STAY SAFE MN

MNTrac Data Dictionary

MDH Revision Date: June 11, 2023

Due to COVID-19, several state and federal agencies are requesting information, from healthcare facilities, to ensure these agencies have the necessary information to make decisions such as allocation of treatments, medication, therapeutics, supplies, such as personal protective equipment, and other resources. The data is also used to understand patient flow, supply chain, and financial support needed for health care. These data requests come from both the State of Minnesota and Federal Government agencies, such as the Centers for Disease Control (CDC) and Department of Health and Human Services (HHS.) The data provided by healthcare has been vital and essential, throughout the pandemic, for decision making.

The following chart describes two categories of healthcare data collected for the COVID-19 response; bed availability and healthcare capacity. This document provides instructions to healthcare providers on reporting the requested data.

Data collected

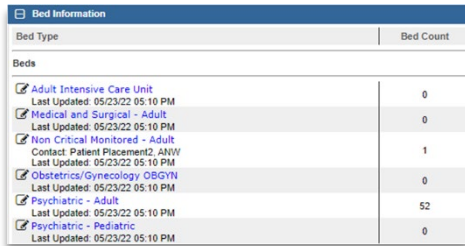| Data Collection Tool	Agency Receiving Data	Type of Data	Explanation	Reporting Expectations
MNTrac	Minnesota Department of Health and State Response Partners	Bed capacity	Hospitals: Collects daily bed capacity from Minnesota and bordering North Dakota hospitals. Skilled Nursing Facilities (SNF): Collects daily staffed bed availability..	Bed updates must be completed daily (7 days a week). Daily reporting intervals announced in MNTrac by Advisory Alert Notifications. All required fields must be answered.
MNTrac	MDH and Centers for Disease Control and Prevention (CDC) NHSN/TeleTracking System MDH collects and uploads the data via NHSN.	COVID and Capacity	Minnesota hospitals report capacity (admissions, occupancy, equipment, supplies, medications, bed counts, etc.) information as requested by the U.S. Department of Health and Human Services (HHS). This data is compiled and used for the State of Minnesota and federal response to the COVID-19 pandemic.	All data submissions must be completed weekdays by noon, including data for every day All required fields must be answered to be compliant.

Contents

Daily bed availability reporting in MNTrac

Due to the scope of the current COVID-19 response, response leaders made the decision to streamline the daily bed updates that are needed from each facility, resulting in collecting critical care (adult and pediatric ICUs) and medical/surgical beds. A daily bed alert is sent out from MNTrac reminding facilities to update this information.
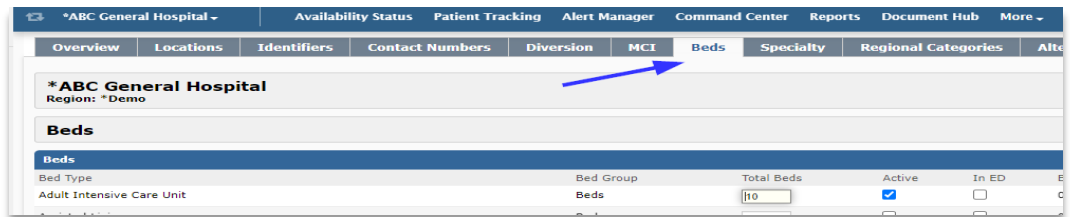
All hospitals (except behavioral health hospitals) are to report the following MNTrac bed types – Daily, 7 days a week (currently at 8 a.m.)

MNTrac Bed Information Widget – this is where you enter *daily staffed bed availability*.

Note: MNTrac *Total Bed Capacity* is entered under *Agency Setup* on the *Beds* tab
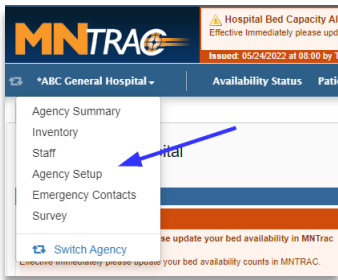
Instructions, **Update Current Bed Availability** (https://tinyurl.com/bdhzdjnr), are located in MNTrac, in the Document Hub, in the folder titled, COVID-19 Response JITs.
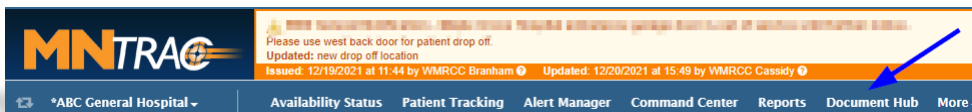
For assistance with daily bed availability reporting please reach out to your RHPC (Regional Health Preparedness Coordinator). Listed here at the following link, https://www.health.state.mn.us/communities/ep/coalitions/rhpc.html, by county.

For MNTrac technical questions please email health.hpp@state.mn.us

Bed availability is being closely monitored daily for the COVID-19 response. *Follow-up will be done for missing or incomplete data.*

Key terms

Staffed Available: A resource that is "available" indicates that the resource is usable or in-service and ready to be used for a patient. It is empty but staffed and ready for patient placement.

~~**Contingency bed**: A bed in a "usual" care space, already set up to provide care that could reasonably be quickly and easily repurposed to provide ongoing care. Examples might be the PACU (post-anesthetic care unit) beds, closed units, or beds blocked to avoid rooms being shared.~~

~~**Crisis bed:** A bed that is on the facility campus but uses spaces where patient care is not usually provided; rather, these are adaptive spaces. Example might include hallways, or classrooms for medical surgical patients or operating rooms or procedure rooms for ICU patients.~~

~~**Surge bed**: A bed not normally in hospital census and operation but that could be re-purposed to care for a patient (e.g., PACU).~~

Change Dates	Bed Type	Description
Added 10/27/2022	Awaiting Discharge - LTC	The number of patients who have been waiting more than 48 hours (2 days) to be discharged, but can't leave because no appropriate bed is available for them (Long Term Care).
Added 10/27/2022	Awaiting Discharge – Mental Health	The number of patients who have been waiting more than 48 hours (2 days) to be discharged, but can't leave because no appropriate bed is available for them (mental health).
Added 10/27/2022	Awaiting Discharge - Pediatric	The number of patients who have been waiting more than 48 hours (2 days) to be discharged, but can't leave because no appropriate bed is available for them (pediatric)
Added 5/1/2022 – designated facilities only	ED Boarding ICU 4+ hours	ED Patients approved for admission, waiting for an inpatient ICU bed for more than 4 hours, includes waiting for admission at same hospital or other hospital.
Added 5/1/2022 – designated facilities only	ED Boarding Med/Surg 4+ hours	ED Patients approved for admission, waiting for an inpatient M/S bed for more than 4 hours, includes waiting for admission at same hospital or other hospital.
Added 5/1/2022 – designated facilities only	ED Boarding Mental Health 4+ hours	ED Patients approved for admission, waiting for an inpatient MH bed for more than 4 hours, includes waiting for admission at same hospital or other hospital.
No Change	Adult Intensive Care Unit	Intensive Care Unit or Critical Care Unit beds for adults (over age 18). Can support critically ill/injured patients, including ventilator support.
No change	Assisted Living	Housing for elderly or disabled people that provides nursing care, housekeeping, and prepared meals as needed.
No change	Assisted Living-Secured Memory Care	A distinct form of long term skilled nursing that specifically caters to patients with Alzheimer's disease, dementia and other types of memory problems. Also called special care units, memory care units usually provide 24 hour supervised care.

Change Dates	Bed Type	Description
No Change	Burn or Burn ICU	Burn or Burn ICU: Either approved by the American Burn Association or self-designated. (These beds should not be included in other ICU bed counts)
No Change	Long Term Care Acute Care Hospital Beds	For patients with serious medical needs on an ongoing basis but not needing intensive care/ extensive diagnostic procedures. These patients are typically discharged from the intensive care units and require more care that can be done in a rehab center or SNF.
No Change	Medical and Surgical - Adult	Medical/Surgical: Also thought of as Ward beds. This includes low acuity inpatients. This does not include labor and delivery beds.
No Change	Medical and Surgical - Pediatric	Also thought of as Ward beds for patients 17 and younger. This does not include NICU, PICU or nursery beds.
No Change	NICU - Neonatal ICU	Neonatal Intensive Care Unit or Neonatal Critical Care Unit (newborns up to 28 days after birth). Can support critically ill/injured patients, including ventilator support. Provides critical care to preterm and term infants. Does not include nursery
No Change	Non Critical Monitored - Adult	Non Critical Monitored: Step down bed. Patient is in post ICU or coronary care condition but still needs to be monitored. Telemetry beds are also considered non-critical monitored beds.
No Change	Non-Critical Monitored - Pediatric	Step down bed. Patient is in post NICU or still needs to be monitored. Telemetry beds are also considered non-critical monitored beds. For ages under 18 years old
No Change	Nursery	This nursery is also called a newborn or a well-baby nursery and is for healthy babies who don't need any special monitoring, oxygen or an intravenous tube. Many babies born between 35 and 37 weeks will be able to go to a level I nursery.
No Change	Obstetrics/Gynecology OBGYN	Includes gynecologic oncology, minimally invasive gynecologic surg, urogynecology, reproductive endocrinology/infertility, obstetrics/maternal fetal medicine and L&D, recovery and post-partum beds. Does not include nursery.
No Change	Pediatric Intensive Care Unit	Pediatric Intensive Care Unit or Pediatric Critical Care Unit (under age 18 or licensure). Pediatric Intensive Care Unit: The same as adult ICU, but for patients 17 years and younger. This does not include NICU or nursery beds
No Change	Psychiatric - Adult	Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter. Can also include senior care behavioral not with a sitter and inpatient chemical dependency.

Change Dates	Bed Type	Description
No Change	Psychiatric - Pediatric	Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter for patients 17 and younger.
No Change	Rehabilitation beds - Inpatient	Rehabilitation beds – includes inpatient rehab, acute rehab, orthopedic wards, rehab & TCU.
	SNF-Double Rooms	COVID beds- This room has 2 beds. It can be one room with 2 beds and shared bath or 2 rooms with 1 bed each and a shared bath.
	SNF-Private Rooms with Private Bathrooms	COVID SNF- This room has one bed and one bath.
No Change	Swing Bed	An interchangeable bed for either acute-care or post-acute care (i.e., receiving skilled nursing services and reimbursement). Includes transitional care and skilled swing beds. Hospital waivers must be acquired by Health Regulations.

Note: Inactivated MNTrac Bed Types as of May 9, 2022 include:

Adult Ventilator, Airborne Infection Isolation, Bedside-Anesthesia-CRNAs-Hospitalists-Other, Burn Care, Child < Age 12 Female, Child < Age 12 Male, Critical Care (CC), Deaths, ECMO- Adult, ECMO- Pediatric, ED patients waiting for admit > 4 - 8 hrs, ED/Overflow, ED/Overflow and ventilated, Emergency Department (ED), Eye Protection, Face Mask or Surgical Mask, Gloves, HCID, Hospital Onset, Hospitalized and ventilated COVID Patients, Hospitalized COVID Patients, Isolation/Disposable Gowns, Medical and Surgical, Morphine Drip Beds, N95 Respirator, Operating Rooms, PAPR Hoods, Pediatric Ventilator, Pediatrics, Psychiatric, SNF Bariatric Beds – FEMALE, SNF Bariatric Beds – MALE, SNF Bariatric Beds – TOTAL, SNF Regular Beds – FEMALE, SNF Regular Beds – MALE, SNF Regular Beds – TOTAL, SNF Secured Unit Beds – FEMALE, SNF Secured Unit Beds – MALE, SNF Secured Unit Beds – TOTAL, Staff Bedside Providers- Other RNs; Staff Critical Care trained MDs, Staff Critical Care trained RNs, Staff

(CDC/HHS) NHSN/TeleTracking reporting in MNTrac

Healthcare entities report capacity data associated with the pandemic into the MNTrac system. The MDH COVID-19 hospital data team processes this data for reporting to the NHSN system. The data is also reported daily to the Minnesota Governor and other state leaders involved in the COVID-19 response.

General Guidelines:

- All **Hospitals** submit data every weekday by 12 noon. Most elements require values for every day of the week – some are required only once a week on Wednesdays.

- Use the current **teletracking_template_5_12_23,** found in the MNTrac NHSH/TeleTracking Import widget (see image below) or obtained by emailing health.hpp@state.mn.us

- All data fields must be completed with each submission, unless indicated otherwise.

- If a hospital **does not have beds in a category**, enter zero for number of beds and zero for occupancy.

- **Health systems with centralized supply inventories** should allocate quantities among their respective hospitals for reporting purposes. The method for this is at the discretion of the health system.

- **A daily alert** is sent out from MNTrac reminding facilities to update this information.

Click on the .csv icon to download the most current version of template.
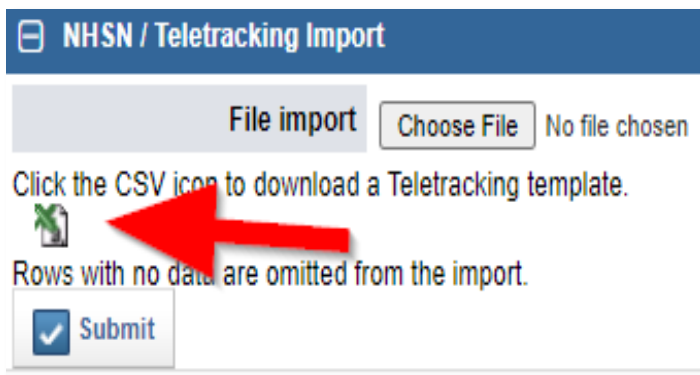
 Complete your data following the instructions below, save the file to your computer, and then upload the "csv-format" file into MNTrac using the widget. Save your daily submission files for later reference if needed to address errors.

If you have ***trouble uploading your data*** *to MNTrac, downloading a fresh template and transferring your data to the fresh template and re-uploading the new file, often solves the issue.*

NHSN/TeleTracking Data Dictionary

Table Column Headers:

- **HHS Field Number**: This number corresponds to NHSN/TeleTracking guidance on the data points listed below. Note: they are not always in numerical order in the table below.

- Column Letter: This is the corresponding column letter in the teletracking_template.csv file template, found in the MNTrac widget just mentioned above.

- MNTrac Column Header: These are the column labels in the TeleTracking.csv file template.

- Data Description: This is a definition of the data element.

- Validation Rules: These are rules for each element of data.

- Facility Response: This is the action that is needed on the data element.

Please visit the MNTrac Website (https://www.health.state.mn.us/communities/ep/coalitions/mntrac.html) for MNTrac and NHSN/TeleTracking resources and updates, including this document.

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
None	A	reporting_for_date **REQUIRED, all agency types**	Enter the date for which the data is being submitted. For example, data submitted on November 4, 2020, would include data from the reporting cut off time, set by the hospital, on November 4, back 24 hours from the cut off time. The healthcare agency chooses the cut off time and remains consistent.	MNTrac also accepts the date format: MM/DD/YYYY Please verify reporting_for_date is correct before uploading.	Submissions must be made by 12 p.m., noon. Use Today's date MM/DD/YYYY
1a	B	hospital_name **REQUIRED, all agency types**	Name of hospital or other type of reporting facility.	MNTrac Agency Name	TEXT ENTRY
1c	C	NHSN org_id **REQUIRED, all agency types**	(a.k.a. NHSN ID in MNTrac) Email health.hpp@state.mn.us for help finding your org_id.	Enter org_id (NHSN ID)	Numeric Response
1h	D	hhs_id **Optional, not required**	**HHS IDs are optional.** They provide HHS additional facility level identifiers for the purposes COVID-Reporting nationally. HHS IDs are published on HealthData.gov.	Enter hhs_id	Numeric Response Or Leave Blank

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
			https://healthdata.gov/Hospital/HHS-IDs/vz64-k9wr/data Questions: health.hpp@state.mn.us or healthdata@hhs.gov		
3a	E	all_hospital_inpatient_beds **REQUIRED**	Total number of all **staffed** inpatient beds in the facility, that are currently set-up, staffed and able to be used for a patient within the reporting period. This includes: • all overflow, observation, and active surge/expansion beds used for inpatients. • ICU beds • NICU beds • Nursery bed Also include any surge/hallway/overflow beds that are open for use for a patient, regardless of whether they are occupied or available. **Includes NICU and Nursery Beds.**	**All hospital inpatient beds** must be greater than or equal to **all inpatient pediatric beds.** **All hospital inpatient beds** must be greater than or equal to **all ICU beds.** **All hospital inpatient beds** must be greater than or equal to the sum of **all adult hospital inpatient beds** and **all inpatient pediatric beds.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 6000
3b	F	all_adult_hospital_inpatient_beds **REQUIRED**	Total number of all **staffed** adult inpatient beds in the facility, that are currently set-up, staffed and able to be used for a patient within the reporting period. This includes all overflow, observation, and active surge/expansion beds used for inpatients. This includes ICU beds. Include any surge/hallway/overflow beds that are open for use for a patient, regardless of whether they are occupied or available. This is a subset of **all hospital inpatient beds.**	**All adult hospital inpatient beds** must be less than or equal to **all hospital inpatient beds.** **Adult hospital inpatient beds** must be greater than or equal to **all adult ICU beds.** **Note:** See Appendix III on counting mixed-use beds if applicable to your facility.	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 6000

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
3c	G	all_pediatric_inpatient_beds **REQUIRED**	Total number of pediatric beds in the facility that are currently set-up, staffed and able to be used for a patient within the reporting period. This count includes occupied and unoccupied inpatient pediatric beds including both PICU and med-surge beds (beds in which medical or surgical pediatric patients may be routinely placed). Include any surge/hallway/overflow beds that are open for use for a patient, regardless of whether they are occupied or available. This count excludes NICU, newborn nursery beds, and outpatient surgery beds This is a subset of **all hospital inpatient beds**.	**All inpatient pediatric beds** must be less than or equal to **all hospital inpatient beds.** **All inpatient pediatric beds** must be greater than or equal to **all pediatric ICU beds.** **Note:** See Appendix III on counting mixed-use beds if applicable to your facility.	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 6000
4a	H	all_hospital_inpatient_bed_occupied **REQUIRED**	Total number of **staffed** inpatient beds that are occupied. This reflects occupancy levels for beds reported in **all hospital inpatient beds**. **Includes NICU and Nursery Beds.**	**All hospital inpatient bed occupancy** must be greater than or equal to **all pediatric inpatient bed occupancy.** **All hospital inpatient bed occupancy** must be greater than or equal to **ICU bed occupancy.** **All hospital inpatient bed** occupancy must be greater than or equal to the sum of **adult hospital inpatient bed occupancy** and **pediatric inpatient bed occupancy.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 6000
4b	I	all_adult_hospital_inpatient_bed_occupied **REQUIRED**	Total number of **set-up and staffed** inpatient adult beds that are occupied.	**Adult hospital inpatient bed occupancy** must be less than or equal to **all hospital inpatient bed occupancy.** **Adult hospital inpatient bed occupancy** must be greater than or equal	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 5000

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
				to **adult ICU bed occupancy.**	
4c	J	all_pediatric_inpatient_bed_occupied **REQUIRED**	Total number of set-up and staffed inpatient pediatric beds that are occupied by a patient. Includes both PICU and med-surge beds (beds in which medical or surgical pediatric patients may be routinely placed). Include any surge/hallway/overflow beds that are open for use. **This count excludes NICU, newborn nursery, and outpatient surgery beds.** This is a subset of all hospital inpatient bed occupancy, and reflects occupancy levels for beds reported in all inpatient pediatric beds.	**Pediatric inpatient bed occupancy** must be less than or equal to **all hospital inpatient bed occupancy.** **Pediatric inpatient bed occupancy** must be greater than or equal to **pediatric ICU bed occupancy.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 5000
5a	K	total_staffed_icu_beds **REQUIRED**	Total number of ICU beds that are currently set-up, staffed and are or could be used for a patient within the reporting period. This count includes occupied and unoccupied ICU beds. This is a subset of All hospital inpatient beds, and includes the values for Total staffed adult ICU beds and Total staffed pediatric ICU beds, **including NICU beds.** **Note**: All ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units and nurseries.	**ICU beds** must be less than or equal to **All hospital inpatient beds.** **ICU beds** must be greater than or equal to **Pediatric ICU beds.** **ICU beds** must be greater than or equal to the sum of **Adult ICU beds** and **Pediatric ICU beds**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 1500 If you do not have an ICU enter zero.

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
5b	L	total_staffed_adult_icu_beds **REQUIRED**	Total number of staffed adult inpatient ICU beds that are currently set-up, staffed and are or could be used for a patient within the reporting period. This count includes occupied and unoccupied ICU beds. This is a subset of All adult hospital inpatient beds and Total ICU beds. Note: All adult ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.	**Total staffed adult ICU beds** must be less than or equal to **Total staffed ICU beds.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 1500 If you do not have an ICU enter zero.
5c	M	total_staffed_pediatric_icu_beds **REQUIRED**	Total number of pediatric ICU beds in the facility that are currently set-up, staffed and are or could be used for a patient within the reporting period. This count includes occupied and unoccupied ICU beds, including any ICU beds that are, or could be, staffed and used for a pediatric patient. This count excludes NICU, newborn nursery, and outpatient surgery beds. This is a subset of All inpatient pediatric beds and ICU beds. Note: All pediatric ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.	**Pediatric ICU beds** must be less than or equal to **ICU Beds.** **Pediatric ICU beds** must be less than or equal to **All inpatient pediatric beds.**	Numeric Response Must enter at least a zero. **Acceptable Values**: 0 - 1500 If you do not have an ICU enter zero.
6a	N	staffed_icu_bed_occupancy **REQUIRED**	Total number of staffed inpatient ICU beds that are occupied, **including NICU beds**. This is a subset of All hospital inpatient beds occupancy. This includes ICU beds located in non-ICU locations, such as mixed acuity units and nurseries.	**Total ICU bed occupancy** must be less than or equal to **All hospital inpatient bed occupancy.** **Total ICU bed occupancy** must be greater than or equal to the sum of **Adult ICU bed occupancy** and **Pediatric ICU bed occupancy.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 1500 If you do not have an ICU enter zero.

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
6b	O	staffed_adult_icu_bed_occupancy **REQUIRED**	Total number of staffed inpatient adult ICU beds that are occupied. This is also a subset of Adult hospital inpatient bed occupancy.	**Adult ICU bed occupancy** must be less than or equal to **ICU bed occupancy.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 1500 If you do not have an ICU enter zero.
6c	P	staffed_pediatric_icu_bed_occupancy **REQUIRED**	Total number of set-up and staffed pediatric ICU beds occupied by a patient. This count excludes NICU, newborn nursery, and outpatient surgery beds. This is subset of, all_pediatric_inpatient_bed_occupied and staffed_icu_bed_occupancy. Note: All pediatric ICU beds should be considered, regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.	**Pediatric ICU bed occupancy** must be less than or equal to **ICU bed occupancy**. **Pediatric ICU bed occupancy** must be less than or equal to **pediatric inpatient bed occupancy**.	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 1500 If you do not have an ICU enter zero.
9a		total_adult_patients_hospitalized_confirmed_and_suspected_covid **OPTIONAL as of May 12, 2023**	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed or suspected COVID-19. Include those in observation beds.		
9b	Q	total_adult_patients_hospitalized_confirmed_covid **REQUIRED**	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed COVID-19. Include those in observation beds. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field.	**Hospitalized adult confirmed-positive COVID** patients must be less than or equal to **Total hospitalized adult suspected or confirmed positive COVID patients.** This does not include adult patients who were once positive but are now negative.	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 6000

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
10a		total_pediatric_patients_hospitalized_confirmed_and_suspected_covid **OPTIONAL as of May 12, 2023**	Patients currently hospitalized in a pediatric inpatient bed, including, NICU, PICU, newborn, and nursery, who are suspected or laboratory-confirmed-positive for COVID-19. Include those in observation beds.		
10b	R	total_pediatric_patients_hospitalized_confirmed_covid **REQUIRED**	Patients currently hospitalized in a pediatric inpatient bed, including, NICU, PICU, newborn, and nursery, who have laboratory-confirmed COVID-19. Include those in observation beds. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field.	**Hospitalized pediatric confirmed-positive COVID patients** must be less than or equal to **Total hospitalized pediatric suspected or confirmed positive COVID patients.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 100
11		hospitalized_and_ventilated_covid_patients **OPTIONAL as of May 12, 2023**	Patients currently hospitalized in an adult, pediatric or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a mechanical ventilator (as defined in Column N above).		
12a		staffed_icu_adult_patients_confirmed_and_suspected_covid **OPTIONAL as of May 12, 2023**	Patients currently hospitalized in a designated adult ICU bed who have suspected or laboratory-confirmed COVID-19.		
12b	R	staffed_icu_adult_patients_confirmed_covid **REQUIRED**	Patients currently hospitalized in a designated adult ICU bed who have laboratory-confirmed COVID-19. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field.	**Hospitalized ICU adult laboratory-confirmed COVID-19 patients** must be less than or equal to **Total ICU adult suspected or laboratory-confirmed COVID-19 patients**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 1500
12c	T	staffed_icu_pediatric_patients_confirmed_covid **REQUIRED**	Total number of pediatric ICU beds occupied by laboratory confirmed positive COVID-19 patients. This count **excludes** NICU, newborn nursery, and outpatient surgery beds.	This is a subset of **occupied pediatric ICU beds**.	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 1500

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
13		hospital_onset **OPTIONAL as of May 12, 2023**	Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19. Hospital onset COVID-19 patients should be excluded from the count once they are removed from COVID-19 isolation precautions. If a patient is admitted with COVID 19, they are not counted in the hospital_onset response.		
17a	U	previous_day_admission_adult_covid_confirmed **REQUIRED**	Enter the number of patients who were admitted to an adult inpatient bed on the previous calendar day who had confirmed COVID-19 at the time of admission.	**Adult previous day covid admissions** must be *equal* to **sum of all age brackets, including unknown age.** (In other words, the sum of columns AA through AI cannot be greater than the total entered in column Z.) **Before uploading, please check the math to avoid later notification and late reporting.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 1000
17a	V	previous_day_admission_adult_covid_confirmed_18_19 **REQUIRED**	The patients aged 18-19.	Must enter at least a zero.	Numeric Response **Acceptable Values:** 0 - 100
17a	W	previous_day_admission_adult_covid_confirmed_20_29 **REQUIRED**	The patients aged 20-29.	Must enter at least a zero.	Numeric Response **Acceptable Values:** 0 - 100
17a	X	previous_day_admission_adult_covid_confirmed_30_39 **REQUIRED**	The patients aged 30-39.	Must enter at least a zero.	Numeric Response **Acceptable Values:** 0 - 100

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
17a	Y	previous_day_admission_adult_ covid_confirmed_40_49 **REQUIRED**	The patients aged 40-49.	Must enter at least a zero.	Numeric Response **Acceptable Values:** 0 - 100
17a	Z	previous_day_admission_adult_ covid_confirmed_50_59 **REQUIRED**	The patients aged 50-59.	Must enter at least a zero	Numeric Response **Acceptable Values:** 0 - 100
17a	AA	previous_day_admission_adult_ covid_confirmed_60_69 **REQUIRED**	The patients aged 60-69.	Must enter at least a zero.	Numeric Response **Acceptable Values:** 0 - 100
17a	AB	previous_day_admission_adult_ covid_confirmed_70_79 **REQUIRED**	The patients aged 70-79.	Must enter at least a zero.	Numeric Response **Acceptable Values:** 0 - 200
17a	AC	previous_day_admission_adult_ covid_confirmed_80_plus **REQUIRED**	The patients aged 80+.	Must enter at least a zero.	Numeric Response **Acceptable Values:** 0 - 100
17a	AD	previous_day_admission_adult_ covid_confirmed_unknown_age **REQUIRED**	The patients whose ages are unknown.	Must enter at least a zero.	Numeric Response
17b		previous_day_admission_adult_ covid_suspected **OPTIONAL as of May 12, 2023**	Enter the number of patients who were admitted to an adult inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission.		

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
17b		previous_day_admission_adult_covid_suspected_18_19 **OPTIONAL as of May 12, 2023**	The patients aged 18-19.		
17b		previous_day_admission_adult_covid_suspected_20_29 **OPTIONAL as of May 12, 2023**	The patients aged 20-29.		
17b		previous_day_admission_adult_covid_suspected_30_39 **OPTIONAL as of May 12, 2023**	The patients aged 30-39.		
17b		previous_day_admission_adult_covid_suspected_40_49 **OPTIONAL as of May 12, 2023**	The patients aged 40-49.		
17b		previous_day_admission_adult_covid_suspected_50_59 **OPTIONAL as of May 12, 2023**	The patients aged 50-59.		
17b		previous_day_admission_adult_covid_suspected_60_69 **OPTIONAL as of May 12, 2023**	The patients aged 60-69.		
17b		previous_day_admission_adult_covid_suspected_70_79 **OPTIONAL as of May 12, 2023**	The patients aged 70-79.		
17b		previous_day_admission_adult_covid_suspected_80_plus **OPTIONAL as of May 12, 2023**	The patients aged 80+.		
17b		previous_day_admission_adult_covid_suspected_unknown_age **OPTIONAL as of May 12, 2023**	The patients whose ages are unknown.		

| HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
18a	AE	previous_day_admission_pediatric_covid_confirmed **REQUIRED**	Enter the number of pediatric patients (patients 0 – 17 years old) who were admitted to an inpatient bed (regardless of whether the bed is designated as pediatric vs adult), including NICU, PICU, newborn, and nursery, on the previous calendar day who had laboratory-confirmed COVID-19 at the time of admission.	**Previous day's pediatric admissions with laboratory-confirmed COVID-19** must be equal to the sum of **all age brackets, including unknown age.**	Numeric Response Must enter at least a zero. **Acceptable Values:** 0 - 100
18b		previous_day_admission_pediatric_covid_suspected **OPTIONAL as of May 12, 2023**	Enter the number of pediatrics patients (patients 0 – 17 years old) who were admitted to an inpatient bed (regardless of whether the bed is designated as pediatric vs adult), including NICU, PICU, newborn, and nursery, on the previous calendar day who had suspected COVID-19 at the time of admission.	This is a subset of **Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients**.	
18c	AF	previous_day_admission_pediatric_covid_confirmed_0_4 **REQUIRED**	The patients aged 0-4		Numeric Response Must enter at least a zero.
18c	AG	previous_day_admission_pediatric_covid_confirmed_5_11 **REQUIRED**	The patients aged 5-11		Numeric Response Must enter at least a zero.
18c	AH	previous_day_admission_pediatric_covid_confirmed_12_17 **REQUIRED**	The patients aged 12-17		Numeric Response Must enter at least a zero.
18c	AI	previous_day_admission_pediatric_covid_confirmed_unknown **REQUIRED**	The patients, age unknown		Numeric Response Must enter at least a zero.
19		previous_day_total_ED_visits **OPTIONAL as of May 12, 2023**	Enter the total number of patient visits to the ED who were seen on the previous calendar day regardless of reason for visit. Include all patients who are triaged even if they leave before being seen by a provider.		

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
20		previous_day_covid_ED_visits **OPTIONAL as of May 12, 2023**	Enter the total number of ED visits who were seen on the previous calendar day who had a visit related to COVID-19 (meets suspected or confirmed definition or presents for COVID diagnostic testing – do not count patients who present for pre-procedure screening).		
24	AJ	critical_staffing_shortage_anticipated_within_week **OPTIONAL. WEDNESDAYS ONLY REPORTING**.	Enter Yes if you anticipate a critical staffing shortage within a week. Enter No if you do not anticipate a staffing shortage within a week. If you have a shortage, report Y until the shortage is resolved. Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios	If you do not report this value, the default is No.	TEXT FIELD: Acceptable Values: • Yes • No MNTrac will also accept: • Y, y • N, n Or Leave Blank (field is optional)
27b	AK	on_hand_supply_of_n95_respirators_in_days **REQUIRED Wednesdays only**	How many days supply of N95 respirators is on hand?	You are entering the Range of DAYS worth of this supply you have on hand. MNTrac will also accept the following: • 0 for 0 Days • 1-3 or 1 for 1-3 Days • 4-6 or 4 for 4-6 Days • 7-14 or 7 for 7-14 Days • 15-30 or 15 for 15-30 Days • > 30 Days or 30 for > 30 Days	Acceptable Values • 0 days • 1-3 days • 4-6 days • 7-14 days • 15-30 days • >30 days
27c	AL	on_hand_supply_of_surgical_masks_in_days **REQUIRED Wednesdays only**	How many days supply of surgical masks is on hand?	You are entering the Range of DAYS worth of this supply you have on hand. MNTrac will also accept the following: • 0 for 0 Days	Acceptable Values • 0 days • 1-3 days • 4-6 days • 7-14 days • 15-30 days • >30 days

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
				• 1-3 or 1 for 1-3 Days • 4-6 or 4 for 4-6 Days • 7-14 or 7 for 7-14 Days • 15-30 or 15 for 15-30 Days • > 30 Days or 30 for > 30 Days	
27d	AM	on_hand_supply_of_eye_protection_in_days **REQUIRED Wednesdays only**	How many days supply of face shields is on hand?	You are entering the Range of DAYS worth of this supply you have on hand. MNTrac will also accept the following: • 0 for 0 Days • 1-3 or 1 for 1-3 Days • 4-6 or 4 for 4-6 Days • 7-14 or 7 for 7-14 Days • 15-30 or 15 for 15-30 Days • > 30 Days or 30 for > 30 Days	Acceptable Values • 0 days • 1-3 days • 4-6 days • 7-14 days • 15-30 days • >30 days
27e	AN	on_hand_supply_of_single_use_surgical_gowns_in_days **REQUIRED Wednesdays only**	How many days supply of gloves is on hand?	You are entering the Range of DAYS worth of this supply you have on hand. MNTrac will also accept the following: • 0 for 0 Days • 1-3 or 1 for 1-3 Days • 4-6 or 4 for 4-6 Days • 7-14 or 7 for 7-14 Days • 15-30 or 15 for 15-30 Days • > 30 Days or 30 for > 30 Days	Acceptable Values • 0 days • 1-3 days • 4-6 days • 7-14 days • 15-30 days • >30 days

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
27f	AO	on_hand_supply_of_gloves_in_days **REQUIRED Wednesdays only**	How many days supply of gloves is on hand?	You are entering the Range of DAYS worth of this supply you have on hand. MNTrac will also accept the following: • 0 for 0 Days • 1-3 or 1 for 1-3 Days • 4-6 or 4 for 4-6 Days • 7-14 or 7 for 7-14 Days • 15-30 or 15 for 15-30 Days • > 30 Days or 30 for > 30 Days	Acceptable Values • 0 days • 1-3 days • 4-6 days • 7-14 days • 15-30 days • >30 days
30c	AP	able_to_maintain_n95_masks **REQUIRED Wednesdays only**	Are you able to maintain a three day supply of N95 respirators?	MNTrac also accepts: • Y, N, and NA • y, n, and na	TEXT FIELD: Acceptable Values • Yes • No • N/A
30e	AQ	able_to_maintain_3day_surgical_masks **REQUIRED Wednesdays only**	Are you able to maintain a three day supply of surgical mask?	MNTrac also accepts: • Y, N, and NA • y, n, and na	TEXT FIELD: Acceptable Values • Yes • No • N/A
30f	AR	able_to_maintain_3day_eye_protection **REQUIRED Wednesdays only**	Are you able to maintain a three day supply of face shields?	MNTrac also accepts: • Y, N, and NA • y, n, and na	TEXT FIELD: Acceptable Values • Yes • No • N/A
30g	AS	able_to_maintain_3day_single_use_gowns **REQUIRED Wednesdays only**	Are you able to maintain a three day supply of single-use gowns?	MNTrac also accepts: • Y, N, and NA • y, n, and na	TEXT FIELD: Acceptable Values • Yes • No • N/A

HHS Field Number	MNTrac Column Letter	Column Header	Data Field Description	Validation Rules	Facility Response
30h	AT	able_to_maintain_3day_gloves **REQUIRED Wednesdays only**	Are you able to maintain a three day supply of gloves?	MNTrac also accepts: • Y, N, and NA • y, n, and na	TEXT FIELD: Acceptable Values • Yes • No • N/A
33	AU	total_patients_hospitalized_confirmed_influenza **Required**	Enter the total number of patients (adult and pediatric) currently hospitalized in an inpatient bed who have laboratory-confirmed influenza virus infection. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active surge/expansion, ICU, NICU, PICU, newborn and nursery.	Must enter at least a zero. See Appendix II for the definition of laboratory-confirmed influenza.	Numeric Response **Acceptable Values:** 0 - 200
34	AV	previous_day_admission_influenza_confirmed **Required**	Enter the total number of patients (adult and pediatric) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza virus infection at the time of admission. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active surge/expansion, ICU, NICU, PICU, newborn and nursery.	Must enter at least a zero. See Appendix II for the definition of laboratory-confirmed influenza.	Numeric Response **Acceptable Values:** 0 - 100
35	AW	icu_patients_confirmed_influenza **Required**	Enter the total number of patients (adult and pediatric) currently hospitalized in a designated ICU bed with laboratory-confirmed influenza virus infection. This is a subset of **total_patients_hospitalized_confirmed_influenza** This value should not exceed the value in **total_patients_hospitalized_confirmed_influenza**	**Total hospitalized ICU patients with laboratory-confirmed influenza virus infection** must be less than or equal to **Total hospitalized patients with laboratory-confirmed influenza virus infection.**	Numeric Response Must enter at least a zero **Acceptable Values:** 0 - 100

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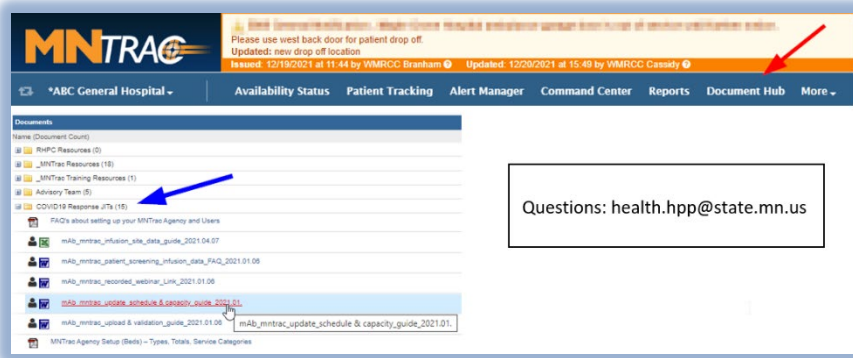
How to count Psychiatric and Rehabilitation beds:

- If the beds are under the main hospital's CCN number, count them ONLY IF the beds are included in a surge or overflow beds plan. Hospitals must outline their own triggers and criteria for when these beds would be activated and counted as surge.

- CCN numbers: units, areas, wards, etc., within a hospital, that have an alphanumeric variation of the main hospital's CCN number, are considered to be part of the main hospital.

  - For example, if ABC General Hospital's CCN is 990099, the psychiatric unit's CCN is 99S099 and the rehabilitation unit's CCN is 99T099, all three are considered to be under the same CCN.

  - Count the beds ONLY IF they are in the surge or overflow plan.

- If a hospital's psychiatric or rehabilitation unit has an alphanumeric variation of the main hospital's CCN number, like the example above, but is not part of the hospital or hospital complex, the psychiatric or rehabilitation unit reports separately from the main hospital.

- If a hospital's psychiatric or rehabilitation area, within a hospital, has its own distinct CCN number, it reports separately from the main hospital.

Recent NHSN/Teletracking Updates:

On November 2, 2022, HHS announced the following fields will become federally ineffective effective November 2, 2022:
- previous_week_Therapeutic_A_courses_used
- on_hand_supply_Therapeutic_A_courses
- previous_week_Therapeutic_B_courses_used
- on_hand_supply_Therapeutic_B_courses
- previous_week_Therapeutic_C_courses_used
- on_hand_supply_Therapeutic_C_courses
- previous_week_Therapeutic_D_courses_used
- on_hand_supply_Therapeutic_D_courses
- previous_week_personnel_covid_vaccinated_doses_administered
- total_personnel_covid_vaccinated_doses_none
- total_personnel_covid_vaccinated_doses_one

- total_personnel_covid_vaccinated_doses_all
- total_personnel
- previous_week_patients_covid_vaccinated_doses_one
- previous_week_patients_covid_vaccinated_doses_all

On November 2, 2022, HHS announced the following changes to behavioral health hospitals effective November 2, 2022:

- Psychiatric/rehabilitation hospitals will now be required to report only once on an annual basis which will go from October to October.

HHS Guidance and documentation

- COVID-19 Guidance for Hospital Reporting and FAQs: https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf

Date	Revision/Update explanation	Page(s)
28 July 2020	Removed Vent Medications. Changed surgical gowns to single use. Changed PPE Reuse to Able to Obtain. All column letters updated. Added FAQ section.	Full document

13 Aug 2020	Incorporated <u>August 13, 2020, HHS TeleTracking Data Points Guidance</u> and <u>August 13, 2020, TeleTracking Release Notes</u>:
	
	• Updated columns to align with the new <u>08/13/2020 TeleTracking Template</u>.
	• Added the following new data points:
	   ○ Admits_In_Last_24_Hrs_Confirmed_Adult
	   ○ Admits_In_Last_24_Hrs_Suspected_Adult
	• Which replaced the following data points:
	   ○ Admits_In_Last_24_Hrs_Confirmed
	   ○ Admits_In_Last_24_Hrs_Suspected
	• Removed the Total_PAPR_Days_On_Hand data point.
	• Added three new data points:
	   ○ Total_N95_Reuse
	   ○ Total_PAPR_Reuse
	   ○ Total_Launderable_Gowns_Reuse
	• Indicated (marked) current and new required data points.
	• Added N/A response option for "3 Day Supply" and "Re-use" questions for Lab Supplies.
	• Added range inputs option to "Days on Hand" data points, which replaced the numerical inputs.
		Full document

Date	Revision/Update explanation	Page(s)
18 Aug 2020	Integrated current HHS-TeleTracking data description definitions and validation rules. Definitions were updated semantically, no changes in intended meaning of data points. Columns updated: C, D, E, F, H, J, K, L, N, P, R, T, U, V, W, X, Z, AB, AD, AE, AO, AY, BB, BC, BF, BJ, BO, BS, BW, CA, CN, CO, CP, CQ, CR, DA, and DB.	Full document
2 Nov 2020	Entire document rebuilt in response to HHS October 19, 2020, update which included extensive modifications to the TeleTracking reporting specifications. Multiple data points were eliminated, and multiple data points were added. See TeleTracking Release Notes October 27, 2020.	Full document
20 Nov 2020	Updated MNTrac bed type definitions to reflect additional clarifications. Minor narrative edits and formatting.	Pages 2 - 5
2 Dec 2020	Added Venn Diagrams on counting COVID/Influenza Patients and Previous Day Deaths.	Page 38
7 Jan 2021	Updated Influenza fields from optional to required. Added newly required Therapeutics fields to table. Integrated Monoclonal Antibody Patient Infusion definitions.	Multiple, full document as needed.
29 Jan 2021	Updated MNTrac/TeleTracking Guidance Added newly required Vaccination fields to table. Changed column order and column labels for the Therapeutics fields in the table to align with TeleTracking.	Pages 6 - 8 Pages 35 - 41
2 Feb 2021	HHS placed new maximum limits on certain data points to ensure that accurate values are entered into the TeleTracking Portal.	Pages 10 - 49
31 March 2021 31 March 2021	Added C Therapeutics Data Fields to the TeleTracking Data Dictionary Table and corresponding other updates to the TeleTracking hospital reporting data elements section. Changed reporting requirements from required to optional for the fields: reusable_isolation_gowns_used, reusable_PAPRs_or_elastomerics_used, and reusuable_n95_masks_used Updated Vaccine Fields DB – DH per HHS clarifications released March 19, 2021. Updated Monoclonal Antibody (mAb) Patient Infusion Data Dictionary section, column AA, InfusionProduct field, with new accepted values bamlanivimab/etesevimab and bam/etes. Made Columns/Fields F – X optional.	Page 9 Pages 6 - 9, 39 Pages 6 - 9, 34 Pages 6 - 9, 41 - 45 Pages 48, 50

Date	Revision/Update explanation	Page(s)
28 April 2021	Added HHS announcement regarding FDA revocation of EUA for use of bamlanivimab alone.	6
	Updated this Data Dictionary, column CX, accordingly per FDA revocation of EAU for use of bam alone.	38
	Included notation on the FDA Coronavirus (COVID-19) Update April 16, 2021: FDA Revocation of Emergency Use Authorization for Monoclonal Antibody bamlanivimab.	47
	Updated mAb Patient Infusion Data Dictionary section, column AA, accordingly per FDA revocation of EAU for use of bam alone.	50
05 May 2021	Added HHS announcement regarding new Max Values for Therapeutics Fields.	9 – 10
	Updated TeleTracking Data Dictionary section, columns CX, CY, CZ, and DA, accordingly per HHS Max Value Updates.	38 – 40
04 June 2021	Updated the maximum value for data point, on_hand_supply_of_gloves_in_units, from 999,999 units to 50,000,000 units.	30
	Updated the following Influenza data points from required to optional status: ▪ Total hospitalized patients with laboratory-confirmed influenza virus infection. ▪ Previous day's influenza admissions (laboratory-confirmed influenza virus infection) ▪ Total hospitalized ICU patients with laboratory-confirmed influenza virus infection ▪ Total hospitalized patients co-infected with BOTH laboratory-confirmed COVID-19 AND laboratory-confirmed influenza virus infection ▪ Previous day's influenza deaths (laboratory-confirmed influenza virus infection)	35 – 38
	Updated the following Therapeutics data points from required to optional status: ▪ Therapeutic B, bamlanivimab. Current Inventory on hand (in courses) ▪ Therapeutic B, bamlanivimab. Courses used in the last week	40

Date	Revision/Update explanation	Page(s)
11 August 2021	Changed document title, reworked introductory paragraph and corresponding table, to reflect changes in response structure. Notated HHS June 10 update regarding to maximum values for PPE date points. Changed maximum values from 9,999,999 to 50,000,000 for PPE data points: - on_hand_supply_of_n95_respirators_in_units - on_hand_supply_of_surgical_masks_in_units - on_hand_supply_of_eye_protection_in_units Updated Monoclonal Antibody (mAb) Patient Infusion Data section to reflect transition of patient level data reporting transition to MNRAP.	1 10 29-30 49
20 Oct 2021	On October 20, 2021, the State of Minnesota, added the following fields for the allocation of Sotrovimab: - on_hand_supply_Therapeutic_D_courses - previous_week_Therapeutic_D_courses_used	6 10 42
02 Feb 2022	Restructured document, incorporating changes and additions detailed in the January 06, 2022, HHS COVID-19 Guidance for Hospital Reporting and FAQs. https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf Added Appendices I - V	Throughout Document
10 Feb 2022	Provided clarifications regarding counting NICU and Nursery Beds and added an HHS field number column to the Data Dictionary Table.	8 – 33
14 June 2022	Updated Bed Types and Bed Type Definitions for MNTrac daily bed availability reporting.	3 – 6
02 Nov 2022	Updated Bed Types and Bed Type Definitions for MNTrac to include Awaiting Discharge fields. Removed 15 fields from Teletracking requirements.	3 – 42

Date	Revision/Update explanation	Page(s)
12 May/11 June 2023	End of the Public Health Emergency. 18 fields became optional. 34 fields still required daily. 10 fields required weekly on Wednesdays. Detail in Appendix 0	

Appendix 0 – CDC May 12/June 11, 2023 End of Public Health Emergency

Data element reduction

- The number of data elements required to be reported to CDC will be reduced from 62 elements to 44 elements.

- Fields that will no longer be required and will be made optional:

    o 9a. Total hospitalized adult suspected or laboratory-confirmed COVID-19 patients

    o 10a: Total hospitalized pediatric suspected or laboratory-confirmed COVID-19 patients

    o 11: Hospitalized and ventilated COVID-19 patients - Patients currently hospitalized in an adult, pediatric, or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a mechanical ventilator

    o 12a: Total ICU adult suspected or laboratory- confirmed COVID-19 patients

    o 13: Hospital onset - Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19

    o 17b: Previous day's adult admissions with suspected COVID-19 and breakdown by age bracket: 18-19 • 20-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70-79 • 80+ • Unknown

    o 18b: Previous day's pediatric admissions with suspected COVID-19

    o 19: Previous day total ED visits

    o 20: Previous day total COVID-19-related ED visits

Appendix I – HHS January 6, 2022, update

On January 6, 2022, HHS announced the following changes.

HHS required the following fields, starting January 19ᵗʰ, 2022. (On October 20, 2021, the State of Minnesota, in advance of Federal requirement, added the following fields for the statewide allocation of the monoclonal antibody Sotrovimab.)

- on_hand_supply_Therapeutic_D_courses

- previous_week_Therapeutic_D_courses_used

HHS made the following fields available on January 10, required February 2, 2022.

- **Three existing optional influenza questions required again.**

    o total_patients_hospitalized_confirmed_influenza

    o previous_day_admission_influenza_confirmed

    o icu_patients_confirmed_influenza

- **Starting February 2, optional field,** *critical_staffing_shortage_anticipated_within_week*, **moved from daily reporting to Wednesdays only, still optional.**

- **The following data points have been made inactive, reporting no longer required after February 2nd, 2022.**

    o all_hospital_beds
    o all_adult_hospital_beds
    o mechanical_ventilators
    o mechanical_ventilators_in_use
    o ed_or_overflow
    o ed_or_overflow_and_ventilated
    o previous_day_deaths_covid
    o previous_day_remdesivir_used
    o on_hand_supply_remdesivir_vials
    o critical_staffing_shortage_today
    o staffing_shortage_details
    o PPE_supply_management_source
    o total_patients_hospitalized_confirmed_influenza _and_covid
    o previous_day_deaths_influenza
    o previous_day_deaths_covid_and_influenza
    o previous_week_Therapeutic_B_courses_used
    o on_hand_supply_Therapeutic_B_courses
    o all_hospital_beds

    o all_adult_hospital_beds
    o mechanical_ventilators
    o mechanical_ventilators_in_use
    o ed_or_overflow
    o ed_or_overflow_and_ventilated
    o previous_day_deaths_covid
    o previous_day_remdesivir_used
    o on_hand_supply_remdesivir_vials
    o critical_staffing_shortage_today
    o staffing_shortage_details
    o PPE_supply_management_source
    o on_hand_ventilator_supplies_in_days
    o total_patients_hospitalized_confirmed_influenza _and_covid
    o previous_day_deaths_influenza
    o previous_day_deaths_covid_and_influenza
    o previous_week_Therapeutic_B_courses_used
    o on_hand_supply_Therapeutic_B_courses_used

- **The following data points have been added. Reporting is required effective, February 2, 2022.**

    o all_pediatric_inpatient_beds

    o all_pediatric_inpatient_bed_occupied

    o total_staffed_pediatric_icu_beds

    o staffed_icu_pediatric_patients_confirmed_covid

    o previous_day_admission_pediatric_covid_confirmed_0_4

    o previous_day_admission_pediatric_covid_confirmed_5_11

    o previous_day_admission_pediatric_covid_confirmed_12_17

    o previous_day_admission_pediatric_covid_confirmed_unknown

Appendix II: Additional information by field type

HHS ID

HHS IDs are specified and maintained for the purposes of providing granular facility level identifiers for the purposes of this COVID-19 Guidance for Hospital Reporting. HHS IDs provide more granular information than CCN, as HHS ID references the individual facility level. HHS IDs for each facility are published and listed in the [“HHS IDs” file hosted on healthdata.gov](#).

Hospitalizations and Admissions

The number of new admissions and the total patients hospitalized should generally **not** be the same value.

- **Confirmed COVID-19 admissions** are the number of **new** patients who were admitted to an inpatient bed on the previous calendar day with confirmed COVID-19. This is a measure of **incidence**, or **new** patients coming into the hospital.
- **Total patients hospitalized with confirmed COVID-19** are the **current** number of patients with confirmed COVID-19 occupying an inpatient bed. This is a measure of **prevalence**, or **current** patients occupying a hospital bed.

If the values are reported such that the number of patients currently hospitalized are incorrectly reported as the number of new admissions, this can cause the new admissions rate for the facility, county, and state to appear overinflated. Accuracy of these fields is important, as they are included in a number of reports, dashboards, and datasets that are widely used by the public and the U.S. government.

A scenario example is provided below to assist in determining how to enter the data for these questions: On 9/8/2021, facility A had 12 adult patients with confirmed COVID-19 occupying inpatient beds at the time of data entry. On the prior day (9/7/2021), 3 new adult patients with confirmed COVID-19 were admitted to the facility.

- *The facility should enter **12** for total adult patients are hospitalized with confirmed COVID-19 on 9/8/2021.*

- *The facility should enter **3** for new adult patients with confirmed COVID-19 were admitted on the prior day.*

Laboratory-Confirmed COVID-19 Definition

Do NOT include the following as "laboratory confirmed COVID-19":
- ±Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR).

Laboratory-confirmed COVID-19 positive includes:
- Positive SARS-CoV-2 antigen test only [no other testing performed]
- Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]

±Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test.

± Include patient with serial viral test results only when the additional tests were collected within two calendar days of initial SARS-CoV-2 viral test. Day of specimen collection is equal to day 1. Otherwise, only select the initial test method for Test Type. Tests in which specimens are collected more than 2 calendar days apart should be considered separate tests.

Note: Several hospitals have asked for clarification on how long someone who has met the conditions for laboratory-confirmed COVID-19 remains a COVID-19 patient. We recognize that some hospitals and STLT partners have made internal definitions that have been used since reporting began. For some, a COVID-19 patient remains a COVID-19 patient for the duration of their stay, regardless of length of stay. For others, a COVID-19 patient stops being a COVID-19 patient after two weeks. For the purposes of reporting, hospitals are asked to please continue to use definitions that they have used for reporting to date. For new hospitals who are starting to report, please defer first to the COVID19 patient definition used by your hospital system, health care coalition, hospital association, and/or STLT partner. If a definition has not been previously determined, a default definition we suggest is for individuals to be counted as COVID-19 patients until they are no longer symptomatic and are removed from COVID-19 isolation precautions.

Laboratory-Confirmed Influenza Virus Infection Definition

Laboratory confirmation includes detection of influenza virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, and virus culture. For hospital reporting, laboratory-confirmed influenza is defined as Influenza A and B [this includes their subtypes and lineages (e.g., A(H1N1), A(H3N2), B/Victoria, B/Yamagata)]. Parainfluenza and Haemophilus Influenza should not be reported. A positive result in the prior 14 days whether completed as an inpatient or outpatient can be used as the laboratory confirmation.

Appendix III: Counting mixed-use beds

The general rule is to count beds as they were intended to be used, but if you have **Mixed-use Beds**, you can switch the category week to week depending on your patient mix.

For example, if you had X number of adults and Y number of pediatric patients in your mixed-use beds, you'd distribute those counts accordingly into the "**all_adult_inpatient_beds**" and "**all_pediatric_inpatient_peds**" categories.

If the balance of adult and pediatric patients changes, you can change the counts accordingly at a time that makes sense to you, **making sure not to double count beds.**

Questions: health.hpp@state.mn.us

Appendix IV: NICU exclusions & inclusions

NICU and nursery beds are included in some fields in the collection while being excluded from others. This is based on several factors including making minimal changes to existing definitions, considering analysis of this data collection combined with additional data sources, and reducing the number of new questions where feasible. The questions allow for epidemiologic tracking of pediatric patients regardless of age or location in the hospital, COVID-19 burden analysis for specific areas of the hospital, ability to more granularly track occupancy, and where needed potential to infer NICU occupancy.

NICU and nursery beds are included in:

- Overall capacity and occupancy measures

- Straight counts of pediatric patients who are hospitalized or admitted with COVID-19 regardless of age or location in the hospital

NICU and nursery beds are excluded in:

- New pediatric capacity and occupancy measures

- Measures of COVID-19 burden in pediatric ICUs

Appendix V: HHS Pediatric Clarifications

Q: My hospital is a 20-bed facility where the beds are not licensed or designated specifically for adult or pediatric patients. How should I report pediatric capacity for fields **all_pediatric_inpatient_beds**, **all_pediatric_inpatient_bed_occupied**, **total_staffed_pediatric_icu_beds**, and **staffed_pediatric_icu_bed_occupancy**?

A: For facilities without beds designated specifically for adult or pediatric patients, it is ok to report pediatric capacity as zero up until the point that there is a pediatric patient occupying a bed, then numbers for these fields are asked to be reflective of hospitalized pediatric patients.

Please note: we do not want to double count a room, for example: Facility X has 20 med/surg beds that are not designated as adult or pediatric and the current census is 9 adults and 3 pediatrics.

- Total adult beds available would be 17
- Total pediatrics beds available would be 3
- Total adult beds occupied 9
- Total pediatric beds occupied 3

Q: My hospital has a large NICU and designates specific portions to care for COVID-19 positive pediatric patients. How should this information be reflected for fields **all_pediatric_inpatient_beds**, **all_pediatric_inpatient_bed_occupied**, **total_staffed_pediatric_icu_beds,** and **staffed_pediatric_icu_bed_occupancy**?

A: Please include beds designated for COVID-19 positive pediatric patients for these pediatric capacity fields.

Q: My hospital designates nursery beds for babies born to COVID-19 positive mothers. How should this information be reflected for fields **all_pediatric_inpatient_beds**, **all_pediatric_inpatient_bed_occupied**, **total_staffed_pediatric_icu_beds**, and **staffed_pediatric_icu_bed_occupancy**?

A: Please include nursery beds designated for babies born to COVID-19 positive mothers in pediatric capacity for these fields

Q: Should newborns who are roomed in bassinets with their mothers (non-NICU, non-newborn nursery) be counted in occupied inpatient totals (all_hospital_inpatient_bed_occupied)? If so, should these bassinets also be counted in inpatient bed totals (all_hospital_inpatient_beds)?

A: No, unless they are designated for babies born to COVID-19 positive mothers.

Q: Should MIS-C (Multisystem Inflammatory Syndrome - Children) patients be counted as COVID-19 patients for fields **total_pediatric_patients_hospitalized_confirmed_and_suspected_covid** and **staffed_icu_pediatric_patients_confirmed_covid**?

A: No.

Appendix VII: Reporting for Behavioral Health Facilities

NHSN/Teletracking reporting for Behavioral Health facilities is required once annually with a yearly start date of October 1st. All fields listed in this Data Dictionary, including PPE fields, will be required when a facility reports. A facility can report any time throughout the year as long as they report once. NHSN/Teletracking reporting will still be done through the MNTrac system.

Facilities in Minnesota that this applies to include:

- Anoka-Metro Regional Treatment Center
- Child & Adolescent Behavioral Health
- Community Behavioral Health Center-Alexandria
- Community Behavioral Health Center-Annandale
- Community Behavioral Health Center-Baxter
- Community Behavioral Health Center-Bemidji
- Community Behavioral Health Center-Fergus Falls
- Community Behavioral Health Hospital-Rochester
- PrairieCare

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Contact health.communications@state.mn.us to request an alternate format.

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