**Change Memo 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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**Submission Date:** May 12, 2020

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 (OMB Control No. 0920-1290).”

The COVID-19 Patient Impact and Hospital Capacity data collection tool was released with the NHSN COVID-19 Module on March 27, 2020. Facility-level data collected through NHSN as part of the COVID-19 Module are being made available to a broader set of federal, state, and local agency data users than data typically collected by NHSN. Specifically, COVID-19 data at the state, county, territory, and facility level submitted to NHSN will continue to be used for public health emergency response activities by CDC’s emergency COVID-19 response, by the U.S. Department of Health and Human Services’ (HHS’) COVID-19 tracking system maintained in the Office of the Assistant Secretary of Preparedness and Response as part of the National Response Coordination Center at the Federal Emergency Management Agency (FEMA), and by the White House Coronavirus Task Force.

In order to strengthen the COVID-19 response efforts, the White House Coronavirus Task Force has requested additional data elements be added to the Patient Impact and Hospital Capacity form. Specifically, we are adding three new data fields for daily collection:

* Previous day’s admissions with confirmed COVID-19
* Previous day’s admissions with suspected COVID-19
* New hospital onset

We have additionally modified two existing data elements for clarity based on user input.

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| **Approved form** | **Proposed changes** |
| n/a | **PREVIOUS DAY’S ADMISSIONS WITH CONFIRMED COVID-19:** New patients admitted to an inpatient bed who had confirmed COVID-19 at the time of admission  |
| n/a | **PREVIOUS DAY’S ADMISSIONS WITH SUSPECTED COVID-19:** New patients admitted to an inpatient bed who had suspected COVID-19 at the time of admission |
| n/a | **PREVIOUS DAY’S NEW HOSPITAL ONSET:** Current inpatients hospitalized for a condition other than COVID-19 with onset of suspected or confirmed COVID-19 on the previous day and the previous day is fourteen or more days since admission |
| **HOSPITAL ONSET: P**atients currently hospitalized in an inpatient bed with onset of suspected or confirmed COVID-19 fourteen or more days after hospital admission due to a condition other than COVID-19  | **HOSPITAL ONSET:** Totalcurrent inpatients with onset of suspected or confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19 |
| **DEATHS:** Patients with suspected or confirmed COVID-19 who died in the hospital, ED, or any overflow location on the date for which you are reporting  | **PREVIOUS DAY’S DEATHS:** Patients with suspected or confirmed COVID-19 who died in the hospital, ED, or any overflow location on the previous calendar day |

We estimate these changes will add ten minutes to the previously approved burden for this data collection tool. The previous burden calculated for this form consisted of 233,775 hours. As a result of the changes proposed in this change memo, the burden for this form will increase by 93,510 hours.

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| **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 | 35/60 | 218,295 |
| Business and financial operations occupations | COVID-19 Patient Impact Module Form | 519 | 180 | 35/60 | 54,495 |
| State and local health department occupations | COVID-19 Patient Impact Module Form | 519 | 180 | 35/60 | 54,495 |

The previous burden calculated for this data collection consisted of 1,062,556 hours.

As a result of the changes proposed in this change memo, the new burden will consist of 1,159,736 hours (this total includes the 3,670 hours associated with retrospective data collection).

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| 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 | 218,295 |
| Business and financial operations occupations | COVID-19 Patient Impact Module Form | 519 | 180 | 25/60 | 54,495 |
| State and local health department occupations | COVID-19 Patient Impact Module Form | 519 | 180 | 25/60 | 54,495 |
| 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 |
| LTCF personnel | NHSN and Secure Access Management Services (SAMS) enrollment | 11,500 | 1 | 60/60 | 11,500 |
| LTCF personnel | COVID-19 Module, Long Term Care Facility: Staff and Personnel Impact form | 9,782 | 26 | 15 | 63,583 |
| Business and financial operations occupations | COVID-19 Module, Long Term Care Facility: Staff and Personnel Impact form | 2,446 | 26 | 15/60 | 15,899 |
| State and local health department occupations | COVID-19 Module, Long Term Care Facility: Staff and Personnel Impact form | 2,446 | 26 | 15/60 | 15,899 |
| LTCF personnel | COVID-19 Module, Long Term Care Facility Staff and Personnel Impact form (*retrospective data entry)* | 4,891 | 1 | 15/60 | 1,223 |
| Business and financial operations occupations | COVID-19 Module, Long Term Care Facility Staff and Personnel Impact form (*retrospective data entry)* | 1,223 | 1 | 15/60 | 306 |
| state and local health department occupations | COVID-19 Module, Long Term Care Facility Staff and Personnel Impact form (*retrospective data entry)* | 1,223 | 1 | 15/60 | 306 |
| LTCF personnel | COVID-19 Module, Long Term Care Facility: Resident Impact and Facility Capacity form | 9,782 | 26 | 20/60 | 84,777 |
| Business and financial operations occupations | COVID-19 Module, Long Term Care Facility: Resident Impact and Facility Capacity form | 2,446 | 26 | 20/60 | 21,199 |
| State and local health department occupations | COVID-19 Module, Long Term Care Facility: Resident Impact and Facility Capacity form | 2,446 | 26 | 20/60 | 21,199 |
| LTCF personnel | COVID-19 Module, Long Term Care Facility Resident Impact and Facility Capacity form (*retrospective data entry)* | 4,891 | 1 | 15/60 | 1,223 |
| Business and financial operations occupations | COVID-19 Module, Long Term Care Facility Resident Impact and Facility Capacity form (*retrospective data entry)* | 1,223 | 1 | 15/60 | 306 |
| state and local health department occupations | COVID-19 Module, Long Term Care Facility Resident Impact and Facility Capacity form (*retrospective data entry)* | 1,223 | 1 | 15/60 | 306 |
| LTCF personnel | COVID-19 Module, Long Term Care Facility: Ventilator Capacity & Supplies form | 9,782 | 26 | 5/60 | 21,194 |
| Business and financial operations occupations | COVID-19 Module, Long Term Care Facility: Ventilator Capacity & Supplies form | 2,446 | 26 | 5/60 | 5,300 |
| State and local health department occupations | COVID-19 Module, Long Term Care Facility: Ventilator Capacity & Supplies form | 2,446 | 26 | 5/60 | 5,300 |
| LTCF personnel | COVID-19 Module, Long Term Care Facility: Supplies & Personal Protective Equipment form | 9,782 | 26 | 15/60 | 63,583 |
| Business and financial operations occupations | COVID-19 Module, Long Term Care Facility: Supplies & Personal Protective Equipment form | 2,446 | 26 | 15/60 | 15,899 |
| State and local health department occupations | COVID-19 Module, Long Term Care Facility: Supplies & Personal Protective Equipment form | 2,446 | 26 | 15/60 | 15,899 |
| **Total** |  | 1,159,736 |

Attachments:

1. COVID-19 Patient Impact and Hospital Capacity Form
2. Table of Instructions for COVID-19 Patient Impact and Hospital Capacity Form
3. Email to NHSN users 1
4. Email to NHSN users 2