

Data Location	Current eOutcome Elements	Proposed	
		Status	New Status
ED	<a href="#">eOutcome.01 - Emergency Department Disposition</a>	IN	N,S (Required)
Hosp	<a href="#">eOutcome.02 - Hospital Disposition</a>	IN	N,S (Required)
both	<a href="#">eOutcome.03 - External Report ID/Number Type</a>	IN	Optional
both	<a href="#">eOutcome.04 - External Report ID/Number</a>	IN	Optional
both	<a href="#">eOutcome.05 - Other Report Registry Type</a>	IN	Optional
ED	<a href="#">eOutcome.06 - Emergency Department Chief Complaint</a>	OUT	
ED	<a href="#">eOutcome.07 - First ED Systolic Blood Pressure</a>	IN	S (Required)
ED	<a href="#">eOutcome.08 - Emergency Department Recorded Cause of Injury</a>	OUT	
ED	<a href="#">eOutcome.09 - Emergency Department Procedures</a>	IN	N,S (Required)
ED	<a href="#">eOutcome.10 - Emergency Department Diagnosis</a>	IN	N,S (Required)
Hosp	<a href="#">eOutcome.11 - Date/Time of Hospital Admission</a>	IN	N,S (Required)
Hosp	<a href="#">eOutcome.12 - Hospital Procedures</a>	IN	N,S (Required)
Hosp	<a href="#">eOutcome.13 - Hospital Diagnosis</a>	IN	N,S (Required)
Hosp	<a href="#">eOutcome.14 - Total ICU Length of Stay</a>	OUT	
Hosp	<a href="#">eOutcome.15 - Total Ventilator Days</a>	OUT	
Hosp	<a href="#">eOutcome.16 - Date/Time of Hospital Discharge</a>	IN	N,S (Required)
Hosp	<a href="#">eOutcome.17 - Outcome at Hospital Discharge</a>	IN	N,S (Required)

**Element Additions Discussed (Zoll, ImageTrend):**

- Diagnosis Date and Time
- Hospital Attachments
- Date/Time of ED Admission

**Questions Discussed in the Workgroup**

- 1 Should eOutcomes section only include National Elements?  
Limit to National and State (Required) elements...with some linkage elements (eOutcomes 03 through 05)
- 2 Should we identify corresponding elements in external sources?  
Do not identify a specific external source...but provide an implementation guide using the CMS approved CCDA Discharge Summary template
- 3 Should we include eOutcome.03 through 05?  
Keep as Optional
- 4 Suggest not including elements used for patient record linkage?  
Agree. Different HIE systems will develop different processes.
- 5 Should we develop a HL7 Implementation Guide for collection of these elements?  
Yes

**ZOLL Comments**

- 1 We need the ability to have multiple outcome entries over time  
Difficult to define and mandate across HIE systems

- 2 We might consider splitting the Admission and Discharge Date/Time elements to include a facility type (hospital, ED, clinic, etc.)?

No corresponding CMS approved element to meet this request

- 3 We need Date/Time of ED Admission and Discharge to better account for none admissions and transfers between two healthcare facilities.

Potential element addition discussed

- 4 We need a Date/Time of a clinic or non-ED/Hospital visit to account for patients that were not transported or at least not to the traditional destinations.

No corresponding CMS approved element to meet this request

- 5 Each group of outcome entries needs to be attached to the healthcare source and include that sources medical record number for the patient. (This may or may not need to be the linkage detail as most systems would maintain that in the master patient index of their HIE implementation)

We have avoided dictating an approach to linkage due to variation in the industry and lack of control over the process

- 6 We need to revisit the many to one relationships for each outcome data element as well. Some of these have changed since the original design

Will review

- 7 Finally, we will likely be asked how to deal with registry data elements (CARES, Trauma, STEMI, Stroke, etc.) along with the Compass and AHA outcome elements.

To date, no mechanism in eOutcomes provides a solution

#### **Intermedix Comments**

- 1 While the data may not be from patient outcomes, we heavily use the eOutcome.03-05 fields for linkage of reports like Fire Incident, CAD linkage, etc.

We have noted a variety of uses for these elements. Could be reformulated to be more general in nature and use

- a. We have seen some states require eOutcome.ExternalDataGroup in their Schematron files.

Relates to the multiple uses for these elements

- b. I do not think this structure needs to be upgraded to a national element, but I believe it should at least as it is right now.

- 2 While discussing data points related to patient outcome with some of our team who worked in EMS, there was a strong support to keep eOutcome.14/15 as-is. The next item explains why.

- a. In general, our team feels that we should not remove any data points as of yet. The reason being is that since we (Intermedix, as well as I assume most of the other vendors out there) do not have an outcome data link process in place, we do not really know which data points are going to interest various parties yet.
- b. We aren't even 100% sure which data points ARE available from EHRs/etc. to gather. A question was asked, does NEMESIS have any communications with EHR companies like Epic or Cerner which may be able to give a rundown of available data points/example of data we could gather.

We have had initial conversations with EHR companies who have told us that if requested elements are not part of CMS mandated templates, there is little chance HIE will custom code for us. Also, NTDB struggles to adequately define ventilator days and ICU LOS.

Code Set	Availability	Example Element Code	Possible Data Sources
UB-04	annotate	ADT-PV1-36	
UB-04	annotate	ADT-PV1-36	
	new element	ADT-PID-4?;	
	new element		include pcr number
	new element		
<del>text</del>	annotate	<del>ADT-PV2-3; CCDA DS(O) 29299-5-</del>	
	annotate	CCDA DS(O) 8716-3	
<del>ICD 10</del>	<del>new element</del>		
ICD 10	annotate		
ICD 10	annotate	ADT-DG1 segments (where Pv2-12 CCDA SCT; ICD trans. NEMESIS ICD	
	annotate	ADT-PV1-44;	
ICD 10	annotate	CCDA DS(O) 47519-4; CCDA CCD 3.14	
ICD 10	annotate	ADT-DG1 segments; CCDA DS(R) 1: CCDA SCT; ICD trans. NEMESIS ICD	
	<del>new constraint</del>		<del>a new encounter? Or just an observation?</del>
	<del>new constraint</del>		<del>Sum times for 5A09_5_, or observation?</del>
	annotate	ADT-PV1-45;	
	annotate	CCDA DS(O) 47420-5; CCDA CCD 3.4	