

Data Use Agreement (DUA)
Minnesota Department of Health
and
Centers for Disease Control and Prevention (CDC)
National Healthcare Safety Network (NHSN)

Lauren Wattenmaker, MPH

Team Lead, Policy and Operations Team

Division of Healthcare Quality Promotion (DHQP), CDC

Andrew Turner

Helpdesk Manager, User Support Team

Division of Healthcare Quality Promotion (DHQP), CDC

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Agenda

- **Introduction:**
 - Tiffany Boles-Green, MBA
- **Welcome: MDH**
 - Kayla Chapman, MPH | Susan Klammer, MPH | Mohammed Abdalla, MPH
- **DUA General Overview: CDC**
 - Lauren Wattenmaker, MPH
- **DUA Data Specification Overview: CDC**
 - Andrew Turner
- **Questions**

Housekeeping

- Today's call is intended for the **State of Minnesota NHSN users only**
- You may type your questions during the webinar; these will be addressed at the end
- Webinar slides will be shared via email with all registrants
- Webinar recording will be made available upon request

CDC DHQP Subject Matter Experts

- NHSN Policy and Operations Team
 - Lauren Wattenmaker
 - Tiffany Boles-Green
- NHSN User Support Team
 - Andrew Turner
- DHQP Policy Team
 - Jeremy Goodman
- DHQP State Strategy and Evaluation Team
 - Wendy Vance
- DHQP Dialysis Team
 - Letty Lamping

Welcome

Minnesota Department of Health

Kayla Chapman, MPH

Epidemiologist | Healthcare-associated infections & Antimicrobial Resistance Section
Minnesota Department of Health (MDH)

MDH's Historical Use of NHSN Data

- MDH entered into a DUA with CDC in 2013 and last updated the DUA in 2017. Renewals are required every 5 years. Since this formal data access and use relationship began, MDH has utilized NHSN data to:
 - Track healthcare-associated infections (HAIs) and support HAI prevention efforts in healthcare facilities across the state
 - Identify trends, measure progress toward HAI reduction goals, and provide feedback to facilities on their performance
 - Inform public health initiatives related to HAI prevention

Examples of NHSN Surveillance Products created by MDH: Annual HAI Report



Healthcare-Associated Infections in Minnesota Acute Care Hospitals 2021 ANNUAL REPORT

Key Findings

In 2021, Minnesota acute care hospitals reported significant advancement in institutional antibiotic stewardship, with 94% of all hospitals reporting implementation of all seven antibiotic stewardship program core elements. This is a 65% increase from 2017 (57%).

As compared with predicted rates, Minnesota PPS acute care hospitals reported improvement across most HAI types in 2021. Predicted rates are determined by CDC based on baseline data from 2015.

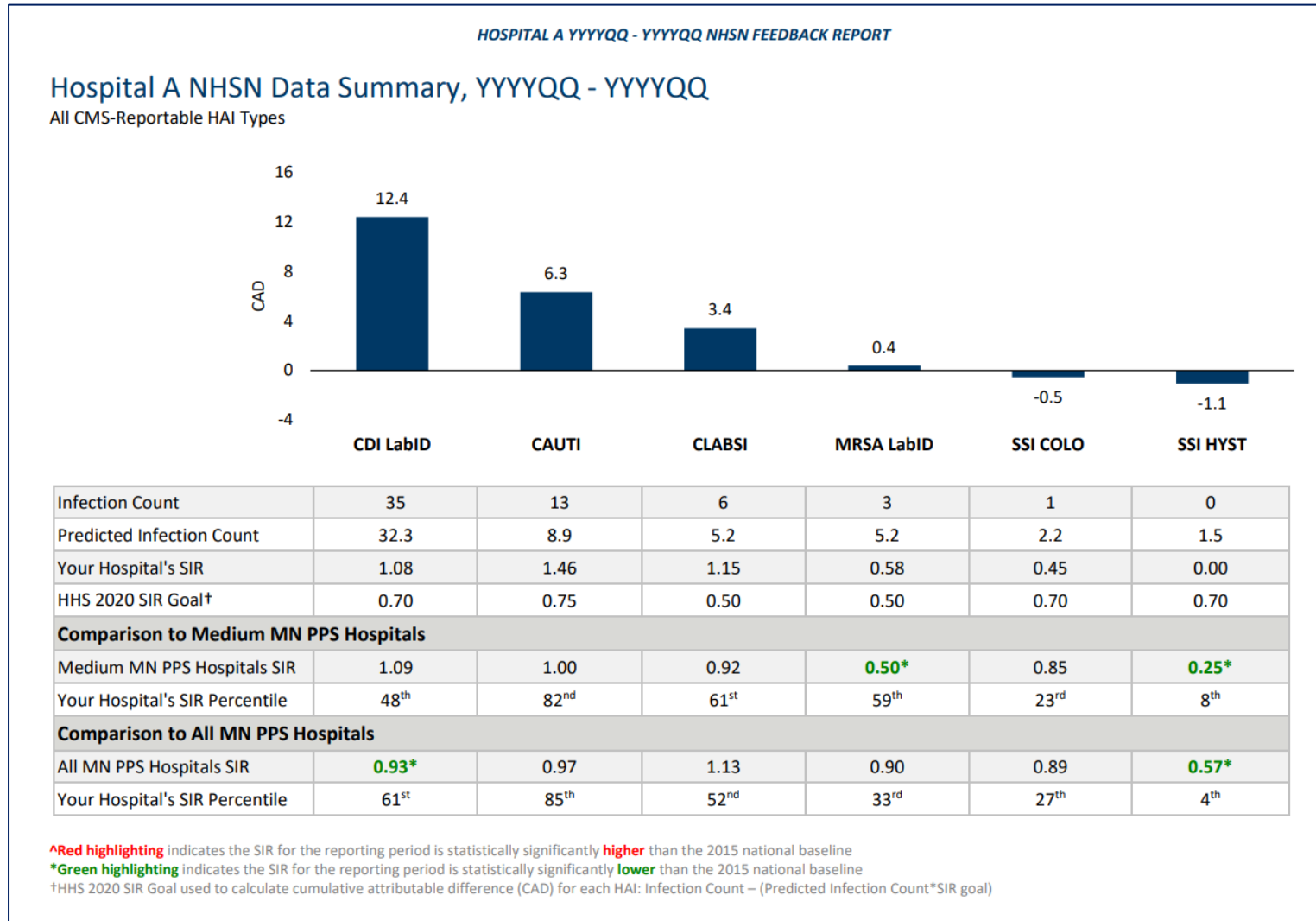
- **Fewer** central line-associated bloodstream infections (CLABSI) as predicted
- **Fewer** catheter-associated urinary tract infections (CAUTI) than predicted
- **Fewer** hospital-onset cases of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria in the bloodstream than predicted
- **Fewer** hospital-onset *Clostridioides difficile* infections (CDI) than predicted, as identified through laboratory-identified (LabID) testing of stool (feces)
- **Fewer** number of surgical site infections (SSI) following colon procedures and **similar** number following abdominal hysterectomies as predicted.

Table 1. Minnesota PPS Acute Care Hospital Standardized Infection Ratios (SIR) and Progress Toward Goals for Selected Healthcare-Associated Infections (HAI), 2020 - 2021

HAI Type	2020 MN SIR (n=49)	2021 MN SIR (n=49)	% Change (2020 – 2021)	HHS goal	At or below HHS goal
CLABSI	0.92	0.88	↓ 4%	0.50	✗
CAUTI	0.81	0.86	↑ 6%	0.75	✗
SSI – HYST	1.21	1.26	↑ 4%	0.70	✗
SSI – COLO	0.72	0.68	↓ 7%	0.70	★
MRSA	0.46	0.61	↑ 33%	0.50	✗
CDI	0.57	0.57	↑ 0%	0.70	★

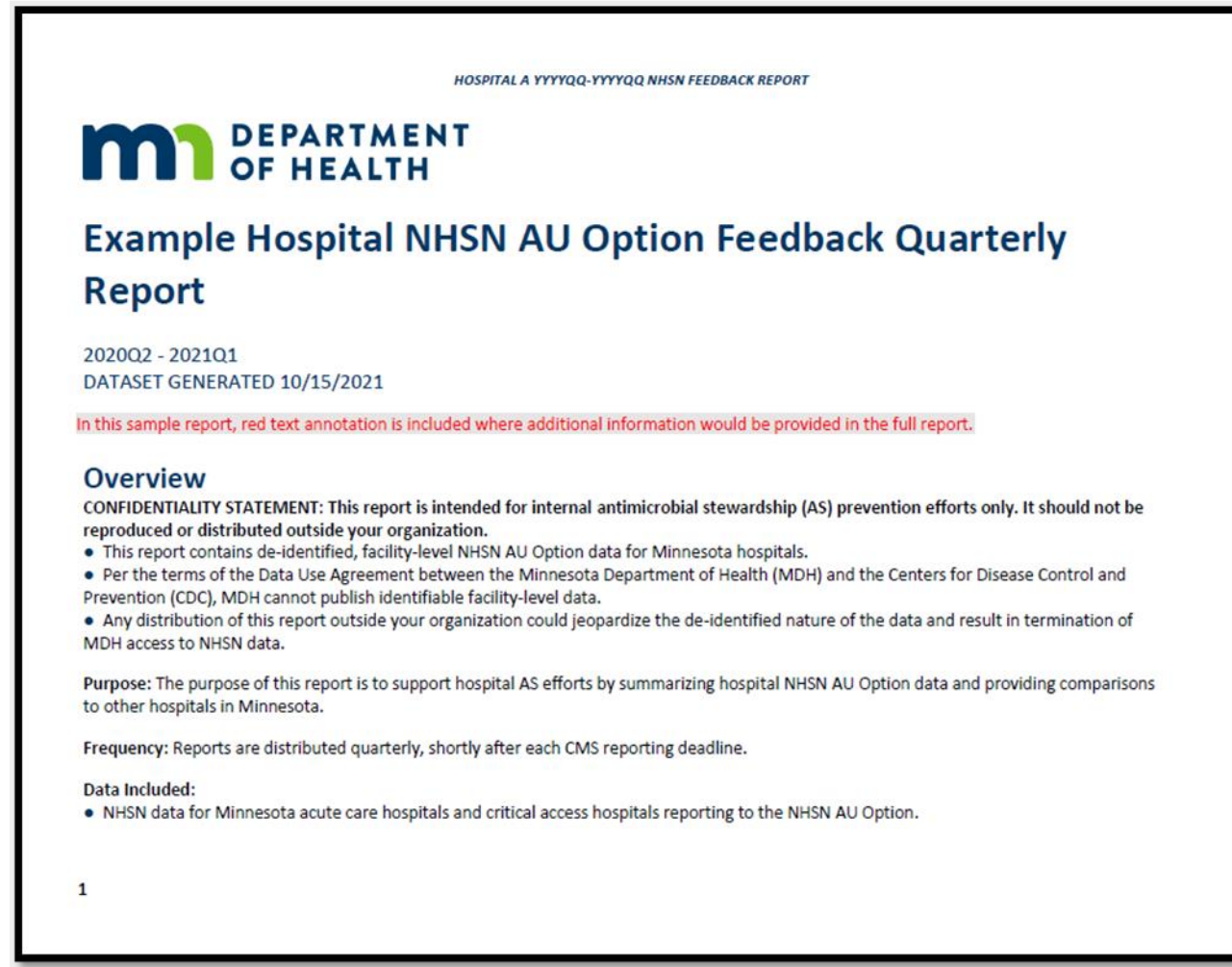
No shading indicates the SIR is not statistically different from the 2015 national baseline
 Green shading indicates SIR is statistically lower than 2015 national baseline
 Red shading indicates SIR is statistically higher than 2015 national baseline
 Data downloaded from NHSN on May 17, 2022

Examples of NHSN Surveillance Products created by MDH: Facility-level quarterly report



Disclaimer: this is not real data from a real facility

Examples of NHSN Surveillance Products created by MDH: Facility-level AU Option report



DUA General Overview: CDC

Lauren Wattenmaker, MPH

Team Lead, Policy and Operations Team

Division of Healthcare Quality Promotion (DHQP)

Data Use Agreement

Renewal Agreement between

Minnesota Department of Health and CDC NHSN

- DUA Effective Date: **February 21, 2022**
- Data Access Begins: **June 01, 2023**

Data Use Agreement

Between

Minnesota Department of Health (“MDH”)

And

Centers for Disease Control and Prevention (“CDC”), National Healthcare Safety Network (“NHSN”)

The Minnesota Department of Health (“MDH”) and CDC/NHSN enter into this Data Use Agreement (the “Agreement”) effective February 21, 2023 (“Effective Date”). CDC/NHSN and MDH 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 the MDH. 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, Healthcare Personnel Safety Component, Dialysis Component, and Outpatient Procedure Component as listed in the attached document that have been voluntarily submitted to NHSN by healthcare institutions in Minnesota and for which there is **no** State or applicable local 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 OR MUNICIPALITY’S USES OF COVERED DATA

MDH 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). The MDH 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 MDH will have access to as a result of this Agreement.

MDH agrees to designate an NHSN Group Administrator and CDC/NHSN agrees to grant the designated NHSN Group Administrator access to the jurisdiction’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 MDH is Leslie Lovett, HAI/AR Surveillance Unit Supervisor, leslie.lovett@state.mn.us, Saint Paul, Minnesota.

MDH 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

Data Access Background

- Since 2005, CDC DHQP has provided health departments in states with mandatory Healthcare-associated Infection (HAI) reporting requirements, NHSN access to mandatorily reported data in their jurisdiction.
- Since 2011, states that do not have a mandate for HAI reporting, or that seek to complement their mandate with additional data, can also access data in NHSN by entering into a DUA with CDC.
- Beginning in 2018, CDC extended access to NHSN data from facilities in their jurisdiction to local and territorial health departments via the DUA.
- The additional provisions are designed to allow data access **solely for the purposes of surveillance and prevention.**
- The overarching goal of these access provisions is to enhance the value of data reported to NHSN for public health purposes.

What is the NHSN DUA?

- Data Use Agreement is the starting point for NHSN data access by health departments.
- **How it works:**
 - DHQP and the health department fill and sign the DUA and the Data Rights documents.
 - CDC and the health department jointly host a webinar for the healthcare facilities in the jurisdiction to learn about the DUA.
 - The health department begins accessing new NHSN data on or after the 1st day of the 4th month after the DUA effective date.
 - CDC will make the agreement publicly available on [CDC's website](#)

FAQs

- **How are the data going to be used by the health department?**

The data will be used for HAI surveillance and prevention purposes, and not for legal and regulatory action.

- Please note that some data required by a state mandate may also be viewable by the health department via the DUA Super Group. However, the health department is aware that **data covered by the DUA**, and not required for state-mandated reporting, cannot be shared publicly.

- **Who in the health department will have access to the data?**

Access to the data is intended for the HAI program for surveillance and prevention activities. To identify the HAI coordinator in your state health department, click on your state at CDC's [state-based HAI prevention website](#)

- **Will facility-identifiable data be made publicly available?**

No. Making facility-identifiable data publicly available would be a violation of the DUA and CDC will terminate the DUA immediately.

FAQs

- **What data will be included in the data use agreement?**
 - Each DUA is modeled using a CDC template and customized by CDC and the health department to reflect specific and relevant data needs, protections, and policies.
 - Note: Facilities' Patient Safety Component annual survey data from the year prior to DUA establishment will be available to the health department.
 - Other data entered into NHSN prior to the data access begin date will not be shared with the health department.

Note: NHSN data required by law to be shared with the health department will continue to be shared as usual (by facilities joining a Group in NHSN and accepting a template for data sharing).

FAQs

- **Are health departments required to have a data use agreement?**
No. Participation is at the discretion of each state, locality, or territory.

- **What guarantee does a facility have that a data use agreement will not be breached?**
 - Health departments are taking an increasingly critical role in the prevention of HAIs.
 - By sharing data, prevention needs can be identified, and tailored strategies can be planned and evaluated. Health departments would be motivated to abide by the DUA to gain access to HAI data in CDC's NHSN. A breach in this contract will end the contract, ending the data accessibility to the health department.

FAQs

- **If the same data is on Centers for Medicare and Medicaid Services' (CMS') Compare websites, why does my health department want it through a data use agreement with CDC?**
The DUA allows CDC to share data with the health department sooner and with more detail than if the health department uses CMS' Compare websites.
- **How does a health department entering into a data use agreement benefit my facility?**
Many health departments have an effective and collaborative relationship with facilities in their jurisdiction, in order to prioritize prevention programs and leverage opportunities for undertaking complementary HAI prevention projects. The DUA may foster additional collaborations between facilities and health departments.

FAQs

- **Can a facility opt-out of voluntary reporting to NHSN to avoid access of data by the health department?**
 - Some healthcare facilities report some data voluntarily to NHSN that may not be required by jurisdictional HAI reporting mandates and/or CMS quality reporting programs. Such data may become available to health departments through DUAs.
 - Before a health department begins accessing new NHSN data, CDC provides healthcare facilities the opportunity to completely or partially opt-out of voluntary reporting to NHSN.
 - Facilities will be able to avoid access of data by the health department **if** they modify their voluntary NHSN reporting, by removing select events from their monthly reporting plans, before new data access provisions go into effect.
 - Facilities may also choose to modify voluntary NHSN reporting after DUA data access has begun. However, data that has already been accessed by a health department may not be retrievable.

FAQs

- **If our facility chooses to opt-out of the data use agreement, can we still use NHSN for tracking and prevention of HAIs within our facility?**
 - Yes, a facility can continue to use NHSN for tracking and prevention of HAIs within a facility while also opting out of sharing data through the DUA
 - Note: For data protection purposes, only data collected through surveillance that is included in a facility's monthly reporting plans will be shared with CMS and health departments with HAI reporting mandates.
- CDC and health departments encourage voluntary NHSN reporting to continue wherever possible, while simultaneously enabling health department access to those data for surveillance and prevention programs.

FAQs

- **Will facilities have to do anything additional within NHSN to participate in this program?**
 - No additional steps will be necessary to share your data with the health department.
 - CDC will administer a special Super Group for your health department, and your facility will be joined to the Super Group.
 - CDC will confer data rights on behalf of the healthcare facilities whose data will be accessible to health department under the DUA.
 - Your NHSN Facility Administrator can view the data sharing template for this Super Group at any time from within the NHSN application.

Minnesota Department of Health

Data Rights: CDC

Andrew Turner

Helpdesk Manager, NHSN User Support Team

Division of Healthcare Quality Promotion (DHQP)

Patient Safety Component

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

DUA Rights Template - Patient Safety Component

Date the data access begins: TBD

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:

☒	Pt level data with all patient identifiers
☐	Pt level data with no patient identifiers
☐	Pt level data with specific patient identifiers (please select below)
☐	☐ Date of Birth
☐	☐ Gender
☐	☐ Ethnicity
☐	☐ Race
☐	☐ Medicare #
☐	☐ Name
☐	☐ SSN
☐	☐ Patient ID
☐	☐ Birthweight (NICU only)

☒	Monthly Reporting Plans
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Surveys: (please select survey type or all)

Note: only complete survey data are shared with groups.

☒	All
☐	Hospital Survey Data
☐	Long Term Acute Care Survey Data
☐	Inpatient Rehabilitation Facility Survey Data (free standing)
☐	Ambulatory Surgery Center Survey Data

Device-Associated Module events and denominators:

Select event types of interest below:

☒	Central line-associated bloodstream infection (CLABSI)
☒	Catheter-associated urinary tract infection (CAUTI)
☒	Ventilator-associated events (VAE)
☒	Central line insertion practices (CLIP) - please note that requesting CLIP events will result in inserter code being shared
☒	Pneumonia (Vent)

Patient Safety Component

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 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			

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		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:

☒	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		All locations, by location
IN		

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

Patient Safety Component

MDRO Module events and denominators:

Select event types of interest below:

☒	Infection Surveillance
☒	LabID Event - all specimens
☐	LabID Event - blood specimens only

Select organisms of interest below:

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

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

Patient Safety Component

MDRO Module Process and Outcome Measures

Select process and outcome measures of interest below:

☐	Hand Hygiene
☐	Gown and Gloves
☐	AST (active surveillance testing) Admission
☐	AST D/T (discharge/transfer)
☐	AST Incidence
☐	AST Prevalence

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

☐	MRSA
☐	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)

Healthcare Personnel Safety Component

Data Use Agreement between CDC National Healthcare Safety Network and Minnesota 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.

General and Surveys:

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

Healthcare Worker Influenza Vaccination Module:

X	HCW summary - Hospital flu vaccination data
X	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

Dialysis Component

Data Use Agreement between CDC National Healthcare Safety Network and Minnesota Department of Health 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:

☒	Patient level data with all patient identifiers
☐	Patient level data with no patient identifiers
☐	Patient level data with specific patient identifiers (please select below)
☐	Gender
☐	Date of Birth
☐	Ethnicity
☐	Race
☐	Medicare #
☐	Name
☐	SSN
☐	Patient ID

General and surveys:

☒	Monthly reporting plans
☒	Facility annual surveys

Events and denominators:

Select event types of interest below:

☒	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

Outpatient Procedure Component

Data Use Agreement between CDC National Healthcare Safety Network and Minnesota Department of Health 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:

☒	Patient level data with all patient identifiers
☐	Patient level data with no patient identifiers
☐	Patient level data with specific patient identifiers (please select below)
☐	Gender
☐	Date of Birth
☐	Ethnicity
☐	Race
☐	Medicare #
☐	Name
☐	SSN
☐	Patient ID
☐	Birthweight (NICU only)

General and surveys:

☒	Monthly Reporting Plans
☒	ASC Annual Survey

Events and denominators:

Select event types of interest below:

Plan		
IN	☒	OPCUST - Custom OP Event
IN	☒	OPSDOM - Same Day Outcome Measures
IN	☒	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.

Questions

Thank you!

NHSNDUA@cdc.gov