

Health Intelligence Ireland – NQAIS Histopathology Information Governance – User Undertaking

Purpose

National QA Intelligence System (NQAIS) Histopathology supports the National QA Programme in Histopathology. The fundamental aim of this QA Programme is to assure the enhancement of patient care with timely, accurate and complete pathology diagnoses and reports.

Terms of agreement

1. Data within NQAIS will be exclusively used for the above purpose.
2. The confidentiality and privacy of data (within the system or exported as data/tables/reports) will be respected in accordance with the provisions of the data protection act and the National QA Programme Information Governance Policy
3. Access to data will be restricted to authorised local and national users as defined in the National QA Programme Information Governance Policy
4. Usernames and passwords will not be shared with others.
5. Reports will be issued in accordance with the National QA Programme Information Governance Policy and cannot be published to or shared with any other party
6. Reports generated or received by local participating laboratories containing any reference to other participants, albeit anonymous, must not be published outside of the hospital. This includes reference to position on any scale of measure with inferred reference to other participants
7. Record level data will not be shared with third parties
8. Data will not be used for record linkage purposes
9. In all reports: the source(s) of the data will be appropriately acknowledged together with the wording “Analysed using Health Intelligence Ireland – NQAIS Histopathology”; Health Intelligence, HSE, NCCP, RCPI & Faculty of Pathology logos and any system accreditations will remain on all outputs;
10. The National Operational Manager for NQAIS Histopathology identified by the Faculty of Pathology will be informed as soon as the user’s access is no longer appropriate or required.
11. The National Operational Manager will be informed should data quality or analysis issues be identified.

I understand and agree to abide by the above conditions

USER

First name (print)

Surname (print)

Job title

Work address

Phone number(s)

Email

Signed

Date

.....
HEAD OF DEPARTMENT/SECTION/UNIT

First name (print)

Surname (print)

Job title

Signed

Date

.....
Office use

User name, Agency/Section/Folder, security cert/IP address, associated form/s