

Manitoba Public Health Information Management System

Report User Guide

MB2702

Weekly Case Review (Excel and PDF)

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2025-01-15	V. Gerry	1.0	Report was modified as part of the project work to support both regional and PHU level reporting.
2025-02-18	V. Gerry	1.1	Privacy/Data Sensitivity update
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Definitions for Report User Guides:

- a. “Authorized Organization” means an organization (an RHA, an organization supporting First Nations communities, or other organizations) with whom Manitoba has entered into an Information Sharing Agreement in order to facilitate access to PHIMS;
- b. “Authorized User” means an employee, agent or contractor of an Authorized Organization (the employer) permitted to access PHIMS.
- c. “Service Delivery Location” (SDL) means a public health office or a Community Health Centre
- d. “User Role” means the specific role or roles to which an Authorized User is assigned and which prescribes what Information the Authorized User is permitted to access, use and disclose.
- e. The “Agreement” refers to the Information Sharing Agreement (ISA) signed between the respective organization(s) or community of the reader and Manitoba Health.

Data Type		Explanation
Aggregate , no identifiable data	=	Summary data with no client identifiers
Aggregate , no identifiable data, but possible small population sensitivity or Provider / Org Sensitivity	=	Summary data with no client identifiers However there are sensitivities in the data where small numbers could identify clients, communities or providers
Line Level , <u>Single client</u> identifiable data	=	Includes client identifiers of an individual client
Line level , <u>Multi client</u> identifiable data	=	Includes client identifiers of a list of multiple clients

Table of Contents

1. Background:	1
1.1. Data Access Scope for Investigations in PHIMS	1
1.2. Privacy/Data Sensitivity	1
1.3. Permitted Disclosures.....	1
1.4. Data Stewardship	1-2
2. Purpose.....	3
2.1. Populations Included in the Report.....	3
2.2. Recommended Uses for this Report.....	3
3. Selecting the Report Parameters.....	4
4. Report Output:	8
5. Report is assigned to the following User Roles:	10
6. Report Description	10

1. Background:

1.1. Data Access Scope for Investigations in PHIMS

Access to individual client case investigations within the investigation module in PHIMS is based on permissions for specific encounter groups (e.g. Sexually Transmitted and Blood-borne Infections, Communicable Diseases, and Tuberculosis).

In Manitoba, Authorized Users (“users”) of the investigations module have access to all investigations in encounter groups assigned to the logged in user for all PHIMS clients. This was decided as a result of a number of considerations, including:

- Clients can receive services at service delivery locations other than their default public health office, either within or outside their home health region.
- Cases and outbreaks of vaccine preventable diseases also cross regional boundaries and may involve multiple public health provider organizations.
- It is important to be aware of all concurrent or previous investigations for a client within an encounter group, regardless of which organization is responsible for the investigation.

However, for some reports with access to line-level client data, users may only run reports for investigations associated with their organization.

1.2. Privacy/Data Sensitivity

This report is set at the Manitoba, Regional or the Public Health Office (community) level. This means that users who have access to this report can view data from all regions when filtering at the Provider Organization level (regional or FNIHB). A User may also filter this report at the Investigator Organization level (Region, community area, or First Nation Community) that is tied to their logged in organization. The report only includes summary data counts and does not display personal health information.

Although only summary data is displayed, there may be results displayed with cell counts <5, which may potentially identify individuals, particularly when workgroup detail (may be analogous to public health office catchment area) is displayed. As a result, the number of users who have access to this report is limited to public health users which require access to this information to fulfill their functions under the *Public Health Act*.

1.3. Permitted Disclosures

- Disclosure of the aggregate number of investigations based on the investigator organization assigned to the case is permitted within your respective authorized organization.
- The Government of Canada’s Authorized Users may, in accordance with the terms of the Agreement, disclose the above information to First Nations communities they are supporting.
- Disclosures to the public or outside of your respective authorized organization are not permitted unless specifically dictated by the Agreement.

1.4. Data Stewardship

Users who have access to this report should have a background in report generation and epidemiology, and are responsible for the following:

- Users may only run this report for their designated Health Region or Authorized organization.
- The data is intended to be used by public health providers for case management and surveillance only. No disclosure of information to non-PHIMS users or non-Public Health providers is permitted.
- Users ensure data is managed securely and appropriately according to organizational guidelines especially when the report(s) identifies small populations or providers.

Users who have access to this report will be subject to PHIMS audits documenting which user generated the report and on what date.

2. Purpose

The purpose of the Weekly Report by Investigator Organization report is to summarize the total number of cases of a disease for each provider organization associated with the primary investigator organization, and optionally group based on the primary investigator organization. Users can choose to report at the provider investigator organization level (i.e. regional level) or the investigator organization level (which may be the same as the provider organization, or may be the community/PHU for some jurisdictions). Counts are provided for disease and optionally stage where configured. Case counts are tallied by week with five weeks being displayed on the report. The date the report is run will correspond to the current week on the report even if it is a partial week. This report is based on the primary investigator org assignment (at 30 days, or if <30 days, the current primary investigator organization), not client address at time of case. Current YTD and previous YTD counts are also included on the report.

Weeks will be numbered in a similar way the PHAC Flu-Watch weeks are calculated. Week one starts on Sunday. The first epi week will be defined by the formula used in the PHAC FluWatch program; that is, the first epi week of the year ends, by definition, on the first Saturday of January, as long as it falls at least four days into the month.

<https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/fluwatch-weeks-calendar.html>

2.1. Populations Included in the Report

All investigations that have been assigned to the active primary investigator organization will be included in the counts for this report, regardless of where the client lives.

All regional health authorities (RHAs) within Manitoba are defined by geographic boundaries. However, the First Nations Intuit Health Branch (FNIHB) region is not geographically contained (i.e. the case numbers on this report reflect cases that are provincially distributed, not just those within the geographic boundaries of a single RHA).

2.2. Recommended Uses for this Report

The Weekly Case Review by Investigator Organization report will be used by:

- Regions and Manitoba Health
 - To obtain a picture of the number of cases weekly over a period of 5 weeks and to compare with a year-to-date and previous year-to-date total. This will allow for early analysis of possible trends in disease occurrences.
 - To perform weekly case reviews and obtain an overall picture of the number of investigations in a particular timeframe and organization.
- First Nations Health Providers
 - Same functions as above with the additional option of community level reporting as needed.

3. Selecting the Report Parameters

When running a report you must select specific parameters. Some parameters are required and some are optional.

Selecting the Correct Parameters to get the Needed Output

You can generate this report from the "Reports" section in PHIMS.

This is a statistical report under Case: Manitoba Reports

1. Click **Reporting & Analysis > Reports** (LHN) or the **Reporting** tile on the dashboard.
2. Open the **Case Report Folder** by expanding the collapsible panel.
3. Select **MB2702-Weekly Case Review** *hyperlink* under "Surveillance Reports".
4. Select the **Encounter Group(s)** (required). Users will only be able to select the encounter groups accessible by their logged-in role.
5. Select the **Investigator Provider Organization(s)** (required). Users will only be able to select parent (at the level directly below Manitoba Health) organizations that have active workgroups.

Note: This report is based on investigation assignment (by active primary investigator only) to an organization @ 30 days post investigation creation, not the address specified in 'Client Home Address at time of Initial Investigation'. Investigations assigned to an organization that have other investigator types (e.g. secondary, coordinator, etc.) will not be included. The report will aggregate investigations at the investigator provider org level unless it is filtered by community level investigator organizations (see Investigator Organization(s) parameter below).

6. Select the **Classification** (required). This identifies whether cases and their respective classification types should be included in the report. For example, surveillance reports for some diseases may only include case – clinically confirmed, lab confirmed and exclude "not a case" or "person under investigation". For case management, users of this report may wish to include all classification types.
7. Select the **Encounter Group(s)**. This filter is displayed again to filter the disease list displayed below. Users will only be able to select the encounter groups accessible by their logged-in role. If none are selected, all investigations associated to the encounter group(s) selected in step 5 above will be displayed.

Note: If a disease is included in more than one encounter group (e.g. hepatitis B), both encounter groups must be selected if investigations are in both encounter groups. If only one encounter group is selected, only investigations associated to that encounter group will be included in the summary.

8. Select the **Disease(s)**. Diseases displayed will be filtered by the encounter group selected.
9. **Show Stage Detail** is required and defaults to '**No**'. Select '**Yes**' to display a count by stage (if recorded) for each disease. All classification types selected in the report parameters above are included in the stage summary count.

10. **Show Org Detail** is required and defaults to 'Yes'. Determines whether results will be displayed by Provider/Investigator Organization or not.
11. Select the **Investigator Provider Organization is optional**: This filter is displayed again to filter the Investigator Organization list below. This parameter will allow an additional level of detail at the community level. For regions, the Investigator Provider Organization and Investigator Organization will be the same.

Note: If organizations assign investigations to workgroups that are associated to sub-regional catchment areas, this may provide more detail on geographic assignment within a region. However, if organizations have a central investigation team, workgroup detail may not provide any additional information.
12. Select **Investigator Organization** is optional.
13. **Show All Zeros** is a required field and defaults to 'Yes' (PDF report parameter only). Determines whether to display rows that are all zeros in the report output or not.
14. Click **Generate Report Now**.

Parameter Definitions:

Parameter Name	Data Type	Description	Validation
Current Week	String	The date range for the current week	
Encounter Group	Multi-select List	The encounter groups displayed will be filtered based on those accessible by the logger-in user.	Required
Investigator Provider Organization	Multi-select List	<p>The parent organization, of the active primary Investigator organization at the level directly below MB Health. Investigations assigned at the public health unit level will display in the associated parent organization. Users will only be able to select organizations that have active workgroups.</p> <p>Note: This report is based on investigation assignment (by active primary investigator only) to an organization @ 30 days post investigation creation, not client address at time of case. Investigations assigned to an organization that have other investigator types (e.g. secondary, coordinator, etc.) will not be included.</p>	Required
Classification	Multi-select List	<p>Case – includes all classification types associated with cases</p> <ul style="list-style-type: none"> • Clinical • Clinically Confirmed • Lab Confirmed • Not a Case • Person Under Investigation • Probable • Suspect <p>Note: Classifications for investigations should be assigned according to the disease protocol.</p>	Required
Disease	Multi-select List	<p>Select disease(s) of interest to be included in the weekly review. All diseases selected will display as a separate row. If no filter is applied, all diseases will display, including those with a case count of zero.</p> <p>Only diseases with a classification type selected above will be included in the disease summary count</p>	Optional

Show Stage Detail	Drop list	Yes/No Defaults to 'No'. If 'Yes' selected, each disease that has a configured stage will present as a separate row. There will also be a row to display counts if no stage has been selected.	Required
Show Org Detail	Drop list	Yes/No. Defaults to 'Yes'. Determines whether results will be displayed by Provider/Investigator Organization or not.	Required
Investigator Provider Organization	Multi-select List	This filter is displayed again to filter the Investigator Organization list below. This parameter will allow an additional level of detail at the community level. For regions, the Investigator Provider Organization and Investigator Organization will be the same. Note: If organizations assign investigations to workgroups that are associated to sub-regional catchment areas, this may provide more detail on geographic assignment within a region. However, if organizations have a central investigation team, workgroup detail may not provide any additional information.	Optional
Investigator Organization	Drop list	Users can select from a complete list of organizations that have workgroups to optionally filter at the community level.	Optional
Show All Zeros	Drop List	This parameter is only included in the PDF report. Yes/No, defaults to 'Yes'. If no is selected, all rows with zeros will be excluded from the report. Note: If 'Show Org Detail' is 'Yes' and 'Show All Zeros' is 'No', any Provider/Investigator Orgs that have zero counts will also be excluded from the report output.	Required

4. Report Output:

Field Name	Description
Investigator Provider Organization	This parameter will allow an additional level of detail at the community level. For regions, the Investigator Provider Organization and Investigator Organization will be the same.
Disease	Investigation disease included in the report. Co-infections will be counted as discrete occurrences of a disease. Note: If a disease is included in more than one encounter group (e.g. hepatitis B), both encounter groups must be selected if investigations are in both encounter groups. If only one encounter group is selected, only investigations associated to that encounter group will be included in the summary.
Investigator Organization	Active Primary investigator organization associated to the investigation. Only the active primary investigator organization will be included in this report. Will only display if parameter for "Investigator Organization" is selected.
Stage	Displays stage of disease (e.g. primary, secondary) only if Stage is set to 'yes'. If no stage configured, the cell will be blank. There will also be a blank cell for all diseases with stage configured to present investigations where no stage has been recorded.
Current Week	The first column of weekly counts will be the current week – even if incomplete. If no occurrences for a given disease/stage display '0'. Weeks start on Sunday. The first epi week of the year ends, by definition, on the first Saturday of January, as long as it falls at least four days into the month. Therefore, if January 1 occurs on a Sunday, Monday, Tuesday or Wednesday, the calendar week that includes January 1 would be week 1. If January 1 occurs on a Thursday, Friday, or Saturday, the calendar week that includes January 1 would be the last week of the previous year (week 52 or week 53). Counts will include all cases with selected classifications, both open and closed. Disease counts are included in a particular week based on the earliest chronological classification date with a classification group of 'Case' in the disease event table. NOTE: Investigations may include more than one disease (co-infections) and each disease may have a different classification date. This report assigns diseases to a particular week by the date associated with the earliest disease classification, not the investigation report date (report date is used in most other PHIMS reports). On PDF report – will include start date of the current week.
Prior four weeks	Followed by the next 4 previous weeks. E.g. Week 02, Week 01, Week 52, Week 51. If no occurrences for a given disease/stage display '0'. Weeks start on Sunday. If January 1 occurs on a Thursday, Friday, or Saturday, the calendar week that includes January 1 would be the last week of the previous year (week 52 or week 53). Weeks will be numbered similar to the PHAC flu-watch weeks. Counts will include all cases with selected classifications, both open and closed. On PDF report – will include start date of each of the 4 previous weeks.

Total Current YTD	Counts will include all cases with selected classifications, both open and closed and optionally stage for the current year to date, defined as January 1 to the date the report is generated.
Total Previous YTD	Counts will include all cases with selected classifications, both open and closed and optionally stage for the previous year to date, defined as January 1 of the previous year to the date the report is generated minus one year. Note that this data may be incomplete if PHIMS was not in use during this period of time. After October 2019, PHIMS surveillance data should be complete for STBBI's and CD's reported for one year since October 1, 2018, although investigations may still be incomplete if forms have not been entered/received.
Total Previous Year	Counts will include all cases with selected classifications, both open and closed and optionally stage for the previous year, defined as January 1 to December 31 of the year prior to the year the report was generated. Note that this data may be incomplete if PHIMS was not in use during this period of time. PHIMS annual surveillance data should be complete for STBBI's and CD's after 2019, although investigations may still be incomplete if forms have not been entered/received.

6. Report is assigned to the following **User Roles:**

- MB_CDI_MEDICAL_OFFICER
- MB_CDI_EPI_ANALYST
- MB_CDI_PUBLIC_HEALTH_NURSE_MANAGER
- MB_CDI_PUBLIC_HEALTH_NURSE_CLOSE
- MB_CDI_PUBLIC_HEALTH_COORDINATOR_AND_EPI_DOCUMENTATION
- MB_CDI_PUBLIC_HEALTH_NURSE_AND_DATA_ENTRY_CLERK
- MB_CDI_PUBLIC_HEALTH_REGIONAL_NURSE

7. Report Description

- Report Output: The report will be generated in Microsoft Excel.