



DATE: December 10, 2021

TO: Andrea Palm, Deputy Secretary

THROUGH: Dawn O'Connell,
Assistant Secretary for Preparedness and Response
Michael Wilkening, Senior Advisor for Technology and Delivery

FROM: AJ Pearlman, Chief of Staff, COVID-19 Response

SUBJECT: Unified Hospital Data Surveillance System for COVID-19 Reporting Changes – **UPDATED DECISION**

ACTION REQUESTED

The purpose of this memorandum is to update a September 23, 2021 decision memorandum that was signed on November 9, 2021 (Subject: Unified Hospital Data Surveillance System for COVID-19 Reporting Changes; see Attachment). The previous memorandum was signed with an amendment to hold on a decision related to removing or making optional approximately 50 data reporting elements collected through the Unified Hospital Data Surveillance System (UHDSS).

This memorandum requests removing or making optional many of these data reporting elements, with several exceptions. By removing or making optional data elements that have been found to be duplicative or are no longer needed to inform response activities, HHS is responding to stakeholders (including hospitals, the health information technology sector, and state, local, Tribal, and territorial organizations) who have provided consistent feedback to reduce reporting burden on hospitals.

SUMMARY

HHS collects COVID-19 data from hospitals as instructed by the Centers for Medicare & Medicaid Services (85 FR 54820; 85 FR 85866). Reporting guidance is posted on the HHS website (<https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>).

A September 23, 2021 memorandum (Attachment) approved revision of the UHDSS guidance to add several data elements, including required reporting of more detailed daily pediatric hospital data; daily seasonal influenza data; and weekly sotrovimab therapeutic data. A recommendation in the memorandum to remove or make optional approximately 50 data reporting elements was put on hold, pending further discussion.

¹The guidance can be found at <https://www.cms.gov/files/document/qso-21-03-hospitalscahs.pdf-0>

Based on discussions that have occurred between the Deputy Secretary’s office, ASPR, CDC, OCIO, CMS, and the White House COVID team, we now recommend removing or making optional data reporting elements, with the exception of vaccination-related questions and questions involving suspected COVID-19 patients. We will retain vaccine-related questions because of feedback from several Operating and Staff Divisions regarding the current continued usefulness of these voluntary data elements in informing the response. Further, we have received feedback from external stakeholders that data on suspected cases of COVID-19 continue to be useful.

We summarize the new recommendations regarding removing or making data elements optional in the following Appendix. These recommendations are the same those in Appendix B of the September 23 memorandum; however, reporting of healthcare personnel vaccination and suspected COVID-19 data elements will continue. By removing or making optional data elements that have been found to be duplicative or are not further needed to inform response activities, HHS is being responsive to stakeholders who have provided consistent feedback to reduce reporting burden on hospitals.

The decision regarding continued reporting of healthcare personnel vaccination and suspected COVID-19 cases can be revisited in the future as the situation evolves. We do not believe the emergence of the Omicron variant affects the data reporting recommendations provided in this decision memo.

RECOMMENDATION

We recommend approval of the following data element changes to the UHDSS:

- Remove/make optional data reporting elements as delineated in the attached Appendix (same recommendation as in the September 23, 2021 memorandum, with the exception that reporting of vaccination of healthcare personnel vaccination and suspected COVID-19 patients data elements will continue).

Amanda J.
Pearlman -S

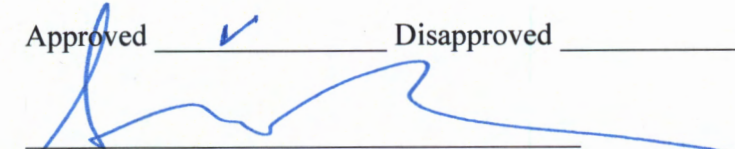
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AJ Pearlman, Chief of Staff, COVID-19 Response

DECISION

Implement Proposed Reporting Changes as noted in the Decision Memorandum above.

Approved Disapproved _____ Need More Information _____



Andrea Palm, Deputy Secretary

DEC 20 2021

Date

Appendix
Recommended Changes in Data Reporting Elements
Unified Hospital Data Surveillance System

Field	Current	Agency Proposal	Rationale
Capacity			
All hospital beds	Daily – Mandatory	Make inactive	This information is not needed at this time and is not anticipated to be needed. These values are not incorporated into analysis. Hospital beds do not indicate healthcare facility burden. The inpatient beds fields (that are being maintained) are used as denominators for occupancy metrics.
All adult hospital beds	Daily – Mandatory	Make inactive	
Ventilators			
Total mechanical ventilators	Daily – Mandatory	Make inactive	Per the Supply Chain Logistics Operations Cell (which includes the Strategic National Stockpile) and Supply Chain Control this information is not used for planning or operational purposes. Ventilators can only be deployed when a request is received from the state. The Strategic National Stockpile has significantly increased the number of ventilators available, and can deploy them
Mechanical ventilators in use	Daily – Mandatory	Make inactive	

			<p>rapidly where needed. The numbers reported here can be significantly misleading because if the facility is part of a hospital system, the hospital can surge their own ventilators to the site. States also often have additional ventilators available through individual stockpiles.</p>
Hospital Onset, ED, & Deaths			
ED overflow	Daily – Mandatory	Make inactive	<p>This information is not needed at this time and is not anticipated to be needed. Staffing continues to be one of the largest constraining factors. Fields on ED visits and COVID-19 ED visits are tracked and are being maintained in the collection.</p>
ED overflow & ventilated	Daily – Mandatory	Make inactive	
Previous day's COVID-19 deaths	Daily – Mandatory	Make inactive	<p>Mortality data at the Federal level are collected by the CDC National Center for Health Statistics in the Vital Statistics System. These are the official numbers of COVID-19 deaths that are reported by the government. When additional analysis is</p>

			conducted on COVID-19 deaths, line-level data is used to identify factors such as pre-existing conditions, age, etc. This field is not being used for analysis.
Staffing			
Critical staffing shortage today	Daily – Optional	Make inactive	Staffing shortage data are not changing significantly on a daily basis
Critical staffing shortage anticipated within a week	Daily – Optional	Weekly – Optional	This question serves as the only indicator of facilities’ staffing needs. The ESF8 council has previously requested information on staffing to help inform decisions related to requests for personnel. Collecting once weekly will still allow data collection, but reduce reporting burden. Notably, staffing can also be inferred from the number of staffed beds.
Supplies			
Are your PPE supply items managed at a facility level or health system level	Weekly – Mandatory	Make inactive	This information does not regularly change and is not needed to inform action, decision making, and/or surveillance.
On hand supply (days) • Ventilator supplies	Weekly – Mandatory	By field:	Based on input from the Supply Chain

<ul style="list-style-type: none"> • N95 respirators • Surgical & procedural masks • Eye protection • Gowns Exam gloves 		<ul style="list-style-type: none"> • Ventilator supplies - Make inactive 	<p>Control Tower (SCCT) and Supply Chain Logistics Operations Cell (SCLOC), current/anticipated future operational and reporting needs focus on PPE only. Additionally, the question is not specific enough to pinpoint specific supply chain challenges with individual products as multiple supplies are included as part of this broad category.</p>
<p>Eaches on hand (various products)</p>	<p>Weekly – Optional</p>	<p>Make inactive</p>	<p>Eaches fields request the count of individual product available. Per the SCCT and SCLOC, eaches fields are not needed to drive operations analysis, or planning. Additionally, the fields are significantly burdensome as they often require manual counts of each individual product throughout the facility.</p>
<p>Ability to obtain (various products)</p>	<p>Weekly – Mandatory</p>	<p>Make inactive</p>	<p>Per Supply Chain leadership, “ability to obtain” is no longer an important or relevant data field.</p>
<p>Ability to maintain 3-day supply</p>	<p>Weekly – Mandatory</p>	<p>By field:</p>	<p>Based on input from the SCCT and</p>

<ul style="list-style-type: none"> • Ventilator supplies • N95 respirators • PAPRs/elastomers • Surgical & procedural masks • Eye protection • Gowns • Gloves • Nasal pharyngeal swabs • Nasal swabs • Viral transport media 		<ul style="list-style-type: none"> • Ventilator supplies: Make inactive • PAPRs/elastomers: Make inactive • Nasal pharyngeal swabs: Make inactive • Nasal swabs: Make inactive • Viral transport media: Make inactive 	<p>SCLOC, current/anticipated future operational and reporting needs do not focus on ventilator supplies, PAPRs/elastomers, nasal pharyngeal swabs, nasal swabs, or viral transport media. Ventilator supplies are a broad category and do not pinpoint individual product potential challenges. Testing groups across HHS noted they also not use the fields or see them as beneficial. Entities across HHS have increased relationships with relevant distributors, and in some cases manufacturers, to monitor additional challenges. The other supplies listed are primary supply chain fields to continue to monitor.</p>
<p>Re-use or extend PPE (various products)</p>	<p>Weekly – Optional</p>	<p>Make inactive</p>	<p>Current/anticipated future operational and reporting needs do not focus on these items.</p>
<p>Critical issues outreach (open-ended question)</p>	<p>Weekly – Optional</p>	<p>Make inactive</p>	<p>Open-ended questions are more burdensome, and more difficult to incorporate consistently into analysis.</p>
<p>Influenza</p>			

Total hospitalized patients co-infected with both COVID-19 & influenza (laboratory confirmed)	Daily – Optional	Make inactive	Per the CDC Influenza Division, the influenza fields becoming mandatory (already approved change) are the most informative for surveillance purposes. These fields were not considered to be useful for tracking or modeling purposes.
Previous day’s influenza deaths	Daily – Optional	Make inactive	
Previous day’s deaths for patients co-infected with both COVID-19 & influenza	Daily – Optional	Make inactive	
Therapeutics			
Previous day’s remdesivir used	Daily – Optional	Make inactive	Remdesivir is no longer a constrained resource nor is being allocated, distributed, and/or paid for by the USG
Current inventory of remdesivir	Daily – Optional	Make inactive	
Therapeutic B on hand	Weekly – Optional	Make inactive	FDA revoked the Emergency Use Authorization for bamlanivimab administered alone (Therapeutic B) on April 16, 2021.
Therapeutic B administered last week	Weekly – Optional	Make inactive	