Evaluation Web – Direct Data Entry Guide

04/10/2019

General Notes:

Resources from Luther are available by clicking the blue "?" on the log-in screen or in the data entry Windows User



New records are editable for 90 days after submitting a form. On the 91st day they become locked and can only be unlocked by the data manager.

Negative test results must be entered within 7 days

Reactive results must be entered within 48 hours

Unknown Dates: use 01/01/1800; interpreted by system as "unknown"

Logging in:

New users can be added to Evaluation Web by first contacting Kyra Sanders (DHHS) <<u>sandersk7@michigan.gov</u>>. The authentication process may take several weeks to get approval through CDC and Luther.

Once you have received your log-in credentials, log-on by visiting <u>cdc-ew.lutherconsulting.com</u>. The log on process requires two steps: both entering your user name and password and selecting the correct security code which you will choose the first time you log on. You must allow pop-ups in order to access the data entry module for Evaluation Web.

Michigan	?
Please Login	
Username:	
Password:	
Forgot your password?	
Submit	
System Requirements	
EvaluationWeb HIV Test Template Current Version	

After logging on, users with access to multiple programs will be prompted to select a program. This selection will open a new window where you can view, enter, and edit test information.

User settings:

At any time after getting access to Evaluation Web, you can adjust certain user settings or set default data entry responses.

The left side of your browser contains the menu with options for data entry, report generation, agency data, program data, and other. Using the "Other" menu, you can change your password, view messages, set defaults, and print form labels.



Setting defaults allows for faster data entry by autopopulating certain fields with common or universal responses for your site. For example, you can default a program announcement and site location. Defaults are user specific and will only apply to your username.

We recommend that you only set defaults for a few variables so that you do not inadvertently make data entry errors. Program announcement, client state, and test election make good defaults.

Client Defaults Client Defa	ults - 18-1802 Risk Defaults Risk Defaults 18-1802 Test Defaults Test Defaults - 18-1802
Program Announcement:	PS 18-1802 🔹
Default Site Location:	•
Default State:	Michigan 🔻
Default County:	v
Default Zip Code:	
Default Ethnicity:	v
Default Race:	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Pacific Islander
	White
	Not specified
	Declined to answer
	Don't Know
Default Assigned Sex at Birth:	•
Default Current Gender:	•
Default Previous HIV Test:	
	Set Defaults

Enter Test Information:

All new testing events from funded entities will be entered using direct data entry in Evaluation Web.

All fields should be completed based on client responses, using "don't know" to indicate that the client does not know, "declined to answer" to indicate that the question was asked but not answered, and "not asked" to indicate that a question was not asked.

To enter a new test event, select "Data Entry," then "Enter Test Information" from the menu in the upper left corner.

users can set



ID: Fill out	18-18	802 Testing		
The sticky	HIV T	est Form		
number from the sample Check that	_	Form ID #		
there are no typos in this as	I			
it cannot be edited.				
Agency: Select Session date (date of testing event) and appropriate program announcement . Select Worker ID from the drop down. This is a new required field. Note that	Agency	Session Date Program Announcement Site Worker ID:	Type to filter	

defaults (see User Settings).

Client: Enter		Local Client ID# (optional)	
client		Year of Birth	
information.		State	- Select One -
		County	- Select One -
Client ID is the		ZIP Code	
10-digit sticky			
directly funded		Client Ethnicity	Hispanic or Latino
agencies, used			 Not Hispanic or Latino
for site specific			
client ID.			
		Race	American Indian or Alaska Native
For Client			🗌 Asian
Race, you may			Black or African American
select more			Native Hawaiian or Pacific Islander
than one			White
value.			Not specified Declined to answer
For "client's			
nrevious HIV			
test" vou will		Assigned Sex at Birth	O Male
no longer be			O Female
prompted for			 Declined to Answer
results if you		Current Gender Identity	O Male
select "yes".			◯ Female
			🔘 Transgender - MTF
Reason for			🔘 Transgender - FTM
new field used			Transgender - Unspecified
to document			Another Gender
what brought			O Declined to Answer
the client in for		Has the client had an HIV test	○ No
testing.		previously?	O Yes
			O Don't Know
		Danaan fan Taatinn	
		Reason for Testing:	Patient initiated or regular testing
			Medical provider initiated testing
			University of the state of ADS
			Repotel testing
			Partner testing
	ŧ		Referral from other agency
	lien		Other
	0		- outer

Test

Information:

Enter the clients overall test result here. If the only test performed was a non-reactive rapid, the data entry will look like this screen shot ->

If the first test was a reactive rapid and was confirmed by a second rapid, your final test type is still POC Rapid.

If the confirmatory test performed is a laboratory based, select that test type.

For laboratory based tests, additional results are possible. Select the final test result that matches the report from the laboratory.

For help interpreting lab results, call MDHHS Surveillance at 248-424-7910.

	HIV Test Election	O Anonymous
		 Confidential
		◯ Test Not Done
	Test Type	CLIA-waived point-of-care (POC) Rapid Test(s)
		Laboratory-based Test(s)
	Final Test Result	O Preliminary positive
		◯ Positive
		 Negative
		 Discordant
ation		🔘 Invalid
orm	Result provided to client?	○ No
i i		◯ Yes
Test		\bigcirc Yes, client obtained the result from another agency

HIV Test Election	Anonymous
	 Confidential
	◯ Test Not Done
Test Type	CLIA-waived point-of-care (POC) Rapid Test(s)
	 Laboratory-based Test(s)
Final Test Result	O HIV-1 Positive
	 HIV-1 Positive, possible acute
	O HIV-2 Positive
	 HIV Positive, undifferentiated
	O HIV-1 Negative, HIV-2 Inconclusive
	◯ HIV-1 Negative
	 HIV Negative
	\bigcirc Inconclusive, further testing needed
Result provided to client?	○ No
	◯ Yes
	Yes, client obtained the result from another agency

Negative Test Result: enter screening results and referrals here for PrEP	Negative Test Result	Is the client at risk for HIV infection? Was the client screened for PrEP eligibility? Is the client eligible for PrEP referral? Was the client given a referral to a PrEP provider? Was the client provided with services to assist with linkage to a PrEP provider?	 No Yes Ris No No Yes Yes Yes No 	s sk Not Known t Assessed y O Yes s, CDC criteria s, by local criteria or protocol y O Yes y O Yes		
Positive Test		Rapid Reactive Result:		Rapid Reactive - Antigen	Only	
Result:		•		Rapid Reactive - Antibod	lv Only	
complete for				Rapid Reactive - Antigen	and Antibody	
nositive or						
preliminary		Did the client attend an HIV me	edical	 Yes, confirmed 		
positive		care appointment after this positive test?		 Yes, client/patient self-re 	port	
results.		-		◯ No		
				🔘 Don't Know		
Note that				0		
		Has the client ever had a posi HIV Test?	tive	O No		
and should be				⊖ Yes		
updated after				O Don't Know		
the original test form is submitted.		Was the client provided with individualized behavioral risk- reduction counseling?		○ No ○ Yes		
		Was the client's contact information provided to the he department for Partner Servic	alth ces?	🔾 No 🔾 Yes		
	ult	What was the client's most se	evere	 Literally Homeless 		
	Res	housing status in the last 12 months?		 Unstably housed and at- 	risk of losing housing	
	st	monuis:		 Stably housed 		
	e Te			◯ Not Asked		
	itive			O Declined to answer		
	So			🔘 Don't know		
	а.					

Additional										
Tests for other		Was the client tested for co-								
sevually		infections?	○ No (Yes						
transmitted										
infections		Was the client tested for Syphilis?	○ No () Yes						
should be		Was the client tested for	-	_						
logged for all	ya.	Gonorrhea?	○ No () Yes						
clients offered	est	Was the client tested for								
additional tests	<u>a</u>	Chlamydial infection?	○ No (🔵 Yes						
	Ë									
	ġ	Was the client tested for Hepatitis	O No () Yes						
	4	C?	0							
	\geq									
PrEP		Has the client ever heard of PrEP	_	_						
Awareness		(Pre-Exposure Prophylaxis)?	⊖ No	∪ Yes						
and Use and										
Priority		Is the client currently taking daily	⊖ No	◯ Yes						
Populations:										
This section		Has the client used PrEP any time	_ N	O V						
should be	τĘ.	in the last 12 months?		⊖ Yes						
completed on	i,	la éta la sé Curana, bas éta aliané								
all clients. "Not	ie/F	had sex with a male?	⊖ No	🔾 Yes						
Asked" is not	۳,									
listed as an	P	In the last 5 years, has the client		O Vac						
option here,	5	had sex with a female?		U Tes						
and so all	nes	In the last 5 years has the client								
clients must be	are	had sex with a transgender	O No	◯ Yes						
surveyed	×.	person?	_	_						
about PrEP	e.	In the word Caseson has the eligent								
awareness and	문	initiate drugs or substances?	⊖ No	🔾 Yes						
sexual/drug										
history.										
Essential					Screened for I	need	Need determine	d Pi	rovided or referred	
Support		Health benefits pavination and enrolly	ment							
Services: Mark		Treatur benenits havigation and enroll	nem				0 140		0 N0	
"Yes"					⊖ Yes		U Yes		U Yes	
whenever a		Evidence-based risk reduction interve	ention		O No		O No		O No	
client is	ŝ				O Yes		O Yes		O Yes	
screened for	ŝ				0.103		0.00		0.00	
support	Sel	Behavioral health services			⊖ No		O No		○ No	
services. If	to				◯ Yes		◯ Yes		◯ Yes	
need is	dd									
determined,	Su	Social services			⊖ No		◯ No		○ No	
mark "Yes" and	tial				\bigcirc Yes		◯ Yes		◯ Yes	
if referral is	sen	Specify Essential Support Services							_	
made.	Ë	Referred:								
Referrals										
should be										
specified in the										

text box below.

No responses can be blank.

Local Fields: The local fields are no longer required for the state but can be used locally to track additional information.

Local field 2: enter

additional race if Arab/Chaldean , otherwise leave blank Local fields 3-8: Referrals See <u>Quick</u> <u>Reference</u>

	Local Use Field 1	
	Local Use Field 2	
	Local Use Field 3	
ß	Local Use Field 4	
ë	Local Use Field 5	
л Эё	Local Use Field 6	
č a	Local Use Field 7	
ö	Local Use Field 8	

For Health
Department
Use Only:
For positive
cases, the final
section of the
test form is
marked for
health
department
use only. CBO
users may skip
this section.
LHD users
should return
to the test
form and
complete this
at the end of
partner
services
investigation.

or Health Department Use Only

Submit Form

New or previous diagnosis	 New diagnosis, verified 		
	 New diagnosis, not verified 		
	O Previous diagnosis		
	 Unable to determine 		
Has the client seen a medical care	• No		
provider in the past six months for HIV treatment?	⊖ Yes		
	🔾 Don't Know		
	 Declined to Answer 		
Was the client interviewed for	• Yes, by a health department specialist		
Partner Services?	\bigcirc Yes, by a non-health department person trained I		
	⊖ No		
	O Don't know		
Date of interview	07/01/2018		

Submit Form:

the system will go through several

-
0
\sim
-

validation checks.	
If it recognizes no problems, you will see a confirmation	Data Submitted
screen.	

View Test Information:

To look up testing events in Evaluation Web, select "View Test Information" in the left hand menu, nested under "Data Entry"



View Test Information: See last 3 entries listed with Form ID (sticky #), Date of Test, and Date of Entry.

9 E V

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Test Information				
			Form ID	
Test Information	Form ID	Date of Test	Date Entered	
orts	80001	11/12/2015	11/12/2015	View ID
noy Data	900001	11/12/2015	11/12/2015	View ID
ram	111000982	11/09/2015	11/09/2015	View ID
Training Training Training	Please enter Form ID Type to filter Submit Form ID			

To search other entries, insert cursor into Form ID field to see all entries' Form IDs for that agency. Can either use drop down menu or key in the Form ID you are seeking.

	raining						
, insert d to see that	Michigan O Data Entry	CTR for Luther Consul	iting amiento		Entr		
liat	Enter Test Information	Form ID					
arop	View Test Information	Form ID	Date of Test	Date Entered			
e Form	C Reports	80001	11/12/2015	11/12/2015	View ID		
	🧟 Agency Data	900001	11/12/2015	11/12/2015	View ID		
	C Program	000000001	11/09/2015	11/09/2015	View ID		
	C Other	000000014	1				
	Training	000000019	Te .				
	Training	P 0000000011 0000000020	v				
	Training	1					
	Training	Submit Form ID					
	Training						

Click View ID for the record desired. Information will open up und "View Info" tab (a read-only screen) In "View Info" mode, you can print the testing form or export it as a PDF.

To edit test, select the edit test tab, insert updates or edits, and click <u>submit form</u> to have new information saved.

Tests can only be edited in the first 90 days after data entry and then become locked to future changes.

💫 Michigan			
Data Entry CTR	for Luther Consulting		
Enter Test Information		Form ID	View Info
View Test Information	-2017 Form		I
Reports			
Agency Data	Form ID:	MI0001U000000000000000000000000000000000	
Program			
Other >	Session Date:	11/12/2015	
Training	Program Announcement:	121201A	
Training	Site:	Luther Consulting - 123 (F01.01)	
Training	Client ID:		
- · ·	Client ID: Year of Birth:	1999	
Iraining	Client State:	Indiana	
Training	Client County:	MARION	
	Client Zip Code:	99999	
Iraining	Client Ethnicity:	Not Hispanic or Latino	
Training	Client Race (Check all that apply)	Black or African American	
Training		White	
Training	Client Assigned Sex at Birth:	Male	
Training	Current Gender Identity:	Male	
rraining	Previous HIV Test?	Yes	
Training	Client Self Reported HIV Test Result:	Negalive	
Training			
Training	HIV Test 1		
	Sample Date:	11/12/2015	
Iraining	Worker ID:	Doe, John	
Training	Test Election:	Tested confidentially	
Training	Test Technology:	Rapid	
Email Administrator	Test Result:	Negative	
Logout	Result Provided:	Yes	

Reports:

Program supervisors may wish to view reports on their testing data to check data quality or view summary statistics. Evaluation Web offers several options for generating and viewing these reports, or for exporting data as excel or comma separated files.

Enter/View Reports: Michigan Data Entry Reports Enter/View Reports 🧿 Agency Data Program 🧿 Other Reflexx: this tool allows you to generate custom reports based on selected variables. Reflexx opens in a new window. See the Evaluation Web training page for detailed tutorials on using Reflexx. Create New Report Create Joined Report Find Saved Report Manage Reports Data QA: Running a data quality

Data QA: Running a data quality assurance report will report the number of missing results in each form field. Choose your data type, variables, and data range and click "Run Data Quality Report." Evaluation Web will create an excel file of summary results that will be automatically downloaded to your computer.

(Note that events from 2013 forward use CT V3.1 variables.)

·			5 1
Reflexx	Data QA	Dashboard	Reports
Choose Data Type: HIV Testing	-		
CT V1 Variables Only			
CT V2 and V3 Variables Only			
CT V3.1 Variables Only			
All Versions			
 Definitions Only 			
Agency: Michigan Dept. Of Hea 💌			
Depart ALL data : includes all ress	rde with velid, unknown, and	westiensble session de	too

Report ALL data : includes all records with valid, unknown, and questionable session dates

O Report within date range:omit records with unknown dates or session dates outside of the selected range

Report questionable session dates:

includes records with unknown session dates indicated by 01/01/1800 or 01/01/1900, and session dates before 01/01/2008 and after today's date, which are typically out of range.

Run Data Quality Report

Dashboard Reports: The HIV

Testing Dashboard will open in a new window when you press "Launch HIV Testing Dashboard." Select an Agency and Program to view an interactive four-panel dashboard of your data.

Note that if you already have Reflexx or another Evaluation Web third window open, Dashboard Reports are unable to open.

HIV Testing Dashboard								
	Agency:	Luther Consulting				-		
		Programs CTR						
	Dates:	01/01/2016 to	05/09	2016	Submit			
Test Events				Test Informat	tion			1
				Rapid Tests	;: 0	Co	ventional '	Tests: 0
				Negative:	0		Negative:	0
	No data			Indetermi	inate: 0		Indeterminat	e: 0
				Positive:	0		Positive:	0
				Post Test Cou	nseling:	Pos	t Test Counse	ling:
Average Data Entry Lag Time:	0			Yes:	0		Yes:	0
Worker with Longest Average:				No:	0		No:	0
				Data Entry Inc	omplete: 0	Dat	a Entry Incom	olete: 0
Test Events (# of forms): Test 1: Test 1 & 2: Test 1, 2, & 3:	0	0 0 0			Risk Reduction	Plan:		
Risk Information		1		Positive/Inde	terminate Tests			1
Stare rejection Drugs Used injection Drugs Oral Sex with Mase Oral Sex with remain Without Contom With M SM With/DU With HIV Politike VIA Sex with Transgender VIA. Sex with Mase				Form Id	Agency	Date of Test	Test1	PTC1
V/A Sex with Female								
0 20	40 60 # of Forms	80 100		*Confirmed (to	ital 0)		1	1
		Output represents	s data su	bmitted to Evalu	ationWeb as of	05/09/2016.		
Reflexx		Data QA		Dasl	nboard Rep	oorts		DC Reports
Choose Report								

CDC Reports: this tab contains options for some pre-set reports which CDC uses. You can choose your jurisdiction and program announcement(s) to create a customized version of these reports.

Report Name:		-
	PPB Reports - Behavioral Risk Factor Report	
	PPB Reports - Juris diction Summary Report	
	PPB Reports - HIV Testing Summary Report	
	CBO Indicator Report	

Local Fields Quick Reference:

Local Field	Variable	Formatting of options
1	Reactive Test Result	R-Ag
		R-Ab
		R-Ag/Ab
2	Arab/Chaldean ethnicity	AC
		(leave blank if not Arab/Chaldean)
3-8	Referral Code(s)	(see full list of referral codes below)

Referral Codes

These codes get entered into local fields 3-8. It is important that they are entered exactly as formatted below for them to be properly tracked for evaluation purposes. No other information should be entered in these fields.

Additional notes from your test form can be maintained on paper at the agency level but do not need to be entered into Evaluation Web.

Referral to an Intervention	Description/Definition	Code
Personalized Cognitive Counseling (PCC)	Single Session Intervention for MSM Who Are Repeat Testers for HIV	17.00
STD Screening and Treatment	Mark only if testing/services does not	4.04
Viral Hepatitis Screening and Treatment	occur within your agency and is referred	4.05
TB Testing	out	4.06
Reproductive Health Services		4.08
Healthy Relationships	Five-session, small-group intervention for men and women living with HIV	4.1.02
Mpowerment	A community-level HIV prevention intervention for young gay men	4.1.05
Anti-Retroviral Treatment and Access to Services (ARTAS)	An intervention designed to link individuals who have recently been diagnosed with HIV to medical care.	4.1.31
Substance Abuse Services	Referral made for services post-screening	4.12
Mental Health Services		4.15
nPEP	Non-occupational postexposure prophylaxis	4.27.2
PrEP Medication Adherence Counseling	Can be marked for counseling HIV negative clients on PrEP adherence or HIV positive clients on ART ahderence	4.27Ad or MA
Denied PrEP referral	Client denies a referral to PrEP despite being eligible	4.27Denied
PrEP Navigation Services	Provided at agency	4.27Nav
Prescribed PrEP	First time prescribed	4.27Rx
PrEP refilled or repeat prescription	Any subsequent refills	4.27RxR
Brothers Saving Brothers	Intervention for young black MSM	4.3.01
Employment Services	Information or referral given for services	8.08employment
Food Services	related to these essential supports	8.08food
Housing Services		8.08housing
Transportation Services		8.08transport
Domestic Violence Services		8.08violence