

Maryland Remdesivir Data Collection – Frequently Asked Questions

Patient Inclusion Criteria:

1. **What is the time period of patients that we are required to report on? Is this based on when the Remdesivir was received from MDH or on patient discharge?**

Maryland hospitals received RDV from the Maryland Department of Health between the dates May 15 and July 13. As of the date of this request, it is likely that not all hospitals have fully utilized their MDH donated RDV stock for patients. The data pull should include any patient who has completed a full course of treatment with this donated RDV distributed by MDH, which may have occurred after July 13. MDH has clarified the timelines as hospitals have remaining donated stock beyond the distribution dates. **Patients treated using RDV obtained through the newer commercial allocations from ABC should not be included in data reporting from a hospital.**

2. **If a patient is given multiple doses of Remdesivir, do you want the stop/start dates of the most recent dose, first dose, or are they listed twice within the report?**

If a patient is given multiple doses, they should be listed separately in the report for each course of treatment, including final disposition (discharge diagnosis or date of death).

3. **Does MDH only want data on inpatients who received the EUA Remdesivir which was distributed between May 15 and July 13 and not related to study protocol Remdesivir or Remdesivir that may be purchased from Amerisource Bergen.**

Correct, study protocols / clinical trials utilizing RDV or drug purchased from ABC are excluded.

Data Formatting/Submission:

1. **Can you clarify that indeed this is a one-time retroactive request and we will not be reporting on patients receiving RDV for many weeks to come?**

If you have not used all of the donated RDV stock, you should expect to complete additional reporting. There will most likely be quarterly requests as donated RDV stock continues to be used down. Each report should include the total census of RDV-dosed patients.

2. **For Final Discharge Diagnosis, do you want just primary diagnosis? If we have a secondary diagnosis as well, how would that be formatted?**

Yes, we have a field available to populate for any secondary diagnoses that exist.

3. **How will the data be submitted specifically and when will it be due? (e.g. CRISP, FTP, email, other?)**

Data should be submitted via CRISP RDV SFTP. Please see IT point of contact included in the Data Action Plan if this is not yet established for your facility.

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4. **Can we provide one report for all hospitals within a system as opposed to a report for each individual hospital?**

Yes. In order to do so, please ensure that the actual hospital location or NPI is tagged on each individual case so that hospitals may be parsed out in final analytics.

5. **For the “Location in hospital at start/end of RDV” fields, what are the values you want to see? Is it just Acute, ICU and CCU? What about IMC/Stepdown, or others?**

Please provide response in that field as “Acute Care Bed”, “Intensive Care Bed”, and “Other” (all other locations).

6. **How would you like us to treat Discharge Diagnosis for those patients who are still admitted, but received RDV doses between May 15 – July 13? There would not be final diagnosis at that point but can provide admit diagnosis.**

Please report only on patients who have a discharge diagnosis. If a patient has been dosed but no final disposition is available, you will report that patient in the future.