

TITLE 173 CONTROL OF COMMUNICABLE DISEASE

CHAPTER 9 ELECTRONIC REPORTING OF ELECTRONIC HEALTH RECORD  
(EHR) DATA FOR PUBLIC HEALTH SYNDROMIC SURVEILLANCE

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TITLE 173        COMMUNICABLE DISEASES

CHAPTER 9        ELECTRONIC REPORTING OF ELECTRONIC HEALTH RECORD (EHR)  
DATA FOR PUBLIC HEALTH SYNDROMIC SURVEILLANCE

9-001 SCOPE AND AUTHORITY: This rule establishes procedures for secure electronic reporting of de-identified electronic health record data for inpatients and outpatients by licensed hospitals and emergency care facilities to the Nebraska Department of Health and Human Services for the purpose of detecting, tracking and controlling infectious and non-infectious conditions, including poisonings, injuries, and chronic diseases, to protect and safeguard the health of the citizens of Nebraska as pursuant to the provisions of Neb. Rev. Stat. §§ 38-178, 38-182, 71-448, and 71-552.

9-002 DEFINITIONS: When terms are used in 173 NAC 9, the following definitions apply:

Acute care hospital encounter means patients seen in the following settings: emergency room, urgent care and inpatient admissions of a hospital.

Acute care hospital ER/UC encounter means patients seen in the emergency room (ER) or urgent care (UC) facilities.

Acute care hospital inpatient encounter means patients admitted to a hospital.

Batch message file means the transmission of a file containing multiple discrete standard electronic messages to the Department from the hospital data system on a periodic basis less than real time.

Data encryption means the electronic obfuscation of data within an electronic message using industry standard practices for encryption.

Department means the Department of Health and Human Services.

De-identified patient data means electronic health record information that does not identify an individual and to which there is no reasonable basis to believe that the information can be used to identify an individual.

Director means the Director of the Department's Division of Public Health.

ER/UC standard message means a standard electronic message as specified in the most current version of the Syndromic Surveillance Event Detection of Nebraska (SSEDON) *Emergency Department Syndromic Surveillance HL7 Implementation Guide.*

Health Care Facility means any facility licensed under the Health Care Facility Licensure Act, and such additional clinics or facilities not licensed under that act as may be identified pursuant to 173 NAC 9-016.

Hospital means any hospital licensed by the Department pursuant to Neb. Rev. Stat. § 71-401 et seq., and including critical access hospitals and general acute hospitals as defined by Neb. Rev. Stat. §§ 71-419, 71-409, and 71-412.

Inpatient encounter standard message means a standard electronic message meeting format and messaging specifications identified in the most current version of the Syndromic Surveillance Event Detection of Nebraska (SSEDON) *Flat File Implementation Guide for Inpatient Encounters* or *HL7 Implementation Guide for Inpatient Encounters*.

Public Health Authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

Real time message means the transmission of discrete standard electronic messages to the Department as they are generated by the hospital data system.

Secure message transport protocol means a method of sending electronic data to the Department in a way that prevents unauthorized access to the data as specified by the Department.

9-003 WHO MUST REPORT: Hospitals which treat patients in either an inpatient or emergency department/urgent care setting shall submit to the Department a minimum data set on all acute care hospital encounters.

9-004 IMPLEMENTATION SCHEDULE: Hospitals must implement the electronic data exchange specified in these regulations no later than January 1, 2015.

9-005 DATA STANDARDS AND SPECIFICATIONS: The data content and format for **emergency rooms and urgent care encounters** shall conform to the ER/UC standard message; the minimum set of ER/UC data elements is listed in Attachment 1 (attached and incorporated in these regulations by this reference). The data content and format for **inpatient encounters** shall conform to the inpatient encounter standard message; the minimum set of inpatient data elements is listed in Attachment 2 (attached and incorporated in these regulations by this reference).

9-006 DATA EXCHANGE:

9-006.01 Data exchange will employ industry standard secure message transport protocols and data encryption.

9-006.02 Timing of ER/UC Reports: Encounter data shall be submitted a minimum of once per day as a batch message file containing the previous day's ER/UC encounters and updates.

9-006.03 Timing of Inpatient Reports will conform to the specifications in the inpatient encounter standard message.

9-007 SUBMISSION OF REPORTING PLAN FOR ACUTE CARE HOSPITAL ENCOUNTERS:

Beginning no later than six months after the effective date of these regulations, every hospital shall submit to the Department for approval an implementation plan that specifies how and when they will submit data to the Department in compliance with section 9-004 of this rule. Amendments to a previously approved plan require Department approval. The plan shall include at a minimum:

1. Timing of messages (either real time or batch);
2. Secure message transport protocols to be used when submitting data to the Department;
3. Proposed format of data if the hospital is not able to conform to the standard electronic message as specified in 9-005 of this rule;
4. Proposed format code set domain values if the hospital is not able to conform to the code sets defined in standard electronic messages as specified in 9-005 of this rule;
5. Hospital technical contact(s) and contact information for the Department to utilize in the event technical assistance or support is necessary;
6. Expected date to begin sending messages; and
7. If a change request, the reason for change.

9-008 SUBMISSION OF DATA THROUGH A THIRD PARTY: Hospitals may submit data directly to the Department or through a third party acting as their agent. Providers selecting this option are responsible for ensuring that all terms of these regulations are met by the third party.

9-009 RELEASE OF DE-IDENTIFIED PATIENT DATA AND PATIENT CONTACT: The Department may release de-identified patient data on hospital encounters to a public health authority (e.g. US Centers for Disease Control and Prevention) to assist the agency in fulfilling its public health mission. These data shall not be re-released in any form by the public health authority without the prior authorization of the Department. Authorization for subsequent release of the data shall be considered only if the proposed release does not identify a patient, physician or provider. To protect and safeguard the health of the citizens of Nebraska the Director or the Director's designee may authorize the collection of information as to enable contact with a patient, physician or provider based upon data authorized and submitted under these regulations.

9-010 INABILITY TO COMPLY: Any hospital which determines it will be temporarily unable to comply with any of the provisions of this rule or with the provisions of a previously submitted plan or plan of correction can provide the Department with written notification of the expected deficiencies and a written plan of correction. This notification and plan of correction shall include the section number and text of the regulation in question, specific reasons why the provider cannot comply with the rule, an explanation of any extenuating factors which may be relevant, the means the provider will employ for correcting the expected deficiency, and the date by which each corrective measure will be completed.

9-011 NOTIFICATION OF NONCOMPLIANCE: Any hospital, which is not in compliance with these rules, may be notified in writing by the Department. Such notification if deemed necessary shall specify the deficiency and the action, which must be taken to be in compliance. The hospital must provide the Department with a written plan for correcting the deficiency within the timeframe specified in the written notification of noncompliance. The plan of correction shall specify the means the provider will employ for correcting the cited deficiency and the date that each corrective measure will be completed.

9-012 DEPARTMENT ACCEPTANCE OF PLAN OF CORRECTION: Upon receipt of a required plan of correction, the Department shall review the plan to determine the appropriateness of the corrective action. If the plan is acceptable, the Department shall notify the chief executive officer or designee in writing and indicate that implementation of the plan should proceed. If the plan is not acceptable, the Department shall notify the hospital's chief executive officer or designee in writing and indicate the reasons why the plan was not accepted. If such notification is provided, a revised, acceptable plan of correction must be provided to the Department within the timeframe specified in the notice of non-acceptance.

9-013 CONTINUED AND SUBSTANTIAL NONCOMPLIANCE: Any hospital in continued and substantial noncompliance with this rule shall be notified by registered mail and reported by the Department to its Health Licensure and Investigations Section. At the discretion of the Director of the Department, the Department shall notify the noncompliant facility of proposed Departmental actions as authorized in Neb. Rev. Stat. § 71-552.

9-014 REPORTING AND DATA SUBMISSION BY PROVIDERS OTHER THAN HOSPITALS: Other Health Care Facilities may submit electronic health record data to the Department. Such submissions shall conform pursuant to specifications as defined by the Department. The Director may require reporting of providers other than hospitals if deemed necessary to detect diseases, syndromes, or exposure that can cause or are suspected to cause serious morbidity or mortality and such other reporting is necessary to protect public health.

# Syndromic Surveillance Event Detection of Nebraska (SSEDON)

## Data Element List for Emergency Department Syndromic Surveillance

Document Version 1.1

December 2012

This data element list contains a description of the demographic and clinical elements contained in the inpatient data set to be sent from hospitals. These messages are sent to the Syndromic Surveillance Event Detection of Nebraska system as a part of the Nebraska Department of Health and Human Services for syndromic surveillance purposes.

**Emergency Department Data Element List**

| <b>Element Name</b>          | <b>Element Description</b>  | <b>Element Requirement</b> |
|------------------------------|---|----------------------------|
| Treating Facility Identifier | Code identifying treating facility from which the patient encounter originated.   | Required                   |
| Treating Facility Address    | Address of Treating Facility  | Required if Recorded       |
| Facility Type                | Category of Facility or Encounter   | Required                   |
| Patient Identifier           | Uniquely identifies a patient and his/her medical record/information for the facility identified in Treating Facility Identifier. | Required                   |
| Patient encounter identifier | Unique identifier for this patient's encounter at the facility identified in Treating Facility Identifier.                        | Required                   |
| Date of admission            | Date and time when the patient was admitted to the emergency department.  | Required                   |
| Mode of Arrival              | Indicates how the patient arrived at the health care facility   | Required                   |
| Patient Class                | Patient classification within facility. Limit values to E:Emergency, I:Inpatient, O:Outpatient                                    | Required                   |
| Date of discharge            | Date when the patient was discharged from this care facility  | Required                   |
| Discharge disposition        | Code indicating the place or setting to which the patient was discharged.   | Required                   |
| Patient encounter reason     | Short description of the patient's self-reported chief complaint or reason for visit  | Required                   |
| Triage Note                  | Initial triage assessment of the patient  | Required                   |
| Admit Reason                 | Provider's reason for admitting the patient   | Required                   |
| Type of patient encounter    | Code identifying type of patient encounter.   | Required                   |
| Current Problem List         | List of current illnesses as reported by patient at the time of the patient encounter.  | Required                   |
| Active Medication List       | List of active medications at the time of admission (name only)   | Required                   |
| Discharge Medications        | List of discharge medications (name only)   | Required                   |
| All Diagnoses Codes          | All diagnoses codes associated with encounter to include but not limited to diagnosis code, type, and date of diagnosis           | Required                   |
| Date of Onset                | Date of illness onset as reported by patient  | Required                   |



| <b>Element Name</b>            | <b>Element Description</b>  | <b>Element Requirement</b> |
|--------------------------------|---|----------------------------|
| Height                         | Patient body height and associated unit of measure  | Required                   |
| Weight                         | Patient body weight and associated unit of measure  | Required                   |
| Temperature                    | Patient body temperature and associated unit of measure   | Required                   |
| Pulse Oximetry                 | Oxygenation percentage of the patient's hemoglobin  | Required                   |
| Blood Pressure (BP)            | Initial blood pressure reading including date/time of observation                                     | Required                   |
| Smoking Status                 | Smoking Status  | Required                   |
| Pregnancy Status               | At the time of the encounter was the patient pregnant   | Required if Recorded       |
| Cause of Death                 | Preliminary cause of death  | Required                   |
| Lab Orders                     | Lab tests ordered for the patient   | Required if Recorded       |
| Lab Test Results               | Lab results for the patient to include test result, test date, and reference range                    | Required if Recorded       |
| ED Acuity Assessment           | Assigned value for ED acuity on patient encounter   | Required if Recorded       |
| Transferred to/from ICU        | During the encounter was the patient transferred to/from the ICU                                      | Required if Recorded       |
| Orders                         | Were special orders given during the patient encounter (e.g. chest x-ray, ventilator, or precautions) | Required if recorded       |
| Patient Gender                 | Code indicating gender of patient   | Required                   |
| Patient Date of Birth          | Patient date of birth   | Required                   |
| Patient Race                   | Code indicating race of patient   | Required                   |
| Ethnic Group                   | Code indicating ethnicity of patient  | Required                   |
| Patient city/town of residence | Name city/town of residence   | Required                   |
| Patient state of residence     | Code indicating state of home residence.  | Required                   |
| Patient zip code of residence  | Zip Code portion of the patient's home address.   | Required                   |
| Census tract                   | Census Tract information based on patient address of residence  | Required if Recorded       |
| Patient county of residence    | Code indicating county of residence   | Required                   |
| Patient country of residence   | Code indicating country of residence  | Required if Recorded       |
| Type of primary payer          | Code indicating primary source of payment   | Required                   |

| <b>Element Name</b>            | <b>Element Description</b>   | <b>Element Requirement</b> |
|--------------------------------|--|----------------------------|
| Total charges                  | Total charges to patient from facility related to encounter  | Required if Recorded       |
| Education Level                | Highest level of education attained by patient   | Required if Recorded       |
| Hospital Unit                  | Hospital Unit where patient is at the time the message is sent   | Required if Recorded       |
| Occupation/Industry of patient | Descriptive name of patient's occupation/industry  | Required if Recorded       |
| Employment Indicators          | Information related to the patient's job to include but not limited to employment status, employer, activity level, work hazards, etc. | Required if Recorded       |

# Syndromic Surveillance Event Detection of Nebraska (SSEDON)

## Data Element List for Inpatient Syndromic Surveillance

Document Version 1.7

December 2012

This data element list contains a description of the demographic and clinical elements contained in the inpatient data set to be sent from hospitals. These messages are sent to the Syndromic Surveillance Event Detection of Nebraska system as a part of the Nebraska Department of Health and Human Services for syndromic surveillance purposes.

**Inpatient Data Element List**

| <b>Element Name</b>          | <b>Element Description</b>  | <b>Element Requirement</b> |
|------------------------------|---|----------------------------|
| Treating Facility Identifier | Code identifying treating facility from which the patient encounter originated.   | Required                   |
| Treating Facility Address    | Address of Treating Facility  | Required if Recorded       |
| Patient Identifier           | Uniquely identifies a patient and his/her medical record/information for the facility identified in Treating Facility Identifier. | Required                   |
| Patient encounter identifier | Unique identifier for this patient's encounter at the facility identified in Treating Facility Identifier.                        | Required                   |
| Date of admission            | Date and time when the patient was admitted as an inpatient. Time precision carried to the minute.                                | Required                   |
| Source of admission          | Code Indicating the place from which the patient was admitted or referred. Sometimes known as the Referral Source.                | Required                   |
| Patient Class                | Patient classification within facility. Limit values to E:Emergency, I:Inpatient, O:Outpatient                                    | Required                   |
| Date of discharge            | Date when the patient was discharged from this care facility  | Required                   |
| Discharge disposition        | Code indicating the place or setting to which the patient was discharged.   | Required                   |
| Patient encounter reason     | Short description of the patient's self-reported chief complaint or reason for visit  | Required                   |
| Admit Reason                 | Provider's reason for admitting the patient   | Required                   |
| Type of patient encounter    | Code identifying type of patient encounter.   | Required                   |
| Current Problem List         | List of current illnesses as reported by patient at the time of the patient encounter.  | Required                   |
| Active Medication List       | List of active medications at the time of admission (name only)   | Required                   |
| Discharge Medications        | List of discharge medications (name only)   | Required                   |
| DRG                          | Diagnosis Related Group   | Required                   |

| <b>Element Name</b>                             | <b>Element Description</b>  | <b>Element Requirement</b> |
|---|---|----------------------------|
| All Diagnoses Codes                             | All diagnoses codes associated with patient visit to include but not limited to diagnosis code, diagnosis type, and date of diagnosis | Required                   |
| Condition POA indicator for each diagnosis code | Code indicating whether condition for each diagnosis was present on admission   | Required                   |
| All procedure codes                             | All procedure codes associated with patient visit to include but not limited to procedure code and date of procedure                  | Required                   |
| Height  | Patient body height and associated unit of measure  | Required                   |
| Weight  | Patient body weight and associated unit of measure  | Required                   |
| Temperature                                     | Patient body temperature and associated unit of measure   | Required                   |
| Pulse Oximetry                                  | Oxygenation percentage of the patient's hemoglobin  | Required                   |
| Blood Pressure (BP)                             | Initial blood pressure reading including date/time of observation   | Required                   |
| Blood Pressure - Highest systolic               | Highest systolic reading including date/time of observation   | Required                   |
| Blood Pressure - Highest diastolic              | Highest diastolic reading including date/time of observation  | Required                   |
| Smoking Status                                  | Smoking Status  | Required                   |
| Cause of Death                                  | Preliminary cause of death  | Required                   |
| Lab Orders                                      | Lab tests ordered for the patient indicated with ICD9/ICD10 codes   | Required if Recorded       |
| Lab Test Results                                | Lab results for the patient indicated by ICD9/ICD10 codes   | Required if Recorded       |
| Orders  | Were special orders given during the patient encounter (e.g. chest x-ray, ventilator, or precautions)                                 | Required if recorded       |
| Pregnancy Status                                | At the time of the patient visit was the patient pregnant   | Required if Recorded       |
| Emergency room encounter                        | Code indicating whether patient was in the emergency department during any part of the inpatient encounter.                           | Required                   |
| Patient Gender                                  | Code indicating gender of patient   | Required                   |
| Patient Date of Birth                           | Patient date of birth   | Required                   |
| Patient Race                                    | Code indicating race of patient   | Required                   |
| Ethnic Group                                    | Code indicating ethnicity of patient  | Required                   |

| <b>Element Name</b>            | <b>Element Description</b>  | <b>Element Requirement</b> |
|--------------------------------|---|----------------------------|
| Patient city/town of residence | Name city/town of residence   | Required                   |
| Patient state of residence     | Code indicating state of home residence.  | Required                   |
| Patient zip code of residence  | Zip Code portion of the patient's home address.   | Required                   |
| Census tract                   | Census Tract information based on patient address of residence  | Required if Recorded       |
| Patient county of residence    | Code indicating county of residence   | Required                   |
| Patient country of residence   | Code indicating country of residence  | Required if Recorded       |
| Type of primary payer          | Code indicating primary source of payment   | Required                   |
| Total charges                  | Total charges to patient from facility related to encounter   | Required if Recorded       |
| Education Level                | Highest level of education attained by patient  | Required if Recorded       |
| Hospital Unit                  | Hospital Unit where patient is at the time the message is sent  | Required if Recorded       |
| Occupation/Industry of patient | Descriptive name of patient's occupation/industry   | Required if Recorded       |
| Employment Indicators          | Information related to the patient's job (e.g. employment status, employer, activity level, work hazards) | Required if Recorded       |