**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**

Lauren Wattenmaker

Surveillance Branch

Division of Healthcare Quality Promotion

National Center for Emerging and Zoonotic Infectious Diseases

Centers for Disease Control and Prevention

Atlanta, Georgia 30333

Phone: 404-718-5842

Email: nlh3@cdc.gov

**Submission Date:** July 1, 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 Healthcare Supply form. Specifically, we are adding nine new data fields for daily collection:

* Numerical values of on-hand supply (INDIVIDUAL UNITS/ “EACHES”) for N95 masks, other respirators including PAPRs, surgical masks, eye protection including face shields or goggles, gowns (single use), and gloves
* Yes/No question asking if facility uses reusable/launderable isolation gowns for the care of any patients on transmission-based precautions
* Estimation of the percentage of isolation gowns used that are reusable/ launderable (select from four options)
* Selection of whether PPE supply items in the form are managed (purchased, allocated, and/or stored) at the facility level or at the health system level (or other multiple facility group)

We estimate these changes will add five 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 91,755 hours to 325,530 hours.

The previous burden calculated for this entire data collection consisted of 1,206,491 hours. As a result of the changes proposed in this change memo, the new burden will consist of **1,298,246 hours.**

As detailed in Secretary Azar’s letter to hospital administrators on April 10, 2020, and the attached Frequently Asked Questions, data elements added to NHSN in the context of the response to the COVID-19 pandemic may be submitted through the traditional NHSN platform, or a variety of other mechanisms. These mechanisms include reporting through states that consolidate hospital reports before submitting to HHS Protect, or use of the Teletracking platform. TeleTracking is a third-party vendor contracted by HHS Assistant Secretary for Preparedness and Response to complement reporting to CDC’s National Healthcare Safety Network.  Data submitted to TeleTracking and NHSN are aggregated in HHS’ data aggregation system.  Burden for reporting through both TeleTracking and NHSN are listed below below (State based reporting is covered in the NHSN platform). The number of respondents for TeleTracking is the estimated average daily number of facilities completing the collection for the duration of the six month emergency ICR.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 Healthcare Supply Form | 2079 | 180 | 30/60 | 187,110 |
| Business and financial operations occupations | COVID-19 Healthcare Supply Form | 519 | 180 | 30/60 | 46,710 |
| State and local health department occupations | COVID-19 Healthcare Supply Form | 519 | 180 | 30/60 | 46,710 |
| Microbiologist (IP) / Business and financial operations occupations / State and local health department occupations | TeleTracking (TT) U.S. Healthcare COVID-19 Portal | 500 | 180 | 30/60 | 45,000 |
| **Total package burden** |  | | | | 325,530 |

Attachments:

1. COVID-19 Healthcare Supply Form
2. Table of Instructions for COVID-19 Healthcare Supply Form
3. TeleTracking screen shots for supply data elements