**Change Memo for**

HHS Teletracking COVID-19 Portal (U.S. Healthcare COVID-19 Portal)

Information Collection

(OMB Control No. 0990-0478)

Expiration Date: 08/31/2024

**Program Contacts**

Brittney Seiler

Senior Advisor, National Healthcare Preparedness Programs

Office of Emergency Management and Medical Operations, Readiness Division

Office of the Assistant Secretary for Preparedness and Response

Phone: 202-205-9717

Email: [Brittney.Seiler@hhs.gov](mailto:Brittney.Seiler@hhs.gov)

CDR Sayeedha Uddin

Chief Health Informatics Officer

Office of Security, Intel, and Information Management, Information Management Division

Officer of the Assistant Secretary for Preparedness and Response

Phone: 202-699-1874

Email: [Sayeedha.Uddin@hhs.gov](mailto:Sayeedha.Uddin@hhs.gov)

**Submission Date:** December 7, 2021

The Department of Health and Human Services requests an emergency revision of an approved Information Collection Request:

HHS Teletracking COVID-19 Portal (U.S. Healthcare COVID-19 Portal)

Information Collection (OMB Control No. 0990-0478)

Changes

The following emergency revision changes are proposed to the requested federal data collection. The substantive change consists of making some fields inactive for federal data collection, the creation of fields related to pediatric hospitalizations, requiring influenza fields, and minor changes to the cadence of reporting. These changes are necessary to help the nation continue to track and manage the national COVID-19 response, improve the collection of pediatric patient data and relieve and reduce the burden of hospital reporting, while allowing states the flexibility to continue their respective data collection systems. The changes discussed will reduce the number of data elements from 116 fields to approximately 85 fields and reduce the burden of reporting by 15 minutes.

The following high-level changes by section are detailed:

1. Require daily reporting of pediatric hospitalization data;
2. Require daily reporting of seasonal influenza data; and
3. Make inactive selected data reporting elements as follows
   1. Hospital Capacity: Reduce hospital capacity fields
   2. Ventilators: Reduce reporting of ventilator inventories
   3. ED & Death Fields: Reduce ED overflow and hospital COVID deaths fields
   4. Staffing: Make inactive some staffing fields
   5. Supplies: Make inactive certain supply fields that are no longer needed to inform the response at this stage of the pandemic
   6. Therapeutics: Make inactive reporting for bamlanivimab, add reporting for sotrovimab

Full changes delineated in Appendix A. For reference, data elements including the following types:

* **Required Data Elements:** These data elements are requested from facilities to ensure a complete data submission. Any associated Federal compliance is evaluated on required data elements only. Some data elements are requested at each reporting interval (i.e. daily), while others are requested weekly.
* **Optional Data Elements:** Hospital reporting on these fields is determined at a jurisdiction and/or facility level. Hospitals are asked to follow the direction of their SLTT government on reporting these fields, otherwise reporting is solely at the discretion of the facility for the purposes of federal reporting.[[1]](#footnote-1) These data elements are helpful to the federal response, and may be used for additional analysis and planning purposes.
* **Federally Inactive Data Elements: These data elements have been made inactive for the federal data collection and are no longer required at the federal level. Hospitals are asked to follow the direction of their SLTT government on reporting these fields, as some jurisdictions may choose to keep certain data elements as part of the collection based on their needs. *Note: Hospitals are able to continue reporting data on these fields- the fields are not being removed from templates.***

In addition to the described changes, the team would like to work on quality improvement efforts with stakeholders to improve data collection ease. This might include user testing and feedback on data submission mechanisms. Future quality improvement efforts of that nature would be submitted as non-substantive changes and the protocols submitted as supplementary documents.

Lastly, this notice also includes changing the data collection owner from the HHS Office of the Chief Information Officer (OCIO) to the Office of the HHS Assistant Secretary for Preparedness and Response (ASPR).

Burden Updates

The Centers for Medicare and Medicaid Services (CMS) Interim Final Rule 42 CFR 482.42(e) and 485.640(d) released October 6, 2020 requires all CMS certified hospitals to report COVID-19 data to HHS. The proposed changes to the data collection described in this memo result in a net reduction of 51 data elements and are anticipated to decrease the reporting burden on hospitals by 30 minutes since the reporting requirements were implemented. The decrease in the burden estimates from the previous ICR submission reflect the decrease in the number of data elements that are required.

# **Appendix A: Data Fields with Proposed Changes**

|  |  |  |
| --- | --- | --- |
| **Field** | **Current** | **Agency Proposal** |
| **Metadata** | | |
| HHS ID | NEW | Daily – Optional |
| **Capacity** | | |
| All hospital beds | Daily – Required | Make inactive for HHS collection |
| All adult hospital beds | Daily – Required | Make inactive for HHS collection |
| All inpatient pediatric beds | NEW | Daily – Required |
| Pediatric inpatient bed occupancy | NEW | Daily – Required |
| Pediatric ICU beds | NEW | Daily – Required |
| Pediatric ICU bed occupancy | NEW | Daily – Required |
| **Ventilators** | | |
| Total mechanical ventilators | Daily – Required | Make inactive for HHS collection |
| Mechanical ventilators in use | Daily – Required | Make inactive for HHS collection |
| **Hospitalizations, Admissions** | | |
| Previous day’s pediatric admissions with laboratory-confirmed COVID-19 by age | NEW | Daily – Required |
| **Severity** | | |
| Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients | NEW | Daily – Required |
| **Hospital Onset, ED, & Deaths** | | |
| ED overflow | Daily – Required | Make inactive for HHS collection |
| ED overflow & ventilated | Daily – Required | Make inactive for HHS collection |
| Previous day’s COVID-19 deaths | Daily – Required | Make inactive for HHS collection |
| **Staffing** | | |
| Critical staffing shortage today | Daily – Optional | Make inactive for HHS collection |
| Critical staffing shortage anticipated within a week | Daily – Optional | Weekly – Optional |
| **Supplies** | | |
| Are your PPE supply items managed at a facility level or health system level | Weekly – Required | Make inactive for HHS collection |
| On hand supply (days)   * Ventilator supplies * N95 respirators * Surgical & procedural masks * Eye protection * Gowns * Exam gloves | Weekly – Required | By field:   * Ventilator supplies - Make inactive for HHS collection |
| Eaches on hand (various products) | Weekly – Optional | Make inactive for HHS collection |
| Ability to obtain (various products) | Weekly – Required | Make inactive for HHS collection |
| Ability to maintain 3-day supply   * Ventilator supplies * N95 respirators * PAPRs/elastomerics * Surgical & procedural masks * Eye protection * Gowns * Gloves * Nasal pharyngeal swabs * Nasal swabs * Viral transport media | Weekly – Required | By field:   * Ventilator supplies: Make inactive for HHS collection * PAPRs/elastomerics: Make inactive for HHS collection * Nasal pharyngeal swabs: Make inactive for HHS collection * Nasal swabs: Make inactive for HHS collection Viral transport media: Make inactive for HHS collection |
| Re-use or extend PPE (various products) | Weekly – Optional | Make inactive for HHS collection |
| Critical issues outreach (open-ended question) | Weekly – Optional | Make inactive for HHS collection |
| **Influenza** | | |
| Total hospitalized patients with laboratory-confirmed influenza virus infection | Daily – Optional | Daily – Make required approximately October through April |
| Previous day’s influenza admissions | Daily – Optional | Daily – Make required approximately October through April |
| Total hospitalized ICU patients with laboratory-confirmed influenza virus infection | Daily – Optional | Daily – Make required approximately October through April |
| Total hospitalized patients co-infected with both COVID-19 & influenza (laboratory confirmed) | Daily – Optional | Make inactive for HHS collection |
| Previous day’s influenza deaths | Daily – Optional | Make inactive for HHS collection |
| Previous day’s deaths for patients co-infected with both COVID-19 & influenza | Daily – Optional | Make inactive for HHS collection |
| **Therapeutics** | | |
| Previous day’s remdesivir used | Daily – Optional | Make inactive for HHS collection |
| Current inventory of remdesivir | Daily – Optional | Make inactive for HHS collection |
| Therapeutic B on hand | Weekly – Optional | Make inactive for HHS collection |
| Therapeutic B administered last week | Weekly – Optional | Make inactive for HHS collection |
| Therapeutic D on hand | NEW | Weekly – Required |
| Therapeutic D administered last week | NEW | Weekly – Required |

# **Appendix B**

# **Data Fields with No Proposed Changes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Current** | **Agency Proposal** | **Rationale** |
| **Metadata** | | | |
| Hospital Name | Daily – Required | Daily – Required | Metadata ensures data can be identified and matched with the appropriate facility. Logic is incorporated into TeleTracking (and should be incorporated into other systems) so facilities do not need to answer metadata questions unless there are changes. |
| CCN | Daily – Required | Daily – Required |
| NHSN OrgID | Daily – Optional | Daily – Optional |
| State | Daily – Required | Daily – Required |
| County | Daily – Required | Daily – Required |
| Zip | Daily – Required | Daily – Required |
| Teletracking ID | Daily – Optional | Daily – Optional |
| **Capacity** | | | |
| All hospital inpatient beds | Daily – Required | Daily – Required | The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. All hospital inpatient beds are required for calculations such as the number of admissions per 100 beds. |
| All hospital adult inpatient beds | Daily – Required | Daily – Required | The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. Adult hospital inpatient beds are required for analysis of the number of adult and pediatric inpatient beds available. |
| All hospital inpatient occupancy | Daily – Required | Daily – Required |
| All hospital adult inpatient occupancy | Daily – Required | Daily – Required |
| ICU beds | Daily – Required | Daily – Required | The capacity and occupancy fields are used to inform Federal understanding of areas experiencing surges in hospital stress. These fields are used for analysis of national ICU bed availability. |
| Adult ICU beds | Daily – Required | Daily – Required |
| ICU bed occupancy | Daily – Required | Daily – Required |
| Adult ICU occupancy | Daily – Required | Daily – Required |
| **Hospitalizations, Admissions** | | | |
| Hospitalized adult confirmed – positive COVID-19 patients | Daily – Required | Daily – Required | Total adult patients currently hospitalized with laboratory-confirmed COVID-19 is a key surveillance indicator for understanding severe COVID-19 epidemiology in the U.S. and which areas are experiencing higher burden. This field is also used for various public-facing visualizations and 7-day rolling averages. |
| Hospitalized pediatric confirmed positive COVID-19 patients | Daily – Required | Daily – Required |
| Previous day’s adult admissions with confirmed COVID-19 by age | Daily – Required | Daily – Required | Previous day admissions of patients with laboratory-confirmed COVID-19 is the primary surveillance indicator used to monitor the epidemiology of severe COVID-19 and trends by age group in the U.S. These fields are monitored closely on a daily basis and used to inform federal understanding of changes in trends, and these fields are often combined with other data sources to identify areas of concern in the U.S. |
| Previous day’s pediatric admissions with confirmed COVID-19 | Daily – Required | Daily – Required |
| Hospitalized adult suspected COVID-19 patients | Daily – Required | Daily – Required | These fields could be helpful in the event of testing delays and/or disruptions. |
| Hospitalized pediatric suspected COVID-19 patients | Daily – Required | Daily – Required |
| Previous day’s adult admissions with suspected COVID-19 by age | Daily – Required | Daily – Required |
| Previous day’s pediatric admissions with suspected COVID-19 | Daily – Required | Daily – Required |
| **Severity** | | | |
| Hospitalized ICU adult suspected COVID-19 patients | Daily – Required | Daily – Required | This field could be helpful in the event of testing delays and/or disruptions. |
| Hospitalized and ventilated | Daily – Required | Daily – Required | This measure serves as an indication of COVID-19 severity. |
| Hospitalized ICU adult confirmed positive COVID-19 patients | Daily – Required | Daily – Required | Total adult patients currently in an ICU bed with laboratory-confirmed COVID-19 is a key surveillance indicator for understanding the most severe COVID-19 cases in the U.S. and which areas are experiencing higher burden. This is also an important indicator for monitoring hospital stress of COVID-19. |
| **Hospital Onset, ED, & Deaths** | | | |
| Hospital onset | Daily – Required | Daily – Required[[2]](#footnote-2) | This field could be helpful to identify the prevalence of hospital acquired infections of COVID-19. |
| Previous day’s total ED visits | Daily – Required | Daily – Required | Previous day total ED visits, in conjunction with COVID-19 ED visits, is used to monitor the epidemiology of COVID-19 by percentage of ED visits for COVID-19 and trends by region in the U.S. These fields are used by the National Syndromic Surveillance Program (NSSP) to fill in COVID-19 ED data for the 30% of U.S. hospitals not covered by NSSP. |
| Previous day’s total COVID-related ED visits | Daily – Required | Daily – Required |
| **Supplies** | | | |
| On hand supply (days)   * Ventilator supplies * N95 respirators * Surgical & procedural masks * Eye protection * Gowns * Exam gloves | Weekly – Required | By field:   * N95 respirators: Weekly – Required * Surgical & procedural masks: Weekly – Required * Eye protection: Weekly – Required * Gowns: Weekly – Required * Exam gloves: Weekly - Required | Allows HHS to assess current PPE resiliency in the event of a supply chain disruption, for a single hospital or for hospitals overall in a local area, state, or nationwide. |
| Ability to maintain 3-day supply   * Ventilator supplies * N95 respirators * PAPRs/elastomerics * Surgical & procedural masks * Eye protection * Gowns * Gloves * Nasal pharyngeal swabs * Nasal swabs * Viral transport media | Weekly – Required | By field:   * N95 respirators: Weekly – Required * Surgical & procedural masks: Weekly – Required * Eye protection: Weekly - Required * Gowns: Weekly – Required * Gloves: Weekly – Required | HHS uses hospitals’ self-assessment of the reliability of their PPE supply to identify areas or patterns of unreliable supply that may warrant outreach and (if needed) interventions to stabilize the supply chain. |
| **Therapeutics** | | | |
| Therapeutic A on hand | Weekly – Required | Weekly – Required | HHS is currently purchasing therapeutics to ensure they are available at no cost for full enhanced patient accessibility. This information is needed for tracking purposes and strategic decision making. |
| Therapeutic A administered last week | Weekly – Required | Weekly – Required |
| Therapeutic C on hand | Weekly – Required | Weekly – Required | HHS is currently purchasing therapeutics to ensure they are available at no cost for full enhanced patient accessibility. This information is needed for tracking purposes and strategic decision making. |
| Therapeutic C administered last week | Weekly – Required | Weekly – Required |
| Placeholders E-J | Placeholder | Maintain Placeholder | HHS is currently purchasing therapeutics to ensure they are available at no cost for full enhanced patient accessibility. The Therapeutics team has requested therapeutics placeholders remain within the hospital reporting guidance in the event a new therapeutic is available that requires data submission through this mechanism. |
| **Vaccination** | | | |
| Previous week’s COVID-19 vaccination doses administered to healthcare personnel by your facility | Weekly – Optional | Weekly – Optional | Provides weekly continued visibility on healthcare personnel vaccination status and vaccination trends. |
| Current healthcare personnel who have not received any doses | Weekly – Optional | Weekly – Optional |
| Current healthcare personnel received first dose in multi-series | Weekly – Optional | Weekly – Optional |
| Current healthcare personnel received a completed series | Weekly – Optional | Weekly – Optional |
| Total current healthcare personnel | Weekly – Optional | Weekly – Optional |
| Previous week’s patients & non-healthcare personnel received first dose | Weekly – Optional | Weekly – Optional |
| Previous week’s patients & non-healthcare personnel final dose | Weekly – Optional | Weekly – Optional |

Burden Estimates

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of**  **Respondent** | **Form**  **Name** | **No. of**  **Respondents** | **No.**  **Responses**  **per**  **Respondent** | **Average**  **Burden per**  **Response**  **(in hours)** | **Total Burden Hours** |
| Hospitals (excluding Psychiatric and Rehabilitation Hospitals)[[3]](#footnote-3) | HHS Teletracking COVID-19 Portal | 5200 | 365 | 1.25 | 2,372,500 |
| Psychiatric and Rehabilitation Hospitals3 | HHS Teletracking COVID-19 Portal | 800 | 52 | 1.25 | 52,000 |
| Infusion Centers and Outpatient Clinics reporting Inventory & use of therapeutics (MABs) | HHS Teletracking COVID-19 Portal | 400 | 52 | 0.25 | 5,200 |
| **Total** |  |  |  |  | 2,429,700 |

1. We recognize that STLT partners may have reporting requirements related to or independent of the Federal reporting requirements. Facilities are encouraged to work with relevant STLT partners to ensure complete reporting for all partners. [↑](#footnote-ref-1)
2. As discussions continue, the status of this field may adjust as needed. [↑](#footnote-ref-2)
3. 3Hospitals can report their information directly to Teletracking through the HHS Teletracking COVID-19 Portal (U.S. Healthcare COVID-19 Portal) or to their state who will then forward along this information to HHS Protect or through HHS Teletracking. In both scenarios, the questions reported to HHS are identical. [↑](#footnote-ref-3)