KHIE
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Kentucky Health Information Exchange (KHIE)

Direct Data Entry for Electronic Case Reports: Other Reportable Conditions

User Guide

October 2021

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1 Introduction

Overview

This training manual covers KHIE's Direct Data Entry for Other Reportable 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*.

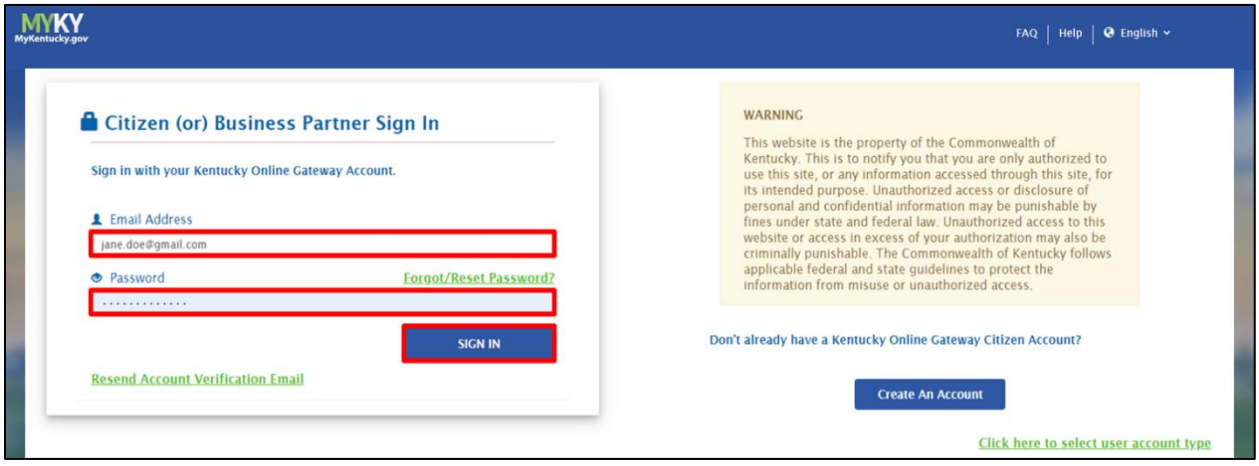
2 Logging into ePartnerViewer

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

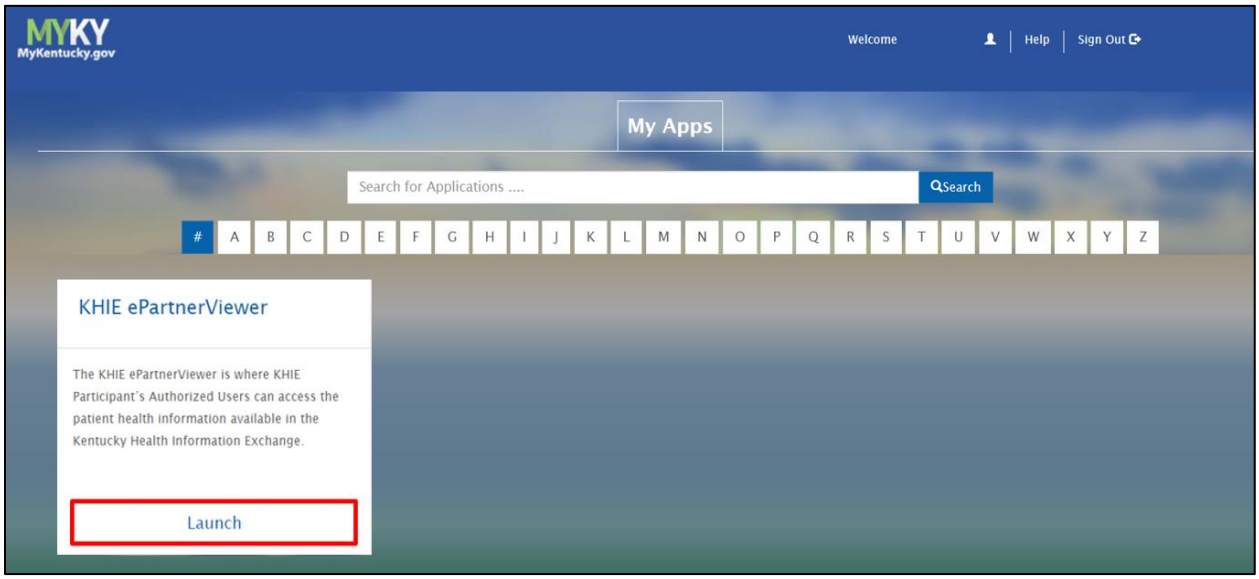
1. On the **KOG Login Page**, enter your **Email Address** and **Password**.

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

2. Click **Sign In**.



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

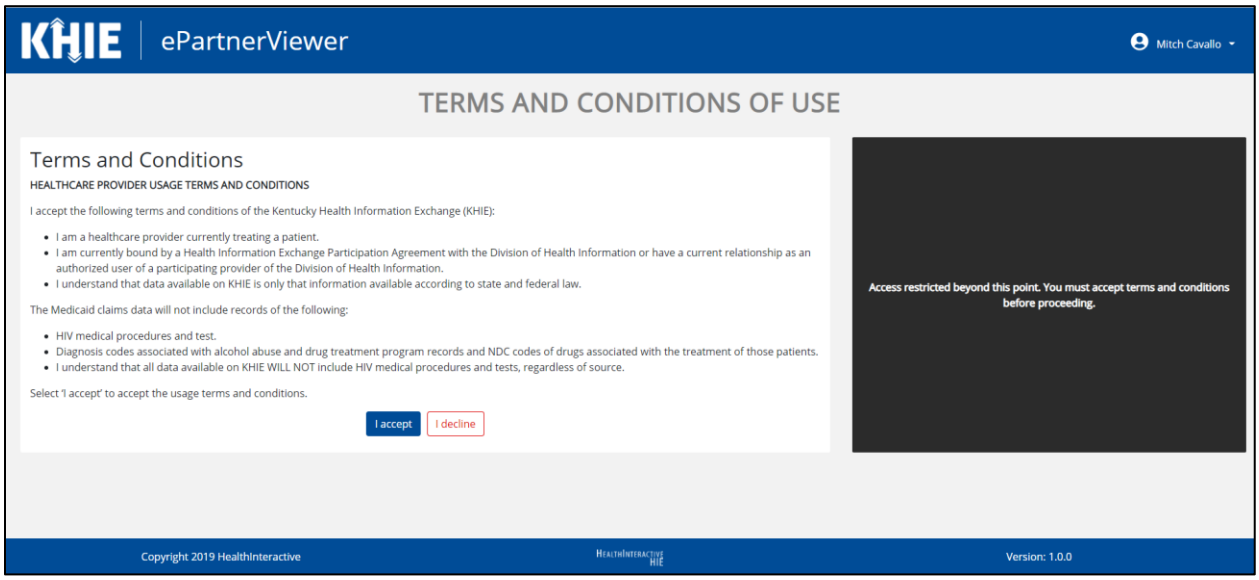


4. **Multi-Factor Authentication**. After logging in, you are asked to complete Multi-Factor Authentication or MFA. You have the option to receive an MFA passcode by Email or Text.

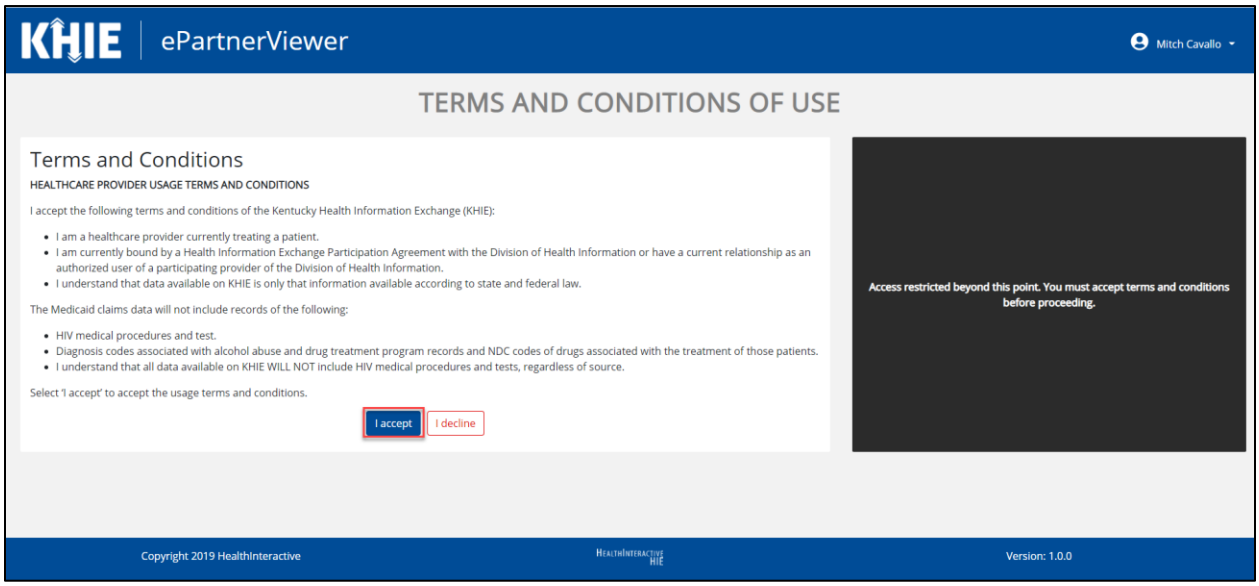
Please Note: For specific information about creating a KOG account and how to complete MFA, please review the *Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

Terms and Conditions of Use and Logging In

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



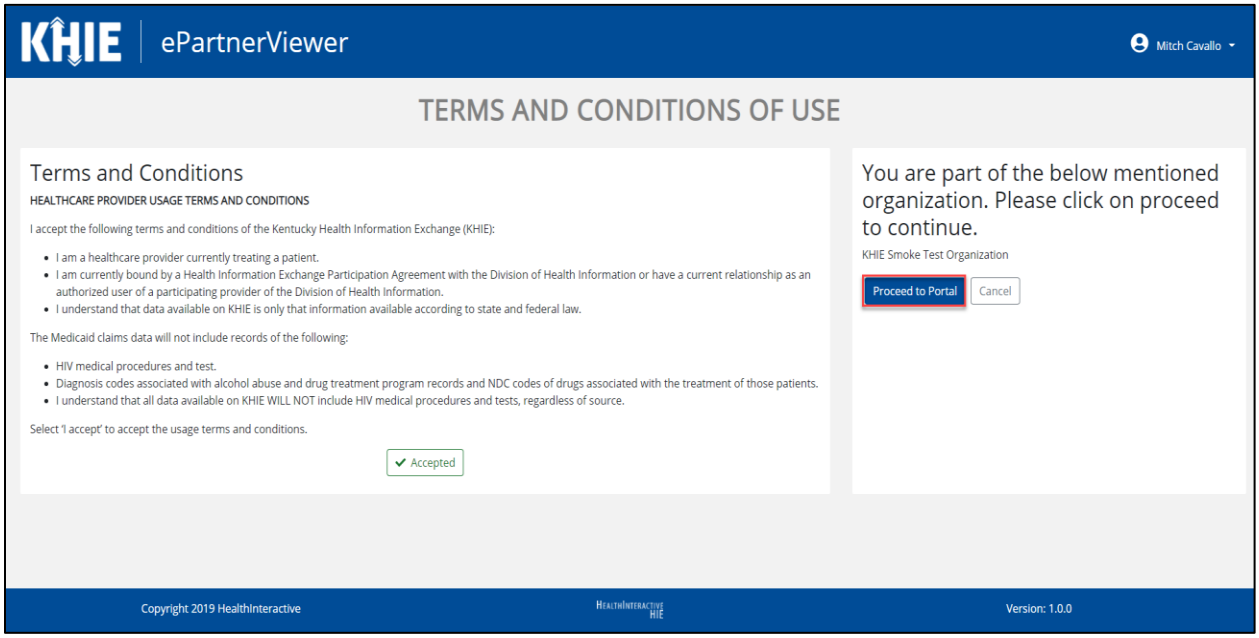
5. You must click **I Accept** every time before accessing a patient record in the ePartnerViewer.



Please Note: The right side of the Portal is grayed out and displays a message that states: *Access is restricted beyond this point. You must accept the terms and conditions before proceeding.*

6. Once you click **I Accept**, the grayed-out section becomes visible. A message appears that indicates you are associated with an *Organization*. (This is the name of your organization.)

7. Click **Proceed to Portal** to continue.

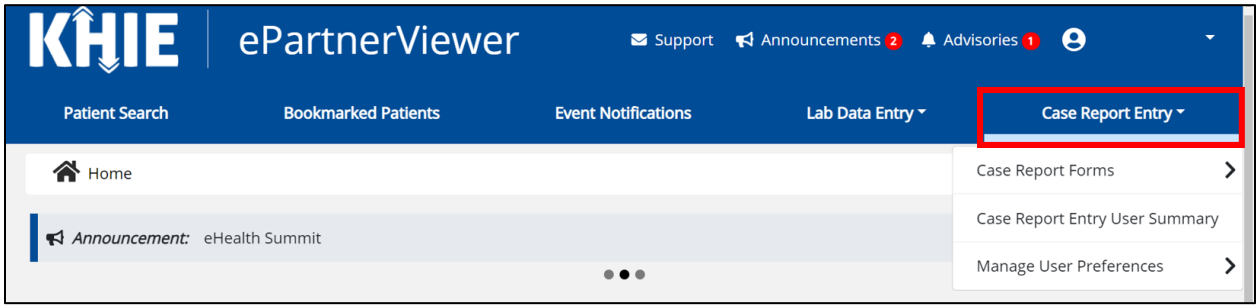


Please Note: If you click **Cancel**, a pop-up notification displays that indicates that you are *about to be logged out*. *Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use*. To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.

3 Understanding the Case Report Entry Dropdown Menu

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

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



1. **Types of Case Reports**:

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

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

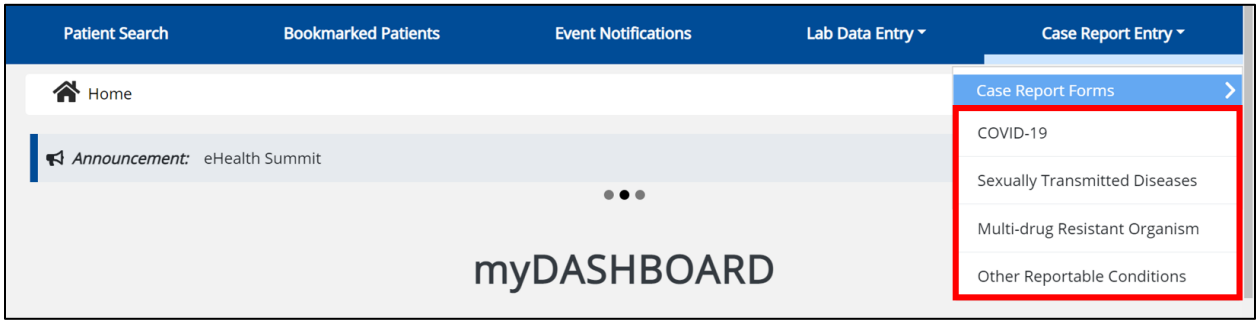
- **Sexually Transmitted Disease (STD) Case Report**:
  - Designed for Users to enter STD case reports.

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

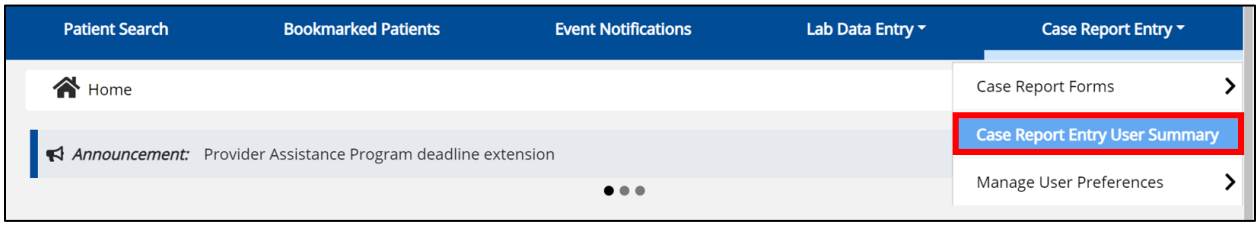
- **Multi-drug Resistant Organism (MDRO) Case Report**:
  - Designed for Users to enter MDRO case reports.

Please Note: For specific information about MDRO case reporting, please review the *Direct Data Entry for Electronic Case Reports: Multi-Drug Resistant Organism (MDRO) User Guide*.

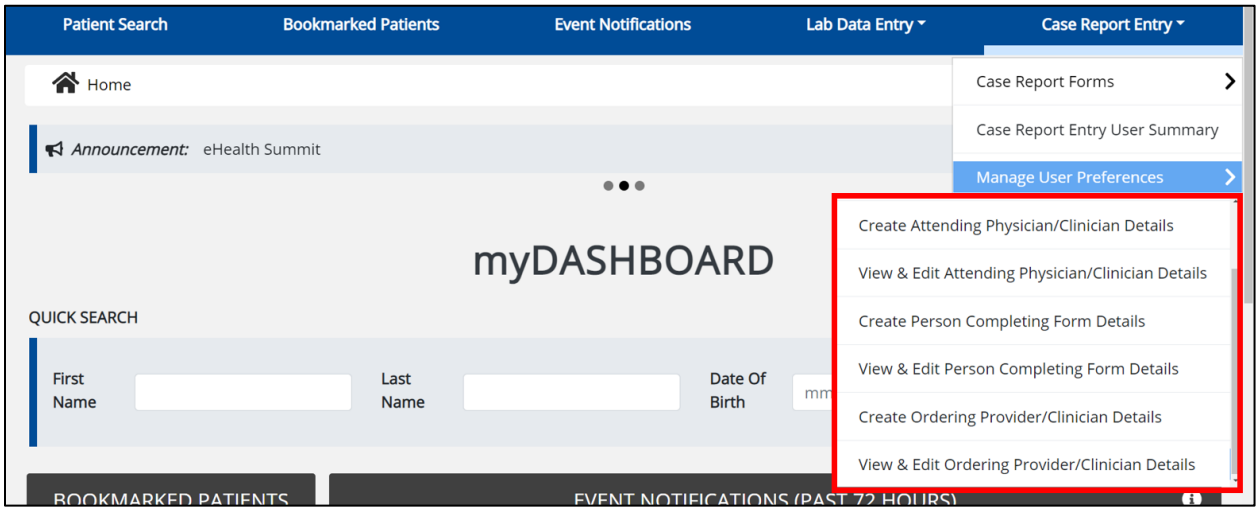
- **Other Reportable Conditions Case Report**:
  - Designed for Users to enter Other Reportable Conditions case reports.



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.

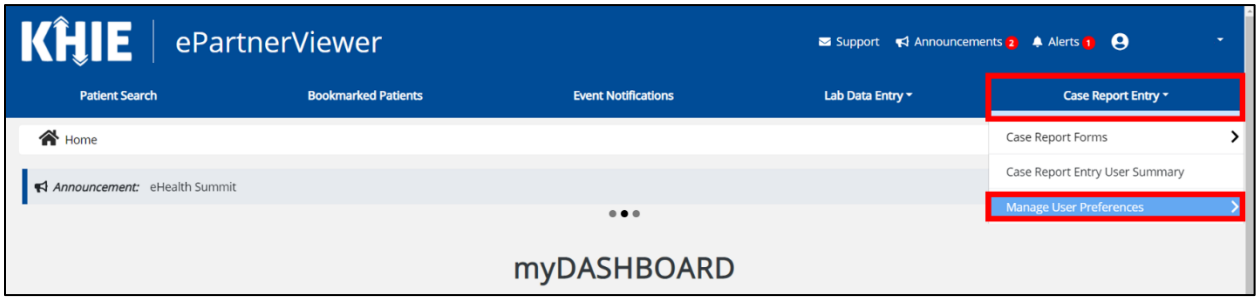


4 Manage User Preferences

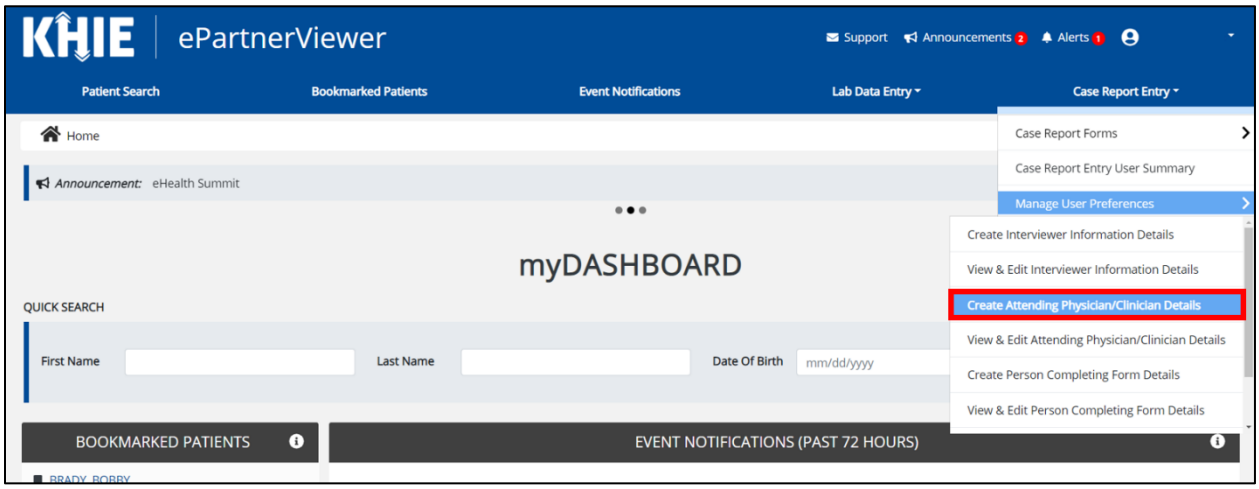
These are your User Preferences. Prior to entering your Other Reportable Conditions case report information, you are required to enter information about the Attending Physician/Clinician and the Person Completing Form on the **Manage User Preferences** screen. By entering these details here in your user preferences, you will be able to quickly select an Attending Physician/Clinician and the name of the Person Completing the Form from the dropdown menu options. These dropdown menus are located on the **Patient Information** screen of the Other Reportable Conditions Case Report.

Create Attending Physician/Clinician Details

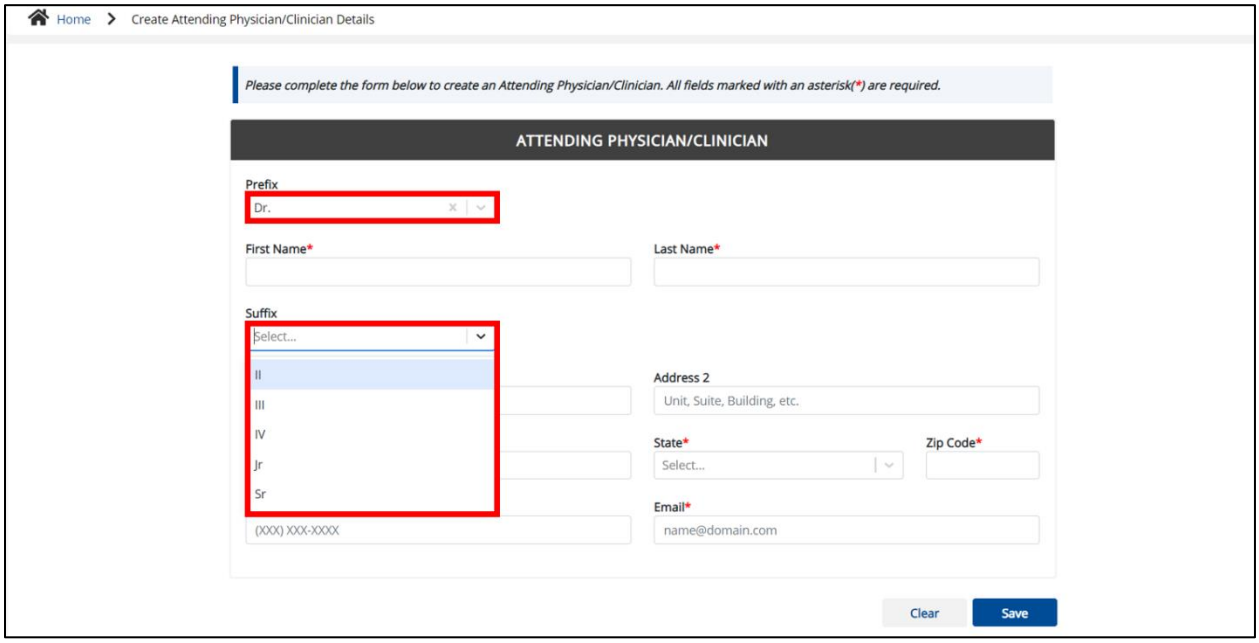
1. Click the **Case Report Entry** Tab located in the blue Navigation Bar at the top of the screen.
2. From the dropdown menu, select **Manage User Preferences**.



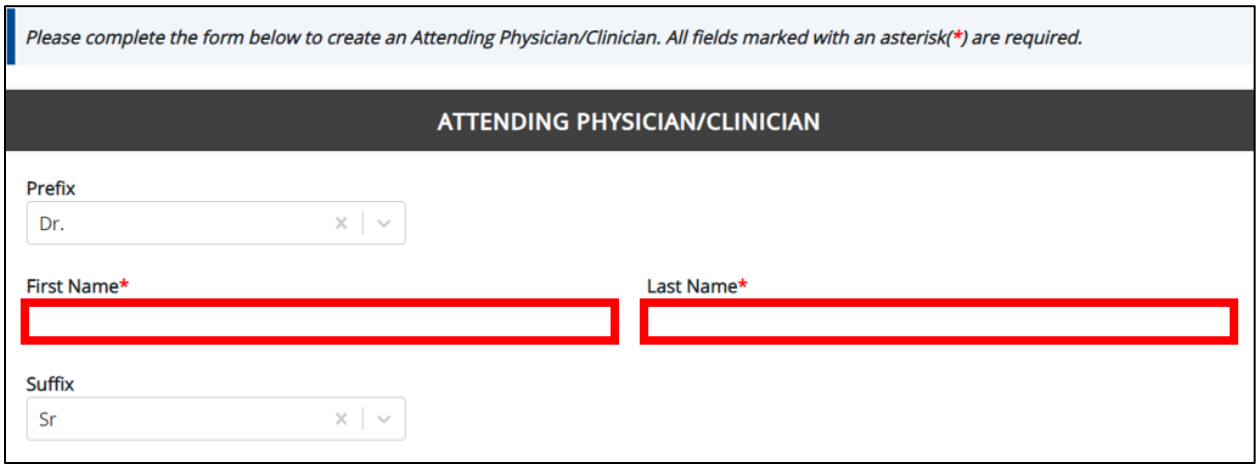
3. To enter information about an Attending Physician/Clinician, select **Create Attending Physician/Clinician Details** from the dropdown menu.



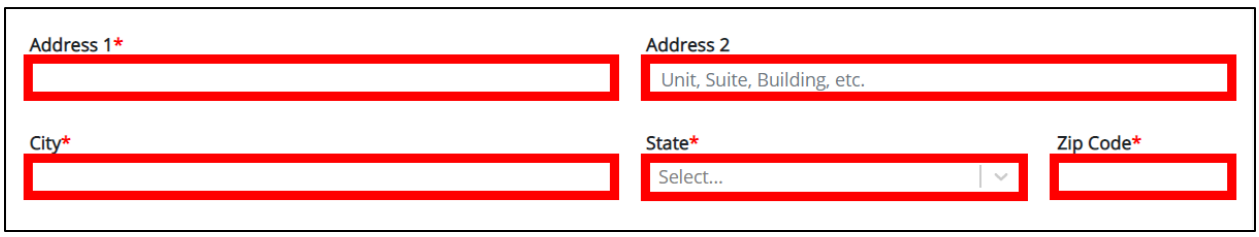
4. The **Attending Physician/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.



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



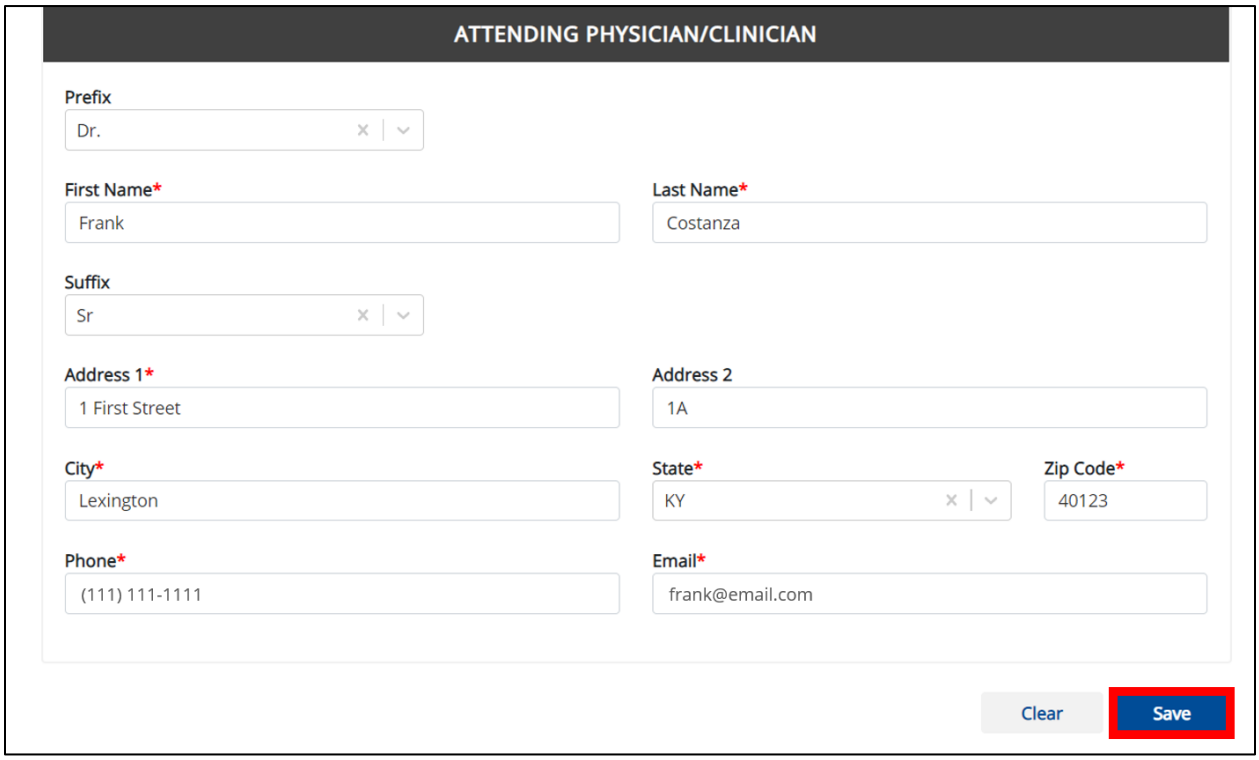
7. Enter the Attending Physician/Clinician's **Address, City, State,** and **Zip Code**.



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

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

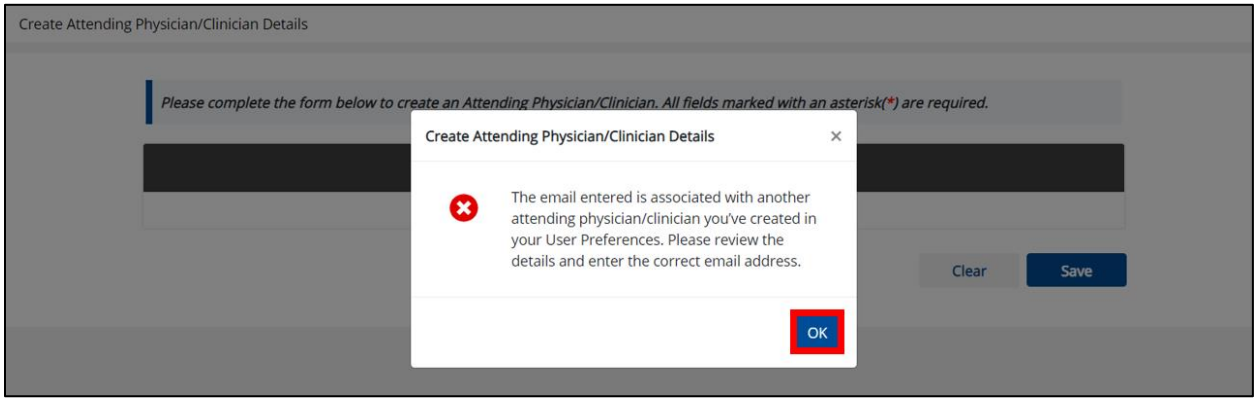
9. After completing the mandatory fields, click **Save**.



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

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

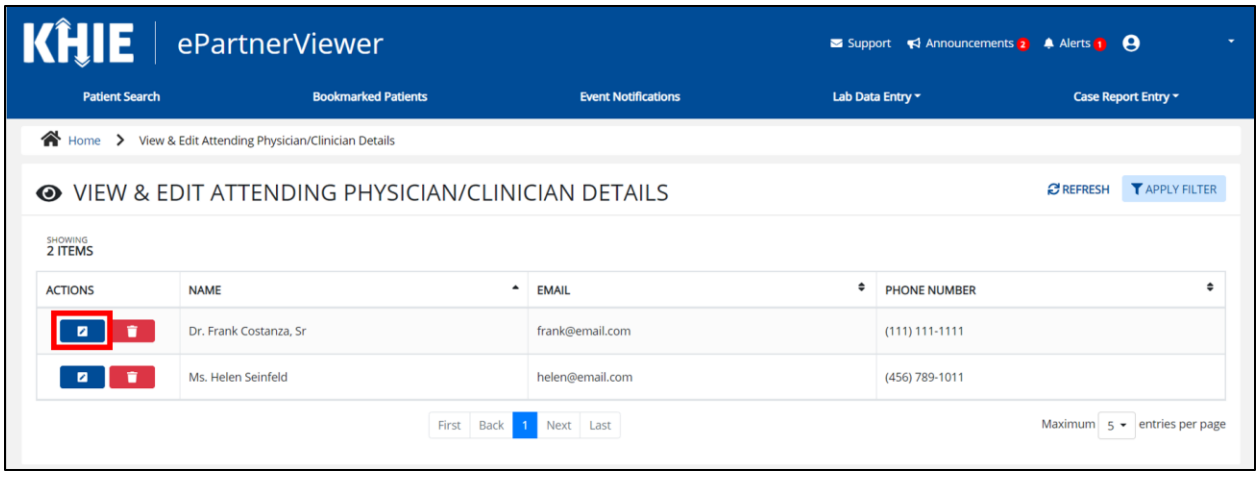
You must click **OK** and enter the correct email address to save the Attending Physician/Clinician details and proceed to the **View & Edit Attending Physician/Clinician Details** screen.



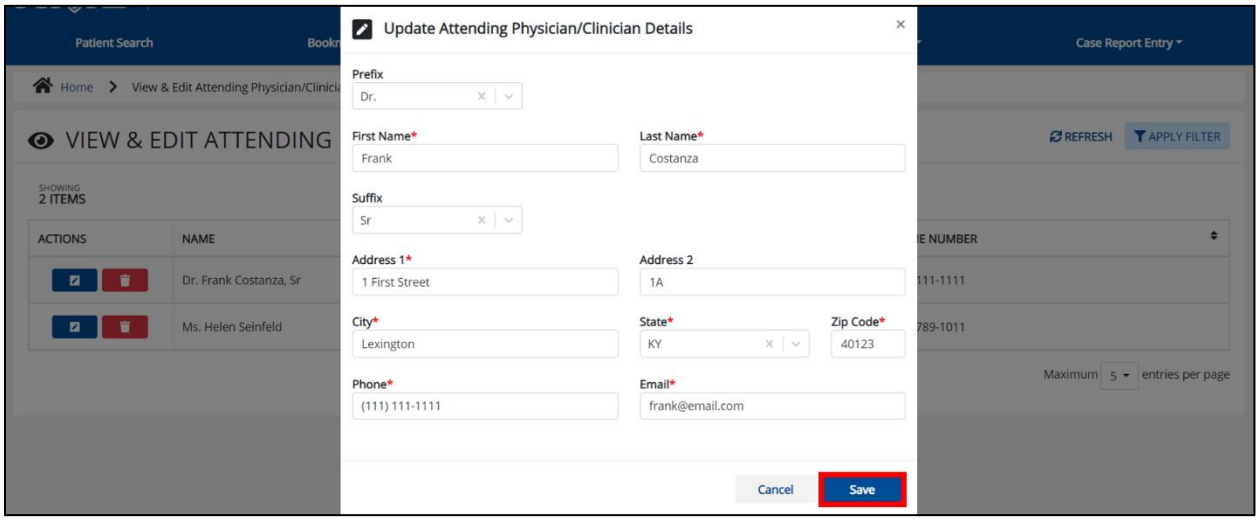
10. The *Create Attending Physician/Clinician Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Attending Physician/Clinician Details** screen.

View & Edit Attending Physician/Clinician Details

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



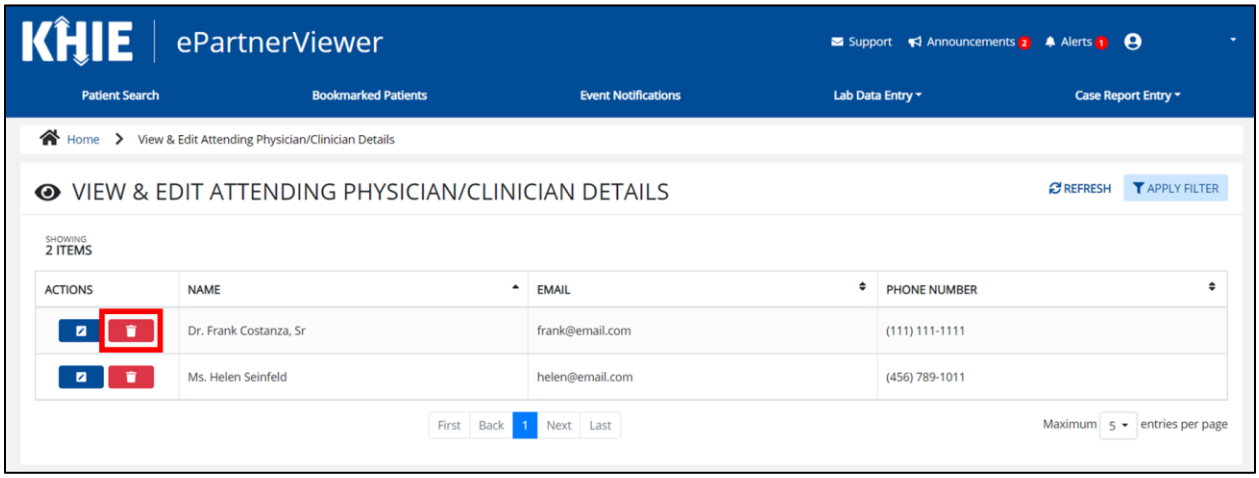
12. The *Update Attending Physician/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.



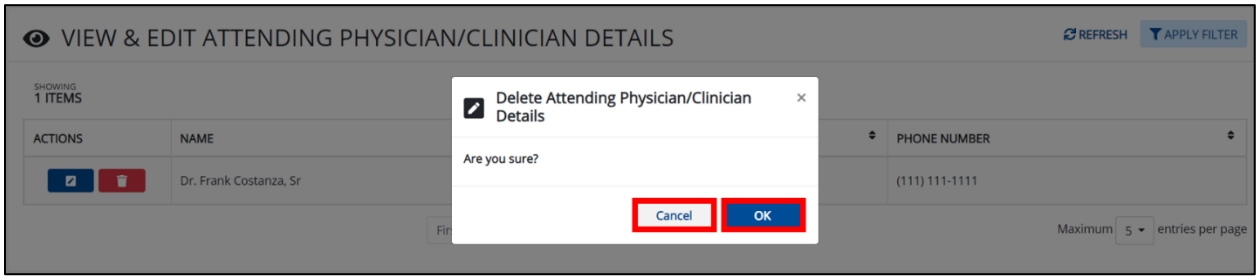
13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

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.



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



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

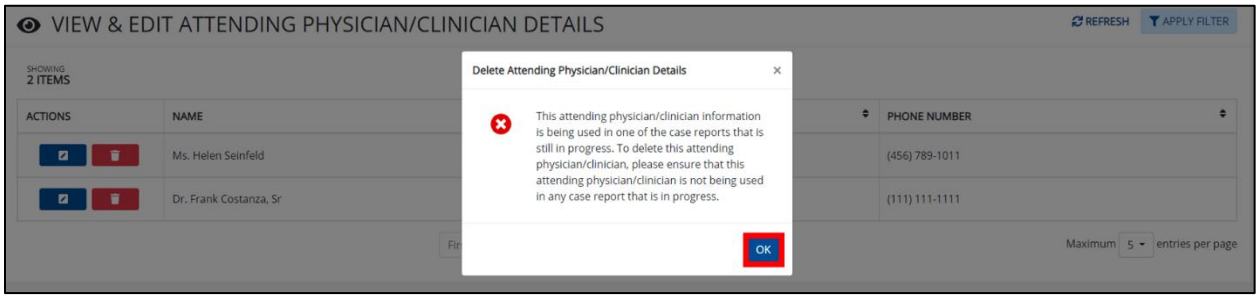
If you attempt to delete an attending physician/clinician who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

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

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

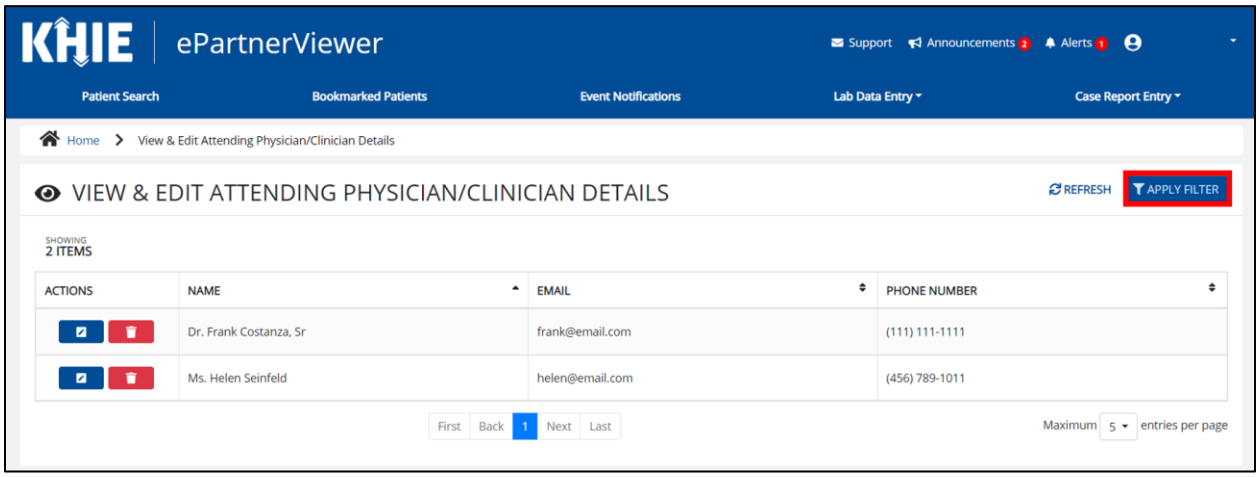
To delete the Attending Physician/Clinician used in a case report that is still "In-Progress", you must first complete the case report.

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

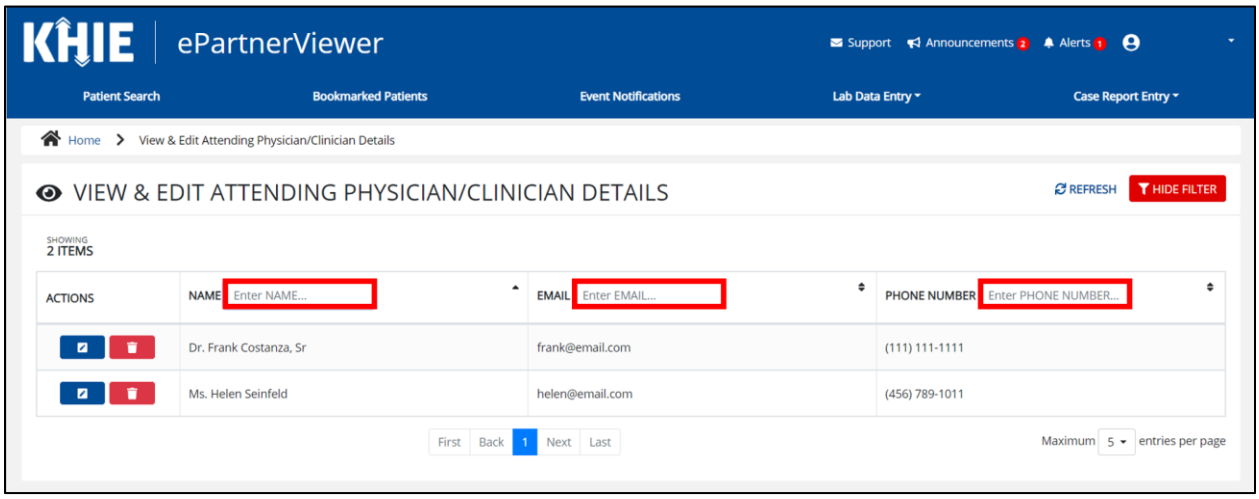


Filter Attending Physician/Clinician Details

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

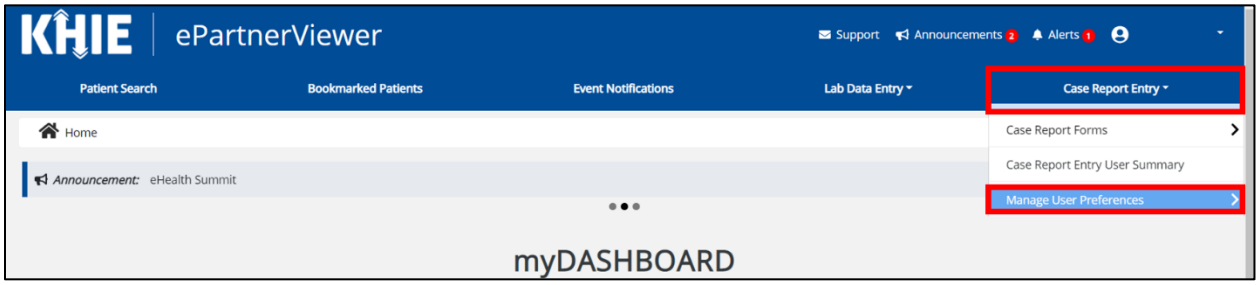


17. The Filter fields display. You can search by entering the **Attending Physician/Clinician's *Name***, ***Email Address***, and/or ***Phone Number*** in the corresponding Filter fields.

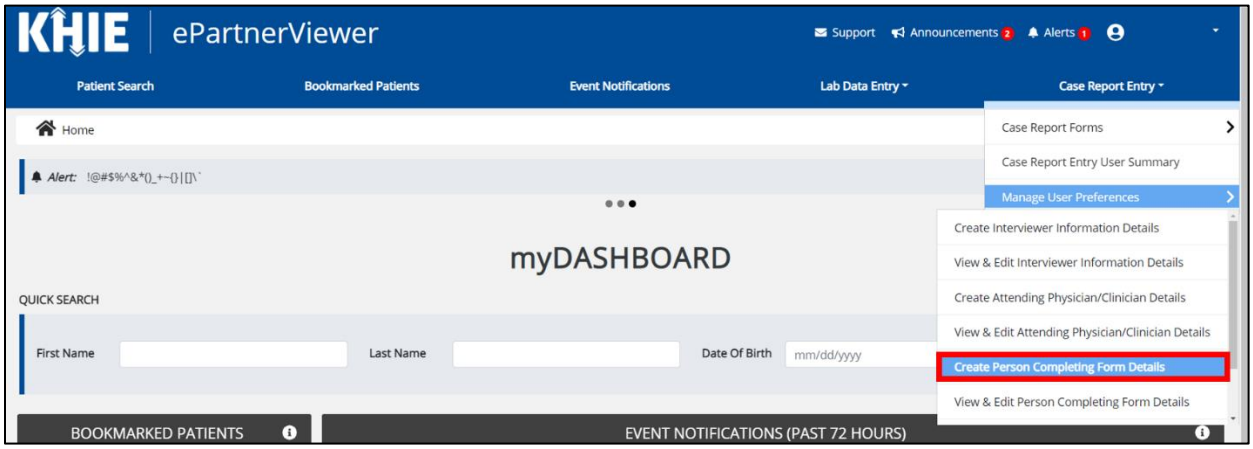


Create Person Completing Form Details

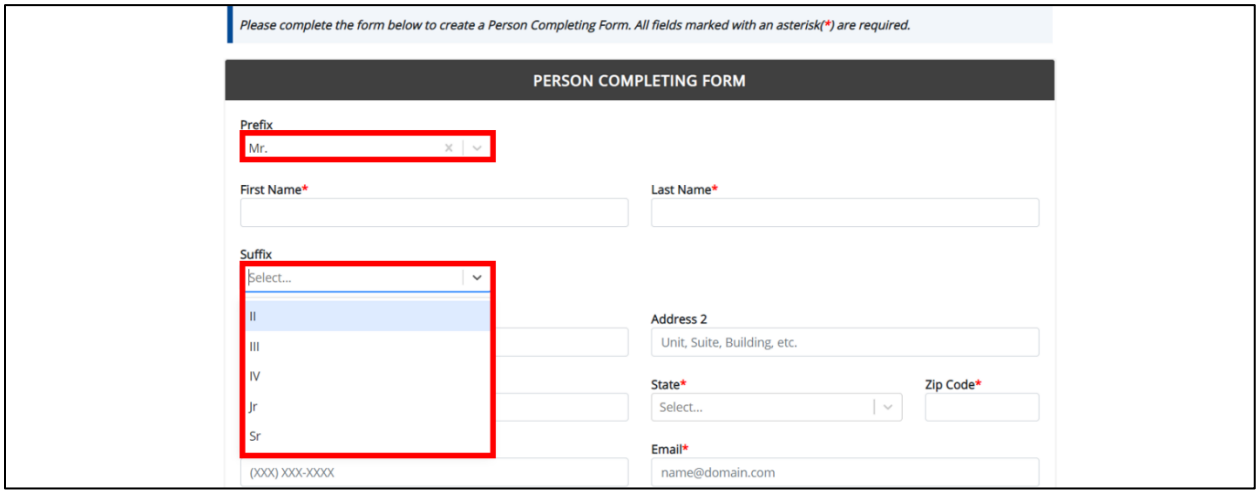
1. Click the **Case Report Entry** Tab located in the blue Navigation Bar at the top of the screen.
2. From the **Case Report Entry** Tab dropdown menu, select **Manage User Preferences**.



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

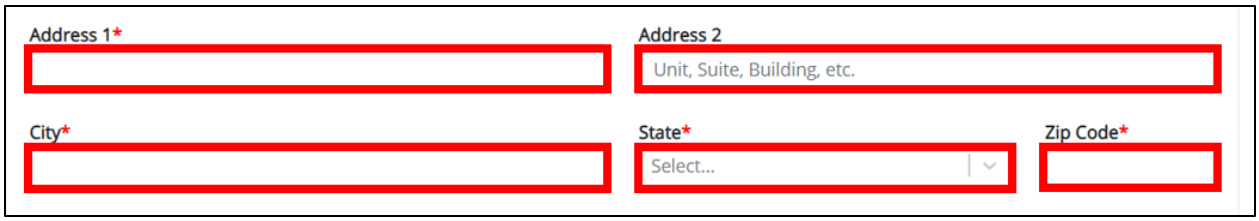


4. The **Person Completing Form** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.



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

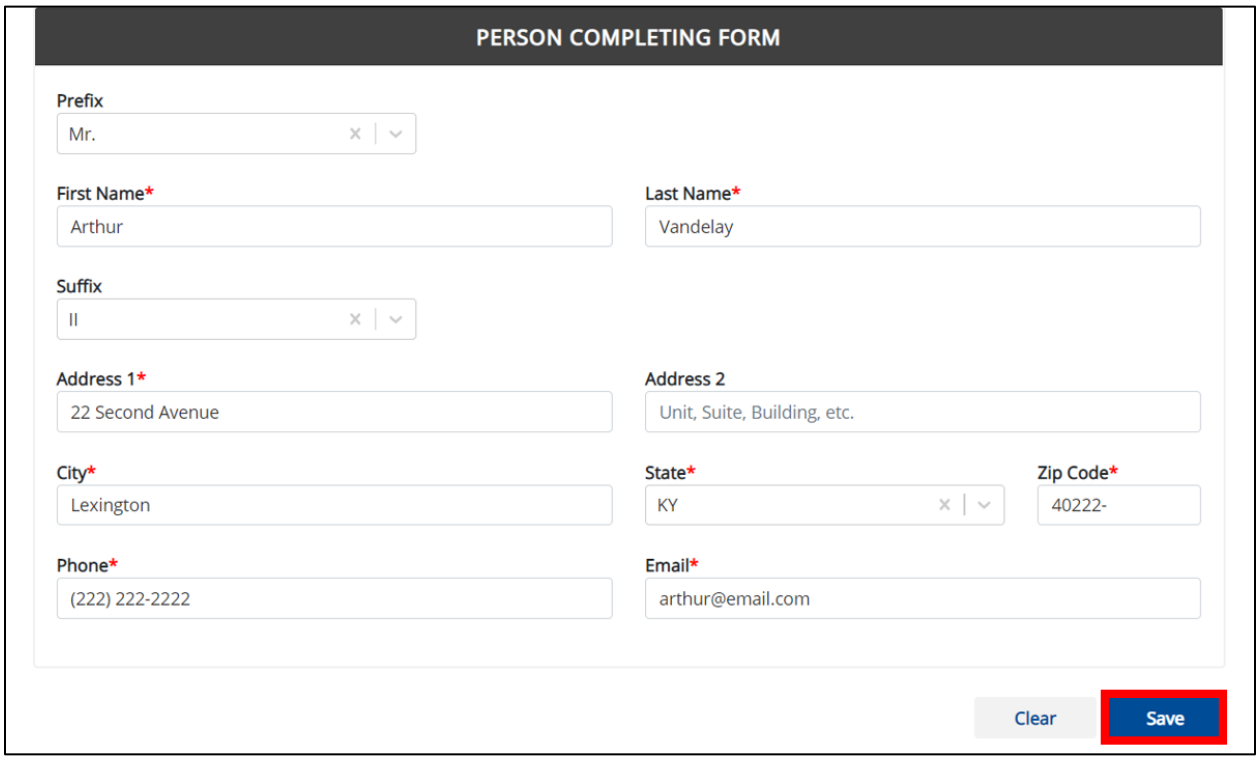
7. Enter the **Address**, **City**, **State**, and **Zip Code**.



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

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

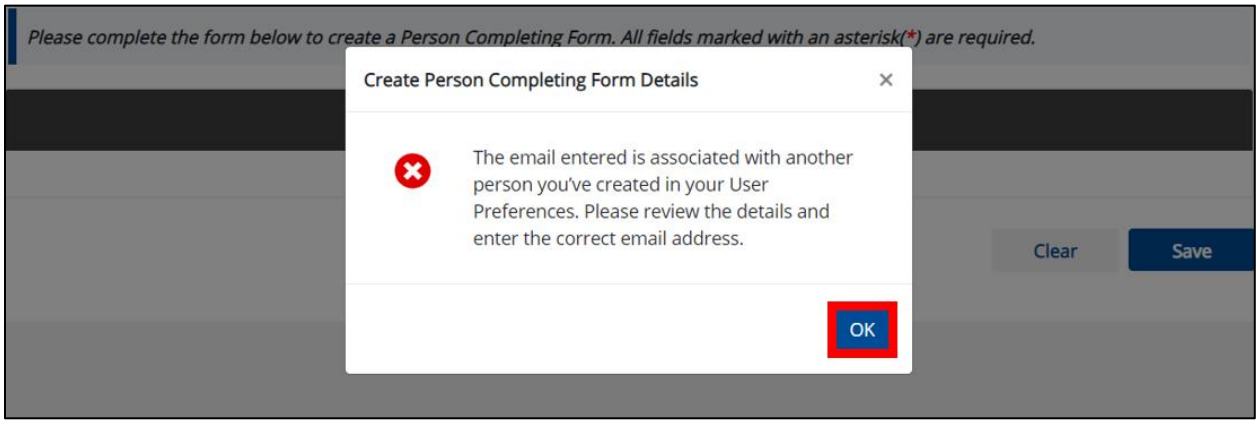
9. After completing the mandatory fields, click **Save**.



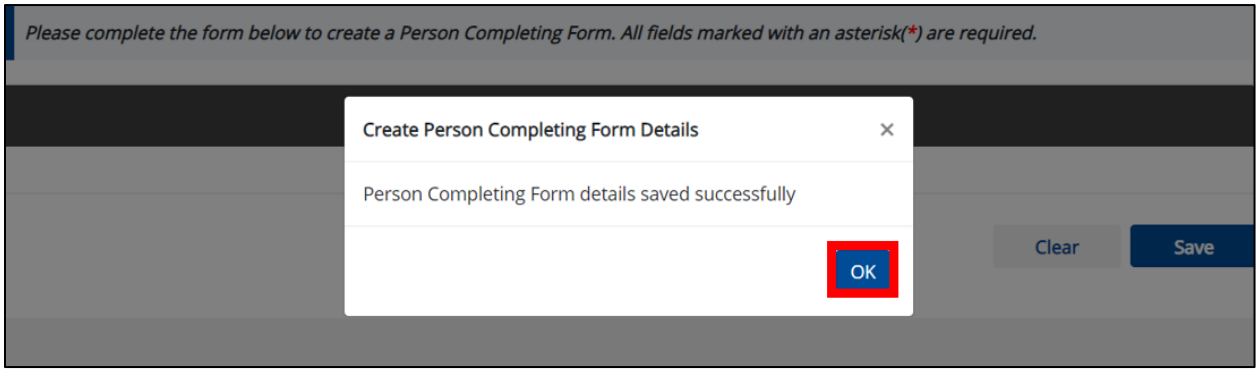
Please Note: If you enter an email address that is already associated with another Person Completing Form and click **Save**, a pop-up displays with an error message that states:

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

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

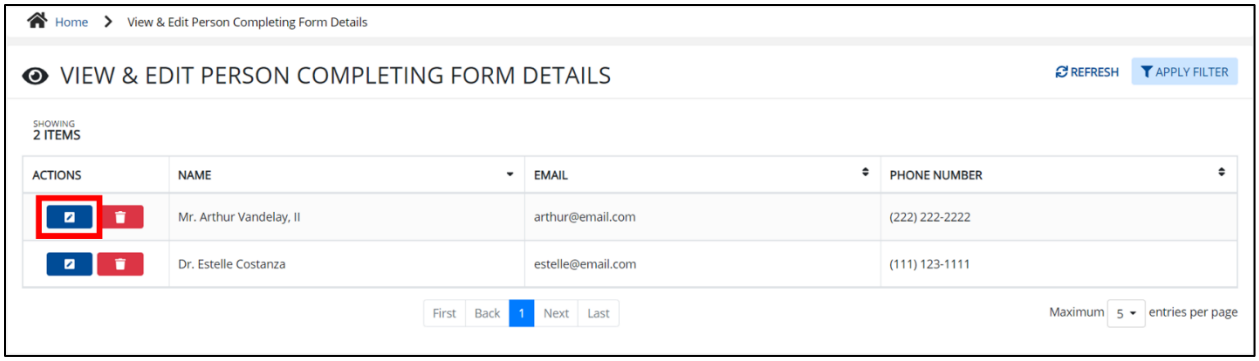


10. The *Create Person Completing Form Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Person Completing Form Details** screen.

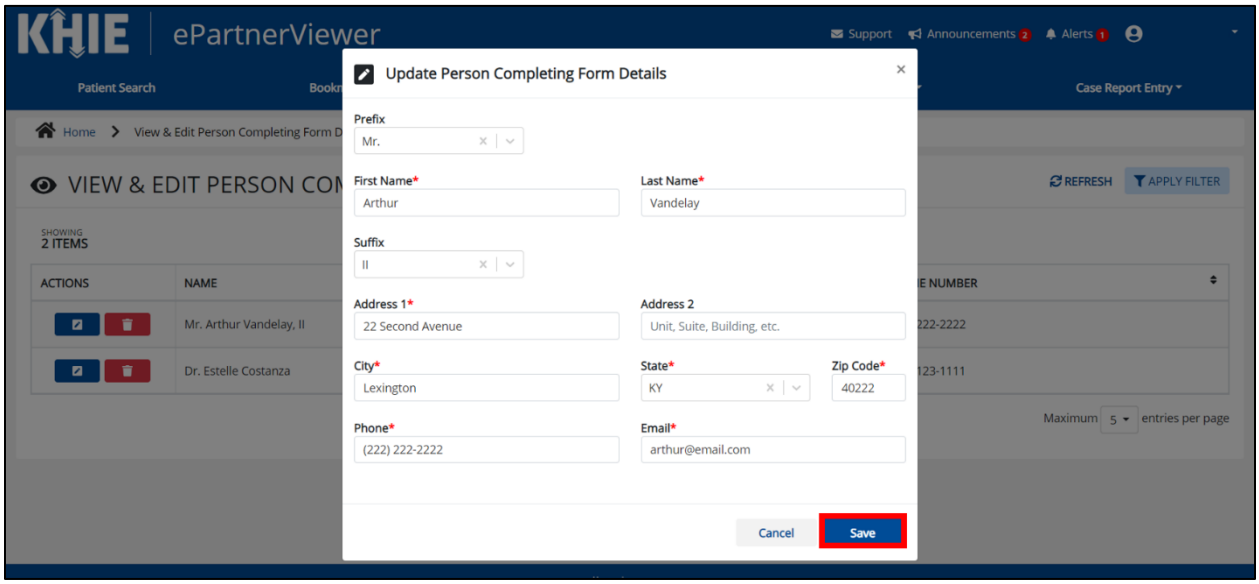


View & Edit Person Completing Form Details

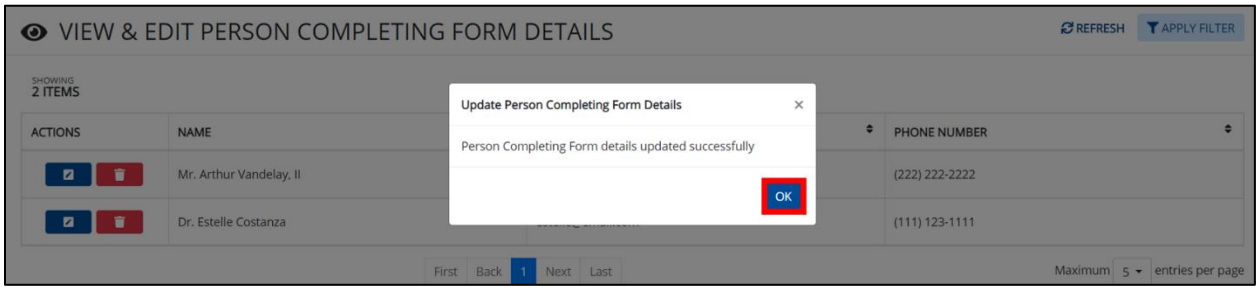
11. The **View & Edit Person Completing Form Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate person.



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

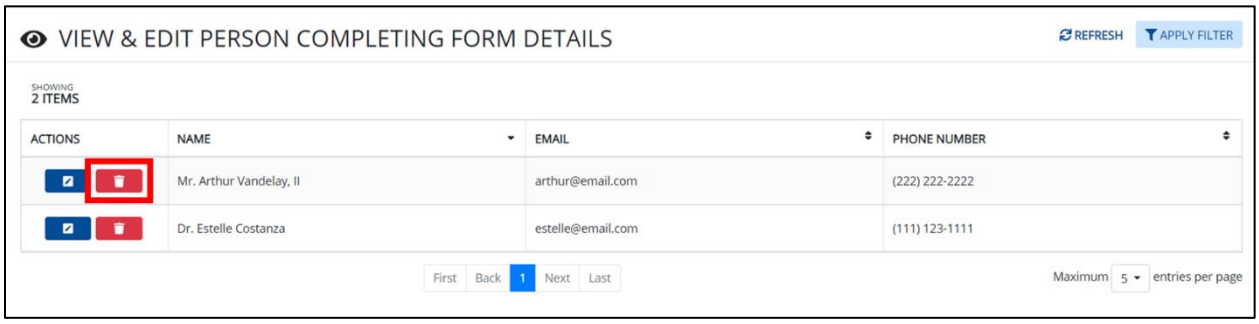


13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

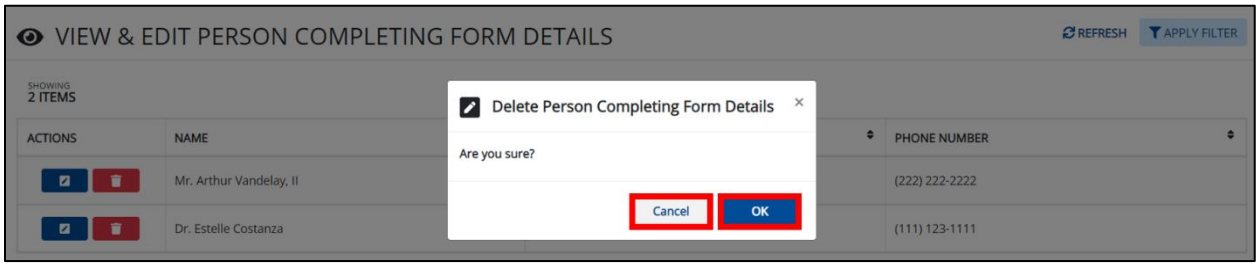


Delete Person Completing the Form Details

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



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

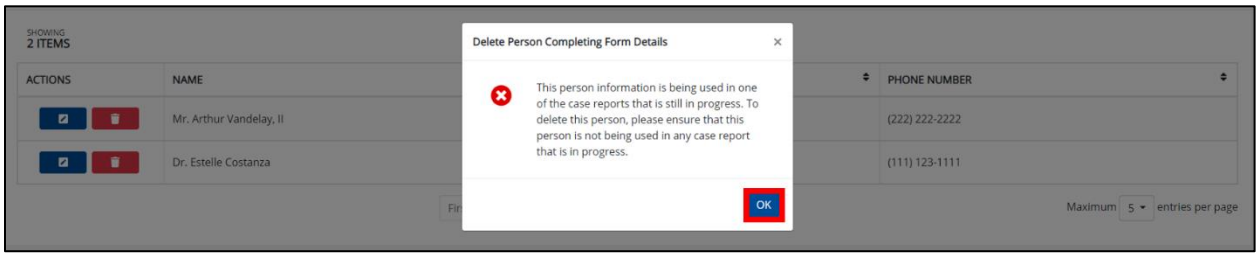


Please Note: You can delete a person on the **View & Edit Person Completing Form Details** screen as long as that person has not been selected for use in a case report that is still in progress.

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

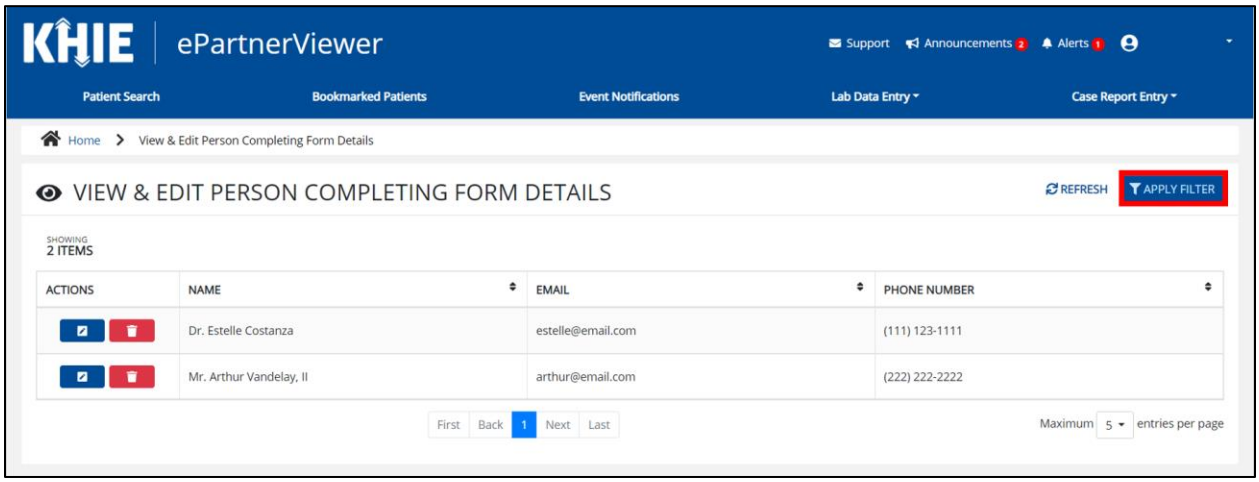
To close out of the pop-up and proceed, click **OK**.

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

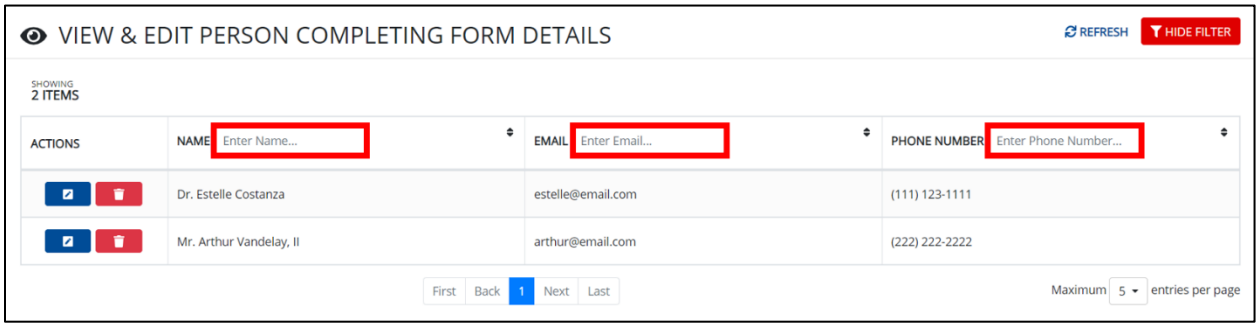


Filter Person Creating Form Details

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



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



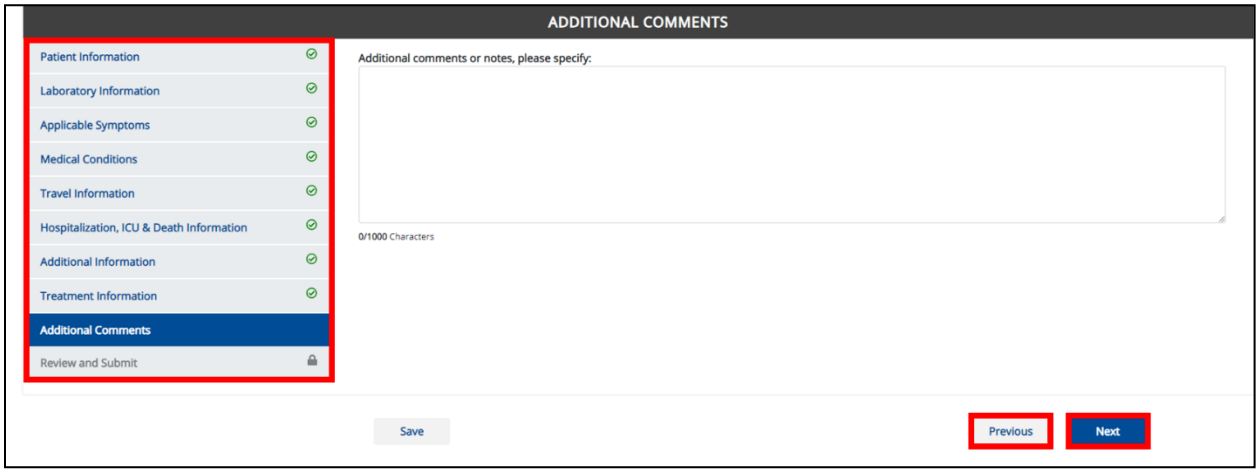
5 Basic Features in the Case Report Entry Form

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

Side Navigation Bar & Pagination

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

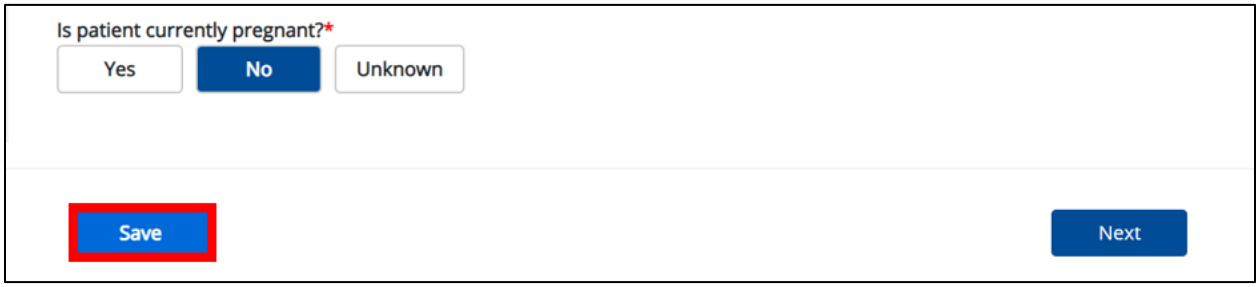
1. Using the side navigation bar, you can navigate to any previously completed screen. Click the **hyperlink** of a previously completed screen to navigate to that specific screen.
2. Click **Previous** to go to the previous screen.
3. When all required fields have been completed on the current screen,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



Save Feature

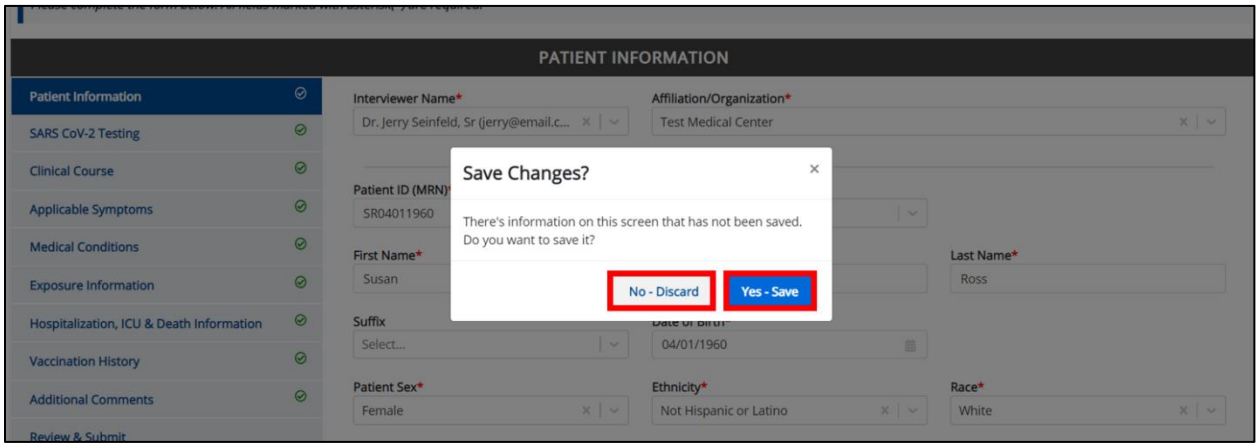
The **Save** feature allows Users to complete the case report form in multiple sessions. You must **save** the information you have entered in order to return later to the place you left off previously.

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



2. If you click on a previously completed screen on the side navigation bar, the *Save Changes* pop-up will display. You have the option to save or discard the changes on the current screen before navigating to another screen.

- If you click **Yes – Save** and all the required fields are entered on the current screen, you will navigate to the intended screen. (If you have not completed all the required fields on the current screen, you will not be allowed to save the data.) To navigate to the desired screen, you must first complete all the required fields on the current screen.
- If you click **No – Discard**, you will navigate to the intended screen without saving any changes on the current screen. This means that none of the data entered on the current screen will be saved.



Case Report Entry Icons

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

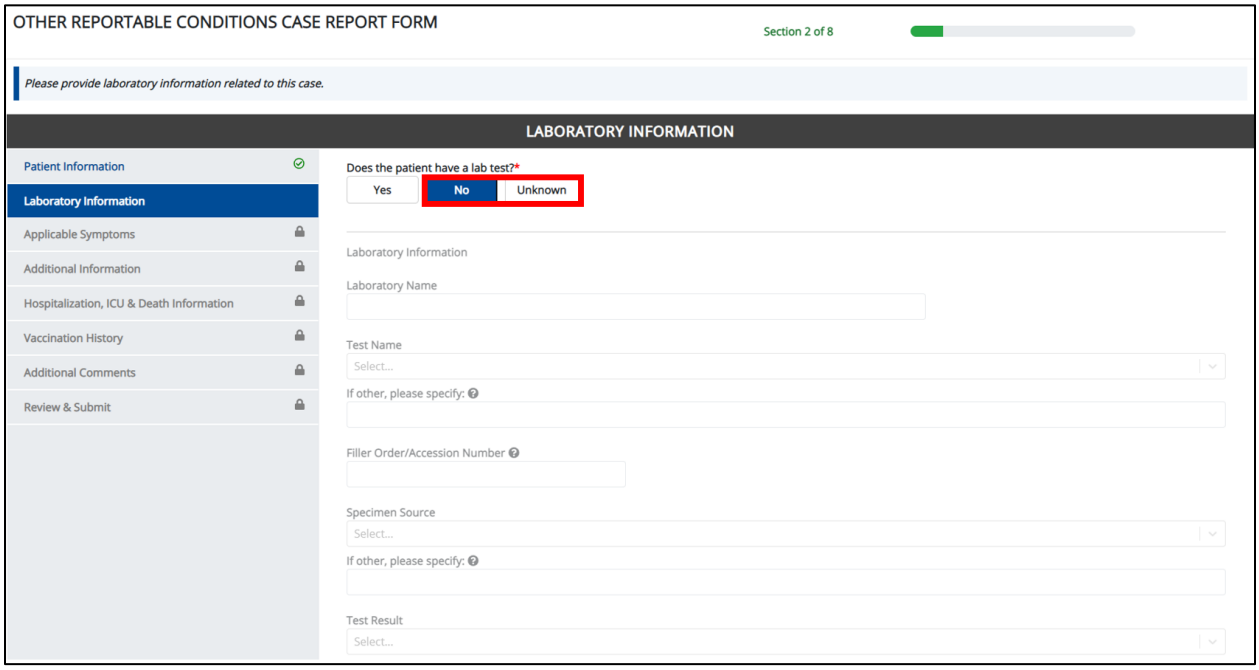
Icon Descriptions:

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

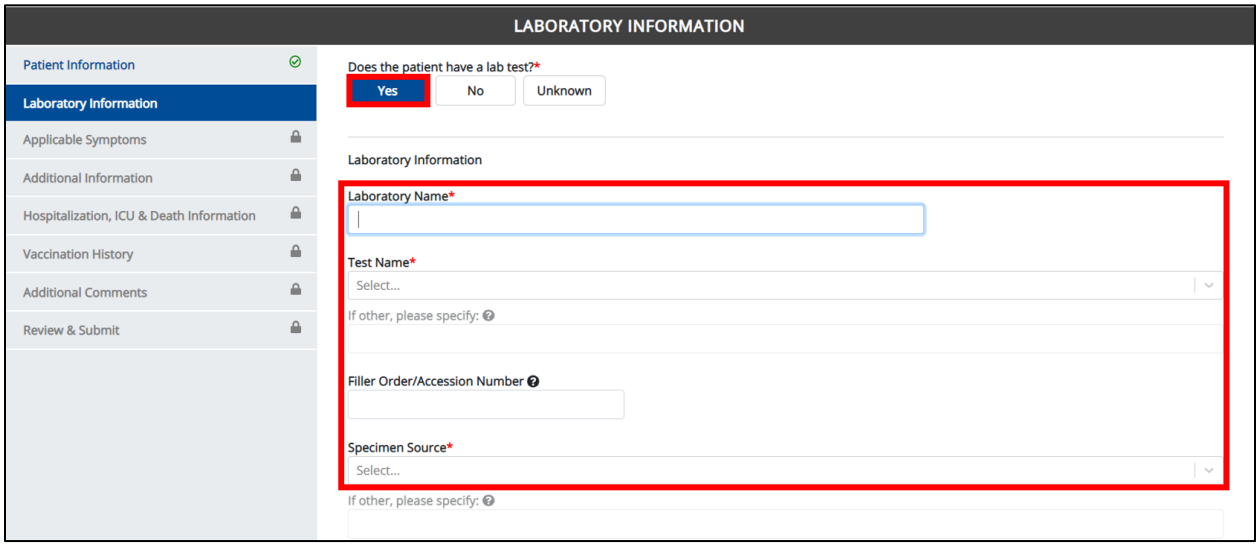
Conditional Questions

Conditional Questions are those questions that are asked based on your responses to the previous questions. The Other Reportable Conditions 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 Other Reportable Conditions Case Report, the subsequent fields will be grayed out and disabled.



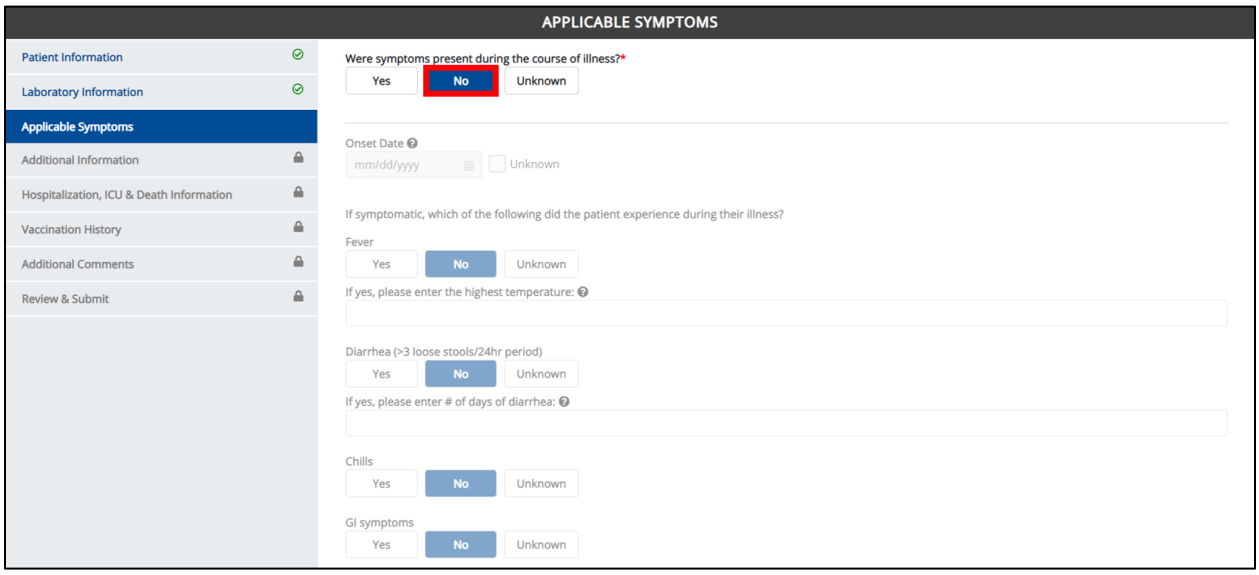
- If you select ***Yes*** to the conditional question at the top of the **Laboratory Information** screen, the subsequent laboratory-related fields are enabled.



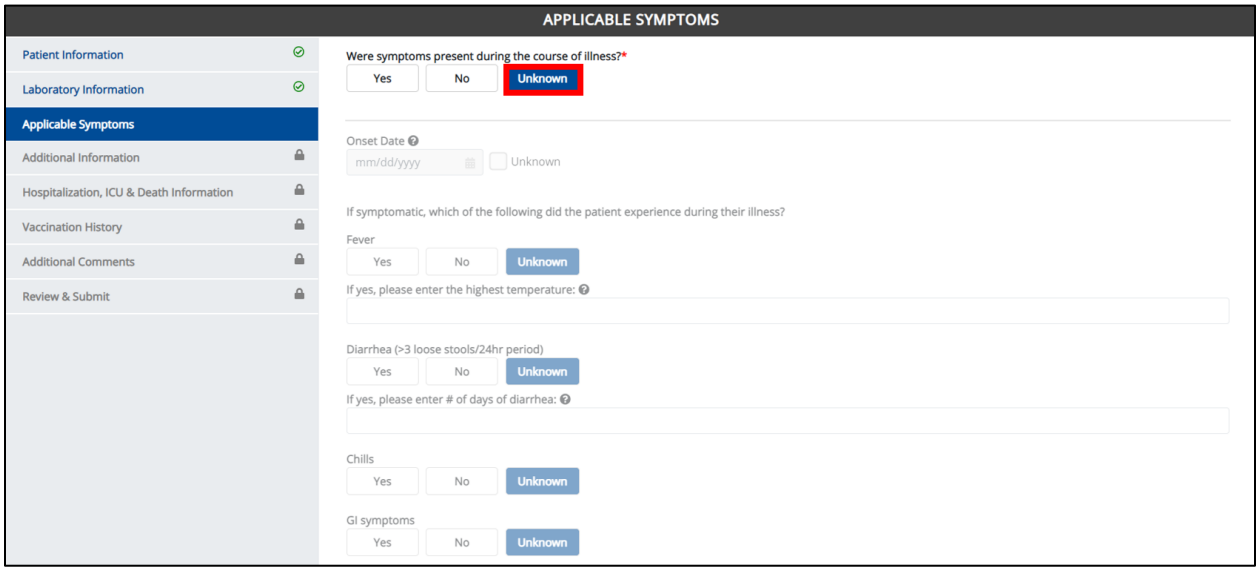
Additionally, if ***No*** or ***Unknown*** is selected for certain conditional questions, the screen will be disabled and the subsequent fields will be marked as ***No*** or ***Unknown***, based on the selected answer.

These conditional questions are found on the **Applicable Symptoms** and **Additional Information** screens.

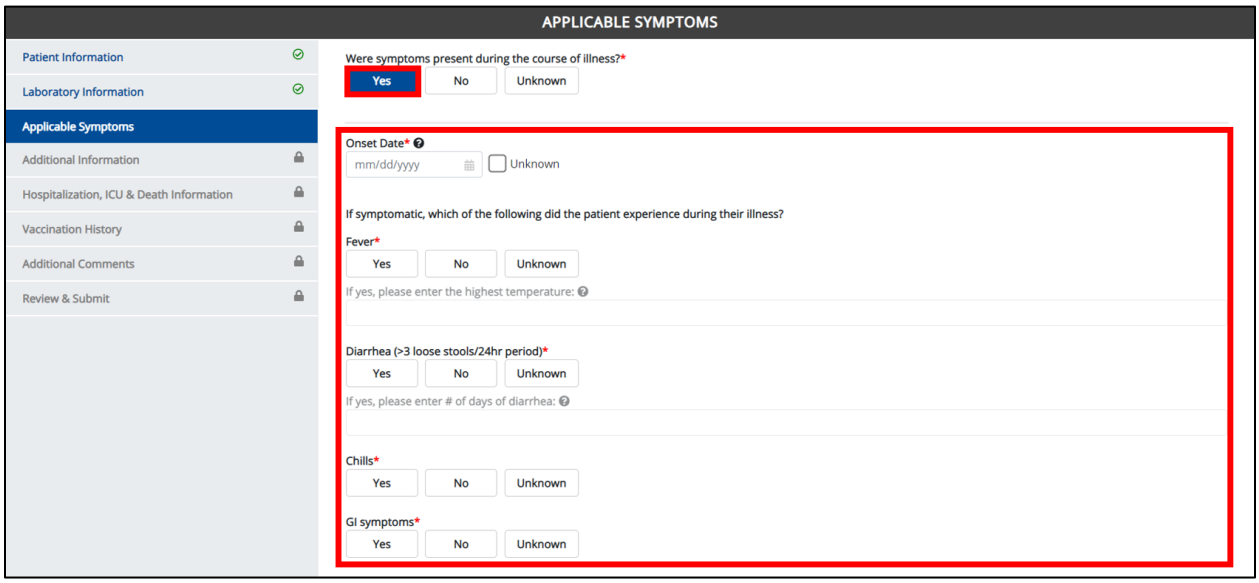
- For example, if you select ***No*** to the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields will be disabled and labeled as ***No***.



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



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

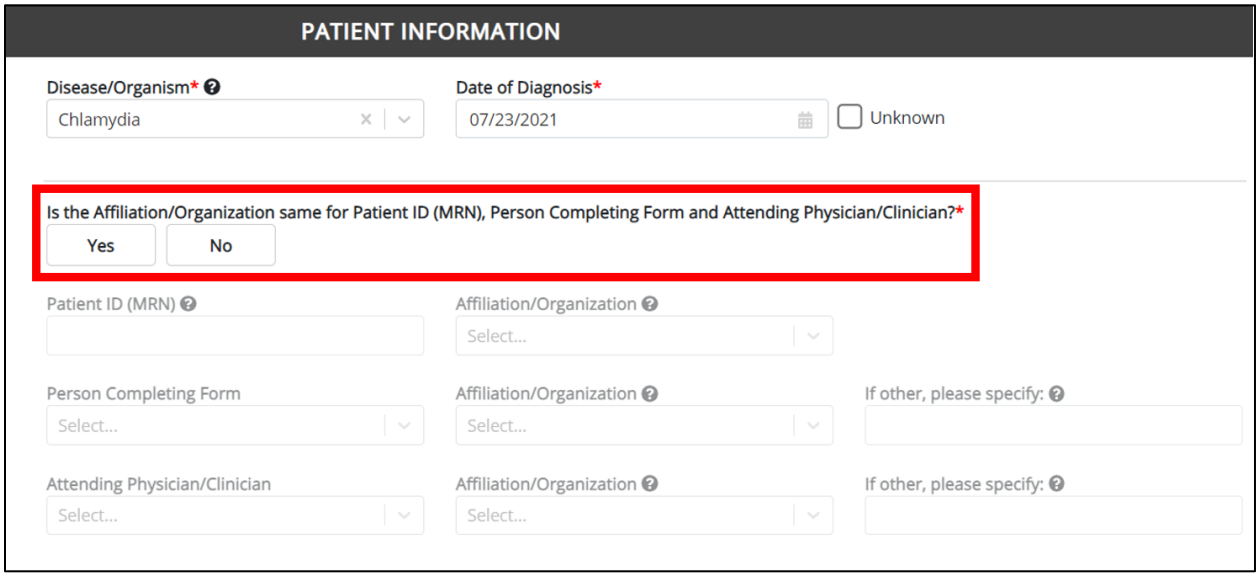


6 Affiliation/Organization Conditional Question

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

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

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



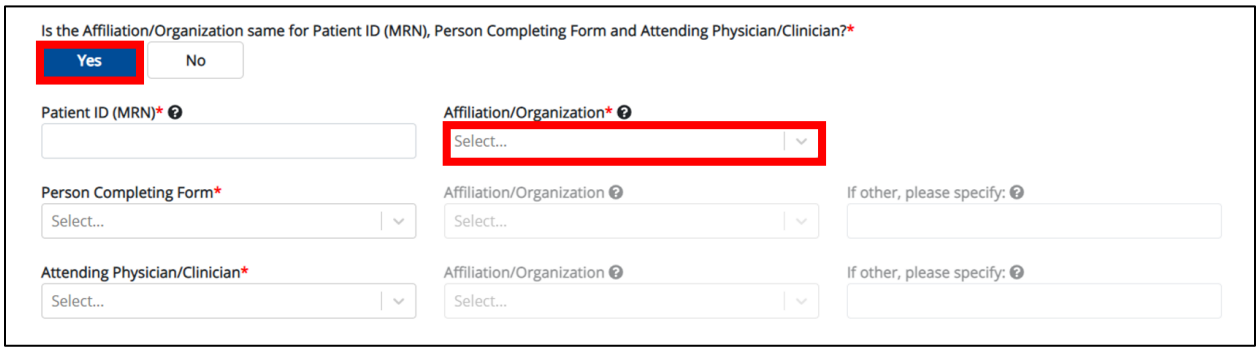
- Select ***Yes*** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.
- Select ***No*** to apply **different** Affiliation/Organizations to the Patient ID (MRN), the Person Completing the Form, and the Attending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

Affiliation/Organization Conditional Answer: Yes

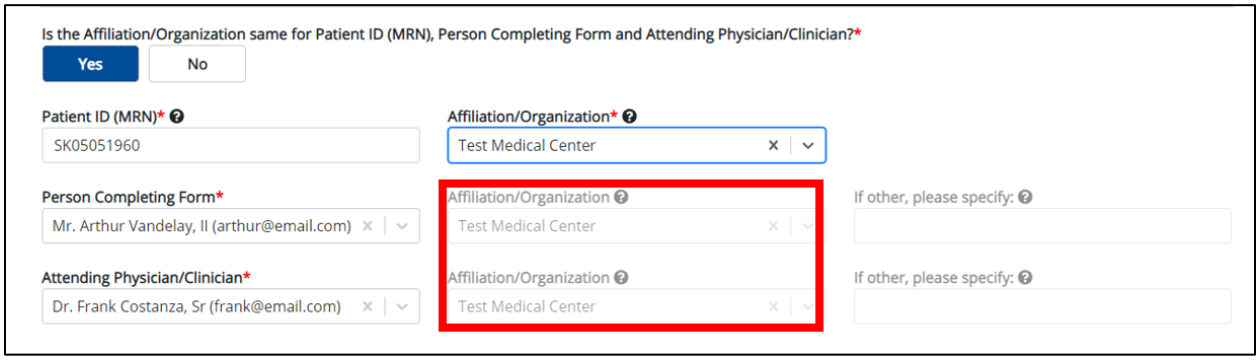
If ***Yes*** is selected for the conditional Affiliation/Organization question, the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- 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 menu.



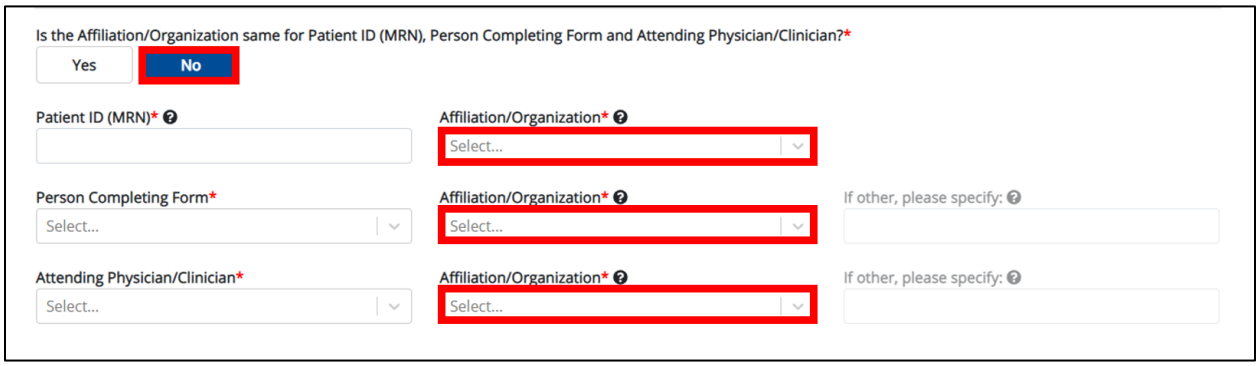
- Once the Affiliation/Organization is selected for the Patient ID (MRN), this selection will display in the disabled *Affiliation/Organization* fields.
- This means the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing Form, and the Attending Physician/Clinician.



Affiliation/Organization Conditional Answer: No

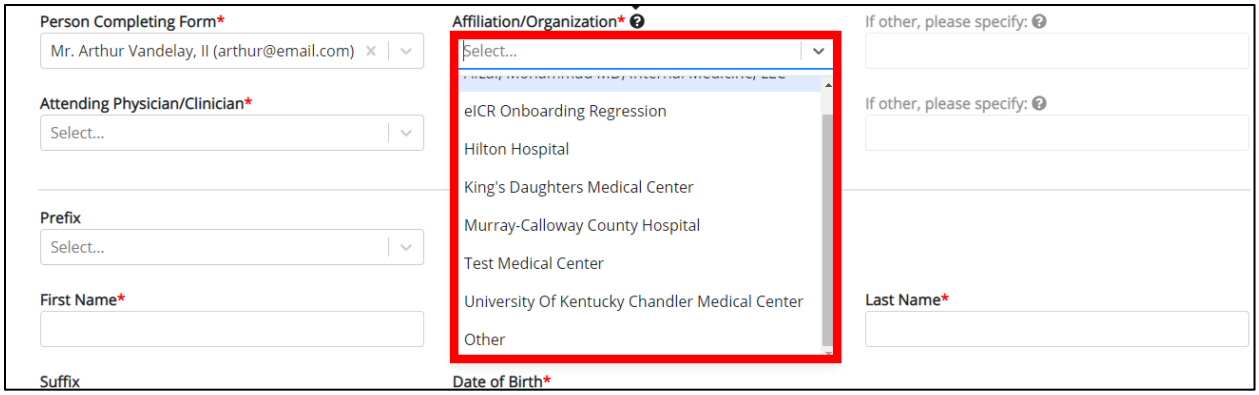
If ***No*** is selected for the conditional Affiliation/Organization question, a **different** Affiliation/Organization can be applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

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

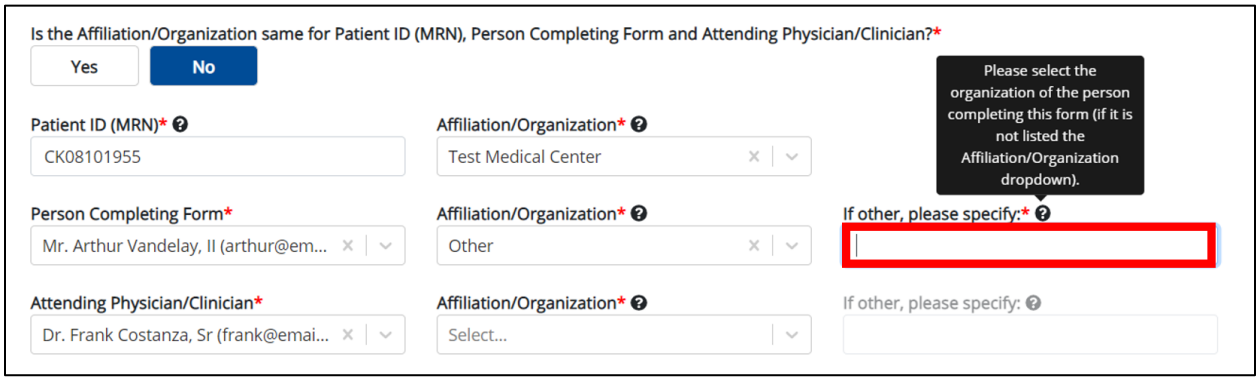


1. Select the **Affiliation/Organization** for the Patient ID (MRN) from the dropdown menu.

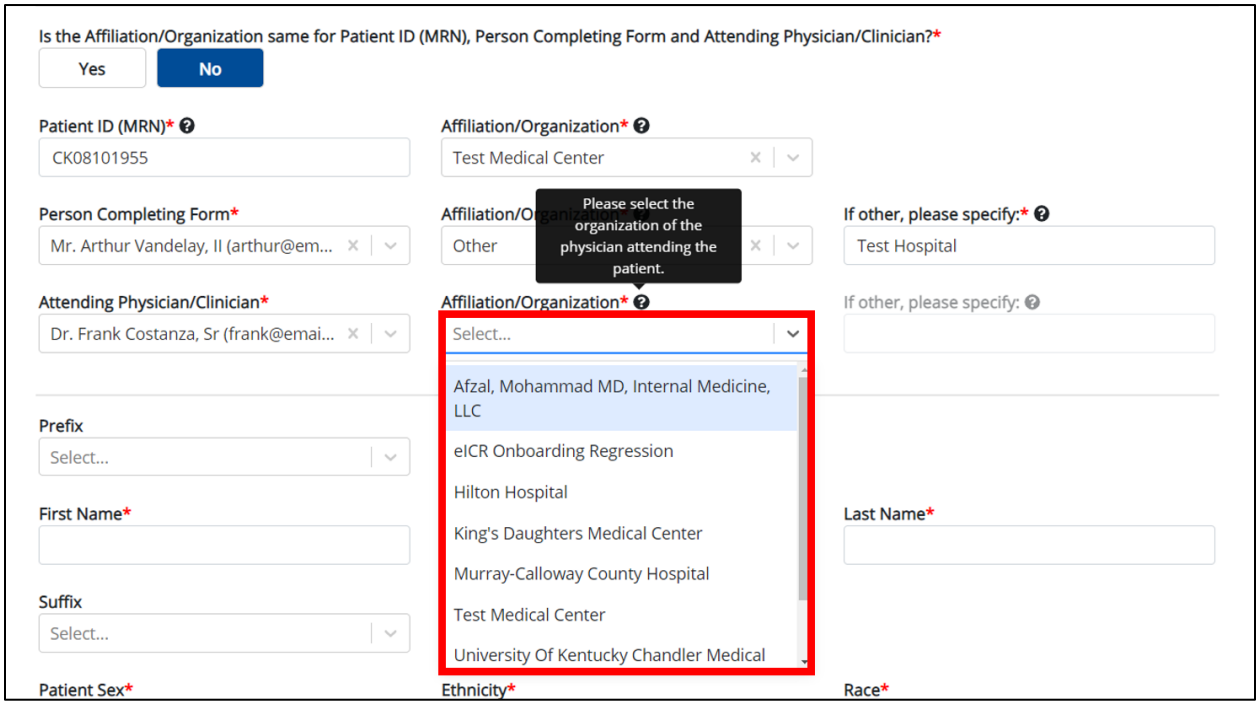
2. Select the **Affiliation/Organization** for the Person Completing Form from the dropdown menu.



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



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

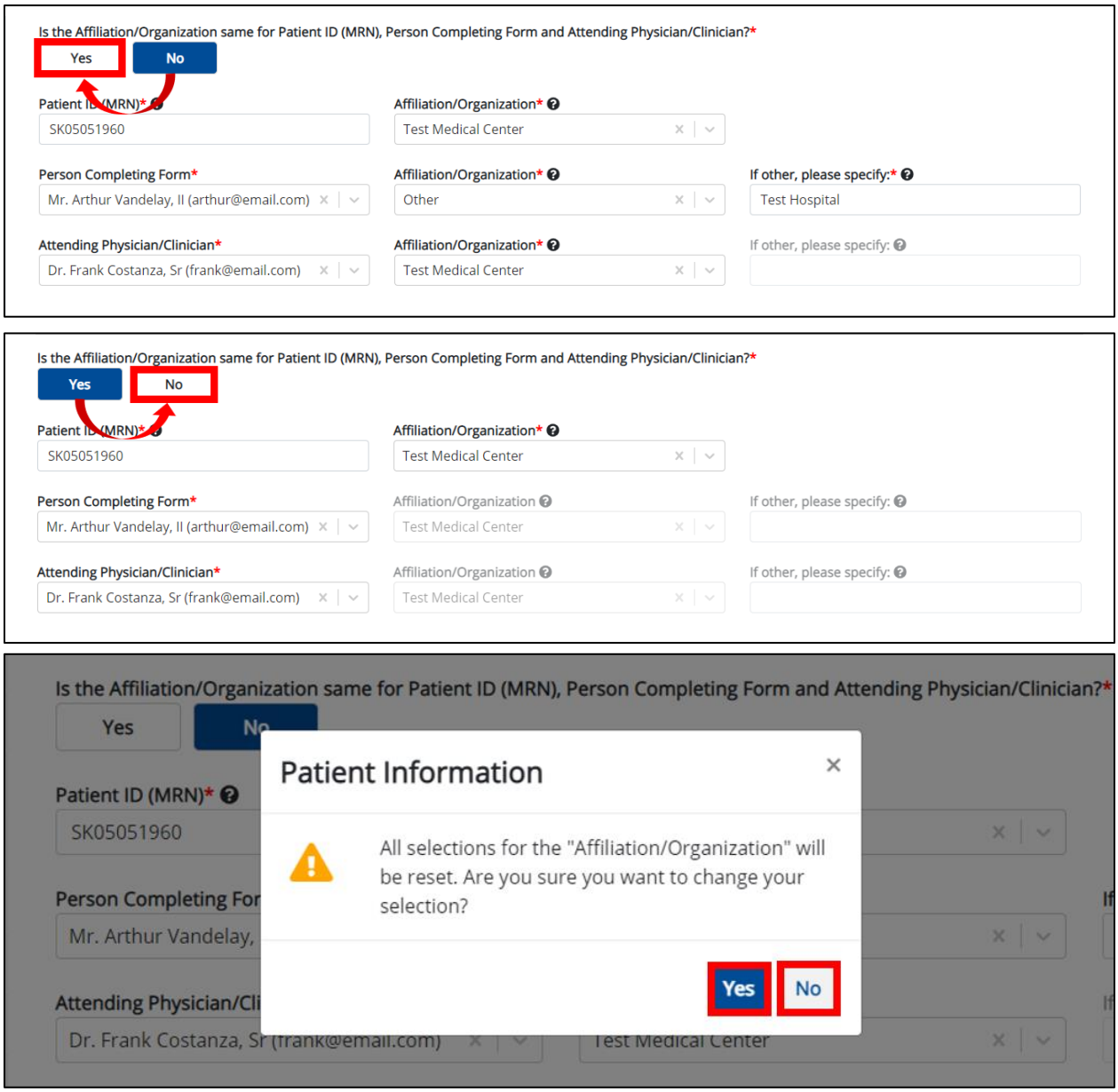


Please Note: If you select ***Other*** from the *Affiliation/Organization* dropdown menu for the Attending Physician/Clinician, the subsequent textbox is enabled: *If other, please specify*. You must enter the **name of the Affiliation/Organization**.

Affiliation/Organization Validation

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

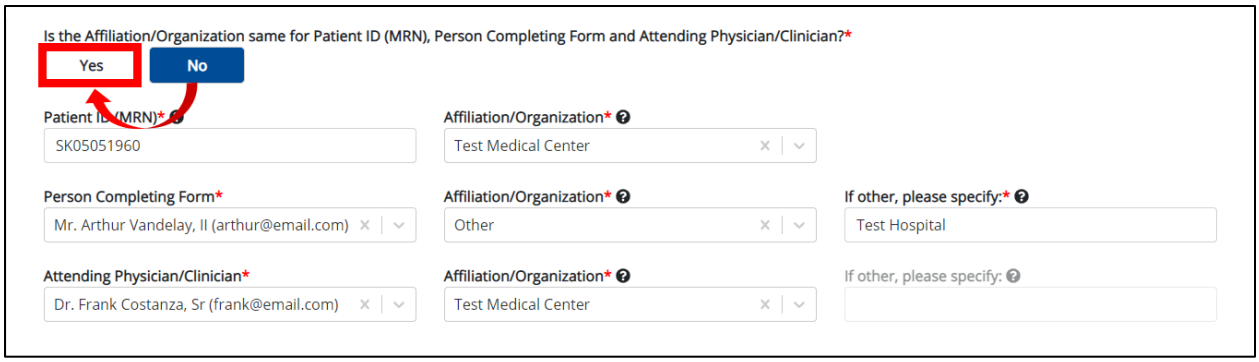
A pop-up displays with a message that states: ***All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?***



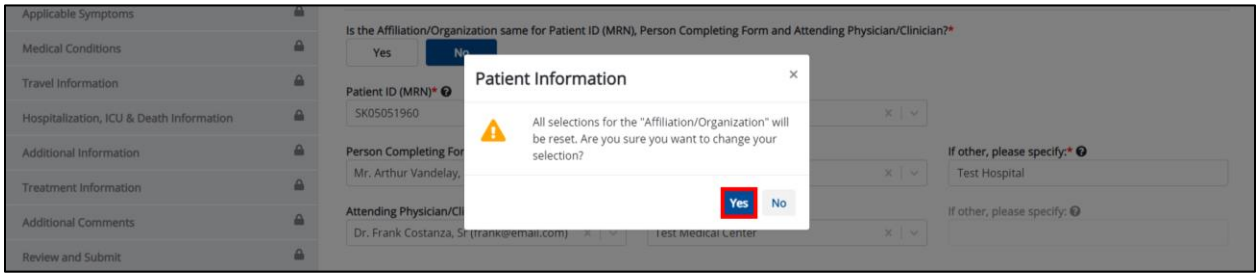
- To reset the Affiliation/Organization selection(s), click ***Yes***.
- To save the selected Affiliation/Organization selection(s), click ***No***.

Change Affiliation/Organization Conditional Answer: No to Yes

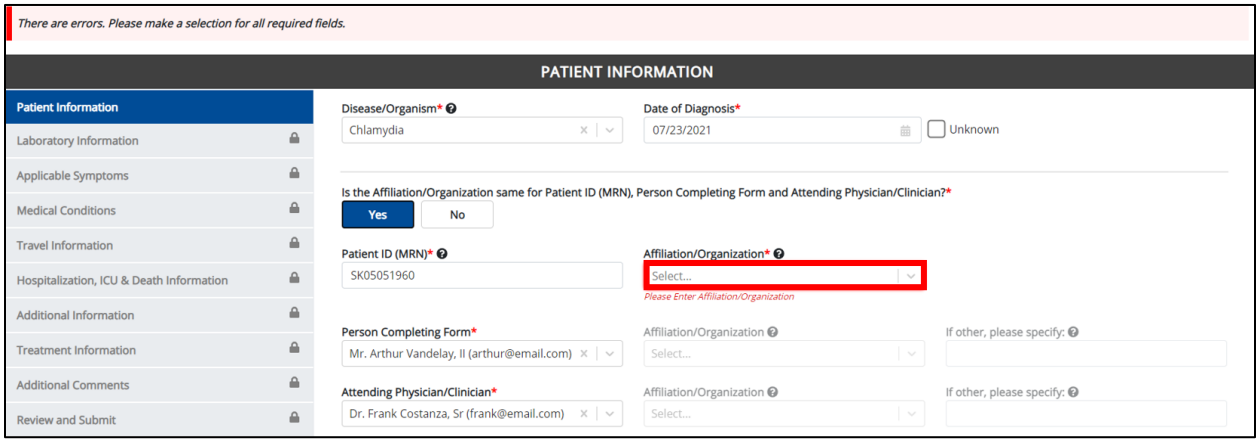
If, after completing the *Affiliation/Organization* section, you change your answer to the conditional question from ***No*** to ***Yes***, a pop-up message will display.



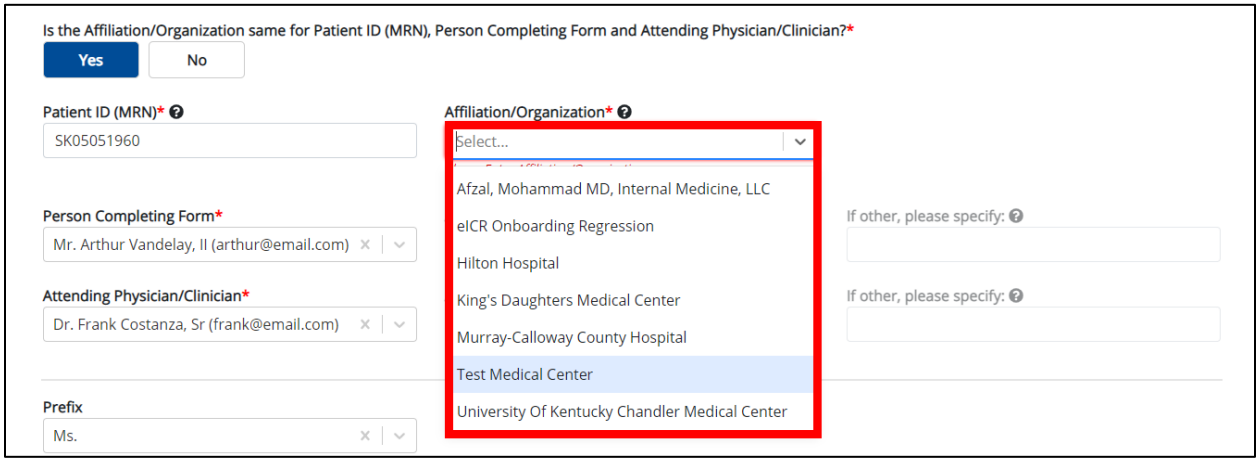
1. To reset your previous Affiliation/Organization selections for the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician, click ***Yes*** on the pop-up.



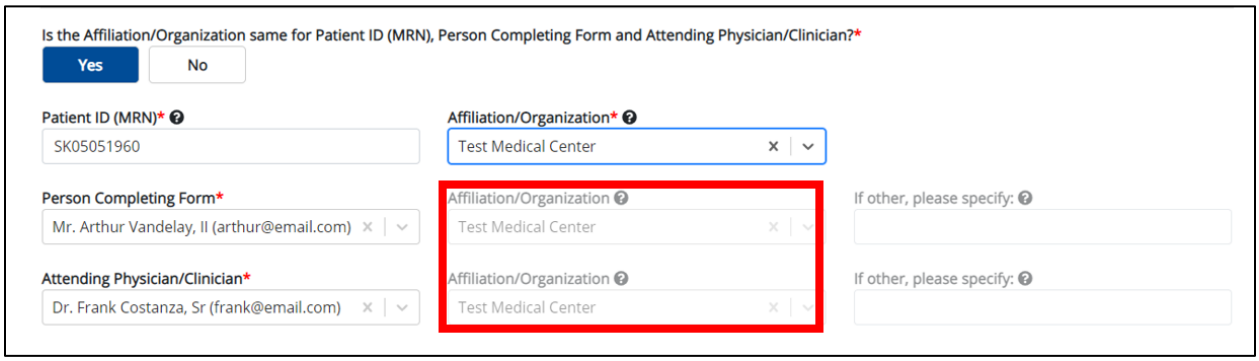
2. An error message prevents you from proceeding until an Affiliation/Organization is selected. You must select the **Affiliation/Organization** for the Patient ID (MRN) in order to proceed.
   - Your previous Affiliation/Organization selections for the Person Completing Form and the Attending Physician/Clinician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



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

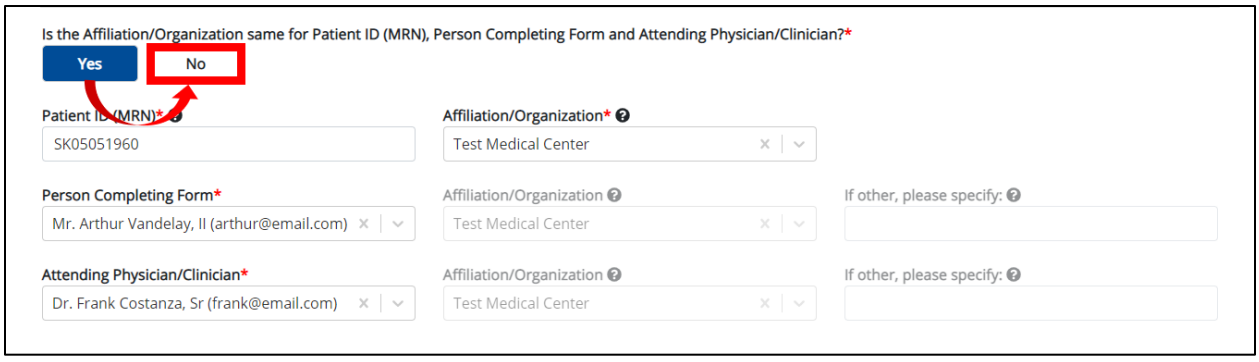


4. The **Affiliation/Organization** selected for the Patient ID (MRN) will display in disabled *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician.
   - This means the **same** Affiliation/Organization will be applied to the Patient ID (MRN), Person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

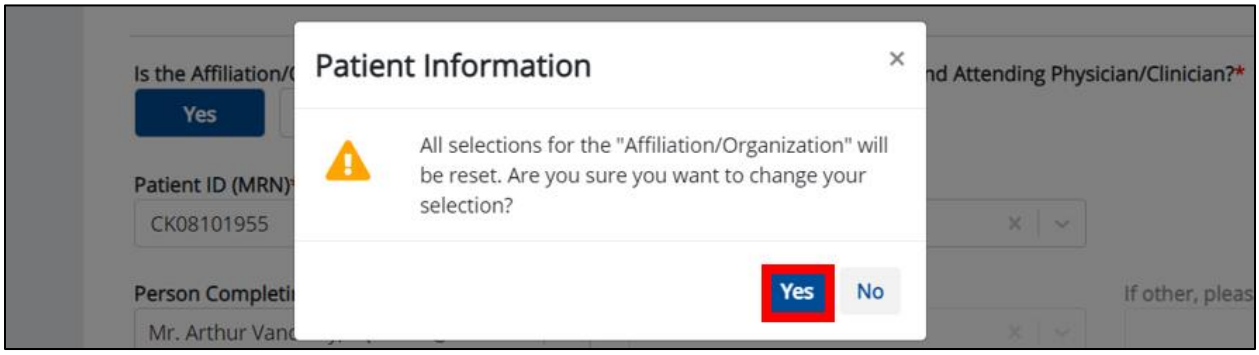


Change Affiliation/Organization Conditional Answer: Yes to No

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

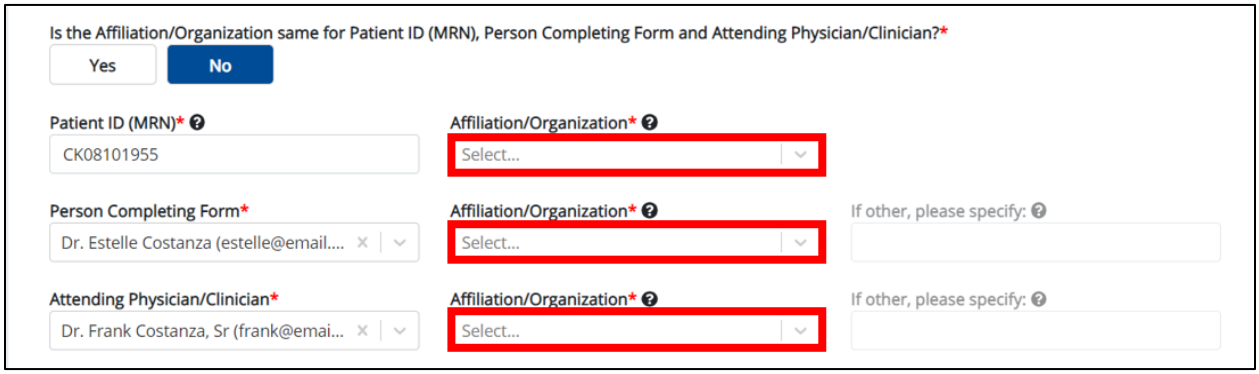


1. To reset your previous Affiliation/Organization selection for the Patient ID (MRN), click ***Yes*** on the pop-up.

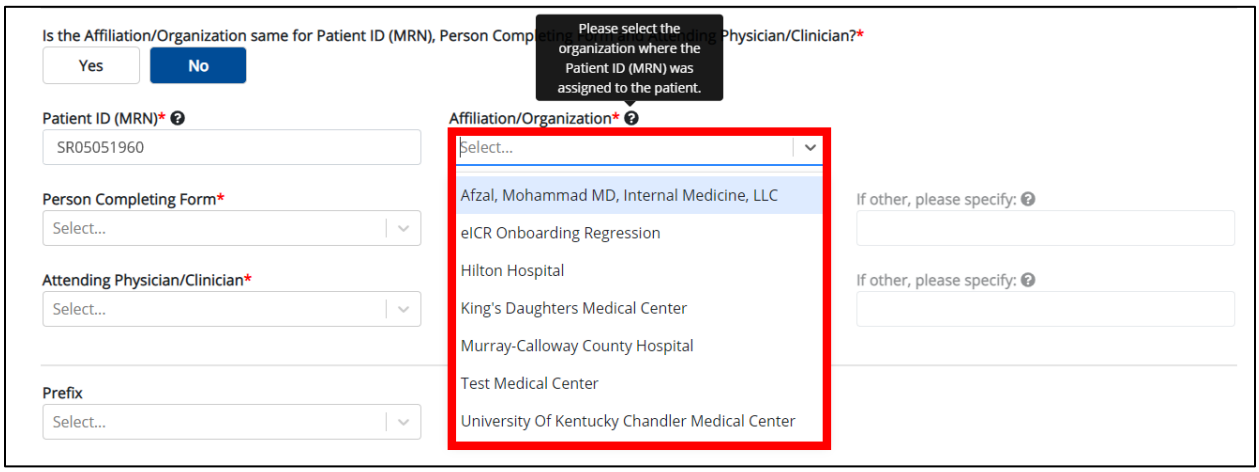


2. You must individually complete **each** of the *Affiliation/Organization* fields corresponding to Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

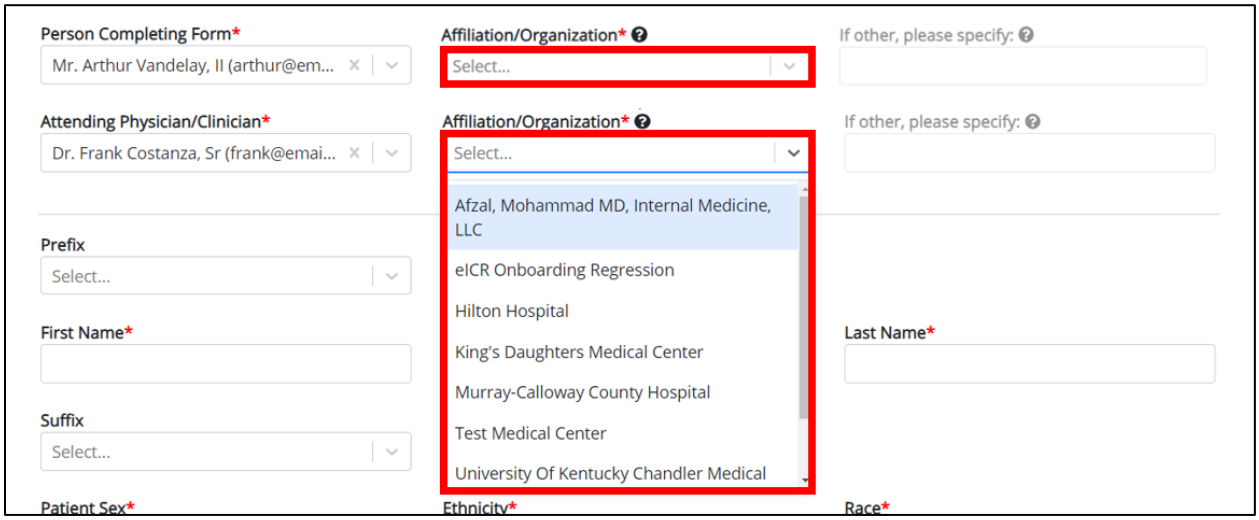
- Your previous Affiliation/Organization selection for the Patient ID (MRN) has been reset.
- **All** three (3) of the *Affiliation/Organization* fields are enabled.
    - This means a different Affiliation/Organization can be selected for each field.



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



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.

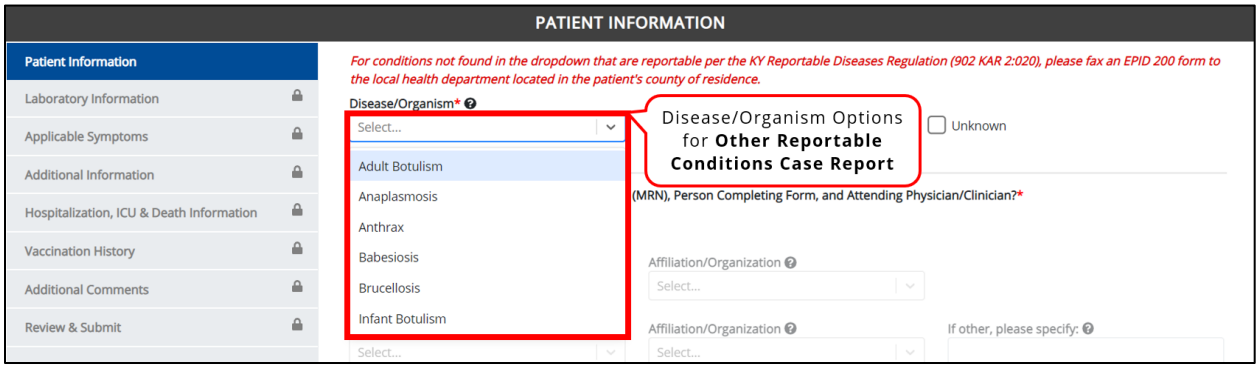


Please Note: If you select ***Other*** from the *Affiliation/Organization* dropdown menu for the Person Completing Form or the Attending Physician/Clinician, the following subsequent textbox is enabled: *If other, please specify*. You must enter the name of the **affiliation/organization**.

7 Dynamic Functions based on Disease/Organism

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

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

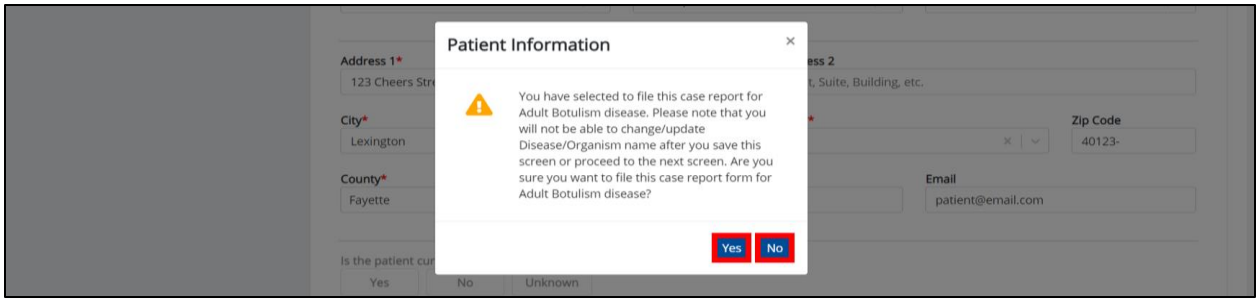


Please Note: For conditions not found in the *Disease/Organism* dropdown menu on the **Patient Information** screen, please fax an EPID 200 form to the local health department located in the patient's county of residence.

Change or Save Disease/Organism Selection

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

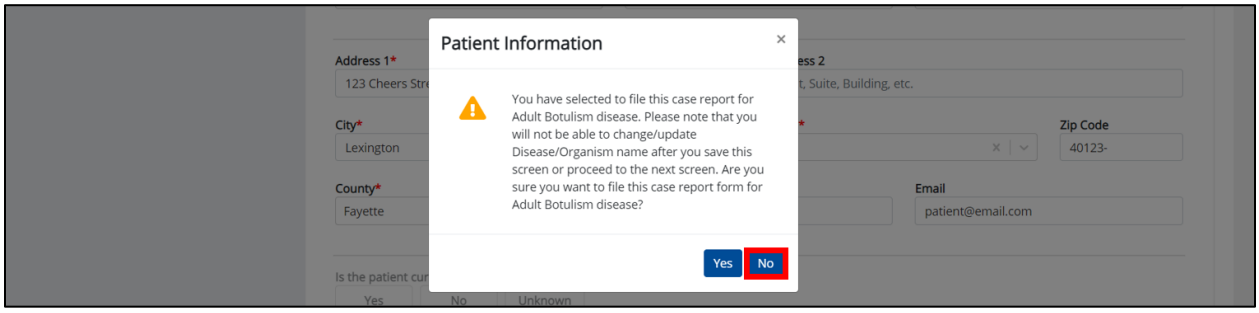
You have selected to file this case report for [selected disease]. Please note that you will not be able to change/update Disease/Organism name after you save this screen or proceed to the next screen. Are you sure you want to file this case report for [selected disease]?



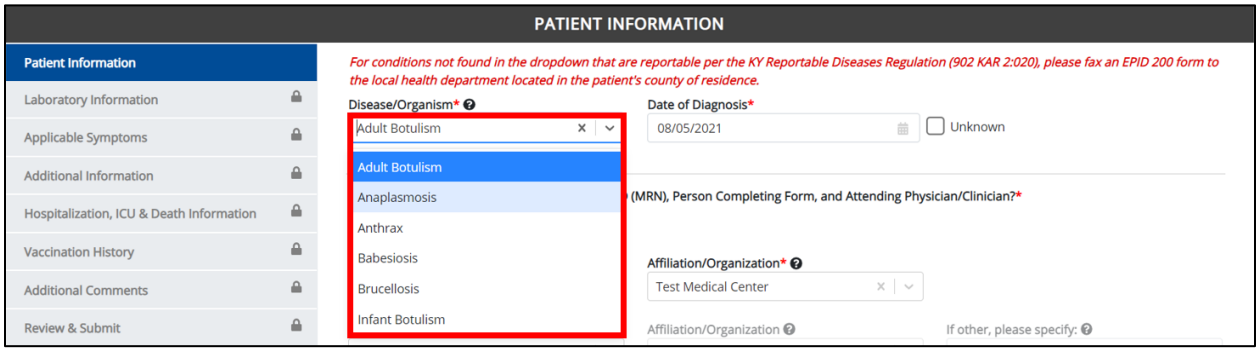
Please Note: All Disease/Organism selections are final. Once the selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to only display information that applies to the selected Disease/Organism.

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

1. Upon clicking **Save** or **Next** at the bottom of the **Patient Information** screen, the Disease/Organism Pop-Up displays.
2. To change the selected Disease/Organism, click **No**.

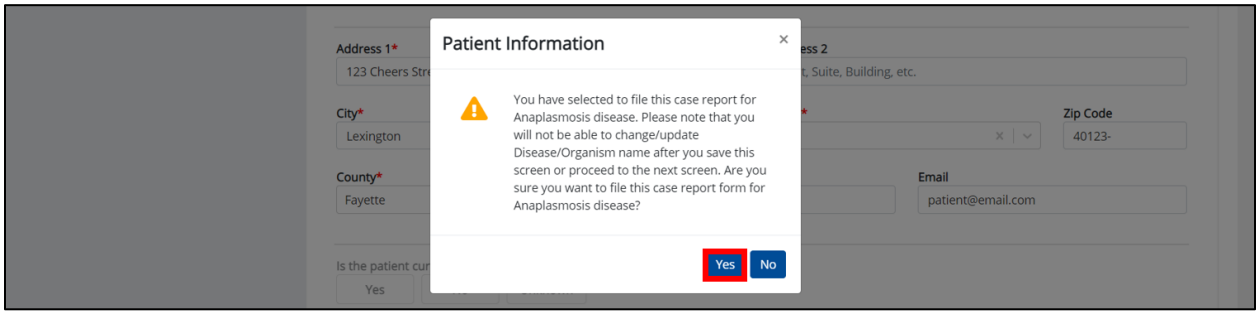


3. Select a **different Disease/Organism** from the dropdown menu.

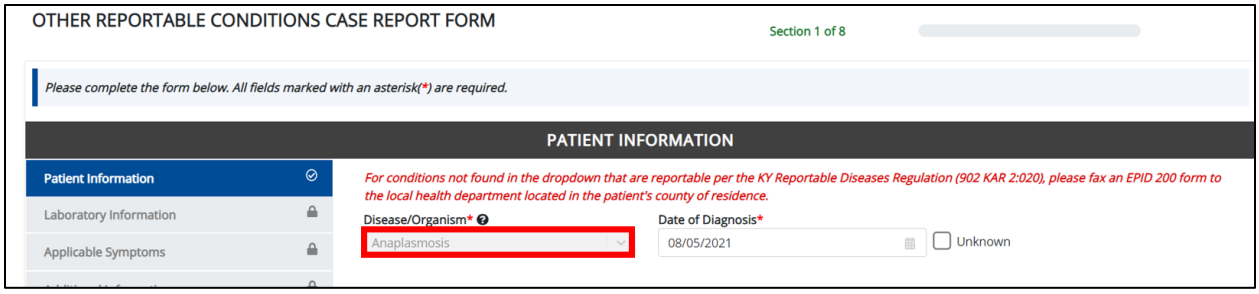


4. Once the Disease/Organism selection is complete, click **Save** to save the change or click **Next** at the bottom of the **Patient Information** screen.

5. The Disease/Organism Pop-Up displays to confirm the change in selection. Click **Yes** to save the Disease/Organism selection.



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

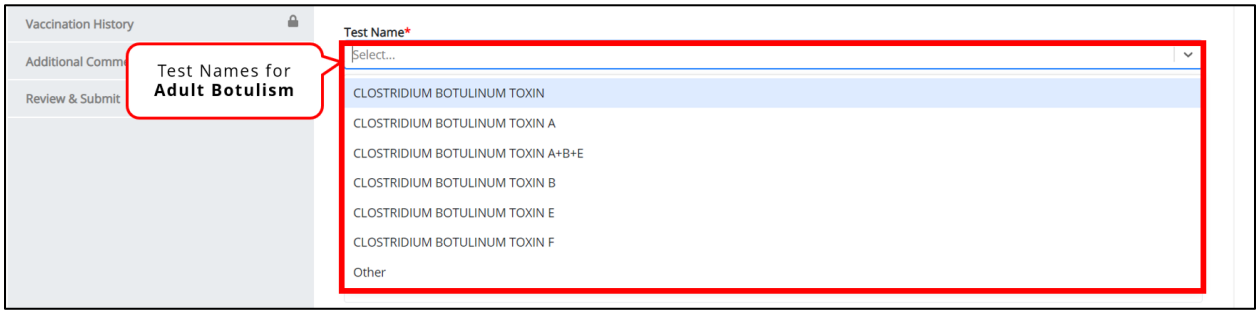


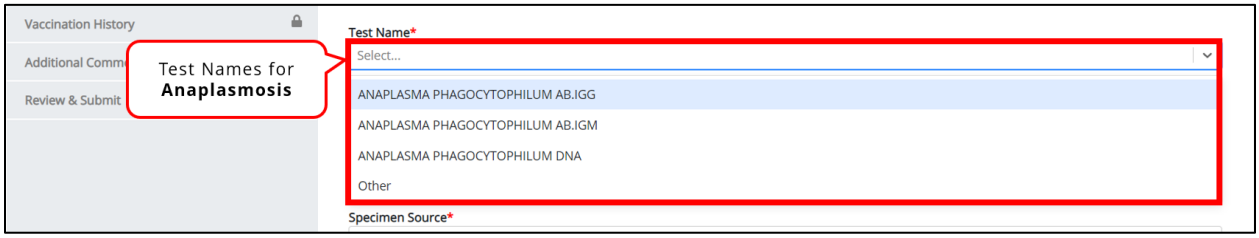
8 Dynamic Screens for Other Reportable Conditions Case Report

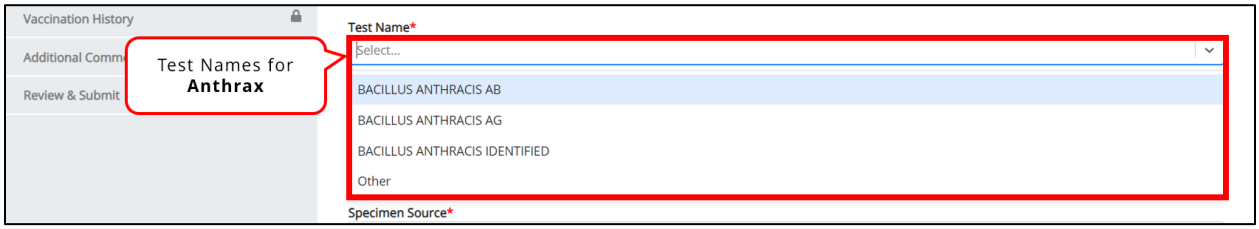
The following screens display dynamic information based on the **Disease/Organism** selected from the dropdown menu on the **Patient Information** screen of the Other Reportable Conditions Case Report.

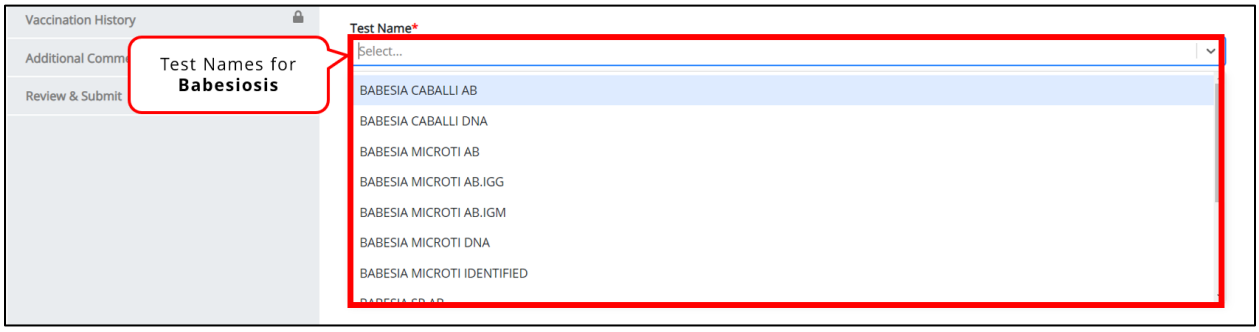
Laboratory Information: Dynamic Screen

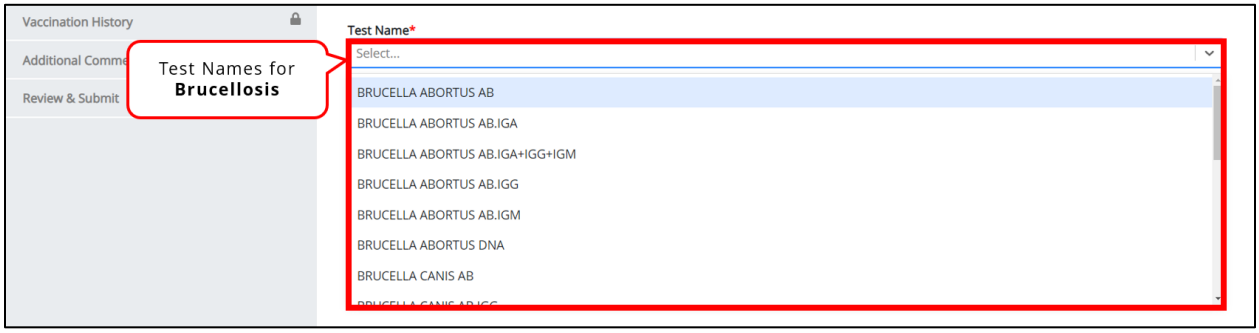
On the **Laboratory Information** screen, the *Test Name* dropdown menu displays only the test name options that apply to the Disease/Organism selected on the **Patient Information** screen.

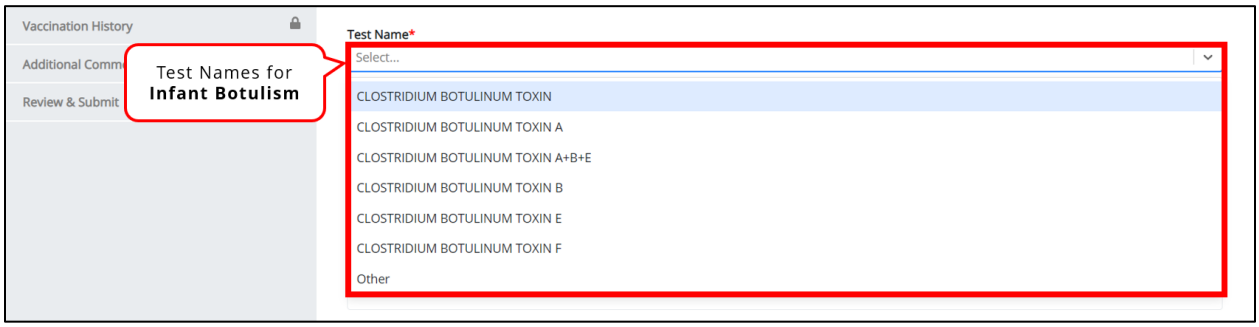








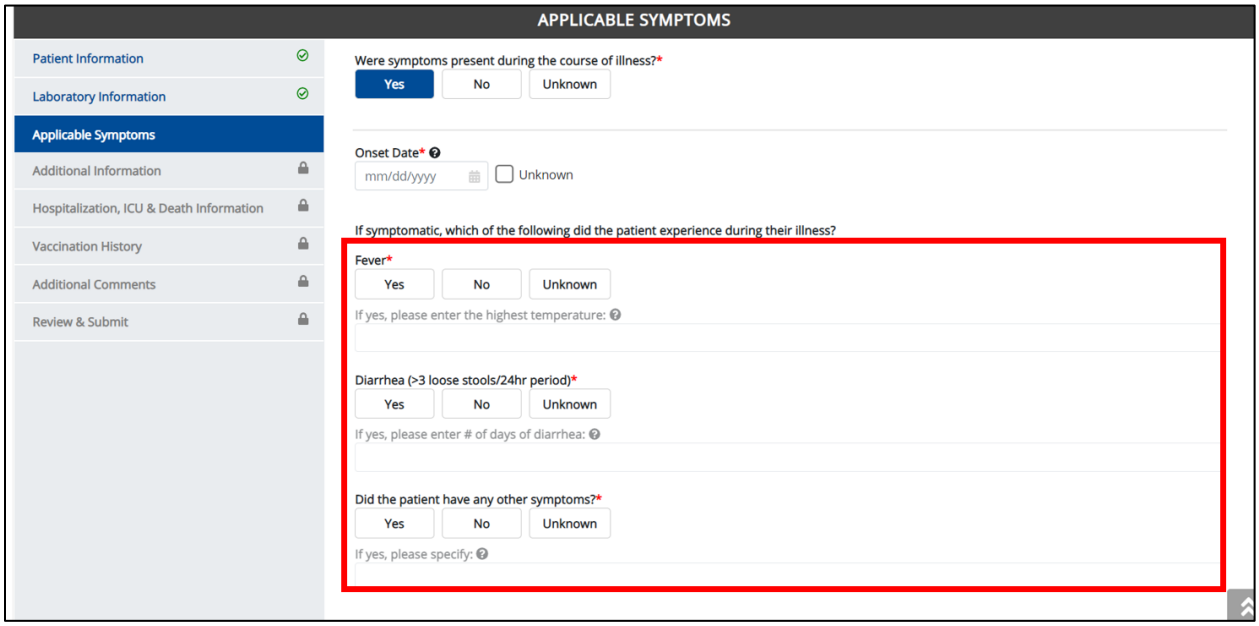

Vaccination History
Additional Comme
Review & Submit
Test Names for
Brucellosis
Test Name*
Select...
BRUCELLA ABORTUS AB
BRUCELLA ABORTUS AB.IGA
BRUCELLA ABORTUS AB.IGA+IGG+IGM
BRUCELLA ABORTUS AB.IGG
BRUCELLA ABORTUS AB.IGM
BRUCELLA ABORTUS DNA
BRUCELLA CANIS AB


Vaccination History
Additional Comm
Review & Submit
Test Names for
Infant Botulism
Test Name*
Select...
CLOSTRIDIUM BOTULINUM TOXIN
CLOSTRIDIUM BOTULINUM TOXIN A
CLOSTRIDIUM BOTULINUM TOXIN A+B+E
CLOSTRIDIUM BOTULINUM TOXIN B
CLOSTRIDIUM BOTULINUM TOXIN E
CLOSTRIDIUM BOTULINUM TOXIN F
Other

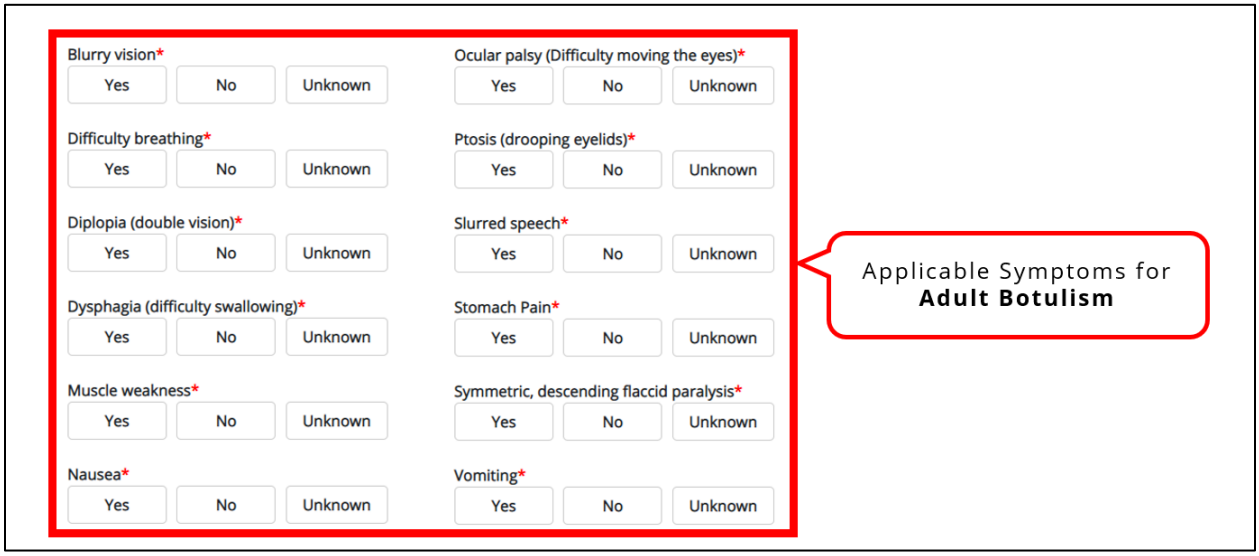
Applicable Symptoms: Dynamic Screen

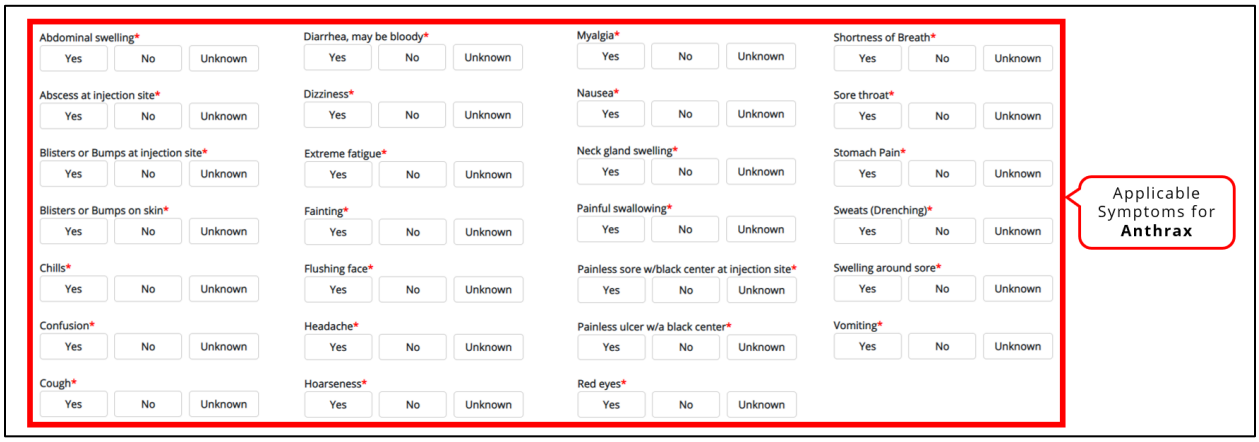
The **Applicable Symptoms** screen displays common fields for **all** of the Other Reportable Conditions selected as the Disease/Organism. The **Applicable Symptoms** screen displays additional symptoms that apply to the selected Disease/Organism.

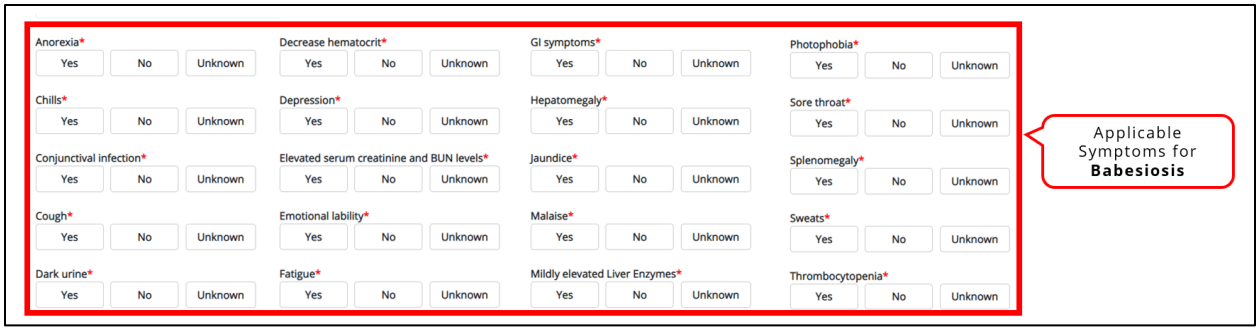
- The **Applicable Symptoms** screen displays the common fields below for **all** Disease/Organism selections:
  - *Fever*
  - *Diarrhea (>3 loose stools/24 hour period)*
  - *Did the patient have any other symptoms?*

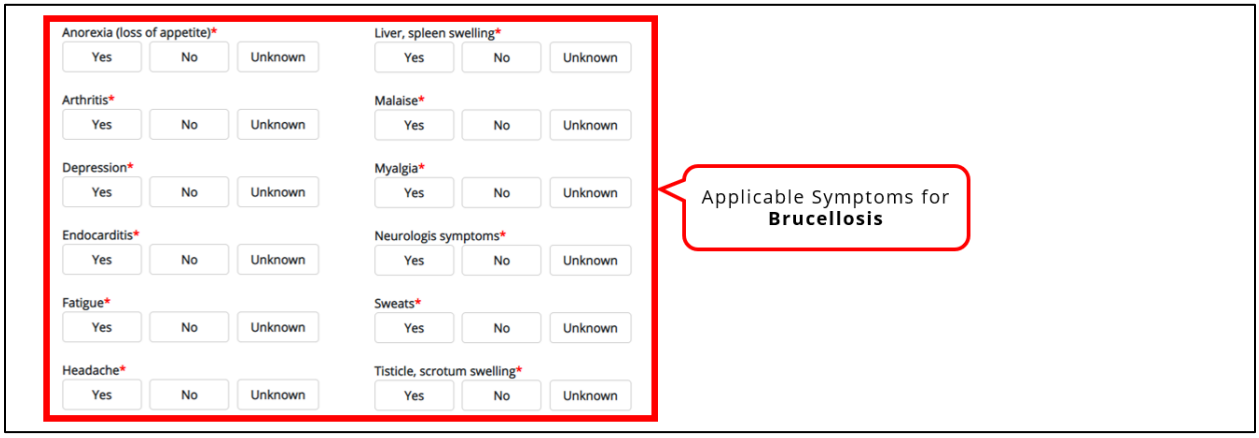


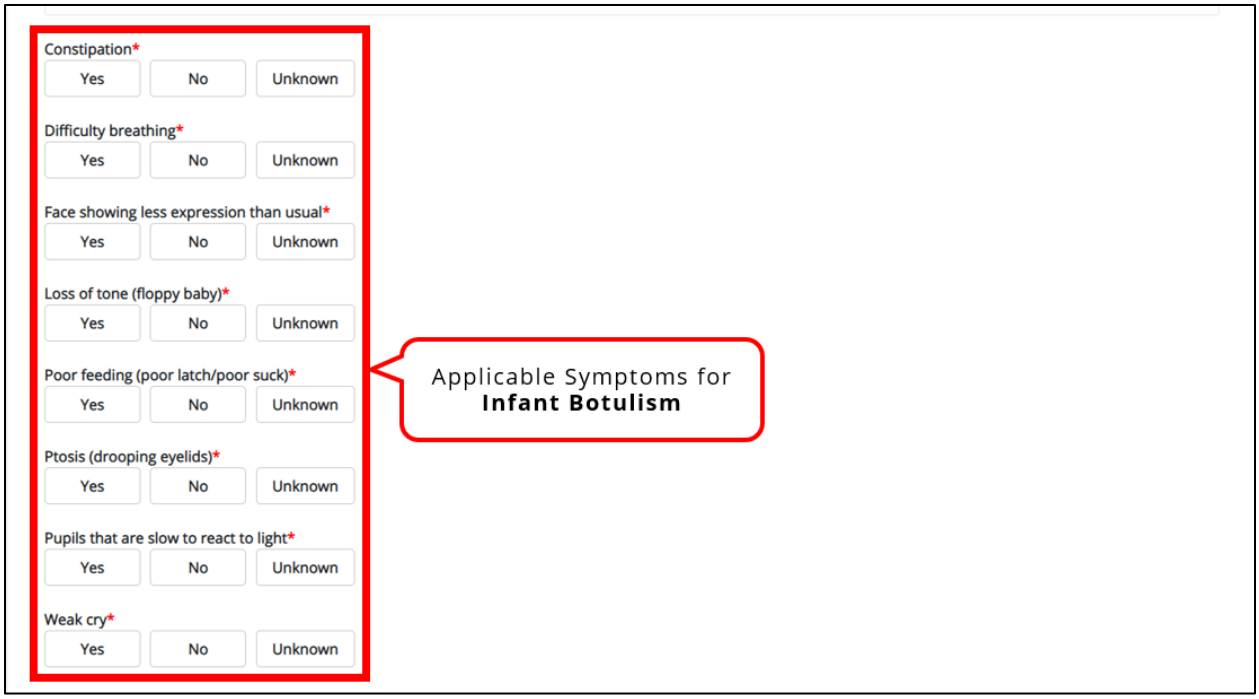
- The **Applicable Symptoms** screen also displays additional symptoms that apply to the Disease/Organism selected.


Blurry vision* Yes No Unknown
Ocular palsy (Difficulty moving the eyes)* Yes No Unknown
Difficulty breathing* Yes No Unknown
Ptosis (drooping eyelids)* Yes No Unknown
Diplopia (double vision)* Yes No Unknown
Slurred speech* Yes No Unknown
Dysphagia (difficulty swallowing)* Yes No Unknown
Stomach Pain* Yes No Unknown
Muscle weakness* Yes No Unknown
Symmetric, descending flaccid paralysis* Yes No Unknown
Nausea* Yes No Unknown
Vomiting* Yes No Unknown
Applicable Symptoms for **Adult Botulism**


Abdominal swelling* Yes No Unknown
Diarrhea, may be bloody* Yes No Unknown
Myalgia* Yes No Unknown
Shortness of Breath* Yes No Unknown
Abscess at injection site* Yes No Unknown
Dizziness* Yes No Unknown
Nausea* Yes No Unknown
Sore throat* Yes No Unknown
Blisters or Bumps at injection site* Yes No Unknown
Extreme fatigue* Yes No Unknown
Neck gland swelling* Yes No Unknown
Stomach Pain* Yes No Unknown
Blisters or Bumps on skin* Yes No Unknown
Fainting* Yes No Unknown
Painful swallowing* Yes No Unknown
Sweats (Drenching)* Yes No Unknown
Chills* Yes No Unknown
Flushing face* Yes No Unknown
Painless sore w/black center at injection site* Yes No Unknown
Swelling around sore* Yes No Unknown
Confusion* Yes No Unknown
Headache* Yes No Unknown
Painless ulcer w/a black center* Yes No Unknown
Vomiting* Yes No Unknown
Cough* Yes No Unknown
Hoarseness* Yes No Unknown
Red eyes* Yes No Unknown
Applicable Symptoms for **Anthrax**


Anorexia* Yes No Unknown
Decrease hematocrit* Yes No Unknown
GI symptoms* Yes No Unknown
Photophobia* Yes No Unknown
Chills* Yes No Unknown
Depression* Yes No Unknown
Hepatomegaly* Yes No Unknown
Sore throat* Yes No Unknown
Conjunctival infection* Yes No Unknown
Elevated serum creatinine and BUN levels* Yes No Unknown
Jaundice* Yes No Unknown
Splenomegaly* Yes No Unknown
Cough* Yes No Unknown
Emotional lability* Yes No Unknown
Malaise* Yes No Unknown
Sweats* Yes No Unknown
Dark urine* Yes No Unknown
Fatigue* Yes No Unknown
Mildly elevated Liver Enzymes* Yes No Unknown
Thrombocytopenia* Yes No Unknown
Applicable Symptoms for **Babesiosis**


Anorexia (loss of appetite)*
Yes
No
Unknown
Liver, spleen swelling*
Yes
No
Unknown
Arthritis*
Yes
No
Unknown
Malaise*
Yes
No
Unknown
Depression*
Yes
No
Unknown
Myalgia*
Yes
No
Unknown
Endocarditis*
Yes
No
Unknown
Neurologis symptoms*
Yes
No
Unknown
Fatigue*
Yes
No
Unknown
Sweats*
Yes
No
Unknown
Headache*
Yes
No
Unknown
Tisticle, scrotum swelling*
Yes
No
Unknown
Applicable Symptoms for
Brucellosis

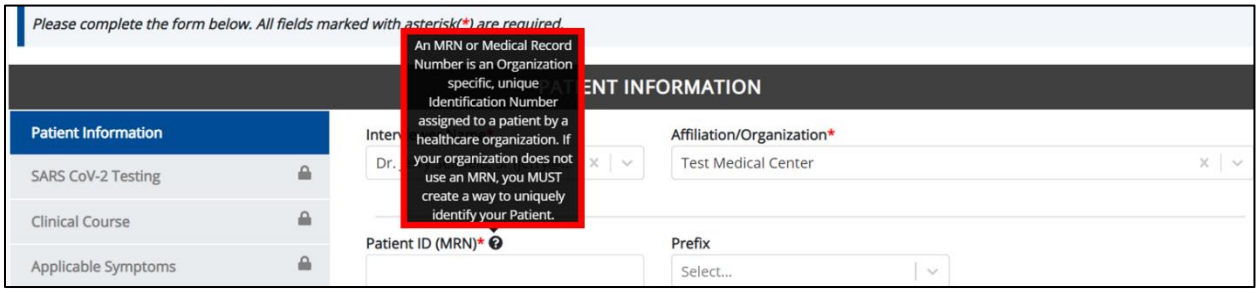

Constipation*
Yes
No
Unknown
Difficulty breathing*
Yes
No
Unknown
Face showing less expression than usual*
Yes
No
Unknown
Loss of tone (floppy baby)*
Yes
No
Unknown
Poor feeding (poor latch/poor suck)*
Yes
No
Unknown
Ptosis (drooping eyelids)*
Yes
No
Unknown
Pupils that are slow to react to light*
Yes
No
Unknown
Weak cry*
Yes
No
Unknown
Applicable Symptoms for
Infant Botulism

9 Tips for Manually Entering Case Report Data

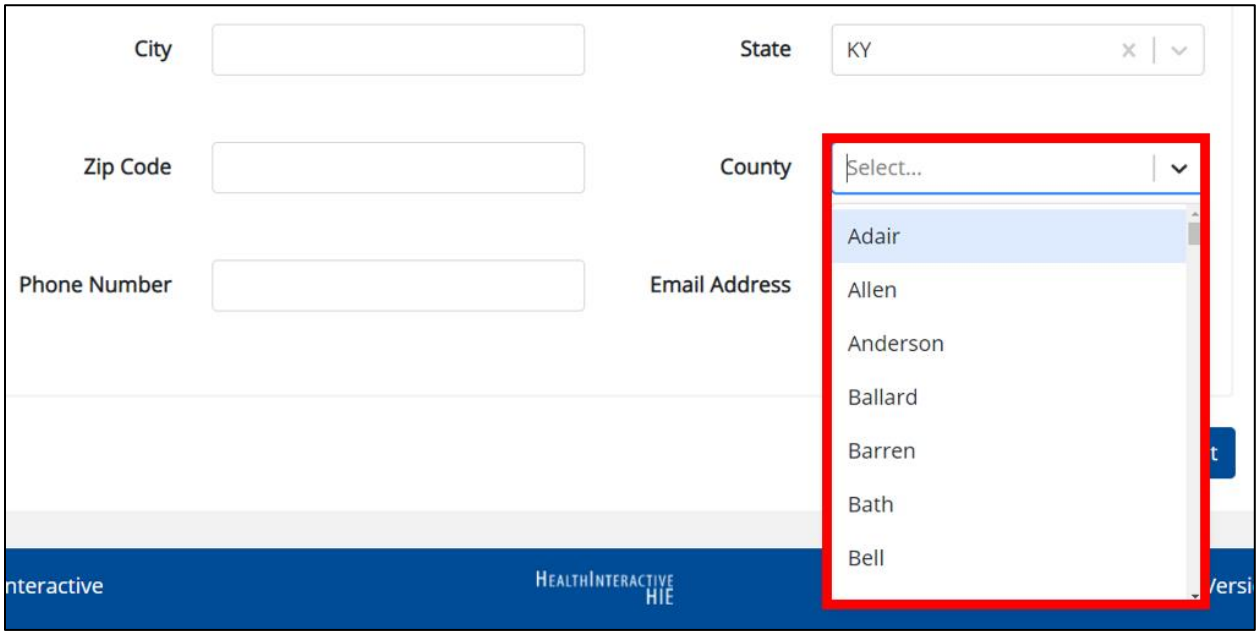
Become familiar with these tips prior to entering case reports. When entering data, please keep these key notes in mind:

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

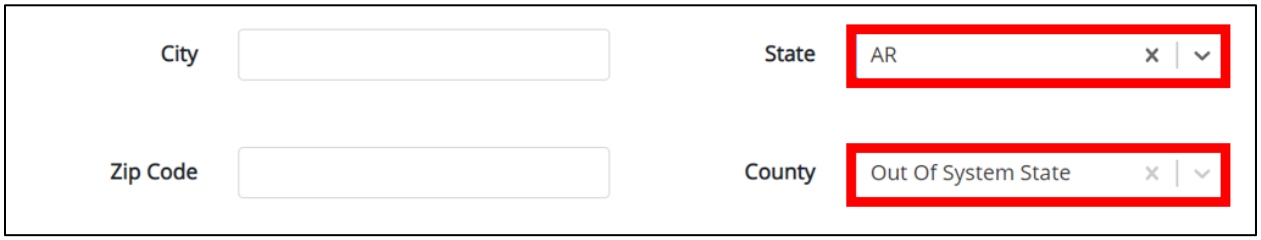
- *Help Icons* are available to guide you while entering data in the fields.



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

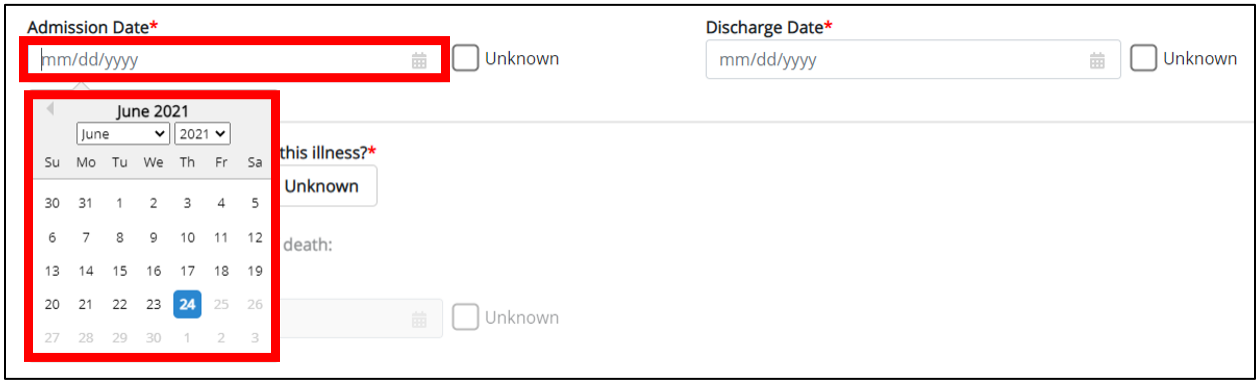


- However, when you select **any state other than Kentucky**, the system will display the message *Out of System State* and will not display counties in the *County* dropdown menu.

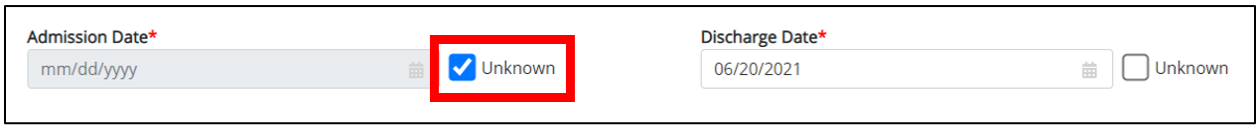


1. Enter dates by entering 2 digits for the month, 2 digits for the day, and 4 digits for the year.

- You can also click the *Date* field to bring up a calendar. You can click a **date on the calendar** or use the field dropdown menus to select the month and the year.



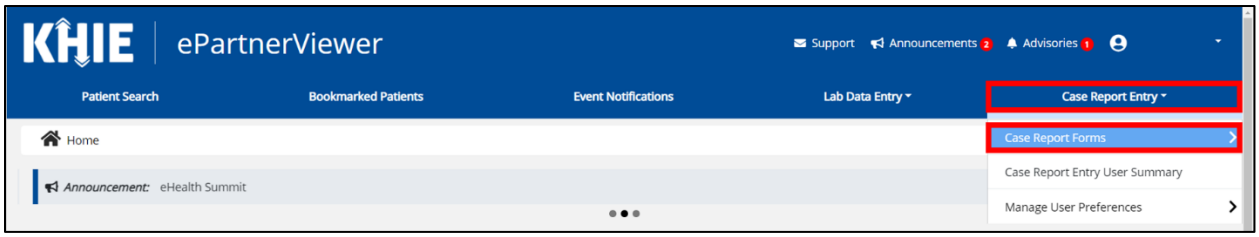
- If the date is unknown, you have the option to click the **Unknown** checkbox.



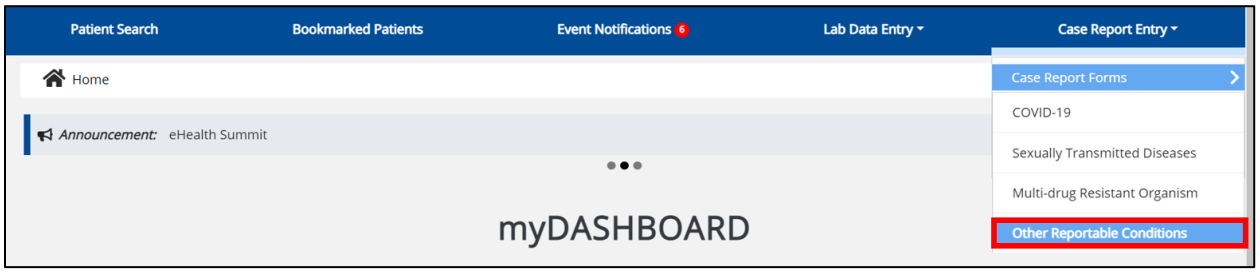
10 Other Reportable Conditions Case Report Form

Users with the *Manual Case Reporter* Role are authorized to access the Other Reportable Conditions Case Report Form in the ePartnerViewer.

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

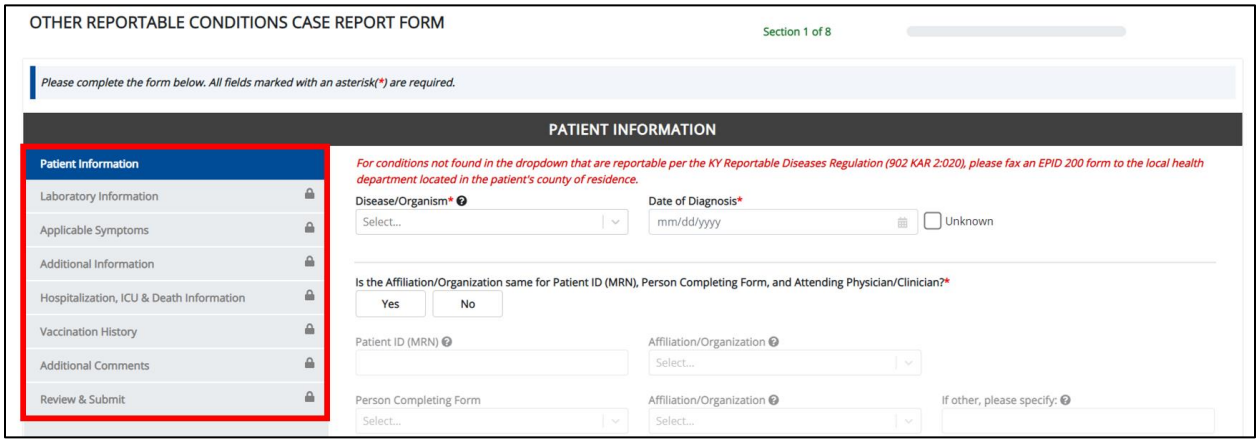


2. Select **Other Reportable Conditions** from the dropdown menu.

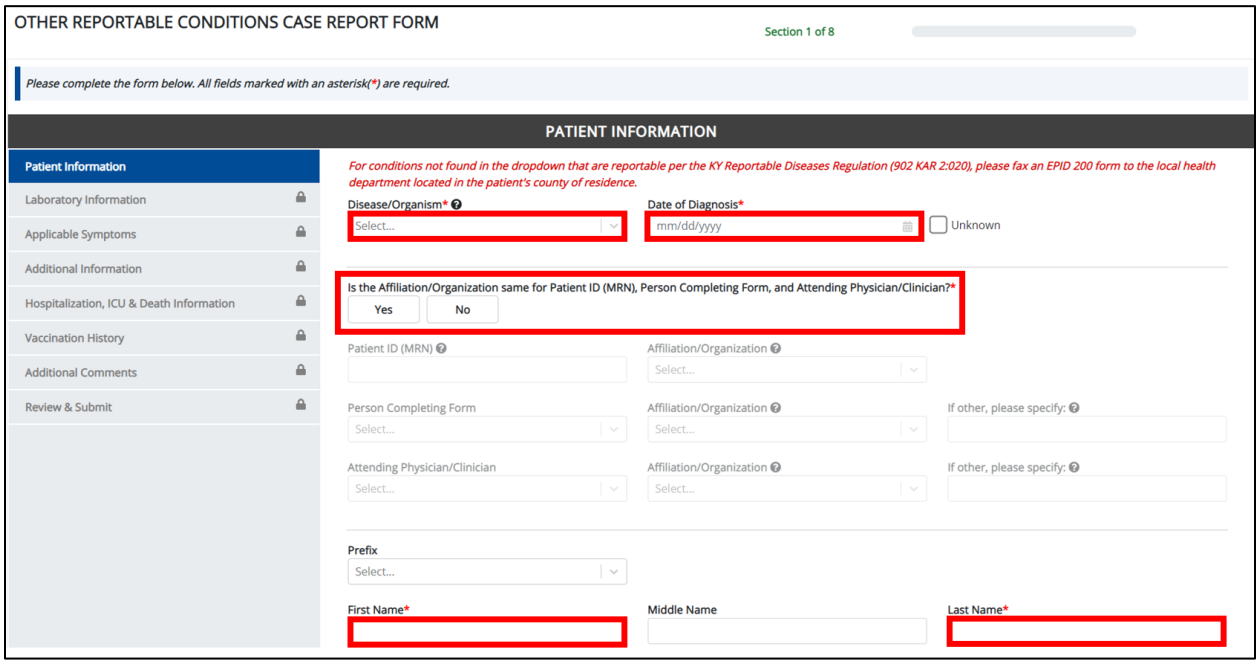


11 Patient Information

The Other Reportable Conditions Case Report Form is an eight-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Applicable Symptoms, (4) Additional Information, (5) Hospitalization, ICU, & Death Information, (6) Vaccination History, and (7) Additional Comments. (8) **Review and Submit** is where Users must review the information they have entered **and** submit the Other Reportable Conditions Case Report.



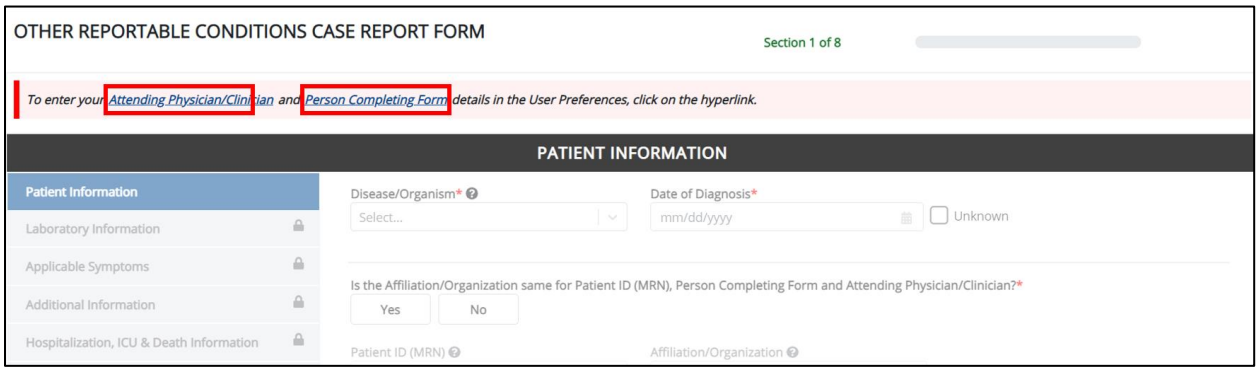
1. To start the Other Reportable Conditions Case Report entry, you must complete the mandatory fields on the Patient Information screen.



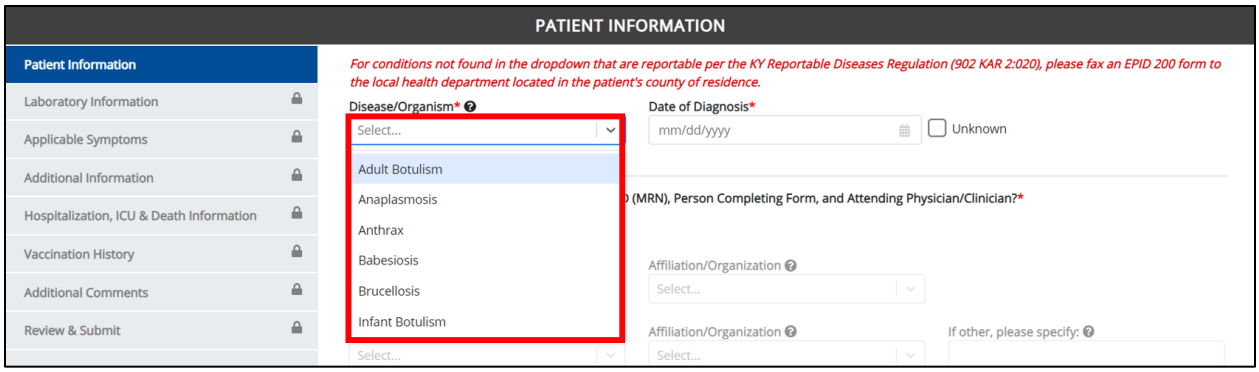
Please Note: You are required to enter the details associated with the *Person Completing Form* and the *Attending Physician/Clinician* prior to entering Other Reportable Conditions case report information.

If you access the Other Reportable Conditions 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** 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* and *Attending Physician/Clinician* before entering Other Reportable Conditions Case Report details.



2. Select the **Disease/Organism** from the dropdown menu.

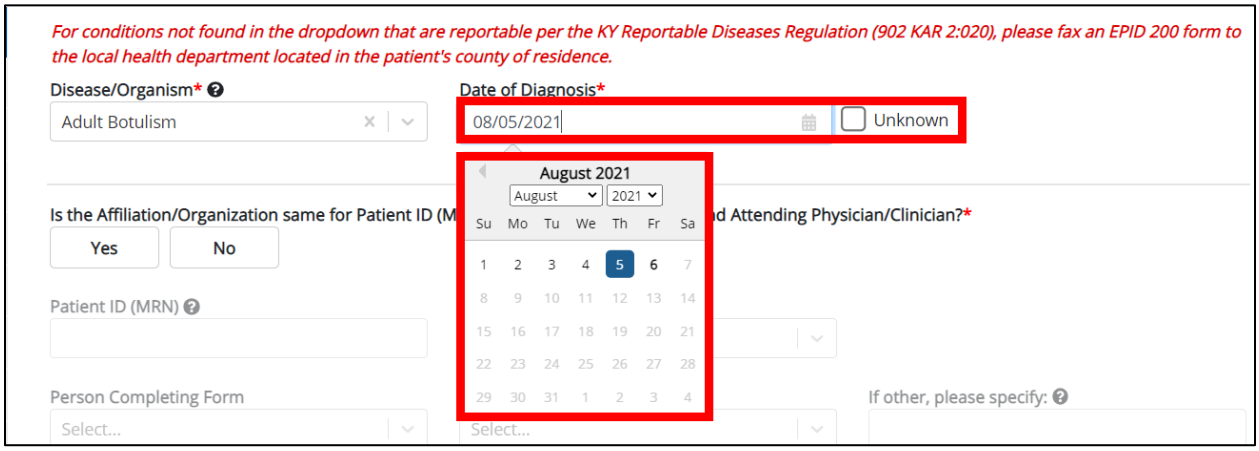


Please Note: Based on the **Disease/Organism** selected from the dropdown menu on the **Patient Information** screen, certain subsequent screens will dynamically display information that applies to the selected disease/organism. This means certain screens will display only the symptoms and lab tests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

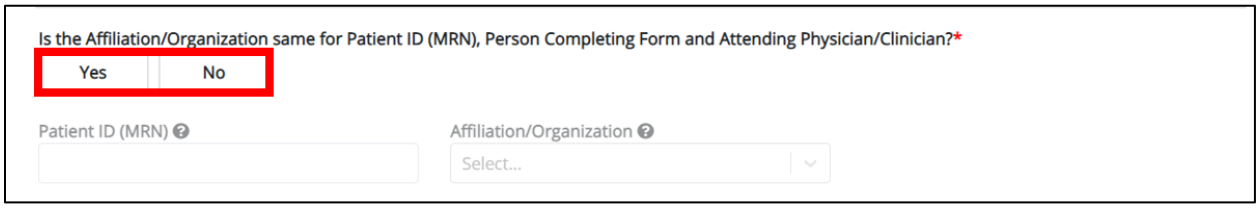
Once the Disease/Organism selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

3. Enter the **Date of Diagnosis**.

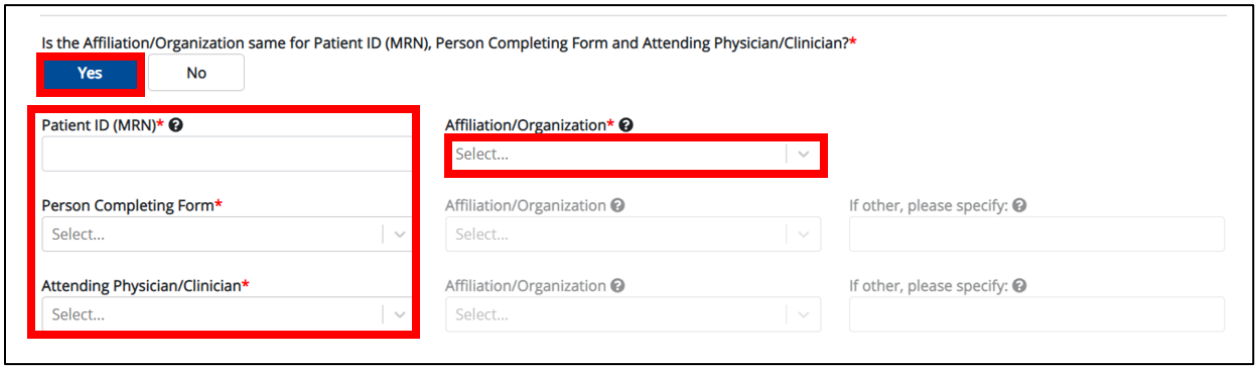
- If the date of diagnosis is unknown, click the **Unknown checkbox**.



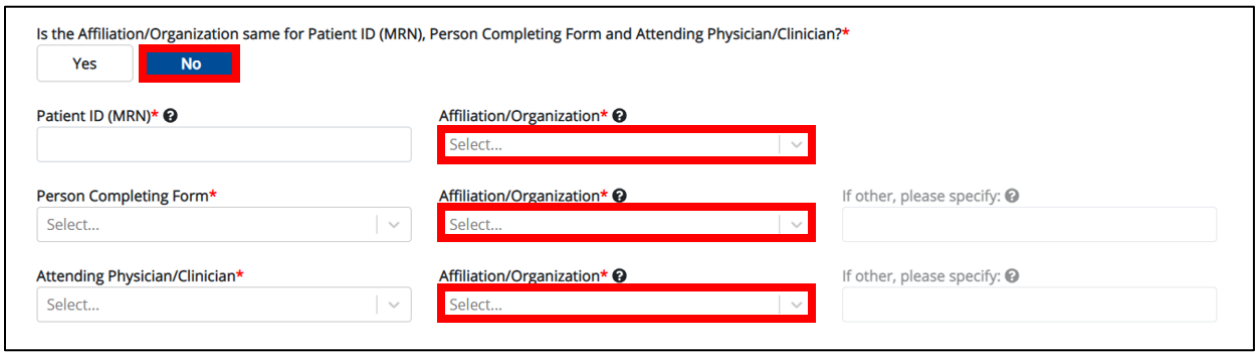
4. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician*?



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

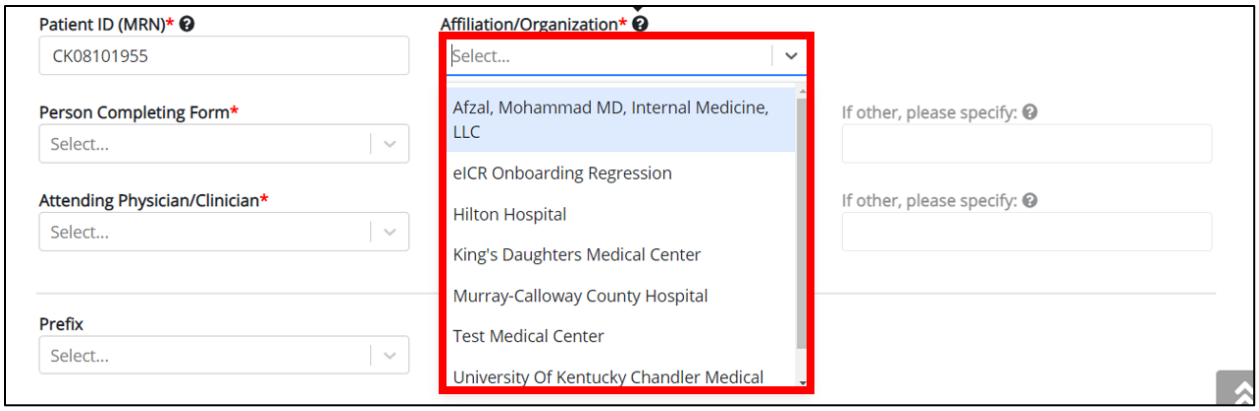


- Click ***No*** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.



5. Enter the patient's **Medical Record Number (MRN)** in the *Patient ID (MRN)* field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you MUST create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

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

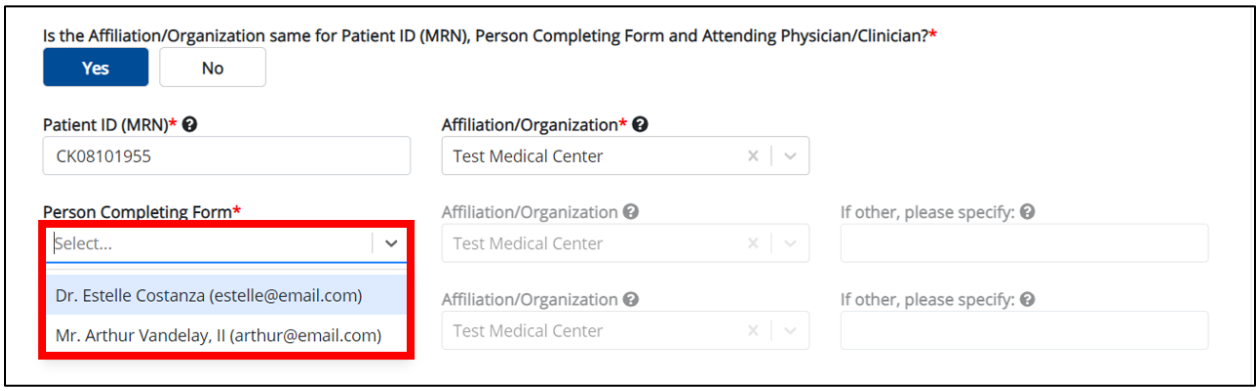


Please Note: If ***Yes*** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each.

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.

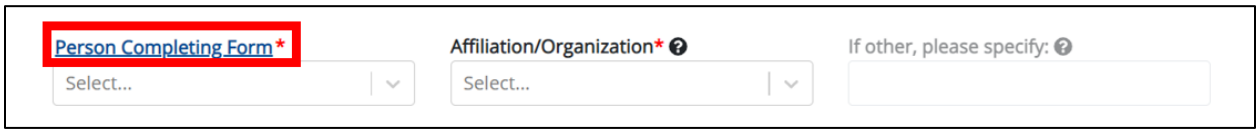
7. From the dropdown menu, select the name of the **Person Completing Form**.



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

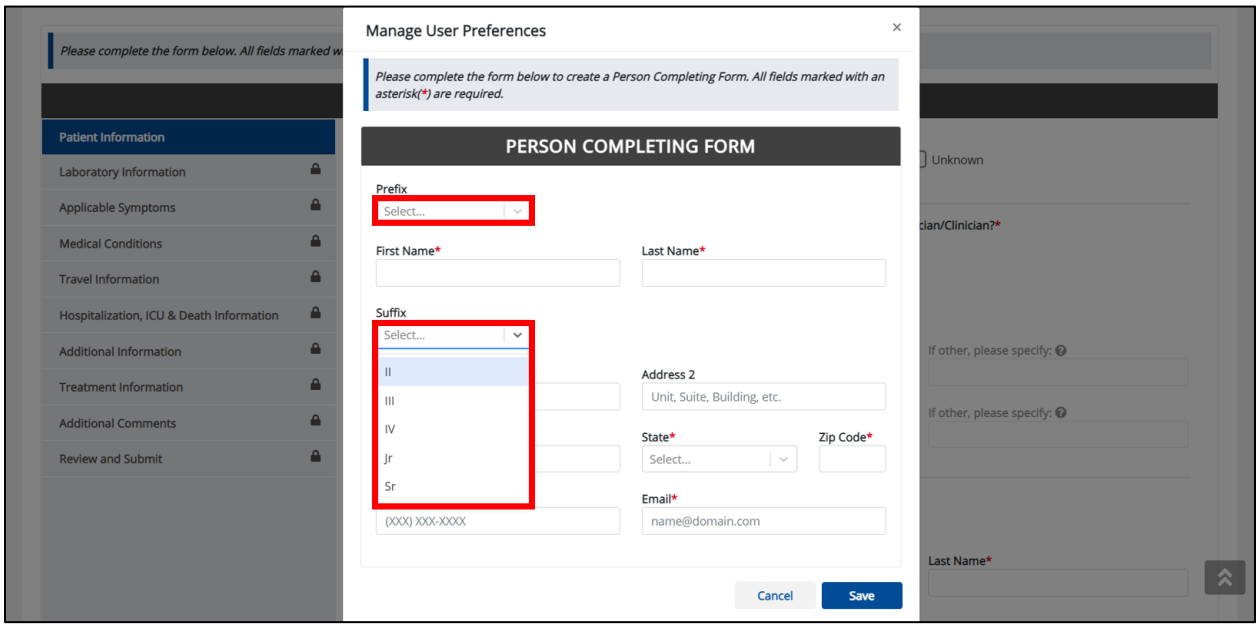
Person Completing Form Hyperlink

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

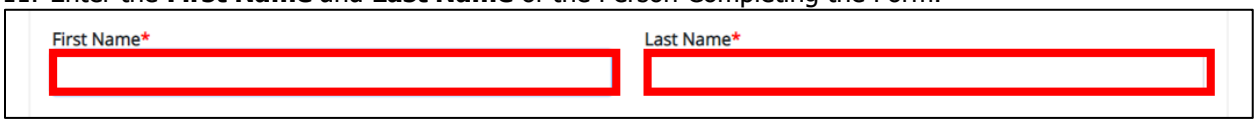


9. The *Person Completing Form* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

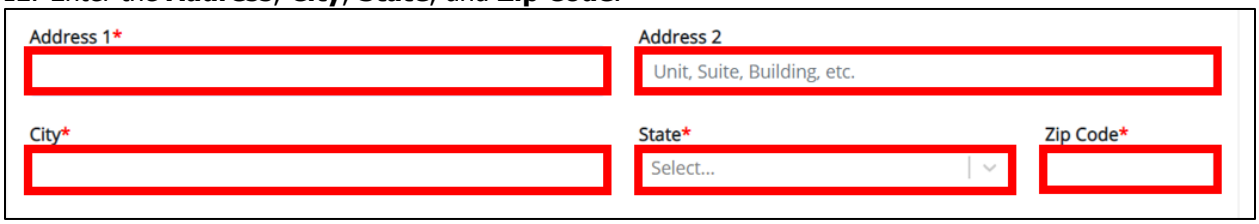
10. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.



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

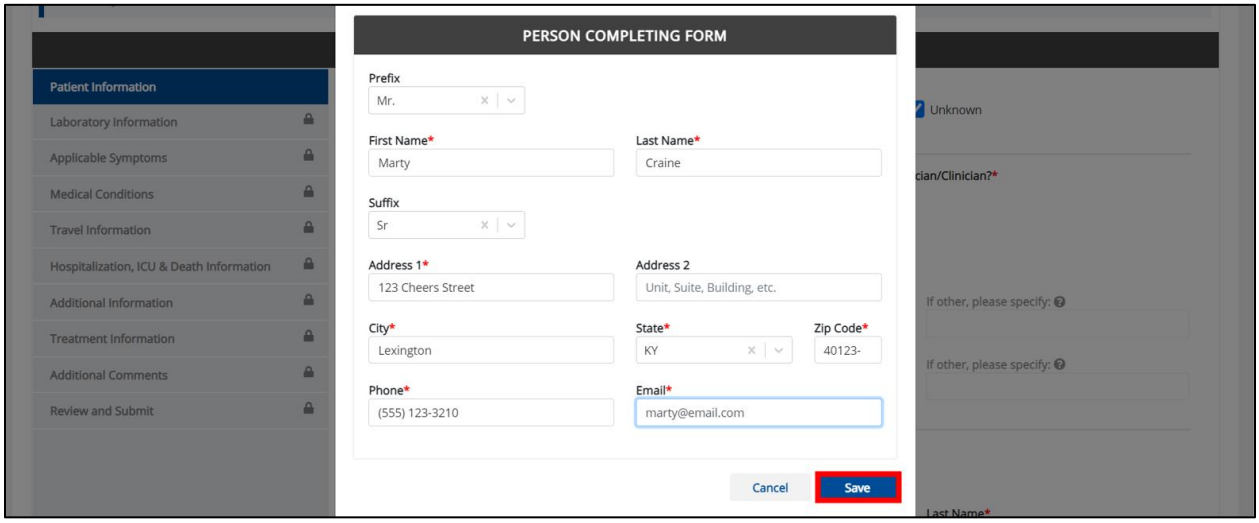


12. Enter the **Address**, **City**, **State**, and **Zip Code**.

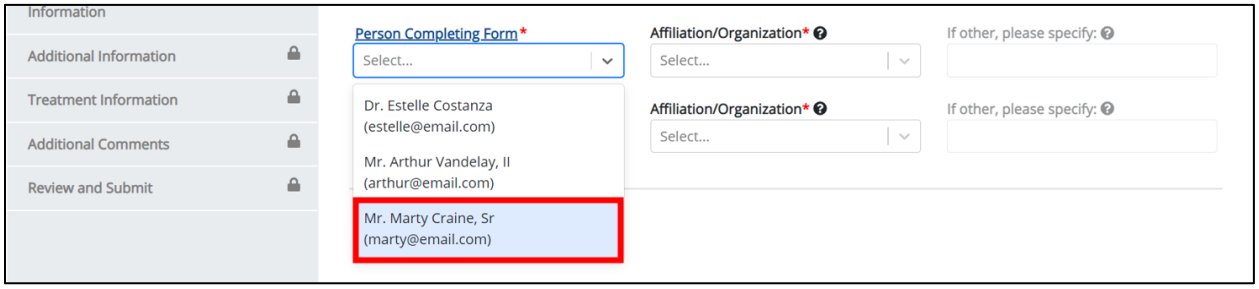


13. Enter the **Phone Number** and **Email Address**.

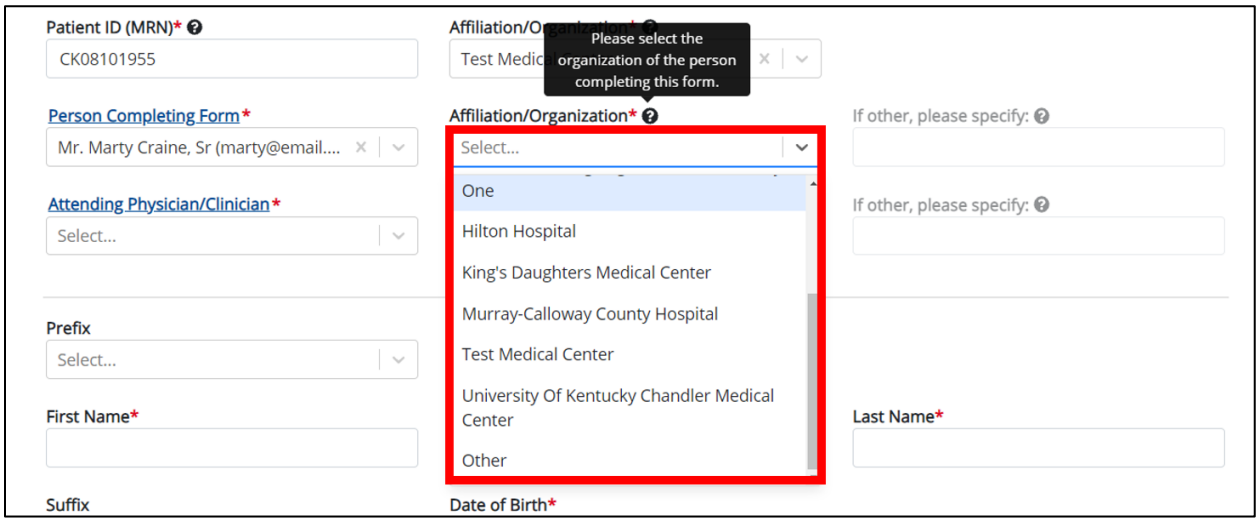
14. After completing the mandatory fields, click **Save**.



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

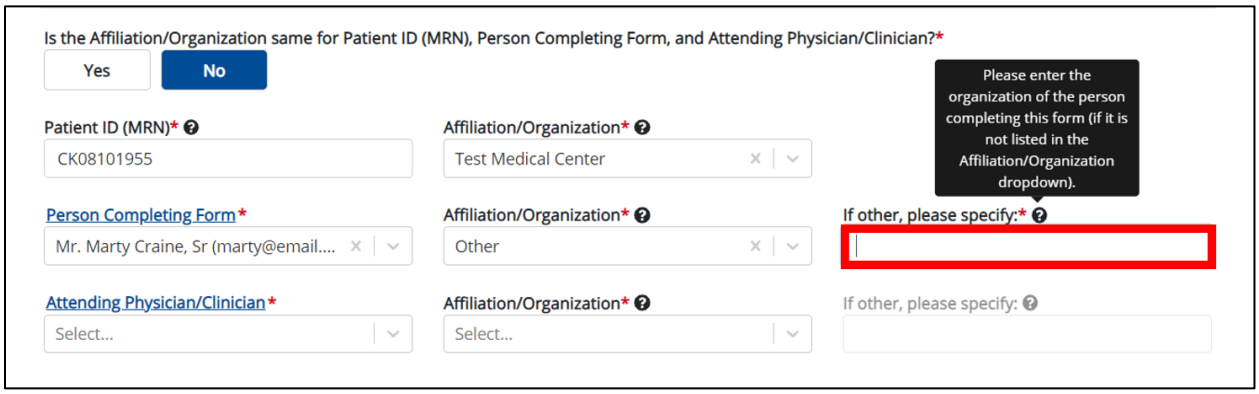


16. If applicable, select the **Affiliation/Organization** that applies to the person completing the form.

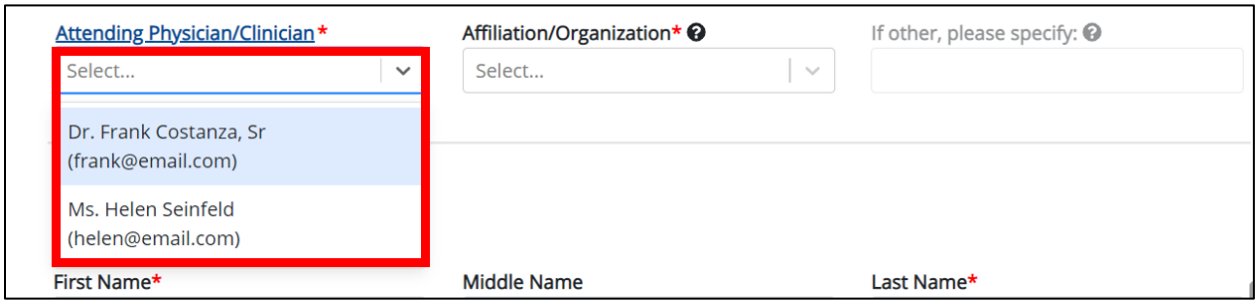


Please Note: The *Affiliation/Organization* field that applies to the Person Completing Form is only enabled if you selected ***No*** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician*?

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



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

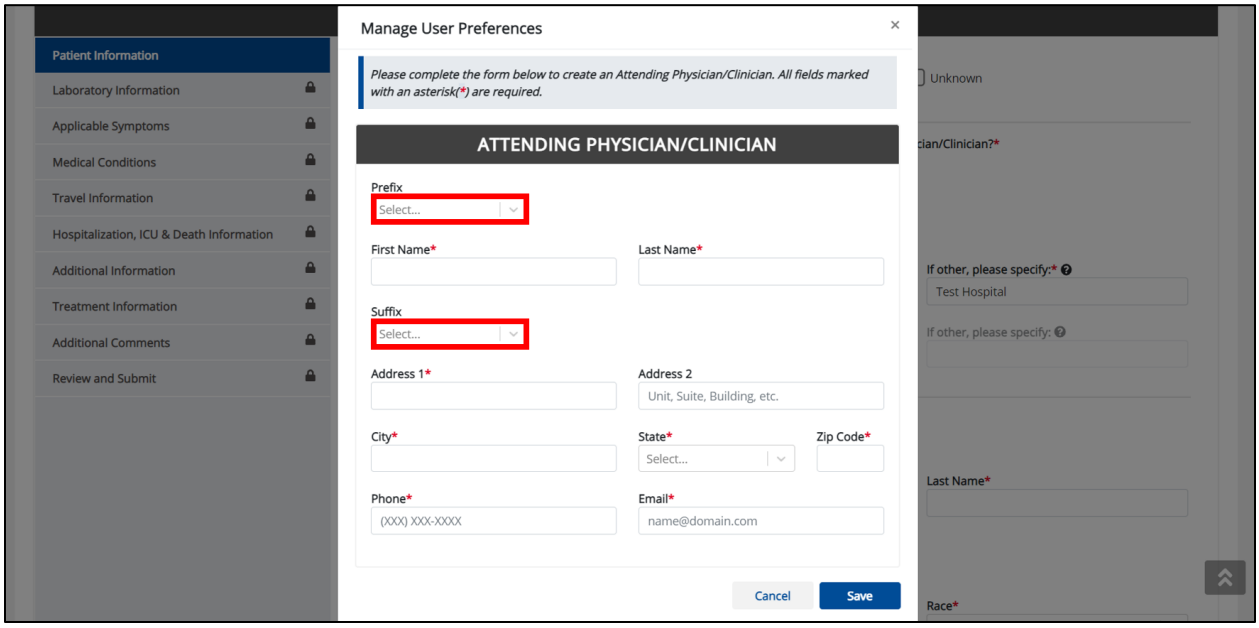


Please Note: If the appropriate name does not display in the Attending Physician/Clinician dropdown, you must create details for a new Attending Physician/Clinician by clicking the **Attending Physician/Clinician hyperlink**.

Attending Physician/Clinician Hyperlink

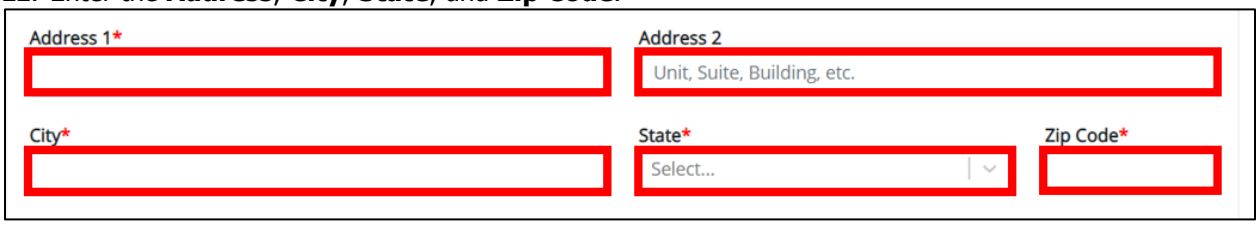
18. To create a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**.

19. The *Attending Physician/Clinician* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).
20. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.



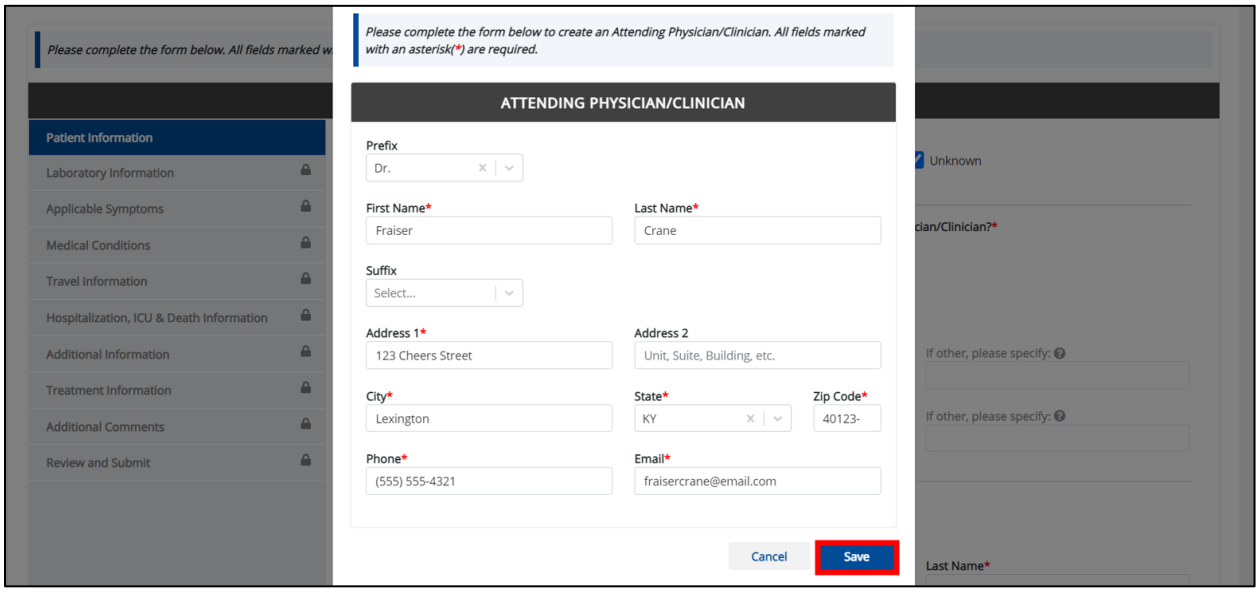
21. Enter the Attending Physician/Clinician's **First Name** and **Last Name**.

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

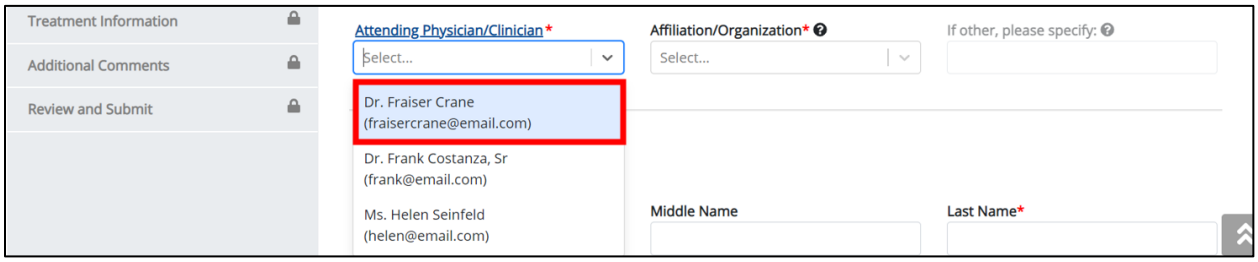


23. Enter the Attending Physician/Clinician's **Phone Number** and **Email Address**.

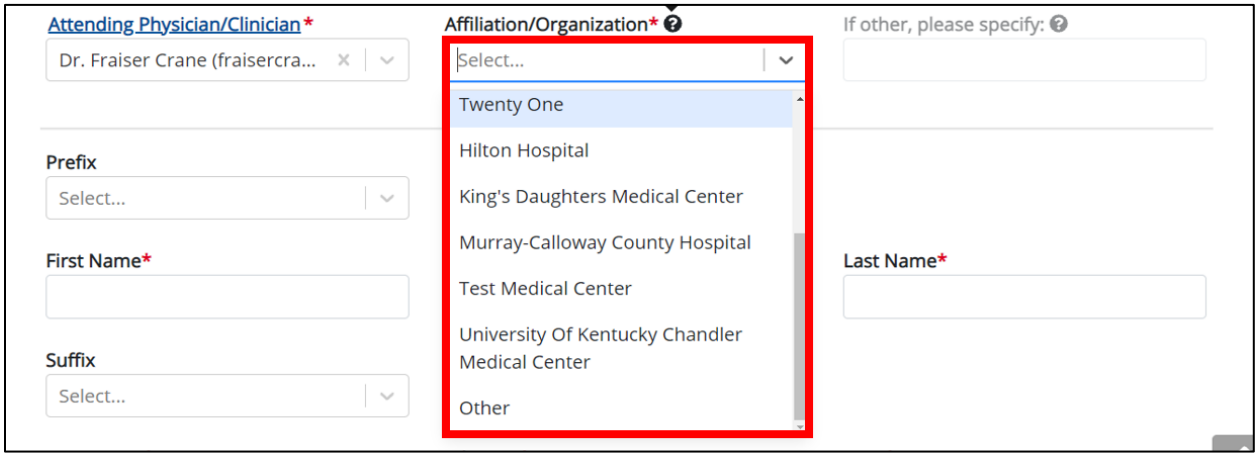
24. After completing the mandatory fields, click **Save**.



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

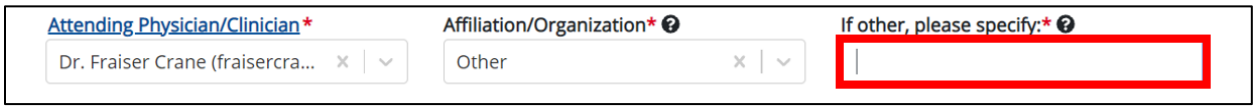


26. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.



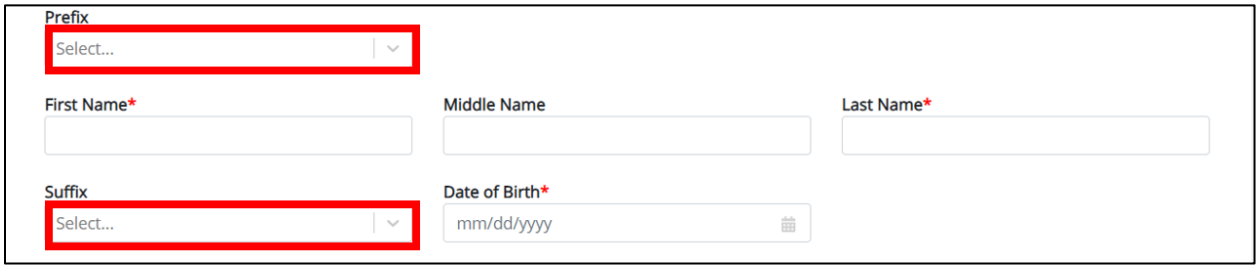
Please Note: The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select ***No*** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician*?

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

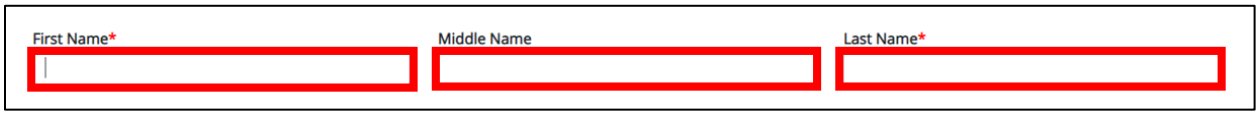


Please Note: Additional information on the Affiliation/Organization section of the **Patient Information** screen is covered in *Section 6 Affiliation/Organization Conditional Question*.

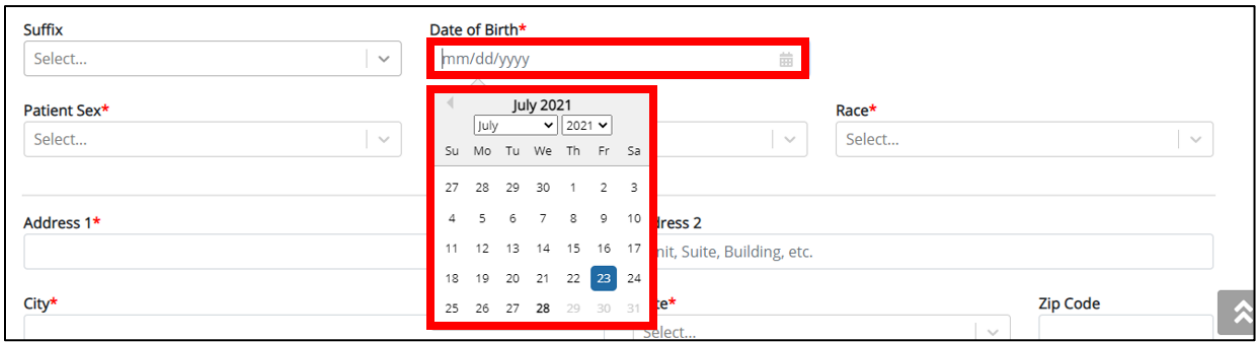
27. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.



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

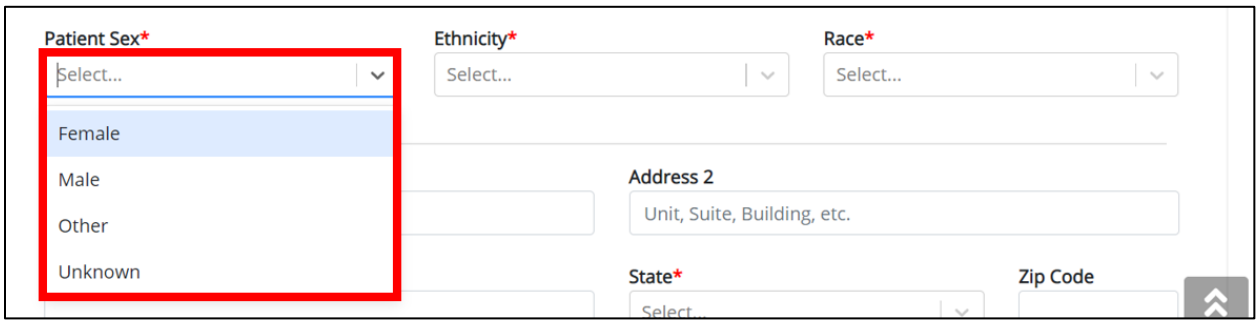


29. Enter the patient's **Date of Birth**.

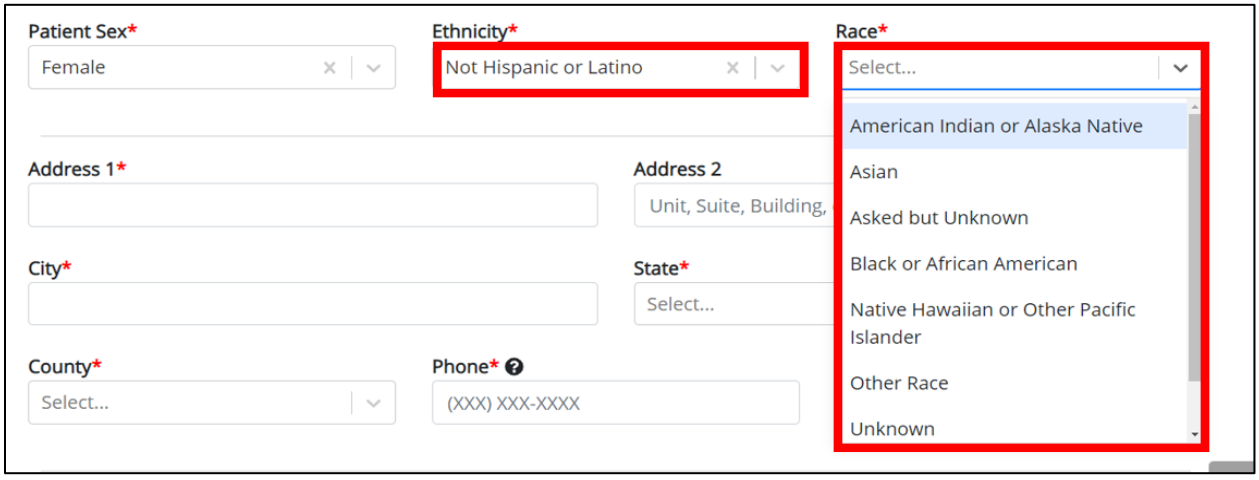


Please Note: If the patient is either under one year old or more than 100 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected. You cannot proceed to the next page until updating or confirming the patient's birth year.

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

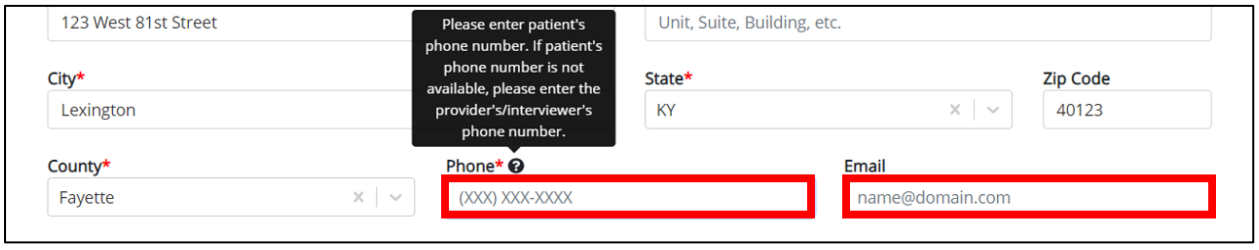


31. Select the patient's **Ethnicity** and **Race** from the appropriate field dropdown menus.



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

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

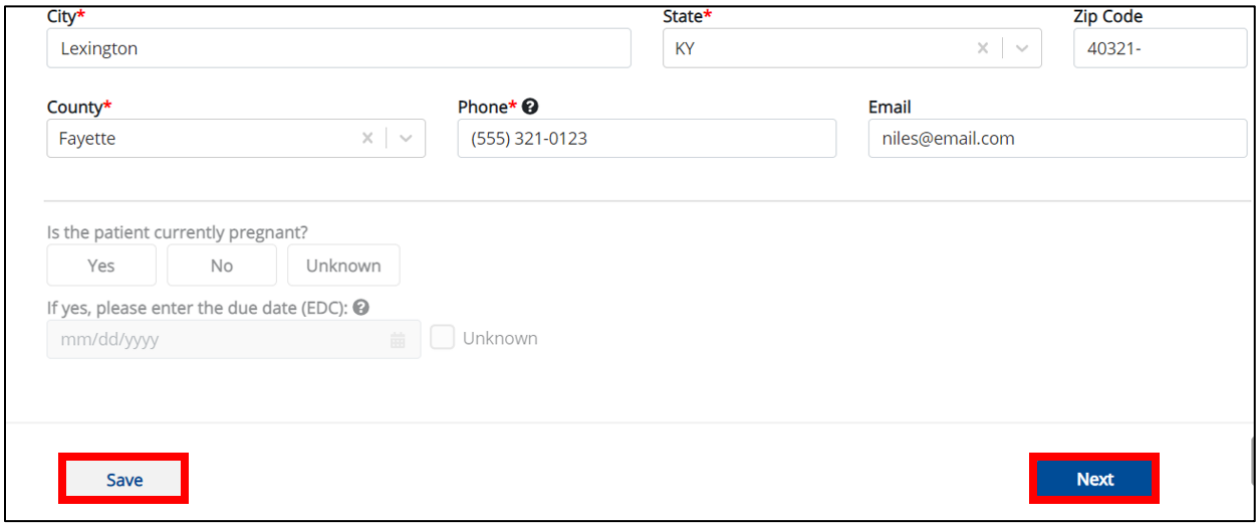


34. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

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.

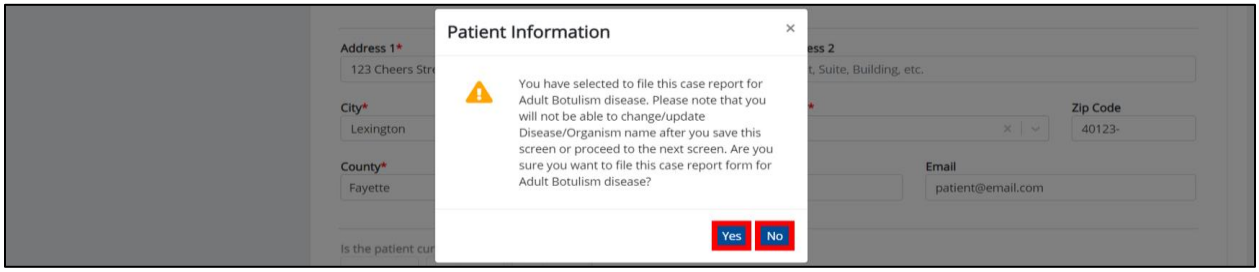
If ***Yes*** is selected, the subsequent field is enabled. You must enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC)*. If the due date is unknown, click the **Unknown checkbox**.

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

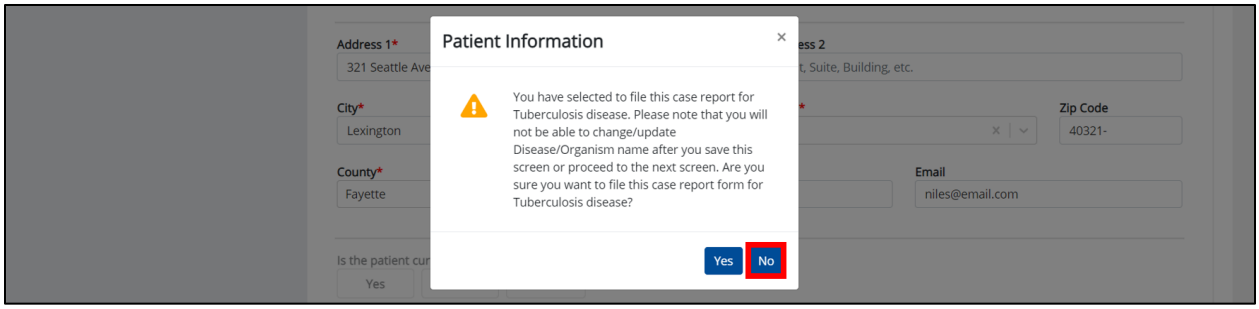


Please Note: Once you select a Disease/Organism from the dropdown menu and click **Save** or **Next** at the bottom of the **Patient Information** screen, a pop-up displays with a message that states: *You have selected to file this case report for [selected disease]. Please note that you will not be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

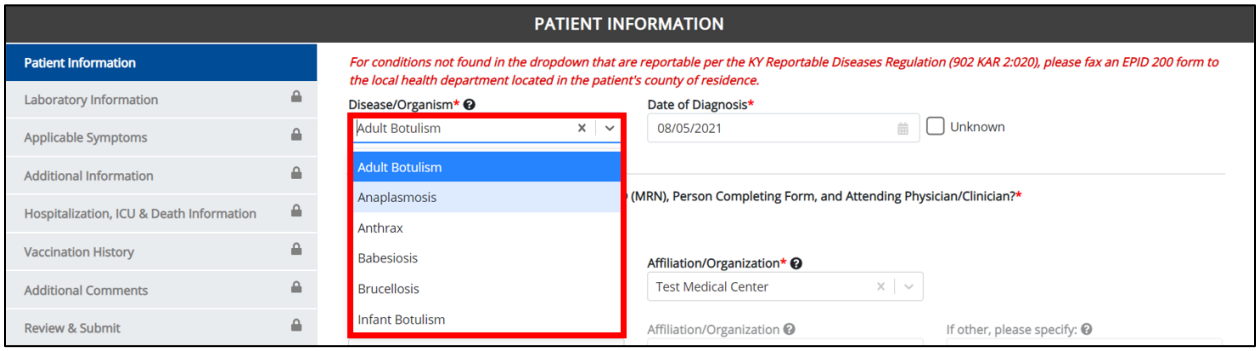
To save the selected Disease/Organism and proceed to the **Laboratory Information** page, click **Yes**. To change the selected Disease/Organism, click **No**.



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

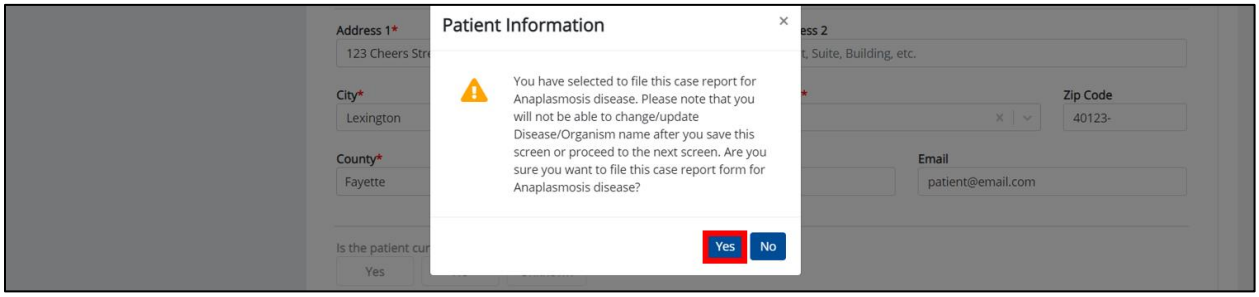


37. If changing the selection, select a different **Disease/Organism** from the dropdown menu.

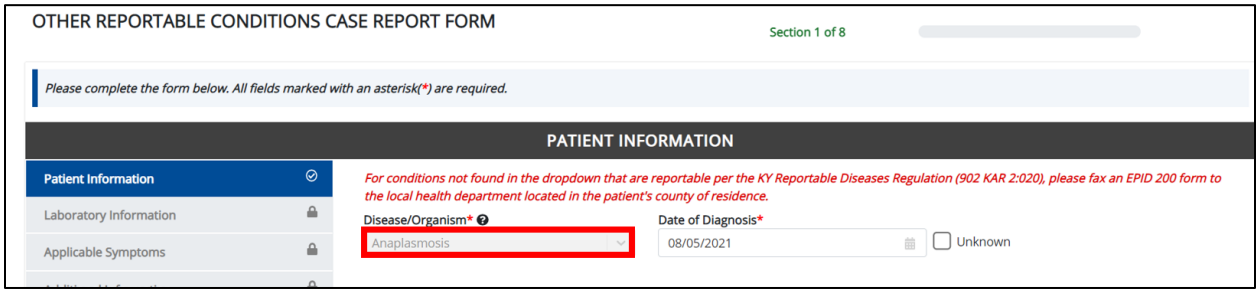


38. Once the Disease/Organism selection is complete, click **Save** to save the change or click **Next** at the bottom of the screen.

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

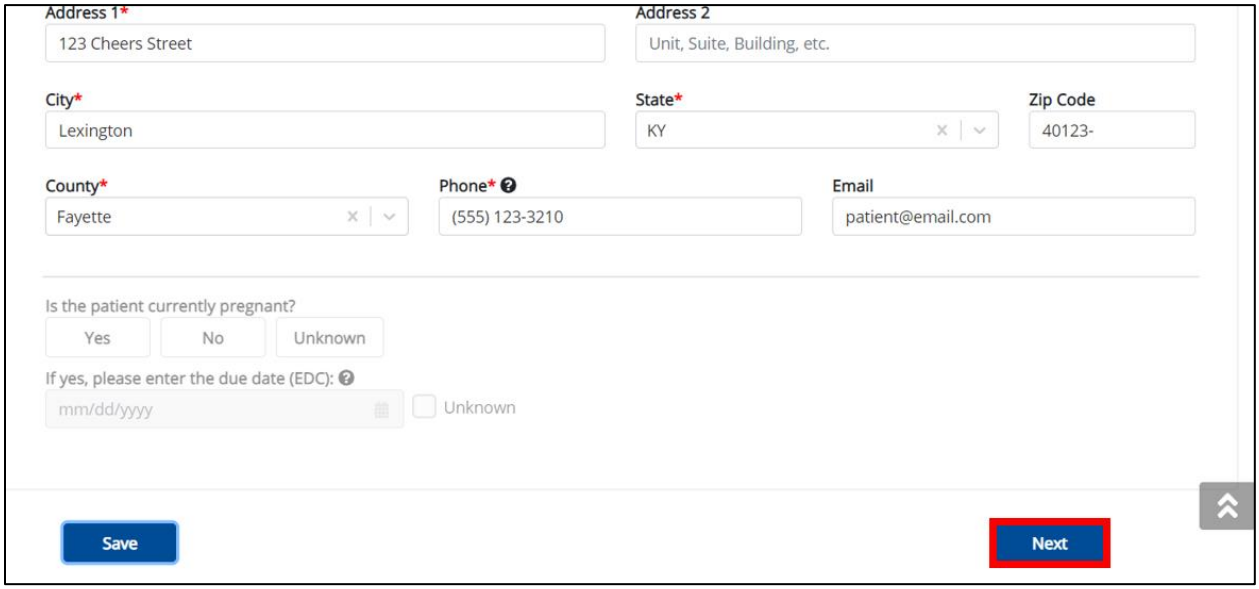


40. Upon clicking ***Yes*** to save the selection, the *Disease/Organism* field is disabled and displays the selected Disease/Organism. You can no longer change the selected Disease/Organism.



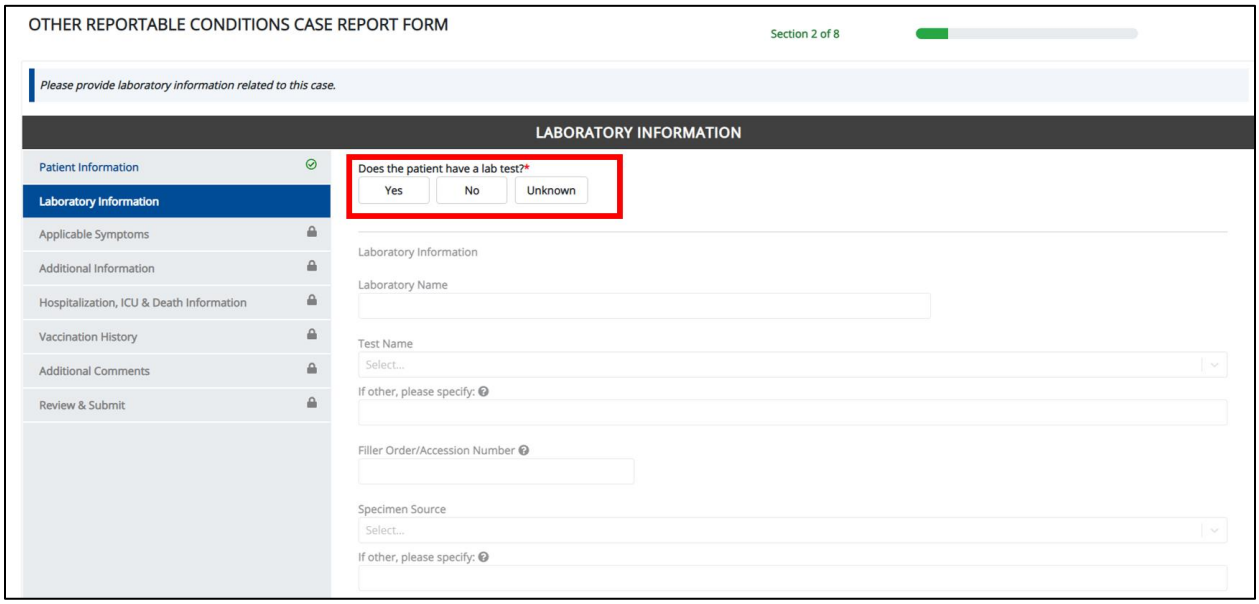
Please Note: Once the Disease/Organism selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

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

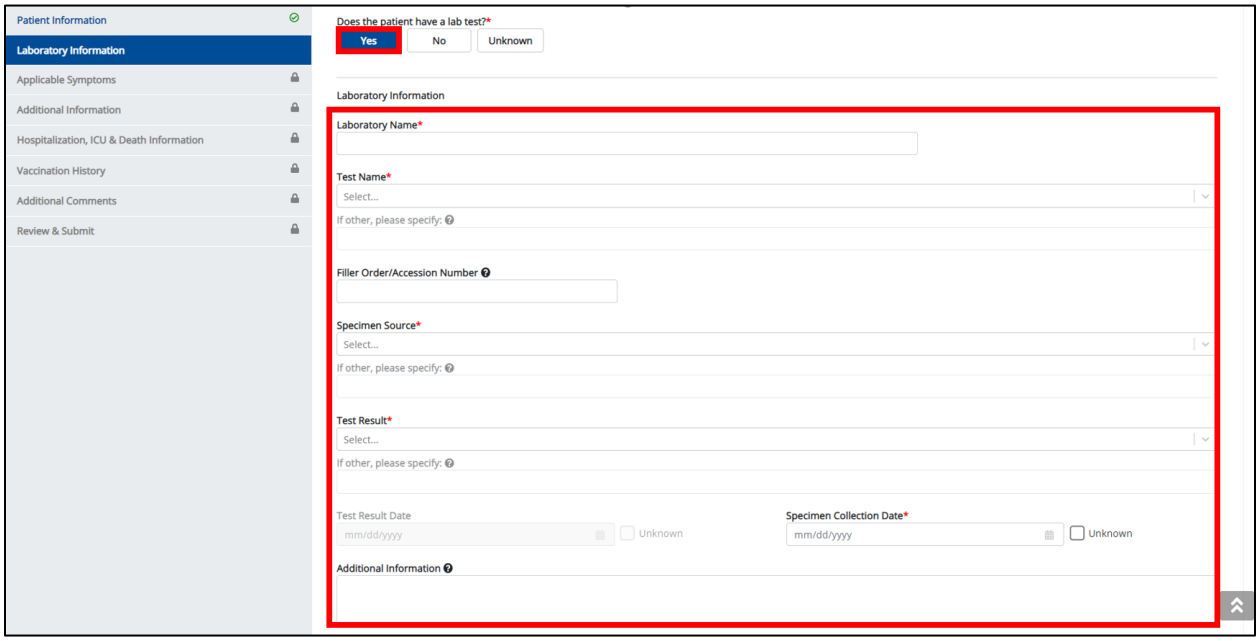


12 Laboratory Information

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

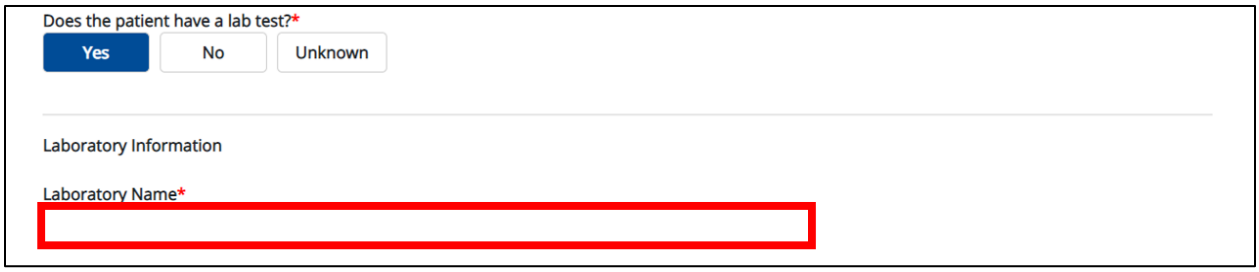


2. If ***Yes*** is selected, the subsequent lab-related fields on the screen are enabled. You must enter details for a lab test.

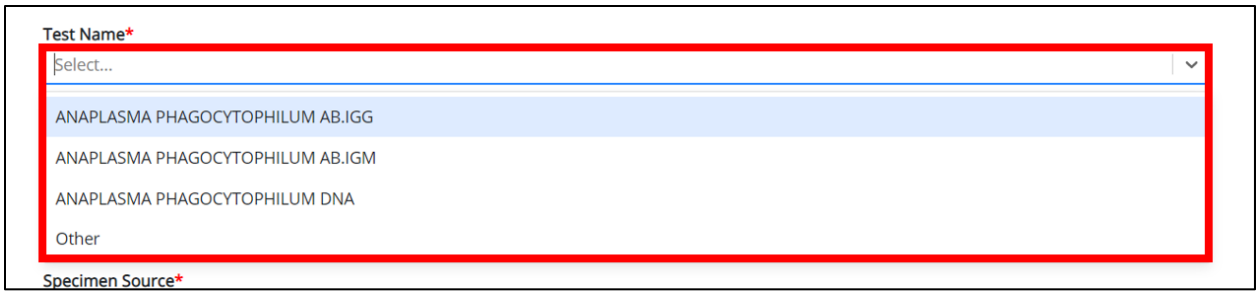


Please Note: If ***No*** or ***Unknown*** is selected, all the subsequent fields on the screen are disabled.

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



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



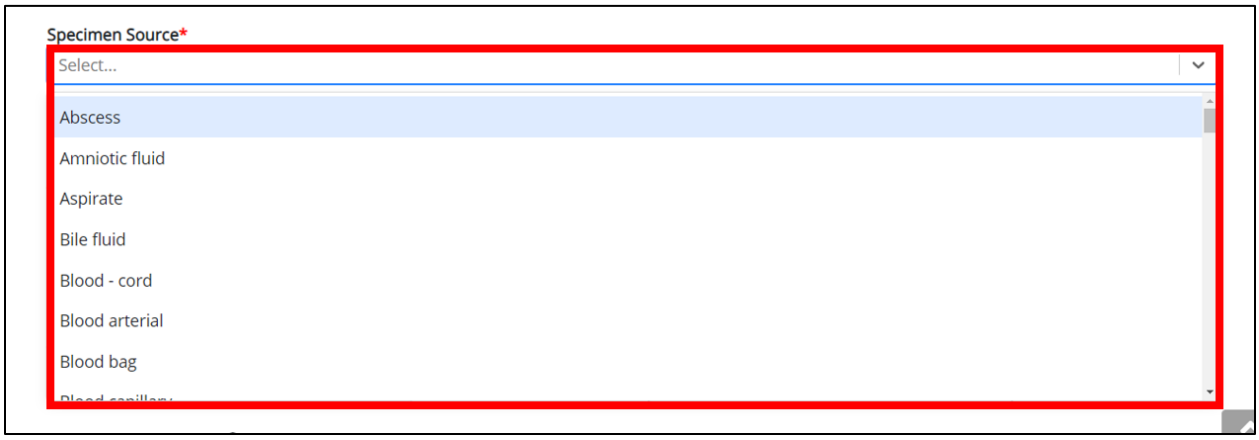
Please Note: The *Test Name* dropdown menu displays only the test name options that apply to the Disease/Organism selected on the **Patient Information** screen.

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

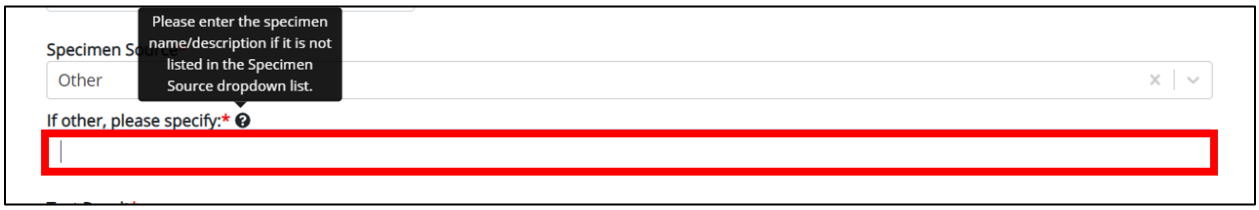
5. Enter the **Filler Order/Accession Number**.

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

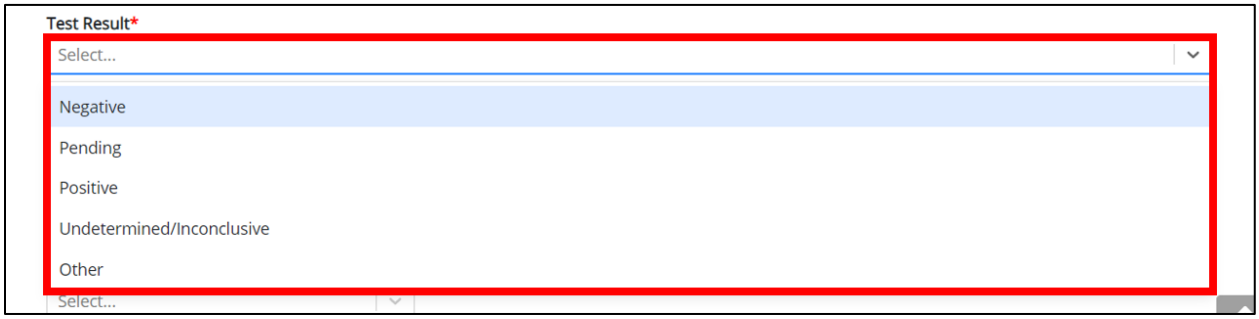
6. Select the **Specimen Source** from the dropdown menu.



- If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. Enter the **Specimen Name/Description** in the subsequent textbox: *If other*, please specify.

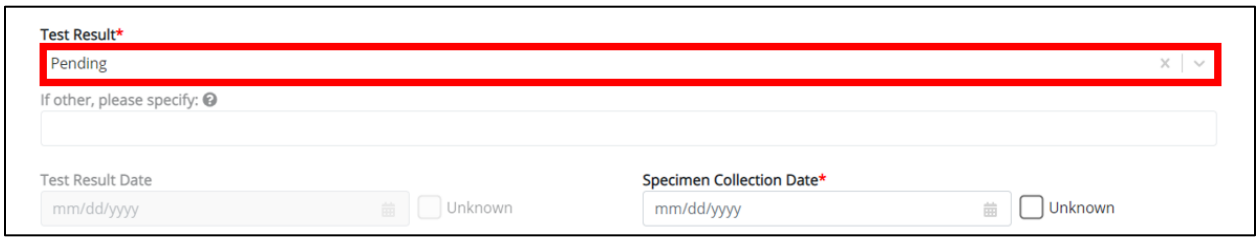


7. Select the **Test Result** from the dropdown menu.

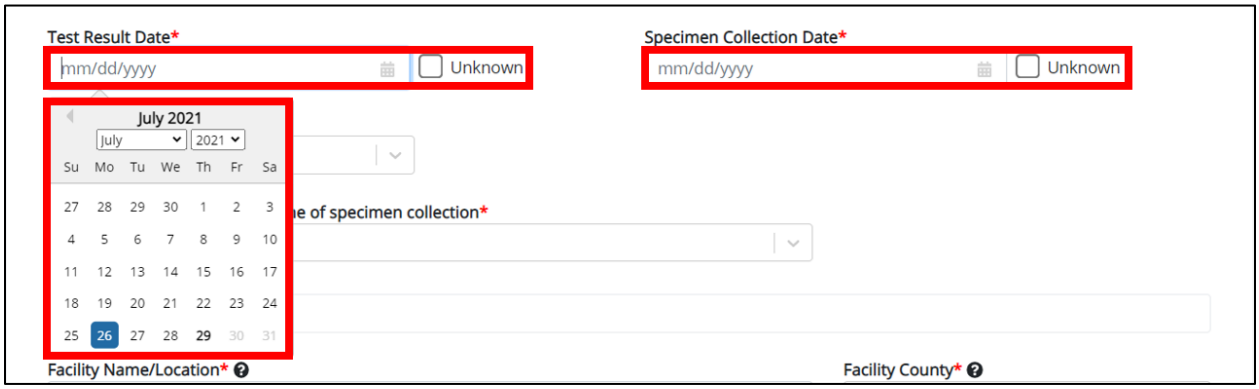


- If ***Other*** is selected from the dropdown menu, the subsequent field is enabled. Enter **test result information** in the subsequent textbox: *If other, please specify*.

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



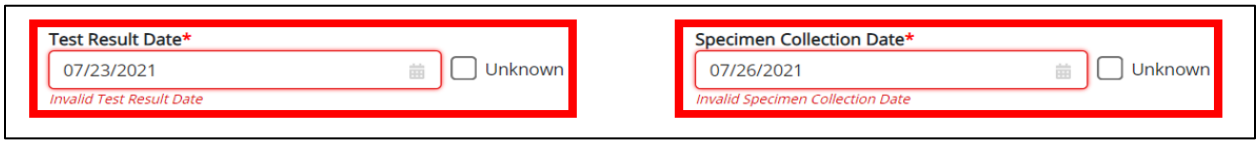
8. If applicable, enter the **Test Result Date**.
9. Enter the **Specimen Collection Date**.



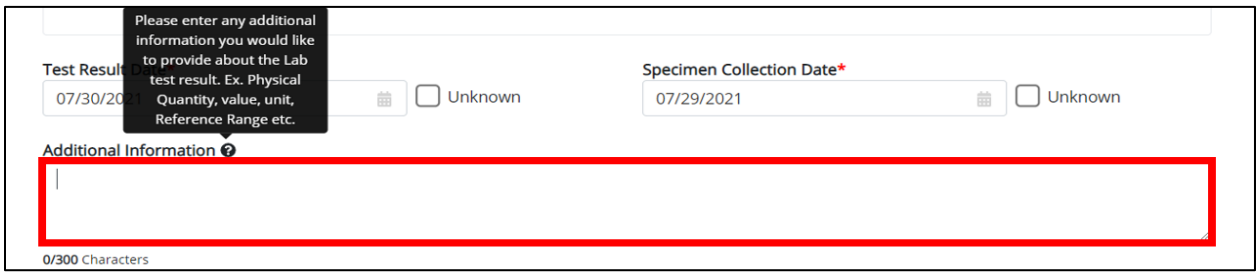
Please Note: The Specimen Collection Date cannot occur **after** the Test Result Date. The Specimen Collection Date must occur on the **same date** or any date **BEFORE** the Test Result Date. If you enter a Specimen Collection Date that occurs **after** the Test Result Date, both fields are marked as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

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

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

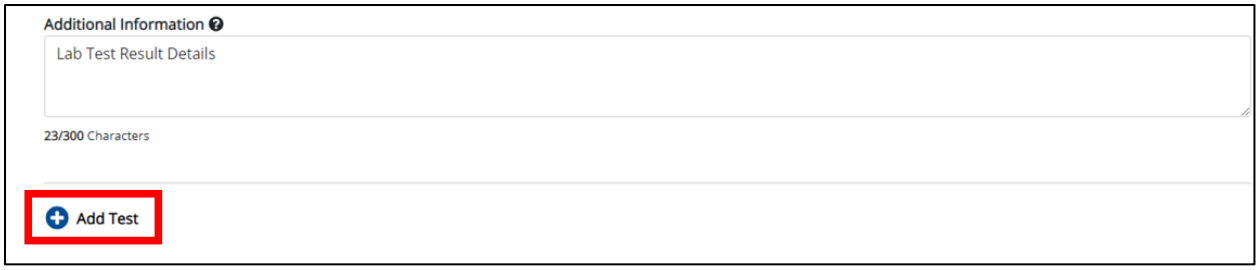


10. In the *Additional Information* textbox, enter **additional notes about the lab test**, if applicable.

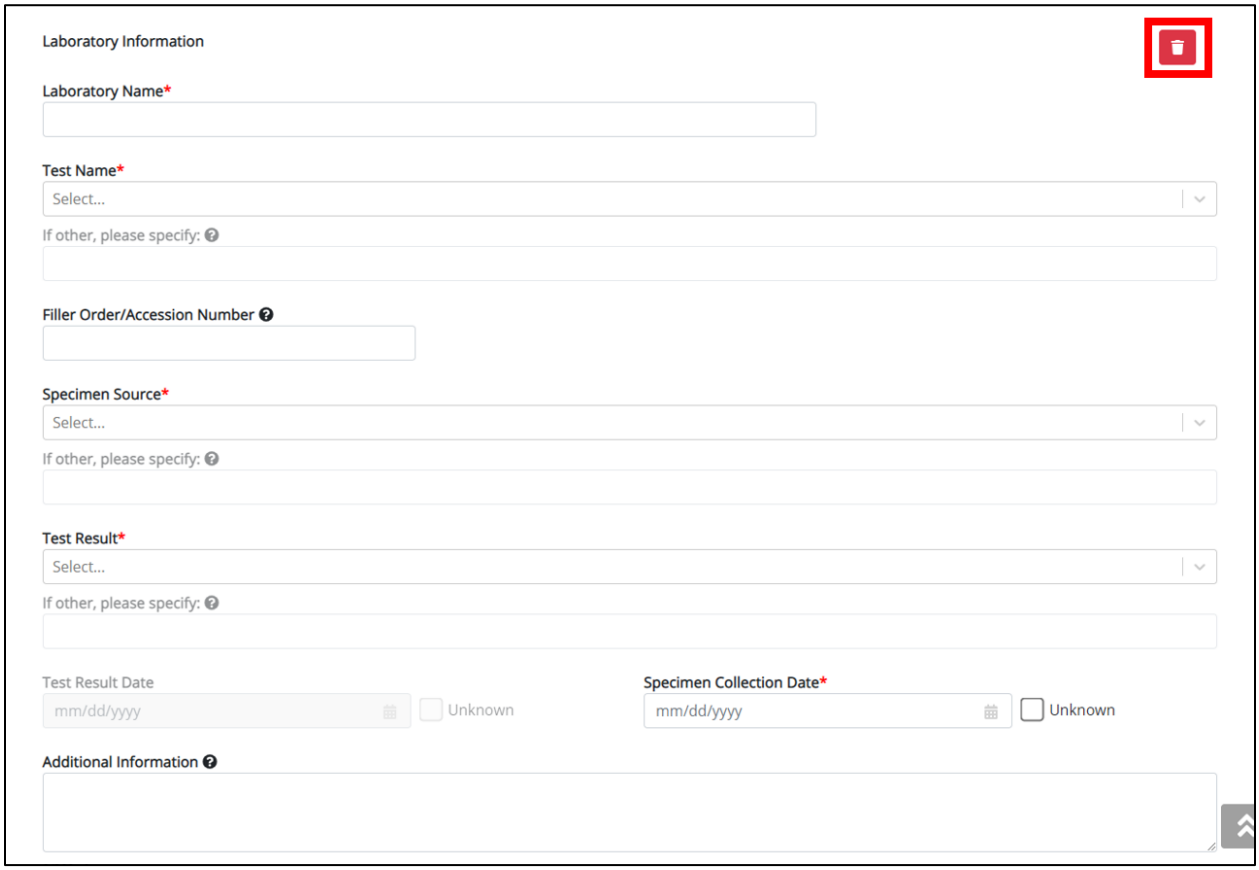


Adding Multiple Tests

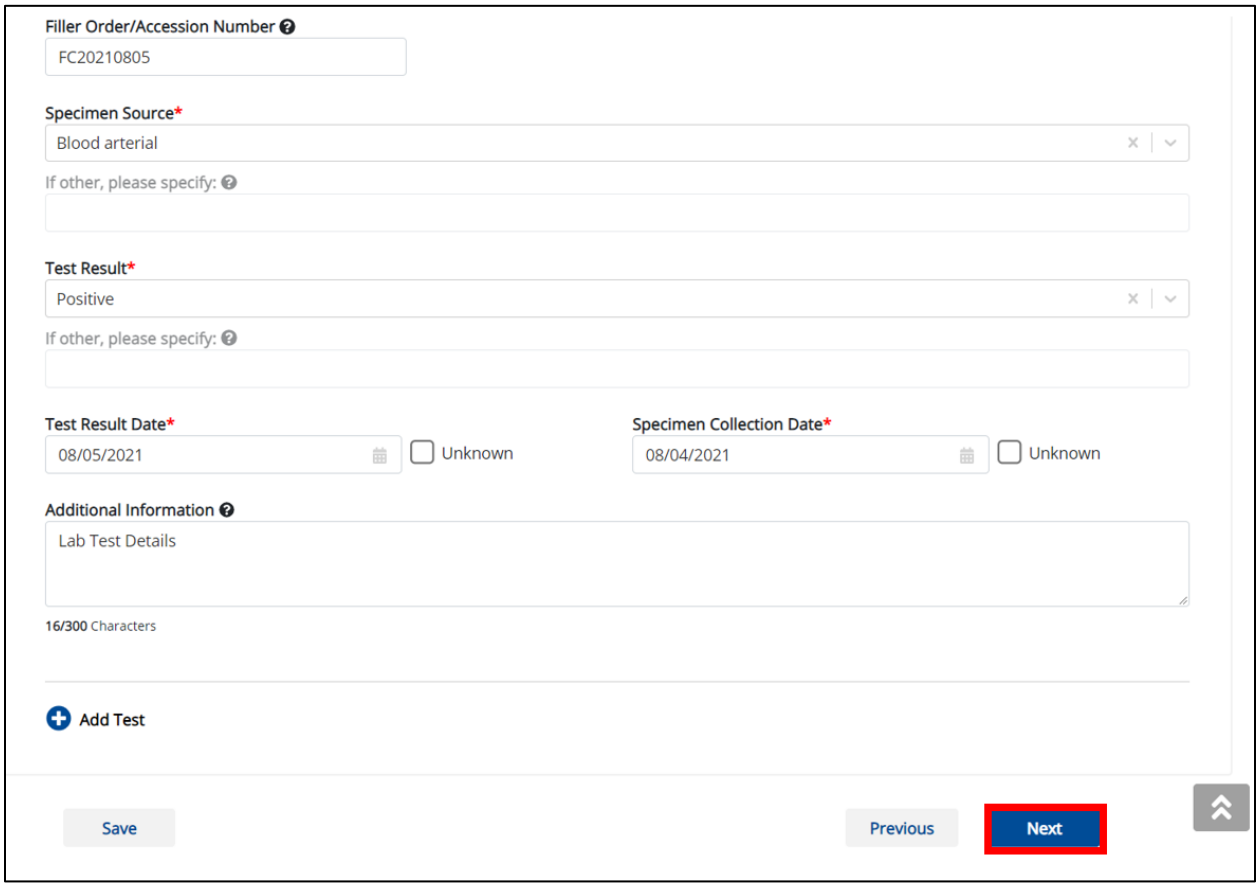
11. You can also click **Add Test** to log the details for multiple lab tests. This means that you can easily enter additional lab test results on the same patient.



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

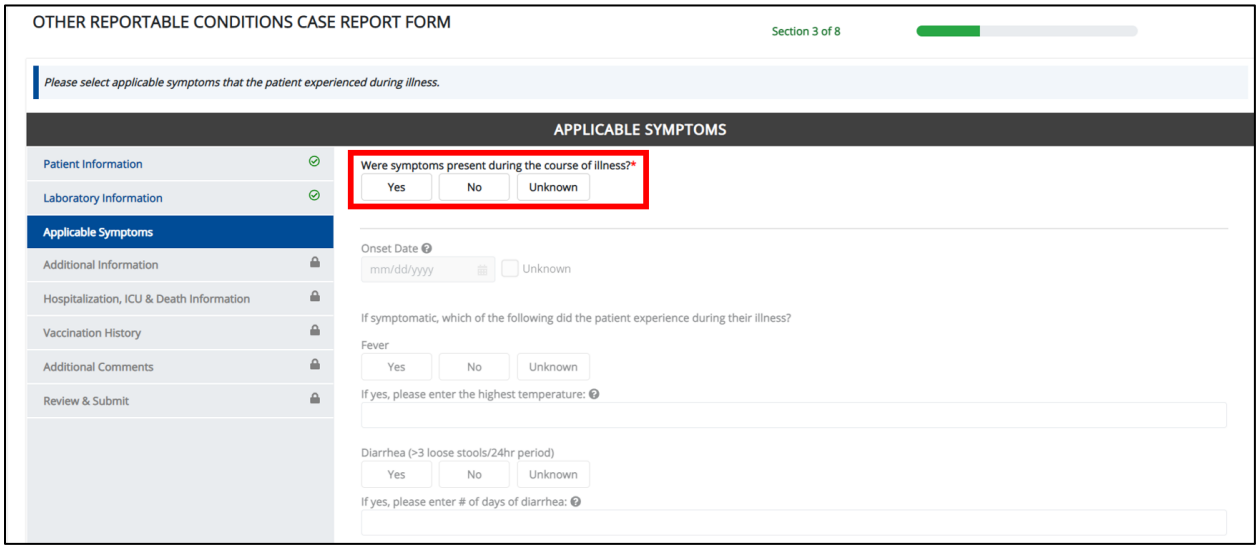


12. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

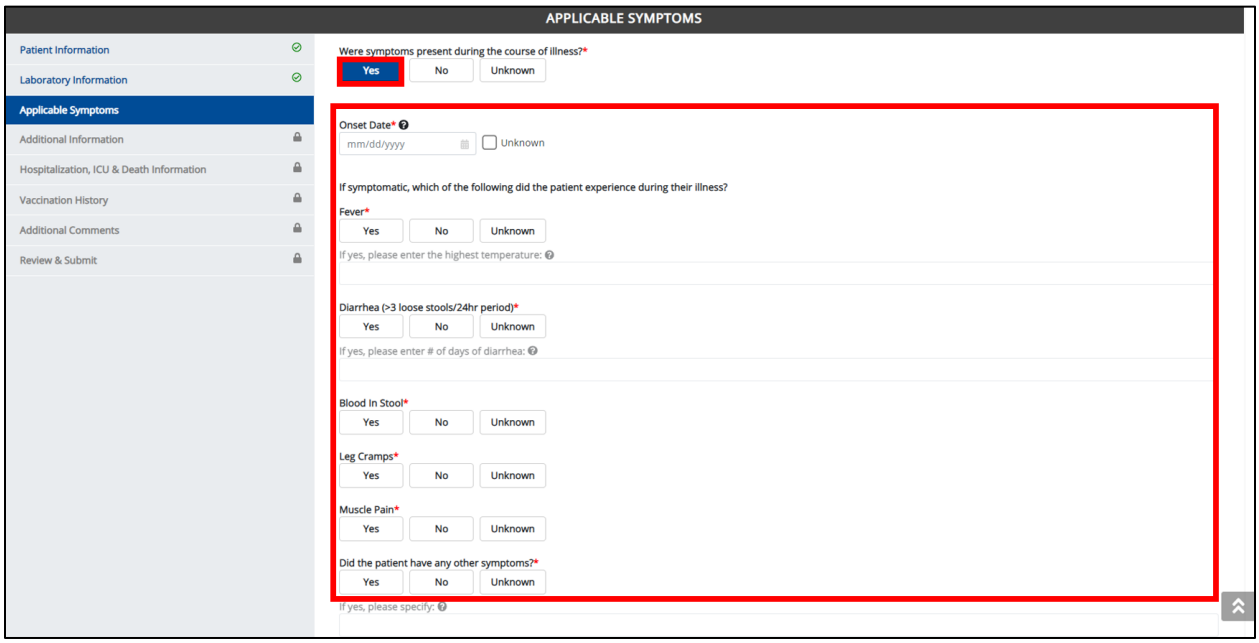


13 Applicable Symptoms

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



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

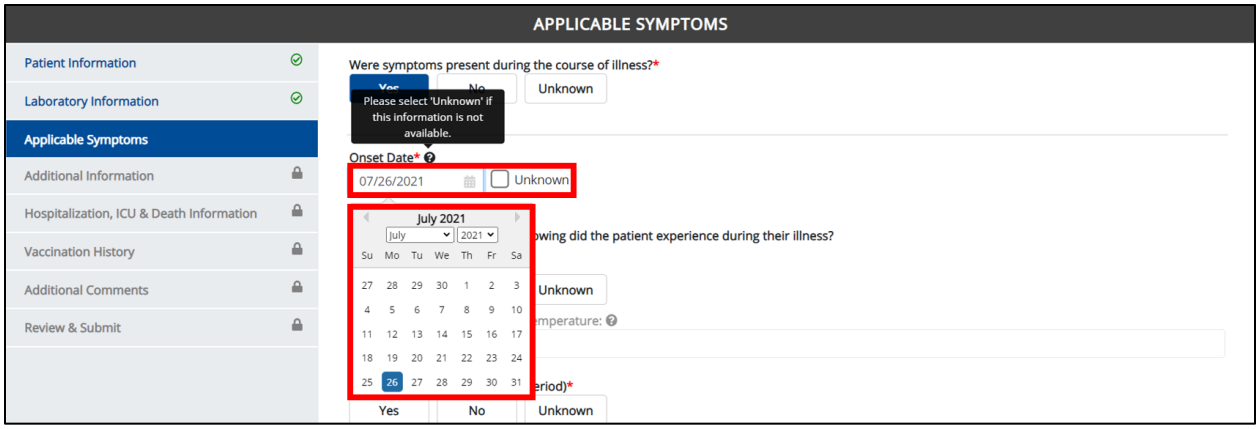


Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***.

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

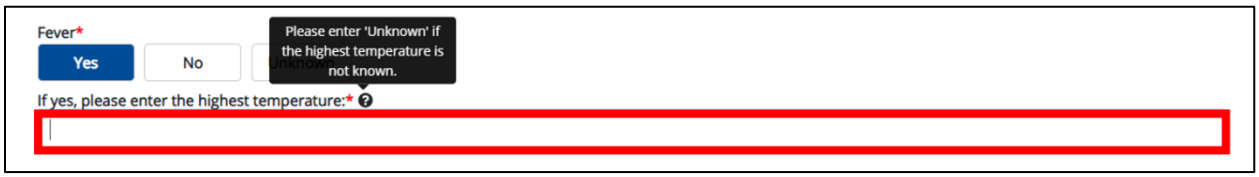
3. Enter the **Onset Date** for the symptoms.

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

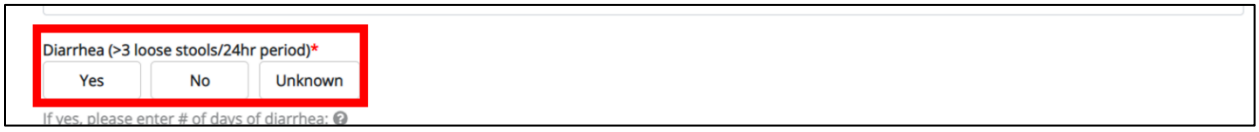


4. If the patient is symptomatic, select the **appropriate answer** for the *Fever* field.

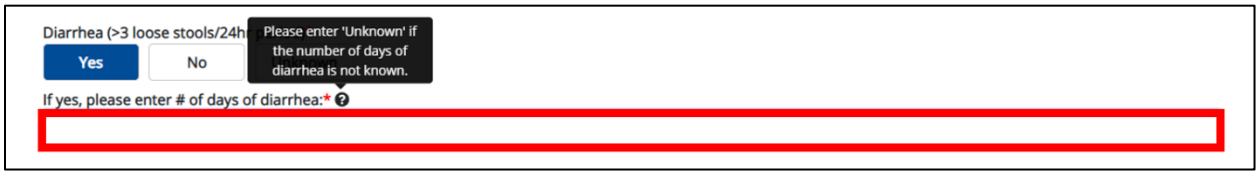
- If ***Yes*** is selected for the *Fever* field, the subsequent field is enabled. Enter the **highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature*.



5. Select the **appropriate answer** for the *Diarrhea (>3 loose stools/24hr period)* field.

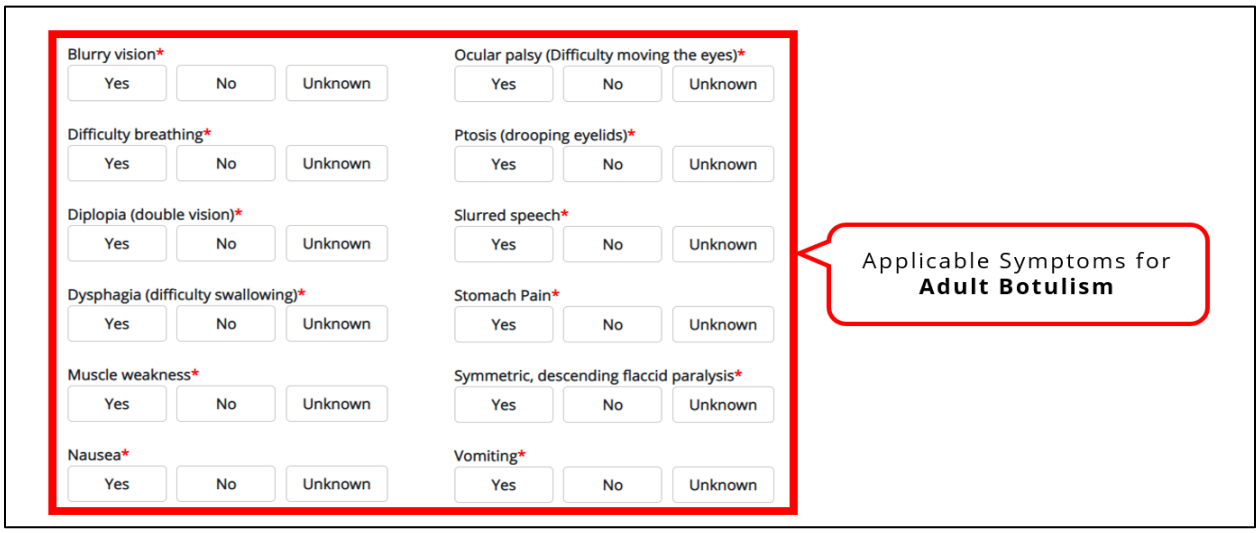


- If ***Yes*** is selected for the *Diarrhea (>3 loose stools/24hr period*) field, the subsequent field is enabled. Enter the **number of days of diarrhea** in the subsequent textbox: *If yes, please enter the # of days of diarrhea*.



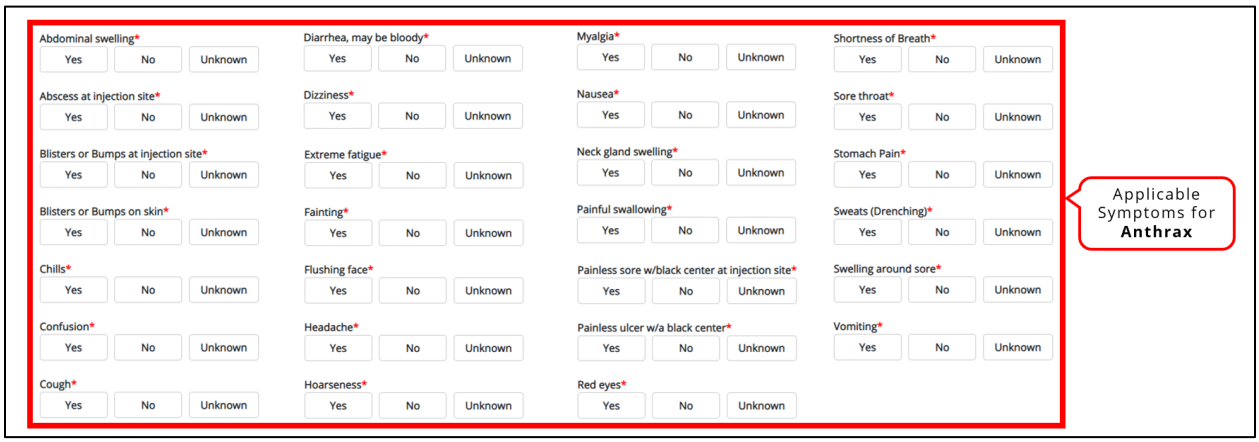
Please Note: The **Applicable Symptoms** screen only lists symptoms that apply to the Disease/Organism selected.

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

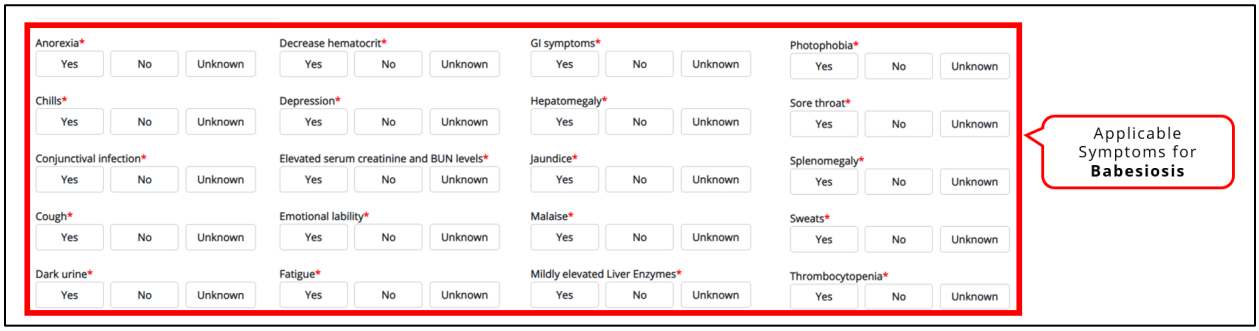


7. If the patient is symptomatic for ***Anaplasmosis***, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

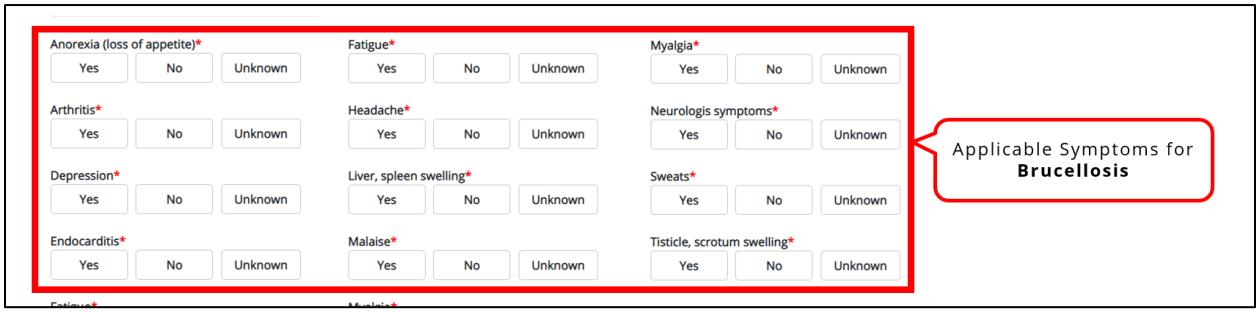
8. If the patient is symptomatic for ***Anthrax***, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:



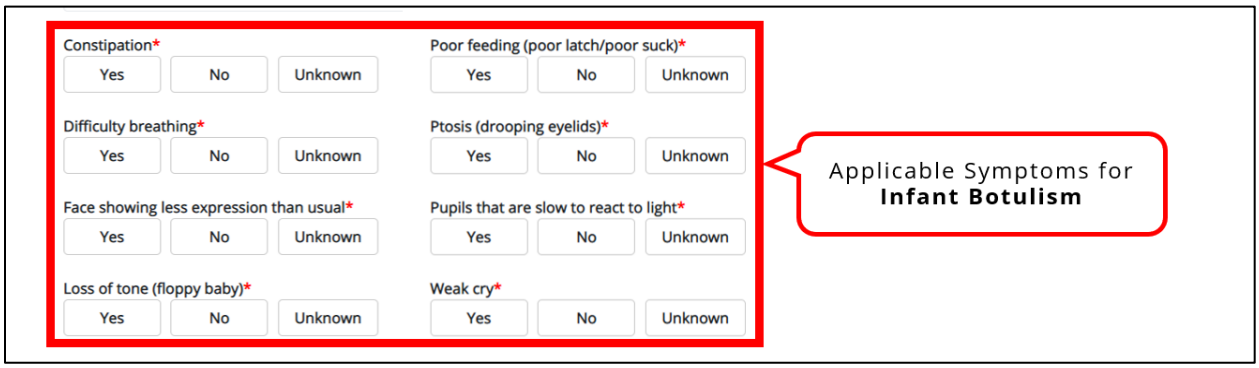
9. If the patient is symptomatic for ***Babesiosis***, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:



10. If the patient is symptomatic for ***Brucellosis***, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

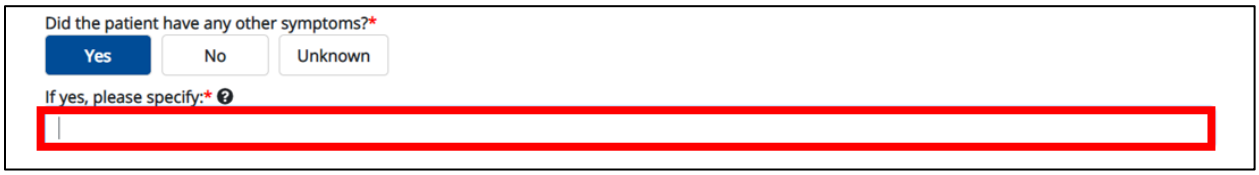


11. If the patient is symptomatic for ***Infant Botulism***, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

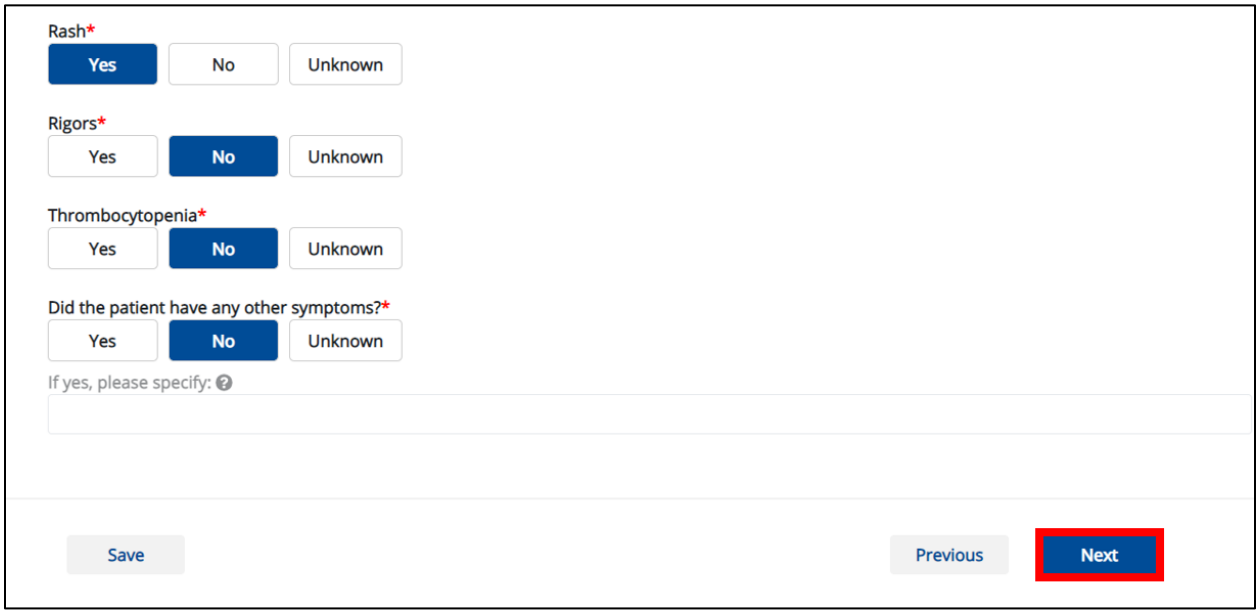


12. To report additional symptoms not listed on the screen, select the **appropriate answer** for the field: *Did the patient have any other symptoms*?

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

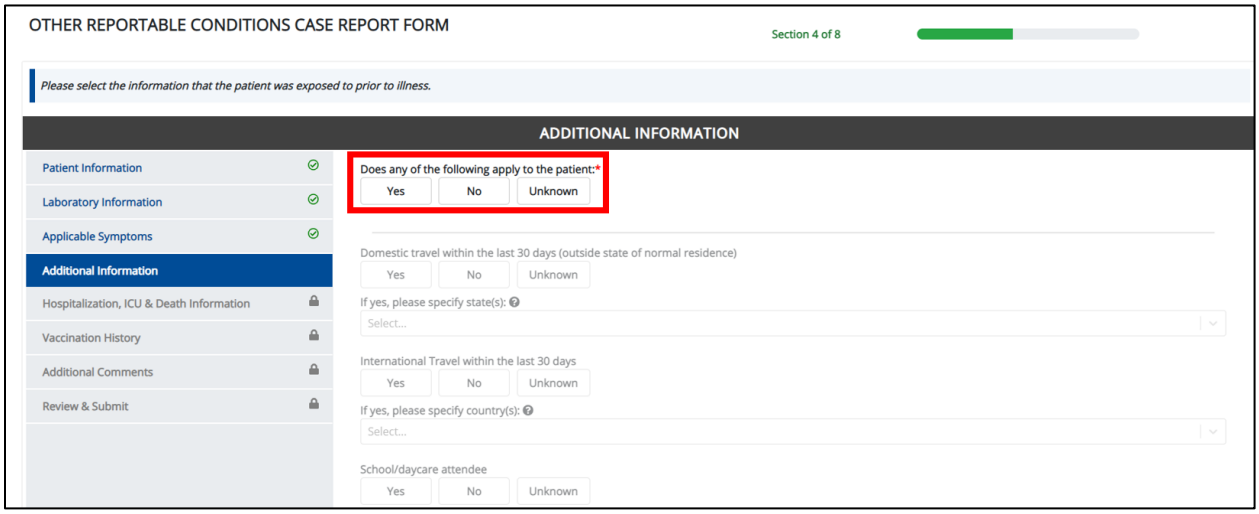


13. Once complete, click **Next** to proceed to the **Additional Information** screen.

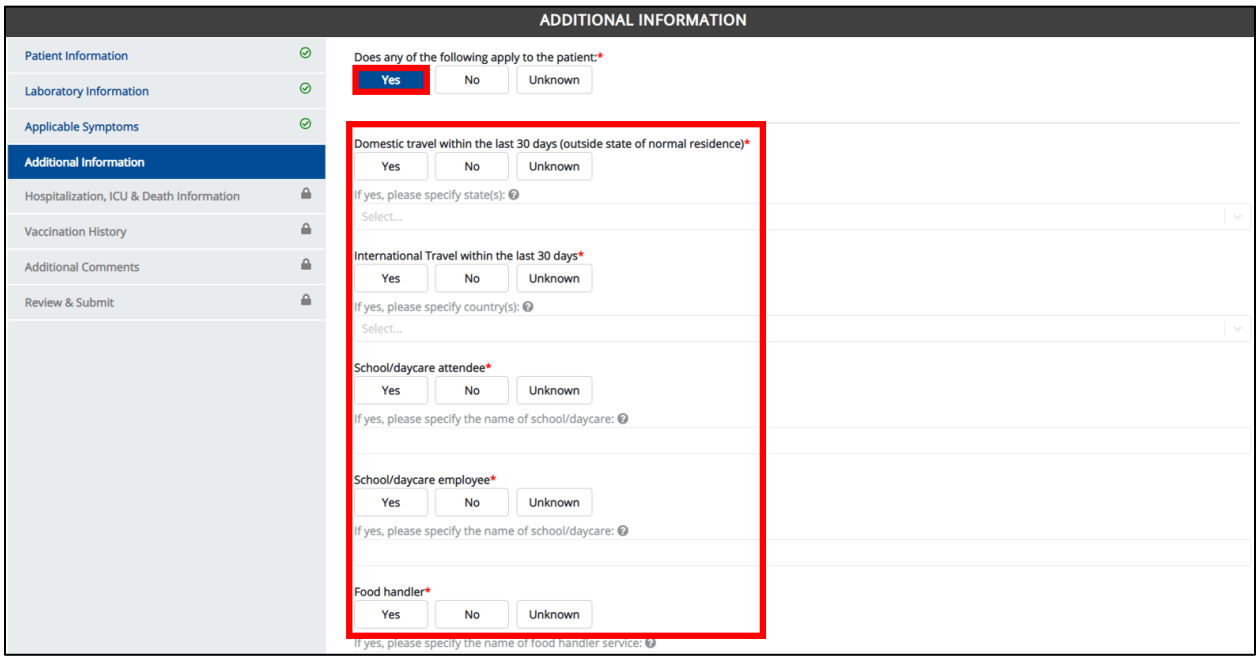


14 Additional Information

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



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

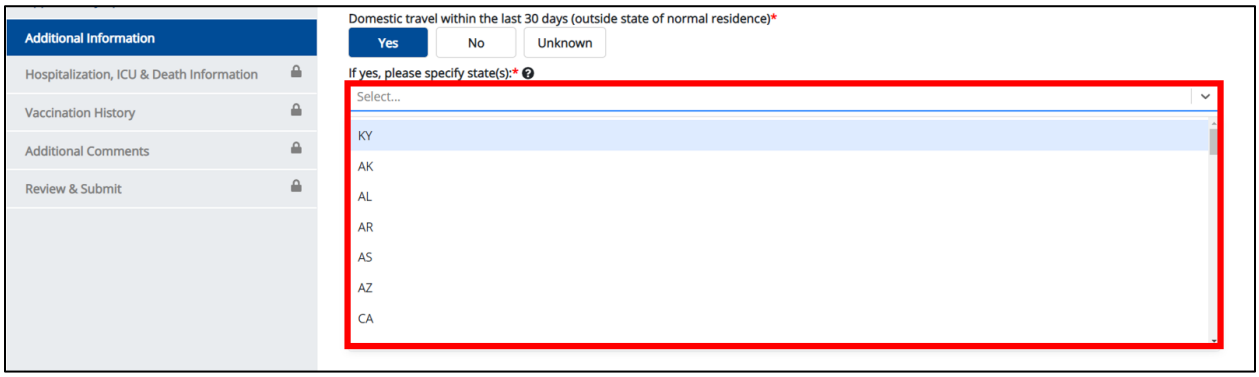


Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***.

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

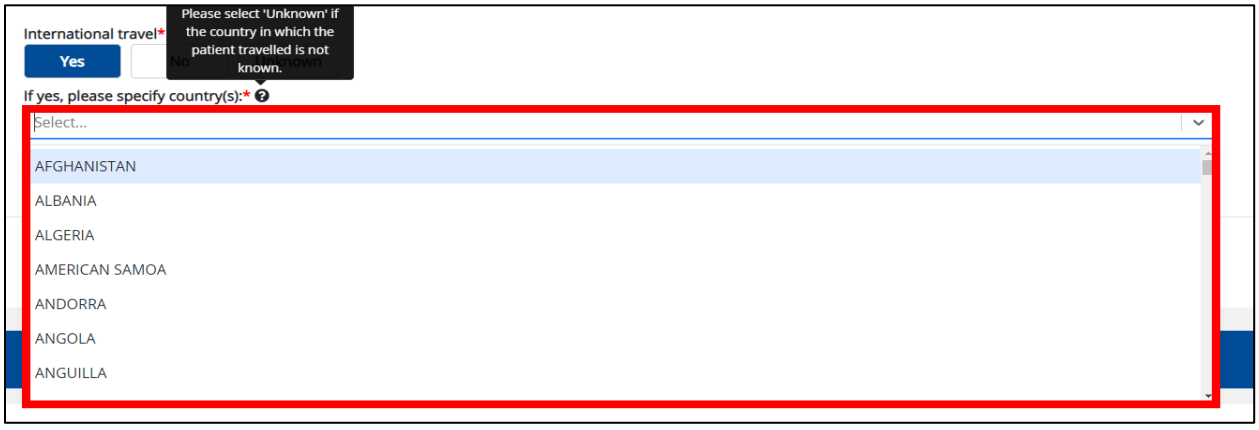
3. Select the **appropriate answer** for the field: *Domestic travel within the last 30 days (outside state of normal residence)*.

- If ***Yes*** is selected for the *Domestic travel (outside state of normal residence)* field, the subsequent *If yes, please specify state(s)* field is enabled. From the multi-select dropdown menu, select the **state(s) the patient traveled**.



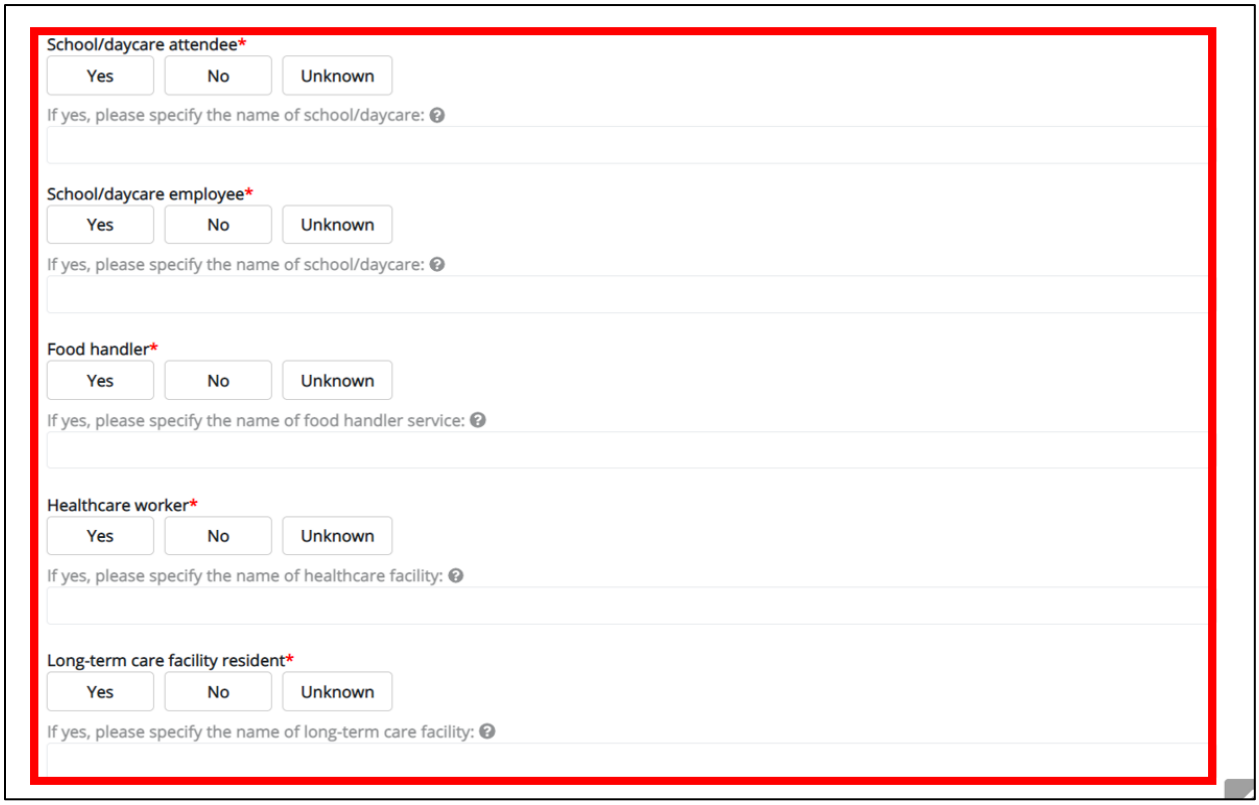
4. Select the **appropriate answer** for the field: *International Travel within last 30 days*.

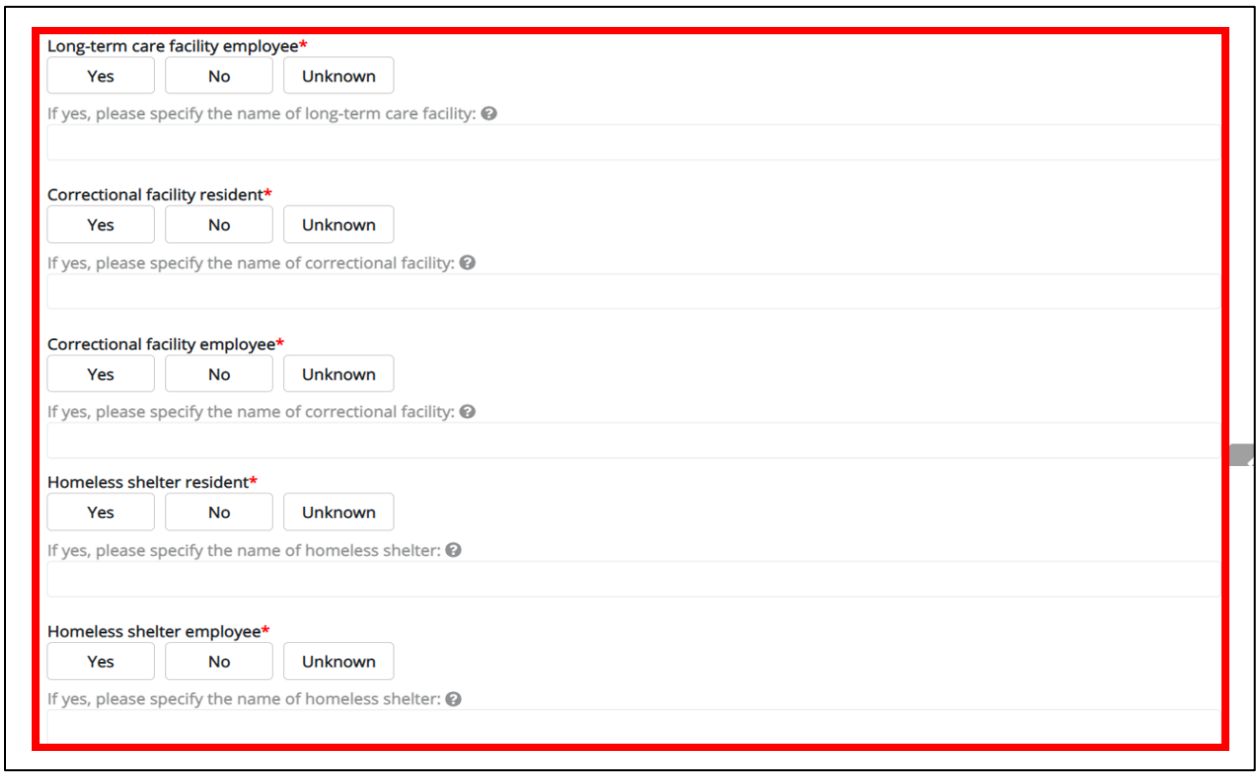
- If ***Yes*** is selected, the subsequent field *If yes, please specify country(s)* is enabled. From the multi-select dropdown menu, select the **country or countries the patient traveled**.

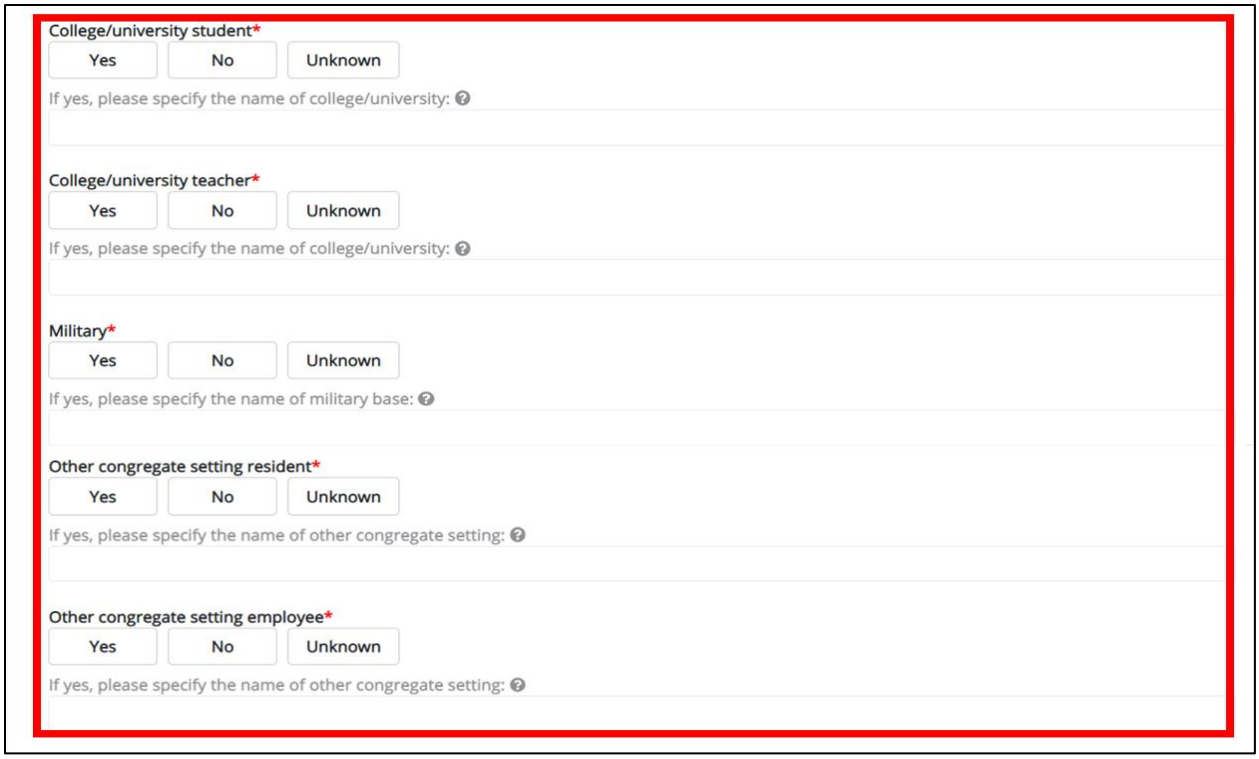


5. Select the **appropriate answers** for the following fields to indicate descriptions that apply to the patient:

- *School/daycare attendee*
- *School/daycare employee*
- *Food handler*
- *Healthcare worker*
- *Long-term care facility resident*
- *Long-term care facility employee*
- *Correctional facility resident*
- *Correction facility employee*
- *Homeless shelter resident*
- *Homeless shelter employee*
- *College/University student*
- *Substance abuse or misuse*
- *Military*
- *Other congregate setting resident*
- *Other congregate setting employee*

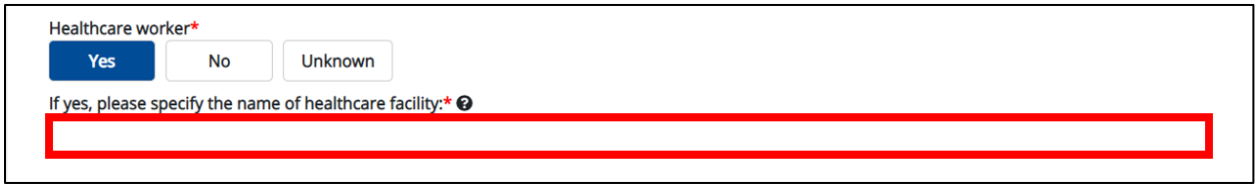



Long-term care facility employee*
Yes
No
Unknown
If yes, please specify the name of long-term care facility:
Correctional facility resident*
Yes
No
Unknown
If yes, please specify the name of correctional facility:
Correctional facility employee*
Yes
No
Unknown
If yes, please specify the name of correctional facility:
Homeless shelter resident*
Yes
No
Unknown
If yes, please specify the name of homeless shelter:
Homeless shelter employee*
Yes
No
Unknown
If yes, please specify the name of homeless shelter:


College/university student*
Yes
No
Unknown
If yes, please specify the name of college/university:
College/university teacher*
Yes
No
Unknown
If yes, please specify the name of college/university:
Military*
Yes
No
Unknown
If yes, please specify the name of military base:
Other congregate setting resident*
Yes
No
Unknown
If yes, please specify the name of other congregate setting:
Other congregate setting employee*
Yes
No
Unknown
If yes, please specify the name of other congregate setting:

Please Note: If ***Yes*** is selected for **any** of the descriptive questions, the subsequent textbox is enabled for Users to specify the name of appropriate setting.

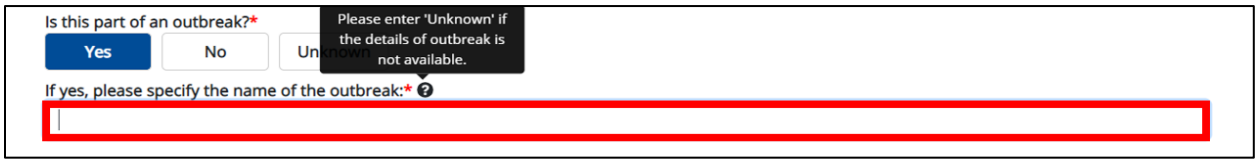
For example, if ***Yes*** is selected for the *Healthcare worker* field, the subsequent textbox field is enabled. To proceed, you must enter the **name of the healthcare facility** in the subsequent field: *If yes, please specify the name of the healthcare facility*.



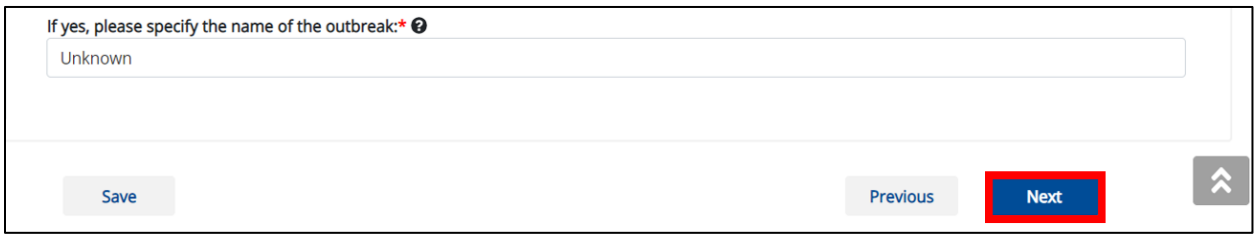
6. Select the **appropriate answer** for the field: *Did the patient inject drugs not prescribed by a doctor*?
7. Select the **appropriate answer** for the field: *Did the patient use street drugs, but not inject*?

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

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

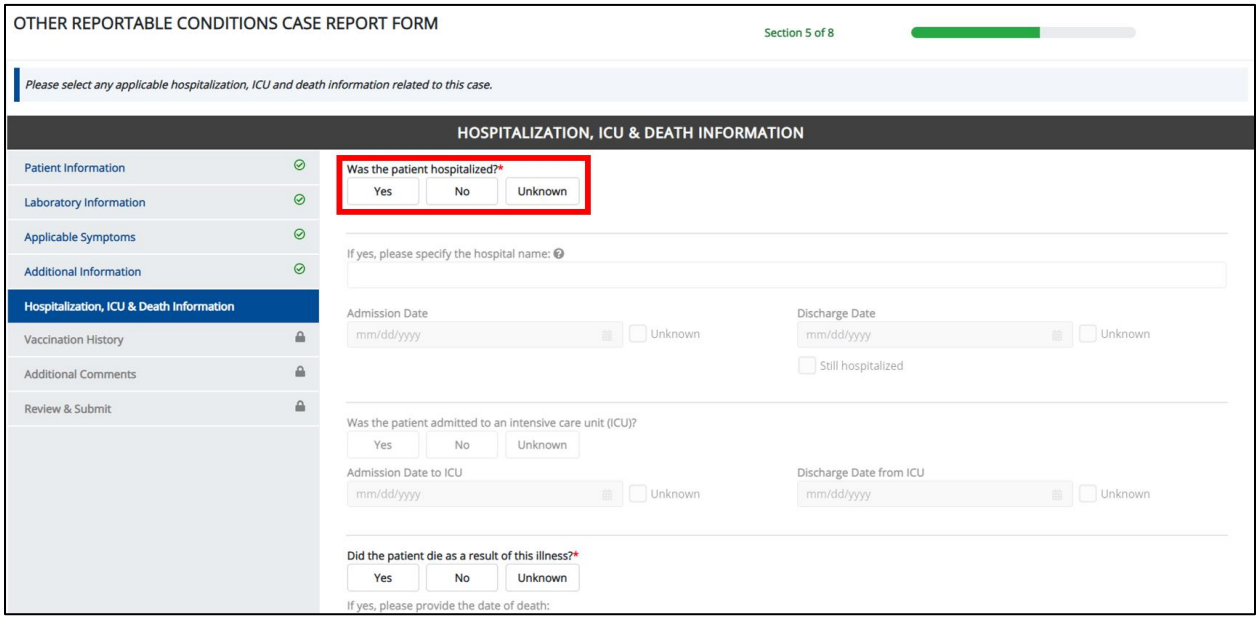


9. Once complete, click **Next** to proceed to the **Hospitalization, ICU & Death Information** screen.

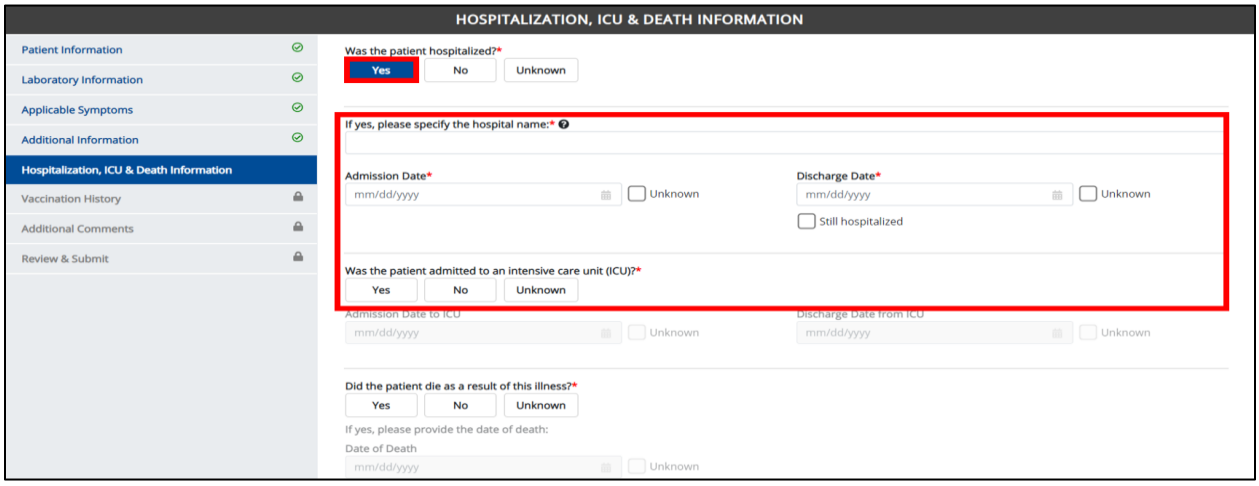


15 Hospitalization, ICU & Death Information

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



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



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

Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

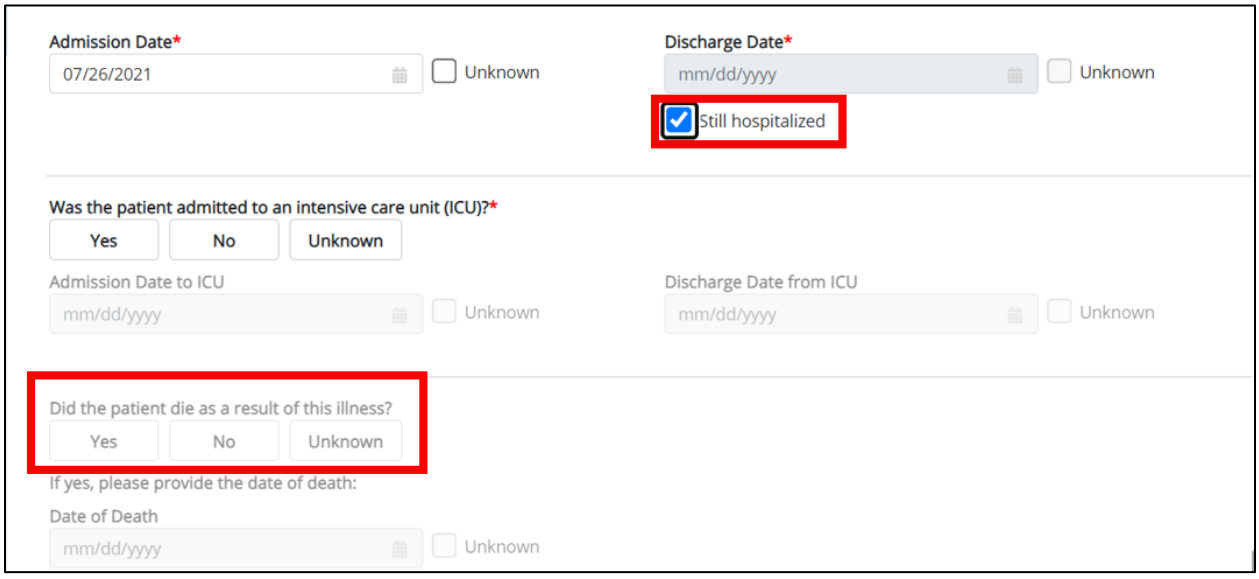
3. If the patient has been hospitalized, enter the **name of the hospital where the patient is/was hospitalized** in the textbox: *If yes, please specify the hospital name*.

4. Enter the patient's hospitalization **Admission Date**.

5. Enter the patient's hospitalization **Discharge Date**.

- If the patient is still hospitalized, click the **Still Hospitalized** checkbox.

- If the **Still Hospitalized** checkbox is selected, the subsequent death-related field is disabled: *Did the patient die as a result of this illness?*

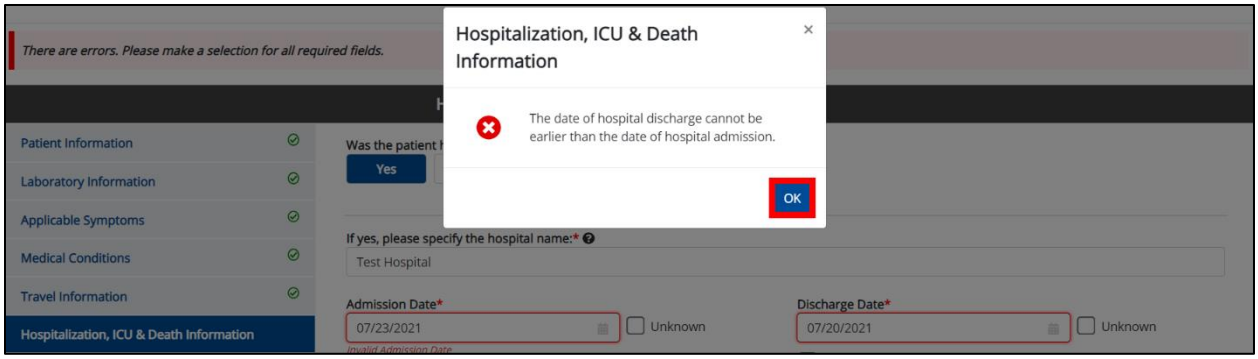


Please Note: The Admission Date **cannot** occur **after** the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date.

If you enter an Admission Date that occurs after the Discharge Date and clicks **Next**, both fields are marked as invalid and the screen is grayed out and displays a pop-up message that states:

The date of hospital discharge cannot be earlier than the date of hospital admission.

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

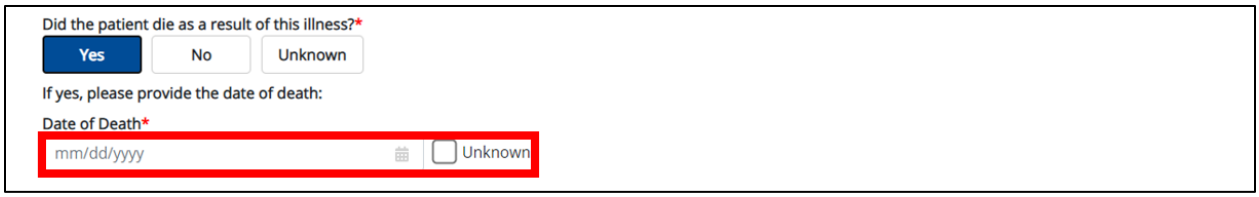


6. Select the **appropriate answer** for the field: *Was the patient admitted to an intensive care unit (ICU)*?

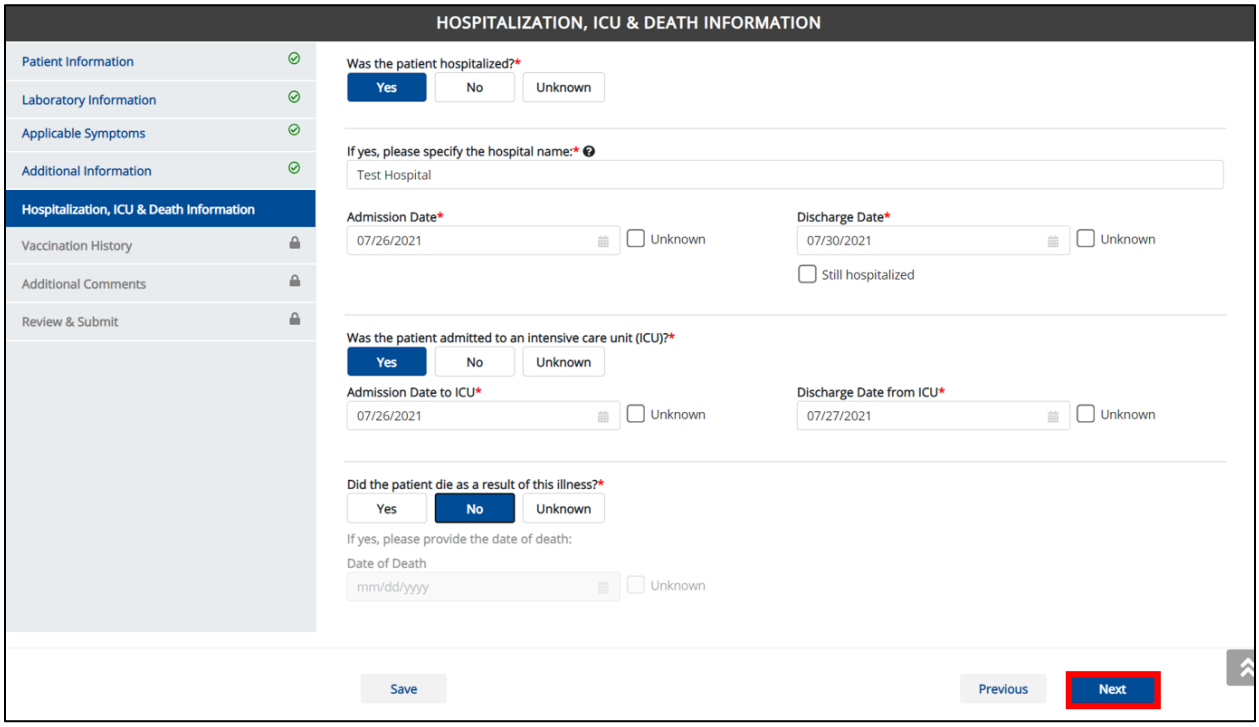
- If ***Yes*** is selected, the subsequent *Admission Date to ICU* and *Discharge Date from ICU* fields are enabled. Enter the dates for the **Admission Date to ICU** and the **Discharge Date from ICU**.

7. If applicable, select the **appropriate answer** for the field: *Did the patient die as a result of this illness*?

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

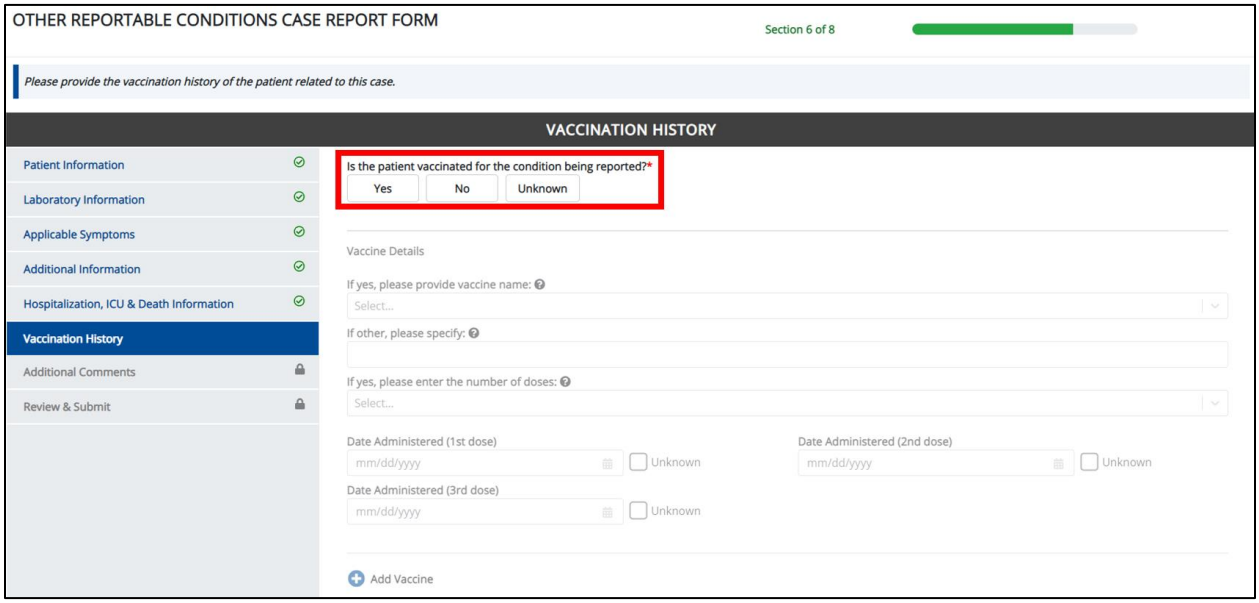


8. Once complete, click **Next** to proceed to the **Vaccination History** screen.

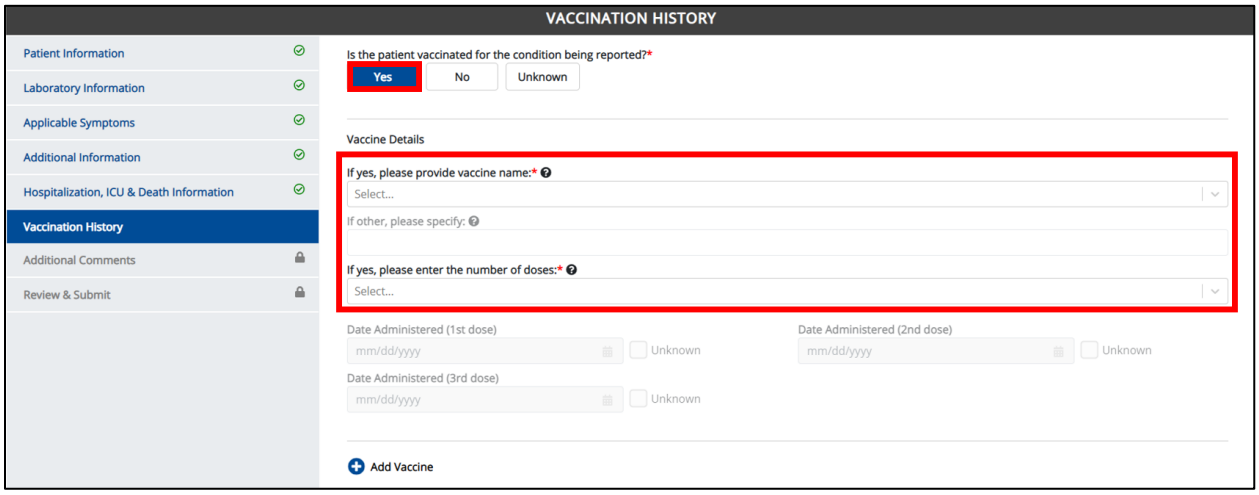


16 Vaccination History

1. On the **Vaccination History** screen, select the **appropriate answer** for the conditional question at the top: *Is the patient vaccinated for the condition being reported*?

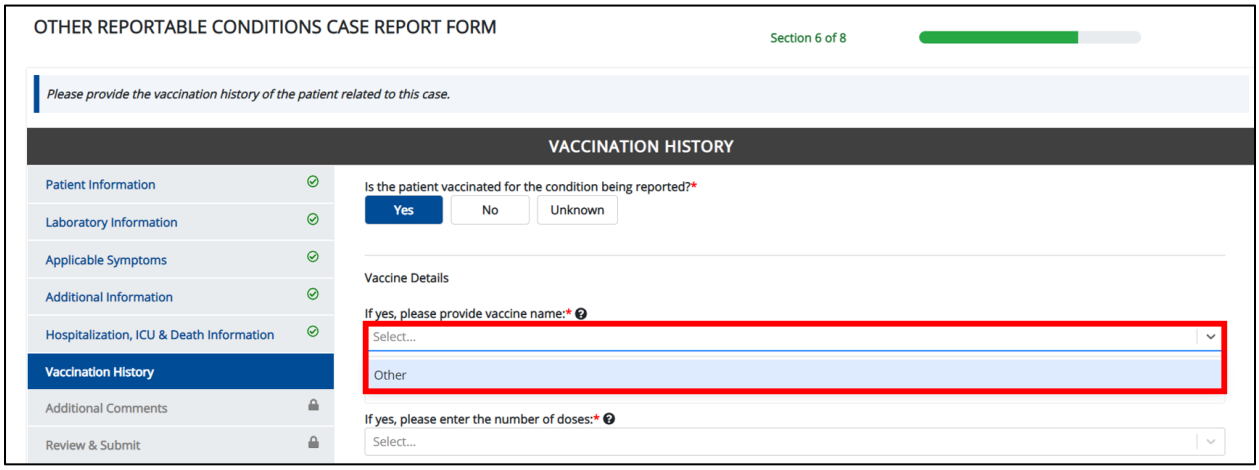


2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.

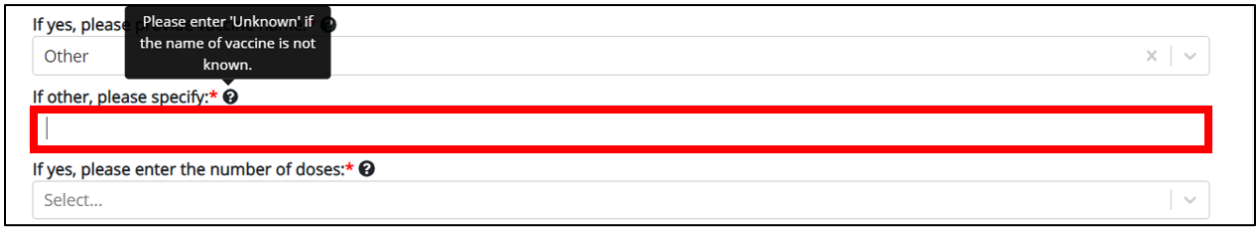


Please Note: If ***No*** or ***Unknown*** is selected for the conditional question, all subsequent fields are disabled.

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



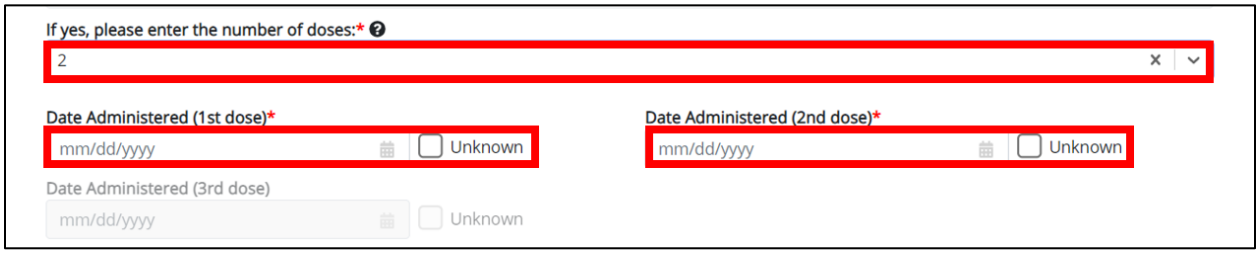
- If ***Other*** is selected, the subsequent field is enabled. Enter the **name of the vaccine** in the textbox: *If other, please specify*.



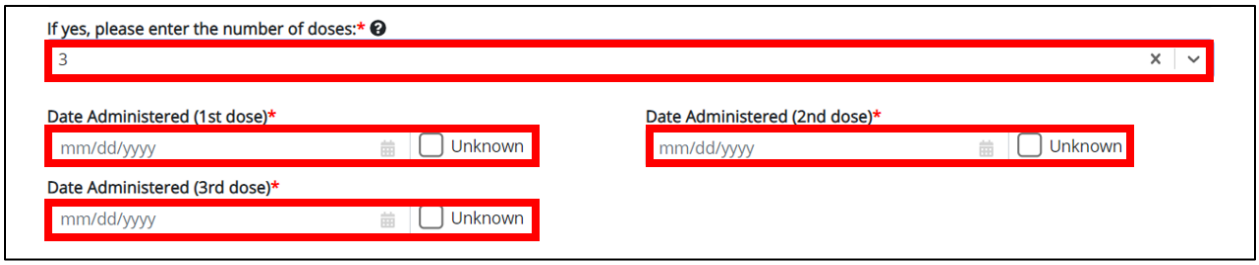
4. Select the **number of doses that the patient received**: *If yes, please enter the number of doses*.

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

- If ***2*** is selected as the number of doses, both of the subsequent fields are enabled: ***Date Administered (1st dose)*** and ***Date Administered (2nd dose)***. Enter the dates for each one in the appropriate fields.

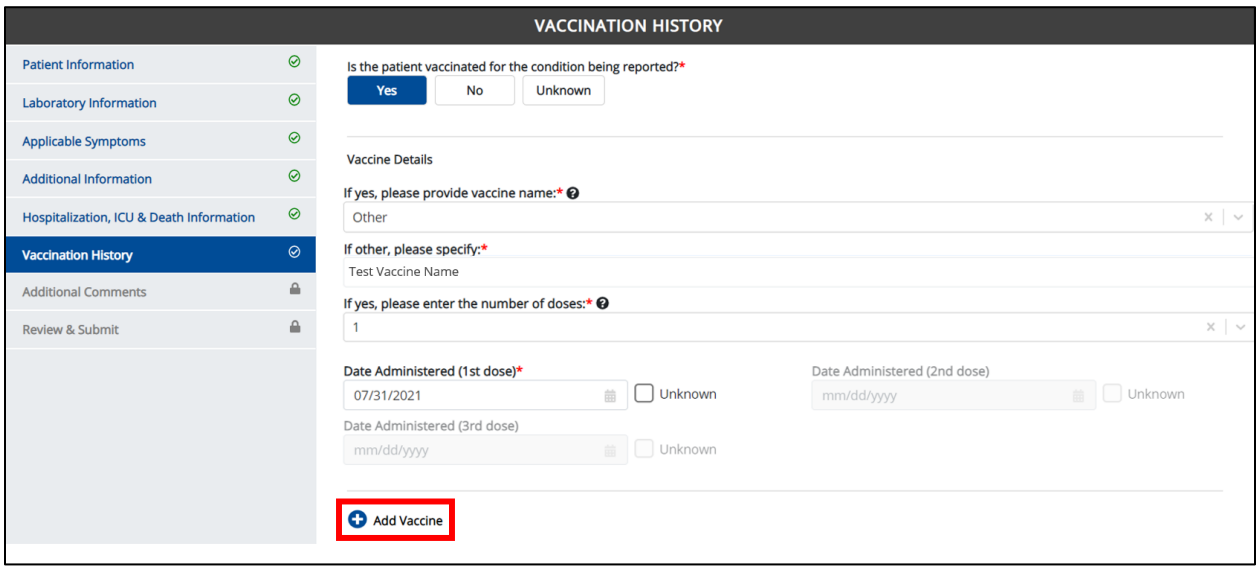


- If ***3*** is selected as the number of doses, the following subsequent fields are enabled: ***Date Administered (1st dose)***, ***Date Administered (2nd dose)***, and ***Date Administered (3rd dose)***. Enter the appropriate dates in each field.

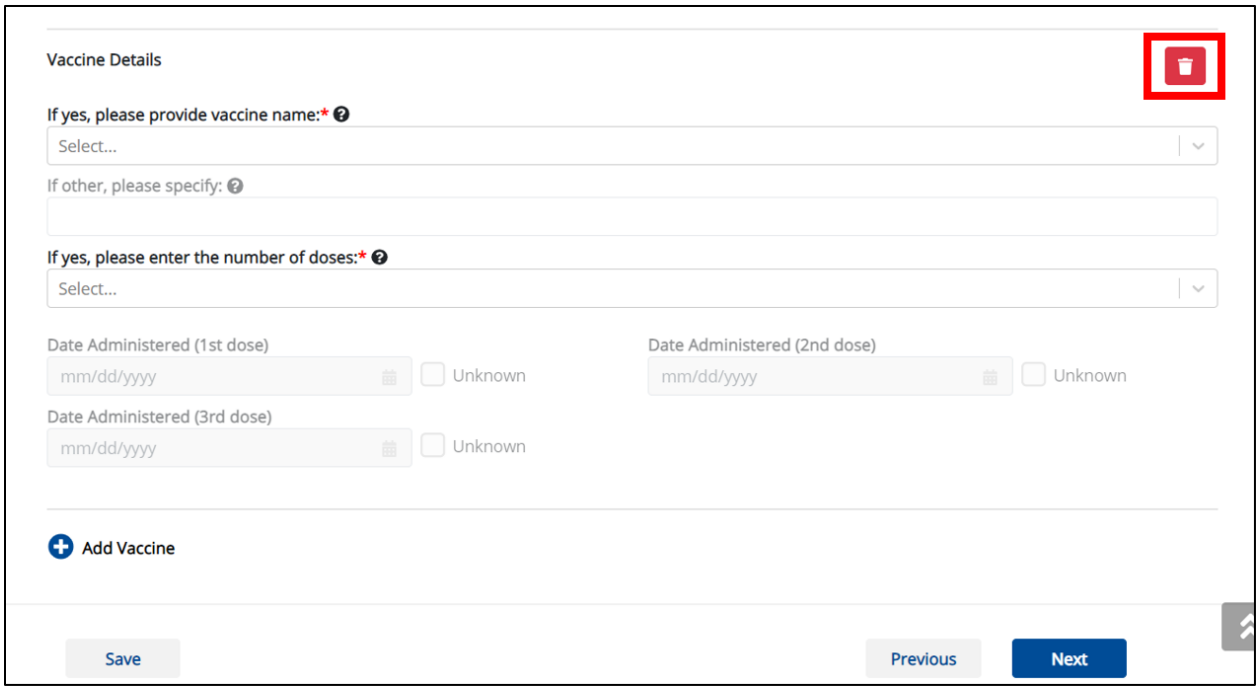


Adding Multiple Vaccines

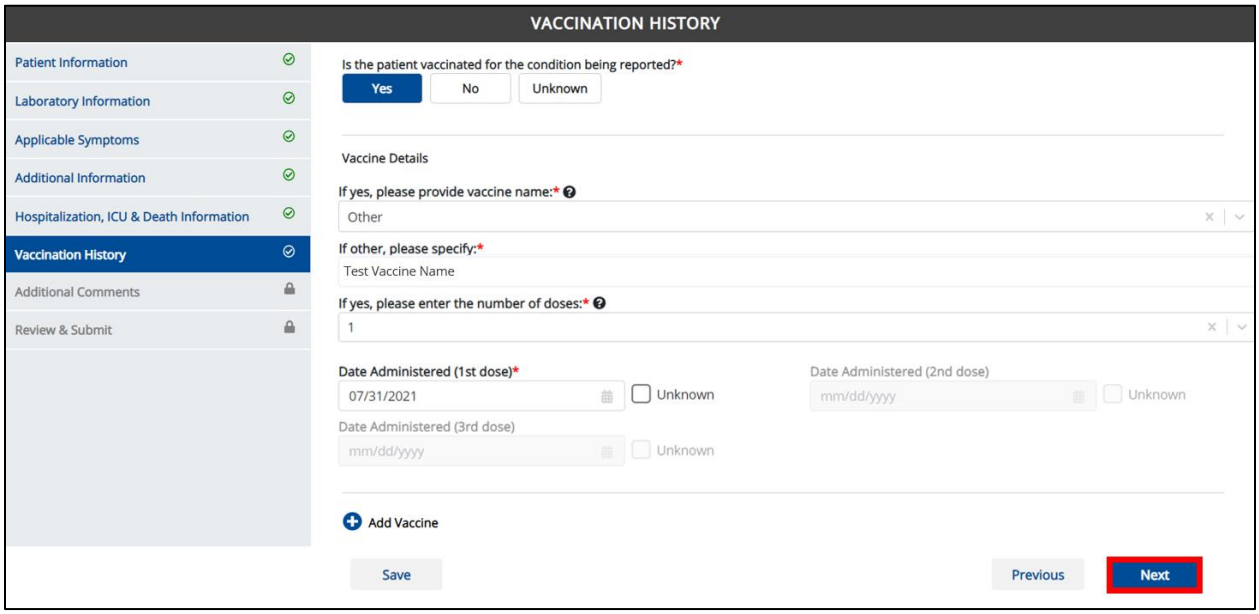
5. You can also click **Add Vaccine** to log the details for multiple vaccines.



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

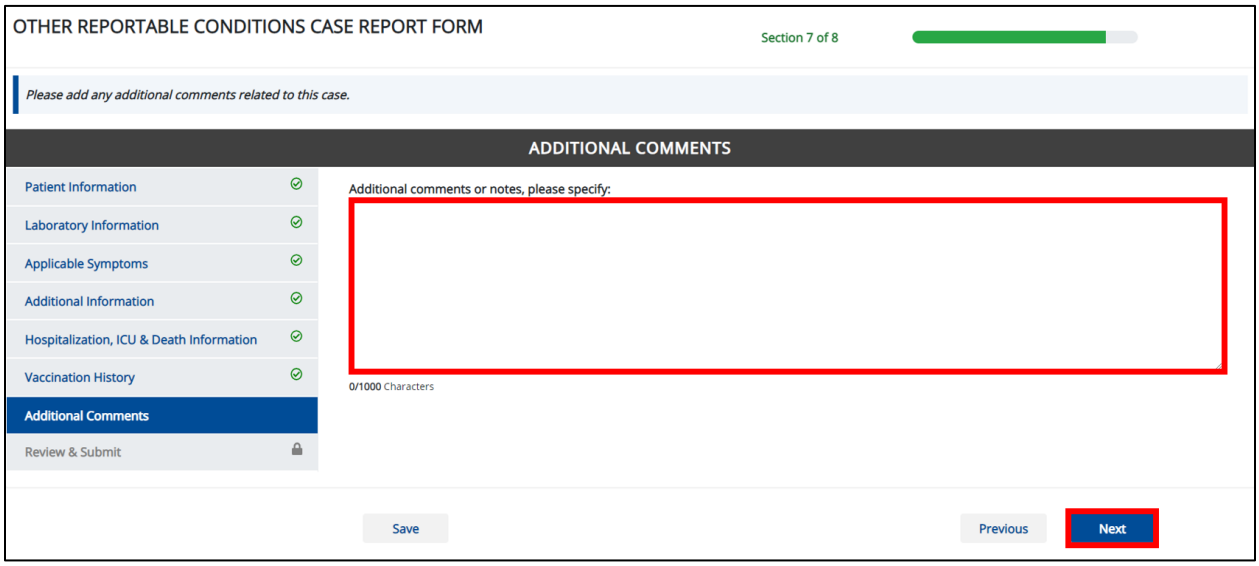


6. Once complete, click **Next** to proceed to the **Additional Comments** screen.



17 Additional Comments

1. On the **Additional Comments** screen, if applicable, enter **additional notes about the patient**.
2. Once complete, click **Next** to proceed to the **Review & Submit** screen.



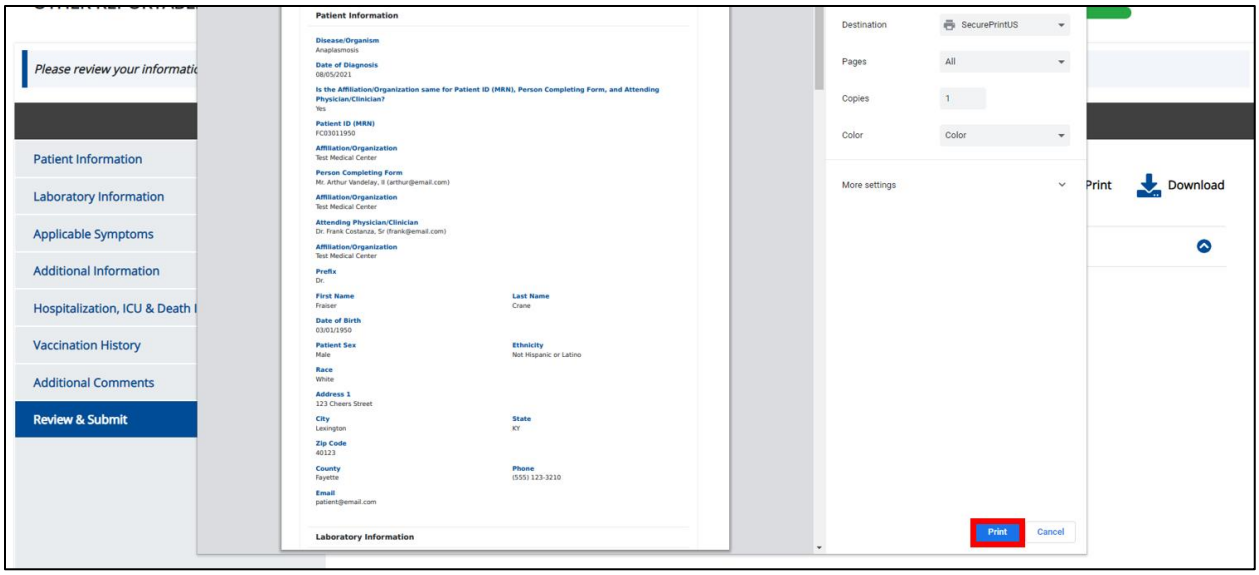
18 Review and Submit

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

Print or Download Functionality

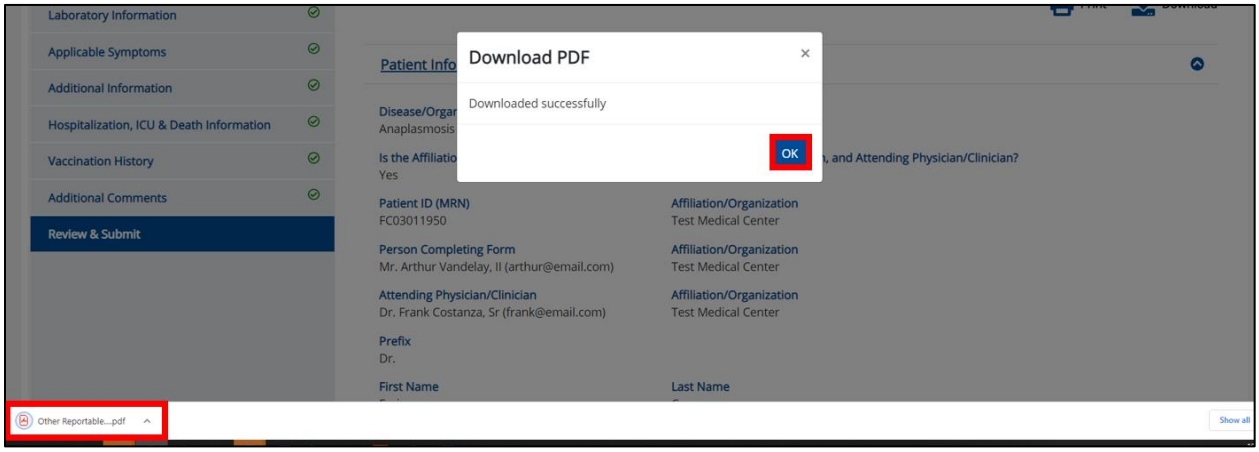
1. Click **Print** to print the case report.

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



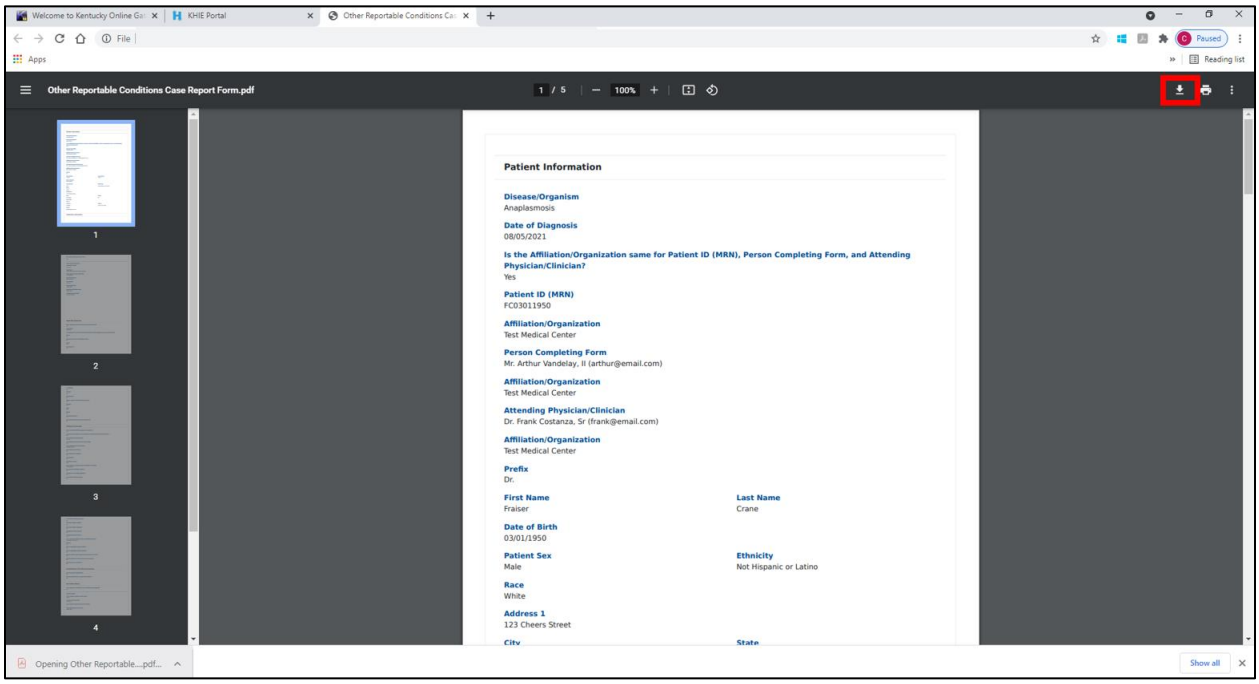
2. Click **Download** to download a PDF version of the case report.

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

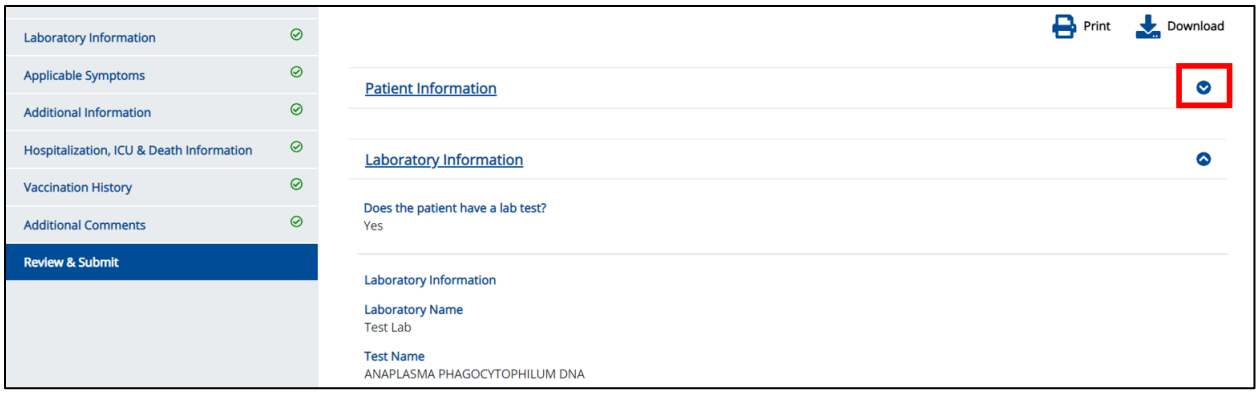


- A PDF of the case report will display in a separate tab. Click the **Download Icon** at the top right to download a PDF version of the case report to your computer.

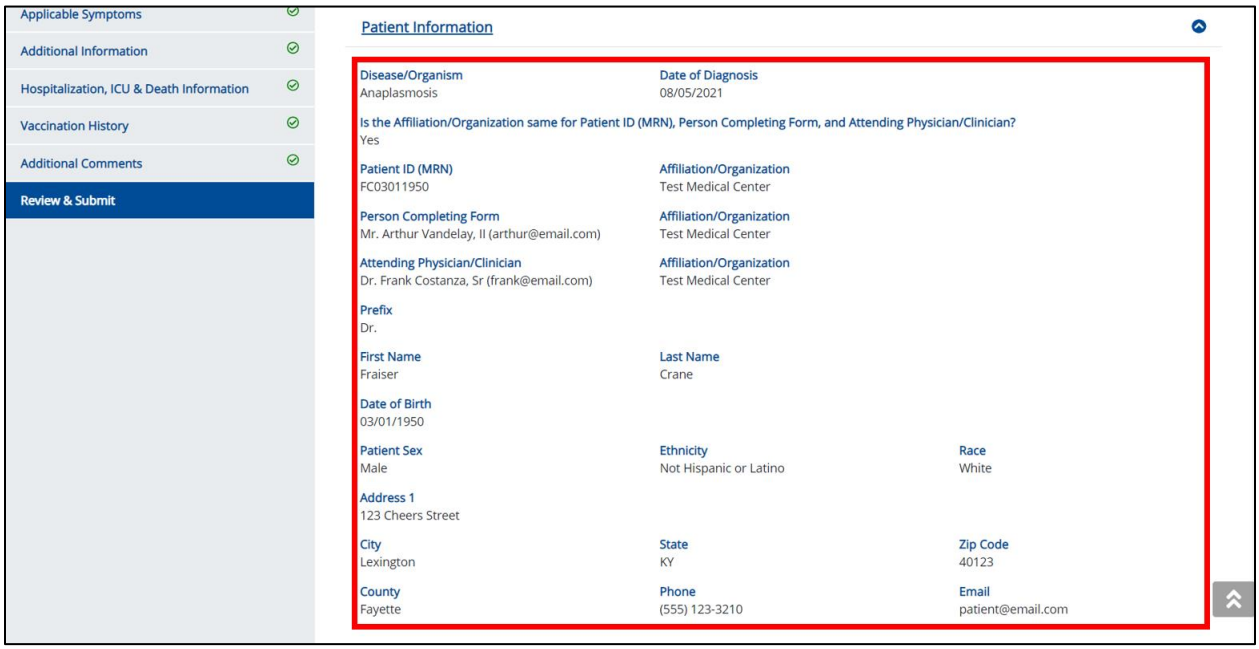
3. Review the information.



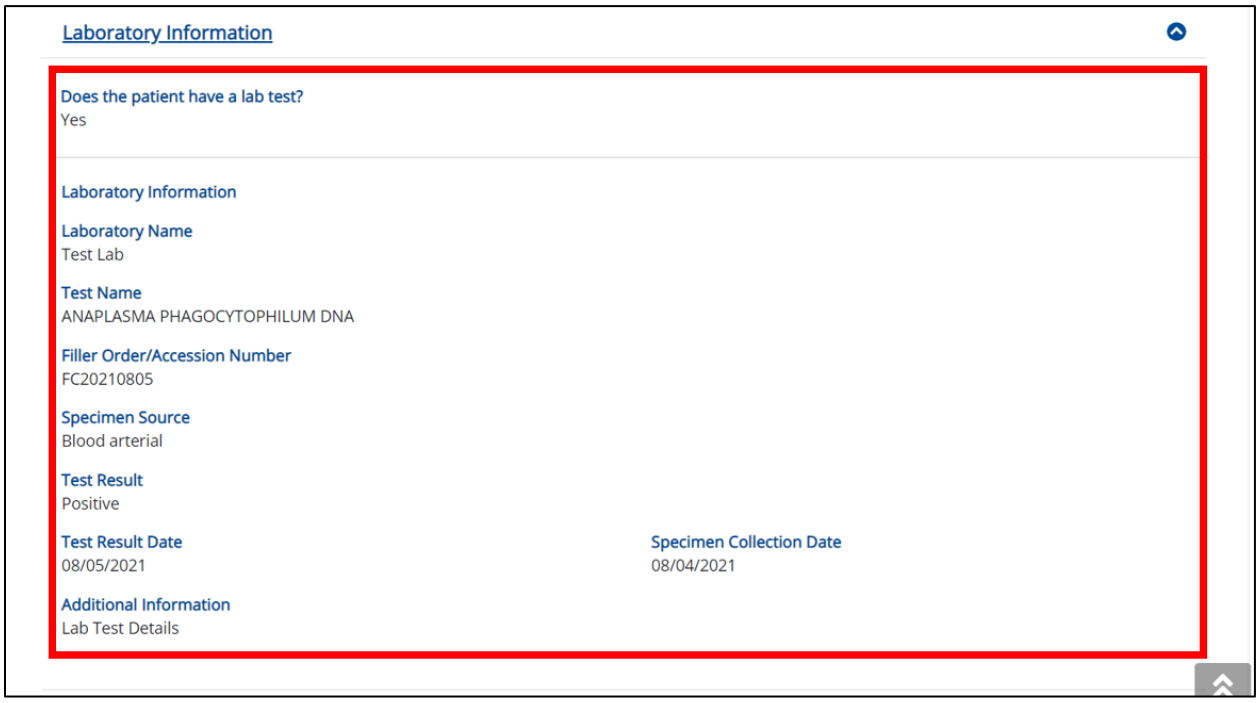
- Click the **caret icon** on any section header to hide or display the details for that section.



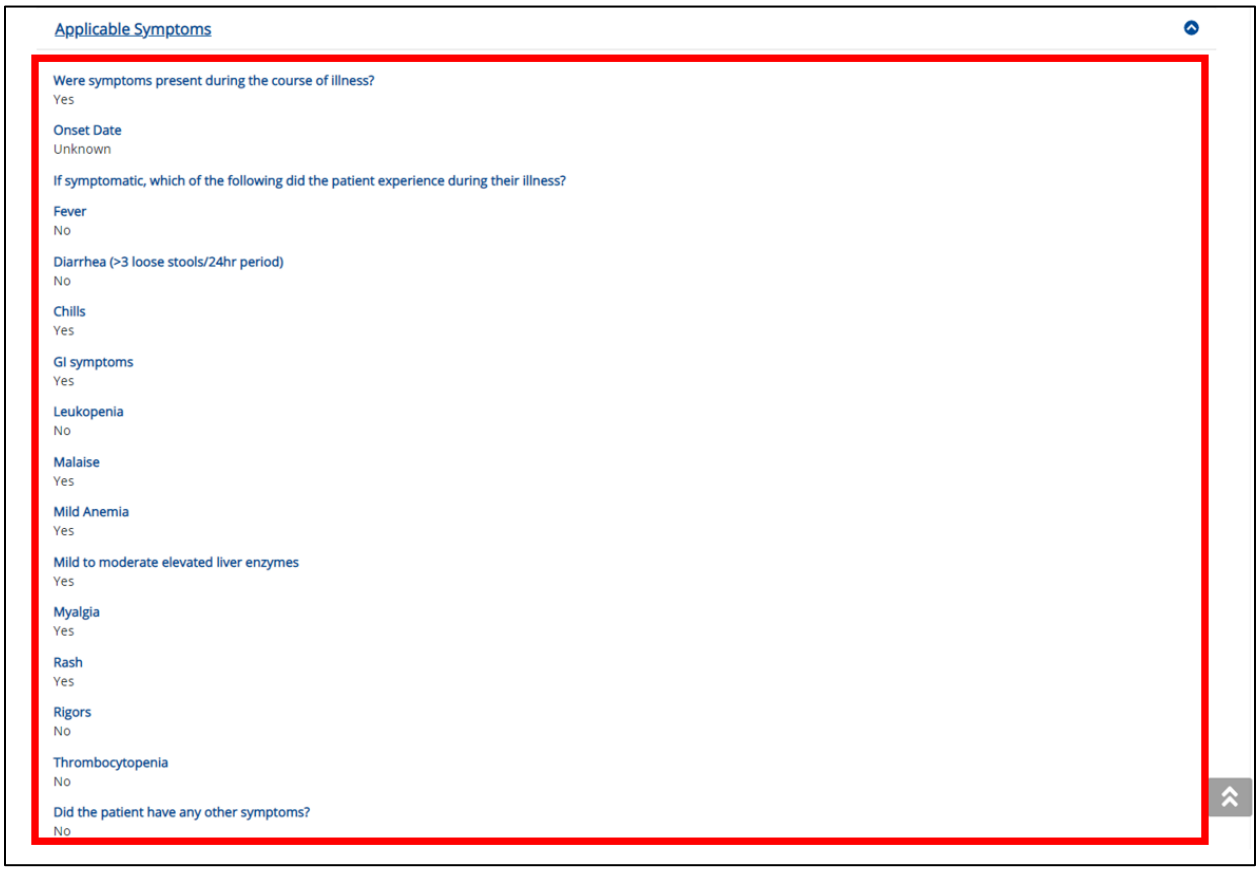
4. Review the *Patient Information* section.



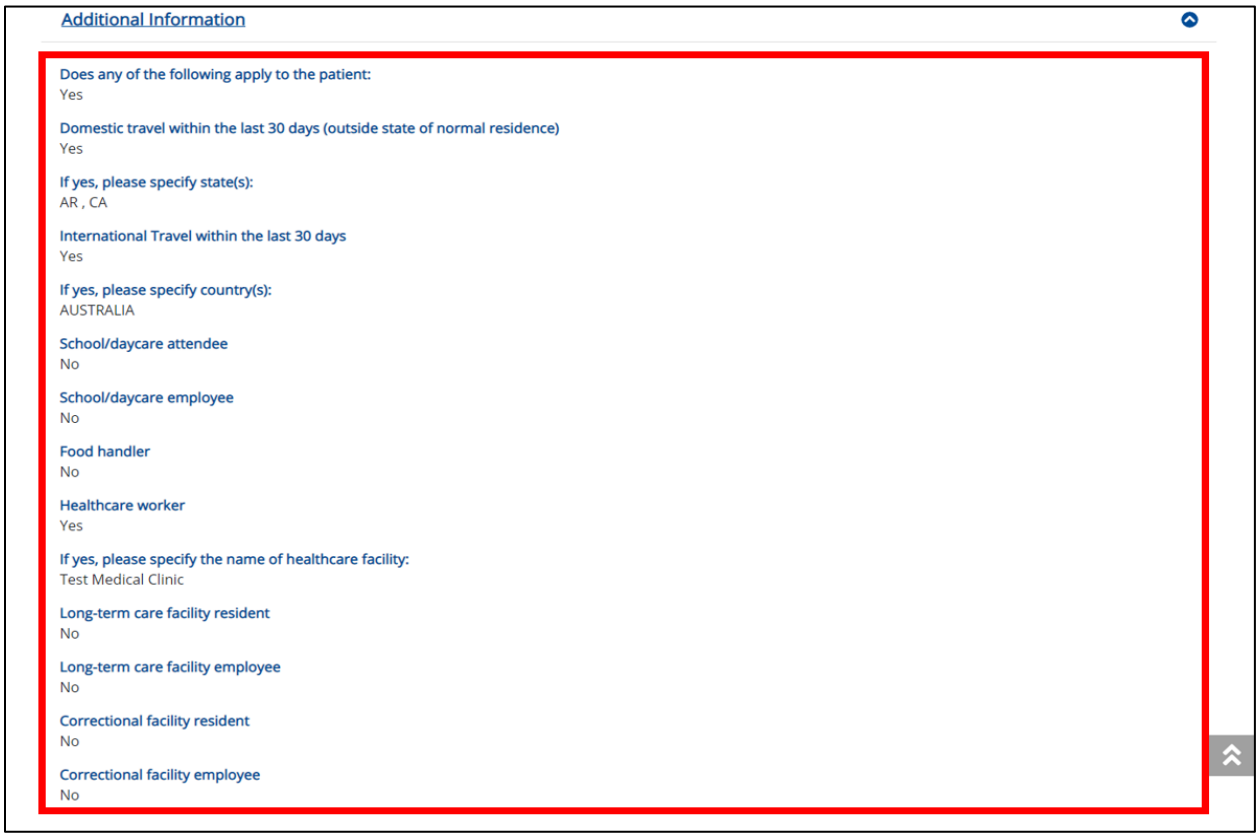
5. Review the *Laboratory Information* section.



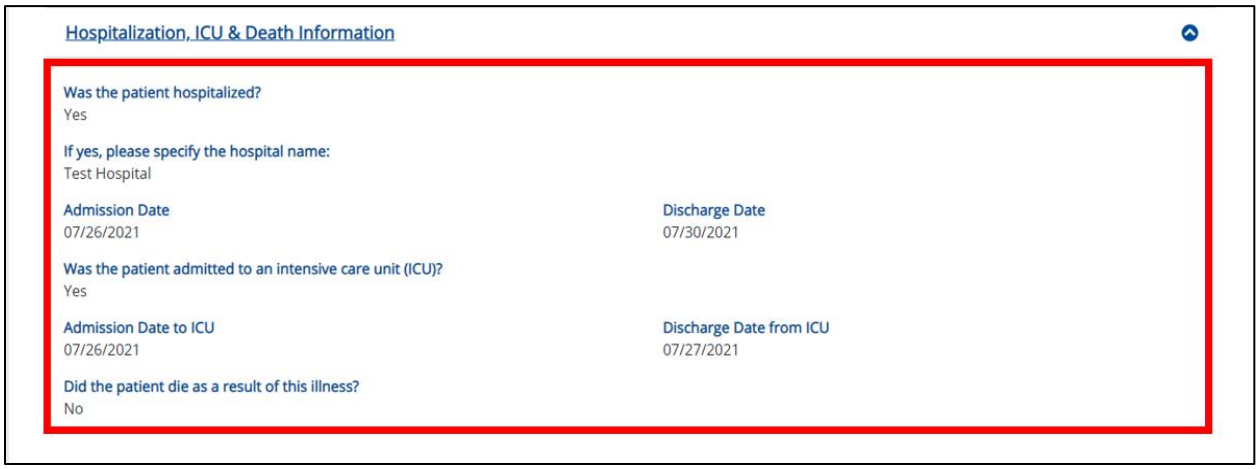
6. Review the *Applicable Symptoms* section.



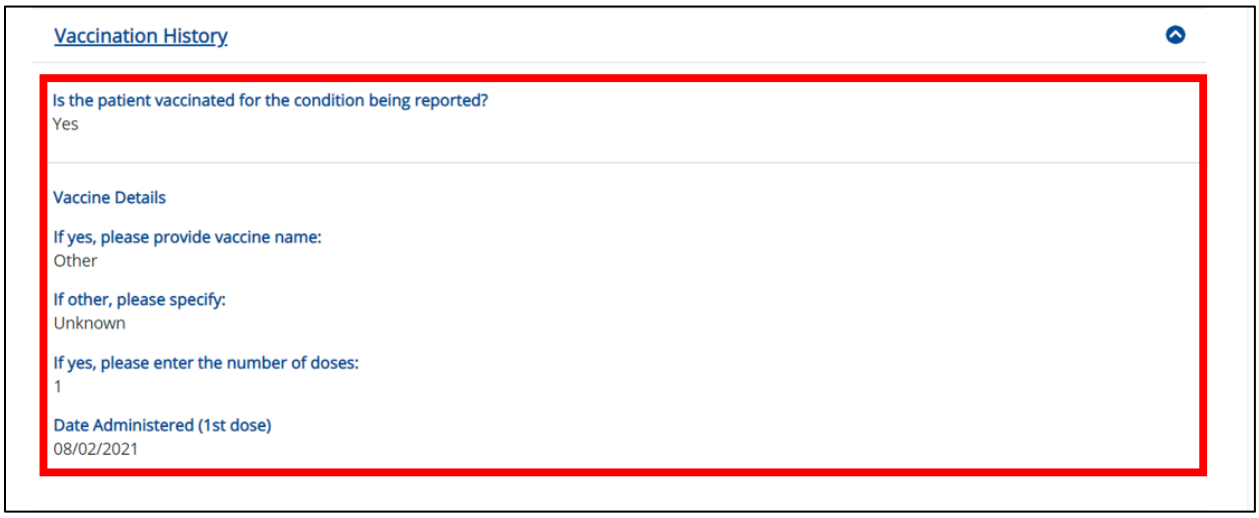
7. Review the *Additional Information* section.



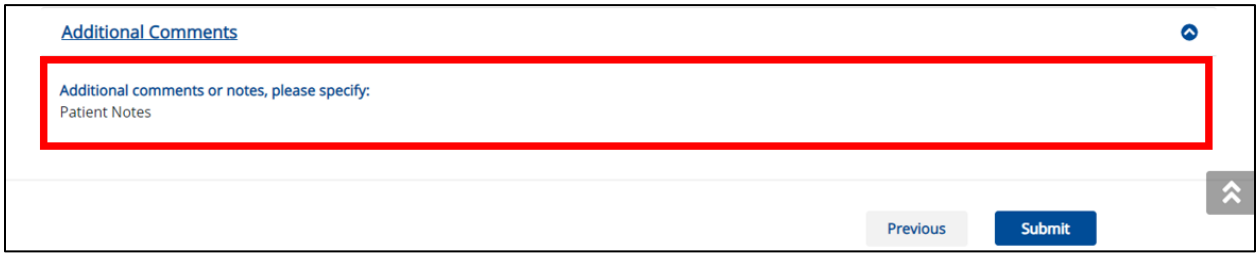
8. Review the *Hospitalization, ICU & Death Information* section.



9. Review the *Vaccination History* section.



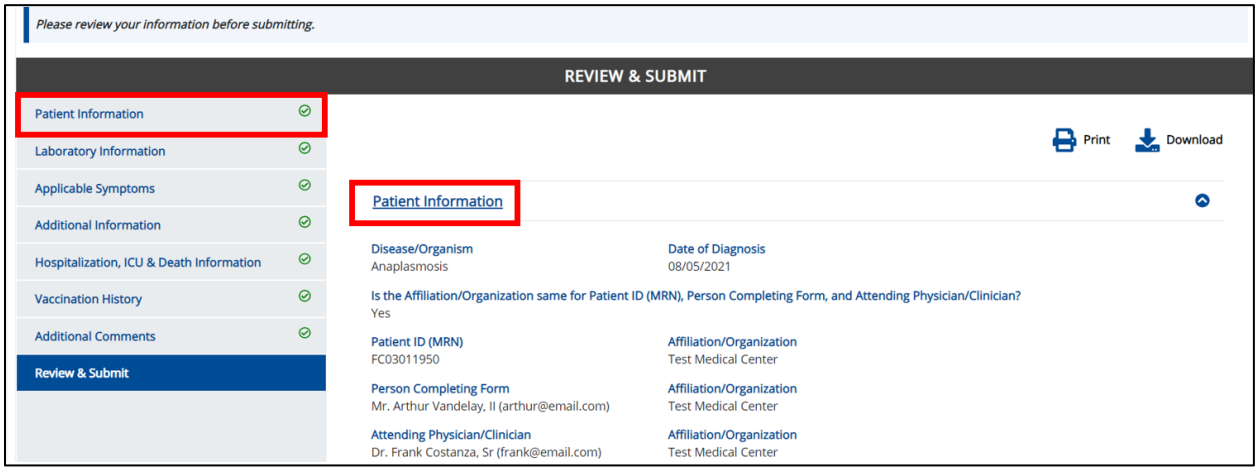
10. Review the *Additional Comments* section.



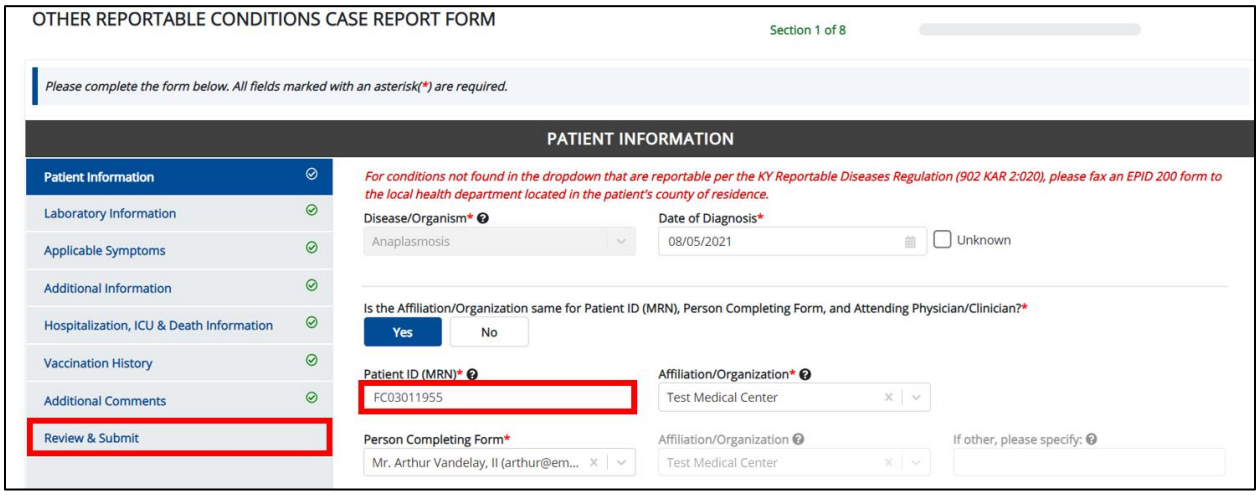
Click Hyperlinks to Edit

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

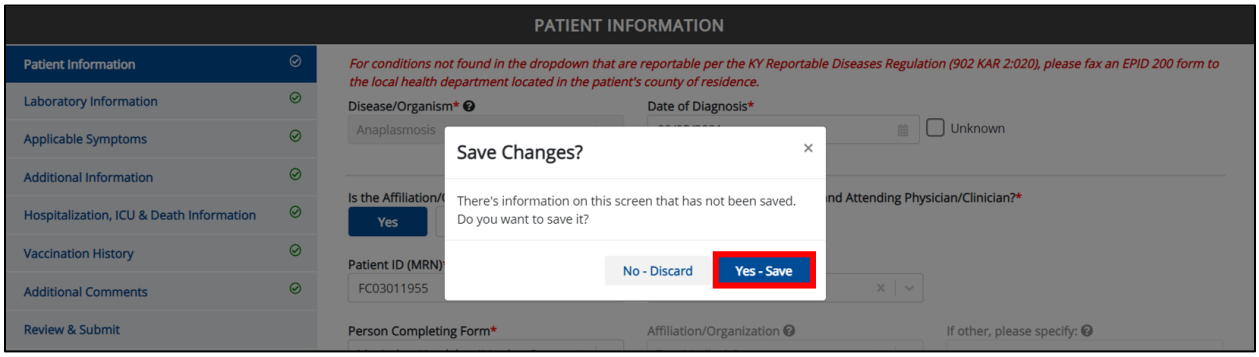
- Click the **section header hyperlink** or the **side navigation bar tab** to navigate to the intended page. For example, to navigate to the **Patient Information** screen, click the **Patient Information hyperlink** in the section header or the side navigation bar.



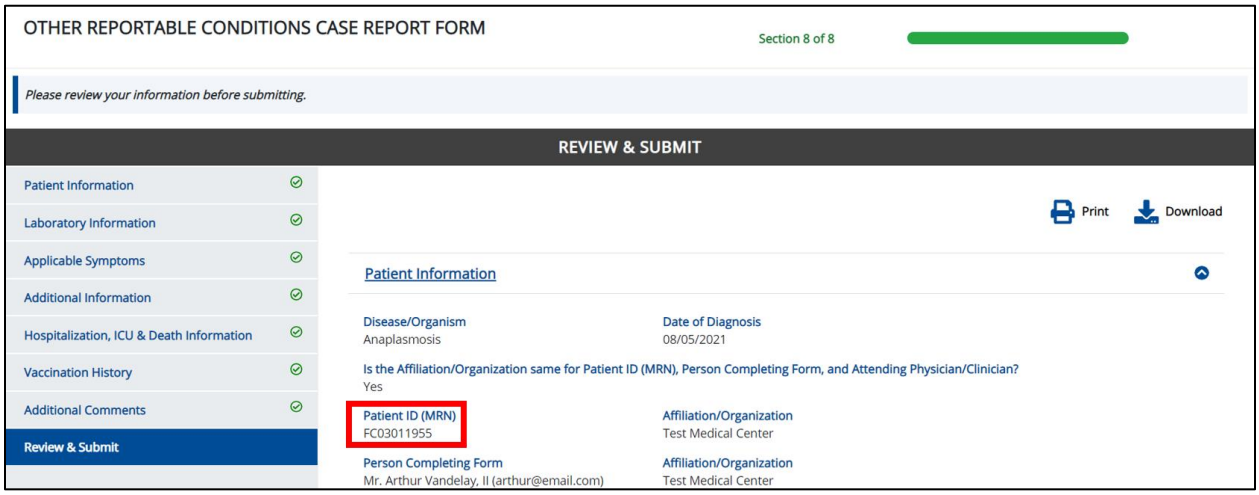
12. Once the appropriate edits have been made, click the **Review and Submit** tab on the side navigation bar to navigate back to the **Review and Submit** screen.



13. 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**.

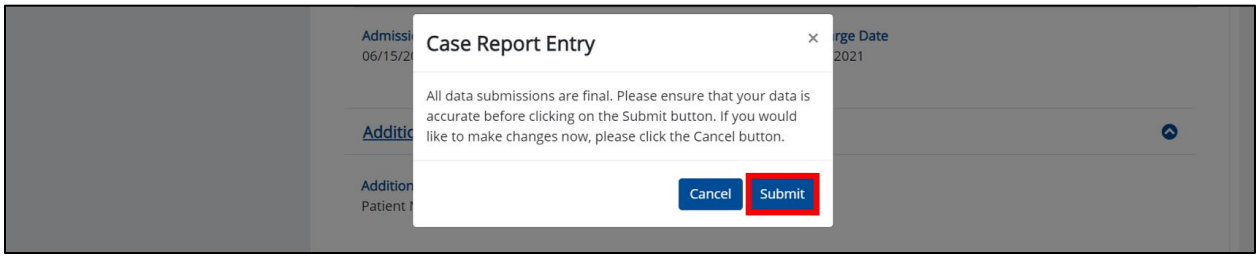


14. Review your edits on the **Review and Submit** screen.



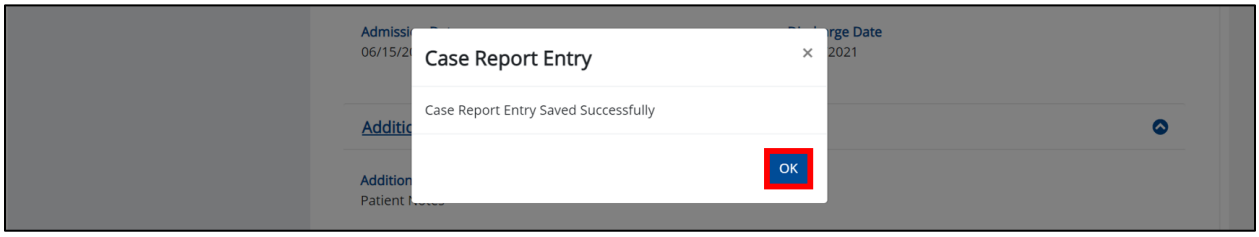
13. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Other Reportable Conditions Case Report Entry.

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



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

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



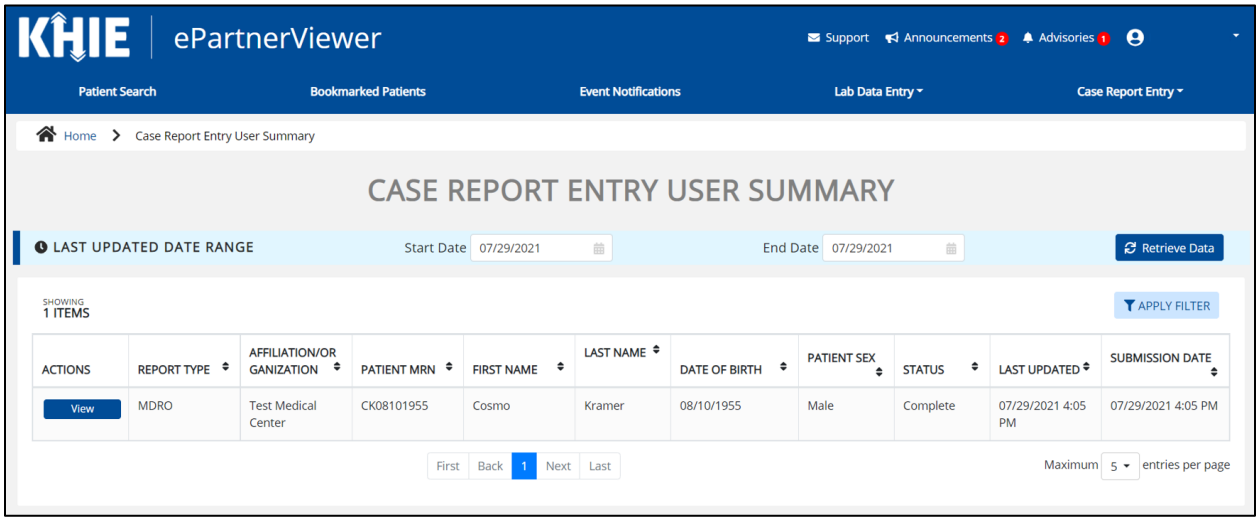
Please Note: Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

Congratulations! You have submitted the Other Reportable Conditions Case Report using KHIE's Direct Data Entry Functionality.

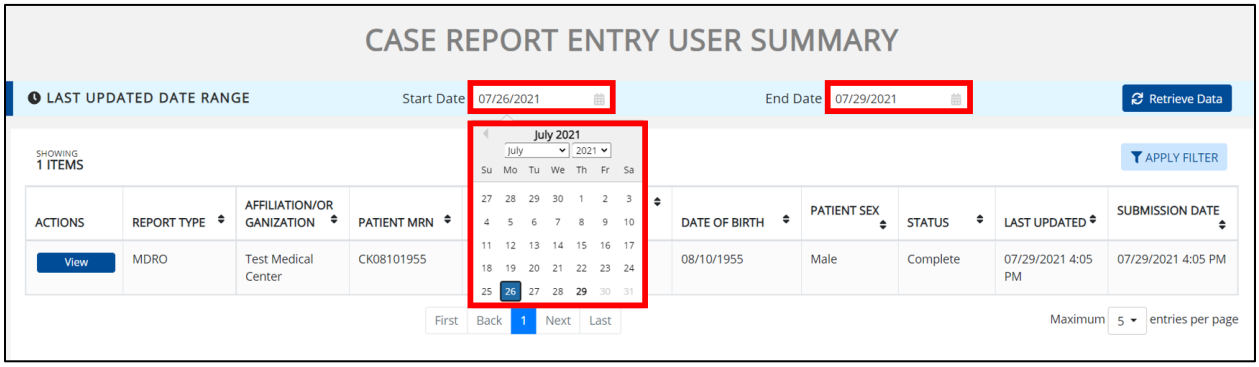
Please visit the KHIE website at https://khie.ky.gov/COVID-19/Pages/Electronic-Case-Reporting-.aspx to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.

19 Case Report User Entry Summary

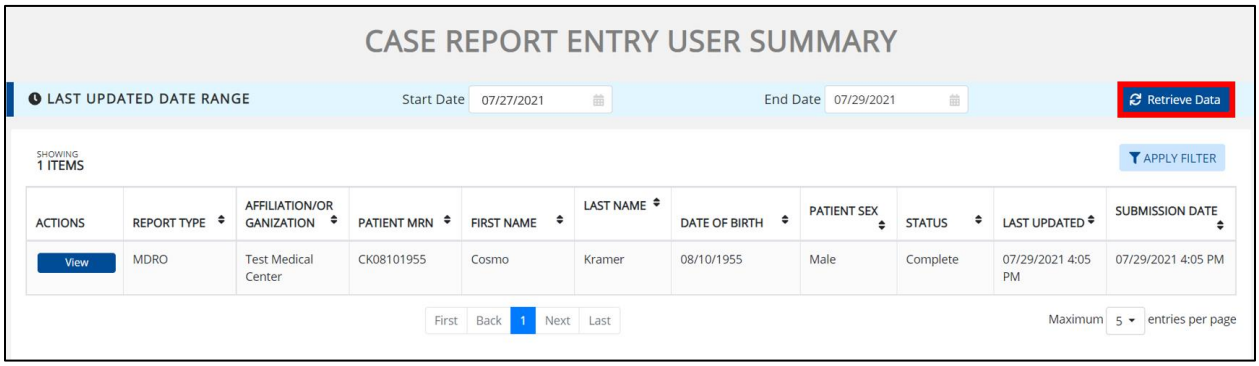
The **Case Report Entry User Summary** screen displays all submitted and in-progress case reports you have entered. By default, the **Case Report Entry User Summary** screen displays the case reports from the last updated date. You can use the Date Range buttons to do a custom search for previous case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



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



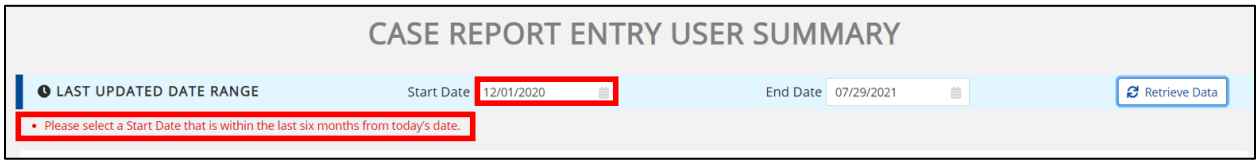
2. Click **Retrieve Data** to generate the case reports.



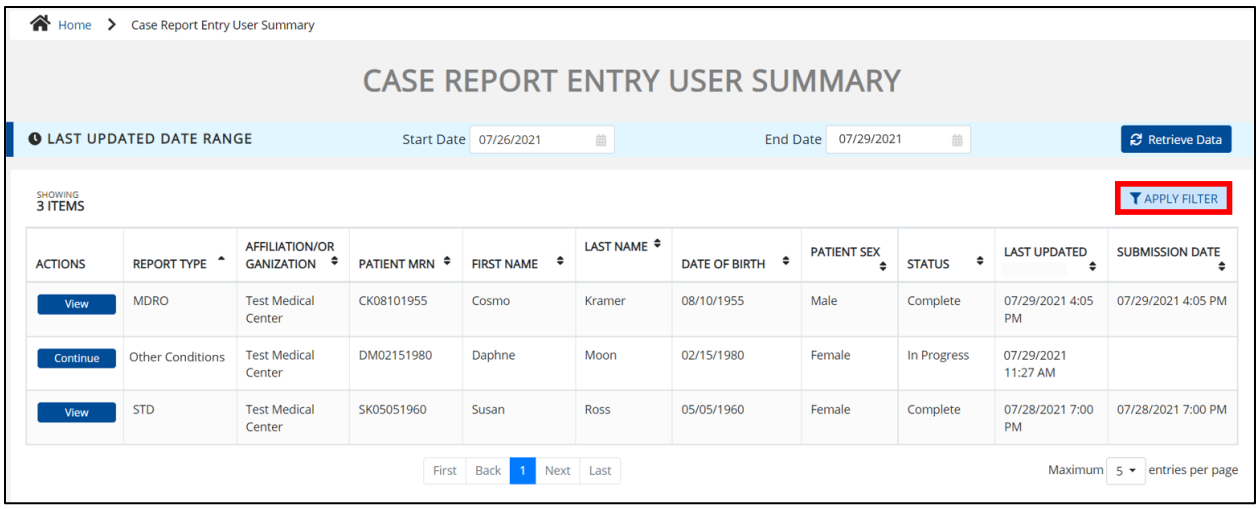
Please Note: The **Start Date** must be within the last six months from the current date.

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

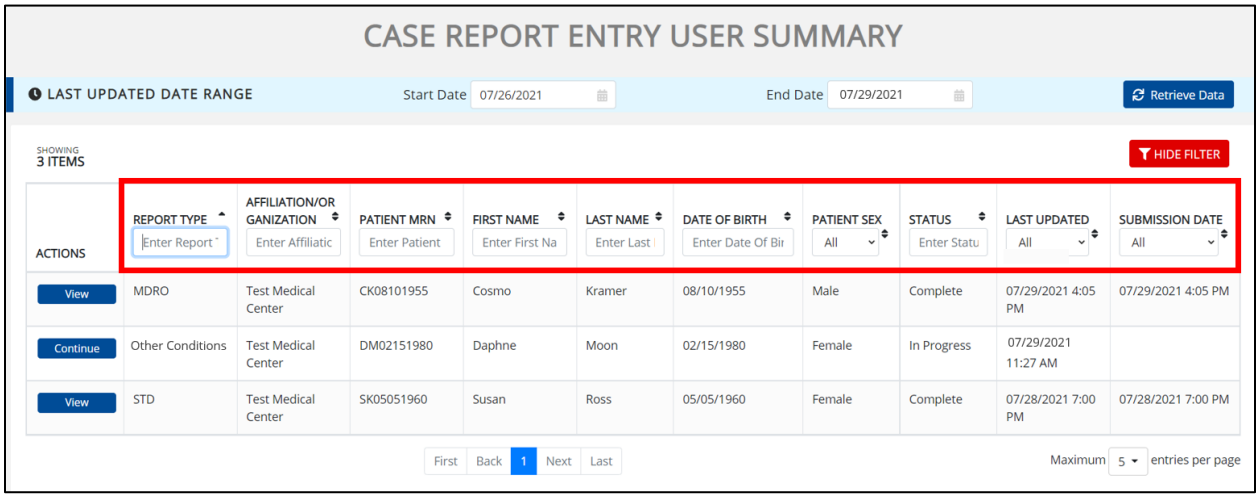
To proceed, you must enter a **Start Date** that occurred within the last six months.



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

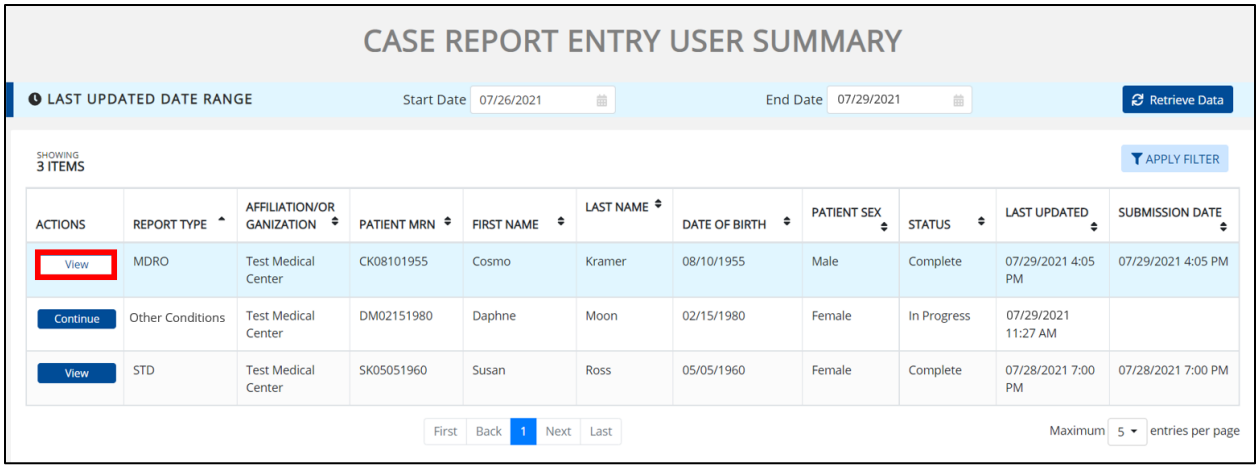


5. The Filter fields display. You can search by entering the ***Report Type***, ***Affiliation/Organization***, ***Patient MRN***, ***First Name***, ***Last Name***, ***Date of Birth***, ***Patient Sex***, ***Status***, ***Last Updated Date***, and/or ***Submission Date*** in the corresponding Filter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

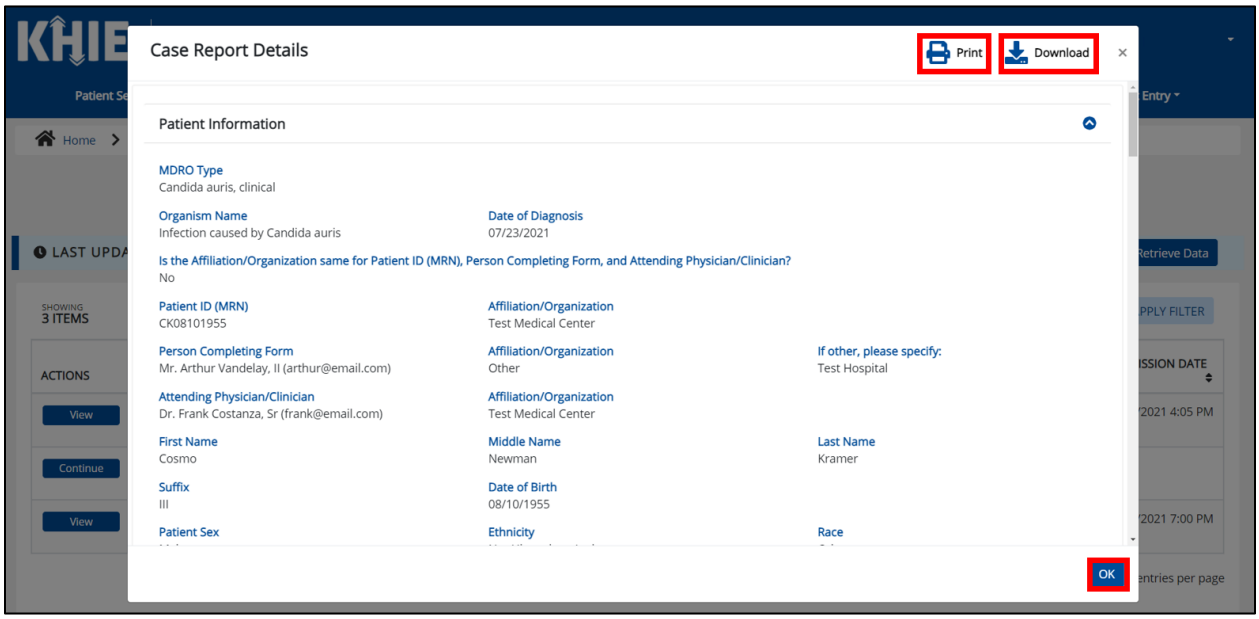


Review Previously Submitted Case Reports

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



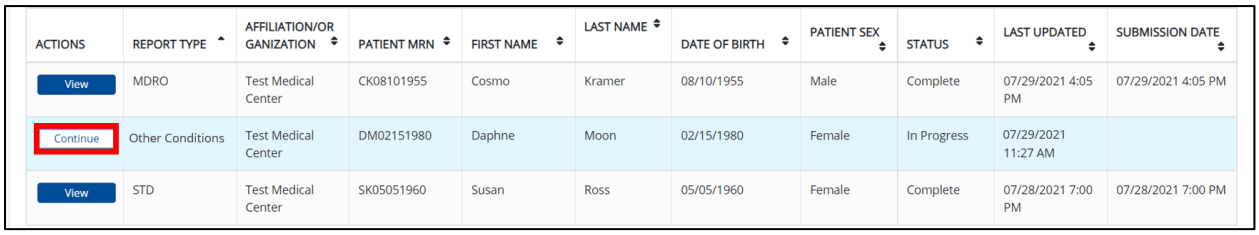
7. The Case Report Details pop-up displays a summary of the previously submitted case report.
   - Click **Print** to print the case report.
   - Click **Download** to download a PDF version of the case report.
8. Click **OK** to close out of the pop-up.



Continue In-Progress Case Reports

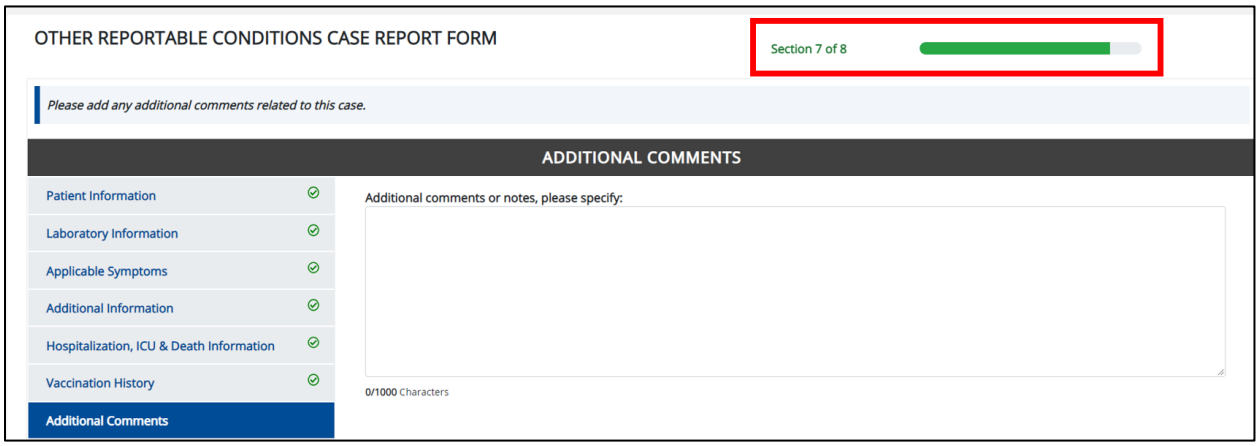
The **Save** feature allows Users to complete the case report in multiple sessions. That means you can start a case entry, save it, and then return later to complete it. You must save the information you have entered in order to return later to the section where you left off.

9. 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/ORGANIZATION	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

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



20 Technical Support

Toll-Free Telephone Support

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

Email Support

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

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