

Change Memo for
National Healthcare Safety Network (NHSN)
Surveillance in Healthcare Facilities
(OMB Control No. 0920-1317)
Expiration Date: 03/31/2026

Program Contact

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The Centers for Disease Control and Prevention (CDC), Division of Healthcare Quality Promotion (DHQP) requests a non-substantive change of four approved Information Collection Requests: National Healthcare Safety Network (NHSN) Coronavirus (COVID-19) Surveillance in Healthcare Facilities (OMB Control No. 0920-1317) and two approved Information Collection Requests: NHSN Surveillance in Healthcare Facilities (OMB Control No. 0920-0666).

In the NHSN Coronavirus (COVID-19) Surveillance in Healthcare Facilities (OMB Control No. 0920-1317) Information Collection Request, we are making updates to the following data collection instruments:

1. LTCF The Resident Impact and Facility Capacity form (57.144)
2. LTCF The Staff and Personnel Form (57.145)
3. LTCF The Therapeutics form (57.158)
4. NHSN COVID-19 Hospital Module

Each form's changes and associated burden are described below.

Long-Term Care Component, COVID-19 Module (57.144, 57.145, 57.158)

1. The Resident Impact and Facility Capacity form (57.144) collects info regarding the number of positive tests in the facility each week (non-cumulative number: facilities only report new counts since the last time data was reported to NHSN). This form also collects information regarding resident deaths, COVID-19 vaccination status of newly positive residents, influenza, testing availability, and PPE supply. With the Public Health Emergency ending, the COVID-19 pathways will be scaled down and this will include removing elements from the RIFC form. Those variables include Admissions, Not Vaccinated, Partial Vaccination, Complete Primary Vaccination Series, Additional or Booster Vaccination, One Booster, Two or More Boosters, Testing Availability, Influenza and PPE Supply

Updated Time Burden: estimate 15 minutes to complete the form

Change in Time Burden: decreased by 30 minutes

2. The Staff and Personnel Form (57.145) collects info regarding the number of positive tests in the facility each week (non-cumulative number: facilities only report new counts since the last time data was reported to NHSN). This form also collects information regarding COVID-19 staff deaths, influenza, and staffing shortages. Staff deaths, influenza, and staffing shortages will be removed from this form/pathway.

Updated Time Burden: estimate 5 minutes to complete the form

Change in Time Burden: decreased by 10 minutes

- The Therapeutics form (57.158) currently collects information regarding the number of Therapeutics that have been administered each week as well as where the stock of the therapeutics was stored (non-cumulative number: facilities only report new counts since the last time data was reported to NHSN). This pathway will be removed, and facilities will no longer need to report these data.

Time Burden: estimate 0 minutes to complete the form

Change in Time Burden: decreased by 10 minutes

NHSN COVID-19 Hospital Module

- With the end of the Public Health Emergency (PHE) for COVID-19, NHSN is reducing the number of data elements required by healthcare facilities and reducing the frequency in which data will be reported to NHSN. The elements removed are no longer required for federal pandemic response activities. Specifically for hospitals, required data elements will be reduced from 62 to 44. Data elements made optional can still be collected by jurisdictional partners to meet their needs and will remain on the reporting templates in NHSN. Reporting cadence will change from a daily to a weekly requirement, with values reported for each day of the previous week. The compliance enforcement period will be expanded from 14 days to 28 days.

	<u>Current</u>		<u>Post-PHE</u>	
	<u># data elements</u>	<u>Reporting cadence</u>	<u># data elements</u>	<u>Reporting cadence</u>
<u>Required</u>	<u>62</u>	<u>52 daily, 10 weekly</u>	<u>44</u>	<u>All 44 weekly, daily values for 34</u>
<u>Optional</u>	<u>1</u>	<u>1 weekly</u>	<u>19</u>	<u>All 19 weekly, daily values for 18</u>
<u>Federally inactive / moved to another system</u>	<u>69</u>	<u>N/A</u>	<u>69</u>	<u>N/A</u>

Suspected COVID-19 and ED are made optional and further described below:

<u>Field</u>	<u>Description</u>
<u>17b</u>	<u>Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket: • 18-19 • 20-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70-79 • 80+ • Unknown</u>
<u>18b</u>	<u>Previous day's pediatric admissions with suspected COVID-19</u>
<u>13</u>	<u>Hospital onset - Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19</u>
<u>11</u>	<u>Hospitalized and ventilated COVID-19 patients -Patients currently hospitalized in an adult, pediatric, or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19</u>

and are on a mechanical ventilator

<u>12a</u>	<u>Total ICU adult suspected or laboratory- confirmed COVID-19 patients</u>
<u>10a</u>	<u>Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients</u>
<u>19</u>	<u>Previous day's Emergency Department (ED) Visits</u>
<u>20</u>	<u>Previous day's total COVID-19- related ED visits</u>

Justification: While valuable in early stages of the response, testing with rapid turnaround is currently widely available in hospitals. Suspected cases do not behave similarly to other COVID-19 indicators. Additionally, suspected cases do not correspond to Council of State and Territorial Epidemiologists (CSTE) definitions. Almost all of stakeholders indicated suspected cases are not critical and should be removed (this includes states who also report on suspected cases). Others noted the fields can be misleading/noisy. Suspected data fields are not used by CDC or ASPR for situational awareness or analyses. Alternative/preferred data source for ED information is CDC's National Syndromic Surveillance Program (NSSP). ED data collected through NHSN not widely used in CDC, WH, or external reports.

Justification for changes:

The COVID-19 Surveillance Pathways will be revised/condensed to remove data elements that are no longer required for reporting federal pandemic response activities (PHE ending).

Burden Estimates – 0920-1317

Form Name	No. of Respondents	No. Responses per Respondent	Avg. Burden per response (in hrs.)	Total Burden (in hrs.)
COVID-19 Module, Long Term Care Facility: Resident Impact and Facility Capacity form (57.144)	16,512	52	15/60	214,656
COVID-19 Module, Long Term Care Facility Resident Impact and Facility Capacity form (57.144) (retrospective data entry) LTCF personnel	5,811	1	15/60	1,453
COVID-19 Module, Long Term Care Facility Resident Impact and Facility Capacity form (57.144) (retrospective data entry) business and finance ops	935	1	15/60	234
COVID-19 Module, Long Term Care Facility Resident Impact and Facility Capacity form (57.144) (retrospective data entry) state and local hds	935	1	15/60	234

COVID-19 Module, Long Term Care Facility: Staff and Personnel Impact form (57.145)	11,621	52	5/60	50,358
COVID-19 Module, Long Term Care Facility: Staff and Personnel Impact form (57.145)	1,870	52	5/60	8,103
COVID-19 Module, Long Term Care Facility: Staff and Personnel Impact form (57.145)	1,870	52	5/60	8,103
COVID-19 Module, Long Term Care Facility Staff and Personnel Impact form (57.145) (retrospective data entry)	5,811	1	5/60	484
COVID-19 Module, Long Term Care Facility Staff and Personnel Impact form (57.145) (retrospective data entry)	935	1	5/60	78
COVID-19 Module, Long Term Care Facility Staff and Personnel Impact form (57.145) (retrospective data entry)	935	1	5/60	78

COVID-19 Module, Long- Term Care Facility: Resident Therapeutics (57.158)	0	0	0	0
COVID-19 Module, Long- Term Care Facility: Resident Therapeutics (57.158)	0	0	0	0
COVID-19 Module, Long- Term Care Facility: Resident Therapeutics (57.158)	0	0	0	0
NHSN COVID-19 Hospital Module	6000	365	90/60	3,285,000
NHSN COVID-19 Hospital Module	400	52	15/60	5,200