

Administrative Package

September 2023

Administrative Package Sections

- Disease Diagnosis Information
- Reporter Information
- NC County of Residence for the Event
- Investigation Trail
 - Original/Initial Assignment
 - LHD to LHD Transfer
 - Assign to State
 - Reassign to LHD from State
- Other Sections (State or System Use only)

Agenda

Disease Report Information

Disease Report Information



- Disease Report Information section
 - Required for reporting an event to the State, CDC, and used for data analysis/quality assurance
 - This information is automatically populated for events created via ELR but must be directly entered for manually created events

Reporter Information

Reporter Information

Reporter Information					
Reporting Physician/Practice					
Contact Person/Title 1					
Phone number					
Fax (area code):					
Health Care Provider for this disease (if not reporting physician)					
* Provider Type			V		
Name of provider's practice or facility					
Telephone number for health care provider (area code):					
Fax number(area code):					
Name of person to contact if health care provider is unavailable					
Telephone number for alternate contact for health care provider					
Date report entered into system	01/18/2012				
Date identified as contact	MM/DD/YYYY				

- If your LHD is the source of reporting, then you enter the LHD provider information here
- If you learned about the event from another provider/location, fill in their information here

NC County of Residence for the Event

NC County of Residence for the Event

The **NC County of Residence for the Event** field is very important:

- Establishes which jurisdiction the event belongs to,
- Determines which LHD that can see the event
- Determined what workflows the event will populate

NC County of Residence for the Event					
If a different county is investigating this event, the county of residence must share this event.					
If patient is not a NC resident, enter the NC investigating county here.					
NC County of Residence for the Event Wake County V					

If the address is entered or imported correctly, the county will be automatically assigned. Always check against the patient's address to confirm.

Investigation Trail

- Original/Initial Assignment
- LHD to LHD Transfer
- Assign to State
- Reassign to LHD from State

Investigation Trail

- This shows the history of who had the event and who is currently responsible to work the event.
 - The current (most recent) block determines what workflows the event will populate.
- If it is not completed correctly, the event may not be worked in a timely manner

NC County of Residence for the Event Durham County V		Expand Details
Investigation Trail: Add a new	v entry for each group to which the event transfers during the investig	ation
Date Assigned-Reassigned 🗉	01/20/2012	
Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Wake CD	Local patient identifier
* Select the reason for the assignment/reassignment	Original/Initial Assignment 🗸	
Authorized Reporter	AS	Phone number (919) 999-1111
Classification status	Confirmed V	
Notes	Is a student at Duke.	-
Date Assigned-Reassigned 🖂	01/25/2012 Add New	
Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Durham CD 🕲 🛍	Local patient identifier
* Select the reason for the assignment/reassignment	LHD to LHD transfer	
Authorized Reporter		Phone number
Classification status	Confirmed V	
Notes		

Investigation Trail

Investigation 1	Frail: Add a new entry for each group to which the event transfers during the invo	estigation
Date Assigned/Reassigned 🗆	08/28/2023 Add New	
Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Statistics (1) ≤ 1 ≤ 1 ≤ 1 ≤ 1 ≤ 1 ≤ 1 ≤ 1 ≤ 1 ≤ 1 ≤	Local patient identifier
* Select the reason for the assignment/reassignment	Original/Initial Assignment	
Authorized Reporter	Original/Initial Assignment	Phone number
Classification status	Assign to State	
Notes	Reassign to LHD from State	

- There are 4 standard assignment options to choose from
- The event can move from jurisdiction to jurisdiction (from one county to another) OR from a county to the North Carolina Department of Public Health/State

Original/Initial Assignment

	Investigation Trail: Add a new entry	for each group	to which the	event trans	fers du
Date Assigned/Reassig	Date Assigned/Reassigned 🗉				
Group: (You cannot	change your group selection unless you clear this entry by erasing the Date Assigned)	Wake STD			
* Select the reason for	the assignment/reassignment	Original/Initial	Assignment	Ŷ	/
Authorized Report	er				
Classification status		Confirmed	~		
Notes	*only put notes in your county block in the investigation trail				

- Date Assigned/Reassigned
- Group county and disease specification
- Reason for Assignment/Reassignment: Original/Initial Assignment
- Authorized Reporter: Enter the staff name and phone number to contact if questions need to be answered
- Classification Status: determined based on lab results
- Notes: Where you/Authorized reporter will put any notes if applicable to the event

Original/Initial Assignment

Investigation Trail: Add a new entry for each group to which the event transfers during the investigation					
Date Assigned-Reassigned 🖂	01/18/2012 Add New				
Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Wake CD 🕲 🛍	Local patient identifier			
* Select the reason for the assignment/reassignment	Original/Initial Assignment 🗸				
Authorized Reporter		Phone number			
Classification status	Confirmed V				
Notes					

Event Classification Status is determined with one of the following statuses:

- **Confirmed:** if the person has a positive **PCR/NAA/RNA lab test**
- **Probable:** if the person ONLY has a positive **Antigen lab test**
- Suspect: if the person has a positive AT HOME lab test
- **Does not meet Criteria:** if the patient's test is negative **OR** if the patient has a positive IgG or AB test **OR lives out-of-state**
- Unspecified: <u>NEVER</u> leave the classification status 'Unspecified' for NCCOVID cases

LHD to LHD Transfer



- If an LHD receives a Part 1 form, paper lab or ELR for a person and they determine that said person resides in a different county, an LHD to LHD transfer must be completed
- In order for the new LHD to see the event, the transferring LHD MUST do 2 things
 - o #1 Change the county of residence
 - #2 Click the Add New hyperlink to get a new block

LHD to LHD Transfer

Investigation Trail: Add a new entry for each of ## Date Assigned-Reassigned 07/12/2021 Add New ## Date Assigned-Reassigned MM/DD/YYYY	
## Date Assigned-Reassigned 🗉	07/13/2021 Add New
## Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	l 🔍 🕅
## Select the reason for the assignment/reassignment	Original/Initial Assignment
^ Authorized Reporter	
## Classification status	Unspecified ~
Notes	

- Enter the date and use the Tab key on your keyboard and all the fields will populate below to be completed.
- In the box for Reason, select LHD to LHD Reassign; keep the Classification status the same as the previous box and Save.
- After the event has been assigned to the new LHD, the previous LHD will no longer have access to view it unless the event is shared with them.

Assign to State

Date Assigned/Reassigned 🖂	02/22/2022			
Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Wake STD	(a)	Local patient identifier	
* Select the reason for the assignment/reassignment	Original/Initial Assignment			
Authorized Reporter	AShedd		Phone number	(555) 123-4567
Classification status	Confirmed V			
Block 1		A		
Data Assigned/Peassigned	00/00/0000			
ate Assigned/Reassigned ⊟	02/22/2022 Add New			
tate Assigned/Reassigned ⊟ Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	02/22/2022 Add New State Disease Registrar	N	Local patient identifier	
tate Assigned/Reassigned ⊟ Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned) * Select the reason for the assignment/reassignment	02/22/2022 Add New State Disease Registrar Assign to State	3) 🗊	Local patient identifier	
ate Assigned/Reassigned ⊟ Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned) * Select the reason for the assignment/reassignment Authorized Reporter	02/22/2022 Add New State Disease Registrar Assign to State	2 🕯	Local patient identifier Phone number	
Date Assigned/Reassigned ⊟ Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned) * Select the reason for the assignment/reassignment Authorized Reporter Classification status	02/22/2022 Add New State Disease Registrar Assign to State Confirmed	N 1	Local patient identifier Phone number	

 Once you have completed the investigation and both the lab and all data has been entered into the patient's event; you will assign the event to the State

Reassign to LHD from State

• If additional information is needed, the State will add another block with notes that the LHD must address before reassigning the event back to the State for review.

Date Assigned-Reassigned 🖃	01/20/2012	
Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	State Disease Registrar	Local patient identifier
* Select the reason for the assignment/reassignment	Assign to State V	
Authorized Reporter		Phone number
Classification status	Confirmed V	
Notes		
Date Assigned-Reassigned 🖂	01/25/2012 Add New	
Group: (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Wake CD	Local patient identifier
* Select the reason for the assignment/reassignment	Reassign to LHD from state ~	
Authorized Reporter		Phone number
Classification status	Confirmed 🗸	
Notes	Please change classification to Probable Missing Information: 1. Date of Death 2. Best date of Illness Identification	

Investigation Trail Reassignments

		NC County of Residence for the Event				
If a different county is investigating this event, the county of	residence must share th	iis event.				
If patient is not a NC resident, enter the NC investigating ou	unty hore.					
Investmente for the Event	ectigation Trail: Add a ne	we entry for each group to which the event transfers during the investig	ation			
Date Assigned/Reassigned 🗉	esugabon man. Ada a ne	08/01/2023	luon			
Group: (You cannot change your group selection unless you	clear this entry by	Durban STD	③ 前	Local patient		-
erasing the Date Assigned)		Duman STD		identifier		
* Select the reason for the assignment/reassignment		Original/Initial Assignment 🗸				
Authorized Reporter		PA		Phone number	(919) 888-8888	_
Classification status		Confirmed V				
Notes		Is a student at NCSU				
						لـــــ
	r					
Date Assigned/Reassigned =		08/02/2022				<u> </u>
Group: (You cannot change your group selection unless you	clear this entry by	Webs 670	<u>ه</u>	Local patient	1	<u> </u>
erasing the Date Assigned)		Wake STD	×	identifier		
* Select the reason for the assignment/reassignment		LHD(Region) to LHD(Region) transfer V				
Authorized Reporter		CD		Phone number	(919) 999-9999	
Classification status		Confirmed ¥				
Notes						
			2			
Date Assigned/Reassigned		08/04/2022				<u> </u>
Group: (You cannot change your group selection unless you	plear this entry by	08/04/2023	0. 	Local nationt		
erasing the Date Assigned)	clear this entry by	State Disease Registrar	N	identifier		-
* Select the reason for the assignment/reassignment		Assign to State 🗸				
Authorized Reporter		AS		Phone number	(919) 991-1111	
Classification status		Confirmed V				
Notes		Missing address, please update and resubmit				
	<u>[</u>					•
						<u> </u>
Date Assigned/Reassigned 🗉		08/14/2023 Add New				
Group: (You cannot change your group selection unless you erasing the Date Assigned)	clear this entry by	Wake STD	🔊 🔟	Local patient identifier	L	
* Select the reason for the assignment/reassignment		Reassign to LHD from State				
Authorized Reporter				Phone number		
Classification status		Confirmed V				
Notes						

Other Sections

• State or System Use only

Other Sections

- CDC Reporting Information
 - This section is completed when the event is reported to the Centers for Disease Control and Prevention (CDC).
- CCTO Reporting Information *NCCOVID only*
 - If the event has been sent to the CCTO team, there will be a date in this field.
- Interstate Notification
 - This section is completed by the Movement, Monitoring and Notification Team when an interstate notification is sent to an OOS residents home state. YOU do not enter information in these fields.
- State Review for Possible Reinfection
- Laboratory Report Tracking system fields
- Import Tracking (eCR) system fields
- Deduplication system fields

Other Sections

			CDC Reporting In	nformation			
Additional Date for a Reporting Date Basis (includes both Contacts and Cases)			01/18/2012				
Is this event the responsibility of another state or country to report?			No 🗸				
Report to CDC			No 🗸				
Projected/Actual First CDC event date sent.				01/18/2012	Date type	Date Event Created ∨	
Date Type					×		
CDC Event Date next send if recomputed	8				01/18/2012	Date Type	Date Event Created ✓
			Interstate Notif	fication			
Interstate notification letter sent							
			Laboratory Repor	rt Tracking			
Lab review required (local)?							
Lab review date (local)? 01/01/	/1900						
Lab review required (state)?	•						
Lab review date (state)? 01/01/	/1900						
Latest Specimen Collection Date 01/01/	/1900						
		Elect	ronic Case Report	t Tracking (eQ	CR)		
eCR review required (local)?							
eCR review date (local)? 01/01/190	0						
eCR review required (state)?							
eCR review date (state)? 01/01/190	0						
			Deduplicat	tion			
Date Basis for Deduplication (derived)	01/18/2012						
Date Basis for Deduplication (override)							
Last Disease Status	Unspecified V						
Type of the last group to which this event is	assigned Not Assigned						
* Indicates required field	L						



Thank you for joining today!

Trainings: ncedsstrainings@dhhs.nc.gov Helpdesk: NCEDSSHelpDesk@dhhs.nc.gov

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