

NHSN Agreement to Participate and Consent Q&A

Q: What is National Healthcare Safety Network (NHSN) Agreement to Participate and Consent, sometimes called the NHSN 308(d) document?

A: The NHSN Agreement to Participate and Consent is a user agreement and data consent form required to use NHSN, the recognized gold-standard surveillance system for healthcare-associated infections (HAIs). The document details the purposes of NHSN and data access and protection provisions. Facilities that request NHSN access must have a senior executive review, sign, and return the form to CDC. Instructions are with the form.

Q: Why do facilities have to sign it?

A: NHSN collects valuable information, some of which can be shared with state and federal health authorities. Therefore, it is important for every healthcare facility to know exactly which entities have access to their data and for what purposes, and also which entities cannot not have access to the data. Of course, individual facilities can share their data with other organizations as they deem fit.

Q: What does the agreement say?

A: The agreement provides information about data confidentiality and data access. The updated data access provisions allow hospital users to work closely with their respective health departments and to comply with new Medicare reporting requirements.

With respect to health department collaboration, the new provisions enable CDC to provide state health departments, at their request, with access to HAI data for surveillance and prevention purposes only (*not* for regulatory purposes). This will enable CDC to bring HAI prevention efforts into the traditional public health model, working closely with state health departments and healthcare facilities in their particular jurisdictions to reduce HAIs.

States requesting data access beyond a state mandate will be required to enter into a signed data use agreement with CDC. When a state request is accepted by CDC, the facilities involved will be notified and given the option to opt out of NHSN either partially or completely. Therefore, it will be important to know exactly what your facility reporting requirements are, both for state and federal levels.

As part of CMS' elective pay-for-reporting program, CDC will share with CMS HAI data for hospitals that elect to participate in the CMS Hospital Inpatient Quality Reporting Program. As you may know, this requires reporting of CLABSIs occurring in intensive care and neonatal intensive care unit patients on or after Jan. 1, 2011. Reporting of surgical site infections is scheduled to begin in 2012. As with all CMS healthcare quality measures, these statistics will be publicly reported on the Hospital Compare website.

Other than these purposes, CDC cannot release facility-level data to any person or organization.

Q: This is different than the previous agreement. Why?

A: As HAI prevention continues to be recognized as a critical element of quality healthcare, the purpose of NHSN is expanding, and the impact of NHSN data is being greatly amplified. There are several drivers for this change.

First, CDC is striving to bring HAI prevention efforts in line with traditional public health response. In that effort, state health departments are playing a strong role in monitoring and preventing HAIs; to further strengthen efforts, state health authorities need more access to data. Regardless of state mandate coverage, the new agreement grants data access to state health departments for prevention and surveillance purposes only. (See previous question for details.)

In addition, the updated agreement grants CDC permission to share facility-level patient safety data with the Centers for Medicare and Medicaid Services (CMS) so that facilities can comply with CMS' Hospital Inpatient Quality Reporting Program requirements. (See previous question for details.)

Q: Do the new purposes include all data in NHSN, or just HAI data?

A: CDC may disclose your facility participation to your state department of health if you are using any NHSN Component (i.e., Patient Safety, Healthcare Personnel Safety, or Biovigilance). However, Biovigilance Component data is not included in the new purpose regarding data access for state agencies. Under these new purposes, CDC will not grant access to Biovigilance Component data.

Q: What if other organizations want access to data from my facility?

A: Other than to state health departments and CMS, CDC cannot grant data access to any organization. If other organizations request data access, CDC will direct them to contact individual facilities, which can grant data access privileges as they see fit through the NHSN Group Function.

Q: Will infection preventionists' identity be protected?

A: CDC will not share the name of any individual infection preventionist or patient with any organization.

Q: What else should I know?

A: CDC recognizes that this change presents a significant shift in the way HAI prevention has been traditionally addressed. We have been working with partners from across the healthcare spectrum to garner input and ensure smooth transition.

During the transition, it is important to remember that this new culture of HAI prevention highlights the importance of supporting a strong infection prevention program and enhances the role of healthcare epidemiologists and infection preventionists in overall facility performance. It is important for facility-based infection preventionists and state epidemiology staff to work closely together to maximize prevention efforts and to take advantage of mutually beneficial support and advocacy for resources, as well as technical implementation.

Extending the scope of HAI reporting means more data with which to target prevention, improve patient outcomes and reduce healthcare costs. Ultimately we want to eliminate all HAIs. We look forward to working with you along the way.