Copyright Notice
© 2021 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 www.deloitte.com/about to learn more about our global network of member firms.
Document Control Information

Document Information

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Direct Data Entry for Electronic Case Reports: Child Hepatitis User Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name</td>
<td>KHIE</td>
</tr>
<tr>
<td>Client</td>
<td>Kentucky Cabinet for Health and Family Services</td>
</tr>
<tr>
<td>Document Author</td>
<td>Deloitte Consulting</td>
</tr>
<tr>
<td>Document Version</td>
<td>2.2</td>
</tr>
<tr>
<td>Document Status</td>
<td>Final Draft</td>
</tr>
<tr>
<td>Date Released</td>
<td>8/23/2022</td>
</tr>
</tbody>
</table>

Document Edit History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Additions/Modifications</th>
<th>Prepared/Revised by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>06/16/2022</td>
<td>Initial Draft</td>
<td>Deloitte Consulting</td>
</tr>
<tr>
<td>1.1</td>
<td>07/17/2022</td>
<td>KHIE Review</td>
<td>KHIE</td>
</tr>
<tr>
<td>2.0</td>
<td>08/02/2022</td>
<td>Revised Draft - Includes updates from KHIE review</td>
<td>Deloitte Consulting</td>
</tr>
<tr>
<td>2.1</td>
<td>08/23/2022</td>
<td>KHIE Review</td>
<td>KHIE</td>
</tr>
<tr>
<td>2.2</td>
<td>08/23/2022</td>
<td>Revised Draft - Includes updates from KHIE review</td>
<td>Deloitte Consulting</td>
</tr>
</tbody>
</table>
Table of Contents

1 Introduction ........................................................................................................... 5
   Overview ............................................................................................................... 5
   Supported Web Browsers ..................................................................................... 5
   Mobile Device Considerations ............................................................................ 6
   Accessing the ePartnerViewer ........................................................................... 6

2 Logging into the ePartnerViewer ........................................................................ 6
   Terms and Conditions of Use and Logging In ..................................................... 8

3 Understanding the Case Report Entry Dropdown Menu .............................. 10

4 Manage User Preferences ................................................................................. 13
   Create Attending Physician/Clinician Details ................................................. 13
   View & Edit Attending Physician/Clinician Details ......................................... 16
   Delete Attending Physician/Clinician Details .................................................. 17
   Filter Attending Physician/Clinician Details .................................................... 19
   Create Person Completing Form Details ......................................................... 20
   View & Edit Person Completing Form Details ................................................. 23
   Delete Person Completing the Form Details ............................................... 24
   Filter Person Creating Form Details ............................................................... 25

5 Basic Features in the Case Report Entry Form .............................................. 26
   Side Navigation Bar & Pagination ................................................................... 26
   Save Feature ....................................................................................................... 27
   Case Report Entry Icons .................................................................................. 27
   Conditional Questions ....................................................................................... 28

6 Affiliation/Organization Conditional Question .................................................. 32
   Affiliation/Organization Conditional Answer: Yes ......................................... 33
   Affiliation/Organization Conditional Answer: No .......................................... 34
   Affiliation/Organization Validation .................................................................. 36
   Change Affiliation/Organization Conditional Answer: No to Yes .................. 37
   Change Affiliation/Organization Conditional Answer: Yes to No .................... 39

7 Dynamic Functions based on Disease/Organism ............................................ 41
   Change or Save Disease/Organism Selection ................................................ 41

8 Dynamic Screens for Child Hepatitis Case Report .......................................... 44
   Laboratory Information: Dynamic Screen ....................................................... 44
   Vaccination History: Dynamic Screen ............................................................. 45

9 Tips for Manually Entering Case Report Data ............................................... 47

10 Child Hepatitis Case Report Form ................................................................. 49
11 Patient Information ................................................................. 50
   Person Completing Form Hyperlink ......................................... 54
   Attending Physician/Clinician Hyperlink .................................. 57

12 Laboratory Information .......................................................... 67
   Adding Multiple Hepatitis Markers ......................................... 70
   Adding ALT ......................................................................... 71
   Adding AST ......................................................................... 72
   Adding Bilirubin ................................................................... 73

13 Exposure Information .............................................................. 74

14 Hospitalization, ICU & Death Information ............................... 77

15 Vaccination History ................................................................. 81
   Vaccination History for Child Hepatitis B .................................. 81
   Adding Multiple Vaccines ...................................................... 85
   Vaccination History for Child Hepatitis C .................................. 88

16 Additional Comments ............................................................... 88

17 Review and Submit ................................................................. 89
   Print or Download Functionality .............................................. 89
   Click Hyperlinks to Edit ....................................................... 94

18 Case Report User Entry Summary .......................................... 97
   Review Previously Submitted Case Reports .............................. 99
   Copy Previously Submitted Case Reports ................................. 100
   Continue In-Progress Case Reports ....................................... 105

19 Technical Support ................................................................... 106
   Toll-Free Telephone Support ................................................ 106
   Email Support ..................................................................... 106
1 Introduction

Overview
This training manual covers KHIE's Direct Data Entry for Child Hepatitis Electronic Case Reports functionality in the ePartnerViewer. Users with the Manual Case Reporter role can submit electronic case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Department for Public Health (DPH).

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.

Supported Web Browsers
Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

<table>
<thead>
<tr>
<th>Desktop Browser Version</th>
<th>Mobile Browser Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microsoft Internet Explorer</td>
<td>Not supported</td>
</tr>
<tr>
<td>Microsoft Edge</td>
<td>Version 44+</td>
</tr>
<tr>
<td>Google Chrome</td>
<td>Version 70+</td>
</tr>
<tr>
<td>Mozilla Firefox</td>
<td>Version 48+</td>
</tr>
<tr>
<td>Apple Safari</td>
<td>Version 9+</td>
</tr>
</tbody>
</table>

Please Note: The ePartnerViewer does not support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.
Mobile Device Considerations

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user’s device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

Accessing the ePartnerViewer

To access the ePartnerViewer, users must meet the following specifications:

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

**Please Note:** For specific information about creating a KOG account and how to complete MFA, please review the ePartnerViewer Login: Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide on the KHIE website: [khi.e.ky.gov](http://khi.e.ky.gov)

2 Logging into the ePartnerViewer

Users with the Manual Case Reporter Role are authorized to access the Child Hepatitis Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.

1. Before accessing the ePartnerViewer, you must log out from any active KOG session or ePartnerViewer session and close the browser window.

2. To navigate to the ePartnerViewer, enter the following URL in a supported browser window: [https://epartnerviewer.khie.ky.gov](https://epartnerviewer.khie.ky.gov)

**Please Note:** The ePartnerViewer does not support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.
3. The **Welcome to the Kentucky Online Gateway** screen displays. To login to the ePartnerViewer, click **Sign In**.

4. The **KOG Sign In** screen displays. Enter your **Email Address**.

5. Enter your **Password**.

6. Click **Sign In**.

**Please Note:** If you are a State Employee, click **Email Address** under the **State Employee Gateway Login** section on the right side of the **Welcome to the Kentucky Online Gateway** screen.

**Please Note:** You must enter the email address and password provided when you created your KOG account.
7. **Multi-Factor Authentication.** After logging in, you are asked to complete Multi-Factor Authentication or MFA. You have the option to receive an MFA passcode by Email or Text.

![Multi-Factor Authentication](image)

**Please Note:** For specific information on how to complete MFA, please review the *ePartnerViewer Login: Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

---

**Terms and Conditions of Use and Logging In**

After logging into the Kentucky Online Gateway, launching the ePartnerViewer application, and completing Multi-Factor Authentication, the **Terms and Conditions of Use** screen displays. Privacy and security obligations are outlined for review.

8. You must click **I Accept** every time before accessing a patient record in the ePartnerViewer.

![Terms and Conditions of Use](image)

**Please Note:** The right side of the Portal is grayed out and displays a message that states:

*Access is restricted beyond this point. You must accept the terms and conditions before proceeding.*
9. Once you click **I Accept**, the grayed-out section becomes visible. A message appears that indicates you are associated with an organization. (This is the name of your organization.)

10. Click **Proceed to Portal** to continue.

---

**Please Note:** If you click **Cancel**, a pop-up notification displays that indicates that you are *about to be logged out*. *Use of the ePartnerViewer portal is subject to the acceptance of KHIE’s Terms of Use.* To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.
3 Understanding the Case Report Entry Dropdown Menu

The Case Report Entry tab dropdown menu includes the following options:

- **Case Report Forms**: Lists the different types of case reports.
- **Case Report Entry User Summary**: Displays all submitted and “In-Progress” case reports.
- **Manage User Preferences**: Offers an efficient way to enter repetitive data.

1. Types of Case Reports:

   - **COVID-19 Case Report**:
     - Designed for Users to enter COVID-19 case reports.

     **Please Note**: For specific information about COVID-19 case reporting, please review the *Direct Data Entry for Electronic Case Reports: COVID-19 User Guide*.

   - **Sexually Transmitted Disease (STD) Case Report**:
     - Designed for Users to enter STD case reports.

     **Please Note**: For specific information about STD case reporting, please review the *Direct Data Entry for Electronic Case Reports: Sexually Transmitted Diseases (STD) User Guide*.

   - **Multi-drug Resistant Organism (MDRO) Case Report**:
     - Designed for Users to enter MDRO case reports.

     **Please Note**: For specific information about MDRO case reporting, please review the *Direct Data Entry for Electronic Case Reports: Multi-Drug Resistant Organism (MDRO) User Guide*.
- **Perinatal Hepatitis Case Report**:  
  ▪ Designed for Users to enter Perinatal Hepatitis case reports.

*Please Note*: For specific information about Perinatal Hepatitis case reporting, please review the *Direct Data Entry for Electronic Case Reports: Perinatal Hepatitis User Guide*.

- **Child Hepatitis Case Report**:  
  ▪ Designed for Users to enter Child Hepatitis case reports.

- **Other Reportable Conditions Case Report**:  
  ▪ Designed for Users to enter Other Reportable Conditions case reports.

*Please Note*: For specific information about Other Reportable Conditions case reporting, please review the *Direct Data Entry for Electronic Case Reports: Other Reportable Conditions User Guide*.
2. **Case Report Entry User Summary:**
   - Designed to provide a quick and easy way for Users to search and view all previously initiated case reports (Submitted and In-Progress) entered during a specific date range within the last six months from the current date.
   - Allows Users to view a summary of completed case reports that were previously submitted.
   - Allows Users to continue entering details for case reports that are still “In-Progress”.

![Case Report Entry User Summary](image)

3. **Manage User Preferences:**
   - Designed as an efficient method for Users to enter repetitive data.
   - Allows Users to enter required case reporting details in their User Preferences which enables Users to quickly select the appropriate answers from the dropdown menu options.

![Manage User Preferences](image)
4 Manage User Preferences

These are your User Preferences. Prior to entering your Child Hepatitis case report information, you are required to enter information about the Attending Physician/Clinician and the Person Completing Form on the Manage User Preferences screen.

By entering these details here in your user preferences, you will be able to quickly select an Attending Physician/Clinician and the name of the Person Completing the Form from the dropdown menu options. These dropdown menus are located on the Patient Information screen of the Child Hepatitis Case Report.

Create Attending Physician/Clinician Details

1. Click the Case Report Entry Tab located in the blue Navigation Bar at the top of the screen.
2. From the dropdown menu, select Manage User Preferences.
3. To enter information about an Attending Physician/Clinician, select Create Attending Physician/Clinician Details from the dropdown menu.
4. The **Attending Physician/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).

5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

![Image of the Attending Physician/Clinician screen]

6. Enter the Attending Physician/Clinician's **First Name** and **Last Name**.

![Image of the Attending Physician/Clinician screen with fields highlighted]

7. Enter the Attending Physician/Clinician's **Address**, **City**, **State**, and **Zip Code**.
8. Enter the Attending Physician/Clinician’s **Phone Number** and **Email Address**.

```
Phone*: (XXX) XXX-XXXX
Email*: name@domain.com
```

**Please Note:** If the information entered in the *Phone* and *Email* fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

9. After completing the mandatory fields, click **Save**.

```
Prefix: Dr.  
First Name*: Frank  
Last Name*: Costanza  
Suffix: Sr.  
Address 1*:  
1 First Street  
City*: Lexington  
State*: KY  
Zip Code*: 40123  
Phone*: (111) 111-1111  
Email*: frank@email.com
```

**Please Note:** If you enter an email address that is already associated with another Attending Physician/Clinician and click **Save**, a pop-up displays with an error message that states:

*The email entered is associated with another physician/clinician you've created in your User Preferences. Please review the details and enter the correct email address.*

You must click **OK** and enter the correct email address to save the Attending Physician/Clinician details and proceed to the **View & Edit Attending Physician/Clinician Details** screen.
10. The *Create Attending Physician/Clinician Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Attending Physician/Clinician Details** screen.

**View & Edit Attending Physician/Clinician Details**

11. The **View & Edit Attending Physician/Clinician Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate physician/clinician.
12. The *Update Attending Physician/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

![Image of Update Attending Physician/Clinician Details pop-up]

13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

![Image of pop-up message]

**Delete Attending Physician/Clinician Details**

14. To delete an Attending Physician/Clinician from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Physician/Clinician.

![Image of trash bin icon and list of physicians]
15. The *Delete Attending Physician/Clinician Information Details* pop-up displays. To delete the Physician/Clinician, click **OK**. Click **Cancel** if you do not want to delete the Physician/Clinician.

**Please Note:** You can delete an Attending Physician/Clinician on the **View & Edit Attending Physician/Clinician** screen as long as the Attending Physician/Clinician has not been selected for use in another case report that is still in-progress.

If you attempt to delete an attending physician/clinician who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

*This attending physician/clinician information is being used in a case report that is still in progress. To delete this attending physician/clinician, please ensure that this attending physician/clinician is not being used in a case report that is in progress.*

To close out of the pop-up and proceed, click **OK**.

To delete the Attending Physician/Clinician used in a case report that is still “In-Progress”, you must first complete the case report.

Once the appropriate case report is complete, you can delete the Attending Physician/Clinician from your User Preferences.
Filter Attending Physician/Clinician Details

16. To search for a specific Attending Physician/Clinician, click **Apply Filter**.

17. The Filter fields display. You can search by entering the **Attending Physician/Clinician's Name**, **Email Address**, and/or **Phone Number** in the corresponding Filter fields.
Create Person Completing Form Details

1. Click the Case Report Entry Tab located in the blue Navigation Bar at the top of the screen.
2. From the Case Report Entry Tab dropdown menu, select Manage User Preferences.

3. To enter the details about the person completing the form, select Create Person Completing Form Details from the dropdown menu.

4. The Person Completing Form screen displays. Enter the details. Mandatory fields are marked with asterisks (*).

5. If available, select the appropriate Prefix and Suffix from the dropdown menus.
6. Enter the **First Name** and **Last Name** of the Person completing the form.

7. Enter the **Address**, **City**, **State**, and **Zip Code**.

8. Enter the **Phone Number** and **Email Address**.

**Please Note:** If the information entered in the **Phone** and **Email** fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

9. After completing the mandatory fields, click **Save**.
Please Note: If you enter an email address that is already associated with another Person Completing Form and click Save, a pop-up displays with an error message that states:

The email entered is associated with another person you've created in your User Preferences. Please review the details and enter the correct email address.

You must click **OK** and enter the correct email address to save the Person Completing Form details and proceed to the **View & Edit Person Completing Form Details** screen.

10. The *Create Person Completing Form Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Person Completing Form Details** screen.
View & Edit Person Completing Form Details

11. The View & Edit Person Completing Form Details screen displays. To edit details, click the Edit icon located next to the appropriate person.

12. The Update Person Completing Form Details pop-up displays. You can make any necessary edits and click Save to save the updates and close out of the pop-up.

13. Once the update is successfully saved, a pop-up message displays. To proceed, click OK.
Delete Person Completing the Form Details

14. To delete someone from the User Preferences, click the **Trash Bin Icon** located next to the appropriate person.

15. The **Person Completing Form Details** pop-up displays. To delete, click **OK**. Click **Cancel** if you do not want to delete the person completing the form.

---

**Please Note:** You can delete a person on the **View & Edit Person Completing Form Details** screen as long as that person has not been selected for use in a case report that is still in-progress.

If you attempt to delete a person who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

*This person completing form information is being used in a case report that is still in progress. To delete this person, please ensure that this person is not being used in any case report that is in progress.*

To close out of the pop-up and proceed, click **OK**.

To delete the details of a person used in a case report that is still “In-Progress”, you must first complete the case report. Once the appropriate case report is complete, you can delete the Person Completing Form details from your User Preferences.
Filter Person Creating Form Details

16. To search for a specific person in the User Preferences, click **Apply Filter**.

17. The Filter fields display. You can search by entering the **Name, Phone Number**, and/or **Email Address** of the person completing the form in the corresponding Filter fields.
5 Basic Features in the Case Report Entry Form

This section describes the basic features of the Case Report Form in the ePartnerViewer.

Side Navigation Bar & Pagination

On the left side of the Case Report, tabs located in the Side Navigation Bar provide users the ability to go to the different screens within a Case Report. You can also use the pagination buttons to move to the next screen or to any previous screen.

1. Using the side navigation bar, you can navigate to any previously completed screen. Click the hyperlink of a previously completed screen to navigate to that specific screen.
2. Click Previous to go to the previous screen.
3. When all required fields have been completed on the current screen, click Next to proceed to the next screen.

![PERINATAL HEPATITIS CASE REPORT FORM](image)
Save Feature

The **Save** feature allows Users to complete the case report form in multiple sessions. You must **save** the information you have entered in order to return later to the place you left off previously.

1. When all required fields have been completed, click **Save** at the bottom of the screen to save the current section.

2. If you click on a previously completed screen on the side navigation bar, the **Save Changes** pop-up will display. You have the option to save or discard the changes on the current screen before navigating to another screen.
   - If you click **Yes – Save** and all the required fields are entered on the current screen, you will navigate to the intended screen. (If you have not completed all the required fields on the current screen, you will not be allowed to save the data.) To navigate to the desired screen, you must first complete all the required fields on the current screen.
   - If you click **No – Discard**, you will navigate to the intended screen without saving any changes on the current screen. This means that none of the data entered on the current screen will be saved.

<table>
<thead>
<tr>
<th>Icon</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="progress_bar_icon.png" alt="Progress Bar" /></td>
<td><strong>Progress Bar</strong></td>
<td>Indicates the percentage of completion.</td>
</tr>
<tr>
<td><img src="lock_icon.png" alt="Lock" /></td>
<td><strong>Lock</strong></td>
<td>Indicates the sections that are not yet accessible; Users must enter all the required fields on the current screen and click <strong>Next</strong> to unlock the next screen.</td>
</tr>
<tr>
<td><img src="green_checkmark_icon.png" alt="Green Checkmark" /></td>
<td><strong>Green Checkmark</strong></td>
<td>Indicates the sections that are complete.</td>
</tr>
</tbody>
</table>
Conditional Questions

Conditional Questions are those questions that are asked based on your responses to the previous questions. The Child Hepatitis Case Report has multiple screens with conditional questions. Based on the answer selected for conditional questions, certain subsequent fields on the screen will be enabled or grayed out and disabled. These conditional questions are found on the Laboratory Information, Hospitalization, ICU & Death Information, and Vaccination History screens.

Please Note: The Vaccination History screen is disabled and does not collect vaccine information when Child Hepatitis C is selected as the Disease/Organism. The Vaccination History screen is enabled and collects information only when Child Hepatitis B is selected.

- For example, if you select No to the conditional question at the top of the Laboratory Information screen of the Child Hepatitis Case Report, the subsequent fields will be grayed out and disabled.
If you select **Yes** to the conditional question at the top of the **Laboratory Information** screen, the subsequent laboratory-related fields are enabled.
Additionally, if *No* or *Unknown* is selected for certain conditional questions, the screen will be disabled and the subsequent fields will be marked as *No* or *Unknown*, based on the selected answer. This type of conditional question is found on the **Exposure Information** screen.

- For example, if you select *No* to the conditional question at the top of the **Exposure Information** screen, the subsequent exposure-related fields will be disabled and labeled as *No*.

- If you select *Unknown* to the conditional question at the top of **Exposure Information** screen, the subsequent exposure-related fields will be disabled and labeled as *Unknown*. 
• If you select **Yes** to the conditional question at the top of the **Exposure Information** screen, the subsequent exposure-related fields are enabled.
6  Affiliation/Organization Conditional Question

Certain conditional questions only apply to the subsequent fields within the section. Based on the selection to a conditional question, certain subsequent fields in that section are enabled.

This applies to the conditional Affiliation/Organization question on the Patient Information screen:

*Is the Affiliation/Organization the same for Patient ID (MRN), Person completing Form, Attending Physician/Clinician?*

Based on the selected answer to the conditional question, you can apply the *same* Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician; **OR** you can apply a *different* Affiliation/Organization to each.

- Select *Yes* to apply the *same* Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.
- Select *No* to apply *different* Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.
Affiliation/Organization Conditional Answer: Yes

If **Yes** is selected for the conditional Affiliation/Organization question, the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Only **one** Affiliation/Organization field is enabled. You must complete the Affiliation/Organization field that corresponds to the Patient ID (MRN). The Affiliation/Organization fields for the Person Completing Form and the Attending Physician/Clinician are disabled.

1. Select the **Affiliation/Organization** for the Patient ID (MRN) from the dropdown menu.

   ![Dropdown Menu Example]

   - Once the Affiliation/Organization is selected for the Patient ID (MRN), this selection will display in the disabled Affiliation/Organization fields.
   - This means the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing Form, and the Attending Physician/Clinician.
Affiliation/Organization Conditional Answer: No

If No is selected for the conditional Affiliation/Organization question, a different Affiliation/Organization can be applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Each of the three (3) Affiliation/Organization fields are enabled.
- You must complete each of the Affiliation/Organization fields respectively for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

1. From the dropdown menu, select the Affiliation/Organization for the Patient ID (MRN).

2. From the dropdown menu, select the Affiliation/Organization for the Person Completing Form.
Please Note: If you select Other from the Affiliation/Organization dropdown menu for the Person Completing Form, the following subsequent textbox is enabled: *If other, please specify.* You must enter the name of the affiliation/organization.

3. From the dropdown menu, select the **Affiliation/Organization** for the Attending Physician/Clinician.

Please Note: If you select Other from the Affiliation/Organization dropdown menu for the Attending Physician/Clinician, the subsequent textbox is enabled: *If other, please specify.* You must enter the name of the Affiliation/Organization.
Affiliation/Organization Validation

If, after completing the Affiliation/Organization section, you change your answer to the conditional question from No to Yes or vice versa, a pop-up will display to confirm the change in answer.

A pop-up displays with a message that states: All selections for the “Affiliation/Organization” will be reset. Are you sure you want to change your selection?

- To reset the Affiliation/Organization selection(s), click Yes.
- To save the selected Affiliation/Organization selection(s), click No.
Change Affiliation/Organization Conditional Answer: No to Yes

If, after completing the Affiliation/Organization section, you change your answer to the conditional question from No to Yes, a pop-up message will display.

1. To reset your previous Affiliation/Organization selections for the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician, click Yes on the pop-up.

2. An error message prevents you from proceeding until an Affiliation/Organization is selected. You must select the Affiliation/Organization for the Patient ID (MRN) in order to proceed.
   - Your previous Affiliation/Organization selections for the Person Completing Form and the Attending Physician/Clinician have been reset.
   - The Affiliation/Organization fields for the Person Completing Form and the Attending Physician/Clinician are now blank and disabled.
3. From the dropdown menu, select the **Affiliation/Organization** for the Patient ID (MRN).

![Dropdown menu for Affiliation/Organization]

4. The **Affiliation/Organization** selected for the Patient ID (MRN) will display in disabled **Affiliation/Organization** fields for the Person Completing Form and the Attending Physician/Clinician.

- This means the **same** Affiliation/Organization will be applied to the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

![Another dropdown menu for Affiliation/Organization]
Change Affiliation/Organization Conditional Answer: Yes to No

If, after completing the Affiliation/Organization section, you change your answer to the conditional question from Yes to No, a pop-up will display.

1. To reset your previous Affiliation/Organization selection for the Patient ID (MRN), click Yes on the pop-up.

2. You must complete each of the Affiliation/Organization fields corresponding to Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

   • Your previous Affiliation/Organization selection for the Patient ID (MRN) has been reset.

   • All three (3) of the Affiliation/Organization fields are enabled.

      o This means a different Affiliation/Organization can be selected for each field.
3. From the dropdown menu, select the **Affiliation/Organization** for the Patient ID (MRN).

![Dropdown menu for Patient ID (MRN)](image)

4. From the dropdown menu, select the **Affiliation/Organization** for the Person Completing Form.

5. From the dropdown menu, select the **Affiliation/Organization** for the Attending Physician/Clinician.

![Dropdown menu for Person Completing Form and Attending Physician/Clinician](image)

**Please Note:** If you select **Other** from the **Affiliation/Organization** dropdown menu for the Person Completing Form or the Attending Physician/Clinician, the following subsequent textbox is enabled: **If other, please specify.** You must enter the name of the affiliation/organization.

![Textbox for Other affiliation/organization](image)
7 Dynamic Functions based on Disease/Organism

Based on the Disease/Organism selected from the dropdown menu on the Patient Information screen of the Child Hepatitis Case Report, certain subsequent screens will dynamically display information that applies to the selected disease/organism. This means certain screens will display only the symptoms, lab tests, and vaccine information that apply to the selected disease/organism.

- Once the Disease/Organism selection is saved on the Patient Information screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

Change or Save Disease/Organism Selection

Once you select a Disease/Organism from the dropdown menu, and click Save or Next on the Patient Information screen, a pop-up displays with a message that states:

You have selected to file this case report for [selected disease]. Please note that you will not be able to change/update Disease/Organism name after you save this screen or proceed to the next screen. Are you sure you want to file this case report for [selected disease]?
Please Note: All Disease/Organism selections are final. Once the selection is saved on the Patient Information screen, the subsequent dynamic screens are customized to display information that applies only to the selected Disease/Organism.

You have one more opportunity to select No to change the Disease/Organism. You can select Yes to finalize the Disease/Organism selection.

1. Upon clicking Save or Next at the bottom of the Patient Information screen, the Disease/Organism Pop-Up displays.

2. To change the selected Disease/Organism, click No.

3. Select a different Disease/Organism from the dropdown menu.

4. Once the Disease/Organism selection is complete, click Save to save the change or click Next at the bottom of the Patient Information screen.
5. The Disease/Organism Pop-Up displays to confirm the change in selection. Click **Yes** to save the Disease/Organism selection.

![Patient Information Pop-Up](image)

6. After saving the selection, the *Disease/Organism* field is disabled and displays the selected Disease/Organism. You can no longer change the selected Disease/Organism.

![Child Hepatitis Case Report Form](image)
8 Dynamic Screens for Child Hepatitis Case Report

The following screens display dynamic information based on the Disease/Organism selected from the dropdown menu on the Patient Information screen of the Child Hepatitis Case Report.

Laboratory Information: Dynamic Screen

On the Laboratory Information screen of the Child Hepatitis Case Report, the Hepatitis Marker dropdown menu displays only the hepatitis marker options that apply to the Disease/Organism selected on the Patient Information screen.
Vaccination History: Dynamic Screen

The **Vaccination History** screen is dynamic and displays certain fields based on the Disease/Organism selected.

- The **Vaccination History** screen is disabled and does not collect vaccine information when *Child Hepatitis C* is selected as the Disease/Organism.

- When *Child Hepatitis B* is selected as the Disease/Organism, the **Vaccination History** collects vaccination details related to Child Hepatitis B.
The Vaccination History screen collects the number of vaccine doses that the patient received for Child Hepatitis B.

The Vaccination History screen collects the date(s) the patient received Hepatitis B vaccines.
9  Tips for Manually Entering Case Report Data

Become familiar with these tips prior to entering case reports. When entering data, please keep these key notes in mind:

• There are **mandatory** fields marked with **red asterisks** (*). These fields must be completed in order to proceed. In addition to completing the mandatory fields, you are encouraged to enter as much information as possible.

• **Help Icons** are available to guide you while entering data in the fields.

• For entering address information, all States are available for selection in the **State** field dropdown menu. When you select the **state of Kentucky**, all Kentucky counties are available for selection in the **County** dropdown menu.
However, when you select **any state other than Kentucky**, the system will display the message *Out of System State* and will not display counties in the *County* dropdown menu.

1. Enter dates by entering 2 digits for the month, 2 digits for the day, and 4 digits for the year.
   - You can also click the *Date* field to bring up a calendar. You can click a **date on the calendar** or use the field dropdown menus to select the month and the year.

   ![Calendar Example]

   - If the date is unknown, you have the option to click the **Unknown** checkbox.
10 Child Hepatitis Case Report Form

Users with the Manual Case Reporter Role are authorized to access the Child Hepatitis Case Report Form in the ePartnerViewer.

1. To enter Child Hepatitis case report information, click the Case Report Entry Tab in the blue Navigation Bar at the top of the screen, then select Case Report Forms from the dropdown menu.

2. Select Child Hepatitis from the dropdown menu.
11 Patient Information

The Child Hepatitis Case Report Form is a seven-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Exposure Information, (4) Hospitalization, ICU, & Death Information, (5) Vaccination History, and (6) Additional Comments. (7) Review and Submit is where Users must review the information entered and submit the Child Hepatitis Case Report.

1. To start the Child Hepatitis Case Report entry, you must complete the mandatory fields on the Patient Information screen.
2. Select the **Disease/Organism** from the dropdown menu.

![Image of Disease/Organism selection]

**Please Note:** Based on the **Disease/Organism** selected from the dropdown menu on the **Patient Information** screen, certain subsequent screens will dynamically display information that applies to the selected disease/organism. This means certain screens will display only the symptoms and lab tests that apply to the selected disease/organism.

Once the Disease/Organism selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

3. Enter the **Date of Diagnosis**.
   - If the date of diagnosis is unknown, click the **Unknown checkbox**.
4. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

- Click **Yes** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Click **No** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.
5. Enter the patient's **Medical Record Number (MRN)** in the **Patient ID (MRN)** field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

6. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).

7. From the dropdown menu, select the name of the **Person Completing Form**.

**Please Note:** If **Yes** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each. The **Affiliation/Organization** field is enabled only for the Patient ID (MRN).

The **Affiliation/Organization** selected for the Patient ID (MRN) will display in the disabled **Affiliation/Organization** fields for the Person Completing Form and the Attending Physician/Clinician.

**Please Note:** If the appropriate name does not display in the **Person Completing Form** dropdown, you must create details for a new Person Completing Form by clicking the **Person Completing Form hyperlink**.
Person Completing Form Hyperlink

8. To create details for a new Person Completing Form, click the Person Completing Form hyperlink.

9. The Person Completing Form Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

10. If available, select the appropriate Prefix and Suffix from the dropdown menus.

11. Enter the First Name and Last Name of the Person Completing the Form.

12. Enter the Address, City, State, and Zip Code.

13. Enter the Phone Number and Email Address of the Person Completing the Form.
14. After completing the mandatory fields, click **Save**.

15. Once the new Person Completing Form details have been saved, the *Person Completing Form* dropdown menu is automatically updated and displays the new name of the Person Completing Form. From the dropdown menu, select the **new name of the Person Completing Form**.

16. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.
Please Note: The Affiliation/Organization field that applies to the Person Completing Form is only enabled if you selected No to the conditional question: Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?

- If Other is selected from the dropdown menu, the subsequent field is enabled. Enter the name of the organization associated with the person completing the form in the subsequent textbox: If other, please specify.

Please Note: The Affiliation/Organization field that applies to the Person Completing Form is only enabled if you selected No to the conditional question: Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?

17. Select the Attending Physician/Clinician from the dropdown menu.

Please Note: If the appropriate name does not display in the Attending Physician/Clinician dropdown, you must create details for a new Attending Physician/Clinician by clicking the Attending Physician/Clinician hyperlink.
Attending Physician/Clinician Hyperlink

18. To create a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**.

19. The **Attending Physician/Clinician** Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

20. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

21. Enter the Attending Physician/Clinician's **First Name** and **Last Name**.

22. Enter the **Address**, **City**, **State**, and **Zip Code**.

23. Enter the Attending Physician/Clinician's **Phone Number** and **Email Address**.
24. After completing the mandatory fields, click **Save**.

25. Once the new Attending Physician/Clinician details have been saved, the **Attending Physician/Clinician** dropdown menu is automatically updated and displays the new Attending Physician/Clinician. Select the **new Attending Physician/Clinician** from the dropdown menu.

26. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.
Please Note: The Affiliation/Organization field that applies to the Attending Physician/Clinician is enabled only when you select No to the conditional question: Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?

- If Other is selected from the dropdown menu, the subsequent field is enabled. You must enter the name of the organization associated with the attending physician/clinician in the subsequent textbox: If other, please specify.

Please Note: Additional information on the Affiliation/Organization section of the Patient Information screen is covered in Section 6 Affiliation/Organization Conditional Question.

27. If available for the patient, select the Prefix and Suffix from the dropdown menus.

28. Enter the patient’s First Name and Last Name. If available, enter the patient’s Middle Name and Maiden Name.

29. Enter the patient’s Date of Birth.
Please Note: If the patient is over 5 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected. You cannot proceed to the next page until updating or confirming the patient's birth year. See screenshot below.

Please Note: If the patient is either under one year old or more than 100 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected. You cannot proceed to the next page until updating or confirming the patient's birth year.

30. If available, enter the patient's Birth Weight in pounds and ounces in the appropriate fields.

31. Select the Patient Sex from the dropdown menu.
32. Select the patient's **Ethnicity** and **Race** from the appropriate dropdown menus.

![Dropdown menus for patient's Ethnicity and Race](image)

**Please Note:** In the Child Hepatitis Case Report, Users must enter the contact information for the patient's mother or the contact information for the patient's guardian, if the patient's guardian is different than the patient's mother.

33. Enter the contact information for the patient's mother.

![Contact information form](image)

34. Enter the **Current Legal First Name** and **Last Name of the patient's mother**. If available, enter the **Middle Name**.

![Current Legal Name and Address](image)

35. Enter the mother's **Address, City, State, Zip Code, and County**.

![Address information form](image)
36. Enter the mother’s **Phone Number**.

37. If available, enter the mother’s **Email Address**.

38. Select the **appropriate answer** to *Does the patient have Neonatal Abstinence Syndrome?*

39. From the dropdown menu, select the **appropriate answer** to the question: *Who does the infant/child live with?*

---

**Please Note:** If the User selects **Other** in response to the conditional question *Who does the Infant/Child live with?*, then the following subsequent field is enabled. Users must enter the description of whom the infant/child is living with (i.e., Legal Guardian, etc.) in the subsequent field: **If other, please specify.**
Please Note: If the User selects Mother in response to the question *Who does the Infant/Child live with?*, then the subsequent contact information fields for the person the child is living with are automatically populated with the patient’s mother’s contact information.

This means the patient’s mother’s contact information previously entered in the *Mother’s Current Legal Name and Address* section is automatically populated in the *Please enter the contact info of person the child is living with* section.

Please Note: If the User selects any option other than Mother in response to *Who does the infant/child live with?*, then the subsequent section is enabled. The User must complete the fields in the subsequent section: *Please enter the contact info of person the child is living with.*
40. When the **Patient Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Laboratory Information** screen.
Please Note: Once you select a Disease/Organism from the dropdown menu and click Save or Next on the Patient Information screen, a pop-up displays with a message that states:

You have selected to file this case report for [selected disease]. Please note that you will not be able to change/update Disease/Organism name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for [selected disease]?

To save the selected Disease/Organism and proceed to the Laboratory Information page, click Yes. To change the selected Disease/Organism, click No.

41. To change the selected Disease/Organism, click No on the Disease/Organism Pop-Up.

42. If changing the selection, select a different Disease/Organism from the dropdown menu.
43. Once the Disease/Organism selection is complete, click **Save** to save the change or click **Next** at the bottom of the screen.

44. The Disease/Organism Pop-Up displays to confirm the change in Disease/Organism selection. To save the selected Disease/Organism, click **Yes**.

45. Upon clicking **Yes** to save the selection, the Disease/Organism field is disabled and displays the selected Disease/Organism. You can no longer change the selected Disease/Organism.

**Please Note:** Once the Disease/Organism selection is saved on the Patient Information screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

46. Click **Next** to proceed to the Laboratory Information screen.
12 Laboratory Information

1. On the Laboratory Information screen, select the appropriate answer for the conditional question at the top: Does the patient have a lab test?

Please Note: If Yes is selected for the conditional question at the top of the Laboratory Information screen, the subsequent lab-related fields on the screen are enabled. You must enter details for a lab test.
DDE for eICRs: Child Hepatitis User Guide

2. Select the appropriate **Hepatitis Marker** from the dropdown menu.

**Please Note:** The **Hepatitis Marker** dropdown menu displays only the hepatitis marker options that apply to the Disease/Organism selected on the **Patient Information** screen.

**Please Note:** If **No** or **Unknown** is selected, all the subsequent fields on the screen are disabled.
3. Select the appropriate **Test Result** from the *Results* dropdown menu.

- If *Pending* is selected from the *Results* dropdown menu, the subsequent field is disabled: **Test Result Date**.

4. If applicable, enter the **viral load** in the textbox: *If applicable, please enter the viral load.*
5. If applicable, enter the **Test Result Date**.

6. Enter the **Specimen Collection Date**.

7. Enter the **Laboratory Name** in the textbox.

---

**Please Note**: The Specimen Collection Date cannot occur after the Test Result Date. The Specimen Collection Date must occur on the same date or any date **BEFORE** the Test Result Date. If you enter a Specimen Collection Date that occurs after the Test Result Date, both fields are marked as invalid.

If you click **Next**, the **Laboratory Information** screen displays an error banner with a message that states: *There are errors. Please make a selection for all required fields.*

To proceed, you must enter a valid Specimen Collection Date that occurs on or **before** the Test Result Date.

---

**Adding Multiple Hepatitis Markers**

8. You can click **Add Hepatitis Marker** to log the details for multiple hepatitis markers. This means that you can easily enter additional hepatitis markers on the same patient.
To delete an additional hepatitis marker, click the **Trash Bin Icon** located at the top right.

---

**Adding ALT**

9. You can click **Add ALT** to log the details for an ALT.
To delete an ALT, click the **Trash Bin Icon** located at the top right.

Adding AST

10. You can click **Add AST** to log the details for an AST.

To delete an AST, click the **Trash Bin Icon** located at the top right.
Adding Bilirubin

11. You can also click Add Bilirubin to log the details for Bilirubin.

- To delete the Bilirubin details, click the Trash Bin Icon located at the top right.

12. Once the Laboratory Information screen is complete, click Next to proceed to the Exposure Information screen.
13 Exposure Information

1. On the Exposure Information screen, select the appropriate answer for the conditional question at the top: Did the patient have any of the following exposures in the past 6 months?

2. If Yes is selected for the conditional question, the subsequent fields on the screen are enabled.
Please Note: If No is selected for the conditional question, the subsequent fields are disabled and marked with No.

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

Outbreak-related questions are not impacted by the selected answer for the conditional question: Did the patient have any of the following exposures in the past 6 months?

3. If applicable, select the appropriate answer to the field: Mother Hepatitis B Virus positive.

4. If applicable, select the appropriate answer to the field: Mother Hepatitis C Virus positive.

5. If applicable, select the appropriate answer to the field: HBV Contact Exposure.

6. If applicable, select the appropriate answer to the field: HCV Contact Exposure.

7. If applicable, select the appropriate answer for the conditional question: Foreign Born.
• If Yes is selected for the Foreign Born field, the subsequent field is enabled. Select the name of the country from the subsequent dropdown menu: If yes, please specify country.

8. Select the appropriate answer for the field: Is this part of an outbreak?

• If Yes is selected for the Is this part of an outbreak? field, the subsequent field is enabled. Enter the name of the outbreak in the subsequent textbox: If yes, please specify the name of the outbreak.

10. Once complete, click Next to proceed to the Hospitalization, ICU, and Death Information screen.
14 Hospitalization, ICU & Death Information

1. On the **Hospitalization, ICU & Death Information** screen, select the **appropriate answer** for the conditional question at the top: *Was the patient hospitalized?*

   ![Hospitalization, ICU & Death Information Screen]

   - **If Yes** is selected for the conditional question, the subsequent hospitalization-related fields and ICU-related fields on the screen are enabled.

   ![Hospitalization, ICU & Death Information Screen with Yes selected]
Please Note: If No or Unknown is selected for the conditional question, all 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?

3. If the patient has been hospitalized, enter the name of the hospital where the patient is/was hospitalized in the textbox: If yes, please specify the hospital name.

4. Enter the patient’s hospitalization Admission Date. If the Admission Date is unknown, click the Unknown checkbox.

5. Enter the patient’s hospitalization Discharge Date.
   - If the patient is still hospitalized, click the Still Hospitalized checkbox.
   - If the Still Hospitalized checkbox is selected, the subsequent death-related field is disabled: Did the patient die as a result of this illness?
Please Note: The Admission Date cannot occur after the Discharge Date. The Admission Date must occur on the same date or any date BEFORE the Discharge Date.

If you enter an Admission Date that occurs after the Discharge Date and click Next, both fields are marked as invalid, and the screen is grayed out and displays a pop-up message that states: The date of hospital discharge cannot be earlier than the date of hospital admission.

To proceed, you must click OK and enter a valid Discharge Date that occurs on or after the Admission Date.

6. Select the appropriate answer for the field: Was the patient admitted to an intensive care unit (ICU)?
7. If applicable, select the **appropriate answer** for the field: *Did the patient die as a result of this illness?*

8. Once complete, click **Next** to proceed to the **Vaccination History** screen.
15 Vaccination History

The Vaccination History screen is dynamic and displays fields depending on the Disease/Organism selected on the Patient Information screen of the Child Hepatitis Case Report. The Vaccination History screen collects details only when Child Hepatitis B is selected as the Disease/Organism.

Vaccination History for Child Hepatitis B

When Child Hepatitis B is selected as the Disease/Organism, the Vaccination History screen collects vaccine details for the patient.

1. Select the appropriate answer to the conditional question at the top: Has the patient ever received a Hepatitis B vaccine?
### VACCINATION HISTORY

**Has the patient ever received a Hepatitis B vaccine?**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**Vaccine Details**

If yes, please provide vaccine name:

- Select...

If other, please specify:

- Enter

If yes, please enter the number of doses:

- Select...

If yes, please specify the date administered:

<table>
<thead>
<tr>
<th>Date Administered (1st dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Administered (2nd dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Administered (3rd dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Administered (4th dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Add Vaccine**

**For infants born to mothers with HBV, was HBIG given?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

If yes, please specify the date administered:

<table>
<thead>
<tr>
<th>Date Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>
• If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

Please Note: If **No, Unknown, or Refused** is selected for the conditional question, all subsequent fields are disabled.

2. Select the **appropriate vaccine** from the dropdown menu: **If yes, please provide vaccine name.**

• If **Other** is selected, the subsequent field is enabled. Enter the **name of the vaccine** in the textbox: **If other, please specify.**
• From the dropdown menu: *If yes, please enter the number of doses*, select the **number of doses** that the patient received for the selected vaccine.

• **If 1** is selected as the number of doses, the *Date Administered (1st dose)* field is enabled. Enter the *Date Administered (1st Dose)*.

• **If 2** is selected as the number of doses, both of the subsequent fields are enabled: *Date Administered (1st dose)* and *Date Administered (2nd dose)*. Enter the *Date Administered (1st dose)* and *Date Administered (2nd dose)* in the appropriate fields.
• If 3 is selected as the number of doses, the following subsequent fields are enabled: Date Administered (1st dose), Date Administered (2nd dose), and Date Administered (3rd dose). Enter the Date Administered (1st dose), Date Administered (2nd dose), and Date Administered (3rd dose) in the appropriate fields.

• If 4 is selected as the number of doses, the following subsequent fields are enabled: Date Administered (1st dose), Date Administered (2nd dose), Date Administered (3rd dose), and Date Administered (4th dose). Enter the Date Administered (1st dose), Date Administered (2nd dose), Date Administered (3rd dose), and Date Administered (4th dose) in the appropriate fields.

Adding Multiple Vaccines
• You can also click Add Vaccine to log the details for multiple vaccines.
• To delete an additional vaccine, click the **Trash Bin Icon** located at the top right.

3. Select the **appropriate answer** for the conditional question: *For infants born to mothers with HBV, was HBIG given?*

• If **Yes** is selected for the conditional question, the subsequent field is enabled: *If yes, please specify the date administered.* Enter the **Date Administered**.
4. Once complete, click **Next** to proceed to the **Additional Comments** screen.
Vaccination History for Child Hepatitis C

The Vaccination History screen is disabled and does not collect information when Child Hepatitis C is selected as the Disease/Organism.

1. If Child Hepatitis C is selected as the Disease/Organism, the Vaccination History screen displays message that states: No information is required to be provided on this screen. Please click the “Next” button to proceed.

2. To proceed to the Additional Comments screen, click Next.

16 Additional Comments

1. On the Additional Comments screen, if applicable, enter additional notes about the patient.

2. Once complete, click Next to proceed to the Review & Submit screen.
17 Review and Submit

The Review and Submit screen displays a summary of the information you have entered. Prior to submitting the case report, review the information on this screen to verify its accuracy. You must click Submit to submit the case report form.

Print or Download Functionality

1. Click Print to print the case report.

   - Upon clicking Print, a Print Preview will display. Click Print to print the case report.
2. Click **Download** to download a PDF version of the case report.

![Download PDF]

- Once the download is complete, a pop-up will display. Click **OK** to close out of the pop-up.
- To view the downloaded case report, click the **PDF** icon at the bottom left.

![PDF Icon]

- A PDF of the case report will display in a separate tab. Click the **Download Icon** at the top right to download a PDF version of the case report to your computer.

3. Review the information.

![Case Report PDF]
• Click the caret icon on any section header to hide or display the details for that section.

4. Review the Patient Information section.
5. Review the *Laboratory Information* section.

![Laboratory Information Section]

6. Review the *Exposure Information* section.

![Exposure Information Section]

7. Review the *Hospitalization, ICU & Death Information* section.

![Hospitalization, ICU & Death Information Section]
8. If applicable, review the *Vaccination History* section.

![Vaccination History](image)

**Please Note**: The *Vaccination History* screen is enabled and collects information only when *Child Hepatitis B* is selected as the Disease/Organism.

9. Review the *Additional Comments* section.

![Additional Comments](image)
Click Hyperlinks to Edit

10. If after reviewing, changes are required, click the corresponding section header hyperlink or the side navigation bar tab to navigate to the appropriate screen or section to edit the information.

   - Click the section header hyperlink or the side navigation bar tab to navigate to the intended page. For example, to navigate to the Patient Information screen, click the Patient Information hyperlink in the section header or the side navigation bar.

11. Once the appropriate edits have been made, click the Review and Submit tab on the side navigation bar to navigate back to the Review and Submit screen.
12. The *Save Changes* pop-up displays. To save the edits and navigate back to the *Review and Submit* screen, click **Yes – Save**. To discard the edits, click **No – Discard**.

13. Review your edits on the *Review and Submit* screen.

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

**Please Note:** Once a case report has been submitted, it is final. Should you later discover that you have entered inaccurate information, please use the **Support Tab** in the ePartnerViewer to report this information.

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

**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.

**Congratulations! You have submitted the Child Hepatitis Case Report using KHIE’s Direct Data Entry Functionality.**

Please visit the KHIE website at [https://khie.ky.gov/COVID-19/Pages/Electronic-Case-Reporting-.aspx](https://khie.ky.gov/COVID-19/Pages/Electronic-Case-Reporting-.aspx) to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.
18 Case Report User Entry Summary

The Case Report Entry User Summary screen displays all submitted and in-progress case reports you have entered. By default, the Case Report Entry User Summary screen displays the case reports from the last updated date. You can use the Date Range buttons to do a custom search for previous case reports entered within the last 6 months.

1. To retrieve case reports for a specific date range within the last 6 months, enter the appropriate Start Date and End Date.

2. Click Retrieve Data to generate the case reports.
Please Note: The Start Date must be within the last six months from the current date.

The following error message displays when Users search for a Start Date that occurred more than six months ago: Please select a Start Date that is within the last six months from today's date.

3. Click Retrieve Data to display the search results.

4. To search for a specific case report, click Apply Filter.

5. The Filter fields display. You can search by entering the Report Type, Disease/Organism, Affiliation/Organization, Patient MRN, First Name, Last Name, Date of Birth, Patient Sex, Status, Last Updated Date, and/or Submission Date in the corresponding Filter fields.
Review Previously Submitted Case Reports

1. To review a summary of a complete case report that has been previously submitted, click View located next to the appropriate case report.

2. The Case Report Details pop-up displays a summary of the previously submitted case report.
   - Click Print to print the case report.
   - Click Download to download a PDF version of the case report.

3. Click OK to close out of the pop-up.
Copy Previously Submitted Case Reports

The Copy feature allows Users to copy the information from a completed case report, make edits, then submit a new case report for the same patient. That means you can copy the information from a previously submitted case report into a new case report, update the appropriate information, then submit as a new case report for the patient.

1. To copy the information from a completed case report that has been previously submitted, click Copy located next to the appropriate case report.

Please Note: Clicking Copy will automatically navigate you to the Patient Summary screen.

By default, the Patient Summary screen displays the information entered on the previously submitted case report. Users can change the information entered in any of the enabled fields and submit a new case report for the patient. However, Users cannot change the disease/organism, affiliation/organization, and patient demographic fields which are grayed out and disabled:

- Disease/Organism
- Patient ID (MRN)
- Affiliation/Organization
- Prefix
- Suffix
- First Name
- Middle Name
- Last Name
- Maiden Name
- Date of Birth
Please Note: The Disease/Organism, Affiliation/Organism, 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.

2. To submit a new case report with updated information, edit the appropriate information in the enabled fields, as applicable.
3. Once the appropriate edits have been made, click **Next** to proceed to the **Laboratory Information** screen.

4. On each subsequent screen, **edit the appropriate information** in the enabled fields, as applicable.

5. Once the appropriate edits have been made on the subsequent screens, click **Next** until you navigate back to the **Review and Submit** screen.
6. Review your edits on the **Review and Submit** screen.

![Review and Submit Screen](image)

**Please Note:** In the example edit above, the User changed the patient's status from pregnant to postpartum. The User changed the selection for the *Is the patient currently pregnant?* field from **Yes** to **No** which enabled the subsequent postpartum field.

The User entered postpartum details by selecting **Yes** for the *Is the patient postpartum?* field and entering the **date of delivery**.

7. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Child Hepatitis Case Report Entry.
Please Note: The new case report is not a continuation of the previously submitted case report.

8. 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.

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

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.

10. On the Case Report Entry User Summary screen, review the new case report submission.
Continue In-Progress Case Reports

The **Save** feature allows Users to complete the case report in multiple sessions. That means you can start a case entry, save it, and then return later to complete it. You must save the information you have entered in order to return later to the section where you left off.

1. To continue working on a case report that is currently in-progress, click **Continue** located next to the appropriate case report.

2. Clicking **Continue** automatically navigates to the section of the case report where you left off.
19  Technical Support

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

Email Support
To submit questions or request support regarding the ePartnerViewer, please email KHIESupport@ky.gov.

Please Note: To seek assistance or log issues, you can use the Support Tab located in the blue navigation bar at the top of the screen in the ePartnerViewer.