May 30, 2020

COVID-19 Data Reporting Requirements for Skilled Nursing Care Facilities
Frequently Asked Questions

The Department of Health (Department) has received numerous questions from skilled nursing care facilities regarding COVID-19 data reporting as directed in the Order of the Secretary of the Pennsylvania Department of Health Requiring Skilled Nursing Facilities to Report Data, dated May 14, 2020. The Department is issuing the below questions and answers to provide clarification of the reporting requirements.

Q: Should the data be reported as the total number of cases at my facility since the start of the pandemic or the number of new cases at my facility today?
A: Facilities should report the total number of residents and staff who have tested positive since the start of the outbreak (March 6, 2020). For example, if a facility on Monday has had 20 cases since March 6, and Tuesday there were five additional cases, the facility should report 25 total who tested positive. This number should include anyone who has tested positive, whether or not they have recovered, passed away or are still ill.

Since the United States Department of Health and Human Services (HHS) also is requiring facilities to report new cases weekly, *the Department has added a second question to collect the number of "new cases in the past week" that is also asked on the federal National Healthcare Safety Network (NHSN) survey*.

This means that facilities will have to report both:
- Total number of cases: Cumulative number of residents and staff who have tested positive for COVID in your facility since March 6, 2020, regardless of whether the individuals recovered, passed away, or are still ill; and
- New cases in the last week: This number should be the same number reported to NHSN for your new cases and must only be updated in the Department's system once per week on whatever day your facility updates your NHSN data.

Q: Should I remove patients who have recovered from my case count?
A: No, case counts should be cumulative and report all residents and staff who have been diagnosed with COVID-19 at any point during the outbreak, regardless of their current status. This is NOT a count of the current active cases (number of sick individuals) in your facility, but a total count of all cases over the span of the pandemic.

Q: Should I include agency nurses, who might work at multiple buildings, in my staffing count?
A: No, agency nurses do not need to be included in your staff count.

Q: Do I include deaths of residents who passed away in the hospital?
A: Yes, include deaths of individuals who were residents of your facility when they were transferred to the hospital, even if they passed away in the hospital.

Q: If I have additional data definition questions who should I contact?
A: Send an email to ra-dhSNFquestions@pa.gov.

Q: If I see an error online with my data who should I contact?
A: Send an email to ra-dhSNFquestions@pa.gov.

Q: If my facility has set up a COVID-19 unit and is taking admissions directly from hospitals, do I have to include these individuals in my resident count?
A: Yes.

Q: Must the state-required data go back to March 6, 2020? If yes, and I had not entered it that way originally, should I go back and edit the information to make it cumulative as of the date it was entered?
A: Yes, the data must go back to March 6, 2020. Edit the information to make it cumulative if it was not entered that way originally.

Q: A new survey comes out today that is due on or before Monday, titled Long Term Care Facility Survey. Are the answers to include information back to March 6, 2020, or as of the date I am submitting the survey?
A: Data should go back to March 6, 2020.

Q: Please define "active cases of COVID-19." Is "active" considered those that tested positive and are still in the facility?
A: Active cases are defined as residents and staff who are confirmed or presumptive positive and have not yet met criteria for discontinuation of transmission-based precautions as per PA-HAN-502.

Q: When responding to the question about the number who were symptomatic or asymptomatic when tested, is that from the date of testing or as of when?
A: The response to that question should be the status (symptomatic or asymptomatic) on the date testing was conducted.

Q: We have not started serial (repeated) testing of residents or staff. Where can I find guidance on this?
A: Guidance will be forthcoming shortly from the Department.

Q: What should be done if a resident or staff person refuses the testing?
A: Residents and staff have the right to refuse testing. Facilities should develop human resources policies to address staff persons who refuse testing. If a resident is symptomatic and refuses testing, they should be isolated and treated as COVID positive. If a resident is not symptomatic, they should be placed in the Yellow Zone per PA HAN #508.

Q: Are facilities to reach out to a local lab to perform initial testing?
A: Yes, if they do not have a testing capability in-house.

Q: Who can I contact if I have questions or need support for testing?
A: Send an email to ra-dhSNFquestions@pa.gov.

Q: A resident or staff person had a confirmed positive and then weeks later had two confirmed negatives. If they subsequently test positive again during universal testing (due to latent viral shedding), should transmission-based precautions be taken again?
A: Universal testing is a screening strategy that should be applied to persons who have not yet been tested or have tested negative in the past. At this time, it is not recommended to routinely re-test anyone who has a history of a positive test for SARS-CoV-2, unless it is to meet criteria for discontinuing isolation using a test-based strategy.

In the event that routine testing strategies result in positive tests for persons who have already met criteria for discontinuing isolation, consider that person non-infectious unless new symptoms of illness appear and re-infection is suspected. At this time, information about re-infection risk, and associated time frames, is limited.