

TEXAS Health and Human Services

Texas Department of State Health Services NEDSS Training Module 9: Returning to the Case Info Tab To Complete the Record

> DSHS Contractor Training 2023

Module 9

After completing this module, you should be able to:

Review Case Verification
 Category and Case Status in the
 Case Info tab for Counted Cases
 2.Update Case Verification Category
 in the Case Info Tab

Part 1: Review Case Verification Category

| Culture Confirm | ulture Confirmed Male 05/15/1995 (28 Years) | | | | | | | | | | Patient ID: 24384041 |
|-------------------------------------|---|--------------------|------------------------|-----------------|-------------------------|---------------|--|--------------------------|-----------------|----------------------|------------------------------|
| Investigation ID: CAS483802016TX01 | | | | | By: kathryn yoo | | | | | | |
| Investigation Status: Open | | | | | pdated: 10/10/2023 | | | By: k | athryn yoo | | |
| Investigator: | | | | | Status: Confirmed | | | Notif | ication Status: | | |
| | | | | | | | | | | | * Indicates a Required Field |
| Patient | Case Info | TB History | Tuberculosis | TB Disease Or | nly MDR TB | LTBI Only | Comprehensive TB Treatment Details | Contact Investigation | Contact Records | Supplemental Info | |
| Go to: Investigation | n Information Rep | orting Information | Administrative Informa | tion Clinical H | Hidden Questions Gene | eral Comments | Case Info Questions No | ot Used | | | |
| Collapse Sections | | | | | | | | | | | |
| ∃ Investigation Information Back to | | | | | | | | | Back to top | | |
| Reporting Info | Reporting Information Back to | | | | | | | | | | Back to top |

Administrative Information

Collapse Subsections

Key Report Dates

1. Date Reported:

| Submitted to Central Office | |
|--|----------|
| Case Submitted to Central Office for SCN Assignment: | |
| 2. Date Counted | |
| For Central Office Use Only | |
| Date Counted: | |
| Count Status: | <u> </u> |
| MMWR Week: 41 | |
| MMWR Year: 2023 | |
| Indicates case verification criteria result based on factors such as culture results, smear results, maior and additional sites of y | |
| Case Verification Category: 1 - Positive Culture | |
| Criteria Met for Provider Diagnosis: | |
| Case Status: Confirmed | |
| Notification Comments to CDC: | |
| | |

Come back to the Case Info tab when reviewing investigations with a State Case Number. Users will review: 1. Case Verification Category Back to top

2. Case Status

| Positive NAAT | Female 06/2 | 0/1986 (37 Yea | rs) | | | | | | | | Patient ID: 2 | 4384043 | |
|---|-----------------------|----------------------|----------------------|--|--------------------|--------------------|--|--|--------------------------------------|---------|-----------------|-------------|--|
| Investigation ID: C | AS483802017TX01 | | | Created: 10 | /10/2023 | | | By: kathryn yoo | | | | | |
| Investigation Statu | us: Open | | | Last Update | ed: 10/10/2023 | | | By: k | kathryn yoo | | | | |
| Investigator: | | | | Case Status | : Confirmed | | | Notif | fication Status: | | | | |
| Patient | Case Info | TB History | Tuberculosis | TB Disease Only | MDR TB | LTBI Only | Comprehensiv TB Treatmen Details | re Contact t Investigation | * Indicates a Required Fi | | | | |
| Go to: <u>Investigation</u> <u>Collapse Sections</u> | n Information Repor | ting Information A | dministrative Inform | ation <u>Clinical</u> <u>Hidde</u> | n Questions Gene | eral Comments Ca | <u>ise Info Question</u> : | <u>s Not Used</u> | | | | Back to top | |
| | | | | | | | | | | | | | |
| H Reporting Info | ormation | | | | | | | | | | | Back to top | |
| Administrativ | e Information | | | | | | | | | | | Back to top | |
| Collapse Subsection | ons tes | | | | | | | | | | المحاجبا والمرا | | |
| _ | | | | 1. Date Reported: | : | | | I hese fields are auto populated | | | | | |
| Submitted to C | Central Office | 0 | | | | | | | bacad any | | | | |
| 2 Date Counte | d | Case Submitted | to Central Office f | or SCN Assignment: | | | 4 | Dased on: | | | | | |
| For Central Office | u Use Only | | | | | | | | | | | | |
| Date Counted: Count Status: MMWR Week: 41 MMWR Year: 2023 Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the Case Verification Category: 1A - Positive NAA Criteria Met for Provider Diagnossis: Case Status: Confirmed Notification Comments to CDC: | | | | | | | | sting Se ulosis Ta ing Sect ulosis Ta sease oi | ion of ab ion of ab n TB | | | | |
| | | | | | | | | | Disease | Only Ta | ab | | |

| Clinical Case Male 12/12/1993 (29 Years) | | | Patient ID: 24384045 | | | | | |
|--|--|---|------------------------------|--|--|--|--|--|
| Investigation ID: CAS483802018TX01 | Created: 10/10/2023 | By: kathryn yoo | | | | | | |
| Investigation Status: Open | Last Updated: 10/10/2023 | By: kathryn yoo | | | | | | |
| Investigator: | Case Status: Confirmed | Notification Status: | | | | | | |
| Patient Case Info TB History Tub | perculosis TB Disease Only MDR TB LTBI Only | Comprehensive TB Treatment Details Contact Investigation Contact Records Supplemental Info | * Indicates a Required Field | | | | | |
| Go to: Investigation Information Reporting Information Administ | trative Information Clinical Hidden Questions General Comments | Case Info Questions Not Used | | | | | | |
| Collapse Sections | | | | | | | | |
| | | | Back to top | | | | | |
| Reporting Information | | | Back to top | | | | | |
| Administrative Information | | | Back to top | | | | | |
| Collapse Subsections Key Report Dates | | | | | | | | |
| | 1. Date Reported: | | | | | | | |
| Submitted to Central Office | | | | | | | | |
| Case Submitted to Cen | ntral Office for SCN Assignment: | | | | | | | |
| 2. Date Counted | | | | | | | | |
| For Central Office Use Only | | | | | | | | |
| Indicates case verification criteria result based on factors such as | Date Counted: Count Status: MMWR Week: 41 MMWR Year: 2023 s culture results, smear results, maior and additional sites of the dise Case Verification Category: 3 - Clinical Case Definition teria Met for Provider Diagnosis: Case Status: Confirmed Notification Comments to CDC: | Check that these field auto populated correct and match the datashe | ds tly eet | | | | | |

| Provider Diagnosis Fe | nale 07/11/1997 (; | 26 Years) | | | | | | | | Patient ID: 2 | 4384047 | |
|---|---------------------------|--------------------------------|--------------------------|-----------------------|------------------------|--|--------------------------|-----------------|------------------------|---------------|-------------|--|
| Investigation ID: CAS48380201 | 9TX01 | | Created: 1 | 0/10/2023 | | By: kathryn yoo | | | | | | |
| Investigation Status: Open | | | Last Updat | ted: 10/10/2023 | | | By: k | athryn yoo | | | | |
| Investigator: | | | Case Statu | is: Confirmed | | | Notif | ication Status: | | | | |
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| Patient Case In | o TB History | Tuberculosis | TB Disease Only | MDR TB | LTBI Only | Comprehensive TB Treatment Details | Contact Investigation | Contact Records | Supplemental Info | | | |
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| <u>Collapse Sections</u> | | | | | | | | | | | | |
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| Reporting Information | | | | | | | | | | | Back to top | |
| Administrative Informati | on | | | | | | | | | | Back to top | |
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| Submitted to Central Offic | • | | | | | | | | | | | |
| | Case Submitt | ed to Central Office f | for SCN Assignmen | t: | | | | | | | | |
| 2. Date Counted | | | | | | | | | | | | |
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| | | Case V | /erification Category | : 4 - Verified by Pro | ovider Diagnosis | ר אר | | | | | | |
| | | Criteria Met for | Provider Diagnosis | : Considerable Clir | nical Improvment Ba | ased O | | Verified | hy Prov | vider | | |
| | | | Case Status | : Confirmed | | | | verijieu | <i>by</i> 110 <i>v</i> | iuci | | |
| | | Notification | n Comments to CDC | 2: | | | | | anocic" | | | |
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Part 2: Update Case Verification Category

| rouder Diagons I Fennel 107/11/197 (24 Years) werdgalen D: Charge Status werdgalen D | | | | | | | |
|--|---|--|---|--|----------------------|----------------------|--|
| wetging in C. CARR 2001 Create \$10 10023 Optimize \$2001 wetging construction (Second Second S | Provider Diagnosis Female 07/11/1997 (26 Years) | | | | | | Patient ID: 24384047 |
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| o te: insertiation information Reaciding Information | Patient Case Info TB History Tuberculosis TB | Disease Only MDR TB | Comprehe LTBI Only TB Treat Detai | nsive Contact nent Investigation s | Contact Records | Supplemental Info | |
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| update based on the Case Verification Category and is not | The Case Status will | | Autopsy Report | To Active TR Case | | | cases with 4-verified by |
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| Provider Diagnosis Fema | ale 07/11/1997 (26 Ye | ears) | | | | | | | | | Patient ID: 24384047 | |
|---|-----------------------------|-------------------------|------------------------------|---------------------------|----------------------|------------------------|--------------------------|---------------------|----------------------|----------------------|-----------------------------|--|
| nvestigation ID: CAS483802019T | X01 | | | Created: 10/ | 10/2023 | | | By: kathryn yoo | | | | |
| nvestigation Status: Open | | | | Last Update | d: 10/10/2023 | | | | | By: kathryn yoo | | |
| nvestigator: | | | | Case Status | : Suspect | | | | | Notification Status: | * Indiante a Derwined Field | |
| | | | | | | Comprehensive | - | | | | indicates a Required Field | |
| Patient Case Info | TB History | Tuberculosis 1 | B Disease Only | MDR TB | LTBI Only | TB Treatment | Contact Investigation | Contact Records | Supplemental Info | | | |
| So to: Investigation Information R | Reporting Information Adm | inistrative Information | on <u>Clinical Hidde</u> | n Questions General (| Comments Ca | ase Info Questions No | t <u>Used</u> | | | | | |
| Collapse Sections | | | | | | | | | | | | |
| Investigation Information | | | | | | | | | | | Back to top | |
| E Reporting Information | | | | | | | | | | | Back to top | |
| - Administrative Information | | | | | | | | | | | Back to top | |
| <u>⊇ollapse Subsections</u> ⊒ Key Report Dates | | | | | | | | | | | | |
| | | | | 1. Date Report | ed: | | | | | | | |
| Submitted to Central Office | | | | | | _ | | | | | | |
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Demonstration



Texas Department of State Health Services

NEDSS Module #9, Demonstration #12: Completing Record Entry

Texas Department of State Health Services Tuberculosis and Hansen's Disease Unit NEDSS TB Data Entry Contractor Training 2023

https://vimeo.com/manage/videos/877242589

Navigating NEDSS



Do not use the back button from your internet browser. Records may become corrupted, and these errors are not easily resolved. If you accidently use the back button, return to the home page and start again.



Use Microsoft Edge. It is the browser to use when accessing NEDSS.



Avoid opening multiple tabs of NBS. If you have more than one open in a browser to edit information, it can cause data corruption issues. If you must have multiple open, use different browsers.

Exercise 13



Texas Department of State Health Services

End of Module 9