

Kentucky Health Information Exchange (KHIE)

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 Electronic Case Reports

Quick Reference Guide

December 2021

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



Copyright Notice

© 2020 Deloitte. All rights reserved.

Trademarks

"Deloitte," the Deloitte logo, and certain product names that appear in this document (collectively, the "Deloitte Marks"), are trademarks or registered trademarks of entities within the Deloitte Network. The "Deloitte Network" refers to Deloitte Touche Tohmatsu Limited (**DTTL**), the member firms of DTTL, and their related entities. Except as expressly authorized in writing by the relevant trademark owner, you shall not use any Deloitte Marks either alone or in combination with other words or design elements, including, in any press release, advertisement, or other promotional or marketing material or media, whether in written, oral, electronic, visual, or any other form. Other product names mentioned in this document may be trademarks or registered trademarks of other parties. References to other parties' trademarks in this document are for identification purposes only and do not indicate that such parties have approved this document or any of its contents. This document does not grant you any right to use the trademarks of other parties.

Illustrations

Illustrations contained herein are intended for example purposes only. The patients and providers depicted in these examples are fictitious. Any similarity to actual patients or providers is purely coincidental. Screenshots contained in this document may differ from the current version of the HealthInteractive asset.

Deloitte

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee ("DTTL"), its network of member firms, and their related entities. DTTL and each of its member firms are legally separate and independent entities. DTTL (also referred to as "Deloitte Global") does not provide services to clients. In the United States, Deloitte refers to one or more of the US member firms of DTTL, their related entities that operate using the "Deloitte" name in the United States and their respective affiliates. Certain services may not be available to attest clients under the rules and regulations of public accounting. Please see <u>www.deloitte.com/about</u> to learn more about our global network of member firms.





Document Control Information

Document Information

Document Name	Direct Data Entry Enhancements: COVID-19 Variant Testing and Initiating COVID-19 Electronic Case Reports Quick Reference Guide
Project Name	KHIE
Client	Kentucky Health Information Exchange
Document Author	Deloitte Consulting
Document Version	2.0
Document Status	Final Draft
Date Released	12/16/2021

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
1.0	12/09/2021	Initial Draft	Deloitte Consulting
1.1	12/16/2021	Revised Draft per KHIE Review	Deloitte Consulting
1.2	12/16/2021	KHIE Review	KHIE
2.0	12/16/2021	Final Draft	Deloitte Consulting

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



Table of Contents

1	Introduction	5
2	COVID-19 Lab Data Entry Enhancements	5
	COVID-19 Variant Testing Enhancements	5
	Initiate COVID-19 Case Report Feature	8
3	Initiate COVID-19 Case Report from COVID-19 Lab Data Entry	9
	COVID-19 Lab Data Entry Submission	9
	Lab Results Submitted by User Screen	11
4	COVID-19 Case Report: Auto-Populated Details from Lab Data Entry	15
	Patient Information Screen	16
	Applicable Symptoms Screen	19
	Exposure Information Screen	22
	Hospitalization, ICU & Death Information Screen	25
5	Submit Initiated COVID-19 Case Report	29
6	Technical Support	30
	Toll-Free Telephone Support	30
	Email Support	30

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



1 Introduction

As part of KHIE's ongoing updates and maintenance, additional features have been added to KHIE's Direct Data Entry functionality for positive COVID-19 test results. These enhancements made to the COVID-19 Lab Data Entry functionality allow Users with the *Manual Data Submission* user role to enter positive test results for COVID-19 variants. Additionally, Users with the *Manual Case Reporter* user role have the option to initiate a COVID-19 Case Report using information from a previously submitted COVID-19 Lab Data Entry.

The purpose of this guide is to provide an overview of these changes and provide step-by-step instructions and screenshots showcasing the new features in the ePartnerViewer.

All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

Please Note: All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

2 COVID-19 Lab Data Entry Enhancements

COVID-19 Variant Testing Enhancements

The COVID-19 Lab Data Entry functionality has been enhanced to capture COVID-19 variant details. The purpose of the new COVID-19 variant features is to collect positive test results for COVID-19 variants for the Kentucky Department for Public Health (DPH).

The new features and changes to the COVID-19 Lab Data Entry include:

1. On the **Observation** screen, the **Select Test Type hyperlink** has been enhanced to include variant test types and variant test names in the categorized list of test types and test names.

Test Type Category		×
SHOWING 110 ITEMS	T APPLY FILT	۲ ۲
TEST TYPE -	TEST NAME	٠
Variant Testing	SARS-CoV-2 (COVID-19) variant interpretation in Specimen	
Variant Testing	SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing	
Serology	SARS coronavirus 2 Ab [Interpretation] in Serum or Plasma	
Serology	SARS coronavirus 2 IgA Ab [Presence] in Serum or Plasma by Immunoassay	
Serology	SARS coronavirus 2 IgA Ab [Units/volume] in Serum or Plasma by Immunoassay	
Serology	SARS coronavirus 2 lgG Ab [Presence] in Serum or Plasma by Immunoassay	
Serology	SARS coronavirus 2 lgG Ab [Presence] in Serum or Plasma by Immunoassay	
Serology	SARS coronavirus 2 IgG Ab [Units/volume] in Serum or Plasma by Immunoassay	
Serology	SARS coronavirus 2 IgG+IgM Ab [Presence] in Serum or Plasma by Immunoassay	





2. On the **Observation** screen, the *Select Test Type* field has been enhanced to include a new **Variant Testing** radio button.

Observation 1				•
<u>Select Test Type</u> *	○ BinaxNOW ○ PCR ○ Serology ○ Antigen ○ Other <mark>○ Variant Testing ④</mark>	Test Name*	Select	~

3. On the **Observation** screen, the *Test Name* field has been enhanced to display new **Variant Test Name options** that correspond with the selected *Variant Testing Test Type*.

Observation 1			•
Select Test Type*	○ BinaxNOW ○ PCR ○ Serology ○ Antigen ○ Other 🖲 Variant Testing 😧	Test Name*	Select 🗸 🗸
T. I.D. III			SARS-CoV-2 (COVID-19) variant interpretation in Specimen
Test Result*	Select V		SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing
Observation Result Date*	MM/DD/YYYY		

4. On the **Observation** screen, the *Test Result* field has been enhanced to include **Variant Test Result options** based on the selected **Variant Test Name**.

Observation 1			•
<u>Select Test Type</u> *	○ BinaxNOW ○ PCR ○ Serology ○ Antigen ○ Other ● Variant Testing �	Test Name*	SARS-CoV-2 (COVID-19) variant × V
Test Result*	Şelect 🗸 🗸		
Observation Result Date*	Other SARS-CoV-2 B.1.1.7 lineage SARS-CoV-2 B.1.351 lineage		
Name Of Testing Product 🕑	SARS-CoV-2 B.1.427 lineage SARS-CoV-2 B.1.429 lineage	Device Identifier 😧	
Comments	SARS-CoV-2 B.1.525 lineage SARS-CoV-2 B.1.526 lineage	GISAID Accession Number 😧	
	CADS CAVA DA ESCA lineare		





5. On the **Observation** screen, a new **Comments** field has been added to enable Users enter additional notes about a patient's COVID-19 Variant Test Results.

Comments	GISAID Accession Number 🕑	

6. The Observation screen has been enhanced to dynamically display a new GISAID Accession Number textbox field when the User selects *Variant Testing* as the test type. GISAID Accession Numbers are used as unique and permanent identifiers to identify viruses and/or segments.

<u>Select Test Type</u> *	○ BinaxNOW ○ ○ Antigen ○ Otl	PCR O Serology her <mark>9</mark> Variant Tes	ting 🕑	Test Na	ime*	SARS-CoV-2 (COVI	D-19) variant 🗙	~
Test Result*	SARS-CoV-2 B.1	.1.7 lineage	x ~					
Observation Result Date*	10/04/2021			DAssession	umbors			
Name Of Testing Product 😧	Abbot ID Now		are pern ea virus	used as uniqu nanent identifi och virus to ide ses and/or seg	iers for entify ments.			
Comments	Additional Note	25		GISAID Acces Numb	ssion er 😧			
Entry.	1 Patient Information	2 Observation	3 Ask On Order E	intry Lab	4 Data Review	5 Submit		
	Please provide addition	nal details.	ASK ON ORDEI	R ENTRY				
	First Test 😧	Select		нсw 🕑	Select	~]	
	Symptoms 😧	Select	~ H	lospitalization 🕑	Select	~		
	Onset Date 🕑	MM/DD/YYYY	***	Congregate 😧	Select			
	ICU 😡	Select	~	Pregnant 🕑	Select	~		





Initiate COVID-19 Case Report Feature

- 7. The COVID-19 Lab Data Entry functionality has been enhanced to include a new **Initiate** feature which allows Users to initiate a COVID-19 Case Report from a submitted COVID-19 Lab Data Entry.
 - The **Lab Data Review** screen has been enhanced to display a pop-up notification that provides the option for Users to initiate a COVID-19 Case Report upon submitting a COVID-19 Lab Data Entry.

Test Name SARS-CoV-2 (COVID-19) [Type] in Specimen by S	variant equencing	Test Result SARS-CoV-2 lineage of unknown significance	Observ n 10/08/2	ation Result Date 2021
Name Of Testing Produ	Lab Data	Entry	×	ccession Number
Ask On Order Entry	Your submiss COVID-19 Ca: NOTE: A COVID- COVID-19 Test a	sion is successful. Do you want to se Report Form? 19 Case Report Form is only required wher re positive.	submit a n the results of the	•
First Test Yes		No	Yes	ns
Onset Date 09/26/2021		Hospitalization Yes	Congre Yes	gate

 On the Lab Results Submitted by User screen, a new Initiate button has been added to enable Users to initiate a COVID-19 Case Report from any previously submitted COVID-19 Lab Data Entry.

(ĤIE	ePartner	Viewer				🖂 Sup	port 📢 Announc	ements 🌲 Advisories	1 😫 Jane Doe 👻
Patient Search		Bookmarked Pat	ients	Event Not	ifications 3	Lab	Data Entry -	Cas	se Report Entry 🕶
😭 Home ゝ Lab	data entry user report								
		LAB RE	SULTS S	SUBMITT	ED BY J	ANE DOE			
TIME SELECTIO	N	Start Da	ite 11/01/2021	#		End Date 11/01/202	1 🗰		C Retrieve Data
Click on any row to SHOWING ITEMS	view more details								T APPLY FILTER
PERFORMING FACILITY NAME	PATIENT MRN \$	FIRST NAME	LAST NAME 🗘	DATE OF BIRTH	PATIENT SEX	TEST NAME \$	TEST RESULT	PROCESSED DATE	CASE REPORT FORM
Test Medical Center	DM12011950	Daphne	Moon	12/01/1960	Female	SARS-CoV-2 (COVID- 19) variant interpretation in	SARS-CoV-2 B.1.1.7 lineage	11/01/2021 1:00 PM	Initiate

19 Lab Data Entry or Quick Entry for Negative COVID-19 Test Results, please review the *Direct Lab*

Data Entry User Guide on the KHIE website.



3 Initiate COVID-19 Case Report from COVID-19 Lab Data Entry

A new **Initiate** feature has been added to the COVID-19 Lab Data Entry functionality to allow ePartnerViewer Users to initiate a COVID-19 Case Report with information from a previously submitted COVID-19 Lab Data Entry. This feature allows Users to copy the information from a completed COVID-19 Lab Data Entry into the COVID-19 Case Report, enter additional details, and submit the COVID-19 Case Report for the patient. This means that certain information entered on the COVID-19 Lab Data Entry will be auto-populated in the initiated COVID-19 Case Report. Users can update the appropriate information and submit a COVID-19 Case Report for the same patient.

<u>There are two methods for initiating a COVID-19 Case Report from a previously submitted COVID-19</u> <u>Lab Data Entry</u>:

- 1. Initiate a COVID-19 Case Report after submitting a COVID-19 Lab Data Entry
- 2. Initiate a COVID-19 Case Report from the Lab Results Submitted by User screen

COVID-19 Lab Data Entry Submission

These steps cover how to initiate a COVID-19 Case Report for positive COVID-19 test results upon submitting a COVID-19 Lab Data Entry in the ePartnerViewer.

 After completing the COVID-19 Lab Data Entry, review the information you entered on the Lab Data Review screen. After verifying the information is accurate and/or the appropriate changes have been made, click Submit to submit the Lab Data Entry.

ICU Yes	Pregnant Not pregnant	
		Previous Submit

2. All data submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Lab Data Entry or **Submit** to finalize the Lab Data Entry.

Ask On Order Entry	Lab Data Entry ×	٥
First Test No	All data submissions are final. Please ensure that your data is accurate before clicking on the Submit button. If you would like to make changes now, please click the Cancel button.	oms
Onset Date 2021/03/24	Cancel Submit	egate



3. Upon clicking **Submit** to finalize the Lab Data Entry submission, a pop-up notification displays a message that states: *Your submission is successful. Do you want to submit a COVID-19 Case Report Form?* **NOTE**: A COVID-19 Case Report Form is required only when the results of the COVID-19 Test are positive.

GISAID Accession Number X1234567		
Ask On Order Entry		0
First Test Yes	Lab Data Entry × ^{ms}	
Onset Date 11/01/2021	Your submission is successful. Do you want to submit a COVID-19 Case Report Form? NOTE: A COVID-19 Case Report Form is only required when the results of the COVID-19 Test are positive.	
ICU Yes	No Yes	
	Previou	s Submit

4. To initiate a COVID-19 Case Report for the same patient, click **Yes**.

SARS-CoV-2 (COVID-19 [Type] in Specimen by) variant SARS-CoV-2 lineage of unknown 10/08/ Sequencing significance	2021
Name Of Testing Prod Abbot ID Now	Lab Data Entry ×	ccession Number
Ask On Order Entry	Your submission is successful. Do you want to submit a COVID-19 Case Report Form? NOTE: A COVID-19 Case Report Form is only required when the results of the COVID-19 Test are positive.	0
First Test Yes	No Yes	ns
/		
Please Note: Clicking Yes on a navigate you to the Patient In	the pop-up notification to initiate formation screen of the COVID-1	a case report will automatically 9 Case Report.
For specific information on the review the <i>Patient Information</i> .	Patient Information screen of the section of this guide.	ne COVID-19 Case Report, please





Lab Results Submitted by User Screen

These steps cover how to initiate a COVID-19 Case Report from a previously submitted COVID-19 Lab Data Entry on the **Lab Results Submitted by User** screen.

1. To initiate a COVID-19 Case Report from a previously submitted COVID-19 Lab Data Entry, click the **Lab Data Entry** Tab in the blue Navigation Bar at the top of the screen.

KĤIE e	Support 📢 Announcements 4	😫 Jane Doe 👻			
Patient Search	Bookmarked Patients	Event Notifications	Lab Data Entry 🕶	Ca	se Report Entry -
Home			Covid Lab Data Entry		
▲ Advisory: !@#\$%^&*() +	-010/,		Quick Entry for Negative COVID-19	Test Results	Read More View All
		•	Lab Data Entry User Report		
			Manage User Preferences	>	
		myDASHBOARD			

2. Select Lab Data Entry User Report from the dropdown menu.

KĤIE eP	artnerViewer	Support 📢 Announcements 🌲	Advisories 1	🧕 Jane Doe 👻	
Patient Search	Bookmarked Patients	Event Notifications	Lab Data Entry 🕶	Cas	se Report Entry -
😭 Home			Covid Lab Data Entry		
▲ Advisory: !@#\$%^&*()_+-{}	[]/`		Quick Entry for Negative COVID-19	Fest Results	Read More View All
		•	Lab Data Entry User Report		
			Manage User Preferences	>	
		myDASHBOARD			

3. The **Lab Results Submitted by User** screen displays. By default, the screen displays the lab data entries from the last updated date. You can use the Date Range buttons to do a custom search for previous lab data entries entered within the last 6 months.

Patie	nt Search		Bookmarked Patients		Event Not	Event Notifications 3 Lab		o Data Entry - Cas		e Report Entry 👻
🖀 Home	> Lab d	lata entry user report								
	LAB RESULTS SUBMITTED BY JANE DOE									
C TIME SI	ELECTIO	N	Start Da	e 11/01/2021	Ħ		End Date 11/01/202	1 🗰		C Retrieve Data
Click on a SHOWING I ITEMS	any row to v	view more details								T APPLY FILTER
PERFORMIN FACILITY NA	NG Ame 🗢	PATIENT MRN +	FIRST NAME	LAST NAME 🗘	DATE OF BIRTH	PATIENT SEX	TEST NAME \$	TEST RESULT	PROCESSED DATE	CASE REPORT FORM
Test Medica	al Center	DM12011950	Daphne	Moon	12/01/1960	Female	SARS-CoV-2 (COVID- 19) variant interpretation in Specimen	SARS-CoV-2 B.1.1.7 lineage	11/01/2021 1:00 PM	Initiate





4. To retrieve lab data entries for a specific date range within the last 6 months, enter the appropriate **Start Date** and **End Date**.

LAB RESULTS SUBMITTED BY JANE DOE							
● TIME SELECTION Start Date MM/DD/YYYY							
	4 Su 31	November November Mo Tu We	er 2021 2021 ~ e Th Fr 4 5	► Sa	te to retrieve historical laboratory data		
	7	8 9 10	11 12	13			
	14 21	15 16 17 22 23 24	18 19 25 26	20 27			
	28	29 30 1	2 3	4			

5. Click **Retrieve Data** to generate the lab data entries.

KÎLE eP	PartnerViewer		🖼 Support 📢 Announcements 🌲)	Advisories 🚹 😫 Jane Doe 👻			
Patient Search	Bookmarked Patients	Event Notifications	Lab Data Entry 👻	Case Report Entry +			
🖀 Home 🕨 Lab data ent	ry user report						
LAB RESULTS SUBMITTED BY JANE DOE							
• TIME SELECTION	Start Date 11/01/2021	the Enc	Date 11/15/2021	C Retrieve Data			

6. To search for a specific lab data entry, click **Apply Filter**.

	Home > Lab data entry user report									
	LAB RESULTS SUBMITTED BY JANE DOE									
L	TIME SELECTION Start Date 11/01/2021 End Date 11/15/2021 Date C Retrieve Data									
	O Click on any row to view more details SHOWING SHOWI									
	PERFORMING FACILITY NAME	PATIENT MRN 🗘	FIRST NAME	LAST NAME 🗘	DATE OF BIRTH 🗘	PATIENT SEX 🗘	TEST NAME +	TEST RESULT \$	PROCESSED DATE	CASE REPORT FORM ÷
	Test Medical Center	DM12011950	Daphne	Moon	12/01/1960	Female	SARS-CoV-2 (COVID- 19) variant interpretation in Specimen	SARS-CoV-2 B.1.1.7 lineage	11/01/2021 1:00 PM	Complete
	Test Medical Center	EB10031980	Elaine	Benes	10/03/1980	Female	SARS-CoV-2 (COVID- 19) variant interpretation in Specimen	SARS-CoV-2 B.1.1.7 lineage	11/05/2021 12:20 PM	Initiated
	Test Medical Center	test	test	test	11/18/1990	Female	SARS-CoV-2 (COVID- 19) variant interpretation in Specimen	SARS-CoV-2 B.1.1.7 lineage	11/10/2021 5:07 PM	Complete
	Test Medical Center	СК09031955	Cosmo	Kramer	09/03/1965	Male	BinaxNOW COVID Test Kit	Negative	11/12/2021 3:13 PM	Initiate
	Test Medical Center	SR04011965	Susan	Ross	04/01/1965	Female	BinaxNOW COVID Test Kit	Negative	11/12/2021 3:55 PM	Initiate
				First Back	1 2 Next Last				Maximu	Im 5 • entries per page



 The Filter fields display. You can search by entering the *Performing Facility Name, Patient MRN, First Name, Last Name, Date of Birth, Patient Sex, Test Name, Test Result, Processed Date*, and/or *Case Report Form* in the corresponding Filter fields.

				SODIVITT					
TIME SELECTION		Start Da	te 11/01/2021	#		End Date 11/15/202	1 🗰		CRetrieve Data
C Click on any row to view more details SHOWING									
PERFORMING FACILITY NAME ♀ Enter Performing Fa	PATIENT MRN Function Patient MRN	FIRST NAME Enter First Nam	LAST NAME \blacklozenge Enter Last Nam	DATE OF BIRTH +	All ~	TEST NAME \$ Enter Test Name	TEST RESULT \$ Enter Test Result.	PROCESSED DATE +	CASE REPORT FORM +
Test Medical Center	DM12011950	Daphne	Moon	12/01/1960	Female	SARS-CoV-2 (COVID- 19) variant interpretation in Specimen	SARS-CoV-2 B.1.1.7 lineage	11/01/2021 1:00 PM	Complete
Test Medical Center	EB10031980	Elaine	Benes	10/03/1980	Female	SARS-CoV-2 (COVID- 19) variant interpretation in Specimen	SARS-CoV-2 B.1.1.7 lineage	11/05/2021 12:20 PM	Initiated
Test Medical Center	test	test	test	11/18/1990	Female	SARS-CoV-2 (COVID- 19) variant interpretation in Specimen	SARS-CoV-2 B.1.1.7 lineage	11/10/2021 5:07 PM	Complete
Test Medical Center	СК09031955	Cosmo	Kramer	09/03/1965	Male	BinaxNOW COVID Test Kit	Negative	11/12/2021 3:13 PM	Initiate
Test Medical Center	SR04011965	Susan	Ross	04/01/1965	Female	BinaxNOW COVID Test Kit	Negative	11/12/2021 3:55 PM	Initiate

8. To initiate a COVID-19 Case Report with the information from a completed Lab Data Entry that has been previously submitted, click **Initiate** located next to the appropriate Lab Data Entry.

(ĤIE	ePartne	rViewer		🗷 Support 📢 Announcements 🔺 Advisories 1 🤤 Jane Doe 👻					
Patient Search		Bookmarked Pat	ients	Event No	tifications 3	Lab	Data Entry -	Ca	se Report Entry -
Home > Lab data entry user report									
LAB RESULTS SUBMITTED BY JANE DOE									
STIME SELECTIO	N	Start Da	te 11/01/2021	#		End Date 11/01/202	21 🗰		2 Retrieve Data
Click on any row to	view more details								T APPLY FILTER
SHOWING 1 ITEMS									
PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME 🗘	DATE OF BIRTH	PATIENT SEX	TEST NAME	TEST RESULT 🗘	PROCESSED DATE	CASE REPORT FORM
Test Medical Center	DM12011950	Daphne	Moon	12/01/1960	Female	SARS-CoV-2 (COVID- 19) variant interpretation in Specimen	SARS-CoV-2 B.1.1.7 lineage	11/01/2021 1:00 PM	Initiate
e e e e e e e e e e e e e e e e e e e	te: You ha	ave the o	ntion to i	initiate a () Case Rep	ort for a r	previously	, submitte
Juick Entr	v for Nega		D-19 Tes	t Results	from the	l ah Resul	ts Suhmi	tted by II	ser scree

However, a COVID-19 Case Report is only required for <u>positive</u> COVID-19 test results.



9. Upon clicking **Initiate**, a pop-up notification displays a message that states: *Do you want to submit a COVID-19 Case Report Form?* **NOTE**: A COVID-19 Case Report Form is required only when the results of the COVID-19 Test are positive.

10.	To initiate a COVID-1	Ocase Report for t	the same patient, click Yes .
-----	-----------------------	--------------------	--------------------------------------

KHIE ePartner	PartnerViewer 🕿 Support 📢 Announcements 🌲 Advisories 👔 😝 Jane Doe							
Patient Search	Bookmarked Patients	Event Notifications 3	Lab Data Entry *	Case Report Entry -				
Home > Lab data entry user report								
	LAB RESULTS S	SUBMITTED BY J	ANE DOE					
O TIME SELECTION	Start Date 11/30/ Lab	Data Entry	× 30/2021	🞜 Retrieve Data				
Click on any row to view more details SHOWING 1 ITEMS	Do yo NOTE: COVID-	u want to initiate a COVID-19 Case Report F A COVID-19 Case Report Form is only required when th 19 Test are positive.	orm? er results of the	T APPLY FILTER				
PERFORMING FACILITY NAME	FIRST NAME + LAST NA	No	Yes	ROCESSED DATE				
Test Medical Center DM12011950	Daphne Moon	12/01/1960 Female	SARS-CoV-2 (COVID- 19) variant SARS-CoV-2 interpretation in B.1.1.7 lineage Specimen	11/01/2021 1:00 PM				
	First Back	1 Next Last		Maximum 5 👻 entries per page				
Please Note : Clicking Yes on the pop-up notification to initiate a case report will automatically navigate you to the Patient Information screen of the COVID-19 Case Report.								



4 COVID-19 Case Report: Auto-Populated Details from Lab Data Entry

COVID-19 Case Report entry is a ten-step process where Users with the *Manual Case Reporter* user role enter (1) Patient Information, (2) SARS CoV-2 Testing, (3) Clinical Course, (4) Applicable Symptoms, (5) Medical Conditions, (6) Exposure Information, (7) Hospitalization, ICU, & Death Information, (8) Vaccination History, and (9) Additional Comments. (10) **Lab Data Review** is where Users must review the information they have entered and submit the COVID-19 Case Report.

OVID-19 CASE REPORT FORM		Section 1	of 10		
Please complete the form below. All fields n	narked with an asterisk(*) are required.				
		PATIENT INFORMATION			
Patient Information	Interviewer Name*	Affiliation/Organization*			
SARS CoV-2 Testing	Select	✓ Test Medical Center			~
Clinical Course	A				
Applicable Comptone	Patient ID (MRN)* 😧	Prefix			
Applicable symptoms	DM12011950	Select	~		
Medical Conditions	First Name*	Middle Name		Last Name*	
Exposure Information	Daphne			Moon	
Hospitalization, ICU & Death Information		Date of Birth*			
Manda atlan I Batan i	Select	~ 12/01/1960			
vaccination History	Patient Sex*	Ethnicity*		Race*	
Additional Comments	Female	Not Hispanic or Latino	× ~	White	× ~
Peview & Submit	A				

The following COVID-19 Case Report screens display certain fields of information that have been autopopulated based on the information entered on the previously submitted COVID-19 Lab Data Entry. When necessary, users can change the auto-populated information and enter different details in any of the enabled fields.

- Patient Information screen
 Exposure Information screen
 - Applicable Symptoms screen Hospitalization, ICU & Death Information screen

Please Note: There are certain screens of the COVID-19 Case Report that do <u>not</u> include any auto-populated fields. This guide only covers the COVID-19 Case Report screens containing auto-populated fields.

For specific information on COVID-19 Case Reporting, please review the *Direct Data Entry for Electronic Case Reports: COVID-19 User Guide* on the <u>KHIE website</u>.



Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



Patient Information Screen

Upon initiating a COVID-19 Case Report from a previously submitted COVID-19 Lab Data Entry, you are automatically navigated to the **Patient Information** screen of the COVID-19 Case Report. The **Patient Information** screen displays patient demographic details that have been auto-populated based on the information previously entered on the COVID-19 Lab Data Entry.

	_							_
			PATIENT INF	ORMATION				
Patient Information		Interviewer Name*		Affiliation/Organization*				
ARS CoV-2 Testing	۵	Select	~	Test Medical Center				2
Clinical Course		-		11 40 140				
Applicable Symptoms		DM12011950		Select				
Medical Conditions		First Name*		Middle Name		Last Name*		
xposure Information		Daphne				Moon		
lospitalization, ICU & Death Information		Suffix		Date of Birth*				
accination History		Select	×.	12/01/1960				
Idditional Comments		Patient Sex*		Ethnicity*		Race*		
	0	Female		Not Hispanic or Latino	8 S.	White	2	s ¥
teview & Submit	-							
		Address 1*			Address 2			
		12 Seattle Avenue			Unit, Suite, Building, el	te.		

Users can change the auto-populated information in any of the enabled fields, as applicable. However, Users **<u>cannot</u>** change the auto-populated affiliation/organization and patient demographic fields which are grayed out and disabled:

- Affiliation/Organization
- First Name

• Prefix (if available)

- Patient ID (MRN)
- Middle Name (if available)
- Prefix (if available)
 Suffix (if available)

- Date of Birth
- Last Name
- Patient Sex

PATIENT INFORMATION							
Patient Information		Interviewer Name*		Affiliation/Organization*			
SARS CoV-2 Testing		Select	~	Test Medical Center			~
Clinical Course							
Applicable Symptoms	a	Patient ID (MRN)* @ DM12011950		Select	~		
Medical Conditions	a	First Name*		Middle Name		Last Name*	
Exposure Information	a	Daphne				Moon	
Hospitalization, ICU & Death Information	۵	Suffix		Date of Birth*			
Vaccination History	۵	Select	× .	12/01/1960			
Additional Comments	a	Patient Sex*	~	Ethnicity*	x v	Race*	× v
Review & Submit	A	1 GTTGTTG		reserve partie of Eddito			



Please Note: The Affiliation/Organization and the patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You can edit any of the enabled fields on all screens of the COVID-19 Case Report.

_ _ _ _ _ _ _ _ _ _ _ _ _

Users **can change** the auto-populated information entered in any of the enabled fields, as applicable:

- Ethnicity
- Race

- Email
- Is the patient a healthcare worker in the United States?

Is the patient currently pregnant?

- Address, City, State, Zip Code, County
- Phone

Medical Conditions	a	First Name*		Middle Name		Last Name*	
Exposure Information		Daphne				Moon	
Hospitalization, ICU & Death Information	a	Suffix		Date of Birth*			
Vaccination History	A	Select		12/01/1960			
Additional Comments	a	Patient Sex* Female	~	Ethnicity* Not Hispanic or Latino	× ~	Race*	× ~
Review & Submit	a						
		Address 1*		Ad	ddress 2		
		12 Seattle Avenue			Unit, Suite, Building, e	tc.	
		City*		St	tate*		Zip Code
		Lexington			KY	× ~	40511-
		County*		Phone* 😧		Email	

Is the patient a healthcare worker in the United States Yes No Unknown	5?*	
If yes, what is the patient's occupation/job type?* 🕑		
Select	× .	
If other, please specify:		
If yes, what is the patient's job setting?* 🛛		
Select	×	
If other, please specify: Is patient currently pregnant?* Yes No Unknown		
Save		Next



- 1. You have the option to **edit the auto-populated information** in the enabled fields, as applicable.
- 2. To complete the **Patient Information** screen, **enter the appropriate information** in the blank enabled fields, as applicable.
- 3. Once the appropriate edits and additions have been made, click **Next** to proceed to the **SARS CoV-2 Testing** screen.

Hospitalization, ICU & Death Information	a	Suffix	Date of Birth*			
Varcination History	A	Select 🗸	12/01/1960			
vaccination matory	-	Patient Sex*	Ethnicity*		Race*	
Additional Comments		Female	Not Hispanic or Latino	x ~	White	× ~
Review & Submit	a					
		Addross 1*		Address 2		
		12 Seattle Avenue		Unit, Suite, Building, et	с.	
		City*		State*	Zi	p Code
		Lexington		NI		40511-
		County*	Phone* 🚱		Email	
		Fayette X V	(555) 123-4567		daphne@email.com	
				_		
		Was this person a U.S. case?*				
		Yes No Unknown				
		Where was the patient residing at the time of illnes	ss onset?* 😡			
		Select	~			
		16 others related and 16 o				
		ir other, please specify:				
		Is the patient a healthcare worker in the United Sta	ites?*			
		Yes No Unknown				
		If yes, what is the patient's occupation/job type?*	9			
		Select	~			
		If other, please specify:				
		If yes, what is the patient's job setting?* 😡				
		Select	~			
		If other, please specify:				
		Is patient currently pregnant?*				
		Yes No Unknown				
		Save				ext 🗧
		ord #10			``````````````````````````````````````	

Please Note: The subsequent **SARS CoV-2 Testing** and **Clinical Course** screens of the COVID-19 Case Report do <u>**not**</u> include any auto-populated information from the COVID-19 Lab Data Entry.

• To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** to proceed to the **Applicable Symptoms** screen.

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



Applicable Symptoms Screen

The **Applicable Symptoms** screen displays patient demographic details that have been autopopulated based on the information previously entered on the COVID-19 Lab Data Entry.

					Section 4 of 10	
Please select applicable symptoms that the pa	atient experie	enced during illness.				
				APPLICABLE SYMPTOMS		
Patient Information	0	Were symptoms	present dur	g the course of illness?*		
SARS CoV-2 Testing	0	Yes	No	Unknown		
Clinical Course	0					
Applicable Symptoms		Onset Date* @ 09/26/2021		Unknown		
Medical Conditions	a	Did the patient's	symptoms r	solve?* Ø		
Exposure Information		Yes	No	Unknown		
Hospitalization, ICU & Death Information	۵	If yes, what was the mm/ddheese	he date of s	nptom resolution? @		
Vaccination History	۵					
Additional Comments	A	If symptomatic, w	hich of the	llowing did the patient experience during t	neir illness?	
Review & Submit	۵	Fever* Yes	No	Unknown		
		Rigors*				
		Yes	No	Unknown		
		Muscle aches (my	algia)*			
		Yes	No	Unknown		

Users **can change** the auto-populated information entered in any of the enabled fields, as applicable:

Were symptoms present during the course of illness?
 Onset Date

		APPLICABLE SYMPTOMS
Patient Information	0	Were symptoms present during the course of illness?*
SARS CoV-2 Testing	0	Yes No Unknown
Clinical Course	0	Operat Data t
Applicable Symptoms		09/26/2021
Medical Conditions	۵	Did the patient's symptoms resolve?* 🕑
Exposure Information	a	Yes No Unknown

Please Note: If the patient was marked as symptomatic on the COVID-19 Lab Data Entry, the selection for the conditional question at the top of the **Applicable Symptoms** screen is autopopulated as **Yes**: Were symptoms present during the course of illness?

• If *Yes* is selected for the conditional question at the top of the **Applicable Symptoms** screen, the subsequent fields are enabled.

If an onset date for symptoms was entered on the COVID-19 Lab Data Entry, the same date is auto-populated for the *Onset Date* field on the **Applicable Symptoms** screen.



- 4. You have the option to **edit the auto-populated information** in the enabled fields, as applicable.
- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Applicable Symptoms** screen: *Were symptoms present during the course of illness?*

		APPLICABLE SYMPTOMS
Patient Information	\odot	Were symptoms present during the course of illness?*
SARS CoV-2 Testing	\odot	Yes No Unknown
Clinical Course	\odot	
		APPLICABLE SYMPTOMS
Patient Information	\odot	Were symptoms present during the course of illness?*
SARS CoV-2 Testing	\odot	Yes No Unknown
Clinical Course	\odot	

- If you change the selection for the conditional question, a pop-up notification will display a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.

Medical Conditions	۵	Did the pa	Applicable Symptoms ×
Exposure Information	a	Yes	Diana acts that all colorians on the second will be
Hospitalization, ICU & Death Information	A	If yes, wha	reset. Are you sure you want to change your response?
Vaccination History	A	If symptor	Yes No
Additional Comments	a	Fever*	

Please Note: If *No* is selected for the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields are disabled and marked with *No*.

If **Unknown** is selected for the conditional question, all subsequent fields are disabled and marked as **Unknown**.

		APPLICABLE SYMPTOMS
Patient Information	\otimes	Were symptoms present during the course of illness?*
Laboratory Information	\otimes	Yes No Unknown
Applicable Symptoms	\otimes	
Medical Conditions		mm/dd/yyyy 🟥 🗌 Unknown
Exposure Information	A	
Hospitalization, ICU & Death Information		If symptomatic, which of the following did the patient experience during illness? Jaundice
Vaccination History	A	Yes No Unknown
Additional Comments	A	Fever Yes No Unknown
Review & Submit		





- 5. To complete the **Applicable Symptoms** screen, **enter the appropriate information** in the blank enabled fields, as applicable.
- 6. Once the appropriate edits and additions have been made, click **Next** to proceed to the **Medical Conditions** screen.

		Save		
		if yes, please sp	ecity: 😡	
		Yes	No No	Unknown
		Did the patient	have any oth	ar nanotomr?*
		Yes	No No	Unknown
		Disches (c 2 lo	and stands in a	by participa
		Yes	No	Unknown
		Abdominal sale		
		Yes	No	Unknown
		Neuroser	lingt	
		Yes	No	Unknown
		Chartenia		
		Shortness of br Yes	eath (dyspne No	unknown
		Wheezing*	No	Unknown
		res	NO	Unknown
		Cough (new ons	set or worser	ning of chronic coug
		Yes	NO	Unknown
		Fatigue*		
		Yes	No	Unknown
		Headache*	1440	(married
		Yes	No	Unknown
		New olfactory a	nd taste diso	erder(s)*
		Tes	NO	Unknown
		Sore throat*		
		Yes	No	Unknown
		Runny nose (rhi	inorrhea)*	
		Yes	No	Unknown
		Muscle aches (n	nyalgia)*	
		Yes	No	Unknown
		Discost		
Review & Submit	A	Yes	No	Unknown
Additional Comments	-	n symptomatic,	which of the	i tollowing uld the p
		Manual and a second second	ubish of the	following did the pat

Please Note: The subsequent **Medical Conditions** screen of the COVID-19 Case Report does <u>not</u> include any auto-populated information from the COVID-19 Lab Data Entry.

 To proceed, you must enter the appropriate information in the enabled field(s) on the Medical Conditions screen. Once complete, click Next to proceed to the Exposure Information screen.

I





Exposure Information Screen

The **Exposure Information** screen displays information that has been auto-populated based on the information previously entered on the COVID-19 Lab Data Entry.

	EXPOSURE INFORMATION
Patient Information	In the 14 days prior to illness onset, did the patient have any of the following exposures:*
SARS CoV-2 Testing	Ves No Unknown
Clinical Course	
Applicable Symptoms	Original for the second s
Medical Conditions	If yes, please specify state(s): •
Exposure Information	Select V
Hospitalization, ICU & Death Information	International Travel*
Vaccination History	If yes, please specify country(s):
Additional Comments	Select v
Review & Submit	Cruise ship or vessel travel as passenger or crew member*
	Yes No Unknown
	n yes, prease speciny cruise snip. 🐨
	Is the workplace critical Infrastructure (e.g. healthcare setting, grocery store)*
	Yes No Unknown
	If yes, please specify workplace setting: 😡
	Airport/airclane*
	Yes No Unknown
	If yes, please specify airline(s): O
	Adult congregate living facility (nursing, assisted living or long-term care facility)* Yes No Unknown
	If yes, please specify nursing, assisted living or long-term care facility.* O

Users **can change** the auto-populated information entered in any of the enabled fields, as applicable:

- In the 14 days prior to illness onset, did the patient have any of the following exposures?
- Adult congregate living facility (nursing, assisted living, or long-term care facility)

EXPOSURE INFORMATION					
Patient Information	\oslash	In the 14 days prior to illness onset, did the patient have any of the following exposures:*			
SARS CoV-2 Testing	\otimes	Yes No Unknown			
Please Note : If the COVID-19 Lab Data Entry indicated that the patient had recent exposure(s), the selection for the conditional question at the top of the Exposure Information screen is auto-populated as Yes : <i>In the 14 days prior to illness onset, did the patient have any of the following exposures</i> ?					
 If <i>Yes</i> is selected for the conditional question at the top of the Exposure Information screen, the subsequent fields are enabled. 					

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



Adult congregate living facility (nursing, assisted living or long-term care facility)* Yes No Unknown If yes, please specify nursing, assisted living or long-term care facility:*	
Please Note : If the COVID-19 Lab Data Entry inc	licated that the patient is a resident at a
congregate care setting, the selection for the co	ngregate-related field is auto-populated as Yes :
<i>Adult congregate living facility (nursing, assisted liv</i>	<i>ing, or long-term care facility</i>).

- 7. You have the option to **edit the auto-populated information** in the enabled fields, as applicable.
- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Exposure Information** screen: *In the 14 days prior to illness onset, did the patient have any of the following exposures?*

EXPOSURE INFORMATION				
Patient Information	\odot	In the 14 days prior to illness onset, did the patient have any of the following exposures:*		
SARS CoV-2 Testing	\odot	Yes No Unknown		
Clinical Course	\odot	Permetria travel (autride state of normal regidence)*		
Applicable Symptoms	\oslash	Yes No Unknown		
Medical Conditions	\odot	lf yes, please specify state(s): 🚱		

EXPOSURE INFORMATION					
Patient Information	\oslash	In the 14 days prior to illness onset, did the patient have any of the following exposures:*			
SARS CoV-2 Testing	\oslash	Yes No Unknown			
Clinical Course	\odot	Domestic travel (outside state of normal residence)			
Applicable Symptoms	\odot	Yes No Unknown			

- If you change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question, a pop-up notification will display a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click *Yes* on the pop-up notification.

Medical Conditions	Ø	l f yes, plea Select	Exposure Information ×
Exposure Information Hospitalization, ICU & Death Information	a	Internatio Yes	Please note that all selections on the screen will be reset. Are you sure you want to change your response?
Vaccination History		lf yes, ple a Select	Yes No
Additional Comments		Cruise ship	or vessel travel as passenger or crew member*

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



:	Please Note: If No is selected for the conditional question at the top of the Exposure
ł	Information screen, the subsequent fields are disabled and marked with No .
i	If Unknown is selected for the conditional question, the subsequent fields are disabled and
l	marked as Unknown .
L	

• You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the congregate-related field: Adult congregate living facility (nursing, assisted living or long-term care facility)

Adult congregate living facility (nursing, assisted living or long-term care facility)* Yes No Unknown If yes, prease specify nursing, assisted living or long-term care facility:* @
Adult congregate living facility (nursing, assisted living or long-term care facility)* Yes No Unknown If yes, wase spectry nursing, assisted living or long-term care facility: @
Please Note: If Yes is selected for the congregate-related field, the subsequent field is enabled. Enter the name of the appropriate adult congregate living facility in the subsequent textbox: <i>If yes, please specify nursing, assisted living, or long-term care facility.</i>
Adult congregate living facility (nursing, assisted living or long-term care facility)* Yes No Unknown If yes, please specify nursing, assisted living or long-term care facility:* @

- 8. To complete the **Exposure Information** screen, **enter the appropriate information** in the blank enabled fields, as applicable.
- 9. Once the appropriate edits and additions have been made, click **Next** to proceed to the **Hospitalization**, **ICU & Death Information** screen.

Other exposures* Yes No Unknown		
If yes, please specify. 😻		
Yes No Unknown		
Save	Pre	vious Next

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



Hospitalization, ICU & Death Information Screen

The **Hospitalization**, **ICU & Death Information** screen displays details about a patient's hospitalizations that have been auto-populated based on the information previously entered on the COVID-19 Lab Data Entry.

COVID-19 CASE REPORT FORM			Section 7 of 10	
Please select any applicable hospitalization, l	CU and death information related to this case.			
	HOSPITALIZ	ATION, ICU & DEATH INFORM	ATION	
Patient Information	Ø Was the patient hospitalized?★			
SARS CoV-2 Testing	Yes No Unknown			
Clinical Course		-		
Applicable Symptoms	Yes No Unknown			
Medical Conditions	If yes, please specify which language @			
Exposure Information	0			
Hospitalization, ICU & Death Information	If hospitalized, please provide admission and	discharge dates:		
Vaccination History	Admission Date*		Discharge Date*	
Additional Comments			min/dd/yyyy	
Review & Submit	Was the patient admitted to an intensive care Yes No Unknown If admitted to an ICU, please provide admissio Admission Date*	n and discharge dates:	Discharge Date*	
	Did the patient die as a result of this illness?* Yes No Unknown If yes, please provide the date of death: Date of Death mm/dd/yyyy		mm/adayyyyy	Unknown
	Save			Previous Next

Users **can change** the auto-populated information entered in any of the enabled fields:

- Was the patient hospitalized?
- Was the patient admitted to an intensive care unit (ICU)?

HOSPITALIZATION, ICU & DEATH INFORMATION					
Patient Information	\odot	Was the patient hospitalized?*			
SARS CoV-2 Testing	\odot	Yes No Unknown			
Clinical Course	\oslash				
Please Note: If selection for the Information so If Yes is se hospitalizat	 Please Note: If the COVID-19 Lab Data Entry indicated that the patient was hospitalized, the selection for the conditional question at the top of the Hospitalization, ICU & Death Information screen is auto-populated as Yes: Was the patient hospitalized? If Yes is selected for the conditional question at the top of the screen, the subsequent hospitalization-related fields and ICU-related fields are enabled. 				



Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



- Date fields are enabled.
- 10. You have the option to **edit the auto-populated information** in the enabled fields, as applicable.
- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Hospitalization**, **ICU & Death Information** screen: *Was the patient hospitalized*?

	HOSPITALIZATION, ICU & DEATH INFORMATION							
Patient Information	\odot	Was the patient hospitalized?*						
SARS CoV-2 Testing	\otimes	Yes No Unknown						
Clinical Course	\otimes	If herpitalized upon a translator required?#						
Applicable Symptoms	\oslash	Yes No Unknown						

HOSPITALIZATION, ICU & DEATH INFORMATION							
Patient Information	${igodot}$	Was the patient hospitalized?*					
SARS CoV-2 Testing	\oslash	Yes No Unknown					
Clinical Course	\oslash	If hospitalized was a translator required?					
Applicable Symptoms	${igodot}$	Yes No Unknown					

Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Hospitalization**, **ICU & Death Information** screen, the subsequent hospitalization-related fields and ICU-related fields are disabled.

Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

Direct Data Entry Enhancements: COVID-19 Variant Testing & Initiating COVID-19 eICRs



	HOSPITALIZATION, ICU & DE	ATH INFORMATION	
Patient Information	Was the patient hospitalized?*		
SARS CoV-2 Testing	Yes No Unknown		
Clinical Course			
Applicable Symptoms	Yes No Unknown		
Medical Conditions	O If yes, please specify which language O		
Exposure Information	0		
Hospitalization, ICU & Death Information	If hospitalized, please provide admission and discharge dates:		
Vaccination History	Admission Date	Discharge Date	Unknown
Additional Comments	<u> </u>		
Review & Submit	Was the patient admitted to an intensive care unit (ICU)?		
	Yes No Unknown		
	If admitted to an ICU, please provide admission and discharge dates		
	Admission Date	Discharge Date	
		iknown mm/dd/yyyy	Unknown
	Did the patient die as a result of this illness?*		
	Yes No Unknown		
	If yes, please provide the date of death:		
	Date of Death		
	mm/dd/yyyy	iknown	
Review & Submit	Was the patient admitted to an intensive care unit (ICU)? Yes No Unknown If admitted to an ICU, please provide admission and discharge dates Admission Date mm/dd/yyyy Ves No Unknown If yes, please provide the date of death: Date of Death mm/dd/yyyy Out	Discharge Date known mm/dd/yyyy	Unknown

• You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the ICU-related question: *Was the patient admitted to an intensive care unit (ICU)*?

Was the patient admitted to an intensive care unit (ICU)?* Yes No Unknown If admitted to an ICU, please provide admission and discharge	e dates:
Was the patient admitted to an intensive care unit (ICU)?* Yes No Unknown If admitted admitted admission and discharge d	ates:
Admission Date	Discharge Date
 Please Note: If Yes is selected for the ICU-relation Discharge Date fields are enabled. To proceed, enter the Admission Date to appropriate fields. 	ted question, the subsequent <i>Admission Date</i> and ICU and the Discharge Date from ICU in the
Was the patient admitted to an intensive care unit (ICU)?* Yes No Unknown If admitted to an ICU, please provide admission and discharge dates:	
Admission Date* mm/dd/yyyy	Discharge Date* mm/dd/yyyy



- 11. To complete the **Hospitalization**, **ICU & Death Information** screen, **enter the appropriate information** in the blank enabled fields, as applicable.
- 12. Once the appropriate edits and additions have been made, click **Next** to proceed to the **Vaccination History** screen.

		HOSPITALIZATION, ICU & DEATH INFO	ORMATION				
Patient Information	0	Was the patient hospitalized?*					
SARS CoV-2 Testing	0	Yes No Unknown					
Clinical Course	ø						
Applicable Symptoms	0	Yes No Unknown					
Medical Conditions	ø	n yes, please specify which language 🥪					
Exposure Information	0						
Hospitalization, ICU & Death Information		If hospitalized, please provide admission and discharge dates:					
Vaccination History	a	Admission Date*	Discharge Date*				
Additional Comments	_						
Review & Submit Was the patient admitted to an intensive care unit (ICU)?* Yes No Unknown							
		If admitted to an ICU, please provide admission and discharge dates:					
		Admission Date*	Discharge Date*	m Unknown			
		Did the patient die as a result of this illness?* Yes No Unknown					
		If yes, please provide the date of death:					
		Date of Death mm/dd/yyyy					
		Save	Previo	us Next			
	_						
(

Please Note: The subsequent **Vaccination History** and **Additional Comments** screens of the COVID-19 Case Report do <u>not</u> include any auto-populated information from the COVID-19 Lab Data Entry.

- To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** until you navigate to the **Review and Submit** screen.
- For specific information on how to complete these screens of the COVID-19 Case Report, please
 review the *Direct Data Entry for Electronic Case Reports: COVID-19 User Guide* on the <u>KHIE website</u>.



5 Submit Initiated COVID-19 Case Report

Once the appropriate edits and additions have been made on all the COVID-19 Case Report screens, you will be navigated to the **Review and Submit** screen. The **Review and Submit** screen displays a summary of the information you have entered. Prior to submitting the COVID-19 Case Report, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report.

13. Review the information on the **Review and Submit** screen.

COVID-19 CASE REPORT FORM			Section 10 of 10		
Please review your information before submitte	ing.				
		REVI	EW & SUBMIT		
Patient Information	0				_
SARS CoV-2 Testing	\odot				🖶 Print 🛃 Download
Clinical Course	\odot	Patient Information			
Applicable Symptoms	\odot				
Medical Conditions	0	Interviewer Name Dr. Elaine Benes (elaine@email.com)	Affiliation/Organization Test Medical Center		
Exposure Information	0	Patient ID (MRN) DM12011950			
Hospitalization, ICU & Death Information	\odot	First Name	Last Name		
Vaccination History	\odot	Daphne Date of Birth	Moon		
Additional Comments	0	12/01/1960			
Review & Submit		Patient Sex Female	Ethnicity Not Hispanic or Latino	Race White	

14. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the COVID-19 Case Report Entry.

Additional Patient Notes			
	Previous	Submit	*

15. All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

10 Ac 10	es dmission Date to IC ^I 0/01/2021	Case Report Entry ×	Discharge Date from ICU 10/02/2021	
Di Ne	id the patient die as o	All data submissions are final. Please ensure that your data is accurate before clicking on the Submit button. If you would like to make changes now, please click the Cancel button.		
y.	accination Histo	Cancel Submit		•

16. Click **OK** to acknowledge the case report has been submitted successfully.

Admission Date to IC 10/01/2021	Case Report Entry ×	Discharge Date from ICU 10/02/2021	
Did the patient die as No	Case Report Entry Saved Successfully		
Vaccination Histo	ок		0



Please Note: Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

17. On the **Case Report Entry User Summary** screen, review the new case report submission.

Patient Search Bookmarked Patients					Event Notificatio	ns 3	Lab C	lata Entry -		Case Rep	port Entry -
Home 🗲 Case Repo	rt Entry User	Summary									
			CASE R	EPORT	ENTRY	USER SU	MMARY				
											_
LAST UPDATED DAT	E RANGE		Start Date 1	1/30/2021		E	End Date 11/30/2	021 i			C Retrieve Da
ITEMS											T APPLY FILTE
CTIONS REPORT	TYPE 🕈	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	♦ LAST NAME	DATE OF BIRTH	PATIENT SEX \$	STATUS 🕈	LAST UPDATED	SUBMISSION DATE
View Copy COVID-1	9	COVID-19	Test Medical Center	DM12011950	Daphne	Moon	12/01/1960	Female	Complete	11/30/2021 5:56 PM	11/30/2021 5:5 PM
										_	
			First	Back 1 Ne	ext Last					Maximum	5 🝷 entries per

Please Note: For specific information about COVID-19 case reporting, please review the *Direct Data Entry for Electronic Case Reports: COVID-19 User Guide* on the <u>KHIE website</u>.

6 Technical Support

Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (877) 651-2505.

Email Support

To submit questions electronically or request support regarding the ePartnerViewer, please email <u>KHIESupport@ky.gov</u>.

Please Note: To	o seek assistance or lo	ng issues, you can use	e the Support Tab loo	cated in the blue
navigation bar a	It the top of the screer	in the ePartnerView	er.	
RHIE ePa Patient Search	rtnerViewer Bookmarked Patients	Event Notifications	Support 📢 Announcements 2	Advisories 1 🕒 Jane Doe - Case Report Entry -