

## Hospital Infection Control Data Reporting

### Background



Similar to the requirements for submitting laboratory data (See COVID-19 Coronavirus [Laboratory Data Reporting](https://www.nthrive.com/covid19) update located at <https://www.nthrive.com/covid19>), the Interim Final Rule (IFR) released on August 25, 2020 outlines criteria for submitting infection control data.<sup>1</sup>

CMS states “we are now requiring hospitals and CAHs to report information in accordance with a frequency, and in a standardized format, as specified by the Secretary during the PHE for COVID-19... We believe that universal reporting by all hospitals and CAHs is and will be an important tool for supporting surveillance of COVID-19 and for future planning to prevent the spread of the virus, especially to those most vulnerable and at risk to its effects, and we thank the thousands of hospitals and CAHs that have voluntarily reported this data in support of our efforts.”<sup>2</sup>

While we have only addressed those requirements applicable to hospitals including Critical Access Hospitals (CAH), providers that also operate Long Term Care Facilities (LTCF) as part of the health system should take note of the data reporting requirement and monetary penalties outlined in the IFR for these facilities.

In this IFR CMS relies on existing Conditions of Participation (CoP) to require submission of COVID-19 infection control data as well as leveraging penalties if the data is not submitted.

“Hospitals (all hospitals to which the requirements of 42 CFR part 482 apply, including short-term acute care hospitals, LTC hospitals, rehabilitation hospitals, psychiatric hospitals, cancer hospitals, and children’s hospitals) and CAHs seeking to be Medicare and Medicaid providers of services must be certified as meeting federal participation requirements. Our conditions of participation (CoPs), conditions for coverage (CfCs), and requirements set out the patient health and safety protections established by the Secretary for various types of providers and suppliers. The specific statutory authority for hospital CoPs is set forth in section 1861(e) of the Act; section 1820(e) of the Act provides similar authority for CAHs. The hospital provision authorizes the Secretary to issue any regulations he or she deems necessary to protect the health and safety of patients receiving services in those facilities; the CAH provision authorizes the Secretary to issue such other criteria as he or she may require.”<sup>3</sup>

According to CMS the CoP require that hospitals and CAHs, respectively, have active facility-wide programs, for the surveillance, prevention, and control of healthcare-associated infections (HAIs) and other infectious diseases.

Infection prevention and control is a primary goal of hospitals and CAHs in their normal day-to-day operations, and these programs have been at the center of initiatives taking place in hospitals and CAHs during the PHE for COVID-19.

CMS states that “on March 4, 2020, we issued guidance stating that hospitals should inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19. In this IFR, we are now requiring hospitals and CAHs to report information in accordance with a frequency, and in a standardized format, as specified by the Secretary during the PHE for COVID-19. Examples of data elements that may be required to be reported include things such as the number of staffed beds in a hospital and the number of those that are occupied, information about its supplies, and a count of patients currently hospitalized who have laboratory-confirmed COVID-19.”<sup>4</sup>

This is a very abbreviated summary of the data that **must be reported daily**. Additional items and instructions for submitting the data may be found at: <https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>.

The document found at this site identifies those hospital types that must comply with the data submission requirements:

“Critical access hospital, children’s hospital, general hospital (including acute, trauma, and teaching hospital), long term acute care hospital, military hospital, oncology hospital, orthopedic hospital, pediatric long term acute care hospital, psychiatric hospital, rehabilitation hospital, surgical hospital, Veterans Administration hospital, women’s hospital, and women’s and children’s hospital.”<sup>5</sup>

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. Guidance regarding this function is available in the document referenced.

Reporting options for hospitals and acute/post-acute medical facilities:

- ✓ If your state has assumed reporting responsibility, submit all data to your state each day and your state will submit on your behalf. Your state can provide you with a certification if they are authorized to submit on your behalf.
- ✓ Submit data to TeleTracking™. All instructions on the data submission are on that site. To become a user in the portal: (this portal will have the new and updated fields ready as of July 15, 2020).
  - Respond to the validation email sent to your administrator.
  - Visit <https://help.cl-teletracking.com/en-us/c19/Content/Home.htm> and follow the specific instructions on how to become users.
    - Each facility can have up to four users for both data entry and visual access to aggregated data in the platform.
    - Users will be validated by the platform.
- ✓ Authorize your health IT vendor or other third-party to share information directly with HHS. Use one of the above alternate methods until your ASPR Regional Administrator or HHS Protect notifies you that this implementation is being received and is compliant (page 11 of 15).
- ✓ Publish to the hospital or facility's website in a standardized format, such as <https://schema.org/docs/cdc-covid.html>. Use one of the above alternate methods until your ASPR Regional Administrator or HHS Protect notifies you that this implementation is being received.

CMS has indicated that “as of July 15, 2020, hospitals should no longer report the COVID-19 information in this document to the National Healthcare Safety Network site. Please select one of the above methods to use instead.”<sup>6</sup>

While the IFR outlines the specific penalties to be applied to LTCF and Laboratories for failure to report required data the section addressing hospital infection control reporting simply states:

“We believe reporting by hospitals and CAHs is an important tool for supporting surveillance of COVID-19 and we will enforce violations of reporting requirements to the extent authorized by the Secretary.”<sup>7</sup>

## Guidance

- ✓ Identify and review the current mechanism to submit the data against the requirements to ensure the hospital is compliant.
- ✓ If data submission does not meet criteria implement strategies to bring the hospital into compliance.
- ✓ Periodically review the data submission process to ensure that standards are met over the course of the Public Health Emergency.
- ✓ Review criteria for data submission for any LTCF that is part of the hospital system and ensure compliance.
- ✓ Review criteria for Laboratory data submission and ensure compliance.



## Sources

1. <https://www.cms.gov/files/document/covid-ifc-3-8-25-20.pdf>
2. CMS-3401-IFC, August 24, 2020, B-B 23-B-B 24.
3. CMS-3401-IFC, August 24, 2020, B-B 22.
4. CMS-3401-IFC, August 24, 2020, B-B 23.
5. COVID-19 Guidance for Hospital Reporting and FAQs, Updated July 29, 2020, page 1.
6. COVID-19 Guidance for Hospital Reporting and FAQs, Updated July 29, 2020, page 11.
7. CMS-3401-IFC, August 24, 2020, B-B 26 (2) ■