

**Data Use Agreement between CDC National Healthcare Safety Network and Arizona Department of Health Services
Data File Specifications Template - Patient Safety Component**

The template below can be used to describe which data from the NHSN Patient Safety Component will be shared with the state health department. Only data that is included in a facility's monthly reporting plan will be included in datasets shared with the state health department. "Time Period" of data shared with state health department will be completed on template after signing of DUA. Please complete the template and provide to CDC/NHSN for further discussion.

Specify level of aggregation and patient identifiers to receive:

<input type="checkbox"/>	Only requesting facility level aggregate data (no patient level data)
<input type="checkbox"/>	Pt level data with all patient identifiers
<input type="checkbox"/>	Pt level data with no patient identifiers
<input checked="" type="checkbox"/>	Pt level data with specific patient identifiers (please select below)
<input checked="" type="checkbox"/>	DOB
<input checked="" type="checkbox"/>	Gender
<input checked="" type="checkbox"/>	Ethnicity
<input checked="" type="checkbox"/>	Race

General and surveys:

<input checked="" type="checkbox"/>	Monthly reporting plans
<input checked="" type="checkbox"/>	Facility annual surveys

Device-Associated Module events and denominators:

Select event types of interest below:

<input checked="" type="checkbox"/>	Central line-associated bloodstream infection (CLABSI)
<input checked="" type="checkbox"/>	Catheter-associated urinary tract infection (CAUTI)
<input checked="" type="checkbox"/>	Ventilator-associated events (VAE)
<input type="checkbox"/>	Central line insertion practices (CLIP) - please note that requesting CLIP events will result in inserter code being shared
<input checked="" type="checkbox"/>	Dialysis Event (DE)

For these events, please specify the facility types, locations, and time period that will be shared with state health department below. You will receive both event (numerator) and summary (denominator) data for the locations that you specify.

Plan	Time Period	Location Type (Ex - ICUs, Wards, etc)	Specific Facility Types and Locations (Ex - All ICUs, Medical ICUs, etc)
IN		Acute care hospitals	All adult, pediatric, and neonatal intensive care locations
IN		Acute care hospitals	All ward and specialty care area locations
IN		Long-term acute care hospitals	All patient care locations
IN		Rehabilitation hospitals	All patient care locations
IN		Outpatient dialysis centers	All outpatient facilities reporting
IN			

Procedure-Associated Module events and denominators:

Select event types of interest below:

<input checked="" type="checkbox"/>	Surgical Site Infection (SSI) - please note that requesting SSI events/denominators will result in surgeon code being shared
<input type="checkbox"/>	Post-procedure Pneumonia (PPP)

For these events, please specify the facility types, procedures, and time period that will be shared with the state health department in the table below. You will receive both event (numerator) and procedure (denominator) data for the locations that you specify.

Plan	Time Period	NHSN Procedure Category	Specific Facility Types and Settings (Inpatient, Outpatient, or Both)
IN		CBGB and CBGC	Both
IN		CARD	Both
IN		KPRO	Both inpatient and outpatient from acute care hospitals and ASCs
IN		HYST	Both inpatient and outpatient from acute care hospitals and ASCs
IN		COLO	Both inpatient and outpatient from acute care hospitals and ASCs
IN			

MDRO Module events and denominators:

Select event types of interest below:

<input type="checkbox"/>	Infection Surveillance
<input checked="" type="checkbox"/>	LabID Event - all specimens
<input type="checkbox"/>	LabID Event - blood specimens only

Select organisms of interest below:

<input checked="" type="checkbox"/>	MRSA
<input type="checkbox"/>	MRSA and MSSA
<input checked="" type="checkbox"/>	C. difficile

	VRE
X	Ceph-R Klebsiella
X	CRE Klebsiella
X	CRE E. coli
X	MDR Acinetobacter

For these events, please specify the facility types, locations, and time period that will be shared with state health department below.
You will receive both event (numerator) and summary (denominator) data for the locations that you specify.

Plan	Time Period	Location Type (Ex - ICUs, FACWIDE, etc)	Specific Locations (Ex - All ICUs, FACWIDEIN, etc)
IN		Acute care hospitals	FACWIDE IN LabID Events
IN		Long-term acute care hospitals	FACWIDE IN LabID Events
IN		Rehabilitation hospitals	FACWIDE IN LabID Events
IN			
IN			
IN			

MDRO Module Process and Outcome Measures

Select process and outcome measures of interest below:

	Hand Hygiene
	Gown and Gloves
	AST Adm
	AST D/T
	AST Incidence
	AST Prevalence

Select organisms of interest for AST Process and Outcome Measures below:

	MRSA
	VRE

Antimicrobial Use and Resistance Module:

Select event types of interest below:

	Antimicrobial Use (AU)
	Antimicrobial Resistance (AR) - to be implemented in the future

For these events, please specify the locations and time period that will be shared with the state health department below.

Plan	Time Period	Location Type (FACWIDEIN or By Location)
IN		

Please include any other comments that do not fit into the template structure in the field below.

**Data Use Agreement between CDC National Healthcare Safety Network and Arizona Department of Health Services
Data File Specifications Template - Healthcare Personnel Safety Component**

The template below can be used to describe which data from the NHSN Healthcare Personnel Safety Component will be shared with the state health department. Only data that is included in a facility's monthly reporting plan will be included in datasets shared with the state health department. "Time Period" of data shared with state health department will be completed on template after signing of DUA. Please complete the template and provide to CDC/NHSN for further discussion.

General and Surveys:

<input type="checkbox"/>	HCW Data
<input type="checkbox"/>	With Identifiers
<input type="checkbox"/>	Without Identifiers
<input type="checkbox"/>	Monthly Reporting Plans
<input type="checkbox"/>	Annual Survey
<input checked="" type="checkbox"/>	Seasonal Flu Survey

Specify the facility types from which HPS data will be shared:

Acute care hospitals, long-term acute care hospitals, reha

Blood and Body Fluid Exposure Module:

<input type="checkbox"/>	Exposure to blood and body fluid data
--------------------------	---------------------------------------

Healthcare Worker Influenza Vaccination Module:

<input checked="" type="checkbox"/>	HCW summary flu vaccination data
-------------------------------------	----------------------------------

Laboratory Data

<input type="checkbox"/>	Laboratory data
--------------------------	-----------------

Prophylaxis/Treatment

<input type="checkbox"/>	Prophylaxis/Treatment data
--------------------------	----------------------------

**Data Use Agreement between CDC National Healthcare Safety Network and Arizona Department of Health Services
Data File Specifications Template - Long Term Care Facility Component**

The template below can be used to describe which data from the NHSN Long Term Care Facility Component will be shared with the state health department. Only data that is included in a facility's monthly reporting plan will be included in datasets shared with the state health department. "Time Period" of data shared with state health department will be completed on template after signing of DUA. Please complete the template and provide to CDC/NHSN for further discussion.

Specify level of aggregation and patient identifiers to receive:

<input type="checkbox"/>	Only requesting facility level aggregate data (no resident level data)
<input type="checkbox"/>	Resident level data with all patient identifiers
<input checked="" type="checkbox"/>	Resident level data with no patient identifiers
<input type="checkbox"/>	Resident level data with specific patient identifiers (please select below)
<input type="checkbox"/>	DOB
<input type="checkbox"/>	Gender
<input type="checkbox"/>	Ethnicity
<input type="checkbox"/>	Race

General and surveys:

<input type="checkbox"/>	Monthly reporting plans
<input checked="" type="checkbox"/>	Facility annual surveys

UTI events and denominators:

<input type="checkbox"/>	UTI event and denominator data (FACWIDE IN)
--------------------------	---

LabID events and denominators:

Select organisms of interest below:

<input checked="" type="checkbox"/>	Acinetobacter
<input checked="" type="checkbox"/>	C. difficile
<input checked="" type="checkbox"/>	Ceph-R Klebsiella
<input checked="" type="checkbox"/>	CRE E. coli
<input checked="" type="checkbox"/>	CRE Klebsiella
<input checked="" type="checkbox"/>	MRSA
<input type="checkbox"/>	MSSA
<input type="checkbox"/>	VRE

Prevention Process Measures

<input type="checkbox"/>	Hand Hygiene
<input type="checkbox"/>	Gown and Gloves