

# Frequently Asked Questions about DPHHS and the CDC/NHSN Data Use Agreement

## **What is NHSN?**

The National Healthcare Safety Network (NHSN) is a data tracking system developed and maintained by the Centers for Disease Control and Prevention (CDC) for healthcare-associated infections (HAI). NHSN allows healthcare facilities to track HAI and healthcare process measures in a standardized manner. NHSN data are used to identify infection prevention issues in facilities, states, and nationwide; benchmark infection prevention efforts; and report HAI for state and federal reporting mandates. (<http://www.cdc.gov/nhsn/about.html>)

## **What is the DPHHS-CDC NHSN Data Use Agreement?**

The Data Use Agreement (DUA) establishes a formal data access and data use relationship between CDC/NHSN and the DPHHS. 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, as listed in Appendix 1 of the DUA.

## **What is the purpose of establishing the DPHHS-CDC NHSN Data Use Agreement?**

DPHHS is entering into a DUA with CDC/NHSN because Montana hospitals are not mandated to report HAI data directly to DPHHS. The purpose of DPHHS obtaining NHSN data is for HAI surveillance, prevention, and evaluation of the effectiveness of interventions. These DPHHS activities will enhance the value of data reported to NHSN for public health purposes. The DUA stipulates that data received by DPHHS from NHSN are not to be used for public reporting of institution-specific data, or for any regulatory or punitive actions against healthcare institutions, such as a fine or licensure action. The DUA is a template developed by CDC in consultation with the American Hospital Association for states

where state laws do not require reporting of HAI to the state health department.

## **Will the NHSN data received under the DUA be shared with DPHHS regulators/surveyors?**

Data that DPHHS receives from NHSN under the DUA cannot be shared with regulators or surveyors. If a serious HAI event is identified, DPHHS epidemiologists and contracted infection preventionists will work with the institution to improve processes toward better outcomes.

## **Will facility-identifiable data received under the DUA be made publicly available or released by DPHHS?**

No. The DUA covers institution-identifiable data received by the CDC/NHSN subject to the Federal Privacy Act. It has been determined that legally in Montana, this information cannot be made publicly available or be released by DPHHS.

**Can a hospital opt-out of voluntary reporting to NHSN so that DPHHS will not have access to the data?** After a state health department has worked with CDC to complete a DUA and before the health department begins accessing NHSN data, CDC will provide healthcare facilities in the state's jurisdiction the opportunity to opt-out of voluntary reporting to NHSN. There is however, no mechanism by which a hospital can submit data for federal CMS reporting purposes AND opt out of sharing data with DPHHS. In other words, if a health care facility has a NHSN monthly reporting plan under which a specified data set is shared with CMS, a choice to opt out of sharing NHSN data with DPHHS also means that data will not be shared with CMS. CDC and state health departments want voluntary NHSN reporting to continue wherever possible, while simultaneously

enabling health department access to those data for surveillance and prevention programs.

**If a facility chooses to opt out of sharing NHSN data with DPHHS, can it still use NHSN for tracking and prevention of HAIs within the facility?** It is possible to opt out of sharing NHSN data with DPHHS while still using NHSN for tracking and prevention of HAIs within a facility. There are two possible ways for a healthcare facility to opt out. A facility could stop entering data into NHSN or remove select events from their monthly reporting plans.

**What is the mechanism for a facility to opt out of sharing NHSN data with DPHHS under the DUA?** CDC will communicate with each facility directly about the DUA, including how to opt out, if a facility chooses to do so. CDC will also contact the Montana Hospital Association to address any concerns or issues.

**What NHSN data will be shared with DPHHS?** NHSN data that are specified in Appendix 1 of the DUA will be shared with DPHHS after the opt-out period is complete. It is important to note that past data will not be shared; only future data will be shared with the health department. Appendix 1 can be found on page 5 of the Data Use Agreement between Montana Department of Health and Centers for Disease Control and Prevention, National Healthcare Safety Network. That document can be found at <http://dphhs.mt.gov/publichealth/cdepi/haiprevention.aspx>

**How does a state health department entering into a DUA benefit my hospital?** To date, all Inpatient Prospective Payment Hospitals and some Critical Access Hospitals have benefitted from validation activities through the state HAI Prevention Initiative. These studies help hospitals meet federal Centers for Medicare and Medicaid Services (CMS) accuracy and completeness thresholds for reimbursement percentages. This access will further enhance those processes.

The DPHHS HAI Prevention Initiative has established an effective and collaborative relationship with

facilities in Montana, including the prioritizing of prevention programs and opportunities for undertaking complementary HAI prevention projects. The DUA should foster additional collaborations between facilities and health departments.

**How will this agreement affect future Healthcare Associated Infection prevention efforts in the state?** New Ebola supplemental funding received by DPHHS is designated for improving infection prevention infrastructures throughout the state. Over the next three years an intensive effort to expand participation in the Montana HAI Prevention Initiative will be pursued. Ongoing changes in healthcare provision and an explicit federal mandates for quality in healthcare creates an environment where ever more effective infection prevention efforts are required. The agreement will indirectly support those processes at the facility level.

**Why isn't HAI reporting mandated in Montana?** Presently, 32 states have mandated HAI reporting while at least 10 states have engaged in a similar DUA to the one to be used here in Montana. More are anticipated to do the same. To date, a voluntary approach has been determined to be the best course for Montana.

CMS also requires reporting of HAI's to the National Healthcare Safety Network to receive the 2% reimbursement incentive. Information is posted on Hospital Compare. This has created an environment where reporting is essentially required without laws for certain categories of hospitals. In addition, those states that have created mandatory reporting laws have virtually all had to revisit them at least once since their creation due to unintended consequences or changing federal requirements. An advantage of voluntary reporting is that it allows programs like the Montana HAI Prevention Initiative and facilities to adapt more quickly to changes occurring at the federal level in a collaborative fashion.