CABINET FOR HEALTH AND FAMILY SERVICES
Department for Public Health
Division of Epidemiology and Health Planning
(Amendment)

902 KAR 2:040. Syndromic surveillance.

RELATES TO: KRS 216B.015, Chapter 311 through 314
STATUTORY AUTHORITY: KRS 211.180, 214.010
NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.180 requires the Cabinet for Health and Family Services to implement a statewide program for the surveillance, detection, prevention, and control of communicable diseases, chronic diseases, and injuries. KRS 214.010 requires every physician, advanced practice registered nurse, and every head of family to notify the local health department of the existence of diseases and conditions designated by administrative regulation of the cabinet. This administrative regulation ensures that selected individuals and groups who serve as potential sources of certain communicable diseases are under proper medical surveillance in order to prevent outbreaks of such diseases among their contacts.

Section 1. Definitions.
(1) "Admit reason" means the primary reason a patient has presented and is admitted for healthcare.
(2) "Chief complaint" means a concise statement describing the symptoms, problems, health conditions, diagnoses, or other factors that are the reason for the patient encounter.
(3) "Completeness" means the full, detailed data gathered or measured during the patient encounter that is submitted in the correct HL7 messaging segment or position that can be parsed to one of the Centers for Disease Control and Prevention's National Syndromic Surveillance Program (NSSP) Priority 1, Priority 2, or Priority 3 data elements.
(4) "Diagnosis code" means the combination of numbers and letters that reference a certain medical condition, medical procedure, symptom, or disease. Diagnosis codes should be submitted as valid International Classification of Disease-Clinical Modification or Systematized Nomenclature of Medicine-Clinical Terms (SNOMED-CT) codes with the parsed corresponding code description.
(5) "Discharge disposition" means the patient's final destination upon leaving the health facility.
(6) "Encounter" means an interaction between a patient and healthcare provider to provide healthcare service or assess the health status of a patient.
(7) "Facility type" means the type of healthcare services primarily provided by a specific healthcare provider, such as emergency, inpatient, outpatient, urgent care, primary care, or medical specialty.
(8) "Health facility" is defined by KRS 216B.015(13).
(9) "Health professional" means a professional licensed under KRS Chapters 311 through 314.
(10) "HL7 messaging" means the message format that provides a framework for the management, integration, exchange, and retrieval of electronic information across different healthcare systems.
(11) "ICD-CM code" means International Classification of Disease – Clinical Modification that healthcare professionals use to classify and code all diagnoses, symptoms, and procedures for claims processing.
(12) "Kentucky Health Information Exchange" or "KHIE" means the secure network that ensures interoperability among healthcare providers across the commonwealth.

(13) "Medical record number" or "MRN" means the person-level identifier assigned to the patient by the facility that shall:

(a) Not be changed during the encounter; and

(b) Remain consistent across multiple encounters by the same patient at the same facility.

(14) "Patient class code" means the type and manner of admission method that describes the patient interaction with the healthcare facility or provider. Acceptable, valid codes shall be E (emergency), I (inpatient), O (outpatient), B (obstetrics), P (preadmit), or R (recurring patient).

(15) "Patient class" means the level of resources needed to provide healthcare during a given patient encounter. Valid patient classes shall be direct admit, emergency, inpatient, observation patient, obstetrics, outpatient, preadmit, or recurring patient.

(16) "Syndromic surveillance" means the electronic public health surveillance system that aggregates de-identified healthcare information about patients' demographic information, symptoms, diagnoses, and other healthcare encounter-level data to assess healthcare utilization patterns and trends to identify potential imminent threats to public health in near real-time.

(17) "Systematized Nomenclature of Medicine-Clinical Terms" or "SNOMED-CT" means the standardized, international, multilingual core set of clinical healthcare terminology codes used in electronic health records to supplement ICD-CM diagnosis codes.

(18) "Timeliness" means an initial encounter message level data is submitted and received within twenty forty-eight (48) hours of when the patient encounter occurred.

(19) "Validity" means the use of informative and contextually appropriate free-text strings and proper usage of applicable syndromic surveillance code value sets available within the Centers for Disease Control and Prevention's Public Health Information Network Vocabulary Access and Distribution System (PHIN VADS).

(20) "Visit ID" means the unique numerical identifier assigned by each hospital or healthcare provider to identify each specific patient encounter.

Section 2. Required Reporting. The following data elements shall be reported to the cabinet via KHIE within forty-eight (48) hours of each patient encounter:

(1) Name, which shall be reported separately, in the following format:

(a) First name;

(b) Middle name; and

(c) Last name;

(2) Date of birth in MM/DD/YYYY format with time of birth and age in units;

(3) Gender;

(4) Race;

(5) Ethnicity;

(6) County of residence;

(7) Zip code of residence, post office box (P.O. Box) zip codes shall not be submitted;

(8) Medical record number (MRN);

(9) MRN assigning authority;

(10) Date and time of the actual patient encounter, which shall not be updated or altered in subsequent HL7 messaging updates for that patient encounter;

(11) Facility identification, including facility type;

(12) Admit reason, including a description with date and time of admission;

(13) Patient type;

(14) Patient class code;

(15) Chief complaint, which shall not include non-chief complaint related information such as screening questionnaires;

(16) Diagnosis code, which shall be:
(a) A valid ICD-CM code;
(b) A valid SNOMED-CT code with the corresponding diagnosis description and ICD-CM codes; and
(c) Submitted in the diagnosis code field;
(17) Discharge disposition including date and time of discharge;
(18) Death indicator, if applicable, including date and time of death;
(19) Visit ID - A new unique visit ID shall be assigned to the same patient, regardless of transfer status or changes to patient class or patient class code during that patient encounter; and
(20) Pregnancy status, if applicable.

Section 3. Data Submission.
(1) Health professionals and health facilities shall:
(a) Complete the electronic onboarding performed by the Kentucky Health Information Exchange (KHIE);
(b) Work directly with KHIE to establish an active, secure, electronic connection; and
(c) Actively participate with KHIE onboarding staff for ongoing data quality improvement.
(2)
(a) If the active connection required by subsection (1)(b) of this section is lost or an error in connection occurs, the health professional or health facility shall notify KHIE within one (1) business day; and
(b) Any backlog in data submission that results during a lost or errored connection shall be submitted when the connection is re-established.
(3) Syndromic surveillance data shall be submitted accordance with Centers for Disease Control and Prevention timeliness standards.
(4) Healthcare encounter data submitted shall include all required data elements listed in Section 2 of this administrative regulation. Only required data elements will be considered during assessments of data quality completeness and validity measures.
(5) Data transmitted to KHIE shall be deidentified and routed to state and national syndromic surveillance platforms on behalf of the submitting healthcare organization.

STEVEN J. STACK, MD, MBA, Commissioner
ERIC C. FRIEDLANDER, Secretary

APPROVED BY AGENCY: August 15, 2024
FILED WITH LRC: September 9, 2024 at 11:20 a.m.
PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall, if requested, be held on November 25, 2024, at 9:00 a.m. using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor the week prior to the scheduled hearing. Individuals interested in attending this virtual hearing shall notify this agency in writing by November 18, 2024, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends virtually will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation until November 30, 2024. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. Pursuant to KRS 13A.280(8), copies of the statement of

consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; phone 502-564-7476; fax 502-564-7091; email CHFSregs@ky.gov.