Job Aid – Submitting Data & Reporting Requests via Workfront

Contents

Summary

This is an all in one document to guide you through submitting a Data & Reporting request for EMR data (Sunrise /Acute, Touchworks/Ambulatory, EDW data, Soarian, etc.). Please use the table of contents to quickly move through the document.

For questions on enterprise reporting, please email the Enterprise Reporting Team ITEnterpriseReptTeam@UHhospitals.org

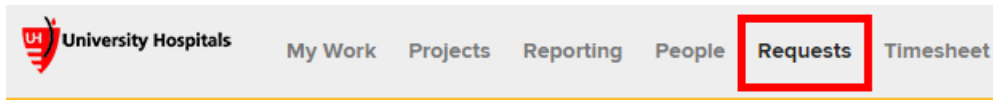## Accessing Workfront:

To login to Workfront or activate your account, use your UH network ID and password: https://myaccess.uhhospitals.org/workfront/

If you are outside of UH or are having issues with access, please email UHWorkfront@UHhospitals.org

Initial Request info:

- This section will gather contact info, business justification and supporting documentation for the majority of Reporting and Data Request types.

University Hospitals

My Work   Projects   Reporting   People   **Requests**   Timesheet

+ New Request   Requests I've Submitted   More ▼

Select a Request Type
Reporting and Data Request

Click "**Requests**" from menu options, "**Reporting and Data Request**" from Request Type dropdown

Subject

Enter the **Subject**: This is a concise description of what is being requested.

Description

Primary Contact
👤 Stacey Menzies

Assigned To
👤 Start typing name...

Planned Completion Date
12/31/21 5:00 PM 📅

The **Primary Contact** defaults to the person filling out the request.
- The Primary Contact will get updates made to the Workfront request and will often be the point person for information and questions.
- This can be changed to another individual (who will need an active Workfront account) if necessary.

Documents

↑ Add Documents   ▼

Or drag and drop here to attach...

Attach supporting documentation appropriate for the type of request. This includes:
- screenshots from (A)EMR
- error messages & expectations
- report specs/mockups
- approved IRB protocols and HIPAA waivers
- email communications

Continue to next section

University Hospitals

Job Aid   **2**

Data and Reporting Analytics Intake info:

- Fill in all applicable Common User Fields.
- This section of the form is the same across all types of Data & Reporting Requests, *except Break Fixes*.

*NOTE: All fields in **BOLD** are required and must be completed before submission. The form is responsive depending on the **Request Type** chosen. Please navigate to the Request Type of your choosing in the Table of Contents to see more specific instructions.*

Data and Reporting Analytics Intake

Common User Fields

Requested For ⍰

[   ]

Department that is Requesting ⍰

-- Select -- ⌄

Request Type - Data and Reporting

-- Select -- ⌄

Provide link to existing report if Break/Fix or Enhancement

[   ]

Comment

[   ]

HICS - Hospital Incident Command System
☐ Yes

Business Drivers
☐ Clinical   ☐ Operational   ☐ Financial
☐ Research   ☐ Part of an existing initiative

Elaborate on the business driver

[   ]

ROI/Perceived Savings
☐ Time   ☐ Resource allocation/Human capital   ☐ Money $
☐ Quality/Patient outcomes ☐ Cost of not having this done

Describe the ROI/Perceived Savings you expect from this output.

[   ]

Requested For – Enter leadership or department who is championing request – this identifies the sponsor(s) capable of making business decisions and providing support with respect to seeing request through to completion.

Department that is Requesting – Select the appropriate department from the dropdown menu. Some selections open a second dropdown menu.

-- Select -- ▾
-- Select --
New Report/Dashboard
Enhancement to existing Report/Dashboard
New Research Report/Extract
New Data Extract
Data Extract Update
███ ████ ███
█████████
Break/Fix

Business Driver/ROI/Perceived Savings – This information is required for many of the request types to communicate business need and benefit to the organization at large, as well as to help prioritize workload. Please be as specific as possible.

Section continued on next page

How is this accomplished today
○ Different system   ○ Manual workflow   ○ Currently not done

Comment on Accomplishment

[   ]

Impact/Scale of Request

[-- Select --   ▾]

Describe the intended impact of this output.

[   ]

| **Intended Impact/Workflow:** To the best of your ability, please outline how this request will improve current processes and how it will impact current workflows. What will be gained by this request? |

Please describe the intended workflow for the final product

[   ]

Output Frequency
○ One Time Extract   ○ Quarterly   ○ Monthly
○ Daily   ○ Real-time

Reason for intended frequency

[   ]

Requested Due Date

[📅]

| **Requested Due Date:** Enter the requested due date. *Please note* that due to request complexity and current queues, this date is only a guide and can assist with prioritization. |

New Report/Dashboard:

Select New Report/Dashboard if you are requesting to create a brand new report (Enterprise or CPM report) or dashboard (Power BI or CPM) that does not already exist.

Report/Dashboard

Report Name

What will the report be called?

Refresh Timing

-- Select --

User Access Rights (?)

What individuals or departments will need access? Please provide details.

Upload IRB, wireframes, or other specs, use the upload option at the top of the form.

Refresh Timing: how often does the data need to be refreshed to be accurate for your needs?

User Access Rights: who will have access to the report – please list either individuals or departments.

Data Requirements

Data Sets

Data Source 1

-- Select --
-- Select --
UHCare Acute (Sunrise)
UHCare Ambulatory (Touchworks)
Soarian
Oracle
Other
Unknown

Fields Requested from Data Source 1

MRN, Encounter, ICD10, Location, DoS, etc.

Fields Fields Requested From Data Source 2

Data Source 3

-- Select --

Fields Fields Requested From Data Source 3

Data Source 4

-- Select --

Fields Fields Requested From Data Source 4

Optional Data Sources: If you know this information, please provide field data as it helps understand the initial request.

University Hospitals

Metrics

Metrics 1
☑ Select

Name 1

Numerator 1

Denominator 1

Metrics 2
☐ Select

Metrics 3
☐ Select

Optional: Metrics are often used when creating a dashboard or looking at compliance rates.

Visualizations
☐ Bar Chart   ☐ Box and Wisker Plot   ☐ Bubble Chart
☐ Control Chart   ☐ Dual-axis Chart   ☐ Heat Map
☐ Histogram   ☐ KPI   ☐ Line Chart
☐ Pareto Chart   ☐ Pictograph   ☐ Pie Chart
☐ Scatter Plot   ☐ Spider (Radar) Chart

Data Selection Criteria

This is the population of data we should include.
For instance, if you wanted orders, you would include Filter By: OrderCreateDate and Start Date may be 2016 to present

Filter By

i.e. facility, order, provider, etc.

Start Date   **To Present**   **End Date**
                      ○ Yes   ● No

Other Selection Criteria (?)

Enter secondary filters if applicable here.

Filter By: What parameters should be sortable, making the data most relevant to your needs? I.e. by facility, order, provider, etc.

Dates: How far back does the data need to go – what date range are you looking for?

Additional Information

Special Instructions

Any additional information that is significant or helpful should be put here.

End of section

Enhancement to existing Report/Dashboard:

- If you have improvements or maintenance updates to make to an existing report/dashboard, select this request.
- Please include the existing report/dashboard name and link/path.
- *For Break/Fix requests, see Break/Fix.*

Report/Dashboard

Report Name

Please provide the full name of the report

Link to Report

Please provide hyperlink or path to report

To upload screenshot, use the upload option at the top of the form.

Additional Information

Special Instructions

Provide details on what changes are being requested.

End of section

New Research Report/Extract:

This is Research specific and collects IRB related info.

If you are looking for a one-time extract that is not Research related, please go to the New Data Extract request.

Report/Dashboard

The Clinical Research Center has leveraged the use of a platform called TriNetX to assist in generating a list of patients eligible for particular studies. TriNetX contains EMR data dating back five years. If you are requesting MRN, Name, DOB, Address, Zip Code, Telephone Number, E-mail or any combination of these identifiers within the past 5 years then you may be eligible to receive a list of patients within 3-5 business days through TriNetX. If this applies to your request, please contact CRCExportID@UHhospitals.org for more information before submitting this request.(Select Cancel to exit out of this request).

Report Name

Enter title of study

Refresh Timing

One-Time ▼

User Access Rights ?

Please list individuals who are noted in the IRB. These are the individuals who will have access to the data and responsible for any HIPAA data.

IRB Number

Enter the IRB number here. i.e. STUDY081720

IRB Expiration Date

If applicable, upload IRB approval and HIPAA Waiver. Use the upload option at the top of the form.

Is this request for a grant application?
○ Yes   ○ No

Is the purpose of this request to obtain a list for recruitment purposes?
○ Yes   ○ No

Is this request for a cancer project?
○ Yes   ○ No

Research Categorization questions:
Select *Yes* or *No* for each question. Some questions may open additional dialog boxes to be answered.

Is this study a chart review?
○ Yes   ○ No

Is this study a clinical trial?
○ Yes   ○ No

Is this project industry funded?
○ Yes   ○ No

Data Requirements

Data Sets

Data Source 1	Fields Requested from Data Source 1
-- Select -- ▼	MRN, Encounter, ICD10, Location, DoS, etc.

-- Select --
UHCare Acute (Sunrise)
UHCare Ambulatory (Touchworks)
Soarian
Oracle
Other
Unknown

Fields Fields Requested From Data Source 2

Data Source 3
-- Select -- ▼

Fields Fields Requested From Data Source 3

Data Source 4
-- Select -- ▼

Fields Fields Requested From Data Source 4

Section continued on next page

Metrics

Metrics 1
☐ Select

Metrics 2
☐ Select

Metrics 3
☐ Select

Data Selection Criteria

This is the population of data we should include.
For instance, if you wanted orders, you would include Filter By: OrderCreateDate and Start Date may be 2016 to present

Inclusion / Exclusion Criteria

Who is included in the study and what would exclude them?

Start Date   **To Present**   **End Date**

☐ 📅   ○ Yes ◉ No   ☐ 📅

Other Selection Criteria ⑦

Inclusion/Exclusion Criteria: This will identify the patient population for your study. Please list specific ICD10 codes as these need to be provided. Include, as appropriate, age restrictions, locations/facilities, providers, etc.

Dates: Please keep in mind, EMR data is most reliable after 2012. Enter the date range of your study.

End of section

University Hospitals

New Data Extract:

- Extracts are one time data pulls often used for case log requests or information to support business decisions.
- Data extract may also be used to set up data transfers with vendors.

*****If you are needing an extract related to an IRB or for research, please use the [New Research Report/Extract](#) request.*

Data Extract

Extract Name

Enter a name for the data

Destination Person or Entity

Who will be receiving the extract?

Attach Specification, use the upload option at the top of the form.

Format Type

-- Select --

Archive Process

Export Frequency   Specify Other

Other   One time

Destination Location if Known

External Data Sharing (see Policy IS-22)? Attach Approval using the upload bu

Format Type: Select the appropriate option from the dropdown.

Format Type

-- Select --
-- Select --
CSV
Excel
PDF
Other

Export Frequency: Case log requests and general information are usually a One Time extract.

If you're requesting data transfers for vendors, please select the appropriate frequency for your needs.

Export Frequency

Other
-- Select --
Daily
Weekly
Monthly
Other

Section continued on next page

University Hospitals

Data Requirements

Data Sets

Data Source 1

-- Select -- ▼
-- Select --
UHCare Acute (Sunrise)
UHCare Ambulatory (Touchworks)
Soarian
Oracle
Other
Unknown

Fields Requested from Data Source 1

MRN, Encounter, ICD10, Location DoS, etc.

Fields Fields Requested From Data Source 2

Data Source 3

-- Select -- ▼

Fields Fields Requested From Data Source 3

Data Source 4

-- Select -- ▼

Fields Fields Requested From Data Source 4

Optional Data Sources: If you know this information, please provide field data as it helps understand the initial request.

Data Selection Criteria

This is the population of data we should include.
For instance, if you wanted orders, you would include Filter By: OrderCreateDate and Start Date may be 2016 to present

Filter By

i.e. facility, order, provider, etc.

Start Date

To Present   ○ Yes   ◉ No

End Date

Other Selection Criteria ?

Enter secondary filters if applicable here.

Filter By: What parameters should be sortable, making the data most relevant to your needs? I.e. by facility, order, provider, etc.

Dates: How far back does the data need to go – what date range are you looking for?

Additional Information

Special Instructions

Provide details on what changes are being requested.

End of section

Data Extract Update:

- This is typically used for extracts sent quarterly or semi-annually to external data repositories.
- The data itself does not often change, but the date ranges will.
- Please indicate updates needed in the description.

Data Extract

Destination Person or Entity

Who will be receiving the extract?

Destination Location if Known

External Data Sharing (see Policy IS-22)? Attach Approval using the uploa

Destination Location: This is generally for data transfers to/from vendors. Please note the path to the source file if you are wanting to make an update.

End of section

Break/Fix:

- Use this request for a report that is not functioning as it should.
- Please upload any screenshots of error messages or evidence of the way in which the report is not behaving as expected.

Break / Fix

Name of item that needs to be fixed

Name of the report

Link to the Report

Hyperlink or path to access the report

What's broken? Provide example

Please be as specific as possible. Include screenshots and error messages - these can be uploaded to the documents above.

Corrective Action

Please explain the expected report outcome.

Additional Comments

Upload Screenshot, use the upload option at the top of the form.

End of document – Click here to go back to the top