Birth Outcomes Initiative (BOI) Security Protocol
Access to IFS Reports

Background

In the past, hospitals participating in the Birth Outcomes Initiative (BOI) have received PDF copies of reports containing information regarding maternal and birth outcomes at their specific facility. The Institute for Families in Society (IFS), under contract with the SC Department of Health and Human Services, generated and sent these reports to each facility via the South Carolina Hospital Association (SCHA). These reports will now be offered in an online, interactive format to allow users to dive further into their data.

Terminology

- *Authorizer (Administrator)* – an individual responsible for identifying and approving eligible users that are allowed to view and interact with the designated hospital(s) report.
- *Designated Hospital (Facility)* – the hospital(s) for whom the online report is generated.
- *Named User (Approved User)* – a single approved individual who is authorized to view and interact with a designated hospital's report; formally approved by the Authorizer.

User Authorization Process

To protect the confidentiality of the data and your facility's reports, User IDs and passwords will need to be created for each person who is authorized to access specific facility reports. Each hospital will need to designate the *Authorizer* for the respective hospital. The *Authorizer* may use one of the following two forms to authorize users:

- Multi-User Authorization: enables multiple users to be authorized on one form
- Individual Authorization Request: enables single users to be authorized

The **signature of the *Authorizer* must be on the form** for any individual(s) to be given access to a *Designated Hospital*'s report.

Validation of User(s)

Before the release of any report, all potential *Named User(s)* will require written approval from the identified *Authorizer* at their *Designated Hospital*. Any Users without updated approval will not receive access to reports.

Next Steps

1. Please complete the appropriate form on the following pages.
2. Have the form signed by your hospital's designated Authorizer.
3. Submit the form to Aunyika Moonan (amoonan@scha.org) at the SC Hospital Association.

If approved, an email will come from IFSreports.com with next steps.

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SC BOI Access to IFS Reports
Individual User Authorization

Designated Hospital(s):_____ Date: _____

The following Individual requests approval to access and view the Designated Hospital(s) online report. Upon approval from the Authorizer, a user-specific ID will be generated and issued for the requestor.

User Information:

Reason for Report Access: _____

Name of Requesting User (Print): _____
First Name, Last Name

Title/Position: _____

Affiliation if other than hospital _____

Office Telephone (*Include Area Code +Ext*): _____

Office Address: _____
         Street   City   State   Zip

E-mail Address: _____

Authorizer Section:

Name of Authorizer (Print): _____
First Name, Last Name

Title/Position: _____ Office Telephone (*Include Area Code +Ext*): _____

Office Address: _____
         Street   City   State   Zip

E-mail Address: _____

_____
     Authorizer Signature   Date

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SC BOI Access to IFS Reports
Multi-User Authorization

Designated Hospital(s):_____ Date: _____

The following individual(s) have approval to view and/or interact with *the Designated Hospital(s)* online report:

Approved User (Last Name, First Name)	E-mail Address	Phone Number	Title/Position	Location
Doe, Jane	Doe1@hospitalsc.email.com	(888)-321-7654		

Name of Authorizer (Print): _____ Title/Position: _____

Office Telephone (*Include Area Code +Ext*): _____ E-mail Address: _____

Office Address: _____
Street   City   State   Zip

_____
Authorizer Signature   Date

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