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To: Illinois Hospitals

From: Public Health Emergency Operations Center (PHEOC) Division of Laboratories Illinois Department of Public Health

Date: April 23, 2020

Re: HHS Requests from Hospitals – Reporting in EMResource

As many are aware, on March 29, 2020, the Vice President sent all hospitals 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 includes daily reports on testing, capacity, supplies, utilization, and patient flows. IDPH has developed a plan to leverage the existing data already being provided by hospitals and laboratories. Hospitals and reference laboratories that have not yet implemented electronic laboratory reporting (ELR) will need to report test information directly, as summarized further below.

For clarification, according to an email sent April 21, 2020, from the Department of Health and Human Services, all hospitals must report certain data as a pre-requisite for the certain CARES act funds. Based on the requirements, hospitals are required to begin reporting by midnight Pacific time, Thursday April 23. This will still need to be completed independently to meet the requirements in the HHS email.

Effective April 24, 2020 at 10am-

Reporting of bed, vent, and COVID-19 patient data

The EMResource Program has added in the additional reporting elements to fulfill the HHS requirements. Hospitals will see the new data elements and begin reporting on <u>Friday, April 24, 2020</u>. This information will need to be reported once daily by 10am. Please note that some information is already being reported as part of your Daily Bed Capacity/Availability and COVID Query reporting at 10am and 6pm. All information listed in the table below is new and must be reported through EMResource, and <u>not</u> through the National Healthcare Safety Network. Once this information is reported, our EMResource vendor Juvare will submit this information to the Department of Health and Human Services (HHS) on behalf of Illinois hospitals.

All hospitals will continue to update the COVID-19 Daily at 10am and 6pm:

- COVID or PUI in non-ICU beds
- COVID Pts in ICU Status
- COVID Pts on Vents
- PUIs in ICU
- PUIs on Vents
- COVID Pts Expired (only reported Daily at 10am for previous 24 hours)

The NFW and additional	reporting elements r	required DAILY by 10am are:	
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Information Needed:	Definition:	
<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).	
Hospital inpatient beds	Total number of staffed inpatient beds in your hospital including all overflow and surge/expansion beds used for inpatients (includes all ICU beds)	
Hospital inpatient bed occupancy	Total number of staffed inpatient beds that are occupied	
ICU bed occupancy	Total number of staffed inpatient ICU beds that are occupied	
Mechanical ventilators in use	Total number of ventilators in use	
Hospitalized COVID patients	Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19	
Hospitalized and ventilated COVID patients	Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19 and are on a mechanical ventilator	
Hospital onset	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	
ED/overflow	Patients with suspected or confirmed COVID-19 who currently are in the Emergency Department (ED) or any overflow location awaiting an inpatient bed	
ED/overflow and ventilated	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	
<u>On-hand supply of N95 masks</u> (if available)	 Zero days 1-3 days 4-14 days 15 or more days 	
NHSN and CCN Numbers NHSN = National Healthcare Safety Network	One time entry in EMResource (memo sent 4/20/20)	
 This is a secure Internet-based patient and healthcare personnel safety surveillance system managed by the CDC. 		
CCN = CMS Certification Number		
 At one time this used to be called the Medicare/Medicaid Provider Number. It is not the NPI. 		

Reporting of testing data

IDPH will submit to HHS daily all the required test information on behalf of hospital and reference laboratories that have implemented ELR:

- 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)

Entities without ELR in production to IDPH should utilize one of the following options to report the required test data by 5pm ET daily:

<u>Hospitals with an in-house laboratory</u>: utilize the hospital-secure form that was sent to your hospital to report to into the HHS Protect System. If your hospital did not receive a link, please contact the FEMA/HHS COVID-19 Diagnostics Task Force at <u>fema-hhs-covid-diagnostics-tf@fema.dhs.gov</u> for support. Alternately, you may authorize your health IT vendor or other third party to submit your testing data to HHS/CDC. Please direct any technical questions to Protect-ServiceDesk@hhs.gov.

Hospitals that use a reference/commercial laboratory: report through the HHS Protect System <u>unless</u> you use one of the following laboratories: LabCorp, BioReference Laboratories, Quest Diagnostics, Mayo Clinic Laboratories, ARUP Laboratories, Sonic Healthcare.

There may be additional requests from our federal partners, and we will continue to work to reduce the overall burden on hospitals to fulfill these requests as the come.

The Department appreciates your participation in collecting all the information that informs our state and national planning during the COVID-19 pandemic response.

Thank you!