

COVID-19 Post Acute Capacity: Tracking and Surveillance

Overview

This form serves as a central and consolidated daily reporting point for post-acute facilities to ensure efficiencies with capacity tracking and also to support mandatory state and federal public health surveillance activities. The form should take 5 minutes to complete each day after the first time submitting.

Accessibility and Reporting Window

This form is currently accessible at postacutecapacity.crisphealth.org. This is distinct and separate from the CRISP Portal. Currently, no credentials other than facility information are required to complete and submit this form.

The form is open between the hours of 12:00 a.m. and 11:00 a.m. EST. Please complete the form on a daily basis for the prior 24 hour window. The form will be inaccessible outside of the previously mentioned hours.

In the coming days, this form will be moved to the CRISP Unified Landing Page (ULP). Accessing the CRISP ULP will require login credentials. To prepare for this transition, please confirm that you and reporters for your facility have the appropriate access to CRISP.

If your organization does not have access to CRISP, please contact Bill Hokemeyer at William.hokemeyer@crisphealth.org. If you do not have access to CRISP, but are employed by a facility with CRISP access, please contact your organization's CRISP Point of Contact for access.

Please email support@crisphealth.org for any issues, suggestions or defects.

COVID-19 Post Acute Capacity Tracking and Surveillance Walkthrough

Locate your facility by entering your facility's Medicare Provider Number or by searching for the facility by name, address, county, city, or zip.

1 Facility Access

1a: Enter Medicare Provider Number here and click Submit.

1b: If the system is unable to find your facility using your Medicare Provider Number, navigate use the "Search" functionality at the top of the screen.

The screenshot shows the CRISP Post-Acute Capacity Form interface. At the top left is the CRISP logo and the text "CRISP Post-Acute Capacity Form". At the top right are "Home" and "Search" links, with the "Search" link highlighted by an orange box and labeled "1b". The main content area features the word "Welcome" in a large font, followed by the instruction: "Enter your facility's Medicare Provider Number below to get started, or [search](#) to find your facility." Below this is a text input field labeled "Medicare Provider Number" with an orange border and a "1a" callout. Underneath the input field is a note: "Note: form responses are only accepted between 12AM and 11AM eastern time." At the bottom center is a dark "Submit" button.

2 Facility Search

2a: To search your facility, enter your facility's six-digit Medicare Provider Number, name, address, city, county, or zip then click the "Search" button.

2b: Locate your facility on the list of possible options then then click "Select" on the appropriate line.

CRISP Post-Acute Capacity Form Home Search

Facility Search

Search by Medicare Provider Number, name, address, city/county, or zip

Search

Facility Search

test

Search

If you are unable to find the correct facility, you may submit a new one:

Create new facility

Medicare ID	Name	Address	City	Zip	
123456	TEST FACILITY FOR TRAINING VIDEO	123 Main Street	Columbia	21046	Select
456	Test Approval Facility	123 test	test	21212	Select
543	Test Approval Facility	123 test	test	21212	Select
567	Test Approval Facility	123 test	test	21212	Select

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Completing the Form Contact Information

3. Once you've located your facility, the page will redirect to the form where all of your facility's information should autopopulate at the top of the screen. Review the facility details to ensure you have selected the appropriate facility. If the information is inaccurate, click the "Search" button at the top of the screen to repeat your search

3a. To begin completing the form, enter your contact information. This is someone a hospital or health department could reach out to for questions or additional information. These fields will prepopulate after the first time they are entered.

3b. These fields will prepopulate after the first time they are entered.

The screenshot shows a web form for entering facility information. At the top, a table displays pre-populated data for a facility. Below the table is a confirmation message. The bottom section contains four input fields for contact information, with callouts 3a and 3b highlighting specific areas.

Medicare Number	123456
Name	TEST FACILITY FOR TRAINING VIDEO
Phone	301-555-5555
Address	123 Main Street
City	Columbia
Zip	21046

Please confirm the facility information above is correct before proceeding. If not, please navigate back to the home page.
Note: the content of this form may change as state and federal reporting requirements evolve.

Contact Name <input type="text"/> <small>Best contact at your facility for questions about your capacity</small>	Contact Phone <input type="text"/> <small>Enter phone number in format: 111-111-1111</small>
NHSP Facility ID (register here) <input type="text"/>	CMS Certification Number (CCN) <input type="text"/>

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Completing the Form Resident Information

Once you've entered your contact information, you must complete the "Resident Information" section:

4a. If you answer "yes" to the "accepting residents" question, a follow up question regarding COVID positive residents will automatically appear.

When completing this section, please note:

4b. The sum of COVID+, Non-COVID, and suspected COVID should equal your facility's census.

4c. Enter whole numbers. Click the blue hyperlink to review CDC guidelines prior to submitting your response.

Resident information

Are you accepting residents today?

No

4a

COVID+ residents **occupying** a bed in each of the following:

Private room

0

Semi-private room - two to a room

0

Semi-private room - three to a room

0

Semi-private room - four to a room

0

Residents with pending COVID tests **occupying** a bed in each of the following:

Private room

0

Semi-private room - two to a room

0

Semi-private room - three to a room

0

Semi-private room - four to a room

0

Number of residents who met criteria for **discontinuation of transmission-based precautions** in the last 24 hours:

4c

Non-COVID+ residents **occupying** a bed in each of the following:

Private room

0

Semi-private room - two to a room

0

Semi-private room - three to a room

0

Semi-private room - four to a room

0

4b

Beds that are vacant, available, and staffed in each of the following:

Private room

0

Semi-private room - two to a room

0

Semi-private room - three to a room

0

Semi-private room - four to a room

0

5 Completing the Form Hospitalizations from your facility

To ensure you've properly completed the "Hospitalizations from your facility" section, please note that the sum of the three fields should equal the total hospitalizations for your facility from the last 24 hours.

COVID+

Non-COVID

COVID+

Non-COVID

Transferred to the hospital in the last 24 hours:

COVID+

Severe Respiratory Symptoms (COVID Suspected)

Non-COVID

Resident deaths in the last 24 hours (in your facility or another location):

COVID+

Non-COVID

Awaiting COVID test results (COVID-suspected)

Staff and Personnel

These questions are not mutually exclusive and a single individual may fall into multiple categories within a 24-hour period.

Number of staff with positive COVID-19 test results (positive test results within last 24 hours):

Number of staff and facility personnel with new-onset respiratory symptoms (COVID-19 suspected) within last 24 hours:

Number of staff with suspected or laboratory-positive COVID-19 resulting in hospitalization (hospitalized in last 24 hours because of respiratory symptoms, regardless of COVID status):

Number of staff with suspected or laboratory-positive COVID-19 resulting in death in the last 24 hours:

Please indicate if your facility has a shortage of staff and/or personnel for any of the following groups. Please select all that apply.

- Nursing staff:** registered nurse, licensed practical nurse, vocational nurse
- Clinical staff:** physician, physician assistant, advanced practice nurse
- Aide:** certified nursing assistant, nurse aide, medication aide, and medication technician
- Other staff or facility personnel:** regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)

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Completing the Form: Capacity information

When entering your facility's "Capacity" information make sure that you:

6. Click the blue hyperlink for the CDC's PPE Burn Rate Calculator

6a. If you select "yes" to the ventilator dependent question, additional questions will automatically populate.

6b. Enter any additional questions or comments here

6c. Click "Submit" once you've entered all requested information into the fields provided.

The form is now complete. Please access the form again the following data to enter new information from the previous 24 hour timeframe.

Please indicate if your facility offers the following clinical capabilities, even if you do not have availability today:

Hemodialysis	Dementia Unit
<input type="text" value="No"/>	<input type="text" value="No"/>
Substance Use Treatment	Bariatric Unit
<input type="text" value="No"/>	<input type="text" value="Yes"/>

How long do you anticipate that the PPE you have on hand will last? Refer to the CDC's PPE Burn Rate Calculator.

N95 respirators:	Face masks:	
<input type="text" value="1-3 days"/>	<input type="text" value="1-3 days"/>	
Face shields:	Gowns:	Gloves:
<input type="text" value="1-3 days"/>	<input type="text" value="4-14 days"/>	<input type="text" value="4-14 days"/>

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Do you have a ventilator-dependent unit in your facility?

Total number of mechanical ventilators in your facility:	Mechanical ventilators in use for residents who have suspected or lab-confirmed COVID-19:
<input type="text"/>	<input type="text"/>
Do you currently have any ventilator supplies (any, including tubing)?	Do you currently have enough ventilator supplies for the next week (any, including tubing)?
<input type="text" value="No"/>	<input type="text" value="No"/>

Facility Comments

Please provide any additional details or limitations about facility services (such as bariatric weight limits etc).

6a

6b

6c