PREVENT

Project PREVENT

Medical Records Abstraction Training

Wednesday, December 30, 2020

11am PT/1pm CST/2pm ET

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University of Iowa Hospitals and Clinics, Department of Emergency Medicine

Data Coordinating Center (DCC) Team Member

Zoom Meeting https://us02web.zoom.us/j/84835284363?pwd=WlZwU3JpaTFkVHVQampxaXNkWFFHdz09

Meeting ID: 848 3528 4363

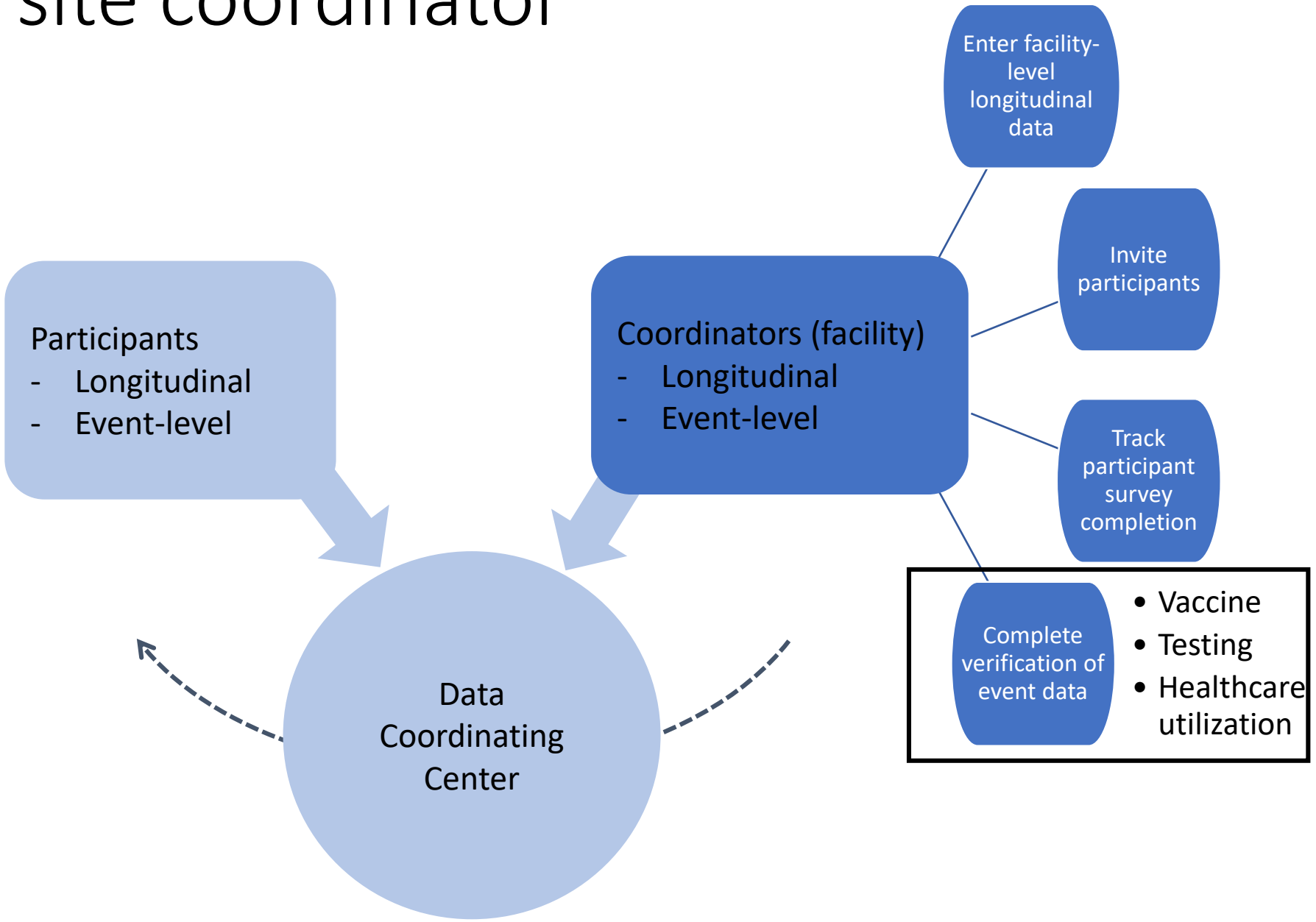
Passcode: 976099

please mute when not speaking

Agenda

- General information/Role of Coordinator
- Release of Information (ROI) Forms
- Requesting Medical Records
- Testing Verification
- Vaccine Verification
- Healthcare Utilization
- Abstraction Quiz
- Data Validation

Role of site coordinator

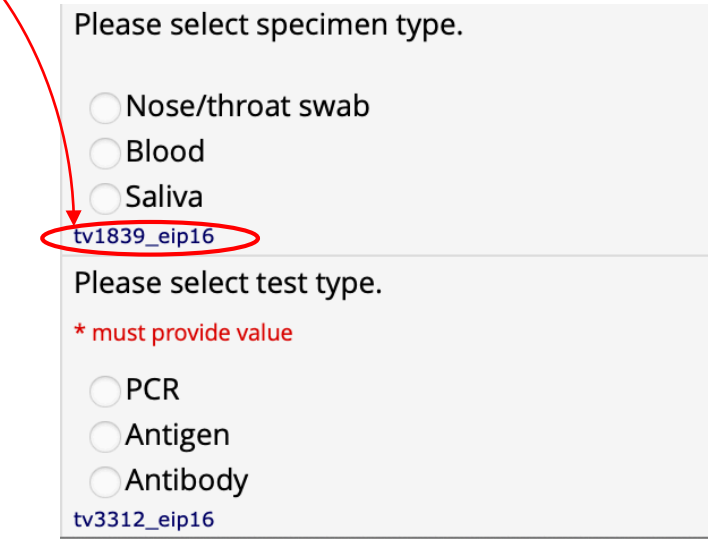


General Information

- The MOP has information for each survey question to guide you
- Each survey question has an alphanumerical identifier. Use this identifier to reference questions if you need assistance
  - Below survey answer options on the forms
  - It is in the MOP next to the instructions.
    - Tip: Use the search function (ctrl + F) to search any document

provider.

COVID-19 or SARS-CoV-2 TEST		
tv1839_eip16	COVID test, specimen type	Select the appropriate response if information is available.
tv3312_eip16	COVID test type	**Required.** Select the appropriate response.
tv1294_eip16	[if PCR] Test type specifics	Select appropriate response from dropdown if information is available. Select "other" if the PCR test manufacturer is not listed or is unknown. You will enter the information manually on the next question.
tv3087	[if PCR] Test type listed as other	Free text the PCR manufacturer if information available or enter "unknown".
tv3024_eip16	[if Antigen] Test type specifics	**Required.** Select appropriate response from dropdown if information is available. Select "other" if the antigen manufacturer is not listed or is unknown. You will enter the information manually on the next question.
tv4785	[if antigen] Test type	Free text the antigen manufacturer if information



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When do records need to be requested?

- Records will need to be requested from all facilities at which the participant reported encounters within the timeframe of interest (14 days prior to symptom onset to 14 days after symptom onset).
  - May include other hospitals, private practice clinics, urgent care clinics, COVID-19 testing sites, etc.
  - Team member responsible for contacting the facility to initiate the request of records

- Records need to be requested if a participant did not already upload documentation (i.e. test results or vaccine record) and the following do not apply:
  - Records are not available from employee health for bulk download
  - Vaccination records not available on vaccine registry; or
  - Participant did not receive care (including testing or vaccine administration) at the institution of employment*

    *depending on institutional policies regarding review of employees on local EMR

Confirm ROI completed for each site where participant was tested or received care

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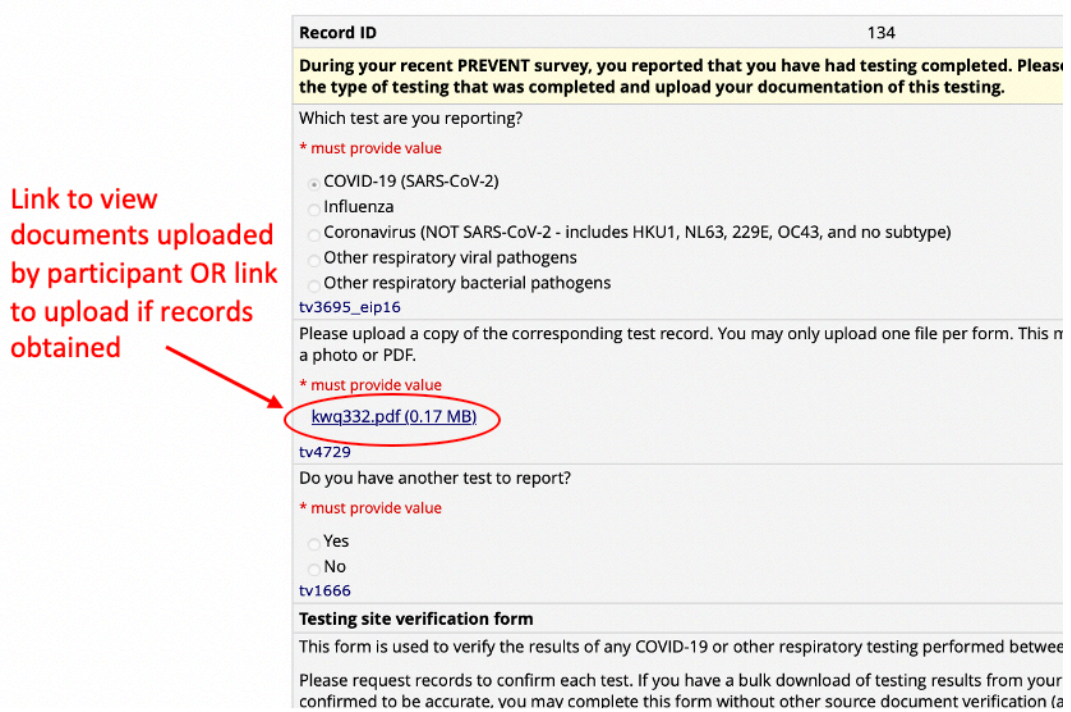
What if participant reports a healthcare visit that is excluded?

- Includes:
  - mental health clinic appointments or admissions
  - telehealth visits
  - scheduled outpatient clinic visits for symptoms NOT related to their current illness
- Survey has an option for visits that do not meet criteria for review and verification. In this situation, select no

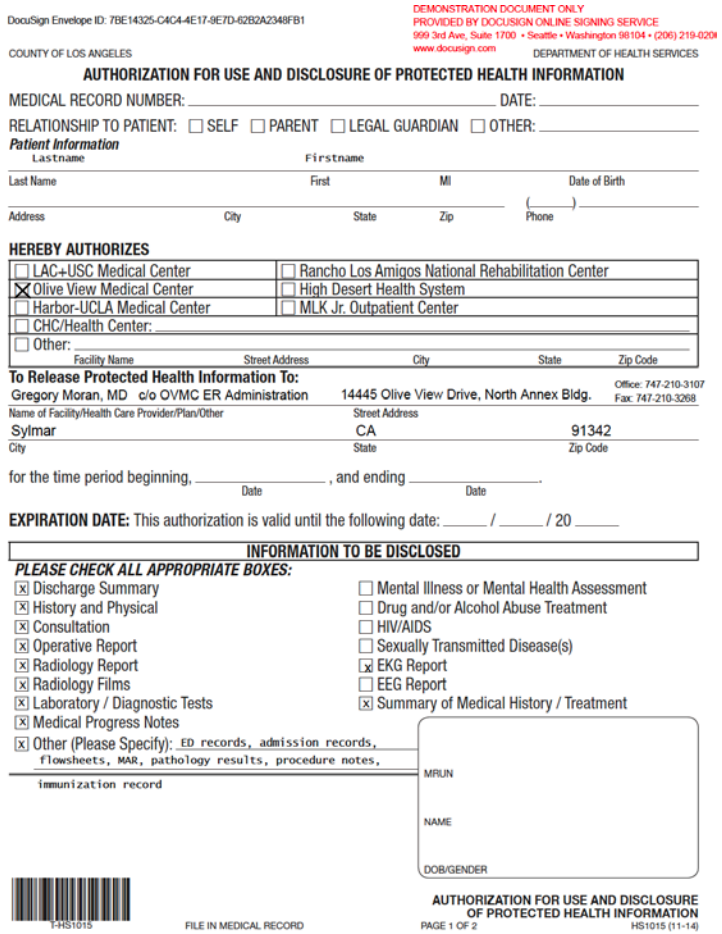
Viewing and Uploading Medical Records to RedCap

- Within the healthcare utilization, vaccine and testing verification forms, under the 'Site verification form' heading there is a place to upload any necessary documentation.
  - To upload files
    - Click 'Upload file'
    - Click 'Choose file'
    - Go to location on computer/server where medical record documentation is stored and select file
    - Click on 'Upload file'



Release of Information (ROI) Forms

- Each participant will electronically sign a release of information (ROI) form for each facility they report receiving testing, vaccine administration or any health care from 14 days prior to onset of symptoms through 14 days after onset of symptoms
- The signed ROI is automatically uploaded into DocuSign
- ROIs have already been filled out to request all of the records needed



DocuSign Envelope ID: 7BE14325-C4C4-4E17-9E7D-62B2A2348FB1

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

COUNTY OF LOS ANGELES — DEPARTMENT OF HEALTH SERVICES

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

MEDICAL RECORD NUMBER: _____ DATE: _____

RELATIONSHIP TO PATIENT: ☐ SELF ☐ PARENT ☐ LEGAL GUARDIAN ☐ OTHER: _____

Patient Information

Lastname Firstname

Last Name | First | MI | Date of Birth

Address | City | State | Zip | ( ) Phone

HEREBY AUTHORIZES

☐ LAC+USC Medical Center	☐ Rancho Los Amigos National Rehabilitation Center
☒ Olive View Medical Center	☐ High Desert Health System
☐ Harbor-UCLA Medical Center	☐ MLK Jr. Outpatient Center
☐ CHC/Health Center:	
☐ Other:	

Facility Name | Street Address | City | State | Zip Code

To Release Protected Health Information To:

Gregory Moran, MD c/o OVMC ER Administration | 14445 Olive View Drive, North Annex Bldg. | Office: 747-210-3107 Fax: 747-210-3268

Name of Facility/Health Care Provider/Plan/Other | Street Address

Sylmar | CA | 91342

City | State | Zip Code

for the time period beginning, _____ (Date), and ending _____ (Date).

EXPIRATION DATE: This authorization is valid until the following date: ____ / ____ / 20 ____

INFORMATION TO BE DISCLOSED

PLEASE CHECK ALL APPROPRIATE BOXES:

☒ Discharge Summary	☐ Mental Illness or Mental Health Assessment
☒ History and Physical	☐ Drug and/or Alcohol Abuse Treatment
☒ Consultation	☐ HIV/AIDS
☒ Operative Report	☐ Sexually Transmitted Disease(s)
☒ Radiology Report	☒ EKG Report
☒ Radiology Films	☐ EEG Report
☒ Laboratory / Diagnostic Tests	☒ Summary of Medical History / Treatment
☒ Medical Progress Notes	

☒ Other (Please Specify): ED records, admission records, flowsheets, MAR, pathology results, procedure notes, immunization record

MRUN

NAME

DOB/GENDER

T-HS1015

FILE IN MEDICAL RECORD

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

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Accessing ROIs from DocuSign

Medical records to request

Release of information forms that need medical records requested

Search

Table not displaying properly

Record ID record_id	Event Name redcap_event_name	Repeat Instrument redcap_repeat_instrument	Repeat Instance redcap_repeat_instance	Date ROI sent to participant via DocuSign roi_sent_date	DocuSign Open Date roi_opened_date	DocuSign Finished Date roi_finished_date	DocuSign Last Status docusign_last_status	Docusign Envelope ID docusign_envelope_id	Provider provider	Event Type event_type	Release Form signed_releaseform
201 Jones	Baseline (Arm 1: Participant Arm)	Medical Record Release Form	1	12-08-2020 09:43:00	12-09-2020 09:43:00	12-10-2020 09:43:00	complete				PREVENT_LOGOS_Final.

Click here to download signed ROI

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Process for Requesting Medical Records

Obtain ROI

- Access via DocuSign
- Confirm ROI was signed by participant and is for facility of interest
- Note: ROI forms were previously reviewed and should already indicate the desired records to be obtained

Contact Medical Records Office

Hospital records (including ED visits and admissions)

- The medical records office at the hospital should be contacted during business hours

Clinic/Private practice visits

- Team member should contact the clinic directly and request to be transferred to appropriate contact for medical records

Upload Documents into REDCap

- All obtained records will need to be uploaded to REDCap.
- See specific instructions within each section (test results, vaccine verification, health care encounters) for a link to upload the documentation to the correct verification form.

Note: The facility website often contains contact information for requesting medical records.

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Requesting Medical Records Continued

- Documents requested from other facilities are typically transmitted via fax, secure e-mail or mail
  - Each site is responsible for creating own system
  - Recommend creating system for both fax and e-mail transmission options
  - Remember these records contain PHI and MUST be kept secure and confidential at all times
  - Tips:
    - To send a confidential email, click on the settings or find “message options” on a new e-mail. Your local IT should be able to assist you if needed.
    - Print several confidential fax cover sheets that already include the return fax number.

- Anticipate it taking at least 1-3+ business days for facilities to send records.
- If facility is requesting a fee for copy of medical records, submit the CDC general letter (will be available on web site) to encourage release for public health surveillance
  - CDC letter will be on the project website or you can contact us

- If your facility uses Electronic Information Exchanges (like CareEverywhere), follow institutional policies regarding access of those records

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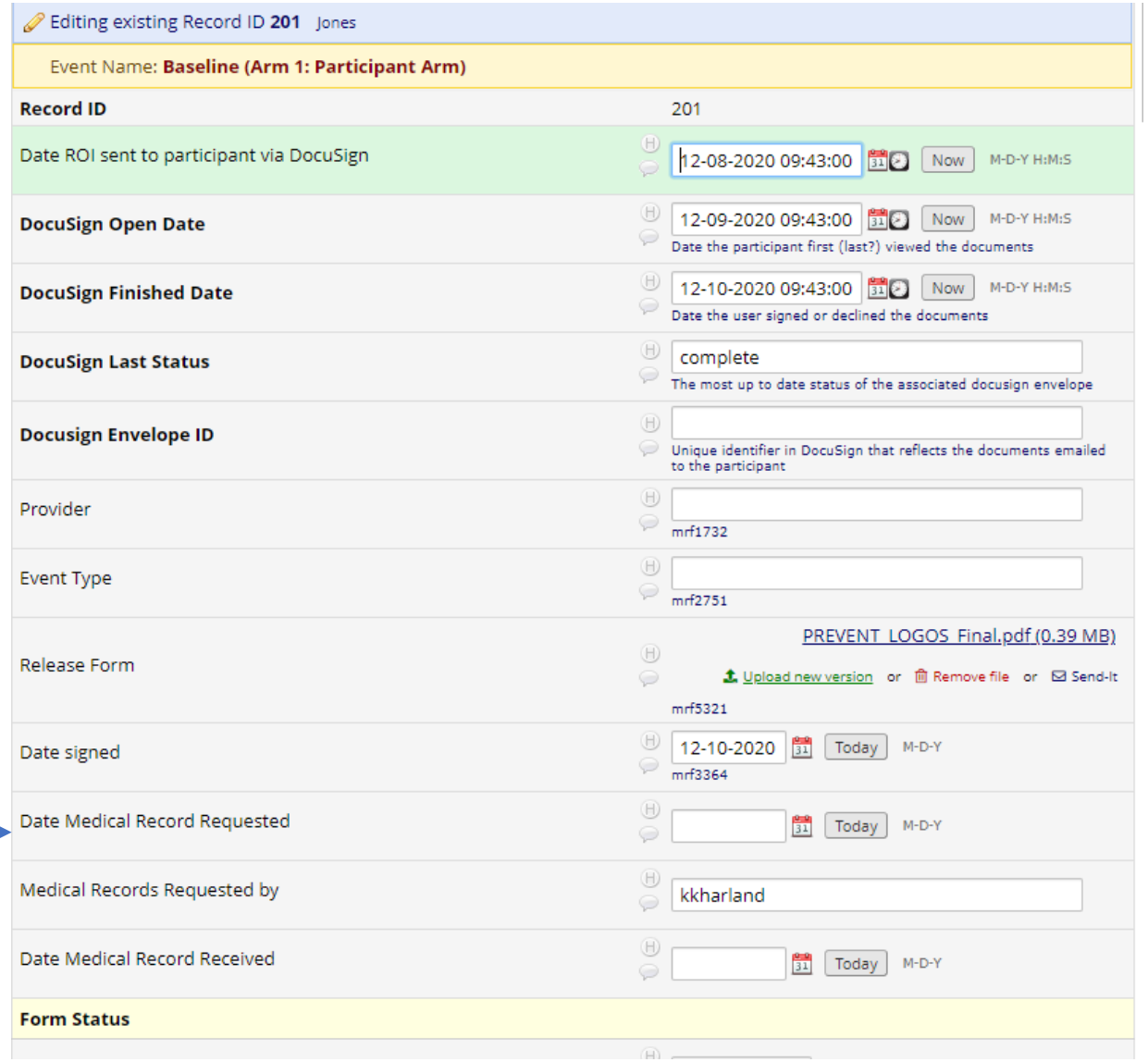
Documenting Medical Records have been requested



Enter the date the records were requested to document the request

Documenting the requested date moves the medical records from the ‘Medical records to request’ to the ‘Medical records requested but not received’ report.

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Where is the information to be verified coming from?

Bulk Documents

- Records need to be reviewed and confirmed by the coordinator.
- The entire report does not need to be uploaded into REDCap, but should be kept available at the local site.

Requested Documents

- Documentation submitted from facility via fax, secure e-mail, mail, etc.
- All documentation that contains protected health information (PHI) must be kept confidential and secure at every stage.
- Paper copies will be discarded in the appropriate manner already established at each site for documents containing HPI.

Local EMR*

- Use local EMR if the participant sought care at the institution they are employed at and team members have access into their local electronic medical record (EMR) system (i.e., EPIC).
- Team members will access the participants records via the EMR after confirming participant completed ROI documentation.
- After verification that ROI is signed, document the “requested date.”

*depending on institutional policies

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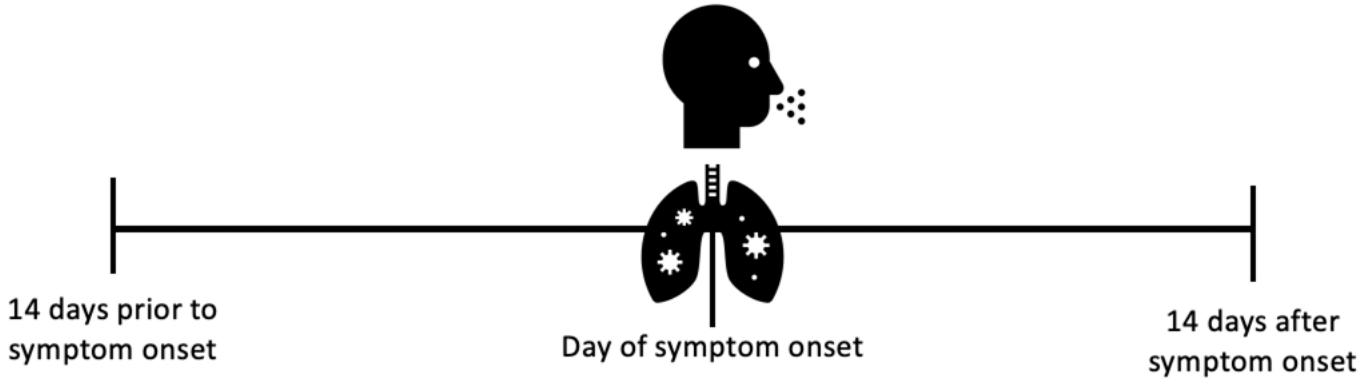
Verify and Attest to all Testing Records



Records to query:

1) Medical record of the occupational health/employee health or health system (may include a dataset with a bulk reporting of COVID-19 test results)

2) Medical record of the primary care physician or another testing center

3) Participant-submitted photograph of test result or official test result report (screenshot or PDF file with test result).

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Tests To Be Verified

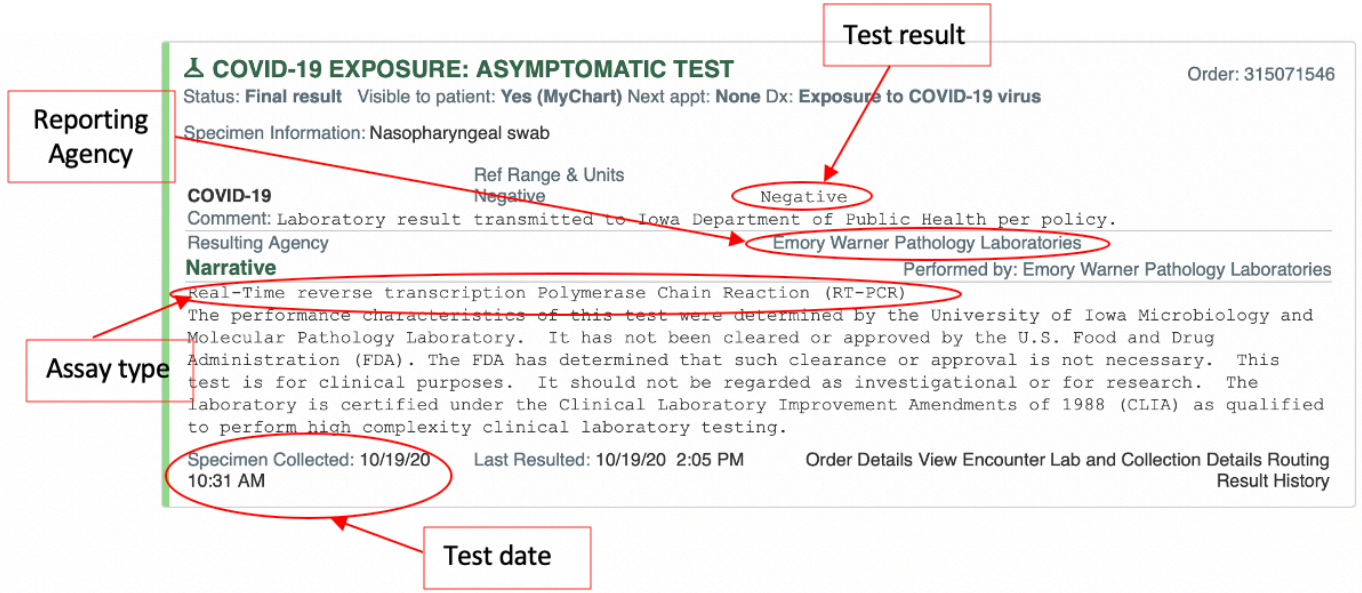
Test results that need to be reviewed include :

- SARS-CoV-2 or “COVID-19”
- Influenza
- Epstein Barr Virus (also listed as “EBV”, “mono”, and “monospot”)
- Strep (also listed as “rapid strep” or “RST”) – include results of rapid test and strep culture if available
- Respiratory pathogen panel (RPP)
- Urine antigen test for Streptococcus pneumoniae or Legionella pneumophila
- Sputum culture for bacteria such as Staphylococcus aureus, Streptococcus pneumoniae, or Legionella pneumophila
- Bronchoalveolar lavage (BAL)

Verification of Source Documents from Participant – Test results

For participants with source documents that provide verification, those documents must include ALL of the following (section 5.7.2 of MOP)

1) be provided as an official result from a health care provider, employee health clinic, or testing center
2) include a definitive identifier that links it with the project participant
3) show the date of the test
4) confirm identifying information about the organization or agency reporting the test
5) show the type of assay performed (e.g., RT-PCR)
6) must definitively report the test result.



Testing Verification

Component	Your Value	Standard Range
Coronavirus Covid-19	**Not Detected**	*Not Detected*

This analyte was evaluated using a PCR-based methodology.
A negative result does not rule out COVID-19 and therefore should not result in removing isolation precautions without careful clinical review for any symptoms or prior exposures.

The Alinity m SARS-CoV-2 assay is a real-time reverse transcription polymerase chain reaction (rRT-PCR) test intended for the qualitative detection of nucleic acid from the SARS-CoV-2. A negative RT-PCR result does not preclude infection with COVID-19 SARSCoV-2 virus and such a result should not be used as sole basis for treatment and management decisions. This test has been authorized only for the detection of SARSCoV-2. The new in-house test was developed and its performance characteristics determined by the NMH DMB Laboratory. This test has not been cleared or approved by the FDA. This test has been authorized by the FDA as an Emergency Use Authorization (EUA), pursuant to Section 564 (b) (1) of the Federal Food, Drug, and Cosmetic Act (21 U.S
.C. §360bbb-3(b)(1)). This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner. The performance characteristics of nasopharyngeal and bronchial alveolar lavage, have been validated by the Northwestern Medicine Pathology Department. The reference intervals and other method performances for other body fluids may have not been established and any result must be integrated into the clinical context for interpretation.

- Key items to identify:
  - Pathogen being tested
  - Type of assay
  - Result of test
  - Test date
  - Agency reporting test

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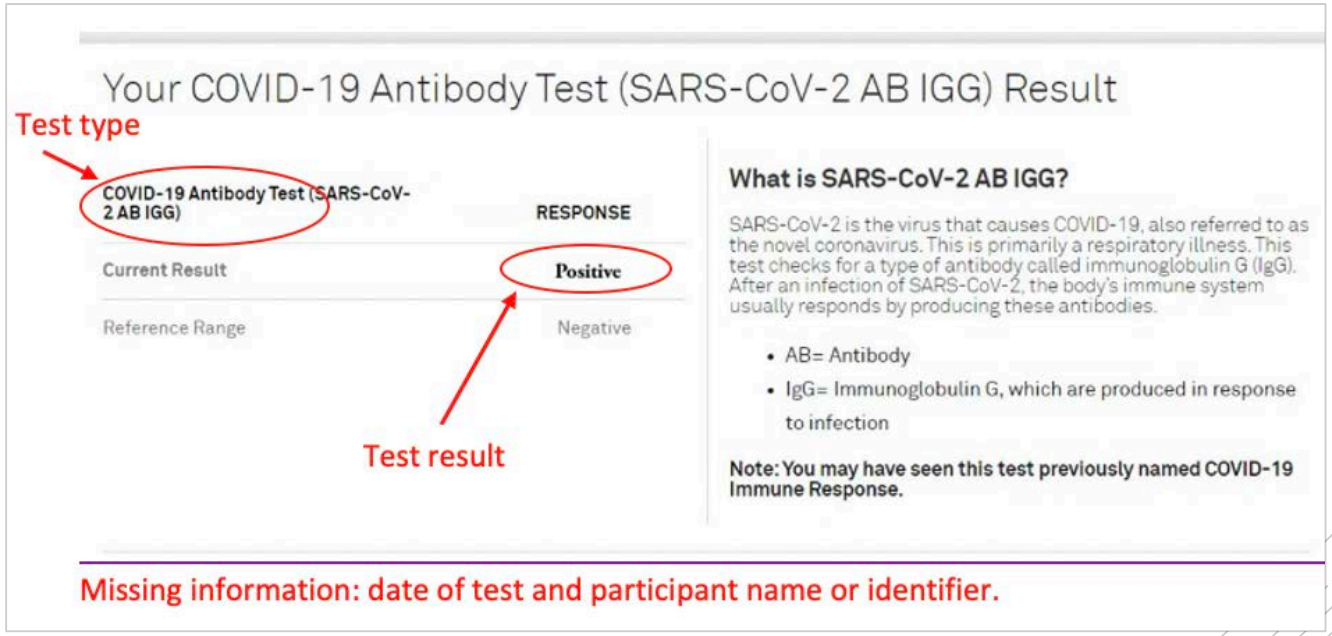
What if test results provided by participant are missing required information?

- Contact the participant first and ask that they submit a new document with the additional required components
- If participant is unable to provide required documentation and you are unable to find it in the medical records, please contact the DCC for guidance



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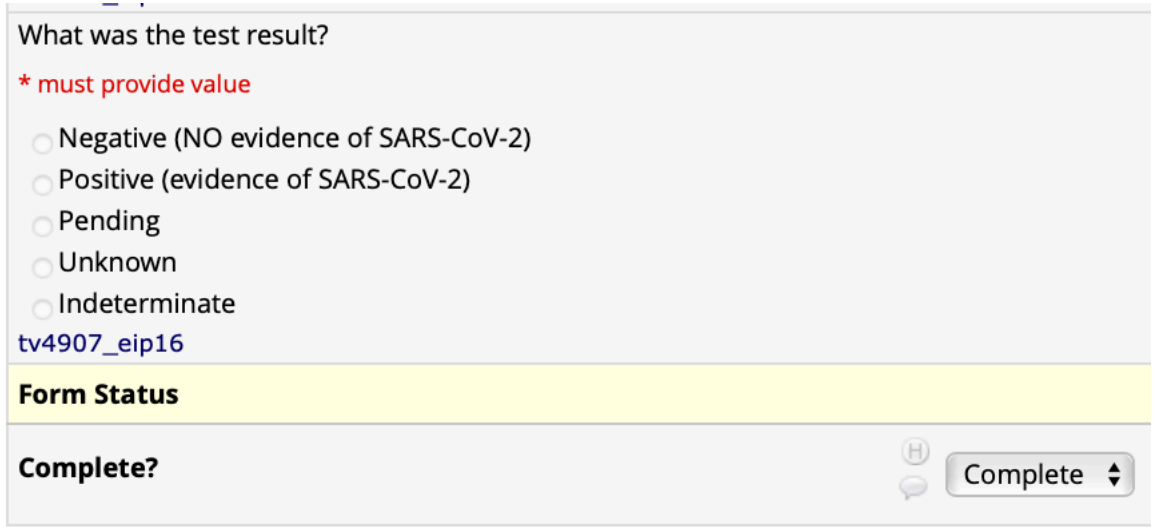
What if test results are “pending”?

- Pending results can not be verified
- You will need to contact the facility and request updated medical records/test results
- On form status, select “incomplete” → change to complete once updated results are uploaded



Vaccination Records

We want to capture all of the following vaccinations:

1. COVID-19 vaccinations (all doses)
2. Influenza vaccinations (all doses after 09/01/2020)

Query the following sources (for ALL participants, even if they don't report receiving a vaccine):

- Employee health/occupational health clinic
- Institutional vaccination records
- State vaccine administration system registry (ISS)/VAMS
- Participant provided clinical trial letters documenting trial arm allocation
- Any self-identified health care providers, clinics, or hospitals that the participant recalls providing vaccination
- Any self-identified health care providers, clinics, or hospitals that provided care during the study period

Section 5.7.3 of the MOP provides information regarding vaccination verifications and requirements.

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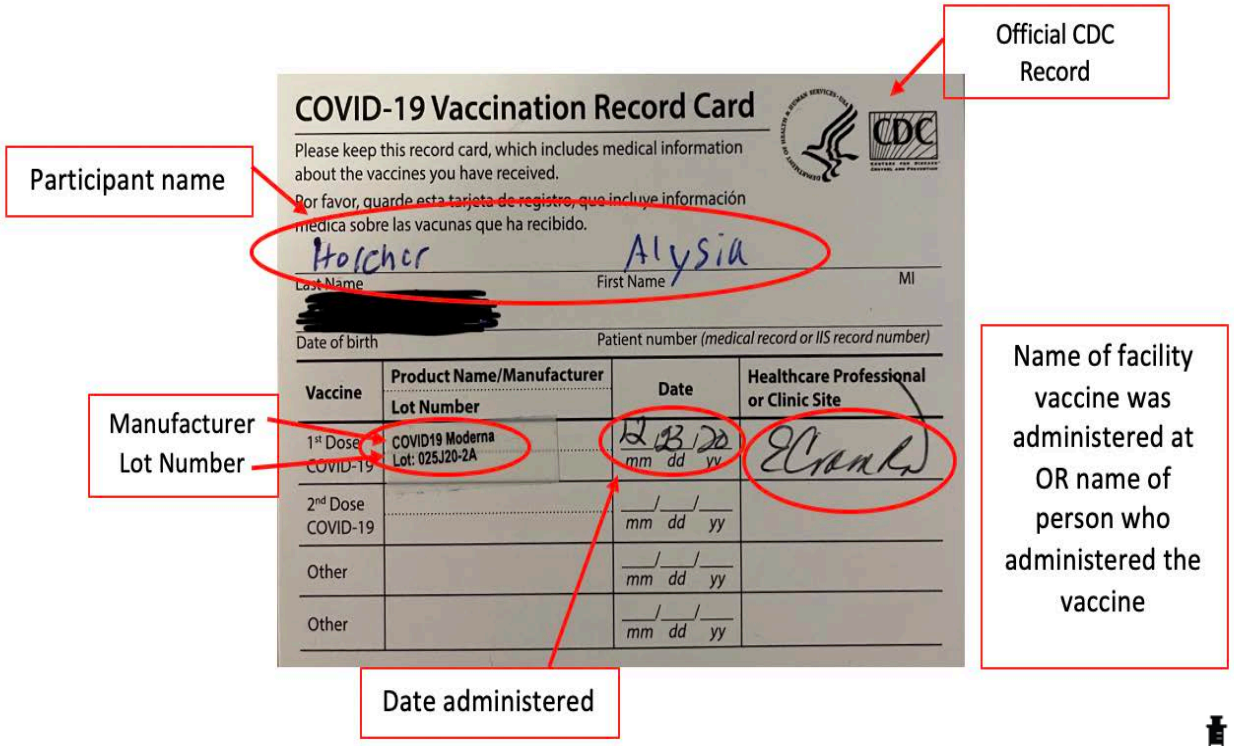
Vaccine Verification

Verify vaccine data:

- Date administered
- Vaccine type (COVID-19 vs flu)
- Manufacturer
- Lot number (optional for flu)
- Dose number
- Identifier to participant

Recall a different survey verification form needs to be completed for each dose.



What if I am unable to verify vaccine administration?

- Contact the participant to:
  - Confirm that their baseline survey response was correct
  - Confirm where the vaccination occurred

- If participant was in a vaccine trial, request documentation on trial arm allocation.

Reminder to check vaccine registry and employee health records on ALL participants to confirm we are not missing unreported vaccine administrations

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Medical records need to be verified for the following health care encounters:

- Inpatient acute care hospitalization (for any cause) from 14 days prior to the onset of symptoms through 14 days after the onset of symptoms
- Emergency department visit (for any cause)
- Unscheduled non-emergency episodic outpatient care visit (urgent care, walk-in clinic, etc.)
- Outpatient clinic appointment (only in relation to current or recent symptoms of infection)

Visits and admissions for mental health care and telehealth appointments are excluded.

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Records to Request and Review

Request and review all of the following components of the health care record if they are available:

- Clinic notes
- Emergency Department (ED) visit record
- Hospital admission notes (H&P, progress notes, consultation notes, procedure notes, discharge summary, operative reports)
- Radiology reports (xray, CT, MRI, VQ scan, ultrasound).
    - Note: copies of the actual images are not needed.
- Lab results/reports (including microbiology, cultures, pathology)
- Vitals signs
- Vaccination records
- Medication lists
- Problem list (patient summary list)

General Format of Healthcare Notes

H&P/Admission Note, ED note

- History of Present Illness (HPI)
  - Paragraph(s) describing course of illness thus far and why patient presented to hospital
  - May include info regarding transfer
- Review of systems (ROS)
- History
  - Past medical history and current medications should be here
- Exam, vitals (initial set)
- Important data results (abnormal labs, abnormal imaging results, etc)
- Medications given
- Plan or ED Course
  - ED course - description of what happened in the ED (ie if patient was intubated, where they were admitted floor vs ICU)
  - Plan – system by system plan

Progress Note (also called SOAP notes)

- Subjective - Important events in last 24 hours
- Objective - Physical exam, recent vitals
- Assessment – review of new tests/imaging
- Plan – generally broken into system (ie cardiovascular, respiratory, etc).
  - Respiratory should include information regarding oxygen need

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Where do I find … in the medical record?

- Vitals (pulse, temperature, blood pressure, oxygen saturation)
  - Daily progress notes in the objective section with physical exam
  - Nursing notes, vitals flowsheets
- If supplemental oxygen was used/patient was intubated
  - ICU progress note plan (under respiratory system)
  - Nursing notes, vitals flowsheets
- If vasopressors were used
  - ICU progress note plan (listed under drips)
  - Medication Administration Record (MAR)
- Imaging results
  - Radiology reports
  - Daily progress notes
- Past medical history
  - In ED note, admission note or clinic note in the HPI component
  - Listed under active problems or history
- Admission date
  - Date admission H&P written
  - Listed at the beginning of discharge summary
- If transferred
  - ED note HPI or admission note

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How do I know how to categorize the past medical history? (mv1871_eip37)

- Please refer to the MOP section 6.3 when answering this question
  - Link on project webpage for document containing just the instructions for this question
- Definitions/categories have been created by the CDC to maintain uniform responses across all sites
- There is a category inquiring if participant is on medications causing immune suppression. Search the participant's medications in Appendix E
  - Select yes IF participant's medication or chemotherapy is included in the tables

Appendix E. List of common chemotherapeutics and other immunosuppressant medications

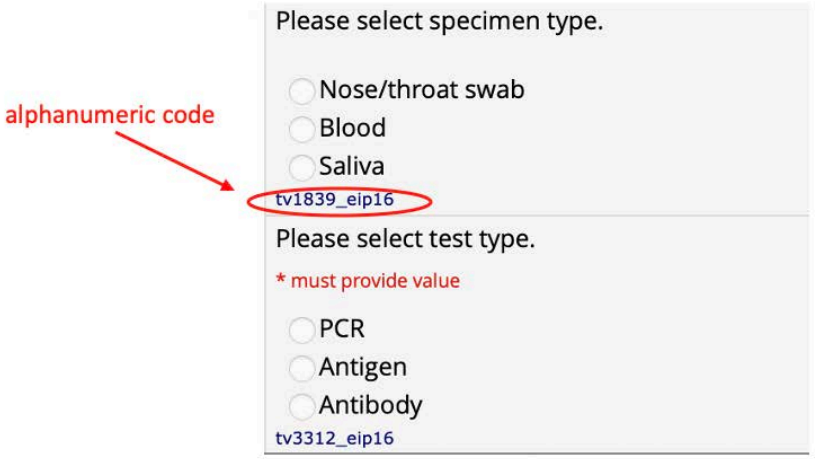
Table 1. Common immunosuppressants

GENERIC NAME	TRADE NAME
5-FLUOROURACIL (5-FU, FLUOROURACIL)	EFUDEX, FLUOROPLEX, CARAC, ADRUCIL
6-MERCAPTOPURINE (6-MP, MERCAPTOURINE)	PURINETHOL
ACTINOMYCIN-D (DACTINOMYCIN)	COSMEGEN
ADALIMUMAB	HUMIRA
AFATINIB	GIOTRIF
ALDESLEUKIN (INTERLEUKIN-2)	PROLEUKIN
ALEMTUZUMAB	CAMPATH

How do I report an issue with a survey item?

- Send an email to the DCC (EmergencyIDNet-PREVENT@uiowa.edu) with the following information:
  - Alphanumeric identifier
  - Record ID
  - Institution
  - Description of your question/concern

- Staff from the DCC will respond to you within 48 hours.



Verification of Abstracted Data

- DCC will review randomly selected records from each site each week to confirm adherence with MOP for data abstraction
- DCC will reach out via email to discuss if there is disagreement regarding the information
  - Please respond within 2 business days

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Abstraction Quiz

- You will be provided with a link to a Qualtrics survey that includes 15 questions regarding medical records abstraction
  - This is a great opportunity to start to familiarize yourself with the Manual of Procedures
- Who needs to complete the quiz?
  - Each team member who will be doing abstraction
  - Site coordinator
- Please have at least one team member complete the quiz within 7 days
- Your site will be released to do medical record abstraction after the quiz has been passed
- a team member from the DCC (Alysia Horcher) will contact you to discuss confusion on quiz questions if needed

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Abstraction Quiz

- To take the quiz, click on the following link or scan the QRS code

https://uiowa.qualtrics.com/jfe/form/SV_5aUP5BPkVHFR2BL

- Each site will also receive an email with the link

I look forward to working with all of you ☺

To contact the DCC, please send an email to EmergencyIDNet-PREVENT@uiowa.edu

My personal contact information if needed:

- email: alysia-horcher@uiowa.edu
- cell: (563) 590-8241

P.S. This is my dog, Ollie. He's a 1-year-old Labrador.

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