



## **Hospital Data Reporting Changes** *Changes Take Effect July 15*

On Monday, Secretary of Health & Human Services Alex Azar sent a letter to our nation's governors and hospital administrators once again seeking changes to improve and expand hospital-level data to support the state and federal COVID-19 response.

**The changes include several new elements that need to be reported starting Wednesday, July 15, 2020.**

It's imperative that hospitals follow these new data reporting requirements, in part to ensure Texas receives the fullest allocation possible of remdesivir. Allocations of remdesivir from the federal government are based on these data elements.

The new elements include:

- Previous day's new adult admissions for confirmed COVID-19
- Previous day's new adult admissions for suspected COVID-19
- Total adults hospitalized for COVID-19 – suspected and confirmed
- Total hospitalized for COVID-19 – confirmed only
- Total adults in ICU with COVID-19 – suspected and confirmed
- Total adults in ICU with COVID – confirmed
- Remdesivir doses administered (being added soon)

### **How to Submit**

The data is to be submitted through the federal TeleTracking™ system (<https://teletracking.protect.hhs.gov>). This is the site that has previously been used by hospitals for the purposes of determining remdesivir allocations to states; most hospitals should have an account already. The site includes all instructions for reporting.

- To become a user in the TeleTracking™ portal: Respond to the validation email sent to your hospital/facility administrator.
- Visit <https://teletracking.protect.hhs.gov> and follow the specific instructions on how to become users.
- Each facility is allowed up to four users for both data entry and visual access to aggregated data in the platform.
- Note: The portal will have the new, updated fields by July 15.

[continued]

## **Continue State Reporting**

We urge all hospitals to use the TeleTracking™ system for the data points above until modified state reporting can be put in place. **Continue reporting all current data points into the state's EMResource as well.** DSHS is working on a mechanism to include these elements and other new data reporting into the current state reporting, EMResource. This ultimately will allow the state to report to the federal government on behalf of hospitals, thus eliminating some of the duplication hospitals experience with data reporting.