## Event report fields

Field Name	Format	Description
MRN	6 digits	Number unique to patient (same for all
		visits)
FIN NBR	10 digits	Number unique to visit
FINANCIAL_CLASS	Alpha	All are "emergency"
DOB	Date	Date of birth
MD_PROV_ASSIGNED_D	Date	Date the doctor signed up to see the
ATE		patient
MD_PROV_ASSIGNED_T	Time	Time the doctor signed up to see the
IME		patient
MD	Alpha	Doctor seeing patient
RN	Alpha	Nurse seeing patient
LIP	Alpha	Physician assistant seeing patient
ARR_DATE	date	Arrival date
ARR_TIME	Time	Arrival time
DEPART_DT	Date	Depart date
DEPART_TIME	Time	Depart time
LOS	Alpha -	Length of stay
	minutes	
CHIEF_COMPLAINT	Alpha	Chief complaint
ACUITY	Alphanumeri	1 – 5 scale for severity – 1 is most severe
	С	
DISCH_DISPO	Alphanumeri	Where the patient was discharged – e.g.
	С	home, nursing home, jail
ADMIT_NURSING_UNIT	Alpha	Hospital unit admitted to
VISIT_TYPE	Alpha	All are "emergency"
EVENT_NAME	Alpha	Name of event being tracked
FINAL_EVENT_STATUS	Alpha	Final status of event – can be requested,
		started, completed, cancelled
REQ_DATE	Date	Date the event was requested
REQ_TIME	Time	Time the event was requested

REQ_PRSNL	Alpha	Who requested the event
START_DATE	Date	Date the event was started
START_TIME	Time	Time the event was started
START_PRSNL	Alpha	Who started the event
COMPLETE_DATE	Date	Date the event was completed
COMPLETE_TIME	Time	Time the event was completed
COMPLETE_PRSNL	Alpha	Who completed the event
CANCEL_DATE	Date	Date the event was cancelled
CANCEL_TIME	Time	Time the event was cancelled
CANCEL_PRSNL	Alpha	Who cancelled the event

## **Event Names**

Admit Assessment
Admitting Orders
Arrive
Bands/Labels
Bed Ready
Consult Paged
Discharge
ED Clerk Call/Page
ED MD Dec. to Admit
EKG
Fast Track
Fin Reg
Isolation
Lab Draw
MEWS Alert
MSEI MD/PA/NP
Poss Severe Sepsis
Possible Admit
Possible Sepsis

Quality-Pneumonia	
Rad	
Respiratory	
RN To See	
Spec. Consideration	
Stop at Registration	
Tech to See	
Telemetry	
To ED Bed	
Triage	
Update Home Meds	
Urine Collect	