NMHIE CLINICAL PORTAL TRAINING
HIE OVERVIEW

NM Health Information Exchange Overview
What is a Health Information Exchange (HIE)?

• One centralized record.
• Made up of information from multiple healthcare systems.
• The NMHIE is a cloud based platform which allows access from any computer with an internet connect.
NMHIE- How It Works

Integrated Clinical Record
Gathers and associates records with the right patient (eMPI)

HL7

National

Clinician Office

Hospital

U.S. Department of Veterans Affairs

Statewide

Hospital

Clinician Office

Diagnostic Tests & Imaging

Emergency Department

NEW MEXICO DEPARTMENT OF HEALTH

DIRECT

the sequoia project

FHİR: Fast Healthcare Interoperability Resources
Why do we need to use a Health Information Exchange (HIE)?

• More complete information about a patient
• Better coordination of care, because NMHIE access helps providers track and manage patients
• Improved efficiency
• Reduce repeat or unnecessary tests, labs, imaging, etc.
What kinds of information is in the HIE?

- Demographics
- Allergies
- Medications
- Immunizations
- Insurance
- Procedures
- Problem List
- Encounters (Visits) & Diagnoses

- Lab Data
- Radiology Data
- Clinical Notes

- Note: Data available varies by organization
Who provides data now?

• ABQ Health Partners
• CHRISTUS St. Vincent Regional Medical Center
• Holy Cross Hospital, Taos
• Lovelace Health System
• Presbyterian Healthcare Services
• TriCore Reference Laboratories
• University of New Mexico Hospitals
• Quest Diagnostics
Privacy and Security

• Information within the NMHIE is subject to Federal and State Privacy and Security Regulations which includes HIPAA, HITECH and other regulations.

• Information is encrypted at rest and in transit.
• Access is limited to authorized users only.
Privacy and Security

• All health organizations that participate in the NMHIE are required to safeguard the confidentiality, integrity, and availability of patient health information.

• Federal regulations require medical providers to monitor and protect patient privacy, and the New Mexico Electronic Medical Records Act requires that access is audited.
Who has access to NMHIE?

• Authorized providers and staff with the patient’s written permission, or “consent”.
• Those who “Break the Seal”.
  1. Consent has just been given, or
  2. It’s a life-threatening situation.
Inactivity Timeout

• The default setting for automatic logout due to inactivity is 15 minutes.
• Users may choose to set a shorter time, but not longer.
• The user will be warned before the automatic logout happens.
Why Patient Consent?

• New Mexico law states that patients must give consent before authorized providers at different healthcare organizations and their facilities may view and share information in the patient’s electronic medical record.
Patient Consent

• Written patient consent is required before a provider views the record
• If consent is granted, ALL of their health information can be viewed
• Consent must be obtained by each organization at point of care
• Only exception: “Break the seal”
Managing Consent

• Patient chooses which healthcare organizations get access to their record and signs consent form there.

• Patient can choose to not sign the consent form, and the care team will not be able to access their information using the NMHIE.

• In the event of a life threatening situation, a provider can “break the seal”.
Opt Out/Opt In

• Patients may choose to Opt Out of the NMHIE system entirely.
• Opting Out means that no one may access patient information, even in the case of a life threatening emergency.
• Opt Out is different than refusing to give consent and wipes out all previously given consents.
• Opt Out/Opt Back In Forms are available at NMHIE.
Consent vs. Opt-Out

• Providing consent or withdrawing consent at the organization level is not the same as Opting-Out.
• You will be helping patients to decide whether or not to grant consent to your organization’s healthcare providers.
Patient’s HIE Consent Decision

**Give Consent**
Full access to all information by that organization.

**Consent**
- Consent Not Granted
- Decision Not Made, or
- Consent Has Been Withdrawn

Information is in NMHIE, but no access is permitted unless “Break the Seal” conditions exist. Break the Seal is available for limited time and is audited.

**Do Not Give**

**Opt Out**
No access to any information by anyone, even in an emergency.

A search will return “Patient not found”.Overrides any previous consents given.
“Breaking the Seal”

• Overriding the patient privacy policy, aka “break the seal” is possible for some user levels, unless the patient has opted-out.

• Only two valid reasons.
  – life-threatening emergency
  – written consent obtained but not yet entered into the system

• 30 min & can be repeated for that situation.

• Attempt to obtain written consent afterwards.

• Closely audited.
Access and Privacy

• Consented with Full Access Granted (no icon)
• Privacy sealed record (requires consent or break the seal)
• Unlocked (seal broken for 30 mins)
• “Patient Not Found”
  – patient has no data or has opted-out
Can a patient refuse to give consent?

- Absolutely! The patient is in control of which healthcare organizations can access his/her information in the system.
- Not granting (or withdrawing) consent is always an option.
Can a patient refuse to participate?

• A patient may also choose to Opt-Out of the HIE entirely. (Done at NMHIE.)
• Encourage the patient to stay opted-in to allow access to the record for a life-threatening emergency, even if they don’t give consent to your organization.
Do we always need to get consent first?

• No.
  – An authorized user can “break the seal” if the patient is in a life-threatening emergency or if written consent has been obtained but not yet entered into the system.

• “Break the Seal” ability is not given to all users of the HIE.
  – Typical users are ER staff, ICU Staff, etc.

• Access is only for a 30-minute time limit and can be repeated for that situation only.

• Break the Seal is audited.
What should I say to the patient?

• Suggested Script:
  • “We are part of the New Mexico HIE. An HIE is a centralized medical record with information from many different healthcare organizations in NM. We believe by having access to the HIE our doctors will be able to read about all the different medical care and treatment you have had, and that may help with the care and treatment you receive here.”
What if the patient is worried about the security of the information?

• Suggested script:

• “I can understand your concerns. Please remember the information in the system is encrypted. Basically that means the information is protected similarly to banking, and payment websites on the internet.”
What should I say if the patient declines to give consent?

• Suggested script:

• “Okay. You can always decline. If you want more time to think about it or want more information, I can provide that to you. You can always give written consent later if you change your mind.”
Is the information secure?

• Information within the NMHIE is subject to Federal and State Privacy and Security Regulations which includes HIPAA, HITECH and other regulations.
• Information is encrypted.
• Access is limited to authorized users only.
• Unique user IDs are required.
• The HIE is not open to the general public.
Is the information confidential?

• All organizations and business associates that participate in the NMHIE are required to safeguard the confidentiality, integrity, and availability of patient health information.

• Access is role-based.
Is the information audited?

• Federal & State regulations require medical providers to monitor and protect patient privacy.
• The HIE system provides the Compliance and Security departments the ability to monitor access to the information through audit logs.
Where can I get more information?

• Your organization is provided with additional information and FAQ sheets to use.
• Patients can always be referred to the NMHIE website at:
  – http://www.lcfresearch.org/nmhic-hie
• Patients can call NMHIE at 505-938-9900
Clinical Portal Basics:
Getting Started
Your Password

• Username is not case sensitive but password is
• Username format is “unm-[your hsc netid]”
  – Example: unm-jdoe
• Password is a minimum of 9 characters:
  – Upper and lower case letters
  – Numbers
  – Special characters

Example: T@1kT0Me!
Disclaimer

• Disclaimer displays and prompts user to Accept or Cancel

Accept this disclaimer to continue

If you do not accept this disclaimer within five minutes, you will be logged out and returned to the login page.

By accessing information using the NMHIC Health Information Exchange, I understand and agree that my access to and the use and disclosure of such information by me is subject to Federal and State laws and contractual duties and obligations. Without limiting the foregoing, to the extent that any information accessed includes information related to viral hepatitis, human immunodeficiency virus (or its antigen or antibody), or sexually transmitted diseases, I understand that New Mexico law prohibits the re-disclosure of such information in violation of the applicable statutes and that a person who makes an unauthorized disclosure of such information is guilty of a petty misdemeanor punishable by imprisonment in the county jail for a definite term not to exceed six months or the payment of a fine of not more than $500 or both.

Accept  Cancel
Navigation

• Use navigation links within the portal, not forward and back buttons in your browser
• Home (you can choose view)
## Icons on the Homepage

<table>
<thead>
<tr>
<th>Icon</th>
<th>Function</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help</td>
<td>Help</td>
<td>Provides generic, context-specific help if configured</td>
</tr>
<tr>
<td>Demo ClinicianOneABQ</td>
<td>Full Name</td>
<td>Your full name associated with this account</td>
</tr>
<tr>
<td>!1</td>
<td>Portal message indicator</td>
<td>Indicates the number of new unread messages and whether there are important messages</td>
</tr>
<tr>
<td>Logout</td>
<td>Logout</td>
<td>The button that safely exits the HIE</td>
</tr>
<tr>
<td>You last logged in</td>
<td>Last Log in</td>
<td>A brief pop up indicating when you last logged into this user account</td>
</tr>
<tr>
<td>Hide / Unhide</td>
<td>Hide / Unhide</td>
<td>Hides or reveals the left side menu</td>
</tr>
</tbody>
</table>
Common Home Page Menu Items

• Patient or User Search
• Portal messaging
  – New messages
  – Received messages
  – Sent messages
• Common
  – My Details
My Details

• Two ways to get to My Details page
  – Common → My Details
  – Drop down at top right under your name → User Settings

• In the My Details page you can:
  – Change your password
  – Set up your security challenge Q&A
  – Modify your home page view
  – Modify your important message alert
  – Update your contact information
  – Reduce length of inactivity timeout
  – Choose a preferred patient look up system type
Setting or Resetting Your Password

• After first login, your temporary password expires
• At any time, use My Details screen to change your password
• Forgotten password on login screen can only be used if you have set your security challenge questions
• Must change your password every 90 days, and no more frequently than once every 2 days
Portal Messaging

• Portal Messaging is the HIE’s internal e-mail system
• All HIE users have a portal mailbox
  – UNM does NOT use this feature
• If you try to send a portal message, the following message will pop up:
  – “Do not send urgent messages via portal messaging as the mailbox may not be immediately monitored, and some providers do not use portal messaging at all. For urgent and sensitive matters, please contact the provider directly.”
Searching for Patients
Patient Search – Method 1

• Search the HIE using the patient’s EMR (local) Identifier with the associated EMR System Name
  – Example:
    EMR (Local) Identifier:  C10028 +
    System Name:  CH-CityHospital
  – Local ID takes precedence over all other criteria

• OR...
Patient Search – Method 2

• Demographics Search
• Last name and...
  – Date of Birth
  – Gender
  – First Name
  – Middle Name
• Wildcard character “%” may be used in Name fields
  – Example: "John%" to return "John", "Johnson", "Johnston", etc.
• Search will return close matches
  – Example: Search for Peterson will return matches for Petersen, Patterson, Pederson
  – May produce unexpected results, potential maiden to married names, or people with same DOB and similar name
Step 1 – Search for Patient

By Local Identifier and System Name (most specific search)

Or by Last Name, plus First Name, DOB, and/or Gender.

“%” can be used as a wildcard.
Step 1 (cont.) – Search for Patient

“No Results Found” may mean:

• The patient has opted-out of the HIE
• The HIE has no information about this person
• The search criteria you used may not be correct for this person – *try broadening your search*
### Step 2 – Verify and Select Patient

#### Patient Search

<table>
<thead>
<tr>
<th>EMR (Local) Identifier</th>
<th>Last Name</th>
<th>Sex</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Phone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111100001 (LHS-MedicalCtr); 1111100001 (LHS-Roswell); 11111</td>
<td>Mouse</td>
<td>Male</td>
<td>Mouse, Mickey M</td>
<td>01-Jan-1955</td>
<td>3371111111</td>
<td>111 Test St Sulphur LA 88888</td>
</tr>
<tr>
<td>019914 (AHP-ABQHlthPri); 22222 (LHS-MedicalCtr); 22222 (OHCP);</td>
<td>Minsey</td>
<td>Male</td>
<td>Mouse, Minney</td>
<td>17-Apr-1997</td>
<td></td>
<td>444 Forest St Los Angeles CA 44444</td>
</tr>
</tbody>
</table>
Viewing the Patient Summary
## Icons in the Record

<table>
<thead>
<tr>
<th>Icon</th>
<th>Function</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Close record" /></td>
<td>Close record</td>
<td>Closes the patient record the user is currently viewing</td>
</tr>
<tr>
<td><img src="image" alt="Context navigation" /></td>
<td>Context navigation</td>
<td>From an open record, allows navigation to the previous or next record in the most current list, e.g., patient search, recent patients, or a worklist</td>
</tr>
<tr>
<td><img src="image" alt="More detail" /></td>
<td>More detail</td>
<td>In the patient’s encounter windowlet, this icon displays additional diagnoses</td>
</tr>
<tr>
<td><img src="image" alt="Worklist" /></td>
<td>Worklist</td>
<td>Click this icon to add the current patient to a particular work list</td>
</tr>
</tbody>
</table>
Patient Summary

• Displayed upon entry into patient record
  – Demographics
  – Allergies & Alerts
  – Encounter History
  – Medication History
  – Insurance Information
  – Immunizations
  – Procedures
  – Problems
The Patient Summary is displayed upon entry into the patient record.

EMPI Demographics:
- **Other Identifiers**
  - AHP-JBQHhtPrt: 008901_111
  - LHS-MedicalCtr: 106532R
  - LHS-MedicalCtr: 84568-4564

- **Emergency Contact**
  - Name: Jargon, Carol
  - Relationship: Not specified
  - Phone: (408) 455-2112

- **Demographics**
  - **Sex**: Male
  - **Date of Birth**: 1/1/1949 (64 years)
  - **Address**: 840 Chester Ave, Paso De Sulfur 0532
  - **Phone**: (483) 321-458

- **Primary Care Provider**
  - **Name**: WOOD, Brandon R
  - **Clinic**: Bough Family Clinic

Allergies & Alerts:
- **Allergies**
  - **Latex**: Difficulty breathing
    - 2011-11-05
    - Hospital A Medical Center
  - **Ibuprofen**: Difficulty breathing
    - 2011-11-05
    - Hospital A Medical Center
  - **Vancocycin**: Wheezing
    - 2011-11-05
    - Hospital A Medical Center
  - **Ibuprofen**: Allergic reaction
    - 2011-11-05
    - Hospital A Medical Center
  - **Latex**: Allergic reaction
    - 2011-11-05
    - Hospital A Medical Center
Encounter History

• Displays patient’s previous contact with HIE participant organizations
  – Date of admission and discharge
  – Reason for admission
  – Diagnosis at discharge
  – Type of visit (inpatient, outpatient, emergency, etc.)
  – Specialty
  – Facility where the encounter occurred
  – Clinician responsible for the patient’s care during encounter
### Encounter History

<table>
<thead>
<tr>
<th>Admission</th>
<th>Discharge</th>
<th>Admit Reason</th>
<th>Discharge Diagnosis</th>
<th>Visit Type</th>
<th>Specialty</th>
<th>Facility</th>
<th>Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-Mar-2013</td>
<td>06-Mar-2013</td>
<td>Cardiology Check</td>
<td>Stable Angina (653) (1 diagnoses not shown)</td>
<td>OUTPATIENT</td>
<td>CARDIOLOGY</td>
<td>LHS-MedicalCtr</td>
<td>Francis McNamara</td>
</tr>
<tr>
<td>01-May-2012</td>
<td>01-May-2012</td>
<td>Scheduled follow up</td>
<td>Diabetes (5) (1 diagnoses not shown)</td>
<td>EMERGENCY</td>
<td>EMERGENCY</td>
<td>LHS-MedicalCtr</td>
<td>Demo Physician</td>
</tr>
<tr>
<td>18-Jul-2010</td>
<td>19-Jul-2010</td>
<td>Chest Pain</td>
<td>Stable Angina (653) (0 diagnoses not shown)</td>
<td>INPATIENT</td>
<td>CARDIAC MEDICAL</td>
<td>LHS-MedicalCtr</td>
<td>Joe Martin</td>
</tr>
<tr>
<td>31-Jan-2008</td>
<td>31-Jan-2008</td>
<td>Diabetes</td>
<td>Diabetes (5) (0 diagnoses not shown)</td>
<td>OUTPATIENT</td>
<td>MEDICINE</td>
<td>LHS-MedicalCtr</td>
<td>Leroy Hood</td>
</tr>
<tr>
<td>12-Nov-2007</td>
<td>12-Nov-2007</td>
<td>Diabetes</td>
<td>Diabetes (5) (0 diagnoses not shown)</td>
<td>OUTPATIENT</td>
<td>MEDICINE</td>
<td>LHS-MedicalCtr</td>
<td>Leroy Hood</td>
</tr>
<tr>
<td>04-Aug-2007</td>
<td>04-Aug-2007</td>
<td>Diabetes</td>
<td>Diabetes (5) (0 diagnoses not shown)</td>
<td>OUTPATIENT</td>
<td>MEDICINE</td>
<td>LHS-MedicalCtr</td>
<td>Elizabeth Samson</td>
</tr>
<tr>
<td>20-Apr-2006</td>
<td>24-Apr-2006</td>
<td>Congestive heart failure</td>
<td>Congestive heart failure (4) (0 diagnoses not shown)</td>
<td>INPATIENT</td>
<td>CARDIOLOGY</td>
<td>LHS-MedicalCtr</td>
<td>Alberto Jose</td>
</tr>
<tr>
<td>08-Jun-2006</td>
<td>12-Jan-2005</td>
<td>Diabetes Mellitus</td>
<td>Diabetes Mellitus (3) (0 diagnoses not shown)</td>
<td>INPATIENT</td>
<td>MEDICINE</td>
<td>LHS-MedicalCtr</td>
<td>Elizabeth Samson</td>
</tr>
<tr>
<td>09-Dec-2002</td>
<td>10-Dec-2002</td>
<td>Complication of wound</td>
<td>Wound restitched (5) (0 diagnoses not shown)</td>
<td>INPATIENT</td>
<td>MEDICINE</td>
<td>LHS-MedicalCtr</td>
<td>Joe Martin</td>
</tr>
<tr>
<td>16-Nov-2002</td>
<td>17-Nov-2002</td>
<td>Infection of cut to arm</td>
<td>Wound cleaned (1) (0 diagnoses not shown)</td>
<td>INPATIENT</td>
<td>MEDICINE</td>
<td>LHS-MedicalCtr</td>
<td>Joe Martin</td>
</tr>
<tr>
<td>12-Sep-2002</td>
<td>12-Sep-2002</td>
<td>Cardiology check</td>
<td>Stable Angina (653) (0 diagnoses not shown)</td>
<td>OUTPATIENT</td>
<td>CARDIAC REHAB</td>
<td>LHS-MedicalCtr</td>
<td>Francis McNamara</td>
</tr>
</tbody>
</table>

### Medication History

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Sig</th>
<th>Route</th>
<th>Start</th>
<th>Stop</th>
<th>Prescribed By</th>
<th>Status</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIMVASTATIN</td>
<td>TAB</td>
<td>Once Per Day in the evening</td>
<td>Oral (0 routes not shown)</td>
<td>05/07/2014</td>
<td>06/07/2014</td>
<td>Ordered</td>
<td>AHP</td>
<td></td>
</tr>
</tbody>
</table>
### Medication History

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Sig</th>
<th>Route</th>
<th>Start Date</th>
<th>Stop Date</th>
<th>Prescribed By</th>
<th>Status</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIMVASTATIN</td>
<td>TAB</td>
<td></td>
<td>Oral</td>
<td>05/07/2014</td>
<td>06/07/2014</td>
<td>Ordered</td>
<td>AHP</td>
<td></td>
</tr>
<tr>
<td>Metolol</td>
<td>TAB</td>
<td></td>
<td>Oral</td>
<td>03/07/2014</td>
<td>04/07/2014</td>
<td>Ordered</td>
<td>AHP</td>
<td></td>
</tr>
<tr>
<td>METFORMIN XR</td>
<td>TAB</td>
<td></td>
<td>Oral</td>
<td>03/07/2014</td>
<td>04/07/2014</td>
<td>Ordered</td>
<td>AHP</td>
<td></td>
</tr>
</tbody>
</table>

### Insurance Information

<table>
<thead>
<tr>
<th>Insurance Name</th>
<th>Group Number</th>
<th>Policy Number</th>
<th>Effective Dates</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL MULBERRY</td>
<td>Not Provided</td>
<td>00335747064695</td>
<td></td>
<td>AHP-ABQHlthPrt</td>
</tr>
</tbody>
</table>

### Immunizations

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccine</th>
<th>Amount</th>
<th>Units</th>
<th>Location</th>
<th>Lot Number</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/10/2014</td>
<td>Pneumovax 23 25 MCG0.5ML</td>
<td>1</td>
<td>UNSPECIFIED</td>
<td>Healthcare Center - Bud</td>
<td>V782EB</td>
<td>AHP</td>
</tr>
</tbody>
</table>

### Procedures

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Date</th>
<th>Procedure Provider</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>0135717</td>
<td>Wound restitched</td>
<td>12/09/2002</td>
<td>Dr Joe Sam MARTIN</td>
<td>City Hospital</td>
</tr>
<tr>
<td>0135717</td>
<td>Wound restitched</td>
<td>12/09/2002</td>
<td>Dr Joe Sam MARTIN</td>
<td>City Hospital</td>
</tr>
<tr>
<td>0134173</td>
<td>Wound cleaned</td>
<td>11/16/2002</td>
<td>Dr Joe Sam MARTIN</td>
<td>City Hospital</td>
</tr>
</tbody>
</table>

### Problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>Time</th>
<th>Status</th>
<th>Onset Time</th>
<th>Resolution</th>
<th>Source</th>
<th>Specify</th>
</tr>
</thead>
</table>


Document Tree

- Search: by key word and/or Read vs. Unread
- Refresh
- Configure the Document Tree (Timeframe, Category, or Sort preference)
## Complete Blood Count W/Differential Cumulative

<table>
<thead>
<tr>
<th>Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Ref. Range (Units)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Collected</td>
<td>05/01/2014 02:55</td>
<td>05/02/2014 03:43</td>
<td>05/03/2014 03:30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>05/01/2014 02:55</td>
<td>05/02/2014 03:43</td>
<td>05/03/2014 03:30</td>
</tr>
<tr>
<td>WBC</td>
<td>8.4</td>
<td>8.4</td>
<td>8.4</td>
<td>5.0-11.0 (X10^9/L)</td>
</tr>
<tr>
<td>RBC</td>
<td>3.61</td>
<td>3.61</td>
<td>3.61</td>
<td>3.7-5.3 (X10^12/L)</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>10.3</td>
<td>10.3</td>
<td>10.3</td>
<td>13.0-17.5 g/dL</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>30.4</td>
<td>30.4</td>
<td>30.4</td>
<td>34.0-44.0 %</td>
</tr>
<tr>
<td>MCV</td>
<td>84.4</td>
<td>84.4</td>
<td>84.4</td>
<td>75.0-100.0 fl</td>
</tr>
<tr>
<td>MCH</td>
<td>28.5</td>
<td>28.5</td>
<td>28.5</td>
<td>28.0-32.0 pg</td>
</tr>
<tr>
<td>MCHC</td>
<td>33.9</td>
<td>34.1</td>
<td>34.1</td>
<td>32.0-36.0 g/dL</td>
</tr>
<tr>
<td>RDW</td>
<td>17.1</td>
<td>16.5</td>
<td>16.7</td>
<td>11.0-15.0 %</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>225</td>
<td>220</td>
<td>225</td>
<td>130-400 X10^9/L</td>
</tr>
<tr>
<td>MPV</td>
<td>6.7</td>
<td>6.7</td>
<td>6.7</td>
<td>5.4-10.4 fl</td>
</tr>
<tr>
<td>Neutrophils</td>
<td>83.0</td>
<td>84.3</td>
<td>82.6</td>
<td>42.0-75.0 %</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>7.9</td>
<td>7.9</td>
<td>7.4</td>
<td>10.0-16.0 %</td>
</tr>
<tr>
<td>Monocytes</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>0.4-0.6 %</td>
</tr>
<tr>
<td>Eosinophils</td>
<td>0.9</td>
<td>0.3</td>
<td>0.8</td>
<td>0.0-0.5 %</td>
</tr>
<tr>
<td>Basophils</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.0-2.0 %</td>
</tr>
<tr>
<td>Anisocytosis</td>
<td>1+</td>
<td>1+</td>
<td>1+</td>
<td></td>
</tr>
</tbody>
</table>

*Abnormal **Critically Abnormal $ Units or Reference Range differs
Where can I get more information?

• Your organization is provided with additional information and FAQ sheets to use.
• Patients can always be referred to the NMHIE website at:
  – http://www.lcfresearch.org/nmhic-hie
• Patients can call NMHIE at 505-938-9900