

Majority of US hospitals found COVID-19 reporting directives to be inconsistent

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The U.S. health care response during the early stages of the COVID-19 pandemic unveiled challenges in public health reporting systems and electronic clinical data exchange.

A new study led by John (Xuefeng) Jiang, Eli Broad Endowed Professor of Accounting in MSU's Broad College of Business, examines U.S. hospitals' experiences in public [health](#) reporting, accessing [clinical data](#) from external providers for COVID-19 patient care, and their success in reporting vaccine-related adverse events to relevant local, state and [federal agencies](#). According to the U.S. Centers for Disease Control and Prevention, vaccine providers are encouraged to report any clinically significant health problem following vaccination even if they are not sure if the vaccine was the cause.

The research is [published](#) in the journal *Health Affairs Scholar*.

"There are significant disparities across government levels due to inconsistent requirements. This research underscores the need for standardized reporting protocols, explicit directives and a pivot from manual to automated processes," Jiang said. "Tackling these challenges is pivotal for ensuring prompt and [reliable data](#), bolstering future public health responses and rejuvenating trust in public health institutions.

The study, which also includes researchers from the University of Texas, Auburn University and Johns Hopkins, uses datasets from the American Hospital Association, or AHA, 2020 and 2022 annual IT surveys (the survey was skipped in 2021, as the 2020 survey was delayed to early 2021 due to the COVID-19 pandemic). The study is the first to examine hospitals' experiences with public health reporting and their access to external electronic data during the pandemic.

"To fortify the current public health reporting ecosystem, a more comprehensive and coordinated policy approach is imperative," Jiang said. "The inconsistency in requirements across different government levels presents a clear opportunity for policymakers to introduce harmonized reporting standards. By doing so, they can reduce the administrative burden on hospitals, allowing them to channel more

resources toward immediate patient care."

According to the study, which uses data from 6,012 hospitals, primarily larger nonprofit teaching hospitals in urban areas, only 18% of hospitals found COVID-19 reporting directives to be consistent across government agencies. In addition, reporting to [local governments](#) generally appeared to be less burdensome than at the state and federal tiers:

- Twenty-six percent of hospitals reported difficulty obtaining data at the local level, versus 59% at the federal level and 57% at the state level.
- Twenty-five percent of hospitals highlighted inconsistencies in definition of reporting elements at the local level versus 53% at the federal level and 50% at the state level.
- Nineteen percent of hospitals said there were unclear reporting instructions at the local level, versus 39% at the federal level and 42% at the state level.

The study also looked at how hospitals submit data to public health agencies. Per the AHA, there are three different ways for hospitals to share data: automated mode, where [electronic health records](#) are sent directly to the public health agency; manual, where data is faxed or manually inputted into a designated portal; and mixed, which combines both automated and manual processes.

The study shows there is a clear shift in hospital data submission practices: by 2022, 23% of hospitals were primarily using an automated approach, up from 5% from 2021 (per the 2020 AHA survey), while use of the mixed approach decreased by 6% and use of the manual approach remained steady.

"Encouraging a shift from manual to automated process should not just

be a recommendation, but a public priority," Jiang said. "Speedy, reliable data are paramount during public health emergencies, and manual processes can inhibit a rapid response."

The research also found that hospitals with comprehensive electronic health record systems were approximately twice as likely to automate reporting of capacity and supplies data to public health agencies (21% versus 9% in hospitals without such systems) and were more effective in submitting COVID-19 vaccine-related adverse events (91% versus 84%).

Additionally, hospitals offering telehealth services displayed superior reporting capabilities. They were three times more likely to use automated systems for reporting capacity and supplies data than hospitals not offering telehealth and had a higher success rate in submitting COVID-19 vaccine adverse event reports (90% versus 85%).

"These findings underscore the significant role of advanced technology adoption in enhancing [hospital](#) reporting efficiency," said Jiang. "Policy efforts encouraging the adoption of these technologies can substantially improve public health reporting."

Jiang also notes the importance of public trust in effective health reporting, in addition to creating efficient and clear processes and adopting automated systems.

"Public trust is the cornerstone of an effective health response, and policymakers should be cognizant of this. While individual hospitals have a role to play, it is coordinated policy response that will ensure the U.S. is better prepared for [public health](#) emergencies," he said. "The insights from this study can serve as a blueprint for these policy initiatives, ensuring a more resilient, responsive and robust health care system."

More information: John (Xuefeng) Jiang et al, Challenges and dynamics of public health reporting and data exchange during COVID-19: insights from US hospitals, *Health Affairs Scholar* (2024). DOI: [10.1093/haschl/qxad080](https://doi.org/10.1093/haschl/qxad080)

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