Coronavirus (COVID-19) Pandemic: HHS Letter to Hospital Administrators

Release Date: April 10, 2020

Dear Hospital Administrator:

First, I want to thank you for the work you are doing to provide treatment and care to Americans who have been impacted by COVID-19. Hospitals are key partners with the federal government as we work to ensure that the Whole of America response to COVID-19 which is locally executed, state managed, and federally supported.

On March 29, 2020, the Vice President sent you a letter requesting your assistance in reporting data that is critical for epidemiological surveillance and public health decision making for the COVID-19 pandemic. The data requested included daily reports on testing, capacity, supplies, utilization, and patient flows to facilitate the public health response to COVID-19. I understand that many non-federal entities may already be requesting this information, and I have received pleas from hospitals and states to minimize the burden of sharing this data and to reduce duplication of effort.

The enclosed Frequently Asked Questions (FAQs) 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. Our 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 on them. These FAQs will be updated if additional data delivery methods become available.

It is critical that all of the requested information listed in these ASPR confirming the reporting requirements are being met. This file must follow the template provided by HHS Protect.FAQs is provided on at least a daily basis to the federal government to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency.

On behalf of President Trump and the White House Coronavirus Task Force, I want to thank you for the work you are doing to provide care to the American people during this critical time.

Sincerely,

Alex m. Azar II

Enclosure

CC: The Honorable Peter Gaynor Administrator
Federal Emergency Management Agency

COVID-19 Frequently Asked Questions (FAQs)
For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting

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 updated if additional data delivery methods become available.

It is critical to the COVID-19 response that all of the information listed below is provided on at least a daily basis to the Federal Government to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency (PHE).

Who is responsible for reporting?

By default, hospitals should report on at least a daily basis the detailed information listed below 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 (or higher) frequency.

States that take over reporting must provide this data, regardless of whether they are seeking immediate Federal assistance.

Capacity and Utilization Data

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 and identifying potential strains in the healthcare delivery system. It is critical that this data be reported at the facility and county level of detail rather than just a total statewide summary. 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.

ID

Information Needed

Definition

1.

State

State where the hospital is located

2.

Hospital name

Name of hospital and CMS Certification Number(CCN), provided in separate fields

(CCN)

3.

Hospital county and Zip Code

County and Zip Code, provided in separate fields, where the hospital is located

4.

All 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 beds)

5.

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)

6.

Hospital inpatient bed occupancy

Total number of staffed inpatient beds that are occupied

7.

ICU beds

Total number of staffed inpatient ICU beds

8.

ICU bed occupancy

Total number of staffed inpatient ICU beds that are occupied

9.

Mechanical ventilators

Total number of ventilators available

10.

Mechanical ventilators in use

Total number of ventilators in use

11.

Hospitalized COVID patients

Patients currently hospitalized in an inpatient bed

who have suspected or confirmed COVID-19

12.

Hospitalized and ventilated COVID patients

Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19 and are on a mechanical ventilator

13.

Hospital onset

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

14.

ED/overflow

Patients with suspected or 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 confirmed COVID-19 who currently are in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator

16.

Previous Day's Deaths

Number of patients with suspected or confirmed COVID-19 who died on the previous calendar day in the hospital, ED, or any overflow location

17.

On-hand supply of N95 masks (if available)

- Zero days
- 1-3 days
- 4-14 days
- 15 or more days

18.

Previous Day's Admissions with Confirmed COVID-19

Enter the number of patients who were admitted to an inpatient bed on the previous calendar day who had confirmed COVID-19 at the time of admission

19.

Previous Day's Admissions with Suspected COVID-19

Enter the number of patients who were admitted to an inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission

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**, or 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 other facilities:

- Submit data to TeleTracking™. All instructions on the data submission are on that site. To become a user in the portal: (This portal is available for the reporting of the new fields (18,19) as of May 7, 2020)
    - Respond to the validation email sent to your administrator.
    - Visit the Teletracking website and follow the specific instructions on how to become users.
        - Each facility is allowed to have up to four users for both data entry and visual access to aggregated data in the platform.
        - Users will be validated by the platform.
- Complete the National Healthcare Safety Network (NHSN) COVID-19 module daily per the Center for Disease Control's (CDC's) instructions. (This portal is

available for the reporting of the new fields (18,19) as of May 14, 2020)

- 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.

Capacity and utilization data: how often to submit?

At least daily. These reporting options have been chosen to make submission as easy as possible, and the HHS portal has been set up to allow users to submit data updates in a matter of minutes for the whole process. ***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 requests from a multitude of Federal, State, Local, and private parties, as having a full data set will allow HHS to put a stop to others asking for the same data, 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

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 American Hospital Association's 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 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 please contact Protect-ServiceDesk@hhs.gov for 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.

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

Diagnostic Test Data:

1. New Diagnostic Tests Ordered (Midnight to midnight cutoff, tests ordered on previous date queried)
2. Cumulative Diagnostic Tests Ordered (All tests ordered to date.)
3. New Tests Resulted (Midnight to midnight cutoff, test results released on previous date queried)
4. Cumulative Tests Performed (All tests with results released to date)
5. New Positive COVID-19 Tests (Midnight to midnight cutoff, positive test results released on previous date queried)
6. Cumulative Positive COVID-19 Tests (All positive test results released to date)
7. New Negative COVID-19 Tests (Midnight to midnight cutoff, negative test results released on previous date queried)
8. Cumulative Negative COVID-19 Tests (All negative test results released to date)

Serology Test Data:

1. New Serological Tests Ordered (IgG, IgM, IgA if applicable. Midnight to midnight cutoff, tests ordered on previous date queried)
2. Cumulative Serological Test Ordered (IgG, IgM, IgA if applicable. All tests ordered to date)

FEMA

3. New Tests Performed (IgG, IgM, IgA if applicable. Midnight to midnight cutoff, test results released on previous date queried)
4. Cumulative Tests Performed (IgG, IgM, IgA if applicable. All tests with results released to date)
5. New Positive Serological Tests (IgG, IgM, IgA if applicable. Midnight to midnight cutoff, positive test results released on previous date queried)
6. Cumulative Positive Serological (IgG, IgM, IgA if applicable. All positive test results released to date)
7. New Negative Serological Tests (IgG, IgM, IgA if applicable. Midnight to midnight cutoff, negative test results released on previous date queried)
8. Cumulative Negative Serological Tests (IgG, IgM, IgA if applicable. All negative test results released to date)

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

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

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

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.

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

Who do hospitals contact if they experience any technical issues?

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

For specific URLs and email addresses, Hospital Administrators and their staff should reference their emailed copy of this letter.