Chronicle Reports

- **ERP Site Report**
  - Provides cumulative data for your site in all of the areas necessary for ADA ERP recognition during a specific reporting period.

- **Patient Status Report**
  - Provides the number of participants that have been documented as either: Referred, Assessment Completed, Inactive, Entered, Education Completed and/or have a follow-up documented during a specific reporting period.

- **Educator Hours Report**
  - Provides the total amount of time (minutes) an educator has contributed to the DSME program whether through a group or 1:1 session during a specific reporting period.

- **Patient No Show Report**
  - Provides the patient contact information (name, phone number and address) for patients that have been placed in No Show status within the attendance section of a group or 1:1 session during a specific reporting period.

- **ERP Delta Report**
  - Provides an aggregate outcome of pre and post values for a number of clinical indicators (HgbA1c, blood pressure, etc.) and Behavior Goals during a specific reporting period.

- **ERP Filter Report**
  - Provides the ability to define exactly what data you would like to be generated by the system within a specific reporting period. Reports can be filtered by participant information (ex. pt. demographics, insurance type), DSME information and Clinical Data.

    The **filter report** provides the ability to export:

    - Patient Information
    - Provider Information
    - Insurance Information
    - Pre & Post Labs and Clinical Data

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The ERP Site Report is designed to provide a report that shows cumulative data for your site in all of the areas necessary for ADA ERP recognition.

Based on the reporting period, there are two ways that a patient can be included when calculating the values in the report:

- If the patient has attended any class session during the report period.
- If the patient had a behavior change objective or clinical data point added or updated during the reporting period.

The report has the following sections:

- **Total number of participants during reporting period** – This is the total number of participants that were included when calculating the report, based on the report period criteria explained above. If the patient was included in the report number and outcomes because she/he had either a clinical data point or a behavior change objective, but did not have a class session, then he/she will be counted as *Education not documented* and the patient's Chronicle ID will be listed at the bottom of the page for your reference.
- **Average hours of DSME received by participants during reporting** period – These numbers are calculated based on the length (duration) of all attended class sessions (1:1 and group) divided by the total number of participants.
- **Age of participants receiving DSME during reporting period** – These numbers are based on individual patient demographics.
- **Diabetes type of participants receiving DSME during reporting period** – These numbers are based on individual patient demographics.
- **Race/ethnicity of participants receiving DSME during reporting period** – This information is based on individual patient demographics.
- **Special needs of participants receiving DSME during reporting period** – This information is based on individual patient demographics.
- **Site DSME method(s)** – This information is based on the types of classes documented.
- **Behavioral Outcome(s)** – These numbers are calculated for participants that have at least two assessed values (a baseline and at least one objective update) for a behavioral outcome. For example, if you have 200 total patients seen during the report period, and the report lists 50 under *# Patients* for *Nutritional Management*, that means that out of those 200 patients, 50 had *Nutritional Management* listed as a behavioral outcome and had a baseline evaluation and at least one update made to that objective. Then, the the highest objective update value is reflected and the average assessment is calculated under the Avg % section.

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Example - Two participants have a documented baseline and one objective update for a specific goal:

Patient 1: Baseline   0%   Assessment   75%
Patient 2: Baseline   0%   Assessment   50%
Patient 3: Baseline   25%   Assessment   100%

Avg% = **75%**
Formula: Total Goal Assessment(s) / Total Number of Patients

100% + 75% + 50%   /   3   =   **75%**

Behavioral Outcome(s)

Avg %	# Patients	Behavior Outcomes
75%	3	Nutritional Management
0%	0	Physical Activity/Being Active
0%	0	Taking medications
0%	0	Monitoring
0%	0	Acute complications/Problem Solving
0%	0	Chronic complication/Reducing Risks
0%	0	Psychosocial Adjustment/healthy Coping

Other Participant Outcomes

Actual %		Other Participant Outcomes
100%	3/3	A1c
0%	0/3	Eye Exam
0%	0/3	Foot Exam
0%	0/3	Lipids
33.3%	1/3	BP
0%	0/3	Weight Change

Other Participant Outcomes – These numbers are calculated for participants that have at least one result for a clinical data area. **For example**, if you have 3 total patients seen during the report period, and the report lists "100% 3/3" under *Actual %* for *A1c*, that means that out of those 3 patients, 3 had at least one *A1c* value recorded.

This means that 100% of the patients during the reporting period had an A1c value recorded.

Promoting Quality Diabetes Education and Supporting ADA Recognized Programs

Patient Status Report

Patient Entry Report
Steven's Test Program 4
10/14/2013 - 10/14/2014

	Patient Status					Education Status			
Site Name	Referred	Active w/Assmt	Active wo/Assmt	Inactive	Total	Entered	Assment	Edu Complt	Follow-up
ERP Clinic	0	1	0	0	1	1	1	0	1

Patient Status Report Key

- **Referred** - Patient has been placed in referred status within the general information section of the patient record. *(Patient Name / ID Section)*
- **Assment** - Patient has date entered under DSME Assessment > Date on which this Health Risk Assessment was completed. (*DSME Assessment section of patient record*) Note: Active w/Assmnt and Active w/o Assmnt provides the total number of patients with and without assessments.
- **Inactive** - Patient has been placed in inactive status within the general information section of the patient record. *(Patient Name / ID Section)*
- **Entered** - Patient encounter has been added to Chronicle during the specified data range. The encounter could be an assessment, class (1:1 or group) or behavioral goal or other outcome entered.
- **Edu Complt** - Patient has Education Complete checked under DSME & Follow-Up section of the patient record. (*Education Status section*)
- **Follow-up** - Patient has at least one Follow-up listed under Follow-Up Summary and does not have Lost to Follow-Up checked

This report can be exported to an Excel spreadsheet.

Educator Hours Report

Educator Hours Report : 10/14/2013 - 10/14/2014

ERP Clinic

Alexandria, VA

Educator Name	Time
Test Coordinator RN CDE	75
Test Paraprofessional	60

The Educator Hours report provides the total amount of time (minutes) an educator has contributed to the DSME program whether through a group or 1:1 session.   (*The Educator Hours can be added or updated through the DSME & Follow-Up section of the patient record or through the Education tab*). This report is able to be exported to an Excel spreadsheet.

Patient No Show Report

Patient No Shows: 10/14/2013 - 10/14/2014

ERP Clinic

Alexandria, VA

Patient Name	Class Name	Session Name	Session Date
John Doe	Nutrition Counts	1:1 Session	Oct 1, 2014

The Patient No Show report provides the patient contact information (name, phone number and address) for patients that have been placed in No Show status within the attendance section of a group or 1:1 session.   This report is able to be exported to an Excel spreadsheet.

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The report first determines which patients within the program are to be included in the report.. If the user specifies a data range, the report reflects patients that have at least 1 attended educational session (1:1 or group) during the date range. **If no date range is specified, the report selects all non-deleted patients within the program**.

This is a report that reflects how a data point has changed. For patients' data to be aggregated in this report, the patient must have at least 2 documented entries with at least one follow up entry during the data period. For labs, the patient needs to have at least 2 values documented, at least 30 days apart. For goals, there needs to be at least a baseline and 1 goal review. For goals, there is no minimum requirement for how far apart the baseline and review is.

- For each data point, for the first value (the "Pre"), the report takes the earliest documented value. This does not have to be during the data range if specified.

- For the second value (the "Post"), if a data range was specified, the data must have been collected during this time..

- If a date range is specified, the report finds the earliest documented, attended educational session within the date range and requires that the Post value is later than that date.

- If a date range is not specified, the report just takes the last documented value.

On the next two pages you will find examples and descriptions of the data exported from the Delta Report.

Behavior Change Objectives

For the low, high and average:

- **# High**: this is the highest single value found.
- **# Average**: this is an average of all the values found.
- **# Low:** This is the lowest single value found.

Example:

Patient 1:   Baseline   0%   Assessment   75%

Patient 2:   Baseline   0%   Assessment   50%

Patient 3:   Baseline   25%   Assessment   100%

Goals	n		**Pre**	**Post**	**Avg**
		High	25	100	75
Nutritional Management	3	Avg	8.33	75	66.67
		Low	0	50	50

Pre Avg: All Baseline Results / # of Patients (0 + 0 +25 / 3 = **8.33%**)

Post Avg: All Assessment Results / # of Patients (75 + 50 + 100 / 3 = **75%**)

Avg Degree of Change: All Degrees of change / # of patients (75 + 50 + 75 / 3 = **66.67%**)

Total # of Patients: Total number of patients with two or more results for the specific goal

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Promoting Quality Diabetes Education and Supporting ADA Recognized Programs

Clinical and Lab Data

For the low, high and average:

- **# High**: this is the highest single value found.
- **# Average**: this is an average of all the values found.
- **# Low:** This is the lowest single value found.

Example:

Patient 1:	Initial HbA1c	8.0%	f/u HbA1c	7.0%
Patient 2:	Initial HbA1c	9.0%	f/u HbA1c	7.5%
Patient 3:	Initial HbA1c	8.0%	f/u HbA1c	6.5%

Labs				**Pre**	**Post**	**Change**
	n		High	9	7.5	1.5
A1c	3	Avg		8.33	7	1.33
			Low	8	6.5	1.5

Pre Avg: Sum of all initial HbA1c results / # of Patients (8.0 + 9.0 + 8.0 / 3 = **8.33%**)
Post Avg: Sum of all f/up HbA1c results / # of Patients (7.0 + 7.5 + 6.5 / 3 = **7%**)
Avg Degree of Change: Sum of all HbA1c changes / # of patients (1.0 + 1.5 + 1.5 / 3 = **1.33%**)
Total # of Patients: Total number of patients with two or more results for the specific lab value.

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Filter Reports allow you to define exactly what data you would like to be generated by the system and how you would like to receive that data (on screen, exported, etc.). Each report will result in a table of data, like an Excel spreadsheet. You can save the reports that you created and to access them on the left is a dropdown that allows you to select an existing report to load. To load an existing report, select it from the dropdown and select the Click to load selected report link.

How to Create a New Filter Report:

Within the Report section of Chronicle; click to create new Filter Report link. Creating a new filter report has five steps. After making a change in any of the steps, you can save the report by clicking the link at the top of the page.

1. **Step 1-** Give your report a name by clicking the Update Report Name link. Make the name short but descriptive. It must be unique (two reports cannot have the same name). The report name will be used to identify the report in the selection drop down box.

2. **Step 2-** Select and configure the filters that you'd like to have used in the report. **Example:** DSME & Follow-Up > Education Complete > Is > Not Complete.

3. **Step 3-** Select what fields the data report should include. The report that is generated is like an Excel table, where each row is a patient record and each column is a field that you can select.

4. **Step 4-** The report can be limited to only include patients that were seen during a specified date range (Option 1) or can include all patients (Option 2). Note that if you are selecting a date range, the system will include every patient that has at least one educational session (1:1 or group) during that date range. The default range is within the last 12 months, but you can enter other ranges. Note that reports only include active (non-archived) patients.

5. **Step 5-** When all of the steps have been defined, select the Preview Report Results link. This will open a window showing the results of your report. Note that it may take a number of seconds for this window to open, depending on the complexity of the report. If you are pleased with the report, you can close the preview window and click the Export Report Results to Excel link.
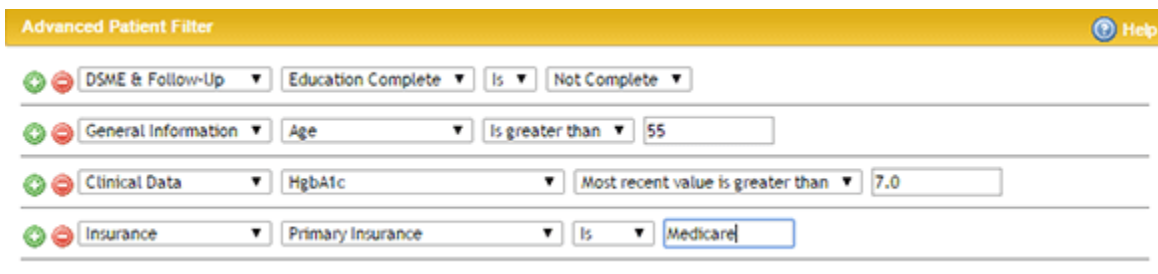
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ERP Filter Report *Pg. 2 of 2*

Filter Report Example:

The filter report example below indicates this specific filter will export participant data for pts. that have the following information documented in Chronicle:

- Education is documented as Complete
- Age is greater than 55
- Most recent HgbA1c value is greater than 7.0
- Primary Insurance type is Medicare

Once the filters have been set, the data export will look similar to the example below. The report offers you the option to include participant demographics, insurance information, pre/post clinical & lab data and more.

Patient ID	Patient Name (Last, First)	HbA1c	HgbA1c Date	HgbA1c (first value)	HgbA1c Date (first value)	Health Insurance Information
1234	Patient, DSME	7.2	5/1/2015	7.8	10/30/2014	Medicare

Helpful Tips:

- **To pull a report for all patients within the system**; choose *General Information > Age > Is greater than > 0* (Step 2 Select Filters section).
- There is no limit to the number of filters you can apply to the report in (Step 2).

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