**QC Senior Care Coalition: REDCap Data Survey Submission - Tip Sheet**

**Overview.** All coalition members are asked to enter information about all unplanned transfers so we can better understand contributing factors that our group may address. The University of Iowa Geriatric Workforce Enhancement Program (GWEP) provides the website hub for the coalition’s data entry and resource support. The link and password are published in monthly meeting reports. The link changed on November 1, 2021, so be sure to use the correct one.

**General Information**

* Every question is marked as “must provide” value. This means you will not be able to submit the form until you have selected an answer for every field.
* You can make the text appear larger or smaller by clicking on the + or – at the top right of the form.
* If you select “reset” by any of the answer choices, it will remove any answers selected for that question.
* Some questions will require additional information depending on the answer selected. For some (e.g., Other), a separate box will open up below the question where you can fill in the necessary details. In the section for Primary Diagnosis, a list of options is provided after clicking on the main topic.

**Unplanned Transfers Survey:** We strongly encourage members to enter data about unplanned transfers on a regular basis, and as close to the event as possible to assure accuracy of information.

**Facility Name:** You can pick your name from the drop-down menu, or you can start typing in your facilities name and choose when it shows up.

If your facilities name is not on the list, please let someone in the leadership team know and we will work to get it added.

**Transfer Date/Most Recent Nursing Home Admission Date:** Enter all dates in the Month/Day/Year format.
You can also select the ‘Today’ button to select todays date or click on the little calendar to select a date from a calendar.

**Transfer to ED OR Hospital Admission:** You can only select yes for one of these. See the note in the survey itself if you have questions about choosing the correct option.

**Primary Contributing Reasons for Transfers:** Select all options that apply since there may be more than one reason.

**Primary Signs and Symptoms Leading to Transfer:** Select the one answer that best represents the underlying cause, and provide additional information if prompted.

**Primary Diagnosis:** This is the diagnosis obtained from hospital or emergency department. This is a two-step entry. First select the main problem from the list provided. A drop-down list of related problems will appear. Select the one best answer, or type in the reason in the text box for “other.”

# Monthly Census: This report is done just once each month. It’s the basis for calculating rates of occurrence reported for the Unplanned Transfer Survey so is VERY important.

**Facility Name:** You can pick name from either the drop-down menu or you can start typing in your facilities name and choose when it shows up.

**Month/Year:** Select appropriate month and year from the drop-down menu.

**Average daily census for Post-Acute/Chronic Long-Term Care:** Fill in the appropriate numbers for the month and year of the report.