COVID-19 Hospital Data Reporting Guidance

Reporting Updates to CDC's National Healthcare Safety Network Post-COVID-19 Public Health Emergency

CDC Division of Healthcare Quality Promotion (DHQP)

HHS Administration for Strategic Preparedness and Response (ASPR)

May 2023

Webinar Summary

- Background
  - CMS Rules
- Key decision points
  - Data element reduction
  - Required reporting cadence
- Considerations
  - Data usage post-public health emergency
  - Stakeholder input and impact to high visibility products
- FAQs

Important

- The information provided in webinar is an overview of upcoming changes. **We anticipate posting revised guidance based on the updated requirements in the coming weeks**. Until then, please continue to follow the current hospital COVID-19 reporting guidance.

- This information does not apply to Long-term Care Facilities or Dialysis Facilities. It also does not impact Healthcare Personnel (HCP) COVID-19 Vaccination.

- State and jurisdictional partners may have reporting requirements related to or independent of the federal reporting requirements. Facilities are encouraged to work with relevant State, local, tribal, and territorial (SLTT) partners to ensure complete reporting.

Background

Background and CMS Rules

- Since September 2, 2020, all hospitals have been required to report COVID-19 data to HHS / CDC daily, under CMS Conditions of Participation

  - Under the initial CMS Interim Final Rules from 2020, the required reported was scheduled to end at the conclusion of the current Public Health Emergency

- On May 10, 2022, CMS issued their proposed annual IPPS rule to amend the required reporting

  - This rule was subject to notice and comment, and received more than 1,600 comments, many related to COVID-19 hospital reporting

  - The rule was finalized on August 10, 2022

*Full guidance requirements can be found here: https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf

Background and CMS Rules

- The final FY 2023 CMS IPPS rule issued on August 10, 2022 had several impacts for COVID-19 required reporting from all hospitals
  - It extended reporting from the end of the current PHE through April 30, 2024
  - It indicated that the number of required data elements would be fewer after the end of the PHE
  - It indicated that reporting submission would not be daily after the end of the PHE
- Public comment on the rule generally indicated a desire for reduced reporting burden and frequency with a parsimonious data set justifiable for public health action

Reporting requirement updates

Post-PHE hospital data reporting requirement changes – bottom line up front

- **Data element reduction**
  - Required data elements will be reduced from 62 to 44
  - Data elements made optional will remain on the reporting templates
    - State and jurisdictional partners may have reporting requirements related to or independent of the federal reporting requirements. Facilities are encouraged to work with relevant state, territorial, local, tribal (STLT) partners to ensure complete reporting.
- **Reporting cadence – weekly submission of daily values**
  - Reporting cadence will change from a daily to a weekly requirement, with values reported for each day of the previous week
  - Compliance enforcement period will be expanded from 14 days to 28 days

Data element requirements - summary

	Current		Post-PHE	
	# data elements	**Reporting cadence**	**# data elements**	**Reporting cadence**
Required	62	52 daily, 10 weekly	44	All 44 weekly, daily values for 34
Optional	1	1 weekly	19	All 19 weekly, daily values for 18
Federally inactive / moved to another system	69	N/A	69	N/A

Key Points

- 132 data elements considered*
- Reducing required data elements from 62 to 44, largely comprised of suspected COVID-19 fields, and retaining new admissions and capacity and occupancy fields as required
- Moving to weekly required reporting of daily values (additional details in next section)

*Does not include 9 hospital identifier or location data elements: hospital name, CCN, NHSN Org ID, HHS ID, TeleTracking ID, state, county, zip code, reporting for date (other than reporting for date, all fields are static and do not need to be re-entered every day)

Data Elements to remain Required

Age-specific new admissions of confirmed COVID-19 data elements to remain required

Field	Description
17a	Previous day's adult admissions with confirmed COVID-19 and breakdown by age bracket: • 18-19 • 20-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70-79 • 80+ • Unknown
18a	Previous day's pediatric admissions with confirmed COVID-19 and breakdown by age bracket: • 0-4 • 5-11 • 12-17 • Unknown

Key Points

- **Justification:** High visibility of age breakdown data; forecasting; enact policies to reduce hospitalizations and monitor for potential changes in hospitalization rates among different age groups.

- **Data Usage:** Understanding drivers of hospitalization rates and promotion of policies to decrease hospitalizations among higher risk groups; Monitor changes in hospitalization rates among different populations

- **Impact to High Priority Products:** CDC Center for Forecasting and Outbreak Analytics Ensemble Hospitalization Forecasts; COVID Data Tracker Hospitalization by Age Breakdown

Inpatient and ICU bed capacity and occupancy data elements to remain required

Inpatient beds - descriptions	
Field	**Description**
3a	All hospital inpatient beds
3b	Adult hospital inpatient beds
3c	All inpatient pediatric beds
4a	All hospital inpatient bed occupancy
4b	Adult hospital inpatient bed occupancy
4c	Pediatric inpatient bed occupancy

ICU beds - descriptions	
Field	**Description**
5a	ICU beds
5b	Adult ICU beds
5c	Pediatric ICU beds
6a	ICU bed occupancy
6b	Adult ICU bed occupancy
6c	Pediatric ICU bed occupancy

Key Points

- **Justification:** High visibility of adult and pediatric hospital and ICU bed occupancy and availability, high degree of utility during recent COVID-19 and non-COVID-19 hospital occupancy surges

- **Data Usage:** Data were used extensively during recent COVID-19, RSV, and influenza surges related to pathogen-agnostic hospital bed availability, especially related to pediatric bed and pediatric ICU availability

- **Impact to High Priority Products:** COVID Data Tracker Hospital Capacity and Utilization

Hospitalization and influenza data elements to remain required

Hospitalizations - descriptions

Field	Description
9b	Hospitalized adult laboratory-confirmed COVID-19 patients
10b	Hospitalized pediatric laboratory-confirmed COVID-19 patients
12b	Hospitalized ICU adult laboratory-confirmed COVID-19 patients
12c	Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients

Influenza - descriptions

Field	Description
33	Total hospitalized patients with laboratory-confirmed influenza virus infection
34	Previous day's admissions with laboratory-confirmed influenza virus infection
35	Total hospitalized ICU patients with laboratory-confirmed influenza virus infection

Key Points

- **Justification:** High visibility of adult and pediatric patients hospitalized with COVID-19, and high degree of utility during recent COVID-19 and non-COVID-19 hospital occupancy surges

- **Data Usage:** Data were used extensively during recent COVID-19, RSV, and influenza surges related to pathogen-agnostic hospital bed availability, especially related to pediatric bed and pediatric ICU availability

- **Impact to High Priority Products:** COVID Data Tracker Hospital Capacity and Utilization, COVID Data Tracker Prevalent Hospitalizations

Supply/PPE data elements to remain required

Field	Description
27b	On hand supply duration in days: N95 respirators
27c	On hand supply duration in days: Surgical and procedure masks
27d	On hand supply duration in days: Eye protection including face shields and goggles
27e	On hand supply duration in days: Single-use gowns
27f	On hand supply duration in days: Exam gloves (sterile and non-sterile)
30c	Are you able to maintain at least a 3-day supply of N95 respirators?
30e	Are you able to maintain at least a 3-day supply of surgical and procedural masks?
30f	Are you able to maintain at least a 3-day supply of eye protection including face shields and goggles?
30g	Are you able to maintain at least a 3-day supply of single-use gowns?
30h	Are you able to maintain at least a 3-day supply of exam gloves?

Key Points

- **Justification:** "Able to Maintain" and "Days on Hand" fields are the minimum reporting requirements for hospital PPE status visibility and provide insight into hospital PPE status

- **Data Usage:** The days on hand metric is considered the most reliable indicator of current hospital supply and is used to understand local needs in the event of an emergency.

- **Impact to high priority products**: Both field types are shared in reporting products to stakeholders.

Data Elements to be made Optional

Overview: Data Element Reduction

- Fields that will no longer be required and will be made optional:

  - 9a. Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients

  - 10a: Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients

  - 11: Hospitalized and ventilated COVID-19 patients - Patients currently hospitalized in an adult, pediatric, or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a mechanical ventilator

  - 12a: Total ICU adult suspected or laboratory-confirmed COVID-19 patients

  - 13: Hospital onset - Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19

  - 17b: Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket: 18-19 • 20-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70-79 • 80+ • Unknown

  - 18b: Previous day's pediatric admissions with suspected COVID-19

  - 19: Previous day total ED visits

  - 20: Previous day total COVID-19-related ED visits

Suspected COVID-19 to be made optional

Field	Description
17b	Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket: • 18-19 • 20-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70-79 • 80+ • Unknown
18b	Previous day's pediatric admissions with suspected COVID-19
13	Hospital onset - Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19
11	Hospitalized and ventilated COVID-19 patients -Patients currently hospitalized in an adult, pediatric, or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a mechanical ventilator
12a	Total ICU adult suspected or laboratory- confirmed COVID-19 patients
10a	Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients
9a	Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients

Key Points

- **Justification**: while valuable in early stages of the response, testing with rapid turnaround is currently widely available in hospitals. Suspected cases do not behave similarly to other COVID-19 indicators. Additionally, suspected cases do not correspond to Council of State and Territorial Epidemiologists (CSTE) definitions. Almost all of stakeholders indicated suspected cases are not critical and should be removed (this includes states who also report on suspected cases). Others noted the fields can be misleading/noisy.

- **Data Usage:** Suspected data fields are not used by CDC or ASPR for situational awareness or analyses.

- **Impact to High Priority Products:** None

ED visits to be made optional

Field	Description
19	Previous day's Emergency Department (ED) Visits
20	Previous day's total COVID-19- related ED visits

Key Points

- **Justification**: Alternative/preferred data source for ED information is CDC's National Syndromic Surveillance Program (NSSP).

- **Data Usage:** ED data collected through NHSN not widely used in CDC, WH, or external reports.

- **Impact to High Priority Products:** None

Reporting cadence requirement update - summary

- Weekly required reporting of daily values will be required to capture reliable data for understanding severity and burden of COVID-19 on healthcare facilities and state of healthcare capacity in the United States
    - Weekly submission deadline: Tuesday
    - Data included in weekly submission: daily values for previous Sunday – Saturday (based on CDC MMWR week*)
    - Monthly hospital coverage period will be expanded to 28 days
- No changes to logistics of hospital coverage report process; all changes are intended to provide a more flexible, longer enforcement period
    - Helpdesk/NHSN support will continue as is
    - Can continue to report as is (daily, all data elements)

*The MMWR week is the week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of MMWR disease incidence reporting and publishing. Additional details found here: https://stacks.cdc.gov/view/cdc/116407#:~:text=The%20MMWR%20week%20is%20the,disease%20incidence%20reporting%20and%20publishing

Implementation schedule

- Saturday, June 10: implement updated reporting requirements
  - NHSN application will be offline for updates – details on offline times will be provided closer to date
- Sunday, July 11: start date for reporting under updated requirements
- Tuesday, June 20: first Tuesday that can be used for weekly submission deadline flexibility
- Revised reporting guidance will be posted online (same webpage) in the coming weeks
- **Please continue reporting under current requirements through June 10**

Implementation and reporting cadence: detailed calendar view, June 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
June 4	June 5	June 6	June 7	June 8	June 9	June 10 NHSN application implementation of updated reporting requirements*
June 11 Start date for reporting under updated requirements	June 12	June 13	June 14	June 15	June 16	June 17
June 18	June 19	June 20 first Tuesday that can be used for weekly submission deadline flexibility (June 11-17)	June 21	June 22	June 23	June 24
June 25	June 26	June 27 Weekly submission deadline (June 18-24)	June 28	June 29	June 30	July 1
July 2	July 3	July 4** Weekly submission deadline (June 25-July 1)	July 5	July 6	July 7	July 8
July 9	July 10	July 11 Weekly submission deadline (July –July 8)	July 12	July 13	July 14	July 15

*NHSN application will be offline for updates– details on offline times will be provided closer to date
**Additional guidance will be provided for reporting deadlines that fall on federal holidays.

Frequently Asked Questions

What is considered "end of day"?

- End of day for local time – there is no time zone requirement.

Will there be changes to the reporting templates?

- The CSV template will not change

- The webform in the hospital COVID-19 module of the NHSN application will be updated so that the Optional fields are listed in a separate section of the webform
  - This will not impact submission of optional fields via CSV upload – these data elements will still populate in the correct field in the webform

Can I upload the daily values for the week in one CSV file?

- Yes. The guidance update requires that daily values for Sunday – Saturday are submitted by the following Tuesday. You can collect values for the week in one CSV file and submit that file for all dates and/or facilities for the submission week.

Can data continue to be submitted daily?

- Yes. The guidance update provides the option to submit values for the week on weekly cadence instead of daily cadence; however, if your facility prefers to continue submitting daily, that option is still available.

Will there be requirement changes for psychiatric and rehabilitation facilities?

- Psychiatric and rehabilitation facilities will continue to submit data once annually from October to October, as stated in the hospital COVID-19 reporting guidance: https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf

- After implementation of the guidance updates, the federal requirement for annual reporting for psych and rehab facilities will include the reduced data elements

Submission of PPE and Supply Data on Wednesdays

- The weekly requirement for submitting PPE and supply fields on Wednesdays will not change.

- Wednesday PPE and supply data can be included in the weekly submission of daily values. The PPE and supply data for the previous Wednesday would be included in the submission for that week.

  - Using a previous example:

    - Data for Sunday, April 9 – Saturday, April 15 would need to be submitted by end of day Tuesday, April 18. The PPE and supply data for Wednesday, April 12 would be included in the submission on due by end of day Tuesday, April 18.

Questions about reporting HCP Vaccination

- Hospital healthcare personnel vaccination reporting is part of a CMS quality measure. This reporting is not tied to the PHE so there are no changes in reporting frequency or requirements related to HCP vaccination quality measures. https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html.

- Please direct any questions to NHSN@cdc.gov with the subject line "HCP COVID-19 Vaccination."

Accessing NHSN and Data Submission

- Guidance is available here, under the individual facility reporting section: https://www.cdc.gov/nhsn/covid19/hospital-reporting.html

  – Obtaining access to NHSN, start on slide 7: https://www.cdc.gov/nhsn/pdfs/covid19/data-submission-facilities-508.pdf

  – Data submission: https://www.cdc.gov/nhsn/pdfs/covid19/overview-of-data-submission-508.pdf

Post-PHE COVID-19 reporting information and resources

- CDC information on End of the Federal COVID-19 Public Health Emergency (PHE) Declaration (https://www.cdc.gov/coronavirus/2019-ncov/your-health/end-of-phe.html)

- CDC has published two articles in the Morbidity and Mortality Weekly Reports which offer a more detailed description of changes to data after the COVID-19 public health emergency declaration expires. Find them here:

  - COVID-19 Surveillance After Expiration of the Public Health Emergency Declaration — United States, May 11, 2023

  - Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023

- NHSN-specific resources (including revised reporting guidance and website content) forthcoming

Questions?

Contact the NHSN Helpdesk:
NHSN@cdc.gov
Subject line: "COVID-19 Hospital"