

**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

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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
  - a. Hospital Capacity: Reduce hospital capacity fields
  - b. Ventilators: Reduce reporting of ventilator inventories
  - c. ED & Death Fields: Reduce ED overflow and hospital COVID deaths fields
  - d. Staffing: Make inactive some staffing fields
  - e. Supplies: Make inactive certain supply fields that are no longer needed to inform the response at this stage of the pandemic
  - f. 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.<sup>1</sup> 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

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<sup>1</sup> 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.

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
<b>Metadata</b>		
HHS ID	NEW	Daily – Optional
<b>Capacity</b>		
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
<b>Ventilators</b>		
Total mechanical ventilators	Daily – Required	Make inactive for HHS collection
Mechanical ventilators in use	Daily – Required	Make inactive for HHS collection
<b>Hospitalizations, Admissions</b>		
Previous day’s pediatric admissions with laboratory-confirmed COVID-19 by age	NEW	Daily – Required
<b>Severity</b>		
Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients	NEW	Daily – Required
<b>Hospital Onset, ED, &amp; Deaths</b>		
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
<b>Staffing</b>		
Critical staffing shortage today	Daily – Optional	Make inactive for HHS collection
Critical staffing shortage anticipated within a week	Daily – Optional	Weekly – Optional
<b>Supplies</b>		

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) <ul style="list-style-type: none"> <li>• Ventilator supplies</li> <li>• N95 respirators</li> <li>• Surgical &amp; procedural masks</li> <li>• Eye protection</li> <li>• Gowns</li> <li>• Exam gloves</li> </ul>	Weekly – Required	By field: <ul style="list-style-type: none"> <li>• Ventilator supplies - Make inactive for HHS collection</li> </ul>
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 <ul style="list-style-type: none"> <li>• Ventilator supplies</li> <li>• N95 respirators</li> <li>• PAPRs/elastomerics</li> <li>• Surgical &amp; procedural masks</li> <li>• Eye protection</li> <li>• Gowns</li> <li>• Gloves</li> <li>• Nasal pharyngeal swabs</li> <li>• Nasal swabs</li> <li>• Viral transport media</li> </ul>	Weekly – Required	By field: <ul style="list-style-type: none"> <li>• Ventilator supplies: Make inactive for HHS collection</li> <li>• PAPRs/elastomerics: Make inactive for HHS collection</li> <li>• Nasal pharyngeal swabs: Make inactive for HHS collection</li> <li>• Nasal swabs: Make inactive for HHS collection</li> <li>• Viral transport media: Make inactive for HHS collection</li> </ul>
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
<b>Influenza</b>		
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
<b>Therapeutics</b>		
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
<b>Metadata</b>			
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	
<b>Capacity</b>			
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
Adult ICU beds	Daily – Required	Daily – Required	
ICU bed occupancy	Daily – Required	Daily – Required	
Adult ICU occupancy	Daily – Required	Daily – Required	

			bed availability.
<b>Hospitalizations, Admissions</b>			
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	Daily – Required	Daily – Required	



suspected COVID-19 by age			
Previous day's pediatric admissions with suspected COVID-19	Daily – Required	Daily – Required	
<b>Severity</b>			
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.
<b>Hospital Onset, ED, &amp; Deaths</b>			
Hospital onset	Daily – Required	Daily – Required <sup>2</sup>	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
Previous day's total COVID-related ED visits	Daily – Required	Daily – Required	

<sup>2</sup> As discussions continue, the status of this field may adjust as needed.

			in COVID-19 ED data for the 30% of U.S. hospitals not covered by NSSP.
<b>Supplies</b>			
On hand supply (days) <ul style="list-style-type: none"> <li>Ventilator supplies</li> <li>N95 respirators</li> <li>Surgical &amp; procedural masks</li> <li>Eye protection</li> <li>Gowns</li> <li>Exam gloves</li> </ul>	Weekly – Required	By field: <ul style="list-style-type: none"> <li>N95 respirators: Weekly – Required</li> <li>Surgical &amp; procedural masks: Weekly – Required</li> <li>Eye protection: Weekly – Required</li> <li>Gowns: Weekly – Required</li> <li>Exam gloves: Weekly - Required</li> </ul>	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 <ul style="list-style-type: none"> <li>Ventilator supplies</li> <li>N95 respirators</li> <li>PAPRs/ elastomerics</li> <li>Surgical &amp; procedural masks</li> <li>Eye protection</li> <li>Gowns</li> <li>Gloves</li> <li>Nasal pharyngeal swabs</li> <li>Nasal swabs</li> <li>Viral transport media</li> </ul>	Weekly – Required	By field: <ul style="list-style-type: none"> <li>N95 respirators: Weekly – Required</li> <li>Surgical &amp; procedural masks: Weekly – Required</li> <li>Eye protection: Weekly - Required</li> <li>Gowns: Weekly – Required</li> <li>Gloves: Weekly – Required</li> </ul>	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.
<b>Therapeutics</b>			
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
Therapeutic A administered last week	Weekly – Required	Weekly – Required	

			and strategic decision making.
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.
<b>Vaccination</b>			
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	Weekly – Optional	Weekly – Optional	

received first dose			
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) <sup>3</sup>	HHS Teletracking COVID-19 Portal	5200	365	1.25	2,372,500
Psychiatric and Rehabilitation Hospitals <sup>3</sup>	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
<b>Total</b>					2,429,700

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<sup>3</sup>Hospitals 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.