COVID-19 Hospital Data Reporting Clarifications

January 24, 2022

Background: On January 6, 2022 HHS issued updated guidance for the COVID-19 hospital data reporting. This document addresses common questions received through webinars, support desk requests, and jurisdiction meetings. Additional clarifications will be issued as needed based on questions received. Please direct any additional questions to protect-servicedesk@hhs.gov.

Pediatric Clarifications

Q: My hospital is a 20 bed facility where the beds are not licensed or designated specifically for adult or pediatric patients. How should I report pediatric capacity for fields 3c, 4c, 5c, and 6c?

A: For facilities without beds designated specifically for adult or pediatric patients, it is ok to report pediatric capacity as zero up until the point that there is a pediatric patient occupying a bed, then numbers for fields 3c, 4c, 5c, and 6c are asked to be reflective of hospitalized pediatric patients.

Q: My hospital has a large NICU and designates specific portions to care for COVID-19 positive pediatric patients. How should this information be reflected for fields 3c, 4c, 5c, and 6c?

A: Please include beds designated for COVID-19 positive pediatric patients in pediatric capacity (fields 3c, 4c, 5c, and 6c).

Q: My hospital designates nursery beds for babies born to COVID-19 positive mothers. How should this information be reflected for fields 3c, 4c, 5c, and 6c?

A: Please include nursery beds designated for babies born to COVID-19 positive mothers in pediatric capacity (fields 3c, 4c, 5c, and 6c).

Q: Should newborns who are roomed in bassinets with their mothers (non-NICU, non-newborn nursery) be counted in occupied inpatient totals (field 4a)? If so, should these bassinets also be counted in inpatient bed totals (field 3a)?

A: No, unless they are designated for babies born to COVID-19 positive mothers.

Q: Do pediatric fields 3c, 4c, 5c, and 6c need to be submitted or do they get automatically calculated?

A: Pediatric fields need to be submitted for 3c, 4c, 5c, and 6c.

Q: Should MIS-C patients be counted as COVID-19 patients for fields 10a and 12c?

A: No.

Bed Reporting

For pediatric bed reporting clarifications, see the pediatric clarifications section of the document.

Q: Is it expected that the number of staffed beds (fields 3a, 3b, 3c) will change day to day, based on the hospital's ability to keep beds open day to day?

A: Yes, the beds reported in fields 3a, 3b, and 3c are expected to be adjusted to reflect beds that set-up, staffed and able to be used for a patient within the reporting period. This information is used to both identify potential staffing impacts, and to inform Federal understanding of areas experiencing surges in hospital stress.

Q: Can I report licensed beds for fields 3a, 3b, and 3c?

A: For capacity fields (fields 3a, 3b, and 3c), please report staffed beds. These include beds that are set-up, staffed and able to be used for a patient within the reporting period. This information is used to both identify potential staffing impacts, and to inform Federal understanding of areas experiencing surges in hospital stress.

Q: How do you want us to deal with the surge bed capacity for fields 3a, 3b, and 3c, especially if it brings us above our licensed beds?

A: Please include beds that are set-up, staffed and able to be used for a patient within the reporting period for fields 3a, 3b, and 3c—this includes surge beds that meet the definition.

Q: For all hospital inpatient beds (field 3a): Is this number all beds that can be staffed if needed as surge/expansion beds or the daily staffed bed number?

A: All hospital inpatient beds include beds that are set-up, staffed and able to be used for a patient within the reporting period—this includes surge beds that meet the definition.

Q: If you are using an adult bed as a pediatric bed how do you count it, or vice versa for fields 3a-6c? Could a bed one week be an adult bed and then the next week a pediatric bed for fields 3a-6c?

A: Bed reporting can and should fluctuate to reflect staffed beds and their operational designation.

ED

Q: How should ED overflow be reflected?

A: ED overflow fields 14 and 15 have been made inactive for federal collection and are no longer required for Federal reporting. Please check with your state health department authority to determine whether they still require reporting of these elements. ED overflow patients subsequently admitted would be counted as admissions and hospitalizations once admitted to an inpatient bed.

Q: When are outpatient beds in ER and Walkin Clinic included and where?

A: Beds that are not identified as inpatient or ICU beds are not to be included in the various “bed count” data elements (fields 3a, 3b, and 3c). If emergency department “observation” beds are normally considered by your facility to be inpatient beds, then they should be included in your bed counts.

Q: How should ED patients be categorized?

A: ED overflow patients subsequently admitted would be counted as admissions and hospitalizations once admitted to an inpatient bed. ED visits should be counted in fields 19 and 20.

Specialty bed types and facilities

Q: Should psychiatric beds be counted for fields 3a-6c?

A: Psychiatric beds should only be counted if they are designated for COVID-19 positive patients or are considered part of COVID-19 surge capacity.

Q: Should hospice beds be counted for fields 3a-6c?

A: Hospice beds should only be counted if they are designated for COVID-19 positive patients or are considered part of COVID-19 surge capacity.

Q: What day should facilities who report once weekly report?

A: Facilities that report once weekly must report on Wednesday for compliance purposes. Facilities that report weekly on Wednesdays include: Distinct Part Psych Hospitals; Psychiatric Hospitals; Medicaid Only Psychiatric Hospitals; Rehabilitation Hospitals; and Medicaid Only Rehabilitation Hospitals.

Staffing

Q: Who determines critical staffing shortage for field 24? Is this from hospital leadership or are there specific definitions?

A: Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.

Inactive Fields

Q: What is the difference between inactive and optional fields?

A: Many users have asked about the difference between inactive and optional fields. From a technological standpoint, there is no difference between inactive and optional fields. Users are still able to report all fields exactly the same way. The difference is on the user side for facility and STLT partners. As an example, while users can still input data on inactive fields directly within the TeleTracking portal interface, the inactive fields have been moved to the bottom of the interface. Inactive fields are also being removed from various reports that may reference the fields.

Q: How should I report on inactive fields? Should I report zero or leave the field blank?

A: If you are reporting directly into TeleTracking, we encourage you to leave the field blank. If you are reporting into a state or other system, please check with your state/jurisdiction to identify if you will be able to leave the fields blank or if you need to enter zeros.

Q: Where is information regarding COVID-19 deaths tracked?

A: The official mortality statistics for the nation are collected by the CDC's National Center for Health Statistics (NCHS) through the National Vital Statistics System (NVSS) using data from death certificates. Data from death certificates filed at the state and local level are the most comprehensive source of information on mortality and feature counts of COVID-19-related deaths by age, gender, race and Hispanic origin, place of death, and include information on other health conditions and comorbidities involved in these deaths. United States COVID-19 Cases, Deaths, and Laboratory Testing (NAATs) by State, Territory, and Jurisdiction can be found on the CDC COVID Data Tracker.
COVID-19-related mortality data based on death certificate information can be found on the NCHS website. Ad hoc queries of all provisional mortality data, including records for COVID-19-deaths, can be done via CDC WONDER.

Q: Will inactive fields be removed from data entry systems?

A: Inactive fields will remain in the TeleTracking portal at the bottom of the page and will also remain within templates. Jurisdictions will decide if and how their state, tribal, local, or territory data entry systems will reflect changes.

Q: Will the templates change to reflect the inactive fields?

A: All inactive fields remain in the templates.

Q: With the removal of total beds data capture (fields 2a and 2b), what do you recommend using to understand bed availability?

A: Several questions to understand bed capacity remain in the collection and reflect inpatient and ICU beds (fields 3a-6c).

Influenza

Q: If a patient is laboratory confirmed for both COVID and flu, should that patient be included in field 9a, 9b and 33? I.e. dual reported

A: Yes. Patients who are co-infected with both laboratory-confirmed COVID-19 AND laboratory-confirmed influenza virus infection should be reflected in both field 9b and field 33.

Field 9b includes both 1) patients with laboratory-confirmed COVID-19 and 2) patients who are co-infected with both laboratory-confirmed COVID-19 AND laboratory-confirmed influenza virus infection.

Field 33 includes both 1) patients with laboratory-confirmed influenza and 2) patients who are co-infected with both laboratory-confirmed COVID-19 AND laboratory-confirmed influenza virus infection.

Q: For fields 33 and 34, you request number of patients with laboratory-confirmed influenza in an inpatient bed, but we are to include ED, ED awaiting orders for an inpatient bed, plus other types of patients. If the ED patient is not yet in an inpatient bed on an inpatient unit, should we include them in the count? Do you count positive flu results in ED patients that aren't admitted? Or only admitted patients?

A: Any patient in overflow, observation, ED, or those patients in ED awaiting orders for an inpatient bed would be counted as admissions and hospitalizations once admitted to an inpatient bed.

Q: What is the difference between the first two influenza questions (fields 33 and 34)?

A: Field 33 asks facilities to report 'Total hospitalized patients with laboratory-confirmed influenza virus infection'. These are the current number of patients (adult and pediatric) with laboratory-confirmed influenza virus infection. This is a measure of **prevalence**, or **current** patients occupying a hospital bed. However, field 34 asks facilities to report 'Previous day's influenza admissions (laboratory- confirmed influenza virus infection)'. These are the number of **new** patients (adult and pediatric) who were admitted to an inpatient bed on the previous calendar day with laboratory-confirmed influenza virus infection. This is a measure of **incidence**, or **new** patients coming into the hospital.

Vaccinations

Q: Are vaccination fields 41-47 required?

A: Vaccination fields are optional within the COVID-19 hospital data collection. Please note, submitting vaccination information through this collection does not meet the requirements of CMS rule CMS-1752-F and CMS-1762-F which requires hospital worker vaccination rates to be reported on a regular basis into the National Healthcare Safety Network (NHSN) as a quality measure beginning on October 1, 2021. NHSN has provided additional information and resources on the measures being collected.

Q: Does reporting vaccination information here in fields 41-47 mean that we do not need to report to NHSN?

A: No, reporting vaccination information in the COVID-19 hospital data collection does not fulfill the requirements of the CMS rule. Per CMS rule CMS-1752-F and CMS-1762-F hospital worker vaccination

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Q: How do I report boosters? What is considered a completed vaccine series?

A: Boosters can be reflected in field 41. A completed vaccine series is equivalent to being fully vaccinated as defined by the CDC. As of January 16, 2022 this includes 2 doses of Pfizer-BioNTech or Moderna, or 1 dose of Johnson & Johnson's Janssen.

Q: How do I reflect individuals who have medical and/or other exemptions to vaccination?

A: Individuals who have not received any doses of vaccine regardless of reason should be included in field 42.

Q: If I have been reporting vaccination information differently, do I need to go back and correct it?

A: No.

General

Q: Is it acceptable to enter weekend data on Monday mornings each week?

A: Where possible and pending further direction of their state or jurisdiction, hospitals are not expected to report on weekends, however, are requested to report the data elements within 24 hours of the weekend, backdated to the appropriate date. All hospitals are asked to follow the direction of their state and jurisdiction to ensure reporting meets STLT needs.

Q: How long do we include hospitalized patients in reporting - for the entire stay or until infection is resolved?

A: We recognize that some hospitals and STLT partners have made internal definitions that have been used since reporting began. For some, a COVID-19 patient remains a COVID-19 patient for the duration of their stay, regardless of length of stay. For others, a COVID-19 patient stops being a COVID-19 patient after two weeks. For the purposes of reporting, hospitals are asked to please continue to use definitions that they have used for reporting to date. For new hospitals who are starting to report, please defer first to the COVID-19 patient definition used by your hospital system, health care coalition, hospital association, and/or STLT partner. If a definition has not been previously determined, a default definition we suggest is for individuals to be counted as COVID-19 patients until they are no longer symptomatic and are removed from COVID-19 isolation precautions.

Q: Where do I find the template?

The reporting template is available on healthdata.gov.

Q: Is there someone we can reach out to if we have questions after this webinar?

TeleTracking technical support for the U.S. Healthcare COVID-19 Portal is available at 1-877-570-6903. Press 7 to get direct access to support specifically for the COVID-19 Portal. You can also email questions to hhs-protect@teletracking.com. Overall questions related to reporting can be directed to protect-servicedesk@hhs.gov