Rules of the Road (ROTR): Guidelines for Developing Crystal Reports

OVERVIEW

Non-OHIA users with back-end access may develop Crystal reports for their own business purposes. When developing Crystal reports, users should follow the guidelines specified in this document to ensure conformity and quality of reporting.

Requirements for Crystal Report Development:
  I.   Restricted Information (RI) Assessment
  II. Quality Assurance Testing
  III. Deployment Documentation

Deployment requests must be submitted to the "OHIA Reporting" group in ServiceNow

I. RESTRICTED INFORMATION ASSESSMENT

A. Assess Reports for Restricted Information

When developing a report, please assess whether you are including any data or information that constitutes Restricted Information:

Restricted Information (as defined by UC Policy IS-3, Electronic Information Security) describes any confidential or Personal Information that is protected by law or policy and that requires the highest level of access control and security protection, whether in storage or in transit. This includes Personal Information, PHI and ePHI as defined below but could also include other types of information such as intellectual property, proprietary information, research protocols, research results, student information, animal research information, passwords, and other confidential information that could damage the reputation of the institution.

Protected health information (PHI) is any individually identifiable health information, including genetic information, in any format, including verbal communications, regarding a patient created as a consequence of the provision of health care. "Individually identifiable" means that the health or medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity. PHI includes genetic tests, patient billing and health insurance information and applies to a patient's past, current or future physical or mental health or treatment.

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Below are listed the 18 identifiers that must be removed to consider data de-identified according to the HIPAA Privacy Rule. Note it only takes one identifier for data to be considered as containing PHI.

- Name (includes initials)
- Street Address, City, State and Zip code
- Dates (birth, death, treatment, etc.)
- Phone
- FAX
- Email
- SSN
- Med. Rec. #
- Account #
- Health Plan Beneficiary #
- Certificate License #
- Vehicle ID (VIN) & Driver's License ID
- Device ID or Serial #
- Web URL
- IP Address
- Biometric IDs, including finger- or voice- prints
- Full-face photos or comparable images
- Any other unique ID #, characteristic or code.

Electronic Protected Health Information (ePHI) is PHI that is transmitted by electronic media or is maintained in electronic media. For example, ePHI includes all data that may be transmitted over the Internet, or stored on a computer, a CD, a disk, magnetic tape or other media.

**Personal Information (PI)** as used in this document is:

1. An individual's first name or first initial and last name combined with any one of the following:

    a. social security number,
    b. driver's license number or California identification card number,
    c. account number, credit, or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account,
    d. medical information, or
    e. health insurance information.
2. A user name or email address, in combination with a password or security question and answer that would permit access to an online account.

B. Add the Restricted Information Disclaimer to the Report

- **If your report contains RI data elements,** you must insert the Office of Compliance Services (OCS) Report Disclaimer into the report footer or page footer

- Depending on the layout of the report, decide if the report footer or page footer is more appropriate
  - **Report footer:** the section which is usually used to display the information at the end of the report
  - **Page footer:** the end of each page

To insert the disclaimer, use the attached .rpt file and insert it as a sub-report
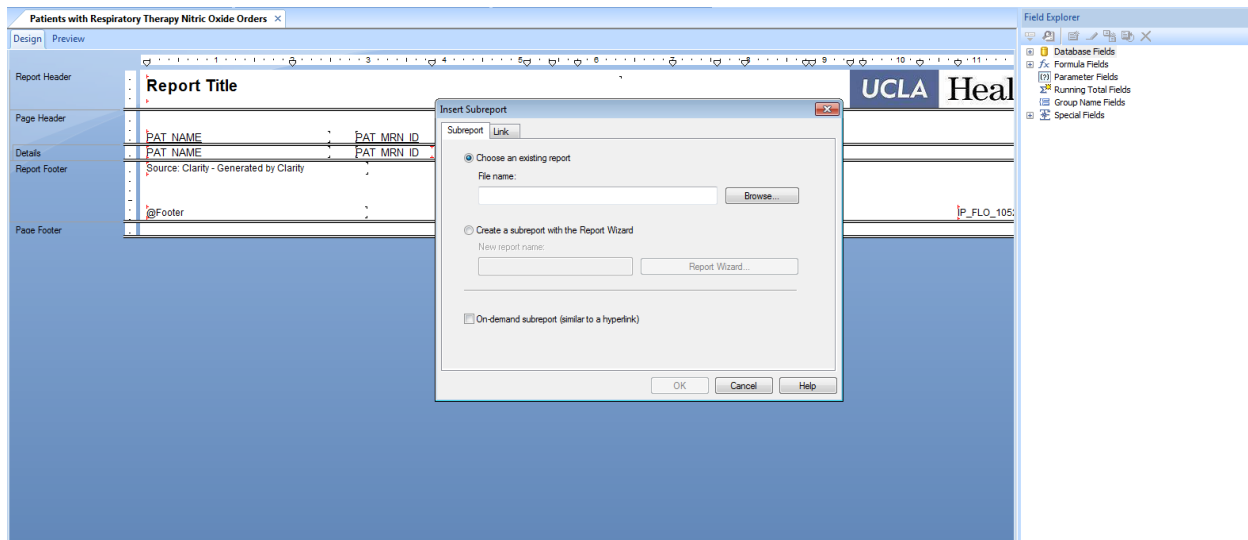
II. QUALITY ASSURANCE TESTING

Developed reports must be tested to ensure that they are up to standards to run in OHIA environments

Please perform the following procedure to test and deploy your reports:

1. Connect your report to CLARITYX

2. Execute the report pointing to CLARITYX

3. Record the execution time of the report (must execute and run in 15 minutes or less)

4. Re-point the report to CLARITYP

5. Complete the Deployment Form with the CLARITYX execution time recorded and the restricted information questions answered

6. Submit a Service Now ticket for deployment and attach the Deployment Form to the request

III. DEPLOYMENT DOCUMENTATION

Sufficient documentation must be completed and submitted with your ServiceNow request before report deployment. Please complete all fields in the deployment form as thoroughly as possible.

Guidelines for Report Name:
- Maximum 60 characters (spaces included)
- Concise, meaningful, and easy for anyone to understand the content of the report
- No underscores or excessive use of symbols
- Avoid random text strings and codes (unless very relevant to the report)

Guidelines for Report Purpose:
- Around 20-40 words
- High level - What is this report generally about and what is it used for?
- Be concise and efficient

Guidelines for Report Description:
- 100 – 150 words
- Please include in the description:
    - Usefulness & Audience - Why is the report useful? What is the primary type of user/audience for this report (administrator, executive, physician, nurse, etc.)
    - Attributes - Fields/attributes and data contained in the report