

March 2021 NSSP CoP Data Quality Subcommittee

March 12, 2021 – 12:00pm EST

National Syndromic Surveillance Program
Community of Practice

Resources that Advance the Science and Practice of Syndromic Surveillance

The NSSP CoP is supported by Cooperative Agreement # 6NU38OT000297-02-01 between the Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Call Agenda

- Welcome
- CSTE Announcements
- Presentations and Discussion Topics:
 - Collecting inpatient data through A06 messages – Rachel Abbey, Daniel Chaput, Lolita Kachay (ONC)
 - Issue resolution strategies – Dave Swenson (NH)
- Adjourn
- Next Call: **April 9th, 2021**



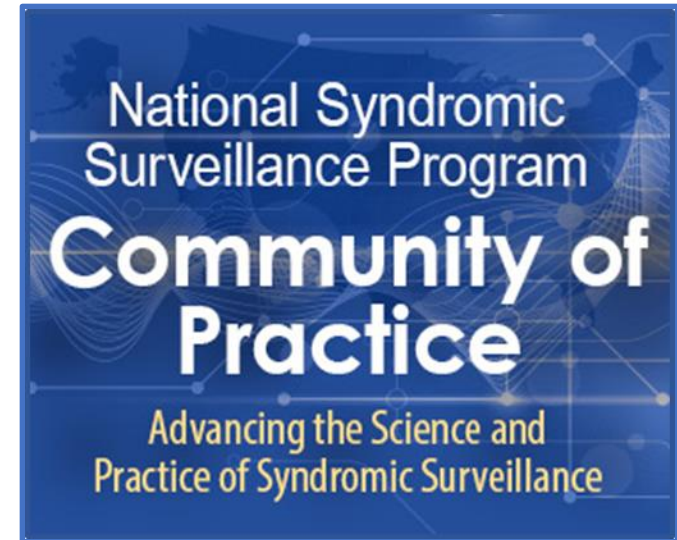
Join the NSSP Community of Practice

Stay connected to NSSP and other SyS practitioners by joining the CoP

Includes active topic-specific subcommittees and workgroups

Voluntary, free of charge, independent of CSTE membership, and open to any person or organization interested in advancing SyS

Email syndromic@cste.org to join!



CSTE 2021 Annual Conference Going Virtual!

The CSTE 2021 Annual Conference will be held virtually, **June 13-17, 2021**

Registration is now **OPEN** and closes at 11:59 pm EDT on **Monday, May 24, 2021**.

Early-bird discount closes @ 11:59 pm EDT on Friday, April 30, 2021.



NSSP CoP Slack Workspace

CSTE supports and moderates the **NSSP Community of Practice Slack Workspace**

If you need quick access to syndromic surveillance experts and are affiliated (full-time employee or contract staff) with a federal agency or STLT health department, the NSSP CoP Slack Workspace is designed for **YOU**.

Request form: https://cste.co1.qualtrics.com/jfe/form/SV_721loa5BmlANKS1

Join us on the Race and Ethnicity Slack channel!



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NSSP Community of Practice

Open Call for Data Quality Subcommittee Co-Chair

- **Position Eligibility**

- Any active NSSP CoP member working at STLT health department is eligible to serve

- **Position Responsibilities**

- Plan and facilitate monthly subcommittee calls
- Represent the DQ subcommittee on the NSSP CoP Core Committee as a SME and community representative
- Dedicate ~3-4 hours per month to related activities

- If interested, please email syndromic@cste.org



“I enjoyed being a leader in the community. This gave me the opportunity to be a team player and share information in an educational member.”

MisChele Vickers (AL), former DQ co-chair



Collecting inpatient data through A06 messages – ONC



Issue Resolution Strategies – Dave Swenson (NH)

DQ Resolution Strategies and Best Practices

Identify issue

- Missing data
 - IT issue vs. workflow
 - Timeliness concerns
- Format and content issues
 - Review segment structure



Identify Format & Content Issue - Review DG1 segment

New Field	Similar Fields (PHIN Guide)	Questions
Diagnosis Coding Method - DG1-2 (required)	DG1-3.3 <i>Conformance Statement SS-033: DG1-3.3 SHALL be valued to one of the Literal Values in the set ('I10', 'I9CDX', 'SCT').</i>	<ul style="list-style-type: none"> Why is another field with <i>coding system info</i> needed? Is the new field standardized? Can coding systems other than ICD-10, ICD-9, and SNOMED be included in this field by Epic users?

Diagnosis Priority - DG1-15 (optional)

What prompted this change?

Segment Definition

Seq	Element name	Data type	Usage	Cardinality	Value Set
1	Set ID - DG1	SI	R	[1..1]	
2	Diagnosis Coding Method	ID	R	[1..1]	
3	Diagnosis Code - DG1	CE_SS	R	[1..1]	PHVS_AdministrativeDiagnosis_CDC_ICD-10CM,PHVS_Disease_CDC
5	Diagnosis Date/Time	TS_SS_toMinute	R	[1..1]	
6	Diagnosis Type	IS	R	[1..1]	PHVS_DiagnosisType_HL7_2x
15	Diagnosis Priority	ID	O	[0..1]	PHVS_DiagnosisPriority_HL7_2x

- DG1|1|I10|R11^NAUSEA AND VOMITING^I10|||W (Working diagnosis from ICD10)|||1|
- DG1|2|SCT|16932000^NAUSEA AND VOMITING^SCT|||W (Working diagnosis from SNOMED-CT)|||1|

Conformance Statements

ID	Description
DG1_SS_8603629	The value of DG1-3.3 SHALL be one of list values: I10,SCT.

Identify Format & Content Issue - Review PRI segment

New Field

Similar Fields (PHIN Guide)

Questions

Procedure Coding Method -
PR1-2 (required)

PR1-3.3 contains *Name of Coding System*

- Why is another field with *coding system info* needed?
- Is the new field standardized? Can coding systems other than CPT-4, ICD-9CM, and ICD-10-PCS be included in this field by Epic users?

3.2.9 PR1 SS - PROCEDURES

Segment Definition

Seq	Element name	Data type	Usage	Cardinality	Value Set
1	Set ID - PR1	SI	R	[1..1]	
2	Procedure Coding Method	IS	R	[1..1]	0089
3	Procedure Code	CE_SS	R	[1..1]	0088,PHVS_AdministrativeProcedure_CDC_ICD-10PCS
5	Procedure Date/Time	TS_SS_toMinute	R	[1..1]	

Conformance Statements

ID	Description
PR1_SS_6639954	PR1-3.1 shall be populated with a value from one for the following coding systems: CPT4, ICD10-CM-PCS

PR1|1|CPT4|90281^Immune globulin (IG), human, for intramuscular use^CPT4| |201112171858



Identify Format & Content Issue - Review PV1 Patient Type Field

ORIGINAL_PATIENT_TYPE	Description
1	
2	
3	
5	
7	
10	
11	
20	
30	
40	
50	
60	
70	
90	
1E	
1EE55	
1EE6E	
1EE81	
Aacill.	
B	Obstetrics
CLI	
Clinic	
D	
E	Emergency
E/R	
ED	
EDD	
EMER	
ER	
ER3	
ERJ	
F	
G	
H	
HWI	
I	Inpatient
IN	
INO	
IP	
IP1	
M	
MED	
MEJ	
NLP	
O	Outpatient
OBS	
OBV	
OE	
OP	
OPD	
P	Preadmit
PED	
QER	
R	Reoccurring Patient
REF	
S	
SD3	
SDC	
SDS	
SER	
SSU	
SW	
T	
U	Unknown
URG	
V	

New Field	Similar Fields (PHIN Guide)	Questions
Patient Type - PV1-18 (optional)	PV1-2 Patient Class Example PV1-2 Fields: I or E or O	<ul style="list-style-type: none"> How is this field different from PV1-2? How will this new field be coded/what are the values?

There are more codes for Patient Type than there are values in Patient Class.

3.4.3 0018 - PATIENT TYPE

Metadata
Type: Internally managed

Attributes		
Stability	Extensibility	Content Definition
Not defined	Not defined	Not defined

Codes		
Value	Code System	Description
...	HL70018	no suggested values

Patient Types from NH →

Identify Format & Content Issue - Review OBX Chief Complaint segment

Older CDC PHIN Guide

Latest HL7 Sys Guide

Description	Chief complaint
Usage	RE
Example	OBX 3 TX 8661-1^CHIEF COMPLAINT - REPORTED^LN STOMACH ACHE THAT HAS LASTED 2 DAYS; NAUSEA AND VOMITING; MAYBE A FEVER F 201102171 531-0500
Implementation Notes	This field is the patient's self-reported chief complaint or reason for visit. The field is distinct from the Admit Reason field, which is the provider's reason for admitting the patient. Senders should send the most complete description of the patient's chief complaint. Only send a single chief complaint, but use commas and/or semicolons to break up the text as agreed upon by data-trading partners. Although free text is preferred, if text for both the free-text chief complaint and drop-down selection chief complaint are available, send both. Some systems may automatically overwrite chief complaint with final diagnosis when the final diagnosis code is assigned. The chief complaint text should NOT be replaced with other information either manually or by the data provider's system. Keep the chief complaint the same as how it was initially captured.

TABLE 2-5: DATA ELEMENTS OF INTEREST							
Data Element Name	Description of Field	Sender Usage	Receiver Usage	Cardinality	Value Set /Value Domain	Implementation Notes	Recommended HL7 Location
Visit	chief complaint or reason for visit				<p>PHVS ObservationIdentifier_SyndromicSurveillance</p> <p>8661-1 Chief complaint - Reported (LOINC)</p> <p>For OBX-5 Please use: Free text (Preferred) Or 2.16.840.1.114222.4.11.856</p> <p>PHVS AdministrativeDiagnosis_CDC_ICD-9CM</p> <p>Or 2.16.840.1.114222.4.11.3593</p> <p>PHVS_CauseOfDeath_ICD-10_CDC</p> <p>Or 2.16.840.1.114222.4.11.909</p> <p>PHVS Disease_CD_C</p> <p>(SNOMED Based Value set)</p> <p>For further guidance refer to the column - Recommended HL7</p>	<p>visit--in their own words This element is represented by the LOINC code: 8661-1 in the OBX observation identifier.</p> <p>The actual data value occurs in the 5th field of the same OBX (OBX-5) segment and is Coded with Exception as defined by the OBX Data Type CWE.</p> <p>Using the CWE allows for the possibility of free text, while also allowing for the coded values listed.</p> <p>If data flows through an intermediary or third party, the intermediary must keep the original text (OBX-5: CWE:9) of the transmission.</p> <p>Note: Implementers should check with their local jurisdiction for version of adopted coding system.</p> <p>Note: Senders should send the most complete description of the patient's chief complaint. In some cases, this may entail sending multiple chief complaint values. If both the free text chief complaint text and drop down selection chief complaint text are available, send</p>	<p>complaint SHALL be valued in OBX- 5, CWE:9.</p> <p>OBX_Segment (CWE Data Type, 5th field) with LOINC Code (8661-1) Observation Identifier</p> <p>Example OBX Segment (free text): OBX 3 CWE 8661-1^CHIEF COMPLAINT - REPORTED^LN ^STOMACH ACHE F 201102171531</p> <p>Conformance Statement SS-006: If patient's chief complaint is captured from a Coding System, then chief complaint SHALL be valued in OBX- 5, CWE:1, CWE:2, CWE:3.</p> <p>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM or PHVS_CauseOfDeath_ICD-10_CDC or PHVS_Disease_CDC</p> <p>NOTE: The implementation shall support all 3 value sets.</p> <p>Example OBX Segment (coded): OBX 3 CWE 8661-1^CHIEF COMPLAINT -</p>

```
OBX|4|TX|8661-1^ChiefComplaint^LN||Fever, chills, smelly urine with burning during urination|||||F|||201708171200-0500.00
OBX|4|CWE|8661-1^ChiefComplaint^LN||^STOMACH ACHE|||||F|||201708171200-0500
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Resolution Strategies and Best Practices

Resolutions

- Collaboration
 - CoP members – *Slack channel, DQSC*
 - EHR Vendors
 - One-on-one consultations with hospitals





***Next call: Friday, April
9th 2021***