

**National Hospital Care Survey (OMB No. 0920-0212):**  
**Proposal Summary for Adding COVID-19 Survey Questions**  
May 28, 2020

Proposed Plan:

- We plan to add six survey questions related to COVID-19 to the National Hospital Care Survey (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.
- These questions will ask about: (1) shortages of coronavirus disease (COVID-19) tests, (2) creation of COVID-19 screening areas outside the hospital, (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) number of inpatient/emergency department (ED) visits for the year that were related to confirmed COVID-19, and (6) number of inpatient/ED visits for the year that were related to presumptive positive COVID-19.

Current OMB Approval Status:

- Collection of NHCS data is currently approved through 03/31/2022 (OMB No. 0920-0212).
- Approval for the inclusion of these questions will be submitted through a **non-substantive change** package.
- The 2020 NHCS data collection started in April 2020. NHCS collects 12 months of administrative data from a sample of hospitals through three different data sources: UB-04 claims, Vizient, or Electronic Health Records (EHR) data. The survey collects all visits, which include information such as patient demographics, diagnoses, services, and discharge status.
- The AHI is a supplemental component of the NHCS and asks hospitals to provide the number of estimated inpatient and ED visits for the calendar year. The data collected from the AHI are used to develop weights for the hospital encounter-level data. The 2020 AHI will be administered between the end of calendar year 2020 and the first quarter of 2021; therefore, all hospitals participating in the 2020 NHCS will receive these proposed questions related to COVID-19. All NHCS sampled hospitals (regardless of participation status) are invited to complete the AHI through a secure online portal. **Without this approval, the new items cannot be added to the 2020 NHCS, resulting in a missed opportunity to supplement hospital visit-level data with vital information on the impact of COVID-19 on hospitals during the current data collection year.**

Purpose, Goal, and Added Value:

- The purpose of including these COVID-19 questions in the NHCS AHI is to generate important national estimates on the impact of COVID-19 on hospital care in the inpatient department and ED.
- NHCS provides a unique opportunity to collect COVID-19 data at the hospital level, and also collect hospital visit-level data. The inclusion of these questions will allow NHCS to fill gaps in hospital research and offer unique, national-level estimates.
- Combining the hospital-level COVID-19 data with hospital visit-level data collected through UB-04 claims and EHR data will expand NHCS research and reporting capability on the impact of health care and service utilization (e.g., understanding impact of COVID-19 by hospital urban/rural status or type of hospital).
- Note that although other data collection systems, such as the National Healthcare Safety Network (NHSN) collects data related to COVID-19, acquiring these data for the NHCS using data linkage was investigated and deemed not logistically possible at this time.

### Individual Survey Questions and Use:

- The proposed COVID-19-related survey questions for NHCS AHI are listed below.
- As noted above, these questions will ask about: (1) shortages of coronavirus disease (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) number of inpatient/emergency department (ED) visits for the year that were related to confirmed COVID-19, and (6) number of inpatient/ED visits for the year that were related to presumptive positive COVID-19.
- Data collected from each COVID-19 survey question will be used in three specific manners:
  1. The resulting data will be used 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 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.
  2. 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.
  3. 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.

### **NHCS: Annual Hospital Interview**

1. In the past year, did your hospital experience shortages of coronavirus disease (COVID-19) tests for any patients with presumptive positive COVID-19 infection?
  - Never
  - Some of the time
  - Most of the time
  - All of the time
  - Not applicable - did not need to do any COVID-19 testing
  - Don't know
2. In the past year, did your hospital create areas outside the hospital entrance to screen patients for coronavirus disease (COVID-19) infection?
  - Yes
  - No
  - Don't know
3. In the past year, did your hospital need to turn away or refer elsewhere any patients with confirmed or presumptive positive coronavirus disease (COVID-19) infection?
  - No COVID-19 patients were turned away or referred elsewhere
  - Some COVID-19 patients were turned away or referred elsewhere
  - Most COVID-19 patients were turned away or referred elsewhere
  - All COVID-19 patients were turned away or referred elsewhere
  - Not applicable - the emergency department did not have any COVID-19 patients
  - Don't know

4. In the past year, did any of the following clinical care providers in your hospital test positive for coronavirus disease (COVID-19) infection?
- a. Physicians
    - Yes
    - No
    - Not applicable – did not have such provider type onsite
    - Don't know
  - b. Physician assistants
    - Yes
    - No
    - Not applicable – did not have such provider type onsite
    - Don't know
  - c. Nurse practitioners
    - Yes
    - No
    - Not applicable – did not have such provider type onsite
    - Don't know
  - d. Certified nurse-midwives
    - Yes
    - No
    - Not applicable – did not have such provider type onsite
    - Don't know
  - e. Registered nurses/licensed practical nurses
    - Yes
    - No
    - Not applicable – did not have such provider type onsite
    - Don't know
  - f. Other clinical care providers
    - Yes (please specify: \_\_\_\_\_)
    - No
    - Not applicable – did not have such provider type onsite
    - Don't know

5. For calendar year 2020, how many inpatient/ED visits at your hospital were related to CONFIRMED coronavirus disease (COVID-19) infections, by quarter or by year? Fill in the grid below.

6. For calendar year 2020, how many inpatient/ED visits at your hospital were related to PRESUMPTIVE POSITIVE coronavirus disease (COVID-19) infections, by quarter or by year? Fill in the grid below.

Number of inpatient/ED visits for:	Annual	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Confirmed COVID-19 visits					
Presumptive Positive COVID-19 visits					

