EMPIRE Report / Extract Request Form

Guidelines

- LCMC Goal - Standardize all metrics, reports, and dashboards across all LCMC facilities
- Requests for new reports /extracts or edits to existing reports/ extracts will be prioritized by appropriate governance team
- **Email request to umcservicedesk@lcmchealth.org and (if possible) provide EXAMPLES of requested report**

Report / Extract Request Description

EXTRACT / REPORT NAME		LCMC PRIORITY:	☐ Patient Safety ☐ Regulatory	☐ System Wide Initiative ☐ Large Financial Impact

REQUESTED DELIVERY DATE	DATE RANGE FOR REPORTED DATA TO	REPORT FREQUENCY:	☐ Once ☐ Daily	☐ Weekly ☐ Monthly	☐ Yearly ☐

REPORT AUDIENCE		REPORT OUTPUT:	☐ Excel ☐ PDF	☐ Flatfile Extract

BUSINESS / CLINICAL REASON	*Help governance team understand the business / clinical reason for this request.* *Also indicate any existing reports/extracts which fail to meet the desired business / clinical reason.*

DESCRIBE DATA SELECTION CRITERIA	*Example: Patients over 50 years of age that have had a specific procedure.* *Example: The number of completed appointments for clinic A for the date range of last year*

LIST OF REPORT COLUMNS & DESCRIPTIONS	*Example:* *MRN - Medical Record Number* *DOS - Date of Service* *Patient Name - First Name and Last Name*

Requestor Information

REQUESTOR NAME	REQUESTOR DEPARTMENT / HOSPITAL
REQUESTOR PHONE NUMBER	REQUESTOR E-MAIL ADDRESS
REQUESTOR LEADER	REQUESTOR LEADER PHONE

For internal IT use only

Service Now Ticket #	Name and Date of Governance Committee Approval
Date Received in Service Now	Date Sent to working queue