

Data Use Agreement (DUA) between CDC National Healthcare Safety Network and Washington State Department of Health

DUA Rights Template - Patient Safety Component

Date the data access begins: Jan. 1, 2020

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.**

NOTE: Some data accessible to the health department through the NHSN DUA group may also be part of a state, local, or territorial reporting mandate. However, data covered by the DUA—for which there is no State or applicable local mandate for reporting of such individual- or institution-identifiable data—cannot be used for purposes of public reporting of institution-specific data or any regulatory or punitive actions against healthcare institutions, such as a fine or licensure action.

Specify level of aggregation and patient identifiers to receive:

<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
<input checked="" type="checkbox"/>	Gender
<input checked="" type="checkbox"/>	Ethnicity
<input checked="" type="checkbox"/>	Race
<input type="checkbox"/>	Medicare #
<input checked="" type="checkbox"/>	Name
<input type="checkbox"/>	SSN
<input checked="" type="checkbox"/>	Patient ID
<input checked="" 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 checked="" type="checkbox"/>	Central line-associated bloodstream infection (CLABSI)
<input checked="" type="checkbox"/>	Catheter-associated urinary tract infection (CAUTI)
<input type="checkbox"/>	Ventilator-associated events (VAE)
<input type="checkbox"/>	Pediatric Ventilator-Associated events (PedVAE)
<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		All locations	CAH
IN		All locations	IRF
IN		All locations	ACH
IN			
IN			

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

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		COLO	Inpatient
IN		HYST	Inpatient
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
IN		By Location
IN		
IN		

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

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

Select organisms of interest below:

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

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

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***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 lo
IN		FACWIDE	FACWIDE
IN		all locations	all locations
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 type="checkbox"/>	Hand Hygiene
<input type="checkbox"/>	Gown and Gloves
<input type="checkbox"/>	AST (active surveillance testing) Admission
<input type="checkbox"/>	AST D/T (discharge/transfer)
<input type="checkbox"/>	AST Incidence
<input type="checkbox"/>	AST Prevalence

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

<input type="checkbox"/>	MRSA
<input 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 Washington State Department of Health
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.**

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General and Surveys:

X	Healthcare Worker (HCW) Data
	With Identifiers
	X Without Identifiers
X	Monthly Reporting Plans
	Annual Survey
X	Seasonal Flu Survey

Healthcare Worker Influenza Vaccination Module:

X	HCW summary - Hospital flu vaccination data
	HCW summary - Inpatient Rehabilitation Facility flu vaccination data (IRF-free standing)
X	HCW summary - Inpatient Psychiatric Facility flu vaccination data (IPF-free standing)
X	HCW summary- Ambulatory Surgery Centers data
X	HCW summary - Dialysis Centers data

<<Note: : In the current NHSN data structure, HCW flu data for ASCs and dialysis centers are linked with hospital flu vaccination data selection in the group template. This technical link results in the health department gaining access to dialysis HCW flu data if it has access to dialysis event data in the dialysis component AND hospital flu vaccination data in this (HPS) component, even if the health department has not selected 'HCW dialysis center' data.

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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.

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<input checked="" type="checkbox"/>	Date of Birth
<input checked="" type="checkbox"/>	Ethnicity
<input checked="" type="checkbox"/>	Race
<input type="checkbox"/>	Medicare #
<input checked="" type="checkbox"/>	Name
<input type="checkbox"/>	SSN
<input checked="" 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

Note: Home Dialysis & Acute Kidney Injury (AKI) are excluded from DUAs

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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.**

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<input checked="" type="checkbox"/>	Date of Birth
<input checked="" type="checkbox"/>	Ethnicity
<input checked="" type="checkbox"/>	Race
<input type="checkbox"/>	Medicare #
<input checked="" type="checkbox"/>	Name
<input type="checkbox"/>	SSN
<input checked="" type="checkbox"/>	Patient ID
<input checked="" 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 in the table
You will receive both event (numerator) and procedure (denominator) data for the locations that you specify