Kentucky Health Information Exchange (KHIE)

Other Reportable Diseases Case Report:

Carbon Monoxide Poisoning

Quick Reference Guide

July 2024

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Table of Contents

1 Introduction

Overview

This training manual covers the unique functionalities for the Carbon Monoxide Poisoning condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The Carbon Monoxide Poisoning condition contains a *Blood Tests* section on the **Laboratory Information** screen and contains a unique **Additional Information** screen. All other screens for Carbon Monoxide Poisoning condition follow the generic workflow for the Other Reportable Conditions Case Report. For specific information about the Other Reportable Conditions Case Report, please review the ***Direct Data Entry for Case Reports: Other Reportable Conditions 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 Other Reportable Conditions 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 **Other Reportable Conditions** from the dropdown menu.
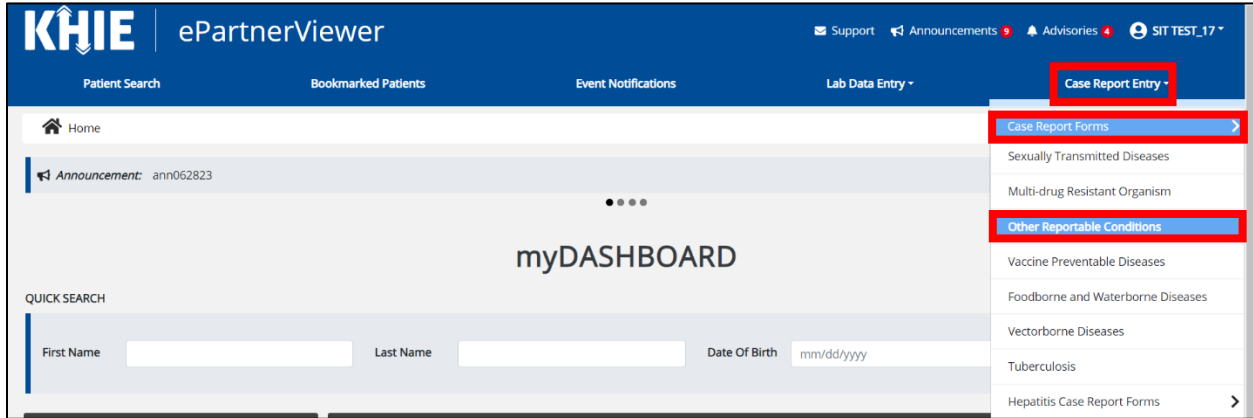
3. To start the Carbon Monoxide Poisoning Case Report entry, select **Carbon Monoxide Poisoning** from the *Disease/Organism* field on the **Patient Information** screen.
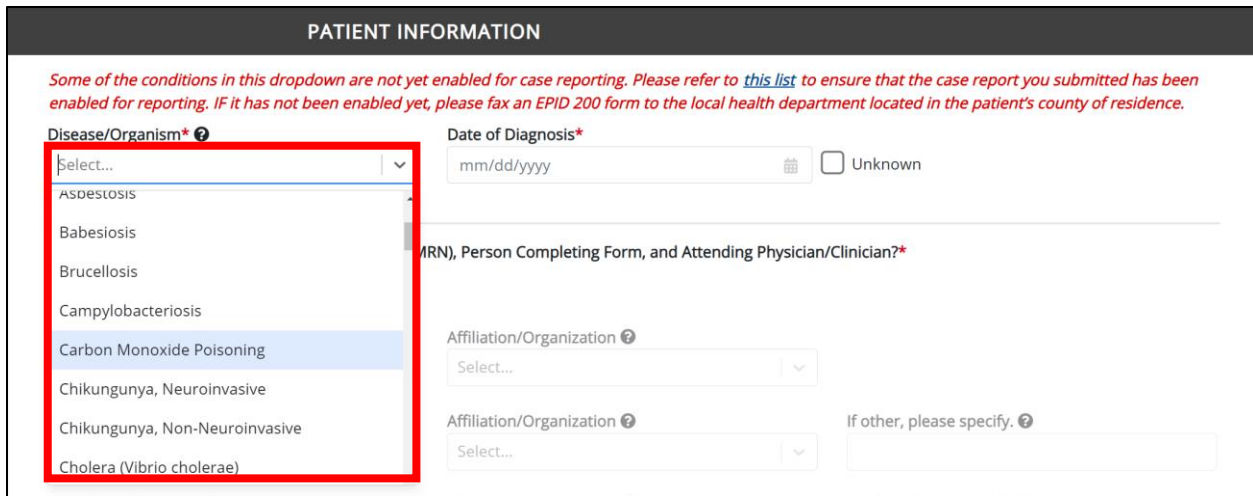
4. You must complete the mandatory fields on the **Patient Information** screen.

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

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

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

20. Enter the patient's **Phone Number**.

21. If available, enter the patient's **Email Address**.

22. 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.

23. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

> **Please Note**: The *Is the patient currently pregnant?* field is enabled and required only when the *Patient Sex* field is marked as **Female**.

- If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled. Enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC).* If the due date is unknown, click the **Unknown** checkbox.

> **Please Note**: If *No* or *Unknown* is selected for the *Is the patient currently pregnant?* field, the subsequent field is disabled: *If yes, please enter the due date (EDC)*.

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

3 Laboratory Information

1. On the **Laboratory Information** screen, a message displays at the top stating that no laboratory information is captured for this condition. Users have the option to enter Carboxyhemoglobin (COHb) blood test details for the patient.

2. Click **Next** to proceed to the **Applicable Information** screen.

Adding Carboxyhemoglobin (COHb)

3. Click the **Add Carboxyhemoglobin (COHb)** button to log the details of Carboxyhemoglobin (COHb).

Blood Tests

➕ Add Carboxyhemoglobin (COHb)

Please Note: When you click the **Add Carboxyhemoglobin (COHb)** button, at least one carboxyhemoglobin (COHb) blood test section must be entered.

- To delete a *Carboxyhemoglobin (COHb)* section, click the **Trash Bin Icon** located at the top right.

Carboxyhemoglobin (COHb)

Test Name*

Select...

Result*   Units*

                                                 Select...

Reference Range*   Test Result Date*

                                                 mm/dd/yyyy   ☐ Unknown

➕ Add Carboxyhemoglobin (COHb)

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

Test Name*

Select...

Carboxyhemoglobin [Mass/volume] in Blood

Carboxyhemoglobin/Hemoglobin.total in Blood

Carboxyhemoglobin/Hemoglobin.total [Pure mass fraction] in Blood

                          mm/dd/yyyy   ☐ Unknown

5. Enter the **Result** in the *Result* textbox.

Test Name*

Carboxyhemoglobin [Mass/volume] in Blood   ✕ | ⌄

Result*   Units*

                                                 Select...

Reference Range*   Test Result Date*

                                                 mm/dd/yyyy   ☐ Unknown

6. Select the **Units** from the *Units* dropdown menu.

7. Enter the **Reference Range** in the *Reference Range* textbox.

8. Enter the **Test Result Date**. If the test result date is unknown, click the ***Unknown*** checkbox.

9. Once complete, click **Next** to proceed to the **Applicable Information** 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 symptomatic, which of the following did the patient experience during illness?
>
> Fever*
>
> | Yes | No | Unknown |
>
> If yes, please enter the highest temperature. ❓
>
> [   ]

- 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*.

> Fever*
>
> | **Yes** | No | Unknown |
>
> 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).*

> Diarrhea (>3 loose stools/24hr period)*
>
> | Yes | No | Unknown |
>
> If yes, please enter the number of days with diarrhea. ❓
>
> [   ]

- 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*.

> Diarrhea (>3 loose stools/24hr period)*
>
> | **Yes** | No | Unknown |
>
> 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*?

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

9. 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?*

ADDITIONAL INFORMATION

Does any of the following apply to the patient?*

| Yes | No | Unknown |

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.

ADDITIONAL INFORMATION

Does any of the following apply to the patient?*

| Yes | No | Unknown |

Does the patient smoke?*

| Yes | No | Unknown |

Does the patient have a history of using e-cigarettes or vape devices?*

| Yes | No | Unknown |

Was the patient in a location where a CO detector's alarm sounded?

| Yes | No | Unknown |

Did the patient have a known exposure to carbon monoxide?*

| Yes | No | Unknown |

Date of Exposure

mm/dd/yyyy 🗓 ☐ Unknown

3. Select the **appropriate answer** for the field: *Does the patient smoke?*

Does the patient smoke?*

| Yes | No | Unknown |

4. Select the **appropriate answer** for the field: *Does the patient have a history of using e-cigarettes or vape devices?*

Does the patient have a history of using e-cigarettes or vape devices?*

| Yes | No | Unknown |

5. Select the **appropriate answer** for the field: *Was the patient in a location where a CO detector's alarm sounded?*

Was the patient in a location where a CO detector's alarm sounded?

Yes	No	Unknown

6. Select the **appropriate answer** for the conditional question: *Did the patient have a known exposure to carbon monoxide?*

Did the patient have a known exposure to carbon monoxide?*

Yes	No	Unknown

Date of Exposure

mm/dd/yyyy 📅   ☐ Unknown

If yes, please specify the type of exposure.

Select...

If other, please specify the type of exposure.

0/200 Characters

If yes, please specify the location of the exposure.

Select...

If other, please specify the location of the exposure.

0/200 Characters

Please provide the description of the exposure event.

0/500 Characters

- If **Yes** is selected for the *Did the patient have a known exposure to carbon monoxide?* field, the subsequent exposure fields are enabled.

7. Enter the **Date of Exposure** in the subsequent enabled field. If the date of exposure is unknown, click the *Unknown* checkbox.

8. Select the **appropriate answer** from the dropdown menu for the field: *If yes, please specify the type of exposure.*

> If yes, please specify the type of exposure.*
>
> Select...   ⌄
>
> Gasoline-powered generator
>
> Car/vehicles
>
> Electric-powered heater
>
> Fire
>
> Malfunctioning furnace
>
> Power washer
>
> Propane heater
>
> 0/200 Characters

9. If *Other* is selected, enter the **other type of carbon monoxide exposure** in the textbox for the field: *If other, please specify the type of exposure.*

> If yes, please specify the type of exposure.*
>
> Other   × ⌄
>
> If other, please specify the type of exposure.*
>
> 0/200 Characters

10. Select the **appropriate answer** from the dropdown menu for the field: *If yes, please specify the location of the exposure.*

> If yes, please specify the location of the exposure.*
>
> Select...   ⌄
>
> Residence
>
> Work
>
> Other

11. If *Other* is selected, enter the **other location of the carbon monoxide exposure** in the textbox for the field: *If other, please specify the location of the exposure.*

> If yes, please specify the location of the exposure.*
>
> Other   × ⌄
>
> If other, please specify the location of the exposure.*
>
> 0/200 Characters

12. If known, enter the **description of the exposure event** in the textbox for the field: *Please provide the description of the exposure event.*

Please provide the description of the exposure event.

0/500 Characters

13. Select the **appropriate answer** for the field: *Was a multi-gas meter/instrument used to detect an elevated level of CO?*

Was a multi-gas meter/instrument used to detect an elevated level of CO? ❓

| Yes | No | Unknown |

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

Was a multi-gas meter/instrument used to detect an elevated level of CO? ❓

Yes   No   Unknown

Save   Previous   Next

Please Note: From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the ***Direct Data Entry for Case Reports: Other Reportable Conditions User Guide*** for more information.

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.