

Data Use Agreement (DUA) between CDC National Healthcare Safety Network and New York City Department of Health & Mental Hygiene

DUA Rights Template - Patient Safety Component

Date the data access begins: November 1,2019

The template below can be used to describe which data from the NHSN Patient Safety Component will be shared with the health department. Only data that is included in a facility's monthly reporting plan will be included in datasets shared with the health department. The Time Period of data shared with the health department will be completed on template after signing of DUA. Please complete the template and provide to CDC/NHSN for further discussion. ***Please do not change or edit the template.**

Specify level of aggregation and patient identifiers to receive:

<input checked="" type="checkbox"/>	Pt level data with all patient identifiers
<input type="checkbox"/>	Pt level data with no patient identifiers
<input type="checkbox"/>	Pt level data with specific patient identifiers (please select below)
<input type="checkbox"/>	Date of Birth
<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)

<input checked="" type="checkbox"/>	Monthly Reporting Plans
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Annual Surveys: (please select survey type or all) -- Only complete survey data are shared with groups.

<input checked="" type="checkbox"/>	All
<input type="checkbox"/>	Hospital Survey Data
<input type="checkbox"/>	Long Term Acute Care Survey Data
<input type="checkbox"/>	Inpatient Rehabilitation Facility Survey Data (free standing)
<input type="checkbox"/>	Ambulatory Surgery Center Survey Data

***Note: Access to the prior year's annual survey data will be included to allow calculation for current year SIRs - Patient Safety**

Device-Associated Module events and denominators:

Select event types of interest below:

<input type="checkbox"/>	Central line-associated bloodstream infection (CLABSI)
<input type="checkbox"/>	Catheter-associated urinary tract infection (CAUTI)
<input 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 type="checkbox"/>	Pneumonia (Vent)

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

Plan		Location Type (Ex - ICUs, Wards, STEP, IRF, SCA, and/or All Locations)	Specific Facility Types (Ex - Acute Care, LTAC, CAH, Rehab, Psych, and/or All Hospital types etc)
IN			
IN			
IN			
IN			
IN			
IN			

Note: Long-term Care Facilities, Indian Health Services, VA & Military Hospitals are excluded from DUAs

Procedure-Associated Module events and denominators:

Select event types of interest below:

- Surgical Site Infection (SSI) - please note that requesting SSI events/denominators will result in surgeon code being shared
- Post-procedure Pneumonia (PPP)

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

Plan		NHSN Procedure Type/s (please list below)	Procedure Settings (Inpatient, Outpatient, or Both) please list below
IN			
IN			
IN			
IN			
IN			
IN			

Antimicrobial Use and Resistance Module:

Select event types of interest below:

- Antimicrobial Use (AU)
- Antimicrobial Resistance (AR)

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

Plan		Location Type (FACWIDE Inpatient and/or By Location) please list below
IN		FACWIDE Inpatient
IN		By location
IN		
IN		

*Note: Both FACWIDE-In & By location settings are recommended for optimal AU/AR collection

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 type="checkbox"/>	LabID Event - blood specimens only

Select organisms of interest below:

<input checked="" type="checkbox"/>	MDR (multidrug-resistant) <i>Acinetobacter</i>
<input checked="" type="checkbox"/>	<i>C. difficile</i> (<i>clostridium difficile</i>)
<input checked="" type="checkbox"/>	Ceph-R <i>Klebsiella</i> (<i>klebsiella oxytoca</i> or <i>klebsiella pneumoniae</i>)
<input checked="" type="checkbox"/>	CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella (<i>carbapenem-resistant enterobacteriaceae</i>)
<input checked="" type="checkbox"/>	MRSA (<i>methicillin-resistant staphylococcus aureus</i>)
<input checked="" type="checkbox"/>	MSSA (<i>methicillin-susceptible staphylococcus aureus</i>)
<input checked="" type="checkbox"/>	VRE (<i>vancomycin-resistant enterococcus</i>)

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

You will receive both event (numerator) and summary (denominator) data for the locations that you specify.

***Note: LabID Events can be monitored at the overall facility-wide level for inpatient areas (FacWideIN), and/or at the overall facility-wide level for outpatient areas (FacWideOUT).**

Plan		Location Type (Ex - ICUs, WARDS, FACWIDE, and/or all locations)	Specific Locations (Ex - All ICUs, FACWIDE In, FACWIDE Out, Med/Surg Ward, and/or All locations etc.)
IN		FACWIDE	All locations
IN			
IN			
IN			
IN			
IN			
IN			

*Note: Both FACWIDE & all location specific settings is recommended for optimal collection

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 (active surveillance testing) Admission
<input checked="" type="checkbox"/>	AST D/T (discharge/transfer)
<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

In plan Location Settings:

FACWIDE, individual location/s or both (please list below)	FACWIDE In, FACWIDE Out, and/or All Locations (please list below)
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**Data Use Agreement between CDC National Healthcare Safety Network and New York City Department of Health & Mental Hygiene
DUA Rights 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 health department. Only data that is included in a facility's monthly reporting plan will be included in datasets shared with the health department. The Time Period of data shared with the health department will be completed on template after the DUA is signed. Please complete the template and provide to CDC/NHSN for further discussion. ***Please do not change or edit the template.**

General and Surveys:

<input checked="" type="checkbox"/>	Healthcare Worker (HCW) Data
<input type="checkbox"/>	<input type="checkbox"/> With Identifiers
<input type="checkbox"/>	<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 - Inpatient Rehabilitation Facility flu vaccination data (IRF-free standing)
<input checked="" type="checkbox"/>	HCW summary - Inpatient Psychiatric Facility flu vaccination data (IPF-free standing)
<input checked="" type="checkbox"/>	HCW summary- Ambulatory Surgery Centers

**Data Use Agreement between CDC National Healthcare Safety Network and New York City Department of Health & Mental Hygiene
DUA Rights Template - Dialysis Component**

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

***Please do not change or edit the template.**

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"/>	Gender
<input type="checkbox"/>	Date of Birth
<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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You will receive both event (numerator) and summary (denominator) data for the locations listed below.

Plan	Location Type	Specific Facility Types and Locations (Outpatient Clinic- ONLY)
IN	CLINIC	Outpatient Hemodialysis Clinic

**Data Use Agreement between CDC National Healthcare Safety Network and New York City Department of Health & Mental Hygiene
DUA Rights Template - Outpatient Procedure Component**

The template below can be used to describe which data from the NHSN Outpatient Procedure Component will be shared with the health department. Only data that is included in a facility's monthly reporting plan will be included in datasets shared with the health department. The Time Period of data shared with the health department will be completed on template after the DUA is signed. Please complete the template and provide to CDC/NHSN for further discussion. **Please do not change or edit the template.**

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"/>	Gender
<input type="checkbox"/>	Date of Birth
<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:

<input checked="" type="checkbox"/>	Monthly Reporting Plans
<input checked="" type="checkbox"/>	ASC Annual Survey

Events and denominators:

Select event types of interest below:

Plan		
IN	<input checked="" type="checkbox"/>	OPCUST - Custom OP Event
IN	<input checked="" type="checkbox"/>	OPSDOM - Same Day Outcome Measures
IN	<input checked="" type="checkbox"/>	OPSSI - Surgical Site Infection
NHSN Procedure Type/s (please list individually or 'all')		
All		

< For these events, please specify the procedure type/s that will be shared with the health department. You will receive both event (numerator) and procedure (denominator) data for the locations that you

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