

Data Use Agreement
Between
Minnesota Department of Health
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 September 11, 2017 (“Effective Date”). CDC/NHSN and the 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, and Dialysis 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 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). 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 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 MDH is Brittany VonBank, Epidemiologist, Brittany.VonBank@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

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.

MDH 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.

MDH 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:

MDH shall take appropriate steps to maintain security of the COVERED DATA including storage on an MDH network which can be accessed only on password-protected computers.

MDH shall not share COVERED DATA with any MDH employees who do not have a need to access these data in order to perform their job duties.

MDH shall maintain COVERED DATA in accordance with safeguards and access under the Minnesota Government Data Practices Act (Minnesota Statutes, Chapter 13).

MDH specifically agrees that, to the extent permitted by local, State and federal law, it will not release COVERED DATA requested under a State's or municipality'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 may protect against the release of COVERED DATA:

Minn. Stat. §13.02, Subd. 9:	Nonpublic Data;
Minn. Stat. §13.02, Subd. 12:	Private data on individuals;
Minn. Stat. §13.35	Federal Contracts Data;
Minn. Stat. §13.3805, Subd. 1(b):	Health data are private data on individuals;
Minn. Stat. §13.384, Subd. 3:	Medical data are private;
Minn. Stat. §144.0525:	Restrictions on data collected for epidemiologic investigations;
Minn. Stat. §144.053:	Research studies confidential;
Minn. Stat. §144.293:	Restrictions on release of patient health records;
Minn. Stat. §144.658:	Epidemiologic data not subject to discovery;

Minn. Stat. §144.6581:
Minn. R. 1205.0400, Subp. 2:

Commissioner may deny access to epidemiologic data;
Access to private data.

MDH 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. MDH acknowledges that CDC/NHSN may terminate the Agreement as a result of this information.

PROVISION AND MANAGEMENT OF THE DATA

MDH 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.

MDH agrees to notify CDC in the event that the MDH 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 the MDH OR 5 days after CDC/NHSN receives a notice submitted by the MDH.

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

CDC requires that in the absence of a conflict with State or local law the MDH 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.

This Agreement cancels, terminates, and supersedes the previous Data Use Agreement between Minnesota Department of Health and Centers for Disease Control and Prevention ("CDC"), National Healthcare Safety Network ("NHSN") effective March 28, 2013.

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

MDH

CDC/NHSN

Signature

Jean Rainbow

**Jean Rainbow, RN, MPH
Nurse Specialist,
Minnesota Healthcare-Associated
Infection Coordinator
Infectious Disease Epidemiology, Prevention
and Control Division
Minnesota Department of Health**

Date

9/11/17

Signature

Daniel A. Pollock

**Daniel A. Pollock, M.D.
Branch Chief, Surveillance Branch
CDC Division of Healthcare Quality
Promotion**

Date

9/26/17

Signature

Amy H. Cundick

**Financial and Facilities Management Division
Minnesota Department of Health**

Date

9/11/17

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

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 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:

	Only requesting facility level aggregate data (no patient level data)
X	Pt level data with all patient identifiers
	Pt level data with no patient identifiers
	Pt level data with specific patient identifiers (please select below)
	DOB
	Gender
	Ethnicity
	Race
	Medicare #
	Name
	SSN
	Patient ID
	Birthweight (NICU only)

General and surveys:

X	Monthly reporting plans
X	Facility annual surveys

Device-Associated Module events and denominators:

Select event types of interest below:

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

For these events, please specify the facility types and 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 (Ex - ICUs, Wards, etc)	Specific Facility Types and Locations (Ex - Acute Care, LTACH, CAH, Rehab, Psych, All Hospital types, ICUs, 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			
			<i>Note: VA & Military Hospitals are excluded from DUAs</i>
Procedure-Associated Module events and denominators:			
Select event types of interest below:			
	X		Surgical Site Infection (SSI) - please note that requesting SSI events/denominators will result in surgeon code being shared
	X		Post-procedure Pneumonia (PPP)
For these events, please specify the facility types and procedures 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		All	Acute Care Hospitals (including Critical Access Hospitals), both Inpatient and Outpatient
IN		All	Ambulatory Surgery Centers, Outpatient.
IN			
Antimicrobial Use and Resistance Module:			
Select event types of interest below:			
	X		Antimicrobial Use (AU)
	X		Antimicrobial Resistance (AR)

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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 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"/>	DOB
<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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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)
<input checked="" type="checkbox"/>		CLINIC	Outpatient Hemodialysis Clinic

