

REMEDSIVIR DATA COLLECTION – Action Plan

Action Plan for RDV Data Collection & Analysis

Name of Jurisdiction: Maryland

Date: September 18, 2020 **Version:** 3.0

Team Members / Points of Contact:

Maryland Department of Health	Sherry Adams, Kate Jackson, Jessica Acharya
CRISP	Lindsey Ferris, Emily Ogunbo, Craig Behm
MHA	Katie Eckert, Ahmed Elsayed-Ahmed

PURPOSE: To understand utilization of remdesivir (RDV) and associated health outcomes of COVID19 patients among Maryland health care facilities in receipt of RDV by the Maryland Department of Health (MDH).

OBJECTIVE: To conduct a retrospective descriptive analysis of RDV-dosed COVID positive patients upon hospital discharge across Maryland health care facilities in receipt of RDV by the MDH.

OUTCOMES:

1. Public Health: RDV-dosed COVID positive patient data will be used to monitor hospital stay length and metrics and the occurrence of COVID-related mortality outcomes, and to assist public health authorities in the development, implementation, and evaluation of programs and policies to reduce and prevent COVID-related deaths and hospital burden.
2. Operational: To ensure supply and access continues for our health care partners across the state.

INCLUSION CRITERIA:

1. All hospitalized RDV-dosed COVID positive patients upon discharge. This includes the patients with laboratory-confirmed or clinically diagnosed with COVID-19.
2. From MDH allocated shipment as possible

REPORTING:

1. File submission format: CSV
2. Naming convention: YYYYMMDDHHMMSS_XXXXX.Hospitalname
3. Data should be submitted via CRISP RDV SFTP. If this is not yet established for your facility, please send the name and email of the IT point of contact to Emily Ogunbo (Emily.ogunbo@crisphealth.org)

REMDESIVIR DATA COLLECTION – Action Plan

DATA ELEMENTS DESCRIPTION:

Notes:

- Please insert quotes for any string fields
- For required and optional fields, if value is unavailable, enter N/A; do not leave fields blank

Table 1. Data Elements Description		
Data Field	Description	Status
Hospital	Event Facility Name	Required
Hospital NPI	Event Facility NPI	Required
Hospital Zip Code	Zip Code of hospital facility	Required
Hospital Region	County	Required
Patient MRN	MRN assigned for that patient at your facility	Required
Patient Zip Code	Patient Address – Zip/Postal Code	Required
Patient Date of Birth	(Format: MM/DD/YYYY)	Required
Patient Sex	Administrative Sex (Format: A, F, M, N, O, U only)	Required
Patient Race	Please ensure field is human-readable format	Required
Patient Ethnicity	Please ensure field is human-readable format	Required
Admission Date	Date admitted (Format: MM/DD/YYYY)	Required
Discharge Diagnosis - Primary	Primary diagnosis code (Format: ICD-10 Code only)	Required
Discharge Diagnosis - Secondary	Secondary diagnosis code, if applicable (Format: ICD-10 Code only)	Optional
Discharge Date	Date discharged or N/A if not applicable (Format: MM/DD/YYYY)	Required
Death Date	Date patient was deceased, or N/A if not applicable (Format: MM/DD/YYYY)	Required
RDV Start Date	Populated for RDV administered patients (Format: MM/DD/YYYY)	Required
RDV End Date	Populated for RDV administered patients (Format: MM/DD/YYYY)	Required
Location in hospital at start of RDV	Type of bed patient currently occupied (Format: "Acute", "ICU", "Other")	Optional
Location in hospital at end of RDV	Type of bed patient currently occupied (Format: "Acute", "ICU", "Other")	Optional