

# Orpheus County Feedback Meeting Notes

Data for Public Health Policy

**Date:** October 8, 2015

**Time:** 1:30-3:00

**Place:** PSOB or room 710

**ALL DATA FROM SCREEN SHOTS SHOWN IN THESE MINUTES ARE FAKE**

Purpose: To share new features, user issues and gather feedback on development priorities for Orpheus, Outbreaks and Case log applications

Outcome: Users are kept informed about development projects and their needs are identified and prioritized.

**Counties:** Baker; Benton-; **Clackamas**- Alejandra; **Clatsop** –Sheri; Columbia; Coos, Crook –; **Curry**-Brody; Deschutes -; Douglas – , Grant, Harney, Hood-River, Jackson ; Jefferson ; **Josephine** Cat **Klamath** –Jerrolyn, Katie; Lake, Lane ; Lincoln- **Linn**- Debby; Malheur -, **Marion**-Stacy, **Morrow** -- Shelly; **Multnomah** Taylor, Marta, Tom; **NCPHD** -Jane Polk, Tillamook -; Umatilla; Union, Wallowa, Warm Springs, **Washington**-Jennifer Wheeler, **Yamhill** – Kara, Rae

**State:** Courtney, Jeff, June, Kathleen, Lee, Maureen, Michelle, Rob, Stephen, Tasha, Tom, Julie, Irina

| Item | Discussion/Decisions   | Action items   |
|------|--|--|
| 1    | <p><b>Security and Confidentiality Update – Stephen</b></p> <p>Essentially all of the audits have been returned, save a few stragglers with extenuating circumstances. Thank You!</p> <p><b>FileMaker 14 and the migration to Windows 7 – June</b></p> <p>FileMaker 14 is coming soon.</p> | <p>State to send audit report to ORPs by November 30<sup>th</sup>, 2015.</p> |

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| <p>2.</p> | <p><b>ELR Updates – Michelle</b></p> <ul style="list-style-type: none"><li>• No labs have been able to discontinue dual reporting.</li><li>• Willamette Valley has been struggling with CRE reporting due to low volume of reportable CRE cases, even though they've sent various <i>enterobacter</i> reports</li><li>• St Anthony and Mercy Medical are using the same lab information system; Mercy medical is planning to upgrade their message.</li><li>• Blue Mountain has recently begun sending ELRs. They have the same vendor as Curry, Santiam, Lower Umpqua, and Wallowa, all of which are in testing and should be coming on board soon.</li><li>• Good Shepherd has been testing for the last month and should be in production by the end of the year.</li><li>• PAML, our highest volume fax sender. They're using the PHIN-MS (PHIN Messaging System) which is how they'll be sending their data. The problem should be resolved by late fall early Winter of 2015.</li><li>• Lab Corps is back on line and we're receiving data automatically.</li><li>• Quest (San Juan Capistrano) has not been able to get back on line due to security certificates and digital certificate issues.</li><li>• Mayo Clinic has been off line since September 1<sup>st</sup>.</li></ul> | <p>Counties to continue to monitor non- ELR results (phoned in, faxed in, etc.) vs ELRs - to be sure that ELRs are coming 100%.</p> <p>Counties to be on the lookout for Blue Mountain ELRs (currently dual reporting), and to be sure they match the paper reporting.</p> <p>State to resolve PHIN-MS problem that is preventing PAML ELRs.</p> <p>State to help Mayo get back on line by October 12<sup>th</sup>.</p> |
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| <p><b>3. Chronic Hepatitis Case Management: Best Practices –All</b></p> <p>One characteristic of most chronic hepatitis cases is that they probably already exist in Orpheus upon receipt of a given ELR. All Orpheus users with access to the hepatitis disease group can see all chronic hepatitis cases statewide. It’s easy to create duplicate chronic hepatitis C cases.</p> <p>When an ELR is associated with an existing case that had been reported initially been reported to a different county, first link the case, even if the lab or case is not associated with your county.</p> <p>June demonstrated how to create a new chronic hepatitis case if this is necessary, emphasizing that a new <b>person record</b> is also created in conjunction with the <b>new case</b> of chronic hepatitis C. Keep in mind there should only be one chronic hepatitis C case for a given person record. If you find the person record – you want to create a new case for that person, not create both a person and a case. This creates duplicate people.</p> <p><b>Creating duplicate persons</b> is one of the most common mistakes associated with creating chronic hepatitis C cases.</p> <p><b>Scenario.</b> - Linking a new lab to an existing case. In this scenario, the county where the case currently resides is unaware of the new lab that you’re processing. If it matters call them or send a “to do” that a new lab has been added. You should also update the person address with the current address (not the case address) this will be reflected in the <b>person record</b>. This will also add the new county to the more tab and check the current box so you can run reports on chronic hep cases living in your county.</p> <p>DO NOT MODIFY THE ORIGINAL CASE ADDRESS OF A CHRONIC HEP C, unless, FOR NEW CASES ONLY, it was <b>wrong</b> when recently created.</p> | <p>Counties to contact Kathleen Rees, new hepatitis B epi at state, with questions.</p> <p>If you have a new positive hepatitis B lab on a woman of childbearing age, you need to find out if she’s pregnant, and if she is pregnant, <b>the county associated with her current residence needs to do the follow up.</b></p> <p>The best practice is to <b>modify the PERSON RECORD</b> with the new address <b>and to send a note to the CD nurse or call the appropriate county</b> of the person’s residence in order to for the CD nurse to start tracking.</p> <p>This is especially important for counties with cross-jurisdictional agreements. Bottom line is that the county associated with the person is responsible for following up with cases of childbearing age.</p> |
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If you want to see all hepatitis cases click on the “all Counties” check box in your user settings in order to see all the hepatitis cases.

The screenshot shows a user settings interface with a navigation bar at the top containing 'Basics', 'Security', 'Defaults', 'Report', and 'More'. The 'Defaults' tab is selected and highlighted with a red box. Below the navigation bar, there are sections for 'Case List' (set to 'Standard List') and 'Search Method' (set to 'Basic'). The 'Main Menu Filter Defaults' section contains a grid of checkboxes for various diseases and conditions. At the bottom, there are filter options for 'by Epi' and 'by Disease'. The 'All Counties' checkbox under the 'by Disease' section is highlighted with a red box and a red arrow points to it.

| Main Menu Filter Defaults |   |   |
|---------------------------|---|---|
| Disease                   | <input checked="" type="checkbox"/> Enteric             | <input checked="" type="checkbox"/> CJD |
|                           | <input checked="" type="checkbox"/> Hepatitis           | <input type="checkbox"/> Animal         |
|                           | <input checked="" type="checkbox"/> Vaccine-preventable | <input type="checkbox"/> STD            |
|                           | <input checked="" type="checkbox"/> Pertussis           | <input type="checkbox"/> Syphilis       |
|                           | <input checked="" type="checkbox"/> Vector-borne        | <input type="checkbox"/> HIV            |
|                           | <input type="checkbox"/> Misc CD                        | <input type="checkbox"/> TB             |
|                           | <input type="checkbox"/> CIN                            | <input type="checkbox"/> LTBI           |

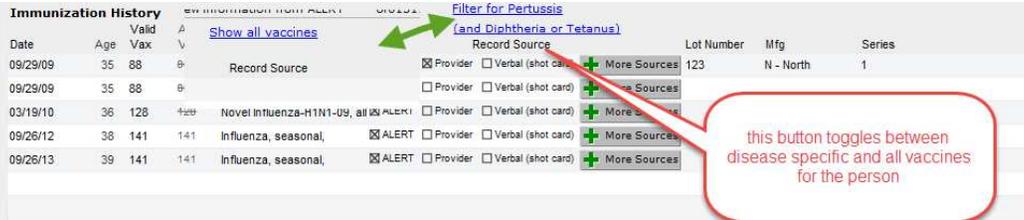
  

| by Epi       |                          | by Disease   |                                     |
|--------------|--------------------------|--------------|-------------------------------------|
| Chronic Hep  | <input type="checkbox"/> | All Epis     | <input checked="" type="checkbox"/> |
| Limit to C&P | <input type="checkbox"/> | All Active   | <input checked="" type="checkbox"/> |
| Days         | 5                        | All Counties | <input checked="" type="checkbox"/> |
|              |                          | Hide Animals | <input type="checkbox"/>            |

Kathleen Rees is the new chronic hepatitis B epi at the state.  
Tasha Poissant is monitors all acute hepatitises and Chronic Hep C

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| <p>4.</p> | <p><b>Plasma Centers and Hepatitis labs - Biomat lab issues– Maureen</b></p> <p>Biomat has 2 sites in Texas, and they perform testing for Talecris plasma centers. Biomat and Talecris are owned by Grifols, which apparently has a standard operating procedure that says public health reporting should only occur after confirmatory hepatitis C testing has been completed, or if the NAAT is positive for hepatitis B.</p> <p>Maureen has asked them to clarify their policies internally and to send her an updated policy in writing.</p> | <p>Maureen to receive an updated policy from Grifols Lab and share what she learns</p> |
| <p>5.</p> | <p><b>Lions Vision Gift testing– Maureen</b></p> <p>Surface antigen testing is done for screening. We’ve asked for confirmatory testing, and if confirmed, to report the HBsAg.</p>  | <p>Maureen to receive an updated policy from Lions Vision Gift.</p>                    |
| <p>6.</p> | <p><b>Alert query feedback– June</b></p> <p><b>Clackamas</b> – All records are pulled instead of disease-specific vaccine data. Is there a way to filter? Yes.</p>  <p>The Alert feature was specifically designed to bring in the entire vaccine history; however, it can be filtered for just the disease in question within Orpheus (see above screen shot).</p>   |  |

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Alert brings in duplicates if other sources of information are checked, i.e., verbal or provider. If only the Alert box is checked, it will overwrite. Records can be deleted by clicking on the x to the far right of the record, or by clicking the Delete All button.

| Date     | Age | Vax | Vaccine Name (exported)   | Record Source | Lot Number | Mfg       | Series |
|----------|-----|-----|---------------------------|---------------|------------|-----------|--------|
| 09/29/09 | 35  | 88  | influenza, unspecified    | Alert         | 123        | N - North | 1      |
| 09/29/09 | 35  | 88  | influenza, unspecified    | Provider      |            |           |        |
| 03/19/10 | 36  | 128 | HepatitisA/HepB/HepC/HepE | Alert         |            |           |        |
| 05/06/12 | 38  | 141 | influenza, seasonal       | Alert         |            |           |        |
| 09/06/13 | 39  | 141 | influenza, seasonal       | Alert         |            |           |        |

Can contacts, say, for hepatitis B, be queried? Not at this time.

Multnomah County has only used it for contacts, which seems to be work about 50% of the time.

Michelle to continue developing more functional interface for querying contacts.

State to develop more sophisticated queries with regard to handling multiple matches.

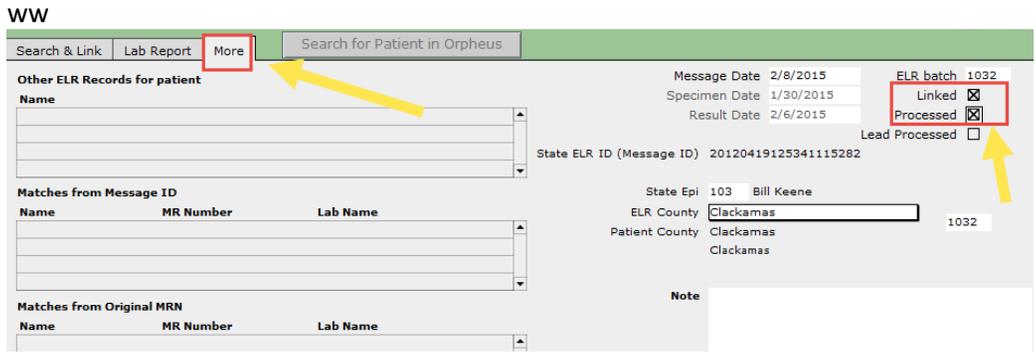
## 7. ELRs not linking when processing ELRs, especially when creating new person along with new case— June

We've received numerous reports about ELRs not properly linking to the case record on case creation, specifically when a new person is created in conjunction with the case, even though a linkage is indicated in Orpheus. The current workaround is to go to the More Tab of the ELR record and uncheck the Processed and Linked checkboxes and then to re-link. You can easily get to the case by navigating to the Recent Tab on your home page.

Michelle to investigate cause of this problem.

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|           |  <p>WW</p> <p>Search &amp; Link Lab Report <b>More</b> Search for Patient in Orpheus</p> <p>Other ELR Records for patient</p> <p>Name</p> <p>Message Date 2/8/2015 ELR batch 1032<br/>Specimen Date 1/30/2015 Linked <input checked="" type="checkbox"/><br/>Result Date 2/6/2015 Processed <input checked="" type="checkbox"/><br/>Lead Processed <input type="checkbox"/></p> <p>State ELR ID (Message ID) 20120419125341115282</p> <p>State Epi 103 Bill Keene<br/>ELR County Clackamas 1032<br/>Patient County Clackamas<br/>Clackamas</p> <p>Note</p> <p>Matches from Message ID</p> <table border="1"> <thead> <tr> <th>Name</th> <th>MR Number</th> <th>Lab Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Matches from Original MRN</p> <table border="1"> <thead> <tr> <th>Name</th> <th>MR Number</th> <th>Lab Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Name   | MR Number | Lab Name |  |  |  |  |  |  |  |  |  | Name | MR Number | Lab Name |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|-----------|----------|--|--|--|--|--|--|--|--|--|------|-----------|----------|--|--|--|--|--|--|--|--|--|--|
| Name      | MR Number  | Lab Name   |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
|           |  |  |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
|           |  |  |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
|           |  |  |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
| Name      | MR Number  | Lab Name   |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
|           |  |  |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
|           |  |  |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
|           |  |  |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
| <p>8.</p> | <p><b>Duplicates in HIV ELR lab table – Michelle</b><br/>There have been a few glitches associated with processing HIV ELRs, which results in a non-intelligible error dialog box.</p>   | <p>Counties to contact tech team if getting this error.</p>  |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |
| <p>9.</p> | <p><b>Contact transfers feedback – June</b><br/>They seem to be lessening, but June recently experienced an issue with transferring a giardia case.<br/><br/>Old ones haven't been removed from the list.<br/><br/>Contacts disappear when accepting them with no way to find them in Orpheus. This apparently has been fixed in that the contacts are supposed to appear on your Recent Tab and on your To Do list. If the contact is not showing up on either the Recent Tab or To Do list, you can search specifically for the contact by clicking on the search contact button:w</p>   | <p>Counties to notify state tech team to have old (e.g., from last February) contacts removed from their list.</p> |           |          |  |  |  |  |  |  |  |  |  |      |           |          |  |  |  |  |  |  |  |  |  |  |

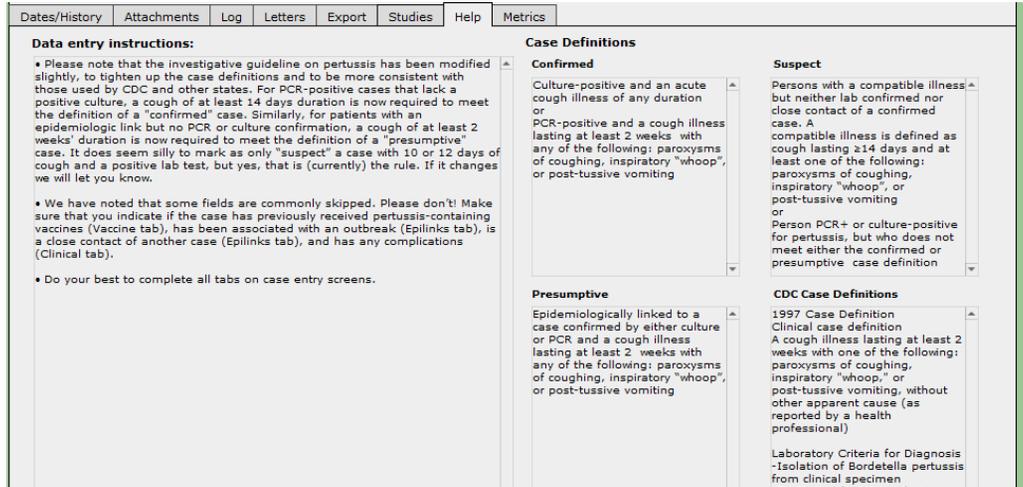
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|           |  <p>The screenshot shows a software interface with a green background. At the top, there is a '+ New Case Investigation' button. Below it are 'Reports' and 'Exports' buttons. A search bar is present. The main menu includes 'Cases' (with sub-items 'Cases (Identified)' and 'Cases (de-identified)'), 'People', 'Contacts', 'Pregnancies', 'Transfers' (highlighted with a red rectangle), and 'ELR (CD, STD, TB)'. Below the menu is a 'List' section with 'Providers' and 'Orpheus Users'. At the bottom, there are buttons for 'My Settings', 'D.U.D.E.', 'v:/', 'Lead', and 'Log Out', along with a profile picture and navigation arrows.</p> |  |
| <p>10</p> | <p><b>Tip of the Month – Michelle</b></p> <p>A  appears near many diseases on the Basics Tab, e.g., Pertussis. Clicking on it unveils a bunch of useful information for investigating the disease. This is especially helpful for diseases that don't have an investigative guideline, e.g., dengue fever.</p>  |  |

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|    |  <p><b>Data entry instructions:</b></p> <ul style="list-style-type: none"> <li>Please note that the investigative guideline on pertussis has been modified slightly, to tighten up the case definitions and to be more consistent with those used by CDC and other states. For PCR-positive cases that lack a positive culture, a cough of at least 14 days duration is now required to meet the definition of a "confirmed" case. Similarly, for patients with an epidemiologic link but no PCR or culture confirmation, a cough of at least 2 weeks' duration is now required to meet the definition of a "presumptive" case. It does seem silly to mark as only "suspect" a case with 10 or 12 days of cough and a positive lab test, but yes, that is (currently) the rule. If it changes we will let you know.</li> <li>We have noted that some fields are commonly skipped. Please don't! Make sure that you indicate if the case has previously received pertussis-containing vaccines (Vaccine tab), has been associated with an outbreak (Eplinks tab), is a close contact of another case (Eplinks tab), and has any complications (Clinical tab).</li> <li>Do your best to complete all tabs on case entry screens.</li> </ul> <p><b>Case Definitions</b></p> <p><b>Confirmed</b></p> <p>Culture-positive and an acute cough illness of any duration or<br/>   PCR-positive and a cough illness lasting at least 2 weeks with any of the following: paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting</p> <p><b>Suspect</b></p> <p>Persons with a compatible illness but neither lab confirmed nor close contact of a confirmed case. A compatible illness is defined as cough lasting ≥14 days and at least one of the following: paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting or<br/>   Person PCR+ or culture-positive for pertussis, but who does not meet either the confirmed or presumptive case definition</p> <p><b>Presumptive</b></p> <p>Epidemiologically linked to a case confirmed by either culture or PCR and a cough illness lasting at least 2 weeks with any of the following: paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting</p> <p><b>CDC Case Definitions</b></p> <p>1997 Case Definition<br/>   Clinical case definition<br/>   A cough illness lasting at least 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting, without other apparent cause (as reported by a health professional)</p> <p>Laboratory Criteria for Diagnosis<br/>   -Isolation of <i>Bordetella pertussis</i> from clinical specimen</p> |   |
| 11 | <p><b>Upcoming training webinars/other training needs– June</b></p> <p>Hillary will be presenting on Outbreaks on Wednesday, November 4<sup>th</sup>, at 10:30.</p> <p>New User training was suggested.</p> <p>June is arranging a Napoli training.</p> <p>Reporting training was suggested.</p>  | <p>Counties to contact June for training suggestions.</p> |

**Future Meetings: 2<sup>nd</sup> Thursdays @ 1:30 PM**  
 November 12<sup>th</sup>, 2015  
 December 10<sup>th</sup>, 2015