

COVID-19 Hospitalization Reporting File Key



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

Introduction

Hospitals are required to submit case reports on patients who had a positive viral test for SARS-CoV-2/COVID-19, which occurred within 14 days of admission to the hospital or during their hospital stay to the Minnesota Department of Health (MDH). Hospitals may submit hospitalization case reports through a csv or excel (.xls/.xlsx) file. Hospitalization reports must be submitted as soon as possible but not later than three working days of admission, positive test, or certain changes for a previously reported patient (e.g., transfer to the ICU, death).

Hospitals can use the provided reporting template or another format that provides the same data elements described here. Certain data elements are required for hospitalization reporting and must be included regardless of the specific format used by the hospital. Files can be submitted securely to the MN COVID-19 Provider Portal (<https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D>) or by secure email to the COVID-19 Hospitalization Surveillance team (Health.COVID.Hospitalizations@state.mn.us).

Variables

 = Required field  = Conditionally required field (see Instructions for details)

Header Name	Variable Name	Instructions
 hospital_name	Hospital/Facility Name	Required: Reporting hospital/facility name – your organization name
 first_name	First Name	Required: Patient first name
 middle_name	Middle Name	Patient middle name or initial
 last_name	Last Name	Required: Patient last name

COVID-19 HOSPITALIZATION REPORTING FILE KEY

Header Name	Variable Name	Instructions
dob	Date of Birth	Required: Expected format: MM/DD/YYYY
sex	Sex	Expected values: Male Female Other Unknown
mrn	Medical Record Number	This should uniquely identify the patient over time.
admit_date	Admission Date	Required: Expected format: MM/DD/YYYY
discharge_date	Discharge Date	Expected format: MM/DD/YYYY
department_unit	Department, Unit, or Level of Care	Department name, unit/location, or level of care (medical ward, ICU, telemetry, etc...)
length_stay	Length of Stay	Length of stay at hospital (in days)
icu_admission	Is/was the patient admitted the ICU?	Expected values: No Yes Unknown
icu_admit_date	ICU Admission Date	Conditionally required: Need to complete if icu_admission = Yes Expected format: MM/DD/YYYY
icu_discharge_date	ICU Discharge Date	Expected format: MM/DD/YYYY
positive_test_date	Positive Test Date	Required: Specimen collection date Expected format: MM/DD/YYYY
positive_test_location	Positive Test Location	Location of collection of positive test (healthcare facility name, home, etc...)
deceased	Did the patient die?	Expected values: No Yes Unknown

COVID-19 HOSPITALIZATION REPORTING FILE KEY

Header Name	Variable Name	Instructions
death_date	Death Date	Conditionally required: Need to complete if deceased = Yes Expected format: MM/DD/YYYY
death_location	Location of Death	Location of death (home, hospital, etc...)
address	Address	Patient street address
city	City	Patient city
state	State	Required: Two-character abbreviation for patient state of residence, ex. MN
county	County	Patient county name
other_county	Other County	Other county name
zip_code	Zip Code	Patient zip code as 5-digit or 9-digit notation (with dash). Expected format: nnnnn nnnnn-nnnn
pt_phone	Patient Phone	Expected format: nnn-nnn-nnnn
general_comment	Any additional information	

Resources

MN COVID-19 Provider Portal:

<https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D>

Questions?

Minnesota Department of Health

COVID-19 Hospitalization Surveillance

651-201-5414

health.covid.hospitalizations@state.mn.us

www.health.state.mn.us

To obtain this information in a different format, call: 651-201-5414.