



DRAFT Emergency Department Data Request Form

EDIS Steering Committee

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Phone: 206-4023

*New Request:

*Modify Existing Request:

SECTION 1: Requestor Details

*Date of Request: / /

*Date Data Needed: / /

*Requestor Name:

*Requestor Contact Details

*Requestor Dept:

*Phone: *Email:

*Approved by (Dept Mgr):
(Print Name)

*Approver's Contact Details

*Phone: *Email:

SECTION 2: Data Background

*Who will the data be reported to? (e.g. JCC, committee-physicians only, department, nurse manager):

*What information do you want to gather and why? (e.g. ED Length Of Stay, Discharge Diagnosis, LWBS/LWBT):

SECTION 3: Data Request

Background Documentation:



If you have any documentation/previous data sets related to this query, please attach here

I do not have any documentation related to this request

***Request Frequency:**

One-time

Recurring- monthly

Recurring- daily

Recurring- yearly

Recurring- weekly

Recurring- other (e.g. 2 times a year; please specify)

SECTION 4: Data Content

*What specific data do you need? (e.g. MRN, ACCT#, Triage Date, Total Length of Stay)

*What data range should this data cover? (e.g. January 2012)

*If known, where is data located? (e.g. hpi, physician notes, nursing notes etc.)

Please list any specific data restrictions for your report: (for example, only males between the ages of 20-35 with Dx of Long Bone Fracture)

Please provide any additional information that you think might be useful: (would like to see results by disposition type)

If you have questions or need assistance with this form, please contact the ED Nurse Informaticist at 206 - 4023.

You will receive a response within **30** working days maximum.

EDIS Steering Committee Use Only

Assigned to:

Date assigned: