



Document Information

Complete this document when requesting an amendment to an approved HDPBC Organizational Data Access Request

Project Information		
Title of Project / Program		Project / Program Number
Principal Applicant's Name (PA) <sup>1</sup>	PA Phone	PA Primary Email
Project Sponsor Organization Name		

Amendment Request

Please indicate type of amendment being requested (select all that apply):

- Cohort update / change to cohort
- Addition of year(s) of data
- Addition of data set(s), and/or additional columns requiring review and approval
- Addition of external data linkage(s)
- Extension to project data access term
- Change to project team member(s)
- Other (Such as a change to project objectives, changes to principal applicant or project lead, addition of funding, addition of sponsoring organization, etc.)

Detailed description of how the amendment expands from or differs from the originally approved request

Rationale and relationship of amendment to approved project purpose

<sup>1</sup> Principal Applicant Definition: An individual who will: a) be responsible for the direction of the proposed activities; b) assume the administrative and financial responsibility for the proposed activities; and c) receive all related correspondence from and d) responsible for ethical conduct and compliance with HDP policy and applicable legislation.

HDPBC Data Set You Wish to Access				Existing or To Be Added	
Available with Data Set	Additional Rows or Columns Required	Additional Years Required		Existing	To Be Added
			Client Roster Snapshot (CR) (This data set is included by default)	<input type="radio"/>	<input type="radio"/>
			Healthideas Common and Reference Dimensions (This data set is included by default)	<input type="radio"/>	<input type="radio"/>
			Population Extrapolation for Organizational Planning with Less Error (PEOPLE) (This data set is included by default)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		BC Cancer Registry (BCCR)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		BC Cardiac Services Registry (BCCSR)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		BC Perinatal Data Registry (BCPDR)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		BC Renal (BC Renal)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Canadian Index of Multiple Deprivation (CIMD)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Chronic Disease Registry (CDR)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		CIHI Population Grouping Methodology and CPOP Diagnosis Codes (CPOP)	<input type="radio"/>	<input type="radio"/>
	<input type="checkbox"/>		COVID-19 Hospitalization and Critical Care Reports (This data set does not have pre-approved variables available for request)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		COVID-19 Lab Test Data (PLIS_COVID)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge Abstract Database (DAD)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		HealthLink 811 - COVID	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Health System Matrix (HSM)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Home and Community Care Minimum Reporting Requirements (HCCMRR)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Medical Imaging Wait Times (MIWT)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Services Plan (MSP)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Ambulatory Care Reporting System (NACRS)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Patient-Centered Measurement (PCM)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PharmaNet (PNET)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Post COVID Recovery Clinics (PCRC)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Provincial Immunization Registry (PIR)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Resident Assessment Instrument Home Care Reporting and Continuing Care Reporting Systems (RAI)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Surgical Wait Times (SWT)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		Vital Events - Birth/Death/Stillbirth (VE)	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>		VPP Clinical OMOP Data (VCH/PHC/PHSA)	<input type="radio"/>	<input type="radio"/>

Data Set Amendment – Additional Years of Data:	Years	Existing or To Be Added	
		Existing	To Be Added
<input type="checkbox"/> Discharge Abstract Database (DAD)	1991-04-01 - 2011-03-31	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> National Ambulatory Care Reporting System (NACRS)	2011-04-01 - 2014-03-31	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> PharmaNet (PNET)	1991-01-01 - 2008-12-31	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Medical Services Plan (MSP)	1991-01-01 - 2015-12-31	<input type="radio"/>	<input type="radio"/>

## Current Project Team

### Please Note

- In Table A below, **identify all project team members, including any new team members to be added and any existing team members who should be removed** from the project.
- In cases where a project team member has multiple emails, their primary organizational e-mail must be provided.
- All members of the Project Team who will have access to data must have a formal organizational affiliation with a BC Health Authority or the BC Ministry of Health.
- The Principal Applicant and sponsoring organization assume responsibility for the actions of all members of the Project Team
- All members of the Project Team are accountable to [HDPBC Terms of Use](#) and all applicable policy and legislation.
- All members of the Project Team are required to complete HDP Training which includes privacy training.

Table A: Project Teams Members

Name	Position	Emails (list the organizationally affiliated email address)	Organizational Affiliations (list the sponsoring organization first, then other organizational affiliations in parentheses)	Key Project Roles	Access to Data Y/N	Add or Remove Team Member
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing
						<input type="radio"/> Add <input type="radio"/> Remove <input type="radio"/> Existing

## Principal Applicant Acknowledgement

- The Principal Applicant and sponsoring organization assume responsibility for the actions of all members of the Project Team.
- All members of the Project Team are Accountable to the HDPBC Terms of Use and all applicable policies and legislation.
- All members of the Project Team are required to complete and provide evidence of privacy training from either their sponsoring organization, Population Data BC, or the HDPBC privacy course.
- If the nature of the funding arrangement changes over the course of the project lifespan, it is the responsibility of the applicant to notify HDPBC and provide the recent funding documentation.

As the primary applicant, by checking this box, I confirm this project contributes to fulfilling Health Authority and/or Ministry of Health-mandated work and is of priority interest to the organization.

*Note: if signing with Acrobat Reader, fill in ALL fields before signing as the form will lock after e-signing*

Signature of Principal Applicant	Printed Name	Date Signed
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## Organizational Amendment Approval

- I attest that the project team members listed in this document meet the definition of HA or MoH Employees as established within the HDP Data Access Framework.
- I attest that this project is approved and can confirm that this organization project meets the mandate of the sponsor organizations.
- I agree that the project team members listed in this document as part of this project will be made aware of their responsibility to adhere to the conditions laid out in the approved HDP Organizational Data Access Agreement and HDP Terms of Use.

*Note: if signing with Acrobat Reader, fill in ALL fields before signing as the form will lock after e-signing*

Signature of Organizational Designate	Printed Name	Date Signed
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## HDP Contact

Name HDP Operations Team	Email Address MoHAnalytics@gov.bc.ca
Mailing Address 1515 Blanshard Street, Victoria BC V8T 1A8	