

Report Packages 2009 - Checklist/Order Form

STANDARD REPORT	CUSTOMIZED VIEW REPORT	DESCRIPTION	PRICE	ORDER/CHECKLIST
CTAS Report		CTAS (Canadian Triage Acuity Scale) is the standard by which Emergency Room cases are measured. This report breaks down the standard triage codes using criteria as specified by ER App Reporting Extraction	\$2,200	<input type="checkbox"/>
CCO Report 2009	CCO 2009 View	The CCO Method to Identify Index Procedures extracts the data required to meet CCO reporting requirements for Surgical Index Reporting for both DAD and NACRS.	\$2,250	<input type="checkbox"/>
D-O-W & Shift Scheduling Report		The D-O-W & Shift Scheduling Report gives a breakdown of the Emergency Department by Shift Times	\$275	<input type="checkbox"/>
Amcare Age Breakdown by Service		The Amcare report enables you to examine the patient population treated in the Ambulatory Care environment by Age and Gender via the various physician services treating patients in the Amcare programs	\$275	<input type="checkbox"/>
Patient Satisfaction Survey Export Report		This report extracts ER and Inpatient data in one report in a format acceptable for submission for clients who participate in the Survey	\$795	<input type="checkbox"/>
	CMG Benchmarks View	Clients can have Provincial, Regional, Target and Best Percentile and ELOS data, including Hay Group Level of Care Indicators imported to the WinRecs database for reporting purposes	\$300	<input type="checkbox"/>
EDRS WT Encounter Submission Report	EDRS View	The Emergency Department Reporting System data is collected as part of a Wait Time Pilot Project across Ontario. The extracts the data in a format acceptable for submission	\$795	<input type="checkbox"/>

Prices are subject to change. Please note that applicable taxes will be added to your order.



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Ottawa, ON K4A 3V3

Please use the above form to indicate the Report(s) you require.

Please indicate your contact details below:

Hospital Name/Number of Sites: _____

No. of Hospital Beds: _____

Client Contact Name: _____

Client Title/Dept: : _____

Contact Information:
(Phone/Fax) _____

Email: _____

Authorized Signature: _____
(Please print Name beside signature if different than Contact Name)

PAYMENT METHOD: VISA Purchase Order P.O. # _____

If paying by credit card, please call **1-800-461-2020, ext. 2237**

If you have any questions about the type of Report you need or about the Report Packages in general, including any other Report types not listed here, please contact the Client Services Department at **1-800-461-2020** or email support@med2020.ca.

Please send your completed form and contact details to sales@med2020.ca or fax to the **Sales Department** at **613-830-5992**.

You will be contacted shortly after receipt of your Order Checklist so that your order can be processed and payment arranged. At that time, anticipated delivery of your Report(s) will also be confirmed.

Thank you for your Order!

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