reported on in other readily available reports or maybe age-adjusted, for which individual de-identified data are required.

Receipt and Use of Data

Data Users Within Organization

    Monterey County Health Department, Planning, Evaluation and Policy Unit - Krista Hanni - Program Manager

Monterey County Health Department, Planning, Evaluation and Policy Unit - Roxann Seepersad - Epidemiologist

Will this data be released outside of the organization?

No

Requested Data and Data Products

Indicate the database(s) and/or product(s) and year(s) of data you are requesting

Please Note: Non-patient level data products developed using Limited Data Set confidential data are also available. Although these products are not patient level data, they are not de-identified and the requester must agree to treat the information they contain as Protected Health Information (PHI).

☒ **Patient Discharge Data (PDD)**

Desired PDD Data Set

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found here.

☒ Model Data Set (MDS) ☐ Custom Data Set

PDD Years Desired

Enter each year desired, separated by commas. No other format will be accepted.

2019,2020

☒ **Emergency Department Data (EDD)**

Desired EDD Data Set

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found here.

☒ Model Data Set (MDS) ☐ Custom Data Set

EDD Years Desired

Enter each year desired, separated by commas. No other format will be accepted.

2019, 2020

☒ **Ambulatory Surgery Data (ASD)**

Desired ASD Data Set

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found here.

☒ Model Data Set (MDS) ☐ Custom Data Set

ASD Years Desired

Enter each year desired, separated by commas. No other format will be accepted.

2019,2020

☐ **Additional Products (PO/MS, AHRQ)**

Statewide or Geographic Subset of Data Set(s) or Products
Please select the subset of data you are requesting
☐ Statewide Data Sets ☒ Geographic Subset Data Set or Product by county(-ies) or ZIP Code(s)

Describe and explain the set of Geographic Subset Data you are requesting
spitals and residents of Monterey County, by including both types of individuals, we can assess residents' burden of disease or incidence in the County as needed, depending on the analysis question.

Desired Data Set Format(s)
Indicate the format you prefer for your Data Set
☒ SAS (PROC Format Code Included) ☐ Comma Delimited with Labels ☐ Comma Delimited

Final Products
Will the requested data be used in any of the following ways?
☒ Geographic Information System (GIS)

Describe how this data will be used in relation to GIS
Analyses may include summarizing county data by ZIP Codes, linking to a ZIP Code layer file, and presenting data on maps. OSHPD patient counts aggregated to the ZIP code level may be layered with Monterey county zip codes.

Combination/merge/coordination with other data set(s) or databases
☒ Combination/merge/coordination with other data set(s) or databases

Describe how, including a description of the data variables within other data sets or databases
OSPHD patient counts aggregated to the ZIP code level may be layered with Monterey County ZIP code level attributes, generally available through US Census, such as education, income, age, and gender.

Linked patient-level information
☐ Describe the method for linking patient-level data across years/datasets

What final product(s) will be developed from this project?
Please Note: Patient-level data cannot be contained in any product that is distributed beyond the requestor.
Community Health Assessments, health briefs, internal reports for Health Officer or Director data requests.

Describe how you will treat small cells to avoid identifying individuals
Our policy is to aggregate data by year, demographic strata (i.e. age groups), and /or geographic region to increase cell size. When this method is not possible or does not adequately address the small cell the data is excluded from reporting.

Data Security
Requesting Department
See the Appendix Security Guidelines Recommended Practices for Safeguarding Access to Confidential

Data. These guidelines are an example of the information needed in the security sections below. Please be very specific about the data security.

Describe the security measures under which you propose to use, maintain, and store the requested data. Address each of the main categories below.

System on which the data will reside (Standalone computer, host-based, networked, etc.)
Data will be processed on two different computers, which are both networked.

Hardware/Software (Antivirus, anti-spyware, firewall, etc.) on department systems
The network security currently includes Windows Defender (with automatic security updates), Splunk, and carbon Black to monitor and audit potential malicious activity on the network. Microsoft product security

Access Controls (password requirements and safeguards, VPN use, WiFi use, file sharing, logs, etc.)
Access is restricted to authorized users only. The computers are password protected with a password of at least fifteen characters in length and contain at least one alphanumeric character and one symbol. Log-in also requires two-factor authentication to verify access to authorized users. Files are only shared with authorized users with appropriate access.

Physical Environment (monitor position, printer location, screen saver, etc.)
The two computers are in separate locked offices. The offices are located in a restricted, nonpublic area that can only be entered with an electronic pass and door key. Visitor access is monitored. The monitors are positioned away from the door entry and are only accessible via password for log-in entry. Monitors are locked when not in use and screen savers are automatically triggered when no activity is detected after 5 minutes. Toby passes the screen savers for access a password must be entered.

Data Storage (e.g. removable media storage, hard drive encryption, backups of data, etc.)
Data is not stored on local hard drives. Network files are restricted to authorized users only. Data cannot be removed or downloaded from a local hard drive onto an external, removal media storage. Backups of the data are only available on a secured SQL server which is limited to authorized users only.

Encryption used on data storage drives
Monterey County Policy requires that all mobile devices that store protected information are encrypted. All protected data transmission is encrypted supported by policies/procedures.

Additional Notes
Please provide any additional notes you may have
Same as prior request: Request number - CS0001845 which expired due to inactivity.

Acknowledgments and Signatures

_____ **Under HIPAA, limited data sets are Personal Health Information (PHI).**

The HIPAA Medical Privacy Rule applies to all limited data sets that I receive under this application.

I agree to protect all nonpublic data products received from HCAI, even if they do not contain patient level data, and to treat these products as PHI.
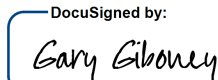
Any data I receive pursuant to this request will be maintained in a secure environment.

If applying for data to use within an ACE, I certify that the applicant is an ACE.

Name of Health Officer (printed)	**Signature of Health Officer**	**Date**

DocuSigned by:

Stacy Saetta

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11/16/2021 | 3:08 PM PST

Chief Deputy County Counsel Approved as to form.

DocuSigned by:

Gary Giboney

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11/16/2021 | 3:12 PM PST

Chief Deputy Auditor Controller