

Arizona BioSense Workgroup Meeting

**Sara Imholte & Krystal Collier
Electronic Disease Surveillance Program
August 9th, 2016**



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- Updates
 - AZID Training presentation
 - Exploratory Analysis Group Update
 - HRI
 - Measles Update
 - Outbreak response
 - Arboviral Disease Surveillance Consultancy
 - **Final Report available**
 - Region 9 Data Sharing Workshop
 - When and who, goal
 - HRI
 - Drug-related visits – ongoing project (AZ interest in opioid and marijuana)
- ESSENCE transition
 - What is it?
 - New tools
 - New data structure
 - Next steps
 - Testing
 - Data transition
 - Testing
 - Training
- Charter last year
 - Review of objectives and deliverables
- Charter goals for the next year
 - Review of 5 year goals and call to think about year 2 objectives



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Electronic Partners Status Update

Hospital Onboarding

Registration of Intent = 68

Hold Queue = 38

Testing = 0

Validation = 3

Production = 26

Data Use Agreements

Hospitals = 66

Local Public Health
Jurisdictions = 14



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Onboarding Updates

Production

**26 Facilities
in Production**

Validation

IASIS Healthcare

Tempe St. Lukes Hospital

St. Luke's Medical Center

Mountain Vista Medical Center



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AZID 2016

Hospital Syndromic Surveillance in Arizona

Sara Imholte & Jessica White



Sara Imholte Flickr Creative Commons TSI Healthcare
Image ID: 000020221945 | Image resized 60%

Take a voyage with Exploratory Analysis Subgroup



Photo: Flickr Creative Commons
www.voyage.org

The figures and tables in this report summarize the number of emergency department and inpatient hospital visits for individuals experiencing heat related illnesses (HRI) according to Arizona BioSense data. Included are daily maximum and minimum temperatures as well as selected demographics and risk factors.

All BioSense surveillance data is assumed to be preliminary and may not reflect the true number of emergency room and hospital visits. Events may increase or decrease as additional data are received.

Figure 1. Frequency of Maricopa County HRI cases identified during the 2016 heat season with maximum and minimum daily temperatures; Temperature data source: National Weather Service (2016)

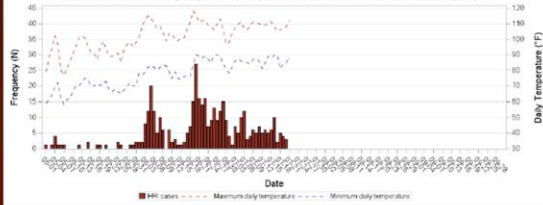


Figure 2. Frequency of Maricopa County HRI cases identified during July 2016 heat season with temperatures

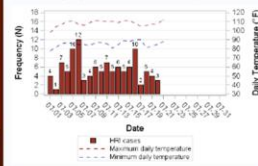
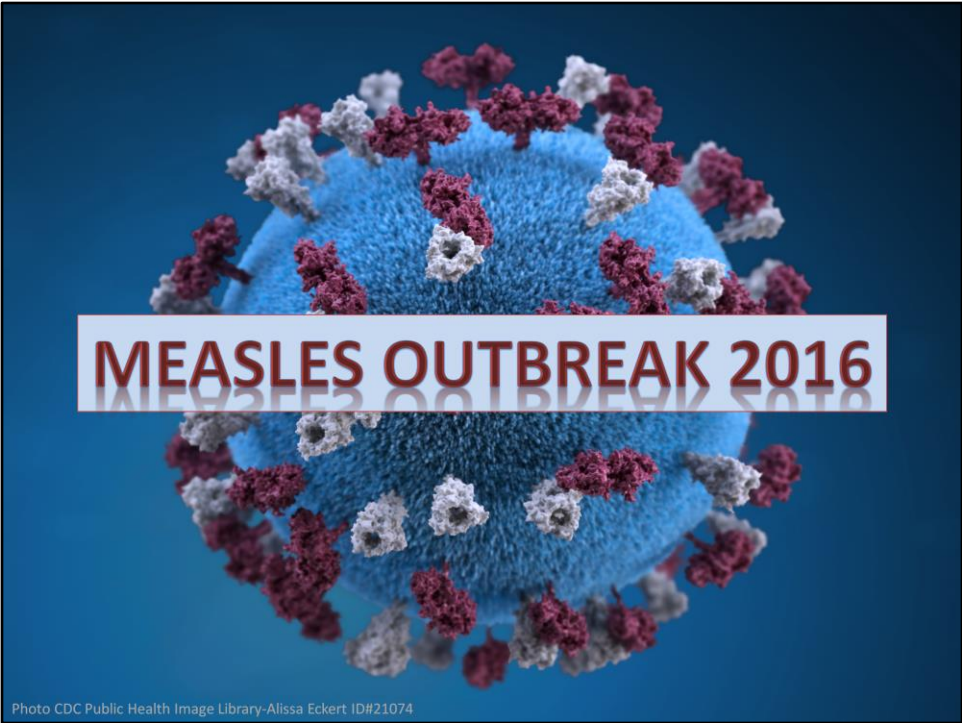


Table 1. Daily summary of HRI cases and temperatures for the two weeks preceding 07-25-2016

Date	Maximum	Minimum	Cases
Tuesday, July 12, 2016	110	81	5
Wednesday, July 13, 2016	109	85	6
Thursday, July 14, 2016	111	89	5
Friday, July 15, 2016	111	89	6
Saturday, July 16, 2016	108	90	10
Sunday, July 17, 2016	105	90	2
Monday, July 18, 2016	106	81	5
Tuesday, July 19, 2016	107	84	4
Wednesday, July 20, 2016	108	85	3
Thursday, July 21, 2016	112	88	-
Friday, July 22, 2016	-	-	-
Saturday, July 23, 2016	-	-	-
Sunday, July 24, 2016	-	-	-
Monday, July 25, 2016	-	-	-

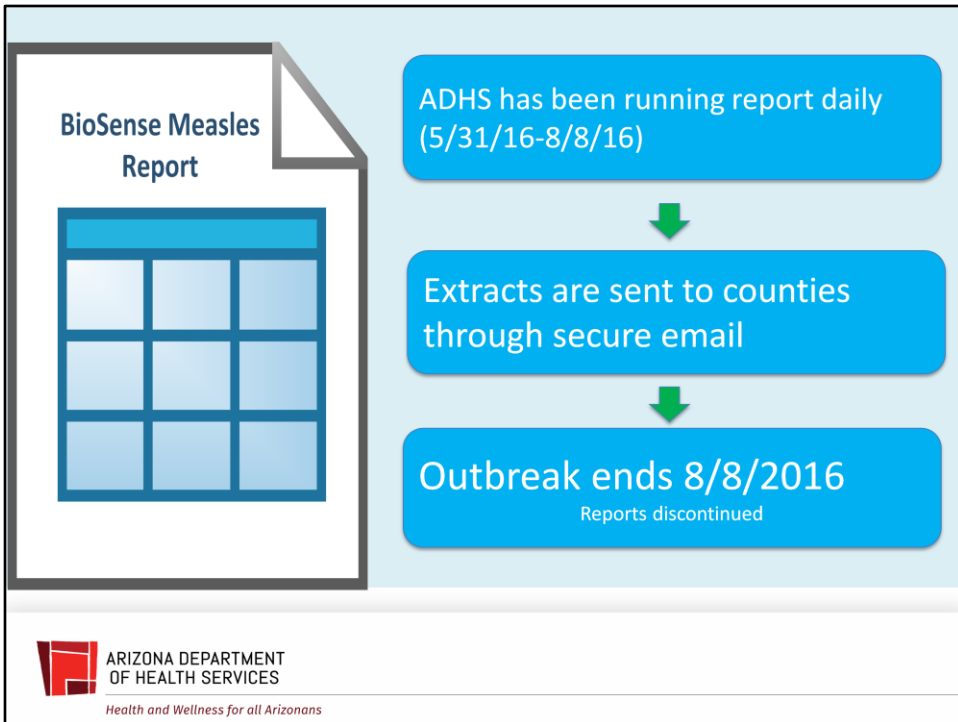
DRAFT. This report was produced on 07-25-2016

Photo Flickr Creative Commons
ScenicSW Desert Sun



MEASLES OUTBREAK 2016

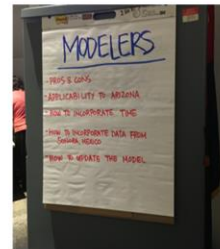
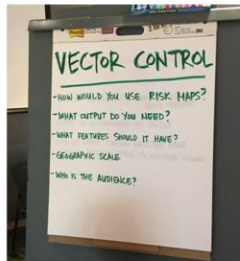
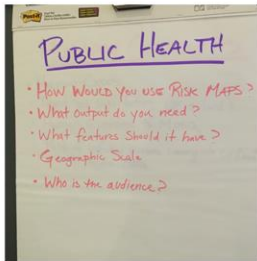
Photo CDC Public Health Image Library-Alissa Eckert ID#21074



Arboviral Disease Surveillance Consultancy Update

Final Report Available this week!!!!

Analytic Solutions for Real-Time Biosurveillance
Assessing Risk for Emerging Arboviral Surveillance in Arizona



<http://www.syndromic.org/cop/analytic-solutions/isds-consultancies>

Region 9 SyS Data Sharing Workshop

August 2-3, 2016



Region 9 Participants



Above is a list of confirmed Workshop participants and their jurisdictions.

Goals of this Workshop

- Develop a regional syndrome definition
 - drug-related visits (AZ interested in opioid and marijuana)
 - heat related illness
- Share reports and aggregate data
- Create Region 9 Workgroup with routine meetings



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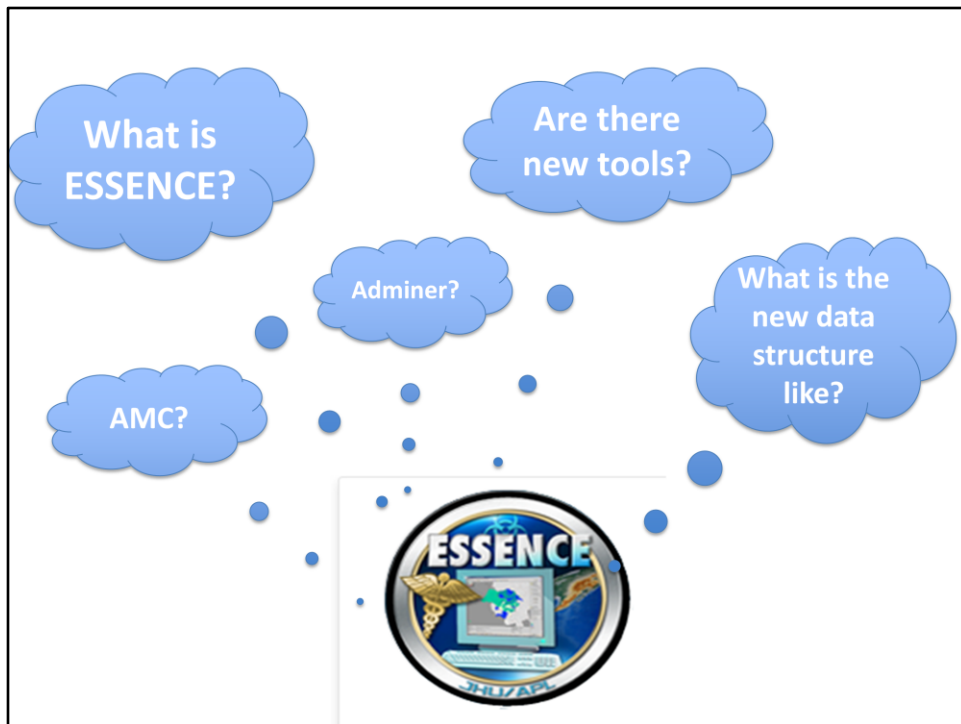
All Aboard the ESSENCE Transition



Photo Flickr Creative Commons C E Tuttle
AT&S 5162 12/80

Itinerary





Let's Take a Journey and
explore where our 2015-2016
Charter has taken us....



Photo Flickr Creative Commons s2art Is this the real ugly duckling?

Charter 2015-2016

Workgroup Year 1 Objectives and Deliverables

Objective: Increase awareness among acute care facilities (hospitals) about how BioSense data is used.

Deliverable: Establish a process to provide outreach to acute care facilities regarding updates, use, onboarding, etc. at a state and/or local level. Report on the use of the decided process(es).

Objective: Share information on the implementation or use of BioSense, knowledge learned at external meetings, protocols and tools developed.

Deliverable: Incorporate sharing of "success stories" and "lessons learned" at the Workgroup meetings and identify opportunities to share with other groups locally and nationally. Report the number of "success stories" or "lessons learned" shared with the group or nationally (through presentations or reports).

Objective: Collaborate with the ADHS BioSense team to determine training needs, conduct trainings, review training and guidance materials, and disseminate training materials to relevant users.

Deliverable: Determine the best methods to train users on BioSense based on the evaluation of needs. Report the number of users trained for use of the BioSense front end and/or back end analysis.

Objective: Determine initial use cases for Arizona and create protocols for participants.

Deliverable: Define initial use cases for Arizona. Report the number of use cases for routine analysis and event/outbreak analysis.

Charter 2015-2016

Objective 1: Increase awareness among acute care facilities (hospitals) about how BioSense data is used.

Deliverable 1: Establish a process to provide outreach to acute care facilities regarding updates, use, onboarding, etc. at a state and/or local level. Report on the use of the decided process(es).

Plan for Syndromic webpage

- Ideas shared during AZ BioSense Workgroup Meeting April 2016
- Will be hosted on ADHS website
- Map of hospital contributing production data
- How AZ is using syndromic surveillance
- Collaborations
- Success Stories



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Charter 2015-2016

Objective 2: Share information on the implementation or use of BioSense, knowledge learned at external meetings, protocols and tools developed

Deliverable 2: Incorporate sharing of “success stories” and “lessons learned” at the Workgroup meetings and identify opportunities to share with other groups locally and nationally. Report the number of “success stories” or “lessons learned” shared with the group or nationally (through presentations or reports).

Sharing Success and Lessons Learned

- HRI Project Collaboration
- Region 9 Data Sharing Workshop
- ISDS BioSense User Group calls
- Director's Blog and KJZZ interview



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Charter 2015-2016

Objective 3: Collaborate with the ADHS BioSense team to determine training needs, conduct trainings, review training and guidance materials, and disseminate training materials to relevant users.

Deliverable 3: Determine the best methods to train users on BioSense based on the evaluation of needs. Report the number of users trained for use of the BioSense front end and/or back end analysis.

Charter 2015-2016

Objective 4: Determine initial use cases for Arizona and create protocols for participants.

Deliverable 4: Define initial use cases for Arizona. Report the number of use cases for routine analysis and event/outbreak analysis

Use Cases 2015-2016

- Mosquito-borne Diseases
 - Case finding
 - Specific definition
 - Review with decision tree
- Measles Outbreak 2016
 - Case Finding
 - Multi-level definition
 - Medical Record review
- Heat Related Illness
 - Monitoring trends
 - Standard definition
 - Risk factor identification



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[Syndromic Surveillance in Arizona](#). Sara Imholte, MPH - ELR/BioSense Program Manager, Arizona Department of Health & Jessica White, DrPH, MS, MLS (ASCP)^{CM}, CPH, Syndromic Surveillance Epidemiologist, Maricopa County Department of Public Health



2016-2017 Charter

Workgroup 5 Year Goals

1. Establish a forum for discussing cross-role topics & questions around using syndromic data (clinician/IT/public health).
2. Develop standardized plans for using syndromic surveillance data in order to gain situational awareness and make public health decisions.
3. Define triggers on syndromic surveillance data and determine the appropriate initial level of public health response.
4. Expand utilization of syndromic surveillance report analysis by acute care facilities.

Upcoming Meetings

Exploratory
Analysis Subgroup



Exploratory
Analysis Subgroup

- Thurs. Aug. 25
from 1:00 – 2:00

- Thurs. Sept. 22
from 1:00 – 2:00



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THANK YOU

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