

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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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.

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: 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	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
DEATHS: Patients with suspected or confirmed	PREVIOUS DAY’S DEATHS: Patients with

COVID-19 who died in the hospital, ED, or any overflow location on the date for which you are reporting	suspected or confirmed COVID-19 who died in the hospital, ED, or any overflow location on the previous calendar day
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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.

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).

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 (<i>retrospective data entry</i>)	4,891	1	15/60	1,223
Business and financial operations occupations	COVID-19 Module, Long Term Care Facility Staff and Personnel Impact form (<i>retrospective data</i>)	1,223	1	15/60	306

	<i>entry)</i>				
state and local health department occupations	COVID-19 Module, Long Term Care Facility Staff and Personnel Impact form (<i>retrospective data entry</i>)	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 (<i>retrospective data entry</i>)	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 (<i>retrospective data entry</i>)	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 (<i>retrospective data</i>	1,223	1	15/60	306

	<i>entry)</i>				
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