



**Data Use Agreement between CDC National Healthcare Safety Network and Florida 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 checked="" 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"/>	<input type="checkbox"/> DOB
<input type="checkbox"/>	<input type="checkbox"/> Gender
<input type="checkbox"/>	<input type="checkbox"/> Ethnicity
<input type="checkbox"/>	<input type="checkbox"/> Race

**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 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"/>	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 Facility Types and Locations (Ex - All ICUs, Medical ICUs, etc)
IN		ICU and Wards	ICUs and Wards in CMS IQR (Adult, Pediatric, Neonatal)
IN		ICU and Wards	ICUs and Wards in CMS IQR (Adult, Pediatric, Neonatal)
IN		VAE- LTACH only-after 2016 CMS requirement	All ICUs and Wards
IN			
IN			



IN		
----	--	--

**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; HYST	Inpatient
IN			
IN			
IN			
IN			
IN			

**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 checked="" type="checkbox"/>	CRE Klebsiella
<input checked="" type="checkbox"/>	CRE E. coli
<input type="checkbox"/>	MDR Acinetobacter

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		FACWIDE	FACWIDEIN
IN			



IN		
IN		
IN		

**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 Adm
<input type="checkbox"/>	AST D/T
<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

**Antimicrobial Use and Resistance Module:**

Select event types of interest below:

<input checked="" type="checkbox"/>	Antimicrobial Use (AU)
<input checked="" type="checkbox"/>	Antimicrobial Resistance (AR) - to be implemented in the future

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.

Would like this for LTACH as well since included in CMS LTCHQR program. We did not see a separate tab as the LTCF did not include LTCH measures. As CMS adds reporting measures, we would like to also include those measures.

**Data Use Agreement between CDC National Healthcare Safety Network and Florida Department of Health  
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 t  
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.

**General and Surveys:**

<input checked="" type="checkbox"/>	HCW Data	Facility Aggregate only
	<input type="checkbox"/>	With Identifiers
	<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	

Specify the facility types from which HPS data will be shared:      Acute care hospitals, long-term acute care hospitals, reh

**Blood and Body Fluid Exposure Module:**

Exposure to blood and body fluid data

**Healthcare Worker Influenza Vaccination Module:**

HCW summary flu vaccination data

**Laboratory Data**

Laboratory data

**Prophylaxis/Treatment**

Prophylaxis/Treatment data



**Data Use Agreement between CDC National Healthcare Safety Network and Florida Department of Health  
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 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"/>	Patient level data with all patient identifiers
<input type="checkbox"/>	Patient level data with no patient identifiers
<input checked="" type="checkbox"/>	Patient level data with specific patient identifiers (please select below)
<input checked="" type="checkbox"/>	Gender
<input checked="" type="checkbox"/>	DOB
<input checked="" type="checkbox"/>	Ethnicity
<input checked="" type="checkbox"/>	Race
<input type="checkbox"/>	Medicare #
<input 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)
<input type="checkbox"/>	Influenza - Seasonal Vaccine Events
<input type="checkbox"/>	Influenza - Non-Seasonal Vaccine Events

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)
IN		CLINIC	Outpatient Hemodialysis Clinic