

QC Senior Care Coalition

RedCap Data Survey Submission - Tip Sheet

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. In those cases, a separate box will open up below the question where you can fill in the necessary details.

Unplanned Transfers Survey

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.

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/Hospital Admission:

You can only select yes for one of these. See note on the survey if you have questions choosing the correct option. If you do select yes for both, it will automatically deselect the first option you chose.

Primary Contributing Reasons for Transfers:

Select all options that apply, so there can be more than one answer for this.

Primary Signs and Symptoms Leading to Transfer:

Select the one answer that best represents the underlying cause, provide additional information if prompted.

Primary Diagnosis:

Obtained from hospital or emergency department

Monthly Census

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.