**Appendix 3: Feasibility Criteria**

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| **Feasibility Criterion** | **Definition** | **Considerations** |
| **Data completeness** | **Data availability:** Level to which data is captured in a structured format (e.g. picklist, radio buttons, check boxes, date/time fields, data encoded in a controlled vocabulary). | \* Availability of structured fields (e.g. picklists, radio buttons, checkboxes) for data capture in the EHR or departmental systems.\* Workflow fit, i.e. level of use of structured data fields to capture the data. |
| **Data extractability:** level to which structured data is accessible and retrievable from systems where it is captured | \* Ability to query the system where the data is captured, whether through transfer of the data to another system (e.g. EHR) or directly from the source system. |
| **Data correctness** | **Data accuracy:** level to which structured data represents the "truth" about a patient. | \* Concordance of structured data with other data sources in the medical record.\* Currency of data. |
| **Data reliability:** level to which structured data is captured with a consistent conceptual definition. | \* Clarity of data definition. |
| **Data normalization** | Level to which structured data is captured or can be mapped to standard vocabularies | \* Standard vocabularies include: SNOMED-CT, LOINC, RxNorm, ICD-9-CM, ICD-10-CM/PCS\* Granularity of data. |
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| **Overall Feasibility** |  | **Definition** |
| **Easy** |  | Scores "very likely" or “likely” in all feasibility criteria |
| **Somewhat difficult** |  | Scores "somewhat likely" or “unlikely” in at least one feasibility criterion |
| **Very difficult** |  | Scores "very unlikely" in at least one feasibility criterion |