NHSN
National Healthcare
Safety Network

COVID-19 Module
Patient Impact and Hospital Capacity Pathway

Facility ID #: _____
Summary Census ID #: _____

*Date for which patient impact and hospital capacity counts are reported: ____/____/_____

For the following questions, please collect data at the same time (for example, 7 AM)

Section 1: Patient Impact Data Elements

_____	**PREVIOUS DAY'S ADMISSIONS WITH CONFIRMED COVID-19:** New patients admitted to an inpatient bed who had confirmed COVID-19 at the time of admission
_____	**PREVIOUS DAY'S ADMISSIONS WITH SUSPECTED COVID-19:** New patients admitted to an inpatient bed who had suspected COVID-19 at the time of admission
_____	**PREVIOUS DAY'S NEW HOSPITAL ONSET:** Current inpatients hospitalized for a condition other than COVID-19 with onset of suspected or confirmed COVID-19 on the previous day and the previous day is fourteen or more days since admission
_____	**N**umber of Previous Day's New Hospital Onset with Confirmed COVID-19 (subset)
_____	**HOSPITALIZED:** Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19
_____	**Number of Hospitalized with Confirmed COVID-19** (subset)
_____	**HOSPITALIZED and VENTILATED:** Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19 and are on a mechanical ventilator
_____	**Number of Hospitalized and Ventilated with Confirmed COVID-19** (subset)
_____	**HOSPITALIZED and ICU:** Patients currently hospitalized in an inpatient ICU bed who have suspected or confirmed COVID-19
_____	**Number of Hospitalized and ICU with Confirmed COVID-19** (subset)
_____	**HOSPITAL ONSET:** Total current inpatients with onset of suspected or confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19
_____	**Number of Hospital Onset with Confirmed COVID-19** (subset)
_____	**ED/OVERFLOW:** Patients with suspected or confirmed COVID-19 who currently are in the Emergency Department (ED) or any overflow location awaiting an inpatient bed
_____	**Number of ED/Overflow with Confirmed COVID-19** (subset)
_____	**ED/OVERFLOW and VENTILATED:** Patients with suspected or confirmed COVID-19 who currently are in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator
_____	**Number of ED/Overflow and Ventilated with Confirmed COVID-19** (subset)
_____	**PREVIOUS DAY'S DEATHS:** Patients with suspected or confirmed COVID-19 who died in the hospital, ED, or any overflow location on the previous calendar day
_____	**Number of Previous Day's Deaths with Confirmed COVID-19** (subset)

*Required for saving
V4

Section 2: Hospital Bed/ Intensive Care Unit (ICU)/ Ventilator Capacity Data Elements

_____	**ALL HOSPITAL BEDS:** Total number of all staffed inpatient and outpatient beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU beds)
_____	***HOSPITAL INPATIENT BEDS:** Total number of staffed inpatient beds in your hospital including all overflow and surge/ expansion beds used for inpatients (includes all ICU beds)
_____	**HOSPITAL INPATIENT BED OCCUPANCY:** Total number of staffed inpatient beds that are occupied
_____ _____	**ICU BEDS:** Total number of staffed inpatient ICU beds **Number of ICU Beds that are Neonatal Beds** (subset)
_____ _____	**ICU BED OCCUPANCY:** Total number of staffed inpatient ICU beds that are occupied **Number of Occupied ICU Beds that are Neonatal Beds** (subset)
_____	**MECHANICAL VENTILATORS:** Total number of ventilators available
_____	**MECHANICAL VENTILATORS IN USE:** Total number of ventilators in use

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V4