**COVID-19**

**Patient Impact and Hospital Capacity Module**

**Facility ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary Census ID #: \_\_\_\_\_\_\_\_\_**

**\*Date for which patient impact and hospital capacity counts are reported**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

***For the following questions, please collect data at the same time (for example, 7 AM)***

**Section 1: Patient Impact Data Elements**

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| \_\_\_\_\_\_\_\_\_ | **HOSPITALIZED:** Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19 |
| \_\_\_\_\_\_\_\_\_ | **HOSPITALIZED and VENTILATED**: Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19 and are on a mechanical ventilator |
| \_\_\_\_\_\_\_\_\_ | **HOSPITAL ONSET:** Patients 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 |
| \_\_\_\_\_\_\_\_\_ | **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 |
| \_\_\_\_\_\_\_\_\_ | **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 |
| \_\_\_\_\_\_\_\_\_ | **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 |

**Section 2: Hospital Bed/ Intensive Care Unit (ICU)/ Ventilator Capacity Data Elements**

|  |  |
| --- | --- |
|  | **ALL HOSPITAL BEDS:** total number of all inpatient and outpatient beds in your hospital, including all staffed, licensed, overflow, and surge or expansion beds used for inpatients and for outpatients (includes ICU beds) |
| \_\_\_\_\_\_\_\_\_ | **\*HOSPITAL INPATIENT** **BEDS:** total number of staffed inpatient beds in your hospital including all licensed, overflow, and surge or expansion beds used for inpatients (includes ICU beds) |
| \_\_\_\_\_\_\_\_\_ | **HOSPITAL INPATIENT BED OCCUPANCY:** total number of staffed inpatient beds that are occupied |
| \_\_\_\_\_\_\_\_\_ | **ICU BEDS:** Total number of staffed inpatient ICU beds |
| \_\_\_\_\_\_\_\_\_ | **ICU BED OCCUPANCY:** total number of staffed inpatient ICU beds that are occupied |
| \_\_\_\_\_\_\_\_\_ | **MECHANICAL VENTILATORS:** Total number of ventilators available |
| \_\_\_\_\_\_\_\_\_ | **MECHANICAL VENTILATORS** **IN USE:** total number of ventilators in use |

**\*Required for saving**

CDC estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).