U.S. HEALTHCARE COVID-19 PORTAL OMB No. **0990-0478** Expires: **08/31/2024**

Welcome, Scott Jubeck POWERED BY TeleTracking

Advanced Care Hospital Of Montana

3528 Gabel Rd
Billings, MT, 59102

HHS ID: -- CCN:**272001** NPI:**1356536312** AHA: **6810122** NHSN OrgID: **29662**
Facility Type: **Long Term Acute Care Hospital**

CHANGE FACILITY VIEW DATA UPLOAD

New Capacity & Utilization Entry For **November 29, 2021**

SUBMIT CANCEL

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
- 12c. Hospitalized ICU laboratory-confirmed COVID-19
- 18a. Total pediatric (Previous Day's admissions with confirmed COVID-19 and breakdown by age bracket)
- 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
- 4a. All hospital inpatient bed occupancy: 36
- 5a. ICU beds: 0
- 6a. ICU bed occupancy: 0
- 3b. Adult hospital inpatient beds: 40
- 4b. Adult hospital inpatient bed occupancy: 36
- 5b. Adult ICU beds: 0
- 6b. Adult ICU bed occupancy: 0
- 3c. All inpatient pediatric beds (Optional): Unknown
- 4c. Pediatric inpatient bed occupancy (Optional): Unknown
- 5c. Pediatric ICU beds (Optional): Unknown
- 6c. Pediatric ICU bed occupancy (Optional): Unknown

Hospitalizations

- 9a. Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients: 3
- 10a. Total hospitalized pediatric suspected or 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
- 9b. Hospitalized adult laboratory-confirmed COVID-19 patients: 3
- 10b. Hospitalized pediatric 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
- 13. Hospital onset: 0

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 (A value is required in this field for submission.)
- 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 adult admissions with suspected COVID-19 and breakdown by age bracket:

- 17b. Total adult: Unknown (A value is required in this field for submission.)
- 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:

- 18a. Total pediatric: Unknown
- 0-4 (Optional): Unknown
- 5-11 (Optional): Unknown
- 12-17 (Optional): Unknown
- Unknown: 0

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

- 18b. Total pediatric: 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?

- 30c. N95 respirators: Yes
- 30e. Surgical and procedure masks: Yes
- 30f. Eye protection including face shields and goggles: Yes
- 30g. Single-use gowns: Yes
- 30h. 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): 96
- 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
- 45. Total number of current healthcare personnel (Optional): 186

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

- 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

27. On hand supply (DURATION IN DAYS):

- 27a. Ventilator supplies: Unknown

28. On hand supply (INDIVIDUAL UNITS/"EACHES") (Optional):

- 28a. N95 respirators (Optional): Unknown
- 28b. Other respirators such as PAPRs or elastomerics (Optional): Unknown
- 28c. Surgical and procedure masks (Optional): Unknown
- 28d. Eye protection including face shields and goggles (Optional): Unknown
- 28e. Single-use gowns (Optional): Unknown
- 28f. Launderable gowns (Optional): Unknown
- 28g. Exam gloves (single) (Optional): Unknown

29. Are you able to obtain these items?

- 29a. Ventilator supplies (any supplies excluding medications): Unknown
- 29b. Ventilator medications: Unknown
- 29c. N95 Respirators: Unknown
- 29d. Other respirators such as PAPRs or elastomerics: Unknown
- 29e. Surgical and procedure masks: Unknown
- 29f. Eye protection including face shields and goggles: Unknown
- 29g. Single-use gowns: Unknown
- 29h. Exam gloves: Unknown
- 29i. Are you able to maintain a supply of launderable gowns?: Unknown

30. Are you able maintain at least a three day supply of these items?

- 30a. Ventilator supplies (any supplies excluding medications): Unknown
- 30b Ventilator medications: Unknown
- 30d. Other respirators such as PAPRs or elastomerics: Unknown
- 30i. Laboratory - nasal pharyngeal swabs: Unknown
- 30j. Laboratory - nasal swabs: Unknown
- 30k. Laboratory - viral transport media: Unknown

31. Does your facility re-use or extend the use of PPE? (Optional)

- 31a. Reusable/launderable isolation gowns: Unknown
- 31b. PAPRs or elastomerics: Unknown
- 31c. N95 respirators: Unknown

- 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