

SNF COVID-19 Daily Reporting

Data Dictionary

Number	Variable	Format	Description
1	Reporting Period	Select_one: Current Reporting Period; Last Reporting Period	The reporting period is 12n-12n, daily. Providers are expected to report once per day. Providers can select one of two options: Current Reporting Period or Last Reporting Period. The Reporting Period is relative to the time the daily report is submitted. For example, if the survey is completed at 11am, on Monday, the Current Reporting Period is Monday. If the survey is completed at 1pm on Monday, Monday is the Previous Reporting Period.
2	Skilled Nursing Facility Point of Contact (POC) Name	Char	The name of the facility staff reporting the information (the facility's point of contact).
3	Skilled Nursing Facility Point of Contact (POC) Email	Char	The email of the facility staff reporting the information.
4	CURRENT CENSUS: Total number of beds that are currently occupied.	Numeric	Total number of occupied beds on the date responses are entered in the survey.
5	Number of available beds that are capable of isolation.	Numeric	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.
6	Admissions: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19.	Numeric	<p>1. For the first day of the survey completed on May 14, 2020: Enter the 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.</p> <p>2. For all subsequent days beginning May 15, 2020: Since the last date Admission counts were entered in the survey, enter the number of residents newly admitted or readmitted to the facility from a hospital where they were treated for suspected or laboratory positive COVID-19.</p> <p>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.</p>

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7	CONFIRMED: Residents with new laboratory positive COVID-19.	Numeric	<p>1. For the first day of the survey completed on May 14, 2020: Enter the total number residents with laboratory-positive COVID-19 test result since January 1, 2020.</p> <p>2. For all subsequent days beginning May 15, 2020: Since the last date Confirmed Counts (laboratory positive COVID-19 test result) were entered, enter the number of residents with a new 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.</p>

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8	SUSPECTED: Residents with new suspected COVID-19.	Integer	<p>Enter the 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.</p> <p>2. If this is not the first time Suspected counts are being entered in the survey: Since the last date Suspected COVID-19 counts were entered in the survey, enter the number of residents who have been or are being managed as though they have COVID-19, but do not 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.</p> <p>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.</p> <p>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.</p> <p>Include residents with new suspected COVID-19 regardless if the resident is still in the facility. For example, the count should</p>
9	Number of residents who are under isolation due to laboratory positive or suspected COVID status, if applicable.	Integer	The number of laboratory positive or suspected COVID-19 patients that are currently in isolation.

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10	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location.	Integer	<p>1. For the first day of the survey completed on May 14, 2020: 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.</p> <p>2. For all subsequent days beginning May 15, 2020: 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.</p> <p>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.</p> <p>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.</p>

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11	TOTAL DEATHS: Residents who have died in the facility or another location.	Numeric	<p>1. For the first day of the survey completed on May 14, 2020: Enter the total number of residents who have died for any reason in the facility or another location since January 1, 2020.</p> <p>2. For all subsequent days beginning May 15, 2020: Since the last date the Total Deaths count was entered in the facility or another location.</p> <p>Note: Include only counts of new resident deaths for any reason since the last date these counts were entered into the survey.</p>
12	Does your facility have access to COVID-19 testing while the resident is in the facility?	Select_one: Yes; No	Select YES or NO. This indicates if further information is needed about access to COVID-19 testing for the resident in the facility.
13	What is the laboratory type?	Select_multiple: see categories.	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.
14	CONFIRMED COVID-19: Staff and facility personnel with new laboratory-positive COVID-19.	Numeric	<p>1. For the first day of the survey completed on May 14, 2020: Enter the total number of staff and facility personnel who have been identified with laboratory positive COVID-19 since January 1, 2020.</p> <p>2. For all subsequent days beginning May 15, 2020: 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.</p>

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15	SUSPECTED: Staff and facility personnel with new suspected COVID-19.	Integer	<p>1. For the first day of the survey is completed for the facility on May 14, 2020: Enter the 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.</p> <p>2. For all subsequent days beginning May 15, 2020: 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.</p> <p>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.</p> <p>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 exposure and/or suggestive signs and symptoms should be included in this count.</p> <p>Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.</p>

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16	COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory-positive COVID-19 who died.	Integer	<p>1. For the first day of the survey completed on May 14, 2020: Enter the total 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.</p> <p>2. For all subsequent days beginning May 15, 2020: Enter the total number of new 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.</p> <p>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. 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 exposure and/or suggestive signs and symptoms should be included in this count.</p>
17	Have any nursing care staff, scheduled to work in the last 24 hours, not been able to report for work?	Select_one: Yes; No	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.
18	Enter the total number of nursing care staff (RN, LVN, CNA) that were scheduled to work at your facility in the last 24 hours.	Numeric	The total number of nursing care staff that were scheduled to work at your facility in the last 24 hours.

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19	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?	Numeric	The number of scheduled nursing care staff that were not able report for work in the last 24 hours.
20	Do you have an urgent staffing need over the next 48 hours?	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for nursing care staff resources.
21	What type of resources do you need?	Select_multiple: RN; LVN; CNA	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).
22	RN Staff currently available	Numeric	The number of RNs that are currently available to work.
23	Additional number of RN staff needed in the next 48 hrs	Numeric	The additional number of RNs that are needed to work in the next 48 hours.
24	Additional RN Staff Shift Needed	Select-multiple: Day; Evening; Night	Select the shifts for the additional RNs needed. Providers can pick one or more of the options: Day, Evening, Night.
25	LVN Staff currently available	Numeric	The number of LVNs that are currently available to work.
26	Additional number of LVN staff needed in the next 48 hrs	Numeric	The additional number of LVNs that are needed to work in the next 48 hours.
27	Additional LVN Staff Shift Needed	Select-multiple: Day; Evening; Night	Select the shifts for the additional LVNs needed. Providers can pick one or more of the options: Day, Evening, Night.
28	CNA Staff currently available	Numeric	The number of CNAs that are currently available to work.
29	Additional number of CNA staff needed in the next 48 hrs	Numeric	The additional number of CNAs that are needed to work in the next 48 hours.
30	Additional CNA Staff Shift Needed	Select-multiple: Day; Evening; Night	Select the shifts for the additional CNAs needed. Providers can pick one or more of the options: Day, Evening, Night.
31	Do you have a shortage of clinical staff (Physician, other clinical staff)?	Select_one	Select YES or NO. This indicates whether the provider needs clinical staffing resources.

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32	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)	Select_one: Yes; No	Select YES or NO. This indicates whether the provider needs other staffing or facility personnel resources.
33	Do you have a licensed administrator, Director of Nursing, or administrator-designee that is reporting to work?	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has licensed administrator personnel that is reporting to work.
34	Do you anticipate a critical staffing shortage within the next 3-7 days?	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has an urgent need for critical staffing resources in the next 3-7 days.
35	Additional RN Staff needed in next 3-7 days	Numeric	The number of additional RNs needed at the facility in the next 3-7 days.
36	Additional LVN Staff needed in next 3-7 days	Numeric	The number of additional LVNs needed at the facility in the next 3-7 days.
37	Additional CNA Staff needed in next 3-7 days	Numeric	The number of additional CNAs needed at the facility in the next 3-7 days.
38	Of the following supplies, check the type of supplies for which you have less than one week's worth on-hand:	Select Multiple: see options.	Select the type of PPE supplies needed. Providers can pick one or more of the options: N95s, surgical masks, eye protection, gowns, gloves, and alcohol-based hand sanitizer.
39	N95s on-hand supply	Select_one: No Supply; 1- days worth; 4-7 days worth; 4-14 days worth; Over 15 days worth	The number of days inventory of N95 masks available at the facility.

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40	Surgical Face Masks on-hand supply	Select_one: No Supply; 1- days worth; 4-7 days worth; 4-14 days worth; Over 15 days worth	The number of days inventory of surgical face masks available at the facility.
41	Eye Protection on-hand supply	Select_one: No Supply; 1- days worth; 4-7 days worth; 4-14 days worth; Over 15 days worth	The number of days inventory of eye protection available at the facility.
42	Gowns on-hand supply	Select_one: No Supply; 1- days worth; 4-7 days worth; 4-14 days worth; Over 15 days worth	The number of days inventory of gowns available at the facility.
43	Gloves on-hand supply	Select_one: No Supply; 1- days worth; 4-7 days worth; 4-14 days worth; Over 15 days worth	The number of days inventory of gloves available at the facility.
44	Alcohol-based Hand Sanitizer on-hand supply	Select_one: No Supply; 1- days worth; 4-7 days worth; 4-14 days worth; Over 15 days worth	The number of days inventory of alcohol-based hand sanitizer available at the facility.

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45	Do you have any urgent PPE needs in the	Select_one: Yes; No	Select YES or NO. This indicates whether the provider has urgent PPE needs in the next 48 hours.
46	What are those needs?	Text	Available for provider to describe any additional urgent needs.
47	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?	Select_one: Yes; No	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.
48	Do you have a ventilator dependent unit in	Select_one: Yes; No	Select YES or NO. Indicate whether the provider has a ventilator dependent unit in the facility.
49	Mechanical Ventilators	Numeric	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.
50	Mechanical Ventilators IN USE	Numeric	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.
51	Do you currently have any ventilator suppl	Select_one: Yes; No	Select YES or NO. This indicates whether the provider needs ventilator supplies.

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52	Amount of current ventilator supplies	Select_one: No Supply; 1- days worth; 4-7 days worth; 4-14 days worth; Over 15 days worth	<p>On the date responses are reported into this survey, does your facility have any ventilator supplies available for use?</p> <p>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.</p> <p>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".</p>
53	Skilled Nursing Facility Name	Char	Select the name of the skilled nursing 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.
54	Facility ID	Char	A nine-digit facility identifier used in the CPDH licensing system (ELMS). Auto-populated.
55	License No	Char	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. Note: Please review document called "Leading Zero variables" how to import the .csv file to an excel file without losing the leading zero.
56	NHSN Facility ID	Char	A five-digit facility identifier used by the National Healthcare Safety Network (NHSN).

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57	CMS Certification Number (CCN)	Char	The CMS Certification number (CCN) replaces the term Medicare Provider Number, Medicare Identification Number or OSCAR Number. The CCN is used to verify Medicare/Medicaid certification for survey and certification, assessment-related activities and communications.
58	Location	Numeric	Latitude and longitude, combined for mapping. Location is used to display the map on the survey interface. Auto-populated.
59	Latitude	Numeric	The longitude of the facility in decimal degrees. Auto-populated.
60	Longitude	Numeric	The latitude of the facility in decimal degrees. Auto-populated.
61	Facility Address	Char	The facility's street address. Auto-populated.
62	Facility City	Char	The city where the facility is located. Auto-populated.
63	Facility County	Char	The county where the facility is located. Auto-populated.
64	Facility Telephone	Char	The facility's main telephone number. Auto-populated.