

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

December 17, 2020
10:00 a.m. Central Time
Nebraska State Office Building – Lower Level A
301 Centennial Mall South, Lincoln, Nebraska
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive comments on proposed changes to Title 173, Chapter 9 of the Nebraska Administrative Code (NAC) – *Electronic Reporting of Electronic Health Record (EHR) Data for Public Health Syndromic Surveillance*. The regulations establish a syndromic surveillance program for the purposes of protecting public health and tracking the impact of disease prevention strategies. The proposed changes remove duplicative statutory language from the regulations; clarify definitions; and update formatting.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

Due to the current public health crisis, the agency will enforce any Directed Health Measure Order on the size of gatherings that is in effect at the time of the hearing. In order to encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments.

Interested persons may provide verbal comments by participating via phone conference line by calling 888-820-1398; Participant code: 3213662#.

Interested persons may provide written comments by mail, fax, or email, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8223. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

FISCAL IMPACT STATEMENT

Agency: Department of Health and Human Services	
Title: 173	Prepared by: Sandra Gonzalez
Chapter: 9	Date prepared: 11/5/2020
Subject: Syndromic Surveillance	Telephone: 402-471-0141

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
Increased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Increased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Indeterminable	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

Provide an Estimated Cost & Description of Impact:

State Agency:

Political Subdivision:

Regulated Public:

If indeterminable, explain why:

TITLE 173 CONTROL OF COMMUNICABLE DISEASE

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

001. SCOPE AND AUTHORITY. This chapter establishes a syndromic surveillance program for the purposes of protecting public health and tracking the impact of disease prevention strategies, pursuant to Nebraska Revised Statute (Neb. Rev. Stat.) § 71-552.

002. DEFINITIONS. For purposes of this chapter, the following definitions apply:

002.01 ACUTE CARE ENCOUNTER. A patient seen in a hospital emergency department or urgent care facility.

002.02 BATCH MESSAGE FILE. 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.

002.03 DATA ENCRYPTION. The electronic obfuscation of data within an electronic message using industry standard practices for encryption.

002.04 DE-IDENTIFIED PATIENT DATA. 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.

002.05 ACUTE CARE ENCOUNTER STANDARD MESSAGE. A standard electronic message as specified in the most current version of the *Syndromic Surveillance Event Detection of Nebraska (SSEDON) Emergency Department Syndromic Surveillance Health Level 7 Implementation Guide*.

002.06 HEALTH CARE FACILITY. Any facility licensed under the Health Care Facility Licensure Act, and such additional clinics or facilities not licensed under that act, such as Federally Qualified Health Centers (FQHCs), primary care clinics, ambulatory care clinics, and outpatient surgical centers.

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

002.08 PUBLIC HEALTH AUTHORITY. 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.

002.09 REAL TIME MESSAGE. The transmission of discrete standard electronic messages to the Department as they are generated by the hospital data system.

002.10 SECURE MESSAGE TRANSPORT PROTOCOL. A method of sending electronic data to the Department in a way that prevents unauthorized access to the data as specified by the Department.

003. WHO MUST REPORT. Hospitals that treat patients in an emergency department or urgent care setting shall submit to the Department a minimum data set on all emergency department and urgent care encounters.

004. DATA STANDARDS AND SPECIFICATIONS. The data content and format for acute care encounters shall conform to the acute care encounter standard message; the minimum set of acute care data elements is listed in Attachment 1.

005. DATA EXCHANGE. Data exchange must employ industry standard secure message transport protocols and data encryption. Encounter data shall be submitted a minimum of once per day as a batch message file containing the previous day's acute care encounters and updates.

006. SUBMISSION OF REPORTING PLAN FOR ACUTE CARE ENCOUNTERS. Beginning no later than six months after the effective date of this chapter, every hospital that treats patients in an emergency department or urgent care setting shall submit to the Department for approval an implementation plan that specifies how and when it will submit acute care encounter data to the Department in compliance with 173 Nebraska Administrative Code (NAC) 9-004 of this chapter. Amendments to a previously approved plan require Department approval. The plan shall include at a minimum:

- (A) Timing of messages, either real time or batch;
- (B) Secure message transport protocols to be used when submitting data to the Department;
- (C) Proposed format of data if the hospital is not able to conform to the standard electronic message as specified in 173 NAC 9-005;
- (D) 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 173 NAC 9-005;
- (E) Hospital technical contact(s) and contact information for the Department to utilize in the event technical assistance or support is necessary;
- (F) Expected date to begin sending messages; and
- (G) If a change request, the reason for change.

007. 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 this chapter are met by the third party.

008. RELEASE OF DE-IDENTIFIED PATIENT DATA AND PATIENT CONTACT. To 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 this chapter.

009. REPORTING AND SUBMISSION OF HOSPITAL INPATIENT ENCOUNTER DATA BY HOSPITALS. Hospitals that treat patients in an inpatient setting may submit to the Department a data set on all hospital inpatient encounters. Such submissions shall conform pursuant to specifications as defined by the Department. The Director may require reporting of hospital inpatient encounter data by hospitals if deemed necessary to detect diseases, syndromes, or exposures that can cause or are suspected to cause serious morbidity or mortality and such other reporting as necessary to protect public health.

010. 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 exposures that can cause or are suspected to cause serious morbidity or mortality and such other reporting as necessary to protect public health.

Syndromic Surveillance Event
Detection of Nebraska
(SSEDON)

Data Element List for Emergency
Department Syndromic Surveillance

Document Version 1.1

July 2013

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

<u>Element Name</u>	<u>Element Description</u>	<u>Element Requirement</u>
<u>Treating facility identifier</u>	<u>Code identifying treating facility from which the patient encounter originated</u>	<u>Required</u>
<u>Treating facility address</u>	<u>Address of treating facility</u>	<u>Required if recorded</u>
<u>Facility type</u>	<u>Category of facility or encounter</u>	<u>Required</u>
<u>Patient identifier</u>	<u>Uniquely identifies a patient and his or her medical record or information for the facility identified in treating facility identifier</u>	<u>Required</u>
<u>Patient encounter identifier</u>	<u>Unique identifier for this patient's encounter at the facility identified in treating facility identifier.</u>	<u>Required</u>
<u>Date of admission</u>	<u>Date and time when the patient was admitted to the emergency department.</u>	<u>Required</u>
<u>Mode of arrival</u>	<u>Indicates how the patient arrived at the health care facility</u>	<u>Required</u>
<u>Patient class</u>	<u>Patient classification within facility. Limit values to E: emergency, I: inpatient, O: outpatient</u>	<u>Required</u>
<u>Date of discharge</u>	<u>Date when the patient was discharged from this care facility</u>	<u>Required</u>
<u>Discharge disposition</u>	<u>Code indicating the place or setting to which the patient was discharged</u>	<u>Required</u>
<u>Patient encounter reason</u>	<u>Short description of the patient's self-reported chief complaint or reason for visit</u>	<u>Required</u>
<u>Triage note</u>	<u>Initial triage assessment of the patient</u>	<u>Required</u>
<u>Admit reason</u>	<u>Provider's reason for admitting the patient</u>	<u>Required</u>
<u>Type of patient encounter</u>	<u>Code identifying type of patient encounter.</u>	<u>Required</u>
<u>Current problem list</u>	<u>List of current illnesses as reported by patient at the time of the patient encounter.</u>	<u>Required</u>
<u>Active medication list</u>	<u>List of active medications at the time of admission, name only</u>	<u>Required</u>
<u>Discharge medications</u>	<u>List of discharge medications, name only</u>	<u>Required</u>
<u>All diagnoses codes</u>	<u>All diagnoses codes associated with encounter to include but not limited to diagnosis code, type, and date of diagnosis</u>	<u>Required</u>
<u>Date of onset</u>	<u>Date of illness onset as reported by patient</u>	<u>Required</u>
<u>Height</u>	<u>Patient body height and associated unit of measure</u>	<u>Required</u>
<u>Weight</u>	<u>Patient body weight and associated unit of measure</u>	<u>Required</u>
<u>Temperature</u>	<u>Patient body temperature and associated unit of measure</u>	<u>Required</u>
<u>Pulse oximetry</u>	<u>Oxygenation percentage of the patient's hemoglobin</u>	<u>Required</u>

<u>Element Name</u>	<u>Element Description</u>	<u>Element Requirement</u>
<u>Blood pressure (BP)</u>	<u>Initial blood pressure reading including date and time of observation</u>	<u>Required</u>
<u>Smoking status</u>	<u>Smoking status</u>	<u>Required</u>
<u>Pregnancy status</u>	<u>At the time of the encounter was the patient pregnant</u>	<u>Required if recorded</u>
<u>Cause of death</u>	<u>Preliminary cause of death</u>	<u>Required</u>
<u>Lab orders</u>	<u>Lab tests ordered for the patient</u>	<u>Required if recorded</u>
<u>Lab test results</u>	<u>Lab results for the patient to include test result, test date, and reference range</u>	<u>Required if recorded</u>
<u>Emergency Department acuity assessment</u>	<u>Assigned value for Emergency Department acuity on patient encounter</u>	<u>Required if recorded</u>
<u>Transferred to or from Intensive Care Unit</u>	<u>During the encounter was the patient transferred to and from the Intensive Care Unit</u>	<u>Required if recorded</u>
<u>Orders</u>	<u>Were special orders given during the patient encounter, such as chest x-ray, ventilator, or precautions</u>	<u>Required if recorded</u>
<u>Patient gender</u>	<u>Code indicating gender of patient</u>	<u>Required</u>
<u>Patient date of birth</u>	<u>Patient date of birth</u>	<u>Required</u>
<u>Patient race</u>	<u>Code indicating race of patient</u>	<u>Required</u>
<u>Ethnic group</u>	<u>Code indicating ethnicity of patient</u>	<u>Required</u>
<u>Patient city or town of residence</u>	<u>Name city or town of residence</u>	<u>Required</u>
<u>Patient state of residence</u>	<u>Code indicating state of home residence.</u>	<u>Required</u>
<u>Patient zip code of residence</u>	<u>Zip code portion of the patient's home address.</u>	<u>Required</u>
<u>Census tract</u>	<u>Census tract information based on patient address of residence</u>	<u>Required if recorded</u>
<u>Patient county of residence</u>	<u>Code indicating county of residence</u>	<u>Required</u>
<u>Patient country of residence</u>	<u>Code indicating country of residence</u>	<u>Required if recorded</u>
<u>Type of primary payer</u>	<u>Code indicating primary source of payment</u>	<u>Required</u>
<u>Total charges</u>	<u>Total charges to patient from facility related to encounter</u>	<u>Required if recorded</u>
<u>Education level</u>	<u>Highest level of education attained by patient</u>	<u>Required if recorded</u>
<u>Hospital unit</u>	<u>Hospital unit where patient is at the time the message is sent</u>	<u>Required if recorded</u>
<u>Occupation or industry of patient</u>	<u>Descriptive name of patient's occupation or industry</u>	<u>Required if recorded</u>
<u>Employment indicators</u>	<u>Information related to the patient's job to include but not limited to employment status, employer, activity level, and work hazards</u>	<u>Required if recorded</u>

TITLE 173 _____ CONTROL OF COMMUNICABLE DISEASE

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

TABLE OF CONTENTS

<u>SECTION</u>	<u>SUBJECT</u>	<u>PAGE</u>
9-001	SCOPE AND AUTHORITY	4
9-002	DEFINITIONS	4
9-003	WHO MUST REPORT	2
9-004	IMPLEMENTATION SCHEDULE	2
9-005	DATA STANDARDS AND SPECIFICATIONS	2
9-006	DATA EXCHANGE	2
9-007	SUBMISSION OF REPORTING PLAN FOR ACUTE CARE HOSPITAL EMERGENCY ROOM (ER) OR URGENT CARE (UC) ENCOUNTERS	3
9-008	SUBMISSION OF DATA THROUGH A THIRD PARTY	3
9-009	RELEASE OF DE-IDENTIFIED PATIENT DATA AND PATIENT CONTACT	3
9-010	INABILITY TO COMPLY	3
9-011	NOTIFICATION OF NONCOMPLIANCE	4
9-012	DEPARTMENT ACCEPTANCE OF PLAN OF CORRECTION	4
9-013	CONTINUED AND SUBSTANTIAL NONCOMPLIANCE	4
9-014	REPORTING AND SUBMISSION OF ACUTE CARE HOSPITAL INPATIENT ENCOUNTER DATA BY HOSPITALS	4

EFFECTIVE
4/28/14

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

173 NAC 9

~~TITLE 173 — CONTROL OF 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 electronic health record data 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 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.~~

EFFECTIVE
4/28/14

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

173 NAC 9

~~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.~~

~~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 an emergency department/urgent care setting shall submit to the Department a minimum data set on all acute care hospital ER/UC encounters.~~

~~9-004 IMPLEMENTATION SCHEDULE: Hospitals must implement the electronic data exchange specified in these regulations no later than January 1, 2016.~~

~~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).~~

~~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.~~

~~9-007 SUBMISSION OF REPORTING PLAN FOR ACUTE CARE HOSPITAL ER/UC ENCOUNTERS:~~ Beginning no later than six months after the effective date of these regulations, every hospital which treats patients in an emergency department/urgent care setting shall submit to the Department for approval an implementation plan that specifies how and when they will submit ER/UC encounter 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 SUBMISSION OF ACUTE CARE HOSPITAL INPATIENT ENCOUNTER DATA BY HOSPITALS:~~ Hospitals which treat patients in an inpatient setting may submit to the Department a data set on all acute care hospital inpatient encounters. Such submissions shall conform pursuant to specifications as defined by the Department. The Director may require reporting of acute care hospital inpatient encounter data by hospitals if deemed necessary to detect diseases, syndromes, or exposures that can cause or are suspected to cause serious morbidity or mortality and such other reporting as necessary to protect public health.

EFFECTIVE
4/28/14

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

173 NAC 9

~~9-015 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 exposures that can cause or are suspected to cause serious morbidity or mortality
and such other reporting as necessary to protect public health.~~

EFFECTIVE
4/28/14

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ATTACHMENT 1
173 NAC 9

~~Syndromic Surveillance Event Detection of Nebraska (SSEDON)~~

~~Data Element List for Emergency Department Syndromic Surveillance~~

~~Document Version 1.1~~

~~July 2013~~

~~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

Element Name	Element Description	Element Requirement
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

Element Name	Element Description	Element Requirement
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

EFFECTIVE
4/28/14

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ATTACHMENT 1
173 NAC 9

Element Name	Element Description	Element Requirement
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