

Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 11 State House Station
 Augusta, Maine 04333-0011
 Tel. (207) 287-8016
 Fax (207) 287-9058; TTY (800) 606-0215

New Syndromic Surveillance Report Requirements

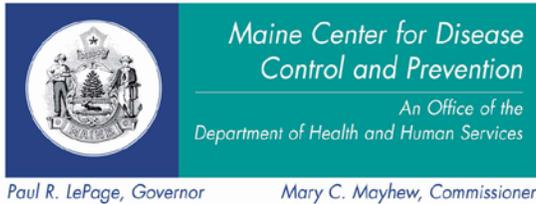
The following charts represent a summary of the new HL7 messaging requirements for reporting emergency department syndromic surveillance data within the State of Maine. The first chart represents the primary data elements. The second chart represents data elements that must be provided, if available.

Minimally required data elements:

Data element name	Field description	Recommended usage	Req? ¹	Multiples allowed? ²
Facility identifier	Unique identifier of facility where the patient originally presented (original provider of the data)	Recommend using NPI (National Provider Identifier) code	R	No
Facility name	Name of facility where the patient originally presented (original provider of the data)	Recommend using the Organization Name Legal Business Name (LBN) associated with the NPI.	R	No
Facility/visit type	Type of facility that the patient visited	Recommend using one of four available options: Emergency Care Specialty Care Primary Care Urgent Care	R	No
Report date/time	Date and time of report transmission from original source (from treating facility)	HL7 Date/Time Format: YYYYMMDDHHMM	R	No
Unique patient identifier	Unique identifier for the patient		R	Yes
Age	Numeric value of patient's age		R	No
Gender	Gender of patient	Male, Female, Other, Unknown	R	No
Town of residence	City/Town of patient residence		R	No
Zip code of residence	Zip Code of patient residence	5 digit code at a minimum	R	No
State of residence	State of patient residence	Recommend using the applicable 2-digit state abbreviation	R	No
County of residence	County of patient residence		R	No
Race	Race of patient	Recommend using relevant race category	R	Yes
Ethnicity	Ethnicity of patient	'Hispanic or Latino' or 'Not Hispanic or Latino'	R	Yes
Unique visiting ID	Unique identifier for patient visit		R	No
Visit date/time	Date and time of patient presentation	HL7 Date/Time Format: YYYYMMDDHHMM	R	No
Chief complaint/reason for visit	Short description of the chief complaint of patient's visit, recorded when seeking care		R	Yes
Diagnosis/injury code	Diagnosis or injury code of the patient condition ³	See footnote on following page	R	Yes

¹ Please note, the data in the 'Req?' column is either 'R' or 'RE'. Any data element associated with an 'R' means that this data element must exist in order for the file to be accepted by the State. Any data element that is considered 'RE' means that the data must be included if it exists

² Also note that any data elements that are marked as "yes" in the 'multiples allowed' column may have more than one response



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Diagnosis type	Qualifier for Diagnosis/ Injury Code specifying type of diagnosis	Admitted, Final, or Working	R	Yes
Discharge disposition	Patient's anticipated location or status following ED/UC visit ⁴	See below footnote	R	No
Disposition date and time	Date and time of disposition	HL7 Date/Time Format: YYYYMMDDHHMM	R	No

Additional data elements (include, if available):

Data element name	Field description	Recommended usage	Req?	Multiples allowed?
Medical record number	Patient medical record number	Recommended that data providers submit the patient medical record number to facilitate identification of the patient, in the event of a required follow-up investigation	RE	No
Country of residence	Country of patient	Recommended that the 3-character country code be used	RE	No
Date of onset	Date that patient began having symptoms of condition being reported		RE	No
Patient class	Patient classification within facility	Recommend using the following list of classifications: Emergency, Inpatient, Obstetrics, Outpatient, Preadmit, Recurring patient	RE	No
Triage notes	Triage notes for the patient visit	Recommend using free text	RE	No
Clinical impression	Clinical impression of the patient visit	Recommend using free text	RE	No
Initial temperature	1 st recorded temperature, including units	Units of measure (Fahrenheit or Celsius) must be included	RE	No
Initial pulse oximetry	1 st recorded pulse oximetry value		RE	No

The content of these tables was gathered from the document entitled – PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data. For more details, please access the following site:

<http://www.cdc.gov/ehrmmeaningfuluse/docs/PHIN%20MSG%20Guide%20for%20SS%20ED%20and%20UC%20Data%20Release%201.pdf>

For more information please contact ears@maine.gov or Amy Robbins at (207) 287-3332 or amy.robbins@maine.gov.

³Three options exist for populating this field:
<http://phinvads.cdc.gov/vads/ViewValueSet.action?id=6B161D6D-87EE-4B14-ADBD-5D27F62CD3DD>
<http://phinvads.cdc.gov/vads/ViewValueSet.action?id=31F1ADE8-7808-E011-9273-00188B39829B>
<http://phinvads.cdc.gov/vads/ViewValueSet.action?id=3F194079-6BA6-DF11-9BDD-0015173D1785>

⁴Visit the following link for more information: <http://phinvads.cdc.gov/vads/ViewValueSet.action?id=29D34BBC-617F-DD11-B38D-00188B398520>