

Biosurveillance Data Elements Matrix  
February 21, 2006

<b>N o.</b>	<b>Institution Data</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Hospital System	X	X	X	X	X	X
2	Main facility ID/name	X	X	X	X	X	X
3	Satellite facility ID/name			X			
4	Location address			X		X	X
5	Licensed level of care			X			
6	POC			X			
7	Number of facility beds			X		X	X
8	Pt care location list for main/satellite facility			X			
<b>N o.</b>	<b>Daily Facility Summary</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Date/time of report			X		X	X
2	Admissions last 24 hours			X		X	X
3	Discharges last 24 hours			X		X	X
4	Deaths last 24 hours			X		X	X
<b>N o.</b>	<b>Census by Unit</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Unit name			X			X
2	Number of patients by unit			X			X
3	Number of beds available by unit			X			X

<b>N o.</b>	<b>Patient Data</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Randomized data linker	X	X	X	X	X	X
2	Encounter date	X	X	X	X	X	X
3	DOB (month and year of birth)		X	X	X	X	X
4	Age (if DOB, not available)	X	X	X	X	X	X
5	Gender	X	X	X	X	X	X
6	Race	X		X			X
7	Ethnicity			X			X
8	Occupation zip			X	X		X
9	Industry of work			X			
10	Home zip	X	X	X	X	X	X
11	State		X	X		X	X
12	County of residence		X	X			X
13	Country of residence			X			X
14	Insurance Coverage	X	X		X		
15	Date/time last update			X		X	X

<b>N o.</b>	<b>Clinical Data</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Admit time/date			X			X
2	Discharge time/date			X			X
3	Diagnosis/Injury Code	X	X	X	X	X	X
4	Diagnosis type			X		X	X
5	Diagnosis priority (priority of code)	X		X			
6	Diagnosis date/time			X	X	X	X
7	Discharge disposition	X		X	X	X	X
8	Hospital department			X			
9	Patient class (Outpatient, Inpatient, ER)	X		X	X	X	X
10	Admission type (circumstances)			X	X		
11	Admission source (where originated)			X			
12	Point of care (hospital local designation)			X			
13	Date patient in location	X		X	X		
14	Employment illness-related indicator			X			
15	Date and time onset of illness	X	X	X	X	X	X
16	Chief complaint	X	X	X	X	X	X
17	Patient instructions			X			
18	Physician notes			X			
19	Temperature	X	X	X	X		X
20	Date/time temp			X			X
21	Blood pressure		X	X	X		X
22	Date/time BP			X	X		X
23	Transport code to facility	X	X				
24	Pulse/Heart rate				X		
25	Current medications		X	X	X		X
26	Procedures performed		X	X	X		X
27	Extended triage notes			X			
28	ED Acuity		X	X			
29	Treating provider ID	X					
30	Treating provider name	X					
31	Admitting Doctor's name	X					

<b>N o.</b>	<b>Laboratory and Radiology Test Orders</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Order number			X		X	X
2	Ordered test			X		X	X
3	Reason for test			X			X
4	Order date/time			X			
5	Begin date/time			X			
1	Chest x-ray y/n	X					
2	Blood culture ordered y/n	X					
3	Arterial blood gas ordered y/n	X					
<b>N o.</b>	<b>Medication Orders</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Order number			X			
2	Order date/time			X			
3	Begin date/time			X			
4	Drug Code/name			X			
5	Dosage/strength			X			
6	Form			X			
7	Route			X			
8	Frequency			X			
9	Duration			X			

<b>N o.</b>	<b>Laboratory/Microbiology Results</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Reporting Lab ID			X		X	X
2	Diagnostic Service Section ID			X			
3	Performing laboratory			X		X	X
4	Report date/time		X	X		X	X
5	Report status		X	X		X	X
6	Collection date		X	X		X	X
7	Collection method		X	X		X	X
8	Specimen site			X		X	X
9	Specimen			X		X	X
10	Point of Care			X			
11	Accession date			X			
12	Accession ID			X			
13	Sequence number			X			
14	Ordered test		X	X		X	X
15	Resulted test		X	X		X	X
16	Organism identified		X	X		X	X
17	Method type		X	X		X	X
18	Result other than organism		X	X		X	X
19	Result unit			X		X	X
20	Test interpretation		X	X		X	X
21	Susceptibility test interpretation			X		X	X
22	Test status		X	X		X	X
23	Results notes/comments			X			X
<b>N o.</b>	<b>Radiology Results</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG Minimum</b>	<b>WG Target</b>
1	Report date/time			X			
2	Diagnostic service section ID			X			
3	Procedure date			X			
4	Radiology number			X			
5	Test performed			X			
6	Site/testing description			X			
7	Impressions			X			
8	Recommendations			X			
9	Procedure codes			X			

<b>N</b>	<b>EMS/911 Ambulance</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG</b>	<b>WG</b>
<b>o.</b>	<b>Dispatch</b>					<b>Minimum</b>	<b>Target</b>
1	Date of pick up	X					
2	Time of pick up	X					
3	Call type – initial	X					
4	Call type – final	X					
5	Zip code of pick up	X					
6	Hospital where patient brought	X					
<b>N</b>	<b>Prescription Pharmacy</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG</b>	<b>WG</b>
<b>o.</b>	<b>System</b>					<b>Minimum</b>	<b>Target</b>
1	Company	X					
2	Store ID #	X					
3	Store zip	X					
4	Date of Sale	X					
5	Drug NDC	X					
6	Drug name	X					
7	Birth year of patient	X					
8	Quantity sold	X					
9	Rx days	X					
10	New Rx on market	X					
11	# of times refilled	X					
<b>N</b>	<b>Over the counter pharmacy</b>	<b>NYC</b>	<b>NC</b>	<b>BioSense</b>	<b>Frontline</b>	<b>WG</b>	<b>WG</b>
<b>o.</b>	<b>system</b>					<b>Minimum</b>	<b>Target</b>
1	Date of sale	X					
2	Store ID Number	X					
3	Zip	X					
4	UPC	X					
5	Product description	X					
6	Number sold	X					
7	Number still in stock	X					
8	Number sold on promotion	X					
9	Department	X					
10	Sub department	X					