COVID-19 Data Panel: Hospital Reporting in Trauma Service Area E

Overview

- What is NCTTRAC?

- Introduction to EMResource

- Reporting Timeline

- Regional Trends

- Looking Ahead

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What is NCTTRAC?

- North Central Texas Trauma Regional Advisory Council

- Covers 19 County Trauma Service Area E (D/FW Metroplex)

- "Promote and coordinate a system of quality trauma, acute, and emergency healthcare and preparedness in North Central Texas"

- Regional contractor for the Hospital Preparedness Program (HPP)

- Under State Mission Assignment for COVID response since March

  - Coordinate with hospitals for required data submissions

  - Investigate data quality issues/concerns

  - Share hospital data with regional response stakeholders

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Introduction to EMResource

- Statewide platform, regional administration

- Designed for tracking healthcare resource status

- Bed availability reported in monthly drills; "snapshot in time"

- Not inherently designed for large-scale data submissions

Z8 - Dallas County Hospitals	Hospital Intake Status	NEDOCS	Psych ED Holds	Status: 24/7 STEMI	Status: MedSurg	Status: ICU	Status: ECMO
*Test Hospital	Advisory - Surge	118 - Overcrowded	2	Available	Available	Available w/Restrictions	Available - Adult

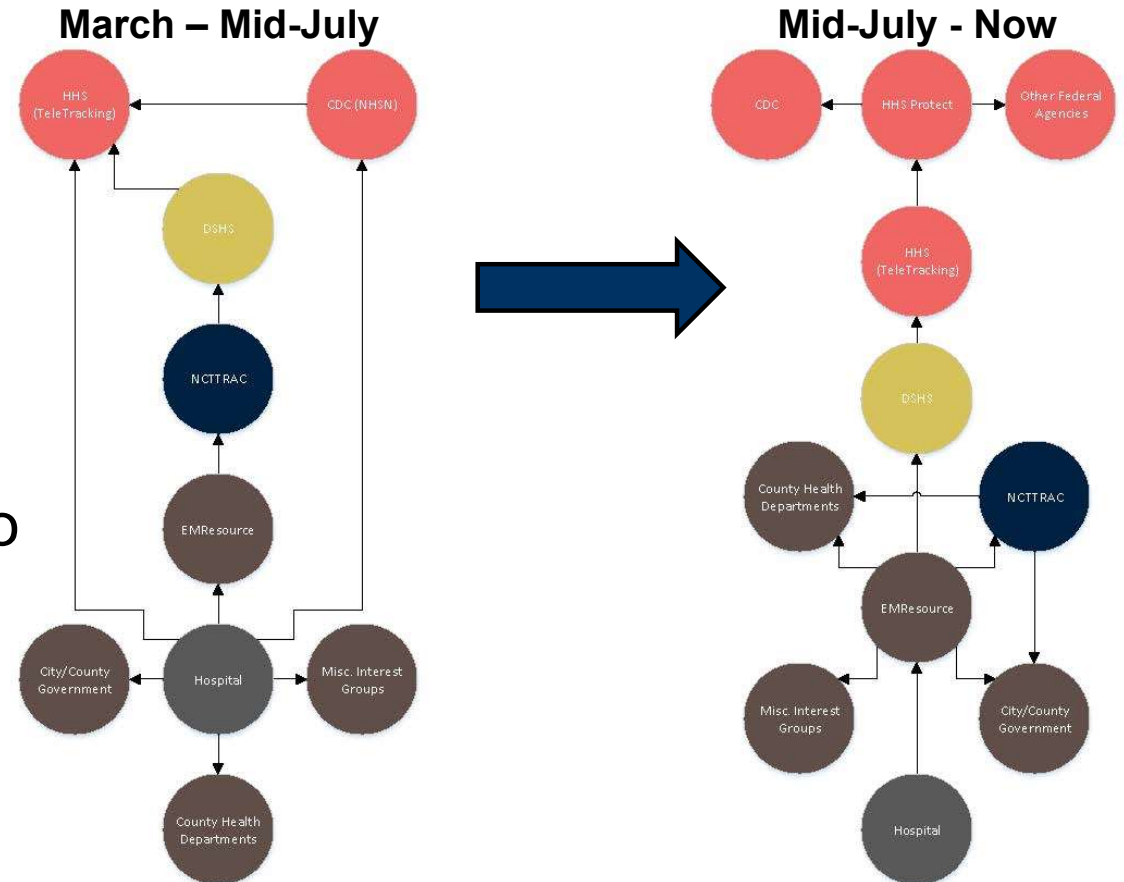|		
Available Staffed Adult ICU	2	
Available Staffed Telemetry Beds	3	
Available Staffed Med/Surge	8	
Available Staffed Burn Beds	0	No ABA verified beds
Available Staffed Pediatric Beds	0	No Pediatric special...
Available Staffed Pediatric ICU (PICU)	0	No PICU specialty
Available Staffed Psychiatric Beds	3	
Available Staffed Neg Pressure Isolation	2	
Available Staffed ED Beds	12	
Available Staffed Outpatient Beds	0	
Available Staffed Observation Beds	3	

Reporting Timeline

Date	Event	# of Data Elements
3/18/2020	DSHS begins asking for daily bed/COVID reporting	43
3/24/2020	Executive Order GA-10 mandates daily hospital reporting	49
4/11/2020	HHS requests hospitals report data in TeleTracking or NHSN	49
4/20/2020	Major change to reporting format; first DSHS Data Dictionary Released	61
5/30/2020	DSHS begins using API to pull data from EMResource	61
7/13/2020	HHS sends letter requiring hospitals to report data in TeleTracking to be eligible for Remdesivir allocations	61
7/22/2020	Major change to DSHS reporting to align with HHS requirements	99
9/2/2020	CMS issues interim rule requiring hospital reporting; non-compliance could lead to CMS penalties	99
10/19/2020	New optional influenza fields added to daily reporting	105

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- Daily COVID Admissions

  - Before: 2 fields, all admits broken by bed type

  - Now: 20 fields, all admits broken down by age & PUI vs. Confirmed

- Overall Hospital Census

  - Before: 1 field, all pts regardless of age or location (1 subfield for all ICU census)

  - Now: 2 fields, inpatients only, adult vs. pedi (2 subfields for adult ICU & PICU/NICU)

- COVID Census

  - Before: 3 fields – all PUIs, lab-confirmed MedSurg, lab-confirmed ICU

  - Now: 8 fields – PUIs by age & location, lab-confirmed by age & location
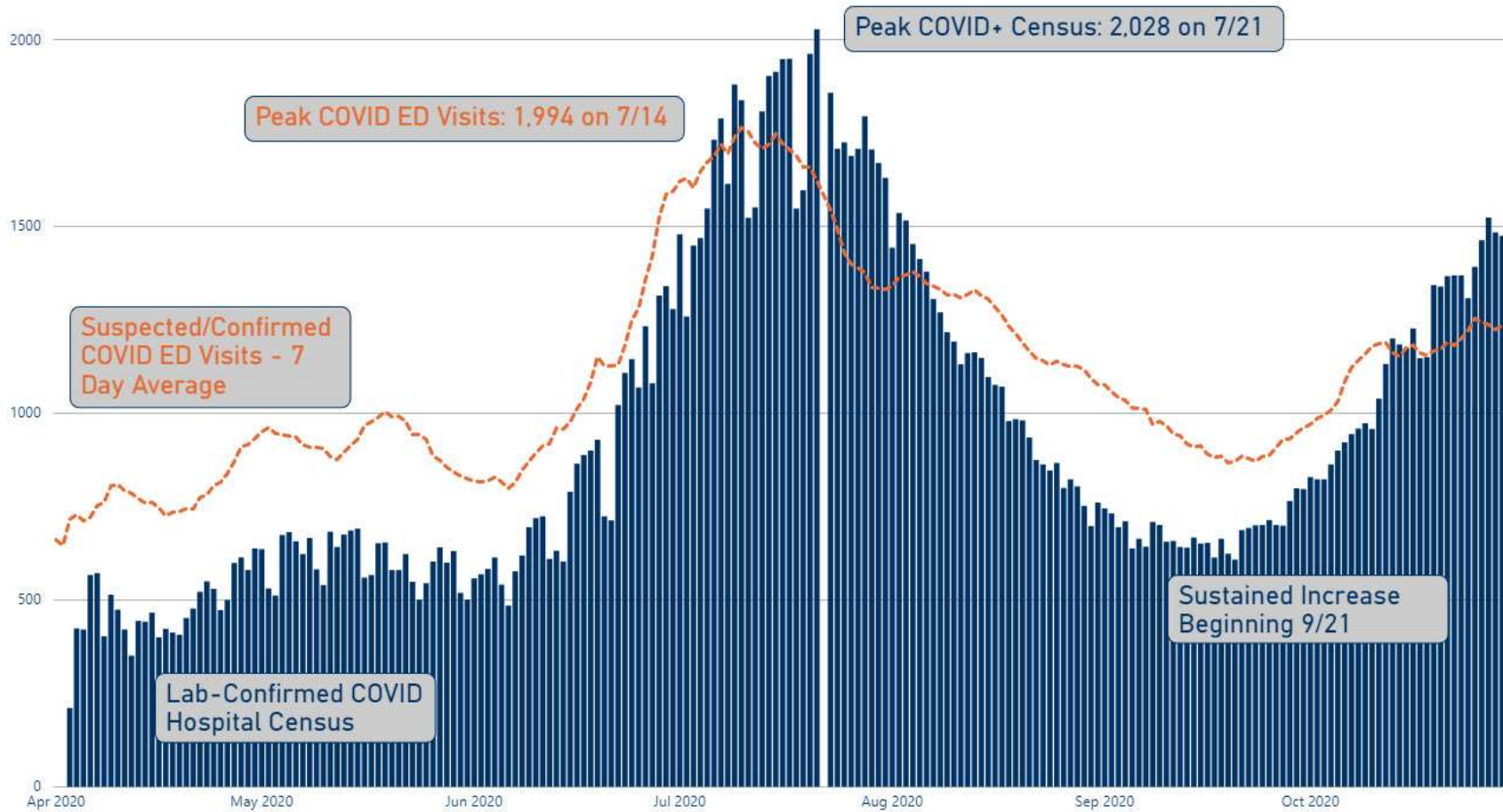
Eliminating Reporting Redundancies

- Early issues surrounding redundant data requests

- NCTTRAC & DFW HC lead regional coordination efforts

- Focus on eliminating redundancies by funneling into 1 single data system

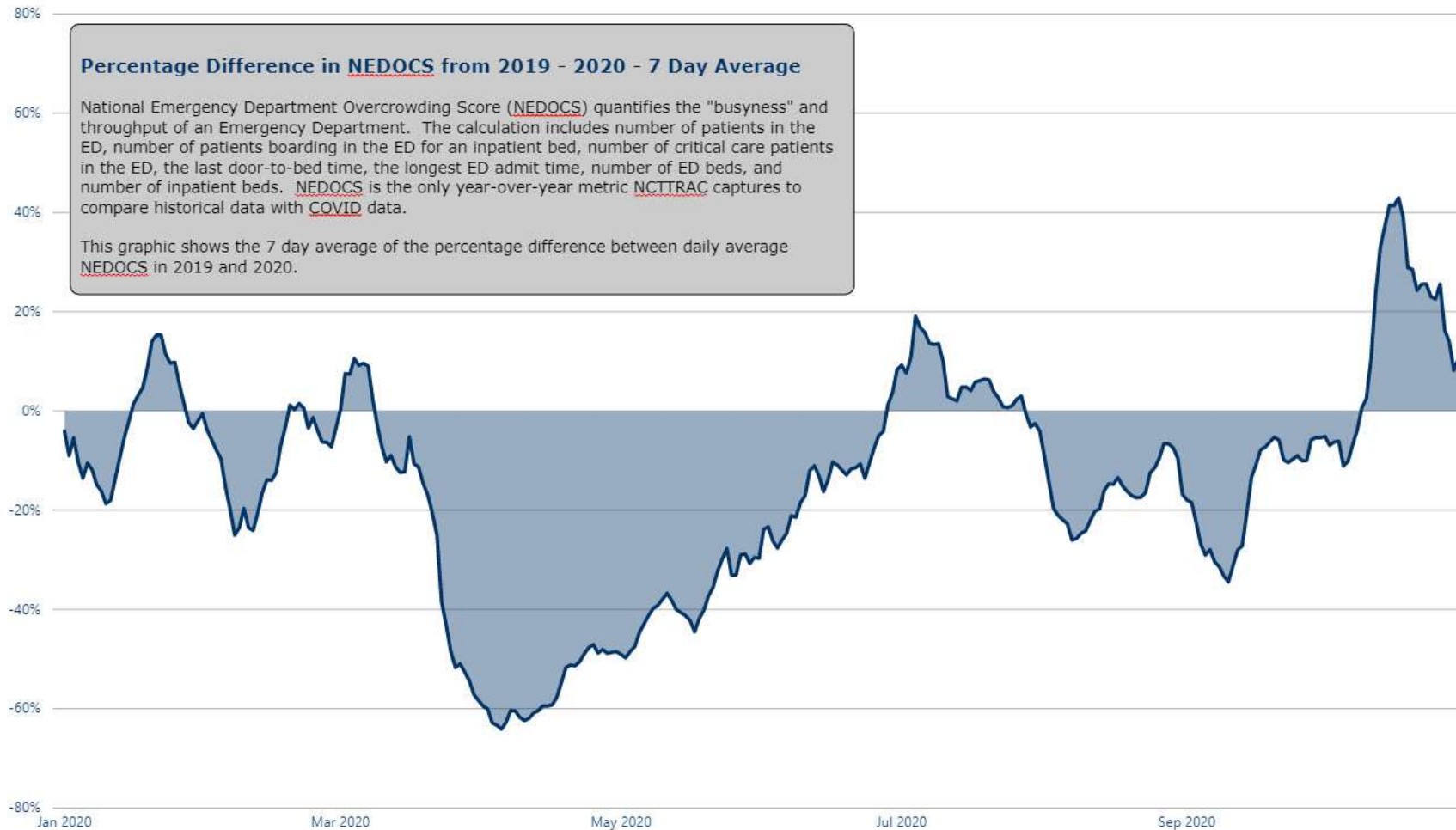- Since EMResource was the state requirement, it became single "point of truth"

March – Mid-July

Mid-July - Now

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COVID Trends – 4/1 – 10/30

NEDOCS 2019-2020 % Difference

Percentage Difference in NEDOCS from 2019 - 2020 - 7 Day Average

National Emergency Department Overcrowding Score (NEDOCS) quantifies the "busyness" and throughput of an Emergency Department. The calculation includes number of patients in the ED, number of patients boarding in the ED for an inpatient bed, number of critical care patients in the ED, the last door-to-bed time, the longest ED admit time, number of ED beds, and number of inpatient beds. NEDOCS is the only year-over-year metric NCTTRAC captures to compare historical data with COVID data.

This graphic shows the 7 day average of the percentage difference between daily average NEDOCS in 2019 and 2020.

- Better planning – identify common data fields at the federal and state levels to allow hospitals to prepare to capture certain types of data

- Better systems – while EMResource is good for what it is, it has limitations as a true data reporting/capturing platform

- Accessibility – we know all stakeholders have the same basic data requirements; ensure systems are built out to be accessible to those stakeholders

- Automation – build systems with interfaces in mind; reducing manual data entry also reduces hospital burden and errors in submissions

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