CALIFORNIA
HOSPITAL
ASSOCIATION

Providing Leadership in Health Policy and Advocacy

California Hospital COVID-19 Reporting Guidance

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Updates

January 19, 2022:

In this update Surge Bed Non-ICU Patients and Surge Bed ICU Patients have each been split into two new fields for pediatric and adult patients. Admits In the Previous Day Confirmed 0-17 has been split into three new fields stratified by smaller age groups. Admits in the Previous Day Confirmed Unknown has been split into two new fields for pediatric and adult patients. Two Sotrovimab therapeutic treatment fields were added. This update removes many fields and updates staffing shortage fields to weekly reporting. Clarifications have been added.

November 8, 2021:

In this update the six influenza field are now mandatory. This change begins on November 30th, 2021. This mandatory reporting requirement results from CDPH's concerns about waning antibodies, data highlighting flu and COVID coinfection lethality, and the possibility of a post-holiday winter surge.

May 27, 2021:

In this update the six influenza fields are now optional. The two Bamlanivimab-only fields are also now optional. These fields are optional starting June 10th, 2021. However, HHS/CMS is allowing this change to be implemented early without any penalties.

March 31, 2021:

This update includes additional guidance for two new fields to capture the combination therapy of two monoclonal antibodies Bamlanivimab / Etesevimab. It also updates guidance on vaccination fields which now include single-dose vaccines, PPE re-use/extended use fields, and fields related to COVID among staff members. The additional guidance on these fields have been added to the Additional Clarifications section.

January 26, 2021:

Given the reporting variability of the newly added CHA variable "ICU Surge Beds," we have updated the data dictionary definition and provided clarification about which beds should be included in this category.

Clarification for the ED and Overflow (EDOF) categories has been added as well. Double-counting is permitted for COVID-19-confirmed or suspected EDOF patients with admission orders in order to appropriately capture the operational impact that these patients have in both the ED and inpatient (ICU or non-ICU) departments.

Clarifications for vaccinations categories have been added as well.

January 8, 2021:

With hospitals overwhelmed by the COVID-19 surge, it is crucial to understand the multiple factors contributing to ICU capacity, such as non-surge vs. surge beds and staffed vs. unstaffed beds. By updating some reporting requirements, we will be able to make more precise assessments of how and when a health care facility is stressed beyond capacity.

To achieve complete data for ICU beds and patients, this update adds a new variable for "ICU Surge Beds" (see variable definition on pages 18-19).

- If your facility has been combining reporting of ICU surge beds and ICU non-surge beds, please begin reporting them separately.
- Do not double count ICU surge beds as ICU non-surge beds.
- If your facility has not been reporting ICU surge beds, please begin doing so.

This update should rectify the issue with hospitals reporting more ICU patients than ICU beds.

Executive Summary

California is committed to collecting accurate and complete hospital data, as this information is crucial to managing the COVID-19 public health emergency (PHE). These data are also of vital importance to the U.S. Department of Health and Human Services (HHS), which is using it to make resource allocation decisions at the federal level. To emphasize the importance of complete COVID-19 data reporting, on September 2, 2020, HHS announced that it would be implementing stricter enforcement of hospital reporting. Failure to comply with required reporting triggers a federal multi-step process of enforcement for non-compliance, which can result in the termination of the Medicare provider agreement**. Termination of the Medicare provider agreement enacts the regulatory requirements at 42 CFR 455.416, which directs state Medicaid agencies to deny or terminate enrollment of any Medicaid or Children's Health Insurance Program (CHIP) provider who is terminated from the Medicare program.**

Recognizing the importance of this reporting and with the desire to make compliance as simple as possible for hospitals, California convened an interdisciplinary workgroup to provide feedback on the reporting process. Together, the workgroup developed this guidance document, which includes in-depth information on the data reporting process. In this document, you will be provided with information on why reporting COVID-19 data is important, how to successfully report data, clarification of specific data dictionary variables, and other additional information that may be needed for complete and accurate data reporting.

Ensuring that all hospitals report each variable uniformly is necessary to ensure the accuracy and integrity of the data. **This document is meant to be used as a reporting companion guide to help ensure California's hospitals remain in compliance with state and federal reporting requirements.**

Reporting Overview: Why Data Reporting is Vitally Important

Data reporting is critical to the COVID-19 response to facilitate planning, monitoring, and resource allocation during the COVID-19 PHE. The data are used to inform decisions at the federal, state, and local levels. Allocations of supplies, treatments, and other resources are informed by the data reported by hospitals. **This reporting is the only data available to state and federal governments for resource allocation purposes**.

Failure to report complete data may lead to serious consequences. The Centers for Medicare & Medicaid Services (CMS) will issue two warnings and three enforcement letters before **terminating a hospital's Medicare provider agreement**. **Regulatory requirements at 42 CFR**

455.416 direct state Medicaid agencies to deny or terminate enrollment of any Medicaid or CHIP provider who is terminated from the Medicare program.

Policy makers rely on the analysis of the data reporting to make critical management decisions during the COVID-19 pandemic. Our strategy for protecting the public health and welfare of all Californians relies upon ensuring accurate and high-quality reporting from California's hospitals. **We cannot achieve the shared goal of keeping Californians healthy without your continued efforts, and we greatly appreciate your hard work.**

How to Successfully Complete Reporting: A Step-by-Step Guide

How and When to Report

Exactly how and for which days a hospital must report data to the state and federal government are dictated by two elements. The first is the hospital type. General acute care hospitals (GACHs), rehabilitation hospitals, and long-term care facilities must report their data to the CHA COVID-19 Tracking Tool by noon (PT). Psychiatric hospitals must report their data directly to HHS via the TeleTracking portal. While GACHs and long-term care facilities report data daily, rehabilitation and psychiatric hospitals report only on Wednesdays.

The second element that dictates how data will be reported is based on a hospital's preference. A GACH, rehabilitation hospital, or long-term care facility can opt out of having the state submit data to HHS on its behalf by sending an e-mail to CDPH at COVID-19-CHCQData@cdph.ca.gov. After informing CDPH of its desire to opt out, the hospital must report to both the CHA COVID-19 Tracking Tool **and** the HHS TeleTracking portal (note, this is not applicable to psychiatric hospitals that must report their data directly to HHS).

Facility Type	Reporting To	Frequency
General Acute Care Hospitals (GACHs)	• CHA COVID-19 Tracking Tool – **Required** • HHS TeleTracking Portal – **Optional**. GACHs must notify CDPH if they choose to opt out of having the state submit data on their behalf.	Daily
Psychiatric Hospitals	• HHS TeleTracking - **Required**	Weekly: Wednesdays
Rehabilitation Hospitals	• CHA COVID-19 Tracking Tool – **Required** • HHS TeleTracking – **Optional**. Rehabilitation hospitals must notify CDPH if they choose to opt out of having the state submit data on their behalf.	Weekly: Wednesdays
Long-Term Care Facilities	• CHA COVID-19 Tracking Tool – **Required** • HHS TeleTracking – **Optional**. Long-term care facilities must notify CDPH if they choose to opt out of having the state submit data on their behalf.	Daily

Entering Data into the CHA COVID-19 Tracking Tool

There are two options for uploading data into the CHA COVID-19 Tracking Tool (detailed steps given below). For the current day, a hospital can enter its data manually or it can upload a spreadsheet with one or multiple hospitals' data for that day. It is important to note that both options require the user to first set up a SmartSheet account using their work e-mail address and a password of their choice. Once the account is verified by SmartSheet, the user can access the CHA COVID-19 Tracking Tool Overview Dashboard using a Chrome browser to request access to the tool.

Instructions for Uploading Manual Entry for Single Hospital

Instruction to Access the Revised CHA COVID Tracking Tool

From the overview dashboard, you will see links to several resources:

- Request Access – Click to gain access to SmartSheet. **If you previously had access to the SmartSheet platform, you do not need to request access to the new platform.** If you or a team member did not previously have access, then use this link to send a request to the CHA team.
- Link to Instruction – Click to access a copy of this document.
- Link to Data Dictionary – Click to access a copy of the latest data dictionary. Occasionally, updates will be made to the data dictionary. The document attached to this link will always be the most up to date.
- County Dashboard – Click to access the County Dashboard section.
- Data Uploader Form – Click to access this section where you can upload an Excel file for daily data entry (see Data Uploader instructions)

Request Access

Link to Instructions

Link to Data Dictionary

County Dashboard

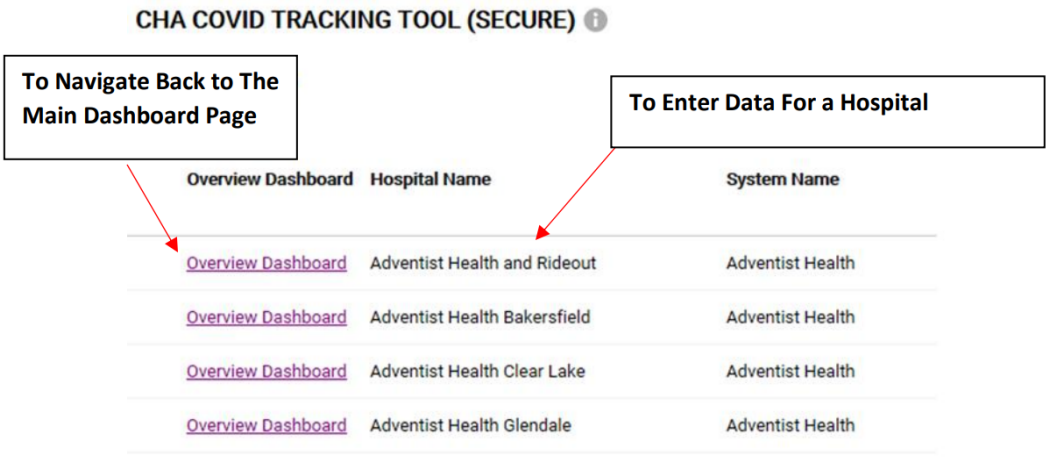
Data Uploader Form

Click on CHA COVID TRACKING TOOL (SECURE) link to input data. This will take you to a dynamic view of the hospital(s) you have permission to access.

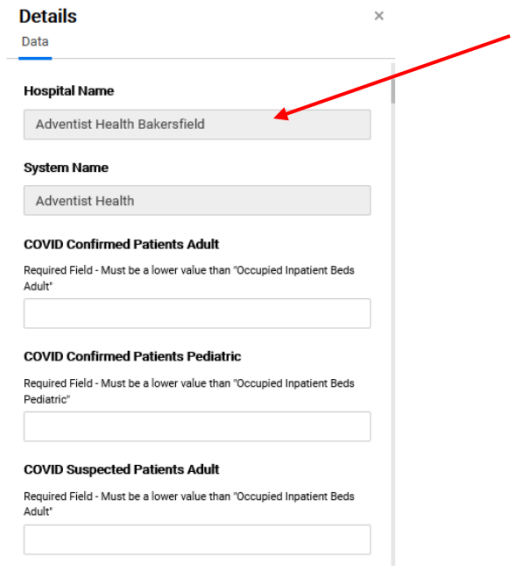
CLICK THE LINK BELOW TO ACCESS THE CHA COVID TRACKING TOOL

CHA COVID TRACKING TOOL (SECURE)

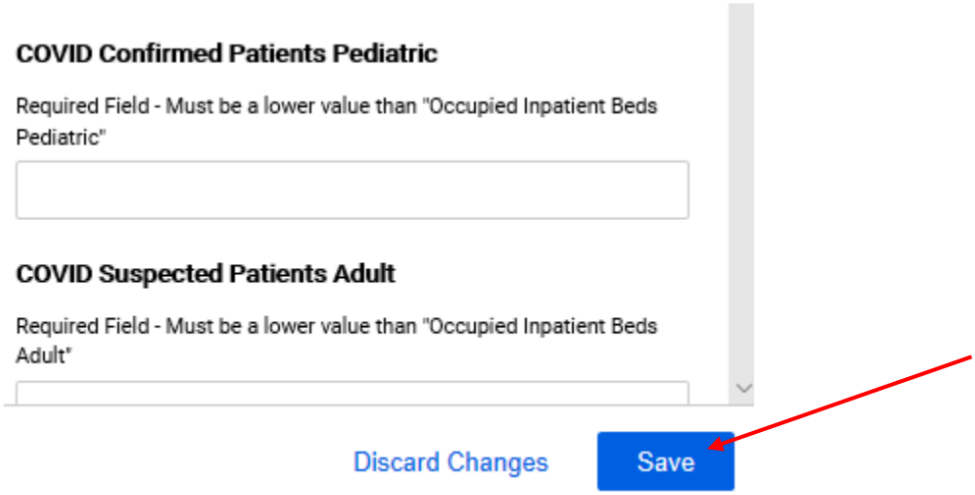
Once you click on this link, you'll be taken to the portal where you can click on the row of the hospital you need to enter data for (Adventist facilities used for example purposes). If at any point you need to navigate back to the main dashboard page, click on the "Overview Dashboard" link on the left to go back.



Once you select the appropriate hospital, a preview pane will appear on the right side of your screen. To confirm you have clicked on the correct hospital, please check the hospital name on the top of the preview pane.



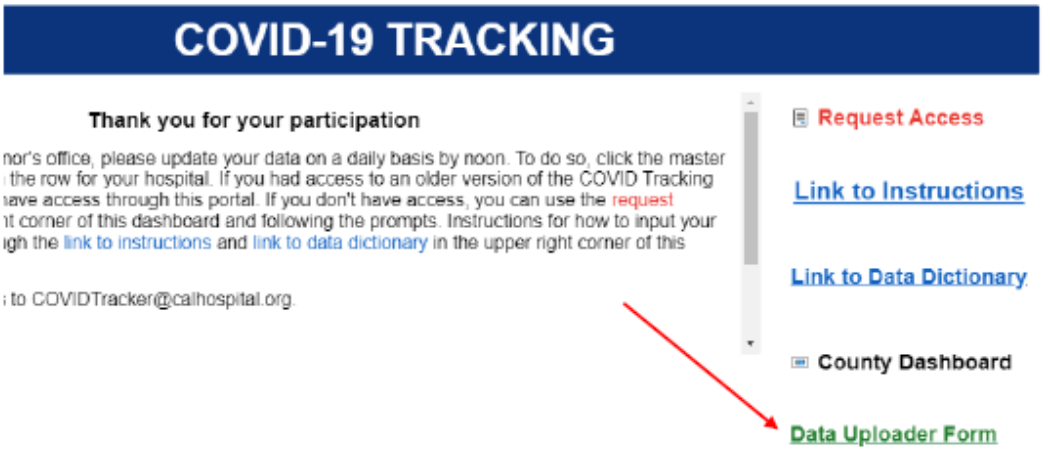
The fields that need to be updated will be listed in the pane on the right. Calculated fields will not appear in this view. Once all fields have been updated, click 'Save' at the bottom right of the preview pane. **Note, updated data will not appear on the main page until it has been saved on the preview pane.**



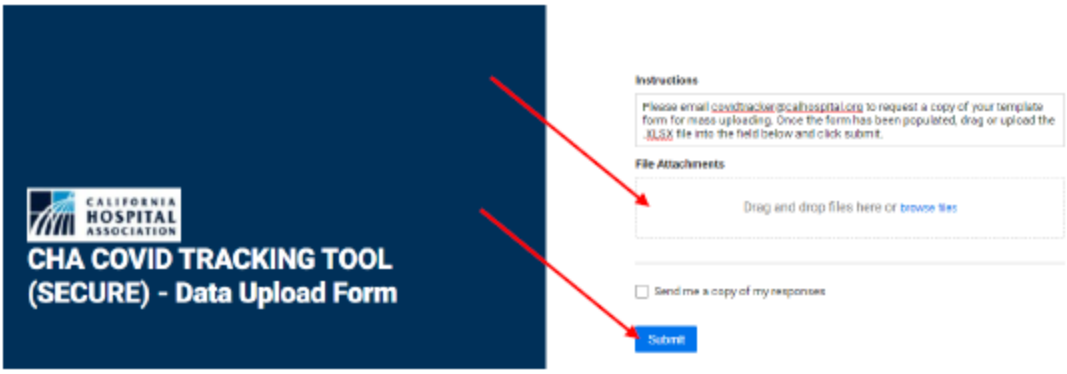
Your data entry is now finished! To exit, simply close your browser.

Instructions for Data Uploading via Excel Spreadsheet

1. Populate the template Excel spreadsheet provided by CHA. Every field that is not locked should be updated, to the extent possible.
2. Save the file using the same file format of .XLSX.
3. From the Overview Dashboard of the CHA COVID-19 Tracking Tool, click on the Data Uploader Form.



4. Drag or upload the .XLSX file as an attachment and click submit.



5. Return to the SmartSheet Dynamic View to ensure the "Last Modified" date has been updated to today's date. If not, the upload was unsuccessful and you should contact COVIDTracker@calhospital.org for assistance.

Please Note: When the file is uploaded it will replace all of the associated fields in the SmartSheet with what is input into the .XLSX file, including null values. This means that if certain hospitals in a system want to input the data manually into the SmartSheet, they will need to be removed from the template as null fields in the template will overwrite the values the hospital input directly into the SmartSheet. Please contact CHA at COVIDTracker@calhospital.org if you would like certain hospitals removed from the system template.

When Data Won't Upload Using the Data Upload Function

If the "Last Modified" date doesn't reflect today's date, this means the data upload was not successfully completed. This is typically caused by one of two reasons:

- When multiple hospitals attempt to upload the Excel template at the same time, the SmartSheet platform will not allow the files to go through simultaneously; it can only accept one file at a time. The user should wait a couple of minutes and try again.
- If the above does not work, check the format of the data in the Excel upload template. The data must be in a very specific format for the upload to be successful. For example, the upload will be rejected if a letter is input where a number is required or vice-versa.

Entering Data into the HHS TeleTracking Portal

Instructions on how to enter data directly into the HHS TeleTracking portal can be found on the TeleTracking website. Users can submit data for the current day or the last four days using the data upload feature. Any questions or issues with reporting should be directed to TeleTracking Support or by calling TeleTracking at 877-570-6903, press 7.

Additional Guidance for General Reporting

Additional guidance that may aid in the reporting process includes:

- **Blank Cells:**

  If there is a variable with a value of zero, it is very important to input zero and not leave the field blank. If the hospital doesn't have a specific unit (e.g., emergency department, adult beds, intensive care unit), enter a zero for the related field but do not leave it blank. The exception is for fields that are only required to be reported on Wednesday (e.g., personal protective equipment). These fields may be left blank on the other six days of the week or the value from the previous Wednesday can be caried over until the next Wednesday.

- **Correcting Erroneous Data Submissions from a Prior Day:**

  Hospitals that need to correct erroneous data from a prior day's submission should do two things:

  - Email the corrections to CDPH at COVID-19-CHCQData@cdph.ca.gov, notifying them of the erroneous submission and the correction.
  - Correct the data in TeleTracking. For corrections prior to the last seven days, contact TeleTracking support at hhs-protect@teletracking.com or 877-570-6903, press 7.

- **Retroactive Reporting (reporting the weekend's data on a Monday)**:

  For state reporting, hospitals need to report data every day. The CHA COVID-19 Tracking Tool utilizes the SmartSheet platform, which is unable to process retroactive reporting.

  For federal reporting, the HHS TeleTracking portal will accept data retroactively. Hospitals should report missed days' data by entering the data directly into the TeleTracking portal**. NOTE: This does not change the state requirement to report to the CHA COVID-19 Tracking Tool daily. Hospitals that have opted out of the state reporting to HHS will still be required to submit daily data to the CHA COVID-19 Tracking Tool even if they are retroactively reporting to HHS.**

- **Common Input Errors:**
  - Do not input any text or special characters (e.g., N/A, Unknown, 13-NICU) into numeric fields.
  - Do not input decimals into whole number fields (e.g., 6376.00000, 168.3)

- Do not combine multiple days' data.
- Do not add leading or trailing zeros (e.g., 000555, 7876830000000)

- **Staffed Beds:**
  - Some fields specify counting staffed beds. These fields should include counts of the total number of all staffed beds and beds that are not currently staffed or equipped but are usable and have the potential to be staffed and equipped using routine available hospital resources and staffing. When reporting on these fields, please take into consideration your current staffing environment and that these numbers can change based on staffing availability and daily call-outs.
  - Definitions for some fields call for counting "staffed" beds. Since hospitals may not staff all surge beds until necessary, please count occupied surge beds as "staffed" surge beds.
- **Adult vs. Pediatric Beds:**

  Pediatric beds are designated for patients < 18 years old. If an inpatient or ICU bed is designated for non-pediatric and non-neonatal use, this bed should be reported as an adult bed. Any patient ≥ 18 years should be reported as "adult," whether they are occupying a med/surge or ICU bed.

  For the Admits In Previous Day Ped Confirmed Age Unknown and Admits In Previous Day Adult Confirmed Age Unknown fields, if you cannot determine if the patient is adult or pediatric, default to counting this patient as an adult.
- **Surge variables:**
  - **Clarifying defined terminology:**
    - **A Surge Event** is a significant event or circumstances that impact the health care delivery system and result in excess demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services. This definition does not take into consideration the scope of the event or the time between the onset of the surge and a local or statewide proclamation of a disaster and/or issuance of gubernatorial Executive Orders waiving specific licensing and scope of practice requirements.
    - **Surge** includes policies, procedures, beds, and medical and staffing resources specified in the Emergency Operations Plan or hospital's individualized surge plan. These 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.

- **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. This is a process allowed under the terms of the temporary California Department of Public Health waiver. 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.). If the bed is not currently staffed and equipped but is usable and has the potential to be staffed and equipped under the hospital's established surge plan, it should be counted.

- **Reporting bed totals:**
  - Beds should be categorized as either non-surge or surge, and not double counted. For example, if a floor telemetry bed is converted into a surge ICU bed, it should be counted in the surge bed category only.

- **ED and Overflow (EDOF) Patients with Confirmed or Suspected COVID-19:**
  - **General Description**: EDOF patients are those awaiting an inpatient bed. These patients may be in the ED or any overflow location and may or may not have admission orders. This category will capture overall ED burden by including all ED and overflow patients pending admission.
  - **Surge vs. Non-Surge Inpatient**: If a patient has an admission order for an inpatient bed and is being held in the ED or another overflow location until an inpatient bed becomes available, **the patient should be counted in the "Surge" category for the corresponding unit (ICU or non-ICU) by default.** These admitted EDOF patients are counted in the Surge categories because they are boarding in (ED and overflow) locations that are not routinely used for inpatient care. **These admitted EDOF patients should be counted in the Surge categories *unless* it is known at the time of admission that they will occupy a non-surge bed (**e.g., a non-surge bed will be readily available before a surge bed, the patient is destined for a non-surge bed as part of a COVID cohort, etc.),
  - **Double Counting**: If a COVID-19-confirmed or suspected patient **has an admission order for an inpatient bed and is being held in the ED or another overflow location until an inpatient bed becomes available, that patient should be counted in *both* the "ED and Overflow" and the corresponding surge ("ICU" or "Non-ICU") categories.** Double-counting is permitted and important in this circumstance given the operational impact of these admitted EDOF patients. For instance, if a COVID-confirmed or suspected EDOF patient has ICU admission

orders, the patient requires ICU level of care while boarding in the ED and should be counted as such. Because the patient is occupying limited ED space and requiring ED resources and staff, they should be reported in the EDOF fields as well.

- **Vaccine Administration:**
    - Vaccination fields are now optional. Please note, submitting vaccination information through this collection does not meet the requirements of CMS rule CMS-1752-F and CMS-1762-F which requires hospital worker vaccination rates to be reported on a regular basis into the National Healthcare Safety Network (NHSN) as a quality measure beginning on October 1, 2021. NHSN has provided additional information and resources on the measures being collected.
    - According to HHS guidance you are not required to go back and correct your older data if you revised your vaccination data reporting.
    - **Health Care Personnel:** Health care personnel includes all paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials. This includes volunteers, physicians, per diem employees, etc. If personnel regularly work at multiple facilities, count them for each facility.
        - Hospitals should be tracking the vaccination status of those employees who serve in health care settings with direct or indirect exposure to patients or infectious materials. A facility should count all vaccinated healthcare personnel, regardless of where those healthcare personnel received their vaccination – at the facility or another location, e.g. another healthcare facility, a local health department, etc.
    - **Patients:** For fields "Previous Week's First/Last COVID Vaccine Doses," patients include anyone provided a vaccination, not just inpatient or admitted patients. It includes any individual who is not a healthcare worker at your facility that is vaccinated in any setting in your facility, including inpatient, outpatient, and ED settings, and patients vaccinated in any other care setting in your facility.
    - **Multiple Campuses**: If two campuses share the same CCN and the staff move interchangeably between the two, the vaccines and staff can be reported under one of the facilities. If the facilities have different CCNs, then the staff under each facility should be double counted.
    - **HHS Vaccination Fields FAQ:** HHS released a Frequently Asked Questions with guidance on vaccination related fields. It can be found here.
    - **Booster vaccines:** Boosters can be reflected in the field Previous Week's COVID Vaccine Doses. A completed vaccine series is equivalent to being fully vaccinated

as defined by the CDC. As of January 16, 2022, this includes 2 doses of Pfizer-BioNTech or Moderna, or 1 dose of Johnson & Johnson's Janssen.
    - **Vaccination Exceptions**: Individuals who have not received any doses of vaccine regardless of reason should be included in the field Unvaccinated Personnel.

- **COVID Deaths in Previous Day:** This field was removed. The official mortality statistics for the nation are collected by the CDC's National Center for Health Statistics (NCHS) through the National Vital Statistics System (NVSS) using data from death certificates. Data from death certificates filed at the state and local level are the most comprehensive source of information on mortality and feature counts of COVID-19-related deaths by age, gender, race, place of death, and include information on other health conditions and comorbidities involved in these deaths. United States COVID-19 Cases, Deaths, and Laboratory Testing (NAATs) by State, Territory, and Jurisdiction can be found on the CDC COVID Data Tracker.
    - COVID-19-related mortality data based on death certificate information can be found on the NCHS website. Ad hoc queries of all provisional mortality data, including records for COVID-19-deaths, can be done via CDC WONDER.

Appendix

Data Dictionary – Additional Clarifications

Variable	Data Dictionary Definition	Additional Clarification
COVID Confirmed Patients	The number of observation patients and inpatients in the hospital who have laboratory-confirmed COVID-19. Once a patient has laboratory-confirmed COVID-19, the patient should be included in this field until discharge.	A positive test does not need to be confirmed by the CDC for the patient to be categorized as a COVID-19 confirmed case. Include patients co-infected with both COVID-19 and influenza.
COVID Confirmed Patients Adult	The number of observation patients and inpatients in adult beds in the hospital who have laboratory-confirmed COVID-19. Once a patient has laboratory-confirmed COVID-19, the patient should be included in this field until discharge.	A positive test does not need to be confirmed by the CDC for the patient to be categorized as a COVID-19 confirmed case. Include patients co-infected with both COVID-19 and influenza.
COVID Confirmed Patients Pediatric	The number of observation patients and inpatients in pediatric beds (**including NICU**) in the hospital who have laboratory-confirmed COVID-19. Once a patient has laboratory-confirmed COVID-19, the patient should be included in this field until discharge.	A positive test does not need to be confirmed by the CDC for the patient to be categorized as a COVID-19 confirmed case. Include patients co-infected with both COVID-19 and influenza.
Total Ventilators in Hospital in Use Any Dx	The total number of mechanical ventilators in use for patients with any diagnosis at the time the data are collected, including adult, pediatric, neonatal ventilators,	This number is meant to represent the total number of ventilators in your hospital of any type and matches the definition provided in the HHS guidance.

	anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.	
COVID ED and Overflow Patients Using Ventilation	Patients with suspected or confirmed COVID-19 who are currently using ventilators but not assigned to a hospital bed. These patients may be in the ED or any overflow location awaiting an inpatient bed.	This is a calculated field.
COVID ED and Overflow Patients Using Ventilation Adult	Patients with laboratory confirmed COVID-19 who are currently using a ventilator but not assigned to an adult hospital bed. These adult patients may be in the ED or any overflow location awaiting an inpatient adult bed.	This field is still mandatory. ED and Overflow patients may or may not have admission orders. If a COVID-19 suspected patient has an admission order for an inpatient bed and is being held in the ED or another overflow location until an inpatient bed becomes available, that patient should be counted in both the "ED and Overflow" and the corresponding surge or non-surge categories.
COVID ED and Overflow Patients Using Ventilation Pediatric	Patients with laboratory confirmed COVID-19 who are currently using a ventilator but not assigned to a pediatric hospital bed. These pediatric patients may be in the ED or any overflow location awaiting an inpatient pediatric bed.	This field is still mandatory. ED and Overflow patients may or may not have admission orders. If a COVID-19 confirmed patient has an admission order for an inpatient bed and is being held in the ED or another overflow location until an inpatient bed

		becomes available, that patient should be counted in both the "ED and Overflow" and the corresponding surge or non-surge categories.
ED and Overflow Confirmed Patients	Patients with laboratory confirmed COVID-19 who are currently not assigned to a hospital bed. These patients may be in the ED or any overflow location awaiting an inpatient bed.	This is a calculated field.
ED and Overflow Confirmed Patients Adult	Patients with laboratory confirmed COVID-19 who are currently not assigned to an adult hospital bed. These patients may be in the ED or any overflow location awaiting an inpatient adult bed.	This field is still mandatory. ED and Overflow patients may or may not have admission orders. If a COVID-19-confirmed patient has an admission order for an inpatient bed and is being held in the ED or another overflow location until an inpatient bed becomes available, that patient should be counted in both the "ED and Overflow" and the corresponding surge or non-surge categories
ED and Overflow Confirmed Patients Pediatrics	Patients with laboratory confirmed COVID-19 who are currently not assigned to a pediatric hospital bed. These patients may be in the ED or any overflow location awaiting an inpatient pediatric bed.	This field is still mandatory. ED and Overflow patients may or may not have admission orders. If a COVID-19-confirmed patient has an admission order for an inpatient bed and is being held in the ED or another overflow location until an inpatient bed becomes available, that patient

		should be counted in both the “ED and Overflow” and the corresponding surge or non-surge categories
ED and Overflow Suspected Patients	Patients with suspected COVID-19 who are currently not assigned to a hospital bed. These patients may be in the ED or any overflow location awaiting an inpatient bed.	This is a calculated field.
ED and Overflow Suspected Patients Adult	Patients with suspected COVID-19 who are currently not assigned to an adult hospital bed. These adult patients may be in the ED or any overflow location awaiting an inpatient adult bed.	This field is still mandatory. ED and Overflow patients may or may not have admission orders. If a COVID-19-suspected patient has an admission order for an inpatient bed and is being held in the ED or another overflow location until an inpatient bed becomes available, that patient should be counted in both the “ED and Overflow” and the corresponding surge or non-surge categories.
ED and Overflow Suspected Patients Pediatric	Patients with suspected COVID-19 who are currently not assigned to a pediatric hospital bed. These patients may be in the ED or any overflow location awaiting an inpatient pediatric bed.	This field is still mandatory. ED and Overflow patients may or may not have admission orders. If a COVID-19-suspected patient has an admission order for an inpatient bed and is being held in the ED or another overflow location until an inpatient bed becomes available, that patient should be counted in both the “ED

		and Overflow" and the corresponding surge or non-surge categories.
Previous Week's COVID Vaccine Doses	Enter the number of COVID-19 vaccination doses administered in the previous week (regardless of whether it is a first, second, or final dose in a series or single-dose vaccine) to **any healthcare personnel** (serving your facility or elsewhere)**.** For the first week of reporting, include all doses given up to that date.	This weekly field is optional. Enter vaccination doses administered to health care personnel. Health care personnel include all paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials. This field should include all doses administered by a site, regardless of whether the healthcare personnel work for that particular site.
Unvaccinated Personnel	Enter the number of **healthcare personnel** who have not yet received any vaccine dose.	This weekly field is optional. This field is meant to represent personnel serving your facility who have not had a single vaccine dose yet regardless of where the vaccine is administered (your facility or elsewhere).
Personnel Receiving a Partial Series	Enter the current total number of **health care personnel** who have received at least one dose of COVID-19 vaccination that is administered in a multi-dose series. **This field is meant to represent those who have begun but not completed the vaccination process.** Do not include those who received a single-dose vaccine in this field.	This weekly field is optional. A facility should count all vaccinated healthcare personnel serving your facility, regardless of where those healthcare personnel received their vaccination – at the facility or another location, e.g. another healthcare facility, a local health department, etc.

Personnel Receiving a Complete Series	Enter the current total number of **health care personnel** who have received a complete series of a COVID-19 vaccination. Include those who have received all doses in a multi-dose series as well as those who received a single-dose vaccine.	This weekly field is optional. Count all vaccinated healthcare personnel serving your facility, regardless of where those healthcare personnel received their vaccination – at the facility or another location, e.g. another healthcare facility, a local health department, etc.
Total Personnel	Enter the current total number of **health care personnel** for the facility.	This weekly field is optional. Health care personnel include all paid and unpaid persons serving your facility in health care settings who have the potential for direct or indirect exposure to patients or infectious materials
Previous Week's First COVID Vaccine Doses	Enter the number of **patients** in the previous week who received the first dose of a COVID-19 vaccine that is administered in a multi-dose series. Do not include those who received the second or final dose in a series or single-dose vaccines. For the first week of reporting, include all doses given up to that date.	This weekly field is optional. "Patients" include any patients, defined as any person who is not a healthcare worker at your facility, who are vaccinated. Include inpatient or outpatient, observation, ED, or other treatment areas.
Previous Week's Final COVID Vaccine Doses	Enter the number of **patients** in the previous week who received the final dose in a COVID-19 vaccination multi-dose series or received a single dose vaccine.	This weekly field is optional. "Patients" include any patients, defined as any person who is not a healthcare worker at your facility, who are vaccinated. Include inpatient or outpatient,

		observation, ED, or other treatment areas.
Total Non-Surge Beds	The total number of all staffed inpatient and outpatient beds in your hospital used for inpatients (includes ICU) and outpatients (includes observation beds). If the bed is not currently staffed or equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing, it should be counted. This number should **exclude surge beds.**	Psychiatric, maternity, and L&D beds should be included.
Total Non-Surge Beds Adult	The total number of all staffed adult (as defined by room designation) inpatient (includes ICU) and outpatient (includes observation) beds in your hospital. If the bed is not currently staffed or equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing, it should be counted. This number should **exclude surge beds.**	Psychiatric, maternity, and L&D beds should be included.
Occupied Non-Surge Inpatient Beds	The number of beds currently occupied with patients. This includes any patients who may be located in an outpatient area within the facility (e.g., ED or PACU bays) who have an inpatient or observation order. This number should **exclude occupied surge beds.**	Psychiatric, maternity, and L&D beds should be included.

Occupied Non-Surge Inpatient Beds Adult	The number of beds occupied with an adult patient. This includes any patients who may be located in an outpatient area within the facility (e.g., ED or PACU bays) who have an inpatient or observation order. This number should **exclude occupied surge beds.**	Psychiatric, maternity, and L&D beds should be included.
Occupied Non-Surge Inpatient Beds Pediatric	The number of beds occupied with a pediatric patient. This includes any patients who may be located in an outpatient area within the facility who have an inpatient or observation order (include PICU and NICU). This number should **exclude occupied surge beds.**	Psychiatric beds should be included.
Total Non-Surge Inpatient Beds	The total number of all staffed inpatient beds in your hospital (including all ICU beds). If the bed is not currently staffed or equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing, it should be counted. This number should also include outpatient beds that are holding inpatients who are boarding and should **exclude surge beds.**	Psychiatric, maternity, and L&D beds should be included.
Total Non-Surge Inpatient Beds Adult	The total number of all staffed inpatient adult beds in your hospital (including all ICU beds). If the bed is not currently staffed or equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing, it should be counted. This number should also include outpatient	Psychiatric, maternity, and L&D beds should be included.

	beds that are holding inpatients who are boarding and should **exclude surge beds.**	
Total Non-Surge Inpatient Beds Pediatric	The total number of all staffed inpatient pediatric beds in your hospital (including all ICU beds). If the bed is not currently staffed or equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing, it should be counted. This number should also include outpatient beds that are holding inpatients who are boarding, and should **exclude surge beds.**	Psychiatric beds should be included.
Surge Beds	The number of additional inpatient beds that the hospital could add if all available space were used for patient care, a process allowed under the terms of the temporary Department of Public Health waiver. This number should include any and all beds in spaces not routinely used for patient care (e.g., gift shop, outdoor tents, hallways, etc.). If the bed is not currently staffed and equipped but is usable and has the potential to be staffed and equipped under the hospital's established surge plan, it should be counted.	Surge beds are all beds allocated from Surge resources. Beds should be categorized as either non-surge or surge, and not double counted. For example, if a floor telemetry bed is converted into a surge ICU bed, it should be counted in the surge fields only. This is the total number of ALL surge beds (i.e., the sum of ICU surge beds + non-ICU surge beds).
Surge Bed Non-ICU Patients	The number of patients occupying non-ICU surge beds at the hospital.	This is now a calculated field.

Surge Bed Non-ICU Adult	The number of adult patients **occupying** non-ICU surge beds at the hospital.	Surge beds are all beds allocated from Surge resources. This is the number of non-ICU surge beds that are occupied. This is a subset of non-ICU Surge Beds.
Surge Bed Non-ICU Pediatric	The number of pediatric patients **occupying** non-ICU surge beds at the hospital.	Surge beds are all beds allocated from Surge resources. This is the number of non-ICU surge beds that are occupied. This is a subset of non-ICU Surge Beds.
Surge Bed ICU Patients	The number of patients occupying ICU surge beds at the hospital.	This is now a calculated field.
Surge Bed ICU Adult	The number of adult patients **occupying** ICU surge beds at the hospital.	Surge beds are all beds allocated from Surge resources. This is the number of ICU surge beds that are occupied. This is a subset of ICU Surge Beds.
Surge Bed ICU Pediatric	The number of pediatric patients **occupying** ICU surge beds at the hospital, **excluding NICU.**	Surge beds are all beds allocated from Surge resources. This is the number of ICU surge beds that are occupied. This is a subset of ICU Surge Beds.
ICU Surge Beds	The current number of additional physical, staffed adult ICU beds that the hospital has added or could add if all ICU appropriate and available space were used for patient care (occupied and unoccupied), a process allowed under the terms of the temporary Department of Public Health waiver. This number should include any and all ICU beds in spaces not routinely used for ICU level care but that have the capacity to accommodate	This variable has been newly added. This is the Total ICU Staffed or Staffable Surge Beds; this is a subset of Total Surge Beds. Surge beds are all beds allocated from Surge resources.

	standard ICU equipment and functions (e.g. PACU, operating rooms, telemetry units, step-down units, placing additional ICU beds in one ICU room, etc.). If the bed is not currently in use but can be *readily* staffed and equipped for ICU level care under the hospital's established surge plan, it should be counted.	
Surge Bed Occupancy Rate	The percent of available surge beds in use.	Surge beds are all beds allocated from Surge resources.
ICU Non-Surge Occupied Beds Adult	The current number of adult ICU beds occupied by a patient, excluding surge beds.	Adult patients in ICU beds staffed using routine resources.
ICU Non-Surge Occupied Beds PICU	The current number of pediatric ICU beds occupied by a patient, **excluding surge beds and NICU.**	Variable has been renamed from "ICU Non-Surge Occupied Beds Pediatric." Pediatric patients in pediatric ICU beds staffed using routine resources.
ICU Non-Surge Occupied Beds NICU	The current number of neonatal ICU beds occupied by a patient, **excluding surge beds.**	Neonatal patients in Neonatal ICU beds staffed using routine resources.
ICU Non-Surge Total Beds Adult	The current number of physical, staffed adult intensive care beds in the facility. If the intensive care bed is not currently staffed and equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing it should be counted. The same would apply to a blocked intensive care bed. If the intensive	Total Staffed or Staffable using routine resources for Non-Surge ICU Beds.

	care bed is currently blocked, but is a usable bed, it should be counted. This number should exclude surge beds.	
ICU Non-Surge Total Beds PICU	The current number of physical, staffed inpatient pediatric intensive care beds in the facility. If the intensive care bed is not currently staffed and equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing, using available hospital resources and staffing, it should be counted. The same would apply to a blocked intensive care bed. If the intensive care bed is currently blocked, but is a usable bed, it should be counted. This number should **exclude surge beds and NICU.**	Variable has been renamed from "ICU Non-Surge Total Beds Pediatric." Total Pediatric Staffed or Staffable using routine resources for Non-Surge ICU Beds.
ICU Non-Surge Total Beds NICU	The current number of physical, staffed inpatient neonatal intensive care beds in the facility. If the intensive care bed is not currently staffed and equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing, using available hospital resources and staffing, it should be counted. The same would apply to a blocked intensive care bed. If the intensive care bed is currently blocked, but	Total Neonatal Staffed or Staffable using routine resources for Non-Surge ICU Beds.

	is a usable bed, it should be counted. This number should **exclude surge beds.**	
Admits in Previous Day Confirmed	The total number of patients who were admitted to an inpatient bed on the previous calendar day (12 a.m. - 11:59 p.m.) and who had confirmed COVID-19 at the time of admission.	This variable is not the same as the previous day's census. The 0-17 field was removed and split into three fields: 0-4, 5-11, 12-17.
Admits in Previous Day Adult/Ped Confirmed Unknown	The total number of patients who were admitted to an inpatient bed on the previous calendar day (12 a.m. - 11:59 p.m.) and who had confirmed COVID-19 at the time of admission.	Admits In Previous Day Confirmed by Age Unknown has been removed and split into two fields, one pediatric and one adult field. If you cannot determine if the patient is adult or pediatric, default to counting this patient as an adult.
Admits in Previous Day Suspected	The total number of patients who were admitted to an inpatient bed on the previous calendar day (12 a.m. - 11:59 p.m.) and who had suspected COVID-19 at the time of admission.	This variable is not the same as the previous day's census.
Admits in Previous Day Confirmed vs. Suspected	**Confirmed** - The total number of patients who were admitted to an inpatient bed on the previous calendar day (12 a.m. - 11:59 p.m.) and who had confirmed COVID-19 at the time of admission. **Suspected** - The total number of patients who were admitted to an inpatient bed on the previous calendar day (12 a.m. - 11:59	The data fields are seeking to capture the status of those admitted the previous day at the time of admission. So, if someone was admitted at 1 p.m. and you knew the patient was COVID-19 positive, then this would be in the previous day's confirmed counts. If the patient was symptomatic at 1 p.m. but you did not yet have a positive test in hand (or a result

	p.m.) and who had suspected COVID-19 at the time of admission.	coming in the very near future from a rapid test), then this patient would be included in the previous day's suspected counts (even if you learn later in the day that the patient was COVID-19 positive). If a patient was admitted for non-COVID-19 reasons, but you learn later they are positive, then this patient would not be included.
Surgical and Procedure Mask Days on Hand	The calculated days of supply in stock for surgical and procedure masks. Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PPE burn rate calculator assumptions. For supply categories such as this that may have varying quantities, days on hand, or ability to obtain and maintain, reply for the item that has the lowest stock on hand.	Base response on the item that has the lowest stock on hand. If an item has multiple parts, a shortage of one part indicates a shortage of that item.
Surgical and Procedure Masks: Can Maintain 3-Day Supply?	Select "Yes" if you are able to maintain at least a 3-day supply for surgical and procedure masks. Select "No" if you are not able to maintain at least a 3-day supply for surgical and procedure masks.	Base response on the item that has the lowest stock on hand. If an item has multiple parts, a shortage of one part indicates a shortage of that item.
Eye Protection Days on Hand	The calculated days of supply in stock for eye protection pieces (including face shields and goggles). Calculation may be provided by your hospital's ERP system or by utilizing the CDC's	Base response on the item that has the lowest stock on hand. If an item has multiple parts, a shortage of one part indicates a shortage of that item.

	PPE burn rate calculator assumptions.	
Eye Protection: Can Maintain 3-Day Supply?	Select "Yes" if you are able to maintain at least a 3-day supply for eye protection pieces (including face shields and goggles). Select "No" if you are not able to maintain at least a 3-day supply for eye protection.	Base response on the item that has the lowest stock on hand. If an item has multiple parts, a shortage of one part indicates a shortage of that item.
Total Hospitalized Influenza	The number of patients of any age currently hospitalized in an inpatient bed who have laboratory-confirmed influenza. Include those in observation beds.	Include patients co-infected with both COVID-19 and influenza.
Admits in Previous Day Influenza	The number of patients of any age who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza at the time of admission. Include those in observation beds.	Include patients co-infected with both COVID-19 and influenza.
Total ICU Influenza	The number of patients of any age currently hospitalized in the ICU (of any type) with laboratory-confirmed influenza. Include those in observation beds.	Include patients co-infected with both COVID-19 and influenza.
Total Hospitalized Influenza AND COVID	The number of patients of any age currently hospitalized in an inpatient bed who have laboratory-confirmed COVID-19 and laboratory-confirmed influenza. Include those in observation beds.	Count patients co-infected with **both** COVID-19 and influenza. Do **not** include patients who **only** have COVID-19.

		Do **not** include patients who **only** have influenza.
Previous Day's Influenza Deaths	The number of patients with laboratory-confirmed influenza who died on the previous calendar day in the hospital, ED, or any overflow location.	Include patients co-infected with both COVID-19 and influenza.
Previous Day's Influenza AND COVID Deaths	The number of patients with laboratory-confirmed influenza AND laboratory-confirmed COVID-19 who died on the previous calendar day in the hospital, ED, or any overflow location.	Count patients co-infected with both COVID-19 and influenza.
SotrovimabCurrent Inventory	Enter the number of single therapeutic courses of Sotrovimab currently in inventory. Sotrovimab	This is a new field.
Sotrovimab Used in Last Week	Enter the number of Sotrovimab therapeutic courses used in the previous calendar week in an inpatient, ED, overflow, or outpatient location, such as an urgent care, infusion center, or outpatient clinic.	This is a new field.
Bamlanivimab/ Etesevimab Current Inventory	Enter the number of therapeutic courses of Bamlanivimab/ Etesevimab courses currently in inventory.	Count Bamlanivimab/Etesevimab combination courses only.
Bamlanivimab/ Etesevimab Used in Last Week	Enter the number of Bamlanivimab/Etesevimab therapeutic courses used in the previous calendar week in an inpatient, ED, overflow, or outpatient location, such as an urgent care, infusion center, or outpatient clinic.	Count Bamlanivimab/Etesevimab combination courses only.

Previous Week's COVID Vaccine Doses	Enter the number of COVID-19 vaccination doses administered in the previous week (regardless of whether it is a first, second, or final dose in a series or single-dose vaccine) to **any healthcare personnel** (serving your facility or elsewhere). For the first week of reporting, include all doses given up to that date.	This optional field should be reported on weekly on Wednesdays. Booster vaccines should be counted here.
Unvaccinated Personnel	Enter the number of **healthcare personnel** who have not yet received any vaccine dose.	Individuals who have not received any doses of vaccine regardless of reason should be included in the field Unvaccinated Personnel.
Total COVID Staff	The total number of staff and facility personnel since 1/1/2020 who have tested positive for COVID-19 (laboratory confirmed or clinically diagnosed). Staff and facility personnel include anyone working or volunteering in the facility, which includes, but is not limited to, contractors, temporary staff, resident care givers, shared staff, etc.	This field should be reported on weekly on Wednesdays.
This Week's COVID Staff	The number of staff and facility personnel routinely scheduled to work at the hospital but not necessarily present in the facility in the last week (from last Wednesday to this Tuesday) who have a laboratory positive COVID-19 test result. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but is not limited to contractors, temporary staff, resident care givers, shared staff, etc. Do not count staff who have had a confirmed positive COVID	This field should be reported on weekly on Wednesdays.

	test result, recovered, and have met the criteria to return to work.	
Newly Confirmed Staff	The number of staff and facility personnel routinely scheduled to work at the hospital but not necessarily present in the facility in the last week (from last Wednesday to this Tuesday) identified as having a laboratory positive COVID-19 test. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but is not limited to contractors, temporary staff, resident care givers, shared staff, etc.	This field should be reported on weekly on Wednesdays.
Newly Suspected Staff	The number of staff and facility personnel routinely scheduled to work at the hospital but not necessarily present in the facility in the last week (from last Wednesday to this Tuesday) who are being managed as though they have COVID-19 (but do not have a laboratory positive COVID-19 test result). Suspected is defined as staff and facility personnel being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results. Staff and facility personnel with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same precautions as laboratory positive COVID-19 staff and facility personnel because of exposure and/or suggestive signs	This field should be reported on weekly on Wednesdays.

	and symptoms should be included in this count. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but is not limited to contractors, temporary staff, resident care givers, shared staff, etc.	
Staff New COVID Deaths	The number of deaths for staff and facility personnel routinely scheduled to work at the hospital with suspected or laboratory positive COVID-19 that occurred in the last week (from last Wednesday to this Tuesday). Suspected is defined as staff and facility personnel being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results. Staff and facility personnel with a laboratory negative COVID-19 test result, but who continued to be managed or treated with the same precautions as laboratory positive COVID-19 staff and facility personnel because of exposure and/or suggestive signs and symptoms should be included in this count. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but is not limited to contractors, temporary staff, resident care givers, shared staff, etc.	This field should be reported on weekly on Wednesdays.

CMS Enforcement Process for Non-Compliance

CMS has established a multi-step approach to enforcement of non-compliance with the hospital reporting requirements implemented in the September 2, 2020 interim final rule. Hospitals that fail to report the specified data elements will receive a notification from CMS. Any further noncompliance with CMS' reporting requirements may result in the following enforcement actions.

1. Hospitals that do not meet the reporting requirements completely will receive an initial notification from CMS. This notification of non-compliance will also serve as a reminder of the reporting requirements.
2. Three weeks after receiving an initial notification of noncompliance with reporting requirements, hospitals that continue not to submit the specified information daily and completely will receive a second reminder notification of their failure to meet the reporting requirements and that future enforcement actions will be taken for continued noncompliance, which may result in termination of the Medicare provider agreement.
3. Hospitals that have continually failed to meet the reporting requirements for a period of six weeks after receiving an initial notification will receive the first in a series of enforcement notification letters. At this point, the enforcement actions are now in process, and hospitals will have one calendar week to demonstrate compliance.
4. Hospitals failing to meet the reporting requirements within one calendar week following the first enforcement notification letter will receive a second enforcement notification letter. This notification will indicate that that the hospital will have one calendar week to demonstrate compliance with the reporting requirements; otherwise, the hospital will receive the third and final enforcement notification letter, as noted in step 5.
5. Hospitals that have failed to meet the reporting requirements within one week following the second enforcement notification letter will receive a third and final enforcement notification letter. This notification will include a notice of termination to become effective within 30 days from the date of the notification. Failure to meet the reporting requirements within this 30-day time frame may result in termination of the Medicare hospital agreement.

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 (Quality, Field names, Field calculations, etc.)
    - Scan through all the numeric fields and delete all letters. For example, "NA" -> *null*, "78 nurses" -> 78, "o" -> *null*, etc.
    - Compare the license number, CCN, NHSN_ID, Licensed Beds, Licensed ICU Beds, County, Hospital Name, System, and Address with the CDPH records and change the values to match the CDPH records if they are different.
    - Identify hospitals as "Today's Reporter" if the Smartsheet data was modified after 1 p.m. on the previous day. If hospitals reported in a consolidated group, all hospitals in the group will be identified as "Today's Reporter" if the main reporting facility is Today's Reporter.
    - Change the previous day's fields to zero for facilities that are not "Today's Reporter", if their previous day's (24 hours) fields are not missing, to avoid Smartsheet carrying out the last reported value.
    - Check all the calculated fields based on the data dictionary and change the value if it is calculated incorrectly.
    - Scan through all the numeric fields and flag the fields that are negative and rates greater than 100%.
    - Flag all records if there is a logical error. For example, Total Hospital Beds < Total Non-Surge Inpatient Beds, etc.
- Outreach to Hospitals for Data Corrections
    - Send emails to hospitals that are flagged to have a logical error or report negative values in selected fields such as Confirmed Patients, calculated ICU Available Beds, Routine Ventilators Available, etc.
    - Compare the current day's value with the previous day's value and send emails to hospitals that have a change greater than 10 or less than -10 in the following fields: Confirmed Patients, Suspect Patients, ICU Confirmed Patients, ICU Suspect Patients.

Step 3: CDPH daily data correction process

CDPH will wait until 3 p.m. for email responses from hospitals.

- Due to the recent surge in COVID-19 patients and to relieve hospital reporting burden, if a facility reported correct data but still received CDPH's email for confirming changes greater than 10 or less than -10, it does not need to confirm the data with CDPH.

- If a hospital receives an email due to logical error/s, it is most likely due to an error in reporting, a misunderstanding of the data dictionary, or a special situation. If a hospital believes there was no reporting error, it does not need to respond. To improve this process, CDPH and/or CHA would appreciate receiving any questions, definition clarifications, or description of special circumstances that affect data reporting.
- Data that are flagged can still be uploaded to TeleTracking. CDPH will attempt to contact hospitals if they do not receive a response regarding negative values for available ICU beds and negative values for available routine ventilators.
- CDPH will make manual corrections based on the emails received before 3 p.m. and do a final check of the data.

Step 4: Send validated data to a CDPH data repository and validate dashboards

- CDPH will calculate ICU Available Beds (including NICU) as the difference between ICU Non-Surge Total Beds and ICU Non-Surge Occupied Beds and add the field Region from CDPH records to the validated Smartsheet data. CDPH will then send this to a CDPH data repository which feeds into the state's dashboards.
- CDPH will calculate summary tables such as the change of key measures in Hospitalized COVID confirmed patients, Hospitalized COVID suspect patients, ICU Available Beds (excluding NICU), ICU staffed beds, etc., and validate the Hospital dashboards.

If you have any questions or concerns, please email COVID-19-CHCQData@cdph.ca.gov

TeleTracking Upload Process

The TeleTracking (HHS COVID Data portal) upload process is relatively independent from CDPH's validation process because TeleTracking has its own set of rules to flag and/or reject records. CDPH uploads the data to TeleTracking prior to receiving the 3 p.m. email corrections from hospitals since the rules for TeleTracking are different from the state's. CDPH aims to upload data before 5 p.m. (EST).

The data that the state will submit to TeleTracking:

- CDPH will use the Smartsheet data reported as of noon (with a 1-hour grace period) to submit to TeleTracking.
- CDPH will only submit data for Today's Reporters, which are identified in the main data validation process as facilities reported to Smartsheet after 1 p.m. on the previous day.
- CDPH will only submit data for facilities that opt in for CDPH to upload their data to TeleTracking.
- Some facilities that opt in to have CDPH upload their data also submit their own data to TeleTracking. To avoid overwriting facility-reported data, CDPH will use the download history from TeleTracking every day before uploading data to filter out facilities that already submitted their data for the day.
- CDPH will use the Smartsheet data to populate the TeleTracking template using the crosswalk provided by CHA

If any records are rejected by TeleTracking during the upload, CDPH will update the data to accommodate the error message received. The change will not be reflected in the CDPH data repository. CDPH will send an email to facilities to inform them that their data were changed. CDPH does this to ensure that the maximum amount of data are uploaded to TeleTracking.

If you have any questions or concerns, please email COVID-19-CHCQData@cdph.ca.gov

SmartSheet to HHS (TeleTracking) Crosswalk

CDPH uses specific calculations to align the SmartSheet data with the HHS definitions. The table below includes a complete list of variables and calculations that CDPH completes when they translate SmartSheet variables to HHS variables prior to uploading the data to TeleTracking.

HHS Fields	SmartSheet Tracker Fields
reporting_for_date	
hospital_name	Hospital Name
ccn	Medicare ID
org_id	
state	State
county	County
zip	Zip
all_hospital_beds	Total Non-Surge Beds + Surge Bed Non-ICU Patients + Surge Bed ICU Patients
all_adult_hospital_beds	Total Non-Surge Beds - Total Non-Surge Beds Pediatric + Surge Bed Non-ICU Adult + Surge Bed ICU Adult
all_hospital_inpatient_beds	Total Non-Surge Inpatient Beds + Surge Bed Non-ICU Patients + Surge Bed ICU Patients
all_adult_hospital_inpatient_beds	Total Non-Surge Inpatient Beds Adult + Surge Bed Non-ICU Adult + Surge Bed ICU Adult
all_hospital_inpatient_bed_occupied	Occupied Non-Surge Inpatient Beds + Surge Bed Non-ICU Patients + Surge Bed ICU Patients
all_adult_hospital_inpatient_bed_occupied	Occupied Non-Surge Inpatient Beds Adult + Surge Bed Non-ICU Adult + Surge Bed ICU Adult
total_staffed_icu_beds	ICU Non-Surge Total Beds + Surge Bed ICU Patients
total_staffed_adult_icu_beds	ICU Non-Surge Occupied Beds Adult + Surge Bed ICU Adult

staffed_icu_bed_occupancy	ICU Non-Surge Occupied Beds + Surge Bed ICU Patients
staffed_adult_icu_bed_occupancy	ICU Non-Surge Occupied Beds Adult + Surge Bed ICU Adult
mechanical_ventilators	Total Ventilators in Hospital
mechanical_ventilators_in_use	Total Ventilators in Hospital in Use Any Dx
total_adult_patients_hospitalized_confirmed_and_suspected_covid	COVID Confirmed Patients Adult + COVID Suspected Patients Adult
total_adult_patients_hospitalized_confirmed_covid	COVID Confirmed Patients Adult
total_pediatric_patients_hospitalized_confirmed_and_suspected_covid	COVID Confirmed Patients Pediatric + COVID Suspected Patients Pediatric
total_pediatric_patients_hospitalized_confirmed_covid	COVID Confirmed Patients Pediatric
hospitalized_and_ventilated_covid_patients	COVID Patients Using Ventilation
staffed_icu_adult_patients_confirmed_and_suspected_covid	ICU Confirmed Patients Adult + ICU Suspected Patients Adult
staffed_icu_adult_patients_confirmed_covid	ICU Confirmed Patients Adult
hospital_onset	Hospital Onset Patients
ed_or_overflow	ED and Overflow Confirmed Patients + ED and Overflow Suspected Patients
ed_or_overflow_and_ventilated	COVID ED and Overflow Patients Using Ventilation
previous_day_admission_adult_covid_confirmed	Adult Admits in Previous Day Confirmed
previous_day_admission_adult_covid_confirmed_18_19	Admits In Previous Day Confirmed Age 18-19
previous_day_admission_adult_covid_confirmed_20_29	Admits In Previous Day Confirmed Age 20-29
previous_day_admission_adult_covid_confirmed_30_39	Admits In Previous Day Confirmed Age 30-39
previous_day_admission_adult_covid_confirmed_40_49	Admits In Previous Day Confirmed Age 40-49
previous_day_admission_adult_covid_confirmed_50_59	Admits In Previous Day Confirmed Age 50-59

previous_day_admission_adult_covid_confirmed_60_69	Admits In Previous Day Confirmed Age 60-69
previous_day_admission_adult_covid_confirmed_70_79	Admits In Previous Day Confirmed Age 70-79
previous_day_admission_adult_covid_confirmed_80_plus	Admits In Previous Day Confirmed Age 80+
previous_day_admission_adult_covid_confirmed_unknown_age	Admits In Previous Day Confirmed Age Unknown
previous_day_admission_adult_covid_suspected	Adult Admits in Previous Day Suspected
previous_day_admission_adult_covid_suspected_18_19	Admits In Previous Day Suspected Age 18-19
previous_day_admission_adult_covid_suspected_20_29	Admits In Previous Day Suspected Age 20-29
previous_day_admission_adult_covid_suspected_30_39	Admits In Previous Day Suspected Age 30-39
previous_day_admission_adult_covid_suspected_40_49	Admits In Previous Day Suspected Age 40-49
previous_day_admission_adult_covid_suspected_50_59	Admits In Previous Day Suspected Age 50-59
previous_day_admission_adult_covid_suspected_60_69	Admits In Previous Day Suspected Age 60-69
previous_day_admission_adult_covid_suspected_70_79	Admits In Previous Day Suspected Age 70-79
previous_day_admission_adult_covid_suspected_80_plus	Admits In Previous Day Suspected Age 80+
previous_day_admission_adult_covid_suspected_unknown_age	Admits In Previous Day Suspected Age Unknown
previous_day_admission_pediatric_covid_confirmed	Admits In Previous Day Confirmed Age 0-4 + Admits In Previous Day Confirmed Age 5-11 + Admits In Previous Day Confirmed Age 12-17 + Admits In Previous Day Ped Confirmed Age Unknown
previous_day_admission_pediatric_covid_suspected	Admits In Previous Day Suspected Age 0-17
previous_day_total_ED_visits	ED Visits In Previous Day
previous_day_covid_ED_visits	ED Visits In Previous Day COVID Related
critical_staffing_shortage_anticipated_within_week	Staffing Shortage Anticipated this Week
staffing_shortage_details	None

on_hand_supply_of_n95_respirators_in_days	N95 Days On Hand
on_hand_supply_of_surgical_masks_in_days	Surgical and Procedure Mask Days On Hand
on_hand_supply_of_eye_protection_in_days	Eye Protection Days On Hand
on_hand_supply_of_single_use_surgical_gowns_in_days	Single Use Gowns Days On Hand
on_hand_supply_of_gloves_in_days	Exam Gloves Days On Hand
on_hand_supply_of_n95_respirators_in_units	Total N95 Masks
able_to_maintain_n95_masks	N95: Can maintain 3-Day Supply?
able_to_maintain_3day_surgical_masks	Surgical and Procedure Masks: Can Maintain 3-Day Supply?
able_to_maintain_3day_eye_protection	Eye Protection: Can maintain 3-Day Supply?
able_to_maintain_3day_single_use_gowns	Single Use Gowns: Can Maintain 3-Day Supply?
able_to_maintain_3day_gloves	Exam Gloves: Can maintain 3-Day Supply?
anticipated_medical_supply_medication_shortages	Supply or Medication Shortages
total_patients_hospitalized_confirmed_influenza	Total Hospitalized Influenza
previous_day_admission_influenza_confirmed	Admits in Previous Day Influenza
icu_patients_confirmed_influenza	Total ICU Influenza
total_patients_hospitalized_confirmed_influenza_and_covid	Total Hospitalized Influenza AND COVID
previous_day_deaths_influenza	Previous Day's Influenza Deaths
previous_day_deaths_covid_and_influenza	Previous Day's Influenza AND COVID Deaths
on_hand_supply_Therapeutic_A_courses	Current Inventory: Casirivimab/Indevimab
previous_week_Therapeutic_A_courses_used	Courses Used in Past Week: Casirivimab/Indevimab
on_hand_supply_Therapeutic_C_courses	Current Inventory: Bamlanivimab/Etesevimab
previous_week_Therapeutic_C_courses_used	Courses Used in Past Week: Bamlanivimab/Etesevimab
on_hand_supply_Therapeutic_D_courses	Current Inventory: Sotrovimab
previous_week_Therapeutic_D_courses_used	Courses Used in Past Week: Sotrovimab

on_hand_supply_Therapeutic_E_courses	
previous_week_Therapeutic_E_courses_used	
on_hand_supply_Therapeutic_F_courses	
previous_week_Therapeutic_F_courses_used	
on_hand_supply_Therapeutic_G_courses	
previous_week_Therapeutic_G_courses_used	
on_hand_supply_Therapeutic_H_courses	
previous_week_Therapeutic_H_courses_used	
on_hand_supply_Therapeutic_I_courses	
previous_week_Therapeutic_I_courses_used	
on_hand_supply_Therapeutic_J_courses	
previous_week_Therapeutic_J_courses_used	
previous_week_personnel_covid_vaccinated_doses_administered	Previous Week's COVID Vaccine Doses
total_personnel_covid_vaccinated_doses_none	Unvaccinated Personnel
total_personnel_covid_vaccinated_doses_one	Personnel Receiving a Partial Series
total_personnel_covid_vaccinated_doses_all	Personnel Receiving a Complete Series
total_personnel	Total Personnel
previous_week_patients_covid_vaccinated_doses_one	Previous Week's First COVID Vaccine Doses
previous_week_patients_covid_vaccinated_doses_all	Previous Week's Final COVID Vaccine Doses
teletracking_id	
all_pediatric_inpatient_beds	Total Non-Surge Inpatient Beds Pediatric + Surge Bed Non-ICU Pediatric + Surge Bed ICU Pediatric - ICU Non-Surge Total Beds NICU
all_pediatric_inpatient_bed_occupied	Occupied Non-Surge Inpatient Beds Pediatric + Surge Bed Non-ICU Pediatric + Surge Bed ICU Pediatric - ICU Non-Surge Occupied Beds NICU
total_staffed_pediatric_icu_beds	ICU Non-Surge Total Beds PICU + Surge Bed ICU Pediatric
staffed_pediatric_icu_bed_occupancy	ICU Non-Surge Occupied Beds PICU + Surge Bed ICU Pediatric

staffed_icu_pediatric_patients_confirmed_covid	ICU Confirmed Patients Pediatric
previous_day_admission_pediatric_covid_confirmed_0_4	Admits In Previous Day Confirmed by Age 0-4
previous_day_admission_pediatric_covid_confirmed_5_11	Admits In Previous Day Confirmed by Age 5-11
previous_day_admission_pediatric_covid_confirmed_12_17	Admits In Previous Day Confirmed by Age 12-17
previous_day_admission_pediatric_covid_confirmed_unknown	Admits In Previous Day Ped Confirmed Age Unknown

Other Resources

CDPH AFL

CPDH's All Facilities Letter 20-31.2 outlines the data reporting requirements for hospitals and informs hospitals that CDPH will submit data on their behalf via the HHS TeleTracking portal.

TeleTracking Data Dictionary and Validation Rules

The TeleTracking data dictionary provides definitions of the variables required by HHS. This also includes the validation rules applied by TeleTracking to ensure the integrity of the data.

HHS Guidance

This guidance provides the required data reporting and frequently asked questions.

CMS Interim Final Rule on COVID-19 Reporting

The interim final rule includes CMS' authority to enforce COVID-19 reporting compliance as a Medicare condition of participation.

CHA COVID-19 Tracking Tool Data Dictionary on CHA Website

The current CHA COVID-19 Tracking Tool data dictionary defines the variables that are required to be reported.

TeleTracking Release Notes

The TeleTracking release notes outline the updates to data reporting requirements for HHS TeleTracking.

TeleTracking Video Tutorial Gallery

These tutorial videos explain how to use the TeleTracking website.