



### Data Elements for REDCap Entry

Updated 8-15-18

This document defines the data elements that must be entered into REDCap for all HOPE Consortium clients. It is intended to serve as a guide for partner agencies and HOPE support staff as they figure out agency-specific processes for data entry with Care Coordinator support.

REDCap Form	Timeline	Data Elements	Currently Collected?	Existing Process or Plan
<b>Consent</b>	<ul style="list-style-type: none"> <li>• Complete at time of entry</li> <li>• Upload as soon as possible after completion</li> <li>• Update if patient:                             <ul style="list-style-type: none"> <li>– Requests to withdraw from the program</li> <li>– Deceased</li> </ul> </li> <li>• If patient returns after withdrawal of consent, consent must be obtained again</li> </ul>	<ul style="list-style-type: none"> <li>• Scan and upload signature page of consent document</li> <li>• Enter date of consent</li> </ul>	<input type="checkbox"/>	
<b>ROI</b>	<ul style="list-style-type: none"> <li>• Complete at time of entry</li> <li>• Upload as soon as possible after completion</li> <li>• Updated annually with prompt at 11 months</li> </ul>	<ul style="list-style-type: none"> <li>• Scan and upload signed ROI</li> </ul>	<input type="checkbox"/>	
<b>Demographics</b>	<ul style="list-style-type: none"> <li>• Update at time of entry or anytime there is a change to one of the data elements</li> </ul>	<ul style="list-style-type: none"> <li>• Name</li> <li>• Gender</li> <li>• Date of Birth</li> <li>• Phone Number</li> <li>• Alternate Contact Information</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Veterans Status</li> <li>• Education</li> <li>• Primary Substance</li> <li>• Secondary Substance</li> <li>• Tertiary Substance</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Status Update</b>	<ul style="list-style-type: none"> <li>• Update at time of entry or anytime there is a change to one of the data elements</li> <li>• Recovery Corps involvement will prompt for update every 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Address</li> <li>• Arrests</li> <li>• Deaf/Hard of Hearing</li> <li>• Employment</li> <li>• Insurance Information</li> <li>• Living Arrangements</li> <li>• Co-Existing Mental Illness</li> <li>• Number of Minor Children</li> <li>• Number of Children Placed Outside of</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

REDCap Form	Timeline	Data Elements	Currently Collected?	Existing Process or Plan
		<ul style="list-style-type: none"> <li>Home</li> <li>• Pregnancy Status <input type="checkbox"/></li> <li>• Probation Status <input type="checkbox"/></li> <li>• Recovery Corps Involvement <input type="checkbox"/> <ul style="list-style-type: none"> <li>– Yes/No</li> <li>– If no, indicate whether information provided</li> </ul> </li> <li>• Residential Treatment <input type="checkbox"/></li> <li>• Support Group <input type="checkbox"/></li> </ul>		
<b>Referral to Care Coordination</b>	<ul style="list-style-type: none"> <li>• Complete to refer client to a HOPE Consortium Care Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• Scan and upload signed ROI for Care Coordination</li> </ul>	<input type="checkbox"/>	
<b>Communication Log</b>	<ul style="list-style-type: none"> <li>• Enter all visit types shown whether client attended or had a no show as soon as possible after the scheduled appointment</li> <li>• Update when discharging patient from a treatment service (note: a patient can be discharged from a service and still be part of the HOPE Consortium program)</li> </ul>	<ul style="list-style-type: none"> <li>• Visits Types: <ul style="list-style-type: none"> <li>– UDT <input type="checkbox"/></li> <li>– MAT <input type="checkbox"/></li> <li>– AODA Counseling <input type="checkbox"/></li> <li>– Care Coordination <input type="checkbox"/></li> </ul> </li> </ul>		
<b>WHOQOL-BREF</b>	<ul style="list-style-type: none"> <li>• Complete at intake and every 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Enter answers, score generated electronically</li> </ul>	<input type="checkbox"/>	
<b>ASAM Assessment</b>	<ul style="list-style-type: none"> <li>• Enter at intake and anytime there is a level of service change</li> </ul>	<ul style="list-style-type: none"> <li>• ASAM placement level <input type="checkbox"/></li> <li>• Actual level of care <input type="checkbox"/></li> <li>• Reason for any mismatch <input type="checkbox"/></li> </ul>		
<b>SUDDS-5/TAAD-5</b>	<ul style="list-style-type: none"> <li>• Enter at intake</li> <li>• Enter anytime another disorder presents</li> <li>• Enter at time of discharge</li> </ul>	<ul style="list-style-type: none"> <li>• SUDDS-5/TAAD-5 results</li> </ul>	<input type="checkbox"/>	
<b>Referral Information</b>	<ul style="list-style-type: none"> <li>• Complete anytime you make a referral for the services shown</li> <li>• If a referral is pending, the tab will appear pink to alert you to update the referral outcome once known</li> </ul>	<ul style="list-style-type: none"> <li>• Referral types: <ul style="list-style-type: none"> <li>– Care Coordination <input type="checkbox"/></li> <li>– Medical <input type="checkbox"/></li> <li>– Mental Health <input type="checkbox"/></li> <li>– Naltrexone <input type="checkbox"/></li> <li>– Intensive Outpatient <input type="checkbox"/></li> <li>– Suboxone <input type="checkbox"/></li> <li>– Vivitrol <input type="checkbox"/></li> </ul> </li> </ul>		