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December
Eighteen
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Dr. Sayeedha Uddin
US Department of Health and Human Services
Administration for Strategic Preparedness and Response
200 Independence Avenue
Washington, DC 20201

RE: Request for Information (RFI): HHS Initiative to Enhance National All Hazards Hospital Situational Awareness (2023–22931)

Dear Dr. Uddin:

The Greater New York Hospital Association (GNYHA) appreciates this opportunity to provide information related to the Department of Health and Human Services' (HHS) initiative to enhance situational awareness for all hazards. GNYHA is a trade association with 160 voluntary and public hospitals in addition to more than 50 post-acute care members located in New York, New Jersey, Connecticut, and Rhode Island.

Emergency preparedness and response has been a GNYHA core competency since the preparation for Y2K in 1999. Since then, GNYHA has been involved in every major response impacting our region, including the 9/11 attacks, H1N1, Hurricane Sandy, Ebola, and the COVID-19 pandemic. Our members have become experts in disaster response by necessity, recognizing the need to maintain situational awareness while also experiencing the burden of increased data collection.

On behalf of our members, we respectfully submit the following comments in response to your request which are responsive to many questions posed in the request for information.

Reduce Burden on Hospital Reporting

The COVID-19 pandemic resulted in an onslaught of more than 270 quantitative and qualitative data points daily during the height of the first wave, as outlined in Attachment 1 to these comments[1]. Proficiency in multiple database systems added to the challenge of daily submissions. Even while actively

[1] GNYHA Lessons Learned/Preparation for Future COVID-19 Waves, Topic: Hospital and Health System Data Collection & Data Use.

responding to the emergency, hospitals were required to respond to separate state and Federal requests for data that often did not align, adding to the burden of collection and submission.

The information provided was submitted manually, requiring an estimated full-time equivalent position at each hospital per day, seven days a week, detracting resources from other potential areas of need. **GNYHA recommends HHS leverage existing relationships with state-level regulators to characterize emergencies and avoid duplication and burden on hospital-level reporting.**

Leverage Existing Reporting Structures & Data Sources

Hospitals provide data and maintain automated connections with external entities as a course of regular business. The table below highlights some of these existing and developing systems.

Existing Systems for Hospital Data Sharing	
New York State Department of Health (DOH)	
Health Electronic Data System (HERDS)	Manual-entry system used to collect information from hospitals on bed capacity, equipment and supply chain, specimen collection, staffing issues, and other questions as dictated by the emergency or DOH needs.
Electronic Clinical Laboratory Reporting System	HIPAA-protected system to provide reportable communicable disease, blood lead levels, and cancer cases in a manual or optional automated mechanism.
Hospital Capacity Direct Access (HCDA)	Automated reporting of bed occupancy data based on a standardized bed dictionary and emergency department metrics, including National Emergency Department Overcrowding Scale scores, in a near real-time basis. *Currently DOH requires hospitals to manually report information to HERDS as they transition to HCDA.*
Federal Government	
National Healthcare Safety Network (NHSN)	Reporting system for continued COVID-19 hospital data reporting transitioned from TeleTracking in December 2022. Reporting is provided either manually or via bulk upload for health systems. *DOH does not report COVID-19 data to NHSN on behalf of hospitals, requiring hospitals to manually enter largely duplicative similar data to NHSN.*
Healthcare Information Exchanges	
Statewide Health Information for New York (SHIN-NY)[2]	Statewide system of regional health information exchanges to which hospitals are required to upload certain patient information from their electronic medical records with the capability of sharing of patient-level data through automated means with authorized participants,

[2] New York State Department of Health: SHIN-NY Organizational Infrastructure (https://www.health.ny.gov/technology/infrastructure/).

	primarily other providers. *To our knowledge, the SHIN-NY is not a data source for State or Federal data collection efforts.*
Trusted Exchange Framework and Common Agreement	Framework with a developing network of recognized coordinating entities championed by HHS's Office of the National Coordinator for Health Information Technology to connect qualifying health exchanges.
Greater New York Hospital Association	
Sit Stat	Cloud-based situational awareness system used during emergencies and disasters that informs local response and provides visibility to hospitals and government partners. Attachment 2 to this letter provides more detailed use cases of this system. *Sit Sat is optional for member hospitals to participate in but provides direct value to local emergency response agencies.*

Given the myriad of other data reporting systems that hospitals are required to use, HHS should take a cautious and thoughtful approach to developing any additional systems for reporting. HHS should engage with state health departments and other partnerships, such as the HHS-funded Oregon Capacity System project[3], who are leading current and ongoing efforts related to hospital data to streamline any future reporting efforts. **GNYHA strongly recommends HHS leverage existing structures, data definitions, and databases to contribute towards a national health care situational awareness system.**

Focus on Local and State Response for Hospitals

Local and state agencies used data to help characterize and inform response and regulatory restrictions during COVID-19, including determining personal protective equipment and ventilator allocation, understanding the status of hospital and deployed temporary morgues, and maintaining situational awareness at alternate care sites. GNYHA assisted local and state agencies with our Sit Stat system by providing direct access and reports to our government partners. Using this information, local and State authorities could work with the hospital sector on actionable and operational steps during the pandemic, including EMS patient-destination decisions, deployment of mobile testing centers near emergency departments, prioritizing decedent management efforts, and discharge planning from hospitals to long-term care facilities. Key to this successful collaboration was our ability, with member input, to design and tailor questions within Sit Stat to quickly obtain actionable information through the Sit Stat system and then provide it to our government partners.

During other emergencies, local and state response agencies support and coordinate hospitals through Emergency Support Function #8, necessitating their own essential elements of information. GNYHA works closely with response agencies to maintain situational awareness, leveraging Sit Stat surveys to understand hospital status, including questions about infrastructure, diversion, and unmet needs. Based on member feedback, surveys are designed to ask only questions that are targeted to elicit specific information that is necessary for decisions or actions. This reduces reporting time and focuses resources on the response, not reporting on the response.

[3]Oregon Hospital Capacity System, Apprise Health Insights (https://oregoncapacity.com/governance-%26-partners)

When catastrophic events occur, HHS supports hospitals in emergencies through regulatory relief and deployable assets from the National Disaster Medical System (NDMS). HHS's response remains crucial in these events, however, these supporting efforts take time to mobilize and are not available in the immediacy. These Federal support requests are also generated locally, as hospital emergency operations plans dictate processes for requesting 1135 waivers[4], and engaging local emergency management agencies to escalate requests for NDMS resources. Supporting these requests are HHS Regional Emergency Coordinators who have established relationships at the local level and are often embedded in local emergency operations centers, providing visibility to potential requests for support. It remains unclear whether a national set health care situational awareness system would provide these resources quicker and/or provide additional support to hospitals experiencing a crisis.

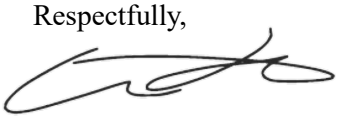
Disaster response happens locally, and burdening hospitals with additional reporting requirements does not provide value to their core mission of maintaining operations and treating patients. **GNYHA strongly recommends not instituting additional reporting requirements and to leverage existing processes to support hospitals during catastrophic events.**

Conclusion

Thank you for the opportunity to comment on this initiative. GNYHA recognizes the extensive challenges of data collection during COVID-19 and the desire to establish a framework for all hazards during emergencies for hospitals. However, we strongly believe additional systems of reporting will add to already burdened hospital resources, duplicate existing systems, and would not result in translating information into an actionable response. Respectfully, this initiative remains ill-defined and requires further thought into the goals and actions looking to be achieved from this project.

GNYHA is invested in preparing our hospitals for future emergencies and disasters, including via the sharing of information to maintain situational awareness. Please contact me to discuss GNYHA's comments and recommendations in more detail. I look forward to our collaboration in support of our shared goal for a resilient health care system.

Respectfully,



Andrew Dahl

Vice President of Emergency Preparedness and Response

[4] 42 CFR §482.15 Condition of participation: Emergency preparedness.