### *EMERGE*ncy ID NET

### Audit Procedures

**CRASHED project**

**Step 1.** **At least monthly** during study enrollment, ask your IT department for, or generate on your own, a report of patients that meet the following criteria:

1) Emergency department patient > 3 months of age, **AND**

2) a. Has any of the following ICD 10 ED discharge dx codes

* B00 Herpesvirus
* B01 Varicella
* B02 Zoster
* B03 Smallpox
* B04 Mpox
* B08 Other viral infections characterized by skin and mucous membrane lesions NOS
* R21: Rash

**OR**

 b. The treating ED clinician ordered an Mpox test based on a search of Mpox testing from the ED.

**Step 2.** Confirm by checking their EMR that each of the patients on the list generated meet inclusion criteria (*ED patients age ≥3 months who present for evaluation of one or more skin lesions that appears pustular, vesicular, crusted or ulcerated*) for the project.

* If there is no mention of rash in the EMR and the patient did not get an Mpox test in the ED, then do not include in the audit. *Other rashes to include would be those described as: erosive, blister, pimple, herpetic, herpes-like, ulcer, shingles, zoster, and viral.*
* *Note if there is no specification of the type of rash or it is unclear, then do not include it in the audit unless an Mpox test was ordered for that patient****.***
* ***It may not be clear which patients meet criteria for inclusion in the audit, so please check with your site PI or Anusha/Kavitha if you aren’t sure!***

**Step 3.** Remove the patients who do not meet inclusion criteria AND the patients that you enrolled from the list.

**Step 4.** For each patient who met inclusion criteria who you did not enroll, please fill out the attached Audit form.

**Step 5.** Enter the information on Redcap study audit data entry module.

If you have questions about the above procedures, please contact Anusha Krishnadasan at idnet@ucla.edu.

***EMERGE*ncy ID NET**

### Audit Form

**CRASHED project**

**Audit ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (*please use your site initials and 3-digit number starting with ‘001’, e.g. for Olive View-UCLA, it would be OV001, OV002, OV003, etc.)*

**1. Please specify why patient was not enrolled in the study (*check one*):**

* because they did not speak English or Spanish
* because they were unable to provide consent (e.g., due to altered mental status)
* because they declined to participate
* because the study team missed enrollment (e.g., patient came in during non-site team coverage hours, site team missed the patient during coverage hours)
* other reason(s) (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Age** \_\_\_\_\_\_

**3. Sex** (*circle one*)**:** M F

**4. Is the participant of Hispanic or Latino origin?** (*circle one*)

 YES NO Don’t Know

**5. Race (*check one*):**

|  |  |
| --- | --- |
| ☐ | American Indian/Alaskan Native |
| ☐ | Asian |
| ☐ | Native Hawaiian or Pacific Islander |
| ☐ | Black or African American |
| ☐ | White |
| ☐☐ | Mixed Race  Other |
| ☐ | Don’t know/Unable to determine/Declined |

1. **What was the ED discharge/admit diagnosis?**

(C*heck all that apply and if other rash-style conditions not listed below apply, then check “other” and list the one additional diagnosis..**You do not need to record underlying conditions (e.g., diabetes, HTN.)*

☐ Rash

☐ Shingles

☐ Herpes simplex

☐ Contact dermatitis

☐ Allergic reaction

☐ Eczema

☐ Hand, foot, and mouth disease

☐ Cellulitis

☐ Arthropod bite (insect bite)

☐ Scabies

☐ URI/influenza/influenza-like illness/viral syndrome

☐ MPox

☐ Sexually Transmitted Infection (gonorrhea, chlamydia, urethritis, PID)

☐ Hemorrhoid, fissure, perirectal abscess, fistula, or other anorectal problem

☐ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ED Disposition**

 ☐ Discharged home from the ED

 ☐ Discharged to skilled nursing facility

 ☐ Discharged to self-care (street/homeless)

 ☐ Discharged to shelter

 ☐ Discharged to correctional facility (jail or prison)

 ☐ Admitted to this hospital

 ☐ Transferred to another hospital

 ☐ Left against medical advice (AMA)/Elope

|  |  |
| --- | --- |
| 1. **Did the patient have an Mpox test ordered as part of their care, not related to the study?**
 | ☐ Yes ☐ No |
|  8a. If Yes, note result: ☐ Positive ☐ Negative/Indeterminate |
| 1. **Were any of the following STI tests performed in the ED, or this hospital, if admitted?**

(*check a response in each row; if Yes, indicate positive or negative/indeterminate*)  |
|  | **No** | **Yes** | **Positive** | **Negative/indeterminate** |
| Chlamydia | ☐ | ☐ | ☐ | ☐ |
| Gonorrhea | ☐ | ☐ | ☐ | ☐ |
| Syphilis | ☐ | ☐ | ☐ | ☐ |
| Herpes | ☐ | ☐ | ☐ | ☐ |
| HPV | ☐ | ☐ | ☐ | ☐ |
| HIV | ☐ | ☐ | ☐ | ☐ |
| Trichomonas  | ☐ | ☐ | ☐ | ☐ |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_