Spontaneous Generation?
Patient Registrations

<table>
<thead>
<tr>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
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<td>10</td>
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<td>12</td>
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<td>14</td>
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<td>16</td>
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<td>18</td>
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<tr>
<td>20</td>
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<tr>
<td>22</td>
</tr>
<tr>
<td>24</td>
</tr>
<tr>
<td>25</td>
</tr>
</tbody>
</table>

Data Source: Regenstrief Medical Informatics
Number of structured observations

NOTE: in 1992 there were 70 million
Copy for: Hajugo, Maria A.

Pt:

St. Francis Family Practice
Albany Street

St. Francis Beach Grove
1600 Albany St.
Beach Grove, IN 46107

Pt: Indianapolis

Acct: 

DOB: Sex:

SSN:

Home: Work:

Ordering by:

Primary Care:

Data:

Accession:

Location: BCPD

St. Francis Family Practice
Beach Grove

St. Francis Beach Grove
1600 Albany St.
Beach Grove, IN 46107

Procedures

Basic Metabolic Panel

Glucose

07

Flag

xg/dL

Units

70-100

Creatinine

0.8

Sodium

136

Potassium

4.2

Chloride

102

Carbon Dioxide

23.0

Calcium

9.5

Lab performed at Beach Grove Campus: 1600 Albany St., Beach Grove, IN 46107
CHLAMYDIA

Name (last, first, m.I.)
LAB TESTING, HARRY M
If child, name of parent (last, first, m.I.)
BUNNY, BUGS Z

Address (number and street)
1 MAIN STREET
City, ZIP code
MAYBERRY, 46299

County
Marion

Date of birth (month, day, year)
11 12 2005
Age
3

SEX
Male
Female
Black
Non-Hispanic

Pregnant?
Yes
No
Unknown

Other

Etiologic agent

Site of infection

Date of diagnosis (month, day, year)

Stage (syphilis only)

Symptoms associated with infection?
Yes
No
Unknown

IF YES

Pertinent symptoms, signs:

Onset date (month, day, year)

Date(s)

Date of report

Check here if you need more cards

Name of physician and address
PLANTSTONE, FRED

Name of hospital, name of hospital

Report number

DISTRIBUTION: White - Indiana Department of Health; Canary - Local Health Office, Pink - Reporter
**Patient:** DOE, JANE  
**ID:** 7777777  
**Doctor:** DOE, JOHN  
**Sex:** F  
**DOB:** 01 Jan 00

### ENCOUNTERS

<table>
<thead>
<tr>
<th>Encounter</th>
<th>Notes</th>
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<tbody>
<tr>
<td>MMG GREEN MED</td>
<td>01Am07</td>
</tr>
<tr>
<td>ST FRANCIS 3 ER</td>
<td>01Am07</td>
</tr>
<tr>
<td>Unmappd</td>
<td>01Am07</td>
</tr>
<tr>
<td>Loadout</td>
<td>01Am07</td>
</tr>
<tr>
<td>BENIGN ESSENTIAL HYPERTENSION</td>
<td>01Am07</td>
</tr>
</tbody>
</table>

### CHRONOLOGIC

#### TREATMENT

- **AM**:
  - Treament 1 SecP1 Qn 0.5 mg/mL 01Am07
  - AMI: 0.5 mg/mL 01Am07
  - AMI: 0.5 mg/mL 01Am07
  - AMI: 0.5 mg/mL 01Am07

#### CK MB

<table>
<thead>
<tr>
<th>CK MB BldSecP1 Qn (Reps)</th>
<th>3.0 mg/mL</th>
</tr>
</thead>
</table>

#### ESR

- ESR: 30 mm/L 01Am07

#### Temperature

<table>
<thead>
<tr>
<th>Temperature</th>
<th>0.02 mg/mL</th>
</tr>
</thead>
</table>

### LAB RESULTS

#### LDL PROFILE

- Cholesterol, HDL, SecP1 Qn: 300 mg/dL 01Dec05
- Total Cholesterol SecP1 Qn: 220 mg/dL 01Dec05
- HDL SecP1 Qn: 60 mg/dL 01Dec05
- LDL SecP1 Qn: 110 mg/dL 01Dec05

#### AUTOMATED DIFFERENTIAL

- Neutrophil #: 24,000/kc/mm3 01Dec05
- Eosinophil %: 0.5% 01Dec05
- Basophil %: 0.5% 01Dec05
- Mononuclear %: 10% 01Dec05
- Lymphocytes %: 50% 01Dec05

#### TSH SecP1 Qn

- TSH SecP1 Qn: 1.5 mg/mL 01Dec05

#### HEMOGLOBIN

- Hb: 13.0 g/dL 01Dec05
- MCH: 40 pg 01Dec05
- MCHC: 36.0 g/dL 01Dec05

#### BASIC METABOLIC

- Blood Glucose: 100 mg/dL 01Dec05
- Water: 50 g/day 01Dec05
- Sodium: 140 mg/dL 01Dec05
- Potassium: 4.5 mg/dL 01Dec05
- Calcium: 10.0 mg/dL 01Dec05

### CLINICAL ABSTRACT

**HOSP ABSTRACT**

- Discharge: DISCH 15Dec05
<table>
<thead>
<tr>
<th>Order Date</th>
<th>Results</th>
<th>Updated Date</th>
<th>Status/Priority</th>
<th>ORD#</th>
<th>Links</th>
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<tr>
<td>05-Mar-2009 18:02</td>
<td>PT PAT</td>
<td>05-Mar-2009 00:00</td>
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<td>9056720008</td>
<td></td>
</tr>
<tr>
<td>17-Sep-2008 10:12</td>
<td>Infection Control Observation</td>
<td>17-Sep-2008 00:00</td>
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<td>171<em>1</em>3896*14671.36746</td>
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<tr>
<td></td>
<td>VRE Cx Site</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>VRE Cx Infection Status</td>
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<tr>
<td></td>
<td>Barrier Isolation Status</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Infection Control Comments</td>
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<tr>
<td>11-Sep-2008 19:43</td>
<td>Urine Culture</td>
<td>16-Sep-2008 09:24</td>
<td>final</td>
<td>UC7072-4</td>
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<tr>
<td></td>
<td>Urine Culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Ur Org: Enterococcus faecium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>50 THOU - 74 THOU/CC</td>
<td></td>
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<td></td>
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<tr>
<td>11-Sep-2008 19:43</td>
<td>Suscept MIC1</td>
<td>16-Sep-2008 09:23</td>
<td>final</td>
<td>UC7072-4</td>
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<tr>
<td></td>
<td>Suscept MIC1</td>
<td></td>
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<tr>
<td></td>
<td>MIC Organism: Enterococcus faecium</td>
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<tr>
<td></td>
<td>Ampicillin MIC: 32.0</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Vancomycin MIC: &gt;=32.0</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Nitrofurant MIC: 256.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cmtr 1: QUINUPRISTIN/DALFOPR 0.5 MCG/ML SUSCEPTIBLE LINEZOLID 2.0 MCG/ML SUSCEPTIBLE XD</td>
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<td></td>
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<tr>
<td>09-Sep-2008 22:05</td>
<td>Hosp Procedures</td>
<td>16-Sep-2008 09:00</td>
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<td></td>
<td>Hosp Procedures</td>
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<td></td>
<td>VENOUS CATHETER NEC</td>
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<tr>
<td>12-Sep-2008 13:06</td>
<td>Staff Note-Gopher</td>
<td>12-Sep-2008 13:03</td>
<td>final</td>
<td>H69904320<em>1</em>26712</td>
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<tr>
<td>12-Sep-2008 12:29</td>
<td>ACE Follow-up Note</td>
<td>12-Sep-2008 12:47</td>
<td>final</td>
<td>H69908368<em>1</em>33882</td>
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<tr>
<td>12-Sep-2008 00:31</td>
<td>ROUTINE HEMATOLOGY</td>
<td>12-Sep-2008 01:52</td>
<td>final</td>
<td>H1705.2</td>
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<tr>
<td></td>
<td>RDW</td>
<td></td>
<td></td>
<td>15.1±H % (11.5-14.5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neutrophils %</td>
<td></td>
<td></td>
<td>55 % (50-70)</td>
<td></td>
</tr>
</tbody>
</table>
Regional HIE

- Map local provider ID to IHIE ID
- Normalize message
- Route to “provider”

- Minimal normalization
- Route message to provider

IHIE

Healthbridge

Data Source

HealthLINC

Provider EMR

Regenstrief Medical Informatics
Diabetic patient is overdue for HgA1c measurement (recommended every 6 months).

Message: This decision support reminder may be inaccurate or based on incomplete data. The clinician should always use proper judgement while taking care of the patient, and should not automatically assume that this decision support reminder is correct.

To contact the Regenstrief Institute, please email simonata@regenstrief.org or call 317-425-6605.
Public Health
What is shigellosis? Shigellosis is a serious gastrointestinal illness that occurs about two days to one week after a person becomes infected with shigella bacteria. The infection is usually passed from one person to another. Some people may have no symptoms but still spread the infection. The symptoms are:
- Diarrhea
- Sudden stomach pain
- Stomach cramps
- Fever
- Vomiting
- Blood, pus and mucus in stool
- Case number seven

76 ill from outbreak at child-care sites

By Kathleen Schaefer

A major outbreak of shigellosis — a serious gastrointestinal illness that quickly strikes preschoolers — has been reported at 14 Indianapolis child-care centers and ministries, according to the Marion County Health Department.

From January to the present, the health department had 76 confirmed cases of shigellosis. That compares to only one case in the first four months of 1999, officials said.

The germ typically is spread from hand to mouth and is contained in fecal material. It takes only a very little bit of material to be infected, but the germs must be ingested. They're not spread via air, and it's not airborne," said Ann Johnson, coordinator of communicable disease epidemiology for the Marion County Health Department. "This little bacteria is pretty potent."

The infection is best prevented by thorough washing after using the bathroom or changing a diaper.

"It spreads very quickly if you do not wash your hands," Johnson said.

She refused to name the 14 affected centers Thursday evening, pointing out that all have been cooperative with the health department. These centers were not limited to any geographical area of the city, she said.

"I guarantee that all of these day cares are among the cleanest in the city now," Johnson said. "They're working very hard with it. If you walk into them, you can immediately smell the bleach."

Centers have been encouraging:

- Thorough hand washing
- Not eating on the job
- Proper disposal of diapers
- Proper disposal of waste
- Proper toilet cleaning
- Extra clean-up when illness occurs

See OUTBREAK Page 2
Neuro Event

[Graph showing ED visit count from 30 Nov 05 to 30 Dec 05 with spikes on 10 Dec 05 and 22 Dec 05.]
GI Event
ELR Completeness

Electronic Laboratory Reporting (INPC)

Passive Reporting (Health Dept.)
- 282
- 73
- 10

Passive Reporting (Hospital)
- 550
- 77
- 515
- 3278
Delivered regularly, these reports provide an overall view of the provider’s score of each priority measure the provider falls into compared to the Adjusted Peer Score.

John Doe (ID #9999) from ABC Practice
As Of XX/XX/YYYY

Average RPI: -16.22%

Provider Summary

<table>
<thead>
<tr>
<th>Measure</th>
<th>AWC - Adolescent Well-Care Visits</th>
<th>BCS - Breast Cancer Screening</th>
<th>CCS - Cervical Cancer Screening</th>
<th>CHL - LDL-C Screening</th>
<th>DC1 - HbA1c Testing</th>
<th>DC3 - LDL-C Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>123</td>
<td>206</td>
<td>231</td>
<td>42</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>Reminders</td>
<td>71</td>
<td>55</td>
<td>61</td>
<td>26</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>PCP or Group Score</td>
<td>31.97%</td>
<td>72.30%</td>
<td>72.73%</td>
<td>30.85%</td>
<td>74.65%</td>
<td>60.55%</td>
</tr>
<tr>
<td>Adjusted Peer Score</td>
<td>30.00%</td>
<td>69.82%</td>
<td>77.70%</td>
<td>54.06%</td>
<td>82.97%</td>
<td>78.46%</td>
</tr>
<tr>
<td>Relative Performance Index</td>
<td>-26.34%</td>
<td>4.48%</td>
<td>-6.40%</td>
<td>-42.73%</td>
<td>-10.93%</td>
<td>-22.80%</td>
</tr>
</tbody>
</table>

- Adjusted Peer Score: The Peer (Regional) Score adjusted to reflect the provider’s population mix (percentage of Medicare, Medicaid, and Commercial patients); i.e. what the Peer Score would be if the Peer Population Mix was the same as the Provider Population Mix.
- Relative Performance Index: Shown as a percentage, this index is based on the relationship of the Provider Score to the Adjusted Peer Score.
**Patient Name**

- **Gender:** F
- **DOB:** 02/28/1955
- **QHF ID:** [Redacted]
- **PCP:** [Redacted] - Post Road Family Medicine

**Pending Reconciliation**

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>11/01/1970</td>
<td>BMI</td>
</tr>
</tbody>
</table>

**Alerts**

- **BCS - Breast Cancer Screening**
  - Breast Cancer Screening
- **CDC - Comprehensive Diabetes Care**
  - HbA1c Testing
  - LDL C Screening
  - LDL-C Controlled (< 100 mg/dL)
  - Retinal Eye Exam
  - HbA1c Well Controlled (<7%)
  - HbA1c Controlled (<9%)
- **CCS - Cervical Cancer Screening**
  - Cervical Cancer Screening
- **COL - Colorectal Cancer Screening**
  - Colorectal Cancer Screening

**Breast Cancer Screening**


**Pending Reconciliation**

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy - Bilateral</td>
<td>11/01/1970</td>
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</table>

**Patient History**
<table>
<thead>
<tr>
<th></th>
<th>DC8</th>
<th>LBP</th>
<th>URI</th>
<th>W15</th>
<th>W34</th>
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<tbody>
<tr>
<td>DC2</td>
<td></td>
<td></td>
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<tr>
<td>DC3</td>
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<td>DC5</td>
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<td>DC6</td>
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<td>CM1</td>
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<td>CM3</td>
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<td>CCS</td>
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<tr>
<td>CHL</td>
<td></td>
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</tr>
</tbody>
</table>

The graph displays various data trends over time for different categories, as indicated by the row and column headers. The x-axis represents time, starting from 0 and increasing to 20, while the y-axis shows rate variations from 0.2 to 0.8.
Research