

Clinical Case Management

Highlighted fields must be completed and checked for accuracy by the clinical case manager or data entry person. Some fields, especially grayed out fields, are automatically populated by HHL PSS. Verify the information in these fields are correct. Contact IDPH regarding fields that are incorrect and cannot be corrected by the case manager or data entry person.

Patient Information

1. Confirm and update patient information.
2. Complete all required (highlighted) fields.
3. Add "Ethnicity" and "Race" information.
4. Save information.

(Last Name, First Name) DOB: 00/00/2015 ID#: 0123456 Jur.: STATE

HHL PSS
Healthy Homes and Lead
Poisoning Surveillance System

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Last Name	AKA	First Name	Middle Name	Case Type (Case Status)
				State Case (Open)
DOB	Current Age	Sex	Twin	Local ID No.
	3 Yrs. 5 Mos. *		<input type="checkbox"/>	Medical Rec
Ethnicity	Race			Max Blood Pb
Select	Select			22.4
Unknown	Unknown			# Reports
				2
Country of Birth	State/Province	Language	Interview in English?	SSN
			<input type="checkbox"/>	Medicaid ID
Number	Direction	Street	Type	Direction
	E	Washington	AVE	
City	County	State	Zip	Apt. No.
		IA	51503-1563	
Census Tract	Parcel No.	District	Follow-up received	
030100			<input type="checkbox"/>	
Guardian Phone	Guardian First Name	Guardian Last Name		
Patient Phone				

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Patient Address

1. Verify Patient Address.
2. Validate Address
3. Dedup address, if necessary.
4. Complete all required (highlighted) fields.
5. Save Address

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Reports

Address Id	Address	Resided From	Resided Until	Investigation Status	Delete	Edit
	E Washington AVE	9/25/2018		Open	X	Edit

Address Id: 749968

Line 1

Apt/Ste #

Line 2

Census Tract

City

State

Zip

County

Census Block

Parcel Number

District

Dwelling Type

No of Units

High Risk Structure?

Ownership Type

Phone

Year Built

Comments

Date Created	Created By	Date Modified	Modified By
9/21/2018	jlemmerr	9/21/2018	jlemmerr

Address Type

Address Status

Last Known Address

Resided From

Resided Until

Currently Lives At

Validate Address

Cancel

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Blood Lead Tests

1. Confirm blood lead "Result" and "Sample Type" are correct.
2. If necessary, verify confirmatory test has been completed.
3. Verify "Physician" and "Analyzing Laboratory" are present for most recent blood lead test.
4. Save all changes made on Blood Lead Tests page.

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Select	Tiered Date	Result	Sample Type	Patient Address on Draw Date	HL7 File	Delete
1685032	9/22/2018	18.1	Venous	E Washington AVE	View	Delete
1684304	9/13/2018	‡22.4	Capillary	E Washington AVE	View	Delete

No Result Result Type:

Confirmatory Test
 Lab data incomplete
 Electronically Reported
 Reported By Lab

Test Type	Detection	Result	Lab Smpl #	
Blood Lead Test ▼	Equal To ▼	18.1 * µg/dL	18261131292	

Sample Type	Sample Description	Screening Site	Funding Source
Venous ▼			

Date Drawn	Date rcvd at Lab	Date Analyzed	Date received at LHD	Tiered Date (Calculated)	Age at draw (Calculated)
09/22/2018			09/25/2018	9/22/2018	3 Yrs. 3 Mos.

Patient Address (at time of draw)	Age reported by lab	Adult?
E Washington AVE ▼	Yrs. Mos. <input type="checkbox"/>	<input type="checkbox"/>

Institution (ID=20675) Path Lab/J.Edmundson I/F	Choose	Delete
Physician (ID=1168891) JONES, CHRISTIAN	Choose	Delete
Analyzing Laboratory (ID=612) ARUP LABORATORIES	Choose	Delete
Referring Laboratory	Choose	Delete

Comment

Date Created	Created By	Date Modified	Modified By
9/25/2018	HL7 Processor	9/25/2018	HL7 Processor

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Case Details

Case Initiation

1. Complete Case Initiation information.
2. Save information.

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Case Type

Case Status: Reason for Case Initiation (Surveillance Case Only):

Case-Making Blood Result(s)

Date	Pb Value	Type	Patient Address at Draw Date
9/13/2018	22.4	Capillary	E Washington AVE #

Case Initiation

Origin of case notification:

... if Transfer, from where:

... if Other, specify:

Date of case making BLL: <input type="text" value="09/13/2018"/>	Date LHD first received notice: <input type="text"/>	Date case first assigned to Case Manager: <input type="text"/>
Case Manager home visit done?: <input type="text"/>	Date of first home visit: <input type="text"/>	
Date environmental health notified case: <input type="text"/>	Primary residence environmental Investigation done?: <input type="text"/>	Date of initial environmental investigation: <input type="text"/>

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Case Information

1. Complete "Case Details" information.
2. Assign a clinical "Case Manager".
3. Add Case Events for patient contacts and follow-up activities completed.
4. Save events.

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Case Details

Case Manager: kofficer Case Status: Open

Assign Case Manager

Case Events

Event Listing

Event Id	Event Type	Letter Type	Date Referred	Date Due	Date Completed	Result	Responsible Party	Delete	Edit
466930	Followup - Blood Test #1		9/21/2018	10/11/2018			kofficer, kofficer	X	Edit

Event Type: Followup - Blood Test #1

Date Referred: 09/21/2018

Date Completed:

Responsible Party: kofficer

Letter Type:

Date Due: 10/11/2018

Result:

Comment: Generated by HHL PSS

Save Event
Cancel

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Family Members

1. Add "New" primary parent or guardian information.
2. Save information.
3. Add as "Primary" guardian.
4. Add phone number.
5. Save information.

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Family Members and Guardian

Name	Relationship	Primary	Choose
	1		

First Name Middle Name Last Name Maiden Name

DOB Sex Relationship to Child Primary Guardian

Add Phone **Cancel**

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Environmental Case Management

Address Information

1. Confirm and update address information.
2. Validate and save address information.

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E WASHINGTON AVENUE (ID# 749968) JURI.: STATE

Home Clinical **Environmental** Administrative Reports

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Remediation Inspection
Clearance Inspection
Maintenance Inspection
Property Owner Information
Healthy Housing
Address Attachments

Edit Address

Address Id: 749968

Line 1 [redacted] Apt/Ste # [redacted] Line 2 [redacted] Census Tract [redacted]
* City [redacted] State IA Zip 55555 County [redacted] Census Block [redacted]

Parcel Number [redacted] District [redacted] Dwelling Type [redacted]
No of Units [redacted] High Risk Structure? Ownership Type [redacted]
Phone () - Year Built [redacted] Investigation Status **Open**

Comments [redacted]

Date Created	Created By	Date Modified	Modified By
9/21/2018	jlemmerm	9/21/2018	jlemmerm

Validate Address

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Investigation Summary

1. Add EBL Inspector name.
2. Add investigation details and save information.
3. Click on "Add Event" to add event details.
4. Enter "Event Type", "Date Referred", "Date Due", "Date Completed", "Result", "Responsible Party", and "Comment".
5. Save Event Detail information.

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E WASHINGTON AVENUE (ID# 749968) JUR: STATE

Home Clinical Environmental Administrative Reports

Investigation Summary

Investigation Listing

Investigation Id	Status	Investigator	Date Opened	Date Closed	Delete	Edit
12985	Open	kofficer, kofficer	9/25/2018		X	Edit

Associated Patient Listing

Test Id/Case Id	Specimen Source	Test Result	Date Collected	Patient Name	Date of Birth	Address Type	Guardian	Phone Number	Lived From	Lived Thru
1684304	Capillary	22.4	9/13/2018	MAXWELL, JESELYN	8/03/2015	Primary Home		712-8904363	9/25/2018	
1688032	Venous	18.1	9/22/2018	MAXWELL, JESELYN	8/03/2015	Primary Home		712-8904363	9/25/2018	

Investigation Detail

Investigation Detail

Investigator: Date Opened: Date Initial Inspection Completed:

Status: Investigation Reason:

Funding Source: Comments:

Investigation Outcome

Date Closed: Remediation Completed: Interior Exterior Soil Water

Closure Reason: Remediation Due Date:

Remediation Completion Date:

Clearance Test Due Completion Date: Clearance Completion Date:

Sources of Exposure Identified

No Hazard Identified: Alternate Location Identified:

Lead Paint Found: Yes No Unknown Lead Paint Hazard Location:

Lead Source Other Than Paint Found: Occupational Exposure: Yes No Unknown

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[Add Investigation](#)

Event Detail

Event Type: Letter Type:

Date Referred: Date Due:

Date Completed: Result:

Responsible Party:

Comment:

[Add Event](#)

Risk Assessment

1. Click on "Investigation Id" to access the Risk Assessment Inspection Detail.
2. Click on "Add Risk Assessment Inspection".
3. Add the "Start Date" and "Completion Date" of the EBL inspection.
4. Save Risk Assessment Inspection.

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Risk Assessment Inspection

Investigation Listing

Investigation Id	Status	Investigator	Date Opened	Date Closed
12985	Open	kofficer, kofficer	9/25/2018	

Investigation Id: 12985

Risk Assessment Inspection Listing

Inspection Id	Start Date	Completion Date	Hazard Identified	Delete	Edit
<div style="background-color: yellow; padding: 2px; display: inline-block;">Risk Assessment Inspection Detail</div>					
Start Date		Completion Date			

Add Risk Assessment Inspection

Sample Listing

Sample Id	Sample Type	Date Collected	Room	Component	Result	Unit	Hazard Identified	Delete	Edit
<div style="background-color: #000; color: white; padding: 5px 15px; border: 1px solid #000; display: inline-block;">Add Sample</div>									

Sample Detail

Location	<input type="text"/>	Hazard Identified	<input type="checkbox"/>
Room/Site	<input type="text"/>	Room/Site Identifier	<input type="text"/>
Component	<input type="text"/>	Component Condition	<input type="text"/>
Sample Type	<input type="text"/>	Substrate	<input type="text"/>
Result	<input type="text"/>	Unit	<input type="text"/>
Result Detection	<input type="text"/>	Date Collected	<input type="text"/>
Laboratory	<input type="text"/>	Date Received	<input type="text"/>
Date Sent	<input type="text"/>		
Side Identifier	<input type="text"/>		

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