**Date:** Friday, October 07, 2016

**Requester Contact Information\*:**

Name:

Department:

Email *(UPHS or PSOM)*: Phone:

Request Approved By:

**Registry Name\*:**

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| **Request Type\*:** |
| ⃝ Modification/Enhancement to Existing Registry⃝ New Epic-Released Registry⃝ New Custom Registry |
| **Registry Type** (*for new registry*)**:**  |
| ⃝ Patient-based (*one record for each patient*)⃝ Contact-based (*one record for each contact/encounter*) |
| **Clinical Relevancy\*** *impact on patient care. example: patient safety, patient outreach, closing care gap, reduce readmission*) |
|  |
| **Financial Impact\*** (*example, reduce cost, avoid redundant care*) |
|  |
| **Will be used to External Reporting\*** |
| ⃝ Yes ⃝ No |
| **Funded and Supported by Ongoing Grant\*** |
| ⃝ Yes ⃝ No |

**Purpose\*:** Please provide specific details on the objectives of this registry. This will better help us meet your specific needs.

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**Expected Date in Production:**

**Define Required Inclusion Criteria\***

*This will determine WHO is in the registry, and not necessarily the metrics that are calculated by the registry. Some potential inclusion criteria are listed below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Criteria*** | ***Description*** | ***Grouper ID*** | ***Code (ICD-10, CPT, etc.)*** | ***Exclusions, additional filters, etc.*** |
| **Problem List Diagnosis** |  |  |  |  |
| **Encounter Diagnosis***Please specify if there is a minimum number of encounters that should have this diagnosis* |  |  |  |  |
| **Procedures** |  |  |  |  |
| **Orders** |  |  |  |  |
| **Medications** |  |  |  |  |
| **Age** |  |  |  |  |
| **Gender** |  |  |  |  |
| **Race** |  |  |  |  |
| **Lab Result** |  |  |  |  |
| **Number of Encounters***Please specify if there are certain encounter types that should be included/excluded (i.e. Office Visit)* |  |  |  |  |
| **Number of Admissions** |  |  |  |  |
| **Number of ED Visits** |  |  |  |  |
| **Department/Location** |  |  |  |  |
| **Date(s)***Include in the specific range and date types (i.e. admit, order, result)* |  |  |  |  |
| **Other** |  |  |  |  |
| **Other** |  |  |  |  |
| **Other** |  |  |  |  |
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| **Other** |  |  |  |  |
| **Other** |  |  |  |  |

**Define Required Registry Metrics\***

*This will determine what types of data the registry should calculate/display. Examples include* ***Age, Race, PCP, last office visit, last HbA1c result, last LDL result, last eye exam date****, etc.*

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| --- | --- | --- | --- | --- |
| ***Metric*** | ***Description*** | ***Grouper ID*** | ***Code (ICD-10, CPT, etc.)*** | ***Exclusions, additional filters, etc.*** |
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