

Syndromic Surveillance Data Elements for Meaningful Use Reporting¹

Illinois Department of Public Health is accepting Emergency Department & Inpatient data in 2018

Data Element Name	Description of Field	Usage	HL7 Location (Observation ID)
Facility Identifier (Sending and Treating)	Unique facility identifier Use OID (www.HL7.org) or NPI (National Provider Identifier)	R	MSH-4.2 and EVN-7.2 Same ID in both fields
Facility Name (Treating)	Treating facility name where the patient presents	RE	EVN-7.1
Facility Address (Treating)	Street, City, State, ZIP and County	RE	OBX-5 (SS002)
Facility/Visit Type²	Type of facility or the visit where the patient presented / For IDPH: ED only (261QE0002X)	R	OBX-5 (SS003)
Event Date/Time	Date/time of report transmission from source	R	EVN-2
Unique Patient Identifier-Medical Record Number	Unique identifier for the patient, For IDPH provide the MRN and MR (type) in PID-3.5	R	PID-3.1
Unique Visit Identifier	Unique identifier for a patient visit	R	PV1-19
Patient Class²	Patient classification within facility	R	PV1-2
Age	Age of patient at time of visit	RE	OBX-5 (21612-7)
Date of Birth	Date of Birth of patient	RE	PID-7
Gender	Gender of patient	RE	PID-8
Last Name	Last Name of patient	O	PID-5.1
First Name	First Name of patient	O	PID-5.2
Street Address	Street address of patient	O	PID-11.1
City/Town	City/Town of patient residence	RE	PID-11.3
State	State of patient residence	RE	PID-11.4
ZIP code	ZIP code of patient residence	RE	PID-11.5
Country	Country of patient residence	RE	PID-11.6
County	County of patient residence (FIPS codes)	RE	PID-11.9
Race²	Race of patient	RE	PID-10
Ethnicity²	Ethnicity of patient	RE	PID-22
Admit/Encounter Date/Time	Date/time of patient presentation. The value of this field should remain constant with all messages associated with the same visit.	R	PV1-44
Chief Complaint³ Guide v1.1 (CWE data type)	Patients self-reported reason for visit (free-text is required if available). It should be distinct from the diagnosis code which is based on provider's assessment for the visit. Send the most complete description of the patient's complaint. If only a drop down list is available, include all values selected. If both free text and drop down are available, send both. The chief complaint text should NOT be replaced either manually or by the system. Keep the chief complaint the same as how it was captured at admission.	RE	OBX-5.9 (8661-1)
Chief Complaint³ Guide v2.0 (TXT data type)		RE	OBX-5 (8661-1)
Diagnosis	Diagnosis code or external cause of injury code	RE	DG1-3
Triage Notes	Triage notes (free text) for the patient visit	O	OBX-5 (54094-8)
Clinical Impression	Clinical impression (free text) of the diagnosis	O	OBX-5 (44833-2)
Discharge Disposition²	Patient's location following ED visit, including admitted to hospital if applicable	RE	PV1-36
Discharge Date/Time	Date and time of discharge	RE	PV1-45
Insurance Coverage²	Insurance plan type of the patient	O	INI-15
Date of onset	Date that patient began having current symptoms	O	OBX-5.1

Data Element Name	Description of Field	Usage	HL7 Location (Observation ID)
Initial Temperature	1 st recorded temperature, including units	O	OBX-5
Initial Pulse Oximetry	1 st recorded pulse oximetry value	O	OBX-5
Initial Blood Pressure	1 st recorded blood pressure (SBP/DPB)	O	OBX
New Data Elements			
Admission Type²	Circumstances patient was admitted	O	PV1-4
Admit Source	Where patient was admitted	O	PV1-14
Admit Reason	Short description of the providers' reason for patient admission.	O	PV2-3
Patient Death Date/Time	Date and time of patient death	O	PID-29
Patient Death Indicator	Indication of patient death	O	PID-30
Hospital Unit	Hospital unit where the patient is located	O	OBX-5 (56816-2)
Patient Assigned Location	Patient's initial assigned location or the location to which the patient is being moved	O	PV1-3
Ambulatory Status	Indicates any permanent or transient handicapped conditions for patient.	O	PV1-15
Hospital Service	Treatment or type of surgery that the patient is scheduled to receive	O	PV1-10
Prior Patient Location	Patient's prior location within facility	O	PV1-6
Diagnosis Date/time	Date and time of diagnosis	O	DG1-5
Patient Account Number	Patient account number	O	PID-18
Attending Physician	Attending Doctor populated with an identifier assigned by the facility		PV1-7
Initial Acuity²	Intensity of medical care required by patient	O	OBX-5 (11283-9)
Height	Height of the patient	RE	OBX-5 (8302-2)
Weight	Weight of the patient	RE	OBX-5 (3141-9)
BMI	Body Mass Index	O	OBX-5 (59574-4)
Smoking Status²	Smoking Status of patient	RE	OBX-5 (72166-2)
Procedure Code	Procedures administered to patient	O	PR1-3
Pregnancy Status	Is patient pregnant at time of encounter	O	OBX-5 (11449-6)
Problem List	Problem list of patient conditions	O	OBX-5 (11450-4)
Medication List	Text description of current medication	O	OBX-5 (10160-0)
Medications Prescribed	Standard code of current medications	O	OBX-5 (8677-7)
Travel History	Description of travel	O	OBX-3 (10182-4)

¹PHIN Messaging Guide for syndromic Surveillance: Emergency Department and Urgent Care Inpatient and Ambulatory Care Settings, Release 2.0 (April, 2015) <http://www.cdc.gov/phin/resources/PHINGuides.html>

² **Use Standard Codes from PHIN Vocabulary Access and Distribution System (VADS):** This site is the reference for all fields that should be coded to a standard. <https://phinvads.cdc.gov/vads/SearchVocab.action>

³ **NOTE: Chief complaint Implementation guide v 1.1 and v. 2.0.**

Version 1.1 has DataType of CWE, and free-text is placed in OBX-5.9

Version 2.0 has DataType of TX, and free text is placed in OBX-5. (future implementation for 2015 certification)

IDPH should be notified when the interface is updated for Version 2.0 to reflect the new chief complaint format