



**COVID-19 Question and Answer Session
for Long-Term Care and Congregate Residential Settings**

September 25th, 2020

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

Agenda

- Upcoming webinars
- POC Testing Reporting Portal
- FAQ from last week
- Open Q & A

Slides and recording will be made available after the session.

IDPH webinars

Friday Brief Updates and Open Q&A

Friday, October 2 nd	https://illinois.webex.com/illinois/onstage/g.php?MTID=e51a3f0d027a46b4b5360823ed171c333
Friday, October 9 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e3e3d9a2aabc8be5c94f6084778768699
Thursday, October 15 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e5c96738693dd129680c10797f09d5da5
Friday, October 23 rd	https://illinois.webex.com/illinois/onstage/g.php?MTID=eee36e6230ecadbf04282a4fa264aed8e
Friday, October 30 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ec2188756e1dea85052f6e78c5a702f0b

Slides and recordings will be made available after the sessions.

IDPH POC Testing Reporting Portal

- Who is eligible?
 - All providers & sites performing point of care testing for COVID-19
- Where do I enter the data?
 - A secure portal that has a unique URL for your facility
- Where does the data go?
 - The data is securely transmitted to IDPH Communicable Disease Surveillance System (I-NEDSS) & also passed on the CDC & HHS per the CARES act.
- What is required to be reported?
 - All testing results for COVID-19 (positives & negatives) on all individuals tested (staff, residents, & visitors) at your facility

IDPH POC Testing Reporting Portal

1. Register at:

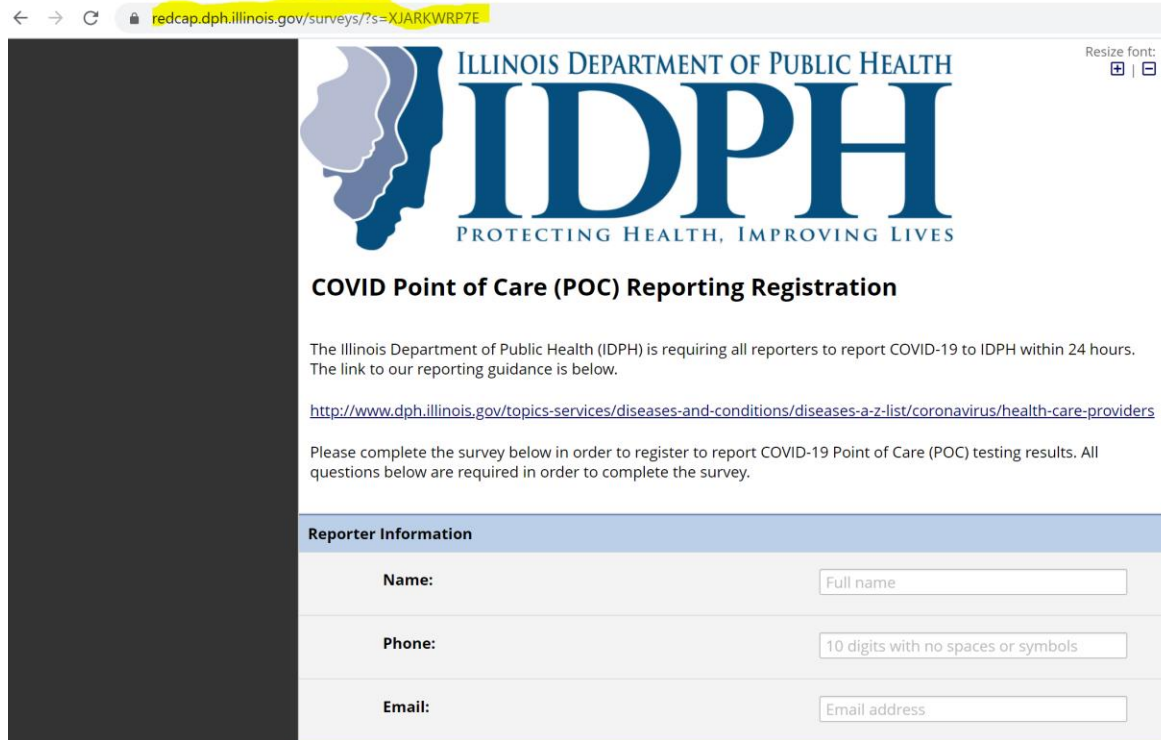
<https://redcap.dph.illinois.gov/surveys/?s=XJARKWRP7E>

or <https://redcap.link/dph.illinois.gov.pocCOVID19registration>

You will need:

- Point of contact name, email address, and phone number
- CLIA number
- Ordering Facility Information
- Ordering Provider Information

Registration Portal



redcap.dph.illinois.gov/surveys/?s=XJARKWRP7E

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

COVID Point of Care (POC) Reporting Registration

The Illinois Department of Public Health (IDPH) is requiring all reporters to report COVID-19 to IDPH within 24 hours. The link to our reporting guidance is below.

<http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers>

Please complete the survey below in order to register to report COVID-19 Point of Care (POC) testing results. All questions below are required in order to complete the survey.

Reporter Information

Name:	<input type="text" value="Full name"/>
Phone:	<input type="text" value="10 digits with no spaces or symbols"/>
Email:	<input type="text" value="Email address"/>


- Reporter Name
- Reporter Phone
- Reporter Email
- Provider Name
- **CLIA number**
- Facility Name
- Facility Address
- Facility Phone
- Testing Device Manufacturer
- Test Type Performed

****Ensure all information is entered accurately – this information will be on all reported results****

Next Steps

- IDPH will verify the CLIA & validate the information provided.
- The CLIA and organization information will be added to our systems
- IDPH will send an email with a unique URL for the POC Testing Reporting Portal for your facility to enter in all test results with prepopulated information for your facility.

IDPH Point of Care Testing Reporting Portal

Reporter Information	
Date of Report:	09-24-2020  Today M-D-Y
Disease/Event:	COVID-19
Reporter Name:	Johnny Tester
Reporter Phone:	(312) 335-4567
Reporter Facility CLIA:	14D39879868
Reporting Facility Name:	Nursing Home A
Facility & Provider Information	
Ordering Provider Name:	Tester Test
Ordering Facility/Client Name:	Nursing Home A
Ordering Facility/Provider Street Address:	1234 Sesame St
Ordering Facility/Provider Street Address 2	Department, building, suite, etc.
Ordering Facility/Provider City:	Chicago
Ordering Facility/Provider State:	Illinois
Ordering Facility/Provider Zip:	60612
Ordering Facility/Provider Phone Number:	3123567890

All information entered at registration is prepopulated on the reporting portal:

- Reporter Name
- Reporter Phone
- Reporter Email
- Provider Name
- **CLIA number**
- Facility Name
- Facility Address
- Facility Phone
- Testing Device Manufacturer
- Test Type Performed

Patient Demographics

Patient First Name:
Please make sure to spell the name correctly

Middle Initial:
Provide middle initial or name if available. This helps if patient profiles need to be merged.

Patient Last Name:
Please make sure to spell the name correctly

Patient Date of Birth: M-D-Y

Calculated Age from Date of Report (Years)

Patient Sex:

Patient Street Address:

Patient Street Address 2

Patient City:

Patient State

Patient Zip:

Patient Phone Number:

reset

You must enter **complete** patient (resident, staff, visitor) demographics:

- First Name
- Last Name
- Date of Birth
- Sex
- Race
- Ethnicity
- Address
- City
- State
- Zip code
- Phone number

Clinical & Laboratory Information

Test ID/Patient ID/Accession#: NOTE: this is the ID associated with the test. Also known as Test ID, Specimen ID or Order Number/ID

Specimen Received Date:

Specimen Collection Date:

Resulted Date: Date lab testing performed. Can also be denoted as 'Run by' date

Testing Device Manufacturer: 11 characters remaining

Specimen Source:

Test Result:

[reset](#)

Comments:

[Expand](#)

You must enter test information on **all test results** (positive & negative):

- Test ID
- Received Date
- Specimen Collection Date
- Specimen Result Date
- Specimen Source
- Test Type
- Test Results
- Comments (not required)

Verify Information & Submit

Verify Data Entry

⚠ Verify Lab Submission

Before submitting the lab report, please review the summary below and verify it is accurate. **Please check spelling on names and make sure dates are correct.**

Reporter Information

Reporter Name: Johnny Tester - 3123354567

Reporting Facility: Nursing Home A

Facility/Provider Information

Facility/Provider Name: Nursing Home A (**Provider:** Tester Test)

Address/Phone #: 1234 Sesame St Chicago, Illinois 60612 / **Phone:** 3123567890

Patient Information

Name: Johnny Tester

Date of Birth: 10-12-1932

Address/Phone #: 1234 Sesame St Chicago, Illinois 60612 / **Phone:** 3124553456

Lab Information

Laboratory Result: COVID-19 Antigen -Positive

Specimen Information: **Accession #:** 1234632 (**Date Collected:** 09-24-2020)



Submit

Print for Record Retention

Close survey

To print this COVID report for your records, click Ctrl plus P on your keyboard. Note: If you opt to receive a confirmation email, it WILL NOT include any protected health information.

Dear Johnny Tester,

Thank you for submitting a COVID report to the Illinois Department Public of Health. You have successfully submitted a report on **09-24-2020** for the provider: **Tester Test (Nursing Home A)**. Details of your submission are listed in the table below.

Result	COVID-19 Antigen -Positive
Reporter	Johnny Tester - (312) 335-4567
Provider/Facility	Tester Test -Nursing Home A
Patient	Johnny Tester (DOB: 10-12-1932)

The reference number for your submission is **250**. Please note that the Illinois Department of Public Health will follow up on incomplete reports as needed. If further guidance is needed, contact Communicable Disease Section at 217-782-2016 or if it's after business hours, 1-800-782-7860. If you need to make corrections to the report you submitted, please email dph.elrresp@illinois.gov with the reference number (250). Please do not include any protected health information in your email inquiry.

Thank you,

Illinois Department of Public Health

Enter your email to receive confirmation message?

A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

* Your email address will not be stored

After submission, you will be given the option to print the information for your records or to receive an email confirmation.

Note: the emails will NOT contain any PHI, only the reference number will be provided.

IDPH POC Testing Reporting Portal

Register at:

<https://redcap.dph.illinois.gov/surveys/?s=XJARKWRP7E>

or <https://redcap.link/dph.illinois.gov.pocovid19registration>

You will need:

- Point of contact name, email address, and phone number
- CLIA number
- Ordering Facility Information
- Ordering Provider Information

Questions:

dph.elrresp@Illinois.gov

FAQ from last week

- Q: CMS requires us to put previously positive staff/residents into weekly testing again if positive more than 3 months ago. How do we handle these staff members if they test positive again after 3 months but remain asymptomatic?
- Q: When will IDPH be commenting on the CMS memo regarding visitation posted yesterday? Are we to follow that guidance or the IDPH guidance currently in place for visitation?

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
- NHSN Assistance
 - Contact Telligen: **nursinghome@telligen.com**