

**Data Use Agreement between CDC National Healthcare Safety Network and the Montana Department of Public Health and Human 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:**

	Only requesting facility level aggregate data (no patient level data)
	Pt level data with all patient identifiers
X	Pt level data with no patient identifiers
	Pt 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
	<input type="checkbox"/> Medicare #
	<input type="checkbox"/> Name
	<input type="checkbox"/> SSN
	<input type="checkbox"/> Patient ID
	<input type="checkbox"/> Birthweight (NICU only)

**General and surveys:**

x	Monthly reporting plans
x	Facility annual surveys

**Device-Associated Module events and denominators:**

Select event types of interest below:

x	Central line-associated bloodstream infection (CLABSI)
x	Catheter-associated urinary tract infection (CAUTI)
x	Ventilator-associated events (VAE)
x	Central line insertion practices (CLIP) - please note that requesting CLIP events will result in inserter code being shared
x	Pneumonia (Vent)
x	Pneumonia (Post Procedure)

For these events, please specify the facility types and locations 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 - Acute Care, LTACH, CAH, Rehab, Psych, All Hospital types, ICUs, etc)
IN		All location types	All Hospital Types
IN		All location types	All Hospital Types
IN		All location types	All Hospital Types
IN		All location types	All Hospital Types
IN		All location types	All Hospital Types

IN		All location types	All Hospital Types
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Note: VA & Military Hospitals are excluded from DUAs

**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 checked="" type="checkbox"/>	Post-procedure Pneumonia (PPP)

For these events, please specify the facility types and procedures 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		All procedure types	Both
IN		All procedure types	Both
IN			

**Antimicrobial Use and Resistance Module:**

Select event types of interest below:

<input checked="" type="checkbox"/>	Antimicrobial Use (AU)
<input checked="" type="checkbox"/>	Antimicrobial Resistance (AR)

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

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

**MDRO Module events and denominators:**

Select event types of interest below:

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

Select organisms of interest below:

<input checked="" type="checkbox"/>	MDR Acinetobacter
<input checked="" type="checkbox"/>	C. difficile
<input checked="" type="checkbox"/>	Ceph-R Klebsiella
<input checked="" type="checkbox"/>	CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella
<input checked="" type="checkbox"/>	MRSA

<input checked="" type="checkbox"/>	MSSA
<input checked="" type="checkbox"/>	VRE

For these events, please specify the facility types and locations 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		FACWIDE	FACWIDEIN

### MDRO Module Process and Outcome Measures

Select process and outcome measures of interest below:

<input checked="" type="checkbox"/>	Hand Hygeine
<input checked="" type="checkbox"/>	Gown and Gloves
<input checked="" type="checkbox"/>	AST Adm
<input checked="" type="checkbox"/>	AST D/T
<input checked="" type="checkbox"/>	AST Incidence
<input checked="" type="checkbox"/>	AST Prevalence

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

<input checked="" type="checkbox"/>	MRSA
<input checked="" type="checkbox"/>	VRE

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 the Montana Department of Health and Human 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 checked="" type="checkbox"/>	HCW Data
<input type="checkbox"/>	With Identifiers
<input checked="" type="checkbox"/>	Without Identifiers
<input checked="" type="checkbox"/>	Monthly Reporting Plans
<input checked="" type="checkbox"/>	Annual Survey
<input checked="" type="checkbox"/>	Seasonal Flu Survey

**Healthcare Worker Influenza Vaccination Module:**

<input checked="" type="checkbox"/>	HCW summary - Hospital flu vaccination data
<input checked="" type="checkbox"/>	HCW summary - IRF flu vaccination data (free standing)
<input checked="" type="checkbox"/>	HCW summary - IPF flu vaccination data (free standing)
<input checked="" type="checkbox"/>	HCW summary- Ambulatory Surgery Centers

**Data Use Agreement between CDC National Healthcare Safety Network and the Montana Department of Health and Human Services.**

The template below can be used to describe which data from the NHSN Dialysis 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"/>	Patient level data with all patient identifiers
<input checked="" type="checkbox"/>	Patient level data with no patient identifiers
<input type="checkbox"/>	Patient level data with specific patient identifiers (please select below)
<input type="checkbox"/>	Gender
<input type="checkbox"/>	DOB
<input type="checkbox"/>	Ethnicity
<input type="checkbox"/>	Race
<input type="checkbox"/>	Medicare #
<input type="checkbox"/>	Name
<input type="checkbox"/>	SSN
<input type="checkbox"/>	Patient ID

**General and surveys:**

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

**Events and denominators:**

Select event types of interest below:

<input checked="" type="checkbox"/>	Dialysis event (DE)
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For these events, please specify the locations 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	Specific Facility Types and Locations (Outpatient Clinic- ONLY)
IN		CLINIC	Outpatient Hemodialysis Clinic