2007

Western Nebraska Health Information Exchange Network Public Health Reporting- Schematics and Matrix

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Western Nebraska Health Information Exchange Network  
Public Health Reporting- Schematics and Matrix  

May 17, 2007  

The University of Nebraska Public Policy Center  
www.ppc.nebraska.edu  

Funding provided through a grant from the Health Resources and Services Administration, Rural Health Network Development Program  
(HRSA Grant D06RH06884)
ACKNOWLEDGEMENTS

Our thanks to the following people who have generously given their time to provide information on the public health reporting processes:

- Betsy Bauman, RN, Surveillance Public Health Nurse, Panhandle Public Health District
- Grey Borden, Bioterrorism Surveillance Coordinator, Nebraska Department of Health and Human Services
- Tina Brubaker, Health Program Manager, Nebraska Department of Health and Human Services
- Vicki Crom, Regional West Medical Center
- Kim Engel, Director, Panhandle Public Health District
- John Hall, NEDSS Program Manager, Nebraska Department of Health and Human Services
- Jeffrey Hoffman, Nebraska Hearing Screening Program Manager, Nebraska Department of Health and Human Services
- Michelle Hood, Immunization Action Plan Coordinator, Nebraska Department of Health and Human Services
- Dr. Peter Iwen, Associate Director, Nebraska Public Health Lab
- Barbara Ludwig, Immunization Registry Coordinator, Nebraska Department of Health and Human Services
- Marsha Meyer, Epidemiology/Infection Prevention & Control, Regional West Medical Center
- Julie Miller, Nebraska Newborn Screening Program Coordinator, Nebraska Department of Health and Human Services
- Dr. Anne O’Keefe, Bioterrorism Epidemiologist, Nebraska Department of Health and Human Services
- Dr. Dave Palm, Office of Public Health Administrator, Nebraska Department of Health and Human Services
- Judy Paradies, Data Coordinator, Nebraska Cancer Registry
- Lori Rowley, RN, Community Health Nurse for Vaccine for Children Program, Nebraska Department of Health and Human Services
- Shermaine Sterkel, RN, Trauma Nurse Coordinator, Regional West Medical Center
- Kurt Weiss, Health Data Management Administrator, Nebraska Department of Health and Human Services
- Lei Zhang, Statewide Trauma Registrar, Nebraska Department of Health and Human Services

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Introduction

This report documents the flow of health information for public health reporting specifically from the perspective of Western Nebraska providers and organizations.

The schematics attempt to outline the steps of different reporting processes. The steps are depicted by basic flowchart shapes and icons. A box with special comments and a key with icons are displayed in the lower right corner of each schematic.

The reporting processes presented are:

- Summary (overview of all public health reporting)
- Communicable Disease
- HIV/AIDS
- Nebraska Newborn Screening Program
- Newborn Hearing Screening
- Chronic Disease
- Nebraska Cancer Registry
- Nebraska Trauma Registry
- Immunization

The first schematic that is presented is the Summary Schematic which begins with each reporting entity and what health conditions or test they report. From there, the schematic shows how the health information is reported, to whom it is reported, and how the data are reported back to the community.

The following schematics that are presented include specific reporting processes. These schematics first indicate the initial health condition or test and then who is reporting. The next steps that are displayed include to whom the health information is reported, how it is reported, and how the data are reported back to the community.

The matrix reiterates the flow of health information from healthcare providers to the state and national programs. Information is displayed by columns that include which health information is reported, for whom the health condition is reported, who reports the required information, who receives the information, how it must be reported, how often is it sent, who reports the information to the partners, how the information is relayed back to the community, and what are the challenges to the reporting processes.
I. Summary of Reporting
   A. Schematic

   • Status:
     o Mandatory except for Immunization Reporting & Nebraska Hearing Screening Program

   • Reporters:
     o Doctors
     o Labs
     o Regional West Medical Center
     o Other Hospitals
     o Ambulance Personnel
     o Schools
     o Public Immunization Clinics
     o Behavioral Health Providers

   • Methods of Reporting:
     o Paper forms
     o Phone
     o Fax
     o Secure electronic connection (e.g., Guardian & PHIN-MS)
     o E-mail (schools)
     o Software exports (chronic disease registries)
     o Hand delivery at time of patient admission (Ambulance personnel)

   • Report To/Into:
     o Local Public Health Department
     o NEDSS (State Health Department)
     o Chronic Disease Registries
     o Vital Records- Hearing Screening Module
     o Nebraska Newborn Screening Program Database
     o HIV/AIDS Reporting System Database
     o e-NARSIS/NARSIS (Emergency Medical Services Database)
     o NTRACS (State Trauma Registry)
     o ImmuNET Database
     o Centers for Disease Control and Prevention
     o Federal Agencies & US Health Department

   • Re-entry of Data:
     o Reporting sites
     o NEDSS (State Health Department)
     o Chronic Disease Registries
     o Vital Records- Hearing Screening Module
     o HIV/AIDS Reporting System
     o e-NARSIS/NARSIS
     o ImmuNET Database

   • Reporting Back:
     o Aggregate data reports to region or county
     o Quality Assurance Reports for Newborn Hearing, Metabolic Screening, Trauma Registry Data
     o Follow-up reports for Immunization Coverage
II. Communicable Disease Reporting
   A. Schematic
   B. Reportable Disease, Poisonings, & Organisms Form
   C. Lab Reportable Disease, Poisonings, & Organisms Form

• Status:
  o Mandatory

• Reporters:
  o Schools
  o Doctors
  o Labs at the Doctors’ Offices and Hospitals
  o Other Labs
  o Regional West Medical Center
  o Other Hospitals

• Methods of Reporting:
  o Paper forms
  o Phone
  o Fax
  o Secure electronic connection (Guardian & PHIN- MS)
  o E-mail (schools only)

• Report To/Into:
  o Local Public Health Departments
  o NEDSS (State Health Department)
  o Centers for Disease Control and Prevention

• Re-entry of Data:
  o Reporting sites
  o NEDSS (State Health Department)
  o Local Public Health Department

• Reporting Back:
  o Aggregate reports, generated in Guardian, to region or county
The Local Public Health Department (LPHD) conducts surveillance of Influenza Like Illness (ILI) from October through April by contacting each hospital in its jurisdiction once a week by phone, fax, or e-mail to obtain the number of patients hospitalized with Influenza or ILI during the previous week. The LPHD compiles the data and sends it to the State via secure e-mail through Guardian.

Guardian is the secure portal used by the State/Local Health Departments for entering patient data on the Internet. Public Health Information Network-Messaging System is the secure portal used by some Labs & Hospitals to report to NEDSS and also NEDSS to report to the CDC.

Reports from the State back to the specific region or county are constructed through Guardian. Reports include:
1. Type and number of disease occurrences in each Health Department
2. List of patients who have received follow-up in the specific jurisdiction

- The Local Public Health Department (LPHD)
- conducts surveillance of Influenza Like Illness (ILI)
- from October through April by contacting each hospital in its jurisdiction once a week by phone, fax, or e-mail to obtain the number of patients hospitalized with Influenza or ILI during the previous week. The LPHD compiles the data and sends it to the State via secure e-mail through Guardian.
- Guardian is the secure portal used by the State/Local Health Departments for entering patient data on the Internet. Public Health Information Network-Messaging System is the secure portal used by some Labs & Hospitals to report to NEDSS and also NEDSS to report to the CDC.
- Reports from the State back to the specific region or county are constructed through Guardian. Reports include:
  1. Type and number of disease occurrences in each Health Department
  2. List of patients who have received follow-up in the specific jurisdiction
Nebraska Department of Health and Human Services
Regulation and Licensure
REPORTABLE DISEASES, POISONINGS AND ORGANISMS
Health Care Provider Confidential Communication

Person Reporting: ____________________________
Clinic/Institution: ____________________________
Address/Box #: ____________________________
State: ____________________________
Fax #: ____________________________
Phone #: ____________________________
Zip Code: ____________________________

TODAY'S DATE: ____________________________
ATTENDING PHYSICIAN: ____________________________
DATE OF ONSET: ____________________________
PATIENT'S NAME: (Last) ____________________________
IF < 19, PARENT'S NAME: (Last) ____________________________
ADDRESS: CITY/TOWN ____________________________
COUNTY: ____________________________
STATE: ____________________________
ZIP: ____________________________
AGE: ___________ DOB: ___________
SEX: Male Female
RACE: ☐ White ☐ Black ☐ Am Indian ☐ Asian or Pacific Islander
☐ Hispanic ☐ Non-Hispanic
ETHNICITY: ☐ Single ☐ Married ☐ Other
MARITAL STATUS: ____________________________

Disease: ____________________________
Status: ☐ Case ☐ Suspected case ☐ Asympt. carrier
☐ Patient was hospitalized.
☐ Patient died as a result of this illness.
☐ Patient has contact with children in day care.
☐ Patient is a foodhandler.
☐ Blood level test result _______ µg/dL

Treatment (drug, dosage, route, administration)
☐ I request additional report forms. Please send ______ copies.

HHS Regulation and Licensure   Canary Copy - Health Care Provider
(Previous version 5/97 should NOT be used)
**Laboratory Summary of Reportable Diseases, Poisonings and Organisms**  
*(Including Sexually Transmitted Diseases)*  
**Nebraska Department of Health and Human Services**

Submit on copy not later than Tuesday of each week to  
Nebraska Department of Health and Human Services  
Regulation and Licensure  
Communicable Disease  
P.O. Box 95007  
Lincoln, Nebraska 68509-5007

<table>
<thead>
<tr>
<th>PATIENT'S NAME</th>
<th>ADDRESS</th>
<th>Date of Birth/Age</th>
<th>Sex</th>
<th>Name of Test</th>
<th>Result</th>
<th>Date</th>
<th>PHYSICIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Street, City, State, Zip</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Name</td>
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</tr>
</tbody>
</table>

This notification shall be submitted weekly. If no reportable conditions have been detected, the notification should be submitted so indicating.

Name of Laboratory __________________________ Designated laboratory contact __________________________ Telephone: __________

For Week Ending __________________________ Date __________________________ Fax: __________

White copy - HHS - Regulation and Licensure

Canary copy - Laboratory

HHS-10-(DC) Rev. 1/01 (86010)  
(Previous version 5/97 should NOT be used)
III. HIV/AIDS Reporting
   A. Schematic
   B. Pediatric Report Form
   C. Adult Report Form

- **Status:**
  - Mandatory

- **Reporters:**
  - Doctors
  - Labs
  - Hospitals

- **Methods of Reporting:**
  - Paper forms
  - Phone

- **Report To/Into:**
  - NEDSS (Labs can directly enter data into this system.)
  - HIV/AIDS Reporting System
  - Centers for Disease Control and Prevention

- **Re-entry of Data:**
  - Reporting sites
  - HIV/AIDS Reporting System

- **Reporting Back:**
  - Aggregate reports are available by special request due to confidentiality reasons
Positive HIV/AIDS test

MANDATORY REPORTING

Doctors

Hospitals

Labs

Lancaster or Douglas Counties

Which county reported from?

Lincoln/Lancaster or Douglas County Health Departments

All other counties

HARS

State HIV/AIDS Surveillance Health Program

CDC

HIV/AIDS patient’s health providers office-CDC case report form requires more information than the Labs provide on the State form so the State must follow up with Doctor or Nurse to obtain the additional information

Interview Record created by Surveillance staff that gives patient contact information to Disease Investigator Specialist

Disease Investigator Specialist (DIS) contacts patient for follow-up & education. DIS also contacts any partners after permission is given

Specific CDC Software program

HARS- HIV & AIDS Reporting System

The State does not send any reports back to counties or districts because of confidentiality purposes. Aggregate data reports are available by special request.

An Interview Record is only created after approval from physician has been given.
PEDiatric HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients <13 years of age at time of diagnosis)

I. STATE/LOCAL USE ONLY
Patient's Name: ____________________________ Phone No.: ____________________________
(last, first, M.I.)
Address: ____________________________ City: ____________________________ County: ____________________________ State: ____________________________ Zip: ____________________________
RETURN TO STATE/LOCAL HEALTH DEPARTMENT

-- Patient identifier information is not transmitted to CDC! --

II. HEALTH DEPARTMENT USE ONLY
Form Approved OMB No. 0920-0573 Exp Date 11/30/2005

DATE FORM COMPLETED: Mo. Day Yr.

SOUNDEX CODE: REPORT STATUS: 1 New Report 2 Update

REPORTING HEALTH DEPARTMENT: State: _______ City/County: _______ Parent No.: _______

III. DEMOGRAPHIC INFORMATION

DIAGNOSTIC STATUS AT REPORT: 3 Perinatally HIV Exposed 4 Confirmed HIV Infection (not AIDS) 5 AIDS 6 Seroreverter

DATE OF BIRTH: Mo. Day Yr.

AGE AT DIAGNOSIS:

- HIV Infection (not AIDS) _______ Years _______ Months
- AIDS ___________

Was reason for initial HIV evaluation due to clinical signs and symptoms?

Yes ☐ No ☐ Unk. ☐

SEX: ☐ Male ☐ Female

ETHNICITY: (select one)

☐ American Indian/Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White
☐ Black or African American ☐ Unk.

RACE: (select one or more)

- Hispanic ☐ Not Hispanic or Latino ☐
- Unk. ☐

DATE OF LAST MEDICAL EVALUATION: Mo. Yr.

STATE/TERRITORY OF EVALUATION FOR HIV INFECTION:

DATE OF INITIAL EVALUATION FOR HIV INFECTION:

COUNTRY OF BIRTH:

U.S. Dependencies and Possessions (including Puerto Rico)

Other (specify): ☐

Unk. ☐

DATE OF DEATH: Mo. Day Yr.

STATE/COUNTRY AT DEATH:

Residence at Diagnosis:

City: _______ County: _______

Residence at Diagnosis:

City: _______ County: _______

IV. FACILITY OF DIAGNOSIS

Facility Name:

FACILITY SETTING (check one): ☐ Public ☐ Private ☐ Federal ☐ Unk.

FACILITY TYPE (check one): ☐ Physician, HMO ☐ Hospital, Inpatient ☐ Other (specify): _______

State/County:

V. PATIENT/MATERNAL HISTORY (Respond to ALL categories)

• Child’s biologic mother’s HIV Infection Status: (check one)

1 Refused HIV testing 2 Known to be uninfected after this child’s birth 9 HIV status unknown

Diagnosed with HIV Infection/AIDS:

3 Before this child’s pregnancy 5 At time of delivery 7 After the child’s birth

4 During this child’s pregnancy 6 Before child’s birth, exact period unknown 8 HIV-infected, unknown when diagnosed

• Date of mother’s first positive HIV confirmatory test: _______ Mo. _______ Yr.

Mother was counseled about HIV testing during this pregnancy, labor or delivery?: Yes ☐ No ☐ Unk. ☐

• After 1977, child’s biologic mother had:

- Injected nonprescription drugs ☐
- HETEROSEXUAL relations with:
  - Intravenous/injection drug user ☐
  - Bisexual male ☐
  - Male with hemophilia/coagulation disorder ☐
  - Transfusion recipient with documented HIV infection ☐
  - Transplant recipient with documented HIV infection ☐
  - Male with AIDS or documented HIV infection, risk not specified ☐
- Received transfusion of blood/blood components (other than clotting factor) ☐
- Received transfusion of tissue/organs or artificial insemination ☐

Before the diagnosis of HIV Infection/AIDS, this child had:

1 Received clotting factor for hemophilia/coagulation disorder (specify) ☐
2 Factor VIII (Hemophilia A) ☐
8 Other (specify): _______

1 Received transfusion of blood/blood components (other than clotting factor) ☐

First: _______ Mo. _______ Yr. Last: _______ Mo. _______ Yr.

1 Received transplant of tissue/organs ☐
2 Sexual contact with a male ☐
3 Sexual contact with a female ☐
4 Injected nonprescription drugs ☐
5 Other (specify) ☐

CDC 50.42B Rev. 01/2003 (Page 1 of 4)
### VII. LABORATORY DATA

**1. HIV ANTIBODY TESTS AT DIAGNOSIS:**  
(Record all tests, include earliest positive)

- HIV-1 EIA
- HIV-1 EIA
- HIV-1/HIV-2 combination EIA
- HIV-1/HIV-2 combination EIA
- HIV-1 Western blot/IFA
- HIV-1 Western blot/IFA
- Other HIV antibody test (specify):

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
<th>Indeterminate</th>
<th>Not Done</th>
<th>TEST DATE Mo. Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-1 EIA</td>
<td>1</td>
<td>0</td>
<td>-</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HIV-1 EIA</td>
<td>1</td>
<td>0</td>
<td>-</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HIV-1/HIV-2 combination EIA</td>
<td>1</td>
<td>0</td>
<td>-</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HIV-1/HIV-2 combination EIA</td>
<td>1</td>
<td>0</td>
<td>-</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HIV-1 Western blot/IFA</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HIV-1 Western blot/IFA</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Other HIV antibody test</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

**2. HIV DETECTION TESTS:**  
(Record all tests, include earliest positive)

- HIV culture
- HIV culture
- HIV antigen test
- HIV antigen test
- HIV DNA PCR
- HIV DNA PCR
- HIV RNA PCR
- HIV RNA PCR
- Other, specify

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
<th>Not Done</th>
<th>TEST DATE Mo. Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV culture</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>HIV culture</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>HIV antigen test</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>HIV antigen test</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>HIV DNA PCR</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HIV DNA PCR</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HIV RNA PCR</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>HIV RNA PCR</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

**3. HIV VIRAL LOAD TEST:**  
(Record all tests, include earliest detectable)

<table>
<thead>
<tr>
<th>Test type</th>
<th>Detectable</th>
<th>Copies/ml</th>
<th>Test Date Mo. Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD4 Count</td>
<td>No</td>
<td>cells/L</td>
<td>1 0 9</td>
</tr>
<tr>
<td>CD4 Count</td>
<td>No</td>
<td>cells/L</td>
<td>1 0 9</td>
</tr>
<tr>
<td>CD4 Percent</td>
<td>No</td>
<td>%</td>
<td>1 0 9</td>
</tr>
<tr>
<td>CD4 Percent</td>
<td>No</td>
<td>%</td>
<td>1 0 9</td>
</tr>
</tbody>
</table>

**4. IMMUNOLOGIC LAB TESTS:**  
(At or closest to current diagnostic status)

- CD4 Count
- CD4 Count
- CD4 Percent
- CD4 Percent

**5. If HIV tests were not positive or were not done, or the patient is less than 18 months of age, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unk.</th>
<th>Date of Documentation Mo. Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>1 0 9</td>
</tr>
</tbody>
</table>

**6. If laboratory tests were not documented, is patient confirmed by a physician as:**

- HIV-infected
- Not HIV-infected

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unk.</th>
<th>Date of Documentation Mo. Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-infected</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>1 0 9</td>
</tr>
<tr>
<td>Not HIV-infected</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>1 0 9</td>
</tr>
</tbody>
</table>

### VIII. CLINICAL STATUS

**AIDS INDICATOR DISEASES**

<table>
<thead>
<tr>
<th>Initial Diagnosis</th>
<th>Initial Date Def.</th>
<th>Initial Date Pres.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaposi's sarcoma</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Lymphoma, Burkitt's (or equivalent term)</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Lymphoma, immunoblastic (or equivalent term)</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Lymphoma, primary in brain</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Mycobacterium avium complex or M.kansasii, disseminated or extrapulmonary</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>M. tuberculosis, disseminated or extrapulmonary*</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Pneumocystis carinii pneumonia</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Progressive multifocal leukoencephalopathy</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Toxoplasmosis of brain, onset at &gt;1 mo. of age</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Wasting syndrome due to HIV</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
</tbody>
</table>

**AIDS INDICATOR DISEASES**

<table>
<thead>
<tr>
<th>Initial Diagnosis</th>
<th>Initial Date Def.</th>
<th>Initial Date Pres.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial infections, multiple or recurrent (including Salmonella septicaemia)</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Candidiasis, bronchi, trachea, or lungs</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Candidiasis, esophagus</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Coccidioidomycosis, disseminated or extrapulmonary</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Cryptococcosis, extrapulmonary</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Cryptosporidiosis, chronic intestinal (&gt;1 mo. duration)</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Cytomegalovirus disease (other than in liver, spleen, or nodes) onset at &gt;1 mo. of age</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Cytomegalovirus retinitis (with loss of vision)</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>HIV encephalopathy</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Herpes simplex; chronic ulcer(s) (&gt;1 mo. duration); or bronchi, pneumonitis or esophagitis, onset at &gt;1 mo. of age</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Histoplasmosis, disseminated or extrapulmonary</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
<tr>
<td>Isosporiasis, chronic intestinal (&gt;1 mo. duration)</td>
<td>1 NA</td>
<td>1 NA</td>
</tr>
</tbody>
</table>

Def. = definitive diagnosis  
Pres. = presumptive diagnosis

Has this child been diagnosed with pulmonary tuberculosis?  
Yes | 0 | No | Unk.  
If yes, initial diagnosis and date:  
| Definitive | Presumptive |

---

*PXDRT CASE NO.:
IX. BIRTH HISTORY (for PERINATAL cases only)

Birth history was available for this child: [ ] Yes [ ] No [ ] Unk. If No or Unknown, proceed to Section X.

HOSPITAL AT BIRTH:
Hospital: [ ] City: [ ] State: [ ] Country: [ ]

RESIDENCE AT BIRTH:
City: [ ] County: [ ] State: [ ] Zip Code: [ ]

BIRTHWEIGHT:
(enter lbs/oz OR grams)
[ ] lbs. [ ] oz. grams

BIRTH:
Type: [ ] Single [ ] Twin [ ] 3 [ ] >2 [ ] Unk.
Delivery: [ ] Vaginal [ ] Elective Caesarean [ ] Non-elective Caesarean
[ ] Caesarean, unk. type [ ] Unk.

Birth Defects: [ ] Yes [ ] No [ ] Unk.
Specify type(s): [ ] Code: [ ]

• Did mother receive zidovudine (ZDV, AZT) during pregnancy? [ ] Refused [ ] Yes [ ] No [ ] Unk.
Depending on week of pregnancy, specify:
• If yes, what week of pregnancy was zidovudine (ZDV, AZT) started? [ ] Weeks: [ ]

• Did mother receive zidovudine (ZDV, AZT) during labor/delivery? [ ] Refused [ ] Yes [ ] No [ ] Unk.

• Did mother receive zidovudine (ZDV, AZT) prior to this pregnancy? [ ] Yes [ ] No [ ] Unk.

NEONATAL STATUS:
[ ] Full term [ ] Premature
[ ] Weeks: [ ]

PRENATAL CARE:
Month of pregnancy prenatal care began: [ ] mos.
Total number of prenatal care visits: [ ]

X. TREATMENT/SERVICES REFERRALS

This child received or is receiving:
• Neonatal zidovudine (ZDV, AZT) for HIV prevention [ ] [ ] Yes [ ] No [ ] Unk.
  [ ] [ ] [ ] DATE STARTED: [ ] [ ] [ ]
• Other neonatal anti-retroviral medication for HIV prevention [ ] [ ] Yes [ ] No [ ] Unk.
  [ ] [ ] [ ]

  If yes, specify:

Was child breastfed? [ ] Yes [ ] No [ ] Unk.

This child has been enrolled at:
  Clinical Trial [ ] NIH-sponsored [ ] Other [ ] None [ ] Unk.
  [ ] [ ] [ ] [ ]
  Clinic [ ] HRSA-sponsored [ ] Other [ ] None [ ] Unk.
  [ ] [ ] [ ] [ ]

This child's medical treatment is primarily reimbursed by:
[ ] Medicaid [ ] Private insurance/HMO
[ ] Other Public Funding [ ] Clinical trial/government program
[ ] No coverage [ ] Unk.

This child's primary caretaker is:
[ ] Biologic parent(s) [ ] Other relative
[ ] Foster/Adoptive parent, relative [ ] Foster/Adoptive parent, unrelated
[ ] Other [ ] Social service agency [ ] Unk.

XI. COMMENTS:

(XI COMMENTS CONTINUED ON THE BACK)

This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242d). Responses in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV/AIDS. Information in CDC's HIV/AIDS surveillance system that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(b) of the Public Health Service Act (42 USC 242m).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: RSA (0520-0009). Do not send the completed form to this address.
**ADULT HIV/AIDS CONFIDENTIAL CASE REPORT**

(Patients ≥13 years of age at time of diagnosis)

---

**II. HEALTH DEPARTMENT USE ONLY**

**III. DEMOGRAPHIC INFORMATION**

<table>
<thead>
<tr>
<th>DIAGNOSTIC STATUS AT REPORT</th>
<th>AGE AT DIAGNOSIS</th>
<th>AGED: 0-9</th>
<th>10-19</th>
<th>20-59</th>
<th>60+</th>
<th>SUM</th>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Infection (not AIDS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEX:</th>
<th>ETHNICITY: (select one)</th>
<th>RACE: (select one or more)</th>
<th>COUNTRY OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Male</td>
<td>1 Hispanic</td>
<td>American Indian/</td>
<td>U.S.</td>
</tr>
<tr>
<td>2 Female</td>
<td>2 Not Hispanic or Latino</td>
<td>Black or African American</td>
<td>U.S. Dependencies and Possessions</td>
</tr>
</tbody>
</table>

**III. DEMOGRAPHIC INFORMATION**

<table>
<thead>
<tr>
<th>AGE AT DIAGNOSIS:</th>
<th>DATE OF BIRTH:</th>
<th>CURRENT STATUS:</th>
<th>DATE OF DEATH:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Alive</td>
<td>Dead</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mo.</td>
<td>Day</td>
</tr>
</tbody>
</table>

**IV. FACILITY OF DIAGNOSIS**

Facility Name:  
City:  
State/Country:  
FACILITY SETTING (check one):  
FACILITY TYPE (check one):  
[01] Physician, HMO  [51] Hospital, Inpatient  [98] Other (specify):  

**V. PATIENT HISTORY**

AFTER 1977 AND PRECEDING THE FIRST POSITIVE HIV ANTIBODY TEST OR AIDS DIAGNOSIS, THIS PATIENT HAD (Respond to ALL Categories):  
- Sex with male  
- Sex with female  
- Injected nonprescription drugs  
- Received clotting factor for hemophilia/coagulopathy disorder  
- Received transfusion of blood/blood components (other than clotting factor)  
- Transfusion recipient with documented HIV infection  
- Person with AIDS or documented HIV infection, risk not specified  
- Worked in a health-care or clinical laboratory setting  

**VI. LABORATORY DATA**

1. **HIV ANTIBODY TESTS AT DIAGNOSIS:** (Indicate first test)  
   - HIV-1 EIA  
   - HIV-1/2E combination EIA  
   - HIV-1 Western blot/IFA  
   - Other HIV antibody test  

2. **POSITIVE HIV DETECTION TEST:** (Record earliest test)  
   - culture  
   - antigen  
   - PCR, DNA or RNA probe  

3. **DETECTABLE VIRAL LOAD TEST:** (Record most recent test)  
   - Test type:  
   - [ ] type 11 NASBA (Orangene)  
   - [ ] type 12 RT-PCR (Roche)  
   - [ ] BONA (Chiron)  

4. **IMMUNOLOGIC LAB TESTS:**
   - AT OR CLOSEST TO CURRENT DIAGNOSTIC STATUS  
   - CD4 Count  
   - CD4 Percent  
   - First <200 μL or <14%  
   - CD4 Count  
   - CD4 Percent  

---

*CDC 50.42A* REV. 01/2003 (Page 1 of 2)  
*— ADULT HIV/AIDS CONFIDENTIAL CASE REPORT —*
### VIII. CLINICAL STATUS

<table>
<thead>
<tr>
<th>AIDS INDICATOR DISEASES</th>
<th>Initial Diagnosis</th>
<th>Initial Date</th>
<th>AIDS INDICATOR DISEASES</th>
<th>Initial Diagnosis</th>
<th>Initial Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidiasis, bronchi, trachea, or lungs</td>
<td>1 NA</td>
<td></td>
<td>Lymphoma, Burkitt's (or equivalent term)</td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td>Candidiasis, esophageal</td>
<td>1 2</td>
<td></td>
<td>Lymphoma, immunoblastic (or equivalent term)</td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td>Carcinoma, invasive cervical</td>
<td>1 NA</td>
<td></td>
<td>Lymphoma, primary in brain</td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td>Coccioidiodermatomy, disseminated or extrapolmonary</td>
<td>1 NA</td>
<td></td>
<td>Mycobacterium avium complex or M. kansasii, disseminated or extrapolmonary</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Cryptococcosis, extrapolmonary</td>
<td>1 NA</td>
<td></td>
<td>M. tuberculosis, pulmonary*</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Cryptosporidiosis, chronic intestinal (&gt;1 mo. duration)</td>
<td>1 NA</td>
<td></td>
<td>M. tuberculosis, disseminated or extrapolumary*</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Cytomegalovirus disease (other than in liver, spleen, or nodes)</td>
<td>1 NA</td>
<td></td>
<td>Mycobacterium, of other species or unidentified species, disseminated or extrapolumary</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Cytomegalovirus retinitis (with loss of vision)</td>
<td>1 2</td>
<td></td>
<td>Pneumocystis carinii pneumonia</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>HIV encephalopathy</td>
<td>1 NA</td>
<td></td>
<td>Pneumonia, recurrent, in 12 mo. period</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex: chronic ulcer(s) (&gt;1 mo. duration); or bronchitis, pneumonitis or esophagitis</td>
<td>1 NA</td>
<td></td>
<td>Progressive multifocal leuokoencephalopathy</td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td>Histoplasmosis, disseminated or extrapolumary</td>
<td>1 NA</td>
<td></td>
<td>Salmonella septicaemia</td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td>Isosporiasis, chronic intestinal (&gt;1 mo. duration)</td>
<td>1 NA</td>
<td></td>
<td>Toxoplasmosis of brain</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>Kaposi's sarcoma</td>
<td>1 2</td>
<td></td>
<td>Wasting syndrome due to HIV</td>
<td>1 NA</td>
<td></td>
</tr>
</tbody>
</table>

**Def. = definitive diagnosis**  **Pres. = presumptive diagnosis**

* RVCT CASE NO.: ____________

**If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition?** 1 Yes 0 No 9 Unknown

### IX. TREATMENT/SERVICES REFERRALS

<table>
<thead>
<tr>
<th>Has this patient been informed of his/her HIV infection?</th>
<th>Yes</th>
<th>0 No</th>
<th>9 Unk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This patient's partners will be notified about their HIV exposure and counseled by:</td>
<td>1 Health department</td>
<td>2 Physician/provider</td>
<td>3 Patient</td>
</tr>
</tbody>
</table>

This patient received or is receiving:

- Anti-retroviral therapy 1 Yes 0 No 9 Unknown
- PCP prophylaxis 1 Yes 0 No 9 Unknown

This patient has been enrolled at:

- Clinical Trial 1 NIH-sponsored 1 HRSA-sponsored
- Other 2 Other
- None 3 None
- Unknown 9 Unknown

This patient is receiving or has been referred for:

- HIV related medical services 1 Yes 0 No 9 Unknown
- Substance abuse treatment services 1 Yes 0 No 9 Unknown

This patient's medical treatment is primarily reimbursed by:

- Medicaid 1 Yes 0 No 9 Unknown
- Private insurance/HMO 2 Yes 0 No 9 Unknown
- No coverage 3 Yes 0 No 9 Unknown
- Other Public Funding 4 Yes 0 No 9 Unknown
- Clinical trial/ government program 7 Yes 0 No 9 Unknown

#### FOR WOMEN:

- This patient is receiving or has been referred for gynecological or obstetrical services: 1 Yes 0 No 9 Unknown
- Is this patient currently pregnant? 1 Yes 0 No 9 Unknown
- Has this patient delivered live-born infants? 1 Yes (if delivered after 1977, provide birth information below for the most recent birth) 0 No 9 Unknown

|------------------------------------|--------------------|-------|--------|-----------------|--------------------------|

### X. COMMENTS:

---

CDC 50-424A  REV. 01/28/03 (Page 2 of 2)  - ADULT HIV/AIDS CONFIDENTIAL CASE REPORT -
IV. Newborn Metabolic Reporting
   A. Schematic
   B. Collection and Reporting Form

- Status:
  - Mandatory

- Reporters:
  - Hospitals

- Methods of Reporting:
  - Paper forms
  - Fax
  - Phone

- Report To/Into:
  - Pediatrisk
  - Results sent to hospital & State’s customized Database through the Pediatrisk Lab
  - Newborn’s Doctor
  - Newborn’s Guardian

- Re-entry of Data:
  - Hospital- After receiving results from the Pediatrisk Lab

- Reporting Back:
  - Quality Assurance Reports for Hospitals
Nebraska Newborn Screening Program (NNSP) Reporting
(Metabolic Report)

Hospital takes blood test from newborn

MANDATORY REPORTING

Kit sent to Pennsylvania Lab

“Kit” includes filter paper attached to demographics sheet
As of July 2007, hospitals have the option to send an electronic order request which is then matched to the specimen when it arrives at Pediatrix.

Results produced & reviewed by Pennsylvania lab

Pediatrix

Results released to newborn’s hospital (results can be seen 24/7)

Newborn’s Doctor

Newborn’s guardian(s) & pediatric specialist

Options for entering lab results to hospital’s computer program:
1) Re-enter data from Pediatrix print out
2) Download data directly from Pediatrix (as of July 2007)

Quality Assurance reports to hospitals

State NNSP Database through Pediatrix

Re-entry of Data
Phone Reporting
Fax Reporting
Mail Reporting

Newborn’s Doctor contacted by Pediatrix Lab and/or the State for the following reasons:
1. Positive results
2. Inconclusive results
3. Unsatisfactory specimens
4. Specimens drawn too early

Reports from the State back to submitting hospitals:
1. Quarterly Quality Assurance reports
   - Individual hospital’s data compared to the State data
2. Specific variable reports i.e.:
   - Turnaround Time for lab results
   - Rates for unsatisfactory specimens

For clarification, the data are located in the Pediatrix database, and the State accesses it via a secure Internet connection. The State has some ability to edit the data, but it is primarily entered, edited, and maintained by the Pennsylvania lab. Also, the follow-up tracking reports and quality assurance reports are customized for the State.
COLLECTION AND REPORTING (CARE) FORM – NEBRASKA NEWBORN SCREENING PROGRAM

<table>
<thead>
<tr>
<th>REPORTED</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth:</td>
<td>Date:</td>
<td>Time:</td>
<td>(Military)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collection: Date:</td>
<td>Time:</td>
<td>(Military)</td>
<td></td>
</tr>
<tr>
<td>Collector's initials:</td>
<td>Initial</td>
<td>Repeat</td>
<td>o</td>
</tr>
<tr>
<td>o Specimen collected prior to 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Transfused prior to specimen collected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 4'd specify type:</td>
<td>date:</td>
<td>time:</td>
<td></td>
</tr>
<tr>
<td>o TPN</td>
<td>o Baby on antibiotics</td>
<td>o Meconium Ileus</td>
<td></td>
</tr>
<tr>
<td>Gestational age (wks)</td>
<td>Birth weight:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEWBORN'S INFORMATION:</th>
<th></th>
<th>SERIAL # 1234567</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td>First</td>
<td></td>
</tr>
<tr>
<td>Patient Record Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Birth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Birth: Yes o No o</td>
<td>Sex: M o</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOTHER'S INFORMATION:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone ( ) -</td>
<td>Birthdate:</td>
<td>/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBMITTER'S INFORMATION:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone: ( ) -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIAN INFORMATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Telephone ( ) -</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BEFORE SUBMITTING SPECIMEN TO SCREENING LAB. MUST COMPLETE:

Parent consents to optional-supplemental testing
o (Signed Consent on file at hospital)
Parent dissent s from optional-supplemental testing
o (Signed Dissent on file at hospital)

TESTING LAB REQUIRED DATA

SATISFACTORY SPECIMEN? Yes o No o
IF NO, WHY:

TEST RESULTS:

<table>
<thead>
<tr>
<th></th>
<th>Normal / Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biotinidase Deficiency:</td>
<td></td>
</tr>
<tr>
<td>Congenital Adrenal Hyperplasia:</td>
<td></td>
</tr>
<tr>
<td>Congenital Primary Hypothyroidism:</td>
<td>T4</td>
</tr>
<tr>
<td>Cystic Fibrosis (CF)</td>
<td></td>
</tr>
<tr>
<td>Galactosemia</td>
<td></td>
</tr>
<tr>
<td>Hemoglobinopathies: Result:</td>
<td></td>
</tr>
<tr>
<td>MCAD</td>
<td></td>
</tr>
<tr>
<td>PKU</td>
<td></td>
</tr>
</tbody>
</table>
V. Newborn Hearing Screening Reporting
   A. Schematic
   B. Screen print

   • Status:
     o Nonmandatory

   • Reporters:
     o Hospitals

   • Methods of Reporting:
     o Paper forms
     o Fax

   • Report To/Into:
     o Vital Records- Hearing Screening Module
     o Newborn’s Doctor
     o Audiologist
     o Newborn’s Parent/Guardian

   • Re-entry of Data:
     o Vital Records- Hearing Screening Module

   • Reporting Back:
     o Quality Assurance Reports for Hospitals
The electronic system connection between the Hearing Screening Module and the Vital Records-Birth Certificate Registry for birthing facilities in the Panhandle which are in Scottsbluff, Chadron, Sidney, Alliance, and Gordon was implemented in January 2007. Birthing Facilities and the State of NE are the only entities with access to the Electronic Hearing Screening Module.

- The Quality Assurance reports which can be generated by each hospital or the State include aggregate reports for either data for each specific hospital or the specific hospital compared to State data. Reports include number of tests conducted, number of newborns who passed/ did not pass/ did not screen, and amount of patient education provided, etc.

**NONMANDATORY REPORTING**

Hospital conducts hearing test on newborn

Vital Records-Birth Certificate Registry

- Initial and re-screening results entered into the Hearing Screening Module
- Individual Quality Assurance reports generated by State or hospital

Newborn’s Doctor-
If newborn does not pass for one or both ears- letter is provided with results and request for a follow-up appointment

Audiologist

Newborn’s Parent/Guardian

- Re-entry of Data
- Phone Reporting
- Fax Reporting
- Mail Reporting

Re-screening Results

- NONMANDATORY REPORTING

Hospital conducts hearing test on newborn

Vital Records-Birth Certificate Registry

- Initial and re-screening results entered into the Hearing Screening Module
- Individual Quality Assurance reports generated by State or hospital

Newborn’s Doctor-
If newborn does not pass for one or both ears- letter is provided with results and request for a follow-up appointment

Audiologist

Newborn’s Parent/Guardian

- Re-entry of Data
- Phone Reporting
- Fax Reporting
- Mail Reporting

Re-screening Results

- NONMANDATORY REPORTING

Hospital conducts hearing test on newborn

Vital Records-Birth Certificate Registry

- Initial and re-screening results entered into the Hearing Screening Module
- Individual Quality Assurance reports generated by State or hospital

Newborn’s Doctor-
If newborn does not pass for one or both ears- letter is provided with results and request for a follow-up appointment

Audiologist

Newborn’s Parent/Guardian

- Re-entry of Data
- Phone Reporting
- Fax Reporting
- Mail Reporting

Re-screening Results
QSTVRS screens for NNHSP

<table>
<thead>
<tr>
<th>Birth State File Number</th>
<th>Child Med Rec Number</th>
<th>Mother Med Rec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date Created</th>
<th>Birth local file number</th>
<th>Date Updated</th>
<th>Updated By</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/18/2006</td>
<td>2005</td>
<td>09/19/2006</td>
<td>mb</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Baby's Name</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
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<table>
<thead>
<tr>
<th>Name AKA</th>
<th>Date of Birth</th>
<th>Time of Birth (Military)</th>
<th>Sex</th>
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<tbody>
<tr>
<td></td>
<td>01/03/2005</td>
<td>11:00</td>
<td>F</td>
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<table>
<thead>
<tr>
<th>Birth Facility</th>
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<tbody>
<tr>
<td>Facility Name</td>
</tr>
<tr>
<td>Faith Regional Health Services</td>
</tr>
<tr>
<td>Type</td>
</tr>
<tr>
<td>HOSPITAL</td>
</tr>
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</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Was Infant Transferred?</th>
<th>Facility transferred to</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

Quick Record of Passed Final Hearing Screening prior to Discharge: Date of Final Screening with Pass Result on Both Ears: 01/05/2000

Parent Educated about hearing screening, hearing loss, etc.? [Y/N]: Y
### QSTVRS screens for NNHSP

#### HINFO/Summary (top)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Hearing Case Status</td>
<td>CLOSED</td>
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<tr>
<td>Date Closed</td>
<td>09/19/2008</td>
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<tr>
<td>Was parent educated about Hearing screening?</td>
<td>☑</td>
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#### Most Recent Screening

<table>
<thead>
<tr>
<th>Type</th>
<th>Status</th>
<th>Date Given</th>
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</thead>
<tbody>
<tr>
<td>Initial</td>
<td>Patient I/O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left?</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

#### Initial Inpatient Screening

<table>
<thead>
<tr>
<th>Type</th>
<th>Status</th>
<th>Date Given</th>
<th>Test Completed</th>
</tr>
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<tbody>
<tr>
<td>Final Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Left?</td>
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#### Inpatient Rescreening

<table>
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<tbody>
<tr>
<td>Final Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Left?</td>
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#### Outpatient Screening

<table>
<thead>
<tr>
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<th>Status</th>
<th>Date Given</th>
<th>Test Completed</th>
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<td>Initial</td>
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<tr>
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<td></td>
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<td>Left?</td>
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**jbeavers**  
**Page 2**  
**09/20/2006**
QSTVRS screens for NNHSP

HINFO/Summary (bottom)

<table>
<thead>
<tr>
<th>Initial?</th>
<th>Final Screening?</th>
<th>Date Given</th>
<th>Test Completed?</th>
<th>Results sent to Primary Care Physician</th>
<th>Re-screen at same facility</th>
<th>Recommended for monitoring, intervention and follow-up care</th>
<th>Refer to audiologist prior to screen</th>
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</thead>
<tbody>
<tr>
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<table>
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<th>Incomplete Reason</th>
<th>Code</th>
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<tr>
<th>Auditory Neuropathy-Left</th>
<th>Auditory Neuropathy-Right</th>
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<table>
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<table>
<thead>
<tr>
<th>Medical Referral</th>
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<td>Date of Evaluation</td>
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<table>
<thead>
<tr>
<th>Early Intervention</th>
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<tr>
<td>Referral Date</td>
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<table>
<thead>
<tr>
<th>Fitting</th>
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<tbody>
<tr>
<td>Evaluation Date</td>
</tr>
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<td></td>
</tr>
</tbody>
</table>
QSTVRS screens for NNHSP

HSCREENING/Screening

Parent(s) Details:
Parent(s) educated about hearing loss, etc? (Y/N)

Prebay Language

Screen Event:
Initial or Rescreen (I,R) Inpatient or Outpatient Final Action? (Y/N) Date Given Time (Military)

Reason Test was not given/completed, (set Del/Z to empty the field)

Hospital Patient was transferred to?

Screening Details:
Facility
Faith Regional Health Services

Type of Screening

Name of Screener

Screening Results:
Right Ear Test Results (Pass, Refer, NA) Left Ear Test Results (Pass, Refer, NA)

Disposition

PCP Name

Results sent to Infant's Primary Care Physician.
Date Sent

Recommendation for monitoring, intervention, and follow up care.
Date

Refer to audiology clinic for re-screen.
Date

Notes

jbeavers
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09/20/2006
VI. Chronic Disease Reporting
A. Schematic

- Status:
  - Mandatory

- Reporters:
  - Doctors
  - Labs
  - Hospitals

- Methods of Reporting:
  - Mail Reporting- Paper form or Disk
  - Direct reporting to web based registries
  - Software Exports to accommodate different programs used by the reporters (e.g., HHSS Secure Information eXchange (SIX) server)

- Report To/Into:
  - Chronic Disease registries- Cancer; Birth Defects; Vital Records- Death Statistics (web based), Birth, Marriage, & Divorce; Parkinson’s Disease; and Head & Spinal Cord Injury
  - Federal Agencies, Centers for Disease Control and Prevention, US Health Department, National Cancer Institute, etc.

- Re-entry of Data:

- Reporting Back:
  - Aggregate reports are available by special request
  - Research requests
The State is not required to send any reports back to counties or districts. However, aggregate data reports are available by special request.

Each Registry's staff also collects data on site - at the doctors' offices, hospitals, and labs. Then the staff will enter the data into the appropriate Registry.

For clarification, the Death Statistics web-based module is part of the Vital Records Registry. Coroners, funeral home directors, and county sheriff's officers also enter deaths in this module via the web.
VII. Nebraska Cancer Registry Reporting
   A. Schematic
   B. Physician Reporting form

• Status:
  o Mandatory

• Reporters:
  o Doctors
  o Labs (Pathology reports)
  o Hospitals (Registrars)

• Methods of Reporting:
  o Paper forms from the physicians
  o Mail- disks or CDs with patient data
  o Fax
  o Secure electronic connection (hospitals)
  o On-site data collection (hospitals and doctors)
  o Periodic personal delivery of disks or CDs with complete data files to the State’s Health Data Manager

• Report To/Into:
  o Nebraska Cancer Registry
  o Nebraska Health and Human Services- Health Data Management
  o North American Association of Central Cancer Registries
  o National Program of Cancer Registries (CDC)

• Re-entry of Data:

• Reporting Back:
  o Aggregate reports are available by special request
  o National reports of cancer incidence and mortality statistics
  o State Annual Report of cancer incidence and mortality statistics
Nebraska Cancer Registry (NCR) has developed a specialized form to obtain specific patient information from doctors. After the doctors complete the form, they will mail or fax it back to the NCR.

- Doctors who have more than 5 cases of cancer diagnosis or treatment and hospitals that have less than 50 cases of cancer diagnosis or treatment have the option to request onsite data collection by the NCR staff.
- CINA- Cancer Incidence in North America
Patient Name ___________________________ DOB ________ Age ______

Patient Address at Diagnosis

SSN _______________ Race _______________ Gender ______________________

Primary Cancer Site ______________________ Date of diagnosis __________

Histology __________________________________________

Was patient hospitalized for this cancer? ☐ Yes ☐ No

If yes, name of hospital __________________________________________________________________________

Has this patient had any of the following treatments? __________________________________________________________________________

Surgery. If yes, specify date, procedure and place of surgery:

Chemotherapy/Hormone Therapy ☐ Yes ☐ No Date __________

Radiation Therapy ☐ Yes ☐ No Date __________

Other Therapy __________________________________________

Name of Physician responsible for on-going cancer therapy/care: ______________________________

Date you last saw the patient __________________________

Patient Status:

Alive, free of cancer __________________________

Alive, evidence of cancer _______________________

Alive, cancer status unknown _______________________

Deceased, free of cancer _______________________

Deceased, evidence of cancer _______________________

Deceased, cancer status unknown _______________________

Followup contact/Next of Kin __________________________

Name and address __________________________________________

Return this form to: Judy Paradies, CTR
Nebraska Cancer Registry
8601 West Dodge Road #114A
Omaha, NE 68114
FAX: 402-354-3388
VIII. Nebraska Trauma Registry Reporting
   A. Schematic
   B. NARSIS Reporting form
   C. Screen print of e-NARSIS
   D. NTRACS Required Data Template

   • Status:
     o Mandatory

   • Reporters:
     o Ambulance Personnel
     o Hospital (Registrars)

   • Methods of Reporting:
     o Paper forms
     o Mail- disks or CDs with trauma patient data
     o Phone
     o E-mail
     o Data Linkage through web-based Trauma Bridge System

   • Report To/Into:
     o e-NARSIS/NARSIS
     o Regional Trauma Registry (Regional West Medical Center)
     o NTRACS (State Trauma Registry)
     o National Trauma Registry
     o National Emergency Medical Services Information System

   • Re-entry of Data:
     o Hospitals
     o e-NARSIS/NARSIS

   • Reporting Back:
     o Aggregate reports are available by special request
     o Monthly Quality Assurance Reports for Hospitals and Regional Trauma Registries
     o Semi-annual Result Report from State Trauma Registry to State Trauma Board
Nebraska Trauma Registry Reporting

Electronic Nebraska Ambulance and Rescue Service Information System (e-NARSIS) is a voluntary web-based registry of information collected by ambulance personnel. The data collected include date/time of run, interventions administered, the patient’s age, sex, race, and injury/illness.

NEMSIS - National Emergency Medical Service Information System
NTRACS - National Trauma Registry of the American College of Surgeons
Feedback loop occurs for two purposes: Data Quality Assessment or Revision for incorrect/missing patient information. Check points occur at regional and state level. Site hospital is contacted via phone or e-mail (with no patient identifiers included) to make the correction.

Aggregate data reports by special request for a specific region

- Re-entry of Data
- Paper Reporting
- Submit Paper form in person at time of admission
- E-mail Reporting
- Phone Reporting

- Mandatory Reporting
- Trauma Incident
- Ambulance Personnel
- e-NARSIS/NARSIS State Health Department
- NEMSIS
- Regional Trauma Registry (Located at Regional West Medical Center)
- State Trauma Registry
- Web-based Trauma Bridge
- NTRACS
- Aggregate data is provided by special request only.

Training began in March for the web-based Trauma Bridge System in which hospitals statewide will be connected by one system and each facility will be able to access their patients’ trauma information. Currently, RWMC and 6 hospitals in Region 4 use this system. Also, e-NARSIS data will be able to be exported into the bridge system, so there will be less duplicate entry.
Emergency Medical Services Personnel Instructions

CRITERIA
1. Make sure the patient is a mentally competent adult (19 or older) and has the legal capability of refusing evaluation, treatment and transportation. The patient is mentally competent, if he/she is aware of his/her surroundings, oriented to time, place, person and events. The person cannot be significantly mentally impaired in any way, either congenitally, physiologically, (e.g. - head injury) or chemically (e.g. - alcohol or drug abuse).
2. If the patient is under the age of 19, only a legal guardian can refuse medical care on behalf of the patient. If a parent or legal guardian is not present, a police officer should make the evaluation, treatment and transportation decision.
3. The witness to the refusal should in most cases be law enforcement personnel. If law enforcement is not available, the family/responsible party, should be the witness. AS A LAST RESORT the EMS provider may sign as the witness if none of the above named persons are present.

PROCEDURE
1. Fill out the Refusal or Evaluation, Treatment and/or Transportation form in INK.
2. Ascertain the Patient Name, Age, Date of Birth, Home Address including City, State, Zip Code and Phone Number.
3. In the presence of the witness read the "Refusal of Evaluation, Treatment and/or Transportation" to the Patient or Legal Guardian.
4. Ask the Patient and/or the Legal Guardian if he/she understands what was read to them. If the Patient and/or the Legal Guardian does not understand what was read, read the "Refusal of Evaluation, Treatment and/or Transportation" to them again asking them periodically, if they understand what you are reading.
5. Have the Patient and/or the Legal Guardian sign the "Refusal of Evaluation, Treatment and/or Transportation" form.
6. If the Patient and/or the Legal Guardian refuses to sign the form have the law enforcement personnel sign the form for the Patient and/or the Legal Guardian in the Witness section.
7. After the Patient and/or the Legal Guardian or Law Enforcement person has signed the form, the out of hospital provider/s signs the form.

RELEASE OF LIABILITY
"I hereby acknowledge that I have been advised that evaluation, treatment and/or transportation is necessary for my condition.
I have also been informed of the potential risk involved if I do not comply with this advice.
I hereby state my refusal to follow the advice given me by emergency medical personnel and refuse further evaluation, treatment and/or transportation to a medical facility.
I, by the above statements, absolve and hold harmless of any responsibility all emergency services personnel, and their agents, from any ill effects which may result from my actions."

Patient Name ____________________________ Age _______ Date of Birth ____________________________

(Please Print)

Parent/Guardian Name ____________________________ Date ____________________________ Time __________

Patient Street Address, City, State, Zip Code and Phone Number ____________________________

Type of Incident ____________________________________________________________

Patient Signature ____________________________ Date ____________________________ Time __________

WITNESS

The patient, and/or their guardian, named above has refused the medical services as indicated and refused to sign this form acknowledging his/her act. Signing this form I hereby attest to these facts and the accuracy of the information herein.

Witness Signature ____________________________ Title ____________________________

Date ____________________________ Time __________

EMS Provider Signature ____________________________ Date ____________________________ Time __________
Ambulance Patient Care Report

Incident Date: 01/18/2007
Call #: T0701181001
Patient Care #: 1
Trauma Registry ID: [ ]

Call Level
Life Threat: Not Applicable

Response Times

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSAP Call</td>
<td>01/18/07</td>
<td>Arrive Scene</td>
<td>01/18/07</td>
<td>In Service</td>
<td>01/18</td>
</tr>
<tr>
<td>Dispatch Notified</td>
<td>01/18/07</td>
<td>Arrive Patient</td>
<td>01/18/07</td>
<td>Unit Cancelled</td>
<td>01/18</td>
</tr>
<tr>
<td>Unit Dispatched</td>
<td>01/18/07</td>
<td>Leave Scene</td>
<td>01/18/07</td>
<td>In Quarters</td>
<td>01/18</td>
</tr>
<tr>
<td>Enroute</td>
<td>01/18/07</td>
<td>Arrive Dest.</td>
<td>01/18/07</td>
<td></td>
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</tr>
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First Responder Agencies

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<thead>
<tr>
<th>First Responder Agencies</th>
<th>Suspected Intentional, or Unintentional Disaster</th>
<th>Mass Casualty Incident</th>
</tr>
</thead>
<tbody>
<tr>
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<td>ImageTrend Fire</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>ImageTrend HAZMAT</td>
<td>ImageTrend Paramedic</td>
<td>Building Failure</td>
</tr>
<tr>
<td>EMS Mutual Aid</td>
<td>Other Services at Scene</td>
<td>Chemical Agent</td>
</tr>
<tr>
<td>Fire</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Hazmat</td>
<td>Not Available</td>
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</tr>
<tr>
<td>Law</td>
<td>Other Health Care Provider</td>
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<tr>
<td>Other</td>
<td>Rescue</td>
<td></td>
</tr>
<tr>
<td>Other Health Care Provider</td>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Not Available</td>
<td>Not Available</td>
<td></td>
</tr>
<tr>
<td>Not Known</td>
<td>Not Available</td>
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</tr>
</tbody>
</table>

Date Responder Arrived: 01/18/07
Time Responder Arrived: [ ]
Est Date/Time Responder Arrived: Not Applicable

Response Information

Incident #: T0701181001
Responding Unit: Not Applicable
Response Urgency: Not Applicable
EMD Card #: [ ]
EMD Performed: Not Applicable
Dispatch Reason: Not Applicable

Response Information (odometer mileage: NI)
Starting: [ ]
At Scene: [ ]
Destination: [ ]
Ending: [ ]

Personnel

Crew Member: Not Applicable
Level: Not Applicable
Role: Not Applicable

Incident Information

Facility Name: Not Applicable
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<thead>
<tr>
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<th>Room/Apartment</th>
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<tbody>
<tr>
<td>Favorite Location</td>
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<tr>
<td>Postal Code</td>
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<tr>
<td>City</td>
<td>Lakeville</td>
</tr>
<tr>
<td>County</td>
<td>Dakota</td>
</tr>
<tr>
<td>State</td>
<td>MN</td>
</tr>
<tr>
<td>Scene Zone Number</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>GPS Lat lon</td>
<td></td>
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### Location Type
- **Not Applicable**
- **Airport**
- **Home/Residence**
- **Mine or Quarry**
- **Public Building (schools, gov, offices)**
- **Trade or Service (Business, bars, restaurants, etc.)**

### Barriers to Patient Care
- **Not Applicable**
- **Combative patient**
- **Language**
- **Physically Restrained**
- **Unconscious**
- **Not Available**
- **Farm**
- **Industrial Place and Premises**
- **Other Location**
- **Residential Institution (nursing home, jail/prison)**
- **Unspecified place**
- **Not Available**
- **Developmentally Impaired**
- **None**
- **Speech Impaired**
- **Weather**
- **Not Known**
- **Hearing Impaired**
- **Physically Impaired**
- **Unattended or Unsupervised Minors**

**Save/Submit Form**
### Example 1

**TRACS**
**Injury**

Date: 5/21 ______ Time: 1230 ______ City: ______ State: ______ Zip: ______

- GSW left and right chest

**Driver**  Passenger **SB**  **Airbag**  Helmet

**ED Admission**

Arrive: 1317  
Arrive from: LifeNet from Referring Hospital

Condition: Alert  Verbal  Respond to Pain  Unresponsive

Discharge: 1355 To OR

**TTA: Y or N**

Who arrived:  
Trauma MD:  
PTA:  
Chief: PTA  Residents:  Ortho:

**ED Assess 1**

<table>
<thead>
<tr>
<th>P</th>
<th>RR</th>
<th>SBP</th>
<th>Temp</th>
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<tbody>
<tr>
<td>112</td>
<td>30</td>
<td>100</td>
<td>95.4</td>
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</table>

GCS Eye: 4  Verbal: 5  Motor: 6

**Airway**

ETOH _ND_  Hct: 35  Drug Screen  ND Base Def.:  ND Units of RBC: 5

**ED Assess 2**

<table>
<thead>
<tr>
<th>Head CT</th>
<th>ABD CT</th>
<th>Chest CT</th>
<th>ABD US</th>
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</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Neg  Pos  Date: 5-21  Time: 1345

**Consults:**

Neurosurgery 5-21

**Hospital Diagnosis:**

- Bilateral hemothorax
- Bilateral lung contusions
- Bilateral diaphragm
- Liver
- Spleen
- Stomach
- Colon
- Pancreas
- L-1 fracture

**ICU Days:** 2  
**Vent Days:** 1
TRACS Operations

- Splenectomy 5-21 1413 Trauma
- Bilateral Chest tubes
- Colon/Stomach Repair
- Liver – axiom drains
- Central Line Catheter

Comorbidity

Hospital Outcomes: Date 5-30 Home Rehab SNF Jail Died Autopsy

TF TPN Uncross Blood PRBCs FFP PLT Steroids NovoSeven Wound VAC

Complications:

Prehospital Walk In

EMS Co ___________________________ Run # ___________________________ Scene Report
Condition: Alert Verbal Stimuli Responds to Pain Unresponsive

Dispatch date ________ Time ________ Arrive ________ Depart ________ Arrive at Hospital ________

P ______________________ RR ___________ SBP ___________

GCS Eye ___________ Verbal ___________ Motor ___________
Airway ___________ Fluids ___________ Needle Thoracotomy

Drugs given ___________________________

Referring Hospital Hospital A Referring MD ___________ Dr. ___________

Arrival D/T ________ Discharge D/T ________

P 112 RR 24 SBP 70 Temp NR

GCS Eye 4 Verbal 5 Motor 6

Head CT NA Neg Pos Airway
ABD CT NA Neg Pos CPR
ABD US NA Neg Pos ICU
Chest CT NA Neg Pos OR Uncrossmatched Blood

Drugs given __________________________________________

Labs: ________________________________________________
IX. Immunization Reporting
   A. Schematic

   • Status:
     o Nonmandatory for Public Immunization Clinics & Regional West Medical Center & Affiliates
     o Mandatory for Schools & Early childhood programs

   • Reporters:
     o Public Immunization Clinics
     o Regional West Medical Center & Affiliate Doctors’ offices
     o Schools & Early childhood programs

   • Methods of Reporting:
     o Secure electronic connection for Public Immunization Clinics & Regional West Medical Center & Affiliates
     o Paper forms & Fax for Schools & Early childhood programs

   • Report To/Into:
     o ImmuNET program followed by Douglas County Health Department, then CDC’s Comprehensive Clinic Assessment Software Application (Co-CASA) database
     o Centers for Disease Control and Prevention

   • Re-entry of Data:
     o ImmuNET program

   • Reporting back:
     o Follow-up reports for immunization coverage generated by CDC’s Co-CASA program
     o Annual Immunization rates and coverage reports from CDC
Doctors and Hospitals are not required to report to the State Health Department. However, Public Health Nurses conduct immunization audits which are entered into CDC’s Co-CASA. The reports that are generated are used by the State Health Department to provide education to areas with low immunization coverage.

- Schools are required to report immunizations for children who are in kindergarten and 7th grade and who are out-of-state transfers.
- Public Immunization Clinics include Alliance, Box Butte County, Bridgeport, Chadron, Chappell, Crawford, Gordon, Kimball, Panhandle Community Services, Oshkosh, Scottsbluff, and Sidney.

- Public Health Immunizations which are given under a contract with the Public Health Department are reported the same way as immunizations through RWMC.

- The State is developing a new immunization information system that will be web based, CDC compliant, centralized, and accessible to public and private provider offices and school nurses.
<table>
<thead>
<tr>
<th>What is being reported?</th>
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<tbody>
<tr>
<td>Communicable Disease</td>
<td>Doctors</td>
<td>Local PH Dept if in Lancaster County or Douglas County &amp; then State Health Dept &amp; then CDC</td>
<td>Required: NEDSS, phone, fax, mail</td>
<td>Required to report depending on disease- immediately, within 7 days, or monthly</td>
<td>PH Dept will call back to patient’s doctor’s office to get more info on child’s medical history &amp; contact information to follow up with patient condition</td>
<td>De-identified Data in NEDSS is sent to CDC who then displays data in MMWR</td>
<td>Data analysis summary on HHS website</td>
<td>Labs not quite integrated w/ disease reporting process- if they were- ↓ entry errors</td>
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<td></td>
<td>Labs</td>
<td>Local PH Dept if in Lancaster County or Douglas County &amp; then State Health Dept &amp; then CDC</td>
<td>Paper forms, NEDSS (online manual data entry &amp; automated data feed), fax, &amp; secure electronic connection through PHIN-MS</td>
<td>Weekly</td>
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<td>School-age Children</td>
<td>School Nurses at public &amp; private Schools</td>
<td>Local PH Dept if in Lancaster County or Douglas County &amp;</td>
<td>By phone after irregularity found in monitoring school</td>
<td>Very few per requirements of HHS rules/regs Flu &amp; rashes</td>
<td>PH investigators at PH Dept can generate reports and provide info</td>
<td>By special request-majoirty receive aggregate data reports (few reports have</td>
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<td>Data registries do not have data analysis or trends (just raw data)</td>
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<td>In NEDSS, the STD, Lead, HIV/AIDS, &amp; TB lab reports are warehoused and not reviewed</td>
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<td>Panhandle Public Health District</td>
<td>Hospitals, doctors, &amp; labs</td>
<td>State Health Dept &amp; then CDC</td>
<td>NEDSS, fax &amp; paper form</td>
<td>phone</td>
<td>Panhandle-~1/wk</td>
<td>Local PH Dept will call back to patient’s doctor’s office to get more info on child’s medical history, details of present condition &amp; contact information to follow up with patient condition</td>
<td>Notifications from state are sent to CDC -~100 notifications per week</td>
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<td>Lead poisoning and Lead Analysis</td>
<td>Labs, healthcare providers</td>
<td>Local PH Dept if in Lancaster County or Douglas County &amp; then State Health Dept &amp; then CDC</td>
<td>HHS paper forms &amp; NEDSS</td>
<td>Required to be sent within seven days</td>
<td></td>
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<td>HHS report for previous years</td>
<td>In NEDSS, the reports are warehoused &amp; not reviewed</td>
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<tr>
<td>Immunization</td>
<td>Infants, Children in kindergarten, 7th grade, &amp; all out-of-state transfers</td>
<td>Providers of the vaccines at the Public Immunization clinics, RWMC, &amp; RWMC’s affiliate doctors’ offices</td>
<td>State Health Dept &amp; then CDC</td>
<td>ImmuNET</td>
<td>The State has access to ImmuNET so they can view records at anytime. The report given to the CDC is sent annually.</td>
<td>State Health Dept then Douglas County Health Dept</td>
<td>Immunization coverage reports generated from the CDC’s Co-CASA.</td>
<td>ImmuNET is not web based, nor centralized, nor HL7 compatible, nor PHIN standard compatible. No statewide centralized database yet.</td>
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<td>Newborn Screening- Metabolic Report</td>
<td>Newborns</td>
<td>Hospital of birth</td>
<td>Pedriatrix Database at Pennsylvania Lab then Julie Miller at the Nebraska Newborn Screening program (NNSP), hospital submitter, &amp; then the baby’s doctor</td>
<td>The results of the test are downloaded into the Pedriatrix database. Then results can be seen by hospital of birth &amp; NNSP. NNSP contacts baby’s doctor with results &amp; testing by phone, fax, &amp; mail Pediatric metabolic specialist will also contact the doctor for testing</td>
<td>Daily &amp; Quarterly In 2004-2005, 95% of Birth Parents consented for Newborn Screening (HHS Website)</td>
<td>NNSP &amp; Pedriatrix Database at Pennsylvania Lab</td>
<td>Daily Follow up Reports Quarterly Quality Assurance Reports (compare each hospital with state on different variables such as timeliness &amp; accuracy)</td>
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<td>Newborn Screening- Hearing Report</td>
<td>Newborns</td>
<td>Testing Hospitals</td>
<td>State Health Dept, then newborn's doctor</td>
<td>Vital Records- Birth Certificate Registry- Hearing Screening Module and then by mail or fax to the doctor</td>
<td>Every time a test is conducted on a newborn, a record is entered into the state’s Vital Records registry</td>
<td>Nebraska Newborn Hearing Screening Program</td>
<td>Quality Assurance Reports (compare each hospital with state regarding number of tests given, number of newborns who pass the tests, amount of patient education given, etc.)</td>
<td>This new electronic system using the Vital Records- Birth Certificate Registry- Hearing Screening Module will not come to Western Nebraska until November or December.</td>
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<td>Lab results</td>
<td>Patients at Nebraska Medical Center (NMC) &amp; Nebraska Public Health Lab (NPHL)</td>
<td>NMC &amp; NPHL</td>
<td>Douglas County- some to the STD section to Liz Berthold &amp; some to Epidemiology Division of Douglas County Health Dept</td>
<td>Paper, fax, secure electronic connection through PHIN-MS to NEDSS</td>
<td>varies from week to week</td>
<td>Public Health nurses have access to results through ELIRT (Electronic Lab Information Reporting Technology) so they can view results</td>
<td>NMC &amp; NPHL do not receive follow up or provide follow up – Douglas County Health Dept or State Health Dept conducts follow up with patient &amp; doctor</td>
<td>May have some technology issues with the connection for PH nurses to ELIRT</td>
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<td>Scottsbluff Public Health Dept</td>
<td>ARUP Laboratories in Salt Lake City for confirmatory tests for reportable diseases RWMC &amp; Labs for other tests such as HVC, RPR, HbSAG, Chlamydia, and GC</td>
<td>Local PH Dept &amp; then State Health Dept &amp; then CDC</td>
<td>NEDSS for positive tests, Through ARUP Connect Internet Services</td>
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<td>Using ARUP because more timely. NEDSS difficult to use per Marsha Meyer</td>
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<td>Certain Chronic Diseases &amp; Injuries that are in Health Registries Example: Cancer, Birth Defects, &amp; Spinal cord Injuries</td>
<td>Hospitals, Doctors, Labs</td>
<td>State Health Dept registries, and then the registries report de-identified info to the CDC, US Health Dept., or Federal Agencies such as the National Cancer Institute</td>
<td>Labs report on paper &amp; the State enters the information in the appropriate database. Hospitals &amp; Doctors use their own software system &amp; export the data in a compatible format into the State databases. All reporters enter data directly into the 2 web based systems of the State.</td>
<td>By special request or through Statistical &amp; aggregate published reports that have no patient identifiers</td>
<td>By special request</td>
<td></td>
<td>Statistical &amp; aggregate reports are not always published in the current year because of quality assurance factors.</td>
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<td>Mental Health Chronic Diseases</td>
<td>Behavioral Health Patients</td>
<td>Behavioral Health Providers</td>
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<td>Cancer Diagnosis or Treatment</td>
<td></td>
<td>Hospitals</td>
<td>Nebraska Cancer Registry (NCR), then the State Health Dept., then National Program of Cancer Registries (NPCR) &amp; North American Association of Central Cancer Registries (NAACCR)</td>
<td>Paper, on-site data collection if less than 50 cases to report, or direct reporting through a secure electronic connection</td>
<td>Monthly &amp; within six months from the date of initial diagnosis</td>
<td>Nebraska Cancer Registry</td>
<td>By special request or through Statistical &amp; aggregate published reports that have no patient identifiers</td>
<td>The data from the NCR is first mailed or delivered and then downloaded into the Network at the State Health Dept.</td>
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<td>Doctors</td>
<td>Paper, fax, or on-site data collection if more than 5 cases to report</td>
<td>Paper, fax</td>
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<td></td>
<td>Labs</td>
<td>Paper</td>
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<td>Trauma Incident</td>
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<td>Ambulance Personnel, Registrars at hospital, Registrars at regional trauma registry</td>
<td>Regional trauma registry, State trauma registry, National Emergency Medical Service Information System, National</td>
<td>Paper, NTRACS (National Trauma Registry of the American College of Surgeons, e-NARSIS (electronic-Nebraska Ambulance)</td>
<td>State trauma registry sends Data Quality Assessment Reports monthly &amp; Assessments to the State trauma board twice a year</td>
<td>State Trauma Registry</td>
<td>By special request through aggregate reports that have no patient identifiers</td>
<td>Each hospital’s NTRACS system does not interface with any other hospital’s system.</td>
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<td>HIV/AIDS</td>
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<td>Hospitals, Doctors, &amp; Labs</td>
<td>Local PH Dept if in Lancaster County or Douglas County &amp; then State Health Dept &amp; then CDC Counties outside of Lancaster or Douglas counties will report directly to the State H Dept &amp; then CDC</td>
<td>2 Paper forms for diagnosis age: Age &lt;13 Age ≥13 Phone From the State to the CDC-electronically via a very secure connection</td>
<td>No reports back to districts or regions because of confidentiality reasons</td>
<td>HHS reports for previous years State contacts Disease Investigator Specialists who follow up with patient &amp; notifies any identified partners of that patient (Service Partner Notification)</td>
<td>The CDC case report form requires more information than the lab forms that come to the state, so the state must follow up with the doctor or nurse to get the additional data. No centralized database-duplicate reporting from Douglas &amp; Lancaster counties</td>
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