

Process for Changes to the Minimum Dataset for Communicable Diseases

Background

In 2015, a sub-group of the British Columbia (BC) Communicable Disease Policy Advisory Committee (CDPAC) was struck to:

1. Define a development and approval process for establishing the minimum dataset collected for each disease / disease grouping
2. Develop a tool for documenting the disease-specific minimum dataset
3. Define data elements common to all diseases
4. Define timelines for reporting for all diseases
5. Define a schedule for review of all the existing provincial case report forms

By 2018, a minimum data set had been developed and approved by the committee for 75% of reportable communicable diseases.

This document outlines how future changes to the minimum data set will be addressed. The process outlined below was approved by Communicable Disease Policy Committee at its December 2018 meeting. Significant changes such as development of a minimum data set for a newly reportable disease would be addressed through the process outlined for the original undertaking, documented in the Communicable Disease Control Manual, [Chapter 6](#).

Process

Existing CDPAC subcommittees or surveillance working groups that conform to the membership defined by the approved minimum dataset process will be the venue for review and approval of future changes in the following categories:

- Administrative changes
 - For example, formatting changes, label change (for same variable), consolidation of options into 'other' category.
- Changes required to forms to conform to approved communicable disease (CD) prevention and control guidelines
- Changes required to forms to support a case definition change approved by the CDPAC (e.g., new lab test result constituting a 'confirmed' case definition)
- Changes to a 'list of values' of a variable e.g., setting type or risk factor
- Addition or deletion of any variable if there is unanimous agreement at the Working Group level that there 1) is a 'surveillance for action' value and 2) no resource implications
- Changes to variables required for clinical management alone—i.e., not used for surveillance or public health management (e.g., number of call attempts)

- Changes to conform to configuration changes in Panorama or other public health information systems

There is an expectation that the chair of any working group:

- Attempt to ensure that the working group composition meets the requirements of the minimum dataset process. This includes engagement with First Nations Health Authority (FNHA) or the laboratories if representatives are not able to attend meetings, if relevant. It is the responsibility of FNHA and laboratories to identify a point-person to respond to communication.
- Ensure decision documents are circulated prior meetings with enough advance time for members to consult internally prior to a decision (per each Committee/Working Group's terms of reference).

Decisions that are made by CDPAC subcommittees or working groups will be communicated to all CDPAC members by email. CDPAC members will be afforded a four week period to raise objections or to request a change be brought for full committee review. If no objections are raised within four weeks, the change will be adopted.

Changes will be tracked on a change log to be maintained by each surveillance working group which can be consolidated and reviewed by CDPAC periodically.