Change Memo for

"National Healthcare Safety Network (NHSN) COVID-19 Module Supplies and Personal Protective Equipment: Surveillance in Healthcare Facilities"

> (OMB Control No. 0920-1317) Expiration Date: 01/31/2024

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 Safety Component Surveillance in Healthcare Facilities (OMB Control No. 0920-1317)."

CDC is revising collection forms in the NHSN COVID-19 Long-Term Care Facility (LTCF) Module and the Dialysis Module:

1. LTCF COVID-19 Module: Supplies and Personal Protective Equipment form (CDC 57.146)

The LTCF form has been modified to improve the usefulness of the PPE shortage questions to help health departments and our U.S. Government partners prioritize LTCFs for resupply, including adding some granularity around the PPE optimization strategies being used. We understand the need to keep this as simple as possible to avoid undue burden on the stressed facilities.

In the current form version, users are asked about the quantity of supply as opposed to how they are using their supply. Facilities have expressed confusion with the questions and the requirement to report if they have any supply, whether that is minimal or abundant. The current form requires the facility to report inadequate supply if they are using strategies that do not align with conventional capacity strategies (contingency or crisis). This poses the question of why facilities are conserving supplies; in attempts to prepare for a potential shortage or a true shortage in supply items. The current questions do not allow for specificity regarding the reason for conservation. We want to know how they are using the supply based on CDC guidelines for optimization. The questions asking if the facilities have an urgent need for PPE supplies will indicate if the facilities currently have an inadequate supply and are in need of further or immediate assistance to acquire additional supplies.

Additional questions that are not on the current (posted) version will be added to the form. These questions aim to gain understanding of the need for additional assistance regarding various categories. The responses to the questions will give insight to federal, state, and local partners that a particular facility may be experiencing difficulties or hardships and will likely require assistance.

We do not anticipate changes to the current estimated burden of 25 minutes to complete the form. Business rules imbedded in the NHSN application will be applied to reduce data entry burden as needed.

Time Burden: estimate 25 minutes to complete the form; unchanged from previous ICR.

2. Dialysis COVID-19 Module form

This form has been modified to include one additional question. This new question asks users to provide the number of staff who have worked in the facility during the last week. We also changed the phrasing in the rest of the questions for clarity. We estimate the new question will add an additional five minutes to the form's burden.

Time Burden: estimate 20 minutes to complete the form.

		No. of	No. Responses per Responden	Avg. Burden per	Total Burden (in
Type of Respondent	Form Name	Respondents	t	response (in hrs.)	hrs.)
Type of Respondent	COVID-19	respondents		(111 111 3.)	1113.)
	Module, Long				
	Term Care				
	Facility:				
	Supplies &				
	Personal				
	Protective				
	Equipment form				251,788
LTCF personnel	(57.146)	11,621	52	25/60	
	COVID-19				
	Module, Long				
	Term Care				
	Facility:				
	Supplies &				
	Personal				
	Protective				
Business and financial	Equipment form	10=0		2= /22	40.545
operations occupations	(57.146)	1870	52	25/60	40,517
	COVID-19				
	Module, Long				
	Term Care				
	Facility:				
	Supplies & Personal				
	Protective				
State and local health	Equipment form				40,517
department occupations	(57.146)	1870	52	25/60	40,517
асранинен оссиранона	COVID-19	10/0	02	20/00	
	Dialysis				
Mr. 1:1 .: (ID)	Component	4000	104	20/60	100.000
Microbiologist (IP)	Form	4900	104	20/60	169,866