

Change Memo for
National Healthcare Safety Network (NHSN)
Surveillance in Healthcare Facilities
(OMB Control Nos. 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 approval for non-substantive changes to add a new data collection instrument; revise one currently approved data collection instrument; and retire one data collection instrument to the National Healthcare Safety Network (NHSN) Coronavirus (COVID-19) Surveillance in Healthcare Facilities (OMB Control No. 0920-1317). We are requesting a determination of this review by August 23, 2024, as the data collection for The Centers for Medicare & Medicaid Services (CMS) proposed rule will begin on October 1, 2024. If approved, CDC will begin building these collection forms within NHSN as soon as a determination is rendered.

These non-substantive changes are minor and do not constitute more than a 10% change to the original OMB package (0920-1317). The data collection forms for which approval for changes are being sought include:

1. 57.101 Hospital Respiratory Data Form (Weekly Submission)
2. 57.102 COVID-19 Hospital Data Form (excluding Psychiatric and Rehabilitation Facilities)
3. 57.103 COVID-19 Hospital Data Form (Psychiatric and Rehabilitation Facilities)

The Centers for Medicare & Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS) proposed rule is requiring all hospitals as defined by CMS (i.e., short-term acute care hospitals, long-term care hospitals, rehabilitation hospitals, psychiatric hospitals, cancer hospitals, and children's hospitals) and critical access hospitals seeking to be Medicare and Medicaid providers of services under 42 CFR part 485, subpart F, to report weekly aggregate counts of new admissions for COVID-19, Influenza, and RSV and a weekly snapshot (i.e., one day per week) of current respiratory virus (i.e., COVID-19, Influenza, and RSV) hospitalizations, and overall hospital bed capacity and occupancy via CDC NHSN, beginning October 1, 2024 (42 CFR 482.42(e) and 42 CFR 485.640(d)).

Per the preamble for the notice of pre-rule making, the COVID-19 pandemic underscored the threat that respiratory pathogens pose to public health and patient safety and highlighted the need for comprehensive, real-time data for prevention and response purposes. We have seen a resurgence in other respiratory viruses; concurrent COVID-19, resurgent influenza, and respiratory syncytial virus (RSV) infection seasons have led to an overall hospitalization burden larger than what was observed during severe influenza and RSV seasons prior to the COVID-19 pandemic, placing patient health and safety at risk. Sustained respiratory virus data collection and reporting outside of public health emergencies can ensure that facilities maintain functional reporting capacity to mobilize quickly when a new threat emerges, to inform and direct response efforts. Continuing the collection of the minimal necessary data to maintain situational awareness of respiratory virus circulation will benefit patients and facilities and inform allocation of resources and planning to prevent disruptions to patient care during virus surges.

NHSN is providing facilities with two reporting options to meet this CMS reporting requirement. Facilities may report the data daily via the OMB approved data collection instrument 57.102 Hospital Respiratory Data Form (Daily submission) or facilities can choose to report the data via a new weekly data collection instrument 57.101 Hospital Respiratory Data Form (Weekly

Submission). These two options are being offered to ease reporting burden for facilities. In addition, form 57.103 COVID-19 Hospital Data Form (Psychiatric and Rehabilitation Facilities) will be retired on October 1, 2024.

The new data collection instrument and changes to the currently approved instrument, including associated burden, are described below.

1. 57.101 Hospital Respiratory Data Form (Weekly Submission)

New data collection instrument: Form 57.101 Hospital Respiratory Data Form (Weekly Submission) will allow facilities to report weekly aggregate counts of new admissions for COVID-19, Influenza, and RSV. It will also allow a one-day-per-week (i.e., Wednesday) “snapshot” of current respiratory virus (i.e., COVID-19, Influenza, and RSV) hospitalizations, single day overall hospital bed capacity, and occupancy. Cognizant of the need to limit overall reporting burden and in consideration of specific uses of these data elements, we identified as many data elements as possible for which a snapshot is acceptable. It was determined that snapshots are acceptable for measures of prevalent hospitalizations and hospital capacity and occupancy. However, for the number of incident COVID-19, influenza, and RSV admissions, we determined that a one-day-a-week snapshot is not sufficient; counting only a small fraction of all admissions limits our ability to reliably detect and quantify trends, especially at the beginning of an epidemic wave, and in small states and sub-state geographic units.

A total of 49 data elements will be collected using this new instrument; 20 are new data elements and 29 are data elements that are currently collected on OMB approved form 57.102. Of the 49 data elements, two are facility information fields, one is a date/time field, twenty are total weekly aggregate new COVID-19, Influenza, and RSV admissions fields, and twenty-six are snapshot fields that capture current respiratory virus (i.e., COVID-19, Influenza, and RSV) hospitalizations, single day hospital bed capacity and occupancy.

Facilities that choose to report this required data via form 57.101 will collect all the data mentioned above, manually aggregate the weekly data themselves and report the aggregated respiratory virus data to NHSN using a web form, upload of a comma-separated value file (.csv import), or an application programming interface (API).

Time Burden: Estimate 202 minutes to complete the form via user entry, 29 minutes for the .csv import, and 15 minutes for API.

Change in Time Burden: Increase of 310,754 burden hours.

2. 57.102 Hospital Respiratory Data Form (Daily submission)

Due to the updates mentioned in this Change Memo, the title of form 57.102 will change from 57.102 COVID-19 Hospital Data Form (excluding Psychiatric and Rehabilitation Facilities) to 57.102 Hospital Respiratory Data Form (Daily submission). Form 57.103 COVID-19 Hospital Data Form (Psychiatric and Rehabilitation Facilities) will be retired, and all CMS defined hospitals and critical access hospitals seeking to be Medicare and Medicaid providers of services under 42 CFR part 485, subpart F, can now choose to report the required respiratory virus data via 57.102 or 57.101.

Form 57.102 is a currently approved OMB data collection instrument. To decrease the data collection burden on facilities, 108 data elements are being deleted from the form and 35 current data elements are being revised. To capture the new CMS reporting requirement, 23 new data elements are being added to the form. The full list of updates to the data collection form are listed in the below crosswalk.

Type of Change	Changed From	Changed To	Justification
Deletion	1. a. Facility Name*	N/A	Information available in the NHSN application
Deletion	1h. HHS ID*	N/A	No longer needed for data collection
Deletion	1b. CCN* AHA ID	N/A	Information available in the NHSN application
Revision	1c. NHSN Org ID*	1a. NHSN OrgID*	Field number updated
Deletion	1d. State*	N/A	Information available in the NHSN application
Deletion	1e. County*	N/A	Information available in the NHSN application
Deletion	1f. ZIP*	N/A	Information available in the NHSN application
Deletion	1g. TeleTracking ID*	N/A	No longer needed for data collection
Addition	N/A	1b. Reporting Context*	Required field for data submission
Addition	N/A	1c. Reporting For Date*	Required field for data submission
Revision	3a. All hospital inpatient beds*	2a. All hospital inpatient beds*	Field number updated
Revision	3b. Adult hospital inpatient beds*	2b. All adult inpatient beds*	Field number and name changed for specificity and clarity
Revision	3c. All inpatient pediatric beds *	2c. All pediatric inpatient beds*	Field number and name changed for specificity and clarity
Revision	4a. All hospital inpatient bed occupancy*	3a. All hospital inpatient occupancy*	Field number and name changed for specificity and clarity
Revision	4b. Adult hospital inpatient bed occupancy*	3b. All adult inpatient occupancy*	Field number and name changed for specificity and clarity
Revision	4c. Pediatric inpatient bed occupancy*	3c. All pediatric inpatient occupancy*	Field number and name changed for specificity and clarity
Revision	5a. ICU beds*	4a. All ICU beds*	Field number and name changed for specificity and clarity

Revision	5b. Adult ICU beds*	4b. Adult ICU beds*	Field number updated
Revision	5c. Pediatric ICU beds*	4c. Pediatric ICU beds*	Field number updated
Revision	6a. ICU bed occupancy*	5a. All ICU bed occupancy*	Field number and name changed for specificity and clarity
Revision	6b. Adult ICU bed occupancy*	5b. Adult ICU bed occupancy*	Field number updated
Revision	6c. Pediatric ICU bed occupancy*	5c. Pediatric ICU bed occupancy*	Field number updated
Revision	9b. Hospitalized adult laboratory confirmed COVID-19 patients*	6a. All hospitalized adult patients with laboratory-confirmed COVID-19*	Field number and name changed for specificity and clarity
Revision	10b. Hospitalized pediatric laboratory-confirmed COVID-19 patients*	6b. All hospitalized pediatric patients with laboratory-confirmed COVID-19*	Field number and name changed for specificity and clarity
Revision	12b. Hospitalized ICU adult laboratory-confirmed COVID-19 patients*	9a. Adult ICU patients with laboratory-confirmed COVID-19*	Field number and name changed for specificity and clarity
Revision	12c. Hospitalized ICU pediatric laboratory-confirmed COVID-19 patients*	9b. Pediatric ICU patients with laboratory-confirmed COVID-19*	Field number and name changed for specificity and clarity
Deletion	Previous Day's adult admissions with laboratory-confirmed COVID-19 and breakdown by age bracket: 17a. Total adult*	N/A	Previous day's admission COVID fields revised to account for adjusted age group categories (please see field additions 12a-g)
Deletion	18-19	N/A	
Deletion	20-29	N/A	
Deletion	30-39	N/A	
Deletion	40-49	N/A	
Deletion	50-59	N/A	
Deletion	60-69	N/A	
Deletion	70-79	N/A	
Deletion	80+	N/A	
Deletion	Unknown	N/A	
Deletion	Previous Day's pediatric admissions with laboratory confirmed COVID-19 breakdown by age bracket: 18a. Total pediatric*	N/A	
Deletion	0-4	N/A	
Deletion	5-11	N/A	
Deletion	12-17	N/A	
Deletion	Unknown	N/A	
Revision	27b. N95 respirators*	15a. On hand supply (DURATION in days) n95 respirators	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because "able to maintain" and "days on hand" fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity
Revision	27c. Surgical and procedure masks*	15b. On hand supply (DURATION in days) surgical	No longer required fields per CoP Rule. This field is

		and procedure masks	kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity
Revision	27d. Eye protection including face shields and goggles*	15c. On hand supply (DURATION in days) eye protection including face shields and goggles	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity
Revision	27e. Single-use gowns*	15d. On hand supply (DURATION in days) single use gowns	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity
Revision	27f. Exam gloves (sterile and non-sterile)*	15e. On hand supply (DURATION in days) exam gloves (sterile and non-sterile)	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity

Revision	30c. N95 respirators*	16a. Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? N95 respirators	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity
Revision	30e. Surgical and procedure masks*	16b. Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Surgical and procedure masks	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity
Revision	30f. Eye protection including face shields and goggles*	16c. Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Eye protection including face shields and goggles	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity
Revision	30g. Single-use gowns*	16d. Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Single use gowns	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name

			changed for specificity and clarity
Revision	30h. Exam gloves*	16e. Are you able to MAINTAIN at least a 3-day supply of these items (y/n/n/a)? Exam gloves	No longer required fields per CoP Rule. This field is kept on the form as an optional data element because “able to maintain” and “days on hand” fields provide insight into hospital PPE status, are reliable indicators of current hospital supply, and is used to understand local needs in the event of an emergency. Field number and name changed for specificity and clarity
Deletion	33. Total hospitalized patients with laboratory-confirmed influenza virus infection*	N/A	Field deleted since it can be calculated from values entered for the adult and pediatric hospitalized patient fields.
Deletion	34. Previous day's influenza admissions (laboratory-confirmed influenza virus infection) *	N/A	Field deleted since it can be calculated from values entered for the adult and pediatric influenza new admissions fields.
Deletion	35. Total hospitalized ICU patients with laboratory-confirmed influenza virus infection*	N/A	Field deleted since it can be calculated from values entered for the adult and pediatric ICU patient fields.
Revision	33a. Hospitalized adult patients with laboratory-confirmed influenza virus infection	7a. All hospitalized adult patients with laboratory-confirmed influenza*	Field number and name changed for specificity and clarity. This field was previously optional and made required. There is a high degree of utility in differentiating adult and pediatric hospitalizations during respiratory disease surges, especially related to pediatric bed and pediatric ICU availability.
Revision	33b. Hospitalized pediatric patients with laboratory-confirmed influenza virus infection	7b. All hospitalized pediatric patients with laboratory-confirmed influenza*	Field number and name changed for specificity and clarity. This field was previously optional and made required. There is a high degree of utility in differentiating adult and pediatric hospitalizations during respiratory disease surges, especially related to pediatric bed and pediatric ICU availability.
Deletion	34a. Previous day's adult admissions with laboratory-confirmed influenza virus infection	N/A	Field revised to account for more specificity in age group categories (please see field additions 13a-g)

Deletion	34b. Previous day's pediatric admissions with laboratory-confirmed influenza virus infection	N/A	Field revised to account for more specificity in age group categories (please see field additions 13a-g)
Revision	35a. Hospitalized ICU adult laboratory-confirmed influenza patients	10a. Adult ICU patients with laboratory-confirmed influenza*	Field number and name changed for specificity and clarity. This field was previously optional and made required. There is a high degree of utility in differentiating adult and pediatric ICU patients during respiratory disease surges, especially related to pediatric bed and pediatric ICU availability.
Revision	35b. Hospitalized ICU pediatric laboratory-confirmed influenza patients	10b. Pediatric ICU patients with laboratory-confirmed influenza*	Field number and name changed for specificity and clarity. This field was previously optional and made required. There is a high degree of utility in differentiating adult and pediatric ICU patients during respiratory disease surges, especially related to pediatric bed and pediatric ICU availability.
Deletion	48a. Previous day's adult admissions with laboratory-confirmed RSV	N/A	Field revised to account for more specificity in age group categories (please see field additions 14a-g)
Deletion	48b. Previous day's pediatric admissions with laboratory-confirmed RSV	N/A	Field revised to account for more specificity in age group categories (please see field additions 14a-g)
Revision	49a. Hospitalized adult laboratory-confirmed RSV patients	8a. All hospitalized adult patients with laboratory-confirmed RSV*	Field number and name changed for specificity and clarity. This field was previously optional and made required. There is a high degree of utility in differentiating adult and pediatric hospitalizations during respiratory disease surges, especially related to pediatric bed and pediatric ICU availability.
Revision	49b. Hospitalized pediatric laboratory-confirmed RSV patients	8b. All hospitalized pediatric patients with laboratory-confirmed RSV*	Field number and name changed for specificity and clarity. This field was previously optional and made required. There is a high degree of utility in differentiating adult and pediatric hospitalizations during respiratory disease surges, especially related to pediatric bed and pediatric ICU availability.

Revision	50a. Hospitalized ICU adult laboratory-confirmed RSV patients	11a. Adult ICU patients with laboratory-confirmed RSV*	Field number and name changed for specificity and clarity. This field was previously optional and made required. There is a high degree of utility in differentiating adult and pediatric ICU patients during respiratory disease surges, especially related to pediatric bed and pediatric ICU availability.
Revision	50b. Hospitalized ICU pediatric laboratory-confirmed RSV patients	11b. Pediatric ICU patients with laboratory-confirmed RSV*	Field number and name changed for specificity and clarity. This field was previously optional and made required. There is a high degree of utility in differentiating adult and pediatric ICU patients during respiratory disease surges, especially related to pediatric bed and pediatric ICU availability.
Deletion	9a. Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients	N/A	All suspected fields became “optional” reporting at the conclusion of the PHE. Suspected cases do not behave similarly to other COVID-19 indicators and were indicated as not critical by stakeholders during public comment periods prior to the conclusion of the PHE. Suspected data fields are not used by CDC or ASPR for situational awareness or analyses.
Deletion	10a. Total hospitalized pediatric suspected or laboratory confirmed COVID-19 patients	N/A	All suspected fields became “optional” reporting at the conclusion of the PHE. Suspected cases do not behave similarly to other COVID-19 indicators and were indicated as not critical by stakeholders during public comment periods prior to the conclusion of the PHE. Suspected data fields are not used by CDC or ASPR for situational awareness or analyses.
Deletion	11. Hospitalized and ventilated COVID-19 patients	N/A	This field became “optional” reporting at the conclusion of the PHE
Deletion	12a Total ICU adult suspected or laboratory-confirmed COVID-19 patients	N/A	All suspected fields became “optional” reporting at the conclusion of the PHE. Suspected cases do not behave similarly to other

			COVID-19 indicators and were indicated as not critical by stakeholders during public comment periods prior to the conclusion of the PHE. Suspected data fields are not used by CDC or ASPR for situational awareness or analyses.
Deletion	Previous Day's adult admissions with suspected COVID-19 and breakdown by age bracket: 17b. Total adult	N/A	All suspected fields became "optional" reporting at the conclusion of the PHE. Suspected cases do not behave similarly to other COVID-19 indicators and were indicated as not critical by stakeholders during public comment periods prior to the conclusion of the PHE. Suspected data fields are not used by CDC or ASPR for situational awareness or analyses.
Deletion	18-19	N/A	
Deletion	20-29	N/A	
Deletion	30-39	N/A	
Deletion	40-49	N/A	
Deletion	50-59	N/A	
Deletion	60-69	N/A	
Deletion	70-79	N/A	
Deletion	80+	N/A	
Deletion	Unknown	N/A	
Deletion	Previous Day's pediatric admissions with suspected COVID-19: 18b. Total pediatric	N/A	All suspected fields became "optional" reporting at the conclusion of the PHE. Suspected cases do not behave similarly to other COVID-19 indicators and were indicated as not critical by stakeholders during public comment periods prior to the conclusion of the PHE. Suspected data fields are not used by CDC or ASPR for situational awareness or analyses.
Deletion	19. Previous day's ED Visits	N/A	This field became "optional" reporting at the conclusion of the PHE. Data collected was not widely used - alternative/preferred data source for ED information is CDC's National Syndromic Surveillance Program (NSSP)
Deletion	20. Previous day's total COVID-19- related ED visits	N/A	This field became "optional" reporting at the conclusion of the PHE. Data collected was not widely used - alternative/preferred data source for ED information is CDC's National Syndromic Surveillance Program (NSSP)
Deletion	24. Critical staffing shortage anticipated within a week (Y/N)	N/A	This field became "optional" reporting at the

			conclusion of the PHE
Addition	N/A	12a. Number of new admissions of patients with laboratory-confirmed COVID-19, 0-4*	Revised age categories were chosen to balance a parsimonious categorization for burden reduction from the previous data collection with the scientific need. Revised age categories align with other data collection streams for scenario model calibration. Alignment of data streams is important as the various streams are synthesized when fitting models - including vaccine uptake, serology, and RESP-Net. These age categories are also necessary in order to properly understand RSV burden and drive the recommendations that are needed regarding RSV vaccination. Expanding respiratory pathogens data fields to include COVID-19, influenza, and respiratory syncytial virus (RSV) can improve situational awareness of severe respiratory illness and assess potential impact of flu, COVID-19, and RSV co-circulation, allow for hospitalization forecasting, resource allocation, and help inform guidance and recommendations for public health professionals, clinicians, and the general public. Understanding influenza and RSV hospitalizations and admissions can also help to understand potential strains on the PPE supply chain.
Addition	N/A	12b. Number of new admissions of patients with laboratory-confirmed COVID-19, 5-17*	
Addition	N/A	12c. Number of new admissions of patients with laboratory-confirmed COVID-19, 18-49*	
Addition	N/A	12d. Number of new admissions of patients with laboratory-confirmed COVID-19, 50-64*	
Addition	N/A	12e. Number of new admissions of patients with laboratory-confirmed COVID-19, 65-74*	
Addition	N/A	12f. Number of new admissions of patients with laboratory-confirmed COVID-19, 75+*	
Addition	N/A	12g. Number of new admissions of patients with laboratory-confirmed COVID-19, unknown age	
Addition	N/A	13a. Number of new admissions of patients with laboratory-confirmed influenza, 0-4*	
Addition	N/A	13b. Number of new admissions of patients with laboratory-confirmed influenza, 5-17*	
Addition	N/A	13c. Number of new admissions of patients with laboratory-confirmed influenza, 18-49*	
Addition	N/A	13d. Number of new admissions of patients with laboratory-confirmed influenza, 50-64*	
Addition	N/A	13e. Number of new admissions of patients with laboratory-confirmed influenza, 65-74*	
Addition	N/A	13f. Number of new admissions of patients with laboratory-confirmed influenza, 75+*	
Addition	N/A	13g. Number of new admissions of patients with laboratory-confirmed influenza, unknown age	
Addition	N/A	14a. Number of new admissions of patients with laboratory-confirmed RSV, 0-4*	
Addition	N/A	14b. Number of new admissions of patients with laboratory-confirmed RSV, 5-17*	
Addition	N/A	14c. Number of new admissions of patients with laboratory-confirmed RSV, 18-49*	
Addition	N/A	14d. Number of new admissions of patients with laboratory-confirmed RSV, 50-64*	
Addition	N/A	14e. Number of new admissions of patients with laboratory-confirmed RSV, 65-74*	
Addition	N/A	14f. Number of new admissions	

		of patients with laboratory-confirmed RSV, 75+*	
Addition	N/A	14g. Number of new admissions of patients with laboratory-confirmed RSV, unknown age	
Deletion	2a. All hospital beds	N/A	Inactive for federal data collection
Deletion	2b. All adult hospital beds	N/A	Inactive for federal data collection
Deletion	7. Total mechanical ventilators	N/A	Inactive for federal data collection
Deletion	7. Total mechanical ventilators	N/A	Inactive for federal data collection
Deletion	13. Hospital onset	N/A	Inactive for federal data collection
Deletion	15. ED/overflow and ventilated	N/A	Inactive for federal data collection
Deletion	16. Previous Day's COVID-19 Deaths	N/A	Inactive for federal data collection
Deletion	21. Previous day's Remdesivir used (Optional)	N/A	Inactive for federal data collection
Deletion	22. Current inventory (Optional)	N/A	Inactive for federal data collection
Deletion	39c. Current inventory on hand (in courses) (Optional)	N/A	Inactive for federal data collection
Deletion	39d. Courses used in the last week (Optional)	N/A	Inactive for federal data collection
Deletion	39a. Current inventory on hand (in course)*	N/A	Inactive for federal data collection
Deletion	39b. Courses used in the last week*	N/A	Inactive for federal data collection
Deletion	40a. Current inventory on hand (in course)*	N/A	Inactive for federal data collection
Deletion	40b. Courses used in the last week*	N/A	Inactive for federal data collection
Deletion	40c. Current inventory on hand (in course)*	N/A	Inactive for federal data collection
Deletion	40d. Courses used in the last week*	N/A	Inactive for federal data collection
Deletion	23. Critical staffing shortage today (Y/N) (Optional)	N/A	Inactive for federal data collection
Deletion	25. Staffing shortage details (Optional)	N/A	Inactive for federal data collection
Deletion	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)?	N/A	Inactive for federal data collection
Deletion	27. On hand supply (DURATION IN DAYS): 27a. Ventilator supplies	N/A	Inactive for federal data collection
Deletion	28. On hand supply (INDIVIDUAL UNITS/"EACHES") (Optional):	N/A	Inactive for federal data collection
Deletion	28a. N95 respirators (Optional)	N/A	Inactive for federal data collection
Deletion	28b. Other respirators such as PAPRs or elastomers (Optional)	N/A	Inactive for federal data collection

Deletion	28c. Surgical and procedure masks (Optional)	N/A	Inactive for federal data collection
Deletion	28d. Eye protection including face shields and goggles (Optional)	N/A	Inactive for federal data collection
Deletion	28e. Single-use gowns (Optional)	N/A	Inactive for federal data collection
Deletion	28f. Launderable gowns (Optional)	N/A	Inactive for federal data collection
Deletion	28g. Exam gloves (single) (Optional)	N/A	Inactive for federal data collection
Deletion	29. Are you able to obtain these items?	N/A	Inactive for federal data collection
Deletion	29a. Ventilator supplies (any supplies excluding medications)	N/A	Inactive for federal data collection
Deletion	29b. Ventilator medications	N/A	Inactive for federal data collection
Deletion	29c. N95 Respirators	N/A	Inactive for federal data collection
Deletion	29d. Other respirators such as PAPRs or elastomerics	N/A	Inactive for federal data collection
Deletion	29e. Surgical and procedure masks	N/A	Inactive for federal data collection
Deletion	29f. Eye protection including face shields and goggles	N/A	Inactive for federal data collection
Deletion	29g. Single-use gowns	N/A	Inactive for federal data collection
Deletion	29h. Exam gloves	N/A	Inactive for federal data collection
Deletion	29i. Are you able to maintain a supply of launderable gowns?	N/A	Inactive for federal data collection
Deletion	30. Are you able maintain at least a three-day supply of these items?	N/A	Inactive for federal data collection
Deletion	30a. Ventilator supplies (any supplies excluding medications)	N/A	Inactive for federal data collection
Deletion	30b Ventilator medications	N/A	Inactive for federal data collection
Deletion	30d. Other respirators such as PAPRS or elastomerics	N/A	Inactive for federal data collection
Deletion	30i. Laboratory - nasal pharyngeal swabs	N/A	Inactive for federal data collection
Deletion	30j. Laboratory - nasal swabs	N/A	Inactive for federal data collection
Deletion	30k. Laboratory - viral transport media	N/A	Inactive for federal data collection
Deletion	31. Does your facility re-use or extend the use of PPE? (Optional)	N/A	Inactive for federal data collection
Deletion	31a. Reusable/laundryable isolation gowns	N/A	Inactive for federal data collection
Deletion	31b. PAPRs or elastomerics	N/A	Inactive for federal data collection
Deletion	31c. N95 respirators	N/A	Inactive for federal data collection
Deletion	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)	N/A	Inactive for federal data collection
Deletion	36. Total hospitalized patients co-	N/A	Inactive for federal data

	infected with BOTH laboratory-confirmed COVID-19 AND laboratory-confirmed influenza virus infection (Optional)		collection
Deletion	37. Previous day's influenza deaths (laboratory-confirmed influenza virus infection) (Optional)	N/A	Inactive for federal data collection
Deletion	38. Previous day's deaths for patients co-infected with both COVID-19 AND laboratory-confirmed influenza virus (Optional)	N/A	Inactive for federal data collection
Deletion	41. Previous week's COVID-19 vaccination doses administered to healthcare personnel by your facility (Regardless of series or single-dose vaccine) (Optional)	N/A	Inactive for federal data collection
Deletion	45. Total number of current healthcare personnel (Optional)	N/A	Inactive for federal data collection
Deletion	42. Current healthcare personnel who have not yet received any COVID-19 vaccination doses (Optional)	N/A	Inactive for federal data collection
Deletion	43. Current healthcare personnel who have received the first dose of COVID-19 vaccination doses (Optional)	N/A	Inactive for federal data collection
Deletion	44. Current healthcare personnel who have received a completed series of a COVID-19 vaccination or a single-dose vaccination	N/A	Inactive for federal data collection
Deletion	46. Previous week's number of patients and other nonhealthcare personnel who received the first dose in a multi-series of COVID-19 vaccination doses (Optional)	N/A	Inactive for federal data collection
Deletion	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)	N/A	Inactive for federal data collection

*Asterisked fields are required data elements for reporting

The new CMS IPPS rule requires CMS defined hospitals to report weekly aggregate counts of new admissions for COVID-19, Influenza, and RSV, and a weekly snapshot (one-day-per-week) of current respiratory virus (i.e., COVID-19, Influenza, and RSV) hospitalizations, overall hospital bed capacity, and occupancy via CDC NHSN beginning October 1, 2024. Reporting option one, via form 57.101 Hospital Respiratory Data Form (Weekly Submission), allows for this activity; however, the weekly data must be manually aggregated by the facility and then submitted to CDC NHSN. Form 57.102 Hospital Respiratory Data Form (Daily submission) is an already approved OMB data collection, that is currently operational in some facilities. To reduce the burden on facilities, NHSN will allow facilities to continue reporting using this form, so that they do not have to adjust their reporting requirements. Form 57.102 will collect the same respiratory virus data as form 57.101, but daily. The NHSN system will automatically

aggregate the daily data into the required CMS IPPS weekly data, which further reduce the burden on facilities by removing the additional step to aggregate prior to sending.

Regarding burden, this form collects 24 data elements daily and 52 data elements weekly. We are calculating burden as all fields being collected daily.

Time Burden: Estimate 58 minutes to complete the form via user entry, 29 minutes for the .csv import, and 15 minutes for API. The .csv import and API are new ways facilities can provide data to NHSN and will add to the over burden.

Change in Time Burden: The Total Burden hours for Form 57.102 decreased from 2,847,000 to 503,791.

3. 57.103 COVID-19 Hospital Data Form (Psychiatric and Rehabilitation Facilities)

Form 57.103 COVID-19 Hospital Data Form (Psychiatric and Rehabilitation Facilities) will be retired on October 1, 2024, as all CMS defined hospitals can now report the required respiratory virus data via either form 57.101 or 57.102.

Time Burden: Form being retired.

Change in Time Burden: Burden from this form will be added to form 57.102.

As a result of proposed changes to the form, the estimated annualized burden is expected to decrease by 2,518,049 hours, from 6,460,072 to 4,426,312.

[illegible]