

Data Quality Tip: November 2013

TIP: On the HE/RR form and CIF, “Referred to HIV prevention services?” *must* be entered into LEO as a “Yes” when a client has a preliminary or confirmed positive HIV test result and one or more of the following referrals is checked: (1) syringe exchange, (2) STD testing and treatment, (3) HIV education and prevention services, or (4) CRCS (HE/RR form only- to be eliminated as of January 1, 2014).

Prevention Services

The CDC recently clarified the definition of “Prevention Services” for this indicator to include syringe exchange, STD testing and treatment, and HIV education and prevention services referrals (CRCS referrals for HE/RR interventions are also included for now, but will be eliminated as of January 1, 2014).

After receiving clarification from CDC, a prevention services validation was added to LEO that requires “Referred to HIV prevention services?” to be marked “Yes” when one of the referrals above are checked. When none of the referrals above are checked, LEO will not allow “Referred to HIV prevention services?” to be marked “Yes”. If a prevention services validation issue occurs, it will be displayed in the Validation Issues table in the encounter summary screen. The validation error will need to be corrected before the record can be marked complete.

Prevention Services Referral Sections

CIF

SESSION ACTIVITIES		OPTIONAL DATA	
Referrals: (mark all that apply ☑) <input type="checkbox"/> (1) No referrals <input type="checkbox"/> (1) HIV education & prevention services <input type="checkbox"/> (1) Substance use services <input type="checkbox"/> (1) Syringe exchange program <input type="checkbox"/> (1) STD testing <input type="checkbox"/> (1) Hepatitis vaccination, testing, treatment <input type="checkbox"/> (1) Non-HIV medical services <input type="checkbox"/> (1) Mental health services <input type="checkbox"/> (1) TB services <input type="checkbox"/> (1) Other referral, specify: _____		Completed hepatitis A (HAV) vaccination series? (lifetime) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No Completed hepatitis B (HBV) vaccination series? (lifetime) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	OPTIONAL DATA: Item 1: Item 2: Item 3: Item 4:
PRELIMINARY & CONFIRMED POSITIVE REFERRALS			
When was the client's first appointment? Appointment date: (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Referred to HIV prevention services? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	If yes, did client receive HIV prevention services? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <input type="checkbox"/> (8) Don't know	
What type of medical care, indicate why? <input type="checkbox"/> HIV medical care <input type="checkbox"/> Non-HIV medical care	If female, is client pregnant? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <input type="checkbox"/> (8) Don't know <input type="checkbox"/> (9) Declined	If yes, in prenatal care? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <input type="checkbox"/> (8) Don't know <input type="checkbox"/> (9) Declined	

HE/RR Form

IV. Referrals and Positive Services		
<input type="checkbox"/> (1) No Referrals Provided	Agency:	Outcome:
<input type="checkbox"/> (1) CRCS	_____	_____
<input type="checkbox"/> (1) HIV Education Prevention Services	_____	_____
<input type="checkbox"/> (1) Substance Use Services	_____	_____
<input type="checkbox"/> (1) Syringe Exchange Services	_____	_____
<input type="checkbox"/> (1) STD Testing & Treatment	_____	_____
<input type="checkbox"/> (1) Hepatitis Testing/Vaccination	_____	_____
<input type="checkbox"/> (1) TB Testing & Treatment	_____	_____
If Positive, Referred to HIV Prevention Services:		
<input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No		
If yes, did client receive HIV prevention services:		
<input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <input type="checkbox"/> (8) Don't Know		

Correcting Validation Issues

An easy way to see which records did not pass validation is to use the “View all Incomplete Records” screen, which can be found in the Data Entry section of LEO. Simply apply appropriate filters using the drop-down menus and click “Passed Validation” to sort by passed validation status. You can determine why a specific record did not pass validation by clicking the Encounter ID associated with the record.

Select an Intervention For Data Entry

[Search for Encounter by Client ID](#)

[View all PIFs](#) [View all TIRs](#) [View all Incomplete Records](#)