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TOP NCEDSS DATA ENTRY MISTAKES

October 2024

Trainings: <u>ncedsstrainings@dhhs.nc.gov</u> Helpdesk: <u>NCEDSSHelpDesk@dhhs.nc.gov</u> Agenda

- •Searching Errors
- Address Errors
- •Date Errors
- •Lab Errors
- Disease Report Information Errors
- Investigation Trail Errors
 - Classification Status Errors
 - $_{\circ}$ LHD to LHD Transfer
- Incomplete data
- Submission Errors

Searching Errors

Searching Errors

Avoiding Duplicate Persons:

- Be **creative** when searching for individuals to prevent creating duplicates.
- Always utilize the Manage People and Facilities 4 icon, also known as the Party/Person Search.
- Search using 3-4 different methods before concluding that a person is not in the system. Like use
 partial names and wildcards (*) to broaden your search and to account for potential spelling
 variations in the system.
- Consider searching with the person's phone number, email address, home address, or social security number.

	Smith-Jones*			
Robert*	Smith-Jones*			
Robert*	*Smith*			
Bob*	Smith*			
Rob*	Smi*			
Robert*	*Jones*			
Rob*	*Jones*			
Ro*	*Jon*			
Bob*	*Jones*			
* This is not every possible combo				
Use your best judgement to search				

Address Errors

Address Errors

• Abbreviate address extensions according to USPS standards: St, Rd, Blvd

Street 1	Street 2		
4408 New Bern Ave			
City	State		Zip Code
Raleigh	NC	~	27610
County	Country		✓ Address validated [View] [Apply]
Wake County ~	USA	~	

Address Validation Results

 If the system matches/validated the address to match the address entered, select apply.

If it does not, select close.

Address V	alidation Result	S			
Address Di	fferences				
Field	Entered	Validated			
Street 1	4408 New Bern Ave	4408 New Bern Ave			
City	Raleigh	Raleigh			
State	NC	NC			
Zip Code	27610	27610			
County	Wake County	Wake County			
Latitude	itude 35.79862481132076				
Longitude -78.56267220125785					
	View Map				
Apply Clo	se				

Address Errors

Address Type:

- Home: The primary residence where the person lives most of the time; this determines the reporting jurisdiction.
- Home (Secondary): Use only if the person resides and pays taxes in two locations.
- Work: A work address may be entered using this designation.

Contact Inform	nation			
Туре ↓↑	Address	11	County	11
Home * Primary	123 Soda Ln, Raleigh, NC 2 USA	7513	Wake Count	y
Home (Secondary)	6790 Central Florida Pkwy, Orlando, FL 32821 USA	Please c add the which t re	onfirm and county in he person sides	
Work	3911 Capital Blvd, Raleigh, I 27604 USA	NC	Wake Count	у

Address Entry

• Special Circumstances:

- If the person is **incarcerated**, the home address should reflect the address they had prior to incarceration.
- If the person resides in **prison**, the home address is the **prison** itself.
- If the person is a student, the home address is either the dormitory or their local address.

• Ensure that you select the correct month and year when using the calendar feature



• Entering the person's date of birth (DOB) as the symptom onset date or the lab specimen collection date

			General Diagno	ostic Information		
Is / was patient symptomatic for this disease?						
Yes	~					
Date that best reflects	the earliest	date of illne	ss identification			
10/12/2004	Ê					
Illness identification date represents:						
Date symptoms began		~				

• Missing Diagnosis Date: Leaving the symptom onset date blank in the Clinical Package.

	General Diagno	ostic Information			
Is / was patient symptomatic for this disease?					
~					
the earliest date of	f illness identification				
#					
te represents:					
~					
	matic for this disea	General Diagno matic for this disease?			

Notifications	
Concerns Best date for illness identification is missing	
Disease Classification	
Classification: Confirmed	
Workflow Status	
Event is in workflows [View List]	
General Notifications	
County of residence: Iredell County	

• Incorrect Symptom Onset Date: Failing to enter the correct diagnosis date.

General Diagnostic Information
was patient symptomatic for this disease?
~
e that best reflects the earliest date of illness identification
V10/2024
ess identification date represents:
~

In the Clinical package, the earliest testing date is being after the specimen date. This date should be the same as or before the specimen date, except in the case of the flu, which only reports deaths, so the date type field reflects the date of death.

Units

Lab Errors

Lab Errors

• Creating an event without a lab. Always check to make sure you clicked 'Save' when you entered the lab

Add Lab Result - Grape Fanta - Gonorrhea (300)	Jump To 🗸	Save	Cancel	Help

Ask At Order Entry		
	Answer Value	
Question Answer		
~ ~		
Date Question Answered		
mm/dd/yyyy		
• Add New		
Save Cancel Help		

- When entering a lab be sure to enter the collection date, test type, and the result. These are considered required information sections.
- Some diseases may require additional information for the lab. Check with your CD nurse lead/manage or TATP liaison for disease specific guidelines

Disease Report Information Errors

Disease Report Information Errors

- The Disease Report Information section in the Administrative Package must be completed before assigning the event to the State or CDC.
 - If the event was created through ELR, this section will be auto completed.
 - If you manually create an event, remember to complete this section.

	Disease Report Information
Initial Source of Report to Public Health	
Laboratory ~	
Laboratory name	
zz_Other v	
If other, specify	
Fictional Lab	
Date of Initial Report to Public Health (Required)	
10/08/2024	
Initial method of report	
Paper lab report v	

DO NOT select 'Electronic lab report (ELR)' or 'Electronic Case Report (eCR)' as these are for documents that are electronically reported into the database

Investigation Trail Errors: Classification Status

- When the event is not created by a State user, the first block in the Investigation Trail should include:
 - The <u>LHD Group</u>: County of assignment
 - The <u>Reason for assignment</u> as "Original/Initial assignment."
 - The <u>Authorized Reporter</u> (your name and phone number)

Investigation Trail: Ad	ld a new entry for ea	ch group to wh	nich the eve	nt transfers du	iring the inve	estigation
🔷 Date Assigned-Reassigned						
10/16/2024						
Group: (You cann of change vo	our group selection unles	s vou clear this e	entry by erasir	o the Date		
Assigned)		- ,	, .,	.g	Local patie	ent identifie
Wake CD Q						
* Select the reason for the assi	gnment/reassignment *					
Original/Initial Assignment v						
Authorized Reporter	Phone number					
Teddy Bear	(999) 999-9999					
Classification status						
Confirmed ~						
Notes						
A student at ABC school.						

It is extremely important for follow up that a direct phone number including the extension is provided

- The **Classification status** that aligns with the lab results.
- The <u>Notes section</u> to provide any comments/information you would like to share with the state. The State SMEs do read these boxes

Investigation Trail: Add a new entry	for each group to which the event transfers during	g the investigation
Oate Assigned-Reassigned		
10/16/2024		
◆ Add New		
Group: (You cannot change your group selection	n unless you clear this entry by erasing the Date	
Assigned)	1	Local patient identifie
Wake CD Q		
* Select the reason for the assignment/reassignn	nent *	
Original/Initial Assignment ~		
Authorized Reporter Phone numb	ber	
Teddy Bear (999) 999-9	999	
Classification status		
Confirmed ~		
Notes		
A student at ABC school.		

- Avoid submitting the classification status as "Unspecified" or selecting the wrong classification based on positive lab results.
- If the classification is submitted as "Unspecified," provide an explanation in the **Notes** section to clarify the reason.

Investigation Trail: Add a new entry for each group to which the event transfers during t	he investigation
O Date Assigned-Reassigned	
10/16/2024	
◆ Add New	
Group: (You cannot change your group selection unless you clear this entry by erasing the Date	
Assigned)	al patient identifie
Q 🛍	
* Select the reason for the assignment/reassignment *	
Original/Initial Assignment ~	
Authorized Reporter Phone number	
Classification status	
Unspecified ~	
Notes	
Insufficient Information: The laboratory test did not provide enough detail to determine a specific diagnosis	or
classification.	

- When selecting the classification status, remember that lab tests are hierarchical:
 - Positive tests override negative tests.
 - Confirmed tests (e.g., Positive PCR/RNA/NAA) take precedence over Probable tests (e.g., Positive Antigen).
 - Probable tests (e.g., Positive Antigen) override Suspect tests.
- Some Classifications are based not only on lab result but also clinical symptoms and epi linkages to other cases and disease settings.

Classification Guidelines Continued:

- Negative results should never be entered unless a positive result has been previously documented, and only for specific diseases (e.g., some vector-borne diseases and tuberculosis).
- A negative culture does not override a positive PCR result; the event is still reportable for surveillance.
- An event should not be created with only a negative lab result.

• For **Does Not Meet Criteria**, please refer to the <u>case definition</u> for the appropriate labs for each disease.

- Negative, inconclusive, undetermined lab result(s)
- Positive IgG or AB lab result(s)
- Out of state resident

Labs				=		=		
Lab No.	Specimen Date	Specimen Number	Specimen Type	Result	Result Status	Result Value	Test	Last Update
1	01/19/2022		Nasopharyngeal swab	Negative			SARS- CoV+SARS- CoV-2 Antigen	03/24/2022
2	01/21/2022		Nasopharyngeal swab	Inconclusive			SARS-CoV RNA XXX QI NAA+pro	03/24/2022
3	01/25/2022		Nasopharyngeal swab	Specimen unsatisfactory for			SARS-CoV RNA XXX QI NAA+pro	03/24/2022

Investigation Trail- LHD to LHD Transfer

Investigation Trail - LHD to LHD Transfer

- An LHD-to-LHD transfer occurs when it is determined that a person diagnosed with a disease resides in another county.
- Events may be assigned incorrectly if the patient's address is not included with the initial lab result, or if the individual is identified as a student or incarcerated.
- Action Steps:

Update the County of Residence to the correct county.

Add a new block and assign it to the appropriate county LHD.

Ensure the patient's address is updated.

Investigation Trail - LHD to LHD Transfer

• For the new LHD to access the event, the transferring LHD must complete the following two steps:

		NC County of Residence for the Event
If a different cour If patient is not a	nty is investigating this NC resident, enter the	event, the county of residence must share this event. NC investigating county here.
NC County of Res	dence for the Event	
Durham County	~	
Investiga	ation Trail: Add a new	entry for each group to which the event transfers during the investigation
O Date Assigned	Reassigned	
10/16/2024	Ê	
→ Odd New		

- 1. Change the NC County of Residence to the county where the event is being transferred.
- 2. Click Add New to get a new box in the Investigation trail.

Investigation Trail Reassignment: LHD to LHD Transfer

- Enter the date and press Tab; all relevant fields will populate to be completed.
- In the Reason box, select LHD to LHD Reassign; keep the Classification Status as it was in the previous box, then save.
- After the event is assigned to the new LHD, the old LHD will no longer have access to view it unless it is reshared with them.

Investigation	Trail: Add a new entry for each group to which the event transfers during the investigation
🔷 Date Assigne	d-Reassigned
10/16/2024	
➔ Add New	

O	ate Assigned-Rea	issigned
10/	/15/2024	
•	Add New	
0	G roup: (You canno Date Assigned)	t change your group selection unless you clear this entry by erasing the
		Q 🗇
L	ocal patient ident.	lifier
*	Select the reason	for the assignment/reassignment *
	LHD to LHD transf	er v
A	Authorized Report	er Phone number

Incomplete Data

Incomplete Data

• Some questions trigger follow-up (child) questions that won't appear unless the initial question is answered.

Ingest infant formula? Yes	Ingest infant formula? Yes v
Formula Type / Manufacturer (add new for all that apply)	 Formula Type / Manufacturer (add new for all that apply) Test Add New
Eat commercial baby food?	What was the type of infant formula?
Eat at a group meal?	* Where was formula obtained? *
	Consumed on (date) • mm/dd/yyyy

The additional child questions (in the orange square) did not appear until the 'Formula Type/Manufacturer' field was completed.

Death date error

Click on the Persons Tab on the Event Summary Dashboard Click the Edit Person button

Event Data	Lab Results	Concerns	Persons	🗹 Task	S O Event History			
Persons				-				
Name	🔰 Gender	J↑ Bi	rth Date	11	Address	ţ,	Status	11
Grape Fanta	Female	04	/21/1982		123 Soda Ln, Raleigh, NC 27513 USA		Active	
Edit Person								

Death date error

Ed	it F	Per	'SO	

Edit Person			
* First Name *	Middle Name	Last Name	Suffix
Grape		Fanta	
Maiden/Other Name	Alias	Mother's Maiden Name	
Gender			
Female v			
Birth Date	Death Date	Living Status	
04/21/1982	09/01/2024	Dead ~	
*If the Living Status is dead, please enter the	date of death		•
Social Security Number			
Deduplication Status			
Done v			
Save Cancel Help			

• Edit Person

- In the Death Date field, enter the date of death
- In the Living Status field, select Dead
- Click the Save button

- Avoid submitting events to the state with missing required fields.
 - Simply adding notes in the Dashboard is insufficient; make sure all necessary fields are completed.



			Investigation Trail: Add a new entry for each gr	oup to	which the event transfers during the	investigation
0	Date Assigned/Reassigned					
04	/21/2022	#				
€	Add New					
(Group: (You cannot change you	ur group se	lection unless you clear this entry by erasing the Date Assigned)		Local patient identifier	
	Wake STD O	ک 🖞				
•	Select the reason for the assign	nment/reas	signment *			
	Original/Initial Assignment	~				
	Authorized Reporter		Phone number			
	Deanna Faison		(919) 345-9989			
0	Classification status					
	Confirmed	~				
t.	Votes					
ſ	Patient refused to give race					
				///.		

• Pay attention to the Red Concerns on the Dashboard before submitting an event.

Concerns	
Initial date of report to public health is missing	and is required
Race has not been selected for this person	
Disease Classification	
Classification: Contact	
Workflow Status	
Event is in workflows [View List]	
General Notifications	
County of residence: Wake County	
Outbreaks	
Linked outbreak: Wake County Love Club Inc 2	023 [Open]
Linked outbreak: Johnston Co Love Club Inc M	larch 2021 Outbreak [Open]
Linked outbreak: Wake Co Love Club Inc March	h 2019 Outbreak [Open]

• The Disease Report Information section is a required section. Information in the section should always be completed before submitting the event to the State.

	Disease Report Information
Manually lock this event from auto-closure	
No ~	
Initial Source of Report to Public Health	
~	
Date of Initial Report to Public Health (Required)	
mm/dd/yyyy	
Initial method of report	
~	

Thank you for joining today!

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