



# Daily Reporting of Hospitalized COVID-19 Positive Inpatients

Updated Data Submission Requirements and Guide for Acute Care Facilities in Los Angeles County

Effective 9/14/2020

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# Introduction

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Patient-level data for Covid-19 positive hospitalized inpatients are unique and play a critical role in helping the Los Angeles County Department of Public Health (LAC DPH) describe, assess and forecast pandemic severity and determine the appropriate response strategies. Data that have been already reported have allowed the Department to identify racial and age disparities in severe disease experience, characterize the types of cases that become hospitalized, and determine length of stay in the hospital and intensive care unit.

Since April of 2020, LA County hospitals have responded to ongoing requests to update patient records, provide additional information and assist public health in its efforts for data quality assurance. Pulling COVID-19 patient data directly from the electronic health record was made possible by the collaboration and hard work of EHR vendors, hospital administrators, quality improvement and data analysts, information technology staff, and infection control prevention teams. This has made COVID-19 patient reporting more efficient, timely and require fewer hospital resources.

Thank you to everyone at hospitals across Los Angeles County who have coordinated with the LAC DPH to submit daily patient level data for COVID-19 positive hospitalized inpatient cases.

## THE NEXT PHASE

In an effort to improve data quality and accuracy, streamline COVID-19 surveillance systems, and obtain more information related to healthcare utilization and COVID-19, LAC DPH is expanding the previous reporting requirements for daily COVID-19 positive hospitalized inpatient reporting. Suggestions and questions from hospitals have deeply informed the improvements and changes made to the reporting process.

This Guide provides instructions for all current and new reporting requirements for the daily submission of hospitalized COVID-19 positive inpatient data to LACDPH, along with links to other related reporting information.

LAC DPH greatly appreciates your partnership in responding to the COVID-19 pandemic and looks forward to continued collaboration.

# Quick Start Guide

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Note: This data request is MANDATED via a Los Angeles County Department of Public Health Officer Order and Follow up Communications from the Director of DPH, Dr. Barbara Ferrer.

## OVERVIEW OF SUBMISSION OF DAILY LINE LISTS OF COVID-19

### POSITIVE HOSPITALIZED INPATIENTS

- All acute care hospitals, including general and long-term acute care hospitals, in Los Angeles County are required to provide inpatient COVID-19 reports
- Reports are daily line lists of patient records
- Reports are ideally generated from hospital EHR/EMR systems instead of manually
- Each row (line) corresponds to one patient admission (a single admit date)
- Each column corresponds to a reporting attribute/variable. Follow guidelines in Appendix A for attribute/variable labels (column headers)
- Reporting filters:
  - Only include:
    - **COVID-19 Positive Patients:** Only patients with positive COVID-19 tests should be included (see **Patient Types Required to be Included in the Report** for more information)
    - **Hospitalized Inpatients:** Patients included should only be hospitalized inpatients. No ED, Observation, or Outpatients should be included.
- Submit a cumulative list (data should start with first COVID-19 positive inpatient and include all COVID positive hospitalized inpatients until report is generated)
- Files must be in .xls, .xlsx, or .CSV format.
  - \*NOTE: If submitting .CSV file, ensure that values are separated by commas. No other characters will be accepted as separators for ATTRIBUTE/VARIABLES
- Submit reports daily

# Public Health Hospital COVID-19 Reporting Requirements

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## LACDPH MANDATED REPORTING REQUIREMENTS

1. What is the timeline to adhere to these requirements?
  - a. Tier 1: 9/22/2020
  - b. Tier 2: 9/29/2020
2. Are these COVID-19 reporting requirements for COVID-19 positive hospitalized inpatients in acute care facilities required by law?
  - a. Yes
  - b. This data request is MANDATED via a Los Angeles County Department of Public Health Officer Order and Follow up Communications from the Department Director
    - i. Effective April 24, 2020, all inpatients positive for COVID-19 including all required variables must be reported daily via the designated portal
    - ii. Failure to comply with this requirement may result in penalties pursuant to the California Health and Safety Code
    - iii. The Los Angeles County Department of Public Health Officer Order (HOO) COVID-19 reporting requirements for COVID-19 patients in acute care facilities can be found here: <http://publichealth.lacounty.gov/acd/docs/HOONovelCoronavirusReporting032420.pdf>
3. How does this report affect other COVID-19 reporting provided to LACDPH?
  - a. This report *only* affects reporting related to hospitalized COVID-19 positive inpatients in the following ways. By using this process:
    - i. **Medical Provider Form: Facilities DO NOT need to complete** the Medical Provider Notification Form for each reported *hospitalized inpatient COVID-19 positive* case
    - ii. **Discharges: Facilities DO NOT need to send** daily batches or individual notices of COVID-19 positive hospitalized inpatient discharges home or interfacility transfers to LAC DPH COVID-19 Hospital Team but still do need to complete and submit the death report form should an inpatient expire. The form can be found here: <http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm>
    - iii. **ED, Observation, Outpatient and other Non-Inpatient persons: Facilities MUST STILL REPORT other cases (ED, Outpatient, Observation)** per the instructions on the DPH website: <http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm>

**4. Does this report replace other COVID-19 reports that are also required for LACDPH, the State or Federal Levels?**

- a. Other than those mentioned in section 3 above, this data report DOES NOT REPLACE OR TAKE THE PLACE OF ANY OTHER COVID-19 REPORTING, including, but not limited to:
  - i. **Los Angeles County:** Other reports to the Los Angeles County Department of Public Health (such as reports for ED patients, lab results and ELR reporting, death reports etc.)
    1. Reporting requirements for ED, Observation, Outpatient and other Non-Inpatient persons
      - a. Facilities MUST STILL REPORT other cases (ED, Outpatient, Observation) per the guidelines found on the LACDPH website here:  
<http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm>
    2. Reporting Requirements for Deaths
      - a. Reporting deaths must be conducted per the guidelines found on the LACDPH website here:  
<http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm#ReportingDeaths>
    3. Laboratory Reporting Requirements for COVID-19
      - a. Lab reporting must be conducted per the guidelines found on the LACDPH website here:  
<http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm#ReportingCases>
  - ii. **State Reporting**
    1. Aggregate reports submitted to the California Department of Public Health, CalREDIE, the California Hospital Association, ReddiNet must still be reported per their guidelines
  - iii. **Federal Reporting**
    1. Reporting to HHS, and/or any other federal reporting must still be reported per their guidelines

# Report/File Preparation and Design

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## REPORTING SCHEDULE

### 5. *How often are facilities required to provide a report?*

- a. Daily, by 5 PM every day, including weekends and holidays
- b. If a report is not submitted by the daily deadline, provide the missing reports as soon as possible
- c. To stay in compliance with Health Officer order please notify public health if there are issues creating ongoing delays in reporting

## REPORTING FACILITIES AND PATIENT-TYPE FOCUS OF REPORTS

### *Facilities Required to Report*

### 6. Which facilities are required to submit daily COVID-19 positive hospitalized inpatient reports?

- a. All acute care hospitals, including general and long-term acute care hospitals, in Los Angeles County are required to provide inpatient COVID-19 reporting
- b. The following facilities are *exempt and not required to report*:
  - i. Psychiatric hospitals, behavioral health and substance abuse treatment centers
  - ii. Facilities outside of Los Angeles County
  - iii. Acute care facilities that are not providing care to COVID-19 patients

## ***Patient Types Required to be Included in the Report***

### **7. Which patients are facilities required to include in their daily COVID-19 positive hospitalized inpatient reports?**

a. All patients that meet BOTH of the following requirements are required to be included in reporting:

i. Patients who are

1. Confirmed/Positive/Detected: Patients who have tested positive using a molecular test (PCR/NAAT)
2. Probable: Patients who have tested positive using *Antigen and/or Serology* tests
3. Presumptive: Patients who report a history of positive test, but do not have lab results

\*INCLUDE: all inpatients even if the positive test was acquired or conducted elsewhere. If the facility does not have the lab results as required in this report, ensure the patient is labeled as "Presumptive" in COVIDStatus

\*\*DO NOT INCLUDE: Suspect patients

AND

ii. Patients hospitalized as INPATIENTS (per NHSN guidelines)

1. Inpatients are patients residing in inpatient units (not outpatient, observation or ED)

*"NHSN defines an inpatient as a patient whose admission date and discharge date are different calendar days. The facility's label as "inpatient" is not necessary to meet the NHSN inpatient definition."*

(<https://www.cdc.gov/nhsn/faqs/faq-psc.pdf>)

\* DO NOT INCLUDE: patients categorized as *observation, ED/ER, or outpatient*.

### **8. What variables are used to describe patient COVID-19 status and test result(s) in this report?**

a. Values in Appendix related to patient's COVID-19 Status include:

- i. COVIDStatus: If patient has ever had a test result that is Confirmed/Positive/Detected, Probable (Antigen/Serology), or Presumptive
- ii. Results from first and most recent COVID-19 positive test results, including collection date, test type, specimen type, and result

**9. If a patient changes from Observation to Inpatient, should that patient be included? If so, when?**

- a. Yes
- b. If a patient changes status from Observation to Inpatient, include the patient when they become an Inpatient
- c. The value for the attribute/variable/column header for *InpatientAdmitDate* should reflect the date they were admitted as an inpatient

## **REPORT/FILE DESIGN**

### ***Report Time Period***

**10. What is the period of time each daily COVID-19 positive hospitalized inpatient report should include?**

- a. The report submitted should be a cumulative list that contains all COVID-19 positive hospitalized inpatients your facility has provided care to since the pandemic began

Cumulative reports make it possible to capture the complete duration of care and provide accurate real-time reporting on utilization of health care, length of stay disposition status. They also provide a quick and easy way to review data and fix data issues

Without cumulative reports, patients may not be included in a report if they have been discharged new one is submitted. These reports then are often missing corresponding extubation, disposition status or discharge date

### ***File Format***

**11. What file type should be used for daily COVID-19 positive hospitalized inpatient report?**

- a. **Files can be submitted in ONE of the following two file formats:**
  - i. Excel (.xls or .xlsx) OR
  - ii. Comma-separated values (.CSV) formats

\*NOTE: If submitting .CSV file, ensure that values are separated by commas. No other characters will be accepted as separators for ATTRIBUTE/VARIABLES

## ***File Size***

### **12. Is there a file size for each daily COVID-19 positive hospitalized inpatient report?**

- a. Keep file sizes minimal:
  - i. Ensure all extra rows and/or columns are deleted
  - ii. Ensure there are no unnecessary fields or columns
  - iii. The maximum file size is 2MB, however, files should be much smaller than this (unless there is a large increase in the number of hospitalized inpatients)

## ***File Naming Convention of Reports***

### **13. How should the files for each daily COVID-19 positive hospitalized inpatient report be named?**

- a. The following naming convention should be followed: "HospitalDailyReport\_mmddyyyy"  
*Example: Hospitalized Daily Report\_07202020.xlsx*

## ***Workbook Design***

### **14. Where should headers be located?**

- a. Headers **MUST** be on the first row of the worksheet
- b. Headers not on the first row will cause an error in data upload

### **15. How many tabs should be included in the report? Should an overview tab be provided?**

- a. Only one tab should be provided for the report
- b. If multiple tabs are included, ALL pertinent data should be on the **FIRST** tab as only the first tab will be read

## ***Reports that Include Multiple Facilities (Consolidated Reports)***

### **16. Can one submitter submit a file that contains information for multiple facilities?**

- a. Yes, a single file can include reports for multiple facilities
  - i. Sometimes a facility hospital is part of a larger hospital system. These hospital systems may be able to produce one report that includes all data elements required for multiple individual facilities in one combined report.
  - ii. If possible, a healthcare system should utilize this process to improve reporting efficiency. This will streamline the process for multiple facilities
- b. All information should be on one tab in the report (all facilities should be included on one tab, not split into multiple tabs by facility). The data elements required include a hospital facility name and CCN as unique identifiers for each patient record. This is how the LACDPH database will parse the data.
- c. Please see below for submission instructions

# Data Element Preparation and Design

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## DATA ELEMENT FIELDS

17. What data are required as part of each daily COVID-19 positive hospitalized inpatient report?

- a. Please see Appendix A for all Required Data Fields

*\*NOTE: New variables have been added to the report. Please review Appendix A to ensure all attributes/variables/column headers are included and completed*

## DATA ELEMENT FORMAT AND STRUCTURE

### *Rows/Columns*

18. How should the data elements in each daily COVID-19 positive hospitalized inpatient report be structured?

- a. **Columns:** Each attribute/variable/column header should be a column
- b. **Rows:** Each unique hospital admission for each patient is a different row

### *Value Formatting*

19. How should the values in the report be formatted?

- a. Refer to Appendix A, column “Format” to identify how each value should be formatted
- b. For all “Character” formats, please ensure the field is in “Text” format

### *Attributes/Variables/Column Header Naming Standards*

20. What are the naming standards for each Attribute/Variable/Column Header?

- a. Attribute/Variable/Column Headers labels MUST stay the same for each report. Attribute/Variable/Column Headers CANNOT be changed at any time or the data will not be processed
- b. DO NOT alter the Attribute/Attribute/Variable Names at any time. If multiple staff members are responsible for compiling reports, ensure that all staff utilize the SAME file format, including attribute/variable/column header names
- c. Data MUST be formatted exactly as they are presented in Appendix A

## ***Multiple Hospital Admissions***

### **21. How should we report multiple inpatient hospitalizations for the same patient?**

- a. Each row is a unique admission for one patient. If a patient has multiple admissions as an inpatient, they will have multiple corresponding rows

## ***Multiple ICU and Intubations***

### **22. How should we report multiple ICU and Intubation instances for a patient?**

- a. The Data Element format and Structure includes attributes/variables/column headers for multiple ICU admissions and discharges AND multiple intubation and extubation instances in a single inpatient hospital admission
- b. For a single hospital admission (a single row), facilities must utilize these columns to identify each ICU or intubation instances in a single hospital inpatient admission
- c. See Appendix A for additional information

### **23. What should we do if we have more than 6 ICU instances or intubation/extubation instances?**

- a. The ICU and intubation numbering system (ex. ICU\_AdmitDate1) is meant to be used sequentially
- b. If more than 6 instances are needed, just increase the number on the end by 1 **AND**
- c. Ensure you contact DPH Hospital Data Reporting staff to alert them so they can prepare to upload your data at [covidHDRT@ph.lacounty.gov](mailto:covidHDRT@ph.lacounty.gov)

## ***Data Dictionaries***

### **24. Are data dictionaries required for the data elements that are included in each daily COVID-19 positive hospitalized inpatient report?**

- a. Data dictionaries are required for a subset of the data elements in each daily COVID-19 positive hospitalized inpatient report
- b. Please see Appendix A to identify which data elements require an accompanying data dictionary

### **25. Where should the data dictionary be sent?**

- a. Submit your data dictionary to the Hospital Data Reporting Team at [covidHDRT@ph.lacounty.gov](mailto:covidHDRT@ph.lacounty.gov)

# Report/File Submission

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## FILE SUBMISSION RESTRICTIONS

26. Can a facility use this portal to submit any other files or reports required by LAC DPH or any other State or federal entity?

- a. No, this data portal can only be used for submitting COVID-19 positive daily hospitalized inpatient reports
- b. **DO NOT** submit other types of reporting (e.g., deaths, provider report forms, lab reporting) to the portal
- c. **DO NOT** submit total counts of COVID hospitalized patients that are similar to total counts submitted to other institutions or entities. **ONLY** submit line lists of COVID positive hospitalized inpatients through this portal. If total counts are submitted, this will result in errors processing the files and will not get to the intended recipient

## FILE SUBMISSION OPTIONS

27. How are files submitted to LACDPH?

- a. The Los Angeles County Department of Public Health has a dedicated secure online MFT portal for Daily Reporting of Hospitalized COVID-19+ patients (see below)
- b. Hospitals can submit data using ONE of the following two methods  
*Note: Before submitting files (or if a change is requested), LACDPH MUST be notified regarding which option will be utilized:*

<b>OPTION 1: WEB BROWSER</b>	<b>OPTION 2: SFTP CLIENT</b>
Facility submits file through the web portal.	Facility submits file using a Secure File Transfer Protocol (SFTP) client
<ol style="list-style-type: none"> <li>1. <b>Data Portal:</b>  <a href="https://dph.mft.lacounty.gov/">https://dph.mft.lacounty.gov/</a> </li> <li>2. <b>Username and Password:</b> Each facility is provided with one unique username and password. The username and password are for the facility, not for individuals within the facility</li> <li>3. <b>Upload</b> the file</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Host:</b> dph.mft.lacounty.gov</li> <li>2. <b>Port:</b> 22 (Port 22 is a secure port)</li> <li>3. <b>Username and Password:</b> Each facility is provided with one unique username and password. This username and password are for the facility, not for individuals within the facility. If you have not received a username and password, contact the Hospital Data Reporting Team.   <i>*NOTE: If files are submitted using an SFTP client, a facility will not be able to access their account through a web browser unless they request their file submission option to be switched by LACDPH</i> </li> </ol>

**28. Can files be submitted through secure email?**

- a. Files MUSTBE submitted through the portal. Email will not be accepted
- b. If a file is sent through email for review before submission, it must be sent through encrypted email

## **AUTOMATING REPORTING**

**29. Should a facility automate report creation?**

- a. Yes
- b. If a report can be automatically generated, this can increase the efficiency of report generation. Several facilities have been able to automate report generation and file submission

## **SUBMITTING ON BEHALF OF MULTIPLE HOSPITALS**

**30. Can one submitter submit files for multiple facilities?**

- a. Yes

**31. If submitting a consolidated report (a report that contains data elements for multiple facilities), which account should be used?**

- a. If one submitter is submitting one file that includes complete data elements for multiple facilities, they should use one facility account to submit one file. This account should stay consistent with all file submissions
- b. If one submitter is submitting multiple files, one per facility, they should use each facilities' account to submit these files

## **DATA SECURITY**

**32. How is data transmission secured?**

- a. As a security measure, shortly after files are uploaded to the Data Portal, they will be downloaded to the DPH local system
- b. Reports are stored securely and only accessed by public health staff to analyze COVID-19 positive hospitalized inpatients in LA County
- c. Per the Health Insurance Portability and Accountability Act (HIPPA), analysis and reports produced by LACDPH will not include any information that makes it possible to identify individual patients

**33. Is the data secure pursuant to HIPPA guidelines?**

- a. Yes
- b. The data in this report does include protected health information (PII). This is why it is important to submit data only through the above-mentioned methods as these are secure file transfer protocol methods.

**34. Should each facility maintain a backup of each file they submit?**

- a. Yes, keep a secure back-up of report files
- b. Public health cannot provide hospitals with copies of reports that have been submitted

## **DATA SUPPORT AND TECHNICAL ASSISTANCE**

For IT support related to accessing the data portal: Please contact the Hospital Data Reporting Team AND the IT team assigned to this project [ITSupportHospDataPortal@ph.lacounty.gov](mailto:ITSupportHospDataPortal@ph.lacounty.gov) or call (213) 462-1411 and CC: [covidHDRT@ph.lacounty.gov](mailto:covidHDRT@ph.lacounty.gov).

# FAQ

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## 35. Are facilities required to submit a report if there are no COVID-19 inpatients?

- a. If a facility that has been reporting no longer has patients hospitalized with COVID-19, your facility must submit a blank report with the required header variable.
- b. Facilities that have never had inpatients with COVID-19, are exempt from reporting
- c. All facilities must complete other required COVID-19 reporting including to the California Department of Public Health and California Hospital Association.

## 36. Our facility is not an acute care hospital, do we still need to respond to this request?

- a. Only acute care facilities must report. Psychiatric hospitals, behavioral health and substance abuse treatment centers are exempt from this data request.

## 37. What is the most efficient way to generate these reports?

- a. **Almost all hospitals have now successfully set up direct data exports from Electronic Health Records (EHR) systems.** Automating reporting helps protect the time of hospital infection preventionists and other critical staff during these busy times.
- b. **Work with your local informatics teams and EHR vendors to receive support in automating your EHR exports.** We have been in contact with several EHR vendors to support their clients and provide guidance and tools. Contact the innovation team at [covidHDRT@ph.lacounty.gov](mailto:covidHDRT@ph.lacounty.gov) for assistance.

## 38. Who can be contacted for general support or questions?

- a. **For general questions or to submit data via secure e-mail:** [covidHDRT@ph.lacounty.gov](mailto:covidHDRT@ph.lacounty.gov)

## 39. Who can be contacted for problems submitting reports to the portal or for a password reset?

- a. **For IT support related to the data portal:** Please contact the data reporting staff and [ITSupportHospDataPortal@ph.lacounty.gov](mailto:ITSupportHospDataPortal@ph.lacounty.gov) or call (213) 462-1411

## 40. Where are reports stored and can hospitals request access it?

- a. Reports are stored on LACDPH's secure servers. Once a file is submitted, it is immediately scanned and moved from the MFT site to a secure sever

## 41. Where can we see how this data are being used?

- a. Data on hospitalized cases are regularly reported in aggregate by the Department of Public Health during press briefings. Data that have been already reported have helped the Department identify racial and age disparities in severe disease, characterize the types of cases that become hospitalized, and determine length of stay in the hospital and intensive care unit.

# Appendix A

## LA County Department of Public Health:

### Attribute/Variable/Column Header List for Daily COVID Positive Hospitalized Inpatient Reporting

<b>Due Dates:</b> <ul style="list-style-type: none"> <li>• Tier 1: 9/24/20</li> <li>• Tier 2: 10/1/20</li> </ul>	<b>NOTES:</b> <ul style="list-style-type: none"> <li>• ONLY include COVID Positive patients</li> <li>• ONLY include hospitalized <i>inpatients</i></li> </ul>
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\*\$= Character; \$#= number of characters in the entry

	Attribute/Variable/Column Header Label	Description	Type	Format*	Standard Values (Output)	Data Dict. Req'd	Required?	Tier Due	New/ Existing/ Modified
1.	DateTimeOfFile	Date and timestamp file was created	Date	mm/dd/yyyy hh:mm:ss			Yes	1	New
2.	HospitalName	Hospital name	Text	\$			Yes	1	Existing
3.	CCN	CMS certification number (CCN)	Text	\$			Yes	1	New
4.	OSHPD number	OSHPD number	Text	\$				1	New
5.	MRN	Medical record number	Text	\$			Yes	1	Existing
6.	VisitID	Patient CSN#, Visit ID#, Encounter ID#, FIN#, Account# or other unique identifier for a singular hospital visit  <i>*Not service ID (not for individual services)- this is for visit ID to track hospital visits</i>	Text	\$		Yes	Yes	1	New
7.	LastName	Patient last name	Text	\$			Yes	1	Modified
8.	FirstName	Patient first name	Text	\$			Yes	1	Modified
9.	MiddleName	Patient middle name or initial	Text	\$			Yes	1	Modified
10.	DOB	Date of birth	Date	mm/dd/yyyy			Yes	1	Existing
11.	Gender	Patient gender identity	Text	\$	<b>Suggested values:</b> <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• FTM</li> <li>• MTF</li> <li>• Genderqueer</li> <li>• Other</li> <li>• Prefer not to state</li> </ul>	Yes	Yes	1	Existing
12.	SexualOrientation	Patient sexual orientation or behavior	Text	\$	<b>Suggested Values:</b> <ul style="list-style-type: none"> <li>• Gay or Lesbian (or homosexual)</li> <li>• Bisexual</li> <li>• Straight or Heterosexual (meaning not Gay or Lesbian)</li> <li>• Not sure yet</li> <li>• Something else: _____</li> <li>• Don't understand the question</li> <li>• Prefer not to state</li> </ul>	Yes	No	1	New
13.	Race	Race of patient	Text	\$		Yes	Yes	1	Modified
14.	Ethnicity	Ethnicity of patient	Text	\$		Yes	Yes	1	Modified
15.	PatientLanguage	Primary preferred language of patient	Text	\$		Yes	No	1	New

	Attribute/Variable/Column Header Label	Description	Type	Format*	Standard Values (Output)	Data Dict. Req'd	Required?	Tier Due	New/ Existing/ Modified
		<i>*If discreet variable, include. If in notes or free text, do not include</i>							
16.	StreetAddress	Patient street address	Text	\$			Yes	1	Modified
17.	StreetAddress2	Patient apartment or suite etc.	Text	\$			Yes	1	Modified
18.	State	Patient state of residence	Text	\$2			Yes	1	Modified
19.	City	Patient city	Text	\$			Yes	1	Modified
20.	Zip	Patient zip code	Text	\$			Yes	1	Modified
21.	HomePhone	Home phone number	Text	\$10	\$\$\$-\$\$\$-\$\$\$\$ (include country code if international)		Yes	1	Modified
22.	MobilePhone	Mobile phone number	Text	\$10	\$\$\$-\$\$\$-\$\$\$\$ (include country code if international)		Yes	1	Modified
23.	WorkPhone	Patient Work Phone	Text	\$10	\$\$\$-\$\$\$-\$\$\$\$ (include country code if international)		Yes	1	Modified
24.	Occupation	Occupation of patient	Text	\$			No	1	New
25.	Employer	Patient's employer	Text	\$			No	1	New
26.	PrimaryFinancialClass	Patient financial class of Primary Payer  <i>*Examples: HMO, PPO, MediCal etc.</i>	Text	\$		Yes	Yes	1	New
27.	PrimaryPayer	Primary entity paying for patient's medical services (ex. Insurance carrier). If cannot separate Payer and Plan, report both here.  <i>*Examples: Aetna, Blue Shield, Kaiser etc.</i>	Text	\$		Yes	Yes	1	New
28.	SecondaryFinancialClass	Patient financial class of Secondary Payer.  <i>*Examples: HMO, PPO, MediCal etc.</i>	Text	\$		Yes	Yes	1	New
29.	SecondaryPayer	Secondary entity paying for patient's medical services (ex. Insurance carrier). If cannot separate Payer and Plan, report both here.  <i>*Examples: Aetna, Blue Shield, Kaiser etc.</i>	Text	\$		Yes	Yes	1	New
30.	PregStatus	Patient's pregnancy status at date of admission	Text (binary)	\$	Yes/No		No	2	New
31.	EstDelDate	If patient is pregnant at date of admission, the estimated date of delivery	Date	mm/dd/yyyy			No	2	New
32.	PEH	Is this person experiencing homelessness at the time of hospitalization?	Text (binary)	\$	Yes/No		Yes	1	New
33.	AdmitSource	Source of patient admission	Text	\$	<ul style="list-style-type: none"> <li>• SNF Transfer</li> <li>• Physician Referral</li> <li>• Home</li> </ul>	Yes	No	1	New
34.	HospitalArrivalDate	Patient arrival date to hospital (regardless of patient status)	Date	mm/dd/yyyy		Yes	No	1	New
35.	InpatientAdmitDate	Hospital inpatient admission date (when patient was admitted as an inpatient)	Date	mm/dd/yyyy		Yes	Yes	1	Modified
36.	EncounterType	Following NHSN definitions, visit type or encounter type location of patient categorized by inpatient and outpatient locations  <i>*Only include patients designated as "inpatient"</i>	Text	\$	<ul style="list-style-type: none"> <li>• Inpatient</li> <li>• ED</li> <li>• Outpatient</li> <li>• Observation</li> </ul>	Yes	Yes	1	New

	Attribute/Variable/Column Header Label	Description	Type	Format*	Standard Values (Output)	Data Dict. Req'd	Required?	Tier <u>Due</u>	New/ Existing/ Modified
37.	ICU_AdmitDate1	1 <sup>st</sup> ICU admit date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	Modified
38.	ICU_DischargeDate1	1 <sup>st</sup> ICU discharge date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	Modified
39.	ICU_AdmitDate2	2 <sup>nd</sup> ICU admit date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
40.	ICU_DischargeDate2	2 <sup>nd</sup> ICU discharge date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
41.	ICU_AdmitDate3	3 <sup>rd</sup> ICU admit date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
42.	ICU_DischargeDate3	3 <sup>rd</sup> ICU discharge date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
43.	ICU_AdmitDate4	4 <sup>th</sup> ICU admit date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
44.	ICU_DischargeDate4	4 <sup>th</sup> ICU discharge date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
45.	ICU_AdmitDate5	5 <sup>th</sup> ICU admit date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
46.	ICU_DischargeDate5	5 <sup>th</sup> ICU discharge date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
47.	ICU_AdmitDate6	6 <sup>th</sup> ICU admit date during a single hospital admission  <i>*If patient has more than 6 ICU stays within the SAME inpatient admission, please notify us.</i>	Date	mm/dd/yyyy			Yes	2	New
48.	ICU_DischargeDate6	6 <sup>th</sup> ICU discharge date during a single hospital admission  <i>*If patient has more than 6 ICU stays within the SAME inpatient admission, please notify us.</i>	Date	mm/dd/yyyy			Yes	2	New
49.	IntubationDate1	1 <sup>st</sup> intubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	Modified
50.	ExtubationDate1	1 <sup>st</sup> extubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	Modified
51.	IntubationDate2	2 <sup>nd</sup> intubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
52.	ExtubationDate2	2 <sup>nd</sup> extubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
53.	IntubationDate3	3 <sup>rd</sup> intubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
54.	ExtubationDate3	3 <sup>rd</sup> extubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
55.	IntubationDate4	4 <sup>th</sup> intubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
56.	ExtubationDate4	4 <sup>th</sup> extubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
57.	IntubationDate5	5 <sup>th</sup> intubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
58.	ExtubationDate5	5 <sup>th</sup> extubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
59.	IntubationDate6	6 <sup>th</sup> intubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
60.	ExtubationDate6	6 <sup>th</sup> extubation date during a single hospital admission	Date	mm/dd/yyyy			Yes	2	New
61.	InpatientDischargeDate	Date of patient discharge from acute care	Date	mm/dd/yyyy			Yes	1	Modified
62.	DispositionType	Discharge disposition type (e.g. discharge, transfer, death) from acute care	Text	\$	<ul style="list-style-type: none"> <li>• Discharge</li> <li>• Transfer</li> <li>• Death Home care</li> <li>• AWOL</li> <li>• AMA</li> <li>• Transfer to law enforcement/jail</li> <li>• Hospice</li> </ul>	Yes	Yes	1	Existing
63.	DOD	Date of patient expiration	Date	mm/dd/yyyy			Yes	1	New
64.	COVIDStatus	COVID status of patient EVER  If patient has ever had a test result that is Confirmed/Positive/Detected, Probable, or Presumptive  <i>*Only submit Confirmed/Positive/Detected, Probable (Antigen/Serology), Presumptive</i>	Text	\$	<ul style="list-style-type: none"> <li>• Confirmed/Positive/ Detected</li> <li>• Probable</li> <li>• Presumptive</li> <li>• Suspect</li> </ul>		Yes	1	New

	Attribute/Variable/Column Header Label	Description	Type	Format*	Standard Values (Output)	Data Dict. Req'd	Required?	Tier Due	New/ Existing/ Modified
65.	Symptomatic	Is COVID positive patient symptomatic?	Text (binary)	\$	Yes/No	Yes	No	1	New
66.	FirstCOVIDPositive_CollectionDate	Date of first positive COVID specimen test collection in hospital	Date	mm/dd/yyyy			Yes	1	New
67.	FirstCOVIDPositive_COVIDTestType	Type of test for first positive COVID test result in hospital	Text	\$	<ul style="list-style-type: none"> <li>• PCR</li> <li>• Serology</li> <li>• Antigen</li> </ul>		Yes	1	New
68.	FirstCOVIDPositive_SpecimenType	First positive COVID specimen type in hospital	Text	\$	<ul style="list-style-type: none"> <li>• Nasal swab</li> <li>• Oral swab</li> <li>• Nasopharyngeal swab</li> <li>• Oropharyngeal swab</li> <li>• Sputum</li> <li>• Bronchoalveolar lavage (BAL)</li> <li>• Nasopharyngeal/Oropharyngeal swab</li> <li>• Serum– for antibody test</li> <li>• Other - only use if tissue specimen is unspecified</li> </ul>		Yes	1	New
69.	FirstCOVIDPositive_TestResult	First positive COVID test result in hospital <b><i>*Only submit Confirmed/Positive/Detected, Probable (Antigen/Serology)</i></b>	Date	mm/dd/yyyy	<ul style="list-style-type: none"> <li>• Confirmed/Positive/ Detected</li> <li>• Probable</li> <li>• Presumptive</li> <li>• Suspect</li> </ul>		Yes	1	New
70.	RecentCOVIDPositive_CollectionDate	Date of most recent positive COVID specimen test collection in hospital <b><i>*If patient has only one positive test, use the first COVID Positive test values here</i></b>	Date	mm/dd/yyyy			Yes	1	New
71.	RecentCOVIDPositive_COVIDTestType	Type of test for most recent Positive COVID test result in hospital <b><i>*If patient has only one positive test, use the first COVID Positive test values here</i></b>	Text	\$	<ul style="list-style-type: none"> <li>• PCR</li> <li>• Serology</li> <li>• Antigen</li> </ul>		Yes	1	New
72.	RecentCOVIDPositive_SpecimenType	Most recent positive COVID specimen type in hospital <b><i>*If patient has only one positive test, use the first COVID Positive test values here</i></b>	Text	\$	<ul style="list-style-type: none"> <li>• Nasal swab</li> <li>• Oral swab</li> <li>• Nasopharyngeal swab</li> <li>• Oropharyngeal swab</li> <li>• Sputum</li> <li>• Bronchoalveolar lavage (BAL)</li> <li>• Nasopharyngeal/Oropharyngeal swab</li> <li>• Serum– for antibody test</li> <li>• Other - only use if tissue specimen is unspecified</li> </ul>		Yes	1	New
73.	RecentCOVIDPositive_TestResult	Most recent positive COVID test result <b><i>*Only submit Confirmed/Positive/Detected, Probable (Antigen/Serology)</i></b> <b><i>**If patient has only one positive test, use the first COVID Positive test values here</i></b>	Date	mm/dd/yyyy	<ul style="list-style-type: none"> <li>• Confirmed/Positive/ Detected</li> <li>• Probable</li> <li>• Presumptive</li> <li>• Suspect</li> </ul>		Yes	1	New
74.	InfluenzaResult	Result of influenza test	Text	\$	<ul style="list-style-type: none"> <li>• Positive</li> <li>• Negative</li> <li>• Presumptive</li> </ul>		No	2	New
75.	InfluenzaDate	Date of influenza test (within 30 days before or after admission)	Date	mm/dd/yyyy			No	2	New