

Data Use Agreement between CDC National Healthcare Safety Network and Minnesota Department of Health ("MDH")

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 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)	
X	Pt level data with all patient identifiers	
	Pt level data with no patient identifiers	
	Pt level data with specific patient identifiers (please select below)	
	DOB	
	Gender	
	Ethnicity	
	Race	
	Medicare #	
	Name	
	SSN	
	Patient ID	
	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)	
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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 inpatient and outpatient units/wards reporting	Acute Care hospitals (including Critical Access Hospitals)
IN		All units/wards reporting	Long term acute care hospitals
IN		All units/wards reporting	Rehabilitation hospitals (aka Inpatient Rehabilitation Facilities)
IN		All units/wards reporting	Ambulatory Surgery Centers
IN			
IN			
			<i>Note: VA & Military Hospitals are excluded from DUAs</i>

Procedure-Associated Module events and denominators:

Select event types of interest below:

	X	Surgical Site Infection (SSI) - please note that requesting SSI events/denominators will result in surgeon code being shared	
	X	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	Acute Care Hospitals (including Critical Access Hospitals), both Inpatient and Outpatient
IN		All	Ambulatory Surgery Centers, Outpatient.
IN			
IN			
IN			
IN			

Antimicrobial Use and Resistance Module:

Select event types of interest below:

	X	Antimicrobial Use (AU)	
	X	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		All locations, by location
IN		
IN		
IN		

MDRO Module events and denominators:

Select event types of interest below:

	X	Infection Surveillance
	X	LabID Event - all specimens
		LabID Event - blood specimens only

Select organisms of interest below:

	X	MDR Acinetobacter
	X	C. difficile
	X	Ceph-R Klebsiella
	X	CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella
	X	MRSA
	X	MSSA
	X	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		Acute Care Hospitals	LABID events, FACWIDEIN; Infection Surveillance: All locations/units reporting
IN		Long Term Care Acute Care Hospitals	LABID events, FACWIDEIN; Infection Surveillance: All locations/units reporting
IN			
IN			
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

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



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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 checked="" type="checkbox"/>	With Identifiers										
		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											



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Data File Specifications Template - Dialysis Component

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 checked="" type="checkbox"/>	Patient level data with all patient identifiers	
<input 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"/>	<input type="checkbox"/>	Gender
<input type="checkbox"/>	<input type="checkbox"/>	DOB
<input type="checkbox"/>	<input type="checkbox"/>	Ethnicity
<input type="checkbox"/>	<input type="checkbox"/>	Race
<input type="checkbox"/>	<input type="checkbox"/>	Medicare #
<input type="checkbox"/>	<input type="checkbox"/>	Name
<input type="checkbox"/>	<input type="checkbox"/>	SSN
<input type="checkbox"/>	<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)	
<input type="checkbox"/>		
<input type="checkbox"/>		

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)
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IN		CLINIC	Outpatient Hemodialysis Clinic
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