



Health Information System

POLICIES & PROCEDURES



Policies and Procedures on Information Access



Who has general access to the PDS HIS databases?

- Medical Informatics consultant
 - **Dr. Jose Dumagay**
- System Administrator

Access to PDS HIS Residents' Logbooks

1. HIS assigns each resident a **password**.
2. Only PDS residents are allowed access to their respective electronic logbooks.
3. The resident is permitted access to correct any encoding errors for up to **15 days after logging** each patient record

After the 15-day access, only the HIS personnel can access the patient records.

Who may request data from the PDS HIS?

1. PDS members and PDS resident physicians
2. Non-PDS persons or entities

Two types of databases in the PDS HIS

- **Institution-based :**
 - Contains individual patient information of a PDS training institution
 - All patient identifiers are included
 - Like logbooks, located in the PDS training institution
- **PDS HIS Central Database:**
 - Contains Limited Data Sets of patient information collated from all the CPRs of PDS training institutions
 - Majority of patient identifiers have been removed
 - Archived in the PDS Central server located in the PDS office

What data can be requested?

Per Institution:

- Dermatology Disease Census (By Rank)
- Monthly Disease Census
- Annual Disease Census
- Patient Census (Out- and In- patients, referrals, ER, Charity or Pay)
- Summary Report of Procedures
- Patient log (per resident)

What data can be requested?

All Institutions:

- Top 10 Diseases for the year
- Total number of cases per disease per year or a specified time interval
 - Year 2011 and later only
- Total number of new and/or old cases
 - Please refrain for requesting for incidence and prevalence
- Age/Gender distribution of a disease

When to send your data request:

- The requesting party must submit the letter of request at least **one month before** the specified date when data will be needed. This will give adequate time for the review, approval, and data extraction.
- Rush requests are discouraged but may be approved or rejected upon the discretion of the PDS Academic Cluster Head

Requesting for Data

Requirements for Data Requests:

Intra-institutional Request for Data

= A faculty member or dermatology resident wants to request HIS data from own training institution

- Email request to pdshis@outlook.com

Requirements for Data Requests:

Inter-institutional Request for Data

= request HIS data from another PDS training institution

1. Written request to Dermatology Chairperson/Chief of Section of the specified institution
2. Filled up data request form
 - Send/e-mail directly to them

* *One investigator must be from PDS institution that owns data*

Requesting data from PDS HIS
CENTRAL Database
(all PDS Institutions)?

How to request for data from PDS HIS Central Database

For Simple/Standard Data:

(eg. Total number of cases of a disease entity)

1. E-mail (pdshis@outlook.com) letter of request addressed to

DR. CYNTHIA CIRIACO-TAN
President
Philippine Dermatological Society

THROUGH: DR. ZHARLAH GULMATICO-FLORES
Research Publication and HIS Council Head
Philippine Dermatological Society

CC: DR. ANA AURELIA SANTOS
HIS Chair
Philippine Dermatological Society

How to request for data from PDS HIS Central Database

For other complex/non-standard data requests:
(eg. Including age, gender, etc...)

1. A Letter of Request
2. Accomplished PDS HIS Data Request Form
3. Read and signed Data Agreement Form

The following information should be furnished in the Letter of Request:

- **Personal information:** Name, position, institutional affiliation, contact details (cellphone & landline numbers, business address, email address)
- **Specific data being requested:** List of variables (ex. Atopic dermatitis: New cases, gender, age)
- **Purpose of request** (ex. background information for research entitled “_____”; lecture entitled “ ”)
- **Specific date** when data will be needed

Where to send the requirements:

- The **letter of request, data request form, and signed data agreement** form should be emailed to the PDS HIS email address:

pdshis@outlook.com

Checking Use of PDS HIS Data

- Upon completion of the study, the researcher/ requesting party should provide PDS with **proof or documentation that the HIS Data** was used as stated in the Data Use Agreement.
- For example, a copy of the scientific report, publication, or lecture slide should be sent to the PDS HIS Task Force.

Summary of Data Request Requirements:

- Intra – institutional
 - Email request to pdshis@outlook.com
- Inter- institutional
 - Letter to institution Chair, Data request Form (email institution)
- Central Database
 - Simple data: Email only
 - Complex data: letter of request, data request form, signed data agreement form

Email to PDS HIS email address : pdshis@outlook.com

Upon Receipt of Data

- You will receive an excel file with:
 - Raw data
 - Summary tables
 - Disease terms
- This can be your final data but if you wish to edit the included forms, send back the excel file to **pdshis@outlook.com**

A	B	C	D	E	F	G	H	I	J	K
Patient's ID	Diagnosis	Diagnosis type (new vs. follow-up)	Diagnosis Status	Visit type(service vs. private)	AREA (Outpatient, Inpatient, Admission, Emergency)	Date seen	Management	Gender	Age	
4000187	Allergic Contact Dermatitis	New	Final	Service	Outpatient	2011-04-1	D/C Offending Ag	Female	36	
4000320	Acd Secondary To Katialis With I	New	Final	Service	Outpatient	2011-04-2	D/C Offending Ag	Female	22	
4000610	Allergic Contact Dermatitis	New	Provisional	Service	Outpatient	2011-05-3	For Patch Testing	Male	36	
4000610	Allergic Contact Dermatitis	Ffup	Provisional	Service	Outpatient	2011-05-3	Patch Test	Male	36	
4000705	Acd Secondary To Katialis	New	Provisional	Service	Outpatient	2011-06-1	D/C Offending Ag	Male	44	
4000706	Acd Secondary To Hair Dye (ppd	New	Provisional	Service	Outpatient	2011-06-1	Discontinue Offer	Male	19	
4000895	Allergic Contact Dermatitis	New	Provisional	Service	Outpatient	2011-09-0	Mupirocin + Betar	Female	34	
4000635	Cellulitis Secondary To Allergic C	Ffup	Provisional	Service	Outpatient	2011-09-0	Discontinue Offer	Male	29	
4000960	Allergic Contact Dermatitis	New	Provisional	Service	Outpatient	2011-09-0	Cloxacillin 500mg	Male	37	
4000987	Allergic Contact Dermatitis	Ffup	Final	Private	Outpatient	2011-09-1	Shift Topical Steric	Female	21	
4001022	Allergic Contact Dermatitis	New	Provisional	Service	Outpatient	2011-10-0	Discontinue Offer	Female	55	
4001026	Allergic Contact Dermatitis	New	Provisional	Service	Outpatient	2011-10-1	Discontinue Offer	Female	20	
4001121	Allergic Contact Dermatitis	New	Final	Service	Outpatient	2011-10-1	Discontinue Offer	Female	16	
4001148	Allergic Contact Dermatitis	New	Final	Service	Outpatient	2011-10-1	Isoconazole + Difl	Female	80	
4001365	Allergic Contact Dermatitis	New	Provisional	Private	Outpatient	2011-10-2	Start Betamethas	Female	58	
4001488	Allergic Contact Dermatitis	Ffup	Final	Service	Outpatient	2011-10-2	EmollientsContinu	Female	1	
4001512	Allergic Contact Dermatitis	New	Final	Service	Outpatient	2011-05-1	Start Hydrocortisc	Female	69	
4001576	Allergic Contact Dermatitis	New	Provisional	Private	Outpatient	2011-10-2	Discontinue All M	Male	63	
4001581	Acd Probably Secondary To Plas	New	Provisional	Service	Outpatient	2011-06-2	Betamethasone D	Male	38	
4001645	Acd Secondary To Herbal Conco	New	Provisional	Service	Outpatient	2011-07-2	Discontinue Use C	Female	33	
4001647	Acd Secondary To Herbal Conco	New	Provisional	Service	Outpatient	2011-07-2	Cloxacillin 500 Mg	Male	21	
4000515	Allergic Contact Dermatitis	New	Final	Service	Outpatient	2011-05-0	Prednisone 10mg	Male	42	
4001339	Allergic Contact Dermatitis	Ffup	Final	Service	Outpatient	2011-05-0	Start Co-Amoxicla	Male	73	
4000234	Allergic Contact Dermatitis	New	Final	Service	Outpatient	2011-05-1	Discontinue Offer	Male	55	
4001682	Allergic Contact Dermatitis	New	Provisional	Service	Outpatient	2011-10-2	Clobetasol Propio	Female	46	
4001752	Acd Probably Secondary To Rub	New	Provisional	Service	Outpatient	2011-11-0	Discontinue Use C	Male	25	
4000865	Acd Prob Secondary To Plaster	Ffup	Final	Service	Outpatient	2011-08-2	Cloxacillin 500 Mg	Female	29	
4001811	Allergic Contact Dermatitis	New	Final	Private	Outpatient	2011-11-0	D/C Offending Ag	Female	39	
4001828	Allergic Contact Dermatitis	New	Final	Private	Outpatient	2011-05-2	D/c Use Of Offenc	Female	39	
4001880	Allergic Contact Dermatitis	New	Final	Service	Outpatient	2011-11-0	D/c Use Of Offenc	Female	61	
4001888	Allergic Contact Dermatitis	New	Final	Service	Outpatient	2011-11-0	D/C Offending Ag	Female	36	
4000187	Acd Secondary To Lip Balm (cha	New	Final	Service	Outpatient	2011-04-1	D/C Offending Ag	Female	36	
4000321	Acd Secondary To Soap	New	Final	Service	Outpatient	2011-04-1	D/C Offending Ag	Male	55	

A	B	C	D	E	F	G	H	I	J	K
SUMMARY TABLES										
DISEASE										
2011-2015 Cumulative number of cases										
	Male	Female	Unspecified							
No. of distinct patient IDs	6182	9754	0							
2011										
	Male	Female	Unspecified							
No. of distinct patient IDs seen in year	537	1001	0							
2012										
	Male	Female	Unspecified							
No. of distinct patient IDs seen in year	1729	2269	0							
2013										
	Male	Female	Unspecified							
No. of distinct patient IDs seen in year	1340	2082	0							
2014										
	Male	Female	Unspecified							
No. of distinct patient IDs seen in year	1703	2661	0							
2015 (As of September 2015)										
	Male	Female	Unspecified							
No. of distinct patient IDs seen in year	1176	2178	0							
Notes:										
1. For the "Yearly" counts, we take all patients seen in a year with the specific diagnosis first, then count them. This means that a patient seen in 2011 will be counted once in 2011. If that same patient was seen in 2012 with the same diagnosis, that patient will be counted once for 2012. In effect, each patient will be counted once per year.										
2. For the "Cumulative" count, we take all patients seen in that period with the specific diagnosis first, then count them. This means that the same patient discussed in note 1 will be counted only once for the										

A	B	C	D	E
DIAGNOSIS with key words ""	Number of patients	Will we include this in our search terms?	Please answer each	
Allergic Contact Dermatitis	14884			
Photo-allergic Contact Dermatitis	438			
Photoallergic Contact Dermatitis	198			
Chronic Allergic Contact Dermatitis	96			
T/c Allergic Contact Dermatitis	87			
Airborne Allergic Contact Dermatitis	37			
Photo Allergic Contact Dermatitis	31			
Acid	23			
Exfoliative Dermatitis Probably Secondary To Allergic Contact Dermatitis	14			
Allergic Contact Dermatitis	13			
Exfoliative Dermatitis Secondary To Allergic Contact Dermatitis	9			
Acute Allergic Contact Dermatitis	6			
T/c Photoallergic Contact Dermatitis	5			
Allergic, Contact Dermatitis	5			
*photoallergic Contact Dermatitis	4			
Nummular Eczema, Allergic Contact dermatitis	4			
Lichen Simplex Chronicus Secondary To Allergic Contact Dermatitis	4			
Acid Sec To Katialis	3			
Acid Sec To Herbal Concoction	3			
Chronic Allergic Contact Dermatitis	3			
ACD with secondary Fungal and Bacterial infections	3			
Erythroderma Probably Secondary To Allergic Contact Dermatitis	2			
Acid Sec To Hair Dye	2			
Acid Secondary To Silver Sulfadiazine	2			
Allergic Contact Dermatitis	2			
Acid, Etiology To Be Determined	2			
Acid Secondary To Vco	2			
ACD prob secondary to Alcohol or Efficacent	2			
Allergic Contact Dermatitis With Irritant Contact Dermatitis	2			
Dyshidrotic Eczema With Allergic Contact Dermatitis	2			
ACD to Hair Dye	2			
Acid Secondary To Herbal Concoction (guava Leaves)	2			
Allergic Contact Dermatitis	2			
Acid 2 To Katialis	2			
Acid Secondary To Herbal Concoction, Resolving	2			
ACD probably secondary to lipstick or toothpaste	2			

Requested Data

Summary Tables

List of Diagnosis

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Access to PDS HIS Residents' Logbooks

- When the resident physician graduates from the training program, the System Administrator blocks the graduate's access to the HIS.
- PDS HIS can only provide **de-identified data** or **Limited Data Sets** for requesting parties.

Thank You!