Intermediate Care Facility (ICF) COVID-19 Daily Reporting
Data Dictionary

Number	Variable	Format	Description
1	Intermediate Care Facility Name	String	Select the name of the intermediate care facility for which you are reporting. The facility list is generated from the Electronic Licensing Management System (ELMS), Licensing and Certification Program, Center of Healthcare Quality, California Department of Public Health.
2	Facility ID	String	A nine-digit facility identifier used in the CPDH licensing system (ELMS).
3	License No	String	A nine-digit identifier. A CDPH facility/provider license number identifies that a health care facility/provider operates within state statute/regulations and can legally do business in California.
4	Location	Numeric	Latitude and longitude, combined for mapping. Location is used to display the map on the survey interface.
5	Facility Address	String	The facility's street address.
6	Facility City	String	The city where the facility is located.
7	Facility County	String	The county where the facility is located.
8	Facility Zip code	String	The Zip code where the facility is located.
9	Facility District Name	String	The name of the California Department of Public Health District Office that oversees the facility.
10	Facility Telephone	String	The facility's main telephone number.
11	Current Reporting Period	String	The reporting period is 12:00 noon-12:00 noon, daily. Providers are expected to report once per day. The Reporting Period is relative to the time the daily report is submitted. For example, if the survey is submitted before 12 noon on Monday, the Current Reporting Period is Monday. If the survey is submitted after 12 noon on Monday, the Reporting Period is for the next day.
12	Reported Date	Date/Time	An auto-generated value captured in the survey. Based on when the survey is finalized, before submitting the survey. A calculation will determine which reporting period it participates in and write the date as the end of the reporting date and append a time of 12:00 pm.
13	Intermediate Care Facility Point of Contact (POC) Name	String	The name of the facility staff reporting the information (the facility's point of contact).
14	Intermediate Care Facility Point of Contact (POC) Email	String	The email of the facility staff reporting the information.

Number	Variable	Format	Description
15	CURRENT CENSUS: Total number of beds that are currently occupied.	Integer	Total number of occupied beds on the date responses are entered in the survey.
16	Number of available beds that are capable of isolation, if applicable.	Integer	The number of beds available, on the date responses are entered in the survey, that permit a facility to accept, and continue to isolate, COVID-19 positive patients.
17	ADMISSIONS: New residents admitted or re-admitted who were previously hospitalized and treated for COVID-19 since the last time counts were reported.	Integer	1. For the <u>first</u> day of the survey completed: Enter the <u>total</u> number of residents admitted or readmitted to the facility from a hospital where they were treated for suspected or laboratory positive COVID-19 since January 1, 2020. 2. For all <u>subsequent</u> days: Since the last date Admission counts were entered in the survey, enter the number of residents <u>newly</u> admitted or readmitted to the facility from a hospital where they were treated for suspected or laboratory positive COVID-19. **Note**: Include only newly admitted or readmitted residents since the last date these counts were entered in the survey regardless if the resident(s) is still in the facility.
18	TODAY'S COVID-19: Residents with laboratory positive COVID-19, in your facility TODAY.	Integer	Enter the total number of residents with a laboratory positive COVID-19 test result, in your facility on the day for which you are reporting. Do not count residents who have had a confirmed positive COVID test result, recovered, and have met criteria for discontinuation of isolation precautions.
19	TODAY'S ISOLATED COVID-19: Residents with laboratory positive or suspected COVID-19 status, who are in isolation.	Integer	Enter the number of residents who are currently under isolation due to laboratory positive or suspected COVID status, if applicable.
20	CONFIRMED: Residents with new laboratory positive COVID-19.	Integer	1. For the <u>first</u> day of the survey completed: Enter the <u>total</u> number residents with laboratory-positive COVID-19 test result since January 1, 2020. 2. For all <u>subsequent</u> days: Since the last date Confirmed Counts (laboratory positive COVID-19 test result) were entered, enter the number of residents with a <u>new</u> laboratory-positive COVID-19 test result, including residents who remain in the LTCF, as well as residents who were transferred out of the facility, admitted to another facility, or died.

Number	Variable	Format	Description
21	SUSPECTED: Residents with new suspected COVID-19.	Integer	1. For the <u>first</u> day of the survey completed: Enter the total number of residents in the facility who have been or are being managed as though they have COVID-19, but do not have a laboratory positive COVID-19 test result since January 1, 2020. 2. For all <u>subsequent</u> days: Since the last date Suspected COVID-19 counts were entered in the survey, enter the number of residents who have been or are being <u>newly</u> managed as though they have COVID-19, but do <u>not</u> have a laboratory positive COVID-19 test result, including residents who remain in the facility, as well as residents who were transferred out of the facility, admitted to another facility, or died. Notes: Suspected is defined as residents being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results. Residents with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same precautions as laboratory positive COVID-19 residents because of suggestive signs and symptoms should be included in this count. Include residents with new suspected COVID-19 regardless if the resident is still in the facility. For example, the count should include suspected resident(s) that remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died.

Number	Variable	Format	Description
22	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location.	Integer	1. For the first day of the survey completed: Enter the total number of deaths among residents suspected of having COVID-19 AND residents with a laboratory-positive COVID-19 test result since January 1, 2020, including residents that died in the facility or another location. 2. For all subsequent days: Since the last date the COVID-19 Deaths count was entered in the survey, enter the total number of new deaths for both, residents suspected of having COVID-19 AND residents with laboratory positive COVID-19. This includes residents that died in the facility or another location. Note: Include only counts of new COVID-19 deaths since the last time these counts were entered in the survey. Notes: Suspected is defined as residents being managed or treated with the same precautions as those with laboratory positive COVID-19 but have not been tested or have pending test results. Residents with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same precautions as laboratory positive COVID-19 residents because of exposure and/or suggestive signs and symptoms should be included in this count.
23	TOTAL DEATHS: Residents who have died in the facility or another location.	Integer	1. For the first day of the survey completed: Enter the total number of residents who have died for any reason in the facility or another location since January 1, 2020. 2. For all subsequent days: Enter the number of new residents deaths for any reason in the LTCF or another location since the last date the Total Death counts were entered into the survey.
24	Does your facility have access to COVID-19 testing while the resident is in the facility?	String	Select YES or NO. This indicates if further information is needed about access to COVID-19 testing for the resident in the facility.
25	What is the laboratory type?	String	Select the type of laboratory. Providers can pick one or more of the options: State Health Department Lab, Private Lab (hospital, corporation, academic institution), Other.

Number	Variable	Format	Description
26	TODAY's COVID-19: Staff and facility personnel with laboratory positive COVID-19, working at your facility TODAY.	Integer	Enter the number of staff and facility personnel, working at your facility on the day for which you are reporting, who have a laboratory positive COVID-19 test result. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but is not limited to, contractors, temporary staff, resident caregivers, shared staff, etc. Do not count staff who have had a confirmed positive COVID test result, recovered, and have met the criteria to return to work.
27	CONFIRMED: Staff and facility personnel with laboratory positive COVID-19.	Integer	1. For the first day of the survey completed: Enter the total number of staff and facility personnel who have been identified with laboratory positive COVID-19 since January 1, 2020. 2. For all subsequent days: Enter the number of staff and facility personnel who have newly been identified as having a laboratory positive COVID-19 test result since the last date that Confirmed COVID-19 counts (laboratory positive COVID-19 test results) were entered for staff and facility personnel. **Note**: Include only new laboratory positive test COVID-19 test results among staff and facility personnel since the last time these counts were entered in the survey.
28	SUSPECTED: Staff and facility personnel with new suspected COVID-19.	Integer	1. For the first day of the survey is completed: Enter the total number of staff and facility personnel who have been or are being managed as though they have COVID-19, but do not have a laboratory positive COVID-19 test result, since January 1, 2020. 2. For all subsequent days: Enter the number of staff and facility personnel who have been or are being newly managed as though they have COVID-19 (but do not have a laboratory positive COVID-19 test result) since the last date that Suspected COVID-19 counts for staff and facility personnel were entered. Notes: Suspected is defined as staffs being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results. Staff and facility personnel with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same precautions as laboratory positive COVID-19 staff and facility personnel because of suggestive signs and symptoms should be included in this count. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident caregivers, shared staff, etc.

Number	Variable	Format	Description
29	COVID-19 DEATHS: Staff and facility personnel with suspected or laboratory positive COVID-19 who died.	Integer	1. For the <u>first</u> day of the survey completed: Enter the <u>total</u> number of deaths for staff and facility personnel with suspected PLUS those deaths for staff and facility personnel with confirmed (laboratory-positive COVID-19 test result) COVID-19 since January 1, 2020. 2. For all <u>subsequent</u> days: Enter the number of <u>new</u> deaths for staff and facility personnel with suspected or laboratory positive COVID-19 that have occurred since the last date the COVID-19 Death count for staff and facility personnel was entered. Note: Include only new deaths since the last time these counts were entered in the survey. Notes: Suspected is defined as staffs being managed or treated with the same precautions as those with a laboratory positive COVID-19 test result but have not been tested or have pending test results. Staff and facility personnel with a laboratory negative COVID-19 test result, but whom continue to be managed or treated with the same precautions as laboratory positive COVID-19 staff and facility personnel because of suggestive signs and symptoms should be included in this count.
30	Have any nursing care staff, scheduled to work in the last 24 hours, not been able to report for work?	String	Select YES or NO. Indicate if any scheduled nursing care staff were not able to report for work in the last 24 hours, including if they were called off, or could not come in because of COVID quarantine.
31	Enter the total number of nursing care staff (RN, LVN, CNA) that were scheduled to work at your facility in the last 24 hours.	Integer	Select YES or NO. Indicate if any scheduled nursing care staff were not able to report for work in the last 24 hours, including if they were called off, or could not come in because of COVID quarantine.
32	Of the nursing care staff (RN, LVN, CNA) that were scheduled to work in the last 24 hours, how many have not reported to work?	Integer	The number of scheduled nursing care staff that were not able report for work in the last 24 hours.

Number	Variable	Format	Description
33	Do you have an urgent staffing need over the next 48 hours?	String	Select YES or NO. This indicates whether the provider has an urgent need for nursing care staff resources.
34	What type of resources do you need?	String	Select the type of nursing care staffing needed. Providers can pick one or more of the options: certified nursing assistant (CNA), licensed vocational nurse (LVN), registered nurse (RN).
35	RN Staff currently available	Integer	The number of RNs that are currently available to work.
36	Additional number of RN staff needed in the next 48 hrs	Integer	The additional number of RNs that are needed to work in the next 48 hours.
37	Additional RN Staff Shift Needed	String	Select the shifts for the additional RNs needed. Providers can pick one or more of the options: Day, Evening, Night.
38	LVN Staff currently available	Integer	The number of LVNs that are currently available to work.
39	Additional number of LVN staff needed in the next 48 hrs	Integer	The additional number of LVNs that are needed to work in the next 48 hours.
40	Additional LVN Staff Shift Needed	String	Select the shifts for the additional RNs needed. Providers can pick one or more of the options: Day, Evening, Night.
41	CNA Staff currently available	Integer	The number of CNAs that are currently available to work.
42	Additional number of CNA staff needed in the next 48 hrs	Integer	The additional number of CNAs that are needed to work in the next 48 hours.
43	Additional CNA Staff Shift Needed	String	Select the shifts for the additional CNAs needed. Providers can pick one or more of the options: Day, Evening, Night.
44	Do you have a shortage of clinical staff (Physician, other clinical staff)?	String	Select YES or NO. This indicates whether the provider needs clinical staffing resources.

Number	Variable	Format	Description
45	Do you have a shortage of other staff or facility personnel (regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)	String	Select YES or NO. This indicates whether the provider needs other staffing or facility personnel resources.
46	Do you have a licensed administrator, Director of Nursing, or administrator-designee that is reporting on site?	String	Select YES or NO. This indicates whether the provider has licensed administrator personnel that is reporting to work.
47	Do you anticipate a critical staffing shortage within the next 3-7 days?	String	Select YES or NO. This indicates whether the provider has an urgent need for critical staffing resources in the next 3-7 days.
48	Additional RN Staff needed in next 3-7 days	Integer	The number of additional RNs needed at the facility in the next 3-7 days.
49	Additional LVN Staff needed in next 3-7 days	Integer	The number of additional LVNs needed at the facility in the next 3-7 days.
50	Additional CNA Staff needed in next 3-7 days	Integer	The number of additional CNAs needed at the facility in the next 3-7 days.
51	N95s on-hand supply	String	The number of days inventory of N95s available at the facility.
52	Surgical Face Masks on-hand supply	String	The number of days inventory of surgical face masks available at the facility.
53	Eye Protection on-hand supply	String	The number of days inventory of eye protection available at the facility.

Number	Variable	Format	Description
54	Gowns on-hand supply	String	The number of days inventory of gowns available at the facility.
55	Gloves on-hand supply	String	The number of days inventory of gloves available at the facility.
56	Alcohol-based Hand Sanitizer on-hand supply	String	The number of days inventory of alcohol-based hand sanitizer available at the facility.
57	Do you have any urgent PPE needs in the next 48 hours?	String	Select YES or NO. This indicates whether the provider has urgent PPE needs in the next 48 hours.
58	What are those needs?	String	Available for provider to describe any additional urgent needs.
59	Have you reached out to your local Public Health Office or Medical Health Operational Area Coordinator (MHOAC) in the last 24 hours to place a resource request for this need?	String	Select YES or NO. Indicate whether the facility has contacted their local public health department (LHD), or Medical Health Operational Area Coordination (MHOAC) Program in the last 24 hours to place a resource request.
60	Do you have a ventilator dependent unit in your facility?	String	Select YES or NO. Indicate whether the provider has a ventilator dependent unit in the facility.
61	Mechanical Ventilators	Integer	On the date responses are reported in this survey, enter the total number of mechanical ventilators available in your facility. Include ventilators that are in use and not in use. Include portable ventilators.
62	Mechanical Ventilators IN USE	Integer	On the date responses are reported in this survey, enter the total number of mechanical ventilators in use by residents with suspected or laboratory positive COVID-19. Include portable ventilators.
63	Do you currently have any ventilator supply needs?	String	Select YES or NO. This indicates whether the provider needs ventilator supplies.

Number	Variable	Format	Description
64	Amount of current ventilator supplies	String	On the date responses are reported into this survey, does your facility have any ventilator supplies available for use? Select "YES" if you currently have the ventilator supplies needed to care for residents on mechanical ventilation. OR Select "NO" if you currently do not have ventilator supplies needed to care for residents on mechanical ventilation. Note: The response to this question is based on all needed ventilator supplies, including, but not limited to tubing, flow sensors, connectors, valves. If the facility is missing any supply item needed to care for residents on mechanical ventilation, answer "NO".
65	NHSN OrgID	String	A five-digit facility identifier used by the National Healthcare Safety Network (NHSN).