Workfront Sample Spec Report Request Form- Please enable the form and type it out in Word Format: \*Example text in Blue – replace with your information\*

**I. General Information Date Requested: 1/12/17**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility:** | **CMC** | **Department Name:** | **Pediatrics** |
| **Requestor’s Name:** | **Michelle Hodges** | **Manager’s Name:** | **Manager Smith** |
| **Requestor’s Phone:** | **216-555-5555** | **Manager’s Phone:** | **216-666-6666** |
| **Requestor’s E-mail:** | **mh@uhhospitals.org** | **Manager’s Email:** | **ms@uhhosiptals.org** |

This specification form is a tool that we use to aide us in recovering 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 [ISEHRReportingTeamDL@UHHospitals.org](mailto:ISEHRReportingTeamDL@UHHospitals.org).

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

1. **Report Requests**-**which are completely New Reports**.
2. **Enhancement Requests**-which are enhancements (new additions or deletions) to an existing report.
3. **Break/Fix Requests**-used to document non functioning 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).

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

**Report Title: Pediatric ICU Monitoring**

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

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

**Report Content Description/Details:**

Provide the description of this report request.

**Requesting a weekly generated report on Pediatric ICU patients who are on oxygen via mechanical ventilation, cpap, bipap, high flow nasal cannula. Values to include FiO2 (fraction of inspired gas that is oxygen) and pulse oximeter reading.**

**What is the report’s goal/purpose/content:**

*How will this report impact your department?*

**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.**

**Is this for the purpose of**:Click into the circle

|  |  |  |
| --- | --- | --- |
| HRM | VIP | Neither |

**Report Data Source*:***Click into the box

|  |  |  |
| --- | --- | --- |
| Athena | CPM | Meditech |
| Oracle | SCM | Soarian |
| Touchworks | Other |  |

**Select the applicable Client Source:** Click into the circle

|  |  |  |
| --- | --- | --- |
| ACO | Athena | Compliance |
| Elyria | Finance | Follow My Health |
| HRM | Institutional Relation and Development (IRD) | Internal Auditing |
| Legal | Parma | Perioperative |
| Portage | Premier | Research |
| Revenue Cycle Management | St. John's | Sunrise Surgery Care (SSC) |
| UHCare Acute | UHCare Ambulatory | VIP |
| Other |  |  |

**HRM Category:**Click into the circle

|  |  |  |
| --- | --- | --- |
| Wave 1 - Sepsis | Wave 1 - HHVI | Wave 1 - Small and Large Bowel |
| Wave 1 - Total Joint | Wave 2 - OB Delivery | Wave 2 - NI Craniotomy |
| Wave 2 - NI Stroke | Wave 2 - Male Pelvic Surgery | Wave 2 - Pediatric Asthma |
| Wave 2 - Throughput | Wave 3 - Spinal Fusion | Wave 3 - Seizures |
| Wave 3 - BMT/Chemo | Wave 3 - CHF | Wave 3 - Transfusion |
| Wave 4 - Renal Failure/Transplant | Wave 4 - COPD/Pneumonia | Wave 4 - Open Heart CABG only |

***Scope of usage --How widely will the report be used:*** Double click in the box and select , then ok.

**Enterprise Wide** (All facilities will be able to use a version of the report)

**Facility Wide** (The report will be used at a specific facility)—

**Multiple Departments** (The report will be used by specific departments at a single facility)

**Single Department / Individual (**The report will be used by a single department or an individual)

**List the requested Facility/Facilities:(**For example: RBC, Ahuja, Portage, CMC etc).**—**

**CMC Peds ICU**

**Is the data going to be used for a research study / clinical trial:** Double click in the box and select , then ok.

**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**

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

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

**If this request is for the use of Quality Improvemt/Intiative, the clinical effectiveness committee/team of your department must approve of this request. Which includes a quality resource person: (**For example:Pediatric, Urology, & ED etc. The process for inpatient and outpatient is slightly altered…)

**Please list the resource if applicable.**

**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. Please identify the data in the example.

**“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.***

**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, etc).

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

**Describe additional criteria for the report:**

(**For example:** Are there qualifying orders; qualifyingmedications that have been administered; qualifying tasks; etc?) List the additional qualifiers specifically – i.e.

orderable item name; medication name, etc.

**Enter here if applicable. If not, please delete this text.**

**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**

**Standard Web Format (view online)**

**Page break requirements:**

*(For example: Page breaks with each change of unit; do not restart page numbering with these breaks. Do not allow a page break to separate the details of Patient information; if the details are too long and the patient info must be separated, repeat the patient header.)*

**N/A**

**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**

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

**Single Date**

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

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

**Start date of ventilation in ICU**

**Location/Unit** (Allow entry of a specific location/unit)

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

**How often will the report be run:** How frequently will this report be used: *(For example: Daily, Weekly, Run on Demand only)* Double click in the box and select , then ok.

**Run ‘on demand’ in UHCare Acute 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**

**Who should have access to run the report:**

(**For example:** Nurse Managers; Physicians only; All Users,etc.)—Please list the users full name of who should receive the requested data, their roles, emails, username & (if applicable).

**All Nurse Managers and Physicians**

**Are there any special formatting requirements:**

*(For example: Discharge instructions for elderly patients, please use large type. No special formatting need required)*

**NA**

**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.—*

**NA**

**Report Design Notes:**

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

**NA**

If you have any questions please contact the [ISEHRReportingTeamDL@UHHospitals.org](mailto:ISEHRReportingTeamDL@UHHospitals.org).

Thank you for your cooperation.