NHSN Hospital Respiratory Data (HRD) Reporting

Updated: October 25, 2024
Implementation date: October 9, 2024

Note: For ease of navigation, all changes reflected in this updated protocol have been highlighted in orange. The updates reflect clarification of the required reporting cadence, by facility type, following the Centers for Medicare and Medicaid Services' (CMS) release of additional guidance.

Introduction

The COVID-19 pandemic underscored the public health threat of respiratory pathogens and highlighted the need for comprehensive, real-time surveillance data on U.S. healthcare system stress, capacity, capability, and patient safety for prevention and response purposes. As such, from September 2, 2020 – April 30, 2024, all U.S. acute care and critical access hospitals were required to report COVID-19 and other respiratory pathogen, bed capacity, and supply data to the U.S. Government, specifically the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), under the Centers for Medicare & Medicaid (CMS) Conditions of Participation (CoP).[1]

Due to the ongoing need for situational awareness of the impacts of respiratory disease, CMS proposed a new requirement for all U.S. hospitals to electronically report information about COVID-19, influenza, respiratory syncytial virus (RSV), and hospital bed capacity to CDC's National Healthcare Safety Network (NHSN) in a standardized format and frequency specified by the HHS Secretary, to provide situational awareness of the impact of these respiratory diseases on patients and healthcare systems in the United States. In August 2024, CMS finalized the FY 2025 IPPS rule. Beginning on November 1, 2024, CMS specified the required reporting to include the following to NHSN on a weekly basis:[2]

1. Hospital bed capacity and occupancy information, overall and by bed type (inpatient, ICU) and designation (adult, pediatric)
2. Number of patients hospitalized with laboratory-confirmed COVID-19, influenza, and RSV, by age group
3. Number of new hospital admissions of patients with laboratory-confirmed COVID-19, influenza, and RSV, by age group

Additionally, hospital personal protective equipment (PPE) and supply data are available for voluntary reporting to NHSN in conjunction with the required data.

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[1] For information on previous reporting guidance, requirements, and specifications through April 30, 2024, please visit: https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf

[2] FY 2025 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, pgs. 898-905.

Facility Types Required to Report[3]

Weekly Reporters

The following facility types are required to report Hospital Respiratory Data to NHSN on a weekly cadence (e.g., report data by Tuesday 11:59pm PT for the previous reporting week of Sunday – Saturday):

- Short-term Acute Care Hospitals (including Medicaid-Only Short-term Acute Care Hospitals)
- Long-term Care Hospitals (LTCHs)
- Critical Access Hospitals (CAHs)
- Oncology Hospitals (including PPS Exempt Cancer Hospitals)
- Children's Hospitals (including Medicaid-Only Children's Hospitals)
- Indian Health Services Hospitals (also Tribal Hospitals, Medicare-participating)

Veteran's Health Administration (VHA) and Defense Health Agency (DHA) facilities are also encouraged to report following a weekly cadence.

Annual Reporters

The following facility types are required to report Hospital Respiratory Data to NHSN annually, beginning January 2025:

- Freestanding inpatient rehabilitation facilities (including Medicaid-Only Rehabilitation Hospitals)
- Freestanding inpatient psychiatric facilities (including Medicaid-Only Psychiatric Hospitals)
- CMS-certified inpatient rehabilitation facility units (IRF within a hospital; distinct part units)
- CMS-certified inpatient psychiatric facility units (IPF within a hospital; distinct part units)

See Appendix A for specific guidance on reporting for CMS-certified IRF and IPF units.

Facilities are responsible for reporting the information directly to the Federal government using NHSN's Patient Safety Component (PSC) Hospital Respiratory Data (HRD) Module. Facilities should report at the individual hospital level, even if hospitals share a CMS Certification Number (CCN).

Reporting capabilities for the NHSN application webform, CSV upload, and API are available.
- Facilities can report individually directly into the NHSN application via the webform, CSV upload, or API.
- Jurisdictions can submit data on behalf of facilities within their area, hospital systems can submit data at an enterprise level, third-party providers can submit data on behalf of facilities and/or jurisdictions via CSV upload or API.

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[3] https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos-states/updates-condition-participation-cop-requirements-hospitals-and-critical-access-hospitals-cahs-report

Summary of Data Elements

The NHSN HRD module collects 58 data elements, 48 of which are required to be reported and 10 of which are optional.

Table 1: Summary of Data Elements required for reporting to NHSN as of Nov 1, 2024

Status	Category	Number of data elements	Data element IDs
Required	Facility information and datetime fields	3	1a – 1c
	Hospital bed capacity and occupancy, overall and by bed type and designation	12	2a – 5c
	Prevalent hospitalizations (COVID-19, influenza, RSV), by age group	12	6a – 11b
	New hospital admissions (COVID-19, influenza, RSV), by age group	21	12a – 14g
Optional	Days-on-hand supplies	5	15a – 15e
	Able to maintain supplies	5	16a – 16e

Complete lists of the required and optional data elements and data element definitions can be found in the data collection forms and tables of instructions, available here: https://www.cdc.gov/nhsn/psc/hospital-respiratory-reporting.html.

Reporting Requirements, Cadence, and Pathways

As of November 1, 2024, all hospitals listed under "*Facility Types Required to Report – Weekly Reporters*" are required to report the requested information weekly to NHSN.

All required data for a reporting week of Sunday through Saturday are due by the following Tuesday, 11:59pm PT. For Tuesday deadlines falling on federal holidays, the reporting deadline will shift to Wednesday of the same week.

The data included in the submission depends on the selected reporting form and associated pathway in the NHSN application (either the HRD Daily or HRD Weekly Form/Pathway) but will capture the necessary data needed to meet the CMS CoP:

1. **Single-day snapshot data elements:** the 24 data elements within the reporting form sections for *Bed Capacity and Occupancy* and *Prevalent Hospitalizations* are required to be reported as **single day snapshots** (specifically, Wednesday) of the reporting week.

2. **Weekly total data elements:** the 21 data elements within the reporting form sections for *New Admissions* are required to be reported to account for aggregated data for the entire reporting week **(specifically, Sunday-Saturday)**.

Table 2: NHSN HRD Reporting Pathway Options

	Daily data pathway	Weekly data pathway
24 single-day snapshot fields (required)	**Required:** Report for the Wednesday of the reporting week *(CAN report for other days in the week voluntarily)*	**Required:** Report for the Wednesday of the reporting week *(CANNOT report for other days in the week voluntarily)*
21 weekly total new hospital admissions fields (required)	**Required:** Report values for every day in the reporting week separately; NHSN application determines completeness of reporting and calculates weekly totals	**Required:** Reporters calculate and provide the weekly total values for the reporting week directly into the NHSN application
10 supply/PPE fields (optional)	**Recommended:** Report for the Wednesday in the reporting week *(Can report for other days in the week voluntarily)*	**Recommended:** Report for the Wednesday in the reporting week *(CANNOT report for other days in the week voluntarily)*

The HRD module provides reporters the choice to submit data using **either** a weekly reporting pathway **OR** a daily reporting pathway. The NHSN reporter must select **one** pathway (weekly or daily) and submit data using that pathway for the entirety of a given reporting cycle (see information in next section). A user may change the pathway when a new reporting cycle begins.

Either the weekly reporting pathway **OR** the daily reporting pathway will satisfy requirements for submission of Hospital Respiratory Data for CMS CoP; **reporters do NOT need to provide data into both pathways to meet the CoP.**

Example Reporting Week: Sunday, November 3 – Saturday, November 9
Using HRD daily data pathway:
- Data for bed capacity and occupancy and prevalent COVID-19, influenza, and RSV hospitalizations (24 total data elements; fields 2a – 11b on the reporting form) must be reported as a single-day snapshot for Wednesday, November 6.
    - Data for these fields can be voluntarily reported for all other days during the reporting week.
- Data for COVID-19, influenza, and RSV new hospital admissions (21 total data elements; fields 12a – 14g on the reporting form) must be reported for each day separately during the reporting week of Sunday, November 3 – Saturday, November 9.
- Supply/PPE data (10 total data elements; fields 15a – 16b on the reporting form) can be voluntarily reported for all days during the reporting week but are recommended to be reported for Wednesdays to maintain consistency with previous reporting requirements for these fields and with other single-day snapshot fields required under the CoP.

Using HRD weekly data pathway:
- Data for bed capacity and occupancy and prevalent COVID-19, influenza, and RSV hospitalizations (24 total data elements; fields 2a – 11b on the reporting form) must be reported as a single-day snapshot for Wednesday, November 6.
    - Data for these fields CANNOT be voluntarily reported for all other days during the reporting week in the weekly pathway/form.
- Data for COVID-19, influenza, and RSV new hospital admissions (21 total data elements; fields 12a – 14g on the reporting form) must be reported as **weekly totals** directly for the reporting week of Sunday, November 3 – Saturday, November 9.
- Supply/PPE data (10 total data elements; fields 15a – 16b on the reporting form) are available for optional reporting on the weekly pathway/form, with data for Wednesday recommended to maintain consistency with previous reporting requirements for these fields and with other single-day snapshot fields required under the CoP.

The above data for example reporting week of Sunday, November 3 – Saturday, November 9 must be entered into the NHSN application by Tuesday, November 12, 11:59pm PT. Please see Appendix B for additional examples.

Annual Reporters
As of November 1, 2024, all hospitals listed under "*Facility Types Required to Report – Annual Reporters*" are required to report the requested information to NHSN once annually, beginning January 2025.

 To meet the annual reporting requirement, annual reporters should report data using **either** the HRD daily data pathway **or** HRD weekly data pathway for **one** of the following full weeks in January 2025:
- Sunday, January 5, 2025 – Saturday January 11, 2025 (due **by** Tuesday January 14, 2025)
- Sunday, January 12, 2025 – Saturday January 18, 2025 (due **by** Tuesday January 21, 2025)
- Sunday, January 19, 2025 – Saturday January 25, 2025 (due **by** Tuesday January 28, 2025)
- Sunday, January 26, 2025 – Saturday February 1, 2025 (due **by** Tuesday February 4, 2025)

***All required data as outlined above in Table 2, for a reporting week of Sunday through Saturday, are
due by the following Tuesday, 11:59pm PT.***

***Please note that annual reporters are also able to voluntarily report HRD to NHSN throughout the year,
outside of the required reporting week selected in January 2025 .Data reported outside of the required
reporting week selected will not meet the annual requirement.***

Reporting Completeness Evaluation

A full evaluation period for CMS CoP will span 28 days, or four total reporting weeks, of Sunday-Saturday.
NHSN will evaluate the completeness and timeliness of required reporting on a weekly basis, with final
evaluation reports generated in the days immediately following the final Tuesday submission deadline for
the fourth week in the evaluation period.

Additional guidance for reporting specific data elements

Table 3. Pathogen-specific new hospital admissions and prevalent hospitalization data elements.

Template Data Element Column Name	Data Field ID	Data Field Name – Daily Reporting
numConfC19HospPatsAdult	6a	All hospitalized adult patients with laboratory-confirmed COVID-19
numConfC19HospPatsPed	6b	All hospitalized pediatric patients with laboratory-confirmed COVID-19
numConfC19ICUPatsAdult	9a	Adult ICU patients with laboratory-confirmed COVID-19
numConfC19ICUPatsPed	9b	Pediatric ICU patients with laboratory-confirmed COVID-19
numConfFluHospPatsAdult	7a	All hospitalized adult patients with laboratory-confirmed influenza
numConfFluHospPatsPed	7b	All hospitalized pediatric patients with laboratory-confirmed influenza
numConfFluICUPatsAdult	10a	Adult ICU patients with laboratory-confirmed influenza
numConfFluICUPatsPed	10b	Pediatric ICU patients with laboratory-confirmed influenza
numConfRSVHospPatsAdult	8a	All hospitalized adult patients with laboratory-confirmed RSV
numConfRSVHospPatsPed	8b	All hospitalized pediatric patients with laboratory-confirmed RSV
numConfRSVICUPatsAdult	11a	Adult ICU patients with laboratory-confirmed RSV
numConfRSVICUPatsPed	11b	Pediatric ICU patients with laboratory-confirmed RSV
numConfC19NewAdmPed0to4	12a	Number of new admissions of patients with laboratory-confirmed COVID-19, 0-4 years of age
numConfC19NewAdmPed5to17	12b	Number of new admissions of patients with laboratory-confirmed COVID-19, 5-17 years of age
numConfC19NewAdmAdult18to49	12c	Number of new admissions of patients with laboratory-confirmed COVID-19, 18-49 years of age
numConfC19NewAdmAdult50to64	12d	Number of new admissions of patients with laboratory-confirmed COVID-19, 50-64 years of age
numConfC19NewAdmAdult65to74	12e	Number of new admissions of patients with laboratory-confirmed COVID-19, 65-74 years of age
numConfC19NewAdmAdult75plus	12f	Number of new admissions of patients with laboratory-confirmed COVID-19, 75+ years of age
numConfC19NewAdmUnk	12g	Number of new admissions of patients with laboratory-confirmed COVID-19, unknown age
numConfFluNewAdmPed0to4	13a	Number of new admissions of patients with laboratory-confirmed influenza, 0-4 years of age
numConfFluNewAdmPed5to17	13b	Number of new admissions of patients with laboratory-confirmed influenza, 5-17 years of age
numConfFluNewAdmAdult18to49	13c	Number of new admissions of patients with laboratory-confirmed influenza, 18-49 years of age
numConfFluNewAdmAdult50to64	13d	Number of new admissions of patients with laboratory-confirmed influenza, 50-64 years of age
numConfFluNewAdmAdult65to74	13e	Number of new admissions of patients with laboratory-confirmed influenza, 65-74 years of age
numConfFluNewAdmAdult75plus	13f	Number of new admissions of patients with laboratory-confirmed influenza, 75+ years of age
numConfFluNewAdmUnk	13g	Number of new admissions of patients with laboratory-confirmed influenza, unknown age
numConfRSVNewAdmPed0to4	14a	Number of new admissions of patients with laboratory-confirmed RSV, 0-4 years of age
numConfRSVNewAdmPed5to17	14b	Number of new admissions of patients with laboratory-confirmed RSV, 5-17 years of age
numConfRSVNewAdmAdult18to49	14c	Number of new admissions of patients with laboratory-confirmed RSV, 18-49 years of age
numConfRSVNewAdmAdult50to64	14d	Number of new admissions of patients with laboratory-confirmed RSV, 50-64 years of age
numConfRSVNewAdmAdult65to74	14e	Number of new admissions of patients with laboratory-confirmed RSV, 65-74 years of age
numConfRSVNewAdmAdult75plus	14f	Number of new admissions of patients with laboratory-confirmed RSV, 75+ years of age
numConfRSVNewAdmUnk	14g	Number of new admissions of patients with laboratory-confirmed RSV, unknown age

Laboratory-confirmed definitions

The information listed below applies to the data elements listed in Table 3.

- **Laboratory-confirmed COVID-19**
  - Laboratory confirmation includes detection of SARS-CoV-2 infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, OR viral culture. A positive result in the prior 14 days (≤14 days) whether completed as an inpatient or outpatient can be used as the laboratory confirmation.

- **Laboratory-confirmed influenza**
  - Laboratory confirmation includes detection of influenza virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, OR viral 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 influenzae* infections should not be reported. A positive result in the prior 14 days (≤14 days) whether completed as an inpatient or outpatient can be used as the laboratory confirmation.

- **Laboratory-confirmed RSV**
  - Laboratory confirmation includes detection of RSV infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, OR viral culture. A positive result in the prior 14 days (≤14 days) whether completed as an inpatient or outpatient can be used as the laboratory confirmation.

Additional clarifications on laboratory-confirmed new hospital admissions and prevalent hospitalizations for COVID-19, influenza, and RSV

The information listed below also applies to the data elements listed in Table 3.

- Patients should be counted in fields 12a-14g (new hospital admissions of COVID-19, influenza, RSV) only once, for the date that corresponds to their hospital admission if a positive laboratory confirmation is also present on the day of admission. If laboratory confirmation is not available at the time of admission but becomes available at a later date, the previous count for admissions do not need to be updated.
- Patients should be counted in fields 6a through 11b listed in Table 3 (prevalent COVID-19, influenza, RSV hospitalizations) for the entirety of their hospitalization, even if they are still hospitalized following negative laboratory testing. These counts also include patients with a re-infection or co-infection.

- o In circumstances where patients have an exceptionally long length of stay (for example, in a behavioral health unit) NHSN will defer to the facility to determine when to remove the patient from inclusion in fields 6a through 11b.
- The number of new hospital admissions and the total patients hospitalized should *generally* not be the same value.
    - o Laboratory-confirmed new hospitals admissions are the number of new patients who were admitted to an inpatient bed with lab-confirmed COVID-19, influenza, or RSV.
        - ▪ This is a measure of incidence, or new patients coming into the hospital.
    - o Total patients hospitalized with laboratory-confirmed COVID-19, influenza, or RSV are the current number of patients with lab-confirmed COVID-19, influenza, or RSV occupying an inpatient bed.
        - ▪ This is a measure of prevalence, or current patients occupying a hospital bed.
    - o 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 frequently included reports, dashboards, and datasets that are widely used by the public and the U.S. government.

See below scenarios for examples of how to report patients with laboratory-confirmed COVID-19, influenza, or RSV.

Scenario 1:

Patient aged 65 is admitted to hospital on Sunday of reporting week, with laboratory-confirmed COVID-19. Patient does NOT require ICU hospitalization during course of illness.

Using HRD Daily Reporting Pathway:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient is admitted with laboratory-confirmed COVID-19.	**Patient is hospitalized, repeat test positive.**	**Patient is hospitalized, repeat test negative.**	**Patient is discharged.**			
Action for reporting date of Sunday: **Patient is included in:** **REQUIRED 12e**: Number of new admissions of patients with laboratory-confirmed COVID-19, 65-74 years of age. **OPTIONAL 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19.	**Action for reporting date of Monday:** **Patient is included in:** **OPTIONAL 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19.	**Action for reporting date of Tuesday:** **Patient is included in:** **OPTIONAL 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19.	**Action for reporting date of Wednesday:** **Patient is included in:** **REQUIRED 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19 <u>if the census is captured prior to discharge.</u>	**Action for reporting date of Thursday:** NONE	**Action for reporting date of Friday:** NONE	**Action for reporting date of Saturday:** NONE

Using HRD Weekly Reporting Pathway:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient is admitted with laboratory-confirmed COVID-19.	**Patient is hospitalized, repeat test positive.**	**Patient is hospitalized, repeat test negative.**	**Patient is discharged.**			
Action for week ending Saturday: **Patient is included in:** **REQUIRED 12e**: Number of new admissions of patients with laboratory-confirmed COVID-19, 65-74 years of age (weekly total). **REQUIRED 6a**: All hospitalized adult patients with laboratory- confirmed COVID-19 (Wednesday snapshot) *if the census is captured prior to discharge.*						

Scenario 2: Patient aged 55 is admitted to hospital on Sunday of reporting week, with laboratory-confirmed COVID-19 and laboratory-confirmed influenza (co-infection). Patient does require ICU hospitalization initially in course of illness.
Using HRD Daily Reporting Pathway:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient is newly admitted and requires ICU hospitalization, with laboratory-confirmed COVID-19 and laboratory-confirmed influenza.	Patient is hospitalized in ICU, repeat COVID test positive, repeat flu test positive.	Patient is hospitalized but no longer requires ICU, repeat COVID test positive, repeat flu test positive.	Patient is hospitalized but no longer requires ICU, repeat COVID test negative, repeat flu test positive.	Patient is hospitalized but no longer requires ICU, repeat COVID test negative, repeat flu test negative.	Patient is hospitalized but no longer requires ICU, repeat COVID test negative, repeat flu test negative.	Patient is discharged.
Action for reporting date of Sunday: **Patient is included in:** **REQUIRED 12d**: Number of new admissions of patients with laboratory-confirmed COVID-19, 50-64 years of age. **REQUIRED 13d**: Number of new admissions of patients with laboratory-confirmed influenza, 50-64 years of age. **OPTIONAL 6a**: All hospitalized adult patients with laboratory- confirmed COVID-19. **OPTIONAL 7a**: All hospitalized adult patients with laboratory- confirmed influenza. **OPTIONAL 9a**: All hospitalized adult ICU patients with laboratory-confirmed COVID-19. **OPTIONAL 10a**: All hospitalized adult ICU patients with laboratory-confirmed influenza.	**Action for reporting date of Monday:** **Patient is included in:** **OPTIONAL 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19. **OPTIONAL 7a**: All hospitalized adult patients with laboratory-confirmed influenza. **OPTIONAL 9a**: All hospitalized adult ICU patients with laboratory-confirmed COVID-19. **OPTIONAL 10a**: All hospitalized adult ICU patients with laboratory-confirmed influenza.	**Action for reporting date of Tuesday:** **Patient is included in:** **OPTIONAL 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19. **OPTIONAL 7a**: All hospitalized adult patients with laboratory-confirmed influenza.	**Action for reporting date of Wednesday:** **Patient is included in:** **REQUIRED 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19. **REQUIRED 7a**: All hospitalized adult patients with laboratory-confirmed influenza.	**Action for reporting date of Thursday:** **Patient is included in:** **OPTIONAL 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19. **OPTIONAL 7a**: All hospitalized adult patients with laboratory-confirmed influenza.	**Action for reporting date of Friday:** **Patient is included in:** **OPTIONAL 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19. **OPTIONAL 7a**: All hospitalized adult patients with laboratory-confirmed influenza.	**Action for reporting date of Saturday:** **Patient is included in:** **OPTIONAL 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19 if the census is captured prior to discharge. **OPTIONAL 7a**: All hospitalized adult patients with laboratory-confirmed influenza if the census is captured prior to discharge.

Using HRD Weekly Reporting Pathway:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient is newly admitted and requires ICU hospitalization, with laboratory-confirmed COVID-19 and laboratory-confirmed influenza.	Patient is hospitalized in ICU, repeat COVID test positive, repeat flu test positive.	Patient is hospitalized but no longer requires ICU, repeat COVID test positive, repeat flu test positive.	Patient is hospitalized but no longer requires ICU, repeat COVID test positive, repeat flu test positive.	Patient is hospitalized but no longer requires ICU, repeat COVID test negative, repeat flu test negative.	Patient is hospitalized but no longer requires ICU, repeat COVID test negative, repeat flu test negative.	Patient is discharged.
Action for week ending Saturday: **REQUIRED 12d**: Number of new admissions of patients with laboratory-confirmed COVID-19, 50-64 years of age (weekly total). **REQUIRED 13d**: Number of new admissions of patients with laboratory-confirmed influenza, 50-64 years of age (weekly total). **REQUIRED 6a**: All hospitalized adult patients with laboratory-confirmed COVID-19. **REQUIRED 7a**: All hospitalized adult patients with laboratory-confirmed influenza.						

Scenario 3: Patient aged 4 years is admitted to hospital on Sunday of reporting week, with laboratory-confirmed RSV. Patient does require ICU hospitalization during course of illness.

Using HRD Daily Reporting Pathway:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient is newly admitted and requires ICU hospitalization, with laboratory-confirmed RSV.	Patient is hospitalized in ICU, repeat RSV test positive.	Patient is hospitalized in ICU, repeat RSV test positive.	Patient is hospitalized in ICU, no repeat test performed.	Patient is hospitalized in ICU, no repeat test performed.	Patient is hospitalized but no longer requires ICU, repeat RSV test negative.	Patient is discharged.
Action for reporting date of Sunday: **Patient is included in:** **REQUIRED 14a**: Number of new admissions of patients with laboratory-confirmed RSV, 0-4 years of age. **OPTIONAL 8b**: All hospitalized pediatric patients with laboratory-confirmed RSV **OPTIONAL 11b**. Pediatric ICU patients with laboratory-confirmed RSV	**Action for reporting date of Monday:** **Patient is included in:** **OPTIONAL 8b**: All hospitalized pediatric patients with laboratory-confirmed RSV **OPTIONAL 11b**. Pediatric ICU patients with laboratory-confirmed RSV	**Action for reporting date of Tuesday:** **Patient is included in:** **OPTIONAL 8b**: All hospitalized pediatric patients with laboratory-confirmed RSV **OPTIONAL 11b**. Pediatric ICU patients with laboratory-confirmed RSV	**Action for reporting date of Wednesday:** **Patient is included in:** **REQUIRED 8b**: All hospitalized pediatric patients with laboratory-confirmed RSV **REQUIRED 11b**. Pediatric ICU patients with laboratory-confirmed RSV	**Action for reporting date of Thursday:** **Patient is included in:** **OPTIONAL 8b**: All hospitalized pediatric patients with laboratory-confirmed RSV **OPTIONAL 11b**. Pediatric ICU patients with laboratory-confirmed RSV	**Action for reporting date of Friday:** **Patient is included in:** **OPTIONAL 8b**: All hospitalized pediatric patients with laboratory-confirmed RSV	**Action for reporting date of Saturday:** **Patient is included in:** **OPTIONAL 8b**: All hospitalized pediatric patients with laboratory-confirmed RSV *if the census is captured prior to discharge*.

Using HRD Weekly Reporting Pathway:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient is newly admitted and requires ICU hospitalization, with laboratory-confirmed RSV.	Patient is hospitalized in ICU, repeat RSV test positive.	Patient is hospitalized in ICU, repeat RSV test positive.	Patient is hospitalized in ICU, no repeat test performed.	Patient is hospitalized in ICU, no repeat test performed.	Patient is hospitalized but no longer requires ICU, repeat RSV test negative.	Patient is discharged.

Action for week ending Saturday:

REQUIRED 14a: Number of new admissions of patients with laboratory-confirmed RSV, 0-4 years of age.

REQUIRED 8b: All hospitalized pediatric patients with laboratory-confirmed RSV.

REQUIRED 11b. Pediatric ICU patients with laboratory-confirmed RSV.

Reporting bed-level vs. unit- or location-level counts

Table 4. Inpatient bed capacity and occupancy data elements

Template Data Element Column Name	Data Field ID	Data Field Name – Daily Reporting
numInPtBeds	2a	All hospital inpatient beds
numInPtBedsAdult	2b	All adult inpatient beds
numInPtBedsPed	2c	All pediatric inpatient beds
numInPtBedsOcc	3a	All hospital inpatient occupancy
numInPtBedsOccAdult	3b	All adult inpatient occupancy
numInPtBedsOccPed	3c	All pediatric inpatient occupancy

The information listed below applies to the data elements listed in Table 4.

- Inpatient bed counts are not location-specific unless your facility has a CMS-certified inpatient rehabilitation or inpatient psychiatric unit. All inpatient beds (which also include ICU beds), regardless of location, that are designated as pediatric or adult should be counted as such. For additional clarification please see *Specific guidance for CMS-certified psychiatric and rehabilitation units* (Appendix A).

Reporting inpatient pediatric bed counts for facilities that do not designate inpatient beds for adult or pediatric patients

The information listed below also applies to the data elements listed in Table 4.

- For facilities with staffed inpatient beds that are not designated specifically for adult or pediatric patients, it is acceptable to report pediatric capacity as zero up until the point when there is a pediatric patient occupying a staffed inpatient bed, in which case numbers for fields 2c, 3c, 4c, and 5c are asked to be reflective of hospitalized pediatric patients.

Reporting swing beds

The information listed below also applies to the data elements listed in Table 4.

- Swing beds are included in reporting fields 2a-3c UNLESS the beds part of a CMS-licensed SNF unit (SNF unit has a unique CCN with 'U', 'W', or 'Y' in the third position of the CCN). Swing beds in CMS-licensed SNF units within a facility are not included.
- See further information: https://www.cdc.gov/nhsn/faqs/faq-locations.html#Swing-Beds

Neonatal Intensive Care Unit (NICU) and nursery bed inclusion

The information listed below applies to the data elements listed in both Table 4 and Table 5.

Table 5. ICU bed capacity and occupancy data elements.

Template Data Element Column Name	Data Field ID	Data Field Name
numICUBeds	4a	All ICU beds
numICUBedsAdult	4b	Adult ICU beds
numICUBedsPed	4c	Pediatric ICU beds
numICUBedsOcc	5a	All ICU bed occupancy
numICUBedsOccAdult	5b	Adult ICU bed occupancy
numICUBedsOccPed	5c	Pediatric ICU bed occupancy

- NICU and nursery beds should be included in the counts of inpatient and ICU beds.

Reporting ICU bed counts for facilities that do not have ICUs, or ICU beds designated for adult or pediatric patients

The information listed below also applies to the data elements listed in Table 5.

- The value of 9999 should be reported in ICU fields to represent "not applicable."
- The following scenarios ensure ICU bed counts for fields listed in Table 5 can be reported to differentiate between "not applicable" scenarios, for facilities that do not have an ICU or ICU beds designated for adult or pediatric patients versus facilities that do have ICU beds that might be reported as true zero or non-zero counts.

Scenario 1: Hospital A does not have an ICU, or any beds that can be designated as ICU beds for adult or pediatric patients.

Template Data Element Column Name	Data Field ID	Data Field Name	Value Reported to NHSN
numICUBeds	4a	All ICU beds	9999
numICUBedsAdult	4b	Adult ICU beds	9999
numICUBedsPed	4c	Pediatric ICU beds	9999
numICUBedsOcc	5a	All ICU bed occupancy	9999
numICUBedsOccAdult	5b	Adult ICU bed occupancy	9999
numICUBedsOccPed	5c	Pediatric ICU bed occupancy	9999

Scenario 2: Hospital B does have an ICU with 10 beds (2 of which are occupied), but only designates ICU beds as adult ICU beds, and does not have any pediatric-designated ICU beds.

Template Data Element Column Name	Data Field ID	Data Field Name	Value reported to NHSN
numICUBeds	4a	All ICU beds	10
numICUBedsAdult	4b	Adult ICU beds	10
numICUBedsPed	4c	Pediatric ICU beds	9999
numICUBedsOcc	5a	All ICU bed occupancy	2
numICUBedsOccAdult	5b	Adult ICU bed occupancy	2
numICUBedsOccPed	5c	Pediatric ICU bed occupancy	9999

Scenario 3: Hospital C does have an ICU with 12 beds, of which 10 are designed for adult patients (5 of which are occupied), and 2 are designated for pediatric patients (1 of which is occupied).

Template Data Element Column Name	Data Field ID	Data Field Name	Value reported to NHSN
numICUBeds	4a	All ICU beds	12
numICUBedsAdult	4b	Adult ICU beds	10
numICUBedsPed	4c	Pediatric ICU beds	2
numICUBedsOcc	5a	All ICU bed occupancy	6
numICUBedsOccAdult	5b	Adult ICU bed occupancy	5
numICUBedsOccPed	5c	Pediatric ICU bed occupancy	1

Appendix A. Specific guidance for CMS-certified psychiatric and rehabilitation units

Some acute care, critical access, or long-term acute care facilities have a CMS-certified inpatient rehabilitation facility (IRF) unit and/or a CMS-certified inpatient psychiatric facility (IPF) unit located within the facility. These units share the facility's NHSN OrgID but have a unique CCN (even if different by only one letter or number).

Example:
Facility CCN: 000000
CMS-certified psychiatric unit CCN: 00S000

Tip: your facility's billing/administrative department can confirm if the rehabilitation or psychiatric unit is CMS-certified and has a different CCN from the facility.

Data for CMS-certified IRF units and/or CMS-certified IPF units should be reported separately from the larger parent facility for Hospital Respiratory Data reporting.

Separate reporting of CMS-certified IRF unit and/or CMS-certified IPF unit data for Hospital Reporting should be done under the same OrgID as the parent hospital, using the Context field in the data collection.

For facilities WITH a CMS-certified IRF unit and/or CMS-certified IPF unit:
EXCLUDE CMS-certified IRF unit and/or CMS-certified IPF unit beds from the overall counts reported under the HOSP context.
Report the CMS-certified IRF unit and/or CMS-certified IPF unit counts separately for the facility under the IRF and/or IPF context.

For facilities WITHOUT a CMS-certified inpatient rehabilitation unit and/or CMS-certified inpatient psychiatric unit:
INCLUDE any inpatient rehabilitation and psychiatric beds in your hospital in the bed count for this field, using the HOSP context.

Scenario:

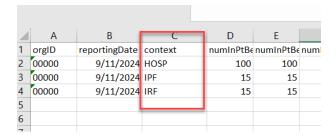Acute Care Facility with NHSN OrgID 00000 has a CMS-certified IRF and IPF.

If using the Hospital Respiratory Data webform, the facility will report HOSP, IRF, and IPF values separately by submitting a form with data completed for each of the contexts:

Complete reporting view for Wednesday of the reporting week:

If using the Hospital Respiratory Data CSV template upload, the facility will report HOSP, IRF, and IPF values on separate rows under the "context" header in the file:

Note: CMS-certified inpatient rehabilitation facility units (IRF within a hospital; distinct part units) and CMS-certified inpatient psychiatric facility units (IPF within a hospital; distinct part units), in addition to freestanding inpatient rehabilitation and inpatient freestanding psychiatric facilities are required to report HRD to NHSN once annually.

Appendix B. Reporting cadence calendar examples

Daily Data Reporting Cadence

Note: Data for each week are due by the following Tuesday, 11:59 p.m. PT.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WEEK 1	Day 1 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy *START OF EVALUATION PERIOD*	Day 2 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 3 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 4 **REQUIRED**: New admissions, hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 5 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 6 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 7 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy
WEEK 2	Day 8 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 9 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 10 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy **Submission deadline** (Week 1, days 1-7)	Day 11 **REQUIRED**: New admissions, hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 12 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 13 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 14 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy
WEEK 3	Day 15 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 16 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 17 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy **Submission deadline** (Week 2, days 8-14)	Day 18 **REQUIRED**: New admissions, hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 19 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 20 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 21 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy
WEEK 4	Day 22 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 23 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 24 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy **Submission deadline** (Week 3, days 15-21)	Day 25 **REQUIRED**: New admissions, hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 26 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 27 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 28 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy *END OF EVALUATION PERIOD*
WEEK 1	Day 1 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy *START OF NEW EVALUATION PERIOD*	Day 2 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 3 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy **Submission deadline** (Week 4, days 22-28)	Day 4 **REQUIRED**: New admissions, hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 5 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy	Day 6 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy **Completeness report generated**, weeks 1 - 4	Day 7 **REQUIRED**: New admissions **OPTIONAL**: supplies, hospitalizations, bed capacity/occupancy

Weekly Data Reporting Cadence

Note: Data for each week are due by the following Tuesday, 11:59 p.m. PT.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WEEK 1	Day 1 **REQUIRED: weekly total new admissions** *START OF EVALUATION PERIOD*	Day 2	Day 3	Day 4 **REQUIRED**: hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 5	Day 6	Day 7
WEEK 2	Day 8 **REQUIRED: weekly total new admissions**	Day 9	Day 10 **Submission deadline (Week 1)**	Day 11 **REQUIRED**: hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 12	Day 13	Day 14
WEEK 3	Day 15 **REQUIRED: weekly total new admissions**	Day 16	Day 17 **Submission deadline (Week 2)**	Day 18 **REQUIRED**: hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 19	Day 20	Day 21
WEEK 4	Day 22 **REQUIRED: weekly total new admissions**	Day 23	Day 24 **Submission deadline (Week 3)**	Day 25 **REQUIRED**: hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 26	Day 27	Day 28 *END OF EVALUATION PERIOD*
WEEK 1	Day 1 **REQUIRED: weekly total new admissions** *START OF NEW EVALUATION PERIOD*	Day 2	Day 3 **Submission deadline (Week 4)**	Day 4 **REQUIRED**: hospitalizations, bed capacity/occupancy **OPTIONAL**: supplies	Day 5	Day 6 **Completeness report** generated, weeks 1 - 4	Day 7