Request for Approval for a Nonsubstantive Change:

National Hospital Care Survey

OMB No. 0920-0212
(expiration date: 03/31/2022)

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Attachment A – 2020 Annual Hospital Interview (Revised)

National Center for Health Statistics
NATIONAL HOSPITAL CARE SURVEY

The National Center for Health Statistics (NCHS) requests a nonsubstantive change to the approved data collection for the National Hospital Care Survey (NHCS) (OMB No. 0920-0212, expiration date: 3/31/2022). The change is to allow the addition of six new survey questions related to the novel coronavirus disease (COVID-19) to the NHCS Annual Hospital Interview (AHI). These questions will be added as soon as possible to the 2020 NHCS and will continue to be included in future years of NHCS, if data collection on COVID-19 remains applicable. The questions will help provide an understanding on experiences of the provision of health care by hospitals during the ongoing COVID-19 pandemic in the United States.

Changes to the content are presented in the included attachments and are described in more detail below. With the addition of the COVID-19 questions starting with the 2020 data collection, we anticipate that the change in burden would be minimal enough to be absorbed in the estimated annualized burden above. This is because the original burden estimate of two hours to complete the AHI is enough to account for the addition of these few questions. We know from previous years that the AHI does not have a 100% response rate; therefore, the original burden of 120 minutes is enough to cover minor additions. Collection for the 2020 AHI routinely begins in January following the data collection year so full-year numbers can be obtained for the non-COVID-19 questions.

Justification

1. Circumstances Making the Collection of Information Necessary

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. On March 13, 2020, the U.S. President proclaimed the outbreak a national emergency. Months later, rates of infection continue to rise across the United States, health care facilities and public health departments are continuing to face significant strain on patient care and infection prevention efforts, as well as the need to modify how care is provided to patients. In order to collect data on the challenges faced by U.S. hospitals, we are requesting the addition of a short block of questions to the NHCS.

These questions will begin as part of the 2020 NHCS data collection but will be administered in the first three months of 2021. The AHI retrospectively collects annual statistics needed for weighting both the inpatient and ambulatory data, which include hospital characteristics such as total numbers of admissions, total visits, discharges, and live births; therefore, the questionnaire is sent to sampled hospitals between January and March of the year following the data collection year. The inclusion of these new COVID-19 questions will continue in data collection years following 2020, provided that such data related to COVID-19 and health care provision are still relevant. It is expected that health care provision for COVID-19 will be ongoing and cumulative in years following. Therefore, it is imperative that we plan to collect data on hospital experiences with COVID-19 even beyond 2020.

Note that although other data collection systems (e.g., the National Healthcare Safety Network [NHSN]) collect data related to COVID-19, acquiring these data for the NHCS using data linkage was investigated and deemed not logistically possible at this time. Additionally, the NHCS AHI already collects hospital characteristics (e.g., bed size, service type) and information about the hospital. Unlike

NHSN, NHCS is unique in that it will be able to examine differences among experiences treating COVID-19 patients across hospital characteristics. In addition, the methodological rigor of NHCS and its large sample size are expected to result in enough statistical power to yield reliable data. Finally, combining data related to COVID-19 with other hospital characteristic data already collected will increase NHCS' research capability to examine the impact of COVID-19 on health care and service utilization in the United States.

The new questions related to COVID-19 are designed to provide insight into the impact of COVID-19 on the operations of hospital emergency departments (EDs) in the United States. These questions will ask about: (1) shortages of COVID-19 tests, (2) creation of outside COVID-19 screening areas, (3) referrals for patients with confirmed or presumptive positive COVID-19 infection, (4) clinical care providers at the responding hospital testing positive for COVID-19, (5) the number of inpatient/emergency department ED visits for the year that were related to confirmed COVID-19, and (6) the number of inpatient/ED visits for the year that were related to presumptive positive COVID-19.

The responses to all these questions will be collected through a web-based portal. The additional data collected from these questions will pose only a minimal burden on respondents; and as noted above, is absorbed in the OMB burden previously approved for the applicable NHCS data collection instruments (OMB No. 0920-0212, expiration date: 03/31/2022).

NHCS is conducted under authority of Section 306 of the Public Health Service Act (2 USC 242k). We are requesting this nonsubstantive change to include these questions in the 2020 data collection, as well as subsequent data collection years provided collection of COVID-19 data is still considered relevant.

The updated NHCS AHI (Revised) is shown in **Attachment A**.

2. Purpose and Use of Information Collection

The purpose of collecting COVID-19 information is to generate nationally representative estimates of the impact of COVID-19 on health care and service utilization among hospitals. Furthermore, differences in these estimates according to hospital characteristics (e.g., type of service, bed size, and urban/rural designation) will also be examined in order to identify significant patterns and differences in the effects of COVID-19. For example, these data could be used to answer research questions, such as: did shortages of COVID-19 tests at hospitals vary by hospital service type and region? These results will be made available to the public through an NCHS published report and/or web tables.

Data collected from COVID-19 survey questions themselves will also be made available to the public through the NCHS Research Data Centers in the form of microdata files. These files can then be accessed and analyzed by external researchers who are interested, further expanding the utility of these data.

Finally, the data collected from these questions could also be used for methodological purposes, to compare the NHCS, where possible and appropriate, to national level estimates from other data sources.

12. Estimates of Annualized Burden Hours and Cost

Burden Hours

The NHCS 2020 AHI, once these additional questions will be added, will continue to represent 120 minutes of burden. The additional data collected from these questions will pose only a minimal burden on respondents; and as noted above, is absorbed in the OMB burden previously approved for the applicable NHCS data collection instruments. Likewise, the burden table has remained unchanged from the last approved NHCS package (OMB No. 0920-0212, expiration date: 03/31/2022) and is provided below. The estimated annualized burden for one complete survey cycle is summarized below in Table 1. The estimated annualized burden remains unchanged at 7,080 hours.

Table 1. Estimated Annualized Burden Hours

Respondents	**Form Name**	**Number of Respondents**	**Number of Responses per Respondent**	**Avg. Burden per Response (in hours)**	**Total Burden Hours**
Hospital DHIM or DHIT	Initial Hospital Intake Questionnaire	150	1	1	150
Hospital CEO/CFO	Recruitment Survey Presentation	150	1	1	150
Hospital DHIM or DHIT	Prepare and transmit UB-04 or State File for Inpatient and Ambulatory (monthly)	399	12	1	4,788
Hospital DHIM or DHIT	Prepare and transmit EHR for Inpatient and Ambulatory (quarterly)	199	4	1	796
Hospital CEO/CFO	Annual Hospital Interview	598	1	2	1,196
TOTAL					7,080

B. Burden Costs

The reported average response burden cost for the NHCS remains the same at an estimated **$327,304.20** and is summarized in Table 2 below. This table remains unchanged from the last approved NHCS package (OMB No. 0920-0212, expiration date: 03/31/2022). Therefore, we do not expect any additional cost to the government with this proposed revision to the NHCS AHI.

Table 2. Estimated Annualized Burden Costs

Type of Respondent	**Form Name**	**Total burden hours**	**Hourly Wage Rate**	**Total Respondent Costs**
Hospital Director of health information management	Initial Hospital Intake Questionnaire	150	$42.18	$6,327.00
Hospital CEO/CFO	Recruitment Survey Presentation	150	$63.48	$9,522.00

Hospital Director of health information management	Prepare and transmit UB-04 or State File for Inpatient and Ambulatory	4,788	$42.18	$201,957.84
Hospital Director of health information management	Prepare and transmit EHR for Inpatient and Ambulatory	796	$42.18	$33,575.28
Hospital CEO/CFO	Annual Hospital Interview	1,196	$63.48	$75,922.08
Total		7,080		**$327,304.20**

15. Explanation for Program Changes or Adjustments

As stated earlier, the addition of the questions will not change the currently approved estimated annualized burden of 7,080 hours; therefore, there is no burden change.