

EFFECTIVE
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NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

173 NAC 9

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.

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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.

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Syndromic Surveillance Event Detection of Nebraska (SSEDON)

Data Element List for Emergency Department Syndromic Surveillance

Document Version 1.1

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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 or her medical record or 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
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

Element Name	Element Description	Element Requirement
Blood pressure (BP)	Initial blood pressure reading including date and 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
Emergency Department acuity assessment	Assigned value for Emergency Department acuity on patient encounter	Required if recorded
Transferred to or from Intensive Care Unit	During the encounter was the patient transferred to and from the Intensive Care Unit	Required if recorded
Orders	Were special orders given during the patient encounter, such as 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 or town of residence	Name city or 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 or industry of patient	Descriptive name of patient's occupation or industry	Required if recorded
Employment indicators	Information related to the patient's job to include but not limited to employment status, employer, activity level, and work hazards	Required if recorded