**Guidelines on Creating PDS Health Information Systems (HIS)**

**Data Requests 2023 Version 7**

**Frequently Asked Questions:**

***Who may request data from the PDS HIS?***

* PDS members and PDS resident physicians
* Non-PDS persons or entities

***What type of data is automatically provided monthly to each institution?***

* Number of patients seen in the institution (Out- and In- patients, referrals, ER, Charity or Pay)
* Number of patient visits per institution
* Top Ten Most Common Diagnosis
* List of diagnosis for the month

***What other data can be requested from the PDS HIS?***

* Summary Reports only
  + Number of cases of a disease
  + Gender distribution of cases
  + Number of patients seen in all institutions included in the HIS Registry
  + Top 10 Diseases for the year
  + Number of cases of disease by age stratification - by special request only

***From what year may I request data from the PDS HIS Database?***

* You may request data starting from 2011 onwards, as this was the time the PDS HIS became operational.

***What type of data can be requested?***

* Summary Reports only
  + Number of new cases of a disease
  + Number of Existing Cases (New + Returning) of a disease
  + Gender distribution of cases
  + Number of patients seen in all institutions included in the HIS Registry
  + Top 10 Diseases for the year
  + Number of cases of disease by age stratification - by special request only

***When do I send my data request?***

* Submit the letter of request at least one month before the specified date when data will be needed to 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

***Where do I send my data request?***

* Fill up Google Form (https://docs.google.com/forms/d/e/1FAIpQLSekTxcBv3mYZtIFHKLj6EAOQR2JI52W99ksdXVLKggaxVnDxg/viewform) and upload corresponding attachments
* For concerns or clarifications, please email [**pdshis@outlook.com**](mailto:pdshis@outlook.com)

**Data Request Requirements**

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| **Data Request Type** | **List of Requirements** |
| **Intra-institutional**  A faculty member or dermatology resident wants to request HIS data from *own training institution* | 1. **Request Letter to the PDS President (DR. CYNTHIA CIRIACO-TAN), through the PDS Research Publication and HIS Council Head (DR. ZHARLAH GULMATICO-FLORES)**; ***CC: HIS Chair (*DR. ANA AURELIA SANTOS*)*** (see below for details) |
| **Inter- institutional**  A faculty member or dermatology resident wants to request HIS data from another PDS training institution  *Note: \*One investigator must be*  *from PDS institution that owns data* | 1. **Request Letter to Institution Chair** (see below for details) 2. Accomplished **PDS HIS Data Request Form** 3. Read and signed **Data Agreement Form** |
| **Central Database**  A faculty member or dermatology resident wants to request HIS data from all PDS Institutions | 1. **Request Letter to the PDS President (DR. CYNTHIA CIRIACO-TAN), through the PDS Research Publication and HIS Council Head (DR. ZHARLAH GULMATICO-FLORES)**; ***CC: HIS Chair (*DR. ANA AURELIA SANTOS*)*** (see below for details) 2. Accomplished **PDS HIS Data Request Form** 3. Read and signed **Data Agreement Form** |

**Contents of Request Letters (To the PDS President, through the PDS Research Publication and HIS Council Head; and Institution Chairs):**

* Personal information:
  + Name
  + Position
  + Institutional Affiliation
  + Contact details (mobile and landline numbers, business address, e-mail address)
* Specific data being requested:
  + Disease entity requested
  + Population requested (Intra-institutional, Inter-institutional, or Central Database)
  + Time period of data
* Purpose of request (e.g. background information for research entitled “\_\_\_\_”; lecture entitled “\_\_\_ ”)
* Specific date when data will be needed

\*Note: A resident physician must also secure the signature of a supervising PDS consultant

**Monitoring 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 e-mail.

**Citing PDS HIS Data**

* The researcher may cite data from the PDS HIS using the following citation:

Philippine Dermatological Society Health Information Systems. Philippine Dermatological Society. c2011 [updated (indicate date of inquiry); cited (indicate date of use of data)]. Available by request from: pdshis@outlook.com