Indiana's Long-term care dashboard

Indiana will create a public dashboard on COVID-19 and Long-term care facilities. For this work the word "facilities" means both comprehensive care facilities (nursing homes) and residential care facilities (assisted living) and includes both licensed and unlicensed. Data will include both resident and staff data (both referred to as the patient), time frames of outbreaks, recovery data, and facility location as outlined below. The public dashboard will contain information pertaining to cases and deaths with positive-COVID PCR tests (no serology tests) in alignment with the CDC's guidance.

Dashboard elements to be reported

Analysis-level	Time Frame	Metrics
State	Over time (*since March 1st*)	• Confirmed COVID-19 cases in residents • Confirmed COVID-19 cases in staff • COVID-19 deaths in residents • COVID-19 deaths in staff • COVID-19 presumed recovered in residents
	Aggregated (*since March 1st*)	• Demographics of residents with COVID case and deaths • Demographics of staff with COVID case and death • LTC job description of staff with COVID case
District	Over time (*since March 1st*)	• Confirmed COVID-19 cases in residents • Confirmed COVID-19 cases in staff • COVID-19 deaths in residents • COVID-19 deaths in staff • COVID-19 presumed recovered in residents
	Aggregated (*since March 1st*)	• Demographics of residents with COVID case and deaths • Demographics of staff with COVID case and death • LTC job description of staff with COVID case
Facility	Aggregated (*since March 1st*)	• Confirmed COVID-19 cases in residents • Confirmed COVID-19 cases in staff • COVID-19 deaths in residents • COVID-19 deaths in staff • COVID-19 presumed recovered in residents

Main Tasks

In order for the State to fulfill a complete analysis of the above metrics, all licensed and unlicensed facilities are **mandated** by the Health Commissioner to complete the following tasks for all cases and deaths with a positive-COVID PCR tests regardless of where the exposure or death occurred (in alignment with CDC guidance).

1. Submission of historical COVID-19 positive case file including residents and staff members with positive COVID-19 PCR test results since March 1st in alignment with the attached data dictionary and templated submission file (.csv) by July 14th at 6 PM. Please submit all historical files to the following link: https://redcap.isdh.in.gov/surveys/?s=P894LLKEWL
2. Submission of COVID-19 positive cases and deaths to a new REDCap Project (further guidance will supply a link) beginning on July 14th within 24 hours of identification of a positive (confirmed) COVID-19 case and death, including the same fields captured in the attached data dictionary[1]
3. Submission of NHSN-required data elements to the REDCap Project daily to ensure updated data for testing, staff, bed, ventilators, and personal protective equipment (PPE) resourcing needs[2] (further guidance will supply a link) beginning on July 14th
4. Submission of a response within one week to a lab and electronic health record (EHR) system vendor survey that will be released from ISDH in the coming week

Historical File

Purpose: To align data resources around the current numbers of confirmed COVID-19 cases and deaths within LTC facilities.

Data fields and definitions

The table below describes the contents necessary for proper submission of case-level data for confirmed COVID-19 resident and staff cases (only PCR positive cases are considered confirmed) within LTC facility. Regardless of type of exposure, whether the patient was admitted with COVID -19 or the patient contracted COVID-19 while in the facility, all positive COVID-19 PCR cases must be submitted to the REDCap link. All data must go back to March 1st and all fields mentioned below are necessary and required. ISDH mandates submission from both licensed and unlicensed facilities to come in by July 14th. The word patient can mean either a staff or a resident.

Field	Field Description	Field Values
pt_fname	First name of the patient	Free text
pt_lastname	Last name of the patient	Free text
pt_dob	Date of Birth of the patient	MM/DD/YYYY
pt_ssn	Social Security Number of patient	Integer, 10 (9999999999, for example)
pt_sex	Patient gender	• F, Female • M, Male • U, Unknown
pt_race	Patient race	• 2106_3, White

[1] Refer to Appendix 1 for list of potential REDCap Case-level Transition Module Fields

[2] Refer to Appendix 2 for list of potential REDCap EMResources Transition Module Fields

		• 2054_5, Black or African American • 2028_9, Asian • 1002_5, American Indian or Alaskan Native • 2076_8, Native Hawaiian or Other Pacific Islander • 2131_1, Other • UNK, Unknown
pt_race_oth	If race is selected as other, please specify:	Free Text; leave blank for null value
pt_ethnicity	Patient ethnicity	• 2135_2, Hispanic or Latino • 2186_5, Not Hispanic or Latino • UNK, Unknown
fac_name	Facility name	Free Text
case_type	Was the patient a resident or staff member of the facility?	• 1, Resident • 2, Staff
staff_type	What role does the staff member currently have?	• 1, Case Manager • 2, Certified Nursing Assistant (CNA) • 3, Licensed Practical Nurse (LPN) • 4, Management or Administrator • 5, Medical Technician • 6, Memory Care Coordinator • 7, Occupational Therapist • 8, Patient Care Assistant • 9, Pharmacist • 10, Phlebotomist • 11, Physical Therapist • 12, Physician • 13, Program Coordinator • 14, Registered Nurse • 15, Service Staff (ex. Housekeeping, Cafeteria) • 16, Social Worker

		• 17, Other
staff_other	If other, please specify the staff's role	Free text; leave blank for null value
deceased	Did the patient die from COVID-19?	• 1, Yes • 2, No
pt_death	Patient date of death	MM/DD/YYYY
specimen_colldt	Specimen collection date of PCR tests	MM/DD/YYYY
test_type	Type of laboratory test (select "1, (COVID-19) SARS coronavirus 2 RNA" as the only option)	• 1, (COVID-19) SARS coronavirus 2 RNA

Lab & EHR System Survey

The purpose of the LTC facility survey is to expediently gather the information necessary to capture all pertinent laboratory tests and arm ISDH to enter conversations with the right vendors surrounding electronic health record (EHR) system interoperability. This includes the following questions:

- Do you have an electronic health record (EHR) system?
    - If so, who is your vendor?
- Please list what version you are currently using.
- What lab facility do you work with to obtain results of tests on your residents and staff?

Further Guidance

In the coming week, further guidance will be released surrounding submission of case-level and facility-level data into the proper data sources. We are designing the system to reduce the number of data systems to facilities report to. It is our goal to accomplish the list below. As we develop these plans we will provide additional guidance on the following:

- Streamlined reporting around individual-level and facility-level data
- Individual-level data reported within a redesigned REDCap project. The goal is to condense the original form to only the fields necessary for reporting suspected and confirmed cases within a new RedCap module
- Using the new system to also allow LHD investigation to be submitted using REDCap
- Allowing facility-level data currently collected in EMResources to be collected within the same new REDCap system. This would allow ISDH to align numbers between current metrics and the elements requested and reported to NHSN
- To be able to use the new REDCap form to receive and report data to NHSN thereby possible reducing the need to report data in EMResources

Until further guidance, facilities are asked to:

- Submit of historical file by July 14th to the following link: https://redcap.isdh.in.gov/surveys/?s=P894LLKEWL
- Respond to lab and EHR vendor survey from ISDH
- Continue reporting new individual-level cases through their current REDCap link within 24 hours of identification of a suspected or confirmed case
- Continue reporting facility-level information daily through EMResources
- Expect a condensed REDCap module covering both individual-level cases (including demographic and test-related information) and the NHSN reporting requirements within one month

Appendix 1: Potential REDCap Case-level Transition Module Fields

Reporting Frequency: Within 24 hours of identifying a confirmed COVID-19 positive patient identification beginning on July 14th

Topic	Potential Fields
Patient Information: Will contain the personal and demographic information of COVID-19 positive residents and staff of LTC facilities	• Date of Report • Reportable Disease/Health Condition • First Name • Last Name • Date of Birth • Social Security Number • Race • Ethnicity • Sex • Medical Record Number • Social Security Number • Address • City • County • State • Zip Code • Phone Number • Facility Name • Facility ID • Is the patient a resident or staff member of LTC facility? • If the patient is a staff member, what is their role within the facility?
Clinical Information: Will contain further information surrounding the specific test collected on the individual, with potential to auto-populate fields through early identification of LTC facility-related tests	• Date of Symptom Onset • Are lab results available for the patient? • Performing Lab NameH • Test Type • Specimen Source • Specimen Collection Date • Test Result • Test Result Date

Appendix 2: Potential REDCap EMResources-level Transition Module Fields

Reporting Frequency: Daily by 6 PM beginning on July 14th

Topic	Potential Fields
Facility Information: Will contain the identifiable information of the LTC Facility. Will only need to be entered once and updated when there is a change thereafter	• NHSN ID • Facility Name • Facility Type • Facility Address • Facility County • Latitude • Longitude • Contact • Contact Title • Phone Number 1 • Phone Number 2 • Fax • Email • Emergency Contact Number • Primary Contact Information • CMS Certification Number

NHSN Information: Will contain information as it relates to confirmed and suspected cases and deaths, while also eliciting values surround PPE resourcing and bed capacity	• COVID-19 positive confirmed and suspected cases and deaths count (validated by case-level transition module)
	• Bed counts
	• Presence of Memory Care Unit
	• Facility Status
	• Visitor Restrictions Status
	• Current Facility Census
	• Admissions
	• Staff shortages
	• Ventilator shortages
	• PPE status & resourcing
	  ○ Alcohol-based hand sanitizer
	  ○ Eye protection
	  ○ Gloves
	  ○ Gowns
	  ○ N95 masks
	  ○ Surgical masks
	• Ability to test//Access to testing
	• Test capacity needs