

Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 1 Standard 2 Measure 2A.3**

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

Document Title:	Influenza Report						
Document Date:	2/22/2016						
Version of Standards and Measures Used: 1.5							
Related PHAB Standard and Measure Number							
Domain:	1	Standard:	2	Measure:	2	Required Documentation:	A3.1
Short description of how this document meets the Standard and Measure's requirements: This is an influenza report from a regional health system in Feb 2016.							
Submitting Agency:	Utah Department of Health						
Staff Contact Name:	Nikki Campbell						
Staff Contact Position:	Health Educator						
Staff Contact Email:	ncampbell@utah.gov						
Staff Contact Phone:	(801) 538-6486						
Can we attribute the document to your agency?							
<input checked="" type="checkbox"/> Yes, you can include our agency name when posting <input type="checkbox"/> No, please post the document anonymously							
Can we include staff name and contact information with the documentation?							
<input checked="" type="checkbox"/> Yes, you can include staff contact information <input type="checkbox"/> No, please do not include staff contact information							

Thank you for submitting your health agency's documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.

[Type here]

The following are PHAB’s policies for all submitted documentation¹:

- a. No draft documents will be accepted for review by PHAB.
- b. All documentation must be in effect and in use at the time that they are submitted to PHAB.
- c. Documents must be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation, either with documentation submission or at the site visit. In order for documentation to be considered by site visitors it must be in an electronic format and included in the health department’s record of documentation in the e-PHAB system.
- d. A PDF version of all documentation is preferred. If a document is not a PDF, it should be in a commonly used program such as Word, Excel, or PowerPoint. Documents created using health department specific software, special graphics, or other program not commonly used, will not be accepted.
- e. In many cases, a measure is demonstrated only once, at a central point in the health department. Examples of these types of documentation requirements include department-wide policies (such as human resource policies), procedures, and plans. In these cases the requirement is for a specific, central document, rather than for examples.
- f. Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or the guidance.
- g. Health departments are encouraged to provide narrative that describes how the submitted document relates to and meets the requirement. Text boxes will be provided by e-PHAB for health departments to include descriptions and explanations.
- h. Health departments must comply with e-PHAB electronic submission requirements and processes.

¹ PHAB requirements as listed in National Public Health Department Accreditation Documentation Guidance, page 2: <http://www.phaboard.org/wp-content/uploads/National-Public-Health-Department-Accreditation-Documents-Version-1.0.pdf>

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To:	8015389923	Date:	06:30 02/22/2016
From:	Intermountain Lab	Pages:	3

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INTERMOUNTAIN CENTRAL LABORATORY
5252 South Intermountain Drive, Murray, UT 84107
Phone: (801)507-2110

DOB: [REDACTED] Hosp #: [REDACTED] ER
Bill #: 222611014 Room: ERQ
Home Phone #: [REDACTED] Dr: Vogel, Katherine M
Work Phone #: [REDACTED] IDX #: 5664053 Dr: Self, Referring

S5296173 COLL: 02/20/2016 23:45 REC: 02/20/2016 23:53 PHYS: Vogel, Katherine M

RFAPCR called at 0229 to Gary R. RN at IM ER 02/21/16 ab
faxed to 801-538-9923 on 02/22/2016 at 0624 CP
faxed to 385-468-4234 on 02/22/2016 at 0624 CP

RESPIRATORY FILM ARRAY PCR

Specimen Type	Nasal		{ IM }
Respiratory Syncytial Virus	Not detected	[NDE]	{ IM }
Influenza A H1N1 (2009)	Detected	[NDE]	{ IM }
	Call/Fax Results		
Influenza A H1N1 (Seasonal)	Not detected	[NDE]	{ IM }
H3 Influenza	Not detected	[NDE]	{ IM }
Influenza A (no subtype detected)			{ IM }
	Not detected	[NDE]	
Influenza B	Not detected	[NDE]	{ IM }
Human Metapneumovirus	Not detected	[NDE]	{ IM }
Adenovirus	Not detected	[NDE]	{ IM }
Parainfluenza 1	Not detected	[NDE]	{ IM }
Parainfluenza 2	Not detected	[NDE]	{ IM }
Parainfluenza 3	Not detected	[NDE]	{ IM }
Parainfluenza 4	Not detected	[NDE]	{ IM }
Rhinovirus	Not detected	[NDE]	{ IM }
Coronavirus HKU1	Not detected	[NDE]	{ IM }
Coronavirus NL63	Not detected	[NDE]	{ IM }
Coronavirus 229E	Not detected	[NDE]	{ IM }
Coronavirus OC43	Not detected	[NDE]	{ IM }
Chlamydomphila pneumoniae	Not detected	[NDE]	{ IM }
Mycoplasma pneumoniae	Not detected	[NDE]	{ IM }
B. pertussis	Not detected	[NDE]	{ IM }
Comments:	See Note:		{ IM }

(NOTE)

INTERPRETIVE TEXT FOR: RESPIRATORY FILM ARRAY PCR

Both Rhinovirus and Enterovirus are detected by the Rhinovirus assay. They are genetically similar Picornaviruses and are difficult to differentiate by PCR. In upper respiratory specimens, the majority of viruses detected will be rhinovirus.

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The interpretation of detection of Rhinovirus requires clinical correlation. Detection of Rhinovirus/Enterovirus from the upper airway of a febrile neonate should not be used to consider the infant to be at low risk for serious bacterial infection (SBI). Rhinovirus can cause severe lower respiratory disease, especially in immunocompromised hosts, but more commonly causes URI. Shedding can be prolonged after symptoms resolve.

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If Enterovirus infection is clinically suspected, specific testing should be performed using Enterovirus specific PCR on serum or CSF, or in some circumstances viral culture. Clinical

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RESPIRATORY FILM ARRAY PCR (CONTINUED)
decisions regarding systemic Enterovirus infection should not be
made based on results from upper respiratory testing.

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This assay is performed using the FDA cleared FilmArray*
Respiratory Panel (RP) from Idaho Technology Inc. It is a
self-contained and fully automated system that performs nucleic
acid purification, reverse transcription, and nested multiplex
real-time PCR with high-resolution melt analysis. A negative PCR
result generally indicates the absence of target nucleic acid,
but does not exclude the presence of target nucleic acid at
levels below test sensitivity, or inhibitory substances
infrequently present in clinical specimens. This test was
evaluated and its performance characteristics validated by
Intermountain Healthcare Laboratories.

{IM} = Performed at Intermountain Central Laboratory, Murray, Utah