

Oregon EMS & Trauma Program Confidentiality Policy

Oregon Health Authority
Public Health Division
Health Care Regulation & Quality Improvement
EMS & Trauma Program
800 NE Oregon St. Suite 305
Portland, OR 97232-2162

**** For Official Use Only ****

Date Received:

Request Number:

Instructions: Please complete the form, obtain required signatures, and submit to the attention of the Oregon EMS & Trauma Data Team: EMS.Trauma@dhsoha.state.or.us

RESTRICTIONS AND CONDITIONS OF USE:

Investigators (including all those who will use or have access to the requested data set) who are requesting Oregon Emergency Medical Services (EMS) or Trauma Registry (OTR) data must agree to abide by the rules listed below.

1. Data may be used only for the purposes stated in the attached Data Use Agreement. Any changes in planned use and/or access to data must be written as a supplemental request and receive written approval from the EMS/OTR Data Team, as well as the Oregon OHA-HS IRB where necessary.
2. Researcher must agree to assess the impact on privacy and confidentiality before releasing aggregated data. Therefore, outside research or study groups should abide by the same rules of confidentiality in reporting non-identified aggregates at the geographic level, where disclosure of detailed demographic information and medical information would make it possible to identify the person in local communities.
3. Researcher will ensure that any agents, including a subcontractor, to whom it provides the EMS/OTR data set agrees to the same restrictions and conditions that apply to the recipient with respect to the EMS/OTR data released.
4. Access to and small number suppression of each EMS/OTR data set will be determined by the Oregon OHA EMS/OTR Data Team. OHA will determine guidelines for small numbers suppression in collaboration with researchers. Rates, counts and other statistical reporting of EMS/OTR data may be suppressed in the output when the count or the population in the denominator is less than a certain threshold. Rates, counts and other statistical reporting that could be used to identify a health care provider, ambulance service medical transportation agency or health care facility must also be suppressed. If through manipulation of the data users are able to reconstruct the suppressed data they will, nevertheless, abide by the small numbers guidelines.
5. Researcher will protect confidentiality by using appropriate safeguards to prevent use or disclosure of the EMS/OTR data by a third party or other than as specified in the Data Use Agreement (e.g. use a password protected screensaver when possible, store data on encrypted memory, and keeping laptops, records and materials in a secure location with controlled access so that persons not connected with the study cannot access these records). Control of these records is to continue at the completion of the study by destroying the electronic files or listings.

6. Researcher will not attempt to link individual records from this data set with other information from any other data set without specific written permission or approval from the Oregon OHA-HS IRB. Linkage of information from multiple databases is a potential threat to confidentiality.
7. Researcher will make no effort to determine the identity of individuals from the EMS/OTR data released. Identity discovered inadvertently is a breach of confidentiality and should be reported to the OTR Coordinator immediately. Researcher will notify the EMS/OTR Research Analyst if the researcher becomes aware of any use or disclosure of the Oregon EMS/OTR data not specified in the Data Use Agreement.
8. Prohibition against follow-up: The researcher will not perform any individual or family follow-up, and no data will be published or disclosed from which an individual can be identified except where permitted upon written authorization of the Oregon OHA-HS IRB.
9. Researcher will not release any individual record information either *in toto*, or in fragmented form to any person or entity outside of the research team specifically related to the project described in the Data-use Agreement, without express written permission from the Oregon State Epidemiologist.
10. Before publishing any Oregon EMS/OTR data, researcher must notify the EMS/OTR Research Analyst and provide a copy of the data to be published. Published data will include appropriate data source citations. The researcher's organization should be cited as the source of interpretations of the data.
11. Researcher understands that a breach of confidentiality would result in denial of all future data set requests from the EMS/OTR Data Team, as well as possible civil and/or criminal liability of the researcher. The EMS/OTR Data Team has taken reasonable precautions to protect the identities of individual respondents providing information for this data set. Researchers will accept all liability for their use, disclosure, or revealing in any way of information that can be used to identify any individual person.
12. Researcher will ensure that the data set is destroyed after the purpose of the written request is fulfilled and will provide the EMS/OTR Research Analyst with a written confirmation that the data has been destroyed. Even after researchers no longer have access to the records of the Oregon EMS/OTR, they should consider themselves bound by this document and must continue to maintain the confidentiality of information to which they previously had access.

OREGON REVISED STATUTES:

431A.085 Emergency Medical Services and Trauma Systems Program created in Oregon Health Authority; Oregon Trauma Registry; rules.

- (1) The Emergency Medical Services and Trauma Systems Program is created within the Oregon Health Authority for the following purposes:
 - (a) Administering and regulating ambulances;
 - (b) Training and licensing emergency medical services providers;
 - (c) Establishing and maintaining emergency medical systems, including trauma systems; and
 - (d) Maintaining the Oregon Trauma Registry for purposes related to trauma reimbursement, system quality assurance and cost efficiency.
- (2) The duties vested in the authority under ORS 431A.050 to 431A.080 and ORS chapter 682 shall be performed by the program.

- (3) The program shall be administered by a director.
- (4) The director of the program shall apply moneys transferred to the program under ORS 442.625 to:
 - (a) Developing state and regional standards of care;
 - (b) Developing a statewide educational curriculum to teach standards of care;
 - (c) Implementing quality improvement programs;
 - (d) Creating a statewide data system for prehospital care; and
 - (e) Providing ancillary services to enhance this state's emergency medical service system.
- (5) The director of the program shall adopt rules for the Oregon Trauma Registry. Rules adopted under this subsection must establish:
 - (a) The information that must be reported by trauma centers to the program for inclusion in the Oregon Trauma Registry;
 - (b) The form and frequency of reporting information under paragraph (a) of this subsection; and
 - (c) Procedures and standards for the administration of the Oregon Trauma Registry.
- (6) The director of the program may adopt rules establishing, from information maintained in the Oregon Trauma Registry, a registry of information related to brain injury trauma.
[Formerly 431.623]

431A.100 Release of information from Oregon Trauma Registry.

- (1) As used in this section, "individually identifiable information" means:
 - (a) Individually identifiable health information as that term is defined in ORS 179.505; and
 - (b) Information that could be used to identify a health care provider, non-transporting prehospital care provider, ambulance service medical transportation agency or health care facility.
- (2) Notwithstanding ORS 431A.090, individually identifiable information may be released from the Oregon Trauma Registry:
 - (a) For use in executive session to conduct specific case reviews by:
 - (A) The State Trauma Advisory Board or any area trauma advisory board;
 - (B) The State Emergency Medical Service Committee; or
 - (C) The Emergency Medical Services for Children Advisory Committee.
 - (b) To the Oregon Health Authority for purposes related to the administration of public health programs, including:
 - (A) The establishment of a registry of information related to brain injury trauma as described in ORS 431A.085 (6); and
 - (B) The performance of epidemiological investigations of the causes of and risk factors associated with trauma injuries.
 - (c) To an emergency medical services provider or a designated trauma center for purposes related to quality of service assurance and improvement, if the information is related to the treatment of an individual by the provider or center.
 - (d) To the Department of Human Services for purposes related to enabling the department to plan for and provide services to individuals adversely affected by trauma injuries, if the department agrees to use the information only for the purposes described in this paragraph and to maintain the confidentiality of the information.
 - (e) To a person conducting research if:
 - (A) An institutional review board has approved the research in accordance with 45 C.F.R. part 46; and
 - (B) The person agrees to maintain the confidentiality of the information.
 - (f) To the designated official of an ambulance service or to a non-transporting prehospital care provider

pursuant to ORS 682.056.

(3) The Oregon Health Authority may release only the minimum amount of individually identifiable information necessary to carry out the purposes for which the information is released under this section. [Formerly 431.635; 2017 c.229 §4]

ORS 682.056 Patient encounter data reporting

- (1) (a) Ambulance services shall report patient encounter data to the electronic emergency medical services data system managed by the Oregon Health Authority for each patient care event in accordance with rules adopted by the authority under ORS 682.017 (Rules).
(b) The authority by rule shall specify the patient encounter data elements to be transferred from the electronic emergency medical services data system to the Oregon Trauma Registry and shall establish the procedures for the electronic transfer of the patient encounter data.
- (2) (a) The patient outcome data described in subsection (3) of this section about a patient who an ambulance service transported to a hospital, and that the hospital entered into the Oregon Trauma Registry, must be available to the designated official of the ambulance service that transported the patient.
(b) The authority by rule shall specify the method by which the patient outcome data will be made available to the designated official of an ambulance service.
- (3) Patient outcome data includes:
 - (a) The health outcomes of the patient who was the subject of the prehospital care event from the emergency department or other intake facility of the hospital, including but not limited to:
 - (A) Whether the patient was admitted to the hospital; and
 - (B) If the patient was admitted, to what unit the patient was assigned
 - (b) The patient's chief complaint, the diagnosis the patient received in the emergency department or other intake facility and any procedures performed on the patient;
 - (c) The emergency department or hospital discharge disposition of the patient; and
 - (d) Demographic or standard health care information as required by the authority by rule.
- (4) Data provided pursuant to this section shall be:
 - (a) Treated as a confidential medical record and not disclosed; and
 - (b) Considered privileged data under ORS 41.675 (Inadmissibility of certain data provided to peer review body of health care providers and health care groups) and 41.685 (Inadmissibility of certain data relating to emergency medical services system).
- (5) Data provided pursuant to this section may be used for quality assurance, quality improvement, epidemiological assessment and investigation, public health critical response planning, prevention activities and other purposes that the authority determines necessary.
- (6) (a) A nontransporting prehospital care provider may report patient encounter data to the electronic emergency medical services data system.
(b) A nontransporting prehospital care provider that reports patient encounter data shall comply with the reporting requirements that apply to ambulance services.
(c) The patient outcome data described in subsection (3) of this section must be available to the designated official of the nontransporting prehospital care provider that provided care and reported patient encounter data about the patient.
- (7) The authority may adopt rules to carry out this section, including rules to:
 - (a) Establish software interoperability standards and guidance to assist in reporting the patient encounter data required by this section;

(b) Specify the method by which the patient outcome data will be made available to nontransporting prehospital care providers; and

(c) Define “nontransporting prehospital care provider.”

[Formerly 682.037; 2009 c.595 §1072; 2011 c.703 §52; 2017 c.229 §3]

DATA USER CONFIDENTIALITY AGREEMENT

I certify that I have read and agree to abide by the Confidentiality Rules on the attached sheets. (Please sign below)

_____	_____	_____
Principal Investigator / Manager	Printed Name	Date
_____	_____	_____
Individual user with access to data	Printed Name	Date
_____	_____	_____
Individual user with access to data	Printed Name	Date
_____	_____	_____
Individual user with access to data	Printed Name	Date