Hospital PPE Data Collection Changes: HOSCAP

5/20/2020

Background:

Starting April 11th, OHA began collecting PPE data from Oregon hospitals to inform the state’s COVID-19 emergency response and to provide our federal partners with data on essential PPE supplies. Until now OHA has required hospitals to report “individual pieces” of PPE daily in the following categories: gloves, gowns, face shields, surgical masks, N95 respirators, and reusable respirators. Recently, we have determined that this approach to collecting PPE data does not meet state or federal needs and is burdensome to hospitals. In addition, we want to be sure that PPE data collected, which is subject to public disclosure, is most meaningful for the public's understanding of PPE capacity statewide.

Priorities for PPE Data Collection:

The following represents the state's priorities when requesting hospitals to report PPE data in HOSCAP:

- To answer requests from FEMA regarding PPE supplies and PPE burn rate as required to justify the state’s PPE requests;
- To inform the state’s overall response and preparedness for the ongoing COVID-19 pandemic;
- To inform PPE supply capacity and needs across hospitals;
- To inform distribution of PPE supplies to hospitals via the ECC/county distribution process; and
- To minimize the reporting burden on hospitals.

Changes to hospital reporting on PPE in HOSCAP:

1. No later than May 22nd, existing PPE fields will be removed from the existing COVID-19 tracker.
2. Hospitals should report new PPE data once a week by noon starting Tuesday, May 26th.
3. Ten new PPE data fields will be introduced into a new PPE event tracker in HOSCAP. These include “PPE Burn Rate” and “Days on Hand” for each of five types of PPE.
supplies. The new data field definitions are shown below. HOSCAP will no longer capture data on reusable respirators.

4. Hospitals are responsible for calculating “days on hand”, and “burn rate” for each type of PPE.

5. Hospitals are free to use any method of calculation, as long as it aligns to general guidelines listed below.

By submitting data to HOSCAP, the submitting hospital or health system is attesting to the accuracy of this information. As needed, the state may require supporting documentation to ensure the accuracy of reported days supply (e.g., upon FEMA request or at the time of a hospital request for PPE).

**New Data Field Definitions** (to replace the existing COVID-19 PPE Data fields):

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Field Description</th>
<th>Data type</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a PPE N95 Respirators Days on Hand</td>
<td>Report the number of days on hand of N95 Respirators available in current inventory at the time of reporting, rounded down.</td>
<td>Numeric</td>
</tr>
<tr>
<td>10b PPE N95 Respirators Burn Rate</td>
<td>Report the facility’s PPE burn rate for individual N95 respirators. (The facility’s average daily consumption over the past 7 days.)</td>
<td>Numeric</td>
</tr>
<tr>
<td>11a PPE Surgical Masks Days On Hand</td>
<td>Report the number of days on hand of surgical masks available in current inventory at the time of reporting, rounded down.</td>
<td>Numeric</td>
</tr>
<tr>
<td>11b PPE Surgical Masks Burn Rate</td>
<td>Report the facility’s PPE burn rate for individual surgical masks. (The facility’s average daily consumption over the past 7 days.)</td>
<td>Numeric</td>
</tr>
<tr>
<td>12a Face Shields Days On Hand</td>
<td>Report the number of days on hand of face shields available in current inventory at the time of reporting, rounded down.</td>
<td>Numeric</td>
</tr>
<tr>
<td>12b Face Shields Burn Rate</td>
<td>Report the facility’s PPE burn rate for individual face shields. (The facility’s average daily consumption over the past 7 days.)</td>
<td>Numeric</td>
</tr>
<tr>
<td>13a Gloves Days On Hand</td>
<td>Report the number of days on hand of gloves (of all sizes) in current inventory at the time of reporting, rounded down.</td>
<td>Numeric</td>
</tr>
<tr>
<td>13b Gloves Burn Rate</td>
<td>Report the facility’s PPE burn rate for individual gloves. (The facility’s average daily consumption over the past 7 days.)</td>
<td>Numeric</td>
</tr>
<tr>
<td>14a Gowns Days On Hand</td>
<td>Report the number of days on hand of gowns (of all sizes) in current inventory at the time of reporting, rounded down.</td>
<td>Numeric</td>
</tr>
<tr>
<td>14b Gowns Burn Rate</td>
<td>Report the facility’s PPE burn rate for individual gowns (all sizes combined.) (The facility’s average daily consumption over the past 7 days.)</td>
<td>Numeric</td>
</tr>
</tbody>
</table>
“PPE Burn Rate” and “Days on Hand” Calculation Guidance for Hospitals

A. Burn Rate Calculation

Hospitals should provide the burn rate for each type of PPE using the following basic guideline:

- *Burn rate, also known as “average daily consumption rate”*, should be the average daily rate of PPE consumption over the most recent 7-day period.
- Report the consumption rate of individual items (not boxes, pairs of gloves or other units). If an item (such as an N95 respirator) is taken out of service for decontamination (i.e., using the Battelle decontamination system), it should be counted as if consumed.
- Do not adjust observed consumption rates for anticipated changes in utilization, however hospitals may use the comment feature to provide information if significant changes in consumption are anticipated. Consumption rate does not include PPE allocated or shipped to other facilities or locations.
- Report burn rate as whole numbers, always rounded down (ex. 15.6 days on hand rounds down to 15 days on hand)

B. Days on Hand Calculation

Hospitals should report the number of days on hand for each type of PPE using the following the basic formula:

- `<Days on Hand> = <Current PPE Inventory> / <Average daily consumption rate for the past seven days>`
- *Current PPE inventory (not reported to HOSCAP)* should be the inventory on site and available as of the time of reporting in individual units (not boxes). Do not include pending PPE shipments that have not yet been received as current inventory. If you have significantly shorter supplies of a particular size of a type of PPE, please note this in comments for the days on hand field related to that type.
- “Average daily consumption rate for the past seven days” should be the result of the calculation described above
- When reporting days on hand, do not adjust for anticipated resupply. Hospitals may provide comments if a resupply is expected soon that would significantly alter the days on hand number.
- Report Days on hand as whole numbers, always rounded down (ex. 15.6 days on hand rounds down to 15 days on hand)
- **PPE should preferably be reported by individual hospitals.** For hospitals operating within health systems with centralized management of PPE, the health system may report for all hospitals in the system using the following approach:
  - Providing a system-wide “days on hand” number, accounting for the daily consumption of all member hospitals and the current available inventory accessible by all hospitals. Health systems using this method are responsible
to manage distribution to ensure PPE availability for each hospital matches the number reported for the health system. For systems using this method, use the comment field to specify under each hospital where the supply for this hospital is reported in HOSCAP. Using this method, the system would only need to enter data for the hospital where the supply is reported. (For example, under hospital ABC, enter zeroes for all PPE fields, and add a comment such as ‘PPE reported under hospital XYZ.’). Using this method, systems would only update PPE fields under hospital XYZ every week.