



**Data Use Agreement**  
**Between**  
**The Ohio Department of Health (ODH)**  
**And**  
**Centers for Disease Control and Prevention (“CDC”), National Healthcare Safety Network (“NHSN”)**

ODH and CDC/NHSN enter into this Data Use Agreement (the “Agreement”) effective as of the date executed by both parties (“Effective Date”). CDC/NHSN and ODH shall be referred to individually as a “Party,” or collectively as the “Parties.”

This Agreement establishes a formal data access and data use relationship between CDC/NHSN and ODH. This Agreement covers individual- and institution-identifiable data, received by the CDC/NHSN subject to the Federal Privacy Act, 5 USC §§552 and 552a, from the NHSN Patient Safety Component and Healthcare Personnel Safety Component as listed in the attached document that have been voluntarily submitted to NHSN by healthcare institutions in Ohio and for which there is **no** State mandate for reporting of such individual- or institution-identifiable data (“COVERED DATA”). However, COVERED DATA shall NOT include data pertaining to federal or tribal healthcare institutions.

The Parties shall abide by all applicable Federal and State laws, rules, and regulations including, without limitation, all patient confidentiality and medical record requirements and any applicable Institutional Review Board (“IRB”) requirements.

**STATE’S USES OF COVERED DATA**

ODH agrees to use the COVERED DATA for surveillance and/or prevention purposes only (e.g., evaluating the impact of a targeted program to reduce central line-associated bloodstream infections). ODH specifically agrees not to use the COVERED DATA obtained under this data use agreement for purpose of public reporting of institution-specific data or any regulatory or punitive actions against healthcare institutions, such as a fine or licensure action. The Parties acknowledge that COVERED DATA is limited to those data specified in the attached document, which identifies the complete set of data items, e.g., facility survey data, central line associated bloodstream infection numerator data, that ODH will have access to as a result of this Agreement.

ODH agrees to designate an NHSN Group Administrator and CDC/NHSN agrees to grant the State’s designated NHSN Group Administrator access to the State’s COVERED DATA. In the event that the NHSN Group Administrator leaves that role prior to assigning a replacement via the NHSN application, CDC/NHSN requires notification in writing on official letterhead from the signatory or the signatory’s successor to assure continuity.

- The designated NHSN Group Administrator for ODH is Marika C. Mohr, MS, RN, CIC, Healthcare-Associated Infections Coordinator, [Marika.Mohr@odh.ohio.gov](mailto:Marika.Mohr@odh.ohio.gov), Columbus, OH.

ODH agrees that access to individual- and institution-identifiable data provided under the terms of the Agreement will be limited solely to department staff or contractors who are explicitly authorized to use those data for surveillance and/or prevention purposes only.



## DATA PROTECTIONS

CDC's legal authorities to obtain COVERED DATA from healthcare institutions are 42 U.S.C. section 241(a) (Public Health Service Act section 301(a)), pertaining to CDC's broad public health authority to conduct research and investigations, and 42 U.S.C. section 242k (Public Health Service Act section 306), pertaining to the collection of statistical data. CDC's authority to keep the COVERED DATA confidential (i.e., protected from an unauthorized release) is 42 U.S.C. section 242m (Public Health Service Act section 308(d)) and the Federal Privacy Act, 5 USC §§552 and 552a.

ODH acknowledges that Federal statutes, including 18 U.S.C. section 1001 (providing penalties for making false statements to the Government of the United States), may be implicated if the State does not protect the COVERED DATA from release pursuant to this Agreement.

ODH acknowledges that it will be the custodian of COVERED DATA stored in its data files and, as such, will be responsible for establishing and maintaining appropriate administrative, technical, and physical safeguards to prevent unauthorized access to or use of these files, for example, security awareness training and signed rules of behavior for all persons who have access to COVERED DATA, strong passwords and auditing for all access to COVERED DATA, approved encryption of COVERED DATA stored digitally.

The State will use the following safeguards to protect COVERED DATA stored in its data files:

Ohio's IT standard specifies the minimum requirements for information security in all agencies and identifies the National Institute of Standards and Technology (NIST) Special Publication 800-53, revision 3 (NIST 800-53) as the framework for information security controls implementation for the state.

ODH specifically agrees that, to the extent permitted by State and federal law, it will not release COVERED DATA requested under Ohio's open records laws; to media; for litigation purposes; that is proprietary and if disclosed could cause competitive harm; or to anyone other than department staff or contractors who are explicitly authorized to use those data for surveillance and/or prevention purposes only.

The following State statutes, regulations, or policies provide additional safeguards that protect against the release of COVERED DATA:

- R.C. 149.43(A)(1)(v): "records the release of which is prohibited by state or federal law."
- R.C. 1333.61(D): "Trade secrets of certain county and municipal hospitals: "Trade secrets" are defined in the definitional section of Ohio's Uniform Trade Secrets Act.
- R.C. 1347.01 Personal Information
- R.C. 3701.17 Protected Health Information
- R.C. 1347.15 Confidential Information
- ODH Directive 7C – Use and Security of Agency IT Resources
- ODH Directive 23A – Information Technology and Sensitive Equipment Management
- ODH Directive 24B – Data Stewardship
- ODH Directive 26B – Management and Security of ODH Authorized Equipment
- ODH Directive 31B – Standards of Employee Conduct
- ODH Directive 40A – Mobile Computing Device Policy
- OMIS Letter 6A – Unauthorized Personal Information Disclosure and Notification



- OMIS Letter 7A -- Network Connection Requirement for Desktops, Laptops, and Tablet PCs

ODH agrees to inform CDC/NHSN in advance of any forthcoming changes to State law(s) that will reduce legal safeguards that protect against release of COVERED DATA. ODH acknowledges that CDC/NHSN may terminate the Agreement as a result of this information.

#### PROVISION AND MANAGEMENT OF THE DATA

ODH acknowledges that its access to COVERED DATA will be for adverse healthcare events and/or processes of care that occur subsequent to signing this agreement, specifically occurring on or after the first day of the fourth month following the signing date. COVERED DATA reported to NHSN for prior events or processes will not be accessible.

ODH acknowledges that CDC/NHSN will provide a time-limited opportunity for healthcare institutions participating in NHSN in their jurisdiction to opt out of reporting COVERED DATA to NHSN.

ODH acknowledges that CDC/NHSN will notify newly enrolling institutions of the provisions of this Data Use Agreement so that enrolling institutions will have full knowledge of how their COVERED DATA will be used by ODH and can opt out of providing COVERED DATA to NHSN.

ODH agrees to notify CDC in the event that ODH is obligated or chooses to release COVERED DATA for a purpose other than surveillance and prevention.

#### TERM AND TERMINATION OF AGREEMENT

This Agreement shall be effective for a period of 5 years beginning on the Agreement Effective Date. The Agreement may be terminated before the 5-year period upon submission by either Party of written notice by Signatory or Signatory successor, in which case the Agreement shall cease 5 days after the date that CDC/NHSN submits the notice to ODH OR 5 days after CDC/NHSN receives a notice submitted by ODH.

In addition, upon CDC/NHSN's knowledge of a pattern or practice that constitutes a material breach of this Agreement by ODH, CDC/NHSN may immediately and unilaterally terminate this Agreement.

CDC requires that in the absence of a conflict with State law ODH must delete or otherwise destroy COVERED DATA stored in its files within one year of the conclusion of this Agreement or a successor Agreement. CDC will retain all COVERED DATA in its files.

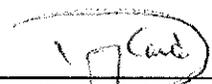
NOW, THEREFORE, by signing below, the Parties agree that they have read, understand, and agree to the conditions set forth above:

**OHIO DEPARTMENT OF HEALTH**

  
 Lance D. Himes, Interim Director of Health

Date 4-22-14

**CDC/NHSN**

  
 Director, CDC Division of Healthcare  
 Quality Promotion

Date 7/14/14

**Data Use Agreement between CDC National Healthcare Safety Network and Ohio 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"/>	Date of Birth (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 checked="" 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 hospitals	All adult, pediatric and neonatal ICU
IN		Acute care hospitals	All ward and specialty care locations
IN		Long-Term acute care hospitals	All patient care locations
IN		Rehabilitation hospitals	All patient care locations
IN		Outpatient dialysis facilities	All outpatient facility reporting
IN			

<input checked="" type="checkbox"/>	Please check this box to receive pathogen and antibiogram information for DA events requested above, where applicable
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**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		COLO	BOTH
IN		HYST	BOTH
IN		CLABSI	BOTH
IN		CAUTI	BOTH
IN			
IN			

<input checked="" type="checkbox"/>	Please check this box to receive pathogen and antibiogram information for PA events requested above, where applicable
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**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"/>	MRSA
<input checked="" type="checkbox"/>	MRSA and MSSA
<input checked="" type="checkbox"/>	C. difficile
<input checked="" type="checkbox"/>	VRE
<input checked="" type="checkbox"/>	Ceph-R Klebsiella
<input checked="" type="checkbox"/>	CRE Klebsiella
<input checked="" type="checkbox"/>	CRE E. coli
<input checked="" type="checkbox"/>	MDR Acinetobacter

<input checked="" type="checkbox"/>	If requesting Infection Surveillance data, please check this box to receive pathogen and antibiogram information.
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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	FACWIDEIN LABID EVENTS
IN		Long-Term acute care hospitals	FACWIDEIN LABID EVENTS
IN		Rehabilitation hospitals	FACWIDEIN LABID EVENTS
IN			
IN			
IN			

**MDRO Process and Outcome Measures**

<input checked="" type="checkbox"/>	Hand hygiene
<input checked="" type="checkbox"/>	Gown and gloves
<input checked="" type="checkbox"/>	AST administration
<input checked="" type="checkbox"/>	AST D/T
<input checked="" type="checkbox"/>	AST Incidence
<input checked="" type="checkbox"/>	AST Prevalence

**Antimicrobial Use and Resistance Module:**

Select event types of interest below:

<input checked="" type="checkbox"/>	Antimicrobial Use (AU) - being piloted in early 2012
<input checked="" 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 and By Location
IN		
IN		
IN		

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

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

**General Survey**

<input checked="" type="checkbox"/>	Healthcare worker data (with specific identifiers selected below)
<input checked="" type="checkbox"/>	Date of Birth (DOB)
<input checked="" type="checkbox"/>	Gender
<input checked="" type="checkbox"/>	Race
<input checked="" type="checkbox"/>	Ethnicity

**Reporting plan**

<input checked="" type="checkbox"/>	Annual survey
<input checked="" type="checkbox"/>	Seasonal flu survey

**Modules**

<input type="checkbox"/>	Blood and body fluid exposure module
<input checked="" type="checkbox"/>	Healthcare worker influenza vaccination module
<input checked="" type="checkbox"/>	Laboratory data
<input type="checkbox"/>	Prophylaxis treatment data

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

**Specify levels of aggregation and patient identifiers to receive**

<input type="checkbox"/>	Only requesting facility-level aggregate data (no resident data)
<input type="checkbox"/>	Resident level data with all patient identifiers
<input type="checkbox"/>	Resident level data with no patient identifiers
<input checked="" type="checkbox"/>	Resident level data with specific patient identifiers (see below)
<input checked="" type="checkbox"/>	Date of Birth (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

**UTI Events and denominators**

<input checked="" type="checkbox"/>	UTI events and denominators FACWIDEIN
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**LabEvent ID and denominators**

**Select organisms of interest below:**

<input checked="" type="checkbox"/>	Acinetobacter
<input checked="" type="checkbox"/>	Clostridium difficile
<input checked="" type="checkbox"/>	Ceph-Resistant Klebsiella
<input checked="" type="checkbox"/>	Carbapenem Resistant Enterobacteriaceae Klebsiella (CRE)
<input checked="" type="checkbox"/>	Methicillin-Resistant Staphylococcus aureus (MRSA)
<input checked="" type="checkbox"/>	Methicillin-Sensitive Staphylococcus aureus (MSSA)
<input checked="" type="checkbox"/>	Vancomycin-Resistant Enterococcus (VRE)

**Prevention process measures**

<input checked="" type="checkbox"/>	Hand hygiene
<input checked="" type="checkbox"/>	Gloves and gown