NBS Lead Case Investigation Completion Guidance

Indiana Department of Health

This information is specific for the completion of the Lead Case Management Module

All information requested throughout the investigation is important and necessary. **All fields should be completed** to provide needed data for IDOH, CDC and LHDs to allow for more successful monitoring and reporting and a more successful investigation.

Throughout the Case Investigation (CI):
- ➤ Yellow highlighted areas – Information is **required**
- ➤ Blue highlighted areas – Information is good to have if available
- ➤ CI Tabs are noted at the top of each section

⊟ Patient Information

Patient

General Information

> * **Information As of Date:** 02/02/2024
> **Comments:**

When opening a CI, fill in "As of Date" fields with the date opening CI, click Submit. Will see "You have successfully saved…" message at top of page or a msg. telling you the areas that were missed and that need to be completed to allow CI to be saved.

Name Information

> * **Name Information As Of Date:** 02/02/2024
> * **First Name:** Tinker
> **Middle Name:**
> * **Last Name:** Bell
> **Suffix:**

Other Personal Details

> * **Other Personal Details As Of Date:** 02/02/2024
> * **Date of Birth:** 02/03/2023
> **Reported Age:** 11
> **Reported Age Units:** Months
> **Current Sex:** Female
> **Country of Birth:**
> **Is the patient deceased?:** No
> **Deceased Date:**
> **Mortality Information As Of Date:** 02/02/2024
> **Marital Status As Of Date:**

Important to complete this section when applicable. Does not indicate that the patient died of lead poisoning, only that the patient is deceased for any cause.

Guardian Information

> **Parent/Guardian First Name:** Jane
> **Parent/Guardian Last Name:** Smith
> **Relationship to Child:** Mother
> **Other Relationship to Child:**

Reporting Address for Case Counting

> **Address Information As Of Date:** 02/02/2024
> **Street Address 1:** 390 Main St
> **Street Address 2:**
> **City:** Noblesville
> **State:** Indiana
> **Zip:** 46060
> **County:** Hamilton County
> **Country:** UNITED STATES

Information required to be able to close CI

Telephone Information

> **Telephone Information As Of Date:** 02/02/2024
> **Home Phone:** 321-456-9874
> **Work Phone:**
> **Ext.:**
> **Cell Phone:**
> **Email:**

Ethnicity and Race Information

> **Ethnicity Information As Of Date:** 02/02/2024
> **Ethnicity:** Unknown
> **Race Information As Of Date:** 02/02/2024
> **Race:** Black or African American

Language Information

> **Primary Language:**

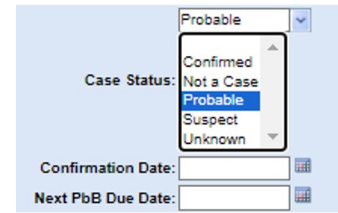## Case Info

Investigation Details

It's important to insert your county here when initially opening CI to facilitate tracking of cases if/when pt. leaves your county.

Jurisdiction: FLOYD (Prepopulated)
Initial Jurisdiction: HAMILTON
* Program Area: Lead (Prepopulated)
Legacy Case ID:
State Case ID:

Case Status: Probable

Confirmation Date: [ ]

Next PbB Due Date: [ ]

Case Manager

Date opening CI

* Case Start Date: 02/02/2024
Case Manager: Sue Henry
LHD Street Address
New Albany, Indiana 47150
Lead1@nomail.com
3175555555
Date Assigned to Investigation: 02/02/2024

Case Status = Changing Field
The label selected when opening the CI is based on BLL info below & is changed when confirmatory specimen is obtained. (Exception: Initial spec. is venous because no confirmatory required)

When Opening a CI Use:
- **Probable:** when initial capillary BLL ≥ 5 ug/dL
- **Suspect:** when initial capillary BLL 3.5-4.9 ug/dL
- **Unknown:** when no specimen info on initial lab report
- After confirmatory specimen has been obtained, based on those results go back in and change status to either **Confirmed** or **Not a Case.** See "Notes", pgs. 5-6, for definitions.

Case Status

Date confirmed as a case (lab)

Case Status: Probable
Confirmation Date:

Date of next test that is due; confirmatory or retest

Next PbB Due Date: 1/10/20

Investigation Status

Status to remain "Open" until meets qualifications to close. See "Case Closure" on pg. 6 for more info.

*Investigation Status: Open (Prepopulated Default)
Investigation Close Date:
Case Closure Reason:

When Investigation status changed to closed, these options appear & are to be completed.

Laboratory Information

General Laboratory Information

Specimen Collection Date: 12/10/19
Sample result measured in mcg/dL: 18
Specimen Source: C
Confirmatory Sample:
Reason For Testing:
Type of Provider Ordering Test/Screening Site:
Performing Lab Type:
Other Performing Lab Type:
Source of funding for the test:
Other Source of funding for the test:
Medicaid:
Medicaid ID Number:

The results and information from the lab report that resulted in the need to open the case investigation is placed here. Usually this will be the first lab drawn. Only one set of lab result data needs to be entered. Do not replace data with each specimen drawn.

Provide if have information available

Clinical

Reporting Facility and Physician

Reporting Facility: RIVERVIEW FISHERS PEDIATRICS
14540 PRAIRIE LAKES BLVD STE 200
NOBLESVILLE, Indiana 46060-0000
317-926-3739
Physician Name: Mary Pat Forkin
Physician Phone: 317-926-3739
Physician Phone Extension:
Physician Address:

Is required info to be able to close CI

Treatment Information

Chelated: No
Chelate Type:
Chelated Funding Source:

If applicable

Hospital

Was the patient hospitalized for this illness?: No
Hospital:
Admission Date:
Discharge Date:
Total Duration of Stay in the Hospital (in days):

Last updated: 05/22/24

Case Management

Lead Events and Actions

Lead Events and Actions

	Follow-up Event/Action	Event Date Completed	Event/Action Performed By	Event/Action Comments
.	Attempt to Contact Primary Care Physician	02/06/2024	Case Manager	Calling to confirm knowledge of test done and to confirm confirmatory testing plan. Message left

Provide all info.

Follow-up Event/Action:

Event Date Completed:

Event/Action Performed By:

Event/Action Comments:

All nurse's notes/documentation of care goes into the Case Management tab. Either in the "Lead Events & Actions" or "Case Notes" section, or both. Must be in "Edit" mode to see the white boxes, the drop-down menu of action items to choose from, and the "add" button.

Add

Case Notes

Case Notes

	Case Notes	Date	Added/Updated By
.	2/6/24 Called, spoke to mother. Asked about F/U appointment schedule for confirmatory test. Discussed what she has been told by Dr. so far and next steps.	02/13/2024 13:49	LEAD1 LEAD1

Case Notes:

Case Notes:

Add

Case Overview Information

Case Initiation

"Case Overview" tab is only completed when home visit has been completed (i.e. Patient is in Case Management), **All requested information is to be provided.**

Initiation Details

Date Initial Home Visit Was Completed:
Name of Person Completing Home Visit:
Date Risk Assessment Was Completed:

Important to complete. Important to provide the date of the home visit.

Residency Information

Note children less than 7 years of age, pregnant

	Household Member Name	Relationship to Child	Household Member Date of Birth
.			

Household Member Name:
Relationship to Child:
Household Member Date of Birth:

Be sure to list all children < 7 yrs. old and anyone pregnant who lives in the home.

List where child spends more than 6 hours a week

	Name of Location (ex. daycare, grandparents house)	Address of Other Location (Number & Street, City,	Phone number of other location	Average Time Spent at Other Location
.				

Name of Location (ex daycare, grandparent's house):
Address of Other Location (Number & Street, City, State & Zip Code):
Phone number of other location:
Average Time Spent at Other Location:

Risk Factors in the Home

Does the child eat or chew on non-food items?:
Does the child eat dirt?:

Parent/Guardian Information

Mother Information

Is the mother pregnant?:
Due Date:
Was Blood Lead Testing Recommended for the Mother?:

Parent/Guardian Work Information

Do any adults in the household work in the lead industry?:
If yes, who?:
Industry:
Occupation:
How long have they been employed at their current occupation?:
Is a routine blood lead test given?:
Is clothing changed before leaving work?:
Shower at work?:
Wash hands before eating at work?:

Parent/Guardian Work Information

Wash work clothes separately?:

Other Exposure Information

Does anyone in the home have a hobby involving lead?:
If yes, choose from the following:

> When in edit mode, if answer is yes, choose hobby from drop down.

> (Use Ctrl to select more than one)
> Making/Casting Bullets
> Making/Casting Fishing Sinkers
> Painting
> Pottery/ceramics finisher
> Radiator Repair
>
> Selected Values:

Developmental Assessment

A developmental assessment is required for all children in lead case management.

Date the developmental assessment was completed:
If a referral was made for the developmental assessment, date of referral:
Agency the developmental assessment referral was made to:

> **Important to complete.** Fill in all fields, providing all requested information.

Nutritional Assessment

A nutritional assessment is required for all children in lead case management.

Date the nutritional assessment was completed:
If a referral was made for the nutritional assessment, date of referral:
Agency the nutritional assessment referral was made to:

> ****Developmental and Nutritional Assessment required for every child in Case Management****
> Developmental Assessment: If you do not have qualifications to conduct a developmental assessment, **must refer child**. Suggested sources: 1) Contact healthcare provider to determine if dev. assessment has been done in recent office visit. If yes, request copy of the record and attach to the CI in the Attachment section of Supplemental Info tab; or 2) Referral to First Steps, Head Start, other similar organizations in community. Attach reports to CI.
> Nutritional Assessment:
> Completing home visit and asking nutrition questions as indicated on form will qualify as completing assessment, but further referral is also appropriate (e.g. WIC, dietician, etc.).

Other Referrals

WIC
Head Start or First Steps

Was a referral made to WIC?: Date the WIC referral was made:
Was a referral made to Head Start or First Steps?:
Date the Head Start or First Steps referral was made:

Address History

Address History

Address History

	Street Address	Apt/Unit Number	City	State	Zip Code	County	Address Type	Date First Occupied	Date Last Occupied	Was a clearance performed?	Date Referred for Investigation	Date Investigation Completed	Lead hazards?
.													

Street Address:
Apt/Unit Number:
City:
State:
Zip Code:
County:
Address Type:
Date First Occupied:
Date Last Occupied:
Was a clearance performed?:
Date Referred for Investigation:
Date Investigation Completed:
Lead hazards?:

> Complete with current address information and any addresses where child spends significant amount of time. The addresses will require investigation. Update as necessary throughout the investigation.

Manage Associations: Used for attaching labs found in the DRR or the "Events" tab of the Patient File to the CI.
Create Notifications: Used to create a "Notification" message that is sent to IDOH Case Coordinator for designated situations and as needed. More information, including list of designated situations found here.

Manage Associations
Create Notifications
Transfer Ownership

Supplemental Info

☐ Associations

Labs attached/associated to the CI from the DRR queue or Events tab of Patient File are found here.

Associated Lab Reports

Date Received	Reporting Facility/Provider	Date Collected		Test Results	Program Area	Event ID

Date Received	Reporting Facility/Provider	Date Collected	Test Results	Program Area	Event ID
12/13/2019 12:00 AM	**Reporting Facility:** INDIANA STATE DEPT OF HEALTH **Ordering Provider:** DR STEVEN FARMER	12/10/2019	**Lead, Blood:** =18	Lead	OBS10090025IN01

Associated Morbidity Reports

Date Received	Condition	Report Date	Type	Observation ID
Nothing found to display.				

Associated Treatments

Date	Treatment	Treatment ID
Nothing found to display.		

Associated Documents

Date Received	Type	Purpose	Description	Document ID
Nothing found to display.				

Notes

☐ Notes And Attachments

No nurse's notes/documentation of care is placed in the "Notes" section. Your IDOH Case Coordinator will document in this location if he/she has notes to add or share on the case. **All documentation of care is placed in the "Case Management" tab.**

Date Added			Private
Nothing found to display.			

Attachments

All attachments are added here. Scan document into computer, use "Add Attachment" button to attach. Will not see "Add Attachment" button if in Edit mode.
Completed home visit form is to be attached to CI. Any documentation from HCP or other partners, and any other needed documentation should also be attached here.

Date Added			Description
Nothing found to display.			

Add Attachment

☐ History

Investigation History

Change Date	User	Jurisdiction	
02/13/2024	LEAD1 LEAD1	FLOYD	Prol

History of Notifications, including communication shared between LHD and IDOH, and Notification status is found here.

Notification History

Status Change Date	Date Sent	Jurisdiction	Case Status	Status	Type	Recipient
02/13/2024		FLOYD	Probable	PEND_APPR	NND Individual Case Notification	Local
Comments:						

NOTES:

There are two <u>categories of cases</u>. **Every case will qualify to be in one or the other of these categories.**
- The category of being **"A Confirmed Case"**
- The category of being **"Not a Case"**

Definition of a case that is considered to be in the "Confirmed Case" category can be <u>either</u> of these options:
- When the initial <u>capillary</u> BLL is $\geq$5 µg/dL **AND** the confirmatory (capillary or venous) BLL is $\geq$5 µg/dL
- When the initial <u>venous</u> BLL is $\geq$5 µg/dL, no confirmatory specimen is required.

Last updated: 05/22/24

Definition of a case that is considered to be in the "Not a case" category can be any of these options:
- When the initial capillary BLL is <5 µg/dL **AND** the confirmatory (capillary or venous) BLL is <5 µg/dL
- When the initial capillary BLL is >5 µg/dL **AND** the confirmatory (capillary or venous) BLL is <5 µg/dL
- When the initial venous BLL is <5 µg/dL, no confirmatory specimen is required.

CASE CLOSURE AND "INVESTIGATION STATUS"

❖ **Closing a Case: – "Confirmed Case" Category Patients** (i.e. Patients in case management)

- Case is determined to be in the "confirmed case" category.
- Complete all the "steps of care" bullets listed on Rainbow Chart for the appropriate BLL
- Use Table B on Rainbow Chart to retest according to the timeline listed for the BLL until the patient has met the selected case closure qualifications that are specific to the case. Selected qualifications are listed in the "Case Closure" box (below and on Rainbow Chart).
- Ensure that documentation in the NBS Case Investigation is complete.
- **Send a NBS "Notification" to IDOH Case Coordinator** who will then close the case investigation by changing the "Investigation Status" to closed.
- **You DO NOT change the "Investigation Status" to closed.** That is the role of the IDOH Case Coordinator

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Case Closure (410 IAC 29-2-2)

Case investigations may be closed under **either** of the following conditions and when the elements for the selected condition has been met. Go here for complete details:

1. **Case Complete:**
   a. Appropriate referrals have been made; **and**
   b. The child has two (2) consecutive confirmed blood lead tests at least sixty (60) days apart for which the blood lead level is less than five (5) µg/dL and environmental lead hazards have been remediated and passed a clearance test

2. **Administratively Closed:** (Any of the following reasons apply)
   a. Child moves to another state   b. Child moves to another county
   c. Child reaches seven (7) years of age
   d. Child can no longer be located or contacted, and five (5) attempts have been made to contact the child during twenty-six-week (26) closure window according to the following: (All MUST be documented)
      i. At least one (1) telephone call to parent or guardian after the first four (4) weeks
      ii. At least one(1) letter to the parent or guardian between nine (9) and thirteen (13) weeks
      iii. At least one (1) certified letter to the parent or guardian between thirteen (13) and twenty-one (21) weeks
      iv. At least one (1) attempted home visit to the child's last known address after twenty-four (24) weeks
      v. Repeat of any previous choice
   e. Case management is blocked for religious or other legally recognized reasons
   f. The death of the child

❖ **Closing a Case: – "Not a Case" Category Patients**

- Case is determined to be in the "Not a Case" category.
- Complete all the "steps of care" bullets listed in the 3.5-4.9 ug/dL section of the Rainbow Chart, including using Table B on the Rainbow Chart to retest according to the timeline listed for the BLL.
- If BLL is <3.5 ug/dL, follow the final four steps listed below to close the case and investigation,
- If BLL is **not** <3.5 ug/dL, evaluate progress of patient (i.e. compliance of parents/guardian, management of HCP, etc.) to determine if additional steps of care and management are needed, e.g. continued testing and monitoring, or if closing the case and investigation is appropriate. Consult with IDOH Case Coordinator for guidance as needed. Case can be closed at this time or retested using Table B and then re-evaluated to determine closure.
- **Patient does NOT need to meet the qualifications listed in the Case Closure box on the Rainbow Chart to close cases that are in the "Not a Case" category.**
- At the time of case closure, ensure that documentation in the NBS Case Investigation is complete.
- **Send a NBS "Notification" to IDOH Case Coordinator** who will then close the case investigation by changing the "Investigation Status" to closed.
- **You DO NOT change the "Investigation Status" to closed.** That is the role of the IDOH Case Coordinator

❖ **"Notification"** -An alert/message submitted in NBS by the LHD to IDOH concerning a specific activity/purpose. More information can be found here.