

EFFECTIVE
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NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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Syndromic Surveillance Event Detection of Nebraska (SSEDON)

Data Element List for Emergency Department Syndromic Surveillance

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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