

ASPR TRACIE Health Care Coalition Surge Estimator Tool: Aggregator

<p>Introduction</p>	<p>This tool was developed by the HHS Assistant Secretary for Preparedness and Response’s Technical Resources, Assistance Center, and Information Exchange (ASPR TRACIE) as a companion to the HCC Surge Estimator Hospital Data Collection tool and is intended to summarize the results from multiple HCC Hospital Data Collection workbook files to present an aggregate estimate at the coalition level, based on hospital members’ responses. Visit https://asprtracie.hhs.gov/hcc-resources for a list of select HCC resources. For a 508 compliant version of this tool, copy and paste this link into your browser: https://files.asprtracie.hhs.gov/documents/aspr-tracie-healthcare-coalition-surge-estimator-tool-hcc-aggregator.pdf</p> <p>For additional questions or to discuss this tool further please contact your HPP Field Project Officer (https://www.phe.gov/Preparedness/planning/hpp/Pages/about-hpp.aspx) or email your questions to the Hospital Preparedness Program at HPP@hhs.gov.</p>
<p>Instructions</p>	<p>Note: The tool currently works only in Windows versions of Excel 2003 and later. It will not work on a Mac.</p> <ol style="list-style-type: none"> 1. Place the HCC Hospital Data Collection workbook files in a single empty folder (not a zip file). 2. Note that you may need to click an "Enable Content" button at the top of the excel window of this Aggregator tool to allow it to work. 4. Click the "Aggregate" button on the tool located below these instructions at Line 15. 5. Select the folder where the HCC Hospital Data workbooks are located. When you open the folder, it may show as empty but simply click "Ok" and the program will run. 6. A pop up box will appear to notify you that the program is running. Click "Ok" to proceed. 7. Wait for the program to run. You will see a prompt when it is complete. Click "Ok" to proceed. 8. View the aggregated results on the "HCC Hospital Aggregation" tab.
<p>Key Points</p>	
<p>Interpreting Results</p>	<p>The data is presented to allow awardees and other users to view the results by coalition.</p> <ul style="list-style-type: none"> • HCCs will NOT submit individual hospital metrics to ASPR. Information will be aggregated at the coalition-level. • HPP recipients or other users can view data from multiple coalitions for trends and common issues. • HCCs should use this data to identify gaps and resources for their preparedness and response plan development.
<p>Tips for Success</p>	<ul style="list-style-type: none"> • Use this tool on a PC/Windows environment. We are working to allow the tool to be used on Apple iOS as well. • HCCs should ensure all Hospital Data Collection workbooks are complete. Any incomplete data may not allow the aggregator to display results properly. • Clearly name your files how you would like them to display/read on the data tabs. The entire file name will show up so you may consider creating shorter file names.

HCC Hospital Aggregation

TOTALS

Variable	Number	Description
Floor Beds	0	Total number of inpatient floor and observation beds that are in daily/routine operational use at the hospital. This should include units that are sometimes closed due to low census.
ICU Beds	0	Total number of inpatient critical care (including mechanical ventilation) ICU beds. This should include adult, pediatric, and specialty ICU beds (e.g., burn, neuro) but not neonatal/NICU. <i>(Coalitions may wish to independently collect NICU data for evacuation planning but not overall surge capacity assessment).</i>
Monitored / Stepdown Beds	0	Beds equipped with cardiac and other monitoring necessary for step-down or intermediate level care. These beds do NOT provide usual critical care services such as mechanical ventilation.
Closed/Inactive Floor Beds	0	Total number of beds in units that are operationally closed (units/areas that are considered 'shuttered' and not routinely used for patient care) that could be re-opened or beds that can be added to rooms designed as semi-private use but currently used as private rooms. Facility should be able to open these beds within 8 hours AND have necessary equipment available (e.g. have beds/equipment available, meet other life safety codes including appropriate headers for electrical, oxygen, curtains, etc.).
Pre-induction, Post Anesthesia and Procedural Beds	0	Each bay/cart location within the surgical/procedural care areas. Pre-induction/ post-anesthesia/recovery and appropriate procedural beds (e.g., interventional, GI) should be counted toward this total. Selected 'swing', same day surgery or other beds that could increase ICU/inpatient surge may also be counted in this total if they can predictably be made available within hours – these should not be counted in the inpatient beds above. Procedural beds should include beds that allow full monitoring and care of patients undergoing minor procedures or sedation such as endoscopy or interventional radiology that are suitable for overflow critical care.
Surge Discharge (# of Patients)	0	Total number of inpatients that could be discharged early based on a spot survey of charge nurses, discharge management, and/or clinicians. Number can reflect actual time of survey completion or be based on prior exercise or other experiences. This number has been shown to vary substantially between facilities based on their elective admission volumes and may range from less than 15% to 40% or more and contributes significantly to initial surge capacity.
Operating Room Beds	0	Total number of operating rooms/suites that are in daily use within the hospital. This should also include obstetrics operating rooms. (Operating rooms are not included in the surge calculation.)
TOTAL Initial Surge Capacity Estimate	0	Total Initial Surge Capacity Estimate

Comments/Additional Notes
from Coalition

File Name	Variable	Number	Description
-----------	----------	--------	-------------

Clear Results

File Name	Variable	Number	Description
-----------	----------	--------	-------------

Clear Results