



Kentucky Health Information Exchange (KHIE)

Direct Data Entry for Electronic Case Reports: Multi-Drug Resistant Organism (MDRO)

User Guide

October 2021

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1 Introduction

Overview

This training manual covers KHIE's Direct Data Entry for Multi-Drug Resistant Organism Conditions 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 Multi-Drug Resistant Organism (MDRO) Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.

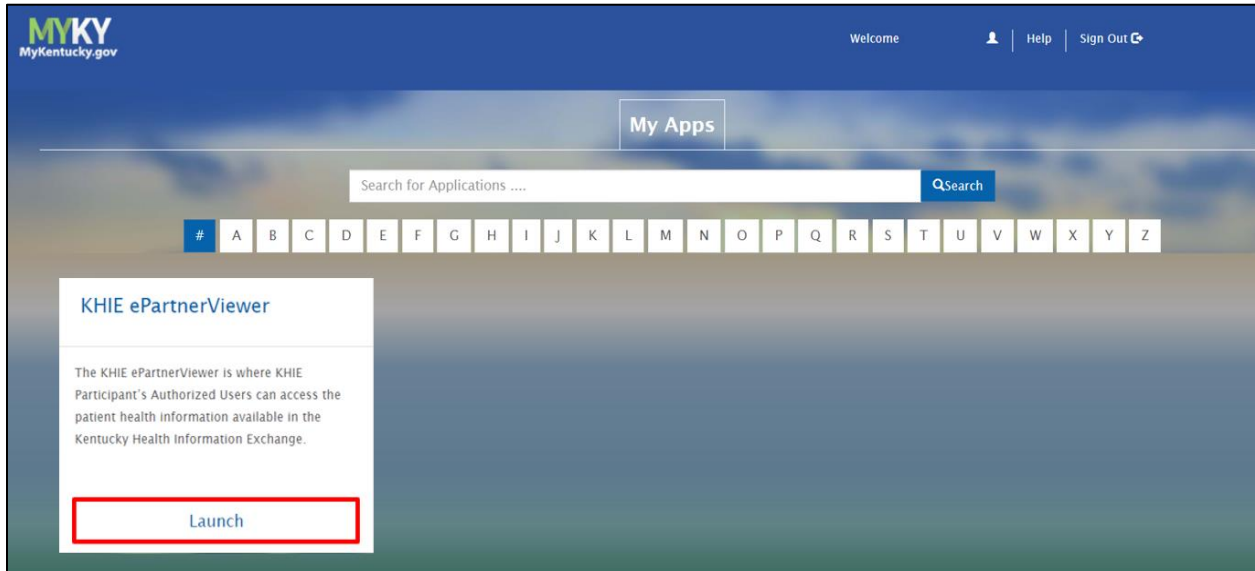
1. On the **KOG Login Page**, enter your **Email Address** and **Password**.

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

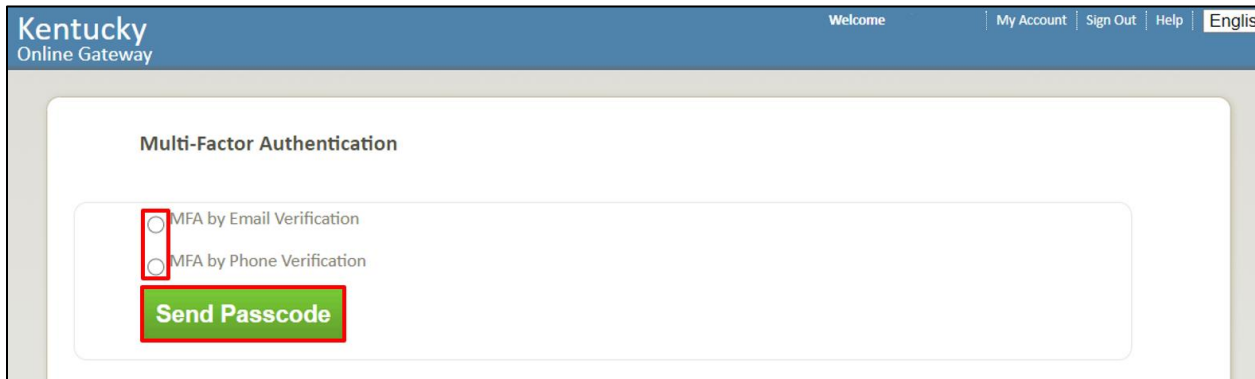
2. Click **Sign In**.

The screenshot displays the 'Citizen (or) Business Partner Sign In' page on the MyKentucky.gov website. The page has a blue header with the 'MYKY MyKentucky.gov' logo and links for 'FAQ', 'Help', and 'English'. The main content area is white with a blue border. On the left, there is a sign-in form titled 'Citizen (or) Business Partner Sign In' with the instruction 'Sign in with your Kentucky Online Gateway Account.' The form includes two input fields: 'Email Address' (containing 'jane.doe@gmail.com') and 'Password' (with a masked password '.....'). A green link 'Forgot/Reset Password?' is next to the password field. Below the fields is a blue 'SIGN IN' button. At the bottom left of the form is a green link 'Resend Account Verification Email'. To the right of the form is a yellow 'WARNING' box with text about the website's ownership and unauthorized access. Below the warning box is a blue link 'Don't already have a Kentucky Online Gateway Citizen Account?' and a blue 'Create An Account' button. At the bottom right of the page is a green link 'Click here to select user account type'.

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



- 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.

KHIE | ePartnerViewer Mitch Cavallo

TERMS AND CONDITIONS OF USE

Terms and Conditions

HEALTHCARE PROVIDER USAGE TERMS AND CONDITIONS

I accept the following terms and conditions of the Kentucky Health Information Exchange (KHIE):

- I am a healthcare provider currently treating a patient.
- I am currently bound by a Health Information Exchange Participation Agreement with the Division of Health Information or have a current relationship as an authorized user of a participating provider of the Division of Health Information.
- I understand that data available on KHIE is only that information available according to state and federal law.

The Medicaid claims data will not include records of the following:

- HIV medical procedures and test.
- Diagnosis codes associated with alcohol abuse and drug treatment program records and NDC codes of drugs associated with the treatment of those patients.
- I understand that all data available on KHIE WILL NOT include HIV medical procedures and tests, regardless of source.

Select "I accept" to accept the usage terms and conditions.

☒ Accepted

You are part of the below mentioned organization. Please click on proceed to continue.

KHIE Smoke Test Organization

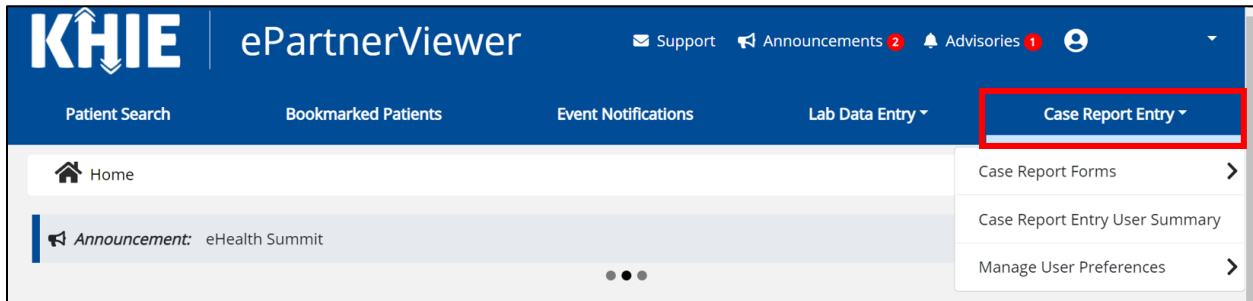
Copyright 2019 Healthinteractive HealthInteractive KHIE Version: 1.0.0

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.

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

- **Sexually Transmitted Disease (STD) Case Report:**

- Designed for Users to enter STD case reports.

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

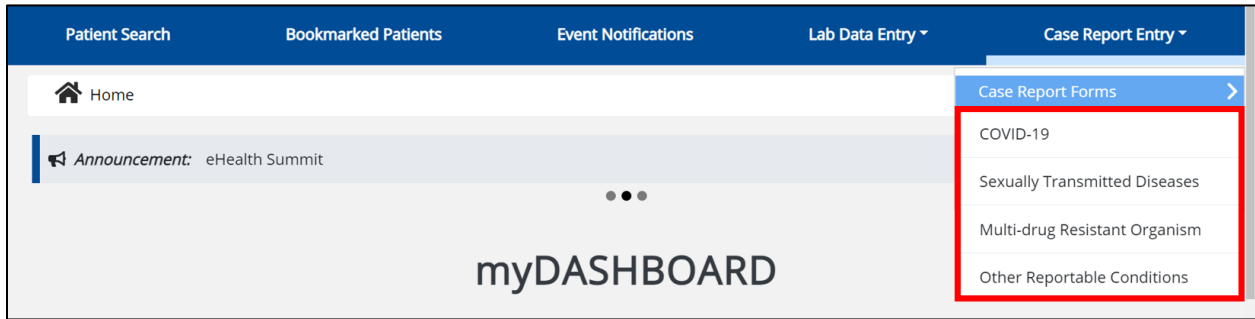
- **Multi-drug Resistant Organism (MDRO) Case Report:**

- Designed for Users to enter MDRO case reports.

- **Other Reportable Conditions Case Report:**

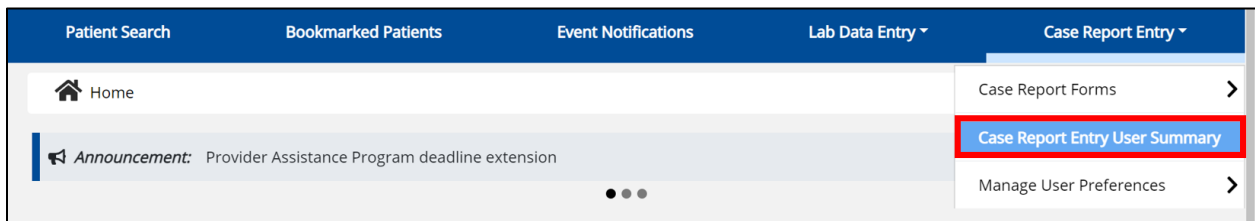
- Designed for Users to enter Other Reportable Conditions case reports.

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*.



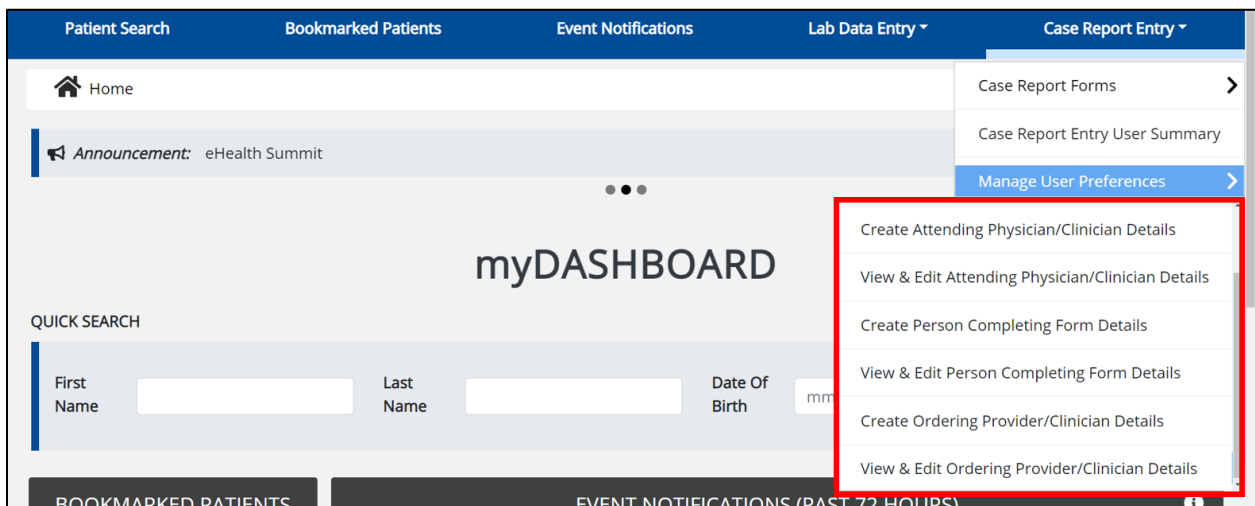
2. Case Report Entry User Summary:

- 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.

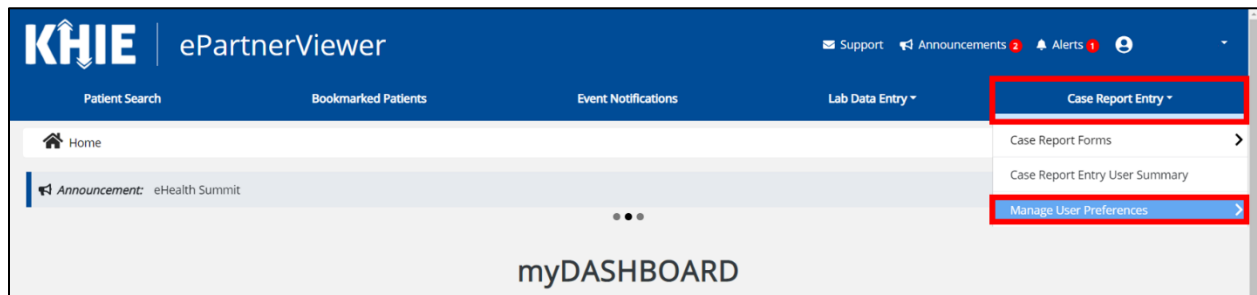


4 Manage User Preferences

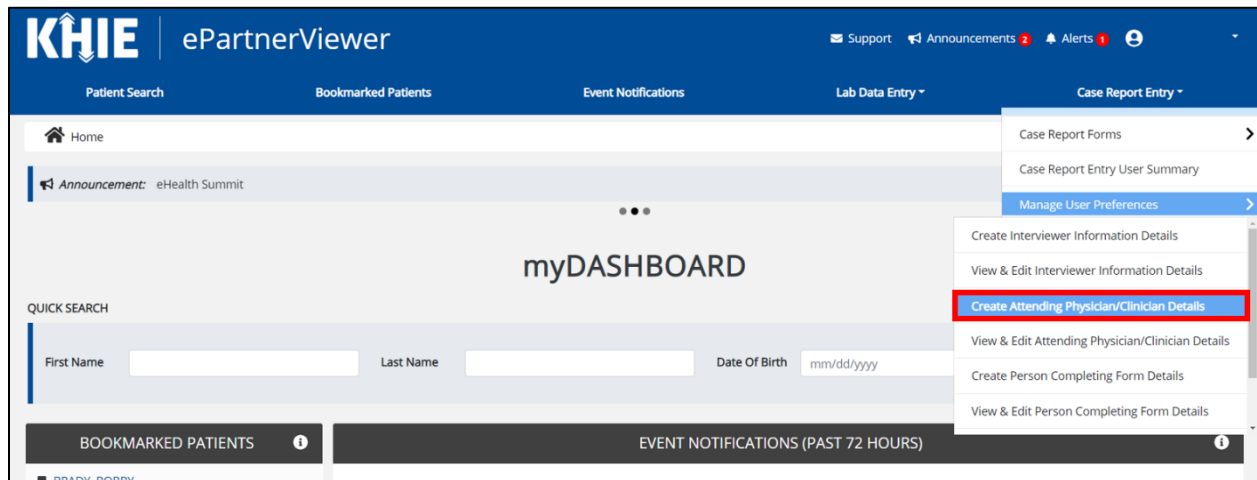
These are your User Preferences. Prior to entering your Multi-Drug Resistant Organism (MDRO) case report information, you are required to enter information about the Attending Physician/Clinician, Person Completing Form, and the Ordering Provider/Clinician on the **Manage User Preferences** screen. By entering these details in your user preferences, you will be able to quickly select an Attending Physician/Clinician, Person Completing Form, and the Ordering Provider/Clinician from the dropdown menu options. These dropdowns are located on the **Patient Information** screen and the **Laboratory Information** screen of the MDRO Case Report.

Create Attending Physician/Clinician Details

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



3. To enter information about an Attending Physician/Clinician, select **Create Attending Physician/Clinician Details** from the dropdown menu.



4. The **Attending Physician/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

Home > Create Attending Physician/Clinician Details

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

Prefix: Dr.

First Name*:

Last Name*:

Suffix: Select... (Options: II, III, IV, Jr, Sr)

Address 2: Unit, Suite, Building, etc.

State*: Select... Zip Code*:

Email*: name@domain.com

Clear Save

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

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

Prefix: Dr.

First Name*:

Last Name*:

Suffix: Sr

7. Enter the Attending Physician/Clinician's **Address, City, State, and Zip Code**.

Address 1*:

Address 2: Unit, Suite, Building, etc.

City*:

State*: Select... Zip Code*:

8. Enter the Attending Physician/Clinician's **Phone Number** and **Email Address**.

Phone* <input type="text" value="(xxx) xxx-xxxx"/>	Email* <input type="text" value="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**.

ATTENDING PHYSICIAN/CLINICIAN

Prefix
Dr. x | v

First Name*
Frank

Last Name*
Costanza

Suffix
Sr x | v

Address 1*
1 First Street

Address 2
1A

City*
Lexington

State*
KY x | v

Zip Code*
40123

Phone*
(111) 111-1111

Email*
frank@email.com

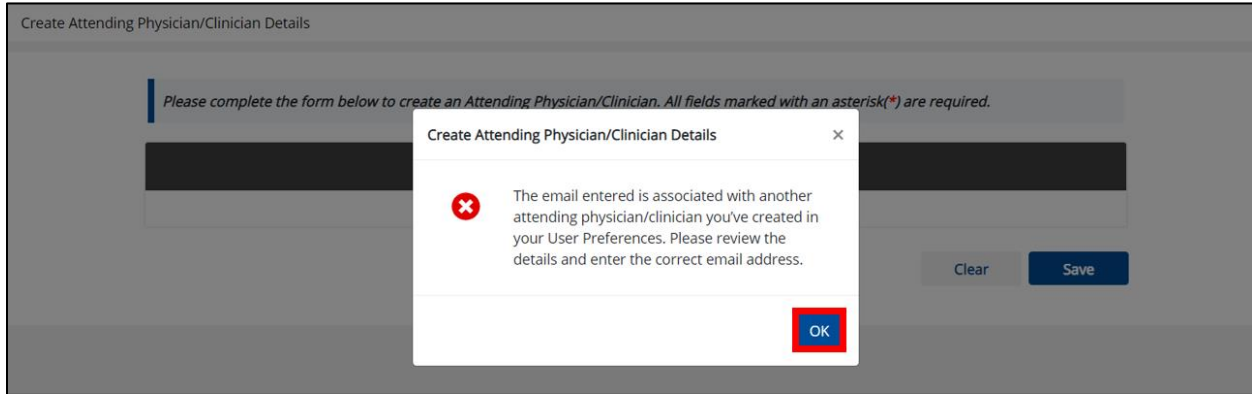
Clear

Save

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

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

You must click **OK** and enter the correct email address to save the Attending Physician/Clinician details and proceed to the **View & Edit Attending Physician/Clinician Details** screen.

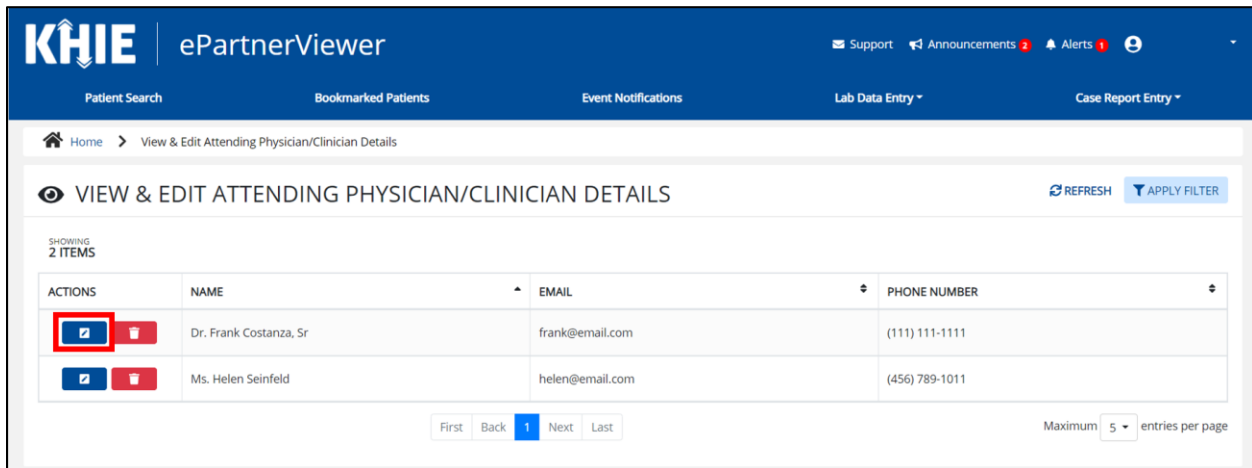


10. The *Create Attending Physician/Clinician Details* pop-up displays. Click **OK** to proceed to the **View & Edit Attending Physician/Clinician Details** screen.



View & Edit Attending Physician/Clinician Details

11. The **View & Edit Attending Physician/Clinician Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate physician/clinician.







12. The *Update Attending Physician/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

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

Delete Attending Physician/Clinician Details

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

ACTIONS	NAME	EMAIL	PHONE NUMBER
 	Dr. Frank Costanza, Sr	frank@email.com	(111) 111-1111
 	Ms. Helen Seinfeld	helen@email.com	(456) 789-1011

15. The *Delete Physician/Clinician Information Details* pop-up displays. To delete the Physician/Clinician, click **OK**. Click **Cancel** if you do not want to delete the Physician/Clinician.

The screenshot shows the 'VIEW & EDIT ATTENDING PHYSICIAN/CLINICIAN DETAILS' interface. A table lists one item: Dr. Frank Costanza, Sr. A pop-up window titled 'Delete Attending Physician/Clinician Details' is displayed, asking 'Are you sure?' with 'Cancel' and 'OK' buttons. The 'OK' button is highlighted with a red box.

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

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

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

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

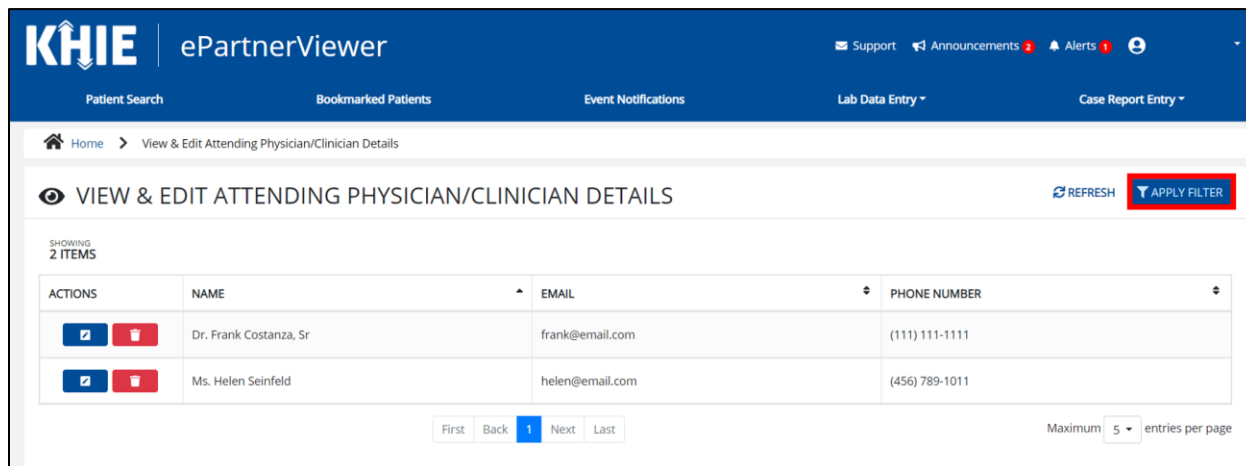
To delete the Attending Physician/Clinician used in a case report that is still "In-Progress", you must first complete the case report.

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





The screenshot shows the 'VIEW & EDIT ATTENDING PHYSICIAN/CLINICIAN DETAILS' interface with two items listed: Ms. Helen Seinfeld and Dr. Frank Costanza, Sr. A pop-up window titled 'Delete Attending Physician/Clinician Details' is displayed, showing an error message: 'This attending physician/clinician information is being used in one of the case reports that is still in progress. To delete this attending physician/clinician, please ensure that this attending physician/clinician is not being used in any case report that is in progress.' The 'OK' button is highlighted with a red box.

Filter Attending Physician/Clinician Details

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

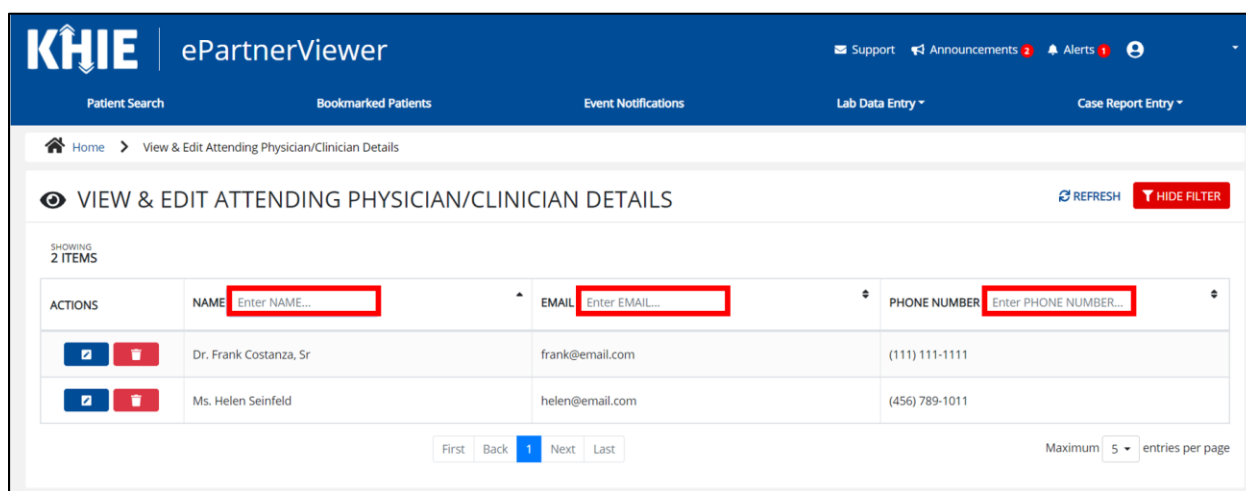


The screenshot shows the ePartnerViewer interface. The top navigation bar includes the KHIE logo, 'ePartnerViewer', and links for Support, Announcements (2), Alerts (1), and a user profile icon. Below this is a secondary navigation bar with links for Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, and Case Report Entry. The main content area is titled 'VIEW & EDIT ATTENDING PHYSICIAN/CLINICIAN DETAILS' and includes a 'REFRESH' button and a red 'APPLY FILTER' button. Below the title, it says 'SHOWING 2 ITEMS'. A table displays the following data:





ACTIONS	NAME	EMAIL	PHONE NUMBER
 	Dr. Frank Costanza, Sr	frank@email.com	(111) 111-1111
 	Ms. Helen Seinfeld	helen@email.com	(456) 789-1011

At the bottom of the table, there are pagination controls: 'First', 'Back', '1' (selected), 'Next', and 'Last'. To the right, it says 'Maximum 5 entries per page'.

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



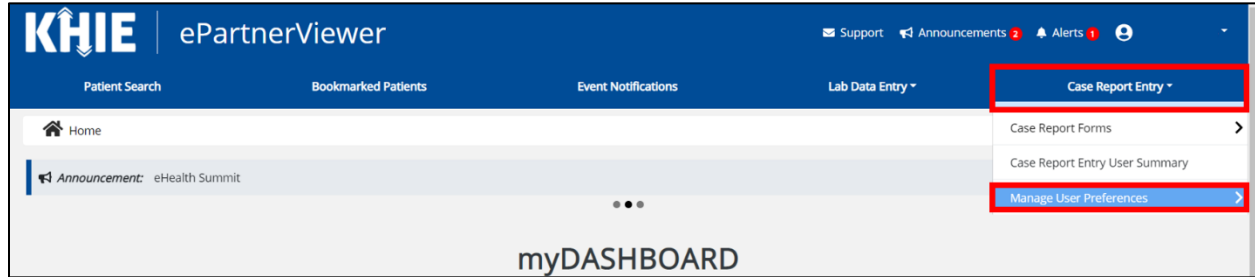
The screenshot shows the same ePartnerViewer interface as before, but with filter fields added to the table headers. The 'NAME' header has a red box around 'Enter NAME...', the 'EMAIL' header has a red box around 'Enter EMAIL...', and the 'PHONE NUMBER' header has a red box around 'Enter PHONE NUMBER...'. The 'APPLY FILTER' button has been replaced by a red 'HIDE FILTER' button. The table data remains the same:

ACTIONS	NAME <input data-bbox="414 1150 560 1182" type="text" value="Enter NAME..."/>	EMAIL <input data-bbox="755 1150 901 1182" type="text" value="Enter EMAIL..."/>	PHONE NUMBER <input data-bbox="1161 1150 1307 1182" type="text" value="Enter PHONE NUMBER..."/>
 	Dr. Frank Costanza, Sr	frank@email.com	(111) 111-1111
 	Ms. Helen Seinfeld	helen@email.com	(456) 789-1011

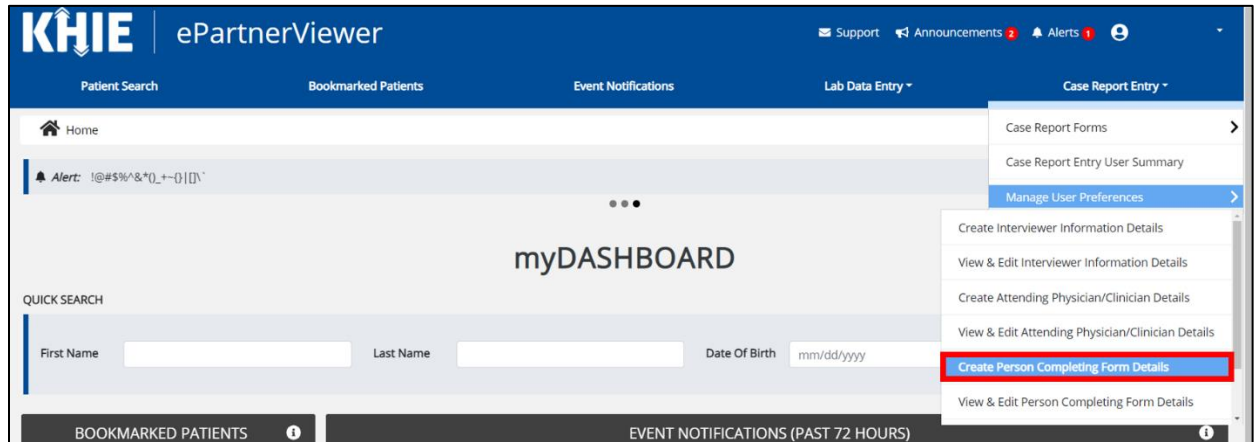
The pagination controls at the bottom remain the same: 'First', 'Back', '1' (selected), 'Next', and 'Last', with 'Maximum 5 entries per page'.

Create Person Completing Form Details

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



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



4. The **Person Completing Form** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

Please complete the form below to create a Person Completing Form. All fields marked with an asterisk(*) are required.

PERSON COMPLETING FORM

Prefix
Mr. [X] [v]

First Name* [] Last Name* []

Suffix
[Select...] [v]

II
III
IV
Jr
Sr

Address 2
Unit, Suite, Building, etc. []

State* [Select...] [v] Zip Code* []

Email*
name@domain.com []

(XXX) XXX-XXXX []

6. Enter the **First Name and Last Name** of the Person completing the form.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

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

Address 1*	Address 2 Unit, Suite, Building, etc.	
<input type="text"/>	<input type="text"/>	
City*	State*	Zip Code*
<input type="text"/>	<input type="text" value="Select..."/>	<input type="text"/>

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

Phone*	Email*
<input type="text" value="(xxx) xxx-xxxx"/>	<input type="text" value="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**.

PERSON COMPLETING FORM

Prefix
Mr. x | v

First Name*
Arthur

Last Name*
Vandelay

Suffix
II x | v

Address 1*
22 Second Avenue

Address 2
Unit, Suite, Building, etc.

City*
Lexington

State*
KY x | v

Zip Code*
40222-

Phone*
(222) 222-2222

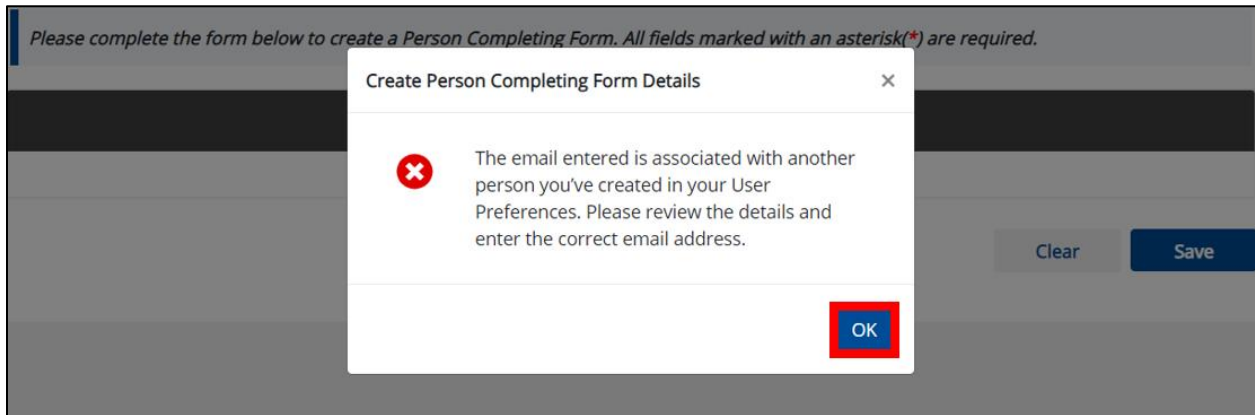
Email*
arthur@email.com

Clear

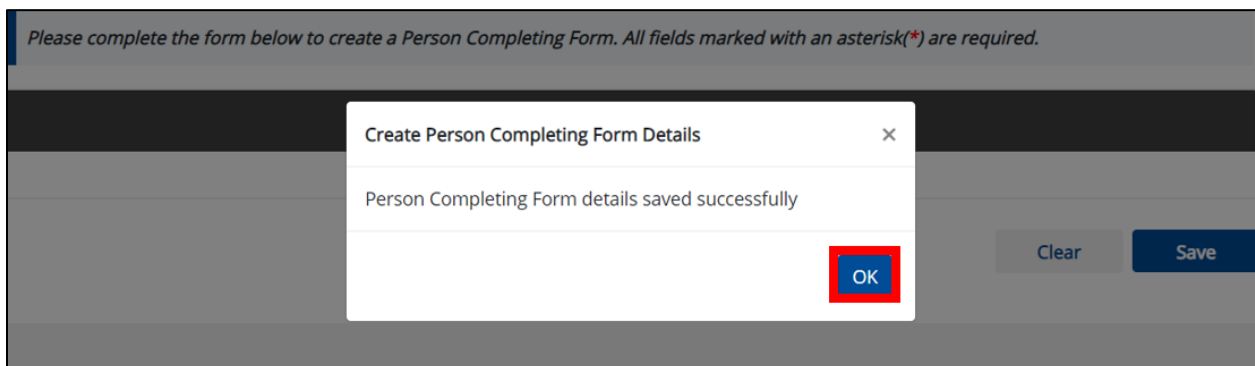
Save

Please Note: If you enter an email address that is already associated with another Person Completing Form and click **Save**, a pop-up displays with an error message that states: *The email entered is associated with another person you've created in your User Preferences. Please review the details and enter the correct email address.*

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



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







View & Edit Person Completing Form Details

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

Home > View & Edit Person Completing Form Details

VIEW & EDIT PERSON COMPLETING FORM DETAILS

SHOWING 2 ITEMS

ACTIONS	NAME	EMAIL	PHONE NUMBER
 	Mr. Arthur Vandelay, II	arthur@email.com	(222) 222-2222
 	Dr. Estelle Costanza	estelle@email.com	(111) 123-1111

First Back 1 Next Last

Maximum 5 entries per page

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

Update Person Completing Form Details

Prefix: Mr.

First Name: Arthur

Last Name: Vandelay

Suffix: II

Address 1: 22 Second Avenue

Address 2: Unit, Suite, Building, etc.

City: Lexington

State: KY

Zip Code: 40222

Phone: (222) 222-2222





Email: arthur@email.com

Cancel Save

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

VIEW & EDIT PERSON COMPLETING FORM DETAILS

SHOWING 2 ITEMS

ACTIONS	NAME	PHONE NUMBER
 	Mr. Arthur Vandelay, II	(222) 222-2222
 	Dr. Estelle Costanza	(111) 123-1111

First Back 1 Next Last

Maximum 5 entries per page

Update Person Completing Form Details

Person Completing Form details updated successfully

OK

Delete Person Completing Form Details

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

ACTIONS	NAME	EMAIL	PHONE NUMBER
	Mr. Arthur Vandelay, II	arthur@email.com	(222) 222-2222
	Dr. Estelle Costanza	estelle@email.com	(111) 123-1111

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

Are you sure?

Cancel **OK**

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

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

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

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

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

This person information is being used in one of the case reports that is still in progress. To delete this person, please ensure that this person is not being used in any case report that is in progress.

OK

Filter Person Completing Form Details

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

The screenshot shows the ePartnerViewer interface. The top navigation bar includes the KHIE logo, 'ePartnerViewer', and links for Support, Announcements (2), Alerts (1), and a user profile icon. Below this is a secondary navigation bar with links for Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, and Case Report Entry. The main content area is titled 'VIEW & EDIT PERSON COMPLETING FORM DETAILS' and includes a 'REFRESH' button and a red 'APPLY FILTER' button. Below the title, it says 'SHOWING 2 ITEMS'. A table displays the following data:

ACTIONS	NAME	EMAIL	PHONE NUMBER
	Dr. Estelle Costanza	estelle@email.com	(111) 123-1111
	Mr. Arthur Vandelay, II	arthur@email.com	(222) 222-2222

At the bottom of the table, there are pagination controls: 'First', 'Back', '1' (selected), 'Next', and 'Last'. To the right, it says 'Maximum 5 entries per page'.

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

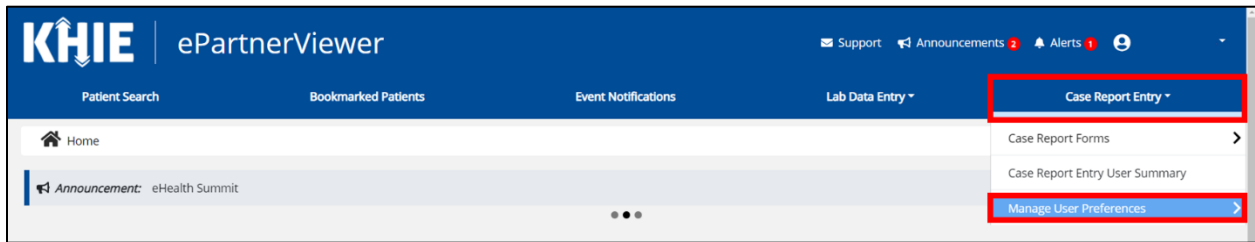
The screenshot shows the same ePartnerViewer interface as before, but with filter fields added to the table headers. The filter fields are highlighted with red boxes:

ACTIONS	NAME <input data-bbox="402 1003 555 1035" type="text" value="Enter Name..."/>	EMAIL <input data-bbox="760 1003 912 1035" type="text" value="Enter Email..."/>	PHONE NUMBER <input data-bbox="1172 1003 1325 1035" type="text" value="Enter Phone Number..."/>
	Dr. Estelle Costanza	estelle@email.com	(111) 123-1111
	Mr. Arthur Vandelay, II	arthur@email.com	(222) 222-2222

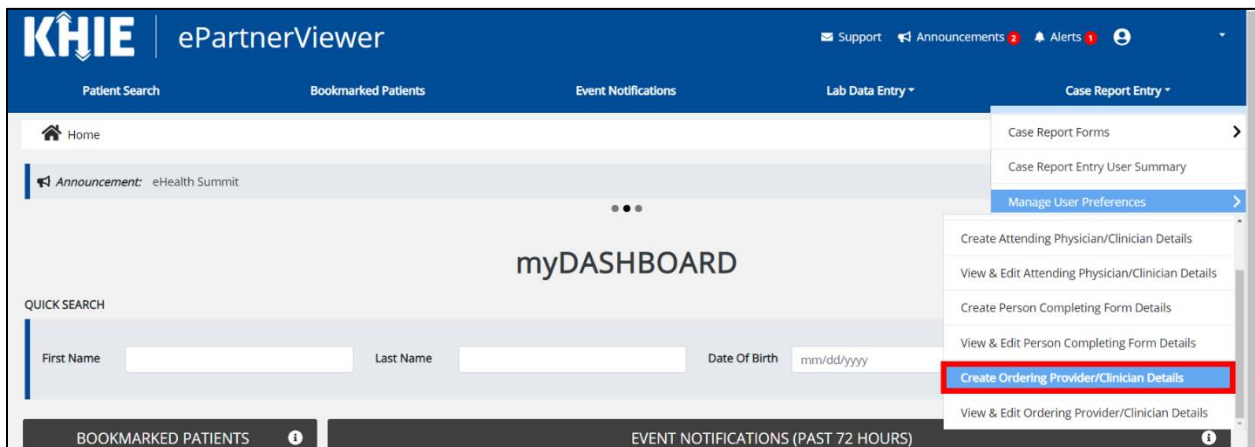
The pagination controls and 'Maximum 5 entries per page' text remain the same at the bottom.

Create Ordering Provider/Clinician Details

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



3. Select **Create Ordering Provider/Clinician Details** from the dropdown menu.



4. The **Ordering Provider/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

Please complete the form below to create an Ordering Provider/Clinician. All fields marked with an asterisk(*) are required.

ORDERING PROVIDER/CLINICIAN

Prefix Dr. [X] [v]		
First Name*		Last Name*
Suffix Select... [v]		
II		Address 2 Unit, Suite, Building, etc.
III		State*
IV		Select... [v]
Jr		Zip Code*
Sr		
(XXX) XXX-XXXX		Email*
		name@domain.com

6. Enter the **First Name and Last Name** of the Ordering Provider/Clinician.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

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

Address 1*	Address 2	
<input type="text"/>	<input type="text" value="Unit, Suite, Building, etc."/>	
City*	State*	Zip Code*
<input type="text"/>	<input type="text" value="Select..."/>	<input type="text"/>

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

Phone*	Email*
<input type="text" value="(xxx) xxx-xxxx"/>	<input type="text" value="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**.

ORDERING PROVIDER/CLINICIAN

Prefix

Dr. x | v

First Name*

Elaine

Last Name*

Benes

Suffix

Select... v

Address 1*

123 Main Street

Address 2

Unit, Suite, Building, etc.

City*

Louisville

State*

KY x | v

Zip Code*

40321

Phone*

(123) 123-1234

Email*

elaine@email.com

Clear

Save

Please Note: If you enter an email address that is already associated with another Ordering Provider/Clinician and click **Save**, a pop-up displays with an error message that states: *The email entered is associated with another ordering provider/clinician you've created in your User Preferences. Please review the details and enter the correct email address.*

You must enter the correct email address and click **OK** to save the Ordering Provider/Clinician and proceed to the **View & Edit Ordering Provider/Clinician Details** screen.

Please complete the form below to create an Ordering Provider/Clinician. All fields marked with an asterisk(*) are required.

Clear

Save

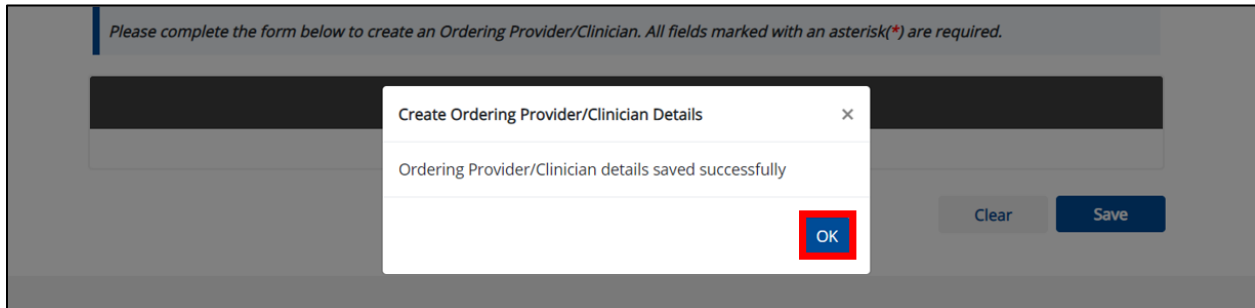
Create Ordering Provider/Clinician Details x

✖

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

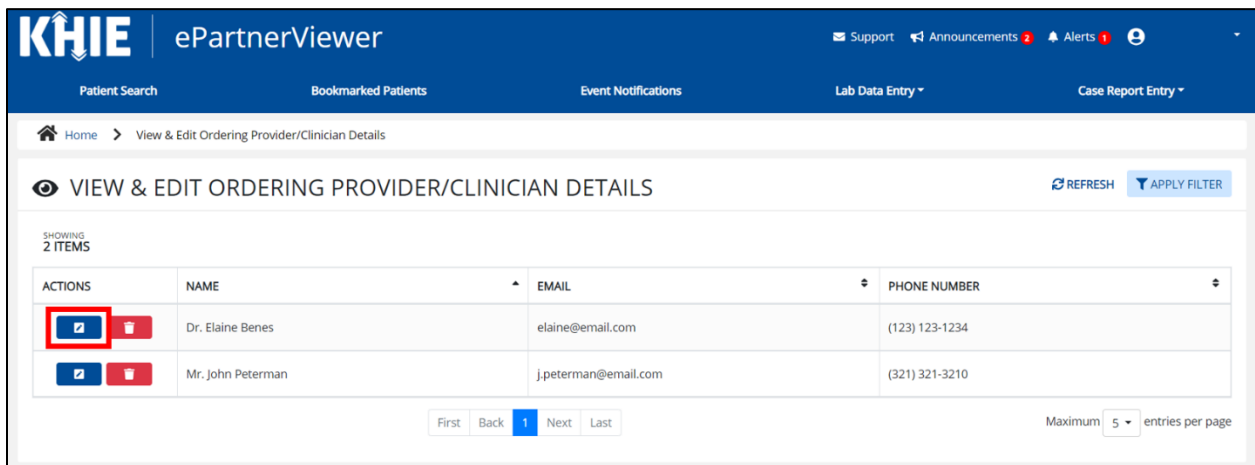
OK

10. The *Create Ordering Provider/Clinician Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Ordering Provider/Clinician Details** screen.



View & Edit Ordering Provider/Clinician Details

11. The **View & Edit Ordering Provider/Clinician Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate provider/clinician.







12. The *Update Ordering Provider/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

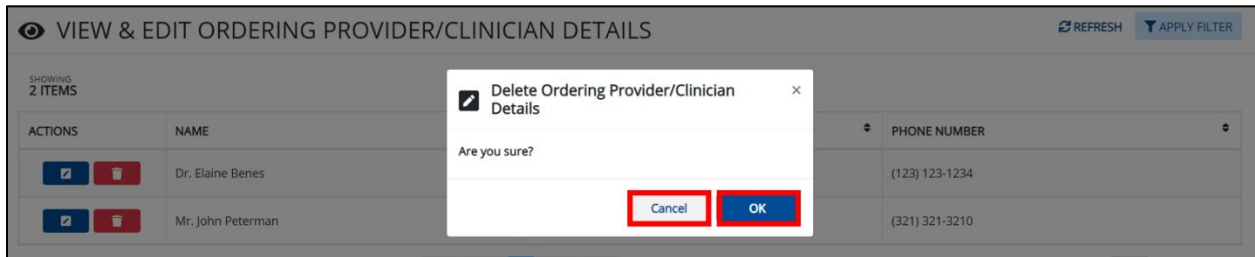
13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

Delete Ordering Provider/Clinician Details

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

VIEW & EDIT ORDERING PROVIDER/CLINICIAN DETAILS				
SHOWING 2 ITEMS				
ACTIONS	NAME	EMAIL	PHONE NUMBER	
 	Dr. Elaine Benes	elaine@email.com	(123) 123-1234	
 	Mr. John Peterman	j.peterman@email.com	(321) 321-3210	

15. The *Delete Ordering Provider/Clinician Details* pop-up displays. To delete the Ordering Provider/Clinician, click **OK**. Click **Cancel** if you do not want to delete the Provider/Clinician.

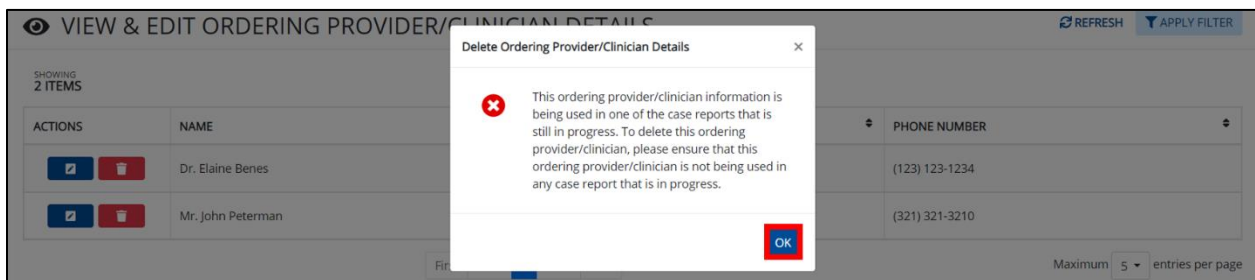


Please Note: You can delete an Ordering Provider/Clinician on the **View & Edit Ordering Provider/Clinician** screen as long as the Ordering Provider/Clinician has not been selected for use in another case report that is still in progress.

If you attempt to delete an Ordering Provider/Clinician 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 ordering provider/clinician information is being used in a case report that is still in progress. To delete this ordering provider/clinician, please ensure that this ordering provider/clinician is not being used in a case report that is in progress.*

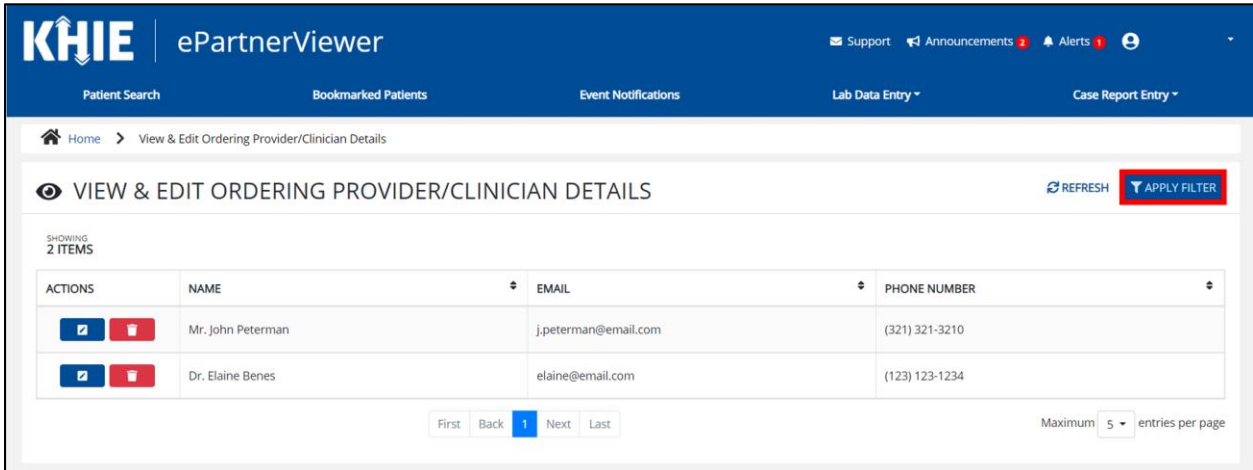
To close out of the pop-up and proceed, click **OK**.

To delete the Ordering Provider/Clinician who is being used in a case report that is still "In-Progress", you must first complete the case report. Once the appropriate case report is complete, you can delete the Ordering Provider/Clinician from your User Preferences.







Filter Ordering Provider/Clinician Details

16. To search for a specific Ordering Provider/Clinician in the User Preferences, click **Apply Filter**.

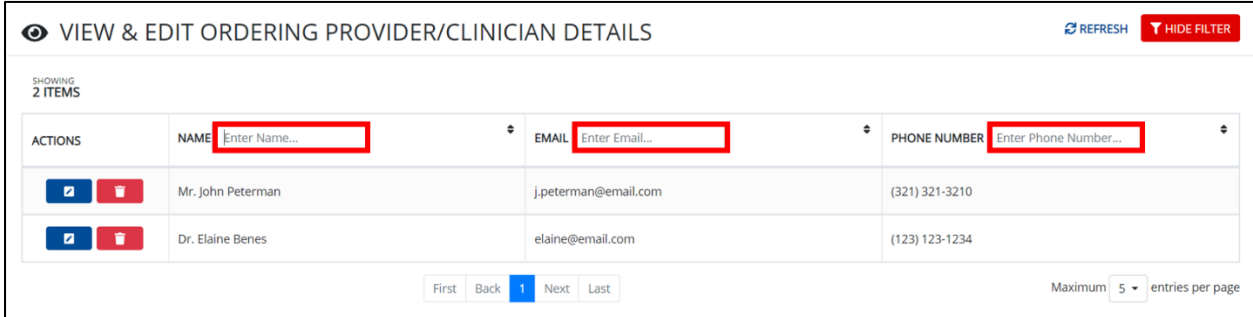


The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER/CLINICIAN DETAILS' page in the ePartnerViewer application. The page has a blue header with the KHIE logo and navigation links. Below the header, there's a breadcrumb trail: Home > View & Edit Ordering Provider/Clinician Details. The main content area is titled 'VIEW & EDIT ORDERING PROVIDER/CLINICIAN DETAILS' and includes a 'REFRESH' button and a red 'APPLY FILTER' button. Below this, it says 'SHOWING 2 ITEMS'. A table displays the details for two providers:

ACTIONS	NAME	EMAIL	PHONE NUMBER
 	Mr. John Peterman	j.peterman@email.com	(321) 321-3210
 	Dr. Elaine Benes	elaine@email.com	(123) 123-1234

At the bottom of the table, there are pagination controls: 'First', 'Back', '1' (selected), 'Next', 'Last'. To the right, it says 'Maximum 5 entries per page'.

17. The Filter fields display. You can search by entering the Ordering Provider/Clinician's **Name**, **Email Address**, and/or **Phone Number** in the corresponding Filter fields.



The screenshot shows the same 'VIEW & EDIT ORDERING PROVIDER/CLINICIAN DETAILS' page, but with filter fields added to the table headers. The 'NAME', 'EMAIL', and 'PHONE NUMBER' columns now have input fields with placeholder text 'Enter Name...', 'Enter Email...', and 'Enter Phone Number...' respectively. These input fields are highlighted with red boxes. The 'APPLY FILTER' button has been replaced by a red 'HIDE FILTER' button. The table content remains the same as in the previous screenshot.

5 Basic Features in the Case Report Entry Form

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

Side Navigation Bar & Pagination

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

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

Save Feature

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

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

2. If you click on a previously completed screen on the side navigation bar, the *Save Changes* pop-up will display. You have the option to save or discard the changes on the current screen before navigating to another screen.
 - If you click **Yes - Save** and all the required fields are entered on the current screen, you will navigate to the intended screen. (If you have not completed all 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 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.

The screenshot shows the 'PATIENT INFORMATION' form. A 'Save Changes?' dialog box is open in the center. The dialog contains the text: 'There's information on this screen that has not been saved. Do you want to save it?'. Below the text are two buttons: 'No - Discard' and 'Yes - Save'. The 'Yes - Save' button is highlighted with a red box. The background form shows fields for Interviewer Name, Affiliation/Organization, Patient ID (MRN), First Name, Last Name, Suffix, Date of Birth, Patient Sex, Ethnicity, and Race.

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
	Progress Bar	Indicates the percentage of completion.
	Lock	Indicates the sections that are not yet accessible; Users must complete all 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 Multi-Drug Resistant Organism 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 **Laboratory Information** screen of the Multi-Drug Resistant Organism Case Report, the subsequent fields will be grayed out and disabled.

The screenshot shows the 'LABORATORY INFORMATION' screen. On the left is a navigation menu with 'Patient Information' (checked), 'Laboratory Information' (selected), 'Exposure Information', 'Hospitalization, ICU, Disposition & Death Information', 'Additional Comments', and 'Review and Submit'. The main content area has a conditional question: 'Does the patient have a lab test?*' with three buttons: 'Yes', 'No' (highlighted with a red box), and 'Unknown'. Below this, the 'Laboratory Information' section contains several disabled fields: 'Laboratory Name' (text input), 'Ordering Provider/Clinician' (dropdown), 'Test Name' (dropdown), 'If other, please specify:' (text input), 'Filler Order/Accession Number' (text input), 'Specimen Source' (dropdown), and 'If other, please specify:' (text input).

- If you select **Yes** to the conditional question at the top of the **Laboratory Information** screen, the subsequent laboratory-related fields are enabled.

The screenshot shows the 'LABORATORY INFORMATION' screen with the 'Yes' button highlighted by a red box. The 'Laboratory Information' section below is now enabled and outlined with a red box. It includes the following fields: 'Laboratory Name*' (text input), 'Ordering Provider/Clinician*' (dropdown), 'Test Name*' (dropdown), 'If other, please specify:' (text input), 'Filler Order/Accession Number' (text input), 'Specimen Source*' (dropdown), 'If other, please specify:' (text input), 'Test Result*' (dropdown), and 'If other, please specify:' (text input).

Additionally, if **No** or **Unknown** is selected for certain conditional questions, the screen will be disabled and the subsequent fields will be marked as **No** or **Unknown**, based on the selected answer.

This conditional question is found on the **Exposure Information** screen of the Multi-Drug Resistant Organism Case Report.

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

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM

Section 3 of 6

Please select the information that the patient was exposed to prior to illness.

EXPOSURE INFORMATION

Patient Information ☒

Laboratory Information ☒

Exposure Information

Hospitalization, ICU, Disposition & Death Information ☐

Additional Comments ☐

Review and Submit ☐

Did the patient have any of the following exposures:*

Yes **No** Unknown

International travel within the last 12 months

Yes **No** Unknown

If yes, please specify country(s):

International healthcare within the last 12 months

Yes **No** Unknown

If yes, please specify country(s):

International hospitalization within the last 12 months

Yes **No** Unknown

If yes, please specify country(s):

Save Previous Next

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

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM

Section 3 of 6

Please select the information that the patient was exposed to prior to illness.

EXPOSURE INFORMATION

Patient Information ☒

Laboratory Information ☒

Exposure Information

Hospitalization, ICU, Disposition & Death Information ☐

Additional Comments ☐

Review and Submit ☐

Did the patient have any of the following exposures:*

Yes No **Unknown**

International travel within the last 12 months

Yes No **Unknown**

If yes, please specify country(s):

International healthcare within the last 12 months

Yes No **Unknown**

If yes, please specify country(s):

International hospitalization within the last 12 months

Yes No **Unknown**

If yes, please specify country(s):

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

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 3 of 6

Please select the information that the patient was exposed to prior to illness.

EXPOSURE INFORMATION

Patient Information ✓

Laboratory Information ✓

Exposure Information

Hospitalization, ICU, Disposition & Death Information 🔒

Additional Comments 🔒

Review and Submit 🔒

Did the patient have any of the following exposures:*

International travel within the last 12 months*

If yes, please specify country(s): 🌐

Select...

International healthcare within the last 12 months*

If yes, please specify country(s): 🌐

Select...

International hospitalization within the last 12 months*

If yes, please specify country(s): 🌐

Select...

Save
Previous Next

6 Affiliation/Organization Conditional Question

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

This applies to the conditional Affiliation/Organization question on the **Patient Information** screen:
Is the Affiliation/Organization the same for Patient ID (MRN), Person completing Form, Attending Physician/Clinician?

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

The screenshot shows the 'PATIENT INFORMATION' form. At the top, there are fields for 'Disease/Organism*' (Chlamydia) and 'Date of Diagnosis*' (07/23/2021). Below these is a red-bordered box containing the conditional question: 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*' with 'Yes' and 'No' buttons. Below the box are three rows of fields for 'Patient ID (MRN)', 'Person Completing Form', and 'Attending Physician/Clinician', each with an 'Affiliation/Organization' dropdown menu and an 'If other, please specify:' text area.

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

Affiliation/Organization Conditional Answer: Yes

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

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

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

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

Yes No

Patient ID (MRN)*

Affiliation/Organization*

Select...

Person Completing Form*

Affiliation/Organization

If other, please specify:

Attending Physician/Clinician*

Affiliation/Organization

If other, please specify:

- Once the Affiliation/Organization is selected for the Patient ID (MRN), this Affiliation/Organization selection will display in the disabled *Affiliation/Organization* fields.
- This means the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing Form and the Attending Physician/Clinician.

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

Yes No

Patient ID (MRN)*

Affiliation/Organization*

Test Medical Center x

Person Completing Form*

Affiliation/Organization

Test Medical Center x

If other, please specify:

Attending Physician/Clinician*

Affiliation/Organization

Test Medical Center x

If other, please specify:

Affiliation/Organization Conditional Answer: No

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

- **All** three (3) of the *Affiliation/Organization* fields are enabled for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.
- You must individually complete **all** *Affiliation/Organization* fields corresponding to Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

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

Yes **No**

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization*
 If other, please specify:

Attending Physician/Clinician* Affiliation/Organization*
 If other, please specify:

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

Patient ID (MRN)* Affiliation/Organization*
 If other, please specify:

Person Completing Form* Affiliation/Organization*
 If other, please specify:

Attending Physician/Clinician* Affiliation/Organization*
 If other, please specify:

Prefix

2. Select the **Affiliation/Organization** for the Person Completing Form from the dropdown menu.

Person Completing Form* Affiliation/Organization*
 If other, please specify:

Attending Physician/Clinician* Affiliation/Organization*
 If other, please specify:

Prefix

First Name* Last Name*

Suffix Date of Birth*

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

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

Yes No

Patient ID (MRN)* ? CK08101955

Affiliation/Organization* ? Test Medical Center x v

Person Completing Form* Mr. Arthur Vandelay, II (arthur@em... x v)

Affiliation/Organization* ? Other x v

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@emai... x v)

Affiliation/Organization* ? Select... v

If other, please specify: ?

Please select the organization of the person completing this form (if it is not listed the Affiliation/Organization dropdown).

3. Select the **Affiliation/Organization** for the Attending Physician/Clinician from the dropdown menu.

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

Yes No

Patient ID (MRN)* ? CK08101955

Affiliation/Organization* ? Test Medical Center x v

Person Completing Form* Mr. Arthur Vandelay, II (arthur@em... x v)

Affiliation/Organization* ? Other x v

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@emai... x v)

Affiliation/Organization* ? Select... v

Prefix Select... v

First Name*

Suffix Select... v

Patient Sex* Ethnicity* Race*

Afzal, Mohammad MD, Internal Medicine, LLC

eICR Onboarding Regression

Hilton Hospital

King's Daughters Medical Center

Murray-Calloway County Hospital

Test Medical Center

University Of Kentucky Chandler Medical

If other, please specify: ? Test Hospital

If other, please specify: ?

Last Name*

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

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@emai... x v)

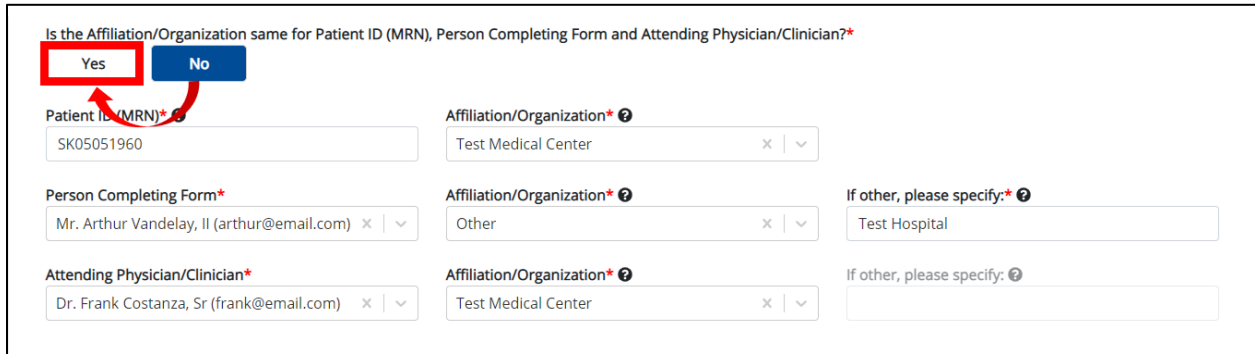
Affiliation/Organization* ? Other x v

If other, please specify: ?

Affiliation/Organization Validation

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

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



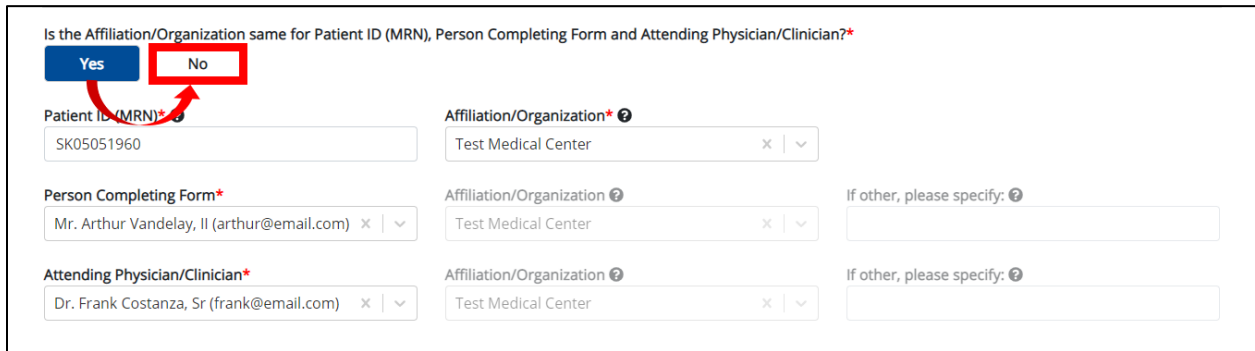
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Other If other, please specify: Test Hospital

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:



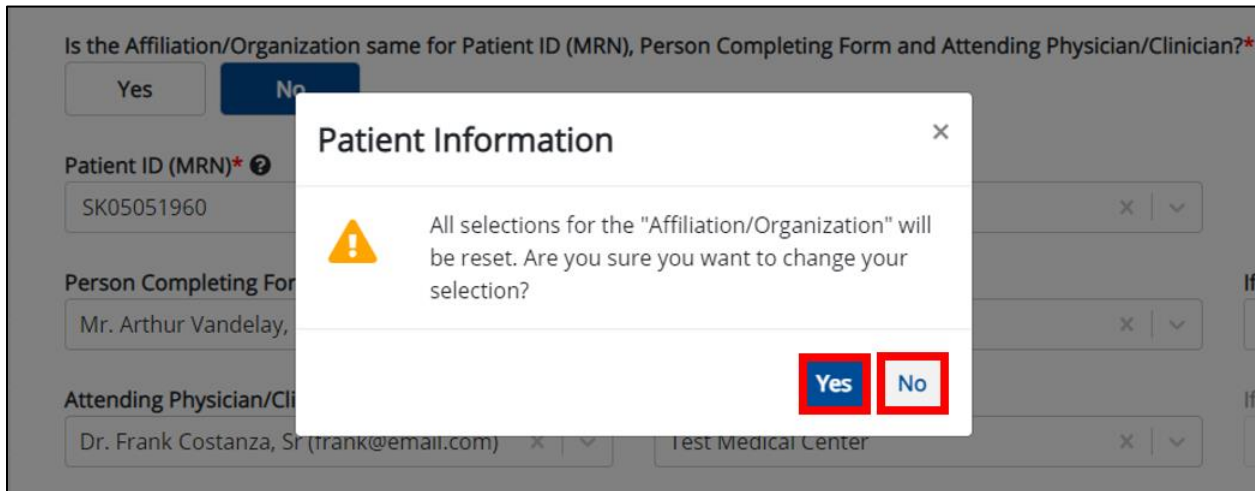
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:



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

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Patient Information

All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?

Yes **No**

- To reset the Affiliation/Organization selection(s), click **Yes**.
- To save the selected Affiliation/Organization selection(s), click **No**.

Change Affiliation/Organization Conditional Answer: No to Yes

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

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

Yes **No**

Patient ID (MRN)* SK05051960

Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com)

Affiliation/Organization* Other

If other, please specify: Test Hospital

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization* Test Medical Center

If other, please specify:

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

Applicable Symptoms

Medical Conditions

Travel Information

Hospitalization, ICU & Death Information

Additional Information

Treatment Information

Additional Comments

Review and Submit

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

Yes **No**

Patient ID (MRN)* SK05051960

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com)

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization* Test Medical Center

If other, please specify: Test Hospital

If other, please specify:

Patient Information

All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?

Yes **No**

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

There are errors. Please make a selection for all required fields.

PATIENT INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Medical Conditions

Travel Information

Hospitalization, ICU & Death Information

Additional Information

Treatment Information

Additional Comments

Review and Submit

Disease/Organism* Chlamydia

Date of Diagnosis* 07/23/2021

Unknown

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

Yes **No**

Patient ID (MRN)* SK05051960

Affiliation/Organization* Select...

Please Enter Affiliation/Organization

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com)

Affiliation/Organization* Select...

If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization* Select...

If other, please specify:

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

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

Patient ID (MRN)*

SK05051960

Person Completing Form*

Mr. Arthur Vandelay, II (arthur@email.com) x | v

Attending Physician/Clinician*

Dr. Frank Costanza, Sr (frank@email.com) x | v

Prefix

Ms. x | v

Affiliation/Organization*

Select...

- Afzal, Mohammad MD, Internal Medicine, LLC
- eICR Onboarding Regression
- Hilton Hospital
- King's Daughters Medical Center
- Murray-Calloway County Hospital
- Test Medical Center
- University Of Kentucky Chandler Medical Center

If other, please specify:

If other, please specify:

4. The **Affiliation/Organization** selected for the Patient ID (MRN) will display in disabled *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician.
 - This means the same Affiliation/Organization will be applied to the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

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

Patient ID (MRN)*

SK05051960

Affiliation/Organization*

Test Medical Center x | v

Person Completing Form*

Mr. Arthur Vandelay, II (arthur@email.com) x | v

Attending Physician/Clinician*

Dr. Frank Costanza, Sr (frank@email.com) x | v

Affiliation/Organization

Test Medical Center x | v

Affiliation/Organization

Test Medical Center x | v

If other, please specify:

If other, please specify:

Change Affiliation/Organization Conditional Answer: Yes to No

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

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

Yes **No**

Patient ID (MRN)*
SK05051960

Affiliation/Organization*
Test Medical Center

Person Completing Form*
Mr. Arthur Vandelay, II (arthur@email.com)

Affiliation/Organization*
Test Medical Center

Attending Physician/Clinician*
Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization*
Test Medical Center

If other, please specify:

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

Patient Information

All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?

Yes **No**

2. You must individually complete **all** *Affiliation/Organization* fields corresponding to Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.
 - Your previous Affiliation/Organization selection for the Patient ID (MRN) has been reset.
 - **All** three (3) of the *Affiliation/Organization* fields are enabled for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.
 - This means a different Affiliation/Organization can be selected for each field.

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

Yes **No**

Patient ID (MRN)*
CK08101955

Affiliation/Organization*
Select...

Person Completing Form*
Dr. Estelle Costanza (estelle@email....)

Affiliation/Organization*
Select...

Attending Physician/Clinician*
Dr. Frank Costanza, Sr (frank@emai...)

Affiliation/Organization*
Select...

If other, please specify:

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

This screenshot shows the 'Patient ID (MRN)' section of the form. The 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?' question has 'No' selected. The 'Patient ID (MRN)' field contains 'SR05051960'. The 'Affiliation/Organization' dropdown menu is open, showing a list of options: 'Select...', 'Afzal, Mohammad MD, Internal Medicine, LLC', 'eICR Onboarding Regression', 'Hilton Hospital', 'King's Daughters Medical Center', 'Murray-Calloway County Hospital', 'Test Medical Center', and 'University Of Kentucky Chandler Medical Center'. A red box highlights the dropdown menu. A tooltip above the dropdown states: 'Please select the organization where the Patient ID (MRN) was assigned to the patient.'

4. Select the **Affiliation/Organization** for the Person Completing Form from the dropdown menu.
5. Select the **Affiliation/Organization** for the Attending Physician/Clinician from the dropdown menu.

This screenshot shows the 'Person Completing Form' and 'Attending Physician/Clinician' sections. The 'Person Completing Form' dropdown is set to 'Mr. Arthur Vandelay, II (arthur@em...)'. The 'Attending Physician/Clinician' dropdown is set to 'Dr. Frank Costanza, Sr (frank@em...)'. Both 'Affiliation/Organization' dropdown menus are open, showing the same list of options as in the previous screenshot. Red boxes highlight the dropdown menus. The 'If other, please specify:' textboxes are visible but empty.

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

This screenshot shows the form with the 'Affiliation/Organization' dropdown menus set to 'Other'. The 'If other, please specify:' textboxes are now enabled and highlighted with red boxes. The 'Person Completing Form' dropdown is set to 'Mr. Arthur Vandelay, II (arthur@em...)' and the 'Attending Physician/Clinician' dropdown is set to 'Dr. Frank Costanza, Sr (frank@em...)'. The 'If other, please specify:' textboxes are empty.

7 Dynamic Functions based MDRO Type and Organism Name

Based on the **MDRO Type** and **Organism Name** selected from the dropdown menus on the **Patient Information** screen of the Multi-Drug Resistant Organism (MDRO) Case Report, certain subsequent fields will dynamically display information that applies to the selected MDRO Type and Organism Name. This means certain fields will display only the organism names and lab tests that apply to the selected MDRO Type and Organism Name.

Once the MDRO Type and Organism Name selections are saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected MDRO Type and Organism Name.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM

Section 1 of 6

Please complete the form below. All fields marked with an asterisk(*) are required.

PATIENT INFORMATION

Patient Information

- Laboratory Information
- Exposure Information
- Hospitalization, ICU, Disposition & Death Information
- Additional Comments
- Review and Submit

MDRO Type*

Select...

- Candida auris, clinical
- Candida auris, colonization/screening
- Carbapenem Resistant Acinetobacter baumannii (CRAB)
- Carbapenem resistant Enterobacteriaceae (CRE)
- Carbapenem-resistant Pseudomonas species (CRPA)
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
- Vancomycin-intermediate Staphylococcus aureus (VISA)

Date of Diagnosis*

mm/dd/yyyy ☐ Unknown

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

Yes No

Organism Name: Dynamic Field for MDRO Case Report

On the **Patient Information** screen, the *Organism Name* dropdown menu displays only the organism name options that apply to the selected **MDRO Type**. You must select the appropriate **Organism Name** from the dropdown menu.

Organism Name*

Select...

- Infection caused by Candida auris

Date of Diagnosis*

mm/dd/yyyy ☐ Unknown

Organism Names for Candida Auris, Clinical

Organism Name*

Select...

- Candida auris
- Candida haemulonii

Date of Diagnosis*

mm/dd/yyyy ☐ Unknown

Organism Names for Candida Auris, Colonization/Screening

Organism Name*

Select...

- Carbapenem resistant Acinetobacter
- Carbapenem-resistant Acinetobacter baumannii
- Carbapenem-resistant Acinetobacter baumannii-calcoaceticus complex
- Carbapenemase-producing Acinetobacter
- Carbapenemase-producing Acinetobacter baumannii
- Carbapenemase-producing Acinetobacter calcoaceticus
- Carbapenemase-producing Acinetobacter johnsonii

Organism Names for Carbapenem Resistant Acinetobacter baumannii (CRAB)

Date of Diagnosis*

Physician/Clinician*

Person Completing Form Affiliation/Organization ? If other, please specify: ?

Organism Name*

Select...

- Carbapenem resistant bacteria
- Carbapenem resistant Enterobacter cloacae
- Carbapenem resistant Enterobacter cloacae complex
- Carbapenem resistant Enterobacteriaceae
- Carbapenem resistant Escherichia coli
- Carbapenem resistant Klebsiella aerogenes
- Carbapenem resistant Klebsiella oxytoca

Organism Names for Carbapenem Resistant Enterobacteriaceae (CRE)

Date of Diagnosis*

Physician/Clinician*

Person Completing Form Affiliation/Organization ? If other, please specify: ?

Organism Name*

Select...

- Carbapenem-resistant Pseudomonas aeruginosa
- Carbapenemase-producing Pseudomonas aeruginosa
- Metallo-beta-lactamase producing Pseudomonas aeruginosa
- Multidrug resistant Pseudomonas aeruginosa

Organism Names for Carbapenem-Resistant Pseudomonas Species (CRPA)

Date of Diagnosis*

Physician/Clinician*

Yes No

Person Completing Form Affiliation/Organization ? If other, please specify: ?

Organism Name*

Select...

- Carbapenemase-producing Acinetobacter baumannii
- Carbapenemase-producing bacteria
- Carbapenemase-producing Citrobacter
- Carbapenemase-producing Citrobacter amalonaticus
- Carbapenemase-producing Citrobacter braakii
- Carbapenemase-producing Citrobacter farmeri
- Carbapenemase-producing Citrobacter freundii

Organism Names for Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-RE)

Date of Diagnosis*

Physician/Clinician*

Person Completing Form Affiliation/Organization ? If other, please specify: ?

Organism Name*

Select...

Vancomycin intermediate Staphylococcus aureus

Vancomycin intermediate/resistant Staphylococcus aureus

Date of Diagnosis*

Organism Names for
**Vancomycin-intermediate
Staphylococcus aureus (VISA)**

Organism Name*

Select...

Vancomycin resistant Staphylococcus aureus

Date of Diagnosis*

Organism Names for
**Vancomycin-resistant
Staphylococcus aureus (VRSA)**

- If **Other** is selected as the MDRO Type, the subsequent textbox is enabled. Additionally, the *Organism Name* field automatically populates with **Other**, which enables the subsequent textbox. Enter the **MDRO Type** and the **Organism Name** in the appropriate *If other, please specify* textboxes.

MDRO Type*

Other

Please specify MDRO type or enter 'Unknown' if the MDRO type is not known.

If other, please specify:*

Organism Name*

Other

Date of Diagnosis*

Organism Name for **Other**

Unknown

If other, please specify:*

Please Note: Once an **Organism Name** is selected, the *MDRO Type* field displays only the selected MDRO Type.

Change MDRO Type and Organism Name Selections

Once you select an MDRO Type and an Organism Name from the dropdown menus, and click **Save** or **Next** on the **Patient Information** screen, a pop-up displays with a message that states:

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

The screenshot shows the 'Patient Information' screen with a confirmation pop-up. The pop-up message reads: 'You have selected to file this case report for MDRO type - Vancomycin-resistant Staphylococcus aureus (VISA) and Organism Name - Vancomycin resistant Staphylococcus aureus. Please note that you will not be able to change/update MDRO Type or Organism Name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for MDRO type - Vancomycin-resistant Staphylococcus aureus (VISA) and Organism Name - Vancomycin resistant Staphylococcus aureus?'. The background form shows fields for Gender (Male), Address 1* (123 West 81st St), City* (Lexington), County* (Fayette), Email (kramer@email.com), and Zip Code (40123). At the bottom of the pop-up are 'Yes' and 'No' buttons.

Please Note: All MDRO Type and Organism Name selections are final. Once the MDRO Type and Organism Name selections are saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected MDRO Type and Organism Name.

You have one more opportunity to select **No** to change the MDRO Type and Organism Name selections. You can select **Yes** to finalize the MDRO Type and Organism Name selections.

1. Upon clicking **Save** or **Next** at the bottom of the **Patient Information** screen, the MDRO Type/Organism Name Pop-Up displays.
2. To change the MDRO Type and/or Organism Name selections, click **No**.

This is a duplicate of the screenshot above, showing the 'Patient Information' screen with the same confirmation pop-up for Vancomycin-resistant Staphylococcus aureus (VISA).

- The *MDRO Type* and *Organism Name* dropdown menus display only the selected MDRO Type and Organism Name.

MDRO Type*

Vancomycin-resistant Staphylococcus aureus (VRSA)

Vancomycin-resistant Staphylococcus aureus (VRSA)

Organism Name*

Vancomycin resistant Staphylococcus aureus

Date of Diagnosis*

07/23/2021 ☐ Unknown

Please Note: Once an **Organism Name** is selected, the *MDRO Type* field displays only the selected MDRO Type.

- To change the **MDRO Type** selection, click the **X** on the *Organism Name* dropdown menu.

MDRO Type*

Vancomycin-resistant Staphylococcus aureus (VRSA)

Vancomycin-resistant Staphylococcus aureus (VRSA)

Organism Name*

Vancomycin resistant Staphylococcus aureus

Date of Diagnosis*

07/23/2021 ☐ Unknown

- This resets the *MDRO Type* dropdown menu to display **all** MDRO Type options. To change the MDRO Type, select a different **MDRO Type** from the dropdown menu.

There are errors. Please make a selection for all required fields.

PATIENT INFORMATION

Patient Information

Laboratory Information

Exposure Information

Hospitalization, ICU, Disposition & Death Information

Additional Comments

Review and Submit

MDRO Type*

Vancomycin-resistant Staphylococcus aureus (VRSA)

Candida auris, colonization/screening

Carbapenem Resistant Acinetobacter baumannii (CRAB)

Carbapenem resistant Enterobacteriaceae (CRE)

Carbapenem-resistant Pseudomonas species (CRPA)

Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)

Vancomycin-intermediate Staphylococcus aureus (VISA)

Vancomycin-resistant Staphylococcus aureus (VRSA)

Date of Diagnosis*

07/23/2021 ☐ Unknown

Please Note: Upon resetting the *MDRO Type* and *Organism Name* dropdown menus, a banner displays an error message that states: *There are errors. Please make a selection for all required fields.*

Please Note: If you click the **X** on the *MDRO Type* dropdown menu and do **not** select an MDRO Type from the dropdown, the *Organism Name* dropdown menu will display **ALL** Organism Name options for all eight (8) MDRO Types.

Once an **MDRO Type** is selected, the *Organism Name* dropdown menu displays only the Organism Name options that apply to the selected MDRO Type.

There are errors. Please make a selection for all required fields.

PATIENT INFORMATION	
Patient Information Laboratory Information Exposure Information Hospitalization, ICU, Disposition & Death Information Additional Comments Review and Submit	<p>MDRO Type*</p> <p>Select...</p> <p><small>Please Enter MDRO Type</small></p> <p>If other, please specify: ?</p> <p></p> <p>Organism Name*</p> <p>Infection caused by Candida auris</p> <p>Candida auris</p> <p>Candida haemulonii</p> <p>Carbapenem resistant Acinetobacter</p> <p>Carbapenem resistant bacteria</p> <p>Carbapenem resistant Enterobacter cloacae</p> <p>Carbapenem resistant Enterobacter cloacae complex</p> <p>Carbapenem resistant Enterobacteriaceae</p> <p><small>Please Enter Organism Name</small></p> <p>Date of Diagnosis*</p> <p>07/23/2021</p> <p><input type="checkbox"/> Unknown</p> <p>Attending Physician/Clinician?*</p> <p></p> <p>Person Completing Form*</p> <p>Affiliation/Organization ?</p> <p>If other, please specify: ?</p>

6. Select the appropriate **Organism Name** from the dropdown menu. The *Organism Name* dropdown menu will display only the options that apply to the selected MDRO Type.

There are errors. Please make a selection for all required fields.

PATIENT INFORMATION	
Patient Information Laboratory Information Exposure Information Hospitalization, ICU, Disposition & Death Information Additional Comments	<p>MDRO Type*</p> <p>Candida auris, clinical</p> <p>If other, please specify: ?</p> <p></p> <p>Organism Name*</p> <p>Select...</p> <p><small>Please Enter Organism Name</small></p> <p>Date of Diagnosis*</p> <p>07/23/2021</p> <p><input type="checkbox"/> Unknown</p>

7. Once the MDRO Type and Organism Name selections are complete, click **Save** or **Next** at the bottom of the **Patient Information** screen.

Save	Next
-------------	-------------

8. The MDRO Type/Organism Name Pop-Up displays to confirm the change in MDRO Type and Organism Name selections. Click **Yes** to save the MDRO Type and Organism Name selections.

The screenshot shows a 'Patient Information' form in the background with fields for City (Lexington), County (Fayette), Email (kramer@email.com), and Zip Code (40123). Overlaid on this is a 'Patient Information' pop-up dialog box. The dialog contains a warning icon and the following text: 'You have selected to file this case report for MDRO type - Candida auris, clinical and Organism Name - Infection caused by Candida auris. Please note that you will not be able to change/update MDRO Type or Organism Name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for MDRO type - Candida auris, clinical and Organism Name - Infection caused by Candida auris?'. At the bottom of the dialog are 'Yes' and 'No' buttons, with the 'Yes' button highlighted by a red box.

9. After saving the selections, the *MDRO Type* and *Organism Name* fields are disabled and display the selected MDRO Type and Organism Name. You can no longer change the selected MDRO Type and Organism Name.

The screenshot shows the 'PATIENT INFORMATION' form. The 'MDRO Type*' dropdown menu is highlighted with a red box and displays 'Candida auris, clinical'. Below it is a text field for 'If other, please specify:'. The 'Organism Name*' dropdown menu is also highlighted with a red box and displays 'Infection caused by Candida auris'. Below it is another text field for 'If other, please specify:'. To the right of these fields is the 'Date of Diagnosis*' field, which displays '07/23/2021' and has a calendar icon.

Laboratory Information: Dynamic Screen

On the **Laboratory Information** screen, the *Test Name* dropdown menu displays only the test name options that apply to the MDRO Type selected on the **Patient Information** screen.

<p>Test Names for Candida Auris, Clinical</p>	<p>Test Name*</p> <p>Select...</p> <ul style="list-style-type: none"> Candida auris DNA [Presence] by NAA with probe detection in Positive blood culture Candida auris ITS2 gene [Presence] in Unspecified specimen by NAA with probe detection Candida auris [Presence] in Unspecified specimen by Organism specific culture Other <p>Specimen Source*</p>
<p>Test Names for Candida Auris, Colonization/Screening</p>	<p>Test Name*</p> <p>Select...</p> <ul style="list-style-type: none"> Candida auris DNA [Presence] by NAA with probe detection in Positive blood culture Candida auris ITS2 gene [Presence] in Unspecified specimen by NAA with probe detection Candida auris [Presence] in Unspecified specimen by Organism specific culture Other <p>Specimen Source*</p>
<p>Test Names for Carbapenem Resistant Acinetobacter baumannii (CRAB)</p>	<p>Test Name*</p> <p>Select...</p> <ul style="list-style-type: none"> Bacterial carbapenem resistance blaOXA-23-like gene Bacterial carbapenem resistance blaOXA-24-like gene Bacterial carbapenem resistance blaOXA-58-like gene Carbapenemase [Presence] in Isolate Other <p>Select...</p>
<p>Test Names for Carbapenem Resistant Enterobacteriaceae (CRE)</p>	<p>Test Name*</p> <p>Select...</p> <ul style="list-style-type: none"> Carbapenemase [Presence] in Isolate Other <p>Filler Order/Accession Number ?</p>
<p>Test Names for Carbapenem-Resistant Pseudomonas Species (CRPA)</p>	<p>Test Name*</p> <p>Select...</p> <ul style="list-style-type: none"> Carbapenemase [Presence] in Isolate Other <p>Filler Order/Accession Number ?</p>
<p>Test Names for Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-RE)</p>	<p>Test Name*</p> <p>Select...</p> <ul style="list-style-type: none"> Bacterial carbapenem resistance blaGES gene Bacterial carbapenem resistance blaGIM gene Bacterial carbapenem resistance blaIMP gene Bacterial carbapenem resistance blaKPC gene Bacterial carbapenem resistance blaNDM gene Bacterial carbapenem resistance blaOXA gene Bacterial carbapenem resistance blaOXA-134-like gene

Test Names for
**Vancomycin-intermediate
Staphylococcus aureus
(VISA)**

Test Name*

select...

Vancomycin resistance vanA gene [Presence] by Molecular method
Vancomycin resistance vanB gene [Presence] by Molecular method
Vancomycin resistance vanC1 gene [Presence] by Molecular method
Vancomycin resistance vanC2+vanC3 genes [Presence] by Molecular method
Vancomycin resistance vanD gene [Presence] by Molecular method
Vancomycin [Susceptibility] by Genotype method
Other

Test Names for
**Vancomycin-resistant
Staphylococcus
aureus (VRSA)**

Test Name*

select...

Staphylococcus aureus.vancomycin resistance
Vancomycin resistance vanA gene [Presence] by Molecular method
Vancomycin resistance vanB gene [Presence] by Molecular method
Vancomycin resistance vanC1 gene [Presence] by Molecular method
Vancomycin resistance vanC2+vanC3 genes [Presence] by Molecular method
Vancomycin resistance vanD gene [Presence] by Molecular method
Vancomycin [Susceptibility] by Genotype method
Other

Test Names
for **Other**

Test Name*

select...

Bacteria Identified in Isolate by Culture
Other

Filler Order/Accession Number ?

Please Note: If you select **Other** from the *Test Name* dropdown menu, the subsequent field is enabled. You must enter the **Test Name** in the subsequent textbox: *If other, please specify.*

Test Name*

Other

x | v

If other, please specify:*

8 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.

Please complete the form below. All fields marked with asterisk(*) are required.

PATIENT INFORMATION	
Patient Information SARS CoV-2 Testing	Interviewer Name* Select...
	Affiliation/Organization* Select...

- Help Icons* are available to guide Users while entering data in the fields.

Please complete the form below. All fields marked with asterisk(*) are required.

PATIENT INFORMATION	
Patient Information SARS CoV-2 Testing Clinical Course Applicable Symptoms	Interviewer Information Interviewer Name* Dr. [Select...]
	Affiliation/Organization* Test Medical Center
	Patient ID (MRN)* [Text Field]
	Prefix Select...

An MRN or Medical Record Number 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.

- For entering address information, all States are available for selection in the *State* field dropdown menu. When you select the **state of Kentucky**, all Kentucky counties are available for selection in the *County* dropdown menu.

City	[Text Field]	State	KY
Zip Code	[Text Field]	County	Select...
Phone Number	[Text Field]	Email Address	[Text Field]

County dropdown menu (selected):

- Adair
- Allen
- Anderson
- Ballard
- Barren
- Bath
- Bell

- However, when you select **any state other than Kentucky**, the system will display the message *Out of System State* and will not display counties in the *County* dropdown menu.

City	<input type="text"/>	State	AR x v
Zip Code	<input type="text"/>	County	Out Of System State x v

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

Admission Date* <input type="text" value="mm/dd/yyyy"/> Unknown	Discharge Date* <input type="text" value="mm/dd/yyyy"/> Unknown
<div> <div> June 2021 June 2021 Su Mo Tu We Th Fr Sa 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 </div> <div> this illness?*</div> <div>Unknown</div> <div>death:</div> <div>Unknown</div> </div>	

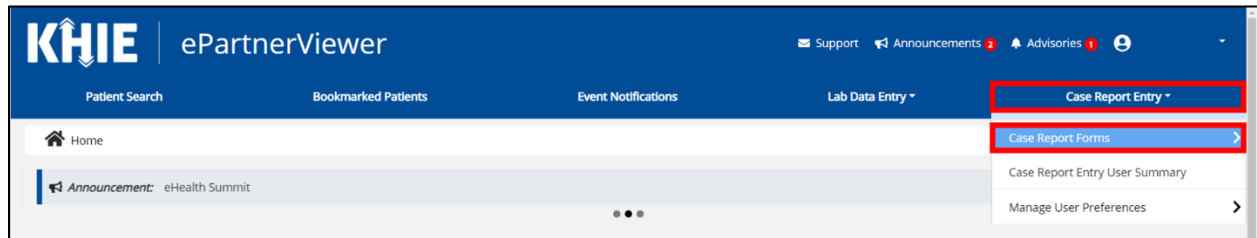
- If the date is unknown, you have the option to click the **Unknown checkbox**.

Admission Date* <input type="text" value="mm/dd/yyyy"/> <input checked="" type="checkbox"/> Unknown	Discharge Date* <input type="text" value="06/20/2021"/> Unknown
--	--

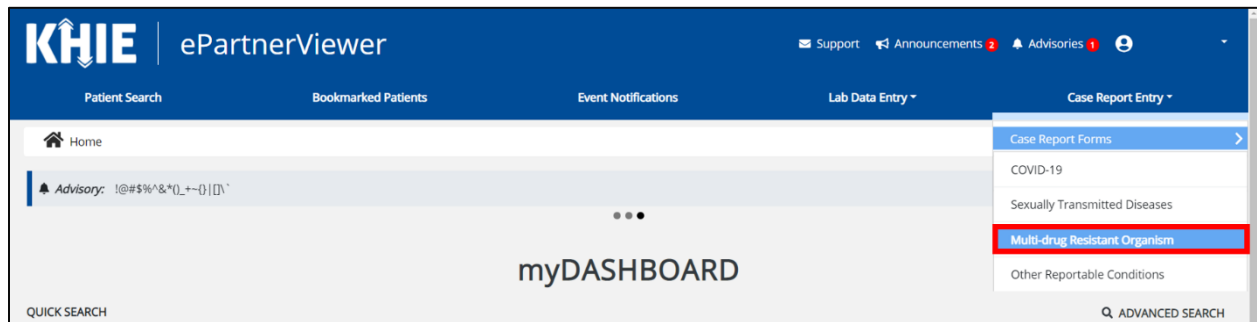
9 Multi-Drug Resistant Organism Case Report Form

Users with the *Manual Case Reporter* Role are authorized to access the Multi-Drug Resistant Organism (MDRO) Case Report in the ePartnerViewer.

1. To enter Multi-Drug Resistant Organism 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 **Multi-drug Resistant Organism** from the dropdown menu.



10 Patient Information for MDRO Case Report

Multi-Drug Resistant Organism (MDRO) Case Report entry is a six-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Exposure Information, (4) Hospitalization, ICU, & Death Information, and (5) Additional Comments. (6) **Review and Submit** is where Users must review the information they have entered **and** submit the MDRO Case Report.

1. To start the Multi-Drug Resistant Case entry, you must complete the mandatory fields on the **Patient Information** screen.

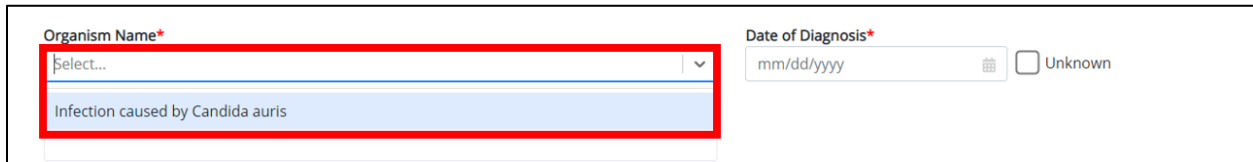
Please Note: You are required to enter the details associated with the *Person Completing Form*, the *Ordering Provider/Clinician*, and the *Attending Physician/Clinician* prior to entering Multi-Drug Resistant Organism (MDRO) case report information. If you access the MDRO Case Report without previously entering these details, the **Patient Information** screen is disabled and displays an error message.

You must click the hyperlink associated with the **Person Completing Form**, the **Ordering Provider/Clinician**, and the **Attending Physician/Clinician** located in the error message banner to navigate to the appropriate **User Preferences** screens and create the *Person Completing Form*, *Ordering Provider/Clinician*, and *Attending Physician/Clinician* before entering MDRO Case Report details.

2. Select the **MDRO Type** from the dropdown menu.

Please Note: Based on the **MDRO Type** selected from the dropdown menu, the subsequent *Organism Name* dropdown menu will display only the options that apply to the selected MDRO Type.

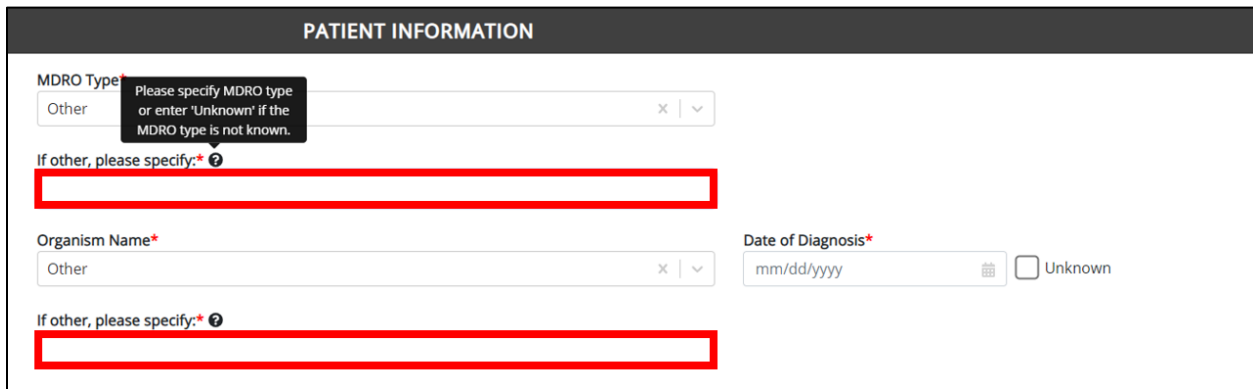
3. If applicable, select the appropriate **Organism Name** from the dropdown menu.



Please Note: Based on the **MDRO Type** and **Organism Name** selected from the dropdown menus on the **Patient Information** screen, certain subsequent screens will dynamically display information that applies to the selected MDRO Type and Organism Name. This means certain screens will display only the symptoms and lab tests that apply to the selected MDRO Type and Organism Name.

Once the MDRO Type and Organism Name selections are saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected MDRO Type and Organism Name.

- If **Other** is selected as the MDRO Type, the subsequent textbox is enabled. Enter the **MDRO Type** in the subsequent textbox: *If other, please specify.*
- Additionally, if **Other** is selected as the MDRO Type, the *Organism Name* field automatically populates with **Other**, which enables the subsequent textbox. Enter the **Organism Name** in the subsequent textbox: *If other, please specify.*



Please Note: Once an **Organism Name** is selected, the *MDRO Type* field displays only the selected MDRO Type. To change the MDRO Type, click the **X** on the *Organism Name* field. This resets the *MDRO Type* dropdown menu to display all options.

MDRO Type*

Candida auris, colonization/screening

Organism Name*

Candida auris

Date of Diagnosis*

mm/dd/yyyy

☐ Unknown

4. Enter the **Date of Diagnosis**.

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

Organism Name*

Vancomycin resistant Staphylococcus aureus

Date of Diagnosis*

mm/dd/yyyy

☐ Unknown

July 2021

July 2021

Su Mo Tu We Th Fr Sa

27 28 29 30 1 2 3

4 5 6 7 8 9 10

11 12 13 14 15 16 17

18 19 20 21 22 23 24

25 26 27 28 29 30 31

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

Yes No

Patient ID (MRN) ?

Affiliation/Organization ?

Select...

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?*

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

Yes No

Patient ID (MRN) ?

Affiliation/Organization ?

Select...

Person Completing Form

Affiliation/Organization ?

Select...

If other, please specify: ?

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

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

Yes No

Patient ID (MRN)* ?

Affiliation/Organization* ?

Select...

Person Completing Form*

Affiliation/Organization ?

Select...

If other, please specify: ?

Attending Physician/Clinician*

Affiliation/Organization ?

Select...

If other, please specify: ?

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

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

Yes **No**

Patient ID (MRN)* [?] Affiliation/Organization* [?]

Person Completing Form* Affiliation/Organization* [?] If other, please specify: [?]

Attending Physician/Clinician* Affiliation/Organization* [?] If other, please specify: [?]

- 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.

Patient ID (MRN)* [?] Affiliation/Organization* [?]

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

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

Yes No

Patient ID (MRN)* [?] Affiliation/Organization* [?]

Person Completing Form* Affiliation/Organization* [?] If other, please specify: [?]

Attending Physician/Clinician* Affiliation/Organization* [?] If other, please specify: [?]

Prefix

First Name* Middle Name Last Name*

Please select the organization where the Patient ID (MRN) was assigned to the patient.

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Hilton Hospital

King's Daughters Medical Center

Murray-Calloway County Hospital

Test Medical Center

University Of Kentucky Chandler Medical

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

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

The screenshot shows a form with several fields. The 'Person Completing Form*' dropdown menu is open, displaying two options: 'Dr. Estelle Costanza (estelle@email.com)' and 'Mr. Arthur Vandelay, II (arthur@email.com)'. The dropdown menu is highlighted with a red box. Other fields include 'Patient ID (MRN)*' with value 'CK08101955', 'Affiliation/Organization*' with value 'Test Medical Center', and two more 'Affiliation/Organization*' fields with value 'Test Medical Center'.

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

Person Completing Form Hyperlink

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

The screenshot shows a form with a 'Person Completing Form*' hyperlink highlighted with a red box. Other fields include 'Affiliation/Organization*' with value 'Select...' and 'If other, please specify:'.

11. The *Person Completing Form* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).
12. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

The screenshot shows a 'PERSON COMPLETING FORM' pop-up. The 'Prefix' dropdown menu is highlighted with a red box, showing 'Select...'. The 'Suffix' dropdown menu is also highlighted with a red box, showing options: 'II', 'III', 'IV', 'Jr', and 'Sr'. Other fields include 'First Name*', 'Last Name*', 'Address 2' (Unit, Suite, Building, etc.), 'State*', 'Zip Code*', and 'Email*'. The form has 'Cancel' and 'Save' buttons at the bottom.

13. Enter the **First Name** and **Last Name** of the Person Completing the Form.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

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

Address 1*	Address 2 Unit, Suite, Building, etc.	
<input type="text"/>	<input type="text"/>	
City*	State*	Zip Code*
<input type="text"/>	<input type="text" value="Select..."/>	<input type="text"/>

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

Phone*	Email*
<input type="text" value="(XXX) XXX-XXXX"/>	<input type="text" value="name@domain.com"/>

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

17. Once the new Person Completing Form details have been saved, the *Person Completing Form* dropdown menu is automatically updated and displays the new name of the Person Completing Form. Select the **new name of the Person Completing Form** from the dropdown menu.

Additional Information	Person Completing Form* Select... Dr. Estelle Costanza (estelle@email.com) Mr. Arthur Vandelay, II (arthur@email.com) Mr. Marty Craine, Sr (marty@email.com)	Affiliation/Organization* Select... If other, please specify:
Treatment Information		Affiliation/Organization* Select... If other, please specify:
Additional Comments		
Review and Submit		

18. If applicable, select the **Affiliation/Organization** that applies to the person completing the form.

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

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

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

Please Note: If the appropriate name does not display in the Attending Physician/Clinician dropdown menu, you must click the **Attending Physician/Clinician hyperlink** to create details for a new Attending Physician/Clinician.

Attending Physician/Clinician Hyperlink

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

Person Completing Form*

Mr. Marty Craine, Sr (marty... x | v)

Attending Physician/Clinician*

Select... | v

Dr. Frank Costanza, Sr
(frank@email.com)

Ms. Helen Seinfeld
(helen@email.com)

Affiliation/Organization*?

Test Medical Center | v

If other, please specify: ?

Affiliation/Organization*?

Select... | v

If other, please specify: ?

First Name* Middle Name* Last Name*

21. Upon clicking the **Attending Physician/Clinician hyperlink**, the *Attending Physician/Clinician Pop-Up* displays. Enter the details. Mandatory fields are marked with asterisks (*).

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

Please complete the form below. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

Prefix

Select... | v

First Name*

Last Name*

Suffix

Select... | v

Address 1*

Address 2

Unit, Suite, Building, etc.

City*

State*

Select... | v

Zip Code*

Phone*

(xxx) xxx-xxxx

Email*

name@domain.com

Cancel Save

Prefix

Unknown

Attending Physician/Clinician?*

If other, please specify: ?

If other, please specify: ?

Last Name*

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

First Name*

Last Name*

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

Address 1*	Address 2	
<input type="text"/>	<input type="text" value="Unit, Suite, Building, etc."/>	
City*	State*	Zip Code*
<input type="text"/>	<input type="text" value="Select..."/>	<input type="text"/>

25. Enter the Attending Physician/Clinician's **Phone Number** and **Email Address.**

Phone*	Email*
<input type="text" value="(XXX) XXX-XXXX"/>	<input type="text" value="name@domain.com"/>

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

Manage User Preferences

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

Prefix: Dr.

First Name*: Fraiser

Last Name*: Crane

Suffix: Select...

Address 1*: 123 Cheers Street

Address 2: Unit, Suite, Building, etc.

City*: Lexington

State*: KY

Zip Code*: 40123-

Phone*: (555) 555-4321

Email*: fraisercrane@email.com

Buttons: Cancel, Save

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

Treatment Information	Attending Physician/Clinician*	Affiliation/Organization*	If other, please specify:
Additional Comments	<input type="text" value="Select..."/>	<input type="text" value="Select..."/>	<input type="text"/>
Review and Submit	<div> <div>Dr. Fraiser Crane (fraisercrane@email.com)</div> <div>Dr. Frank Costanza, Sr (frank@email.com)</div> <div>Ms. Helen Seinfeld (helen@email.com)</div> </div>	Middle Name	Last Name*
		<input type="text"/>	<input type="text"/>

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

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

Yes No

Patient ID (MRN)* ? CK08101955

Affiliation/Organization* ? Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@em... x | v)

Affiliation/Organization* ? Other

If other, please specify:* ? Test Hospital

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@emai... x | v)

Affiliation/Organization* ? Select...

If other, please specify: ?

Prefix Select...

First Name*

Suffix Select...

Patient Sex* Ethnicity* Race*

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Hilton Hospital

King's Daughters Medical Center

Murray-Calloway County Hospital

Test Medical Center

University Of Kentucky Chandler Medical

Last Name*

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

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

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) x | v

Affiliation/Organization* ? Other

If other, please specify:* ?

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

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

Prefix
Select... ▼

First Name* Middle Name Last Name*

Suffix
Select... ▼

Date of Birth*
mm/dd/yyyy

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

First Name* Middle Name Last Name*

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

Suffix
Select... ▼

Date of Birth*
mm/dd/yyyy

Patient Sex*
Select... ▼

Race*
Select... ▼

Address 1* Address 2
Unit, Suite, Building, etc.

City* State* Zip Code

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.

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

Patient Sex*
Select... ▼

Ethnicity*
Select... ▼

Race*
Select... ▼

Address 2
Unit, Suite, Building, etc.

State* Zip Code

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

The screenshot shows a form with several fields. The 'Ethnicity*' dropdown menu is highlighted with a red box and shows the selection 'Not Hispanic or Latino'. The 'Race*' dropdown menu is also highlighted with a red box and shows a list of options including 'American Indian or Alaska Native', 'Asian', 'Asked but Unknown', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', 'Other Race', and 'Unknown'.

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

The screenshot shows a form with several fields. The 'Address 1*' text box, 'City*' text box, 'State*' dropdown menu, 'Zip Code' text box, and 'County*' dropdown menu are all highlighted with red boxes.

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

The screenshot shows a form with several fields. The 'Phone*' text box and 'Email' text box are highlighted with red boxes. A tooltip is visible over the 'Phone*' field, stating: 'Please enter patient's phone number. If patient's phone number is not available, please enter the provider's/interviewer's phone number.'

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

The screenshot shows a form with a question 'Is the patient currently pregnant?*' and three buttons: 'Yes', 'No', and 'Unknown'. These buttons are highlighted with a red box. Below the question, there is a text box for 'If yes, please enter the due date (EDC):' and a 'Save' button.

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

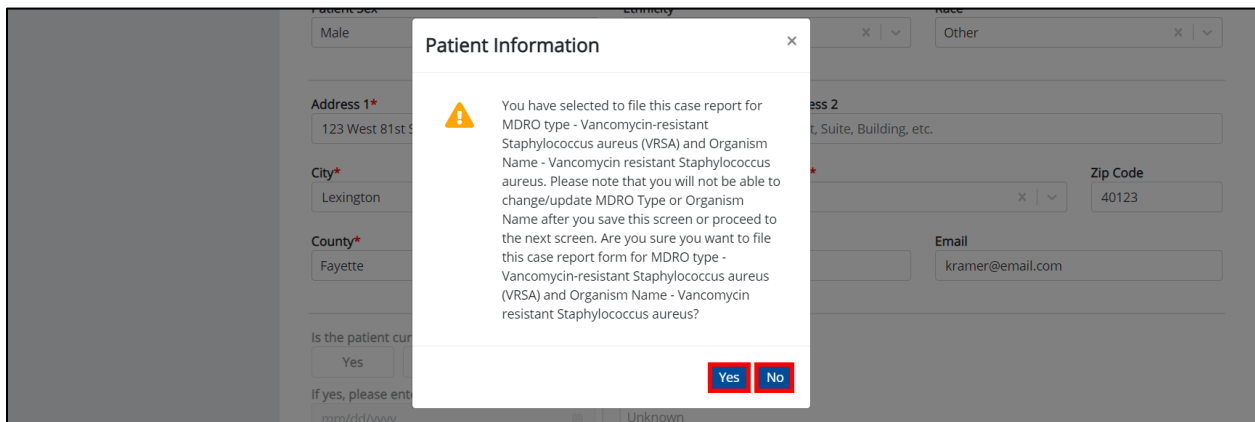
If **Yes** is selected, the subsequent field is enabled. You must enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC)*. If the due date is unknown, click the **Unknown checkbox**.

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

A screenshot of the bottom of the Patient Information screen. It features two buttons: a light blue 'Save' button on the left and a dark blue 'Next' button on the right. Both buttons are highlighted with red rectangular boxes. To the right of the 'Next' button is a small grey button with an upward-pointing arrow.

Please Note: Once you select the MDRO Type and Organism Name from the dropdown menus and click **Save** or **Next** at the bottom of the **Patient Information** screen, a pop-up displays with a message that states: *You have selected to file this case report for MDRO type - [selected MDRO Type] and Organism Name - [selected Organism Name]. Please note that you will not be able to change/update MDRO Type or Organism Name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for MDRO type - [selected MDRO Type] and Organism Name - [selected Organism Name]?*

To save the selected MDRO Type and Organism Name and proceed to the **Laboratory Information** page, click **Yes**. To change the selected MDRO Type and Organism Name, click **No**.

A screenshot of the Patient Information screen with a confirmation pop-up. The pop-up is titled 'Patient Information' and contains a warning icon and the following text: 'You have selected to file this case report for MDRO type - Vancomycin-resistant Staphylococcus aureus (VISA) and Organism Name - Vancomycin resistant Staphylococcus aureus. Please note that you will not be able to change/update MDRO Type or Organism Name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for MDRO type - Vancomycin-resistant Staphylococcus aureus (VISA) and Organism Name - Vancomycin resistant Staphylococcus aureus?'. At the bottom of the pop-up are two buttons: 'Yes' and 'No'. The background shows the Patient Information form with fields for Patient Sex (Male), Address 1 (123 West 81st), City (Lexington), County (Fayette), and Email (kramer@email.com).

38. To change the selected MDRO Type and Organism Name, click **No** on the MDRO Type/Organism Name Pop-Up.

39. The *MDRO Type* and *Organism Name* dropdown menus display only the selected MDRO Type and Organism Name.

Please Note: Once an **Organism Name** is selected, the *MDRO Type* field displays only the selected MDRO Type.

40. If changing the **MDRO Type** selection, click the **X** on the *Organism Name* dropdown menu.

41. This resets the *MDRO Type* dropdown menu to display **all** MDRO Type options. If changing the selection, select a different **MDRO Type** from the dropdown menu.

There are errors. Please make a selection for all required fields.

PATIENT INFORMATION	
<div>Patient Information</div> <div>Laboratory Information</div> <div>Exposure Information</div> <div>Hospitalization, ICU, Disposition & Death Information</div> <div>Additional Comments</div> <div>Review and Submit</div>	<div>MDRO Type*</div> <div> Vancomycin-resistant Staphylococcus aureus (VRSA) Candida auris, colonization/screening Carbapenem Resistant Acinetobacter baumannii (CRAB) Carbapenem resistant Enterobacteriaceae (CRE) Carbapenem-resistant Pseudomonas species (CRPA) Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE) Vancomycin-intermediate Staphylococcus aureus (VISA) Vancomycin-resistant Staphylococcus aureus (VRSA) </div> <div>Date of Diagnosis*</div> <div>07/23/2021</div> <div><input type="checkbox"/> Unknown</div>

Please Note: Upon resetting the *MDRO Type* and *Organism Name* dropdown menus, a banner displays with an error message that states: *There are errors. Please make a selection for all required fields.*

42. Select the appropriate **Organism Name** from the dropdown menu. It will display only the options that apply to the selected MDRO Type.

There are errors. Please make a selection for all required fields.

PATIENT INFORMATION	
<div>Patient Information</div> <div>Laboratory Information</div> <div>Exposure Information</div> <div>Hospitalization, ICU, Disposition & Death Information</div> <div>Additional Comments</div>	<div>MDRO Type*</div> <div>Candida auris, clinical</div> <div>If other, please specify: ?</div> <div>Organism Name*</div> <div>Select...</div> <div>Date of Diagnosis*</div> <div>07/23/2021</div> <div><input type="checkbox"/> Unknown</div>

43. Once the MDRO Type and Organism Name selections have been made, click **Save** or **Next** at the bottom of the **Patient Information** screen.

Is the patient currently pregnant?

Yes No Unknown

If yes, please enter the due date (EDC): ?

mm/dd/yyyy

☐ Unknown

Save Next

44. The MDRO Type/Organism Name Pop-Up displays to confirm the change in MDRO Type and Organism Name. To save the selected MDRO Type and Organism Name, click **Yes**.

The screenshot shows the 'Patient Information' form in the background. Overlaid on top is a 'Patient Information' pop-up window. The pop-up contains a yellow warning icon and the following text: 'You have selected to file this case report for MDRO type - Candida auris, clinical and Organism Name - Infection caused by Candida auris. Please note that you will not be able to change/update MDRO Type or Organism Name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for MDRO type - Candida auris, clinical and Organism Name - Infection caused by Candida auris?'. At the bottom of the pop-up are two buttons: 'Yes' (highlighted with a red box) and 'No'.

45. Upon clicking **Yes** to save the selections, the *MDRO Type* and Organism Name fields are disabled and display the selected MDRO Type and Organism Name. You can no longer change the selected MDRO Type and Organism Name.

The screenshot shows the 'PATIENT INFORMATION' form. The 'MDRO Type*' dropdown menu is highlighted with a red box and displays 'Candida auris, clinical'. Below it is a text field labeled 'If other, please specify:'. The 'Organism Name*' dropdown menu is also highlighted with a red box and displays 'Infection caused by Candida auris'. Below it is another text field labeled 'If other, please specify:'. To the right of these fields is the 'Date of Diagnosis*' field, which displays '07/23/2021'.

Please Note: Once the MDRO Type and Organism Name selections are saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected MDRO Type/Organism Name.

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

The screenshot shows the 'Laboratory Information' form. At the top, there is a text field labeled 'If yes, please enter the due date (EDC):' with a placeholder 'mm/dd/yyyy' and a calendar icon. To the right of this field is a checkbox labeled 'Unknown'. At the bottom of the form are two buttons: 'Save' and 'Next' (highlighted with a red box). A scroll-up arrow is visible on the right side of the form.

11 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?*

Multi-Drug Resistant Organism Case Report Form

Section 2 of 6

Please provide laboratory information related to this case.

LABORATORY INFORMATION

Patient Information ☒

Laboratory Information

Exposure Information ☐

Hospitalization, ICU, Disposition & Death Information ☐

Additional Comments ☐

Review and Submit ☐

Does the patient have a lab test?*

Yes No Unknown

Laboratory Information

Laboratory Name

Ordering Provider/Clinician

Select...

Test Name

Select...

If other, please specify:

Filler Order/Accession Number ⓘ

Specimen Source

Select...

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

LABORATORY INFORMATION

Patient Information ☒

Laboratory Information

Exposure Information ☐

Hospitalization, ICU, Disposition & Death Information ☐

Additional Comments ☐

Review and Submit ☐

Does the patient have a lab test?*

Yes No Unknown

Laboratory Information

Laboratory Name*

Ordering Provider/Clinician*

Select...

Test Name*

Select...

If other, please specify:

Filler Order/Accession Number ⓘ

Specimen Source*

Select...

If other, please specify: ⓘ

Test Result*

Select...

If other, please specify: ⓘ

Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Laboratory Information** screen, the lab-related fields on the screen are disabled.

Please Note: There are two questions that are **not** impacted by the conditional question at the top of the **Laboratory Information** screen: *Does the patient have a lab test?*

Regardless of the answer to the conditional question, the following fields are enabled:

- *Is this part of an outbreak?*
- *Was the organism previously identified?*

The screenshot shows the 'Laboratory Information' screen. Two questions are highlighted with red boxes:

- Is this part of an outbreak?*** with buttons for Yes, No, and Unknown. Below it is a text field for 'If yes, please specify the name of the outbreak: ?'.
- Was the organism previously identified?*** with buttons for Yes, No, and Unknown. Below it is a date field for 'If yes, please provide the date:' with a calendar icon and an 'Unknown' checkbox.

At the bottom are 'Save', 'Previous', and 'Next' buttons.

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

The screenshot shows the 'Laboratory Information' screen. The 'Laboratory Name*' field is highlighted with a red box.

4. Select the **Ordering Provider/Clinician** from the dropdown menu.

The screenshot shows the 'Ordering Provider/Clinician*' dropdown menu. The dropdown is open, showing a list of providers: 'Dr. Elaine Benes (elaine@email.com)' and 'Mr. John Peterman (j.peterman@email.com)'. The dropdown is highlighted with a red box.

Please Note: If the appropriate name does not display in the Ordering Provider/Clinician dropdown, you must click the **Ordering Provider/Clinician hyperlink** to create details for a new Ordering Provider/Clinician.

Ordering Provider/Clinician Hyperlink

- To create a new Ordering Provider/Clinician, click the **Ordering Provider/Clinician hyperlink**.

- Upon clicking the **Ordering Provider/Clinician hyperlink**, the *Ordering Provider/Clinician Pop-Up* displays. Enter the details. Mandatory fields are marked with asterisks (*).
- If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

- Enter the Ordering Provider/Clinician's **First Name** and **Last Name**.

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

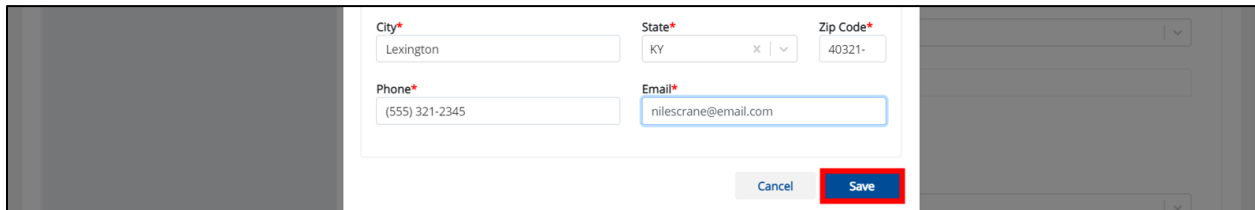
10. Enter the Provider/Clinician's **Phone Number** and **Email Address**.



Phone*
(XXX) XXX-XXXX

Email*
name@domain.com

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



City*
Lexington

State*
KY

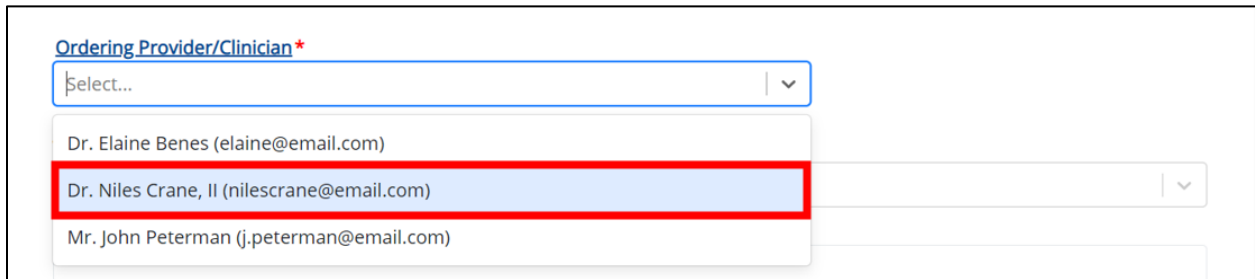
Zip Code*
40321-

Phone*
(555) 321-2345

Email*
nilescrane@email.com

Cancel Save

12. Once the new Ordering Provider/Clinician details have been saved, the *Ordering Provider/Clinician* dropdown menu is automatically updated and displays the new Ordering Provider/Clinician. Select the **new Ordering Provider/Clinician** from the dropdown menu.



Ordering Provider/Clinician*

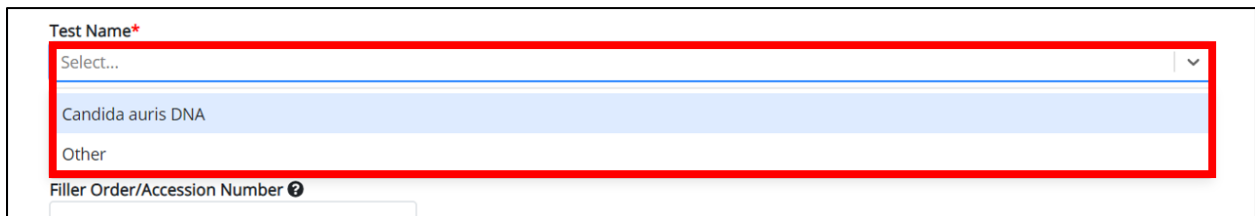
Select...

Dr. Elaine Benes (elaine@email.com)

Dr. Niles Crane, II (nilescrane@email.com)

Mr. John Peterman (j.peterman@email.com)

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



Test Name*

Select...

Candida auris DNA

Other

Filler Order/Accession Number ?

Please Note: The *Test Name* dropdown menu displays only the test name options that apply to the MDRO Type selected on the **Patient Information** screen.

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **test name** in the subsequent textbox: *If other, please specify.*

Test Name*

Other

If other, please specify:*

14. Enter the **Filler Order Number**.

If other, please specify:

Please enter filler order number or accession number.

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.

15. Select the **Specimen Source** from the dropdown menu.

Specimen Source*

Select...

Abscess

Blood

Semen

Stool

Urine

Other

Test Result Date

Specimen Collection Date*

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **specimen name** in the subsequent textbox: *If other, please specify.*

Specimen Source

Please enter the specimen name/description if it is not listed in the Specimen Source dropdown list.

Other

If other, please specify:*

16. Select the **Test Result** from the dropdown menu.

Test Result*

Select...

Negative

Pending

Positive

Undetermined/Inconclusive

Other

Select...

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter **test result information** in the subsequent textbox: *If other, please specify.*

Test Result*

Other

Please enter the test result information like reference range, physical quantity etc, if applicable

If other, please specify: * ?

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

Test Result*

Pending

If other, please specify: ?

Test Result Date

mm/dd/yyyy

☐ Unknown

Specimen Collection Date*

mm/dd/yyyy

☐ Unknown

17. If applicable, enter the **Test Result Date**.

18. Enter the **Specimen Collection Date**.

Test Result Date*

mm/dd/yyyy

☐ Unknown

Specimen Collection Date*

mm/dd/yyyy

☐ Unknown

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27 28 29 30 1 2 3

4 5 6 7 8 9 10

11 12 13 14 15 16 17

18 19 20 21 22 23 24

25 26 27 28 29 30 31

Facility Name/Location* ?

Facility County* ?

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

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

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

The screenshot shows two date input fields side-by-side. The left field is labeled 'Test Result Date*' and contains the date '07/23/2021'. Below the date is a red error message: 'Invalid Test Result Date'. The right field is labeled 'Specimen Collection Date*' and contains the date '07/26/2021'. Below the date is a red error message: 'Invalid Specimen Collection Date'. Both fields have a calendar icon and an 'Unknown' checkbox.

19. Select the **Type of Culture** from the dropdown menu.

The screenshot shows a dropdown menu titled 'Type of Culture'. The menu is open, displaying three options: 'Select...' (the default), 'Clinical', and 'Surveillance'. The 'Clinical' option is currently selected and highlighted in blue. Below the dropdown is a text input field with a red asterisk and a question mark icon.

20. Select the **Location of the patient at the time of specimen collection** from the dropdown menu.

The screenshot shows a dropdown menu titled 'Location of the patient at the time of specimen collection*'. The menu is open, displaying eight options: 'Select...', 'Acute Care hospital (inpatient)', 'Critical Access Hospital (inpatient)', 'ED/Urgent Care', 'Home (Home Health)', 'Long-term acute care hospital', 'Other healthcare setting', and 'Outpatient laboratory'. The 'Other healthcare setting' option is currently selected and highlighted in blue. To the right of the dropdown is a 'Facility County*' dropdown menu with a 'Select...' option.

- If **Other healthcare setting** is selected from the dropdown menu, the subsequent field is enabled. Enter the **location of the patient at the time of specimen collection** in the subsequent textbox: *If other, please specify.*

Location of the patient at the time of specimen collection*

Other healthcare setting x | v

If other, please specify:* ?

Facility Name/Location* ?

Facility County* ?

Select... | v

21. Enter the **Facility Name/Location** in the textbox.

Location of the patient at the time of specimen collection*

Outpatient x | v

If other, please specify:* ?

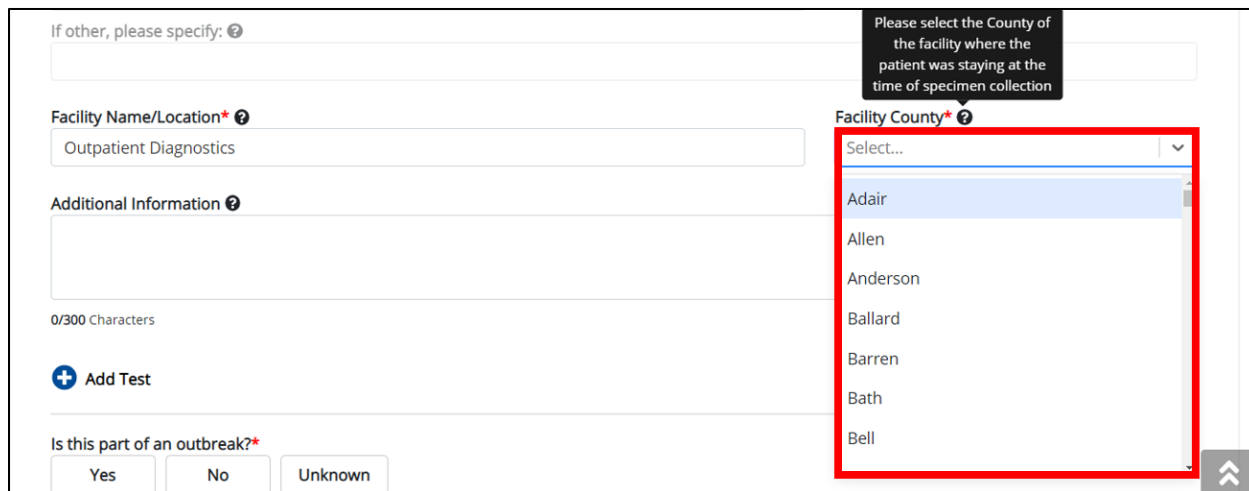
Facility Name/Location* ?

Facility County* ?

Select... | v

Please enter the name of the facility where the patient was staying at the time of specimen collection or enter 'Unknown' if the facility name is not available.

22. Select the **Facility County** from the dropdown menu.



The screenshot shows a form with several fields. A tooltip above the 'Facility County' dropdown menu reads: 'Please select the County of the facility where the patient was staying at the time of specimen collection'. The dropdown menu is open, showing a list of counties: Adair, Allen, Anderson, Ballard, Barren, Bath, and Bell. The 'Facility Name/Location' field contains 'Outpatient Diagnostics'. The 'Additional Information' field is empty. The 'Is this part of an outbreak?' field has buttons for 'Yes', 'No', and 'Unknown'. The 'Add Test' button is also visible.

23. In the *Additional Information* textbox, enter **additional notes about the lab test**, if applicable.



The screenshot shows the same form as before, but with the 'Facility County' dropdown menu set to 'Fayette'. A tooltip above the 'Additional Information' field reads: 'Please enter any additional information you would like to provide about the Lab test result. Ex. Physical Quantity, value, unit, Reference Range etc.'. The 'Additional Information' field is highlighted with a red rectangle, indicating where to enter additional notes. The 'Add Test' button is also visible.

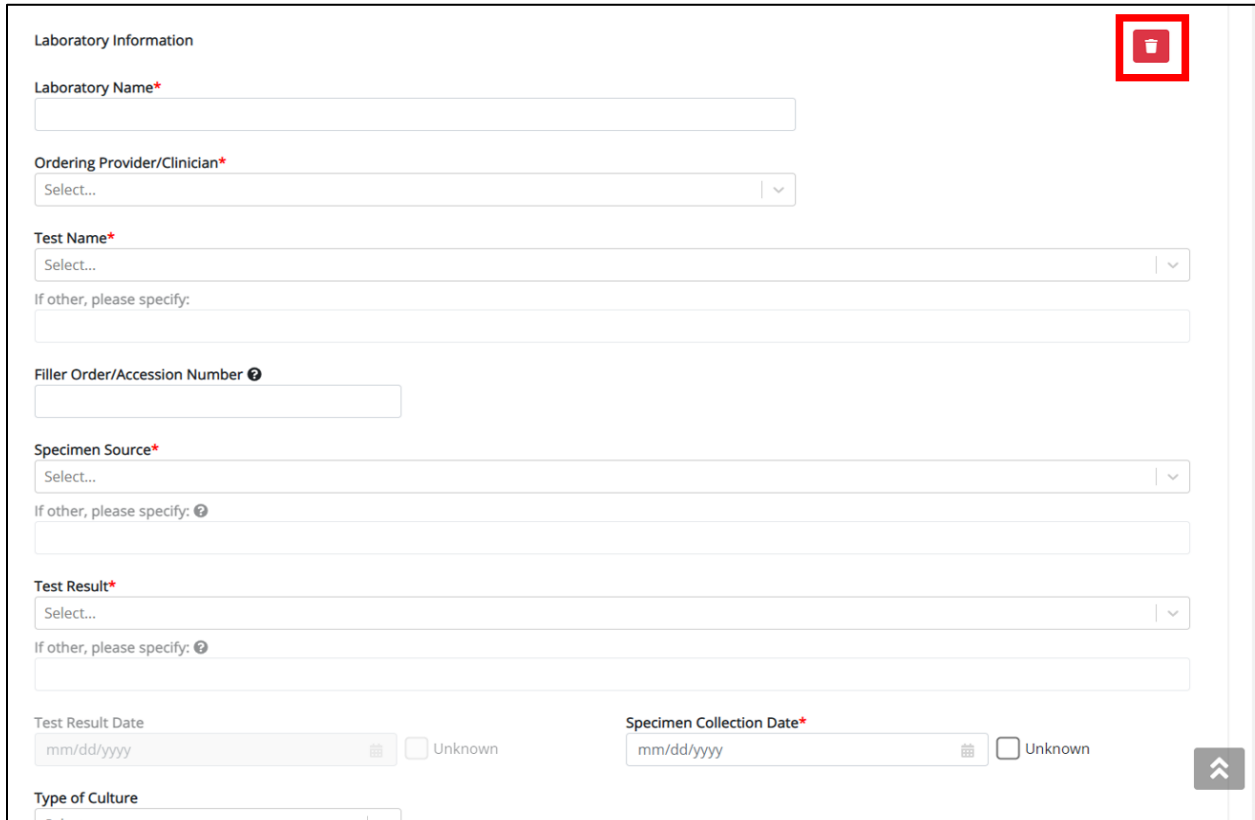
Adding Multiple Tests

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



The screenshot shows the 'Additional Information' field with the text 'Lab Test Result Details'. The 'Add Test' button is highlighted with a red rectangle, indicating where to click to add a new lab test. The 'Save', 'Previous', and 'Next' buttons are also visible at the bottom of the form.

- To delete an additional lab test, click the **Trash Bin Icon** located at the top right.



Laboratory Information

Laboratory Name*

Ordering Provider/Clinician*

Test Name*

If other, please specify:

Filler Order/Accession Number ?

Specimen Source*

If other, please specify: ?

Test Result*

If other, please specify: ?

Test Result Date
mm/dd/yyyy ☐ Unknown

Specimen Collection Date*
mm/dd/yyyy ☐ Unknown

Type of Culture

25. After entering laboratory information, select the **appropriate answer** for the field: *Is this part of an outbreak?*

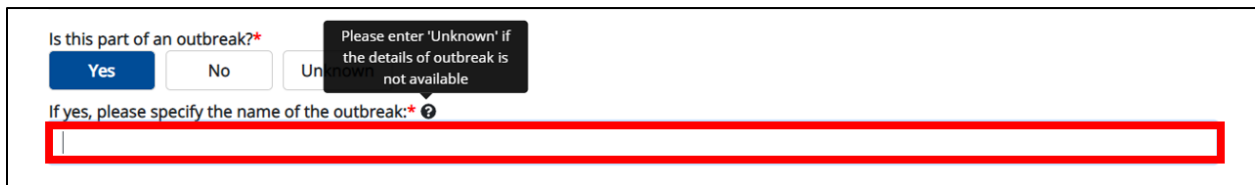


Is this part of an outbreak?*

Yes No Unknown

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

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



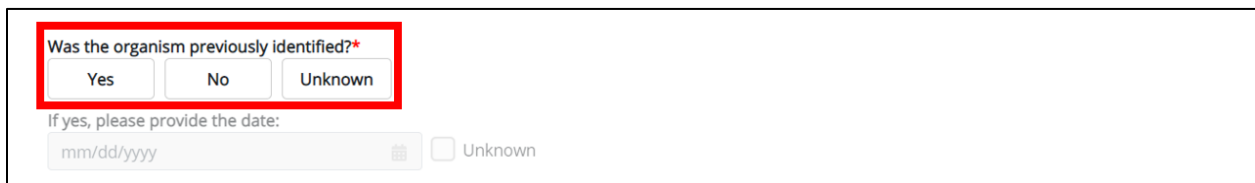
Is this part of an outbreak?*

Yes No Unknown

Please enter 'Unknown' if the details of outbreak is not available

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

26. Select the **appropriate answer** for the field: *Was the organism previously identified?*



Was the organism previously identified?*

Yes No Unknown

If yes, please provide the date:

mm/dd/yyyy ☐ Unknown

- If **Yes** is selected, the subsequent field is enabled. Enter the **date that the organism was previously identified**.
- If the onset date is unknown, click the **Unknown checkbox**.

Was the organism previously identified?*

If yes, please provide the date:*

☐ Unknown

27. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Exposure Information** screen.

Facility Name/Location*

Facility County*

Additional Information

25/300 Characters

Add Test

Is this part of an outbreak?*

If yes, please specify the name of the outbreak:

Was the organism previously identified?*

If yes, please provide the date:*

☒ Unknown

12 Exposure Information

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

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM

Section 3 of 6

Please select the information that the patient was exposed to prior to illness.

EXPOSURE INFORMATION

Patient Information ☒

Laboratory Information ☒

Exposure Information

Hospitalization, ICU, Disposition & Death Information ☐

Additional Comments ☐

Review and Submit ☐

Did the patient have any of the following exposures:*

Yes No Unknown

International travel within the last 12 months

Yes No Unknown

If yes, please specify country(s):

Select...

International healthcare within the last 12 months

Yes No Unknown

If yes, please specify country(s):

Select...

International hospitalization within the last 12 months

Yes No Unknown

If yes, please specify country(s):

Select...

Save Previous Next

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

EXPOSURE INFORMATION

Patient Information ☒

Laboratory Information ☒

Exposure Information

Hospitalization, ICU, Disposition & Death Information ☐

Additional Comments ☐

Review and Submit ☐

Did the patient have any of the following exposures:*

Yes No Unknown

International travel within the last 12 months*

Yes No Unknown

If yes, please specify country(s):

Select...

International healthcare within the last 12 months*

Yes No Unknown

If yes, please specify country(s):

Select...

International hospitalization within the last 12 months*

Yes No Unknown

If yes, please specify country(s):

Select...

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

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

- If the patient has had any exposures, select the **appropriate answer** for the field: *International travel within the last 12 months*.

International travel within the last 12 months*

Yes No Unknown

If yes, please specify country(s): ?

Select...

- If **Yes** is selected for the *International travel* field, the subsequent field is enabled. From the multi-select dropdown menu, select the **country or countries the patient has traveled**.

International travel within the last 12 months*

Yes No Unknown

If yes, please specify country(s): ?

Select...

AFGHANISTAN

ALBANIA

ALGERIA

AMERICAN SAMOA

ANDORRA

ANGOLA

ANGUILLA

- Select the **appropriate answer** for the field: *International healthcare within the last 12 months*.

International healthcare within the last 12 months*

Yes No Unknown

If yes, please specify country(s): ?

Select...

- If **Yes** is selected for the *International healthcare* field, then the subsequent field is enabled. From the multi-select dropdown menu, select the **country or countries that the patient received healthcare**.

International healthcare within the last 12 months*

Yes No Unknown

If yes, please specify country(s): ?

Select...

AFGHANISTAN

ALBANIA

ALGERIA

AMERICAN SAMOA

ANDORRA

ANGOLA

ANGUILLA

5. Select the **appropriate answer** for the field: *International hospitalization within the last 12 months*.



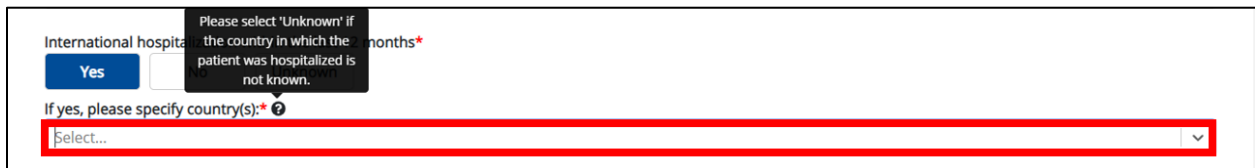
International hospitalization within the last 12 months*

Yes No Unknown

If yes, please specify country(s): ?

Select...

- If **Yes** is selected for the *International hospitalization* field, then the subsequent field is enabled. From the multi-select dropdown menu, select the **country or countries that the patient was hospitalized**.



International hospitalization within the last 12 months*

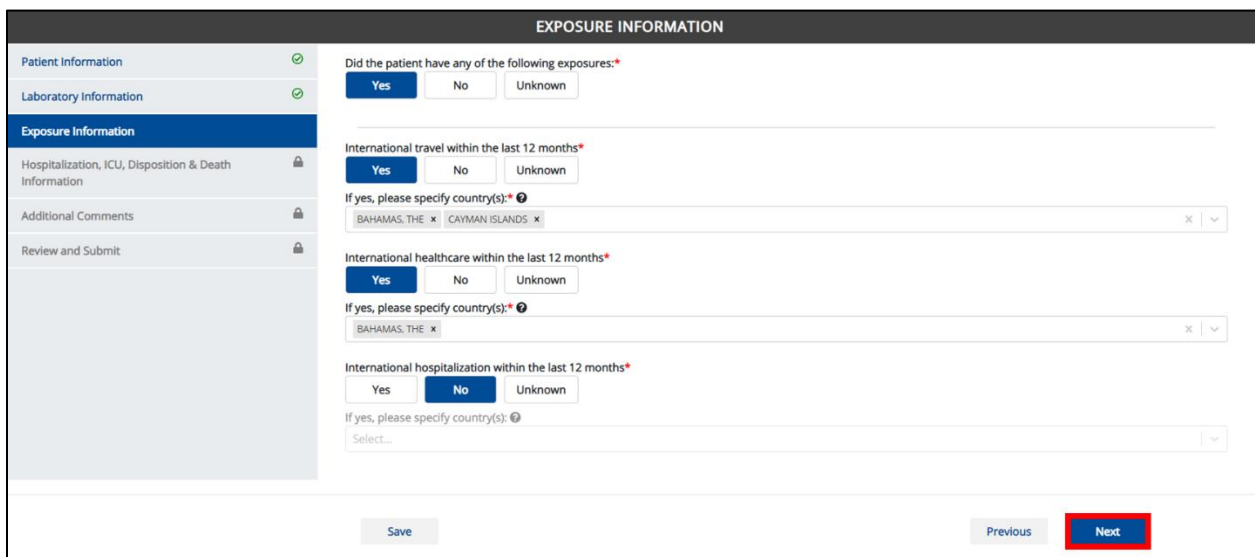
Yes No Unknown

If yes, please specify country(s): ?

Select...

Please select 'Unknown' if the country in which the patient was hospitalized is not known.

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



EXPOSURE INFORMATION

Patient Information ✓

Laboratory Information ✓

Exposure Information

Hospitalization, ICU, Disposition & Death Information

Additional Comments

Review and Submit

Did the patient have any of the following exposures:*

Yes No Unknown

International travel within the last 12 months*

Yes No Unknown

If yes, please specify country(s): ?

BAHAMAS, THE x CAYMAN ISLANDS x

International healthcare within the last 12 months*

Yes No Unknown

If yes, please specify country(s): ?

BAHAMAS, THE x

International hospitalization within the last 12 months*

Yes No Unknown

If yes, please specify country(s): ?

Select...

Save Previous **Next**

13 Hospitalization, ICU, Disposition & Death Information

- On the **Hospitalization, ICU, Disposition & Death Information** screen, select the **appropriate answer** for the conditional question at the top: *Was the patient hospitalized at the time of specimen collection?*

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 4 of 6

Please select any applicable hospitalization, ICU, disposition and death information that the patient experienced during illness.

HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION

Patient Information ✓

Laboratory Information ✓

Exposure Information ✓

Hospitalization, ICU, Disposition & Death Information

Additional Comments 🔒

Review and Submit 🔒

Was the patient hospitalized at time of specimen collection?*

Yes No Unknown

If yes, please specify the hospital name:

If hospitalized, please specify the type of facility that the patient was admitted from:

Facility Name

Admission Date ☐ Unknown Discharge Date ☐ Unknown

☐ Still hospitalized ☐ Expired

If expired, please provide the date of death:

Date of Death ☐ Unknown

If discharged, please specify the location:

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

HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION

Patient Information ✓

Laboratory Information ✓

Exposure Information ✓

Hospitalization, ICU, Disposition & Death Information

Additional Comments 🔒

Review and Submit 🔒

Was the patient hospitalized at time of specimen collection?*

Yes No Unknown

If yes, please specify the hospital name:

If hospitalized, please specify the type of facility that the patient was admitted from:

Facility Name

Admission Date ☐ Unknown Discharge Date ☐ Unknown

☐ Still hospitalized ☐ Expired

If expired, please provide the date of death:

Date of Death ☐ Unknown

If discharged, please specify the location:

Please specify the name of the facility/location where the patient has been discharged to:

Was the receiving facility notified of the patient's MDRO?

Yes No Unknown

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

Yes No Unknown

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

Death-related questions are not impacted by the selected answer for the conditional question:
Was the patient hospitalized at the time of specimen collection?

Additionally, the field *Was the patient previously hospitalized at your facility within the last 6 months?* is not impacted by the selected answer for the conditional question.

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

Admission Date to ICU ☐ Unknown

Discharge Date from ICU ☐ Unknown

Was the patient previously hospitalized at your facility within the last 6 months?*

If yes, please specify the hospital name:

If yes, please provide admission and discharge dates:

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

Was the patient hospitalized at time of specimen collection?*

Please enter the name of the hospital where the patient is/was hospitalized.

If yes, please specify the hospital name: ?

- Select the **type of facility** from the dropdown menu: *If hospitalized, please specify the type of facility that the patient was admitted from.*

If hospitalized, please specify the type of facility that the patient was admitted from:*

Select...

Home

Long Term Care Facility

Other Health Care Facility

Other

- If **Home** is selected as the type of facility, the subsequent *Facility Name* textbox is disabled.

If hospitalized, please specify the type of facility that the patient was admitted from:*

Home

Facility Name

- If **Long Term Care Facility**, **Other Health Care Facility**, or **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **name of the facility that the patient was admitted from** in the subsequent textbox: *Facility Name*.

Please enter unknown if the details of the facility that the patient was admitted from, is not available.

If hospitalized, please specify the type of facility that the patient was admitted from:*

Facility Name*

- Enter the **Admission Date**.
- If applicable, enter the **Discharge Date**.

Admission Date*

mm/dd/yyyy

Discharge Date*

mm/dd/yyyy

Still hospitalized

Expired

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Please specify the name of the facility/location where the patient has been discharged to:

Please Note: The Admission Date **cannot** occur **after** the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date. If you enter an Admission Date that occurs after the Discharge Date and click **Next**, both fields are marked as invalid and an error banner displays with a message that states:

There are errors. Please make a selection for all required fields.

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

There are errors. Please make a selection for all required fields.

HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION

Patient Information

Laboratory Information

Exposure Information

Hospitalization, ICU, Disposition & Death Information

Additional Comments

Review and Submit

Was the patient hospitalized at time of specimen collection?*

Yes No Unknown

If yes, please specify the hospital name:*

Test Hospital

If hospitalized, please specify the type of facility that the patient was admitted from:*

Home

Facility Name

Admission Date*

07/26/2021

Invalid Admission Date

Discharge Date*

07/25/2021

Invalid Discharge Date

Still hospitalized

Expired

- If the patient has not been discharged, click the **Still Hospitalized Checkbox**.
- If the patient is deceased, click the **Expired Checkbox**.

Admission Date* ☐ Unknown ☐ Discharge Date* ☐ Unknown

☐ Still hospitalized ☐ Expired

- If the patient is deceased, the subsequent field is enabled. Enter the **Date of Death**. If the date of death is unknown, click the **Unknown Checkbox**.

☐ Still hospitalized ☒ Expired

If expired, please provide the date of death:

Date of Death* ☐ Unknown

location:

city/location where the patient has been discharged to: ?

of the patient's MDRO?

Unknown

7. Upon entering the **Discharge Date**, the subsequent field is enabled. Select the **type of location** from the subsequent dropdown menu: *If discharged, please specify the location.*

Admission Date* ☐ Unknown ☐ Discharge Date* ☐ Unknown

☐ Still hospitalized ☐ Expired

If expired, please provide the date of death:

Date of Death ☐ Unknown

If discharged, please specify the location:*

Select...

Home

Long Term Care Facility

Other Health Care Facility

Other

- If **Home** is selected as the facility type, the subsequent *Facility Name* field is disabled.

If discharged, please specify the location:*

Home

Please specify the name of the facility/location where the patient has been discharged to: ?

8. If **Long Term Care Facility**, **Other Health Care Facility**, or **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **name of the facility that the patient was admitted from** in the subsequent textbox: *Facility Name*.

If discharged, please specify the location:*

Long Term Care Facility

Please enter unknown if the details of facility/location where the patient has been discharged to, is not available.

Please specify the name of the facility/location where the patient has been discharged to:*

9. Select the **appropriate answer** for *Was the receiving facility notified of the patient's MDRO?*

Was the receiving facility notified of the patient's MDRO?*

Yes No Unknown

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

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

Yes No Unknown

Admission Date to ICU Discharge Date from ICU

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

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

Yes No Unknown

Admission Date to ICU*

mm/dd/yyyy

Discharge Date from ICU*

mm/dd/yyyy

11. Select the **appropriate answer** for *Was the patient previously hospitalized at your facility within the last 6 months?*

Was the patient previously hospitalized at your facility within the last 6 months?*

Yes No Unknown

If yes, please specify the hospital name:*

- If **Yes** is selected, the subsequent fields are enabled. Enter the **name of your facility where the patient is/was hospitalized within the last 6 months** in the subsequent textbox: *If yes, please specify the hospital name*.

Was the patient previously hospitalized at your facility within the last 6 months?*

Yes No

Please enter the name of the hospital where the patient is/was hospitalized.

If yes, please specify the hospital name:*

12. If the patient has been hospitalized at your facility within the last 6 months, enter the **Admission Date** and **Discharge Date**.

If yes, please provide admission and discharge dates:

Admission Date* <input type="text" value="mm/dd/yyyy"/> <input type="checkbox"/> Unknown	Discharge Date* <input type="text" value="mm/dd/yyyy"/> <input type="checkbox"/> Unknown
--	--

Please Note: All subsequent fields are disabled if **No** or **Unknown** is selected for the field: *Was the patient previously hospitalized at your facility within the last 6 months?*

Was the patient previously hospitalized at your facility within the last 6 months?*

If yes, please specify the hospital name: ?

If yes, please provide admission and discharge dates:

Admission Date <input type="text" value="mm/dd/yyyy"/> <input type="checkbox"/> Unknown	Discharge Date <input type="text" value="mm/dd/yyyy"/> <input type="checkbox"/> Unknown
---	---

Add Additional Hospitalization Date

Adding Multiple Hospitalization Dates

13. If the patient has been hospitalized at your facility multiple times within the last 6 months, you can click **Add Additional Hospitalization Date** to log the dates for multiple hospitalizations.

Was the patient previously hospitalized at your facility within the last 6 months?*

If yes, please specify the hospital name: ?

If yes, please provide admission and discharge dates:

Admission Date* <input type="text" value="mm/dd/yyyy"/> <input checked="" type="checkbox"/> Unknown	Discharge Date* <input type="text" value="04/01/2021"/> <input type="checkbox"/> Unknown
---	--

Add Additional Hospitalization Date

14. If applicable, enter the **Admission Date** and **Discharge Date** of the additional hospitalization.

Was the patient previously hospitalized at your facility within the last 6 months?*

If yes, please specify the hospital name:*

Test Hospital

If yes, please provide admission and discharge dates:

Admission Date* ☒ Unknown Discharge Date* ☐ Unknown

Admission Date* ☐ Unknown Discharge Date* ☐ Unknown

+ Add Additional Hospitalization Date

- To delete an additional hospitalization date, click the **Trash Bin Icon** located at the top right.

If yes, please provide admission and discharge dates:

Admission Date* ☒ Unknown Discharge Date* ☐ Unknown

Admission Date* ☐ Unknown Discharge Date* ☐ Unknown

+ Add Additional Hospitalization Date

15. Once complete, click **Next** to proceed to the **Additional Comments** screen.

If yes, please specify the hospital name:*

Test Hospital

If yes, please provide admission and discharge dates:

Admission Date* ☒ Unknown Discharge Date* ☐ Unknown

Admission Date* ☐ Unknown Discharge Date* ☐ Unknown

+ Add Additional Hospitalization Date

14 Additional Comments for MDRO Case Report

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.

The screenshot shows the 'MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM' at 'Section 5 of 6'. A progress bar is partially filled. Below the header, a light blue box contains the text: 'Please add any additional comments related to this case.' The main section is titled 'ADDITIONAL COMMENTS'. On the left is a sidebar with a list of sections: 'Patient Information', 'Laboratory Information', 'Exposure Information', 'Hospitalization, ICU, Disposition & Death Information', 'Additional Comments' (highlighted in blue), and 'Review and Submit' (with a lock icon). To the right of the sidebar, under the heading 'Additional comments or notes, please specify:', there is a large empty text area outlined in red. Below this area, it says '0/1000 Characters'. At the bottom of the form, there are three buttons: 'Save', 'Previous', and 'Next' (which is highlighted in red).

15 Review and Submit

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

Print or Download Functionality

1. Click **Print** to print the case report.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM

Section 6 of 6

Please review your information before submitting.

REVIEW & SUBMIT

Patient Information

Laboratory Information

Exposure Information

Hospitalization, ICU, Disposition & Death Information

Additional Comments

Review and Submit

Print **Download**

Patient Information

MDRO Type
Candida auris, clinical

Organism Name
Infection caused by Candida auris

Date of Diagnosis
07/23/2021

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?
No

Patient ID (MRN)
CK08101955

Affiliation/Organization
Test Medical Center

Person Completing Form
Mr. Arthur Vandelay, II (arthur@email.com)

Affiliation/Organization
Other

If other, please specify:
Test Hospital

Attending Physician/Clinician
Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization
Test Medical Center

- Upon clicking **Print**, a *Print Preview* pop-up will display. Click **Print** to print the case report.

Patient Information

Disease/Organism
Chlamydia

Date of Diagnosis
07/23/2021

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?
Yes

Patient ID (MRN)
SK05051960

Affiliation/Organization
Test Medical Center

Person Completing Form
Mr. Arthur Vandelay, II (arthur@email.com)

Affiliation/Organization
Test Medical Center

Attending Physician/Clinician
Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization
Test Medical Center

Prefix
Ms.

First Name
Susan

Last Name
Ross

Date of Birth
05/05/1960

Patient Sex
Female

Ethnicity
Not Hispanic or Latino

Race
Other

Address 1
55 Fifth Avenue

City
Lexington

State
KY

Zip Code
40555

County
Fayette

Phone
(555) 555-0000

Email
susan@email.com

Is the patient currently pregnant?
No

Destination
SecurePrintUS

Pages
All

Copies
1

Color
Color

More settings

Print **Download**

Print **Cancel**

- Click **Download** to download a PDF version of the case report.

REVIEW & SUBMIT

Patient Information

Laboratory Information

Exposure Information

Hospitalization, ICU, Disposition & Death Information

Additional Comments

Review and Submit

Print **Download**

Patient Information

MDRO Type
Candida auris, clinical

Organism Name
Infection caused by Candida auris

Date of Diagnosis
07/23/2021

- 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.

The screenshot displays the 'Review and Submit' section of the MDRO eICR form. A 'Download PDF' dialog box is open, showing 'Downloaded successfully' and an 'OK' button. Below the dialog, a file download notification for 'Sexually Transmitt...pdf' is visible. The background form contains patient information and a list of medical conditions.

Patient Information	
Disease/Organism	Chlamydia
Is the Affiliation/Organization?	Yes
Patient ID (MRN)	SK05051960
Person Completing Form	Mr. Arthur Vandelay, II (arthur@email.com)
Attending Physician/Clinician	Dr. Frank Costanza, Sr (frank@email.com)
Prefix	Ms.
First Name	Susan
Last Name	Ross
Date of Birth	11/11/1960

Medical Conditions:

- Applicable Symptoms
- Medical Conditions
- Travel Information
- Hospitalization, ICU & Death Information
- Additional Information
- Treatment Information
- Additional Comments

Review and Submit

Download PDF

Downloaded successfully

OK

Sexually Transmitt...pdf

Show all

- 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.

Sexually Transmitted Diseases Case Report Form.pdf

1 / 4 100%

Patient Information

Disease/Organism
Chlamydia

Date of Diagnosis
07/23/2021

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?
Yes

Patient ID (MRN)
SK09051960

Affiliation/Organization
Test Medical Center

Person Completing Form
Mr. Arthur Vandelay, II (artthur@email.com)

Affiliation/Organization
Test Medical Center

Attending Physician/Clinician
Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization
Test Medical Center

Prefix
Mr.

First Name
Susan

Last Name
Ross

Date of Birth
05/05/1960

Patient Sex
Female

Ethnicity
Not Hispanic or Latino

Race

- Click the **caret icon** on any section header to hide or display the details for that section.

Laboratory Information

Does the patient have a lab test?
Yes

Laboratory Information

Laboratory Name
Test Laboratory

Ordering Provider/Clinician
Dr. Elaine Benes (elaine@email.com)

Test Name
Candida auris DNA

Filler Order/Accession Number
CK20210726

Laboratory Information

Exposure Information

Did the patient have any of the following exposures:
Yes

International travel within the last 12 months
Yes

4. Review the *Patient Information* section.

Exposure Information	<input checked="" type="checkbox"/>
Hospitalization, ICU, Disposition & Death Information	<input checked="" type="checkbox"/>
Additional Comments	<input checked="" type="checkbox"/>
Review and Submit	

Patient Information

MDRO Type
Candida auris, clinical

Organism Name
Infection caused by Candida auris

Date of Diagnosis
07/23/2021

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?
No

Patient ID (MRN) CK08101955	Affiliation/Organization Test Medical Center	
Person Completing Form Mr. Arthur Vandelay, II (arthur@email.com)	Affiliation/Organization Other	If other, please specify: Test Hospital
Attending Physician/Clinician Dr. Frank Costanza, Sr (frank@email.com)	Affiliation/Organization Test Medical Center	
First Name Cosmo	Middle Name Newman	Last Name Kramer
Suffix III	Date of Birth 08/10/1955	
Patient Sex Male	Ethnicity Not Hispanic or Latino	Race Other
Address 1 123 West 81st Street		
City Lexington	State KY	Zip Code 40123
County Fayette	Phone (555) 123-1230	Email kramer@email.com

5. Review the *Laboratory Information* section.

Laboratory Information

Does the patient have a lab test?
Yes

Laboratory Information

Laboratory Name
Test Laboratory

Ordering Provider/Clinician
Dr. Elaine Benes (elaine@email.com)

Test Name
Candida auris DNA

Filler Order/Accession Number
CK20210726

Specimen Source
Blood

Test Result
Positive

Test Result Date
07/26/2021

Specimen Collection Date
07/26/2021

Type of Culture
Clinical

Location of the patient at the time of specimen collection
Outpatient laboratory

Facility Name/Location
Outpatient Diagnostics

Facility County
Fayette

Additional Information
Lab Test Result Notes

6. Review the *Exposure Information* section.

Exposure Information

Did the patient have any of the following exposures:

Yes

International travel within the last 12 months

Yes

If yes, please specify country(s):

BAHAMAS, THE , CAYMAN ISLANDS

International healthcare within the last 12 months

Yes

If yes, please specify country(s):

BAHAMAS, THE

International hospitalization within the last 12 months

No

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

Hospitalization, ICU, Disposition & Death Information

Was the patient hospitalized at time of specimen collection?

Yes

If yes, please specify the hospital name:

Test Hospital

If hospitalized, please specify the type of facility that the patient was admitted from:

Home

Admission Date

Discharge Date

07/26/2021

07/26/2021

If discharged, please specify the location:

Other Health Care Facility

Please specify the name of the facility/location where the patient has been discharged to:

Test Facility

Was the receiving facility notified of the patient's MDRO?

Yes

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

No

Was the patient previously hospitalized at your facility within the last 6 months?

Yes

If yes, please specify the hospital name:

Test Hospital

If yes, please provide admission and discharge dates:

Admission Date

Discharge Date

Unknown

04/01/2021

Admission Date

Discharge Date

06/15/2021

06/16/2021

8. If applicable, review the *Additional Comments* section.

Additional Comments

Additional comments or notes, please specify:
Patient Notes

9. Review the *Additional Comments* section.

Click Hyperlinks to Edit

10. If after reviewing, changes are required, click the corresponding **section header hyperlink** or the **side navigation bar tab** to navigate to the appropriate screen or section to edit the information.
- Click the **section header hyperlink** or the **side navigation bar tab** to navigate to the intended page. For example, to navigate to the **Patient Information** screen, click the **Patient Information hyperlink** in the section header or on the side navigation bar.

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

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

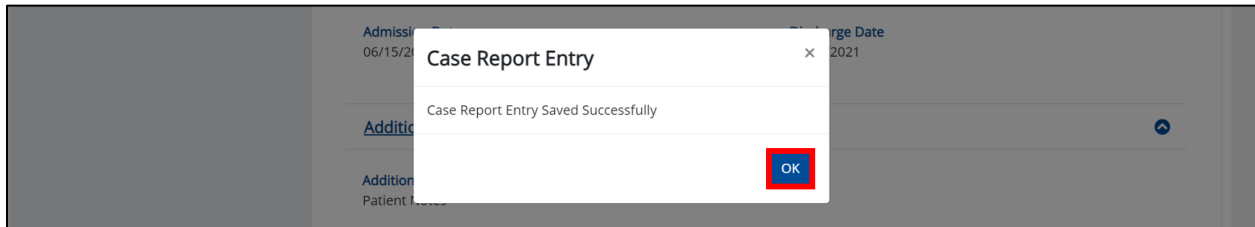
13. Review your edits on the **Review and Submit** screen.

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

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

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

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



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

Congratulations! You have submitted the Multi-Drug Resistant Organism (MDRO) Case Report using KHIE's Direct Lab 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.

16 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.

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' screen. At the top, there's a navigation bar with 'ePartnerViewer' and links for Support, Announcements, and Advisories. Below this is a sub-navigation bar with 'Patient Search', 'Bookmarked Patients', 'Event Notifications', 'Lab Data Entry', and 'Case Report Entry'. The main content area has a title 'CASE REPORT ENTRY USER SUMMARY' and a filter section for 'LAST UPDATED DATE RANGE' with 'Start Date' (07/29/2021) and 'End Date' (07/29/2021). A 'Retrieve Data' button is next to the date range. Below the filter, it says 'SHOWING 1 ITEMS' and 'APPLY FILTER'. The table has columns: ACTIONS, REPORT TYPE, AFFILIATION/OR GANIZATION, PATIENT MRN, FIRST NAME, LAST NAME, DATE OF BIRTH, PATIENT SEX, STATUS, LAST UPDATED, and SUBMISSION DATE. The first row shows a 'View' button, 'MDRO' report type, 'Test Medical Center' affiliation, 'CK08101955' MRN, 'Cosmo' first name, 'Kramer' last name, '08/10/1955' date of birth, 'Male' sex, 'Complete' status, '07/29/2021 4:05 PM' last updated, and '07/29/2021 4:05 PM' submission date. At the bottom, there are pagination controls: 'First', 'Back', '1', 'Next', 'Last' and 'Maximum 5 entries per page'.

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

This screenshot is similar to the previous one, but with a calendar overlay for the 'Start Date' field. The calendar shows 'July 2021' with days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and dates (1-31). The 'Start Date' field is highlighted with a red box, and the 'End Date' field is also highlighted with a red box. The 'Retrieve Data' button is also highlighted with a red box. The table and pagination controls remain the same.

2. Click **Retrieve** to generate the case reports.

This screenshot is similar to the previous ones, but the 'Retrieve Data' button is highlighted with a red box. The date range filters and the table content are the same as in the previous screenshots.

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.

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date 12/01/2020 End Date 07/29/2021

Please select a Start Date that is within the last six months from today's date.

[Retrieve Data](#)

3. Click **Retrieve Data** to display the search results.
4. To search for a specific case report, click **Apply Filter**.

Home > Case Report Entry User Summary

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date 07/26/2021 End Date 07/29/2021

[Retrieve Data](#)

SHOWING 3 ITEMS

[APPLY FILTER](#)

ACTIONS	REPORT TYPE	AFFILIATION/OR GANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View	MDRO	Test Medical Center	CK08101955	Cosmo	Kramer	08/10/1955	Male	Complete	07/29/2021 4:05 PM	07/29/2021 4:05 PM
Continue	Other Conditions	Test Medical Center	DM02151980	Daphne	Moon	02/15/1980	Female	In Progress	07/29/2021 11:27 AM	
View	STD	Test Medical Center	SK05051960	Susan	Ross	05/05/1960	Female	Complete	07/28/2021 7:00 PM	07/28/2021 7:00 PM

First Back 1 Next Last

Maximum 5 entries per page

5. The Filter fields display. 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.

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date 07/26/2021 End Date 07/29/2021

[Retrieve Data](#)

SHOWING 3 ITEMS

[HIDE FILTER](#)

ACTIONS	REPORT TYPE	AFFILIATION/OR GANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
	Enter Report	Enter Affiliatic	Enter Patient	Enter First Na	Enter Last	Enter Date Of Bir	All	Enter Statu	All	All
View	MDRO	Test Medical Center	CK08101955	Cosmo	Kramer	08/10/1955	Male	Complete	07/29/2021 4:05 PM	07/29/2021 4:05 PM
Continue	Other Conditions	Test Medical Center	DM02151980	Daphne	Moon	02/15/1980	Female	In Progress	07/29/2021 11:27 AM	
View	STD	Test Medical Center	SK05051960	Susan	Ross	05/05/1960	Female	Complete	07/28/2021 7:00 PM	07/28/2021 7:00 PM

First Back 1 Next Last

Maximum 5 entries per page

Review Previously Submitted Case Reports

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date07/26/2021End Date07/29/2021

Retrieve Data

SHOWING
3 ITEMS

APPLY FILTER

ACTIONS	REPORT TYPE ^	AFFILIATION/OR GANIZATION ^	PATIENT MRN ^	FIRST NAME ^	LAST NAME ^	DATE OF BIRTH ^	PATIENT SEX ^	STATUS ^	LAST UPDATED ^	SUBMISSION DATE ^
<div>View</div>	MDRO	Test Medical Center	CK08101955	Cosmo	Kramer	08/10/1955	Male	Complete	07/29/2021 4:05 PM	07/29/2021 4:05 PM
<div>Continue</div>	Other Conditions	Test Medical Center	DM02151980	Daphne	Moon	02/15/1980	Female	In Progress	07/29/2021 11:27 AM	
<div>View</div>	STD	Test Medical Center	SK05051960	Susan	Ross	05/05/1960	Female	Complete	07/28/2021 7:00 PM	07/28/2021 7:00 PM

FirstBack1NextLast

Maximum5 entries per page

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 the pop-up.

Home

LAST UPDATED

SHOWING 3 ITEMS

ACTIONS

View

Continue

View

Case Report Details

Print

Download

Patient Information

MDRO Type

Candida auris, clinical

Organism Name

Infection caused by Candida auris

Date of Diagnosis

07/23/2021

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

No

Patient ID (MRN)

CK08101955

Affiliation/Organization

Test Medical Center

Person Completing Form

Mr. Arthur Vandelay, II (arthur@email.com)

Affiliation/Organization

Other

If other, please specify:

Test Hospital

Attending Physician/Clinician

Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization

Test Medical Center

First Name

Cosmo

Middle Name

Newman

Last Name

Kramer

Suffix

III

Date of Birth

08/10/1955

Patient Sex

Ethnicity

Race

OK

Continue In-Progress Case Reports

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

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

ACTIONS	REPORT TYPE ^	AFFILIATION/OR GANIZATION ^	PATIENT MRN ^	FIRST NAME ^	LAST NAME ^	DATE OF BIRTH ^	PATIENT SEX ^	STATUS ^	LAST UPDATED ^	SUBMISSION DATE ^
View	MDRO	Test Medical Center	CK08101955	Cosmo	Kramer	08/10/1955	Male	Complete	07/29/2021 4:05 PM	07/29/2021 4:05 PM
Continue	Other Conditions	Test Medical Center	DM02151980	Daphne	Moon	02/15/1980	Female	In Progress	07/29/2021 11:27 AM	
View	STD	Test Medical Center	SK05051960	Susan	Ross	05/05/1960	Female	Complete	07/28/2021 7:00 PM	07/28/2021 7:00 PM

- Clicking **Continue** automatically navigates to the section of the case report where you left off.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM

Section 7 of 8

Please add any additional comments related to this case.

ADDITIONAL COMMENTS

Patient Information ✓
Laboratory Information ✓
Applicable Symptoms ✓
Additional Information ✓
Hospitalization, ICU & Death Information ✓
Vaccination History ✓
Additional Comments
Review & Submit

Additional comments or notes, please specify:
0/1000 Characters

17 Technical Support**Toll-Free Telephone Support**

For questions and assistance regarding the ePartnerViewer, please call 1 (800) 633-6283.

Email Support

To submit questions electronically 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.

