

# Entering CF Annual Patient Summaries (APs) in SIS

## A Guide for CF Centers

### Step 1: Check your CF Annual Summary Case List

- Every month, navigate to your Center's CF Annual Summary Case List by clicking on the link "CF Annual Summary List" on the left hand side of your 'Cases Referred' screen (see below).

Follow Up Center » Cases Referred

\*Center Type: CF Center

\*Center Code: CF61 Search

Center Name: Kaiser Northern California

Go Clear Back

New Referrals

Select	Accn Number	Last Name	First Name	DOB	Gender	CCC Code
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- Check to see if there are any patients on the list (patients appear on the list in the month after their birth month every year until age 6). One APS needs to be completed for each patient on the list.
- Click on the radio button to the left of the patient you want to choose and then click Select (see below).

Follow Up Center » CF Annual Summary List

View CF Annual Summary Case List

Select	Accession Number	Last Name,First Name	AKA	Gender	Date Of Birth	Diagnosed Disorder
<input type="radio"/>	029-16-064/21-2004-			Female	01/23/2004	Cystic Fibrosis
<input checked="" type="radio"/>	08-06-174/21-2004-			Male	03/24/2004	Cystic Fibrosis

Select

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#### Step 2: Enter a new Annual Patient Summary

- After selecting a patient, click “New” to enter a new APS for that patient (see below).

Specimen History  
Case Summary (PNS)  
Case Summary (NBS)  
View Edit Log  
Resolve Duplicates  
Maint Client Relation  
Upload CCR  
Expected Recall (NBS)  
View List of CCR  
Case Resolution  
Metabolic Service Report  
Cystic Fibrosis Service Report  
Reassign CF  
Enter Other Mutation Test Results  
Expected Phe Monitoring  
CFC Annual Patient Summary  
View CFF File Records

Accession Number: 059-5U-058/21-2003-21

Cystic Fibrosis Center Annual Patient Summary

No records found

New

Cancel

- Next you will be taken to the *Patient Information* section of the Cystic Fibrosis Center Annual Patient Summary (APS) screen (see below).
- First, verify the patient’s address and phone number.
- Then, enter the appropriate Follow Up Status:
  - Active – patient currently being seen at this center: Choose this option if the patient is currently being seen at your Center.
  - Transferred – patient transferred to another center: Choose this option if the patient is transferred to a different CF Center in California. Below the Follow-up Status field, enter the date the patient was transferred. Next, select the CF Center to which the patient was transferred.
  - Lost to follow-up: Choose this option if the patient’s family cannot be located or contacted. Below the Follow-up Status, enter the date the patient was lost to follow-up.
  - Moved out of state: Choose this option if the patient moved outside of California. Below the Follow-up Status, enter the date the patient moved.
  - Refused follow-up: Choose this option if the patient’s parents refuse to follow-up with the CF Center. Below the Follow-up Status, enter the date the patient refused follow-up.
  - Patient died: Choose this option if the patient died within the past year. Complete the Date of Death and Cause of Death fields.

## Entering CF Annual Patient Summaries (APSs) in SIS A Guide for CF Centers

View CFF File Records  
Search for 1st T Specimen

**Patient Information:**

**Complete the Patient Information section before completing the rest of the APS**

Patient Cystic Fibrosis Foundation Number: 150966  
Age of patient today:  
Last known patient address and telephone number on record:

\*As far as you know, is this still the patient's address?: [Select]  
If no, please provide patient's new address:  
Address (Number , Street):  
Address (Apt / Suite #):  
City:  
State: [Select]  
Zip: [ ]-[ ]-[ ]  
 Do not validate address

\*As far as you know, is this still the patient's telephone number?: [Select]  
If no, please provide patient's new home telephone number: [ ]-[ ]-[ ] x [ ]

\*Follow-up Status: [Select]  
Date (MM/DD/YYYY): [ ]-[ ]-[ ] [ ]-[ ]-[ ] [ ]-[ ]-[ ]  
If transferred, indicate new center: [SELECT]  
If patient died, indicate date of death: [ ]-[ ]-[ ] [ ]-[ ]-[ ] [ ]-[ ]-[ ]  
Was death a result of a complication of cystic fibrosis? [Select]  
Cause of Death: [ ]

**Continue**

- After you have completed the *Patient Information* section, click “Continue”. By clicking continue you prepare the rest of the APS for data entry.
- Scroll down to the *Services Provided* section and begin entering information into the rest of the APS.
- Pay close attention to the date ranges in each question. If the patient is still active at your Center, the date ranges should read: “[patient’s birth month and birth day in the previous year] through [patient’s birth month and (birth day – 1) in the current year]”. Do not enter information for visits or events that occurred before or after this date range. Events that occurred after this date range will be entered in next year’s APS for the patient. Events that occurred before this date range should have been captured in the APS for the year before.
- In general, complete the APS as thoroughly as possible. All questions with a \* next to them are required. You will not be able to save the APS unless you have entered responses to these questions.
- Height and weight fields require that you enter 2 digits after the decimal point. For example, if the weight is “7” kilograms, you will need to enter “7.00” kilograms.
- If you encounter any difficulty entering or saving information in the APS or if you encounter an error message you do not understand, print out the APS screen and fax all of the pages to Ruth Koepke at 510-412-1511.
- If you have any questions about entering APSs, contact Ruth by phone (510-412-1471) or email ([Ruth.Koepke@cdph.ca.gov](mailto:Ruth.Koepke@cdph.ca.gov)).