



PRISM User Manual

A Provider's Guide to the Use of the PRISM Data Management System

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OVERVIEW

This manual was constructed to give providers a tool within their clinics to help them navigate PRISM. This is for use for both existing and new users that may need extra help learning to navigate the system, or for those who just need a quick refresher on some of the tasks within PRISM.

PRISM allows The Wyoming Department of Health (WDH), providers, and disease intervention specialists (DIS) in the field to report and access vital patient health information that is necessary for effective disease surveillance and investigation. This gives DIS access to pertinent events and information and fulfills the requirement to report communicable diseases to the WDH.

This system was designed to have a single record representative of each individual within it. This record contains demographic and identifying information about that individual and is the foundation for all activities that relate to that individual. PRISM allows providers to link patients with partners, thus creating a better way to treat all people who may have been exposed to infection, allows for contact tracing, and supports outbreak investigations.

PRISM provides added layers of security and ensures confidentiality of patient data by encoding all information and requiring users to have a User ID and Password to access the system. PRISM also logs all changes and access events made by users.

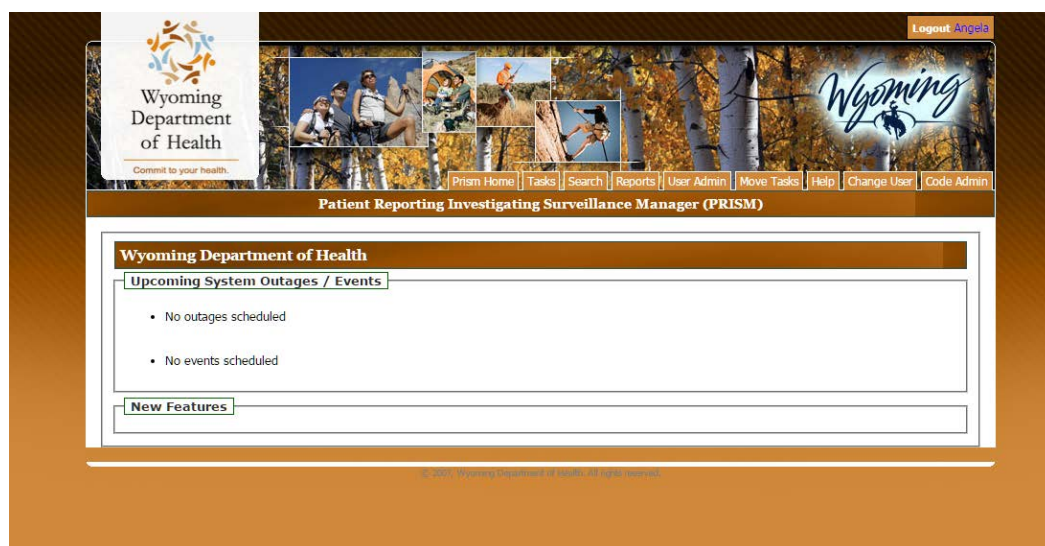
LOGGING ON TO PRISM AND THE HOMEPAGE

To log into the PRISM website, you will need a User ID and a Password. These will be assigned to each clinic by the Wyoming Department of Health, Communicable Disease Unit (CDU) Data & Training Coordinator. The User ID and Password will be given to the clinic after all required PRISM trainings are completed and a Rules of Behavior Form has been signed. The User ID and Password will be given to the main PRISM contact at the clinic. The CDU Data & Training Coordinator will need to be notified of all staff members who will be utilizing PRISM. All staff members using PRISM need to complete PRISM trainings and sign a Rules of Behavior Form before accessing PRISM as a means of ensuring confidentiality standards and maintaining data integrity, as well as being available to provide assistance as needed.

Note: Please contact the CDU Data & Training coordinator anytime there is a change in staff or clinic contact information. In order to maintain the highest level of data confidentiality, if there is a change in staff members who have been granted access to prism, the clinic password will need to be changed.

Once the clinic has been assigned a user ID and password you can log onto the system by going to <https://prism.health.wyo.gov>. Enter the user ID and password as directed and click on the “Login” button. You will be prompted to change your password after your initial login. After changing your password initially, you will be taken to the PRISM homepage (Figure 1).

Figure 1:



The homepage shows the user if the Wyoming Department of Health has scheduled any outages or events that may affect system availability. From this page you are able to search, enter, and edit data, based on the roles and privileges that have been assigned to your clinic and staff.

Because this is a web-based program, providers and clinicians have the ability to log onto the system from any computer that has access to the internet. PRISM will run on any web browser, but runs best on Google Chrome.

ROLES

Each user (clinic) is assigned a role within the system which will determine what functionality and privileges are granted to that clinic. When the CDU Data and Training Coordinator sets up a user account, the clinic's "role" is established. This will affect which reports and patient information are accessible to each site, allowing users to search patient information while at the same time keeping specific site reports and records confidential. If there is a need by a clinic to access information or reports related to their area that are not directly available through the system under their established role settings, contact the CDU Data and Training Coordinator.

TASK LIST

The “Task List” is a summary of information about the cases that have either been assigned to your clinic (by your *region’s DIS*), or cases that have been initiated by clinic staff members based on client information gathered during the interview process. The records in the task list may include interview records, lab, maternal, and congenital records. The task list will look similar to Figure 2.

Figure 2:

Field Record

Area	ST	Profile ID	Field Record ID	Name	Disease	Ordering Provider	Disposition	Scanned	Preg.	Age	Date Due	V
01	WY	63156	74148	BOOP, BETTY	200	NEW PROVIDER				68 Year(s)	01/24/2017	X
01	WY	63158	74150	FUDD, ELMER	054					97 Year(s)	01/24/2017	X
01	WY	63157	74149	PICKLES, STEW	300					57 Year(s)	01/24/2017	X

Interview

Area	Profile ID	Name	Interview Type	Date Initiated	Preg.	Age	Date Due	V
01	63158	FUDD, ELMER	Original (054)	01/09/2017		97 Year(s)	02/26/2017	X

Lab

Area	Date Initiated	Field Record ID	Accession ID	Name	Disease Category	Ordering Provider	Test	Quan.	Preg.	Age	V
01	01/09/2017	74148		BOOP, BETTY	Chlamydia	NEW PROVIDER	DNA			68 Year(s)	X

Summary

Area / User	Field Record	Field Record Overdue	Interview	Interview Overdue	Lab	Lab Overdue	Maternal	Maternal Overdue	Congenital	Congenital Overdue	QA Review	QA Review Overdue
agraczyk	0	0	1	1	0	0	0	0	0	0	0	0
Angela	3	0	1	0	1	1	0	0	0	0	0	0

The task list can be accessed by clicking on the “Tasks” tab toward the top of the screen (circled in Figure 2). A record initiated within the last 2 days will be green, whereas a record within the first week of entry will be white. A blue entry means the record is coming due within 5 days, and red indicates that the record is past due. Each clinic is responsible for being diligent with their task list and making sure their cases are not overdue. The reportable disease list is a guide that you can use to know when specific diseases need to be reported and when, the reportable disease list can be found [here](#).

By clicking on the blue ID number (Field Record ID, Profile ID, Date Initiated, etc.) PRISM will take you to that record or lab.

SEARCHING THE DATABASE

PRISM requires that you search for a patient before allowing you to add a patient into the database. This means that the first thing you will do when entering data is search for a patient. You can start the search by first clicking on the “Search” tab toward the top of the screen (circled in blue in Figure 3). By clicking on the “Search” tab you will open a page that will give you several search options.

Figure 3:

SEARCH

Enter **ONLY** one of the following:

Wildcard (*) is acceptable for Accession ID.

Filling in any one of the fields above will ignore all fields below.

OR one of the following:

Wildcard (*) is acceptable for these Name fields.

Additional filters:

☒ Current
☐ History
☐ Marginal

☐ Vital Stat
 ☐ HARS
 ☐ Lab
 ☒ Profile

Profile ID	Last Name	First Name	Other Name	Gender	DOB / Age	City	County	Race
63156	BOOP	BETTY		Female	01/01/1949	Cheyenne	Laramie	White

Enter patient-specific information (i.e.: last name, first name, gender, DOB) and press the “Search Profile” button. It is not necessary to enter all patient information. The more information entered, the narrower the search. If a search yields too many results, refine the search criteria and search again. For a broader search, enter the least amount of information required. Wildcard searches can be performed if there are questions as to the patient name’s spelling. For example, Jane Doe could be searched by last name D*. Wildcard searches will also yield results if you want to search for specific names, an example of this would be if you wanted to search patients with the last name of Smith only, you would put “Smith*” into the

Last Name field. Wildcard searches can be helpful because PRISM is designed to search for names that sound similar to those that you have typed.

- It is recommended that you initially search with patient FIRST NAME and DATE OF BIRTH for FEMALE PATIENTS. If the patient has had a name change based on a marriage or divorce you may still be able to locate her profile information this way.
- Search at least TWICE using several different methods (i.e.: for a male patient try last name/date of birth and last name/first name) if a correct patient file is not found on the first search. This can help identify and locate incorrect profile information.
- If you accidentally create a duplicate record please email prism@wyo.gov and include both Profile ID numbers. The CDU Data and Training Coordinator will be able to merge the two profiles.

If the patient is already in PRISM, your search should pull up the patient profile information at the bottom of your screen. Check that the information in the existing profile is correct and matches your patient. Update any information if needed. If a patient is already in PRISM you can skip to the EPISODES section of the manual for a walk through of the next steps. If the patient has not previously been entered into PRISM, you will receive a red prompt stating “**No Results Found!!!! Try revising your search criteria.**” At the top of the page. This will also bring up an “**Add New Profile**” button at the bottom of your screen. To add your patient information into PRISM, click on the “Add New Profile” button. By clicking on the “Add New Profile” button, you will be taken to a screen in which you can add your new patient.

MAKING A NEW PATIENT PROFILE

A “Profile” contains all the patient demographic information, and functions as a central location into which all other information regarding that patient will be input. A patient is identified in PRISM by their profile and as such, there should be only one profile per person. The profile will contain all episodes of reported communicable disease that the person has had. It is important to avoid duplicating profiles in PRISM which is why a thorough search is so necessary before adding a patient. Figure 4 is a representation of how your screen should look when building a new profile.

Figure 4:

The screenshot shows the PRISM web application interface. At the top, there is a header with the Wyoming Department of Health logo and a navigation bar with links: Prism Home, Tasks, Search, Reports, User Admin, Move Tasks, Help, Change User, and Code Admin. The main title is "Patient Reporting Investigating Surveillance Manager (PRISM)".

The form is titled "Profile ID - New -" and has "SAVE" and "CANCEL" buttons. It is divided into several sections:

- Name:** Fields for Last Name* (FLINSTONE), First Name* (FREDRICK), Other Name (FRED), Middle Name, Prefix (Mr.), and Suffix (-Select-).
- Locating Information:** Fields for Address 1 (60 STONY LANE), Address 2, State* (Wyoming), County* (Laramie), City* (Cheyenne), Zip Code (82001), Home Phone # (222 - 222 - 2222), Other Phone #, and E-mail. There is a "Verify Address" button.
- Vital Statistics:** Fields for Date of Birth* (1/1/1950), Age* (-Select-), Date of Death (mm/dd/yyyy), SSN*, Marital Status (-Select-), Self Reported Gender (-Select-), Race* (White), and Ethnicity* (Non-Hispanic/Latino).
- Description:** Fields for Height (Feet and Inch(es)), Weight (Pounds(lbs) and Ounces(oz)), Size (-Select-), Build (-Select-), Complexion (-Select-), Hair Length (-Select-), and Hair Color (-Select-).

When you start building the patient's profile you will come across fields that have a blue asterisk, these are required fields. Read the header for each section to determine if all items are required, or if there is a

qualifier. Enter as much information as possible. The “Other Name” field can be used for aliases or for in-clinic record numbers if they are used to confidentially identify patients.

IMPORTANT ENTRY NOTES FOR ENTERING INFORMATION:

- Everything that is input in PRISM should be entered in all capital letters.
- The first name and last name fields cannot contain spaces, but may contain a dash (-). The other name field can contain spaces as well as numbers or special characters.
- Date of Birth or age of patient is required. If you enter the DOB information, the “age” field is no longer available. When you do not have a Date of Birth and are entering the patient’s age you must also select a unit of time (i.e.: days, months, years). Age should only be entered if DOB is not available.
- When entering any date into prism, make sure to enter it in date format (dd/mm/yy) with slashes or hyphens between day, month and year. Otherwise you will get an error when you try to submit: “invalid DOB (specimen date, result date, etc.), cannot be a future date.”
- Birth Gender is another field that is required. This is the sex of the patient at birth. If you have a patient who identifies with a different gender you can input the gender that they identify with in the “Self-Reported Gender” field. Race and Ethnicity are also required fields. “UNKNOWN” is an option for Race and Ethnicity if this information cannot be determined, or if the patient refuses to answer.
- Although Social Security Number does have an asterisk next to it, the patient profile can be saved without it.
- If any required information is missing when you try to save the profile you will get an error.

Once you have all available demographic information entered, press the “Save” button. This will finalize the patient profile information. Saving the patient profile will create a Profile ID for the patient and it will also indicate which area of the state that the patient resides in (Area 01, 02 or 03). This information is located at the top of the profile page (Circled in blue in Figure 5).

Figure 5:

Wyoming Department of Health
Commit to your health.

Prism Home | Tasks | Search | Reports | User Admin | Move Tasks | Help | Change User | Code Admin

Patient Reporting Investigating Surveillance Manager (PRISM)

BOOP, BETTY
Date of Birth 1/1/1949 Age 68 Year(s) Profile ID **63156** Area **01**
Chronic No Date Initiated 1/9/2011 Drug Allergies No Profile SL

Profile | Episodes | Linked Profiles
History | IDs | All Labs

Add New Profile Merge Profile EDIT CANCEL

Name
Last Name BOOP Middle Name
First Name BETTY Prefix
Other Name Suffix

Locating Information
Address 10 BOOP LN
Cheyenne, Wyoming 82001
County Laramie
Home Phone #
E-mail Other Phone #

Vital Statistics
Date of Birth 1/1/1949 Date of Death
Age 68 Year(s) SSN
Marital Status
Birth Gender Female Self Reported Gender
Race White Ethnicity Hispanic/Latino

Description
Height 4 Feet, 5 Inch(es) Weight 100 lbs
Size Small Build Average
Complexion Fair Hair Length Short
Hair Color Black Hair Style Wavy
Tattoos/Marks

Once the information has been saved, below the “Profile” will show a log of each time the page is changed or updated to and by whom. The “IDs” tab is where you would enter any identification information you gathered, such as social security number, driver’s license number, state ID number, etc. Currently this is not a function the State of Wyoming utilizes, as it is not information that is necessary to our follow-up of patients.

The patient’s profile information can be updated at any time by going to the profile page and pressing the “EDIT” button. If a patient name changes or a patient moves, the information can be edited to reflect these changes, even if the patient moves to another county or jurisdiction.

Patient profiles can be edited or updated by any authorized PRISM user. If a patient were to move out of the original clinic’s jurisdiction and be seen by a clinic in a different county, either clinic can update the patient’s address information. Episode information (such as field records, interview records, etc.) can only be edited by the site to whom the record is assigned and your regions DIS.

If you accidentally create a duplicate or find a duplicate record please email prism@wyo.gov and include both Profile ID numbers. The CDU Data and Training Coordinator will be able to merge the two profiles.

After you have finalized the profile information, click on the yellow “EPISODES” tab. This will take you to the Episodes List.

EPISODES

Each time a person has a positive test result for a reportable communicable disease, is linked to a positive partner, or has a state-provided rapid HIV test conducted, an “Episode” should be created. The episodes tab comprises all of the patient’s records: field records, maternal/congenital records, and interview records for all reportable communicable diseases.

The *Episode List* is a snapshot of the patient’s history, including any of the aforementioned records as necessary.

Note: The episodes for patient communicable diseases in Wyoming should NOT be used in place of a medical record.

Figure 6:

Wyoming Department of Health
Commit to your health.

Logout Angela

Prism Home | Tasks | Search | Reports | User Admin | Move Tasks | Help | Change User | Code Admin

Patient Reporting Investigating Surveillance Manager (PRISM)

BOOP, BETTY Profile ID **63156** Area **01**

Date of Birth: 1/1/1949 Age 68 Year(s)

Profile **Episodes** **Linked Profiles**

All Labs

Add New Field Record

Maternal / Congenital

Date Initiated	Record Type	Disease	Due Date	Status	Date Closed
1/10/2017	Maternal	Hepatitis C	1/31/2017	Alive	

Field Records

Date Initiated	Field Record ID	Interview ID	Date Initial Specimen	Lab Result	Date Initial Treatment	Disease	Preg.	Date Due	Disposition	Date Disposed	Date Closed	Morb.
01/09/2017	74148	27548	12/30/2016	P		200 - Chlamydia		01/24/2017	~~~~ Due ~~~~			
01/10/2017	74152					054 - Hepatitis C Chronic	Y	01/25/2017	~~~~ Due ~~~~			

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If this is not a new patient, there may already be disease and treatment information from previous dates listed within the episodes. If a field record has been built for this patient, there will be a box on this page that contains a brief summary of that information, including the date, disease type, & disposition.

The episodes page will have a button that says “Add New Field Record” at the upper left of the screen (circled in blue in Figure 6). Before adding a new field record double check the patient’s episodes to make sure there isn’t already a field record created for this instance. If there are no field records that match the data you are about to input, click on the “Add New Field Record” button.

Clicking on “Add New Field Record” will open a field record page. The field record is where the disease and treatment information will be added for this patient.

Note: Unless you are reporting a rapid HIV test, only patients with an infection need to be reported.

CONSTRUCTING A FIELD RECORD

A “Field Record” contains information relating to the patient’s diagnosis and treatment. Each field record focuses on one disease incident. If a patient has multiple incidents of the same disease, a new field record will need to be created for each incident. There are multiple ways in which a field record can be constructed. Field records should be built manually when a positive lab result has been received. When a person is named as a possible contact and entered as such in an interview record a field record will be created automatically. There can be only one open field record for any instance of a specific disease. Multiple lab records can be attached to the open field record as necessary. An example of what a new field record will look like is shown in Figure 7.

Figure 7:

The screenshot displays the 'New Field Record' form for a patient named JANE, LANE. The form is organized into several sections with tabs for Profile, Episodes, Linked Profiles, and Field Record (which is currently selected). At the top, it shows the Profile ID (63161) and Field Record ID (New Field Record). Patient information includes Date of Birth (12/12/1978), Age (38 Year(s)), and Assigned To (Angela). The Disposition Due Date is 2/2/2017, and the Assigned Date is 1/18/2017. The form contains numerous dropdown menus and checkboxes for required entries, including Disease (700 - Syphilis), Referral Basis (T1 - Positive Test Result), Initiating Area (HQ), and Location Method. It also has sections for Insurance Scanned, Outbreak, Female Specific (Pregnant status), Neurological Involvement, Symptoms (with onset and duration dates), Client Status (Results Provided to Client), and Provider / Treatment (with provider county, type, name, exam date, and treatment date). The form includes 'SAVE' and 'CANCEL' buttons at the top right and 'Add Symptoms', 'Add Provider/Treatment', and 'Clear' buttons at the bottom.

In the “Required Entries” section, choose the disease being reported from the first dropdown list provided. “Initiating Area” is automatically assigned based on region in PRISM. Under “Referral Basis” select the option that matches why the field record is being added. For example, if you are adding a field record because you have received a positive lab you would select, “T1 Positive Test Result” from this dropdown menu. The Referral Basis Codes are listed below. No other fields in this section require attention.

Referral Basis Codes:

T1 – Positive Test Result: Use this option when the patient is being added because you have received a positive lab for a reportable disease.

T2 – Case Report: This code will be used by the WDH when we receive a provider report without a lab.

T3 – Clinic Walk-in: Use this option when a patient walks into a clinic for testing and a field record is created. This can be used for negative HIV rapids.

T4 – Profile Referred: This will be used when the patient is contact to a positive. This is the default referral basis code when a profile is linked to an interview.

T5 – Court Ordered: Use this option when the patient is being tested due to a court order.

T6 – Negative Lab Test: The only instance this should be used is with negative HIVs, since they are the only negatives reported into PRISM.

O1 – OOJ Partner: Please do not use this referral basis code.

O2 – OOJ Social Contact or Associate: Please do not use this referral basis code.

O3 – OOJ Positive Lab Test: Please do not use this referral basis code.

SKIP ENTRY OF DISPOSITION INFORMATION UNTIL ALL OTHER INFORMATION IS COMPLETE (see DISPOSITIONING A FIELD RECORD section).

Below the Disposition Information fields, there is a checkbox titled “Insurance Scanned.” Since the State of Wyoming doesn’t utilize this function, you can disregard this checkbox.

On the right hand side directly across from the “Insurance Scanned” checkbox there is a dropdown for “Outbreak” information. If you believe that the patient episode being entered is part of a local outbreak, it can be indicated here.

If the patient is female, there will be two boxes at the top of the field record page for pregnancy status and PID. If the patient is pregnant, choose “YES” from the dropdown box titled “PREGNANT” and enter the estimated due date information in the Date of Confinement Field. If the patient is determined to have PID, please select “YES” from the dropdown box titled “PELVIC INFLAMMATORY DISEASE (PID).” If the patient is asymptomatic, select the “No Symptoms Reported” option and add that to the field record. If the patient has symptoms, add each symptom separately, the onset date and the duration of the

symptom. Once you have added the details of the symptom, click the “Add Symptom” button. After the symptom is added, you can add a different symptom or proceed to the next section.

If the patient lives outside of the county where he/she is being seen, change the “Provider County” field to reflect the county where the patient was seen and press the “Fill Provider List” button. The list of providers will initially only have those listed who practice in the patient’s residential county unless you change the “Provider County” box when you search. If you search the county where the patient was seen and cannot find the provider listed, change the “Provider County” box to the “-Select-” option at the top of the list. This allows you to search the entirety of the Provider list. If the provider is not listed at all, also try to search by clinic name to assure that the provider is not listed by clinic versus name. If you are unable to find a provider after searching by both clinic and provider name, type all of the provider information into the notes section of the field (clinic name, provider name, address, phone and fax numbers) as well as the patient treatment information and contact the CDU and Training Coordinator, who will then enter the provider information into the PRISM provider list and enter the Provider/Treatment information into the system. Once the Provider/Treatment information has been successfully filled out, click on the “Add Provider/Treatment” button to save and your information will be saved.

Note: Provider information and exam date can be entered without treatment information, however in order to enter treatment information you must enter the provider information and exam date as well.

Please add any additional relevant information into the notes section of the field record. When entering notes, it is not required to enter staff member’s initials of the person entering the note, but it may be helpful to know who entered the information just in case clarification is needed. Make sure that the correct information has been chosen from the dropdown list(s) before saving the field record. Please carefully review all information before submission.

Once all of the available field record information has been entered, click on the “SAVE” box in the lower right hand corner to finalize and save.

The field record can be updated (by the assigned clinic) at any time prior to task completion by returning to the field record page (click on the episodes tab, chose field record ID #) and clicking the “EDIT” box.

ADDING A LAB RECORD

When reporting a case in PRISM, a lab record should be added. To add a lab record first click on the Episodes tab. Once you have clicked on the Episodes tab, click on the field record that you want to add the lab to by clicking on the blue field record ID (shown in Figure 8). After the field record has opened click on 'Labs' which is located on the green bar under the "Field Record" tab (shown in Figure 9). This will show a screen that has all labs attached to that field record. If there are no labs attached to the field record yet you will see a message that says, **"No Lab Record(s) attached to this Field Record yet. Click on 'Add Lab' or 'Search For Labs' button."**

Figure 8:

Date Initiated	Field Record ID	Interview ID	Date Initial Specimen	Lab Result	Date Initial Treatment	Disease	Preg.	Date Due	Disposition	Date Disposed	Date Closed	Morb.
02/07/2017	78507					200 - Chlamydia		02/22/2017	~~~ Due ~~~			

Figure 9:

Assigned To: Angela

Date Closed: 1/19/2017

Re-assign To: -Select- Re-Assign

Profile

Episodes

Linked Profiles

Field Record

History

Labs

To add a new lab click on the 'Add Lab' Button. This will bring up a screen that will allow you to input all of the lab information in. The first section titled Lab Provider is where you will input the lab that did the testing. The first field in this section labeled "Provider County", this is set to "-Select-" by default since PRISM recognizes that specimens are often sent outside of the provider county for testing. This will give you the most lab options to choose from. "Provider Type" is also automatically filled in as "Laboratory". At the bottom of this section there is a field labeled, "Lab Provider Name" with a drop down menu. You can select the lab from this dropdown menu that did the testing.

In the section below is the "Ordering Provider" section. The "Provider County" field will automatically be filled in with the county that the patient resides in. If the provider is in a different county from that the patient lives in you can select a different county from the drop down menu. "Provider Type" will be automatically filled in as "-Select-". This will give you a wider range of providers to choose from. You can select different provider types from the dropdown menu if you want to narrow the list. At the bottom of this section there is a field that says, "Ordering Provider Name", you can select the provider who ordered the testing from the dropdown menu.

Finally there is a section labeled "Results" at the bottom. This is where you will put in the lab results and the type of labs. The "Disease Category" will show the disease that was being tested for. This will fill in automatically based on the disease that was indicated in the field record. The "Specimen Date (mm/dd/yyyy)" field should be filled in with the date that the specimen was collected from the patient. The "Result Date (mm/dd/yyyy)" field should be filled in with that the results were reported from the lab. The field labeled "Test" is where you will enter the type of test that was done on the patient. This will

have a dropdown menu that lists the types of testing that are specific to the disease. Select the type of testing from the menu. Next, in the “Qualitative Result” field select from the dropdown menu the results of the test. Depending on the test you may have to type in the “Qualitative Result” of the test as well. Once you have entered all information click the “Save Button” at both the top and bottom of the page. Figure 10 shows what the lab page looks like.

Once you have saved, you will be taken to a screen that shows a summary of the lab details that you have input, if all of the information is correct click on the “Task Complete” button toward the bottom of the page and the lab will be added to the field record.

Figure 10:

Required Entries*:

Lab Provider

Provider County ¹ <input type="text" value="-Select-"/>	Provider Type ¹ <input type="text" value="12 - Laboratory"/>
Provider Name ¹ <input type="text"/>	Provider Phone ¹ <input type="text"/>

¹ Optional Fields: Choose Provider County, Provider Type, Provider Name and/or Provider Phone to limit Provider Name list. Wild card of * is allowed for phone number or name.

Lab Provider Name*

Ordering Provider

Provider County ¹ <input type="text" value="Laramie"/>	Provider Type ¹ <input type="text" value="-Select-"/>
Provider Name ¹ <input type="text"/>	Provider Phone ¹ <input type="text"/>

¹ Optional Fields: Choose Provider County, Provider Type, Provider Name and/or Provider Phone to limit Provider Name list. Wild card of * is allowed for phone number or name.

Ordering Provider Name*

Results

Disease Category <input type="text" value="Chlamydia"/>	Specimen Date (mm/dd/yyyy)* <input type="text"/>
Result Date (mm/dd/yyyy)* <input type="text"/>	Test * <input type="text" value="-Select-"/>
Qualitative Result* <input type="text"/>	Accession ID <input type="text"/>
Specimen Source <input type="text" value="-Select-"/>	Specimen Type <input type="text" value="-Select-"/>

DISPOSITIONING A FIELD RECORD

Dispositioning a field record take place after all other field record information has been filled out. Dispositioning the field record should take place after you have finished all information in the field record, added a lab and started an interview. PRISM may not let you choose the correct disposition if the lab is missing or any other information is missing. **“Disposition Codes”** are entered in the second section of the field record (circled in Figure 11).

Figure 11:

Wyoming Department of Health
Commit to your health.

Prism Home | Tasks | Search | Reports | User Admin | Move Tasks | Help | Change User | Code Admin

Patient Reporting Investigating Surveillance Manager (PRISM)

LANE, JANE
Date of Birth 12/12/1978 Age 38 Year(s)
Assigned To Angela

Profile ID **63161** Field Record ID **74153**
Disposition Due Date 2/3/2017 Area **01**
Assigned Date 1/19/2017

Profile | Episodes | Linked Profiles | **Field Record**

UPDATE CANCEL

Required Entries*:

Disease* 300 - Gonorrhea Initiating Area* HQ
Referral Basis* T1 - Positive Test Result Imported Not an imported case
Interview Only FR? -Select- Notifiability -Select-
Location Method -Select-

Entering one field in this block requires entry for all fields in this block:

Disposition Code -Select- Disposition Date
Disposition Entity -Select- Dispositioned By

Insurance Scanned Outbreak -Select-

Female Specific

Pregnant No Pelvic Inflammatory Disease(PID) No

Symptoms

Symptoms -Select- Onset Date (mm/dd/yyyy)
Duration -Select-

Add Symptoms Clear

At the end of this section you will find a list of the disposition codes and a brief explanation of each.

“Disposition Entity” is the county in which the patient resides. Once you have chosen the disposition code and entity, click the update button located at both the top on bottom of the screen. “Disposition Date” and “Dispositioned By” are both automatically populated after you have updated the field record. The disposition date and who the field record is dispositioned by cannot be edited in the future.

You will need to add an interview to input information about partners and risk factors. This will be outlined in detail in the next section. An Interview must be added before the field record is “Task Completed”.

Once the field record has been completed as thoroughly as possible, it can be “Task Completed”. At the bottom of the field record page in the left corner, there is a button that says “TASK COMPLETED (Move to Area DIS)” (shown in Figure 12). Clicking on this button removes the patient from your clinic’s task list and moves it to your area’s DIS at the WDH for review, follow-up (if needed) and finally, closure. If the area manager has concerns or questions with the field record they will leave comments in the Notes section of the field record and reassign it back to your clinic. After you have Task Completed a field record and it is moved to your area manager, you will no longer have access to edit that field record. If you need to edit the field record after you have moved it to your area manager, contact your DIS or the CDU Data & Training Coordinator, and they can reassign it back to you.

Figure 12:

The screenshot shows a web-based form for a field record. It includes a table for Provider/Treatment, a section for Client Status, and a section for Travel History. At the bottom left, a button labeled "TASK COMPLETED (Move to Molly)" is circled in blue. To the right of this button are "EDIT" and "CANCEL" buttons.

Date Added	Provider	Provider Exam Date	Treatment Name	Date Treated
01/19/2017	NEW PROVIDER, WY	01/06/2017	Azithromycin 1 gm Orally	01/08/2017
01/19/2017	NEW PROVIDER, WY	01/06/2017	Cefotaxime 500 mg IM	01/08/2017

Client Status
 Results Provided to Client Yes
 Voucher Used None

Travel History
 Venue
 GISP No Internet Outcome

TASK COMPLETED (Move to Molly) [EDIT] [CANCEL]

Disposition Codes:

The following disposition codes can be used for patients who have a field record for 900-HIV:

- 1 – Previous Positive: This option can be used for HIV tests where the patient has tested positive previously.
- 2 – Previous Negative, New Positive: This option can be used for HIV tests where the patient has been previously tested, had negative results, and was tested again with a subsequent positive result.
- 3 – Negative: This option can be used for patients who are tested for HIV and the results were negative.
- 4 – Previous Negative, Not Retested:
- 5 – Not Previously Tested, New Positive: This option should be used for patients who have never had a previous HIV test before, but have a positive test result.
- 6 – Not Previously Tested, New Negative: This option should be used for patients who have never had a previous HIV test before, and have a negative test result.

7 – Not Tested:

The following disposition codes can be used for patients that have a field record for an STD or hepatitis:

A – Preventative Treatment: This disposition can be used in instances of a partner being referred and treated without testing. This can also be used if a patient is tested and treated at the same time, and their test results are negative.

B – Refused Preventative Treatment: This can be used if a partner is contacted, but does not want to come in for treatment.

C – Infected, Brought to Treatment: This option should be used when testing is performed, results were positive and the patient was treated at your clinic according to CDC treatment guidelines.

CN – Infected, Brought to Non-Standard Treatment: This option should be used when testing is performed, the results were positive and the patient was treated at your clinic in a manner that was not in line with the CDC treatment guidelines.

D – Infected, Not Treated: This option should be used if testing was performed, results were positive and patient did not receive any treatment for their infection.

E – Previously Treated for their infection: This option should be used if the patient is positive or contact to a positive, but has been treated elsewhere for an infection

F – Not Infected: This option should be used if a patient is entered into PRISM before labs have come back, and those labs subsequently come back negative.

G – Insufficient evidence to begin investigation:

G - Reassigned: This option will be used by the Wyoming Department of Health only.

H – Unable to Locate: This option should be used if a patient cannot be located for either testing or treatment.

I – Administrative Closure: This option will be used by the Wyoming Department of Health only.

IO – Administrative Closure OOJ: This option will be used by the Wyoming Department of Health only.

IR – Administrative Closure per Reactor Grid: This option will be used by the Wyoming Department of Health only.

J – Located, Refused Examination: This option should be used if a patient is contacted about possible exposure to an infection, but refuses to come in for testing.

K – Out of Jurisdiction: This option will be used by the Wyoming Department of Health only.

JP – Located, Refused Partner Services: This option should be used if a partner is contacted about possible exposure to an infection, but refuses to come in for testing or preventive treatment.

L – Other: This option will be used under special circumstances if no other disposition code fits the case. This should only be used if this is the code that your area manager thinks best fits the case.

- LV – Other Domestic Violence Risk: This option should be used in cases that need to be closed because further pursuing them could result in a higher risk of domestic violence to either the patient or the partner.
- LX – Other Patient Deceased: This option should be used to close cases in which the patient is deceased.
- M – Negative Test, vaccine administered: This option can be used in an instances of Hepatitis B where a patient is tested, the results are negative, and a vaccine is administered.
- N – No Test, vaccine administered: This option can be used in an instances of Hepatitis B where a patient is not tested, and a vaccine is administered.
- O – Acute Infected: This option can be used in cases of Hepatitis A, or in cases of Hepatitis B or Hepatitis C that are within the first 6 months of initial exposure.
- P – Negative test refused vaccine: This option can be used for patients who have a negative lab test result, but do not opt for a vaccination.
- PR – Probable: This can be used in cases of hepatitis where not all confirmatory labs are provided, but there is at least one. (Ex. In the case of Hepatitis C, a patient has a positive Hep C antibody but there is no positive RNA provided)
- Q – No Test refused vaccine: This option can be used when a patient is not tested for a hepatitis infection and the patient does not opt for a vaccination.
- R – Chronic Infected: This option can be used for patients who have a hepatitis C or B infection that are past six months since their exposure.
- SP – Suspect: This option can be used if there is a lab that is suggestive of a hepatitis, but not confirmatory, and no other labs are provided.

Only one field record can be open at any one time for the same disease. If the patient returns to the clinic for testing and retreatment within one month of the original testing/treatment, it should be determined if this is actually a case of reinfection or if treatment has failed. If the patient has been re-infected, a new field record should be opened. If it is determined that it is likely a case of treatment failure, the original field record should be re-opened and the additional visit, treatment and lab information should be added and re-submitted for closure. Contact the CDU Data and Training Coordinator or the DIS for your region if a field record needs to be re-opened or closure is required on a task completed field record.

ADDING AN INTERVIEW RECORD

The “Add Interview” button is at the top of the field record just above the Required Entries Field (Shown in figure 13). This will bring you to the initial interview record page.

Figure 13:

The screenshot shows the PRISM interface for a patient record. At the top, there is a header with the Wyoming Department of Health logo and a navigation bar with links like Prism Home, Tasks, Search, Reports, User Admin, Move Tasks, Help, Change User, and Code Admin. The main content area displays patient information for JANE LANE, including her date of birth (12/12/1978), age (38 Year(s)), profile ID (63161), and field record ID (74153). Below this, there are tabs for Profile, Episodes, Linked Profiles, and Field Record. The 'Add Interview' button is circled in blue. The form also includes fields for Date Initiated (1/19/2017), Initiated By (Angela), Disease (300 - Gonorrhea), Referral Basis (T1 - Positive Test Result), Initiating Area (HQ), Imported (Not an imported case), and various other clinical and administrative fields.

LANE, JANE		Profile ID 63161	Field Record ID 74153
Date of Birth 12/12/1978	Age 38 Year(s)	Disposition Due Date 2/3/2017	Area 01
Assigned To Angela	Re-assign To -Select-	Date Closed	Assigned Date 1/19/2017
Re-Assign			
Profile		Episodes	Linked Profiles
History		Labs	
Add Interview		EDIT CANCEL	
Date Initiated	1/19/2017	Initiated By	Angela
Disease	300 - Gonorrhea	Initiating Area	HQ
Referral Basis	T1 - Positive Test Result	Imported	Not an imported case
Interview Only FR?		Notifiability	
Location Method			
Disposition Code		Disposition Date	
Disposition Entity		Dispositioned By	
Insurance Scanned	<input type="checkbox"/>	Outbreak	
Female Specific			
Pregnant	No	Pelvic Inflammatory Disease(PID)	No
Estimated Date of Confinement			

Adding interviews helps the WDH obtain information of partners that may have come in contact with communicable diseases and need testing or treatment. This also gives DIS insight on patient risk factors. By getting partner information the WDH can aide in preventing and controlling disease spread.

The “Interview Record” is where all of the original patient’s partner/contact information will be recorded and the additional profiles will be linked. An interview record can remain open after the disposition and closure of a field record. In the case of pregnancy, the interview record enables maternal

reporting, as well as congenital reporting in the case of an infected infant, which is helpful for cases in which the mother is infected with Hepatitis B and syphilis.

An interview record should be built for all cases. Interview records can also be added at the discretion of your area DIS. Additionally if partner information is available in any case, or the patient received an HIV test, an interview record should be built. An example of what an interview looks like when you first open it is demonstrated in Figure 14.

Figure 14:

The screenshot displays the PRISM (Patient Reporting Investigating Surveillance Manager) interface. At the top, there is a header with the Wyoming Department of Health logo and a navigation bar with links like Prism Home, Tasks, Search, Reports, User Admin, Move Tasks, Help, Change User, and Code Admin. The main content area shows the 'New Interview' form for a patient named LANE, JANE. The form includes fields for Profile ID (63161), Interview ID (New Interview - Area 01), Date of Birth (12/12/1978), Age (38 Year(s)), Assigned To (Angela), and Assigned Date (1/25/2017). Below these fields are tabs for Profile, Episodes, Linked Profiles, Field Record, and Interview. The Interview tab is active, showing a 'Required Entries*' section with dropdown menus for Interview Type (Original), First Interviewed By, Re-Interviewed By, and Interview Period. There are also input fields for First Date Interviewed (mm/dd/yyyy), Date Re-Interviewed (mm/dd/yyyy), Referral Service, # of Sex Partners, and # of Needle Partners. At the bottom, there is an 'HIV Section' checkbox and a 'Notes - Add' text area. 'SAVE' and 'CANCEL' buttons are present at the bottom right of the form.

Interview type is most often going to be the default value (original), unless the patient is asked to return for additional interviewing (re-interview). The “First Interviewed By” field will drop down into a list of clinics within your area, select your clinic from this list. Type the date of the interview in the “First Date Interviewed (mm/dd/yyyy)” field. The Interview Period refers to the amount of time requested from the original patient (in retrospect) regarding possible disease exposure. This should be no less than 2 months for Gonorrhea and Chlamydia cases, 4 months and 1 week for primary syphilis, 8 months for secondary syphilis, 12 months for early latent syphilis cases, 10 years for negative HIV with no previous test history, and for patients with a previous negative HIV test, the interview time should be 6 months prior to that negative test. Referral Service is used in instances where the patient has been referred to your clinic by

another agency (i.e.: drug treatment clinic, student health services, correctional facility). If the patient has come to the clinic voluntarily (not based on a referral) leave the “Referral Source” blank. Enter numerically, the number of patient indicated needle and/or sex partners (“# of Sex & Needle Partners” is used to count partners who were BOTH sex and needle partners) if these numbers are available.

If the patient is pregnant as indicated in the field record, the interview record will ask for “# of Weeks Pregnant.” In the “Gave Birth in Last 1 Year” dropdown box, choose yes, no or unknown.

Click the checkbox next to “HIV Section”, this will trigger a dropdown section with information about HIV testing. This is shown in Figure 15.

Figure 15:

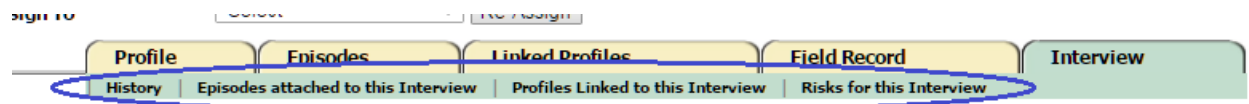
The screenshot shows a web-based form titled "HIV Section" which is currently checked. The form is organized into several sections, each with a title in a green box. The "HIV Test" section includes dropdowns for "HIV Test", "HIV Self-Reported Status", and "HIV Confirmed Status". The "HIV Confidential Case Report" section includes a dropdown for "Most Severe Housing Status in past 12 months". The "HIV Rapid Test Counseling Information" section includes dropdowns for "Rapid Test Counseling*", "Rapid Test Counseling Date*", "Provider County¹", "Provider Type¹", and "Rapid Test Counseling Provider*", along with a text field for "Rapid Test Counseling Date*" and a button "Fill Rapid Test Provider List". The "HIV Previous Test Information" section includes dropdowns for "Previous Test", "Previous Test Result", "Provider County¹", "Provider Type¹", and "Previous Test Provider", along with a text field for "Previous Test Result Date" and a button "Fill Previous Test Provider List". The "HIV Medical Care Information" section includes dropdowns for "Referred to Medical Care" and "Attend First Appointment". At the bottom, there is a "Notes - Add" section with a text area and "UPDATE" and "CANCEL" buttons.

Indicate if the patient received a HIV test at the time of the exam. If the patient did receive a HIV test, indicate the results under “HIV Confirmed Status”, and also indicate the patient’s self-reported status in the “HIV Self-Reported Status” field. If a state provided rapid HIV test was used, the “Rapid Test Counseling” field, the “Rapid Test Counseling Date” and the “Rapid Test Counseling Provider” are all required field in this section. Also, fill out additional information that pertains to this section.

Note: HIV test and HIV status are required fields. They must be completed before PRISM will allow you to save and complete the interview record.

After you have completed the **HIV SECTION**, click on “SAVE” to create the Interview Record. After you have saved this section of the Interview record, a list of options will appear below the green “INTERVIEW” tab. This is shown in Figure 16.

Figure 16:



History: This is where the history of data entry surrounding this patient can be viewed. It is a log of which users accessed the patient information, what information has been added or edited, and when. This is a useful tool for ensuring that the data is being properly used and securely maintained.

Episodes attached to this Interview: Clicking on this will bring up the summary episode list, including field records, related to this interview record.

Profiles linked to this Interview: This will bring up a summary of all linked profiles to the patient. This will include the patient name, their profile ID, profile type, sex, relationship type, disease category, and disposition status.

Risks for this Interview: Chose this option to enter patient risk behaviors associated with the interview. In order to complete and close an interview, the risks section has to be filled out. Figure 17 is what the risks section of the interview looks like. **Note:** A user is not required to checkmark all risk behaviors. Any “no” or “unknown” risks can be left blank. Answer only “yes” risks or risks with other significant answers. You can go back at this time and answer the required questions

Figure 17:

Risks

HealthCare Worker:

☐ Prior ☐ Present ☐ Screening for Employment

History Of:

<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Blood Transfusion	<input type="checkbox"/> Blood Exposure (Under Skin)	<input type="checkbox"/> Blood Exposure (Mucous Membrane)
<input type="checkbox"/> Immunosuppressive Therapy	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Recent Pregnancy	<input type="checkbox"/> Current Pregnancy	<input type="checkbox"/> Abnormal Liver Test
<input type="checkbox"/> Pos Hep Test	<input type="checkbox"/> Pos HIV Test	<input type="checkbox"/> Prior STD	<input type="checkbox"/> Active TB	<input type="checkbox"/> Latent TB
<input type="checkbox"/> Possible Contact to Communicable Disease	<input type="checkbox"/> Reliable Risk History Unavailable			

Contact To:

☐ Hep B+ ☐ Hep C+ ☐ STD+ ☐ HIV+ ☐ Active TB

☐ Latent TB

Contact Type:

☐ Household ☐ Needle Share ☐ Sexual ☐ Blood Exposure

Mother - History Of:

☐ HIV+ ☐ Hep B+ ☐ Hep C+ ☐ STD+

Sexual History:

☐ Recent Exposure to STD ☐ Victim of Sexual Assault ☐ New Sex Partner (Last 2/3 Months) ☐ Multiple Sex Partner (Last 2/3 Months)

Condom Use:

With Main Partner:

☐ Always ☐ Sometimes ☐ Never ☐ N/A

With Other Partners:

☐ Always ☐ Sometimes ☐ Never ☐ N/A

With New Partner (Within Last 3 Months)

☐ Always ☐ Sometimes ☐ Never ☐ N/A

With Previous Partner

☐ Always ☐ Sometimes ☐ Never ☐ N/A

Sex with Female:

☐ Yes ☐ Anal (☐ Give ☐ Receive) ☐ Oral (☐ Give ☐ Receive)

☐ Vaginal

Sex with Male:

☐ Yes ☐ Anal (☐ Give ☐ Receive) ☐ Oral (☐ Give ☐ Receive)

☐ Vaginal

Sex with:

<input type="checkbox"/> Anonymous Partner	<input type="checkbox"/> Partner Met Via Internet	<input type="checkbox"/> Pickup at: <input type="checkbox"/> Bar	<input type="checkbox"/> Bath
<input type="checkbox"/> STD Infected Partner	<input type="checkbox"/> HEP + Partner	<input type="checkbox"/> HIV + Partner	<input type="checkbox"/> Hemophiliac
<input type="checkbox"/> Known MSM	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Multiple Partners	<input type="checkbox"/> Sex While Intoxicated or High
		<input type="checkbox"/> IDU Partner	<input type="checkbox"/> Sex in Public or Semi-Public Place

Sex in Exchange For:

☐ Drugs ☐ Money ☐ Food ☐ Shelter

Drug Use:

☐ Cocaine ☐ Crack ☐ Heroin ☐ Nitrates or Poppers ☐ Erectile Dysfunction Meds

☐ Methamphetamines ☐ Other

Preferred Method:

☐ Injection ☐ Needle Pooling ☐ Shared Works ☐ Snorting/Snuffing ☐ Smoking

☐ Inhaling ☐ Ingestion

Tattoo or Piercing:

☐ Yes ☐ Professional ☐ Non-Professional

History Of:

☐ Long-Term Incarceration (> 6 Months) ☐ Homelessness

Born Outside of US:

☐ Client - Asia ☐ Client - Africa ☐ Client - S. America

☐ Parent - Asia ☐ Parent - Africa ☐ Parent - S. America

Risk Evaluation Not Conducted: Tested as part of Screening Panel:

☐ CT/GC ☐ Hep B ☐ Hep C ☐ HIV ☐ Syphilis

☐ TB

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Once you have completed the required sections of the interview, a “LINK PROFILE” button will appear near the top of the screen in the main interview tab.

Clicking on this button will bring up the “Search” page which should be used to do a search for the patient’s partner/contact (see “SEARCHING THE PRISM DATABASE” on page 7 of this manual for additional “search” instructions). If a partner profile is NOT found during this search, skip the following steps and go to “BUILDING A PARTNER PROFILE TO LINK” on page 34 of this manual for further instructions.

LINKING AN EXISTING PROFILE TO AN INTERVIEW RECORD

If the partner is found in PRISM after searching the database, click on the Profile ID # to bring up the partner's profile. There will be a "Link this Profile" button available in the upper right corner (Figure 18). Clicking on the button will open up the next window, where the partner's relationship to the original patient will be defined.

Figure 18:

LEGUME, GASTON Profile ID **63163** Area **01**

Date of Birth 10/10/1979 Age 37 Year(s) Date Initiated 1/27/2017
 Chronic No Drug Allergies No

Profile
 History | IDs

Link this Profile CANCEL

Name
 Last Name LEGUME Middle Name
 First Name GASTON Prefix
 Other Name Suffix

Locating Information
 Address 999 VILLAN LN
 Cheyenne, Wyoming 82001
 County Laramie
 Home Phone #
 E-mail Other Phone #

Vital Statistics
 Date of Birth 10/10/1979 Date of Death
 Age 37 Year(s) SSN
 Marital Status
 Birth Gender Male Self Reported Gender
 Race White Ethnicity Non-Hispanic/Latino

Description
 Height Weight
 Size Build
 Complexion Hair Length
 Hair Color Hair Style
 Tattoos/Marks

Relationship Type will most often be "other" unless the patient or partner indicates a listed relationship (such as spouse, friend, etc.). Contact type will be defined next. If first and last exposure dates and frequency of exposure are available, enter this data then chose "SAVE." This will bring up the "Linked Profile" page. These pages are shown in Figure 19 and 20.

Figure 19:

LANE, JANE
 Date of Birth 12/12/1978 Age 38 Year(s)
 Profile ID **63161** Interview ID **27549**
 Area **01**

Profile Episodes Linked Profiles Field Record Interview Relationship

SAVE CANCEL

Linked To

Name LEGUME, GASTON Profile ID 63163
 Date Of Birth 10/10/1979 Gender M

Relationship

Required Entries*:
 Relationship Type* -Select-
 First Exposure Date (mm/dd/yyyy)
 Frequency time(s) a -Select-
 HIV Proposed Notification Plan -Select-
 Contact Type* -Select-
 Last Exposure Date (mm/dd/yyyy)
 Date Notified Of HIV Exposure (mm/dd/yyyy)
 HIV Actual Notification Plan -Select-

SAVE CANCEL

Figure 20:

LANE, JANE
 Date of Birth 12/12/1978 Age 38 Year(s)
 Profile ID **63161** Interview ID **27549**
 Area **01**

Profile Episodes Linked Profiles Field Record Interview

History Episodes attached to this Interview Profiles Linked to this Interview Risks for this Interview

Profile Type: LP, MP, IP, OP
 LP = Linked Profile; MP = Marginal Profile; IP = Internet Profile; OP = Original Profile;

Relationships

Date Added	Profile Type	Relationship Name	Profile ID	Sex	Relationship Type	Contact Type	Field Record Dt Added: Disease Ctg	Disposition
01/27/2017	LP	LEGUME, GASTON	63163	M	Spouse	P1	1/27/2017: Gonorrhea	
01/25/2017	LP	DOE, JON	63162	M	Other	P1	1/25/2017: Gonorrhea	

Note: In the “Linked Profile” page you are still in the original patient’s profile, as defined by the name in the upper left corner and the Profile ID number. If you click on “Relationship Name”, “Profile ID”, or “Field Record Dt Added: Disease Ctg” in the “Relationships” box you will be taken to the linked person’s profile.

When a linked profile is created, a field record for that partner is automatically created in the system with a Referral Basis of a “T4 – Profile Referred”, unless there is already an open field record in the partner profile for that disease. If there is an open field record in the partner’s profile for the disease, PRISM will automatically link that field record with the original patient’s interview record. The associated field record can be accessed directly from the original patient’s “Linked Profile” tab by clicking on the “Field Record Dt

Added: Disease Ctg" button. It can also be accessed through the "Search" page. The partner field record can be dispositioned the same way as the original patient field record (see 'DISPOSITION OF A FIELD RECORD" instructions on page 20 of this manual).

ATTACHING MULTIPLE FIELD RECORDS TO A SINGLE INTERVIEW RECORD

Field records are specific to one patient and disease. Field records have treatment and clinic information for that specific infection. Interview records are time specific and can encompass field records for multiple diseases / infections, if a patient has more than one infection. This allows the user to link information related to the patient's risk behaviors and partners to the field records without having to duplicate the information.

In order to link additional field records to an open interview record, go to the "Episodes" tab and click on the field record ID# of the field record to be linked. This will open that field record. In the upper left of the screen there will be a button that says "Link to Interview Record." Select the button.

If you now go into the interview record and look at "Episodes attached to this Interview," you should be able to see a list of all field records attached to the interview.

All field records related to an interview record must be dispositioned and task completed before an interview record can be closed (thus removing it from the task list). However, an interview record can be left open (and on the task list) even after related field records have been closed. This is useful in cases where the patient is pregnant, or where additional follow-up at a later date has been deemed necessary.

BUILDING A PARTNER PROFILE

If your search for a partner does not turn up results, choose the “Add New Profile” button, and build the profile just as you did your original patient (reference page 9 for building a profile). After you click on the “SAVE” button, a button will appear that says “Link this Profile” toward the upper right corner of the screen (shown in Figure 21). When you click on this button, you will be taken to the relationship definition section. Relationship Type will most often be “other” unless the patient or partner indicates a listed relationship (such as spouse, friend, etc.). Contact type will be defined next (Shown in Figure 22). If first and last exposure dates and frequency of exposure are available, enter this data then chose “SAVE.” This will bring up the “Linked Profile” page.

Note: In the search page you will see buttons to “Add an Internet Profile” and “Add a Marginal Profile”. PLEASE DO NOT use these options. It is important to use the normal, “Add a New Profile” button whenever adding a new profile, that way there is uniformity for all patient profiles within PRISM.

Figure 21:

The screenshot shows a web interface with a button labeled "Link this Profile" circled in blue. Below the button is a form titled "Name" with fields for Last Name (WALKER), First Name (JOHNNY), Middle Name, Prefix, and Suffix.

Figure 22:

The screenshot shows a web interface with a "Relationship" section. The "Linked To" section shows Name (WALKER, JOHNNY), Date Of Birth (2/14/1985), Profile ID (63164), and Gender (M). The "Relationship" section has a "Required Entries*" section with "Relationship Type*" circled in blue. Below this are fields for First Exposure Date (mm/dd/yyyy), Frequency, HIV Proposed Notification Plan, Last Exposure Date (mm/dd/yyyy), Date Notified Of HIV Exposure (mm/dd/yyyy), and HIV Actual Notification Plan. The "Contact Type*" field is also circled in blue. There are "SAVE" and "CANCEL" buttons at the bottom right.

SPECIAL INSTRUCTIONS FOR A NEGATIVE HIV RAPID ENTRY

When entering negative HIV rapid tests within PRISM, patient information, a field record, and an interview are required. The steps below will walk you through what needs to be entered for these negative tests and the information that is needed for the patient.

The first step in entering a negative HIV is to search for the patient. If you need a refresher on how to search for a patient please see page 7 of this manual. If the patient is found via search, open their profile and check to see if all of their information is correct. If the patient is not found via search and you need to build a patient profile, please see page 9 for steps on building a patient profile.

For negative HIV rapids the following information needs to be entered into the profile.

- LAST NAME
- FIRST NAME
- CITY
- STATE
- COUNTY
- ZIP
- DOB
- BIRTH GENDER
- RACE
- ETHNICITY

If you are entering an anonymous HIV test an anonymous, the following information is required for the profile:

- LAST NAME LISTED AS “ANONYMOUS”
- FIRST NAME LISTED AS THE COUNTY IN WHICH TESTING IS BEING PERFORMED
- CITY
- STATE
- COUNTY
- AGE or DOB
- BIRTH GENDER
- RACE
- ETHNICITY

Note: WDH Voucher Program – If you are entering an HIV test on a patient that tested positive for chlamydia, gonorrhea, syphilis, hepatitis, or HIV, it is required that you enter all information pertaining to this patient in one profile. You may not enter HIV results in an anonymous profile.

If you have additional questions about vouchers, please refer to the CDU Voucher Program Guidance.

Once you have built the patient profile you can click the “Save” button located at both the bottom and top of the page on the right hand side. If you have updated the patient profile you can click the “Update” button located at both the bottom and top of the page on the right hand side.

After the profile is complete you will add a field record for the negative HIV test. To add a field record click on the “Episodes” tab toward the top of the page (shown in blue in Figure 23). Next you will click on the “Add Field Record” button under the tabs (Shown in Red in Figure 23).

Figure 23:

The screenshot shows a patient profile interface. At the top left, it displays 'Date of Birth 1/1/1980' and 'Age 37 Year(s)'. Below this is a horizontal bar with three tabs: 'Profile', 'Episodes', and 'Linked Profiles'. The 'Episodes' tab is highlighted with a blue oval. Below the tabs is a button labeled 'Add New Field Record' which is circled in red.

Clicking on the “Add Field Record” will take you to the field record page. For negative HIV test, you will select “900-HIV” under the “Disease” Field. The “Initiating Area” should automatically populate based on the area of the state that your clinic is in, so you shouldn’t need to change it. “Referral Basis” is the reason that the patient is being tested for HIV. The Disease, Referral Basis, and Initiating Area are the only three fields that are required in the first section of the field record.

The next step is entering the Disposition code. This can be entered in the section just below the Required Entries.

The two disposition codes that will be used for the negative HIV rapid tests are as follows:

- 3 – Negative: This option can be used for patients who test negative that have been tested previously for HIV, or for those who have an unknown test history.
- 6 – Not Previously Tested, New Negative: This option can be used for patients that test negative for HIV that have not been tested for HIV in the past.

Once you have chosen a disposition code, you can then select a “Disposition Entity” in the field below. This is the county that the test was conducted in.

The “Insurance Scanned” section below Disposition can be disregarded, it is not required.

If the patient is female there will be a section below “Insurance Scanned” labeled, “Female Specific”. In this section you can indicate if the patient is pregnant, but this is not required.

In the “Symptoms” section enter any symptoms that the patient has at the time of testing. If the patient is asymptomatic, you can enter “No Symptoms” or leave this section blank.

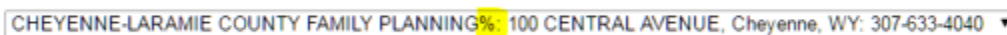
Below “Symptoms” there is a section labeled “Client Status”. In this section you will indicate whether or not the results were given to the patient. This is a required section.

In the “Provider/Treatment” section there are two boxes. The first gray box has two fields named “Provider County” and “Provider Type”. PRISM will automatically select the provider county based on the county in which the patient resides. There is a drop down menu that will allow you to change the county if the patient does not reside in the county in which they are being tested. If you do change the

provider county, you will need to click on the “Fill Provider List” button under the “Provider Type” in order to see the providers in the county you have selected. In the “Provider Type” field, select the “01-HIV Counseling and Testing Site”. Once you have selected the “01-HIV Counseling and Testing Site”, click on the “Fill Provider List” button. You can now select the “Test/Treatment Provider Name” from the drop down menu in the white section under Provider County. To double check that you have selected a HIV testing facility, make sure that there is a “%” sign (shown in Figure 24). Once you have found the testing provider and selected it, type the testing date in the “Provider Exam Date”. With negative HIV rapids, leave the “Date Treated” and the “Treatment” blank. Once you have selected the provider and entered the testing date, click the “Add Provider/Treatment” button at the bottom of the section. This will add a box underneath the section that shows the date you have added the provider, the provider name and the exam Date. You can also input any notes in this screen.

After you have filled out all of the fields, click the Update button at the bottom of the screen and your information will be saved. Figure 25 shows all of the fields that are required for entering a negative HIV rapid in the field record.

Figure 24:



CHEYENNE-LARAMIE COUNTY FAMILY PLANNING% 100 CENTRAL AVENUE, Cheyenne, WY: 307-633-4040 ▼

Figure 25:

Required Entries*:

Disease* 900 - HIV **Initiating Area*** HQ

Referral Basis* T3 - Clinic Walk-In **Imported** Not an imported case

Interview Only FR? -Select- **Notifiability** -Select-

Location Method -Select-

Entering one field in this block requires entry for all fields in this block:

Disposition Code 6 - Not Previously Tested, New Negative **Disposition Date** 2/2/2017

Disposition Entity Sheridan **Dispositioned By** Angela

Insurance Scanned ☐ **Outbreak** -Select-

Female Specific

Pregnant -Select- **Pelvic Inflammatory Disease(PID)** -Select-

HIV

Permit DIS HIV/AIDS Follow-Up No

Symptoms

Symptoms -Select- **Onset Date (mm/dd/yyyy)**

Duration -Select-

Client Status

Results Provided to Client* Yes

Provider / Treatment

Provider County 1 Sheridan **Provider Type** 1 01 - HIV Counseling and Testing Site

1 Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.

Test/Treatment

Provider Name -Select- **Date Treated (mm/dd/yyyy)**

Provider Exam Date (mm/dd/yyyy) **Treatment*** -Select-

*If you enter a Treatment, you must enter a Provider Name and Date Treated.

Delete	Added On	Provider	Provider Exam Date	Treatment Name	Date Treated
<input type="checkbox"/>	02/03/2017	*DO NOT USE* DUPLICATE: 1333 West 5th Ave., Suite 103, Sheridan, WY: (307) 653-5186	02/03/2017		

Travel History

Venue

GISP ☐ **Internet Outcome** -Select-

Notes - Add

Once you have filled out and saved the field record, you can now add an interview. Click on the “Add Interview” button at the top of the field record on the left hand side. This will bring up an interview screen for the patient. In the first section of the interview there is an “Interview Type” field. PRISM will automatically fill this in as an Original, you can change this if the patient is in for retesting to a “Re-interview”. The “First Interviewed By” field has a dropdown menu that will allow you to select the provider conducting the interview. Once you have selected the provider, enter the date of the interview

in the second column in the field labeled “First Date Interviewed (mm/dd/yyyy)”. These are the only three required fields in this section. Below is a section labeled “HIV Section”. To expand this section, click on the small checkbox next to “HIV Section”. This will expand into five subsections. In the top section under the HIV Test field select “Yes” from the HIV test menu, since this indicates that the patient had an HIV test, in that same section to the right there are two additional fields. In the first field labeled “HIV Self-Reported Status” select from the dropdown menu what the patient identifies as their HIV status. In the field below labeled “HIV Confirmed Status” choose Negative from the dropdown menu, since this is for a negative HIV rapid.

The next section labeled “HIV Confidential Case Report” is not a required section, however, you can optionally indicate the patients housing status in this section.

The “HIV Rapid Test Counseling Information” section is a required section. In the field labeled “Rapid Test Counseling” select from the dropdown if the patient received rapid test counseling. In the field to the right labeled “Rapid Test Counseling Date”, type in the date that rapid test counseling was performed. In the boxing below there is a gray box. The gray box has two fields named “Provider County” and “Provider Type”. PRISM will automatically select the provider county based on the county in which the patient resides. There is a drop down menu that will allow you to change the county if the patient does not reside in the county in which they are being tested. If you do change the provider county, you will need to click on the “Fill Rapid Test Provider List” button under the Provider Type in order to see the providers in the county you have selected. Provider Type will be automatically set to “-Select-”. In the “Provider Type” field, select the “01-HIV Counseling and Testing Site”. Once you have selected the “01-HIV Counseling and Testing Site”, click on the “Fill Provider List” button. You can now select the “Rapid Test Counseling Provider” from the drop down menu in the white section under Provider County. To double check that you have selected a HIV testing facility, make sure that there is a “%” sign (shown in Figure 24). You can now select the “Rapid Test Counseling Provider” name from the drop down menu in the white section under “Provider County”.

The next section labeled “HIV Previous Test Information” is not a required section, but if you choose to put if the patient has had previous tests, this is where you would indicate the results, date and the provider who tested the patient.

The “HIV Medical Care Information” is also not a required section, as negative patients are typically not referred to care.

You can also add any applicable notes at the bottom of the screen. Once you have completed all required sections click the “Save” button located at both the top and bottom of the interview record on the right side. Figure 26 outlines all required field in the interview record.

Figure 26:

Required Entries*:	
Interview Type*	Original
First Interviewed By*	-Select-
Re-Interviewed By	-Select-
Interview Period	-Select-
# of Sex Partners	
# of Sex & Needle Partners	
First Date Interviewed (mm/dd/yyyy)*	
Date Re-Interviewed (mm/dd/yyyy)	
Referral Service	-Select-
# of Needle Partners	

HIV Section ☒

HIV Test	-Select-
HIV Self-Reported Status	-Select-
HIV Confirmed Status	-Select-

HIV Confidential Case Report

Most Severe Housing Status in past 12 months	-Select-
--	----------

HIV Rapid Test Counseling Information

Rapid Test Counseling*	-Select-
Rapid Test Counseling Date*	

Provider County ¹	Sheridan	Provider Type ¹	-Select-
¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.		Fill Rapid Test Provider List	

Rapid Test Counseling Provider*	-Select-
---------------------------------	----------

HIV Previous Test Information

Previous Test	-Select-	Previous Test Result Date	
Previous Test Result	-Select-		

Provider County ¹	Sheridan	Provider Type ¹	-Select-
¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.		Fill Previous Test Provider List	

Previous Test Provider	-Select-
------------------------	----------

HIV Medical Care Information

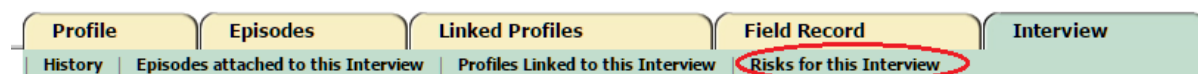
Referred to Medical Care	-Select-
Attend First Appointment	-Select-

Notes - Add

SAVE CANCEL

Once you have saved this section of the Interview record, a list of options will appear below the green “Interview” tab. Click on the last option labeled, “Risks for this Interview” (shown in Figure 27). After you have click on “Risks for Interview” you will get a red message that says, **“No Risk(s) attached to this interview yet. Click on ‘Add Risk(s)’ button.”** Under this message and to the right click the “Add Risk(s)” button. This will take you to a risks page. Select all applicable risk factors for the patient. Note that all of these are NOT required to be filled out, but at least one risk needs to be added to this section. Once you have selected the risks, click the “Save” button located at both the top and bottom of the risks page on the right side.

Figure 27:



Once you have saved the risks, click on the Interview Tab again to be taken to the interview screen. If everything has been completed for the interview you can click the “TASK COMPLETED (Move to Supervisor)” button at the bottom of the screen and it will be moved to headquarters for closure.

Once you have task completed the interview, click on the Field Record Tab, located next to the interview tab. If the field record is also complete, click on the “TASK COMPELTED (Move to Julie HIV)” and it will be moved to headquarters for closure.

MATERNAL RECORDS

The “Maternal Record” is used to report when there is a case of an infected pregnant woman.

In the field record, when you choose “Yes” in the field labeled “Pregnant” a maternal record is created by the system. You will be required to enter an estimated due date prior to closing the field record in the field labeled “Estimated Date of Confinement”. Once an estimated due date has been entered in PRISM, the maternal record will appear in the summary under the episodes tab. Open the maternal record by clicking on the “Date Initiated” and press the EDIT key to enter baby status (alive, stillborn, unknown, etc.) and disease information. The maternal record will look like Figure 28.

Figure 28:

*** = Required Entry**

Date of Confinement (mm/dd/yyyy)* **Gave Birth In Last 1 Year**

of Weeks Pregnant **Last Menstrual Date (mm/dd/yyyy)**

Last Menstrual Date Before Delivery (mm/dd/yyyy) **Prenatal Care**

First Prenatal Visit (mm/dd/yyyy) **Last Prenatal Visit (mm/dd/yyyy)**

of Prenatal Visits **STD Treatment During Prenatal Care**

Baby Status

Prenatal Provider(s) Details

Provider County **Provider Type**

Provider Name **Provider Phone**

¹ Optional Fields: Choose Provider County, Provider Type, Provider Name and/or Provider Phone to limit Provider Name list. Wild card of * is allowed for phone number or name.

Prenatal Provider

Notes - Add

Questions and Answers

If the disease you are looking for is not listed below, add a field record for that disease, mark the pregnancy status as "Yes", and select this maternal record's estimated date of delivery.

Select Disease ☐ Gonorrhea

At the bottom of the maternal record in the Questions and Answers section, PRISM will populate the disease based on the disease indicated in the field record (Figure 29). If you click the “click to populate

Disease questions and answers” button, it will expand into a questionnaire regarding treatment and testing for both during and after the pregnancy. You can also add a negative lab from this page, adding a lab is covered in the next section of this manual.

Figure 29:

The screenshot shows a web form titled "Questions and Answers" in a green-bordered box. In the top right corner of the form are two buttons: "UPDATE" and "CANCEL". Below the title, there is a bold instruction: "If the disease you are looking for is not listed below, add a field record for that disease, mark the pregnancy status as 'Yes', and select this maternal record's estimated date of delivery." Underneath this instruction, there is a label "Select Disease" followed by two radio button options: "Chlamydia" and "Gonorrhea". At the bottom of the form is a button labeled "Click to Populate Disease Questions and Answers".

Unlike the field record, more than one disease can apply to a maternal record. After all of the maternal information has been entered, click on the “SAVE” button. When the patient has been treated and it has been determined that the infant is not infected, or has also been adequately treated, the maternal record can be task completed.

CONGENITAL RECORDS

“Congenital Records” are used in the case of an infected patient who is less than six months old.

A congenital record is created when a profile is built for a patient who is less than 6 months old. This profile can be linked to the mother’s profile much the same way a partner would be linked to an original patient. It will be linked through the interview record of the mother. From the mother’s interview record, you will click on the “Link Profile” box in the upper left side of the screen which will take you to the “Search” page. Do a search for the infant, using the mother’s surname to search (unless you have existing name information for the infant). It is assumed that no profile will be found. Click on the “Add New Profile” box and enter the infant’s information. Once the infant profile has been built, select the “SAVE” box. A notice will appear at the top of the profile page advising that the DOB for the patient is less than six months ago and will result in the creation of a congenital record. Choose “Yes.” You will then be asked to define the relationship (child) and contact type (other at risk) The episode list for the infant will now show a congenital record (due to the age of the patient) and a field record (based on the mother’s infection).

HELP TAB

In the PRISM system, there is a “HELP” tab. This tab contains reference information that reviews most aspects of entering information into the database. If the information needed is not found in this section, refer to this manual or contact the CDU Data and Training Coordinator.

PRISM CONTACTS

If you have questions about PRISM or need assistance please contact the PRISM Administrator/CDU Data and Training Coordinator.

Phone: 307-777-7953

Email: prism@wyo.gov

Confidential Fax: 307-777-5279