Kentucky Health Information Exchange (KHIE)

Foodborne and Waterborne Diseases Case Report:

Invasive *Cronobacter* Among Infants

Quick Reference Guide

June 2024

Document Control Information

Document Information

Document Name	Foodborne and Waterborne Diseases Case Report: Invasive *Cronobacter* Among Infants Quick Reference Guide
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	0.2
Document Status	Revised Draft
Date Released	06/12/2024

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
0.1	06/11/2024	Initial Draft	Deloitte Consulting
0.2	06/12/2024	Revised Draft per KHIE Review	KHIE/Deloitte Consulting

Table of Contents

1 Introduction

Overview

This training manual covers the unique functionalities for the Invasive *Cronobacter* Infection Among Infants condition in the Foodborne and Waterborne Diseases eICR Form in the ePartnerViewer. The Invasive *Cronobacter* Infection Among Infants condition captures the contact information of the person with whom the patient lives and contains unique validation pop-ups on the **Patient Information** screen and contains a unique **Additional Information** screen. All other screens for the Invasive *Cronobacter* Infection Among Infants condition follow the generic workflow for the Foodborne and Waterborne Diseases Case Report. For specific information about the Foodborne and Waterborne Diseases Case Report, please review the ***Direct Data Entry for Case Reports: Foodborne and Waterborne Diseases User Guide***.

Users with the *Manual Case Reporter* role can submit 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 Kentucky Department for Public Health (KDPH). 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 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

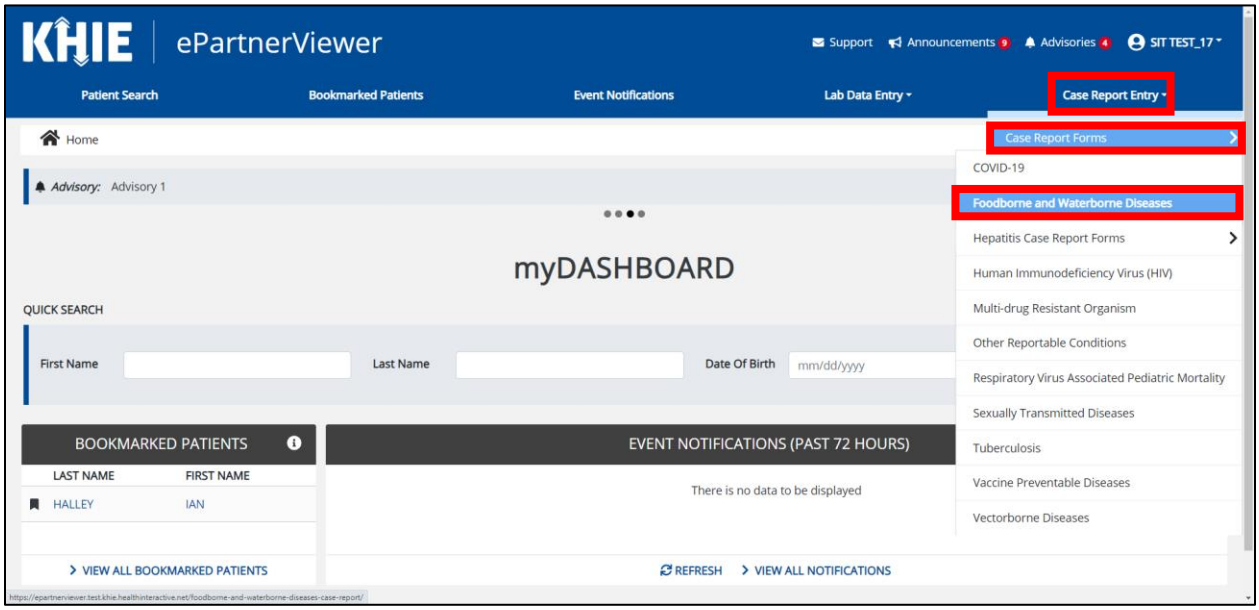
To access the ePartnerViewer, Users must meet the following specifications:

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).

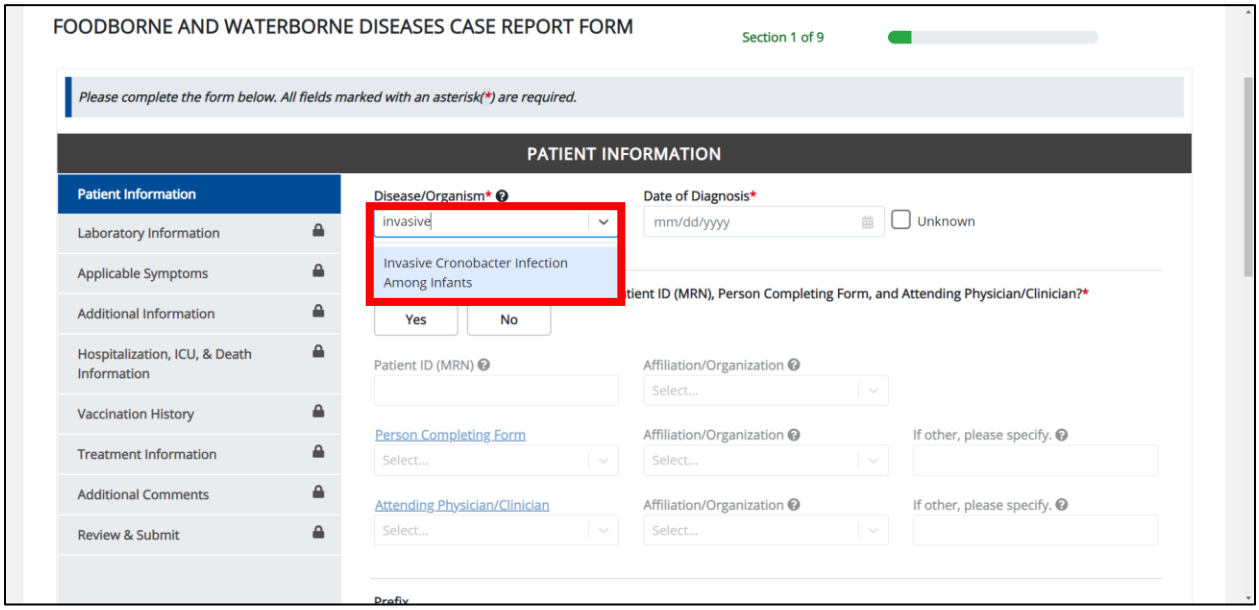
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the ***ePartnerViewer Login: Kentucky Online Gateway (KOG) and Okta Verify Multi-Factor Authentication (MFA) User Guide***.

2 Patient Information

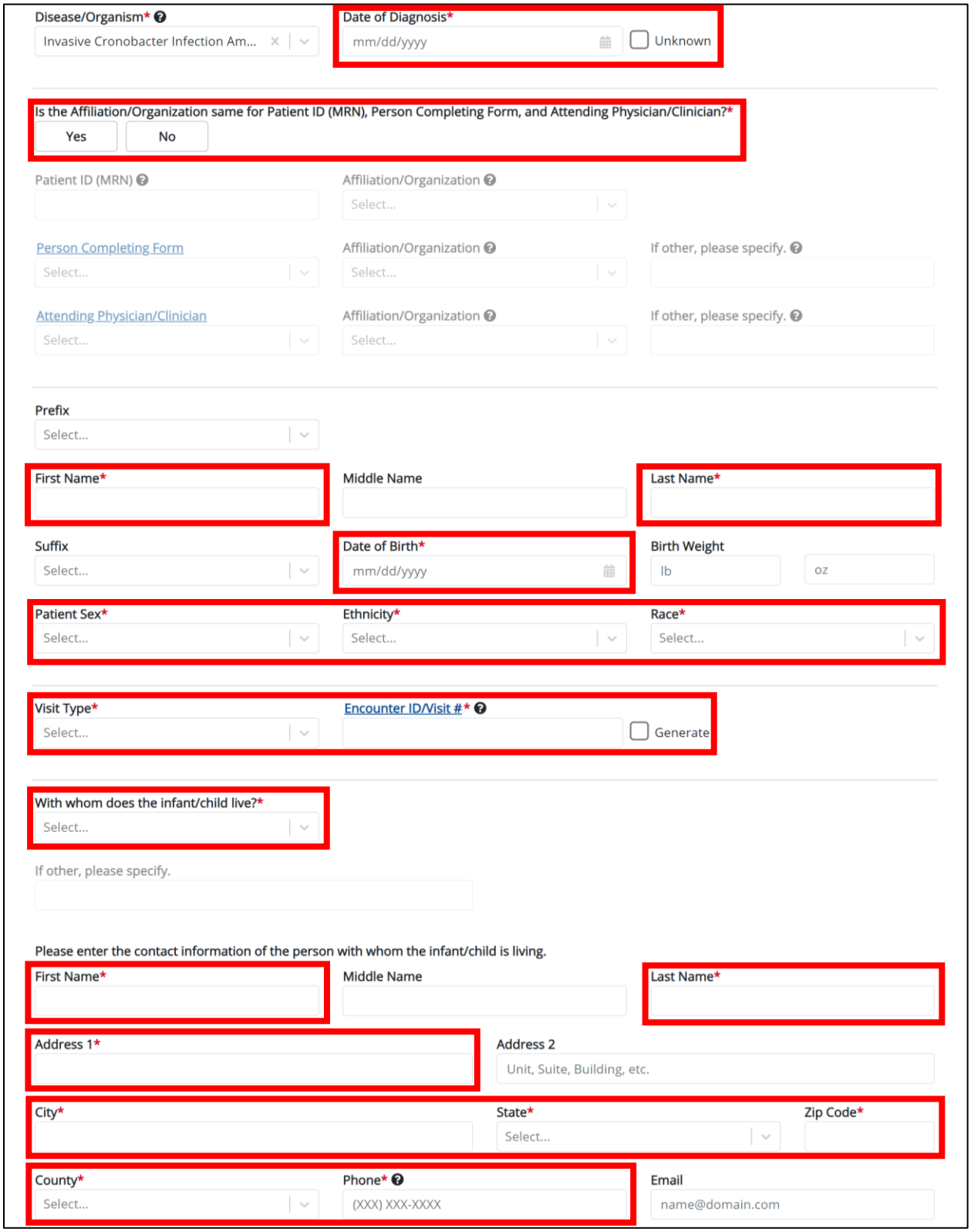
1. To enter Foodborne and Waterborne Diseases case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Foodborne and Waterborne Diseases** from the dropdown menu.



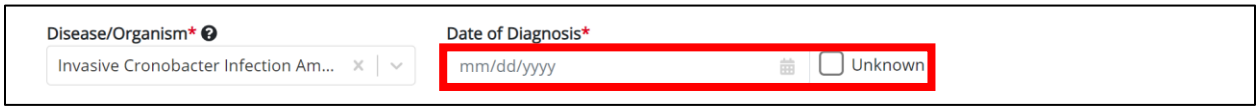
3. To start the Invasive *Cronobacter* Infection Among Infants Case Report entry, select **Invasive *Cronobacter* Infection Among Infants** from the *Disease/Organism* field on the **Patient Information** screen.



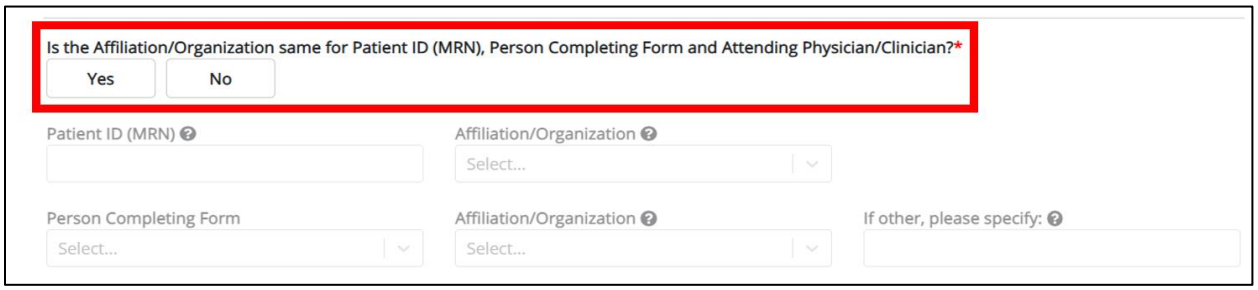
4. You must complete the mandatory fields on the **Patient Information** screen.



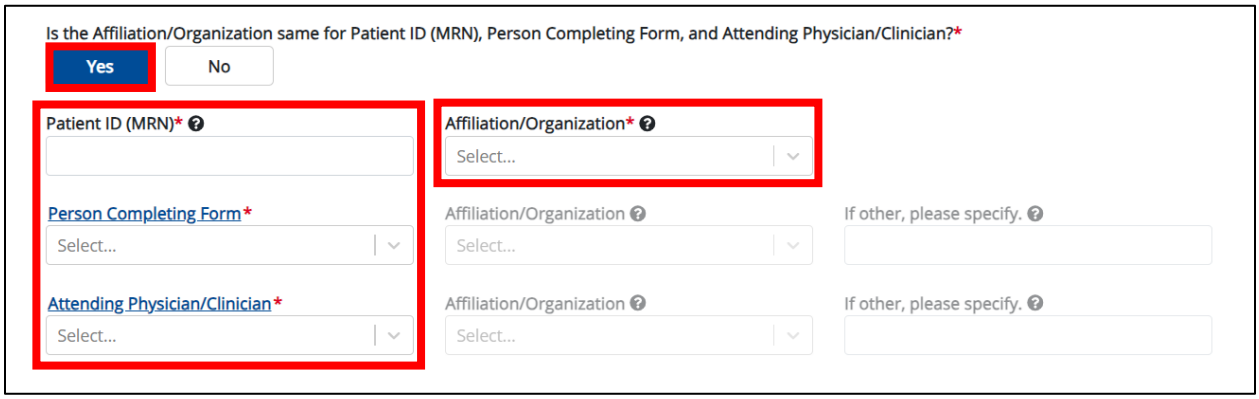
5. Enter the **Date of Diagnosis**. If the date of diagnosis is unknown, click the ***Unknown*** checkbox.



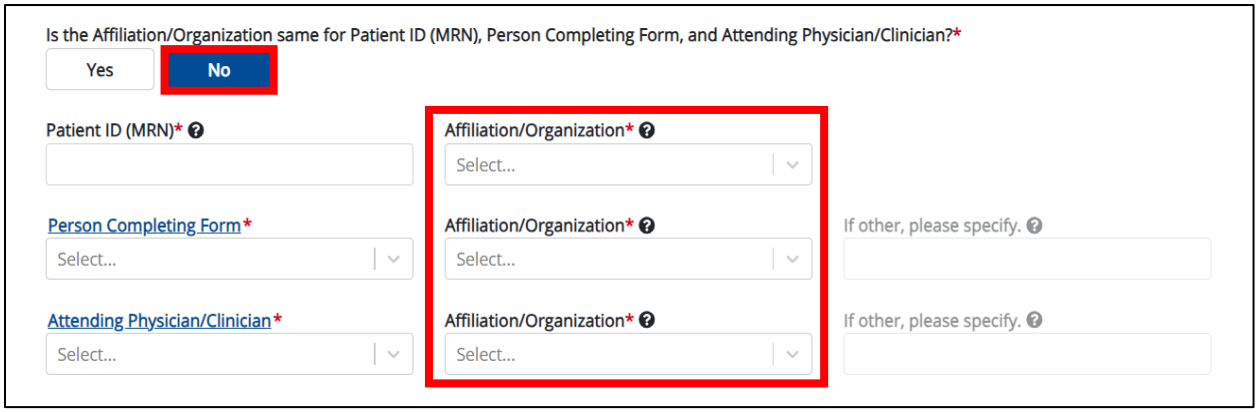
6. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*



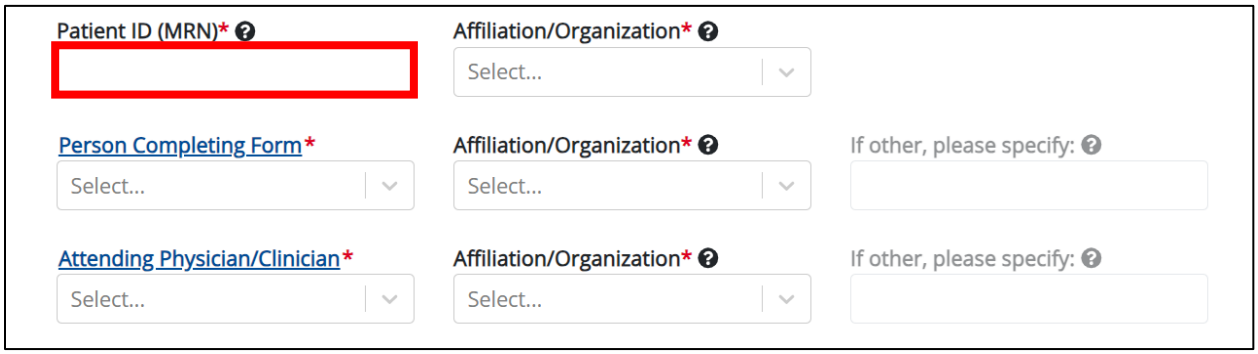
- Click ***Yes*** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.



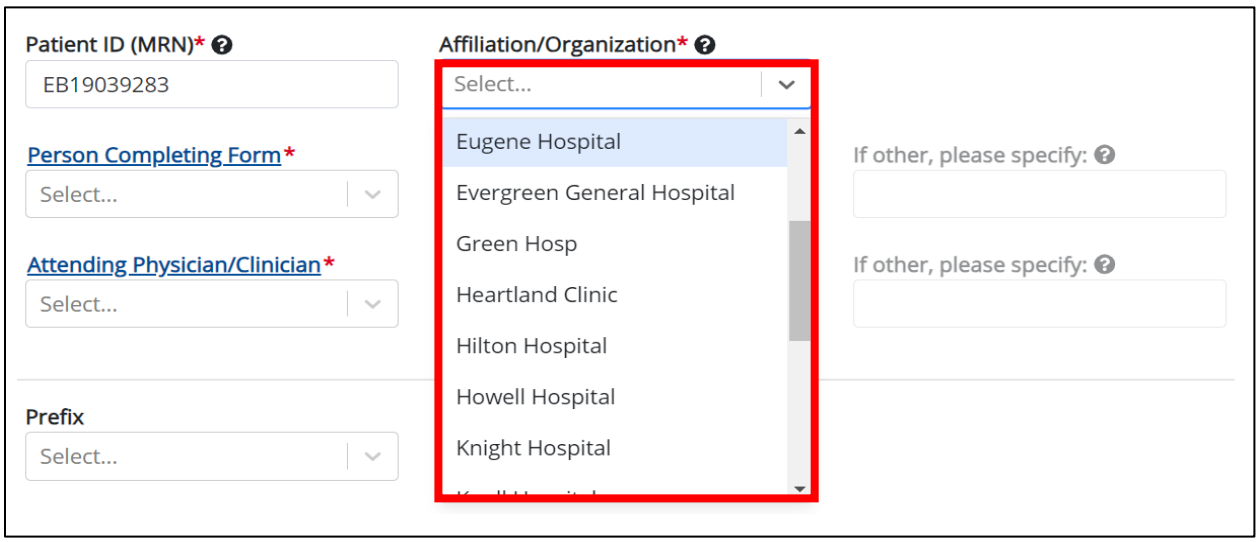
- Click ***No*** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.



7. 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.



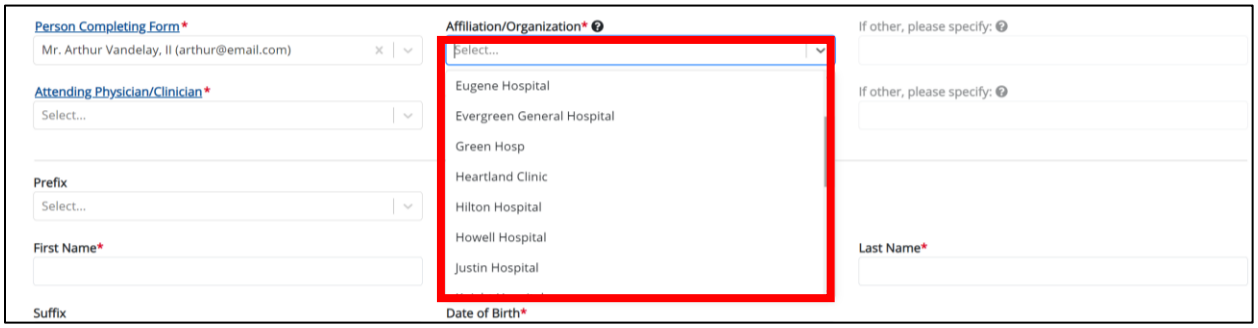
8. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).



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).

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

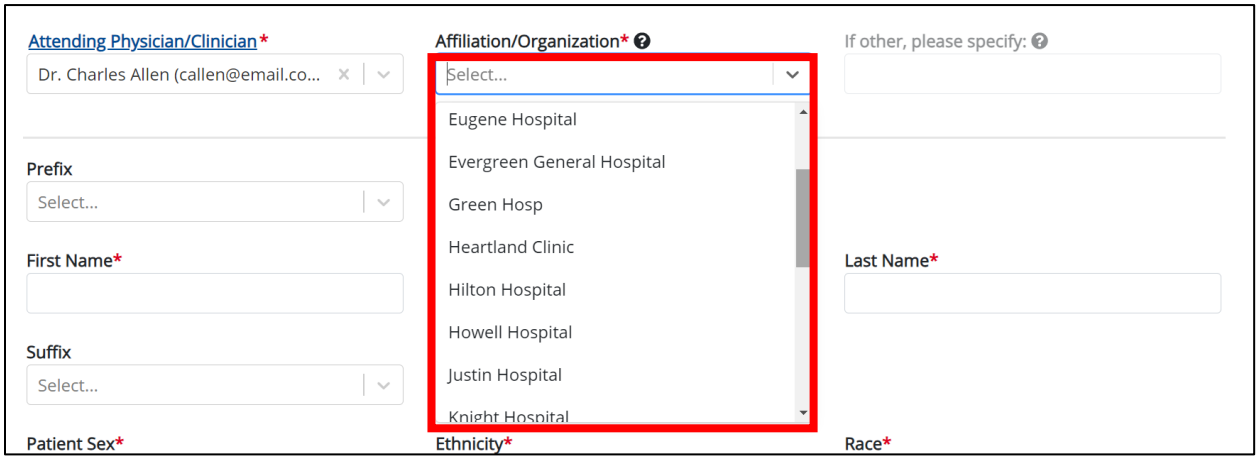
10. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.



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

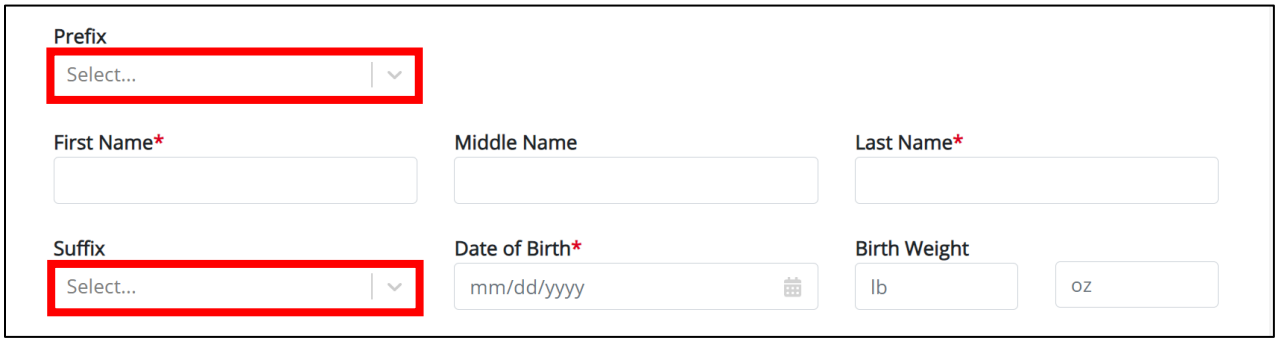
11. Select the **Attending Physician/Clinician** from the dropdown menu.

12. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.

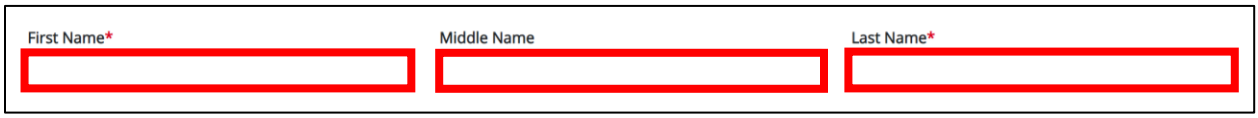


Please Note: The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select ***No*** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician*?

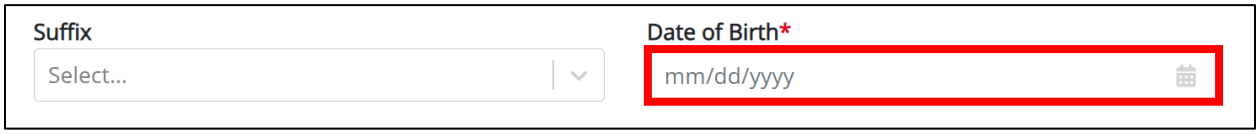
13. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.



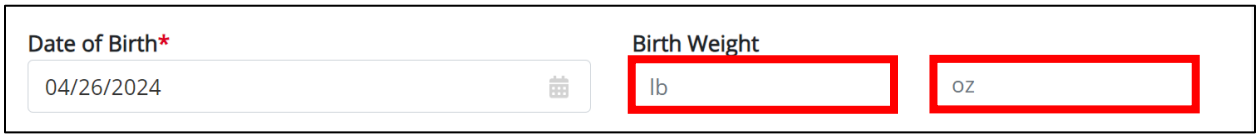
14. Enter the patient's **First Name** and **Last Name**.
15. If available, enter the patient's **Middle Name**.



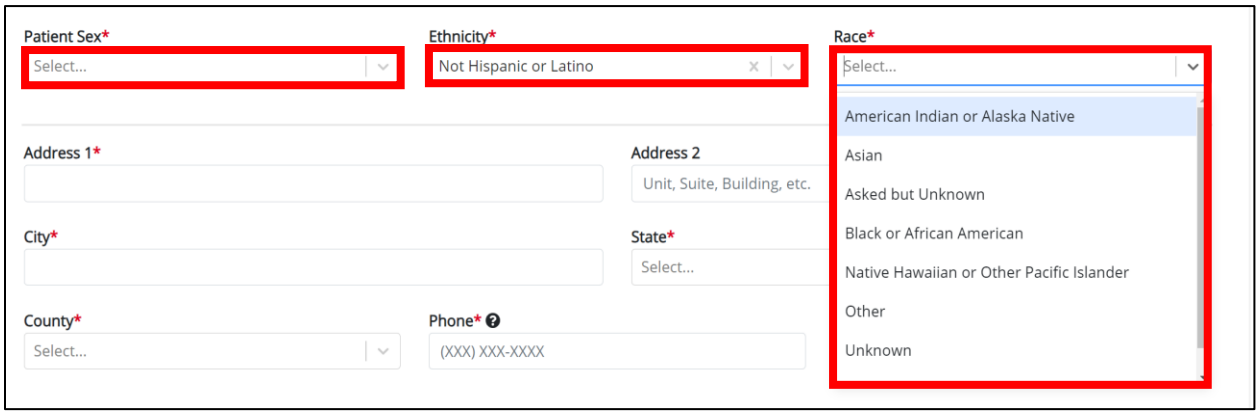
16. Enter the patient's **Date of Birth**.



17. If available, enter the patient's **Birth Weight** in the *lb* and *oz* textbox fields.



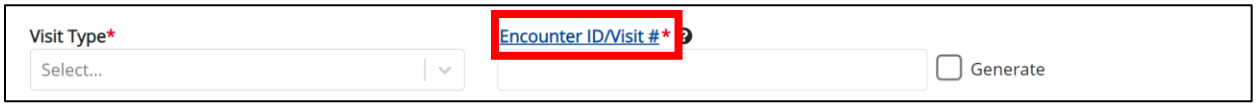
18. Select the **Patient Sex** from the dropdown menu.
19. Select the patient's **Ethnicity** and **Race** from the appropriate dropdown menus.



20. Select the **type of patient visit** from the *Visit Type* dropdown menu.

- The *Encounter ID/Visit #* field allows Users to enter a **unique 20-digit Encounter ID/Visit #**.

- The ***Encounter ID/Visit #*** hyperlink allows Users to view the *Patient Case History* which includes the historical case report details and Encounter IDs (when available) that were previously submitted for the patient. The *Patient Case History* search is based on the **Patient First Name**, **Last Name,** and **Patient ID (MRN)** entered.



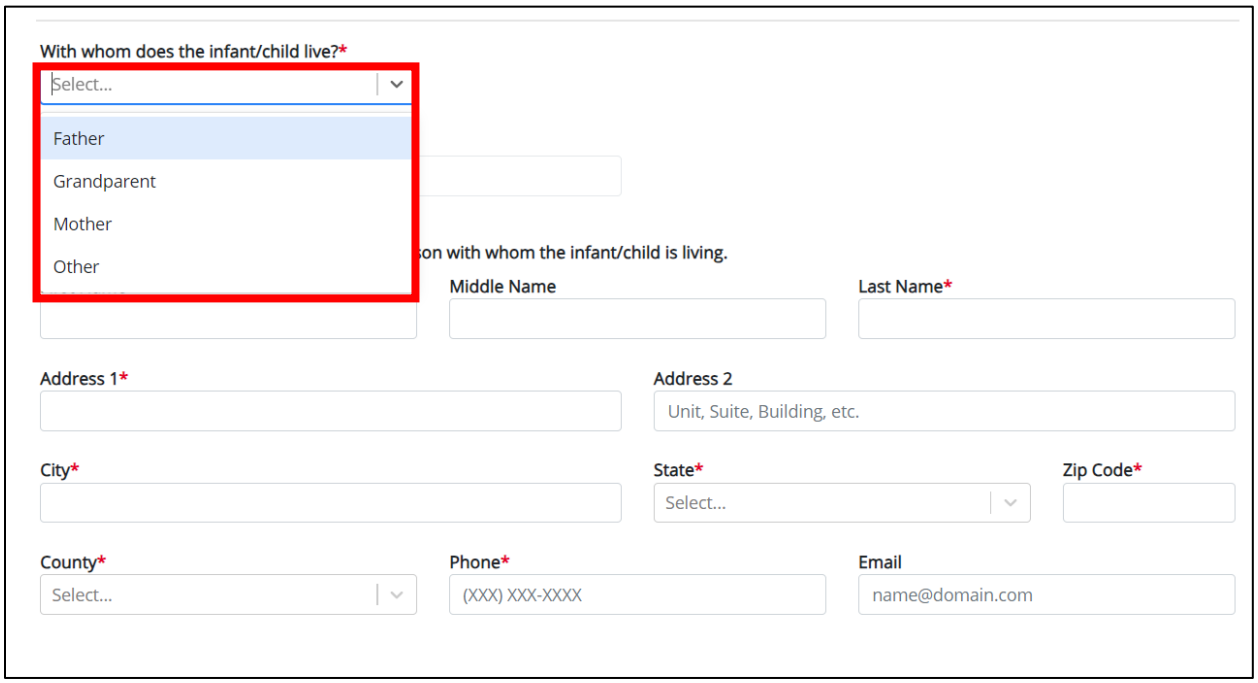
- The ***Generate*** checkbox triggers the system to generate a **unique 20-digit Encounter ID/Visit #** if the Encounter ID/Visit # is unknown.

- Upon clicking the ***Generate*** checkbox, the *Encounter ID/Visit #* field will be grayed out and disabled. The *Encounter ID/Visit #* field will display the system-generated Encounter ID/Visit # only <u>after</u> the **Patient Information** screen has been completed and saved.

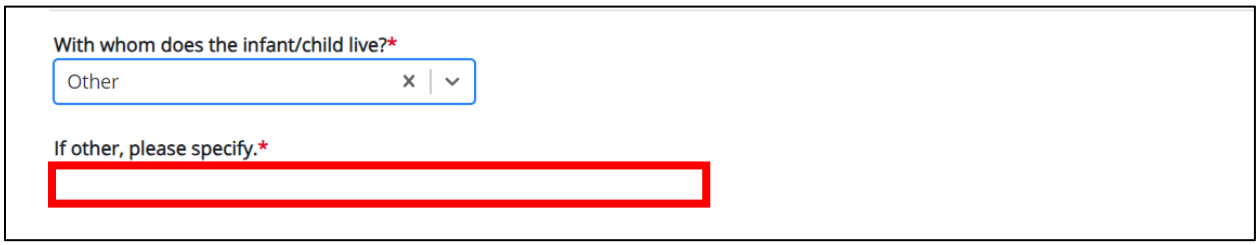
Contact Information of the Person With Whom the Patient Lives

The Invasive *Cronobacter* Infection Among Infants Case Report captures details of the person with whom the patient lives.

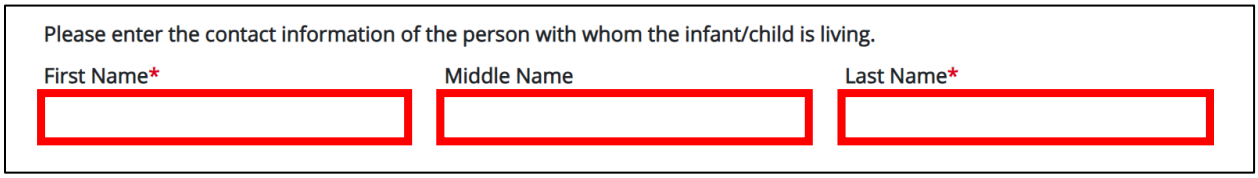
21. Select the **appropriate answer** from the dropdown menu for the field: *With whom does the infant/child live?*



22. If ***Other*** is selected from the dropdown menu, enter the **appropriate answer** in the text box: *If Other, please specify.*



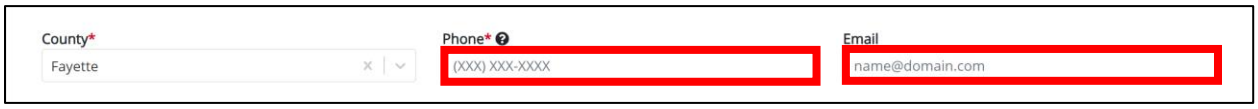
23. Enter the **First Name** and **Last Name** of the person with whom the patient lives.
24. If available, enter the **Middle Name** of the person with whom the patient lives.



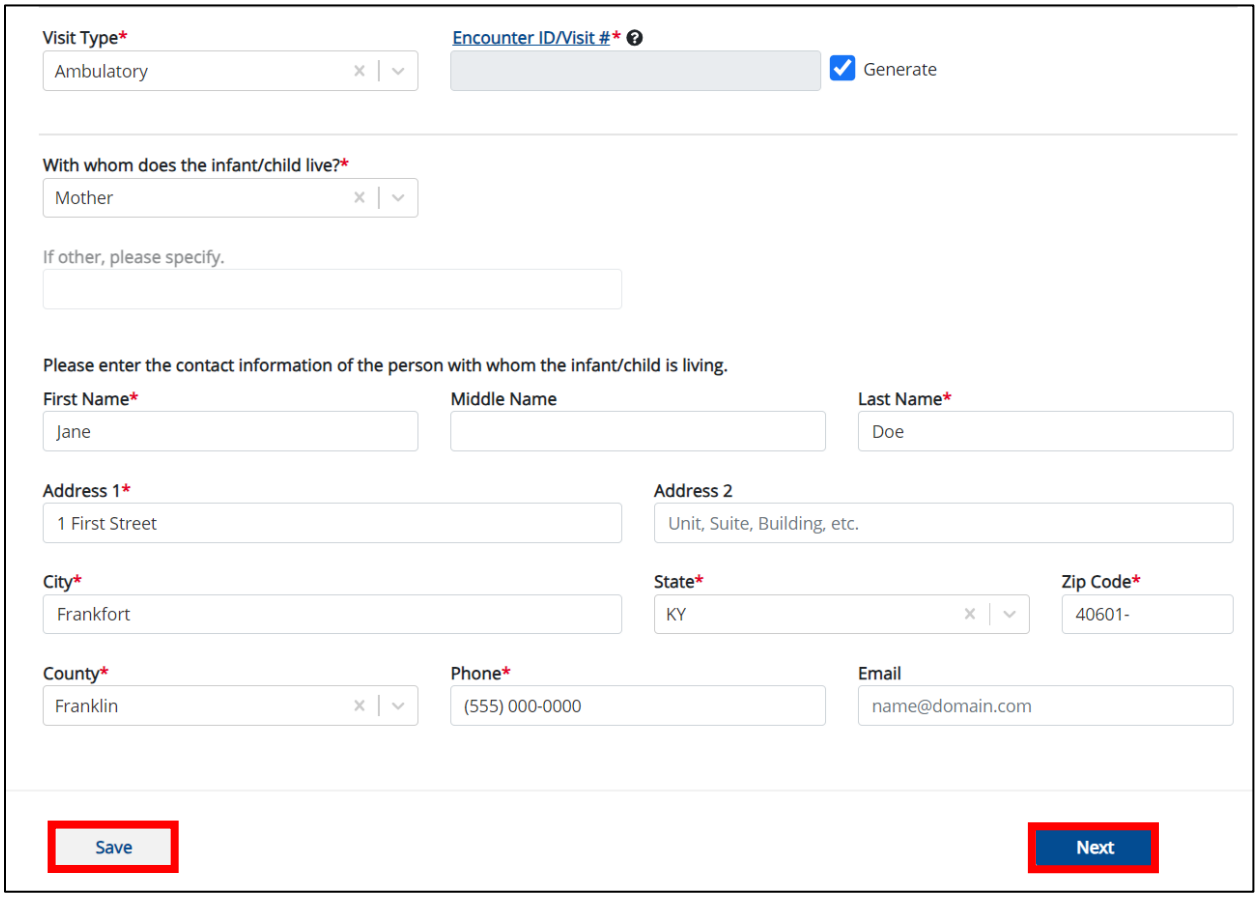
25. Enter the **Address**, **City**, **State**, **Zip Code**, and **County** of the person with whom the patient lives.

26. Enter the **Phone Number** of the person with whom the patient's lives.

27. If available, enter the Email **Address** of the person with whom the patient's lives.



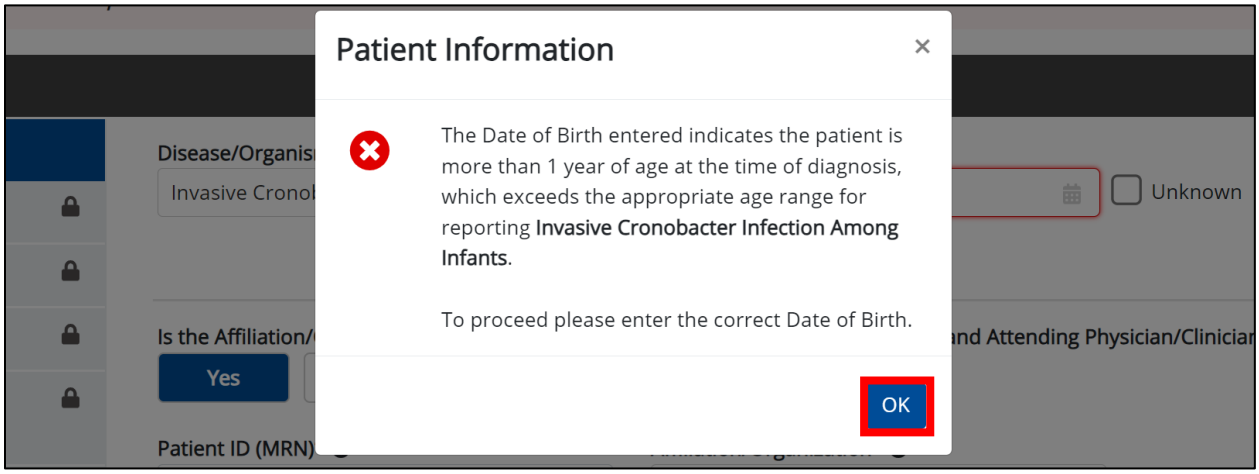
28. When the **Patient Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Laboratory Information** screen.



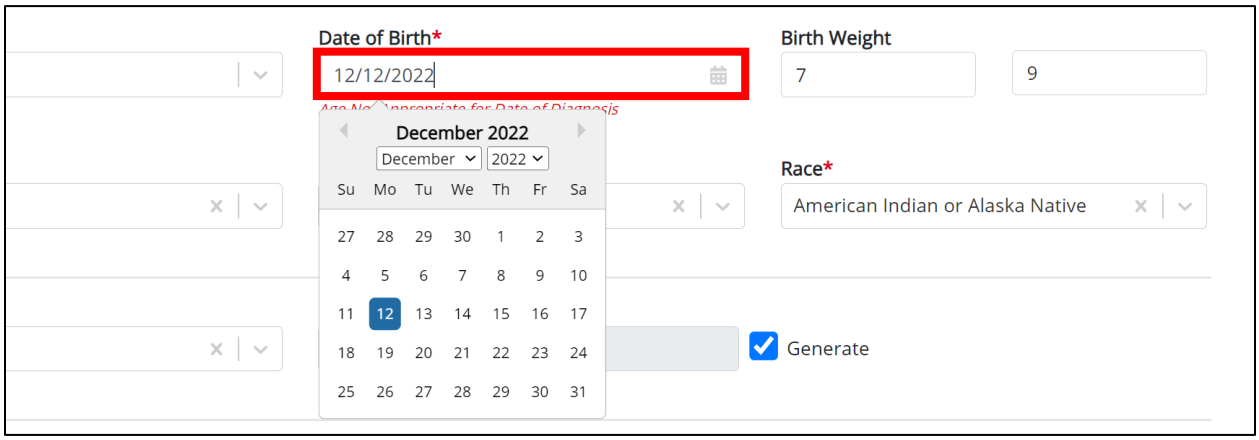
29. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the Date of Birth entered indicates the patient is older than 1 year of age.

- *The Date of Birth entered indicates the patient is more than 1 year of age at the time of diagnosis, which exceeds the appropriate age range for reporting **Invasive Cronobacter Infection Among Infants.** To proceed please enter the correct Date of Birth.*

30. Click **OK** to close the *Patient Information* pop-up.



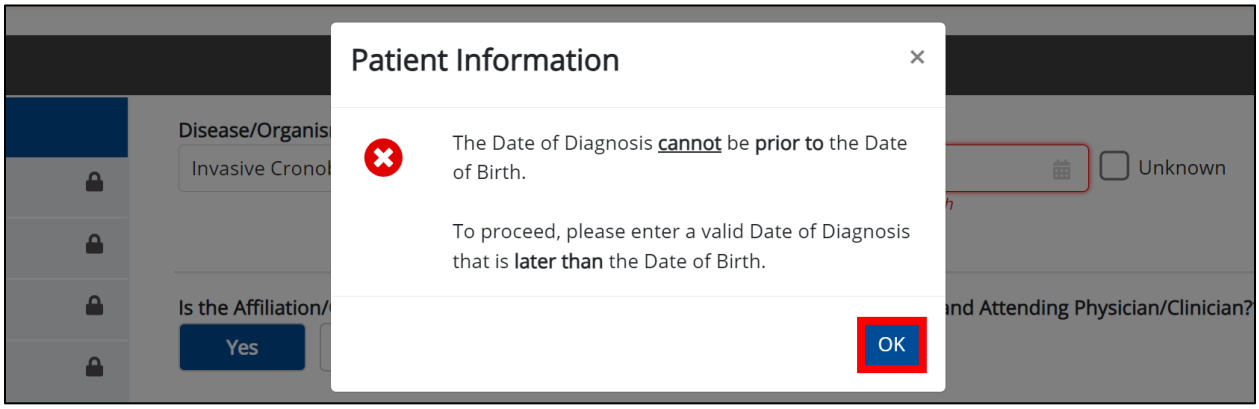
31. To proceed with the Invasive *Cronobacter* Infection Among Infants Case Report, enter the **appropriate Date of Birth** in the *Date of Birth* field to indicate that the patient is younger than 1 year of age.



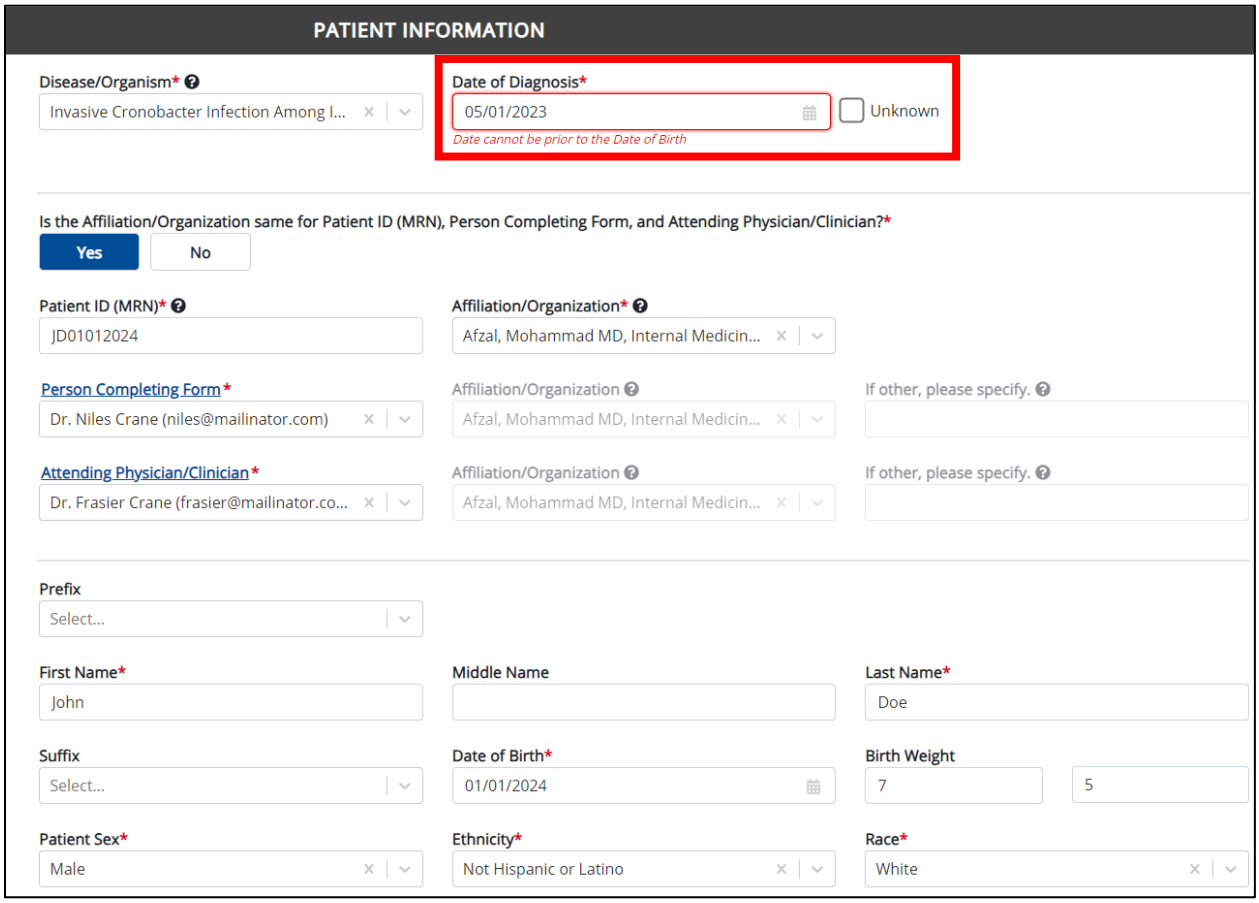
32. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the Date of Diagnosis entered occurs before the patient's Date of Birth.

- *The Date of Diagnosis cannot be **prior to** the Date of Birth. To proceed, please enter a valid Date of Diagnosis that is **later than** the Date of Birth.*

33. To update the Date of Diagnosis, click ***OK*** to close the *Patient Information* pop-up.

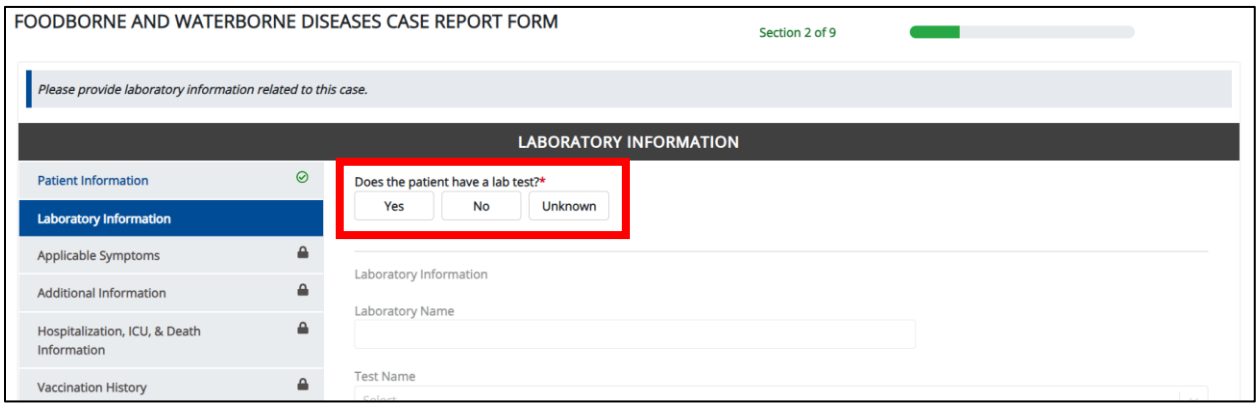


34. Enter the **appropriate Date of Diagnosis**.

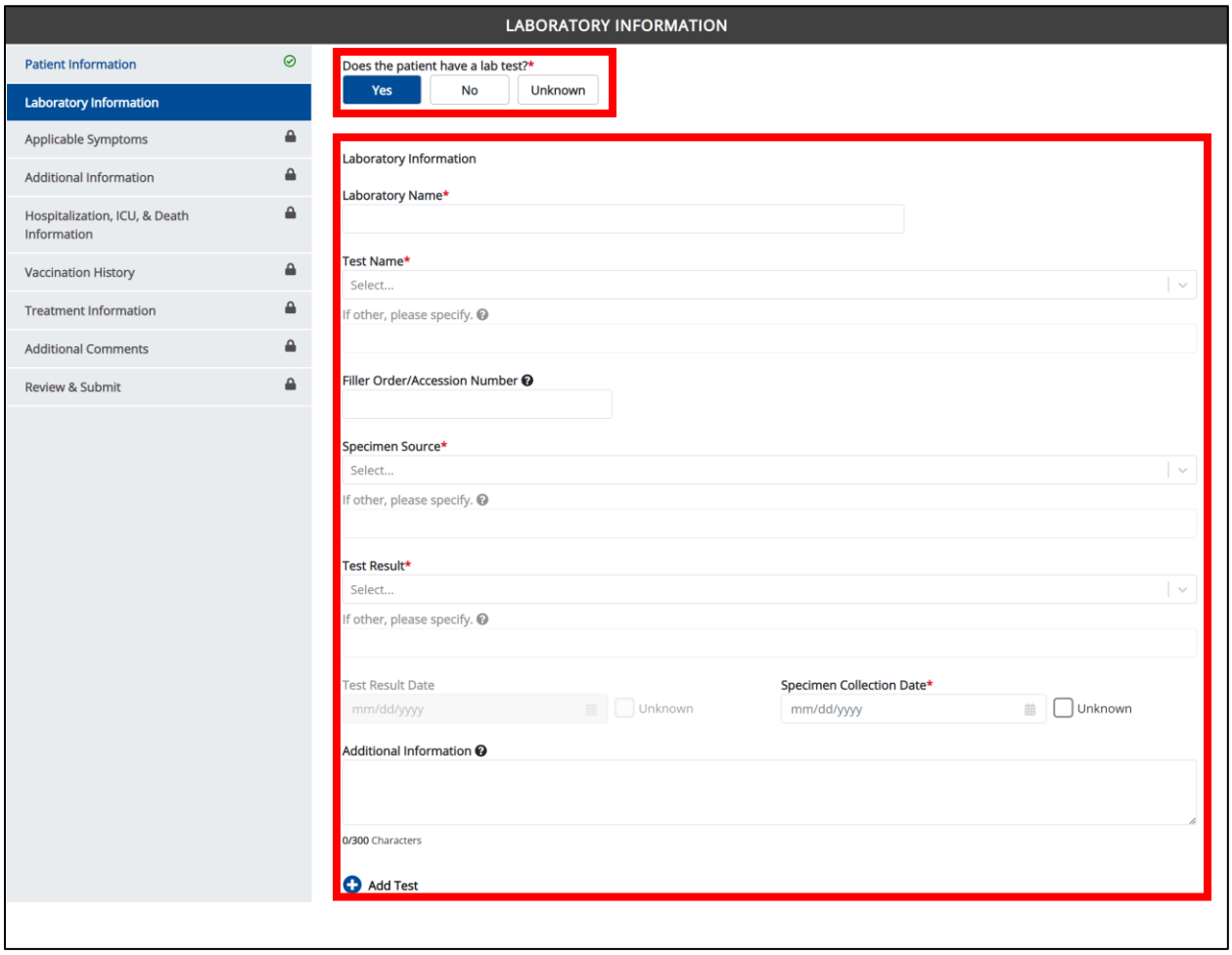


3 Laboratory Information

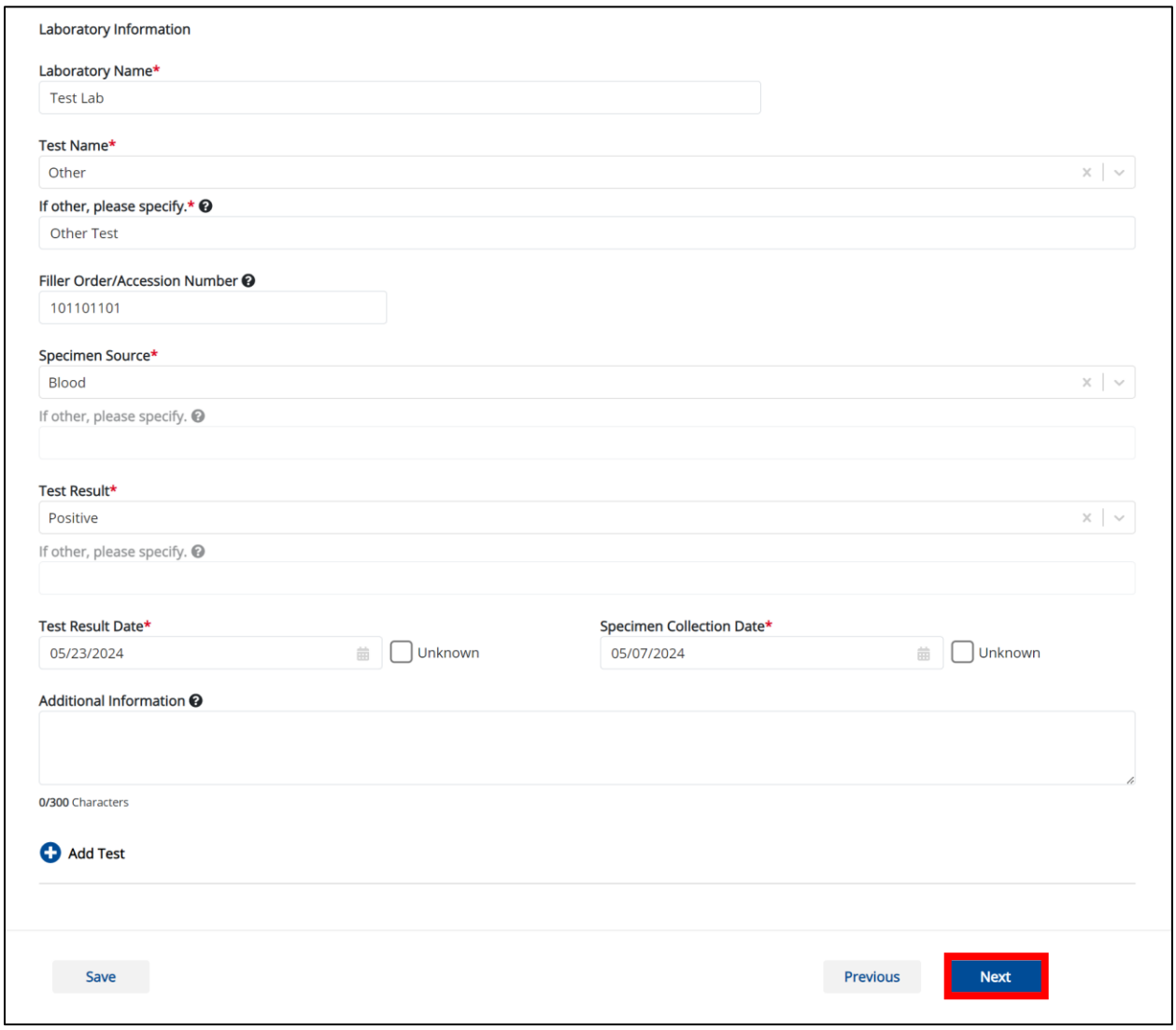
1. On the **Laboratory Information** screen, select the **appropriate answer** for the conditional question at the top: *Does the patient have a lab test?*



2. If ***Yes*** is selected, the subsequent laboratory-related fields on the screen are enabled. You must enter details for a lab test.

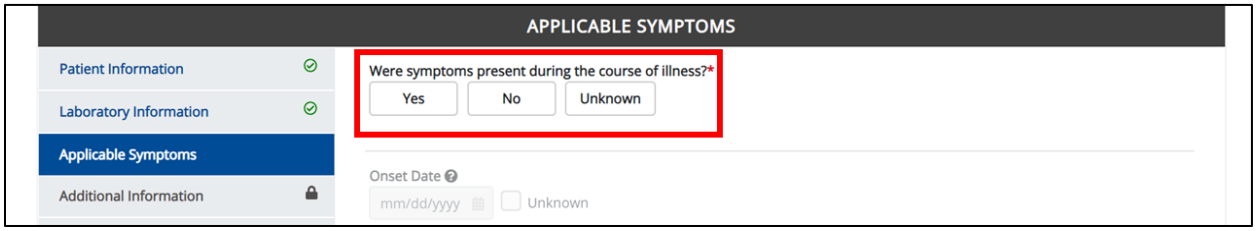


3. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

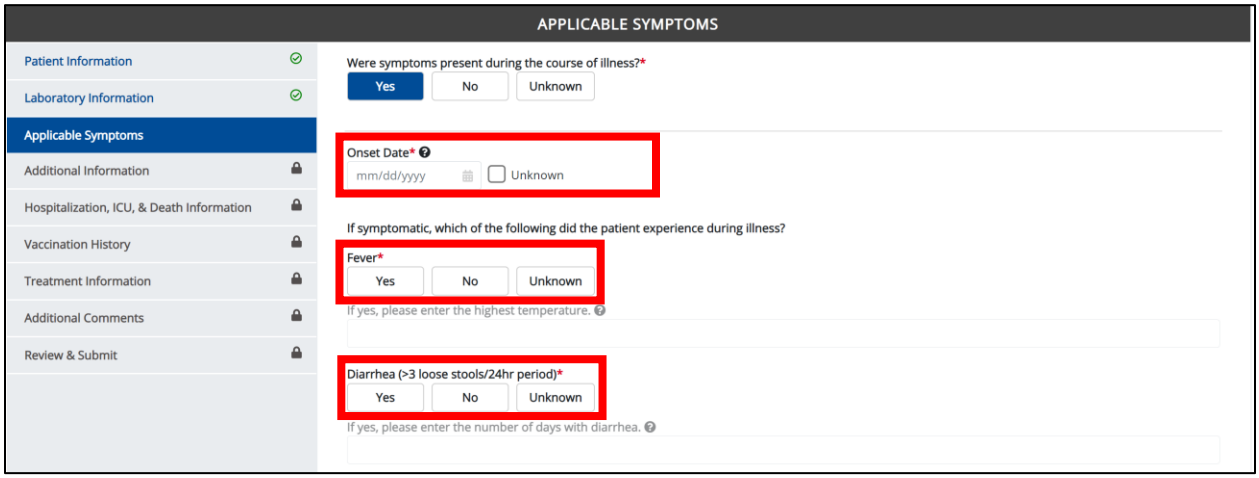


4 Applicable Symptoms

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*?



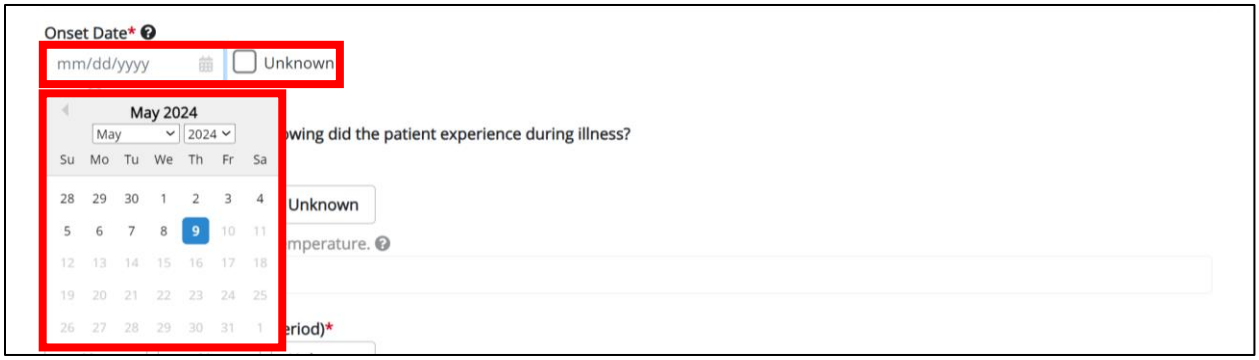
2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.



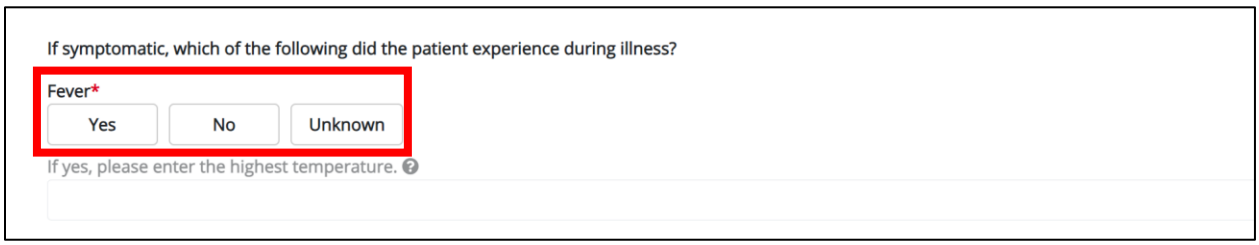
Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***. If ***Unknown*** is selected for the conditional question, all subsequent symptom fields are disabled and marked as ***Unknown***.

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

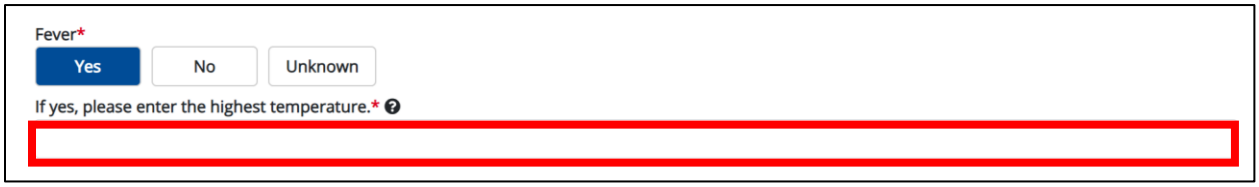
- If the onset date is unknown, click the ***Unknown*** checkbox.



4. To report whether the patient had a fever during the illness, select the **appropriate answer** for the field: *Fever.*

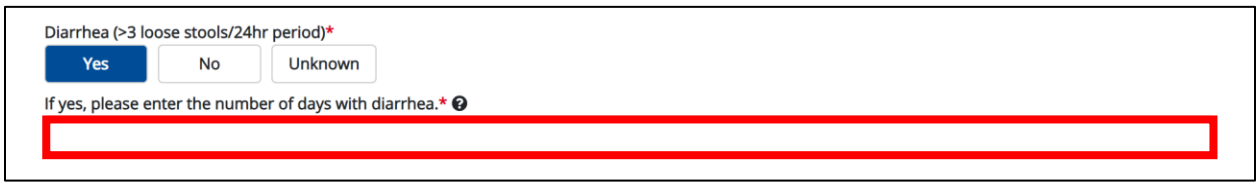


- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature*.

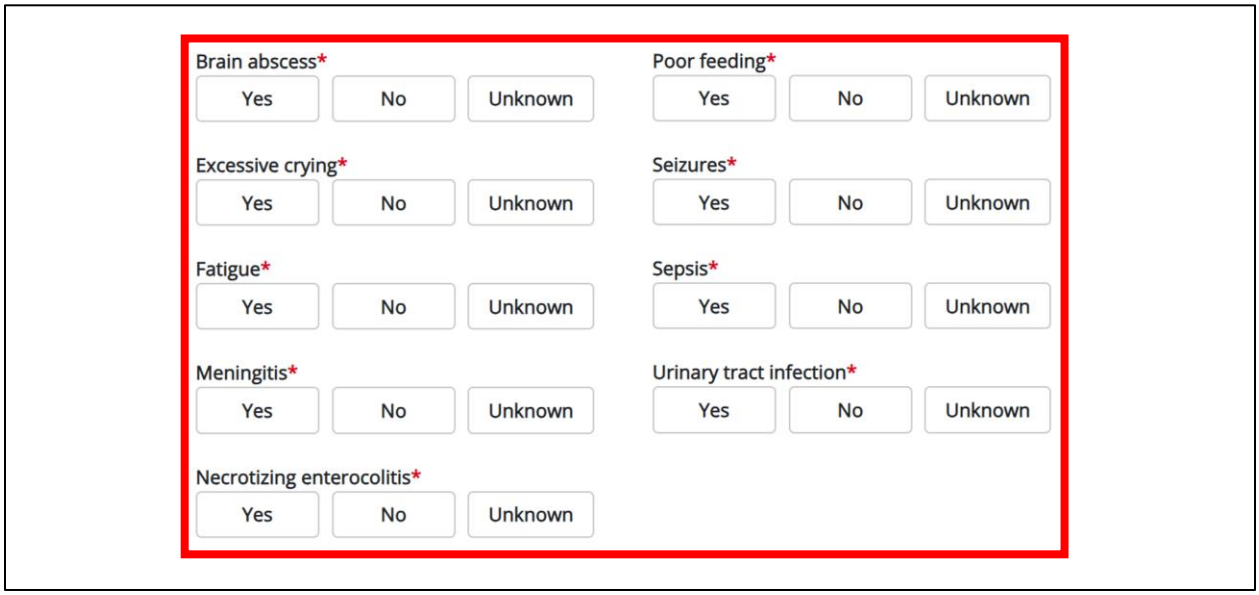


5. To report the patient had diarrhea during the illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period).*

- If ***Yes*** is selected, the subsequent field is enabled. Enter the **number of days with diarrhea** in the subsequent textbox: *If yes, please enter the number of days with diarrhea*.



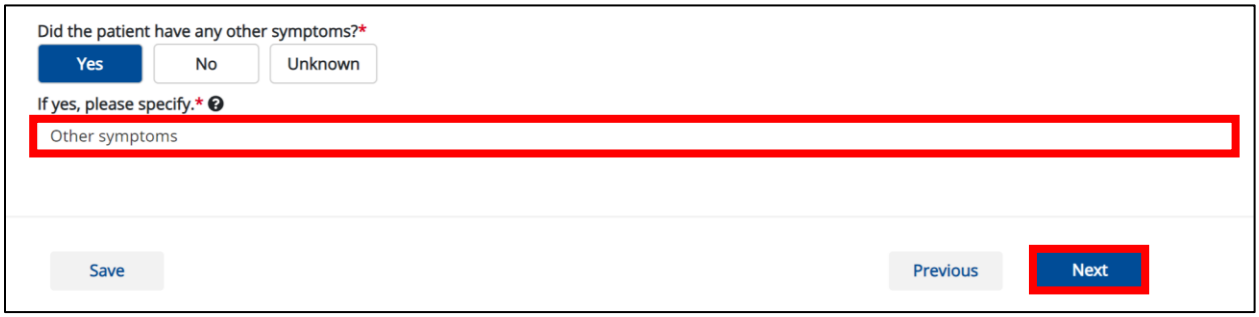
6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:



7. To report additional symptoms not listed on the screen, select the **appropriate answer** for the field: *Did the patient have any other symptoms*?

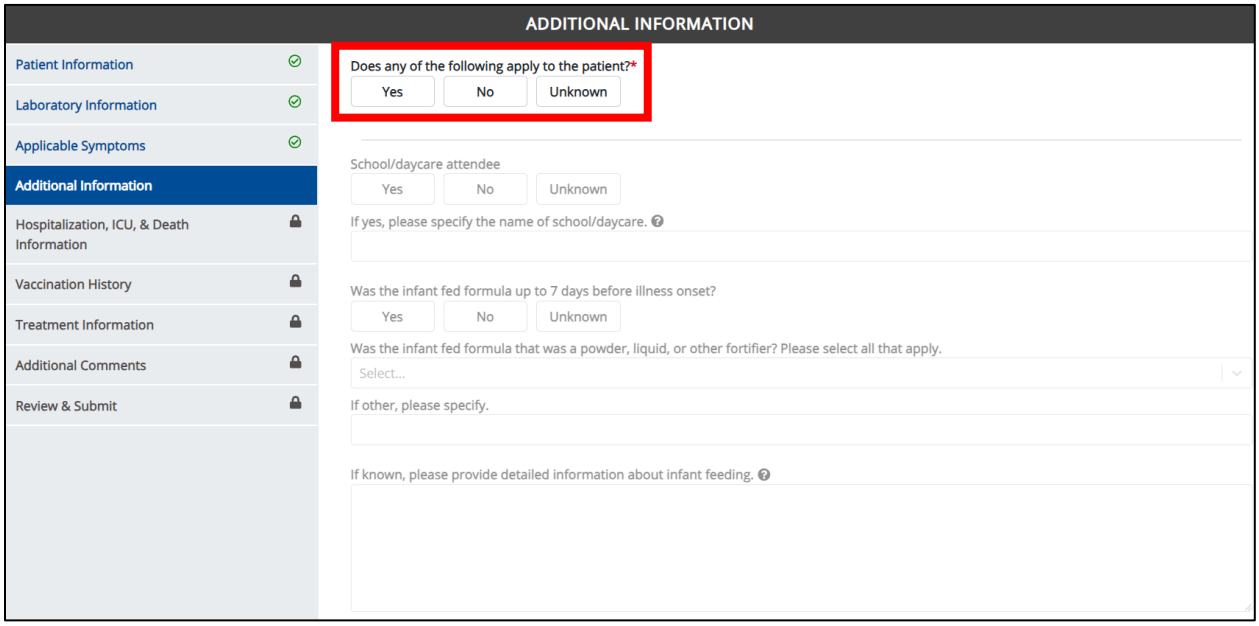
- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's other symptoms** in the subsequent textbox: *If yes, please specify*.

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

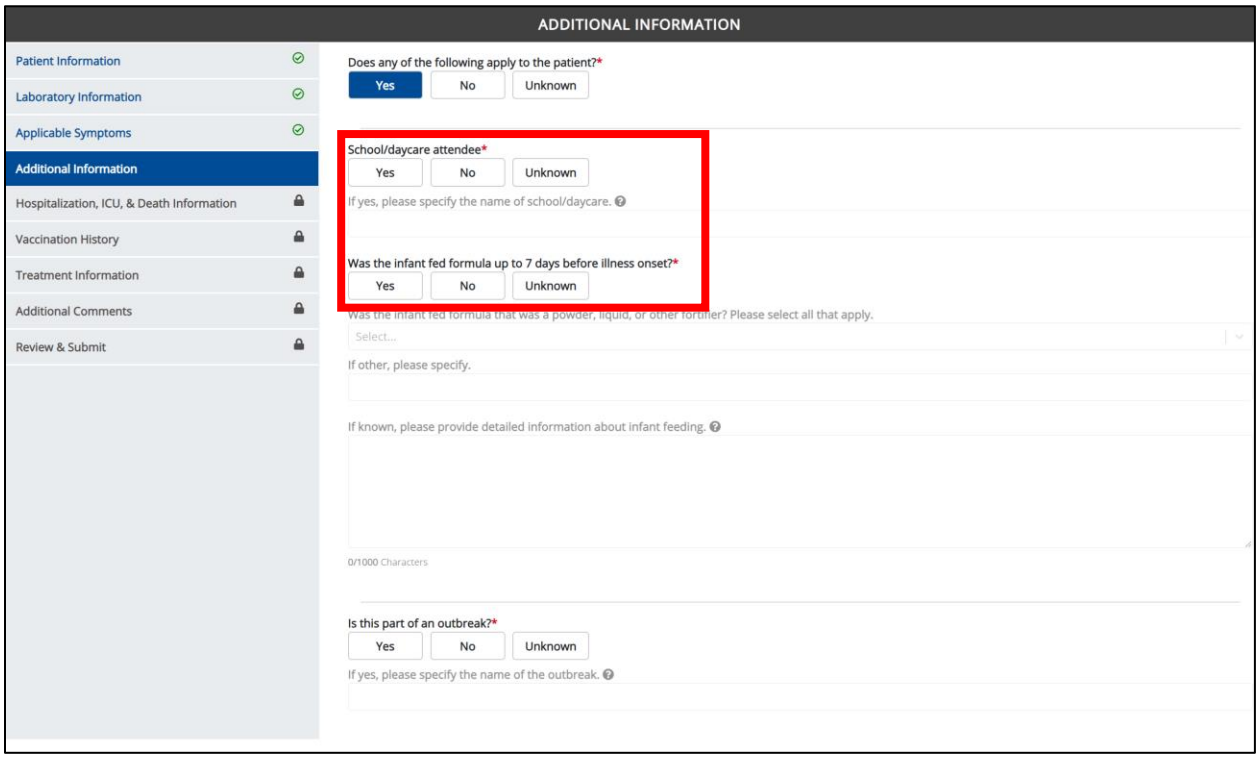


5 Additional Information

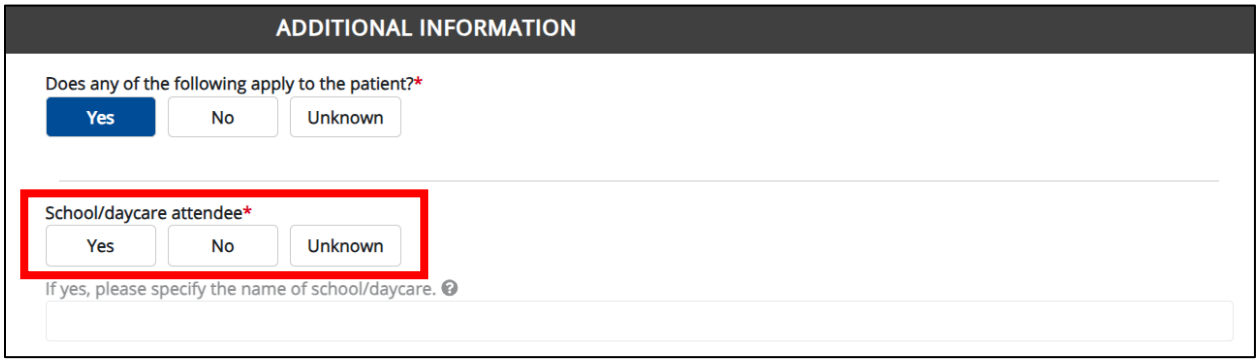
1. On the **Additional Information** screen, select the **appropriate answer** for the conditional question at the top: *Does any of the following apply to the patient?*



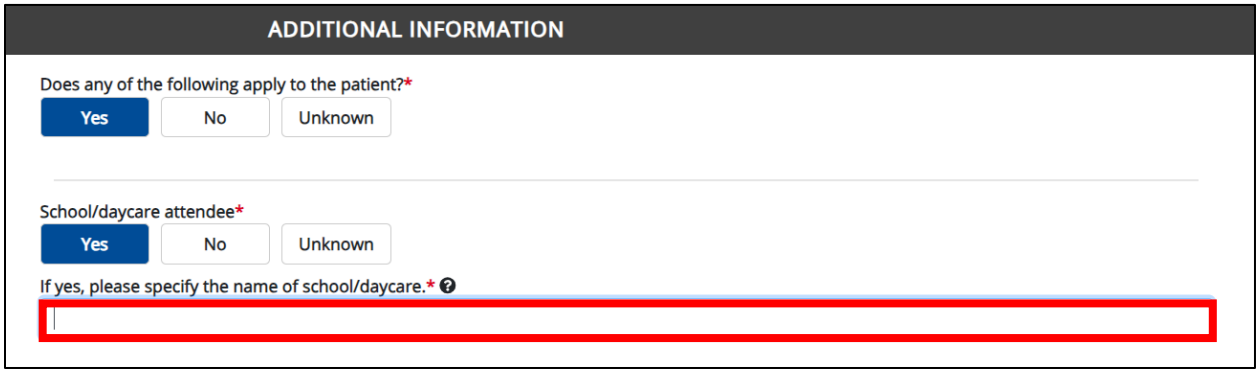
2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.



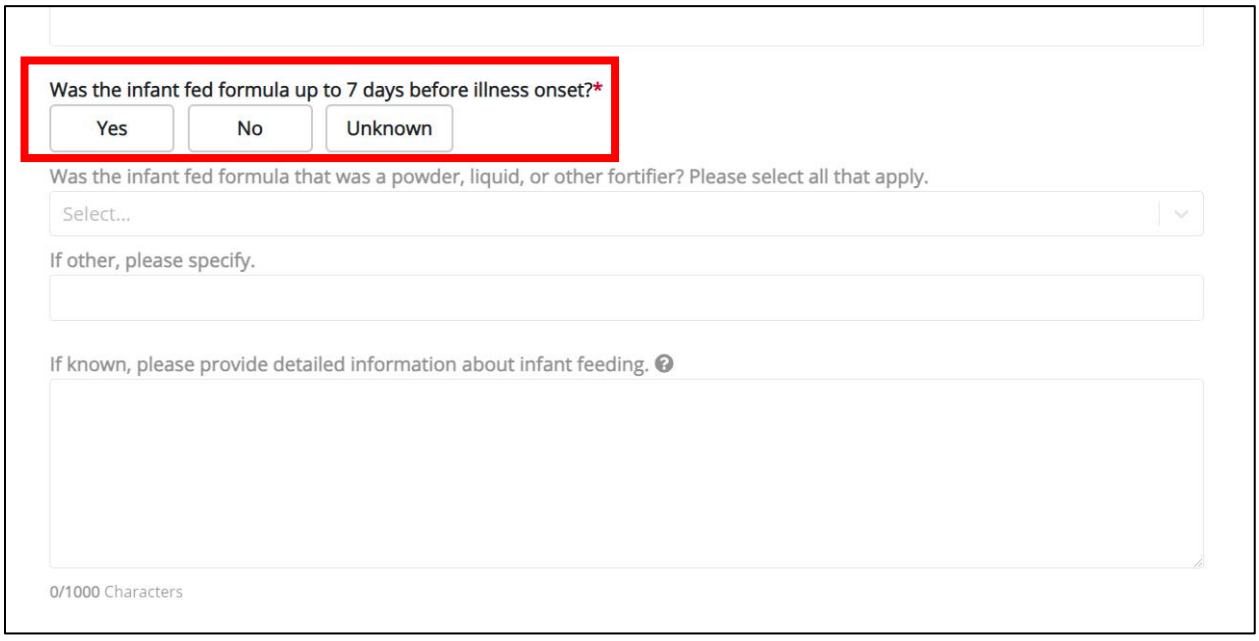
3. Select the **appropriate answer** for the field: School/daycare attendee.



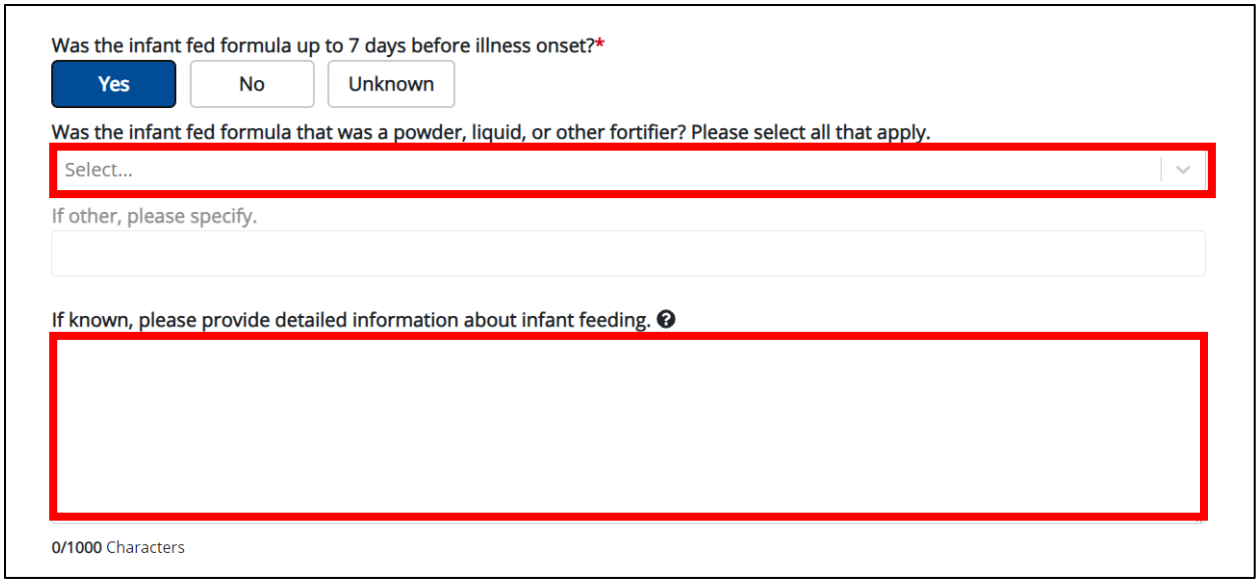
4. If ***Yes*** is selected, enter the **name of the school/daycare** in the textbox for the field: *If yes, please specify the name of school/daycare.*



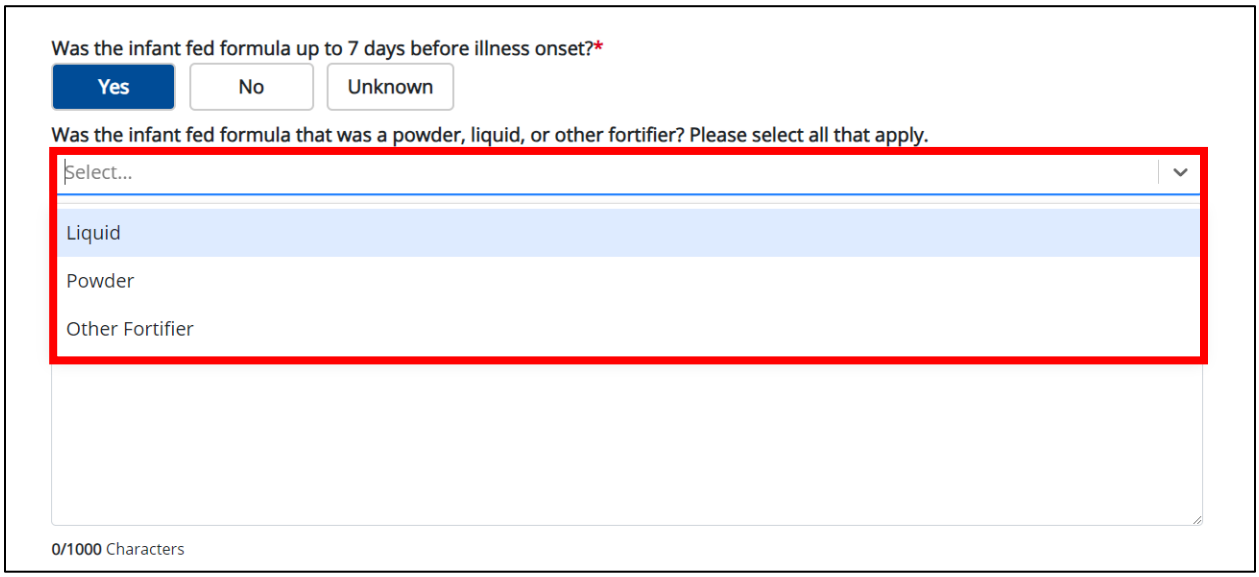
5. Select the **appropriate answer** for the field: *Was the infant fed formula up to 7 days before illness onset?*



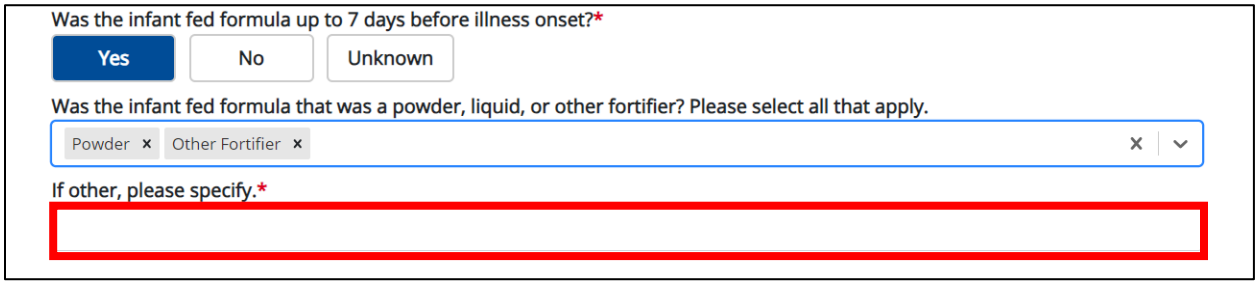
6. If ***Yes*** is selected, the subsequent fields are enabled.



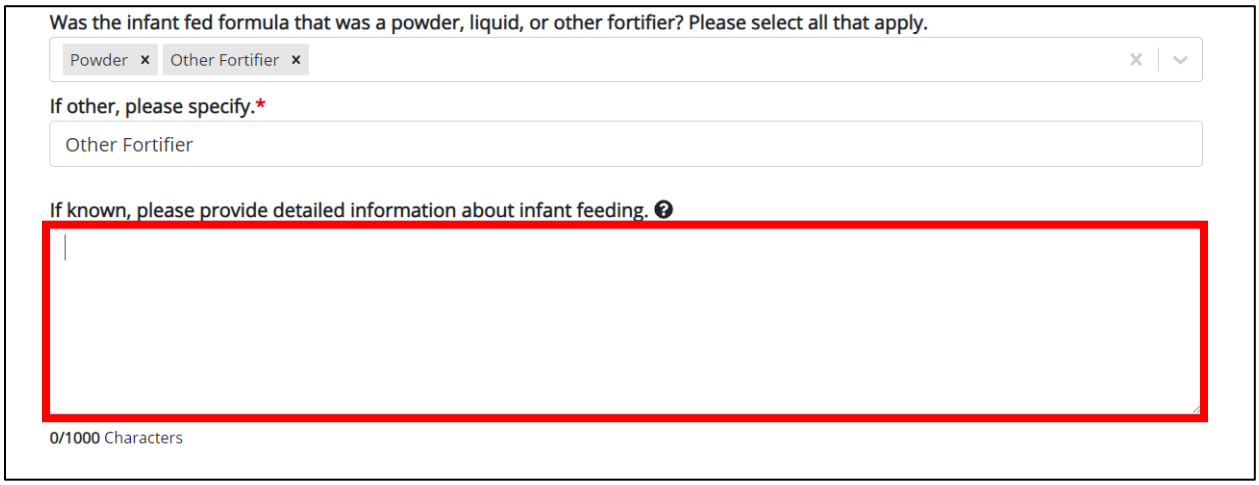
7. If applicable, select the **appropriate answers** from the dropdown menu for the field: *Was the infant fed formula that was a powder, liquid, or other fortifier? Please select all that apply.*



8. If ***Other*** is selected, enter the **other fortifier** in the textbox for the field: *If other, please specify.*

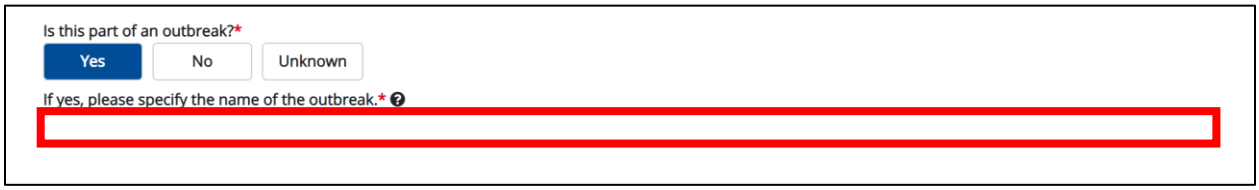


9. If known, enter **information about infant feeding** in the textbox for the field: *If known, please provide detailed information about infant feeding.*



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

11. 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*.



12. Once complete, click **Next** to proceed to the **Hospitalization, ICU, & Death Information** screen.

Please Note: From this point forward, the workflow screens are the same as Foodborne and Waterborne Diseases Case Reports. For more information, please review the ***Direct Data Entry for Case Reports: Foodborne and Waterborne Diseases User Guide***.

6 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.