



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

APR 10 2020

Dear Hospital Administrator:

First, I want to thank you for the work you are doing to provide treatment and care to Americans who have been impacted by COVID-19. Hospitals are key partners with the federal government as we work to ensure that the Whole of America response to COVID-19 which is locally executed, state managed, and federally supported.

On March 29, 2020, the Vice President sent you a letter requesting your assistance in reporting data that is critical for epidemiological surveillance and public health decision making for the COVID-19 pandemic. The data requested included daily reports on testing, capacity, supplies, utilization, and patient flows to facilitate the public health response to COVID-19. I understand that many non-federal entities may already be requesting this information, and I have received pleas from hospitals and states to minimize the burden of sharing this data and to reduce duplication of effort.

The enclosed Frequently Asked Questions (FAQs) document details the federal government's data needs, explains the division of reporting responsibility between hospitals and states, and provides clear, flexible options for the timely delivery of this critical information. Our objective is to allow states and hospitals either to leverage existing data reporting capabilities or, where those capabilities are insufficient, to provide guidance in how to build on them. These FAQs will be updated if additional data delivery methods become available.

It is critical that all of the requested information listed in these FAQs is provided on at least a daily basis to the federal government to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency.

On behalf of President Trump and the White House Coronavirus Task Force, I want to thank you for the work you are doing to provide care to the American people during this critical time.

Sincerely,



Alex M. Azar II

Enclosure

CC: The Honorable Peter Gaynor  
Administrator  
Federal Emergency Management Agency

## **COVID-19 Frequently Asked Questions (FAQs) For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting**

On March 29, 2020, Vice President Pence sent a letter to hospital administrators across the country requesting daily data reports on testing, capacity and utilization, and patient flows to facilitate the public health response to the 2019 Novel Coronavirus (COVID-19). Many separate governmental entities are requesting similar information, resulting in stakeholder requests to reduce duplication and minimize reporting burden. This document details the Federal Government's data needs, explains the division of reporting responsibility between hospitals and states, and provides clear, flexible options for the timely delivery of this critical information. The objective is to allow states and hospitals either to leverage existing data reporting capabilities or, where those capabilities are insufficient, to provide guidance in how to build upon existing capabilities. These FAQs will be posted to the various HHS and HHS division websites, and will be updated if additional data delivery methods become available.

It is critical to the COVID-19 response that all of the information listed below is provided on at least a daily basis to the Federal Government to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency (PHE).

### **Who is responsible for reporting?**

By default, hospitals should report *on at least a daily basis* the detailed information listed below through one of the prescribed methods. However, we recognize that many states currently collect this information from the hospitals. Therefore, hospitals may be relieved from reporting directly to the Federal Government if they receive a written release from the State stating that the State will collect the data from the hospitals and take over Federal reporting responsibilities.

### **When are states permitted to provide such a written release to hospitals?**

States must first receive written certification from their FEMA Regional Administrator affirming that the State has an established, functioning data reporting stream to the Federal Government that is delivering all of the information below at the appropriate daily (or higher) frequency. States that take over reporting must provide this data, regardless of whether they are seeking immediate Federal assistance.

### **Capacity and Utilization Data**

#### **Capacity and utilization data: what to submit?**

The following data will greatly assist the White House Coronavirus Task Force in tracking the movement of the virus and identifying potential strains in the healthcare delivery system. It is critical that this data be reported at the facility and county level of detail rather than just a total statewide summary. Data that is submitted directly as a file instead of through an online portal should be sent in Excel or CSV format rather than as a scanned image or any other format that is not directly importable into a spreadsheet format.

| <b>ID</b> | <b>Information Needed</b>                         | <b>Definition</b>  |
|-----------|---|--|
| 1.        | <u>State</u>                                      | State where the hospital is located  |
| 2.        | <u>Hospital name</u>                              | Name of hospital and CMS Certification Number (CCN)  |
| 3.        | <u>Hospital county and Zip Code</u>               | County and Zip Code where the hospital is located  |
| 4.        | <u>All hospital beds</u>                          | Total number of all staffed inpatient and outpatient beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU beds). |
| 5.        | <u>Hospital inpatient beds</u>                    | Total number of staffed inpatient beds in your hospital including all overflow and surge/expansion beds used for inpatients (includes all ICU beds)  |
| 6.        | <u>Hospital inpatient bed occupancy</u>           | Total number of staffed inpatient beds that are occupied   |
| 7.        | <u>ICU beds</u>                                   | Total number of staffed inpatient ICU beds   |
| 8.        | <u>ICU bed occupancy</u>                          | Total number of staffed inpatient ICU beds that are occupied   |
| 9.        | <u>Mechanical ventilators</u>                     | Total number of ventilators available  |
| 10.       | <u>Mechanical ventilators in use</u>              | Total number of ventilators in use   |
| 11.       | <u>Hospitalized COVID patients</u>                | Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19   |
| 12.       | <u>Hospitalized and ventilated COVID patients</u> | Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19 and are on a mechanical ventilator  |
| 13.       | <u>Hospital onset</u>                             | Patients currently hospitalized in an inpatient bed with onset of suspected or confirmed COVID-19 fourteen or more days after hospital admission due to a condition other than COVID-19      |
| 14.       | <u>ED/overflow</u>                                | Patients with suspected or confirmed COVID-19 who currently are in the Emergency Department (ED) or any overflow location awaiting an inpatient bed  |

|     |   |   |
|-----|---|---|
| 15. | <u>ED/overflow and ventilated</u>                 | Patients with suspected or confirmed COVID-19 who currently are in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator |
| 16. | <u>Deaths:</u>                                    | Number of patients with suspected or confirmed COVID-19 who died in the hospital, ED, or any overflow location on the date for which you are reporting      |
| 17. | <u>On-hand supply of N95 masks (if available)</u> | <ul style="list-style-type: none"> <li>• Zero days</li> <li>• 1-3 days</li> <li>• 4-14 days</li> <li>• 15 or more days</li> </ul>                           |

**Capacity and utilization data: where/how to submit?**

Hospitals and other facilities should report daily capacity and utilization data through one of the methods below, or to their State if they have received a written release from the State and the State has received written certification from their FEMA Regional Administrator to take over Federal reporting responsibilities. If the State assumes reporting responsibilities, the State can also choose to utilize one of the below channels or through the State portal at Protect.HHS.gov.

Reporting options for hospitals and other facilities:

- Submit data to TeleTracking™ [<https://teletracking.protect.hhs.gov>]. All instructions on the data submission are on that site. To become a user in the portal:
  - Respond to the validation email sent to your administrator.
  - Visit <https://teletracking.protect.hhs.gov> and follow the specific instructions on how to become users.
    - Each facility is allowed to have up to 4 users for both data entry and visual access to aggregated data in the platform.
    - Users will be validated by the platform.
- Complete the [National Healthcare Safety Network \(NHSN\) module](#) daily per the [Center for Disease Control’s \(CDC’s\) instructions](#)
- Authorize your health IT vendor or other third-party to share information directly with HHS. Use one of the above alternate methods until your FEMA Regional Administrator notifies you that this implementation is being received.
- Publish to the hospital or facility’s website in a standardized format, such as [schema.org](#). Use one of the above alternate methods until your FEMA Regional Administrator notifies you that this implementation is being received.

## **Capacity and utilization data: how often to submit?**

At least daily. These reporting options have been chosen to make submission as easy as possible, and the HHS portal has been set up to allow users to submit data updates in a matter of minutes for the whole process. *The completeness, accuracy, and timeliness of the data will inform the COVID-19 Task Force decisions on capacity and resource needs to ensure a fully coordinated effort across America.* Doing so will also ensure that hospitals are not facing data requests from a multitude of Federal, State, Local, and private parties, as having a full data set will allow HHS to put a stop to others asking for the same data, so that they can spend less time on paperwork and more time on patients.

## **Testing Data: Hospitals That Perform COVID-19 Tests Using an In House Laboratory**

### **How should hospitals that perform “in house” laboratory testing report this data?**

In an effort to promote data reporting choices to hospitals and other acute and post-acute care facilities, below are the options to report testing data:

- A unique link will be sent to the American Hospital Association’s hospital points of contact. This will direct the POC to a hospital-specific secure form that can then be used to enter the necessary information. After completing the fields, click submit and confirm that form has been successfully captured. A confirmation email will be sent to you from the HHS Protect System. This method replaces the emailing of individual spreadsheets previously requested.

If your hospital did not receive a link, please contact the FEMA/HHS COVID-19 Diagnostics Task Force at [fema-hhs-covid-diagnostics-tf@fema.dhs.gov](mailto:fema-hhs-covid-diagnostics-tf@fema.dhs.gov) for support.

- Provide directly to their State if the state is reporting complete information daily to the FEMA Regional Administrator and their state has shared a written notification from FEMA confirming the reporting requirements are being met.
- Authorize their health IT vendor or other third party to submit the “in house” testing data to HHS/CDC. Until this is confirmed in writing to be working successfully, use one of the other methods mentioned above.

### **What data should hospitals with in house laboratory testing expect to submit to the portal?**

1. New Diagnostic Tests Ordered (Midnight to midnight cutoff, tests ordered on previous date queried)
2. Cumulative Diagnostic Tests Ordered (All tests ordered to date.)
3. New Tests Resulted (Midnight to midnight cutoff, test results released on previous date queried)
4. Cumulative Tests Performed (All tests with results released to date)
5. New Positive COVID-19 Tests (Midnight to midnight cutoff, positive test results released on previous date queried)
6. Cumulative Positive COVID-19 Tests (All positive test results released to date)

7. New Negative COVID-19 Tests (Midnight to midnight cutoff, negative test results released on previous date queried)
8. Cumulative Negative COVID-19 Tests (All negative test results released to date)

### **How often should hospitals submit the data?**

This data should be submitted by 5PM ET daily. All testing data should include test results that were completed during the previous day with a midnight cutoff.

### **Testing Data: Hospitals that Perform a Portion of COVID-19 Tests Using an In House Laboratory**

#### **How should hospitals that perform a portion of tests “in house” and send a portion of tests to commercial labs and/or State Public Health Labs report this data?**

The portion of tests that are performed “in house” should be reported through the HHS Protect System. See above for reporting details concerning “in house” tests. The portion of tests that are sent to one of the six commercial labs listed below or that are sent to your State Public Health lab do not need to be reported through the HHS Protect System. However, if your hospital send tests to a commercial lab not listed on the below list, you should report those tests using the HHS Protect System.

### **Testing Data: Hospitals that Send COVID-19 Tests to Commercial Laboratories**

#### **Do hospitals that send tests to commercial laboratories need to report data using this system?**

All hospitals should report data on COVID-19 testing performed in Academic/University/Hospital “in house” laboratories. If all of your COVID-19 testing is sent out to private labs and performed by one of the commercial laboratories on the list below, you do not need to report using the HHS Protect System.

If you have COVID-19 testing that is sent out to private labs and performed by a commercial laboratory not listed, you should report this testing using the HHS Protect System.

Commercial laboratories:

- LabCorp
- BioReference Laboratories
- Quest Diagnostics
- Mayo Clinic Laboratories
- ARUP Laboratories
- Sonic Healthcare

## **Testing Data: Hospitals that Send COVID-19 Tests Data to State Public Health Laboratories**

### **Do hospitals that send tests to State Public Health Laboratories need to report data using this system?**

All hospitals must report data on COVID-19 testing performed in Academic/University/Hospital “in house” laboratories. If all of your COVID-19 testing is sent out to and performed by State Public Health Laboratories, you do not need to report using the HHS Protect System.

### **How should hospitals that perform a portion of tests “in house” and send a portion of tests to commercial labs and/or State Public Health Labs report this data?**

The portion of tests that are performed “in house” should be reported through the HHS Protect System. The portion of tests that are sent to one of the six commercial labs listed above or that are sent to your State Public Health lab do not need to be reported through the HHS Protect System. However, if your hospital send tests to a commercial lab not listed on the above list, you should report such tests using the HHS Protect System.

## **Technical Assistance for Hospitals**

### **Who do hospitals contact if they experience any technical issues?**

Please email your question to [Protect-ServiceDesk@hhs.gov](mailto:Protect-ServiceDesk@hhs.gov). Your question will be answered as soon as possible.