|  |  |  |
| --- | --- | --- |
|  |  | HA Reference |
| App. No.: |   |
| Submitted on: |  |
| Assessed on: |  |

**Data Request Application**

**Form A (Expedited Approach)
(Aggregate Data on Inpatients)**

External parties requesting for HA data shall complete this data request form and provide the detailed specification of the data requirements. This includes the extraction criteria for patient selection from HA database and a list of requested data fields. For each data field, please also provide information regarding its relevance to the study objectives.

The requested data will be prepared in aggregated format, i.e. each data line will consist of a Data Measurement variable with breakdown by ALL selected Classification variables. **Important note**: HA adopt the threshold of "at least 5 observation units" underlining the cells in the tabulations. That is, a cell with underlying observations less than 5 units will be represented as ‘<5’.

|  |
| --- |
| **FOR HA USE ONLY** |
| **Comments from Central Panel on Administrative Assessment of External Data Requests** |
|  |

**Part 1: Extraction Criteria *(MUST complete this part as appropriate)***

|  |  |
| --- | --- |
| **Criteria** | **Requirement** |
| **1.1** Time Frame | *Please tick* ***ONE*** *of the below boxes to specify the type of date for data extraction:* |
| [ ]  Admission date /  | [ ]  Discharge date from |   | to |   | (Inclusive) |
| yyyy-mm-dd | yyyy-mm-dd |
| **1.2** Age in years/ months at admission  | *Do you need to include age in your extraction criteria?* |
| [ ] No | 🡪 Go to **Section 1.3** | [ ] Yes | 🡪 Complete the following as appropriate |
| *Please specify the required range of age for data extraction: [\*Please select the appropriate* ***unit****]* |
| Age at admission  | from |   | (Month/Year)\* | to |   | (Month/Year)\* | (Inclusive) |
|  | (Age in Months: 0 – 11 ; Age in Years: 0 – 999) |
| **1.3** Specialty | *Do you need to include specialty in your extraction criteria?* |
| [ ]  No | 🡪 Go to **Section 1.4** | [ ]  Yes | 🡪 Complete the following as appropriate |
| *Please tick* ***ONE*** *of the below boxes to specify the type of specialty for data extraction:* |
| [ ]  Admission Specialty / [ ]  Discharge Specialty / [ ]  Ever Treated Specialty |
| *Please specify the required specialty(ies) for the selected type of specialty:* |
| [ ]  ANA [ ]  CTS [ ]  DEN [ ]  EM [ ]  ENT [ ]  GYN [ ]  HSP [ ]  ICU/ HDU [ ]  INF[ ]  MED [ ]  NS [ ]  NUR [ ]  OBS [ ]  ONC [ ]  OPH [ ]  ORT [ ]  PSY [ ]  REH [ ]  SUR |
|  *Please tick* ***ONE*** *appropriate box only for NEO specialty* : [ ]  NEO [ ]  NEO (NICU only)  *Please tick* ***ONE*** *appropriate box only for PAE specialty* : [ ]  PAE [ ]  PAE (PICU only)  |
| **1.4** Diagnosis  | *Do you need to include diagnosis in your extraction criteria?* |
| [ ]  No | 🡪 Go to **Part 2** | [ ]  Yes | 🡪 Complete the following as appropriate |
| *Please tick* ***ONE*** *of the below boxes to specify the type of diagnosis for data extraction:* |
| [ ]  Principal diagnosis / [ ]  Any diagnosis *(Please specify your required diagnosis groupings in* [***Note(ii)***](#Diagnosisgroups)*)* |

**Part 2: Data Measurement *(Please select at least ONE data measurement)***

|  |  |  |
| --- | --- | --- |
| **Please specify your desired data measurement** | **Relevance to the study objectives** | **For HA USE ONLY** |
| Comments from Central Panel on Administrative Assessment of External Data Requests |
| [ ]  Hospital admission [ ]  No. of bed days |  |  |

**Part 3: Classification Dimension *(Please select at least ONE classification dimension)***

| **Classification variable***[Please specify your desired classification dimension(s)]* | **Classification level** | **Relevance to the study objectives** | **For HA USE ONLY** |
| --- | --- | --- | --- |
| Comments from Central Panel on Administrative Assessment of External Data Requests |
| [ ]  Age in years/ months at admission | Please specify the required age groupings in [***Note (i)***](#Age) |  |  |
| [ ]  Gender  | Male; Female |  |  |
| [ ]  District of residence | 18 Districts |  |  |
| [ ]  Date of admission / discharge | [ ]  Date (yyyy-mm-dd) |  |  |
| [ ]  Week (start from Sun to Sat)[ ]  Month (yyyy-mm)[ ]  Calendar year[ ]  Financial year *[Please select* ***ONE*** *appropriate box]* |  |  |
| [ ]  Specialty*[Applicable if* ***Hospital admission*** *is selected in Part 2]* | [ ]  Admission specialty[ ]  Discharge specialty[ ]  Ever Treated specialty(ies)*[Please select* ***ONE*** *appropriate box]* |  |  |
| [ ]  Specialty *[Applicable if* ***No. of bed days*** *is selected in Part 2]* | Ever Treated specialty(ies) |  |  |
| [ ]  Indicator for admission via A&E | Yes; No |  |  |
| [ ]  Discharge destination  | Transfer to other HA hospitals; Home; Death; Others |  |  |
| [ ]  Diagnosis groups  | Please specify the required diagnosis groupings in [***Note (ii)***](#Diagnosisgroups) |  |  |
| [ ]  Public assistance (PA) | Yes; No |  |  |

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| --- |
| **Principal Investigator Information** |
| **Signature:**  | **Date:**  |
| **Name:**  | **Tel:**  |
| **Title:**  | **Email:**  |
| **Department:**  |
| **Entity *Note (iii)*:**  |
| *Note (iii): Please state the full name of the entity, such as a university or charitable institution or organization. Names which only contain a faculty, department or division of any university, institution or organization are not acceptable.* |

**Note (i): Classification level** – Age in years/ months at admission

Please specify the required classification level for age group

|  |  |
| --- | --- |
| **Age Group Name** | **Age at Admission**(Age in Months: 0 – 11 ; Age in Years: 0– 999) |
| **From** | **To**  |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
| Click to enter text. |   | --Please Select-- |   | --Please Select-- |
|  |  |  |  |  |
| Example: |  |  |  |  |
| **Age Group Name** | **Age at Admission** (Age in Months: 0 – 11 ; Age in Years: 0– 999) |
| **From** | **To**  |
| 0-64 | 0 | Year(s) | 64 | Year(s) |
| >=65 | 65 | Year(s) | 999 | Year(s) |

**Note (ii): Classification level** –Diagnosis groups

Please specify the required classification level for diagnosis group

|  |  |  |
| --- | --- | --- |
| **Diagnosis group ID** | **Diagnosis group name** | **Diagnosis Code** |
|  **ICD-9-CM**(For All specialty) |
| **From** | **To**  |
| **1** | Click to enter text. |   |   |
| **2** | Click to enter text. |   |   |
| **3** | Click to enter text. |   |   |
| **4** | Click to enter text. |   |   |
| **5** | Click to enter text. |   |   |
| **6** | Click to enter text. |   |   |
| **7** | Click to enter text. |   |   |
| **8** | Click to enter text. |   |   |
| **9** | Click to enter text. |   |   |
| **10** | Click to enter text. |   |   |
| **11** | Click to enter text. |   |   |
| **12** | Click to enter text. |   |   |
| **13** | Click to enter text. |   |   |
| **14** | Click to enter text. |   |   |
| **15** | Click to enter text. |   |   |
| **16** | Click to enter text. |   |   |
| **17** | Click to enter text. |   |   |
| **18** | Click to enter text. |   |   |
| **19** | Click to enter text. |   |   |
| **20** | Click to enter text. |   |   |
|  |  |  |  |
| Example: |  |  |
| **Diagnosis group ID** | **Diagnosis group name** | **Diagnosis Code** |
|  **ICD-9-CM**(For All specialty) |
| **From** | **To**  |
| **1** | Diabetes Mellitus | 250 | 250 |
| **2** | COPD | 490 | 492 |
| **3** | COPD | 495 | 496 |
| **4** | Mental Retardation | 317 | 319 |

**Illustration of Data Output:**

**Classification variable(s**)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of admission** | **Age in years / months at admission** | **Gender** | **District of residence** | **Admission Specialty** | **Admission via A&E** | **Discharge destination** | **Diagnosis groups**  | **Hospital admission** |
| 2016-08 | 0-64 | M | Yuen Long | MED | Yes | Transfer to other HA hospitals | Diabetes Mellitus | 2000**Data line** |
| 2016-08 | 0-64 | M | Yuen Long | MED | No | Home | COPD | 4000 |
| 2016-08 | 0-64 | M | Yuen Long | MED | Yes | Death | Diabetes Mellitus | 50 |
| 2016-08 | 0-64 | M | Yuen Long | MED | No | Others | Diabetes Mellitus | 100 |
| 2016-08 | 0-64 | M | Yuen Long | MED | No | Transfer to other HA hospitals | COPD | 5000 |

**Classification level**

**Data Measurement**