

Entering Data For: November 29, 2021

It is critical to the COVID-19 response that all of the information listed below is provided to the Federal Government on the requested reporting schedule to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency (PHE). All fields are mandatory unless otherwise noted in the HHS Guidance.

Note: Provide data entries for all requested fields. Enter 0 or select N/A (if available) if the item is not applicable at your facility. Note: Some data points in the web form are pre-populated with the most recent non-null submission. Please update each data point as necessary. Learn more about Composite Records.

Upload Data File: Choose File No file chosen If you do not have the template, please download it from here.

8 new fields have been added to the form as of 12/1/2021.

Some data elements have been made inactive for the federal data collection. These fields have been moved to a separate section labeled accordingly. Hospitals no longer need to report these data elements. Note: State, local, tribal, and territorial (SLTT) partners may have reporting requirements related to or independent of the federal reporting requirements. Facilities are encouraged to work with relevant (SLTT) partners to ensure complete reporting for all partners.

The following fields will be required weekly beginning 12/15/2021: 40c. Sotrovimab (Therapeutic D) Current Inventory on Hand (in courses) 40d. Sotrovimab (Therapeutic D) Courses used in the last week

The following fields will be required daily beginning 12/29/2021: 3c. All pediatric inpatient beds 4c. Pediatric inpatient bed occupancy 5c. Pediatric ICU beds 6c. Pediatric ICU bed occupancy 72c. Hospitalized ICU laboratory-confirmed COVID-19 18a. Total pediatric 33. Total hospitalized patients with laboratory-confirmed influenza virus infection 34. Previous day's admissions with laboratory-confirmed influenza virus infection 35. Total hospitalized ICU patients with laboratory-confirmed influenza virus infection

Staffed Bed Capacity

3a. All hospital inpatient beds 40 3b. Adult hospital inpatient beds 40 3c. All inpatient pediatric beds (Optional) Unknown 4a. All hospital inpatient bed occupancy 36 4b. Adult hospital inpatient bed occupancy 36 4c. Pediatric inpatient bed occupancy (Optional) Unknown 5a. ICU beds 0 5b. Adult ICU beds 0 5c. Pediatric ICU beds (Optional) Unknown 6a. ICU bed occupancy 0 6b. Adult ICU bed occupancy 0 6c. Pediatric ICU bed occupancy (Optional) Unknown

Hospitalizations

9a. Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients 3 9b. Hospitalized adult laboratory-confirmed COVID-19 patients 3 13. Hospital onset 0 10a. Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients 0 10b. Hospitalized pediatric laboratory-confirmed COVID-19 patients 0 11. Hospitalized and ventilated COVID-19 patients 0 12a. Total ICU adult suspected or laboratory-confirmed COVID-19 patients 0 12b. Hospitalized ICU adult laboratory-confirmed COVID-19 patients 0 12c. Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients (Optional) Unknown

Emergency Department

19. Previous day's Emergency Department (ED) Visits Unknown 20. Previous day's total COVID-19-related ED Visits Unknown

Previous Day's Admissions

Note: The age brackets under fields 17a and 17b are required to be considered compliant.

Previous Day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age bracket:

17a. Total adult Unknown 17b. Total adult Unknown 18a. Total pediatric Unknown 18b. Total pediatric Unknown

Previous Day's adult admissions with suspected COVID-19 and breakdown by age bracket:

18-19 Unknown 20-29 Unknown 30-39 Unknown 40-49 Unknown 50-59 Unknown 60-69 Unknown 70-79 Unknown 80+ Unknown Unknown 0

Previous Day's pediatric admissions with laboratory-confirmed COVID-19 breakdown by age bracket:

0-4 (Optional) Unknown 5-11 (Optional) Unknown 12-17 (Optional) Unknown Unknown 0

Previous Day's pediatric admissions with suspected COVID-19:

Unknown

Therapeutics

Note: For fields 39a - 40d below, report one time a week on Wednesday.

Casirivimab (REGN10933) / Imdevimab (REGN10987) (Therapeutic A)

39a. Current inventory on hand (in courses) 0 39b. Courses used in the last week 0

Bamlanivimab and Etesevimab (Therapeutic C)

40a. Current inventory on hand (in courses) 0 40b. Courses used in the last week 0

Sotrovimab (Therapeutic D)

40c. Current inventory on hand (in courses) (Optional) Unknown 40d. Courses used in the last week (Optional) Unknown

Staff

Note: Field 24 will always default to "No" for a new submission.

24. Critical staffing shortage anticipated within a week (Y/N) (Optional) No

PPE

Note: For fields 27 - 30 below, report one time a week on Wednesday.

27. On hand supply (DURATION IN DAYS): 27b. N95 respirators >30 days 27c. Surgical and procedure masks >30 days 27d. Eye protection including face shields and goggles >30 days 27e. Single-use gowns >30 days 27f. Exam gloves (sterile and non-sterile) >30 days

30. Are you able maintain at least a three day supply of these items? 30a. N95 respirators Yes 30b. Surgical and procedure masks Yes 30c. Eye protection including face shields and goggles Yes 30d. Single-use gowns Yes 30e. Exam gloves Yes

Influenza

33. Total hospitalized patients with laboratory-confirmed influenza virus infection (Optional) 0 34. Previous day's influenza admissions (laboratory-confirmed influenza virus infection) (Optional) 0 35. Total hospitalized ICU patients with laboratory-confirmed influenza virus infection (Optional) 0

Vaccinations

Vaccinations for Personnel

41. Previous week's COVID-19 vaccination doses administered to healthcare personnel by your facility (Regardless of series or single-dose vaccine) (Optional) 0 42. Current healthcare personnel who have not yet received any COVID-19 vaccination doses (Optional) 98 43. Current healthcare personnel who have received the first dose of COVID-19 vaccination doses (Optional) 110 44. Current healthcare personnel who have received a completed series of a COVID-19 vaccination or a single-dose vaccination (Optional) 100

Vaccinations for Patients

46. Previous week's number of patients and other non-healthcare personnel who received the first dose in a multi-series of COVID-19 vaccination doses (Optional) 0 47. Previous week's number of patients who received the final dose in a series of COVID-19 vaccination doses or the single-dose vaccine by your facility (Optional) 0

Inactive Federal Data Collection

The below fields have been made inactive for the federal data collection. Hospitals no longer need to report these data elements to the federal government. Note: State, local, tribal, and territorial (SLTT) partners may have reporting requirements related to or independent of the federal reporting requirements. Facilities are encouraged to work with relevant (SLTT) partners to ensure complete reporting for all partners.

Staffed Bed Capacity

2a. All hospital beds Unknown 2b. All adult hospital beds Unknown

Ventilators

7. Total mechanical ventilators Unknown 8. Mechanical ventilators in use Unknown

ED/Overflow

14. ED/overflow Unknown 15. ED/overflow and ventilated Unknown

Previous Day's COVID-19 Deaths

16. Previous Day's COVID-19 Deaths Unknown

Therapeutics

Remdesivir

21. Previous day's Remdesivir used (Optional) Unknown 22. Current inventory (Optional) Unknown

Bamlanivimab (Therapeutic B)

39c. Current inventory on hand (in courses) (Optional) Unknown 39d. Courses used in the last week (Optional) Unknown

Please note: Bamlanivimab is no longer authorized for use without accompanying Etesevimab. The value in the field 39d should be 0. Any doses of Bamlanivimab used with accompanying Etesevimab should be reported in field 40b.

Staff

23. Critical staffing shortage today (Y/N) (Optional) No 25. Staffing shortage details (Optional) Optional

PPE

26. PPE Supplies 27. On hand supply (DURATION IN DAYS): 27a. Ventilator supplies 28. On hand supply (INDIVIDUAL UNITS/EACHES) (Optional): 28a. N95 respirators (Optional) 28b. Other respirators such as PAPRs or elastomers (Optional) 28c. Surgical and procedure masks (Optional) 28d. Eye protection including face shields and goggles (Optional) 28e. Single-use gowns (Optional) 28f. Laundryable gowns (Optional) 28g. Exam gloves (single) (Optional) 29. Are you able to obtain these items? 29a. Ventilator supplies (any supplies excluding medications) 29b. Ventilator medications 29c. N95 Respirators 29d. Other respirators such as PAPRs or elastomers 29e. Surgical and procedure masks 29f. Single-use gowns 29g. Single-use gowns 29h. Exam gloves 29i. Are you able to maintain a supply of launderable gowns?

Are your PPE supply items managed (purchased, allocated, and/or stored) at the facility level or, if you are part of a health system, at the health system level (or other multiple facility group)?

Unknown

30. Are you able maintain at least a three day supply of these items? 30a. Ventilator supplies (any supplies excluding medications) 30b. Ventilator medications 30c. Other respirators such as PAPRs or elastomers 30d. Laboratory - nasal pharyngeal swabs 30e. Laboratory - nasal swabs 30f. Laboratory - viral transport media

31. Does your facility re-use or extend the use of PPE? (Optional) 31a. Reusable/launderable isolation gowns 31b. PAPRs or elastomers 31c. N95 respirators

32. If there are any critical issues, such as supply, staffing, capacity, or other issues about which you would like to receive direct contact, please explain here. (Optional) Optional

Influenza

36. Total hospitalized patients co-infected with BOTH laboratory-confirmed COVID-19 AND laboratory-confirmed influenza virus infection (Optional) Unknown 37. Previous day's influenza deaths (laboratory-confirmed influenza virus infection) (Optional) Unknown 38. Previous day's deaths for patients co-infected with both COVID-19 AND laboratory-confirmed influenza virus (Optional) Unknown