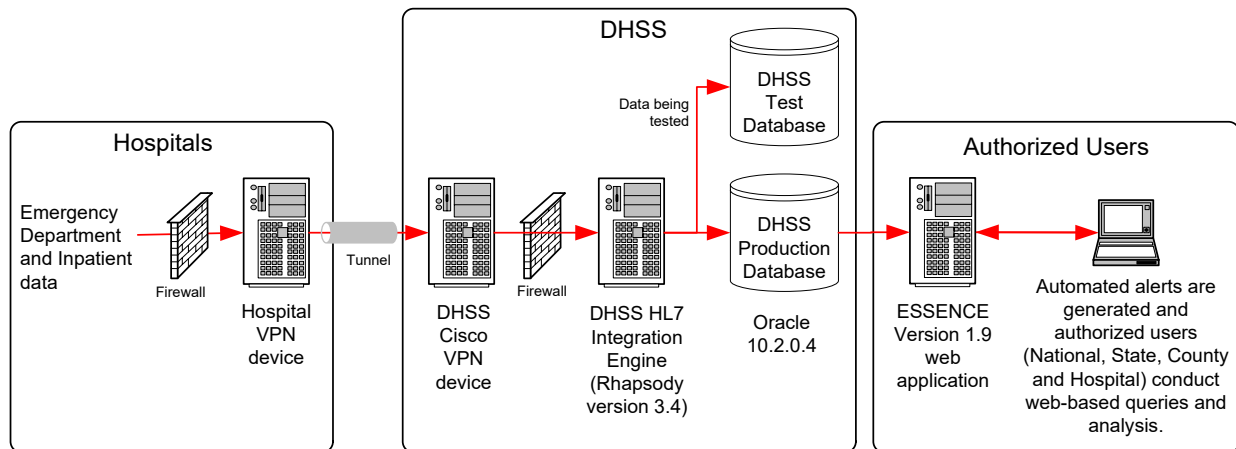


Missouri Department of Health and Senior Services Hospital Electronic Syndromic Surveillance Data Submission Form

OVERVIEW

Hospital Electronic Syndromic Surveillance (HESS) is a syndromic surveillance system designed to provide an early warning system of public health emergencies such as bioterrorism events, outbreak detection and epidemiologic monitoring. This system is comprised of 93 hospitals located in Missouri and Illinois sending their emergency department visits, urgent care visits and inpatient admission data to the Missouri Department of Health and Senior Services (MDHSS). Data is transmitted as HL7 version 2.3.1 Admit-Discharge-Transmit (ADT) messages from the hospital's electronic records system to MDHSS through a secure point-to-point virtual private network (VPN). Once received at MDHSS the data is processed by an integration engine and stored in a database for consumption by the ESSENCE system.

For the test phase of this project, hospitals will submit messages to be reviewed for structure and content compliance against the HESS HL7 Messaging Guide – Revised. During the testing phase, messages may be loaded into a test database for further review, but will not be allowed to enter the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) system. Once the messages are approved, hospitals will switch to our production system and depersonalized information will become available to authorized users of ESSENCE via the Internet.



Please use the area below to describe additional relevant information about your test or production configuration.

**Missouri Department of Health and Senior Services
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SECTION 1 – CONTACT INFORMATION

1. Contact Person completing this form:

Name: _____	Title: _____
Phone: _____ - _____	Email: _____
Date Completed: ____/____/____	

2. Is this hospital part of a larger hospital group? Yes No
If yes, please provide name of that group: _____

3. Provide the following information for each primary facility that will be reporting under its own Hospital ID. If more than one separate Hospital will report, please copy this section as needed.

Proper Name of Hospital: _____
Street Address Line 1: _____
Street Address Line 2: _____
City: _____ State: _____ Zip code: _____
Primary phone number: _____ - _____
County: _____ County FIPS Code: _____

4. Provide contact information for appropriate hospital IT staff or hospital vendor IT staff.

Project Manager:

Name: _____	Title: _____
Phone: _____ - _____	Email: _____

Interface Developer:

Name: _____	Title: _____
Phone: _____ - _____	Email: _____

Network/VPN Administrator:

Name: _____	Title: _____
Phone: _____ - _____	Email: _____

Describe other contacts as needed:

Name: _____	Title: _____
Phone: _____ - _____	Email: _____

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SECTION 2 – CONFIGURATION INFORMATION

5. The following information is required to establish network communications. Please provide the IP addresses for these devices.

VPN Device: _____

Production sending machine: _____

6. Do you have a test environment that will send from a separate IP address? Yes No

If yes, please provide IP address for testing machine: _____

7. Can you use the following IKE and IPSec parameters? Yes No

Encryption 3DES

Authentication MD5

Diffie Helman Group 2

If no, please describe the parameters you will need:

Encryption: _____

Authentication: _____

Key Agreement: _____

8. In each message, the MSH-4 field identifies the sending facility by name and by ID. The name should be no longer than 45 characters and often is an acronym or uses abbreviations.

(For example: PHYSICIANS REG MED CTR, LAKE PLACID GENL HOSP)

Your MSH-4.1 Hospital Name: _____

For new hospitals, the National Provider ID (NPI) is the preferred ID.

Your MSH-4.2 Hospital Identifier: _____

9. How frequently will messages be sent: (Please mark one)

Real-time Batched together and sent hourly

E-mail completed forms to: ESSENCE@dhss.mo.gov