NHSN Hospital Respiratory Data
Updates on Reporting Requirements for CDC's National Healthcare Safety Network

CDC Division of Healthcare Quality Promotion (DHQP)

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Webinar Summary

- **Background**
  - CMS rules
- **Key Information**
  - What is changing
  - What is new
  - Timeline
- **Reporting Requirements – Data Elements and Cadence**
  - Data elements overview
  - Overview of reporting options in NHSN – daily versus weekly reporting form
  - Reporting cadence
- **Frequently Asked Questions and Q&A**

Background

Background and CMS Rule

- From September 2, 2020 – April 30, 2024, all acute care and critical access hospitals were required to report COVID-19 data to HHS / CDC under CMS Conditions of Participation

- Following the conclusion of the rule on April 30, 2024, CMS proposed a new standard requiring acute care and critical access hospitals to electronically report information about COVID-19, influenza, RSV, and hospital bed capacity in a standardized format and frequency specified by the HHS Secretary
    - Ongoing need for situational awareness of the impacts of respiratory diseases
    - Public comment period through June 10, 2024

Background and CMS Rule

- Beginning on November 1, 2024, the Centers for Medicare & Medicaid Services (CMS) will require acute care hospitals and critical access hospitals to electronically report information via NHSN about COVID-19, Influenza, and RSV, including confirmed infections of respiratory illnesses among hospitalized patients, hospital bed census and capacity (both overall and by hospital setting and population group [adult or pediatric]), and limited patient demographic information, including age. This reporting will have a new standardized format and frequency in order to provide situational awareness of the impact of these respiratory diseases. ([FY 2025 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule](#), pgs. 2462-2490.)

Key Information

Key Information

- Hospital Respiratory Data reporting **will replace** Hospital Respiratory Pathogen, Bed Capacity, and Supply Data (i.e., "Hospital COVID-19 Data")
  - Encompasses many of the same data elements:
    - Capacity and occupancy
    - Hospitalized patients with lab-confirmed COVID-19, Influenza, and RSV
    - New admissions of patient with lab-confirmed COVID-19, Influenza, and RSV
    - Hospital personal protective equipment (PPE) and supply information

Key Information – What is staying the same?

- Reporting will take place in the NHSN application – no changes in accessing NHSN

- All reporting modalities (webform, CSV upload, and API) will continue to be available

- Process for reporting will remain the same
  - Hospitals will still be able to report individually
  - Hospital systems will still be able to report centrally at an enterprise level
  - Jurisdictions will still be able to report on behalf of their hospitals
  - Third party vendors will still be able to report on behalf of hospitals and/or jurisdictions

Key Information – What is New?

- New data elements

- Refinement of definitions for existing data elements

- New CSV upload templates

- New protocol (guidance document), Tables of Instructions (list of data elements and descriptions), new website (coming soon!)

- Reporting cadence

  - Once per week required reporting

  - **Options** to report daily or weekly data to meet requirements

Key Information – What is New?

- **All facility types listed below** will be required to report Hospital Respiratory Data to NHSN on a **weekly basis:**

Facility types previously required to report weekly	Facility types previously required to report annually	Facility types not previously required to report
• Acute Care Hospitals • Long-term Acute Care Hospitals • Critical Access Hospitals • Cancer Hospitals (PPS Exempt Cancer Hospitals) • Children's Hospitals	• Freestanding rehabilitation facilities • Freestanding psychiatric facilities	• CMS-certified rehabilitation units (IRU within a hospital) • CMS-certified psychiatric units (IPU within a hospital • Indian Health Services Hospitals (also Tribal Hospitals if they are Medicare participating)

Key Information – Miscellaneous

- Preparation for reporting Hospital Respiratory Data will be ongoing
  - Additional webinars, resources, and frequent webpage updates
    - Training and demonstration for data submission (webform user interface (UI), CSV upload)

- There will be <u>no impact or changes</u> to reporting for the LTCF, Dialysis, and Healthcare Personnel Vaccination COVID-19 modules in NHSN

Timeline

- **Notifications**
  - August 2, 2024: Announcement of new requirement sent to NHSN users
- **Implementation**
  - Early October 2024: Changes to NHSN application user interface, data elements and templates for reporting
    - Reporting still voluntary but highly encouraged
  - November 1, 2024: Implementation of new CMS reporting requirement
- **NHSN webinars and trainings**
  - August 14, 2024; August 20, 2024
  - Additional webinars to be scheduled early September 2024; dates TBD

Reporting Requirements – Data Elements and Cadence

NHSN Hospital Respiratory Data Reporting Requirements for IPPS 2025 – Bottom Line

- **Data elements**
  - 58 total data elements available for reporting, 48 of which are required and 10 are optional
  - Combination of previously used data elements and new data elements
  - New CSV templates
- **Reporting cadence**
  - Required reporting cadence will remain a weekly requirement (due by Tuesdays for the previous week Sunday – Saturday)
  - Data completeness evaluation period will cover 28 days (4 total weeks), with a final report generated after each 28 day/4 week cycle

Data Elements

- **Total of 58 data elements will be available for reporting, of which 48 are required, while 10 are optional:**

REQUIRED	48
New admissions (COVID-19, influenza, RSV)	21
Prevalent hospitalizations (COVID-19, influenza, RSV)	12
Pathogen agnostic bed capacity and occupancy	12
Facility information and datetime fields	3

OPTIONAL	10
Days on hand supplies	5
Able to maintain supplies	5

REQUIRED Data Elements - Summary

- **Of the 48 required data elements:**
  - 24 only need to be reported once a week for Wednesdays
    - 'Weekly Wednesday snapshots'
    - Prevalent hospitalizations (COVID-19, flu, and RSV)
    - Bed capacity and occupancy
  - 21 need to be reported to account for an entire week (Sunday – Saturday)
    - 'Weekly totals'
    - New hospital admissions (COVID-19, flu, RSV)
    - Seven age-specific groups per pathogen
  - Remaining 3 are specific to facility information/datetime for the record
    - NHSN organization ID, context (unit-level reporting), and 'reporting for' or weekending date

REQUIRED Data Elements – Weekly Snapshots

- **Of the 24 required weekly snapshots, 12 data elements collect information on overall staffed bed capacity and occupancy***

Bed capacity and occupancy	12 elements total
Inpatient beds	All hospital inpatient beds
	All adult inpatient beds
	All pediatric inpatient beds
Inpatient bed occupancy	All hospital inpatient occupancy
	All adult inpatient occupancy
	All pediatric inpatient occupancy
ICU beds	All ICU beds
	Adult ICU beds
	Pediatric ICU beds
ICU bed occupancy	All ICU bed occupancy
	Adult ICU occupancy
	Pediatric ICU occupancy

*if your facility is participating in the NHSN Connectivity Initiative: Hospital Bed Capacity project, the information requested in these 12 fields can be automatically fulfilled using that data instead. https://www.cdc.gov/nhsn/bed-capacity/index.html

REQUIRED Data Elements – Weekly Snapshots

- **Of the 24 required weekly snapshots, 12 data elements collect information on pathogen-specific prevalent hospitalizations and ICU hospitalizations**

Prevalent hospitalizations	6 elements total
COVID-19	All hospitalized adult patients with laboratory-confirmed COVID19
	All hospitalized pediatric patients with laboratory-confirmed COVID19
Flu	All hospitalized adult patients with laboratory-confirmed influenza
	All hospitalized pediatric patients with laboratory-confirmed influenza
RSV	All hospitalized adult patients with laboratory-confirmed RSV
	All hospitalized pediatric patients with laboratory-confirmed RSV

ICU hospitalizations	6 elements total
COVID-19	Adult ICU patients with laboratory-confirmed COVID19
	Pediatric ICU patients with laboratory-confirmed COVID19
Flu	Adult ICU patients with laboratory-confirmed influenza
	Pediatric ICU patients with laboratory-confirmed influenza
RSV	Adult ICU patients with laboratory-confirmed RSV
	Pediatric ICU patients with laboratory-confirmed RSV

REQUIRED Data Elements – Weekly Snapshots Summary and Justification

- The data should provide a single day snapshot for Wednesday of the reporting week

  - Overall, adult, and pediatric inpatient and ICU bed capacity and occupancy

  - COVID-19, influenza, and RSV prevalent hospitalizations and ICU hospitalizations

- **Justification:**

  - High degree of utility during respiratory illness season hospital occupancy surges

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

REQUIRED Data Elements – Weekly Totals

- **Of the 48 required data elements:**
  - 21 need to be reported to account for an entire week (Sunday – Saturday)
  - Capture information on new hospital admissions for COVID-19, flu, RSV
  - Seven standardized age-specific groups per pathogen

COVID-19 (7 total)	Influenza (7 total)	RSV (7 total)
New hospital admissions, 0–4 years of age	New hospital admissions, 0–4 years of age	New hospital admissions, 0–4 years of age
New hospital admissions, 5–17 years of age	New hospital admissions, 5–17 years of age	New hospital admissions, 5–17 years of age
New hospital admissions, 18–49 years of age	New hospital admissions, 18–49 years of age	New hospital admissions, 18–49 years of age
New hospital admissions, 50–64 years of age	New hospital admissions, 50–64 years of age	New hospital admissions, 50–64 years of age
New hospital admissions, 65–74 years of age	New hospital admissions, 65–74 years of age	New hospital admissions, 65–74 years of age
New hospital admissions, 75+ years of age	New hospital admissions, 75+ years of age	New hospital admissions, 75+ years of age
New hospital admissions, unknown age	New hospital admissions, unknown age	New hospital admissions, unknown age

REQUIRED Data Elements – Weekly Totals Summary and Justification

- Information for the COVID-19, Influenza, and RSV new hospital admissions should be reported to capture the **weekly total** new hospital admissions for the Sunday-Saturday reporting week.

- **Justification:**
  - Data used to understand drivers of hospitalization rates and promotion of policies to decrease hospitalizations among higher risk groups
  - Used to monitor changes in hospitalization rates among different populations
  - Revised age categories were chosen to balance a parsimonious categorization for burden reduction from the previous data collection with the scientific need
  - Revised age categories align with other data collection streams

Expanded Collection of COVID-19, Flu, and RSV

- Expanding respiratory pathogen data fields to include COVID-19, influenza, and RSV can:
  - improve situational awareness of severe respiratory illness and assess potential impact of co-circulation,
  - allow for hospitalization forecasting and resource allocation, and
  - help inform guidance and recommendations for public health professionals, clinicians, and the general public.
- In addition to COVID-19, understanding influenza and RSV hospitalizations and admissions can also help to inform potential strains on the PPE supply chain.

OPTIONAL Data Elements – Supplies/PPE

- **10 supply and PPE fields will remain available for optional reporting**
- **If opting to report these fields, recommend using previous cadence (i.e., for Wednesday each week)**

Days on-hand
On hand supply (DURATION in days) n95 respirators
On hand supply (DURATION in days) surgical and procedure mas...
On hand supply (DURATION in days) eye protection including face shields and goggles
On hand supply (DURATION in days) single use gowns
On hand supply (DURATION in days) exam gloves (sterile and non sterile)

Able to maintain
Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? N95 respirators
Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Surgical and procedure masks
Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Eye protection including face shields and goggles
Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Single use gowns
Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Exam gloves

What is considered complete reporting? (to meet CMS CoP requirements)

- **Prevalent hospitalizations for COVID, Flu, and RSV, + pathogen agnostic bed capacity and occupancy***

  - Weekly snapshot – provide data for Wednesday of the reporting week

- **New admissions for COVID-19, Flu, and RSV by age category**

  - Weekly total (sum for Sunday-Saturday) for the reporting week

    - *Two pathways/templates for reporting (must choose one or the other):*

      1. Facility internally totals new admissions for the Sunday through Saturday reporting week, and reports that sum number to NHSN, or
      2. Facility reports daily new admissions values for each day separately, Sunday through Saturday during the reporting week into NHSN, and the NHSN application will aggregate to provide the total

*if your facility is participating in the NHSN Connectivity Initiative: Hospital Bed Capacity project, the information requested in these 12 fields can be automatically fulfilled using that data instead. https://www.cdc.gov/nhsn/bed-capacity/index.html

Hospital Respiratory Data Reporting Completeness – Daily and Weekly Options

- **Weekly Form and Daily Form options will be available in NHSN for reporting**
  - Each form will have a separate UI webform and CSV template
  - Provide the same data for reporting requirements but two options for "getting there"
- **Facility must choose which option they will use for the reporting period (four week/28-day cycle)**
- **NHSN application will display a weekly data completeness viewer to allow for status tracking throughout the evaluation period (under development)**

Reporting cadence

- **All required data for each reporting week Sunday through Saturday are due by the following Tuesday, 11:59 p.m. PT**
  - Data included in your submission depends on the reporting pathway you choose:

	Daily data pathway	Weekly data pathway
24 snapshot fields (required)	**Required:** Report for the Wednesday of the reporting week *(CAN report for other days in the week voluntarily)*	**Required:** Report for the Wednesday of the reporting week *(CANNOT report for other days in the week voluntarily)*
21 new hospital admissions fields (required)	**Required:** Report values for every day in the reporting week separately	**Required:** Report the weekly total values for the reporting week directly
10 supply/PPE fields (optional)	**Recommended:** Report for the Wednesday in the reporting week *(Can report for other days in the week voluntarily)*	**Recommended:** Report for the Wednesday in the reporting week *(CANNOT report for other days in the week voluntarily)*

Reporting cadence: Daily data

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
REQUIRED: New admissions **OPTIONAL**: supplies, prevalent hospitalizations, bed capacity/occupancy *START OF EVALUATION PERIOD*	**REQUIRED**: New admissions **OPTIONAL**: supplies, prevalent hospitalizations, bed capacity/occupancy	**REQUIRED**: New admissions **OPTIONAL**: supplies, prevalent hospitalizations, bed capacity/occupancy	**REQUIRED**: New admissions, prevalent hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	**REQUIRED**: New admissions **OPTIONAL**: supplies, prevalent hospitalizations, bed capacity/occupancy	**REQUIRED**: New admissions **OPTIONAL**: supplies, prevalent hospitalizations, bed capacity/occupancy	**REQUIRED**: New admissions **OPTIONAL**: supplies, prevalent hospitalizations, bed capacity/occupancy
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
		Submission deadline (Week 1, days 1-7)				
Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
		Submission deadline (Week 2, days 8-14)				
Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
		Submission deadline (Week 3, days 15-21)				*END OF EVALUATION PERIOD*
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
START OF NEW EVALUATION PERIOD		**Submission deadline** (Week 4, days 22-28)			**Completeness report** generated for entire evaluation period (weeks 1-4, days 1-28) (expected/planned)	

Reporting cadence: Weekly data

Week (Sunday – Saturday)
Week 1 (days 1-7)
START OF EVALUATION PERIOD
REQUIRED:
• Weekly total new admissions (COVID19, flu, RSV)
• Single day snapshots for prevalent hospitalizations (COVID19, flu, RSV), bed capacity and occupancy (Wednesday value only)
OPTIONAL: Supplies/PPE
Week 2 (days 8-14)
REQUIRED:
• Weekly total new admissions (COVID19, flu, RSV)
• Single day snapshots for prevalent hospitalizations (COVID19, flu, RSV), bed capacity and occupancy (Wednesday value only)
OPTIONAL: Supplies/PPE (Wednesday value recommended)
Week 3 (days 15-21)
REQUIRED:
• Weekly total new admissions (COVID19, flu, RSV)
• Single day snapshots for prevalent hospitalizations (COVID19, flu, RSV), bed capacity and occupancy (Wednesday value only)
OPTIONAL: Supplies/PPE (Wednesday value recommended)
Week 4 (days 22-28)
REQUIRED:
• Weekly total new admissions (COVID19, flu, RSV)
• Single day snapshots for prevalent hospitalizations (COVID19, flu, RSV), bed capacity and occupancy (Wednesday value only)
OPTIONAL: Supplies/PPE (Wednesday value recommended)

Data for each week are due by the following Tuesday, 11:59 p.m. PT

Completeness reports for the entire evaluation period will be generated on the Friday following the end of week 4 (expected/planned)

Frequently Asked Questions

What does this mean for jurisdictions participating in the NHSN Connectivity: Bed Capacity Initiative?

- Data submitted by facilities actively submitting bed capacity and occupancy data via NHSN Connectivity Bed Capacity Project can be automatically used to satisfy the reporting requirements for these fields

- More info and NHSN Connectivity Bed Capacity Project participant specific training to come!

Will rehab and psych facilities be required to report?

- Yes, all facilities listed will report the same data elements and cadence for the new reporting requirement beginning November 1, 2024.

Facility types previously required to report weekly	Facility types previously required to report annually	Facility types not previously required to report
• Acute Care Hospitals • Long-term Acute Care Hospitals • Critical Access Hospitals • Cancer Hospitals (PPS Exempt Cancer Hospitals) • Children's Hospitals	• Freestanding rehabilitation facilities • Freestanding psychiatric facilities	• CMS-certified rehabilitation units (IRU within a hospital) • CMS-certified psychiatric units (IPU within a hospital • Indian Health Services Hospitals (also Tribal Hospitals if they are Medicare participating)

How will CMS-certified psych and rehab units report?

- Separate reporting of CMS-certified inpatient rehabilitation unit and/or CMS-certified inpatient psychiatric unit data for Hospital Reporting will be done using the [Context field](#) in the data collection.

- **For facilities *with* a CMS-certified inpatient rehabilitation unit and/or CMS-certified inpatient psychiatric unit:**
  - Report the CMS-certified inpatient rehabilitation unit and/or CMS-certified inpatient psychiatric unit data separately for the facility under the IRF and/or IPF context.

- **For facilities *without* a CMS-certified inpatient rehabilitation unit and/or CMS-certified inpatient psychiatric unit:**
  - INCLUDE any inpatient rehabilitation and/or psychiatric unit data for the facility under the HOSP context.

Contact the NHSN Helpdesk

- **NHSN-ServiceNow** to submit questions to the NHSN Help Desk.
- Access the portal at **https://ServiceDesk.cdc.gov/NHSNcsp**.
- If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at NHSN@cdc.gov.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348   www.cdc.gov

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