

# Agenda

- Roll Call
- Changes to REDCap
- REDCap Reminders
  - Logging and in
  - Finding participants
  - Entering data
- Timeline for entering data



# Changes to REDCap

- More limited fields effective when Version of Form selected as Dec 22, 2021 in ‘Form Details’
  - Only do this for events  $\geq$  2021 Quarter 4
  - For events  $<$  2021 Quarter 4, continue to select Version March 21, 2019 or March 29, 2019
- Goal – reduce the burden of data entry on providers



# Changes to REDCap

- Additional Fields for Data Entry
  - IQ < 70
    - No longer screened out reason
    - Added as a yes/no question at Referral
  - Nickname field
    - Only complete if different than first name



# Changes to REDCap

- Examples of Reduced Fields for Data Entry
  - No longer enter
    - Living Situation Funding
    - Consistency of psychiatric medications taken
    - Tobacco use
    - Symptoms impact school or work situation
  - Limited data entry (example: instead of at every quarter – asking only at Discharge)
    - Legal
    - ICD-10 Diagnoses
    - Primary Care Physician contact
    - Education & Employment History
  - Optional
    - Services Rendered



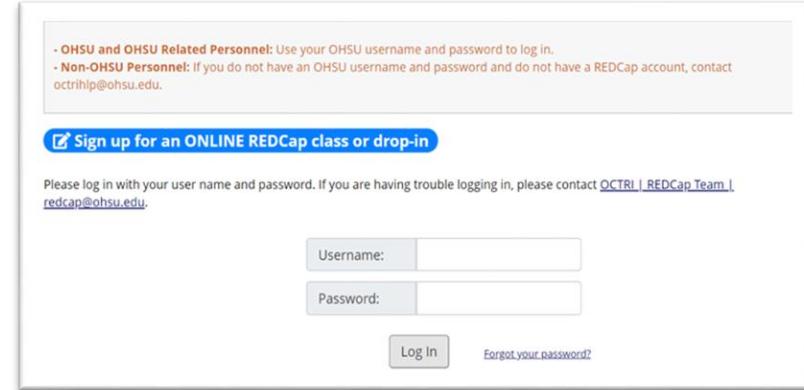
# Changes to REDCap

Limiting data entry for quarterly makes  
entering data for the last quarter of  
EASA participation **CRITICAL**



# Logging into REDCap

- Within three business days of getting an email login and set up your password reset questions.
- To access either database in REDCap
- In web browser go to:  
<https://octri.ohsu.edu/redcap>



The image shows a screenshot of a web browser displaying the REDCap login page. The page has a light gray background with a white login form in the center. At the top of the form, there is a note for OHSU and OHSU Related Personnel: "Use your OHSU username and password to log in." Below this, for Non-OHSU Personnel, it says: "If you do not have an OHSU username and password and do not have a REDCap account, contact [octrihp@ohsu.edu](mailto:octrihp@ohsu.edu)". A blue button labeled "Sign up for an ONLINE REDCap class or drop-in" is visible. Below the button, a note reads: "Please log in with your user name and password. If you are having trouble logging in, please contact [OCTRL | REDCap Team](#) | [redcap@ohsu.edu](mailto:redcap@ohsu.edu)". The login form itself has two input fields: "Username:" and "Password:", both with placeholder text. Below the password field is a "Log In" button and a link "Forgot your password?".

- Use your full email address and REDCap password to login
- To reset your password click on *Forgot your password?*



# Finding Patient Records (1 of 2)

- Select a project
- In the Main menu select:

**Add/Edit Records > then in Data Search select an option under Choose a field to search<sup>(1,2)</sup>**

OR

## Record Status Dashboard

1, Search using 'easaid', 'prime', 'firstname', 'middlename', 'lastname', or 'dob'

2, Select at least 3 different options PRIOR to adding a new patient

The screenshot shows the REDCap application interface. On the left, the main menu includes 'Project Home and Design' (selected), 'Data Collection' (selected), and 'Applications'. Under 'Data Collection', there are links for 'Record Status Dashboard' and 'Add / Edit Records'. The 'Data Collection' section also contains a 'Data Search' box with a dropdown menu showing search fields like 'easaid', 'prime', 'firstname', 'middlename', 'lastname', and 'dob'. The 'Applications' section lists various tools: 'Alerts & Notifications', 'Calendar', 'Data Exports, Reports, and Stats', 'Data Import Tool', 'Data Comparison Tool', 'Logging', 'File Repository', 'User Rights and DAGs', 'Data Quality and Resolve Issues', 'External Modules', and 'REDCap Wiki'. At the bottom, there are 'Reports', 'Search', 'Organize', and 'Edit' buttons.



# Finding Patient Records (2 of 2)

- Select a project
- In the Main menu select:

**Add/Edit Records > then in Data Search select an option under Choose a field to search<sup>(1,2)</sup>**

OR

# Record Status Dashboard

# Data Entry (1 of 9)

- 5 types of 'events' in REDCap
  - Participant
  - Referral
  - Intake
  - Hospitalizations
  - Quarterly Outcomes
- Do not skip fields in a form when performing data entry – missing values can impact the additional fields displayed

A

Data Collection Instrument	Participant Details	+ Add new Referral	+ Add new Intake	Hospitalizations	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	+ Add new Add'l Quarters
Identifiers	●												
Form Details (includes Time point)		●	●		●	●	●	●	●	●	●	●	
HIPAA Identifiers	●												
DCC Only	●	●	●	●	●	●	●	●	●	●	●	●	
Demographics and Screening	●	●											
Living Situation, Support, Legal & Misc.	●	●			●	●	●	●	●	●	●	●	
Education And Employment		●			●	●	●	●	●	●	●	●	
Health		●			●	●	●	●	●	●	●	●	
Diagnoses (For Reporting)		●			●	●	●	●	●	●	●	●	
Hospitalization Event					●								
Referral Decision		●											
Discharge Transfer						●	●	●	●	●	●	●	
Delete all data on event:	✗		✗		✗								



# Data Entry (2 of 9)

## Quarterly Outcomes

- **Quarter 1** = first quarter in EASA after someone has their first intake visit
- **Quarter 2** = second quarter in EASA
- *and so on....*

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event.

**Legend for status icons:**

- Incomplete (Incomplete (no data saved))
- Incomplete (Incomplete (no data saved))
- Unverified
- Many statuses (all same)
- Complete
- Many statuses (mixed)

EASA ID 987-2 Client Agency ID: 45118821 Name: Mouse, Micky DOB: 2002-12-31 Status: 3  
EASA Center for Excellence

A

Data Collection Instrument	Participant Details	Referral		Intake		Hospitalizations	Quarter 3								+ Add new Add'l Quarters
		2016 - Quarter 1 (Jan - Mar) (#1)	+ Add new	2016 - Quarter 2 (Apr - Jun) (#2)	+ Add new		2016 - Quarter 3 (Jul - Sep) (#3)	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10	
Identifiers															
Form Details (Includes Time point)															
HIPAA Identifiers															
Demographics and Screening															
Living Situation, Support, Legal & Misc.															
Education And Employment															
Health															
Hospitalization Event															
Referral Decision															
Discharge Transfer															

Repeating Instruments

Hospitalization Event

Hospitalizations

07-25-2016-Portland, 1 Multnomah County, OR: Legacy Good Samaritan Medical Center

+ Add new

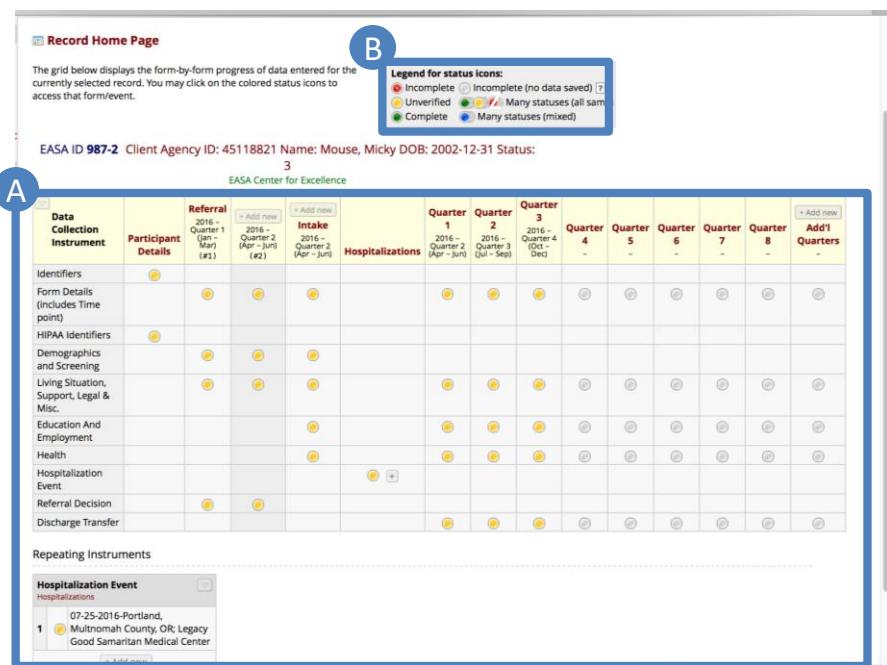


# Data Entry (3 of 9)

A. The Event Grid is a graphical representation of which data entry forms will be completed at each time point (event). The data entry forms are listed down the left column and the time points (events) are listed across the top of the grid. The individual forms are represented by colored buttons.

B. The color of the button represents the status of the form.

- For the EASA Participant Information database there are 10 different data entry screens. Not all screens are completed at a given event (visit).
- If you want to navigate through the record for this subject, click on the buttons to select the form you want to see.



# Data Entry (4 of 9)

**Always** start entering data in the event closest to the left side that matches.

**Always** complete the Form Details form first for an event. There is skip logic in the system that changes the fields displayed/required to be completed.

No information to complete when a participant

### For Missing Quarters:

- Enter missing quarters by entering the Form type, Year and Quarter as well as the Event was not done.
  - A. To add more than 1 Referral or Intake Form mouse click on '+ Add new'
  - B. To add more than 8 Quarters of Outcome Reviews click on '+ Add new'
  - C. To add more than 1 Hospitalization mouse click on '+'

Unknown – if a value is not known, answer Unknown instead of leaving blank

**Record Home Page**

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event.

**EASA ID 987-2 Client Agency ID: 45118821 Name: Mouse, Micky DOB: 2002-12-31 Status: 3**

**A** EASA Center for Excellence

Data Collection Instrument	Participant Details	Referrals 2016 – Quarter 1 (Jan – Mar) (#1)	+ Add new 2nd & 3rd (Apr – Jun) (#2)	+ Add new Intake 2016 – Quarter 2 (Apr – Jun) (#3)	+ Add new Hospitalizations	Quarter 1 2016 – Quarter 2 (Apr – Jun)	Quarter 2 2016 – Quarter 3 (Jul – Sep)	Quarter 3 2016 – Quarter 4 (Oct – Dec)	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
Identifiers		<span style="color: yellow;">●</span>			<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: grey;">●</span>				
Form Details (Includes Time point)		<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>		<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: grey;">●</span>				
HIPAA Identifiers	<span style="color: yellow;">●</span>												
Demographics and Screening	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>						<span style="color: grey;">●</span>				
Living Situation, Support, Legal & Misc.	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>						<span style="color: grey;">●</span>				
Education And Employment				<span style="color: yellow;">●</span>		<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: grey;">●</span>				
Health				<span style="color: yellow;">●</span>		<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: grey;">●</span>				
Hospitalization Event					<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: grey;">●</span>				
Referral Decision	<span style="color: yellow;">●</span>		<span style="color: yellow;">●</span>						<span style="color: grey;">●</span>				
Discharge Transfer						<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: grey;">●</span>				

**Legend for status icons:**

- Incomplete
- Incomplete (no data saved) ?
- Unverified
- Many statuses (all same)
- Complete
- Many statuses (mixed)

**B**

+ Add new Av '17 Quarters -

**C**

+ Add new Hospitalizations



# Data Entry (5 of 9)

- If a hospitalization occurred within 3 months prior to intake or in the last quarter, select 'Yes' to Psychiatric Hospitalization in the past 3 months on the Health form at the given event.
- Please remember to go back and update the event with the additional details.

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event.

**Legend for status icons:**

- Incomplete (Incomplete (no data saved))
- Unverified
- Many statuses (all same)
- Complete
- Many statuses (mixed)

EASA ID 987-2 Client Agency ID: 45118821 Name: Mouse, Micky DOB: 2002-12-31 Status: 3  
EASA Center for Excellence

Data Collection Instrument	Participant Details	Referral	Intake	Hospitalizations	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	+ Add new
		+ Add new	+ Add new		2016 – Quarter 1 (Jan – Mar) (#1)	2016 – Quarter 2 (Apr – Jun) (#2)	2016 – Quarter 3 (Jul – Sep) (#3)	2016 – Quarter 4 (Oct – Dec) (#4)					
Identifiers													
Form Details (Includes Time point)													
HIPAA Identifiers													
Demographics and Screening													
Living Situation, Support, Legal & Misc.													
Education And Employment													
Health													
Hospitalization Event													
Referral Decision													
Discharge Transfer													

Repeating Instruments

Hospitalization Event

07-25-2016 - Portland, Multnomah County, OR: Legacy Good Samaritan Medical Center

+ Add new



# Data Entry (6 of 9)

Data Collection Instrument	Participant	Referral 2015 Q3 Jul-Sep	Data Collection Instruments					Add'l Quarters				+ Add new												
			Quarter 1 2018 Q1 Jan-Mar	Quarter 2 2016 Q2 Apr-Jun	Quarter 3 2015 Q4 Oct-Dec	Quarter 4 2017 Q1 Jan-Mar	Quarter 5 2016 Q3 Jul-Sep	2017 Q2 Apr-Jun	2018 Q3 Jul-Sep	2019 Q1 Jan-Mar	2019 Q2 Apr-Jun		2019 Q3 Jul-Sep											
Living Situation, Support, Legal & Misc.																								
Education And Employment																								
Health																								
Diagnoses (For Reporting)																								
Mini SIPS/SOPS, GFSR, GFSS																								
Hospitalization Event																								
Referral Decision																								
Discharge Transfer																								
Delete all data on event:	x	x	x	x	x	x	x	x	x	x	x													
Repeating Instruments																								
<table border="1"> <tr> <td colspan="3">Hospitalization Event</td> </tr> <tr> <td colspan="3">Hospitalizations (1)</td> </tr> <tr> <td>1</td> <td><input checked="" type="radio"/></td> <td>12-08-2017-Other</td> </tr> <tr> <td colspan="3"><a href="#">+ Add new</a></td> </tr> </table>													Hospitalization Event			Hospitalizations (1)			1	<input checked="" type="radio"/>	12-08-2017-Other	<a href="#">+ Add new</a>		
Hospitalization Event																								
Hospitalizations (1)																								
1	<input checked="" type="radio"/>	12-08-2017-Other																						
<a href="#">+ Add new</a>																								



# Data Entry (7 of 9)

Data Collection Instrument	Participant Details	+ Add new	+ Add new	Hospitalizations	Quarter 1 2019 Q4 Oct-Dec	Quarter 2 2020 Q1 Jan-Mar	Quarter 3 2020 Q2 Apr-Jun	Quarter 4 2020 Q3 Jul-Sep	Quarter 5 2020 Q4 Oct-Dec	Quarter 6 2021 Q1 Jan-Mar	Quarter 7 2021 Q2 Apr-Jun	Quarter 8	+ Add new	
		Referral 2019 Q4 Oct-Dec	Intake 2019 Q4 Oct-Dec											Add'l Quarters
Living Situation, Support, Legal & Misc.														
Education And Employment														
Health														
Diagnoses (For Reporting)														
Mini SIPS/SOPS, GFSR, GFSS														
Hospitalization Event														
Referral Decision														
Discharge Transfer														
Delete all data on event:	x	x	x		x	x	x	x	x	x	x	x		



# Data Entry (8 of 9)

- **ALWAYS** complete 'Form Details' form (including for Missing quarters)
- The system changes the fields displayed based on **Form type** and **Form version** selected
- Complete all forms in an event
- Select **Unknown** if a response was not gathered but contact occurred. **Do not leave fields empty.**
- **SAVE** the form before you exit

Actions: [Download PDF of instrument\(s\)](#) [Share instrument in the Library](#) [VI](#)

**Form Details (includes Time point)**

For issues with data entry or reporting, adding users, or questions about this project, [dcc@ohsu.edu](mailto:dcc@ohsu.edu) or [easa@ohsu.edu](mailto:easa@ohsu.edu)

Editing existing EASA ID 1216-1 Client Agency ID: TEST ONLY 847473 Name: , DOB: 12-15-1975 Status: Intake Active)

Event Name: **Referral**

**EASA ID** 1216-1

**Referral, Intake or Outcome Details**

**Form type** \* must provide value  
Referral

**Version date of form completed** \* must provide value  
March 21, 2019 or March 29, 2019  
Please use the most current version is March 19, 2019.

**Living Situation**

**Living Situation** (check all that apply) \* must provide value

- Transient/Homeless (no permanent address)
- Foster Home
- Residential Facility
- Jail
- Prison
- Supported Housing
- Alcohol and Drug Free Housing
- Private Residence (lives alone)
- Private Residence (with relative)
- Private Residence (with non-relative)
- Other
- Unknown



# Data Entry (9 of 9)

- Review ALL forms with 'Incomplete' statuses for completed events ●●
- 'Incomplete' means there is missing data/fields that need to be responded to

EASA ID **1216-1** Client Agency ID: TEST ONLY 847473 Name: , DOB: 12-15-1975 Status: Intake Completed  
(Quarterly Reports Active) [Demo](#) [Re-enable floating table headers](#) [?]

Data Collection Instrument	Participant Details	+ Add new Referral	+ Add new Intake	Hospitalizations 2020 Q3 Jul-Sep	Quarter 1	Quarter 2	Quarter 3 2020 Q1 Jan-Mar	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	+ Add new Add'l Quarters
Identifiers	●				●	●	●	●	●	●	●	●	●
Form Details (Includes Time point)		●	●		●	●	●	●	●	●	●	●	●
HIPAA Identifiers	●												
DCC Only	●	●	●	●	●	●	●	●	●	●	●	●	●
Demographics	●												
Screening		●			●	●	●	●	●	●	●	●	●
Living Situation, Support, Legal & Misc.		●	●		●	●	●	●	●	●	●	●	●
Education And Employment			●		●	●	●	●	●	●	●	●	●
Health			●		●	●	●	●	●	●	●	●	●
Diagnoses (For Reporting)		●	●		●	●	●	●	●	●	●	●	●
Hospitalization Event					●	+							
Referral Decision		●											
Discharge Transfer					●	●	●	●	●	●	●	●	●
<a href="#">Delete all data on event:</a>	×	×	×	×	×	×	×	×	●	●	●	●	●

Repeating Instruments

Hospitalization Event	
Hospitalizations (1)	
1	12-17-2020-Dallas, Polk County, OR: West Valley Hospital
<a href="#">+ Add new</a>	



# Current Participant Status field

**Keep this field updated!**

Located on the '*Participant Details*' Form

Update at the following times:

- Screening a participant
- Screened decision made (in or out or pending)
- Participant enrolled in EASA (Intake Completed)
- Participant inactive in EASA
- Discharged participant from EASA

EASA ID 12163 Client Agency ID: TEST 32982828 Name: Morris, Rachel DOB: Status: In Screening Process (Referral decision not made)

Data Collection Instrument	Participant Details	+ Add new	Referral 2017 Q1 Jan-Mar	+ Add new	Intake	Hospitalizations 2014 Q2 Apr-Jun	Quarter 1	Quarter 2
Identifiers	<input checked="" type="radio"/>							
Form Details (includes Time point)			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
HIPAA Identifiers	<input type="radio"/>							

 Save & Go To Next Form  
-- Cancel --

**Administrative Tracking**

Please update CLIENT INFORMATION (e.g. name, date of birth, Client Agency ID and Prime No.) in the PARTICIPANT DETAILS event.

**Current Status**

In Screening Process (Referral decision not made)  
Screened Out at Referral  
Screened In at Referral  
Intake Completed (Quarterly Reports Active)  
Inactive  
Discharged/Transferred  
Internal Agency ID; If unknown please type UNK



# Forms and Timeline

- **Referrals** enter within 2 weeks of referral decision. If referral decision is pending at the end of a quarter, go back and update the existing referral – DO NOT CREATE A SECOND REFERRAL
- **Intakes** enter within 2 weeks after intake is completed
- **Discharges** enter final outcome review within 2 weeks of discharge
- **Quarterly Outcomes** are due by the 15<sup>th</sup> of the following month (January, April, July, October) after the end of a quarter
- **Community Education** – Within 2 weeks of an event

<https://easacommunity.org/resource-for-professionals.php>



# Questions?

- After the presentation please send questions about data entry or data clarifications to Ryan Foley at [foleyr@ohsu.edu](mailto:foleyr@ohsu.edu)

