**External Data Structure (EDS) Assessment Questionnaire**

**Definition of Terms**

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| External Data Structure (EDS) | 1. An EDS is a collection of CHMCA data that is housed internally at CHMCA and with access permitted to external third-parties for sharing our data and/or contributing their own data. 2. Or, an EDS may also be a collection of CHMCA data where the data is shared and/or contributed for deployment to a third-party owned and/or controlled location or system.   In either case, an EDS is established to facilitate a common purpose between CHMCA and the external third-party.  The use of ‘structure’ is to denote all types of data storage and sharing including data bases, data files, surveys, etc. The data in this structure may include all types of data (i.e. PHI, PCI, PII, Operational data, or Public data), so it is imperative that the proper legal agreements, security, controls, data quality and consistency, and audit processes be established to protect CHMCA interests, and to reduce/eliminate potential risks to CHMCA. |
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| Data Record | A data record is single instance of data within the data structure that includes each of the data fields and values (values may be NULL) |
| CHMCA Owner | Person at CHMCA who owns the relationship with the outside entity or entities |
| Outside Entity | The external third-party organization whom we are sharing our data with |
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| Administrator | The CHMCA person responsible for to manage, add, modify, update, or delete the data records in the data structure if hosted on-site at CHMCA, or who manages the data if shared with a third-party. |
| Controls Access | To manage or configure user access groups, roles, privileges, or permissions and to grant, deny, or remove user access to the data structure and data records |

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| **Name of EDS – GAMUT QI** | |
| **Owner: Michael T Bigham** | **Date: 12/1/2015** |
| **Scope Questions** | |
| Is this data structure deployed and used only within CHMCA, or is it deployed, transmitted, or accessed externally or remotely? | **Accessed Externally or Remotely** |
| **If used deployed and used exclusively within CHMCA, skip the rest of the questions and submit** | |
| What is the purpose of this data structure (i.e. how will the data be used)? | **It allows transport teams to track, report and analyze their performance on transport-specific quality metrics. Collaboration to improve quality of care transport teams deliver.** |
| Who is the Owner of this data for submission and quality? | **ACH** |
| Who is the Administrator of this data? | **ACH** |
| If other ACH resources are required to maintain this structure please list them and their role. | Click here to enter text. |
| Does the data in this structure contain:   1. PHI (i.e. Protected Health Information, De-identified Health Information, Patient Billing Information, Personal Credit Card Information, etc.)? 2. Confidential (i.e. Employee Information, Business Financial or Operational Information, etc.)? 3. Non-confidential Information (i.e. General Public Information, etc.)? | Choose an item. |
| Who approved this data structure project and use: | Executive - please provide executive name  Click here to enter text.  Department – please provide department name Click here to enter text. |
| Please provide the date when was the structure given final approval? | Click here to enter a date. |
| Approximately how many CHMCA data records or patients are stored in this data structure? | Choose an item. |
| Where is the documentation of this data structure, and where is it stored? | Click here to enter text. |
| How often is the data updated? | Choose an item. |
| If the data on this structure is extracted from a CHMCA system(s), please identify what source system(s). | Click here to enter text. |
| What are the types data elements (ex: names, numbers, demographics, detail PHI or PII, detailed financial data) included in this data structure? **Please provide a few examples of data elements in this structure:** | Click here to enter text. |
| Who has access to this data (list Names, Roles, Organizations as appropriate | Click here to enter text. |
| Who grants access to the data and how is it controlled/monitored? | Choose an item. |
| What is the process for granting access to the data | Click here to enter text. |
| Does each user have a unique login or identifier? | **Yes No** |
| Is user access based upon the principle of ‘least privilege’? | **Yes No** |
| Is user access reviewed periodically to ensure that access is appropriate? | **Yes No** |
| Is there a process for removing access for terminated employees and/or end users? | **Yes No** |
| Are users automatically logged off after some period of inactivity? | **Yes No** |
| Are accounts automatically locked if there are failed login attempts? | **Yes No** |
| How often must users change their password? (# of days) | Click here to enter text. |
| Do you require upper and lower case letters, numbers or special characters in passwords? | **Yes No** |
| Are passwords encrypted? | **Yes No** |
| Are user log on (successful and failed) attempts logged? | **Yes No** |
| Is the log/audit trail data protected (files cannot be deleted or modified)? | **Yes No** |
| Are user transactions (application activities) logged? | **Yes No** |
| Has Funding been obtained for the project/resources? | **Yes No** |
| **If Yes to above, enter costs** | What are the Annual Internal Costs?Click here to enter text.  What are the Annual External Costs? Click here to enter text. |
| Are there any financial or other ramifications by not participating in this external data structure? If so, please explain | Click here to enter text. |
| **IS and Security Questions** | |
| Is this this data structure deployed on an Internal CHMCA system, or on an External 3rd party system? | Choose an item. |
| If PHI is retained externally at another organization or another organization has access to our PHI, has a CHMCA Business Associate Risk Assessment been completed? Please attach if completed.  **If Yes, please attach the completed risk assessment document** | **Yes No** |
| If the external structure requires any type of an application to be installed and used on CHMCA systems to access and use the external data has a CHMCA Application Risk Assessment been completed?  **If Yes, please attach the completed risk assessment document** | **Yes No** |
| If a Third-party hosts the data, what safeguards and/or security measures are in place? | Click here to enter text. |
| If this data structure is maintained by CHMCA:  Do you conduct a risk assessment? **if Yes, please attach the completed risk assessment document**  Do you have a process to identify and correct security vulnerabilities?  Do you have a disaster recovery plan? **if Yes, please attach the document**  Do you have a process for testing and applying patches or updates to your systems and applications? **if Yes, please attach the document**  Do you back up data on a regular basis?  Is protected data stored or accessed from a thumb drive or other portable media?  Will the access to the equipment/media be restricted to only those who need to have access to the equipment/media?  Do you monitor who accesses client equipment/media? | **Yes No**  **Yes No**  **Yes No**  **Yes No**  **Yes No**  **Yes No**  **Yes No**  **Yes No** |
| **Legal Department Questions** | |
| Is there a written agreement (i.e., Contract, Services Agreement, Business Associate Agreement, Data Use Agreement, Software License, Grant)? **If yes, please provide copies of all agreements.** | **Yes No** |
| If there are no written agreements or these terms are not addressed in a written agreement, please answer the following:  Who owns the data – both site data and overall data?  At termination, completion, or at any other time, will CHMCA data be returned, removed from the EDS, or destroyed?  If the data structure is hosted by an external third party (or multiple third parties), does ACH have the right to audit Data Quality, Security, and Data Access?  Is there an Archive/Retention Process?   * If yes, What period of time is the data concerning? (e.g. dates of service for certain calendar years) * How long will the data be retained? | Click here to enter text.  **Yes No**  **Yes No**  **Yes No**  Click here to enter text.  Click here to enter text. |
| Who has publication rights with respect to the data? | Click here to enter text. |
| How will electronic signatures be validated? | Click here to enter text. |
| **Research** | |
| Are you aware of this data structure (Database, Registry, or Repository) being used for any other projects and if so, provide the name of the project? | Click here to enter text. |
| How will the education, training and experience necessary to perform assigned tasks be documented? | Click here to enter text. |
| **Quality/Audit** | |
| Please describe the general content of the data submission. | Click here to enter text. |
| Does the submission contain any global hospital statistics such as licensed beds, employees, admissions, number of surgeries?  **If Yes, where was this information obtained?** | **Yes No**  Click here to enter text. |
| What process is used to validate the data submitted to ensure accuracy? | Click here to enter text. |
| Who is responsible for validation of the data and how is the ongoing validation process documented? | Click here to enter text. |