Kentucky Health Information Exchange (KHIE)

Direct Data Entry for Electronic Case Reports: COVID-19

User Guide

October 2021

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Trademarks

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.

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Table of Contents

1   Introduction

Overview

This training manual covers KHIE's Direct Data Entry for COVID-19 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:

Desktop Browser Version	Mobile Browser Version
Microsoft Internet Explorer	
Not supported	Not supported
Microsoft Edge	
Version 44+	Version 40+
Google Chrome	
Version 70+	Version 70+
Mozilla Firefox	
Version 48+	Version 48+
Apple Safari	
Version 9+	iOS 11+

> **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 *Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

2   Logging into ePartnerViewer

Users with the Manual Case Reporter Role are authorized to access the COVID-19 Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.
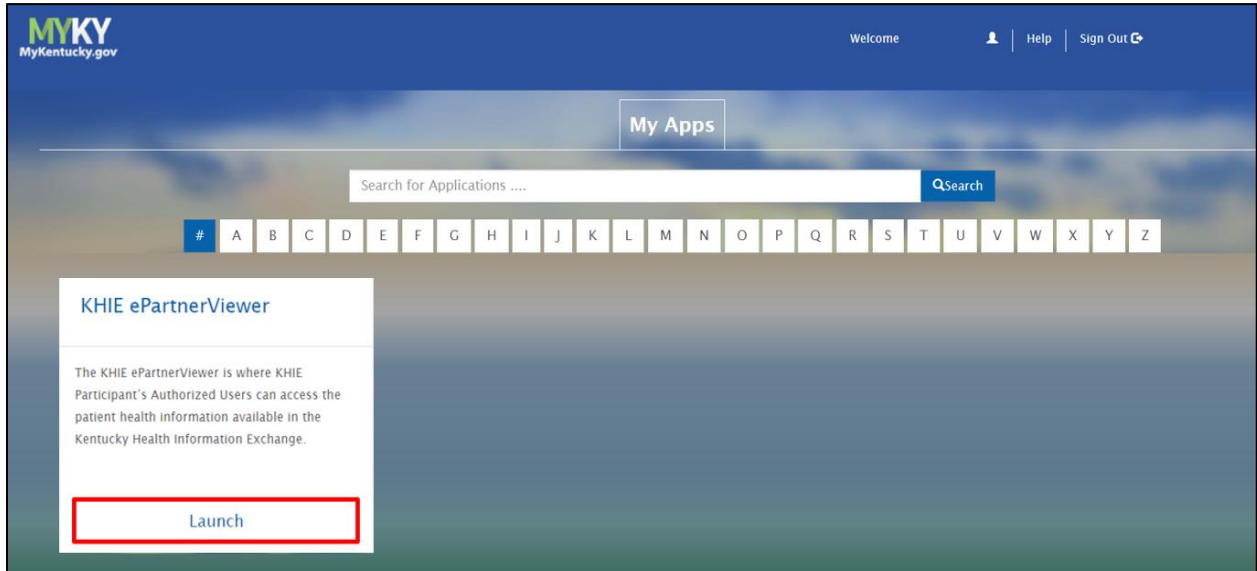
1. On the **KOG Login Page**, enter your **Email Address** and **Password**.

> **Please Note:** You must enter the email address and password provided when creating your KOG account.

2. Click **Sign In**.

3. To navigate to the ePartnerViewer, click **Launch** on the KHIE ePartnerViewer application tile located on the **KOG Dashboard** screen.


4. **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.
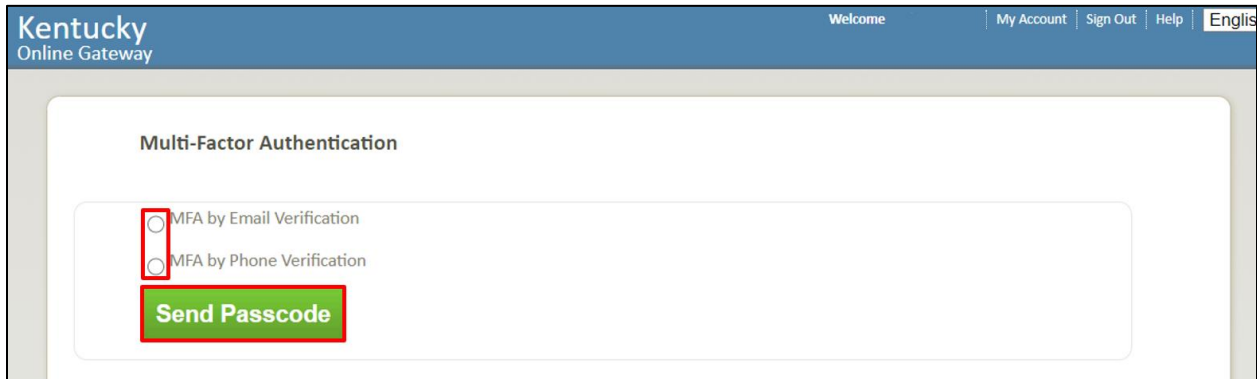

Please Note: For specific information about creating a KOG account and how to complete MFA, please review the *Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

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** page displays. Privacy and security obligations are outlined for review.
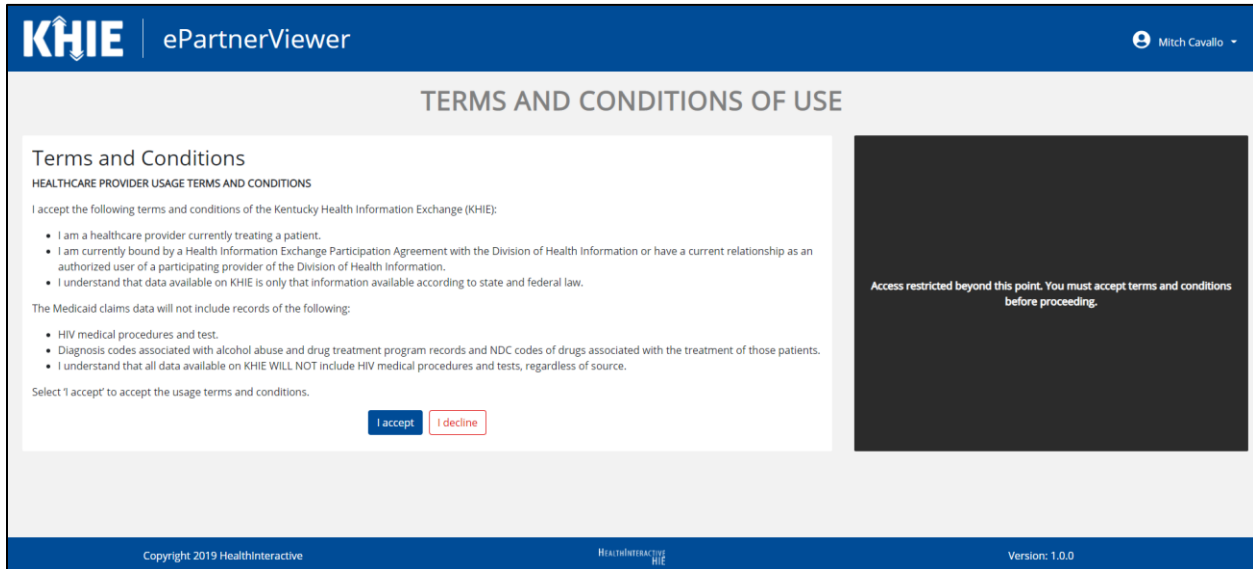

5.   You must click **I Accept** every time before accessing a patient record in the ePartnerViewer.
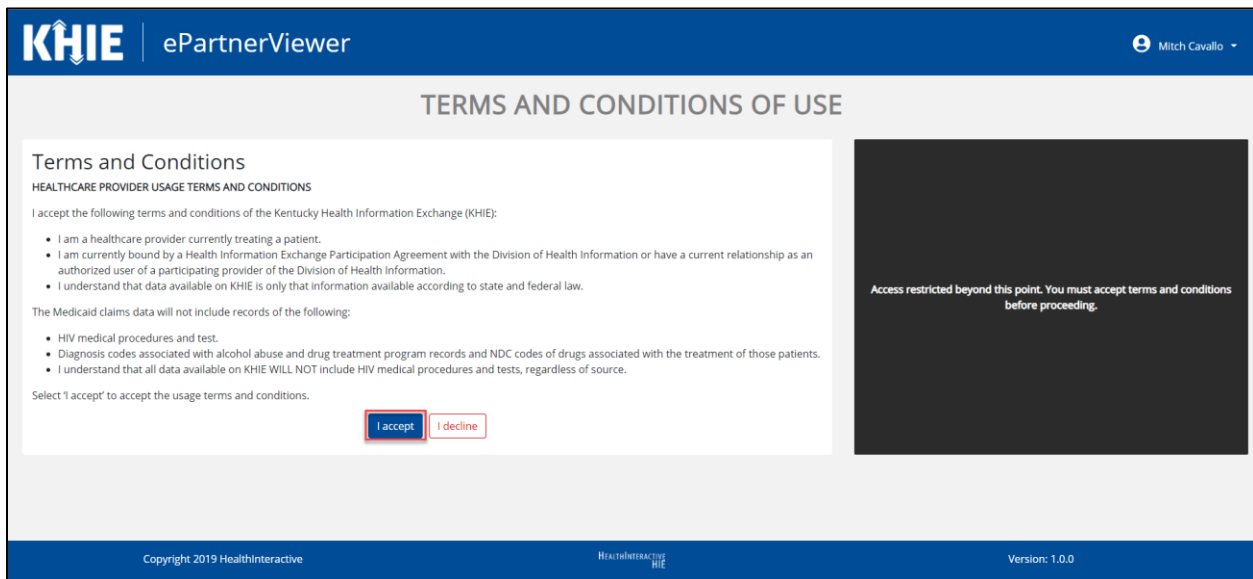
Please Note: The right side of the Portal is grayed out and displays a message that states: *Access is restricted beyond this point. You must accept the terms and conditions before proceeding.*

6. 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.)

7. Click **Proceed to Portal** to continue.
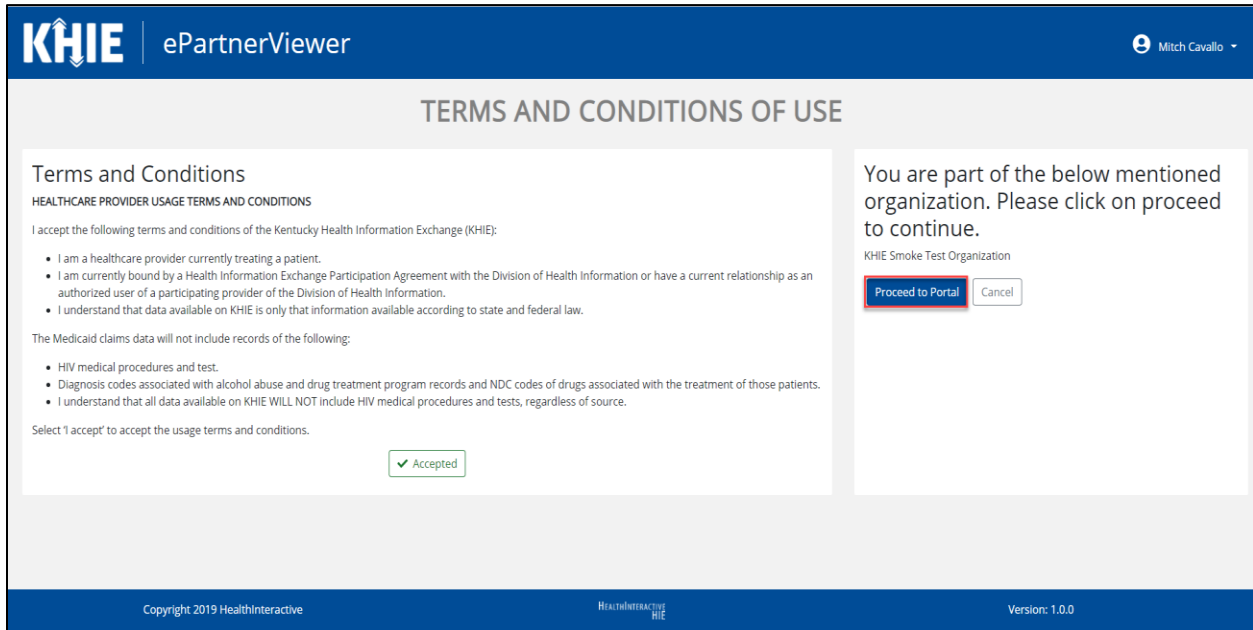
Please Note: If you click **Cancel**, a pop-up notification displays that indicates that you are *about to be logged out*. *Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use*. To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.

3 Understanding the Case Report Entry Dropdown Menu

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

- **Case Report Forms** which lists the different types of case reports.
- **Case Report Entry User Summary** which displays all submitted and 'In Progress' case reports.
- **Manage User Preferences** which offers an efficient way to enter repetitive data.
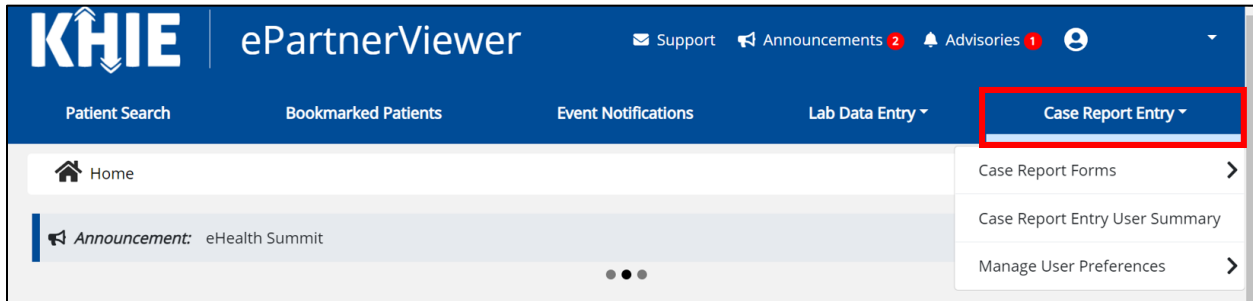
1. **Types of Case Reports**:

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

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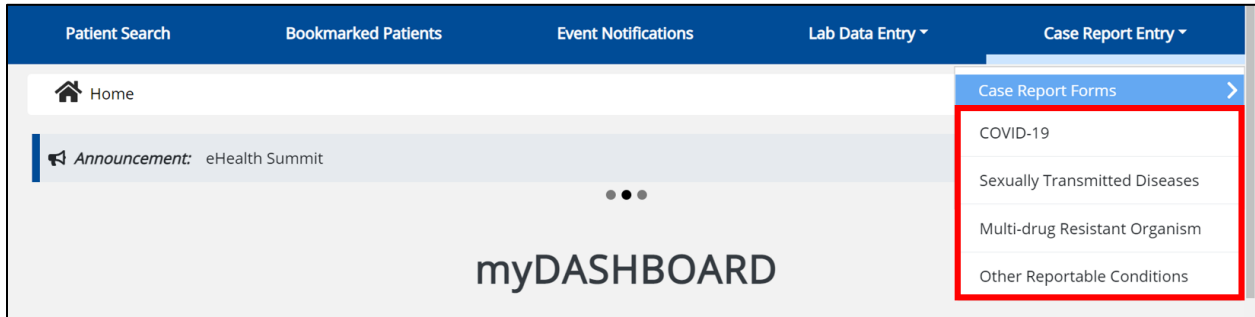   - Designed for Users to enter STD case reports.

> **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*.

- **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".
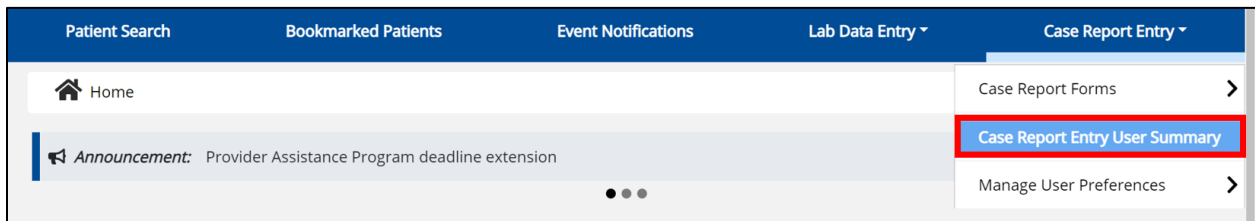
3. **Manage User Preferences**:

   ▪ 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.
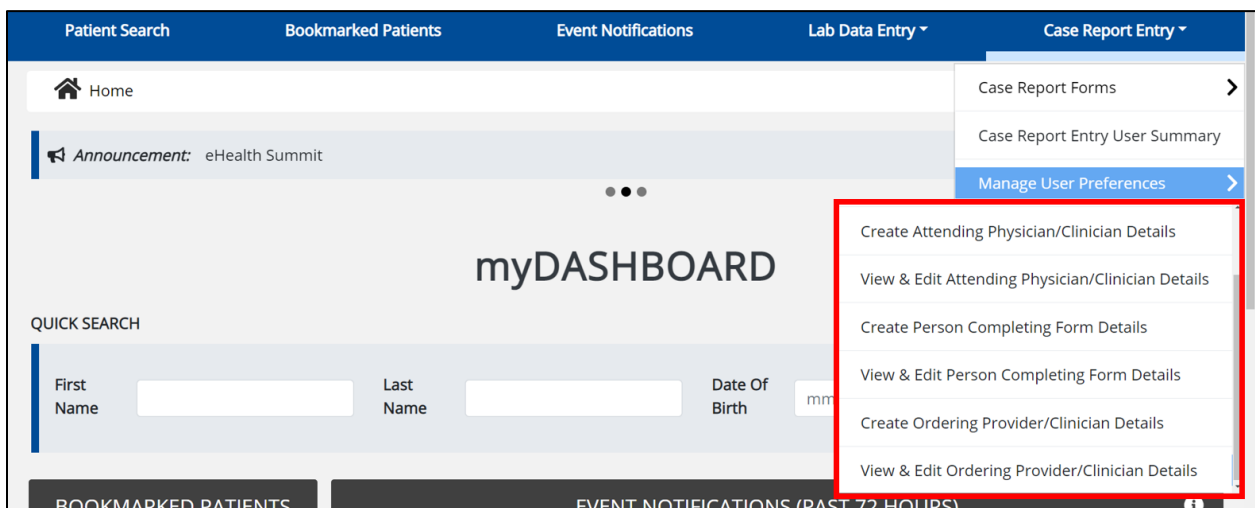
4   Manage User Preferences

These are your User Preferences. Prior to entering your COVID-19 case report information, you are required to enter information about the Interviewer on the **Manage User Preferences** screen. By entering the Interviewer details here in your user preferences, you will be able to quickly select an Interviewer from the dropdown menu options. This dropdown menu is located on the **Patient Information** screen of the COVID-19 Case Report.

Create Interviewer Information 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**.
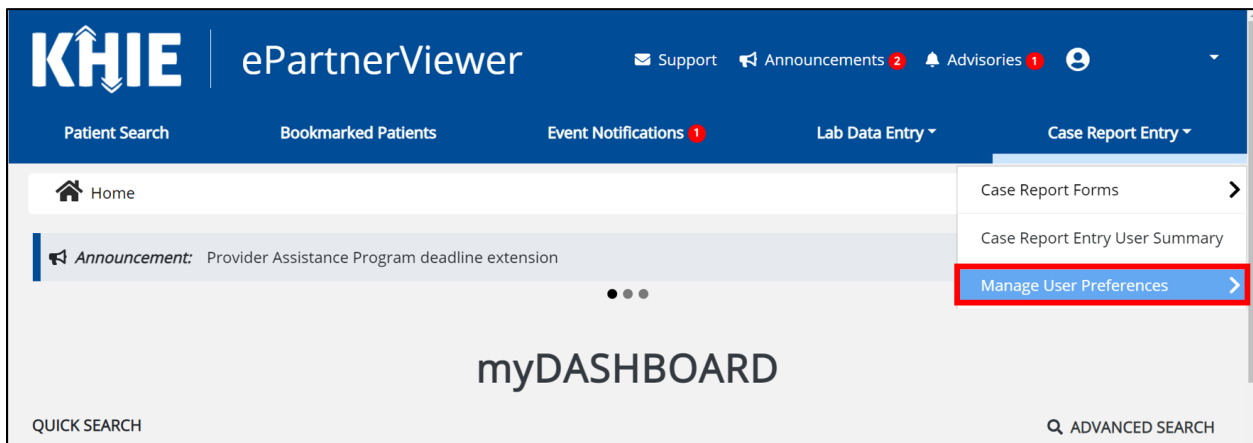
3. To enter information about an Interviewer, select **Create Interviewer Information Details** from the dropdown menu.
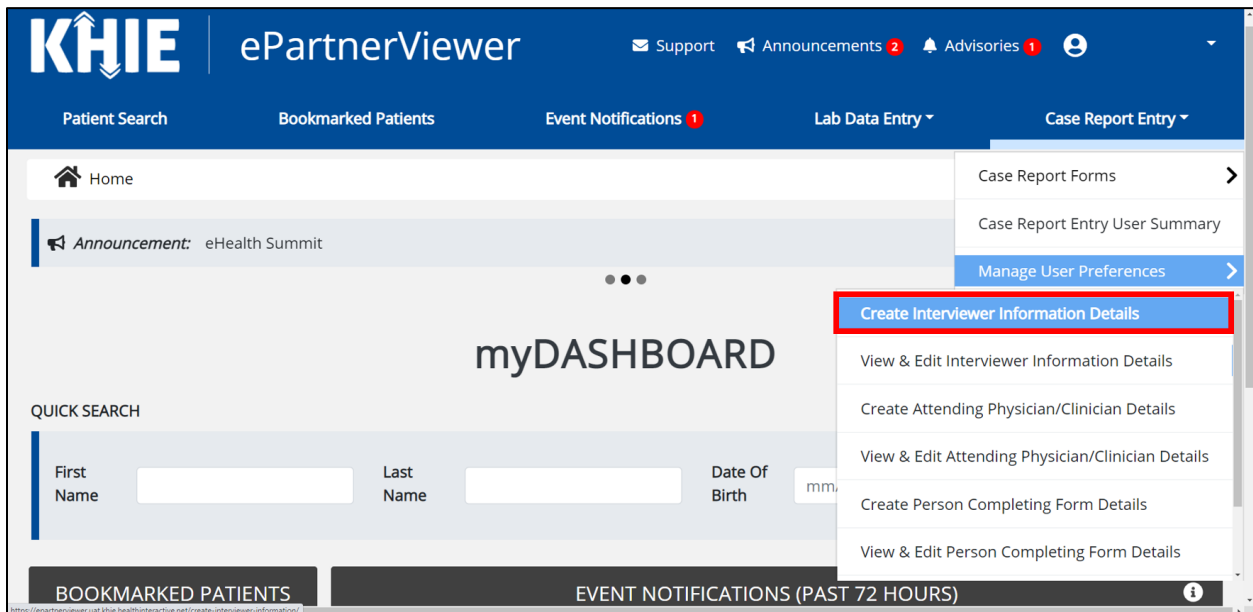
4. The **Interviewer Information** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).

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

6. Enter the Interviewer's **First Name** and **Last Name**.

7. Enter the Interviewer's **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.

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

> **Please Note:** If you enter an email address that is already associated with another interviewer and click **Save**, a pop-up displays with an error message that states:
>
> *The email entered is associated with another interviewer 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 Interviewer Information details and proceed to the **View & Edit Interviewer Information Details** screen.
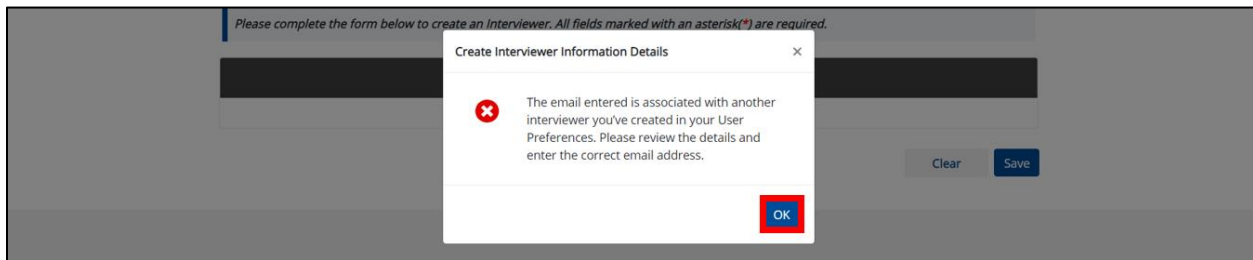
9. The *Create Interviewer Information Details* pop-up displays. Click **OK** to proceed to the **View & Edit Interviewer Information Details** screen.
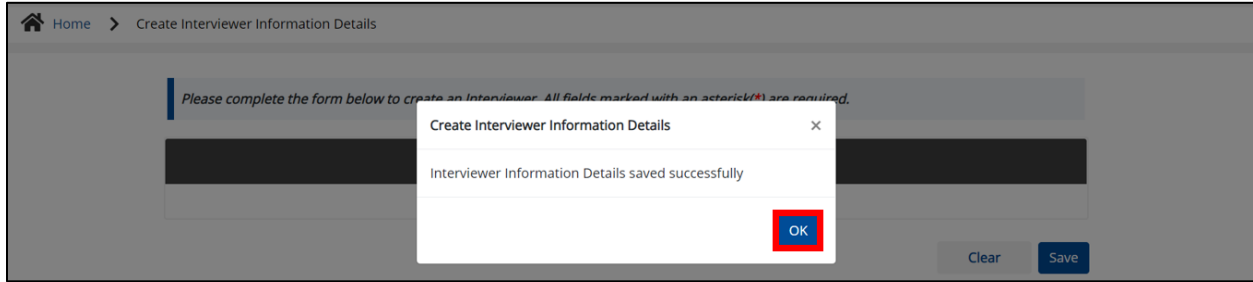
View & Edit Interviewer Information Details

10. The **View & Edit Interviewer Information Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate Interviewer.
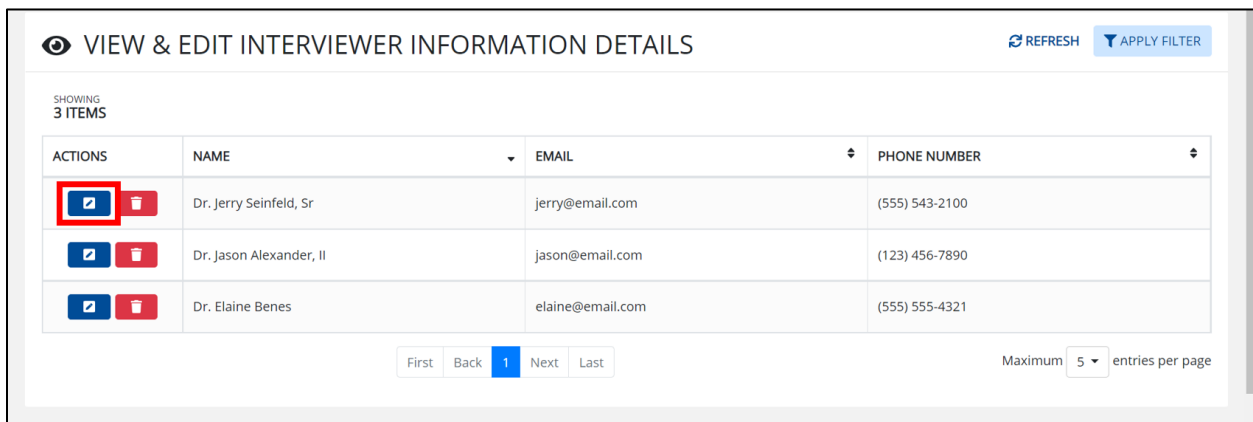
11. The *Update Interviewer Information Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.
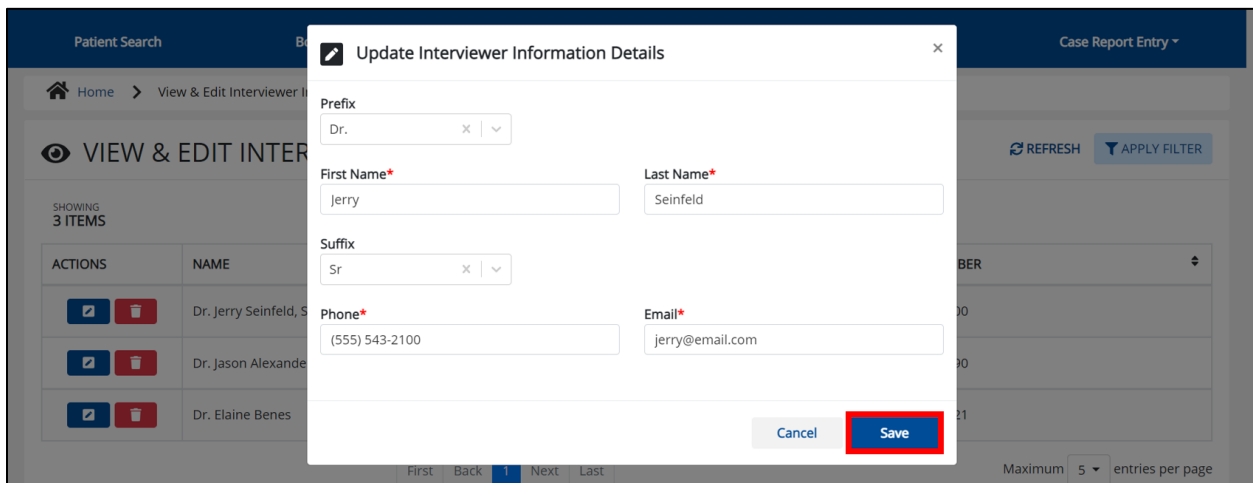
12. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

Delete Interviewer Information Details

13. To delete an Interviewer from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Interviewer.
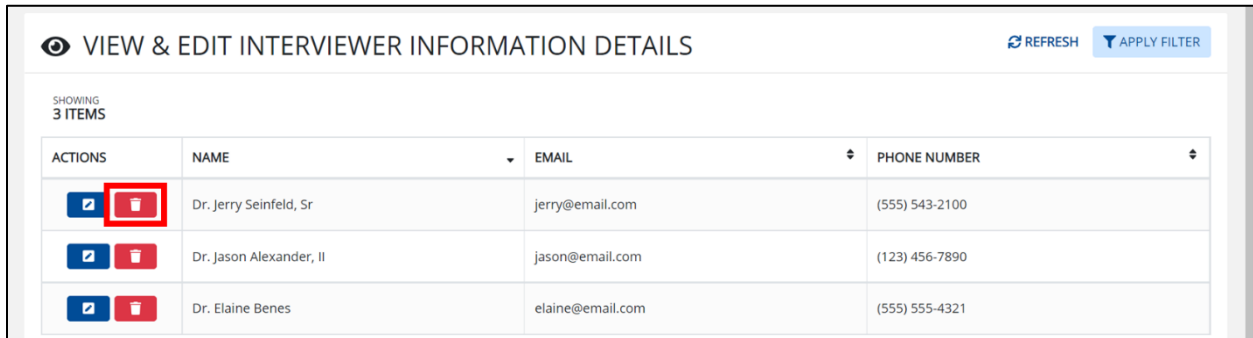
14. The *Delete Interviewer Information Details* pop-up displays. To delete the Interviewer, click **OK**. Click **Cancel** if you do not want to delete the Interviewer.
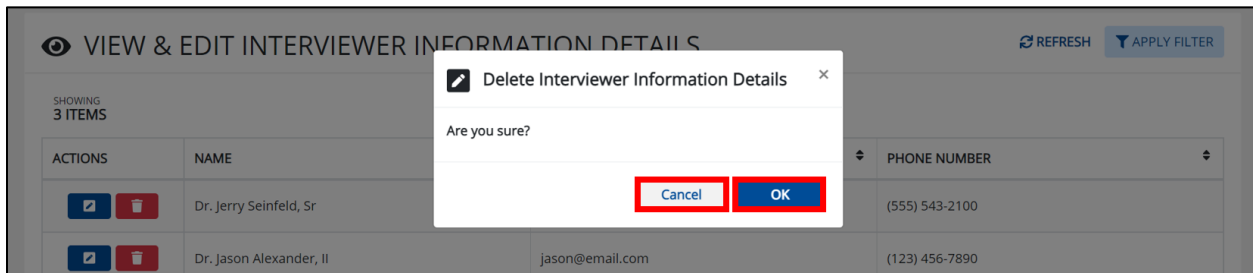
Please Note: You can delete an interviewer on the **View & Edit Interviewer** screen as long as the Interviewer has not been selected for use in another case report that is still in progress.

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

This interviewer information is currently being used in a case report that is still in progress. To delete this interviewer, please ensure that this particular interviewer information is not being used in a case report that has not yet been completed.

To close out of the pop-up and proceed, click **OK**. To delete the Interviewer that is being used in a case report that is in progress, you must first complete the In-Progress case report. Once the appropriate case report is complete, you may delete the Interviewer from your User Preferences.
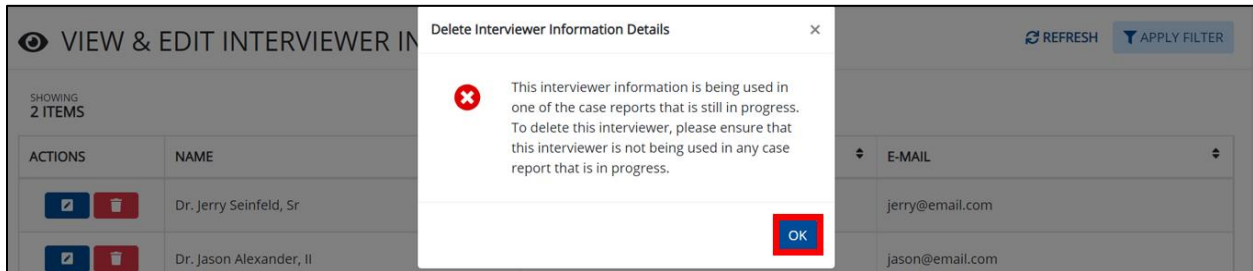
Filter Interviewer Information Details

15. To search for a specific Interviewer, click **Apply Filter**.
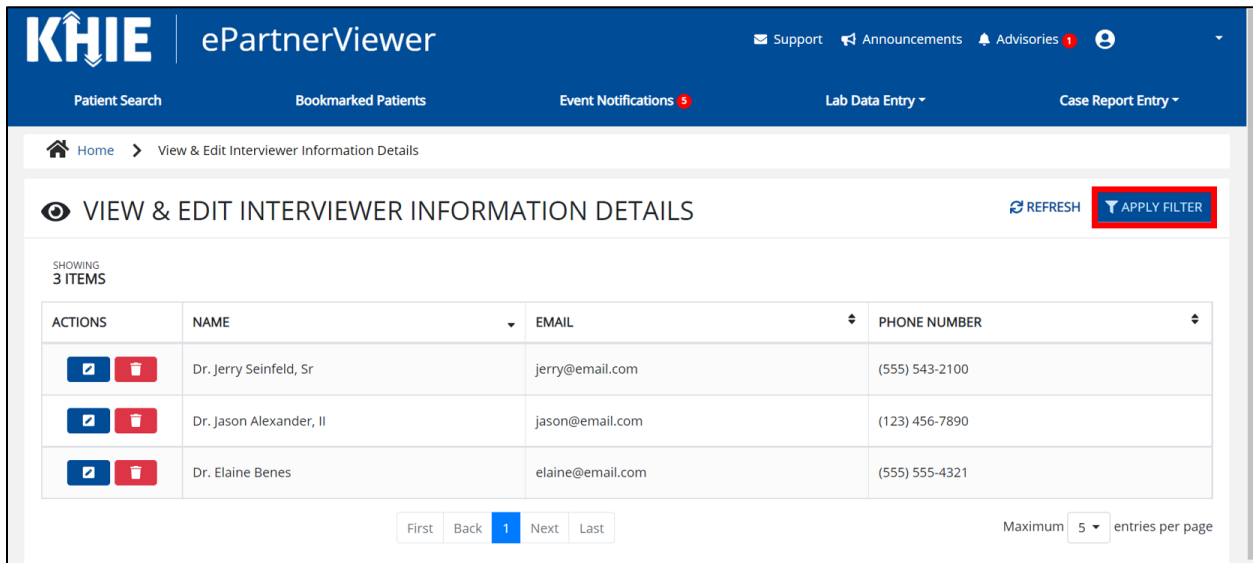
16. The Filter fields display. You can search by entering the ***Interviewer's Name***, ***Email Address***, and/or **Phone Number** in the corresponding Filter fields.

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 are located in the **Side Navigation Bar** that provide users the ability to go to different screens within a Case Report. You can also use the pagination buttons to move to the next screen or to any previously completed 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 next screen.

Save Feature

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

1. When all the 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.
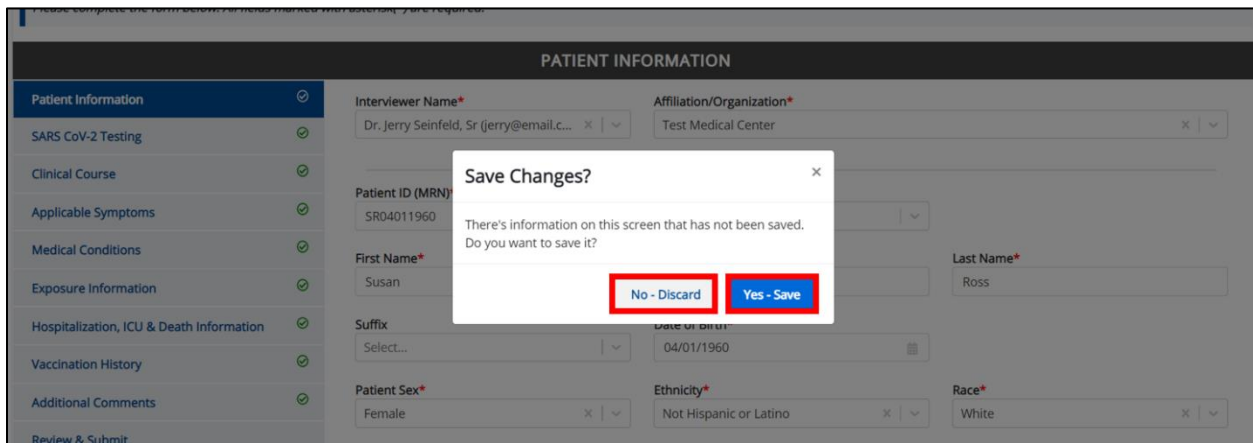
Case Report Entry Icons

Case Reports may contain Icons that serve as visual indicators to draw the user's attention to specific information.

Icon Descriptions:

Icon	Name	Description
Section 8 of 10	**Progress Bar**	Indicates the percentage of completion.
🔒	**Lock**	Indicates the sections that are not yet accessible; Users must enter all the required fields on the current screen and click **Next** to unlock the next screen.
✓	**Green Checkmark**	Indicates the sections that are complete.

Conditional Questions

Conditional Questions are those questions that are asked based on your responses to the previous questions. The COVID-19 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.

- For example, if you select **No** or **Unknown** to the conditional question at the top of the **SARS CoV-2 Testing** screen of the COVID-19 Case Report, the subsequent fields will be grayed out and disabled.

- If you select **Yes** to the conditional question at the top of the **SARS CoV-2 Testing** screen, the subsequent 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.

These conditional questions are found on the **Applicable Symptoms**, **Medical Conditions**, and the **Exposure Information** screens.

- For example, if you select **No** to the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields will be disabled and labeled as **No**.

- If you select **Unknown** to the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields will be disabled and labeled as **Unknown**.

- If you select **Yes** to the conditional question at the top of the **Applicable Symptoms** screen, the subsequent fields are enabled.

6   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.

- However, when Users select **any state other than Kentucky**, the system will display the message *Out of System State* and will <u>not</u> 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 dropdowns to select the month and the year.

- If the date is unknown, you have the option to click the **Unknown** checkbox.

7   COVID-19 Case Report Form

Users with the *Manual Case Reporter* Role are authorized to access the COVID-19 Case Report in the ePartnerViewer.

1. To enter COVID-19 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.

1. Select **COVID-19** from the dropdown menu.

8   Patient Information

COVID-19 Case Report entry is a ten-step process where Users 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.

3. To start the COVID-19 Case Report entry, you must complete the mandatory fields on the **Patient Information** screen.

Please Note: You are required to create an *Interviewer* prior to entering COVID-19 case report information. If you access the COVID Case Report Form without entering Interviewer Information, the **Patient Information** screen is disabled and displays an error message.

You must click the **Interviewer Information hyperlink** in the error message banner to navigate to the **Interviewer Information** screen and create an *Interviewer* before entering COVID-19 Case Report details.

4. Select the **Interviewer Name** from the dropdown menu.

Please Note: If the appropriate name does not display in the *Interviewer Name* dropdown, you must create details for a new interviewer by clicking the **Interviewer Name hyperlink**.

Interviewer Name Hyperlink

5. To create a details for a new Interviewer, click the **Interviewer Name hyperlink**.

6. Upon clicking the **Interviewer Name hyperlink**, the *Interviewer Information* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

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

7. Enter the Interviewer's **First Name** and **Last Name**.

8. Enter the Interviewer's **Phone Number** and **Email Address**.

Phone*	Email*
(XXX) XXX-XXXX	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**.

10. Once the new Interviewer details have been saved, the *Interviewer Name* dropdown menu is automatically updated and displays the new Interviewer Name.

11. Select the **new Interviewer Name** from the *Interviewer Name* dropdown menu.

11. Select the **Affiliation/Organization** from the dropdown menu.

12. 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.

13. If available, enter the patient's **Prefix** and **Suffix**.

14. Enter the patient's **First Name** and **Last Name**. If available, enter the patient's **Middle Name**.

15. Enter the patient's **Date of Birth**.

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.

16. Select the **Patient Sex** from the dropdown menu.

17. Select the patient's **Ethnicity** and **Race** from the appropriate field dropdown menus.

18. Enter the patient's **Street Address**, **City**, **State**, **Zip Code**, and **County**.

19. Enter the patient's **Phone Number** and **Email Address**.

- If the phone number and email address fields are not in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

20. Select the **appropriate answer** to: *Was this person a U.S. case?* This question wants you to indicate whether the patient has tested positive for COVID-19 in the US.

21. From the dropdown menu, select the **appropriate answer** for: *Where was the patient residing at the time of illness onset?*

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter **the location where the patient was residing at the time of illness** in the subsequent textbox: *If other, please specify*.

Please Note: The subsequent textbox below is disabled if you select any other option from the dropdown menu for: *Where was the patient residing at the time of illness onset?*

22. Select the **appropriate answer** for the question: *Is the patient a healthcare worker in the United States?*

- If **No** or **Unknown** is selected, the subsequent healthcare worker-related fields are disabled.

- If **Yes** is selected, the subsequent healthcare worker-related fields are enabled.

23. From the dropdown menu, select the **appropriate answer** to: *If yes, what is the patient's occupation/job type?*

Please Note: If you select *Other* from the dropdown, the textbox: *If other, please specify* is enabled. You must enter the **patient's occupation/job type** in the textbox.

24. From the dropdown menu, select the **appropriate answer** to: *If yes, what is the patient's job setting?*

- If ***Other*** is selected from the dropdown, the subsequent field is enabled. Enter the **patient's job setting** in the subsequent textbox: *If other, please specify*.

25. Select the **appropriate answer** for *Is the patient currently pregnant?*

Please Note: The *Is the patient currently pregnant?* field is enabled only when you select ***Female*** from the *Patient Sex* dropdown menu on the **Patient Information** screen.

26. When the **Patient Information** section has been completed, click **Save** to save your progress or **Next** to proceed to the **SARS CoV-2 Testing** page.

9 SARS CoV-2 Testing

1. On the **SARS CoV-2 Testing** screen, start by selecting the **appropriate answer** for the conditional question at the top: *Does the patient have a lab test?*

2. If ***Yes*** is selected for the conditional question, all the subsequent fields on the screen are enabled. You must enter details for <u>at least one</u> of the options available for tests: **EITHER** Molecular Amplification Test, Serologic Test, **AND/OR** Antigen Test.

> **Please Note:** If ***No*** or ***Unknown*** is selected for the conditional question at the top, all the subsequent fields on the screen are disabled.

3. If applicable, select the appropriate **Test Name** from the *Molecular Amplification Test (RT PCR)* dropdown menu.

4. Select the appropriate **Test Result** from the dropdown menu.

5. Enter the **Filler Order/Accession Number**.

Please Note: The Filler Order Number or Lab Accession Number is typically utilized by laboratories and generally refers to the number assigned to a lab sample when it is checked in. If your organization does not log the receipt of specimens, you should create a system to uniquely track the specimen when you check it in.

6. If applicable, select the **Test Name** and **Test Result** from the *Serologic Test* dropdowns.

7. Enter the **Filler Order/Accession Number**.

8. If applicable, select the **Test Name** and **Test Result** from the *Antigen Test* dropdowns.

9. Enter the **Filler Order/Accession Number**.

Adding Multiple Tests

10. You can also click **Add Test** to log the details for multiple tests. This means that you can easily enter additional test results on the **same** patient.

- To delete a test, click the **Trash Bin Icon** located at the bottom left.

11. Once the **SARS CoV-2 Testing** screen is complete, click **Next** to proceed to the **Clinical Course** screen.

Please Note: If you click **Next** but did **not** enter test details for **at least one** test, an error message displays that states: *There are errors. Please make a selection for all the required fields.*

You must enter details for at least one **Molecular Amplification Test, Serologic Test,** and/or **Antigen Test** to proceed to the **Clinical Course** screen.

10 Clinical Course

1. On the **Clinical Course** screen, select the **appropriate answer** for *Did the patient develop pneumonia?*

2. Select the **appropriate answer** for *Did the patient receive mechanical ventilation (MV)/intubation?*

- If ***Yes*** is selected, the subsequent field is enabled. From the dropdown menu, select the **appropriate answer** for *If yes, total days with MV (# of days)*.

3. Select the **appropriate answers** for the following questions:

- *Did the patient have an abnormal chest X-ray?*

- *Did the patient have another diagnosis/etiology for their illness?*

- *Did the patient have acute respiratory distress syndrome?*

- *Did the patient have an abnormal EKG?*

- *Did the patient receive ECMO?*

4. Once complete, click **Next** to proceed to the **Applicable Symptoms** screen.

11 Applicable Symptoms

1. On the **Applicable Symptoms** screen, select the **appropriate answer** for the conditional question at the top: *Were symptoms present during the course of illness?*

2. If **Yes** is selected for the conditional question, all the subsequent fields on the screen are enabled.

> **Please Note:** If **No** is selected for the conditional question, 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**.

3. Enter the **Onset Date** for the symptoms.

- If the onset date is unknown, click the **Unknown** checkbox.

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4. Select the **appropriate answer** for *Did the patient's symptoms resolve?*

- If the patient's symptoms are not resolved at the time of visit, select **No**.

- If it is unknown whether the patient's symptoms are resolved, select **Unknown**.

- If the patient's symptoms are resolved at the time of visit, select **Yes**.

5. If **Yes** is selected, the subsequent field is enabled. Enter the **date of symptom resolution** in the subsequent field *If yes, what was the date of symptom resolution?*

6. If the patient is symptomatic, select the **appropriate answers** for the following to indicate the symptoms the patient experienced during illness.

7. Select the **appropriate answer** for *Did the patient have any other symptoms*?

- If *Yes* is selected, the subsequent field is enabled. Enter **additional symptoms** in the textbox.

8. Once complete, click **Next** to proceed to the **Medical Conditions** screen.

12 Medical Conditions

1. On the **Medical Conditions** screen, select the **appropriate answer** for the conditional question at the top: *Did the patient have any underlying medical conditions and/or risk behaviors?*

2. If **Yes** is selected for the conditional question, all the subsequent fields on the screen are enabled.

Please Note: If **No** is selected for the conditional question, 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**.

3. To indicate the underlying medical conditions and/or risk behaviors that apply to the patient, select the **appropriate answers** for the following:

- *Diabetes Mellitus*
- *Hypertension*
- *Severe obesity (BMI>40)*
- *Cardiovascular disease*
- *Chronic renal disease*
- *Chronic liver disease*

- *Chronic lung disease (asthma/emphysema/COPD)*
- *Immunosuppressive condition*
- *Autoimmune condition*
- *Current smoker*
- *Former smoker*
- *Substance abuse or misuse*

4. Select the **appropriate answer** for *Disability (neurologic, neurodevelopmental, intellectual, physical, vision, or hearing impairment).*

- If **Yes** is selected for *Disability*, the subsequent field is enabled. Enter **patient's disability** in the subsequent textbox.

5. Select the **appropriate answer** for the *Psychological/psychiatric condition*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's psychological/psychiatric condition** in the subsequent textbox: *If yes, please specify*.

6. Select the **appropriate answer** for the *Other chronic diseases*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's chronic diseases** in the subsequent textbox: *If yes, please specify*.

7. Select the **appropriate answer** for the *Other underlying condition or risk behavior*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's underlying condition(s) or risk behavior(s)** in the subsequent textbox: *If yes, please specify*.

8. Once complete, click **Next** to proceed to the **Exposure Information** screen.

13 Exposure Information

There are a series of questions regarding COVID-19 exposure that healthcare providers may ask patients. You must enter answers to these questions on the **Exposure Information** page.

1. On the **Exposure Information** page, select the **appropriate answer** to the conditional question at the top: *In the 14 days prior to illness onset, did the patient have any of the following exposures?*

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*.

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3. Select the **appropriate answer** for *Domestic travel (outside state of normal residence)*.

-   If **Yes** is selected, the subsequent field is enabled. From the multi-select dropdown menu, select the **state(s) that the patient traveled to**.

> **Please Note:** The multi-select dropdown allows you to select multiple states.

4. Select the **appropriate answer** for the *International Travel*.

- If **Yes** is selected, the subsequent field is enabled. From the multi-select dropdown menu, select the **country or countries that the patient traveled to**.

5. Select the **appropriate answer** for the *Cruise ship or vessel travel as passenger or crew member*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **name of the cruise ship** in the subsequent textbox: *If yes, please specify cruise ship*.

6. Select the **appropriate answer** for *Is the workplace critical infrastructure (e.g. healthcare setting, grocery store)*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's workplace setting** in the subsequent textbox: *If yes, please specify workplace setting*.

7. Select the **appropriate answer** for the *Airport/airplane*.

- If **Yes** is selected, the subsequent field is enabled. Enter the name of the **appropriate airline(s)** in the subsequent textbox: *If yes, please specify airline(s)*.

8. Select the **appropriate answer** for *Adult congregate living facility (nursing, assisted living or long-term care facility)*.

•   If ***Yes*** is selected, the subsequent field is enabled. Enter the name of the **appropriate adult congregate living facility** in the subsequent textbox: *If yes, please 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, please specify nursing, assisted living or long-term care facility: ❓

9. Select the **appropriate answer** for *School/university/childcare center*.

•   If ***Yes*** is selected, the subsequent field is enabled. Enter the name of the **school/university/childcare center name** in the subsequent textbox: *If yes, please specify school/university/childcare center*.

School/university/childcare center*

| Yes | No | Unknown |

If yes, please specify name of school/university/childcare center: ❓

10. Select the **appropriate answer** for *Correctional facility*.

•   If ***Yes*** is selected, the subsequent field is enabled. Enter the **name of the correctional facility** in the subsequent textbox: *If yes, please specify name of correctional facility*.

Correctional facility*

| Yes | No | Unknown |

If yes, please specify name of correctional facility: ❓

11. Select the **appropriate answer** for *Community event/mass gathering*.

•   If ***Yes*** is selected, the subsequent field is enabled. Enter the **name of the community event/mass gathering** in the subsequent textbox: *If yes, please specify name of community event/mass gathering*.

Community event/mass gathering*

| Yes | No | Unknown |

If yes, please specify name of community event/mass gathering: ❓

12. Select the **appropriate answer** for *Animal with confirmed or suspected COVID-19*.

- If *Yes* is selected, the subsequent field is enabled. Enter the **details of the animal with confirmed or suspected COVID-19** in the subsequent textbox: *If yes, please specify*.

13. Select the **appropriate answer** for *Contact with a known COVID-19 case (probable or confirmed)*.

- If *Yes* is selected, the subsequent field is enabled. Select **type(s) of contact** from the multi-select dropdown menu for *If yes, please specify what type of contact?*

14. Select the **appropriate answer** for *Unknown exposures in the 14 days prior to illness onset*.

- If *Yes* is selected, the subsequent field is enabled. Enter the **details of unknown exposures** in the subsequent textbox: *Other unknown exposures, please specify*.

15. Select the **appropriate answer** for *Other exposures*.

- If *Yes* is selected, the subsequent field is enabled. Enter the **details of other exposures** in the subsequent textbox: *If yes, please specify*.

Other exposures*

| Yes | No | Unknown |

If yes, please specify: ⊘

16. Select the **appropriate answer** for *Is this part of an outbreak*?

- If *Yes* is selected, the subsequent field is enabled. Enter the **name of the outbreak** in the subsequent textbox: *If yes, please specify the name of the outbreak*.

17. Once complete, click **Next** to proceed to the **Hospitalization, ICU & Death Information** page.

Animal with confirmed or suspected COVID-19*

Yes | **No** | Unknown

If yes, please specify: ⊘

Contact with a known COVID-19 case (probable or confirmed)*

Yes | No | Unknown

If yes, please specify what type of contact?*

Healthcare-associated (patient, visitor, healthcare worker) ✕ | Community-associated ✕

Unknown exposures in the 14 days prior to illness onset*

Yes | **No**

Other unknown exposures, please specify: ⊘

Other exposures*

Yes | No | Unknown

If yes, please specify: ⊘

Is this part of an outbreak*

Yes | No | Unknown

If yes, please specify the name of the outbreak: ⊘

Save | Previous | **Next**

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?*

- If **Yes** is selected for the conditional question, all subsequent hospitalization-related fields are enabled.

> **Please Note:** If **No** or **Unknown** is selected for the conditional question, all subsequent hospitalization-related fields are disabled. Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

2. Select the **appropriate answer** for *If hospitalized, was a translator required?*

• If ***Yes*** is selected, the subsequent field is enabled. Enter the **appropriate language** in the subsequent textbox: *If yes, please specify which language*.

3. Enter the patient's hospitalization **Admission Date** and **Discharge Date**.

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 clicks **Next**, both fields are marked as invalid; 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.

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4. Select the **appropriate answer** for *Was the patient admitted to an intensive care unit (ICU)?*

• If **Yes** is selected, the subsequent ICU *Admission Date* and *Discharge Date* fields are enabled. Enter the **ICU Admission Date** and the **ICU Discharge Date**.

5. Select the **appropriate answer** for *Did the patient die as a result of this illness?*

• If **Yes** is selected, the subsequent *Date of Death* field is enabled. Enter the **patient's date of death**.

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

Hospitalization, ICU & Death Information

Vaccination History 🔒

Additional Comments 🔒

Review & Submit 🔒

If hospitalized, please provide admission and discharge dates:

04/22/2021

Admission Date*

04/21/2021   📅   ☐ Unknown

Discharge Date*

04/22/2021   📅   ☐ Unknown

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   📅   ☐ Unknown

Discharge Date

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   📅   ☐ Unknown

[Save]   [Previous]   [**Next**]

15 Vaccination History

1. On the **Vaccination History** screen, select the **appropriate answer** for the conditional question at the top: *Has the patient ever received a COVID-19 vaccine?*

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

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

2. If **Yes** is selected for the conditional question, the subsequent field is enabled. From the dropdown menu, select the **appropriate vaccine**: *If yes, please provide vaccine name/manufacturer*.

- If **Other** is selected, the subsequent field is enabled. Enter the **name of the vaccine** in the textbox: *If yes, please specify*.

3. In the field for *Date Administered (1ˢᵗ Dose)*, enter the **date the first dose was administered.**

4. If applicable, enter the **date the second dose was administered** in the field: *Date Administered (2ⁿᵈ Dose)*.

Please Note: The Date Administered (1st dose) **cannot** occur *after* the Date Administered (2nd dose). The Date Administered (1st dose) must occur at least 21 days **BEFORE** the Date Administered (2nd dose), depending on the vaccine.

If the User enters a Date Administered (1st dose) that occurs after Date Administered (2nd dose) and clicks **Next**, both fields are marked as invalid; the screen is grayed out and displays a pop-up message that states:

The administration date of second dose cannot be earlier than administration date of 1st dose.

To proceed, the click **OK**, then enter a valid Date Administered (2nd dose) that occurs **after** the Date Administered (1st dose).
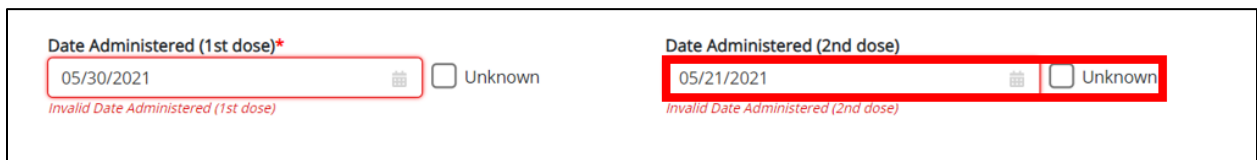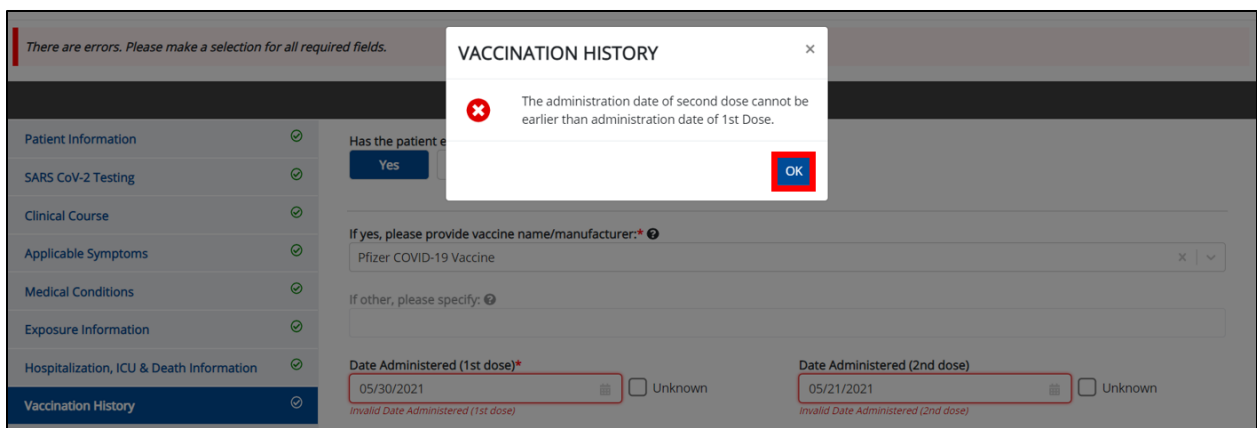
5. Once complete, click **Next** to proceed to the **Additional Comments** screen.
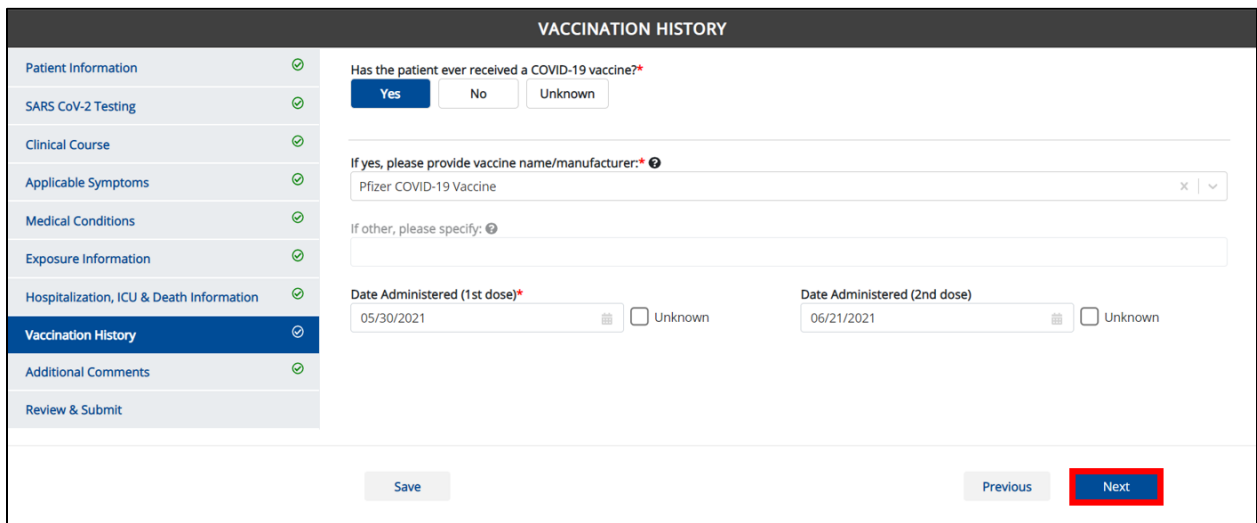
16 Additional Comments

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 & Submit

The **Review & Submit** screen displays a summary of the information you've entered. Prior to submitting the case report, review the information on this screen to verify its accuracy. You must click **Submit** in order to submit the case report.

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.
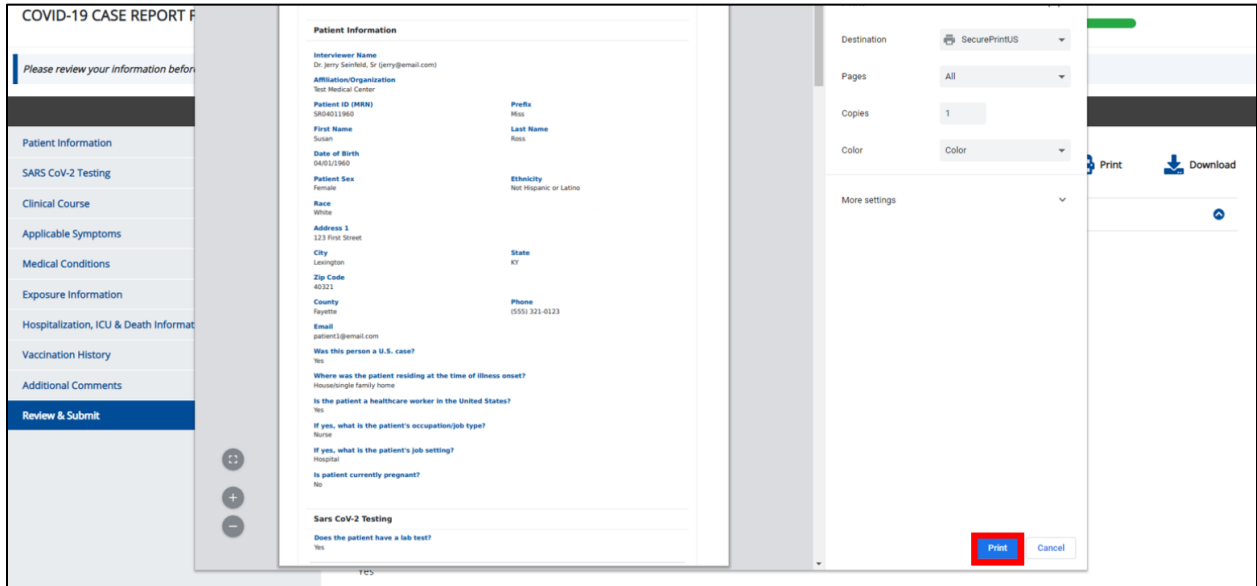
2. Click **Download** to download a PDF version of the case report.
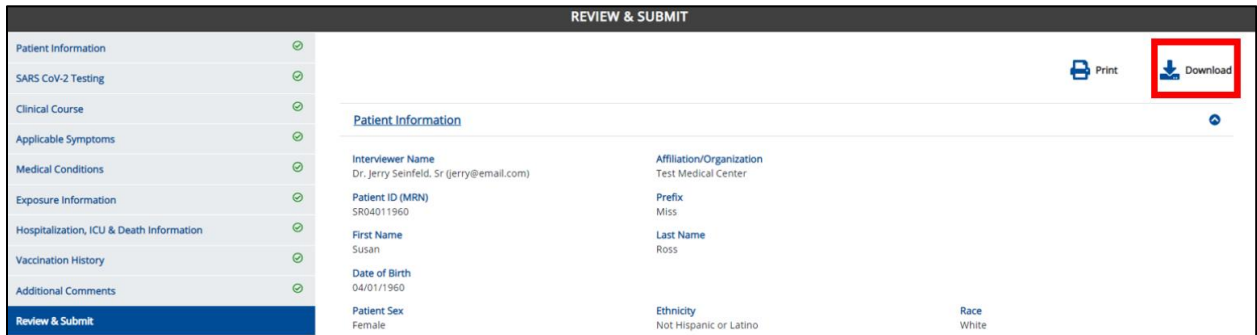
- Once the download is complete, a pop-up will display. Click **OK** to close out of the pop-up.
- To view the downloaded case report, click the **PDF icon** at the bottom left.
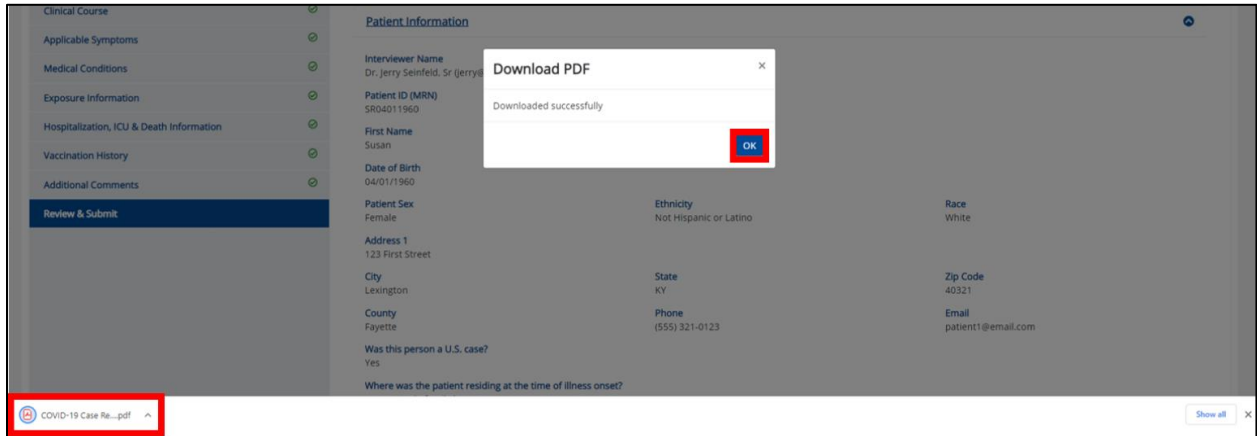
- A PDF of the case report will display in a separate tab. Click the **Download Icon** at the top right to download a PDF version of the case report to your computer.

3. Review the information.
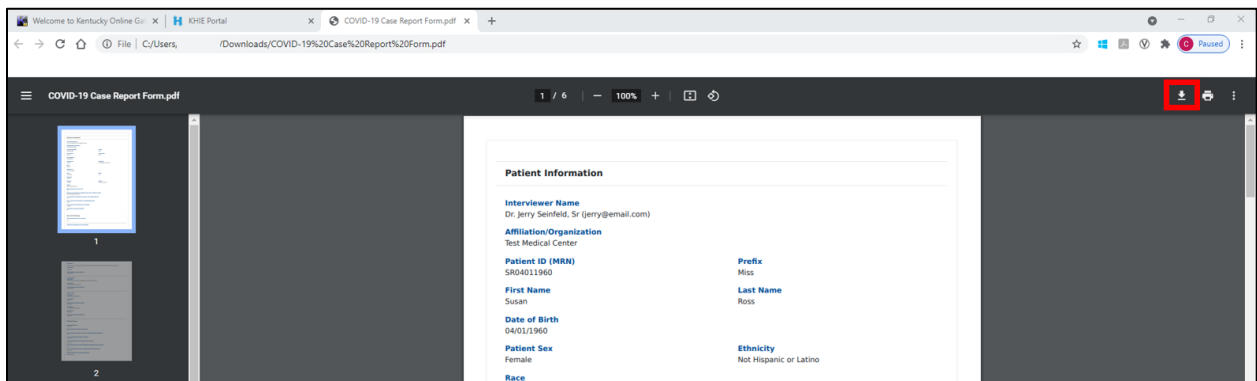
4. Review the *Patient Information* section.
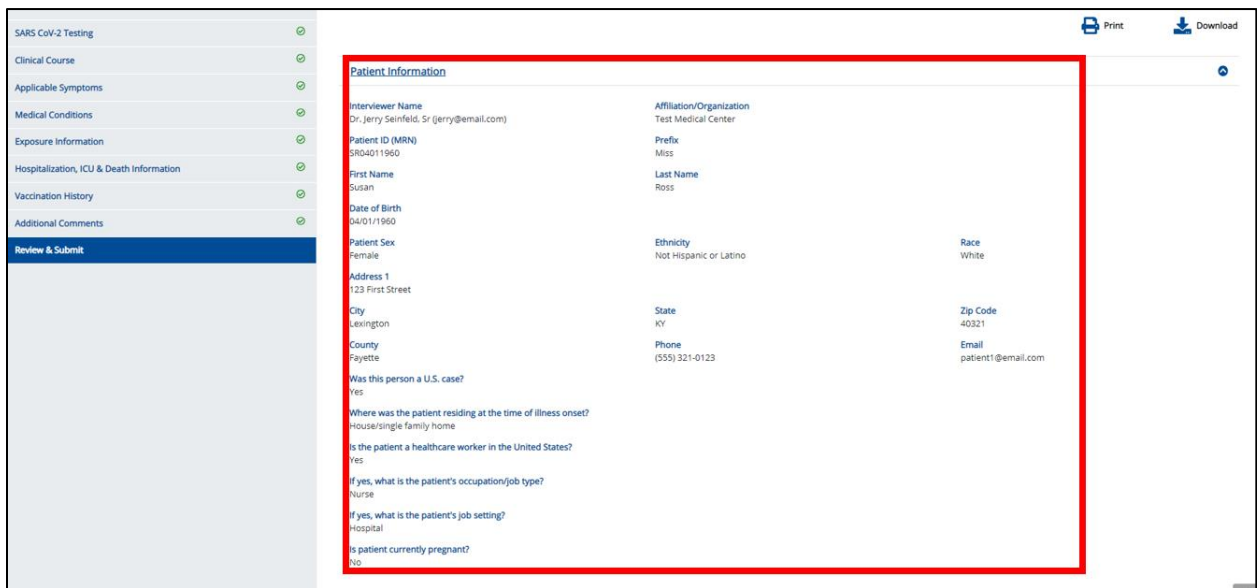
- Click the **caret icon** on any section header to hide or display the details for that section.

5. Review the *Sars CoV-2 Testing* section.

6. Review the *Clinical Course* section.

7. Review the *Applicable Symptoms* section.

8. Review the *Medical Conditions* section.

9. Review the *Exposure Information* section.

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

11. Review the *Vaccination History* section.

12. Review the *Additional Comments* section.

Click Hyperlinks to Edit

13. 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 on the side navigation bar.

14. Once the appropriate edits have been made, click the **Review & Submit** tab on the side navigation bar to navigate back to the **Review & Submit** screen.

15. The *Save Changes* pop-up displays. To save the edits and navigate back to the **Review & Submit** screen, click **Yes – Save**. To discard the edits, click **No – Discard**.

16. Review your edits on the **Review & Submit** screen.

17. 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.

- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the COVID-19 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.

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

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

Congratulations! You have submitted the COVID-19 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 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** 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.*

To proceed, you must enter a **Start Date** that occurred within the last six months.

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**, **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

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

7. 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.

8. Click **OK** to close out of the pop-up.

Continue In-Progress Case Reports

The **Save** feature allows you 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 entered in order to return to the section where you left off.

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

10. 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 (800) 633-6283.

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.