



INTERNATIONAL SOCIETY
FOR DISEASE SURVEILLANCE

PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care And Inpatient Settings Release 1.9

Supplementary Document: Data Elements of Interest

The following document identifies and briefly describes the Data Elements of Interest from [*PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care And Inpatient Settings, Release 1.9*](#) (*Guide/Release 1.9*). In addition, it notes usage requirements for both the data sender and the data receiver.

Sender Usage refers to use requirements for hospitals, emergency departments, urgent care centers, and regional data centers for hospitals. EHR vendors must also base their certified EHR systems off of the Sender Usage.

Receiver Usage refers to the usage requirements for public health authorities (PHAs).

Finally, the table indicates whether each data element is applicable to Urgent Care and Emergency Department settings, Hospital Inpatient settings, or both.

These data elements are described in greater detail in **Table 2-5** (pp. 21-51) of *Release 1.9*.

Usage Definitions

R: Required. Required indicates that the field is a required field. A value must be present in the field in order for the message to be accepted.

RE: Required, but can be empty. The field is a required field. However, if there is no data captured in the field due to the setting (e.g., no chief complaint data for a trauma patient) and the field is blank, the message may be sent with the field containing no data.

CE: Conditional (only applicable to age units; population of this field is dependent on population of Age, which is RE)

O: Optional. The field is optional. Local jurisdictions must further constrain these elements for implementation.

Data Elements of Interest: Release 1.9

			<i>X indicates the data element is applicable in the specified setting(s)</i>	
Data Element Name	Sender Usage	Receiver Usage	Emergency Department & Urgent Care	Hospital Inpatient
Facility Identifier (Treating)	R	R	X	X
Facility Name (Treating)	RE	O	X	X
Facility Street Address (Treating)	RE	O	X	X
Facility City (Treating)	RE	O	X	X
Facility ZIP Code (Treating)	RE	O	X	X
Facility County (Treating)	RE	O	X	X
Facility State (Treating)	RE	O	X	X
Message Date/Time	R	R	X	X
Unique Patient/Visit Identifier	R	R	X	X
Age	RE	RE	X	X
Age Units	CE	CE	X	X
Gender	RE	RE	X	X
Race	RE	RE	X	X

			<i>X indicates the data element is applicable in the specified setting(s)</i>	
Data Element Name	Sender Usage	Receiver Usage	Emergency Department & Urgent Care	Hospital Inpatient
Ethnicity	RE	RE	X	X
Patient City/Town	RE	RE	X	X
Patient ZIP Code	RE	RE	X	X
Patient County	RE	RE	X	X
Patient State	RE	O	X	X
Patient Country	RE	O	X	X
Chief Complaint/Reason for Visit	RE	RE	X	X
Admit Reason	RE	RE		X
Admit or Encounter Date/Time	R	R	X	X
Patient Class	R	R	X	X
Hospital Unit	RE	RE		X
Unique Physician Identifier	O	O	X	
Diagnosis Type	RE	RE	X	X
Primary Diagnosis	RE	RE	X	X
Additional Diagnosis				

			<i>X indicates the data element is applicable in the specified setting(s)</i>	
Data Element Name	Sender Usage	Receiver Usage	Emergency Department & Urgent Care	Hospital Inpatient
Discharge Disposition	RE	RE	X	X
Discharge Date/Time	RE	RE	X	X
Height	RE	O		X
Weight	RE	O		X
Smoking Status	RE	O		X
Initial Temperature	O	O	X	
Systolic and Diastolic Blood Pressure (SBP/DBP)—most recent	O	O	X	X
Procedure Code	O	O	X	X
Observation, symptoms, and clinical findings	O	O	X	
Triage Notes	O	O	X	
Clinical Impression	O	O	X	
Date of Onset	O	O	X	
Facility/Visit Type	R	R	X	
Medical Record Number	O	O	X	

			<i>X indicates the data element is applicable in the specified setting(s)</i>	
Data Element Name	Sender Usage	Receiver Usage	Emergency Department & Urgent Care	Hospital Inpatient
Initial Pulse Oximetry	O	O	X	
Laboratory test/panel requested	O	O	X	X
Laboratory Result	O	O	X	X
Laboratory test performed	O	O	X	X
Date/Time of laboratory test	O	O	X	X
Laboratory test status	O	O	X	X
Date of Lab Report	O	O	X	X
Performing organization	O	O	X	X
Specimen Type	O	O	X	X