VSSAG Meeting #2 Notes

Attendees:

Morning session:

In person

- Amira Turner – DBHDS
- Marshall Vogt
- Katie Kurkjian
- Sam – UVA Blue Ridge Poison Center
- Colleen Ryan Thomas – Arlington epi

On phone

- Anna Barringer – VB Beach
- Ana Colon – Eastern Epi
- Craig – Near Southwest Preparedness Alliance
- Trish Bair – Northwest Epi
- Janet Engle
- Denise Sockwell
- Morris Reece – VHHA
- Jessica Deerin – DOD
- Michele Thomas – DBHDS
- Jonathan Falk – Central Shenandoah epi

Discussion session:

- Diane
- Colleen
- Amira
- Sam
- Ana Colon
- Anna Barringer
- Katie
- Denise
- Marshall

Add state level view for all district/health department roles

Provide statewide access to Virginia to all users by default

ESSENCE doesn't suppress counts less than 5 so this would need to be part of confidentiality

How to define region for poison centers – there are 3 but each is assigned to their own specific city/counties

No need for district emergency preparedness to have any access

Only provide facility location access to health department users and health care facility users

Patient location should be granted to all roles

Health care system may need to determine if access to specific facility for user or to all facilities – need to give only one specific facility level where they reside then need to get executive level approval from health care system to be expanded to all

Check with HAI on NHSN access assignment is conducted

Aggregate access to state by patient location

Only public health will get facility location access – state or data details

IRB process for special request – need to get approval IRB in order be granted access

IRB are not subject matter experts on data, just looking for human subject violations

Include policy line about approval by VDH for publication using data

Need to define publication approval process (for data details level access outside of VDH use)

Need internal review process for these special requests, not just IRB committee because need subject matter expertise

Access removal – administrative process by central office – two 90 day cycles since last signed Code of Conduct would remove access/deactivate

Possibly need to review VDH MOA with facilities about what "public health purpose" means and whether granting access to health department/healthcare partners

Does MOA cover researcher access? We'd do currently allow for IRB and research based projects using syndromic surveillance data