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

Counties: Baker; **Benton** (Alice); **Clackamas** (Carolee, Sunny); **Clatsop** (Sheri); **Columbia** (Heather, Laura); Coos; **Crook** (Anita, Karen); **Curry** (Denise); **Deschutes** (Debbie); Douglas (); Grant; Harney (); Hood-River; Jackson (); **Jefferson** (Joy); Josephine (); **Klamath** (Sharon); Lake; **Lane** (Lisa, Sidney); **Lincoln** (Molly); **Linn** (Debby, Karyn); **Malheur** (Tana); **Marion** (Dawn, Melanie); Morrow (); **Multnomah** (Joanie, Marta); **NCPHD** (Jeremy); Polk (); **Tillamook** (Christina); Umatilla; Union; Wallowa; Warm Springs; **Washington** (Gladys, Jennifer, Laylah); Wheeler; Yamhill ()

State: Cedric, Jeff, Julie, June, Kiley, Lexie, Lisa, Maureen, Michelle, Rob, Ryan, Stephen, Tom

| NOTES |  |  |
|-------|--|--|
| Item  | Discussion/Decisions   | Action items   |
| 1     | Overall Orpheus Update — Stephen:  - State is in 3 <sup>rd</sup> month in new contract with AppWorks. In addition to working on the "perform find" bug, AppWorks also is working on the new interface, which will be much closer to the look and feel of the STD interface. AppWorks is also working behind the scenes on several projects, including one with Dave Dreher of the Blood Lead program with regard to exporting data for CDC. AppWorks is also working on creating an HUS case by duplicating an <i>E. coli</i> (STEC) case, which will minimize duplicate data entry. | Login frequently to avoid being removed from the Citrix Active Directory.  AppWorks to finish developing the ability to create an HUS case by de-duplicating an <i>E. coli</i> (STEC) case by end of August, 2017. |
| 2     | General User Feedback — June   | Orpheus users to send June or Tech Team any feedback relating to Orpheus performance.  |

- Laura mentioned that it seems to be slower lately. Over the last few weeks
  it's been quirky, such as navigating between ELRs and going to the home
  screen. Things don't move right way.
- **Find/Query** or "Perform Find" this bug just appears on the users screen for no apparent reason with a dialog box indicating to the user that Orpheus is performing a find. **No one reported that this bug is still happening.**
- Contacts Tab. Sidney hasn't noticed this bug in a while, but the Contacts Tab is cumbersome and can use some fine tuning. Contacts Tab, though primarily used for STD, it affects other disease modules, e.g., Pertussis. Tracking between the contacts and the case is cumbersome, and the note in the contacts go back to the person record. It's confusing to know which notes are relevant to which disease or past cases, e.g., Syphilis. Michelle mentioned that we met with AppWorks yesterday and that is also on their list for this month, so hopefully there will be some improvement over the next month.
- **To Do List** items are cannot be checked off (Ryan). They just stay there forever. Sherrie also mentioned that you can go to the actual Notes Tab and click on the "done" checkbox.
- Have users experienced Citrix disconnects (asked by Michelle)? No.
- Sunny from Clackamas mentioned that the Recent Tab isn't reliable. It's not showing all the recent views, etc. Julie also noticed that it isn't working for her either. Michelle asked if the "recent" button is being used.
- **Use of the "google-like" search feature at top right of screen June.** Some users have been putting in phone numbers in this with varying success. Some

AppWorks to fix Contact Detail Layout Notes for STD -- needs to match Case Contact Notes (Bug #1975)

Orpheus users to remove semi-colons in notes; for some reason (parameter passing) they prohibit notes from being removed from users' lists.

State to look into the scripts affecting the Recent Tab.



use it for searching for date of birth. Case ID, Outbreak number, Date of Birth, etc.

### Best Practices for using the google-like search feature:

- Use first few letters of first name and last name, don't worry about case, e.g., for Johnny Doeyson, use "john doe"
- Okay to use middle name if your know it beforehand, e.g., for Johnny Wilbur Doeyson, use "john wil doey"
- Use date of birth, no need for leading zeros, e.g., for a date of birth of Jan 1, 1970, use "1/1/1970."
- Case ID numbers okay
- DO NOT search for Person ID numbers; instead use the People Search button on the Home Screen
- DO NOT search for phone numbers; instead use the People Search button on the Home Screen, and be sure to enter the dashes, e.g., 971-673-1111, not 9716731111.

Counties to let June know what types of data they're using the search field for.

#### **Users to review**

https://www.youtube.com/watch?v=7wqc7TMCSPo&fe ature=BFa&list=UUECCP\_-yoVoqLWmUYi2MCag for using the search feature.

State to make "google-like" search feature "smarter".

#### **ELR Update** — Michelle

- Clinical Reports with no lab report. Michelle has heard from Polk County that they've received clinical reports without an accompanying lab report, e.g., from Planned Parenthood:
- Multiple positive results on 1 ELR. Many labs have been changing the way they're sending ELRS and though they are appropriate in an ELR sense, they're harder to read in that >1 positive can be nested in the text notes, e.g., a Chlamydia/Gonorrhea result that is positive for both, or even worse, they send an entire panel that includes HIV, Syphilis, Hepatitis, etc. Although the ELR module tries to automatically find the positives and to put them in your cue, you might be missing a buried report within the ELR.

Best Practice for handling ELRs with multiple positive ELR results in one ELR record:

Be sure to look at the text within the ELR result

- Bug update on ELR "non-linking" due to record locking. This is an old bug associated with record locking and the subsequent inability to link an ELR to the Case. The problem has been that the script cannot perform the ELR link due to another window being open on the same record in the background. The user has no idea that the ELR did not link, as there is no indication that the link didn't happen.

**Best Practice for handling unlinked ELRs record:** 

Go to the More Tab, un-check the Linked and

Processed checkboxes and start over.

All: Please stay vigilant with regard to ELR your volumes; it helps detect other problems with automated processes, that, when broken, can delay ELRs.

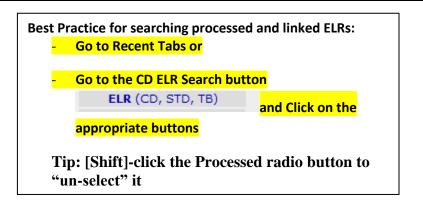
All: Please let Michelle know ASAP if you're not receiving reports from a clinic that's also supposed to send ELR reports, e.g., Planned Parenthood.

Users to be on the lookout for multiple positives. When finding multiple positives, use the More Tab of the ELR Patient Detail screen to create a duplicate ELR, and then set the duplicated ELR to the other positive disease.



Michelle to enhance the ELR Patient Detail interface that alerts the user to multiple ELR results.





- Ryan has noticed ELRs from LabCorps that indicate both venous and capillary specimen types; it should be one or the other. Is this a LabCorps issue or something that the provider is doing on the ordering side? Specimen type is wrong or order type is wrong. Michelle suggested looking at the OBR segment in the HL7 format if comfortable with HL7 format and the OBX segment should have the test and the results of that text.



Ryan to review raw HL7 message and follow up with Michelle, who will follow up with the lab.

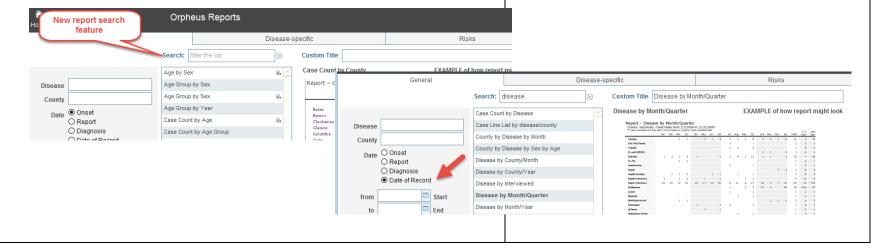
#### More on multiple ELR results and Salmonella in urine. Julie/Maureen

- Urine CREs that that were positive for *E. coli & Salmonella*. Reviewed an ELR that was positive for *E. coli* (urine) and was the first organism listed on the ELR list with **no mention of CRE** on the report, but MICs were listed for *E. coli* and *Salmonella*. It's highly unusual to have an *E. coli* (STEC) in the urine. The only time an *E. coli* from the urine is reportable is when it's a CRE. In this scenario, what the lab was *really* reporting was the *Salmonella*, but because the *E. coli* was listed first, and because it was isolated from urine and not a CRE, it was confusing. Point: Read the ELR results carefully to discern what's really being reported.

How to work up Salmonellas from urines – Julie. Usually risk questions are based on onset of GI symptoms. The first thing is to ask about GI symptoms, and if there was, then work if up from onset of diarrhea or vomiting. If no GI symptoms, e.g., in the past year, then still try to interview the case, but the focus should be on food preferences. For example, the person might NEVER eat sprouts, or they eat chicken ALL the time. Also, determine whether they live in a setting with livestock and things of that nature. Bottom line is do the best you can realizing that there will be questions that won't be answerable. Also, DO NOT SHOTGUN THE CASES IF THEY DON'T HAVE GI SYMPTOMS with a definitive onset date.

#### 4 Miscellaneous – June

 Reports interface. June reviewed new reports interface, demonstrated the search feature, and reminded users of that, when you search by disease to find the Disease by Month/Quarter and run a report – to USE THE DATE OF RECORD, which applies the correct date to the various diseases. User feedback on interface: State to consider a "crisper and darker font."



### Data for Public Health Policy

| 5 | Late breaking: Legionella – June  - Historically we only had to fill out the CDC Legionella forms on cases with travel history, but, due to nationwide increases in Legionella cases, CDC would now like the CDC form on ALL Legionella cases.  | State to prepopulate CDC's <i>Legionella</i> form to minimize duplicate entry.   |
|---|---|--|
| 6 | <ul> <li>Training topics – June         <ul> <li>Yesterday June did reports-focused training geared for Health Officers.</li> </ul> </li> <li>Lab 101 slated for August is postponed until September 6<sup>th</sup>; instead, Hepatitis (A, B, C, &amp; perinatal) training will be August 2<sup>nd</sup> 10:30-11:30.</li> </ul> | Counties to send hepatitis-related topics ASAP (interpreting tests, processing ELR, deleting duplicates, etc.) to Tasha or June to be sure they're covered.  Counties to send lab-related topics (interpreting tests, etc.,) to June to be sure they're covered. |

Future Meetings: 2<sup>nd</sup> Thursdays @ 1:30 PM

August 10, 2017 September 14, 2017