

## New COVID, Flu and RSV Reporting Requirements

### Updates to Final Rule

On August 2, 2024, the Centers for Medicare and Medicaid Services released the final rule for their Conditions of Participation 42 CFR Parts 405, 412, 413, 431, 482, 495, and 512.<sup>1</sup> This rule will require – effective October 1, 2024 – that hospitals report data on COVID-19, Influenza, and RSV beginning November 1, 2024. Last week, the Centers for Disease Control and Prevention released additional detailed reporting guidance for the specific data elements required and their frequency. Facility types that will be required to report are:

- Acute Care Hospitals
- Long-term Acute Care Hospitals
- Critical Access Hospitals
- Cancer Hospitals (PPS Exempt Cancer Hospitals)
- Children’s Hospitals
- Freestanding Rehabilitation Facilities
- Freestanding Psychiatric Facilities
- CMS-Certified Rehabilitation Units (IRU within a hospital)
- CMS-Certified Psychiatric Units (IPU within a hospital)
- Pediatric Units within a hospital

### Reporting Process

During the COVID-19 public health emergency, the Tennessee Department of Health reported on behalf of hospitals for COVID-19 data. Upon receiving the new reporting requirements, we have determined the existing HRTS application would require extensive modification to accommodate this request while possibly still not guaranteeing compliance by CMS standards. Due to these system modification requirements (and extended timeline of such an update) and the related burden on facilities attempting to maintain timely and accurate reporting, it is our recommendation facilities enter information *directly into NHSN going forward.*

### Reporting Requirements Summary<sup>2</sup>

1. Prevalent hospitalizations for COVID, Flu, and RSV, + pathogen agnostic bed capacity and occupancy<sup>3</sup>
  - Weekly snapshot – provide data for Wednesday of the reporting week
2. New admissions for COVID-19, Flu, and RSV by age category (Two options, facility will choose only ONE):<sup>2</sup>
  1. Facility internally totals new admissions for the Sunday through Saturday reporting week, and reports that sum number to NHSN, OR
  2. Facility reports daily new admissions values for each day separately, Sunday through Saturday during the reporting week into NHSN

<sup>1</sup> [CMS Hospital Inpatient Prospective Payment Systems 2025 Rule](#)

<sup>2</sup> [Hospital Respiratory Data Weekly Reporting Webinar \(cdc.gov\)](#)

<sup>3</sup> All required data for each reporting week Sunday through Saturday are due by the following Tuesday, 11:59 p.m. PT

## Moving Forward

We encourage hospital representatives to reach out to the TDH Healthcare-Associated Infections (HAI) team for assistance with NHSN via email at [HAI.Health@tn.gov](mailto:HAI.Health@tn.gov). In the subject line, please include NHSN. The HAI team remains dedicated to assisting facilities during this transitional time and will provide access to resources and timely updates as they are received. Our team is also communicating our concerns on your behalf to NHSN and CDC regarding the overall confusion in both the timing and rollout, increase in burden, and lack of data modernization using existing systems already in place. An excerpt of this letter can be found below:

1. **Creating Confusion:**
  - The rollout of NHSN requirements has been poorly communicated and has added complexity with new hospital facility types and unit context subtypes, leading to confusion.
  - With the reporting deadline set for Nov. 1, 2024, there is insufficient time to prepare hospitals, onboard new facilities, and ensure accurate data reporting, increasing the risk of CMS enforcement actions.
2. **Increasing Burden:**
  - Adding new facility types and subtypes significantly increases the manual reporting workload, especially for under-resourced hospitals. Facilities now face duplicative reporting efforts, exacerbating the strain on hospital resources.
3. **Damaging Trust:**
  - Lack of clear communication on how NHSN data will be used during non-emergency times creates a one-sided regulatory relationship. The lack of support from NHSN and issues with system downtimes also negatively impact trust between NHSN and healthcare facilities.
4. **Request of NHSN Leadership:**
  - Delay enforcement of the reporting requirement, allowing for better engagement and preparation.
  - Reevaluate the inclusion of stand-alone rehabilitation and psychiatric hospitals in the reporting requirements.
  - Explore alternate reporting methods and invest in data modernization efforts to reduce reporting burdens and improve data utility.