COVID-19 Guidance for Hospital Reporting and FAQs
For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting
Updated July 10, 2020

On March 29, 2020, Vice President Pence sent a letter to hospital administrators across the country requesting daily data reports on testing, capacity and utilization, and patient flows to facilitate the public health response to the 2019 Novel Coronavirus (COVID-19). Many separate governmental entities are requesting similar information, resulting in stakeholder requests to reduce duplication and minimize reporting burden. This document details the Federal Government's data needs, explains the division of reporting responsibility between hospitals and states, and provides clear, flexible options for the timely delivery of this critical information. The objective is to allow states and hospitals either to leverage existing data reporting capabilities or, where those capabilities are insufficient, to provide guidance in how to build upon existing capabilities. These FAQs will be posted to the various HHS and HHS division websites, and will be as necessary.

It is critical to the COVID-19 response that all of the information listed below is provided on a daily basis to the Federal Government to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency (PHE). This data will be used to inform decisions at the federal level, such as allocation of supplies, treatments, and other resources. We will no longer be sending out one-time requests for data to aid in the distribution of Remdesivir or any other treatments or supplies. This daily reporting is the only mechanism used for the distribution calculations, and the daily is needed daily to ensure accurate calculations.

As information is received on a complete, and daily basis, HHS and the Administration can turn to moving away from a manual entry process and toward an automated one to ultimately reduce the burden on data collection.

Who is responsible for reporting?

By default, hospitals should report the detailed information listed below *on a daily basis* through one of the prescribed methods. However, we recognize that many states currently collect this information from the hospitals. Therefore, hospitals may be relieved from reporting directly to the Federal Government if they receive a written release from the State stating that the State will collect the data from the hospitals and take over Federal reporting responsibilities.

For the purposes of this request, hospitals to report include critical access hospital, children's hospital, general hospital (including acute, trauma, and teaching hospital), long term acute care hospital, military hospital, oncology hospital, orthopedic hospital, pediatric long term acute care hospital, psychiatric hospital, rehabilitation hospital, surgical hospital, Veterans Administration hospital, women's hospital, and women's and children's hospital.

When are states permitted to provide such a written release to hospitals?

States must first receive written certification from their ASPR Regional Administrator affirming that the State has an established, functioning data reporting stream to the Federal Government that is delivering all of the information below at the appropriate daily frequency. States that take over reporting must provide this data, regardless of whether they are seeking immediate Federal assistance.

Capacity and Utilization Data

1. Capacity and utilization data: what to submit?

The following data will greatly assist the White House Coronavirus Task Force in tracking the movement of the virus, identifying potential strains in the healthcare delivery system, and infoming distribution of supplies. If reporting multiple facilities at once, it is critical that this data be reported at the facility and county level of detail rather than just a total summary. Data must be submitted in accordance with the definitions and formats specified. Data that is submitted directly as a file instead of through an online portal should be sent in Excel or CSV format using the same column headings as in the template provided by HHS Protect. A scanned image or any other format that is not directly importable is not acceptable. Submit data once per calendar day.

Note: For all references of "adult" and "pediatric" below, "adult" references adult-designated equipment and locations and "pediatric" references pediatric-designated equipment and locations. Unless specified for a specific time (e.g. previous day), you can select a time of day that is convenient for you to report each day (e.g. can be midnight to midnight or a time that is convenient for you that is relatively consistent).

ID	Information Needed	Definition
1.	Hospital information (in separate fields) a) Hospital name b) CCN c) OrgID d) State e) County f) ZIP	Provide the information about the hospital (in separate fields) • Name of hospital • Hospital CMS Certification Number (CCN) • NHSN OrgID • State where the hospital is located • County where the hospital is located • ZIP where the hospital is located
2.	a) All hospital beds Subset: b) All Adult hospital beds	Total number of all staffed inpatient and outpatient beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation).

		Total number of all staffed inpatient and outpatient adult beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation).
3.	a) All hospital inpatient beds Subset: b) Adult hospital inpatient beds	Total number of staffed inpatient beds in your hospital including all overflow and surge/expansion beds used for inpatients (includes all ICU beds). This is a subset of #2. Total number of staffed inpatient adult beds in your hospital including all overflow and surge/expansion beds used for inpatients (includes all ICU beds). This is also a subset of #2.
4.	a) All hospital inpatient bed occupancy Subset: b) Adult hospital inpatient bed occupancy	Total number of staffed inpatient beds that are occupied. Total number of staffed inpatient adult beds that are occupied.
5.	a) ICU beds Subset: b) Adult ICU beds	Total number of staffed inpatient ICU beds. This is a subset of #2 and #3. Total number of staffed inpatient adult ICU beds. This is also a subset of #2 and 3.
6.	a) ICU bed occupancy Subset: b) Adult ICU bed occupancy	Total number of staffed inpatient ICU beds that are occupied. This is a subset of #4. Total number of staffed inpatient adult ICU beds that are occupied. This is also a subset of #4.
7.	Total Mechanical ventilators	Enter the total number (in use and not in use) of all mechanical ventilators, including adult, pediatric, neonatal ventilators, anesthesia machines and portable/transport ventilators available in the facility. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.
8.	Mechanical ventilators in use	Enter the total number of mechanical ventilators in use at the time the data is collected, including adult,

		pediatric, neonatal ventilators, anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.
9.	a) Total hospitalized adult suspected or confirmed positive COVID patients Subset: b) Hospitalized adult confirmed-positive COVID patients	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed or suspected COVID-19. Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed COVID-19.
10.	a) Total hospitalized pediatric suspected or confirmed positive COVID patients Subset: b) Hospitalized pediatric confirmed-positive COVID patients	Patients currently hospitalized in a pediatric inpatient bed, including NICU, who are suspected or laboratory-confirmed-positive for COVID-19. Patients currently hospitalized in a pediatric inpatient bed, including NICU, who have laboratory-confirmed COVID-19.
11.	Hospitalized and ventilated COVID 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 (as defined in 7 above).
12.	a) Total ICU adult suspected or confirmed positive COVID patients Subset: b) Hospitalized ICU adult confirmed-positive COVID patients	Patients currently hospitalized in an adult ICU bed who have suspected or laboratory-confirmed COVID-19. Patients currently hospitalized in an adult ICU bed who have laboratory-confirmed 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.
14.	ED/overflow	Patients with suspected or laboratory-confirmed COVID-19 who currently are in the Emergency Department (ED) or any overflow location awaiting an inpatient bed.

15.	ED/overflow and ventilated	Patients with suspected or laboratory-confirmed COVID-19 who currently are in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator. This is a subset of #14.
16.	Previous Day's Deaths	Number of patients with suspected or laboratory-confirmed COVID-19 who died on the previous calendar day in the hospital, ED, or any overflow location.
17.	Previous day's adult admissions: a) Previous day's adult admissions with confirmed COVID-19 and breakdown by age bracket: b) Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket:	 Enter the number of patients who were admitted to an adult inpatient bed on the previous calendar day who had confirmed COVID-19 at the time of admission. This is a subset of #9. Provide the breakdown by age bracket: 20-29 30-39 40-49 50-59 60-69 70-79 80+ Unknown Enter the number of patients who were admitted to an adult inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission. This is a subset of #9. Provide the breakdown by age bracket: 20-29 30-39 40-49 50-59 60-69 70-79 80+ Unknown
18.	Previous day's pediatric COVID-19 admissions:	

	a) Previous day's pediatric admissions with confirmed COVID-19: b) Previous day's pediatrics admissions with suspected COVID-19	Enter the number of pediatric patients who were admitted to an inpatient bed on the previous calendar day who had confirmed COVID-19 at the time of admission. This is a subset of #10. Enter the number of pediatrics patients who were admitted to an inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission. This is a subset of #10.
19.	Previous day's total ED Visits	Enter the total number of patient visits to the ED who were seen on the previous calendar day regardless of reason for visit.
20.	Previous day's total COVID-19-related ED Visits	Enter the total number of ED visits who were seen on the previous calendar day who had a visit related to COVID-19 (meets suspected or confirmed definition or presents for COVID diagnostic testing).
21.	Previous day's Remdesivir Used	Number of remdesivir vials used on the previous calendar day in an inpatient, ED, and/or overflow location
22.	Current Inventory of Remdesivir	Enter the number of remdesivir vials in inventory at 11:59pm on the previous calendar day in the hospital pharmacy
23.	Critical Staffing shortage today (Y/N)	Enter Y if you have a critical staffing shortage today. Enter N if you do not have a staffing shortage today. (Environmental services, nurses, respiratory therapists, pharmacists and pharmacy techs, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and pharmacists, other critical healthcare personnel).
24.	Critical Staffing shortage anticipated within a week (Y/N)	Enter Y if you anticipate a critical staffing shortage within a week. Enter N if you do not anticipate a staffing shortage within a week.
25.	Staffing shortage details	If Y to 23 or 24, specify type of shortage (Environmental services, nurses, respiratory therapists, pharmacists and pharmacy techs, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and pharmacists, other critical healthcare personnel).

26.	Are your PPE supply items managed (purchased, allocated, and/or stored) at the facility level or, if you are part of a health system, at the health system level (or other multiple facility group)?	Check the response below which reflects the management of PPE for your facility (including purchasing, allocation, and/or storage). • Health system level or multiple-hospital group (e.g., PPE purchased at the health system level, par levels managed centrally, in stock supply available at another system location such as a central warehouse). • Facility level (e.g., PPE purchased by your individual facility, par levels managed at the facility-level, in stock supply is all on-site).
27.	On hand supply (DURATION IN DAYS) a) Ventilator supplies b) N95 respirators c) Other respirators such as PAPRs or elastomerics d) Surgical and procedure masks e) Eye protection including face shields and goggles f) Single-use gowns g) Gloves	Provide calculated days of supply in stock for ventilator supplies and each PPE category. Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions*: • Ventilator supplies (any supplies, including flow sensors, tubing, connectors, valves, filters, etc.) • N95 masks • Other respirators such as PAPRs or elastomerics • Surgical masks • Eye protection including face shields and goggles • Single-use gowns • Gloves
28.	On hand supply (INDIVIDUAL UNITS/"EACHES"): a) N95 respirators b) Other respirators such as PAPRs or elastomerics c) Surgical and procedure masks d) Eye protection including face shields and goggles e) Single-use gowns f) Launderable gowns g) Gloves	Please report this information <u>if feasible</u>. For each listed supply item below, record the number of individual units (or "eaches") available in the facility on the date of data collection. For hospitals which are a part of a health system, do NOT include supplies at other system locations, including warehouses. • N95 masks • Other respirators such as PAPRs or elastomerics • Surgical masks • Eye protection including face shields and goggles • Single-use gowns • Reusable/launderable gowns • Gloves

		Information can be obtained from materials management, infection prevention leader, operational leadership, or the COVID-19 incident command leadership in your facility.
29.	Are you able to obtain these items? (Y/N) a) Ventilator supplies (any supplies excluding medications) b) Ventilator medications c) N95 masks d) Other respirators such as PAPRs or elastomerics e) Surgical and procedure masks f) Eye protection including face shields and goggles g) Single-use gowns h) Gloves i) Are you able to maintain a sufficient supply of launderable gowns?	Select YES for each of the supply types that your facility is able to order and obtain. If you have placed an order but are not able to have that order filled, please answer NO. • Ventilator supplies (any supplies, including flow sensors, tubing, connectors, valves, filters, etc.) • Ventilator medications • N95 masks • Other respirators such as PAPRs or elastomerics • Surgical masks • Eye protection including face shields and goggles • Single-use gowns • Gloves Information can be obtained from materials management, infection prevention leader, operational leadership, or the COVID-19 incidence command leadership in your facility.
30.	If YES above, are you able to maintain at least a 3 day supply of these items? (Y/N/NA) a) Ventilator supplies (any supplies excluding medications) b) Ventilator medications c) N95 masks d) Other respirators such as PAPRs or elastomerics e) Surgical and procedure masks	Enter YES for each supply type for which your facility is able to maintain at least a 3- day supply. Enter NO for those for which your facility is not able to maintain at least a 3- day supply. Enter N/A if the item is not applicable for your facility. • Ventilator supplies (any supplies, including flow sensors, tubing, connectors, valves, filters, etc.) • Ventilator medications • N95 masks • Other respirators such as PAPRs or elastomerics • Surgical masks • Eye protection including face shields and goggles • Single-use gowns

	f) Eye protection including face shields and goggles g) Single-use gowns h) Gloves i) Laboratory – nasal pharyngeal swabs j) Laboratory –nasal swabs k) Laboratory –viral transport media	• Gloves • Laboratory – nasal pharyngeal swabs? • Laboratory –nasal swabs • Laboratory –viral transport media
31.	Does your facility use reusable/launderable isolation gowns for the care of any patients on transmission-based precautions?	□ Yes □ No
32.	Indicate any specific or critical medical supplies or medication shortages for which you are currently experiencing or anticipate experiencing in the next three days.	Free text entry

- Burn Calculator - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

2. Capacity and utilization data: where/how to submit?

Hospitals and acute/post-acute medical facilities should report daily capacity and utilization data **through only one of the methods below**, to the Federal Government. Facilities can report to their State if they have received a written release from the State and the State has received written certification from their ASPR Regional Administrator to take over Federal reporting responsibilities. If the State assumes reporting responsibilities, the State can also choose to utilize one of the below channels or to follow a format similar to that in Appendix A through the State portal at Protect.HHS.gov.

Reporting options for hospitals and acute/post-acute medical facilities:

- If your state has assumed reporting responsibility, submit all data to your state each day and your state will submit on your behalf. Your state can provide you with a certification if they are authorized to submit on your behalf.

- Submit data to TeleTracking™ [https://teletracking.protect.hhs.gov]. All instructions on the data submission are on that site. To become a user in the portal: (This portal is will have the new and updated fields ready as of July 15, 2020)
    - Respond to the validation email sent to your administrator.
    - Visit https://teletracking.protect.hhs.gov and follow the specific instructions on how to become users.
        - Each facility is allowed to have up to 4 users for both data entry and visual access to aggregated data in the platform.
        - Users will be validated by the platform.
- Authorize your health IT vendor or other third-party to share information directly with HHS. Use one of the above alternate methods until your ASPR Regional Administrator or HHS Protect notifies you that this implementation is being received and is compliant.
- Publish to the hospital or facility's website in a standardized format, such as schema.org. Use one of the above alternate methods until your ASPR Regional Administrator or HHS Protect notifies you that this implementation is being received.

As of July 15,' 2020, hospitals should no longer report the Covid-19 information in this document to the National Healthcare Safety Network site. Please select one of the above methods to use instead.

3. Capacity and utilization data: how often to submit?

Daily. ***The completeness, accuracy, and timeliness of the data will inform the COVID-19 Task Force decisions on capacity and resource needs to ensure a fully coordinated effort across America.*** Doing so will also ensure that hospitals are not facing data overlapping requests from a multitude of Federal, State, Local, and private parties, so that they can spend less time on paperwork and more time on patients. Consistent reporting daily will reduce future urgent requests for data.

Testing Data: Hospitals That Perform COVID-19 Tests Using an In House Laboratory

4. How should hospitals that perform "in house" laboratory testing report this data?

In an effort to promote data reporting choices to hospitals and other acute and post-acute care facilities, below are the options to report testing data:

- A unique link will be sent to the hospital points of contact. This will direct the POC to a hospital-specific secure form that can then be used to enter the necessary information. After completing the fields, click submit and confirm that the form has been successfully captured. A confirmation email will be sent to you from the HHS Protect System. This method replaces the emailing of individual spreadsheets previously requested.

  If your hospital did not receive a link, please contact Protect-ServiceDesk@hhs.govfor support.

- Provide directly to their State if the state is reporting complete information daily to the ASPR Regional Administrator and their state has shared a written notification from ASPR confirming the reporting requirements are being met. This file must follow the template provided by HHS Protect.

- Authorize their health IT vendor or other third party to submit the "in house" testing data to HHS/CDC. Until this is confirmed in writing to be working successfully, use one of the other methods mentioned above.

5. What data should hospitals with in-house laboratory testing expect to submit to the portal?

Diagnostic Test Data:

New Diagnostic Tests Ordered	Midnight to midnight cutoff, tests ordered on previous date queried.
Cumulative Diagnostic Tests Ordered	All tests ordered to date.
New Tests Resulted	Midnight to midnight cutoff, test results released on previous date queried.
Cumulative Tests Performed	All tests with results released to date.
New Positive COVID-19 Tests	Midnight to midnight cutoff, positive test results released on previous date queried.
Cumulative Positive COVID-19 Tests	All positive test results released to date.
New Negative COVID-19 Tests	Midnight to midnight cutoff, negative test results released on previous date queried.
Cumulative Negative COVID-19 Tests	All negative test results released to date.

Serology Test Data:

New Serological Tests Ordered	Total antibody, IgG, IgM, IgA if applicable. Midnight to midnight cutoff, tests ordered on previous date queried.
Cumulative Serological Test Ordered	Total antibody, IgG, IgM, IgA if applicable. All tests ordered to date.
New Tests Performed	Total antibody, IgG, IgM, IgA if applicable. Midnight to midnight cutoff, test results released on previous date queried.

Cumulative Tests Performed	Total antibody, IgG, IgM, IgA if applicable. All tests with results released to date since the beginning of COVID-19 testing.
New Positive Serological Tests	Total antibody, IgG, IgM, IgA if applicable. Midnight to midnight cutoff, positive test results released on previous date queried.
Cumulative Positive Serological Tests	Total antibody, IgG, IgM, IgA if applicable. All positive test results released to date.
New Negative Serological Tests	Total antibody, IgG, IgM, IgA if applicable. Midnight to midnight cutoff, negative test results released on previous date queried.
Cumulative Negative Serological Tests	Total antibody, IgG, IgM, IgA if applicable. All negative test results released to date.

6. How often should hospitals submit the data?

This data should be submitted by 5PM ET daily. All testing data should include test results that were completed during the previous day with a midnight cutoff.

Testing Data: Hospitals that Perform a Portion of COVID-19 Tests Using an In House Laboratory

7. How should hospitals that perform a portion of tests "in house" and send a portion of tests to commercial labs and/or State Public Health Labs report this data?

The portion of tests that are performed "in house" should be reported through the HHS Protect System. See above for reporting details concerning "in house" tests. The portion of tests that are sent to one of the six commercial labs listed below or that are sent to your State Public Health lab do not need to be reported through the HHS Protect System. However, if your hospital send tests to a commercial lab not listed on the below list, you should report those tests using the HHS Protect System.

Testing Data: Hospitals that Send COVID-19 Tests to Commercial Laboratories

8. Do hospitals that send tests to commercial laboratories need to report data using this system?

All hospitals should report data on COVID-19 testing performed in Academic/University/Hospital "in house" laboratories. If all of your COVID-19 testing is sent out to private labs and performed by one of the commercial laboratories on the list below, you do not need to report using the HHS Protect System.

If you have COVID-19 testing that is sent out to private labs and performed by a commercial laboratory not listed, you should report this testing using the HHS Protect System.

Commercial laboratories:

- LabCorp
- BioReference Laboratories
- Quest Diagnostics
- Mayo Clinic Laboratories
- ARUP Laboratories
- Sonic Healthcare

Testing Data: Hospitals that Send COVID-19 Tests Data to State Public Health Laboratories

9. Do hospitals that send tests to State Public Health Laboratories need to report data using this system?

All hospitals must report data on COVID-19 testing performed in Academic/University/Hospital "in house" laboratories. If all of your COVID-19 testing is sent out to and performed by State Public Health Laboratories, you do not need to report using the HHS Protect System.

10. How should hospitals that perform a portion of tests "in house" and send a portion of tests to commercial labs and/or State Public Health Labs report this data?

The portion of tests that are performed "in house" should be reported through the HHS Protect System. The portion of tests that are sent to one of the six commercial labs listed above or that are sent to your State Public Health lab do not need to be reported through the HHS Protect System. However, if your hospital send tests to a commercial lab not listed on the above list, you should report such tests using the HHS Protect System.

Technical Assistance for Hospitals

11. Who do hospitals contact if they experience any technical issues?

Please email your question to the HHS Protect Service Desk. Your question will be answered as soon as possible.