Change Memo for
HHS Unified Hospital Data Surveillance System (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 Unified Hospital Data Surveillance System, UHDSS (U.S. Healthcare COVID-19 Portal) (OMB Control No. 0990-0478)

Changes

The following revision changes are proposed to the requested federal data collection. The substantive change consists of making some fields inactive for federal data collection and changes to the cadence of reporting for a subset of hospital types. These changes are necessary to help the nation continue to track and manage the national COVID-19 response, 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 82 fields to approximately 69 fields and reduce the burden of reporting by 9 minutes.

The following high-level changes by section are detailed:

1) Make inactive selected data reporting elements as follows
    a. Therapeutics fields: these data will be made inactive through UHDSS collection and reported through the HPOP system
    b. Vaccination: Reduce ED overflow and hospital COVID deaths fields

2) Psychiatric and rehabilitation hospitals will be required to report once annually for the prior week

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] 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.*

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[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.

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.

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 13 data elements and are anticipated to decrease the reporting burden on hospitals by 9 minutes since the last reporting guidance changes. 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
Hospitalizations, Admissions		
Severity		
Influenza		
Therapeutics		
Therapeutic A on hand	Weekly – Required	Make inactive for HHS collection, transfer reporting to HPOP
Therapeutic A administered last week	Weekly – Required	Make inactive for HHS collection, transfer reporting to HPOP
Therapeutic C on hand	Weekly – Required	Make inactive for HHS collection, transfer reporting to HPOP
Therapeutic C administered last week	Weekly – Required	Make inactive for HHS collection, transfer reporting to HPOP
Therapeutic D on hand	Weekly – Required	Make inactive for HHS collection, transfer reporting to HPOP
Therapeutic D administered last week	Weekly – Required	Make inactive for HHS collection, transfer reporting to HPOP
Placeholders E-P	Maintain Placeholder	Make inactive for HHS collection
Vaccination		
Previous week's COVID-19 vaccination doses administered to healthcare personnel by your facility	Weekly – Optional	Make inactive for HHS collection
Current healthcare personnel who have not received any doses	Weekly – Optional	Make inactive for HHS collection
Current healthcare personnel received first dose in multi-series	Weekly – Optional	Make inactive for HHS collection
Current healthcare personnel received a completed series	Weekly – Optional	Make inactive for HHS collection
Total current healthcare personnel	Weekly – Optional	Make inactive for HHS collection
Previous week's patients & non-healthcare personnel received first dose	Weekly – Optional	Make inactive for HHS collection
Previous week's patients & non-healthcare personnel final dose	Weekly – Optional	Make inactive for HHS collection

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	
HHS 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 pediatric inpatient beds	Daily – Required	Daily – Required	
All hospital inpatient occupancy	Daily – Required	Daily – Required	
All hospital adult inpatient occupancy	Daily – Required	Daily – Required	
All hospital pediatric 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	
Pediatric ICU beds	Daily – Required	Daily – Required	
ICU bed occupancy	Daily – Required	Daily – Required	
Adult ICU occupancy	Daily – Required	Daily – Required	
Pediatric ICU occupancy	Daily – Required	Daily – Required	

			bed availability.
Hospitalizations, Admissions			
Hospitalized adult suspected or 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 adult confirmed – positive COVID-19 patients	Daily – Required	Daily – Required	
Hospitalized pediatric suspected or confirmed positive COVID-19 patients	Daily – Required	Daily – Required	
Hospitalized pediatric confirmed positive COVID-19 patients	Daily – Required	Daily – Required	
Hospitalized pediatric suspected positive COVID-19 patients	Daily – Required	Daily – Required	
Previous day's adult admissions with confirmed COVID-19 and breakdown 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	
Previous day's pediatric admissions with suspected COVID-19	Daily – Required	Daily – Required	
Previous day's pediatric admissions with confirmed COVID-19 and breakdown by age	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	Daily – Required	Daily – Required	

suspected COVID-19 patients			
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 and ventilated COVID-19 patients	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 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.
Hospitalized ICU pediatric confirmed positive COVID-19 patients	Daily – Required	Daily – Required	
Hospital Onset, ED, & Deaths			
Hospital onset	Daily – Required	Daily – Required[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.
Previous day's total COVID-19-related ED visits	Daily – Required	Daily – Required	

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[2] As discussions continue, the status of this field may adjust as needed.

			hospitals not covered by NSSP.
Staffing			
Critical staffing shortage anticipated within a week	Weekly – Optional	Weekly – Optional	
Supplies			
On hand supply (days) • 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 • N95 respirators • Surgical & procedural masks • Eye protection • Gowns • Gloves	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			
Vaccination			

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]	HHS Response Hospital Dataal	5200	365	1.1	2,087,800
Psychiatric and Rehabilitation Hospitals[3]	HHS Teletracking COVID-19 Portal	870	1	1.1	957
Total					2,088,757

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[3]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.