

**Data Use Agreement between CDC National Healthcare Safety Network and Louisiana Department of Health  
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"/>	Race
<input checked="" type="checkbox"/>	Ethnicity

**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 pneumonia (VAP)
<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 Locations (Ex - All ICUs, Medical ICUs, etc)
IN		Acute care hospital ICUs	All adult and pediatric ICUs
IN		Acute care hospital neonatal ICUs	All neonatal ICUs
IN		Outpatient dialysis facilities	All dialysis events and denominators for the facility
IN			
IN			
IN			

Please check this box to receive pathogen and antibiogram information for DA events requested above, where applicable

**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"/>	

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.  
(NOTE - this data will be provided WITHOUT surgeon information)

Plan	Time Period	NHSN Procedure Category	Specific Facility Types and Settings (Inpatient, Outpatient, or Both)
IN		COLO	Acute care facilities - inpatient procedures only
IN		HYST	Acute care facilities - inpatient procedures only
IN			

Please check this box to receive pathogen and antibiogram information for PA events requested above, where applicable

**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
<input type="checkbox"/>	VRE
<input type="checkbox"/>	Ceph-R Klebsiella
<input type="checkbox"/>	CRE Klebsiella
<input type="checkbox"/>	CRE E. coli
<input type="checkbox"/>	MDR Acinetobacter

If requesting Infection Surveillance data, please check this box to receive pathogen and antibiogram information.

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		FACWIDE	FACWIDEIN
IN			

**Antimicrobial Use and Resistance Module:**

Select event types of interest below:

<input type="checkbox"/>	Antimicrobial Use (AU) - being piloted in early 2012
<input type="checkbox"/>	Antimicrobial Resistance (AR) - to be implemented in 2013

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		FACWIDEIN
IN		
IN		
IN		

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