



Updates on COVID-19 Tracking Tool Guidance

January 14, 2020



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Welcome

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Director, Publishing and Marketing
California Hospital Association



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Questions

Please submit questions through the Q & A box. (Usually located at the bottom of your screen.)

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Faculty

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Agenda

Surge Terminology

New ICU Surge Beds Field

Updated Guidance for Therapeutics Fields

Additional Reporting Guidance Updates

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California COVID-19 Data Reporting Taskforce

Taskforce Purpose:

- Multi-stakeholder taskforce to provide feedback and guidance on the hospital reporting process
 - Includes representation from CDPH, CHA, hospitals, healthcare systems and local public health entities

California's hospitals are committed to reporting accurate and complete COVID-19 data

Information is crucial to managing COVID-19 Public Health Emergency

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Surge Terminology

Surge includes policies, procedures, beds, and medical and staffing resources specified in the Emergency Operations Plan or hospital's individualized surge plan.

Surge variables refer to additional/alternate operations and resources that allow the hospital to continue providing patient care while functioning above routine capacity during non-surge times.

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Surge Terminology

Surge Beds are the number of additional or converted inpatient beds, not available during routine non-surge operations, that the hospital could add or has added if/when all available space were used for patient care.

- Total surge beds includes surge beds that are currently in use and those surge beds that could be used with current staff and resources.
- This number should include all beds in spaces not routinely available or used for patient care (e.g., mothballed wards, gift shops, outdoor tents, hallways, etc.).

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ICU Surge Beds

Purpose:

- Used to assess how far hospitals can surge beyond traditional capacity without external assistance (i.e. state and federal resources)
- Will help rectify issue in which hospitals report more ICU patients than ICU beds, hence triggering a data validation error
- Will facilitate projections for lifting regional stay at home order and public health order

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ICU Surge Beds (cont.)

- Current number of additional physical, **staffed** adult ICU beds that the hospital added or could add if all ICU appropriate and available space were used for patient care (occupied and unoccupied).
- Should include any and all ICU beds in spaces not routinely used for ICU level care but have the capacity to accommodate standard ICU equipment and functions.
- If the bed is not currently staffed and equipped but is usable and has the potential to be staffed and equipped for ICU level care under the hospital's established surge plan, it should be counted.

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ICU Surge Beds (cont.)

- A **count of surge ICU beds that are currently in use or can potentially be used with the current surge resources/staff.**
 - If a surge bed is created but cannot yet be resourced/staffed for patient use, that surge bed should **NOT** be counted.
- ICU Surge Beds are a subset of Total Surge Beds
 - i.e. ICU Surge Beds \leq Total Surge Beds
- Do not double count surge ICU beds as other non-surge beds.
 - e.g. If a med/surg bed is converted to an ICU surge bed, it should no longer be counted in the non-surge inpatient bed fields

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Therapeutic Fields

Fields: Casirivimab / Indevimab Current Inventory; Casirivimab / Indevimab Used in Last Week; Bamlanivimab Current Inventory; Bamlanivimab Used in Last Week

- The four weekly therapeutic fields are now mandatory
- All therapeutic doses administered should be reported, regardless of whether they're administered in the hospital or another setting.

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Therapeutic Fields (cont.)

- If the hospital receiving the therapeutic is allocating dosages to other entities, there are three options for reporting those dosages:
 1. The hospital can include those dosages in the SmartSheet report and CDPH will report to HHS via the TeleTracking portal
 2. The hospital can submit the data directly to HHS through the TeleTracking portal
 3. The facility administering the therapeutic can create a TeleTracking account and report directly to HHS
 - Requires reporting on all fields (can enter 0's)

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Opt-In for CDPH Reporting

- Yes = CDPH uploads the hospital's data to TeleTracking
- No = The hospital enters its own data into TeleTracking
- After data is entered into the CHA COVID Tracking Tool, CDPH performs back-end calculations to align the SmartSheet fields to the TeleTracking fields before uploading the data to TeleTracking
- Please e-mail COVIDTracker@calhospital.org if you would like to opt out of CDPH reporting to TeleTracking on the hospital's behalf.

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CDPH GACH Data Validation Process

- **Step 1:** CDPH receives Smartsheet data at 13:00 hours (1 p.m.) every day from the California Hospital Association (CHA)
- **Step 2:** The Smartsheet data is subject to the following:
 - Automated Data Quality Checking Process (for a subset of key variables)
 - Outreach to Hospitals for Data Corrections

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CDPH GACH Data Validation Process

- **Step 3:** CDPH daily data correction process (CDPH will wait until 15:00 hours (3 p.m.) for emailed corrections from hospitals)
- **Step 4:** Validated data is sent to CDPH data repository and dashboards
 - Questions or concerns? Please email COVID-19-CHCQData@cdph.ca.gov

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TeleTracking Upload Process

- CDPH will use Smartsheet data reported as of noon (with a 1-hour grace period) to submit to TeleTracking.
 - CDPH uploads the data to TeleTracking prior to receiving the 15:00 hours (3 p.m.) email corrections from hospitals.
- CDPH will submit data for facilities that “opt-in” (default) for CDPH to upload their Smartsheet data to TeleTracking.
- To avoid overwriting facility-reported data in TeleTracking, CDPH uses the download history before uploading data to filter out facilities that already submitted data for the day.

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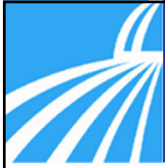


Additional Guidance – Reporting Beds

- **Adult vs. Pediatric Beds:**
 - Pediatric beds are designated for patients < 18 years old.
 - Inpatient or ICU beds designated for non-pediatric and non-neonatal use should be reported as adult beds.
 - Patients ≥ 18 years should be reported as “adult,” whether they are occupying a med/surge or ICU bed.
- **Reporting bed totals:**
 - Beds should be categorized as non-surge or surge, and not double counted.
 - E.g., floor telemetry bed converted into a surge ICU bed, should be counted in the surge bed category only.

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Questions?

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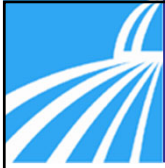
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Thank You

Thank you for participating in today's webinar.

For education questions, contact:
CHA Education at (916) 552-7637 or
education@calhospital.org