**CORD BI**

***User Registration & Account Authorization Instructions***

**Account Requesters**

To submit a request for a CORD BI account:

1. Review the Terms of Acceptable Use for CORD BI
2. Complete the CORD BI Registration Form
3. Submit the request for approval and authorization to your hospital LRA
4. Contact the main Help Desk at Helpdesk@criticall.org and ask for your hospital’s list of LRAs and their contact information if required
5. Once approved, you will receive login instructions from cordbihelpdesk@criticall.org

**Local Registration Authorities (LRAs)**

To approve, modify or revoke account access:

1. Ensure both you and the account requester have completed all required fields
2. Complete your authorization by emailing this form to cordbihelpdesk@criticall.org
3. You will receive notification from cordbihelpdesk@criticall.org once this request has been completed

 **CORD BI**

**Terms of Acceptable Use and Registration Form**

**CORD BI** has dynamic dashboards with key indicators and graphics that are customizable for hospitals.

In CORD BI Users are able to access:

* Updated data every two weeks by day, month, quarter or year (s)
* Volume of patient referrals and consultations by hospital, specialty, case type (urgent/emergent, life or limb) and age
* Volume of declined to consult or did not respond by hospital, date and specialty
* Volume of patients repatriated with or without delay
* Case level data for your hospital (Personal Health Information (PHI), if appropriate, see User Terms)
* Data in downloadable formats, ready for presentation (pdf) or analysis (excel)
* Data that aligns with quality domains such as timeliness, efficiency, equitable and patient centered

CritiCall Ontario is a program of Hamilton Health Sciences Corporation (HHS) funded by the Ministry of Health (MOH) to deliver priority provincial services to support hospitals in providing access to urgent and emergency care for Ontario patients. To protect the privacy rights of patients, the interests of patients and the participating hospitals with the legislative requirements under the *Personal Health Information Protection Act, 2004* (PHIPA) and other applicable Provincial legislation, each individual *Authorized User/Agent* (referred to as “I” and “me” in what follows) must accept and comply with the following terms in order to access the *CORD BI Application*:

1. I will abide by the privacy and security policies, procedures and practices of the organization that has registered me as an authorized User, applicable legislation (including but not limited to PHIPA), and applicable professional standards and guidelines.
2. I will direct any inquiries I have about the privacy and security policies and procedures of my organization and applicable law to the Privacy Contact of my organization.
3. If I am a User authorized by my organization to access personal health information (PHI) through the *CORD BI Application*, I will collect, use and disclose PHI accessed through the *CORD BI Application* for the purpose of providing or assisting in the provision of health care (e.g. continuing care) for patients from the organization that has Referred, Consulted or Accepted through CritiCall Ontario Call Centre Case Facilitation Service and registered me as an authorized User, and will limit such collection, use or disclosure to what is necessary for such purposes.
4. To the extent permitted by PHIPA, I will only use PHI accessed through the *CORD BI Application* for whom my authorizing organization was the Referring, Consulting or Receiving Hospital for the purposes of:
	1. planning or delivering programs or services, allocating resources, evaluating or monitoring programs or services for my authorizing organization;
	2. risk management or for the purpose of activities to improve or maintain the quality of care or maintain the quality of any related program or services for my authorizing organization; or
	3. obtaining payment or processing, monitoring, verifying or reimbursing claims for payment for the provision of health care or related goods and services for my authorizing organization.
5. If I believe that I am required by law to use PHI accessed through the *CORD BI Application* for any other purpose, I will confirm such use with the Privacy Contact of my organization before proceeding and will only proceed with the express written consent of the Privacy Contact.
6. I will keep my computer access codes or access devices secure and will not share them with others and will ensure that I promptly log out of the *CORD BI Application* at the end of each session. I will not attempt to, or circumvent, or facilitate the circumvention of the security features of the *CORD BI Application* by any other individual.
7. If I print out or copy any PHI, I will ensure that such PHI is maintained in a secure manner and in accordance with the privacy policies of my sponsoring organization, or is disposed of in a secure manner. At no time will PHI obtained through the *CORD BI Application* be stored on a mobile device.
8. I acknowledge and understand that my access rights to the *CORD BI Application* are based on my role in my authorizing organization. I will not transfer or assign my access rights to the *CORD BI Application* to any other individual. I will notify my authorizing organization immediately upon transferring my position or leaving the organization.
9. If I become aware of any security or privacy breaches involving PHI, privacy or security policies, procedures and practices implemented by CritiCall Ontario, I will notify the Privacy Contact of my authorizing organization or the CritiCall Ontario Help Desk at the first reasonable opportunity. I understand that CritiCall Ontario may launch a breach investigation and that investigation may include the sharing of my personal information.
10. I acknowledge that audits of access to and the use of PHI made under my User access account through the *CORD BI Application* will be completed and that my personal information may be used or disclosed for the purpose of carrying out and acting upon the results of such audit.
11. I acknowledge that I must ensure the use of a personal identification number (PIN) or password on every device, including mobile devices, used to access the *CORD BI Application*.
12. I acknowledge that I have read, have had an opportunity to seek clarification of, and understand the above obligations. By accepting this Agreement, I hereby acknowledge and agree that any unauthorized collection, access, use, disclosure, storage and disposal of confidential, personal or personal health information are serious breaches. Breach of the *CORD BI Application Terms of Acceptable Use* may result in disciplinary action that may include the disabling of my user account for the *CORD BI Application*, termination of my working relationship with my organization, being reported to any regulated health professional college of which I am a member, being reported to Ontario’s Information and Privacy Commissioner (IPC) and may be subject to legal action, fines, or penalties.

**CORD BI**

**User Registration and Status Change Form**

CORD BI is a web-based, business intelligence tool that contains dynamic dashboards with key indicators and graphics that are customizable for hospitals. The data sources are hospitals’ usage of

CritiCall Ontario’s services and systems including the Call Centre case facilitation service, the Provincial Hospital Resource System (PHRS) and the Repatriation Tool.

|  |
| --- |
| **Instructions** |
| **Form Completion**: * LRA Authorization section must be completed in full, including the authorization date.
* User Information sections are required in full for each account being requested. Please indicate the type of access being requested or revoked by using the tick boxes provided.

**Form Submission:*** The completed form must be submitted from the LRA’s hospital email address to cordbihelpdesk@criticall.org
* New CORD BI Users will receive login instructions directly from CritiCall Ontario’s Help Desk.

*To find out who the LRAs for your hospital are, please contact* Helpdesk@criticall.org |
| **Approving LRA Information** |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **LRA Authorization Date (please enter today’s date YYYY-MM-DD):**       |

|  |
| --- |
| **User Information** |
| **User 1** |

|  |  |
| --- | --- |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **REQUEST ACCESSS TO** | **SUSPEND ACCESS TO** | **REVOKE ACCESS TO** |
| [ ]  CORD BI with PHI | [ ]  CORD BI with PHI | [ ]  CORD BI with PHI |
| [ ]  CORD BI No PHI | [ ]  CORD BI No PHI | [ ]  CORD BI No PHI |

|  |
| --- |
| **User 2** |

|  |  |
| --- | --- |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **REQUEST ACCESSS TO** | **SUSPEND ACCESS TO** | **REVOKE ACCESS TO** |
| [ ]  CORD BI with PHI | [ ]  CORD BI with PHI | [ ]  CORD BI with PHI |
| [ ]  CORD BI No PHI | [ ]  CORD BI No PHI | [ ]  CORD BI No PHI |

|  |
| --- |
| **User 3** |

|  |  |
| --- | --- |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |
| **REQUEST ACCESSS TO** | **SUSPEND ACCESS TO** | **REVOKE ACCESS TO** |
| [ ]  CORD BI with PHI | [ ]  CORD BI with PHI | [ ]  CORD BI with PHI |
| [ ]  CORD BI No PHI | [ ]  CORD BI No PHI | [ ]  CORD BI No PHI |