

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 then 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



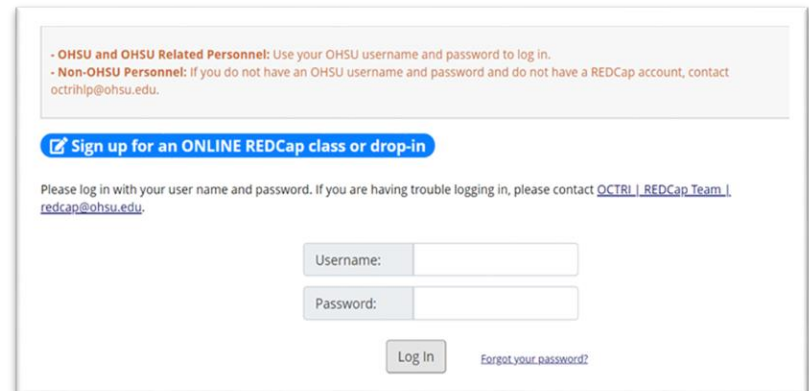
Changes to REDCap

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 screenshot shows the REDCap login interface. At the top, there is a light gray box with instructions: '- OHSU and OHSU Related Personnel: Use your OHSU username and password to log in.' and '- Non-OHSU Personnel: If you do not have an OHSU username and password and do not have a REDCap account, contact octrihelp@ohsu.edu.' Below this is a blue button with a checkmark icon and the text 'Sign up for an ONLINE REDCap class or drop-in'. Underneath, a line of text says 'Please log in with your user name and password. If you are having trouble logging in, please contact [OCTRI | REDCap Team](#) | redcap@ohsu.edu.' The login fields consist of a 'Username:' label and an input box, followed by a 'Password:' label and an input box. At the bottom right of the form are two links: a 'Log In' button and a 'Forgot your password?' link.

- 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**^(1,2)

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 displays the REDCap web application interface. On the left is a sidebar menu with sections: 'My Projects' (showing 'Project Home and Design' and 'Project status: Production'), 'Data Collection' (with 'Record Status Dashboard' and 'Add / Edit Records' highlighted), 'Applications' (listing various tools like Alerts, Calendar, Data Exports, etc.), and 'Reports'. The main content area is titled 'Add / Edit Records'. It includes a green banner with contact links, a status bar showing 'Total records: 6,659', and a search section. The 'Data Search' dropdown is open, showing a list of fields including 'easaid (EASA ID)', 'mvbcnid', 'easaidold', 'agencyid', 'prime', 'addl_easaid', 'county_multiple', 'event_id', 'year', 'formdate', 'formtime', 'referraldt', 'admitdt', 'completeddate', 'completedby', 'uploadid', 'firstname', and 'middlename'. The 'Add new record' button is visible below the search options.



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**^(1,2)

OR

Record Status Dashboard

Displaying: Instrument status only | [Lock status only](#) | [All status types](#)

[Re-enable floating table headers](#) | ?

[illegible]

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 (red circle with exclamation mark)
- Incomplete (no data saved) (grey circle with exclamation mark)
- Unverified (yellow circle with exclamation mark)
- Complete (green circle with checkmark)
- Many statuses (all same) (orange circle with exclamation mark)
- Many statuses (mixed) (blue circle with exclamation mark)

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 2016 - Quarter 1 (Jan - Mar) (#1)	Intake 2016 - Quarter 2 (Apr - Jun) (#2)	Hospitalizations	Quarter 1 2016 - Quarter 2 (Jul - Sep)	Quarter 2 2016 - Quarter 3 (Oct - Dec)	Quarter 3 2016 - Quarter 4 (Jan - Mar)	Quarter 4 2016 - Quarter 1 (Apr - Jun)	Quarter 5 2016 - Quarter 2 (Jul - Sep)	Quarter 6 2016 - Quarter 3 (Oct - Dec)	Quarter 7 2016 - Quarter 4 (Jan - Mar)	Quarter 8 2016 - Quarter 1 (Apr - Jun)	Add'l Quarters
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

1 07-25-2016-Portland, 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.

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 (no data saved)
- Unverified
- Complete
- Many statuses (all same)
- 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 2016 - Quarter 1 (Jan - Mar) (#1)	Intake 2016 - Quarter 2 (Apr - Jun) (#2)	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	Add'l Quarters
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

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



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.
 - To add more than 1 Referral or Intake Form mouse click on '+ Add new'
 - To add more than 8 Quarters of Outcome Reviews click on '+ Add new'
 - 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.

Legend for status icons:

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

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

ASA Center for Excellence

Data Collection Instrument	Participant Details	Referral 2016 - Quarter 1 (Jan - Mar) (#1)	Intake 2016 - Quarter 2 (Apr - Jun) (#2)	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	Quarters 9-11
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

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

+ Add new



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 (no data saved)
- Unverified
- Complete
- Many statuses (all same)
- 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 2016 - Quarter 1 (Jan - Mar) (#1)	Intake 2016 - Quarter 2 (Apr - Jun) (#2)	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	Add'l Quarters
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



Data Entry (6 of 9)

Data Collection Instrument	Participant	Referral	2015 Q3 Jul-Sep	Hospitalizations	Quarter 1 2018 Q1 Jan-Mar	Quarter 2 2016 Q2 Apr-Jun	Quarter 3 2015 Q4 Oct-Dec	Quarter 4 2017 Q4 Jan-Mar	Quarter 5 2016 Q1 Apr-Jun	Quarter 6 2017 Q2 Jul-Sep	Quarter 7 2018 Q3 Oct-Dec	Quarter 8 2019 Q1 Jan-Mar	Quarter 9 2019 Q2 Apr-Jun	Quarter 10 2019 Q3 Jul-Sep	+ Add new
Living Situation, Support, Legal & Misc.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education And Employment			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diagnoses (For Reporting)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mini SIPS/SOPS, GFSR, GFSS			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospitalization Event			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Referral Decision			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Discharge Transfer			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Delete all data on event:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

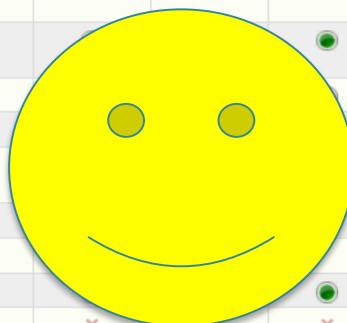
Repeating Instruments

Hospitalization Event		<input type="button" value="+ Add new"/>
Hospitalizations (1)		
1	<input checked="" type="checkbox"/>	12-08-2017-Other
		<input type="button" value="+ Add new"/>



Data Entry (7 of 9)

Data Collection Instrument	Participant Details	<div>+ Add new</div> Referral 2019 Q4 Oct-Dec	<div>+ Add new</div> Intake 2019 Q4 Oct-Dec	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	<div>+ Add new</div> Add'l Quarters
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	<div>+ Add new</div> 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:													



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

Data Collection

Record Status Dashboard
Add / Edit Records

EASA ID 1216-1
Client Agency ID: TEST ONLY 847473 Name: , DOB: 12-15-1975
[Select other record](#)

Event: **Referral**

Data Collection Instruments:

- Form Details (includes Time point)**
- DCC Only
- Screening
- Living Situation, Support, Legal & Misc.
- Diagnoses (For Reporting)
- Referral Decision

Applications

- 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

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

Form Details (includes Time point)

For issues with data entry or reporting, adding users, or questions about this project, dcc@ohsu.edu or 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													
Delete all data on event:													

Repeating Instruments

Hospitalization Event	
Hospitalizations (1)	
1	12-17-2020-Dallas, Polk County, OR: West Valley Hospital
+ Add new	



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)
Demo

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						
Form Details (includes Time point)						
HIPAA Identifiers						



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) status.

☐ Screened Out at Referral

☐ Screened In at Referral

☐ Intake Completed (Quarterly Reports Active)


☐ Inactive

☐ Discharged/Transferred

Internal Agency ID; If unknown please type UNK

Save & Go To Next Form

-- Cancel --



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 15th 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

