

# LEO Release Notes: July 2013

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This document is intended to inform you of changes to the LEO system associated with the current LEO release. It includes a brief summary of the recent system changes, a list of known issues, and action items, including an action item that must be completed prior to running accurate reports. [\(See the end of this document for Action Items\).](#)

## Brief Summary of Changes

This LEO release includes a number of important new features, including:

- Upgrades to Reporting Functionality, including:
  - C&T Indicators Report (Testing)
  - Intervention Progress Report (Testing and HERR)
  - Client Participation Report (HERR)
  - New Report Filtering Functionality
  - Reporting “time out” issue corrected
- New Testing Incident Report (TIR) Interface and data entry screens
- New Incomplete Records Interface

### *Other minor changes include:*

- Revisions to Risk Level Composite Variable
- Validation Script
- Other minor bugs and errors have been corrected:
  - Date validations have been added to lab slips
  - Staff pages now require e-mail addresses and phone numbers to facilitate communication with users
  - On the HERR form, “ever in medical care” may now be completed for all positive clients
  - Optional Questions screen no longer needs to be ‘clicked through’ to complete an intervention with optional questions
  - Roles column on staff page now displays ‘highest’ role assigned along with (+#) to indicate the number of additional roles assigned for staff with multiple roles

## Report Upgrades

Three of the existing reports have been corrected or significantly revised in this update, along with other reporting upgrades. The changes are described below.

### C&T Indicators Report (Testing)

The C&T indicators report has been revised to meet progress reporting needs. This includes adding a measure to report on referrals and linkages to prevention services, and the ability to report on newly-identified confirmed positives, previous positives, and preliminary positives separately for each

indicator. The revised C&T Indicators report is now able to generate a separate table for each positive type as well as for all positive types combined.

### **Intervention Progress Report (Testing and HERR)**

The intervention progress report is designed to assess the extent to which an intervention is serving the population(s) identified as targets in the intervention set-up screens. It contains tables to show the proportion of target populations served to date as well as information regarding clients served who were not part of any identified target population. This report has been updated to work with both HERR and C&T interventions.

### **Client Participation Report (HERR)**

Formerly the HERR Intervention Indicators report, this report has been renamed the HERR Client Participation Report to more accurately reflect the data included. This report summarizes client attendance information for ILI, GLI, and CRCS interventions. It has been updated to work with the current HERR forms.

### **Report Filtering Improvements**

The report generation interface has been improved to allow filtering of records by complete/incomplete status, by funding source (e.g., OA, CDC, ADP, etc.), and by PA code (e.g., PS 12-1201 Category A, PS11-1113, etc.) This allows a great deal of flexibility when generating reports for responding to funders, and/or to evaluate progress within specific funding streams.

### **Time Out Issue Corrected**

Reports may now be run for all time and across all agencies for which a user has permissions. Previously LEO had a capacity issue that resulted in a system “time out” when large amounts of data were included in a report.

### **New Testing Incident Report (TIR) Interface and Data Entry Screens**

Testing Incident Reports (TIRs) are completed and entered into LEO when an unusual testing event occurs, such as a discordant result. This allows OA to monitor quality assurance elements potentially related to testing outcomes. In this LEO upgrade, an interface has been added to facilitate local review of TIR information to ensure quality in the testing program.

To access the TIR interface, go to “Data Entry” and click the “View All TIRs” button. You will be presented with two tables. The top table contains a listing of all of the TIRs in your agency(ies), with a separate row listing each TIR section that was completed. (In other words, a single TIR may appear more than once if two or more sections were completed.) The bottom table is a listing of every record in your agency(ies) for which a TIR is required, but no TIR exists. The interface also includes the usual filtering and sorting functionality.

In addition to the TIR review interface described above, the TIR has been streamlined to eliminate sections no longer needed as a result of changes to the CIF, and the data entry screens have been revised to match the streamlined TIR. In addition, some minimal validations have been added to the TIR to encourage adequate information to be entered.

An additional enhancement related to TIR functionality appears on the encounter summary screen. There a TIR table has been added with space for notes to be add by both the local agency and by OA to document any follow-up that was conducted related to the testing incident. Additionally, after reviewing the testing incident details and conducting any follow-up, OA staff may change the system generated HIV status from “follow-up required” to a final outcome that can be used in reports, as appropriate. This greater flexibility will make reporting more accurate.

### **New Incomplete Records Interface**

A new interface for viewing all incomplete records in your agency(ies) has been added to LEO with this upgrade. Access it by going to “Data Entry” and clicking “View All Incomplete Records.” On the subsequent screen you can view all of the incomplete records in your program/agency regardless of intervention. If you have sub-agencies, you can select the “include sub-agency interventions” to include their incomplete records in the listing as well. It is recommended that you review incomplete records after each patch, before running reports, and routinely (e.g., once a month) to ensure accurate and timely data entry. If a record has not passed validation, it may be awaiting clarification or correction prior to being marked complete. If it has passed validation but is not marked complete, data entry staff should use the ‘data entry notes’ section of the encounter summary screen to note what is still needed before marking the record complete. (For instance, “waiting for confirmation that client attended first medical appointment on 8/25/2013.”) These notes are conveniently viewable in the last column of the incomplete records table to facilitate review of incomplete records. Finally, the usual filtering and sorting options are available on this screen.

### **Revisions to Risk Level Variable**

Previous versions of the ‘risk level’ variable used on LEO reports included categories for Low-Risk, High-Risk, and Unknown Risk. This variable has been revised to be clearer and more informative by expanding the risk levels to include High-Risk, Moderate-Risk, Low-Risk, and Unknown Risk. The rationale for this change and a definition of the risk groups that make up each level follow.

### **Rationale for Risk Level Changes**

Given the new model of care as prevention, it is critical that our targeting focus not just on groups at elevated risk for contracting HIV, but on those at *highest* risk in order to identify the maximum number of positives with the resources available.

Our previous strategy for classifying risk involved identifying the highest-risk behavior reported by an individual, and classifying them as “high” or “low/no” risk. Our current evaluation goal for Year 2 is that 77.5% of services be provided to individuals reporting “high” risk behaviors.

However, the defined risk behaviors are not equally risky, and in fact, of the ten risk categories that previously made up the “high-risk” level, data analysis reveals that only the top *five* (TG, MSM/IDU, MSM, IDU, HIV+ Partner) contribute significantly to positivity rates of newly-identified individuals. This means that an agency could meet the targeting goal of 77.5% “high” risk clients, and still fail to produce an effective yield if these high risk clients came primarily from the bottom six categories. In other

words, our previous strategy of categorizing behaviors into a dichotomous high/low risk level is not an effective tool for evaluating and enhancing yield.

### Risk Level Definition

Risk level is simply a way of ‘grouping’ the hierarchical risk group categories. The new version of risk level categories is below. (For definitions for each of the risk group variables such as MSM, TG, etc., please see the composite variable definitions available via the LEO Reports Help screen.)

Variable	Definition
High Risk	Transgender, MSM, MSM/IDU, IDU, HIV+ Partner, Sex Worker
Moderate Risk	IDU Partner, MSM Partner, Sex Worker Partner, Syphilis/Gonorrhea Diagnosis, Stimulant User
Low Risk	Het Multiple Partner, Het Single Partner, Other Risk, NIR (No Risk)
Unknown Risk	NRR (No Reported Risk)

**Impact of New Risk Level Definition:** To meet our statewide goal for Year 2 of finding 315 newly-identified confirmed positives, we’d have to test around 25,000 high-risk people. In contrast, if we only test moderate-risk people, we would have to test more than 185,000 – that’s more than seven times as many! Clearly, focusing on highest risk clients is the way to work smarter, not harder, to meet positivity yield goals. Highest risk clients include TG, MSM/IDU, MSM, IDU, those with HIV positive sex partners, and sex workers.

### Validation Script

A script to apply new and existing validations to data that had been previously entered for FY 12-13 interventions was a part of this LEO update. The purpose of the script is to ensure that the data used for reporting within LEO are as accurate as possible, to ensure that program evaluation and planning for the future are based on the best data available. The script checks each existing record to ensure data completion and consistency requirements have been met. Any record which does not meet these data validation requirements was marked ‘incomplete’ and must be corrected before it can be marked complete. Examples of validation requirements include:

- If testing was elected, the record must contain at least one lab slip
- If HCV testing was performed, the remaining HCV fields are required
- If “Referred to HIV Prevention Services” is “yes,” then one or more of the following referrals must be checked: CRCS (for HERR forms), HIV education and prevention, Syringe exchange, STD testing and treatment

Please see the related action item at the end of this document.

### Known Issues

Listed below are some known issues that will be corrected in a subsequent patch. If you notice any additional issues, please e-mail a description of the issue along with the record in which you encountered it, if applicable, to: [LEOFeedback@cdph.ca.gov](mailto:LEOFeedback@cdph.ca.gov). If the issue is preventing needed

access/functionality or if you need an immediate response to your question/issue, please e-mail [LEOHelp@cdph.ca.gov](mailto:LEOHelp@cdph.ca.gov).

- Intervention Progress Report – if you run this report for an agency that does not have applicable data in it, a blank table will be generated.
- Currently “Not tested” records show up in the Total Tests column of the Indicators Report.
- Intervention Progress report does not run for FY 11-12 data.

## Action Items

There are two action items associated with this update:

1. Correct records marked incomplete by the validation script
2. Print out updated TIR for use with revised data entry screens

### Action Item #1: Correct Records Marked Incomplete

If a record was marked incomplete as a result of the validation script, the encounter summary screen will contain a message in the validation issues table indicating what must be corrected in order to mark the record complete. (Note that records that do not contain any validation issues were NOT marked incomplete as a result of the script, and may be marked complete whenever you feel the services for that client have been recorded completely and accurately.)

To find all incomplete records in your agency, go to “Data Entry” and click “View All Incomplete Records.” On the subsequent screen the usual inclusion/filtering options appear. Filter by year 2012-2013 to see all of the incomplete records from the most recent fiscal year (and upon which you may be running data reports to complete progress reporting to OA). In the table of incomplete records you can sort by any of the underlined headings. Click on the Encounter ID for a record to go to that record’s summary screen, review/correct any validation issues, and mark the record complete.

Below is a table containing the Validation Issue messages you are likely to encounter and the action(s) required to correct the issue.

Validation Issue	Action Required
0.13. Lab Slips: Section A of the TIR is required when HIV status is Follow Up Required.	Verify that lab slip data have been entered correctly. Conventional lab slips must have one or more test results indicated (e.g., results entered for one or more EIAs, WBs and/or IFAs).
1.2. Administrative: HIV Test election/conducted must be set to Yes when lab slips are entered.	If you entered lab slips, the “HIV Test conducted” question must say ‘yes.’
1.1. Administrative: Need to include at least 1 lab slip when test elected.	If you said a test was conducted, you need to enter at least one lab slip.
3. Referrals: CRCS, HIV education & prevention, Syringe exchange program, or STD testing and treatment referrals must be selected if Referred to HIV prevention service is YES and client is positive.	Prevention services has been defined by the CDC as HIV education & prevention, Syringe exchange program, STD testing and treatment referrals, or with in HERR, CRCS referrals. One or more of these referral must be checked, or “Referred to HIV Prevention Services” must be changed to “no.”

**Action Item #2: Print/Save Revised TIR and Distribute to Other Testing Agencies**

The revised TIR will soon be posted to the OA website. This version of the TIR matches to new TIR data entry screens for interventions beginning on or after July 1, 2013.