Research Requests FAQ

What if I don't have a ¾ ID?

You must have an assigned ¾ ID in order to request and receive HCA data.

Is there any information we are unable to get?

Our access to the HCA's data warehouse continues to evolve. There is some data we are unable to access at this time. Currently, we can provide no information for:

1. Imaging nor imaging results.
2. Outcomes once a patient leaves the facility.
3. Patient health history nor family history.
4. Any scanned documents in the EMRs.

What are the limitations on requesting Enterprise Wide Data?

Retrieving data enterprise wide is very taxing on HCA's data resources. It is difficult to pull out of the storage data warehouse. It is very difficult to transfer to Investigators due to the large file size. Because of these issues, enterprise level data requests will not be considered unless your targeted population is expected to be small enough to not power your study at Division Level.

What is the HHS Safe Harbor method of de-identification?

https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html

HCA complies with the HHS guidance for de-identification of PHI in accordance with HIPAA.

For a full list of identifiers that will be removed from the data you receive, please review the website above.

Can I have date of birth, admission date, discharge date or date of death?

We will provide you with year, age, and day of event relative to admission day.

In accordance with HHS guidelines for de-identification (link to full list above), all elements of dates (except year) that are directly related to an individual, **including birth date, admission date, discharge date, death date**, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.

What will I need to provide in order to get data?

1. You will be asked to provide all relevant ICD 10 codes and/or CPT/ICD10PCS codes to your study. This is a critical piece of retrieving the data. The information is stored in the database as code. If your study requires data that predates **October 1, 2015**, ICD 9 codes will be required, as well as ICD 10 codes.
2. A study protocol is required and must be attached to your DATACLEAR form. This is critical for the Research Analyst to understand what data points you are asking for. Please include all relevant codes (ICD's) in your protocol.

I have completed the DATACLEAR form, what happens next?

1. The application for data will be submitted for corporate approval.
2. Once approved, it will be placed in the queue for the next available Research Analyst (RA).
3. Once assigned, an RA will contact you to develop the Scope of Work (SOW) for the project.
4. After the SOW document is agreed upon, the RA will pull the data.
5. After all data is collected, the RA will set up a follow up data delivery meeting to review.

How will the data be delivered?

You will receive your requested data in the form of raw data text files. Each requested data set will be in a separate text files. (Example: Diagnosis, Procedures, Vitals, Demographics). Each dataset will have a common/primary key to connect them in your analytics programs.

I received my data, but I now realize I need something else (another data point)?

The Research Analysts are trying to process many, many research requests. If you discover you need additional data, you will need to resubmit a DATACLEAR form for additional data to your original request. This request will be put in the queue for the next available analyst.

What analytics programs are available?

Our access to analytics software continues to grow! If your hospital/division does not provide access to any analytics programs/resources, GME Research is pleased to be able to offer Investigators access to SPSS for analytics capabilities. All HCA provided computers will also give you access to Microsoft Excel, which does possess analytics capabilities. (Disclaimer: Excel has size limitations and is limited to smaller datasets.