CMHS I.T. Report Request Form

**Report Request ID: Date Requested: 1/12/17**

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| --- | --- | --- | --- |
| **Facility:** |  | **Department Name:** |  |
| **Requestor’s Name:** |  | **Manager’s Name:** |  |
| **Requestor’s Phone:** |  | **Manager’s Phone:** |  |
| **Requestor’s E-mail:** |  | **Manager’s Email:** |  |
| **Faculty’s Name** |  | **Faculty’ Email** |  |
| **IEO Name** |  | **IEO Email** |  |
| **ADGME Name** |  | **ADGME Email** |  |

*This specification form is a tool that we use to aide us in obtaining all the necessary data details and a form of reference/record keeping.*

*Only fill out what is pertinent to your request. Please provide screenshots r/t front end application. If you have any questions, please contact the* [*Helpdesk@cmhs.org*](mailto:Helpdesk@cmhs.org)*.*

**Report Types—*to support workflow or data analysis*:** Double click in the box and select check, then ok.

1. **New Reports**.
2. **Enhancement Requests**-which are enhancements (new additions or deletions) to an existing report.
3. **Break/Fix Requests**-used to document nonfunctioning issues with existing reports that need correction.
4. **Data Extraction Requests**-which are used for one-time data retrievals or research study data requests.
5. **Dashboard/Scorecard Requests**-used for special reports that combine several existing reports (or report concepts) into one high-level summary report.
6. **Maintenance Requests**-which are for low-effort configuration or setting changes related to reporting (i.e. updating a user dictionary used with a report).

**Is there an existing EMR report that would be a good model for the new report being requested:**

*If there is an existing EMR report that is close to the one you are requesting but falls short of meeting your needs or contains more information then necessary, please identify the report and outline the differences.—*

**What is the report’s goal or purpose?**

**These data will be used to provide feedback to the PICU team about how well we are doing in preventing oxygen toxicity. Recent data show that excessive amounts of inspired oxygen may be harmful to ICU patients. Our target range is to have patients have a pulse oximeter reading <98% or be on an FiO2 of 30% or less. Our goal is to be within range at least 90-95% of the time.**

**Who will validate the data:** (For example: the requester, clinical liaison, and/or testing analyst). **Please provide names— Mrs Request**

**Report Title:**

**Request date (Provide at least 2 weeks of leadway): February 28, 2018**

**Requested completion date: February 28, 2018**

***This does not guarantee that the report will be available at the requested time.***

**Report Data Source*:***

**All Scripts**

**Patient Keeper**

**Meditech**

**Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Will the report be used bu multiple departments?:***

**Yes**

**No**

**Is the data going to be used for a research study / clinical trial:**

**Yes**

**No**

**If ‘Yes’, Please provide the following study details:** Fill out the section below.Please note whatever details of patient health identifiers/information is requested on this form must be visibly defined on the IRB approval document.

**Protocol Title: Pediatric ICU Monitoring**

**IRB Number: 07-17-71**

**Principal Investigator: Mr Report**

**Principal Investigator: Mr Report**

**GME Approval: Mr Report**

**Date of Approval: 1/1/17**

**Expiration Date for Study: 3/1/19**

**Describe the ‘patient population’ for this report:**

(**For example:** Inpatients; Outpatients; ED Patients; All inpatients currently admitted on a specific unit; Inpatients within a specific age range, diagnosis code, procedure code, etc.).

**Inpatient Pediatric ICU *mechanically ventilatated , cpap, bipap, high flow nasal cannula only.***

**Data to include or exclude:**

*(For example: Inclusion data: all patients currently admitted who are > 18 yrs. of age. Exclusion data: All results, except radiology, for all currently admitted patients)*

**Less than 18 years of age**

**Visual example of the report detail:**

If the requested report is based on an existing report, attach a copy of the existing report with any modifications or notes you wish to include. If the request is not based on an existing report, sketch out by hand, or use the computer, and include it with this form.

**“Refer to description details, if the information was clearly defined”**

**List the data fields requested for the Report:**

Please provide the data fields that you would like displayed on the report and a description for the fields that need clarification. (For example: Patient Name, Medical record Number/Encounter, DOB, Attending Physician, Admitting DX, LOS = “Length of Stay”, D/C = “Discharge Status”)

**MRN, Patient Name, DOB, ICU Admit Date, Bed #, Start date/time of mechanical ventilation, cpap, bipap, and high nasal cannula. *Values to include FiO2 (fraction of inspired gas that is oxygen) and pulse oximeter reading.***

**Layout/Sort order for the report:**

(For example: Sort by Room Number, Sort by Patient Name, Sort by Attending Physician Name then Room Number.)

**Noted in data field**

**Final report format:** Double click in the box and select, then ok.

Which format do you want the report to be in? A PDF document is the standard for

most reports. Statistical or Administrative type reports can be provided in an Excel Format.

**Standard PDF format**

**Excel format**

**Other format \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What selection values should the user be able to enter when running the report:**

*(For example: The user should enter the start and stop date of the report; the user should select the name of the unit)*

**Value 1, Value, 2, etc…**

**Dates:**

**Single Date**

**Date Range (Allow entry of a From Date and To Date**) Start from January 1, 2015

From\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*If running the report by a date or date range, what does the date represent? (For example: Date of patient admission; Date of patient discharge; date of order entry, etc.**

**Start date of ventilation in ICU**

**How often will the report be run:** How frequently will this report be used: *(For example: Daily, Weekly, Run on Demand only)*

**Run ‘on demand’ or as needed and**

**Scheduled to print automatically** (**For example**: 3X a day at 5am, 10am and 2pm to Printer ID P7KS)

**Frequency per day/week:**  **4x daily**

**Time(s) of day / week:** **0400, 1000, 1600 & 2200**

**Printer ID? (i.e. P7KS): subscription email**

**Additional selection values** (*describe below*):

**Report Design Notes:**

Additional details can be documented here based on report design discussions.

**NA**