## MDSS Version 1.0.7009 Release Summary

MDSS Users,

The new release, with the inclusion of the previously discussed features, is now available later this evening.

## New features include:

- 1. User Profile: If you can see the User Profile link on the left side directory of the case listing screen of the MDSS, you'll know that the new version of the system has been fully installed. Our referring community (labs and health care providers) will be especially pleased to see this addition. Once the information on this link is completed, it will automatically populate the referrer information fields when a new referral is added. No longer will an ICP need to complete the facility address for every referral! The alerting information will facilitate our linkage with the Michigan HAN system too. Click the 'Edit User Profile' button at the bottom of the User Profile screen to enter your information.
- 2. Within the System Administration area, Local Administrators will now have the ability to generate Administrative Reports. These reports summarize activity within your jurisdiction and can be used to fulfill the data reporting requirements for each jurisdiction's work plan.
- 3. A question for Salmonella serotype has been added to the current Salmonella case details form (pdf). The 'Salmonella serotype:' question is located under 'Laboratory Information' and has radio button options for the primary serotypes observed.
- 4. We are introducing the individual case reporting form for varicella that has been developed to meet the new requirements for individual case reporting.
- 5. When users are conducting Disease Specific Searches for conditions reported on the Basic Referral Form (form that covers several conditions for which there is no specific case detail form), the search will default to the condition selected and no longer require manual selection of that field.
- 6. Healthcare provider (HCP) and Laboratory Users were experiencing some challenges when cases they had entered were not available to them while in the pending work queue for processes like deduplication at the local health jurisdiction level. Now these users have another option under 'Case Investigations' to display the items on the pending work queue that have not yet been assigned. This option, 'Unassigned Cases', is available to only HCP and Lab users. It allows these users to verify that a case has been entered even if it is on the pending work queue.

- 7. HCP users have also been frustrated by the loss of access to cases that have been identified as matches to existing cases on the system. This release addresses that issue as well. The referring HCP is now internally associated with the existing investigation and has all associated access privileges.

  8. Laboratory entered cases include referrer access privilege like those accorded HCP's except they will only be able to view the case listings and will not have access to view or edit any of the case details.
- 9. Three changes have been introduced to the reporting section:
- a. We've added the option of selecting the "Case Status" and "Investigation Status" as part of the report selection criteria. This gives users great deal more flexibility in selection criteria for inclusion in reports. Please keep in mind that for "Case Status", if nothing is selected, the default criteria will include everything but 'Not a Case'. And for "Investigation Status", if nothing is selected, the default will include everything except 'Canceled' and 'Superceded'.
- b. While the default date range selection criteria on the reports will continue to use the "Onset Date" if it is available or the "Referral Date" if it is not, we now have the option of using only "Onset Dates" or "Referral Dates" for this selection. Note: Records with no recorded "Onset Date" will be excluded if "Onset Date" is the selected range.
- c. Reports 1, 2, 7, 8, 9 are now more consistent relative to options available for selection of a reporting "Time Interval".

We are experiencing some difficulty with the new release relative to a couple of areas, namely:

- 1. The User Profile is not appropriately populating pdf forms.
- 2. Historic aggregate counts are not registering on several reports.
- 3. The system has been recording duplicates of the electronic lab referrals.

We are currently working to resolve these issues.

Please remember that your Regional Epidemiologist is the primary point of contact for issues specific to using the MDSS. Contact information can be found by following the MDSS Support link on the bottom of every MDSS page. Thank You for your Continued Support of the MDSS,

Jim

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