

Change Request for
“National Healthcare Safety Network (NHSN) Patient Impact Module for Coronavirus (COVID-19)
Surveillance in Healthcare Facilities”
(OMB Control No. 0920-1290)
Expiration Date: 09/30/2020

Program Contact

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Circumstances of Change Request for OMB 0920-1290

The Centers for Disease Control and Prevention (CDC), Division of Healthcare Quality Promotion (DHQP) requests a nonmaterial/non-substantive of the currently approved Information Collection Request: “National Healthcare Safety Network (NHSN) Patient Impact Module for Coronavirus (COVID-19) Surveillance in Healthcare Facilities.”

DHQP recently released a new COVID-19 Module in NHSN as part of its existing web-based surveillance system designed for healthcare facilities to report healthcare-associated infections and antimicrobial resistance. The Patient Impact and Hospital Capacity form is an information collection tool used by CDC to collect daily counts of confirmed and suspected cases of COVID-19 from hospitals as well as measures of hospital capacity such as availability of ICU beds and ventilators. Currently, CDC has Office of Management and Budget, Office of Information and Regulatory Affairs approval this web-based, manual and CSV-uploadable form.

In further response to the COVID-19 pandemic, and more acutely to the severe shortage of healthcare supplies needed by front line professionals who are treating patients with COVID-19, CDC is developing two additional pathways in the COVID-19 module that will be used to collect data from hospitals on shortages in healthcare workers and shortages in supplies. As with the initial data collection tool approved under OMB 0920-1290, data reported by hospitals into these two new pathways will be made immediately available to state and local health departments and to the national CDC COVID-19 response and to the Assistance Secretary of Preparedness and Response (ASPR). Also similar to the originally approved COVID-19 Patient Impact form, the data requested by these new forms are voluntarily submitted by hospitals.

The purpose of these new data collection instruments is to provide daily counts of facility-level summary data that will inform health departments, CDC, and the national COVID-19 response of critical shortages in healthcare personnel and in supplies related to treatment of COVID-19 patients, including personal protective equipment. Resource allocation decisions can be guided by healthcare worker and supplies data that will help identify hospitals and/or geographic areas that are disproportionately affected or overwhelmed by shortages due to COVID-19 burden. As such, CDC is requesting the addition of two new information collection tools in NHSN’s COVID-19 Module.

Increase in Annualized Total Burden Hours:

The original burden calculated for this data collection consisted of 234,000 hours. As a result of the changes proposed in this change request, the new burden will consist of 701,325 hours. An updated burden table is included below.

Attachments

Attachment 7 – NHSN COVID-19 Module Healthcare Worker Staffing form

Attachment 8 – NHSN COVID-19 Supplies form

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)
Microbiologist (IP)	COVID-19 Patient Impact Module Form	2079	180	25/60	155,925
Business and financial operations occupations	COVID-19 Patient Impact Module Form	519	180	25/60	38,925
State and local health department occupations	COVID-19 Patient Impact Module Form	519	180	25/60	38,925
Microbiologist (IP)	COVID-19 Healthcare Worker Form	2079	180	25/60	155,925
Business and financial operations occupations	COVID-19 Healthcare Worker Form	519	180	25/60	38,925
State and local health department occupations	COVID-19 Healthcare Worker Form	519	180	25/60	38,925
Microbiologist (IP)	COVID-19 Supplies Form	2079	180	25/60	155,925
Business and financial operations occupations	COVID-19 Supplies Form	519	180	25/60	38,925
State and local health department occupations	COVID-19 Supplies Form	519	180	25/60	38,925
Total					701,325

Total increase burden: 467,325