NSSP UPDATE

Welcome to *NSSP Update*

NSSP Update provides monthly news updates about the National Syndromic Surveillance Program (NSSP). NSSP embodies collaboration, particularly in the development of its BioSense Platform, a secure cloud-based computing environment in which practitioners use standardized tools to rapidly collect, evaluate, store, and share data. *NSSP Update* will keep you in touch with the latest advancement in the platform's development.

2016 NSSP Grantee Meeting a Success!

On May 16–18, 2016, CDC's NSSP hosted its first grantee meeting in Atlanta, Georgia. Fifty-nine public health practitioners from 31 state and local health departments participated in the meeting. Goals and opportunities for improvement and collaboration were discussed. A highlight of the meeting included presentations on NSSP Success Stories by public health partners from Marion County Indiana, Nevada, Massachusetts, New York, and Alabama.

IN THIS ISSUE

Transition to ESSENCE Begins July 18, 2016

NSSP will begin transitioning sites to the new ESSENCE application on July 18, 2016, with completion anticipated late November 2016. ESSENCE is one of several tools hosted on the BioSense Platform. ESSENCE, developed by Johns Hopkins University (JHU), is currently used by many practitioners in the syndromic surveillance community. When the transition to ESSENCE is complete, the BioSense Platform will contain site data representing portions of about 47 states and the District of Columbia.

UPCOMING EVENTS

June 1, 2016	**Webinar:** Orientation to Access & Management Center (AMC) and ESSENCE *(Phase 2 participants only)*
June 1–15, 2016	**User Acceptance Testing** of AMC and ESSENCE *(Phase 2 participants only)*

TECHNICAL ASSISTANCE UPDATES

- On 5/5/2016, CDC hosted its third webinar in a three-part series about BioSense Platform Data Flow. The webinar, titled Legacy Data Conversion and Data Transition Plan, explained how data from the legacy system will be converted and loaded to the BioSense Platform. View the webinar slides.

- A *BioSense Platform Quick Start Guide* is being developed. Once completed, it will be posted on CDC's website to help users familiarize themselves with the platform tools.

The development of the BioSense Platform has been a collaboration from start to finish. Now, the finish is in sight. Our Phase 3 Transition Schedule below provides you with our expected time frame for transitioning sites to ESSENCE and the activities involved, such as sites using the new tools and applications, verifying accuracy of data permissions and access, and providing feedback for future development.

Every 4 weeks, nine sites will transition. We'll conduct two webinars with each set of sites. The first webinar will be an orientation to the transition plan and Adminer (an SQL tool for viewing MS SQL data in the BioSense Platform Archive). The second webinar will introduce the Access & Management Center and ESSENCE.

We value your time and participation, and our goal is to stay on schedule. Schedule dependencies include confirmation of site Master Facility Tables, completion of CDC's internal system security checks, and site readiness. If your site anticipates a schedule conflict, please contact http://support.syndromicsurveillance.org. As always, we'll keep you informed on progress.

A *BioSense Platform Quick Start Guide* will be available to help you use the platform tools. During the transition, the NSSP Team will schedule conference calls to answer questions and share information.

Phase 3 Transition Schedule (updated 5/4/2016)

Site Group	29 (22-Jul / 18-Jul)	30 (29-Jul / 25-Jul)	31 (5-Aug / 1-Aug)	32 (12-Aug / 8-Aug)	33 (19-Aug / 15-Aug)	34 (26-Aug / 22-Aug)	35 (2-Sep / 29-Aug)	36 (9-Sep / 5-Sep)	37 (16-Sep / 12-Sep)	38 (23-Sep / 19-Sep)	39 (30-Sep / 26-Sep)	40 (7-Oct / 3-Oct)	41 (14-Oct / 10-Oct)	42 (21-Oct / 17-Oct)	43 (28-Oct / 24-Oct)	44 (4-Nov / 31-Oct)	45 (11-Nov / 7-Nov)	46 (18-Nov / 14-Nov)	47 (25-Nov / 21-Nov)	48 (2-Dec / 28-Nov)	49 (9-Dec / 5-Dec)	50 (16-Dec / 12-Dec)	51 (23-Dec / 19-Dec)	52 (30-Dec / 26-Dec)
Illinois (includes Cook) / Massachusetts / Kentucky / Arizona / Mississippi / Arkansas / West Virginia / Kansas / Houston, TX	■	■	■	■																				
Nevada / Utah / New Mexico / Denver Public Health / Riverside, CA / Idaho / North Dakota / Montana / Alaska				■	■	■																		
Stanislaus, CA / Linn County, IA / Santa Clara, CA / Nevada, CA / Florida / Ohio / Pennsylvania / New York / North Carolina								■	■	■														
Georgia / New York City / New Jersey / Indiana / Tarrant County TX / Missouri / Louisiana / Maryland / Washington											■	■	■											
Oklahoma / Minnesota / Connecticut / South Carolina / Oregon / Maine / Nebraska / New Hampshire / Rhode Island															■	■	■							
Boston Public Health Commission / County of Sacramento, CA / District of Columbia / Delaware / San Diego, CA / Hawaii / Vermont / South Dakota / San Mateo, CA																		■	■	■				

Weekly Transition Activities (updated 4/29/2016)

Week 1	Weeks 2 and 3	Week 4
• CDC presents transition plan and conducts orientation to Adminer • Users access Adminer to view new BioSense Platform Archive • Users confirm accuracy of Master Facility Table	• CDC leads orientation to the Access & Management Center (AMC) and ESSENCE • Users set up accounts and data access via AMC • Users learn ESSENCE functionality and use it to visualize syndromic surveillance data	• Sites transition to production (new) data flow • CDC begins converting legacy data from BioSense 2.0 front-end application to BioSense Platform Archive and into ESSENCE

Onboarding Improvements

In the past couple months, onboarding has been improved significantly. Improvements include updates to the BioSense Platform Onboarding Process Acknowledgment (BOPA), which requests confirmation that personnel are familiar with the requirements of the latest *PHIN Messaging Guide for Syndromic Surveillance,* have read the *Onboarding Guide to the BioSense Platform,* and understand the current onboarding guidance. Other improvements include development of self-validation utilities and updated documentation, feed monitoring and alerting, and new planning and prioritization processes.

These improvements will be reflected in the next version of the *Onboarding Guide*, scheduled for June 2016, and will be posted on the onboarding website. Look for upcoming webinar announcements to introduce these changes.
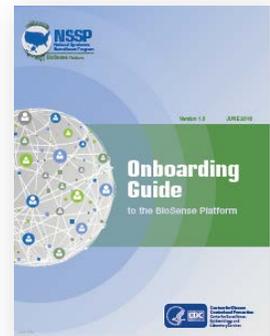
The *Onboarding Guide* will be updated June 2016.

MASTER FACILITY TABLE UPDATES

CDC takes steps to make sure facility information is accurate and consistently stored in a Master Facility Table, or MFT. The MFT captures metadata about facilities that will enhance a user's ability to categorize and compare surveillance data on the basis of facility properties—for example, by *patient class*. The MFT is essential for managing data access.

This table shows CDC's progress toward standardizing data in the MFT across facilities that input data to NSSP's BioSense Platform. To check a site's progress, match the accompanying icon to the flow chart.

Schedule for Reviewing Master Facility Table (updated May 15, 2016)

June 2016		July 2016	August 2016
Alabama	Illinois	Nevada	Stanislaus, CA
Tri County, CO	Massachusetts	Utah	Linn County, IA
Marion, IN	Kentucky	New Mexico	Santa Clara, CA
Michigan	Arizona	Denver PH	Nevada, CA
Tennessee	Mississippi	Riverside, CA	Florida
Virginia	Arkansas	Idaho	Ohio
Washington	West Virginia	North Dakota	Pennsylvania
Wisconsin	Kansas	Montana	New York
Department of Defense	Houston, TX	Alaska	North Carolina
Veterans Affairs			

September 2016	October 2016	November 2016
Georgia	Oklahoma	Boston PH Commission
New York City	Minnesota	County of Sacramento, CA
New Jersey	Connecticut	District of Columbia
Indiana	South Carolina	Delaware
Tarrant County, TX	Oregon	San Diego, CA
Missouri	Maine	Hawaii
Louisiana	Nebraska	Vermont
Maryland	New Hampshire	South Dakota
	Rhode Island	San Mateo, CA

Frequently Asked Questions about the MFT

What's the purpose of the MFT?

The Master Facility Table, or MFT, and its cleanup process are to properly capture metadata about facilities. These metadata will enable a user to properly categorize and compare surveillance data on the basis of facility properties—for example, by *patient class* or *facility type* (e.g., ED or primary care facility). The MFT is essential for controlling access to specific data.

How does CDC's NSSP define a "site"?

Individual hospital emergency departments, outpatient clinics, inpatient clinics, and ambulatory care centers are examples of *facilities.* Historically, *facilities* have been linked to geographic regions called *jurisdictions.* Geography alone, however, does not always account for affiliated facilities because some may be located outside the geographic region.

The NSSP model takes a different approach by grouping facilities under a single *administrative authority* called a *site*. A site may oversee any number of facilities, with all facilities sharing the same site administrator and relying on the same Master Facility Table (MFT). The MFT includes a unique site identifier for each facility, regardless of the facility's physical location.

For example, a border town like Kansas City may have facilities in Missouri (MO) and Kansas (KS). If Kansas City recruits nearby hospitals (facilities) in both states and sets up agreements to share health data, then those hospitals are associated with Kansas City and are part of Kansas City's *administrative authority*, or *site.* Consequently, all Kansas City Site facilities may share data openly to get a better local picture of the public's health. The Kansas City Site has the authority to grant other sites (typically neighboring sites) access to its site data. Likewise, the Kansas City Site may request data from its neighboring sites.

How does the MFT get updated?

To date, Excel templates have served as the data storage and collection tool used by sites to populate master facility tables (MFT). Because standardized entries are not always enforced, data can be inconsistent.

NSSP's development of the MFT is a much-needed step toward standardizing data and establishing a baseline tool that sites can maintain. Once the NSSP Team and site administrator make sure all the entries on the MFT are accurate, the site will maintain it. To ensure consistency, sites will be required to submit MFT changes to NSSP. Long term, NSSP will develop a more robust web-based tool to help sites continually verify that facility data are clean, duplicate data are removed, and data are recorded correctly.

GRANTEE AND PARTNERSHIP UPDATES

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COMMUNITY OF PRACTICE UPDATES

Funding announcement CDC-RFA-OE16-1601, National Syndromic Surveillance Program Community of Practice, closed March 7, 2016. A review board convened April 14th, with an anticipated award date of May 31, 2016. At the time *NSSP Update* was published*,* funds had not been awarded.

eSHARE EVENTS

- CSTE Annual Conference: **6/19—23/16**
  http://www.cdseconference.org/2016/
- PHI Conference: **8/21—24/2016**
  http://phiconference.org/

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