WISCONSIN DEPARTMENT of HEALTH SERVICES

Division of Public Health

Wisconsin Implementation Guide for Electronic Case Reporting

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Purpose of this guide

The Wisconsin Department of Health Services (DHS) Division of Public Health (DPH) is collaborating with the Association of Public Health Laboratories (APHL) Informatics Messaging Services (AIMS) and the Centers for Disease Control and Prevention (CDC) on the implementation of electronic case reporting (eCR) in Wisconsin. Shifting to eCR for case reporting allows users to produce automated reports from the electronic health record (EHR). The purpose of this guide is to promote and enhance collaboration and data quality for eCR. The goal for DPH is to create, through continued improvement efforts from both health care organizations and DPH, systems that support surveillance, contact tracing, and public health responses to reportable conditions. DPH looks forward to working with you during onboarding and ongoing production to best support data modernization and efficient public health systems.

This guide provides instructions to health care organizations (HCOs) on Wisconsin-specific data elements and onboarding details for eCR implementation in the Wisconsin Electronic Disease Surveillance System (WEDSS). The stages described in this guide follow the onboarding guide for eCR from AIMS. The eCR onboarding guide from AIMS has more detail and should be used in conjunction with this guide. For national eCR implementation guidance, see the following resources:

- Providers
    - Healthcare Providers (aimsplatform.org)
    - National onboarding guide for providers
- EHR Vendors: AIMS implementation information for EHR Vendors

Submission of reportable conditions to WEDSS

State-mandated reporting

Regardless of eCR onboarding status, providers must maintain state-mandated disease reporting requirements described in Wis. Stat. ch. 252, Communicable Diseases. Registration of intent to submit eCRs is not a replacement for reporting of communicable diseases, nor is it a substitute for reportable electronic laboratory reporting (ELR).

The HCO can find a list of reportable communicable diseases and time frame for reporting on the DHS Communicable Disease Reporting webpage. For a list of conditions that DPH accepts an eCR for into production, see the DPH eCR webpage.

Data flow of eCR

Health care organizations generate and transmit eCRs from their EHR to the AIMS platform. If the reportable condition matches reporting criteria for Wisconsin, the eCR routes to WEDSS automatically. The HCO will receive a reportability response (RR) that states if that condition was reportable or not. DPH creates and authors the reporting specifications, by disease, for eCR within the Reportable Conditions Knowledge Management System (RCKMS).

Wisconsin's health information exchange

In addition to DPH, organizations may choose to send to Wisconsin's health information exchange (HIE), the Wisconsin Statewide Health Information Network (WISHIN). To submit electronic case reports via WISHIN to WEDSS, contact WISHIN directly by email at wishin@wishin.org or by phone at 608-274-1820.

HCOs new to eCR: Process to implement eCR for COVID-19 and Mpox or all conditions

Onboarding for eCR occurs in collaboration with CDC and AIMS, and DPH will work closely with the HCO to guarantee a successful implementation. The HCO and DPH will also coordinate with other public health agencies (PHA) from other states during onboarding.

DPH onboards new organizations in six stages: 1) health care organization eCR planning, 2) configuration, 3) testing, 4) content review, 5) PHA validation, and 6) ongoing production. Refer to appendix A for a checklist for tracking purposes.

The stages in this guide follow the onboarding guide for eCR from AIMS, which is located on the AIMS website. **You must use the eCR onboarding guide from AIMS, which has more detail, in conjunction with this guide**.

Stage one: Health care organization eCR planning

- Register intent to send eCRs with the Public Health Registration for Electronic Data Submission System (PHREDS).
    - Organizations may initiate the onboarding process by registering intent to submit eCR; steps for this are on the Public Health Promoting Interoperability page.
    - If you are new to PHREDS, email the ehealth team at dhsehealth@dhs.wisconsin.gov to verify whether your facility already has registered for eCR.
- Verify your EHR is ready, email the eCR team at DHS if you have questions about your EHR vendor's readiness.
- Obtain leadership approval. Talk to your leadership and internal information systems staff to obtain approval for submitting eCRs to DPH.
- Review the technical documentation. The Department of Health Services website on electronic case reporting has some useful information, such as the technical requirements. The AIMS platform also has documentation.
- View the informational webinar from the national eCR team found on the AIMS website.
- Contact the CDC eCR Onboarding Team at ecr@cdc.gov to express interest and receive onboarding materials.
- Complete the facility list template from the CDC eCR team. When complete, share with CDC and DPH teams. CDC will reach out annually for an updated list.
- Supply DPH with a list of users needing access to each report source to assist with validation. DPH recommends utilizing current WEDSS users to help validate data.
    - Users who do not currently have WEDSS access must complete a WEDSS Security and Confidentiality Agreement and have a Wisconsin Logon Management System (WILMS) ID; WILMS logon available at DOA/Wisconsin Logon Management System.
    - After receiving a WILMS ID, email the WEDSS inbox at dhswedss@wi.gov for WEDSS provider access.
- Confirm the policy path. The AIMS eCR Website has information and details on how to confirm the policy path.
- Work with the DPH eCR team to set up an eCR kick off meeting.

- Attendees should include your EHR representative, the project manager, infection preventionists, DPH eCR staff, and eCR staff from other relevant state public health agencies. Include additional staff as appropriate.
- Topics can include introductions, expectations, testing needs, timelines, and questions.

Stage two: Configuration

1. Complete EHR-specific configurations.
    a. Work with your EHR vendor. Review the EHR eCR setup documentation and complete the eCR build and required mappings.
    b. Review the data element table in appendix C for Wisconsin requirements.
2. Implement current trigger codes using the electronic reporting and surveillance distribution (eRSD).
    a. It is required to update the eRSD every time a new one is released. During onboarding, we will require you move to the latest version before a hard go live date is set.
3. Establish AIMS connectivity.
    a. Work with the AIMS and CDC teams to create the connection. You must use AIMS to send files to WEDSS. More details are in the national eCR guide from the AIMS team.

Stages three and four: Testing and content review

Once connected, you must verify you're meeting state-mandated requirements for reportable conditions and triggering eCRs appropriately. You must complete testing and content review before transitioning to PHA validation. Stage three corresponds to the testing phase (option one) for promoting interoperability and public health registries. Stage four, content review of test messages, is completed in parallel to stage three.

To complete stages three and four:

- Map and validate Wisconsin-specific data elements found in appendix C.
- Validate state-mandated requirements for reportable conditions are met as described in Wis. Stat. ch. 252, Communicable Diseases.
- Move into soft go live. This is a step where the HCO sends patient data to and through AIMS and DPH will get the data in the test environment. The start of soft go live corresponds to the date the HCO has begun testing and stage three for promoting interoperability purposes.
- Validate eCRs are triggered appropriately from the EHR for applicable workflows.
- Utilize the RR to verify if a test message arrived at the appropriate PHA. Verification relies on both the subject and content of the RR message.
    - If a case did not reach the PHA, the subject of the RR will read: "Public health reporting communications: submitted report had no identifiable reporting needs."
    - The body of the message will note what states did not receive the test case and will read, "No determination of reportability could be made for any condition for [name of state]."
    - Validate the EHR can send all ingestible data elements for WEDSS; see appendix C for listing.
    - DPH will review messages and provide feedback on message quality to the organization.
    - Make adjustments based on feedback from DPH to your interface, messages, or workflows.
- Use the AIMS guide to review the content in your soft go live messages.
- AIMS will conduct a data quality schematron validation. The HCO will receive a summary of the schematron results through email.
    - The HCO will review the sections where you did not reach the desired completeness and work to improve.

- The PHA and HCO will work together on what sections are allowed to be under the completeness level.

Stage five: PHA validation

With content review complete, your organization officially goes live with sending messages to production WEDSS and enters a stage called PHA validation. Entering this stage means you are in production for promoting interoperability.

- Enabling production occurs in collaboration with AIMS and the relevant PHAs. All parties involved will agree upon a go-live date.
- Note that the PHA validation is different when going from COVID-19 to all conditions. Please see the next section for more details.

Content validation for messages occurs in several steps:

1. The WEDSS users from the HCO verify they have access to the relevant report sources. For details, see stage one above.
2. The staff that send case reports review the messages to make sure they contain all the information they would normally send via a manual, or web-based, report. The reporters will send DPH comments if anything is missing and work with DPH to improve quality of messages.
3. At this time, DPH will continue to require manual reporting along with eCR. Changes to this position and updates will be available on the DPH eCR website.

   Note on COVID-19 and other respiratory deaths and hospitalization: You must continue to report COVID-19 related deaths via a web-report or manual report, because eCRs are not connected to vital records. Regarding hospitalization, if an eCR is triggered before admission, you must still report the hospitalization as DPH will not receive an eCR due to the admission.

Stage six: Ongoing production

The HCO is expected to maintain a production feed of eCRs to WEDSS. DPH will run metrics on your data to check for data completeness and quality. DPH will reach out if there are missing data elements in your feed. To help maintain a quality feed:

- DPH will communicate changes in messaging standards to you.
- You will keep your eRSD code set up to date.
- You will communicate facility and EHR changes to DPH directly or via PHREDS.

HCOs already in production with eCR: Process to implement eCR for all conditions

Stage one: Health care organization eCR planning

- Verify the HCO is registered on PHREDS (see more details in stage one above). All HCOs in production for COVID-19 eCR should already have a complete registration. If you are new to PHREDS, or do not have an account, email the ehealth team at dhsehealth@dhs.wisconsin.gov to verify whether your facility already is registered for eCR.
- Obtain leadership approval. Talk to your leadership and internal information systems staff to gain approval for submitting eCRs for all conditions to Wisconsin.
- View the informational webinar from the national eCR team found on the AIMS website.
- Contact the CDC eCR Onboarding Team at ecr@cdc.gov to express interest in reporting to all conditions via eCR.
    - Work with CDC to update your facility list.
- Visit the DPH eCR webpage to view what conditions DPH is currently accepting.
- Work with the DPH eCR team to set up an eCR kick-off meeting.
    - Attendees should include your EHR representative, the project manager, infection preventionists, DPH eCR staff, and eCR staff from other relevant state public health agencies. Include additional staff as appropriate.
    - Topics can include introductions, expectations, testing needs, timelines, and questions.

Stage two: Configuration

1. Complete EHR-specific configurations for all conditions.
    a. Work closely with your EHR vendor. Review the EHR eCR setup documentation and complete the eCR build and required mappings. There may be additional mapping required for all conditions reporting.
    b. Review the data element table in appendix C for Wisconsin requirements.
2. Implement current trigger codes found in the eRSD. Review any new trigger codes needed.

Stages three and four: Testing and content review

Once connected, you must verify you're meeting CDC and state-mandated requirements for reportable conditions and triggering eCRs appropriately. You must complete testing and content review before transitioning to PHA validation. This process is being developed with CDC and APHL. Current production messages from approximately 2-3 weeks will be run through a data quality schematron. The results of that analysis will be shared with the HCO and the relevant PHAs. This process is still evolving and the CDC and APHL teams will have more information when you begin this part of the process.

Stage five: PHA validation

With content review complete, your organization officially goes live with all conditions and enters a stage called PHA validation. The time it takes to complete this stage varies. In this stage, eCRs flow into WEDSS with production-level data and the HCO continues to report communicable diseases through web reports or faxes. During this time, DPH reviews the messages for completeness and errors and will work with the HCO to fix issues. Depending on the number of HCOs ready to go live, there may be a cohort process and a queue for PHA validation.

How DPH evaluates eCR messages for **all** conditions:

- **Completeness**: The eCR team will look at the percentage of completeness of reporting for all conditions. To end manual reporting, the HCO must meet 90% completeness for the priority 1 data elements. See appendix C for a listing of priority 1 data elements.
    - You will receive feedback from the eCR team if your messages are less than 90% complete.
    - DPH will give a detailed report of what fields are missing or incomplete.
- **Epi review (pilot)**: A team of epidemiologists will review their disease-specific content and look for data elements that are required for that specific condition.
    - This team will determine if you can end manual reporting for that set of conditions. If there are missing elements, you will need to continue manual reporting for those specific conditions. Specific feedback will be given to the HCO. **This evaluation is still in a pilot phase** and levels of completeness and elements are yet to be determined.
    - Priority 2 data elements are in appendix C and are elements that will be evaluated.

Content validation for messages from the HCO:

1. The WEDSS users from the HCO verify they have access to the relevant report sources. For details, see stage one above.
2. The staff that send case reports review the messages to make sure they contain all the information they would normally send via a manual, or web-based, report. The reporters will send DPH comments if anything is missing and work with DPH to improve quality of messages.
3. Due to various factors, DPH will continue to require manual reporting along with eCR. Changes to this position and updates will be available on the DPH eCR website.

   Note on respiratory deaths and hospitalization: You must continue to report respiratory disease related deaths via a web-report or manual report, because eCRs are not connected to vital records. Regarding hospitalization, if an eCR is triggered before admission, you must still report the hospitalization as DPH will not receive an eCR due to the admission.

Stage six: Ongoing production

Once all parties have verified the feed is working and the data is meeting reporting needs, you can end manual reporting according to the letter you receive from DPH. Additionally, you are expected to maintain a production feed of eCRs to WEDSS. DPH will run metrics on your data to check for data completeness and quality. DPH will reach out if there are missing data elements in your feed. To help maintain a quality feed:

- DPH will communicate changes in messaging standards to you.
- You will keep your eRSD code set up to date.
- You will communicate facility and EHR changes to DPH directly or via PHREDS.

Resources

DHS eCR resources

- Public Health Registries: Electronic Case Reporting | Wisconsin Department of Health Services
- Public Health Registries: Promoting Interoperability | Wisconsin Department of Health Services
- WISHIN > Home

National eCR resources

- Healthcare Providers (aimsplatform.org)
- Electronic Case Reporting (eCR) | CDC

Messaging and terminology standards and validation resources

- AIMS Validator (aimsplatform.org)
- Health Level Seven International - Homepage | HL7 International
- PHIN VADS - Search All Vocabulary (cdc.gov)
- The Web's Free 2023/2022 ICD-10-CM/PCS Medical Coding Reference (icd10data.com)
- Home – LOINC
- SNOMED - Home | SNOMED International
- CPT® (Current Procedural Terminology) | AMA (ama-assn.org)

Questions for DPH eCR team

For questions about this guide or submission to DPH or WEDSS, please contact the eCR team at DHSeCR@dhs.wisconsin.gov.

Appendix A: Checklist for HCOs new to eCR

Health care organization initial eCR implementation checklist

Stage 1: Health care organization eCR planning		
Steps	**Done**	**Comments and resources**
Verify registration or register for eCR on PHREDS by either updating existing registration or create a new registration. Always check with PHREDS team before creating a new registration.	☐	PHREDS - Home (wisconsin.gov) Email the PHREDS team at dhsehealth@dhs.wisconsin.gov.
Download the latest version of HL7 eCR implementation guide.	☐	eICR Creation, Validation & Standards (aimsplatform.org)
Determine EHR vendor readiness.	☐	
Obtain leadership approval.	☐	
Review AIMS readiness and implementation checklist.	☐	Readiness and Implementation Checklist (aimsplatform.org)
Understand the Reportable Conditions Trigger Codes (RCTC) and have a method of implementing the latest version in a timely manner from eRSD.	☐	Electronic Reporting and Surveillance Distribution (aimsplatform.org)
Review the DPH eCR implementation guide.	☐	
Contact the CDC eCR onboarding team to start the process of onboarding.	☐	Email the CDC team at ecr@cdc.gov.
Complete the CDC Facility list.	☐	The CDC team will provide the format.
Send WEDSS user list to DPH.	☐	
Confirm policy path.	☐	
Schedule a kickoff meeting with the eCR team. This meeting can include other PHAs you serve.	☐	Email DPH eCR Team at dhsecr@dhs.wisconsin.gov to coordinate.
Stage 2: Configuration		
Complete EHR-specific configurations.	☐	
Establish AIMS connectivity.	☐	
Implement current set of trigger codes.	☐	Electronic Reporting and Surveillance Distribution (aimsplatform.org)
Stages 3 and 4: Testing and configuration		
Move to soft go live stage. This is the start of option one for promoting interoperability.	☐	
DPH reviews soft go live messages.	☐	
Received content confirmation and schematron results from AIMS/CDC team.	☐	
Work through data quality issues with CDC and DPH.	☐	

Stage 5: PHA validation		
Set a hard go-live date with DPH and CDC.	☐	
Confirm with DPH a list of local WEDSS users that will assist in eCR review (for example, infection control practitioners).	☐	
Notify WEDSS users within the HCO that the eCRs are ready to be evaluated for completeness in comparison to manual reports.	☐	
Stage 6: Ongoing production		
Communicate facility and EHR changes to DPH through the PHREDS team.	☐	PHREDS - Home (wisconsin.gov) Email the PHREDS team at dhsehealth@dhs.wisconsin.gov.
Continue to implement updates from the eRSD.	☐	Electronic Reporting and Surveillance Distribution (aimsplatform.org)
Continue to send electronic lab reports.	☐	eCR is not a replacement for electronic lab reporting.
Continue to call the local or Tribal heath department for all category one conditions and manual reporting for other conditions.	☐	Disease Reporting | Wisconsin Department of Health Services
Correct issues, if any, found by DPH during routine data quality assurance.	☐	

Notes

The DPH eCR Onboarding team may require hospital or vendor partners to repeat some or all tasks listed under any step if one or more of the following scenarios occur:

- A major eCR reporting requirement change occurs per updated CDC/APHL guidelines
- A change of EHR vendor or eCR reporting product
- A major software upgrade that could compromise quality of data in daily submissions
- The parent health care network undergoes a change of ownership or affiliation that requires changes in daily submissions
- The HCO does not address major data quality issues reported by DPH to satisfaction within expected timelines

Appendix B: Checklist for HCOs moving from COVID-19 to all conditions

Health care organization all conditions checklist

Stage 1: Health care organization eCR planning		
Steps	**Done**	**Comments and resources**
Verify registration or register for eCR on PHREDS by either updating existing registration or create a new	☐	PHREDS - Home (wisconsin.gov) Email the PHREDS team at dhsehealth@dhs.wisconsin.gov.

registration. Always check with PHREDS team before creating a new registration.		
Download the latest version of HL7 eCR implementation guide.	☐	eICR Creation, Validation & Standards (aimsplatform.org)
Determine EHR vendor readiness for triggering and sending eCRs for all conditions.	☐	
Obtain leadership approval to move to all conditions.	☐	
Understand the Reportable Conditions Trigger Codes (RCTC) and have a method of implementing the latest version in a timely manner from eRSD.	☐	Electronic Reporting and Surveillance Distribution (aimsplatform.org)
Review the DPH eCR implementation guide.	☐	
Contact the CDC eCR onboarding team to start the process of onboarding for all conditions.	☐	Email the CDC team at ecr@cdc.gov.
Update the CDC Facility list.	☐	The CDC team will provide the format.
Schedule a kickoff meeting with the eCR team. This meeting can include other PHAs you serve.	☐	Email DPH eCR Team at dhsecr@dhs.wisconsin.gov to coordinate.
Stage 2: Configuration		
Complete EHR-specific configurations for all conditions.	☐	
Implement current set of trigger codes.	☐	Electronic Reporting and Surveillance Distribution (aimsplatform.org)
Stages 3 and 4: Testing and configuration		
Receive schematron results from AIMS/CDC team.	☐	
AIMS/CDC and DPH review results and notify HCO of any changes needed.	☐	
DPH confirms ability to move to PHA validation stage.	☐	
Stage 5: PHA validation		
Set a go-live date with DPH and CDC.	☐	
Achieve at least 90% completeness of priority 1 data elements in a sample of eCRs.	☐	
Achieve a satisfactory percentage of completeness of priority 2 elements in a sample of eCRs.	☐	This is in a pilot phase and is subject to change.
DPH will give feedback regarding data quality and mapping issues.	☐	
Continue sending manual case reports in parallel with eCR. As of 2024, eCR is not a replacement for manual reporting.	☐	
Stage 6: Ongoing production		

Communicate facility and EHR changes to DPH through the PHREDS team.	☐	PHREDS - Home (wisconsin.gov) Email the PHREDS team at dhsehealth@dhs.wisconsin.gov.
Continue to implement updates from the eRSD.	☐	Electronic Reporting and Surveillance Distribution (aimsplatform.org)
Continue to send electronic lab reports.	☐	eCR is not a replacement for electronic lab reporting.
Continue to call the local or Tribal heath department for all category one conditions except for COVID-19.	☐	Disease Reporting | Wisconsin Department of Health Services
Correct issues, if any, found by DPH during routine data quality assurance.	☐	

Notes

The DPH eCR Onboarding team may require hospital or vendor partners to repeat some or all tasks listed under any step if one or more of the following scenarios occur:

- A major eCR reporting requirement change occurs per updated CDC/APHL guidelines
- A change of EHR vendor or eCR reporting product
- A major software upgrade that could compromise quality of data in daily submissions
- The parent health care network undergoes a change of ownership or affiliation that requires changes in daily submissions.
- The HCO does not address major data quality issues reported by DPH to satisfaction within expected timelines.

Appendix C: Priority data elements for DPH

DPH will contact you when you can end manual reporting and if there are conditions or data elements that need to be improved. The communication will also state any conditions that continue to require manual reporting and why.

Coming soon: DPH will also send you a report card with data on completeness of eCRs. If your organization has multiple facilities, the report card will be a representative sample of sites.

Report sources for DPH: Provider organization, report source, and location

In WEDSS, there is a concept called "report source." The report source element is essential for user security and access. DPH recommends configuring report sources at the highest distinguishable entity, HCO when possible, to guarantee all users of the EHR system can see the eCRs in WEDSS.

In the eCR, the report source is contained in the represented custodian organization node. For each report source, configure a name and unique identifier for each report source within the EHR system. The ID must be unique for security and functionality of the WEDSS system. We suggest you use your National Provider Identifier (NPI) for the extension attribute and the object identifier (OID) for the root attribute in the ID segment of the represented custodian organization node. See the figure below for an example:

```
<custodian>
        <assignedCustodian>
                <representedCustodianOrganization>
                        <id extension="HCO NPI#" root="OID#"/>
                        <name>HCO Name</name>
                        <telecom use="WP" value="tel:+1-555-555-5555"/>
                        <addr use="WP">
                                <streetAddressLine>Address here</streetAddressLine>
                                <city>City</city>
                                <state>WI</state>
                                <postalCode>Zip</postalCode>
                                <country>USA</country>
                        </addr>
                </representedCustodianOrganization>
        </assignedCustodian>
</custodian>
```

XPath of the Represented Custodian Organization node:
/ClinicalDocument/custodian/assignedCustodian/representedCustodianOrganization

The unique identifier plus name combination will create a single report source in WEDSS to which users can be assigned access. Fewer combinations will reduce complication in access for infection preventionists and local public health. The HCO may add more report sources in certain scenarios, such as multiple organizations

submitting through the same instance of an EHR. The address in this element is also required and is needed for mapping each individual location.

Priority one data elements

Priority one data elements are the minimum required elements to perform case follow up activities. These fields are also required for maintaining a minimum level of completeness and validity, enabling your facility to achieve and maintain production status.
These fields cannot contain "@nullflavor"; a value must be present. For priority 1 data elements, your organization must reach and **maintain 90% completeness**. Production-level data and required completeness measures are subject to change.

eICR data element	eICR section	XPath
Patient address	Patient	/ClinicalDocument/recordTarget/patientRole/addr
Patient phone and email	Patient	/ClinicalDocument/recordTarget/patientRole/telecom
Patient name	Patient	/ClinicalDocument/recordTarget/patientRole/patient/name
Patient birth date	Patient	/ClinicalDocument/recordTarget/patientRole/patient/birthTime
Race	Patient	/ClinicalDocument/recordTarget/patientRole/patient/raceCode
Ethnicity	Patient	/ClinicalDocument/recordTarget/patientRole/patient/ethnicGroupCode
Gender	Patient	/ClinicalDocument/recordTarget/patientRole/patient/ administrativeGenderCode
Preferred language	Patient	/ClinicalDocument/recordTarget/patientRole/patient/languageCommunication/ languageCode
Custodian ID	Custodian	/ClinicalDocument/custodian/assignedCustodian/representedCustodianOrganization/id
Custodian name	Custodian	/ClinicalDocument/custodian/assignedCustodian/representedCustodianOrganization/name

Priority two data elements

Priority two data elements contain clinical information that is relevant to a wide range of reportable conditions. You must map these data elements when setting up eCR with your EHR. Production-level data and required completeness measures are subject to change.

eICR data element	eICR section	XPath
Reason for visit	Reason for visit	/ClinicalDocument/component/structuredBody/component[6]/section/ text/list/item/table/tbody/tr/td[contains(@ID, 'reasonrfv')]

History of present illness	History of present illness	./component/structuredBody/component[3]/section/text/table/tbody/tr/td/paragraph
Occupation	Social history	component/structuredBody/component[8]/section/text/table[3]/tbody/tr/td[contains(@ID, 'sochist18')]
Industry	Social history	component/structuredBody/component[8]/section/text/table[3]/tbody/tr/td[contains(@ID, 'sochist19')]
Death indicator	Patient	/ClinicalDocument/recordTarget/patientRole/patient/sdtc:deceasedInd
Symptoms (list)	Problems	observation[templateId/@root='2.16.840.1.113883.10.20.22.4.4'][code='symptom']
Medication administered list	Medications	/ClinicalDocument/component/structuredBody/component/section/entry/substanceAdministration/consumable/manufacturedProduct/manufacturedMaterial/code ./component/structuredBody/component[3]/section/text/table/tbody/tr/td/paragraph

Pregnant	Social history or problems	/ClinicalDocument/component/structuredBody/component/section/entry/observation/entryRelationship/observation/value
		
		//cda:observation[cda:templateId/@root='2.16.840.1.113883.10.20.15.3.8']/cda:value/@code
		
		//cda:act[cda:templateId/@root='2.16.840.1.113883.10.20.22.4.3']/cda:entryRelationship/cda:observation[cda:templateId/@root='2.16.840.1.113883.10.20.22.4.4']/cda:value/@code

Pilot: Sexually transmitted infections (STI) priority one data elements

The following elements are the minimum required to perform STI case follow up activities. These fields are also required for maintaining a minimum level of completeness and validity. These fields cannot contain "@nullflavor"; a value must be present. For priority 1 data elements, your organization must reach and **maintain 90% completeness**. This is a pilot as DPH works through production level data, and completeness measures are subject to change. For STI reporting, you must reach and **maintain 90% completeness** for these elements to stop manual case reporting.

eICR data element	eICR section	XPath
Medication administered list	Medications	/ClinicalDocument/component/structuredBody/component/section/entry/substanceAdministration/consumable/manufacturedProduct/manufacturedMaterial/code

Pregnant	Social history or problems	/ClinicalDocument/component/structuredBody/component/section/entry/observation/entryRelationship/observation/value
		
		//cda:observation[cda:templateId/@root='2.16.840.1.113883.10.20.15.3.8']/cda:value/@code
		
		//cda:act[cda:templateId/@root='2.16.840.1.113883.10.20.22.4.3']/cda:entryRelationship/cda:observation[cda:templateId/@root='2.16.840.1.113883.10.20.22.4.4']/cda:value/@code