Enrollment: Getting access to NHSN for your LTCF

Finalized 11/2014

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Training audience

- This training is for:
  - Any person who wants to register and enroll a long-term care facility (LTCF) into NHSN
  - Any person who may be training other individuals on the NHSN enrollment process for LTCFs

Learning Objectives

- Define the key personnel roles for a facility enrolled in NHSN
- Describe the information needed to enroll a LTCF into NHSN
- Explain the steps for submitting information during the NHSN enrollment process

Who can enroll a facility into NHSN?

- Any person in a LTCF can be given permission to enroll the facility into NHSN
  - Often, the person responsible for NHSN enrollment is also the person who oversees the infection prevention program activities
- Before you start the enrollment process for your LTCF, decide with your facility leadership who will become the point of contact for NHSN enrollment
  - It may help to have more than one person learning about the NHSN enrollment process to provide additional support
- The person assigned to enroll the LTCF into NHSN is called the “NHSN Facility Administrator”

Key Personnel Roles: The NHSN Facility Administrator

- Responsible for NHSN enrollment and coordination of users doing data collection and reporting for a LTCF
- This person has authority within NHSN to
  - Add or remove NHSN users for a facility
  - Manage each users' activities (e.g., reporting data, editing data, or analyzing data) within NHSN
  - Add, edit & delete facility data
  - Nominate (or join) groups for sharing data
- If the NHSN Facility Administrator has to change their position or leave a facility, he or she can reassign the role of "NHSN Facility administrator" to another user

Tips for selecting your NHSN Facility Administrator

- Select someone who is already familiar with infection surveillance activities in your facility
  - This person may not necessarily be your organization's facility administrator or part of the executive leadership
  - This person may be your director of nursing, assistant director of nursing, staff educator, or even the MDS coordinator, if he/she is familiar with data management and infection prevention
- Although only one person in your facility will have the role of NHSN Facility Administrator – consider training a second person on the NHSN enrollment/data submission process to have an extra set of hands

Other Key Personnel Roles

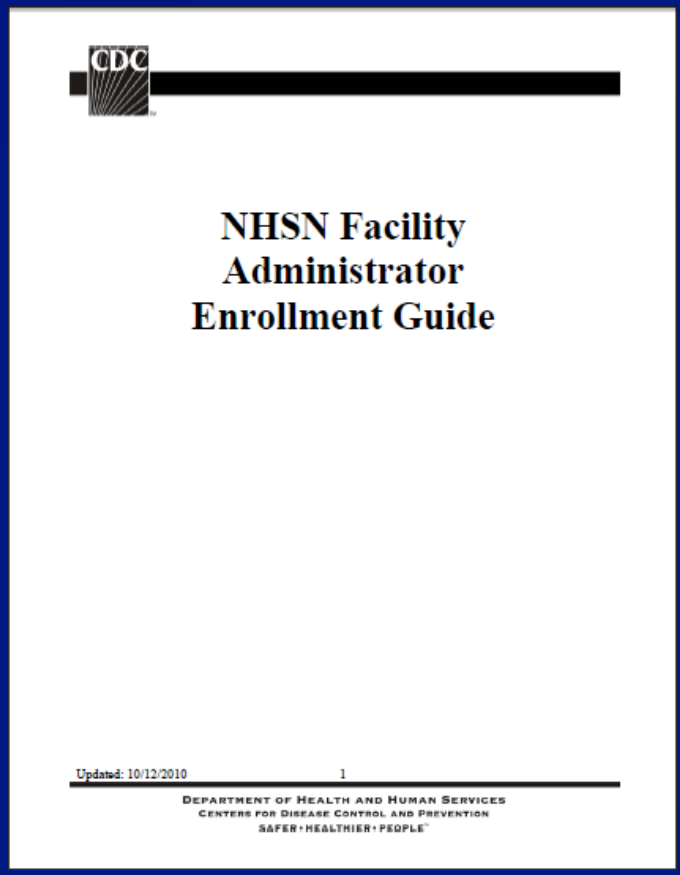
- NHSN LTCF Contact Person
  - Serves as the main point of contact between CDC and the facility
  - Often the NHSN Facility Administrator also serves as the NHSN Contact Person, but it could be someone else

- NHSN Users (Facility Administrator is a user too!!)
  - Other staff at a facility can become NHSN users for an enrolled LTCF
  - Activities that NHSN users can do, known as “user rights” include: viewing, entering, editing or analyzing data in NHSN
  - The NHSN Facility Administrator can add or remove people as NHSN users for their facility
  - The NHSN Facility Administrator works with each user to assign user rights to give him/her access to a facility’s NHSN data

NHSN Facility Administrator Enrollment Guide

- This guide is a general NHSN enrollment resource, not specific to the LTCF Component
- Contains instructions and tips which may address other questions about the enrollment process
- This guide is available on the NHSN LTCF enrollment page:

http://www.cdc.gov/nhsn/LTC/enroll.html



NHSN Enrollment process in a snapshot

Step 1: Training and preparation for enrollment

Step 2: Request to enroll your facility in NHSN

Step 3a: Register with the Secure Access Management System (SAMS)

Step 3b: Complete identity verification process and receive confirmation of SAMS/NHSN access

Step 4: Access NHSN Enrollment and submit Annual Facility Survey electronically

Step 5: Print, sign and mail the facility consent form to CDC and receive confirmation of your facility's enrollment into NHSN

Success! Your facility is now approved to report into NHSN

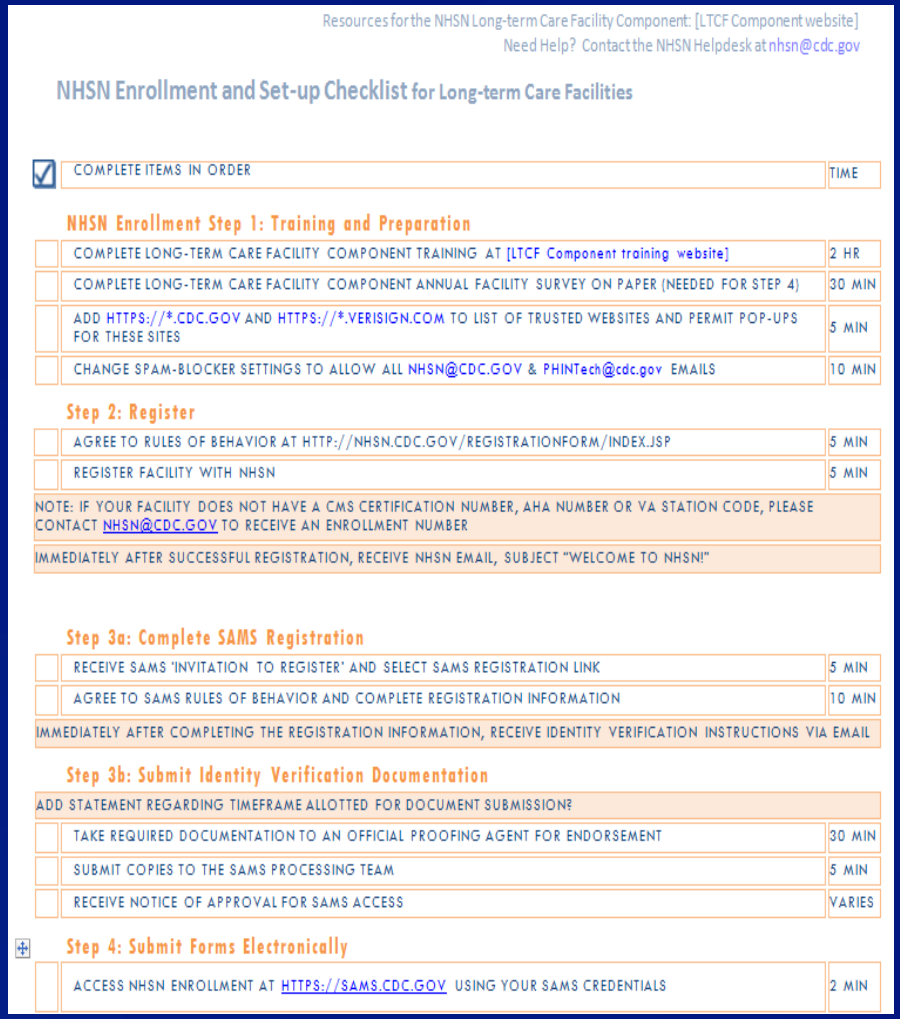
Step 1 - Training and Preparation

- Review the following documents before starting the enrollment process
  - Being familiar with these materials will help you gather all the information you will need to enroll your LTCF
- The main forms/tools you will need to review include:
  - The NHSN Enrollment Checklist
  - The NHSN Facility Contact Form
  - The LTCF Annual Facility Survey
  - For additional information, you can also download the NHSN Facility Administrator Enrollment Guide
- All these documents can be downloaded from:

  http://www.cdc.gov/nhsn/LTC/enroll.html

Documents to review: Enrollment Checklist for LTCF

- This checklist outlines each step in the NHSN enrollment process
- It provides estimates for how much time each step will take and allows you to track your progress
- Complete all steps and forms in order because you will need this information when you are enrolling into NHSN



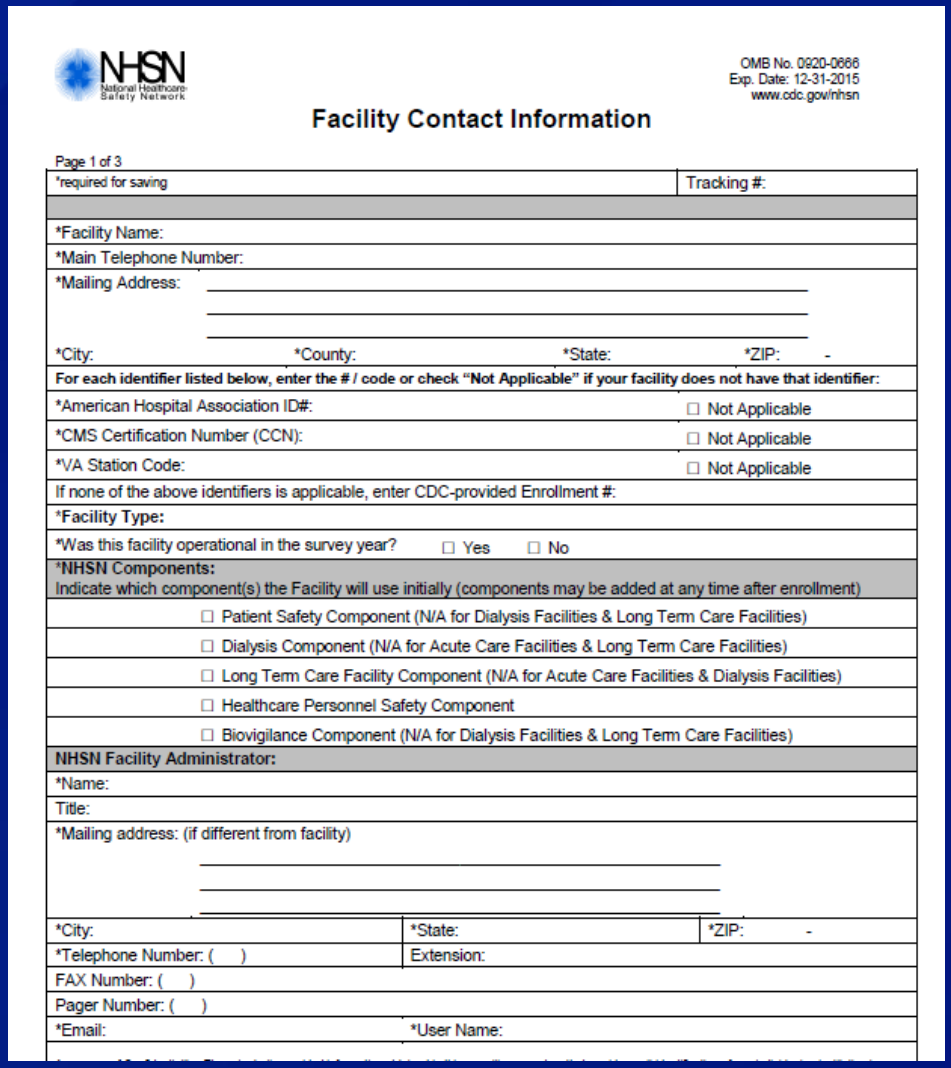
Resources for the NHSN Long-term Care Facility Component: [LTCF Component website]
Need Help? Contact the NHSN Helpdesk at nhsn@cdc.gov

NHSN Enrollment and Set-up Checklist for Long-term Care Facilities

☑	COMPLETE ITEMS IN ORDER	TIME
	NHSN Enrollment Step 1: Training and Preparation	
	COMPLETE LONG-TERM CARE FACILITY COMPONENT TRAINING AT [LTCF Component training website]	2 HR
	COMPLETE LONG-TERM CARE FACILITY COMPONENT ANNUAL FACILITY SURVEY ON PAPER (NEEDED FOR STEP 4)	30 MIN
	ADD HTTPS://*.CDC.GOV AND HTTPS://*.VERISIGN.COM TO LIST OF TRUSTED WEBSITES AND PERMIT POP-UPS FOR THESE SITES	5 MIN
	CHANGE SPAM-BLOCKER SETTINGS TO ALLOW ALL NHSN@CDC.GOV & PHINTech@cdc.gov EMAILS	10 MIN
	Step 2: Register	
	AGREE TO RULES OF BEHAVIOR AT HTTP://NHSN.CDC.GOV/REGISTRATIONFORM/INDEX.JSP	5 MIN
	REGISTER FACILITY WITH NHSN	5 MIN
	NOTE: IF YOUR FACILITY DOES NOT HAVE A CMS CERTIFICATION NUMBER, AHA NUMBER OR VA STATION CODE, PLEASE CONTACT NHSN@CDC.GOV TO RECEIVE AN ENROLLMENT NUMBER	
	IMMEDIATELY AFTER SUCCESSFUL REGISTRATION, RECEIVE NHSN EMAIL, SUBJECT "WELCOME TO NHSN!"	
	Step 3a: Complete SAMS Registration	
	RECEIVE SAMS 'INVITATION TO REGISTER' AND SELECT SAMS REGISTRATION LINK	5 MIN
	AGREE TO SAMS RULES OF BEHAVIOR AND COMPLETE REGISTRATION INFORMATION	10 MIN
	IMMEDIATELY AFTER COMPLETING THE REGISTRATION INFORMATION, RECEIVE IDENTITY VERIFICATION INSTRUCTIONS VIA EMAIL	
	Step 3b: Submit Identity Verification Documentation	
	ADD STATEMENT REGARDING TIMEFRAME ALLOTTED FOR DOCUMENT SUBMISSION?	
	TAKE REQUIRED DOCUMENTATION TO AN OFFICIAL PROOFING AGENT FOR ENDORSEMENT	30 MIN
	SUBMIT COPIES TO THE SAMS PROCESSING TEAM	5 MIN
	RECEIVE NOTICE OF APPROVAL FOR SAMS ACCESS	VARIES
	Step 4: Submit Forms Electronically	
	ACCESS NHSN ENROLLMENT AT HTTPS://SAMS.CDC.GOV USING YOUR SAMS CREDENTIALS	2 MIN

Documents to review: The NHSN Facility Contact Form

- This form collects contact information for the LTCF and the people coordinating NHSN use
- You may need to talk with others in the facility for data such as the CMS Certification Number (CCN) for your facility
- Note: If your facility does not have a CCN, please contact NHSN@cdc.gov to receive an enrollment number



NHSN National Healthcare Safety Network

OMB No. 0920-0666
Exp. Date: 12-31-2015
www.cdc.gov/nhsn

Facility Contact Information

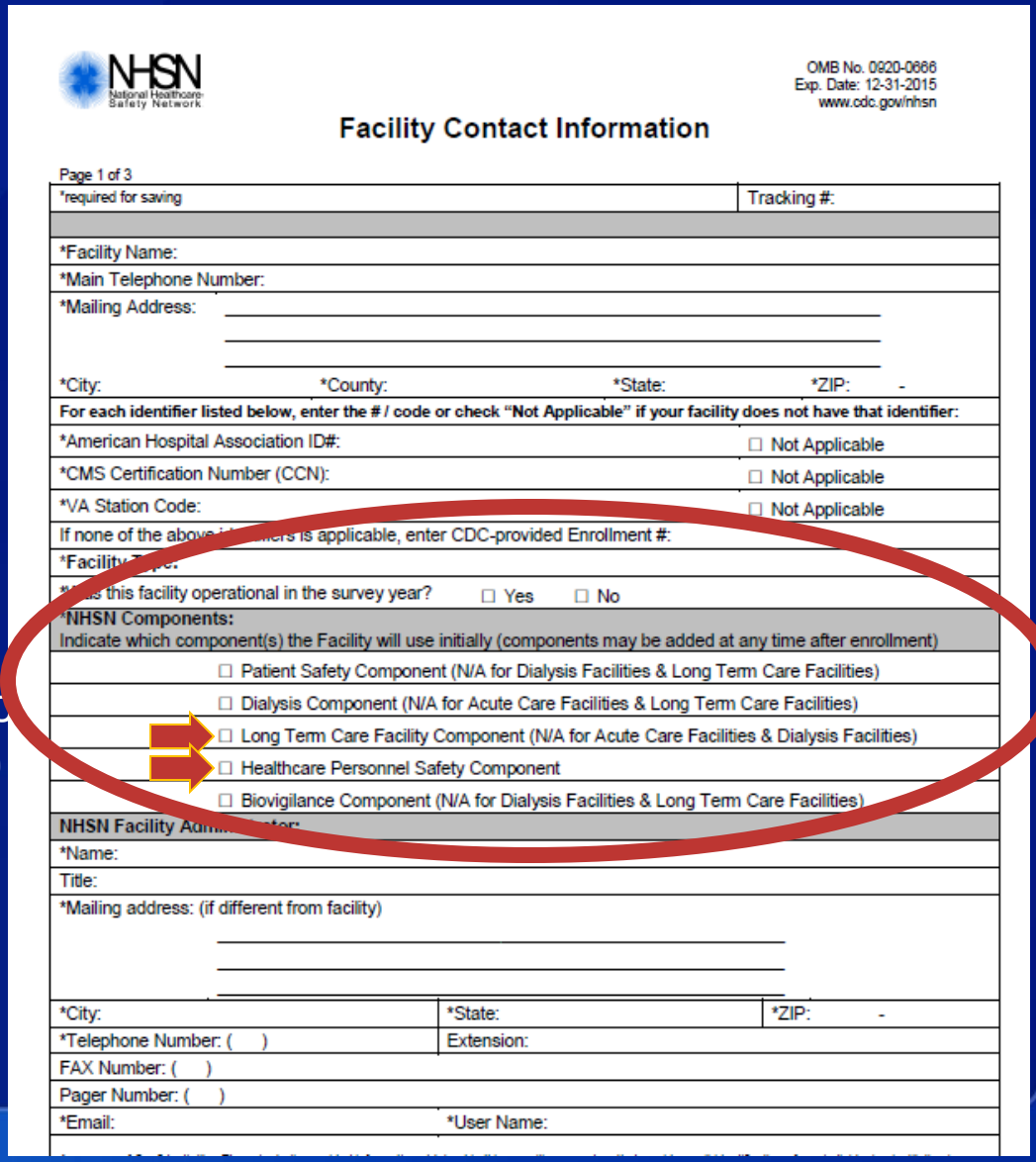
Page 1 of 3

*required for saving	Tracking #:
*Facility Name:	
*Main Telephone Number:	
*Mailing Address:	
*City: *County: *State: *ZIP: -	
For each identifier listed below, enter the # / code or check "Not Applicable" if your facility does not have that identifier:	
*American Hospital Association ID#:	☐ Not Applicable
*CMS Certification Number (CCN):	☐ Not Applicable
*VA Station Code:	☐ Not Applicable
If none of the above identifiers is applicable, enter CDC-provided Enrollment #:	
***Facility Type:**	
*Was this facility operational in the survey year? ☐ Yes ☐ No	
***NHSN Components:** Indicate which component(s) the Facility will use initially (components may be added at any time after enrollment)	
☐ Patient Safety Component (N/A for Dialysis Facilities & Long Term Care Facilities)	
☐ Dialysis Component (N/A for Acute Care Facilities & Long Term Care Facilities)	
☐ Long Term Care Facility Component (N/A for Acute Care Facilities & Dialysis Facilities)	
☐ Healthcare Personnel Safety Component	
☐ Biovigilance Component (N/A for Dialysis Facilities & Long Term Care Facilities)	
NHSN Facility Administrator:	
*Name:	
Title:	
*Mailing address: (if different from facility)	
*City:	*State: *ZIP: -
*Telephone Number: ( )	Extension:
FAX Number: ( )	
Pager Number: ( )	
*Email:	*User Name:

Documents to review: The NHSN Facility Contact Form, continued

NHSN Components: Indicate which component your facility will use initially:

- Select the Long Term Care Facility component - indicated by arrow
- Remember, LTCFs can also report into the Healthcare Personnel Safety Component (to track staff Influenza vaccination)
  - Selection for Healthcare Personnel Safety component indicated by arrow



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Facility Contact Information

Page 1 of 3

*required for saving | Tracking #:

*Facility Name:
*Main Telephone Number:
*Mailing Address:

*City: *County: *State: *ZIP: -

For each identifier listed below, enter the # / code or check "Not Applicable" if your facility does not have that identifier:

*American Hospital Association ID#: ☐ Not Applicable
*CMS Certification Number (CCN): ☐ Not Applicable
*VA Station Code: ☐ Not Applicable
If none of the above identifiers is applicable, enter CDC-provided Enrollment #:
*Facility Type:
*Was this facility operational in the survey year? ☐ Yes ☐ No

***NHSN Components:**
Indicate which component(s) the Facility will use initially (components may be added at any time after enrollment)

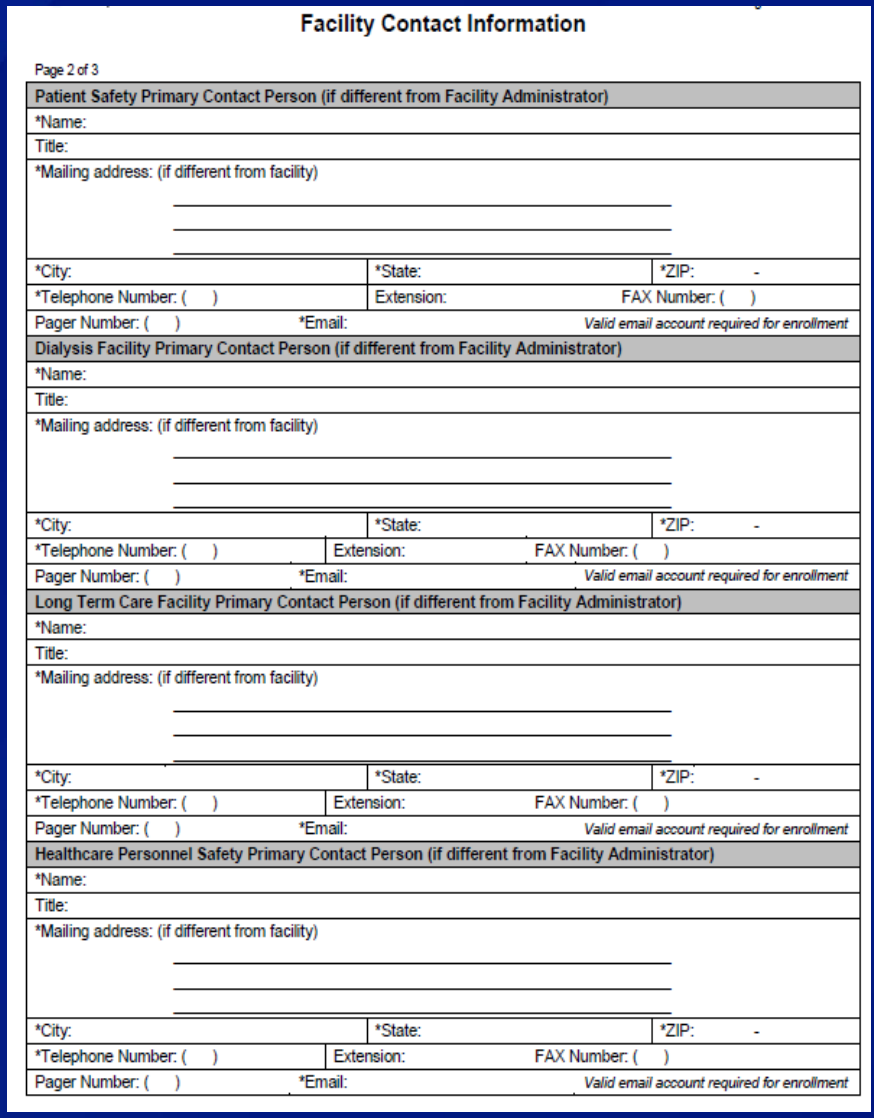
☐ Patient Safety Component (N/A for Dialysis Facilities & Long Term Care Facilities)
☐ Dialysis Component (N/A for Acute Care Facilities & Long Term Care Facilities)
☐ Long Term Care Facility Component (N/A for Acute Care Facilities & Dialysis Facilities)
☐ Healthcare Personnel Safety Component
☐ Biovigilance Component (N/A for Dialysis Facilities & Long Term Care Facilities)

NHSN Facility Administrator:
*Name:
Title:
*Mailing address: (if different from facility)

*City: *State: *ZIP: -
*Telephone Number: ( ) Extension:
FAX Number: ( )
Pager Number: ( )
*Email: *User Name:

The NHSN Facility Contact Form, page 2

- You may designate a different point of contact for each NHSN component that your facility uses
- You don't have to include additional people if the NHSN Facility Administrator will be the primary point of contact for your LTCF



Facility Contact Information

Page 2 of 3

Patient Safety Primary Contact Person (if different from Facility Administrator)		
*Name:		
Title:		
*Mailing address: (if different from facility)		
*City:	*State:	*ZIP: -
*Telephone Number: ( )	Extension:	FAX Number: ( )
Pager Number: ( )	*Email:	*Valid email account required for enrollment*

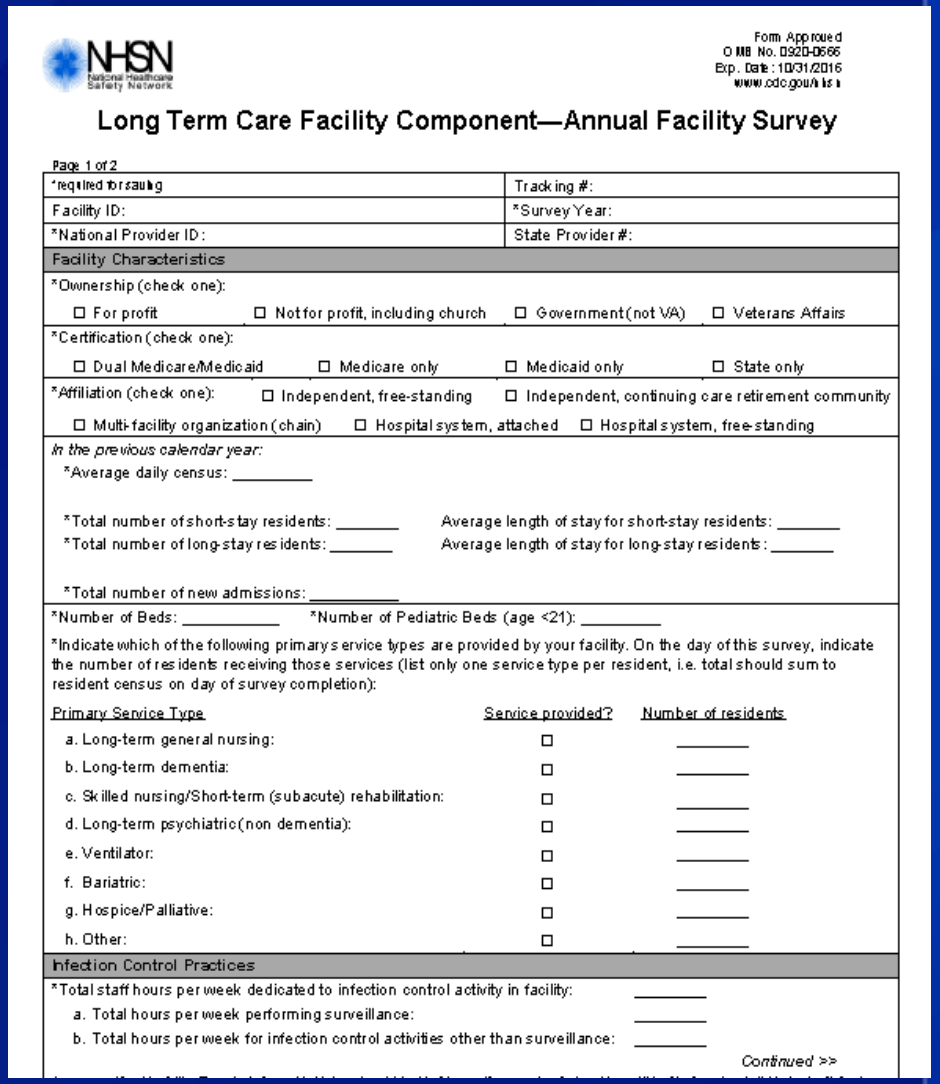
Dialysis Facility Primary Contact Person (if different from Facility Administrator)		
*Name:		
Title:		
*Mailing address: (if different from facility)		
*City:	*State:	*ZIP: -
*Telephone Number: ( )	Extension:	FAX Number: ( )
Pager Number: ( )	*Email:	*Valid email account required for enrollment*

Long Term Care Facility Primary Contact Person (if different from Facility Administrator)		
*Name:		
Title:		
*Mailing address: (if different from facility)		
*City:	*State:	*ZIP: -
*Telephone Number: ( )	Extension:	FAX Number: ( )
Pager Number: ( )	*Email:	*Valid email account required for enrollment*

Healthcare Personnel Safety Primary Contact Person (if different from Facility Administrator)		
*Name:		
Title:		
*Mailing address: (if different from facility)		
*City:	*State:	*ZIP: -
*Telephone Number: ( )	Extension:	FAX Number: ( )
Pager Number: ( )	*Email:	*Valid email account required for enrollment*

Documents to review: The LTCF Annual Facility Survey

- This form collects information about your LTCF and services provided to your resident population
- The data submitted should reflect your facility's experience from the previous calendar year
- You may need to talk with others in the facility to answer some of these questions



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Long Term Care Facility Component—Annual Facility Survey

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*required for saving	Tracking #:
Facility ID:	*Survey Year:
*National Provider ID:	State Provider #:

Facility Characteristics

*Ownership (check one):
☐ For profit ☐ Not for profit, including church ☐ Government (not VA) ☐ Veterans Affairs

*Certification (check one):
☐ Dual Medicare/Medicaid ☐ Medicare only ☐ Medicaid only ☐ State only

*Affiliation (check one): ☐ Independent, free-standing ☐ Independent, continuing care retirement community
☐ Multi-facility organization (chain) ☐ Hospital system, attached ☐ Hospital system, free-standing

In the previous calendar year:
*Average daily census: _____

*Total number of short-stay residents: _____ Average length of stay for short-stay residents: _____
*Total number of long-stay residents: _____ Average length of stay for long-stay residents: _____

*Total number of new admissions: _____

*Number of Beds: _____ *Number of Pediatric Beds (age <21): _____

*Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):

Primary Service Type	Service provided?	Number of residents
a. Long-term general nursing:	☐	_____
b. Long-term dementia:	☐	_____
c. Skilled nursing/Short-term (subacute) rehabilitation:	☐	_____
d. Long-term psychiatric (non dementia):	☐	_____
e. Ventilator:	☐	_____
f. Bariatric:	☐	_____
g. Hospice/Palliative:	☐	_____
h. Other:	☐	_____

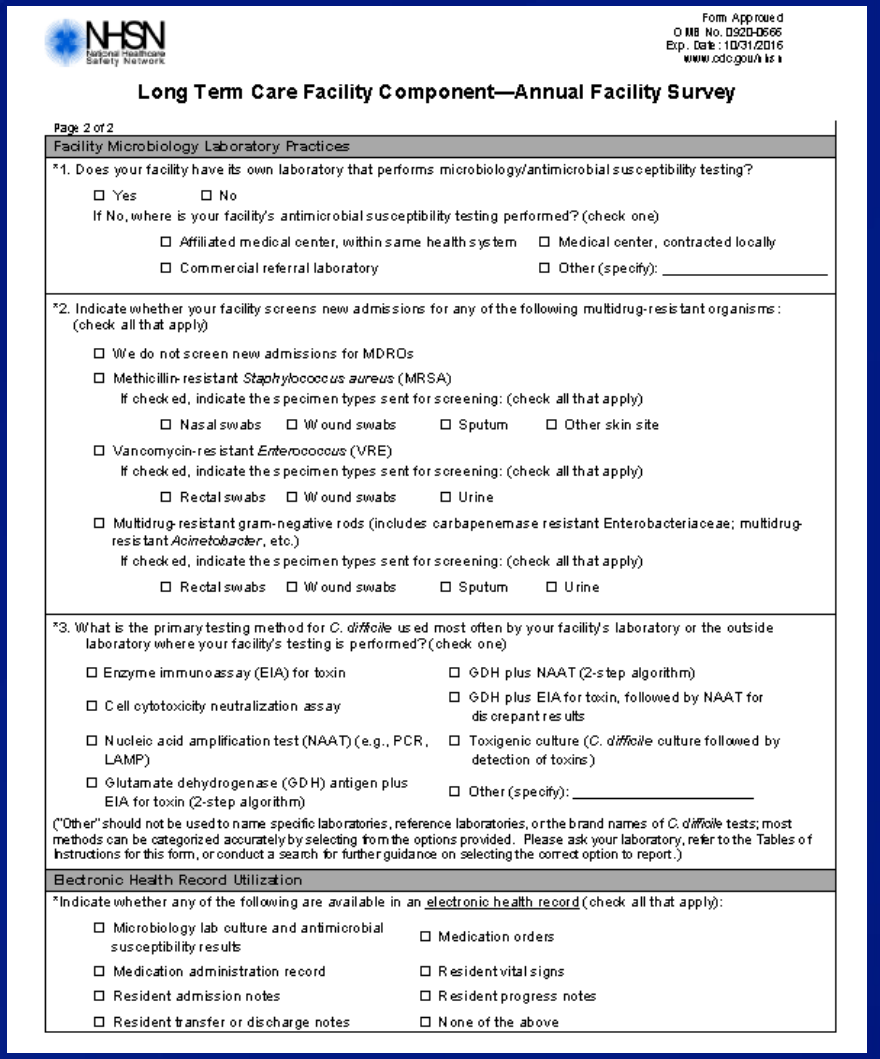
Infection Control Practices

*Total staff hours per week dedicated to infection control activity in facility: _____
a. Total hours per week performing surveillance: _____
b. Total hours per week for infection control activities other than surveillance: _____

Continued >>

The LTCF Annual Facility Survey, page 2

- Give yourself time to review and gather the information on this form
- The NHSN LTCF annual facility survey may get updated from time to time, so be sure to check for notices if a new version is being released
- For additional guidance on completing this document, review the Table of Instructions



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Long Term Care Facility Component—Annual Facility Survey

Page 2 of 2

Facility Microbiology Laboratory Practices

*1. Does your facility have its own laboratory that performs microbiology/antimicrobial susceptibility testing?

☐ Yes ☐ No

If No, where is your facility's antimicrobial susceptibility testing performed? (check one)

☐ Affiliated medical center, within same health system ☐ Medical center, contracted locally

☐ Commercial referral laboratory ☐ Other (specify): _____

*2. Indicate whether your facility screens new admissions for any of the following multidrug-resistant organisms: (check all that apply)

☐ We do not screen new admissions for MDROs

☐ Methicillin-resistant *Staphylococcus aureus* (MRSA)

If checked, indicate the specimen types sent for screening: (check all that apply)

☐ Nasal swabs ☐ Wound swabs ☐ Sputum ☐ Other skin site

☐ Vancomycin-resistant *Enterococcus* (VRE)

If checked, indicate the specimen types sent for screening: (check all that apply)

☐ Rectal swabs ☐ Wound swabs ☐ Urine

☐ Multidrug-resistant gram-negative rods (includes carbapenemase resistant Enterobacteriaceae; multidrug-resistant *Acinetobacter*, etc.)

If checked, indicate the specimen types sent for screening: (check all that apply)

☐ Rectal swabs ☐ Wound swabs ☐ Sputum ☐ Urine

*3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

☐ Enzyme immunoassay (EIA) for toxin

☐ Cell cytotoxicity neutralization assay

☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)

☐ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)

☐ GDH plus NAAT (2-step algorithm)

☐ GDH plus EIA for toxin, followed by NAAT for discrepant results

☐ Toxigenic culture (*C. difficile* culture followed by detection of toxins)

☐ Other (specify): _____

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory, refer to the Tables of Instructions for this form, or conduct a search for further guidance on selecting the correct option to report.)

Electronic Health Record Utilization

*Indicate whether any of the following are available in an electronic health record (check all that apply):

☐ Microbiology lab culture and antimicrobial susceptibility results

☐ Medication administration record

☐ Resident admission notes

☐ Resident transfer or discharge notes

☐ Medication orders

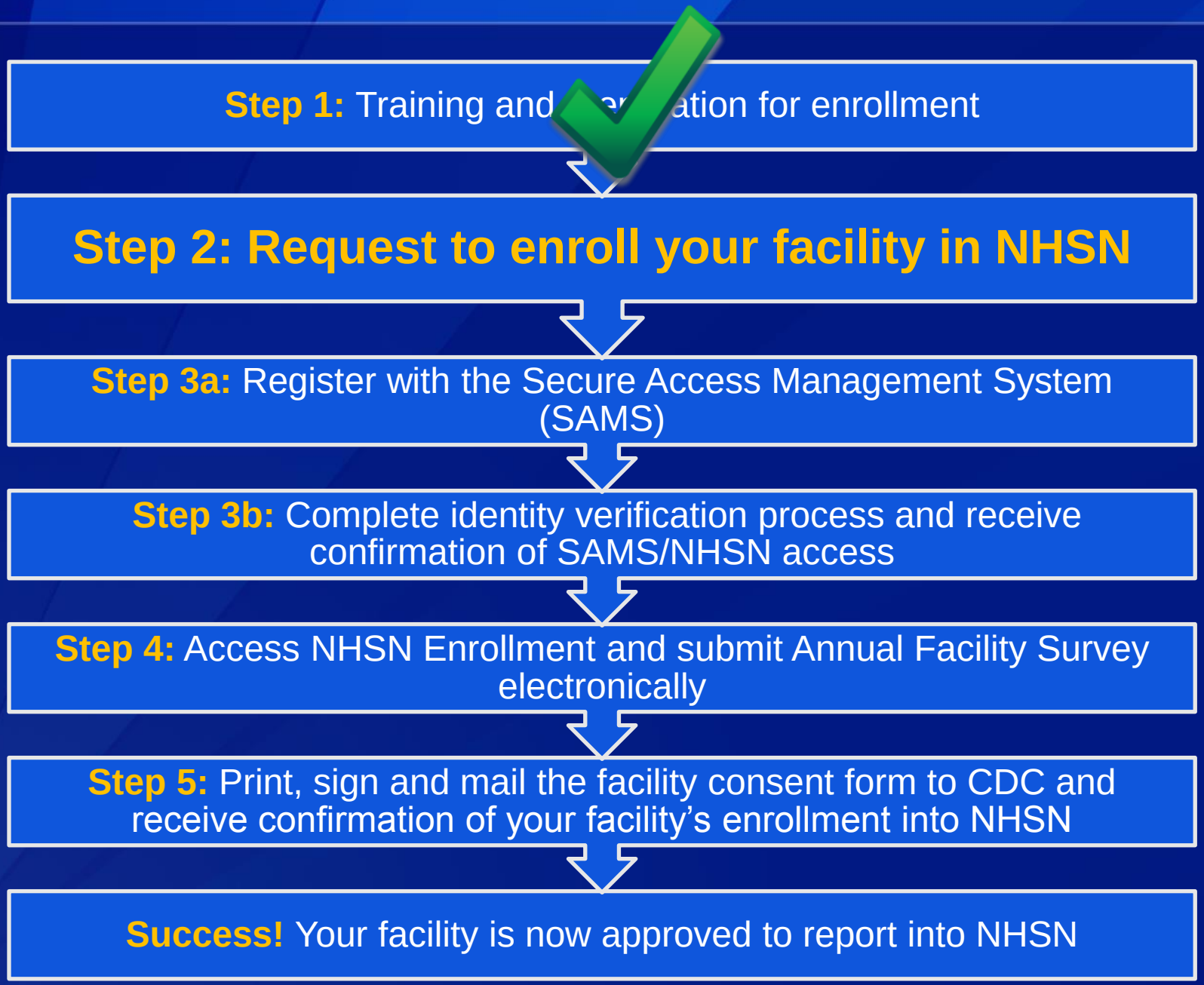
☐ Resident vital signs

☐ Resident progress notes

☐ None of the above

Prepare your computer to interact with NHSN

- You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process
- Change spam-blocker settings to allow all email from:
  - nhsn@cdc.gov ; PHINTech@cdc.gov ; and
  - SAMS-NO-REPLY@cdc.gov
- Add https://*.cdc.gov and https://*.verisign.com to trusted sites list and allow pop-ups
  - In Internet Explorer, open “Tools” menu, select “Internet Options”
  - Add trusted sites on the “Security” tab
  - Allow pop-ups on the “Privacy” tab
- These changes may require assistance from your IT manager or department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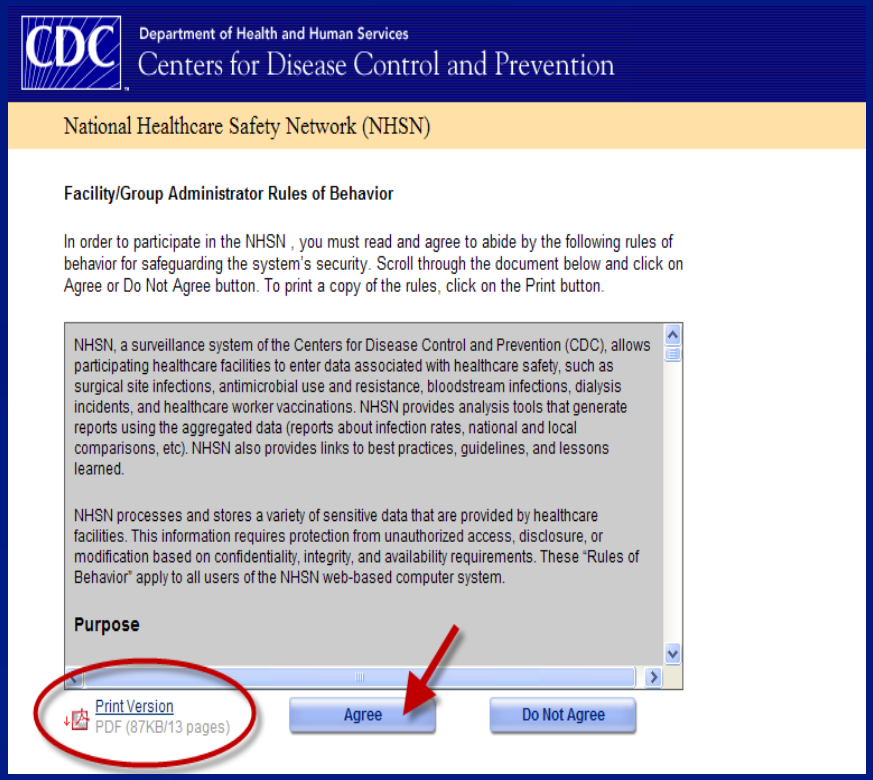
Step 5: Print, sign and mail the facility consent form to CDC and receive confirmation of your facility's enrollment into NHSN
Success! Your facility is now approved to report into NHSN

Step 2 – Request to Enroll your Facility to NHSN

- After reviewing the enrollment materials, you are ready to begin the enrollment process
- Registering your facility includes:
  - Reading and agreeing to the NHSN Rules of Behavior
  - Providing contact information for the NHSN facility administrator

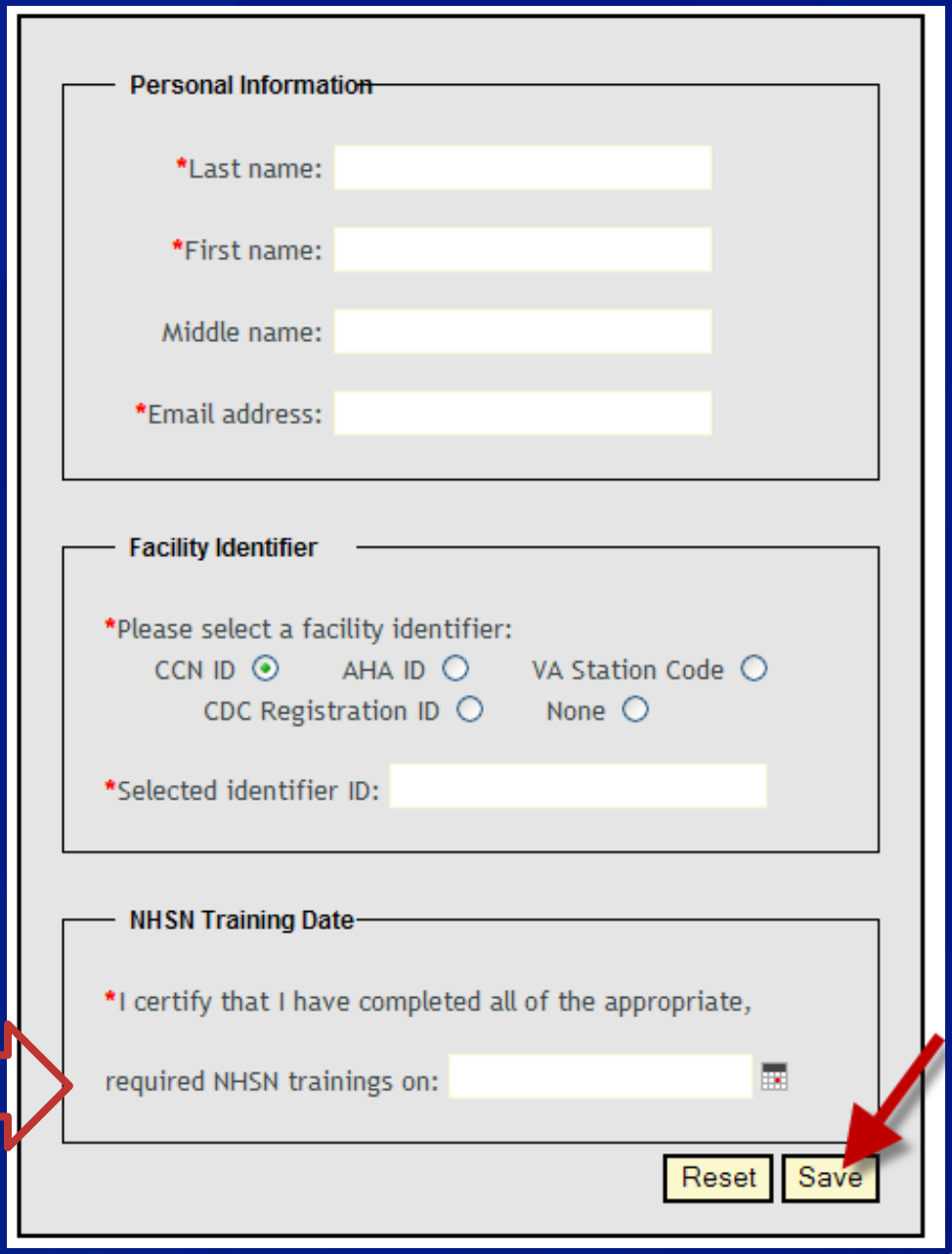


You can link to the registration website from the LTCF Enrollment page or go to:
http://nhsn.cdc.gov/RegistrationForm/index

Step 2 - Register

- The NHSN Facility Administrator completes this form:
  - Name
  - Check your email address! *Use the same email address for all enrollment steps*
  - CCN is a 6 digit CMS Certification # or CDC-provided enrollment #
  - Click ‘Save’
  - Hint: Refer to the Facility Contact Information form you filled out earlier

Required trainings are listed on the NHSN LTCF Component enrollment website. Indicate the date you completed training.



Step 2 - Register

- Following successful registration, you will immediately receive a welcome to NHSN email.
- You will also receive an email invitation to register for SAMS access (step 3a) similar to the following
- Be sure to print this email out because it has information you need to register for SAMS

Hello

You have been invited to register with the U.S. CDC's Secure Access Management Service (SAMS). Registration with SAMS will allow you to access selected CDC Extranet applications specifically designed and implemented for the Public Health community. A registration account has already been created for you. A link to this account and a temporary password word are provided below. This invitation is valid for 30 days.

Should you have questions with the SAMS registration process, please contact our Help Desk for assistance.

Thank you,

The SAMS Team

SAMS basic registration process includes the following steps:

1. **Online Registration** - Follow the link below and use the included temporary password to log into SAMS' user registration pages. During registration, you will be asked to supply some basic information about yourself. This information will help CDC Program Administrators provide you with the application access most appropriate for your role in Public Health. You will also choose your personal SAMS password to help keep your account private and secure.
2. **Identity Verification** - Once you complete your online registration, you will receive an email with instructions for completing Identity Verification. In order to provide individuals with access to non-public information, U.S. law **requires** that the identity of potential users is first verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of CDC programs.
3. **Access Approval** - Once your Identity Verification is complete, CDC Program Administrators will determine the access level most appropriate for your role and will activate your SAMS account. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your extranet applications.

To re[illegible]er with SAMS, please click the following link or cut and paste it into your br[illegible]

[illegible]tps://sams.cdc.gov/idm/SAMS/ca/index.jsp?task.tag=SAMSRegistration

When prompted, please enter:

- Your Username:
- Temporary Password:

and click t[illegible]Login button.

***Note:** In order to access SA[illegible] configured to use TLS 1.0 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

Temporary Username and password needed for online registration

Step 1: Training and preparation for enrollment

Step 2: Request to [illegible] your facility in NHSN

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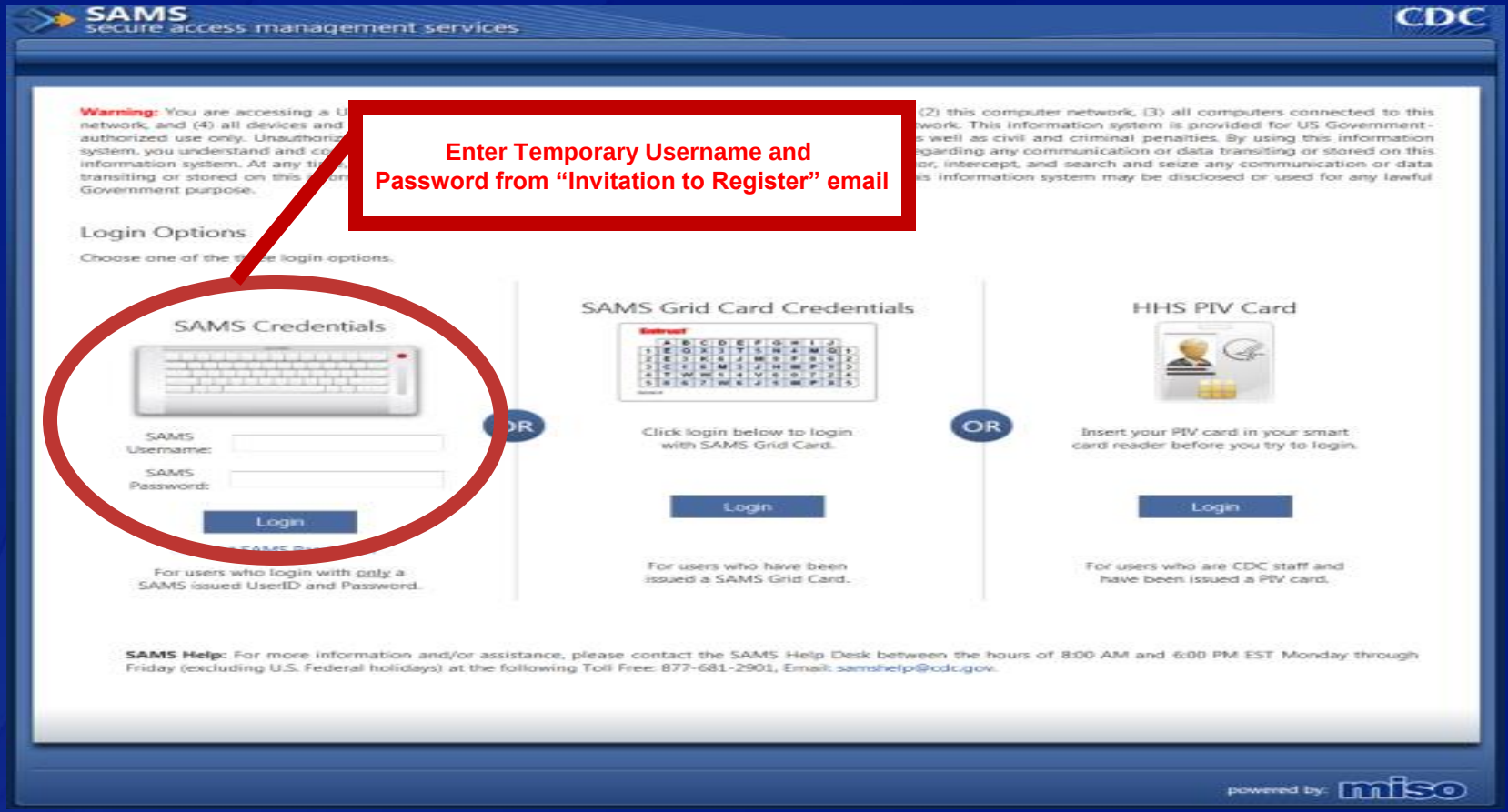
Secure Access Management (SAMS)

- SAMS provides secure online access to and exchange of information between CDC and public health partners
- Users receive an invitation to register with SAMS which provides instructions for registration and identify proofing in order to obtain access to CDC applications, including NHSN
- During registration the user sets a password which expires every 60 days.
- The user is also issued an electronic grid card which adds an additional level of security when logging in to the system.

Step 3a - SAMS Registration

- The Invitation to Register email contains your Username and Password for SAMS registration



https://sams.cdc.gov/

Step 3a - SAMS Registration

After accepting the Rules of Behavior, enter the required registration information and click Submit.

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Step 3b - Identity Proofing

- After accepting the SAMS Rules and Behaviors, you will receive an email which contains all the information and documentation for “Identity Verification”. (Print this email out because it contains a document which must be completed)
- Carefully follow the instructions in the email to insure the enrollment process is not delayed

Hello New NHSN User,

Thank you for registering with CDC's SAMS Partner Portal. Your registration information has been received and is currently pending approval.

In order to provide individuals with access to non-public information, U.S. law ***requires*** the identity of potential users to be verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your identity information will only be used to help determine your suitability for access and that this data will not be shared outside of CDC programs.

To complete identity verification, please print the form attached to this email message and follow the instructions provided below. The required steps are as follows:

1. Complete the Applicant Section in the attached form - part of the information has been pre-filled for you based on the information you supplied during registration.
2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent (a person specifically designated by CDC to conduct identity verification or a Notary Public). Have them verify your identity and complete the Proofing Agent / Notary Section. Acceptable forms of identification are listed in the table below:

   You must provide one (1) unexpired document from List A and one (1) additional unexpired document from List B.

List A - Primary Photo ID	List B - Secondary ID
Driver's license or ID card issued by a state	Driver's license or ID card issued by a state or outlying possession of

Step 3b - Registration Approval

- Once your identity documentation has been processed you will receive confirmation of approval for SAMS access via email
- You will also be issued an electronic grid card which is used when logging into the system along with your username and password
- Note: The option to log in using only your username and password only provides Level 2 security access. In order to gain Level 3 access, which is necessary for NHSN use, you must use your grid card
- Electronic grid cards are mailed to the address used in registration and can take up to 3 weeks to receive.

Step 1: Training and preparation for enrollment

Step 2: Request to enroll your facility in NHSN

Step 3a: Register with the Secure Acces[illegible]Management System (SAMS)

Step 3b: Complete identity verifi[illegible]rocess and receive confirmation of SAMS/N[illegible]N access

Step 4: Access NHSN Enrollment and submit Annual Facility Survey electronically

Step 5: Print, sign and mail the facility consent form to CDC and receive confirmation of your facility's enrollment into NHSN

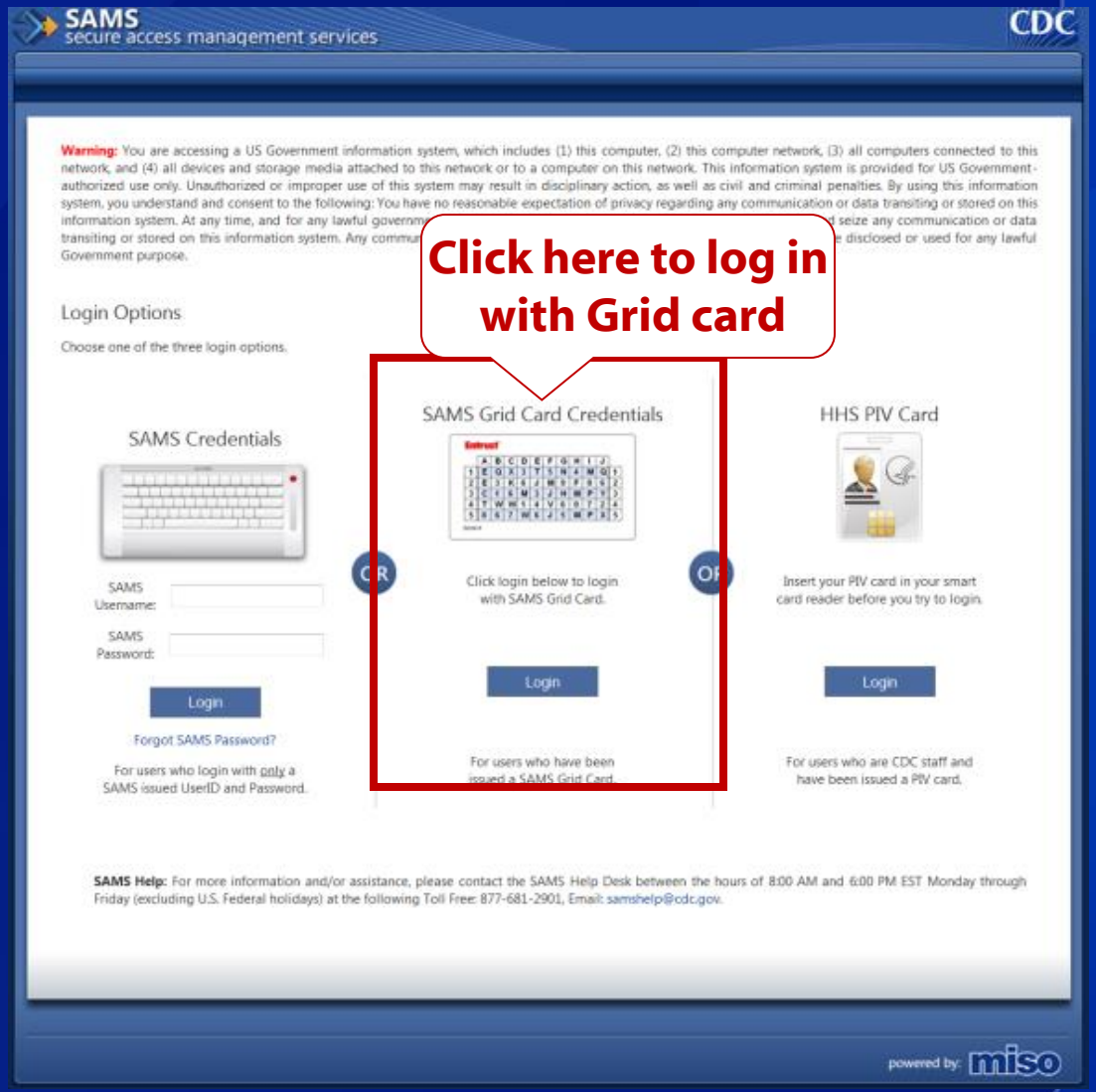
Success! Your facility is now approved to report into NHSN

Step 4a – Enter the SAMS Portal

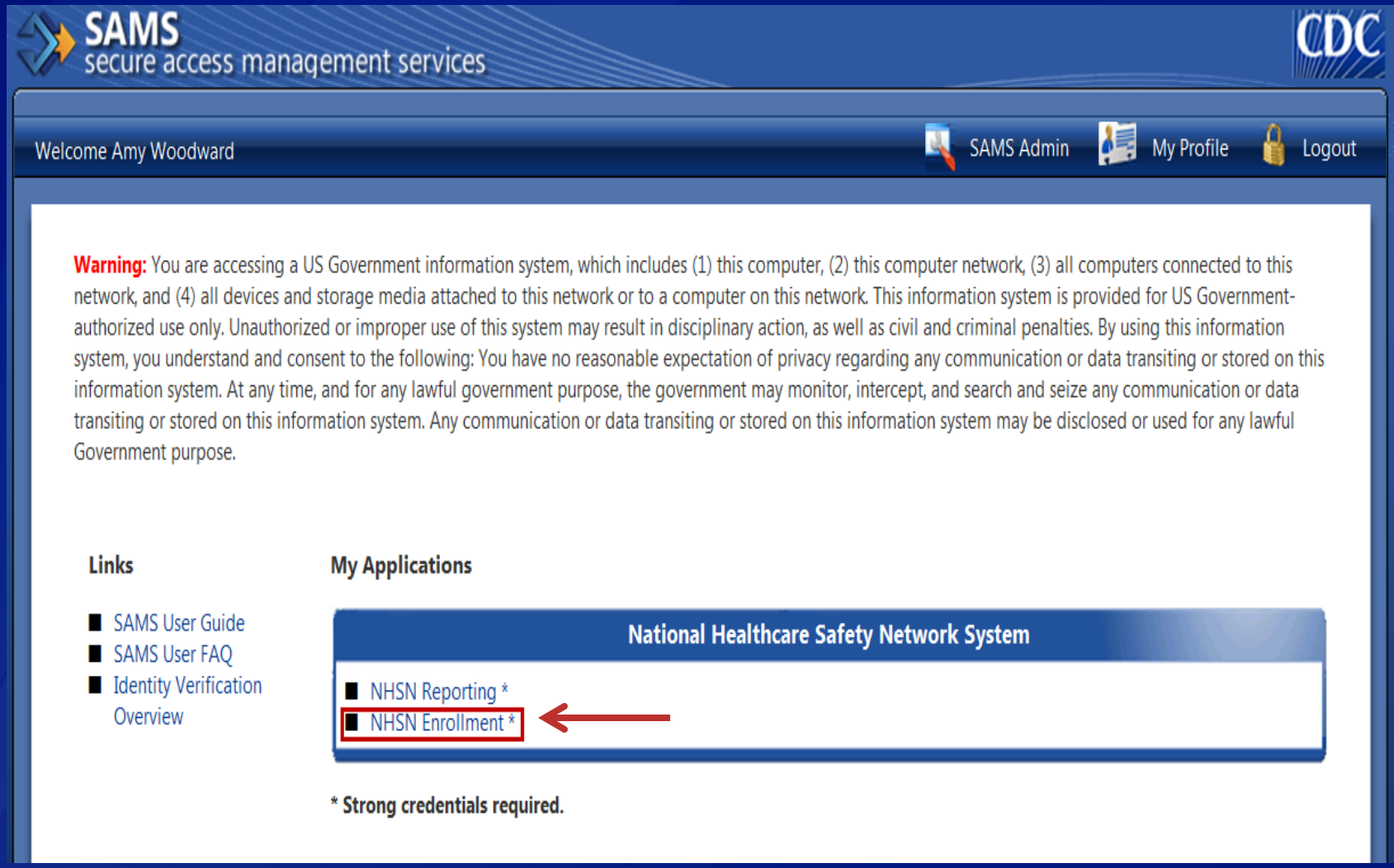
- Once you have successfully registered to with SAMS and provided identify verification documentation, you will receive and email indicating your registration is approved.

- In order to access NHSN, you must first log into SAMS using your newly obtained Grid Card, which takes up to 3 weeks to obtain after you are approved, and your username and password. The SAMS website:

https://sams.cdc.gov/

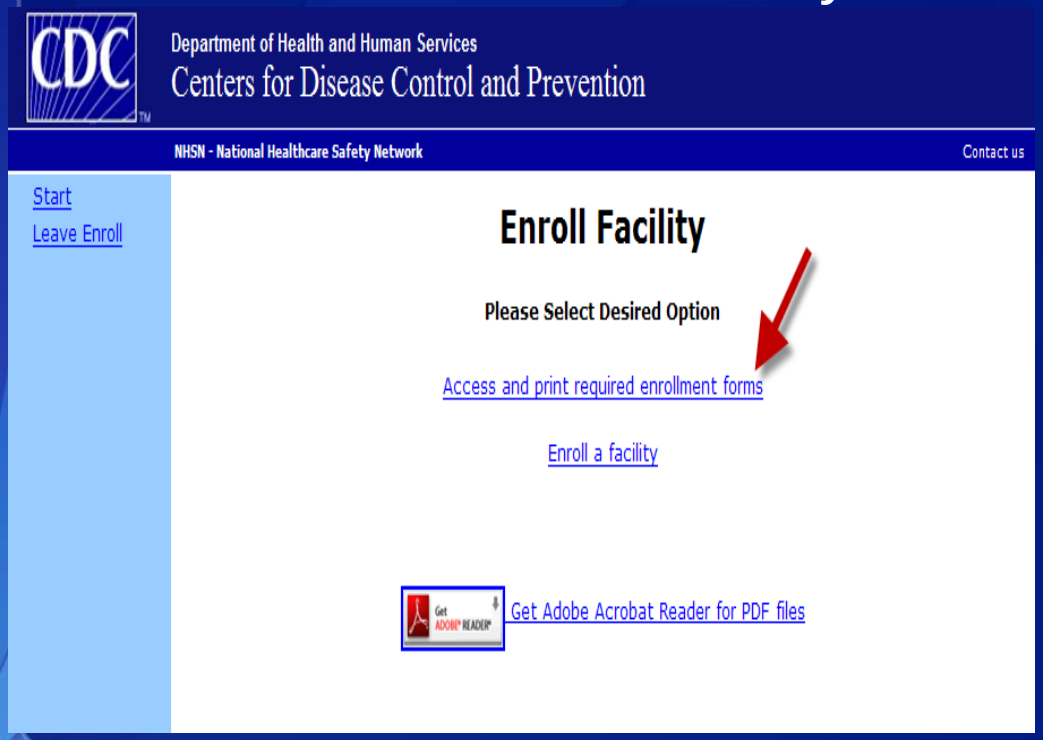


Step 4b – Select "NHSN Enrollment" to submit your facility's contact and survey information



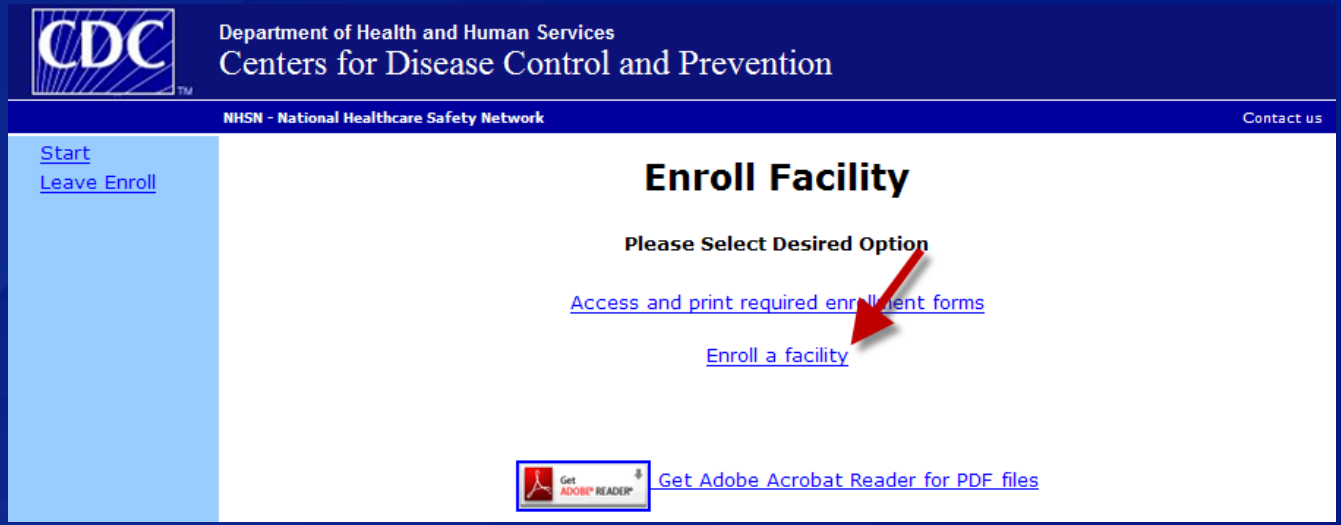
Step 4c - Access Enrollment Forms

- If you have not already printed out copies of the Facility Contact form and Annual Facility Survey (see slides 11-16), then click ‘Access and Print” to view these forms
- These forms must be completed prior to entering the information electronically into NHSN



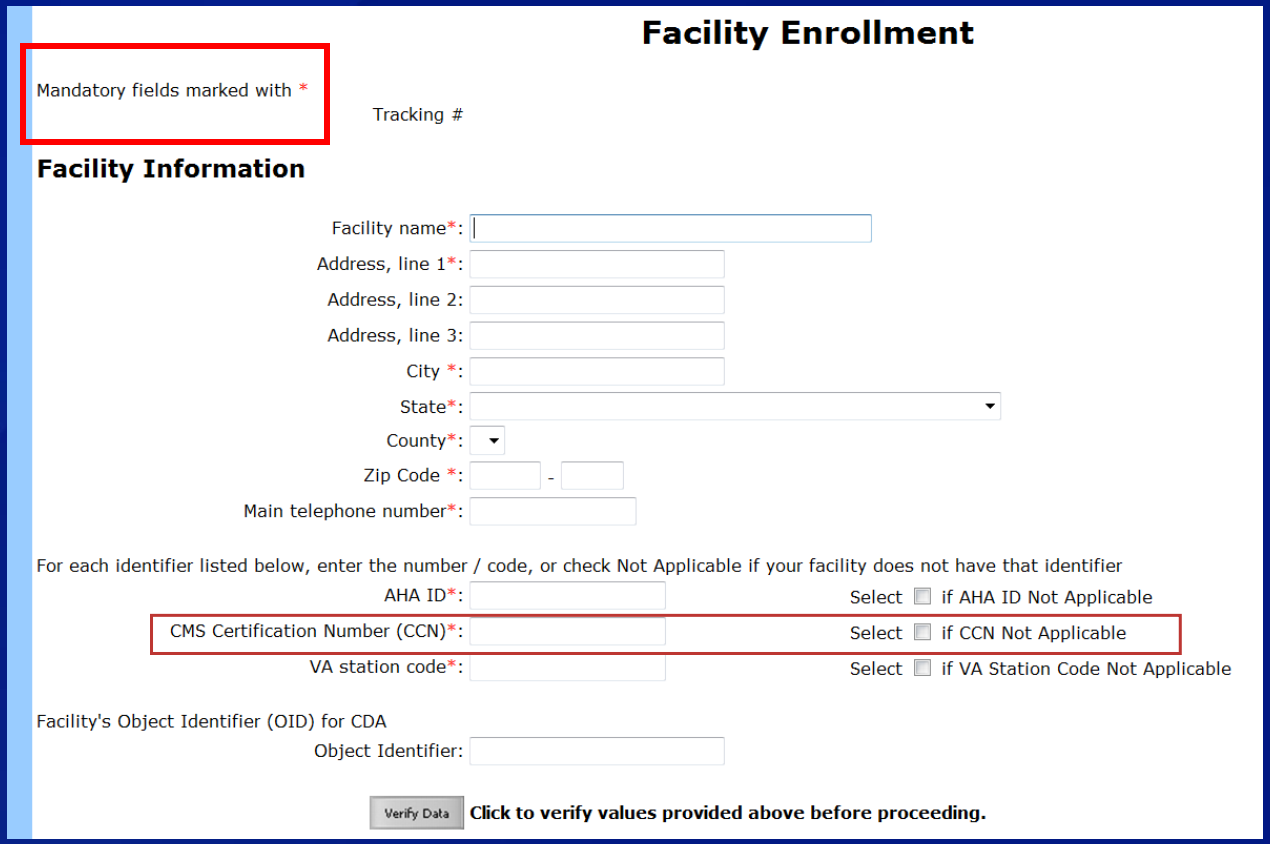
Step 4d – Enrolling a Facility

- After accessing, printing and completing the required enrollment forms, click “Enroll a facility”
- IMPORTANT: You must complete all the data submission about your facility in one session!
  - You cannot save work in progress so be prepared before you start the enrollment process by having all documents completed



Step 4 - Facility Contact Information

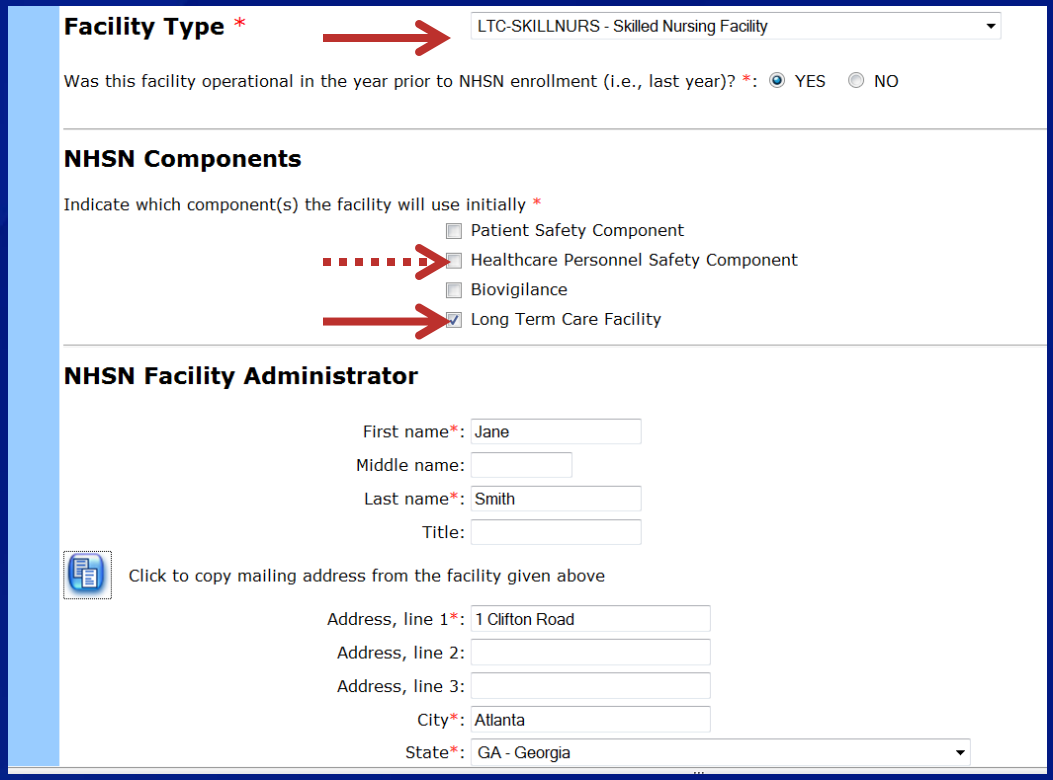
- Fields with a red asterisk MUST be completed to save your work
- Facilities which are CMS-certified should have a certification number (CCN)
- If your facility does not have a CCN contact the NHSN help desk nhsn@cdc.gov



- Facilities within the Department of Veterans Affairs (VA) Healthcare System, may have a VA station code instead of a CCN

Step 4 - Facility Information

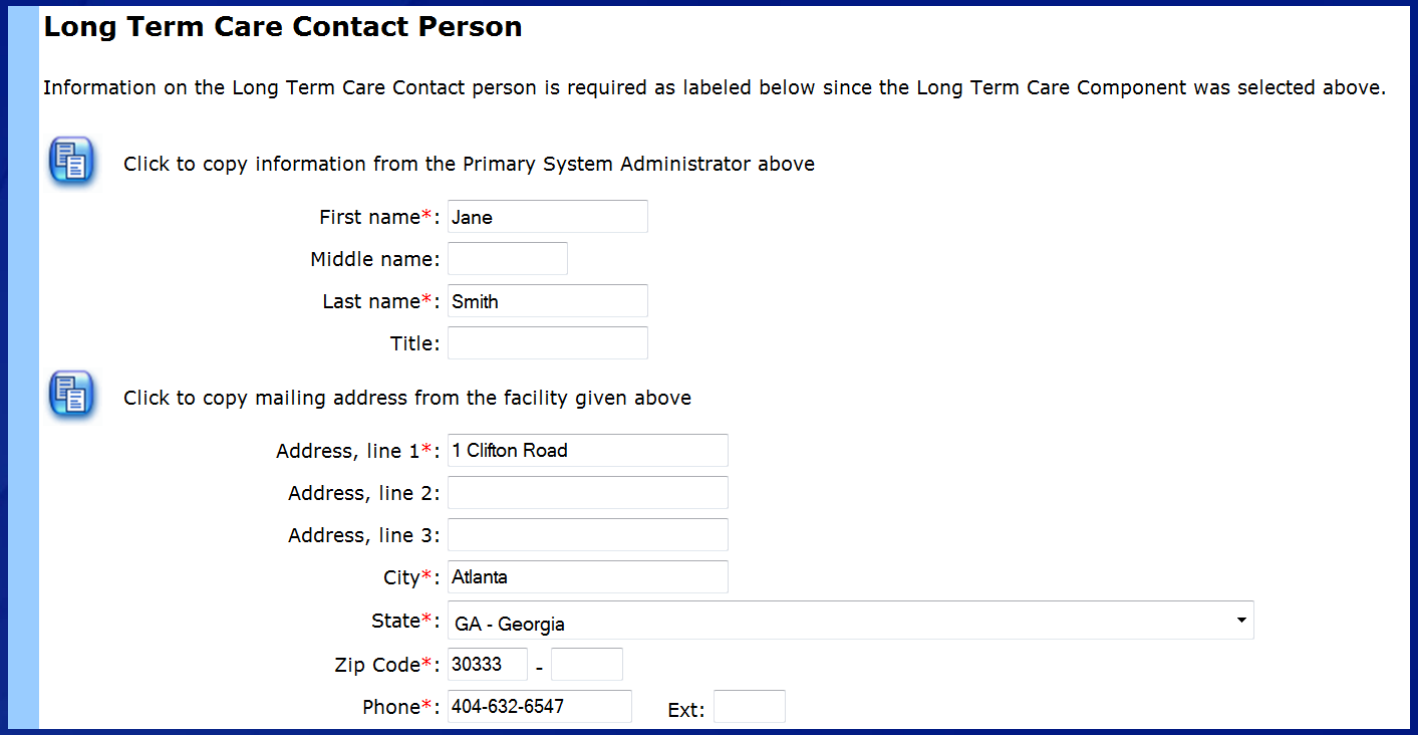
- Select most appropriate Facility Type from:
  - LTC-ASSIST - Assisted Living or Residential Care Facility
  - LTC-DEVDIS – Facility Caring for Individuals with Developmental Disabilities
  - LTC-SKILLNURS - Skilled Nursing Facility or Nursing Home
- Select the NHSN components in which your facility will participate:
  - Long-Term Care Facility - for tracking infections
  - Healthcare Personnel Safety - for tracking staff influenza vaccination



- The NHSN Facility Administrator is person enrolling the facility
  - IMPORTANT! Use the same email address as in steps 2 and 3

Step 4 - Facility Contact Information

- LTCF Component enrollment requires a LTCF Contact Person
  - Person who will be most involved with LTCF surveillance
  - Can be the same person as the Facility Administrator



Step 4: Complete Annual Facility Survey

Mandatory fields marked with *

Facility ID*: NT Nursing Home (11133) Survey Year*: 2011

National Provider ID*: 125325465432132 State Provider #:

Facility Characteristics

Facility ownership*: P - For profit Certification*: DUAL - Dual Medicare/Medicaid

Affiliation*: MFO - Multi-facility organization (chain)

In the previous calendar year,

Average daily census*: 105

Number of Short-stay residents*: 300

Number of Long-stay residents*: 85

Average Length of Stay for Short-stay residents*: 55

Average Length of Stay for Long-stay residents*: 450

Number of New Admissions*: 254

Total Number of Beds*: 120 Number of Pediatric Beds (age <21)*: 0

On the day of this survey, indicate the number of residents receiving the following primary service types: (list only one servic
i.e. total should sum to resident census on day of survey completion)

a. Long-term General Nursing*: 50

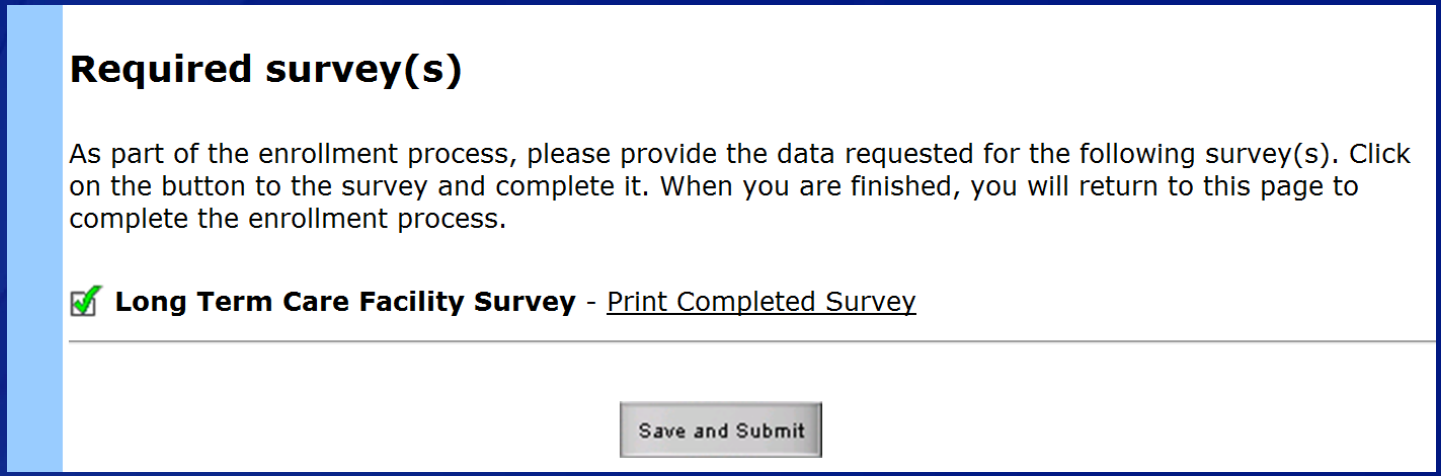
b. Long-term Dementia*: 0

Hint: Reference completed form, “LTCF –Annual Facility Survey”

Remember you cannot partially complete a form, save and return

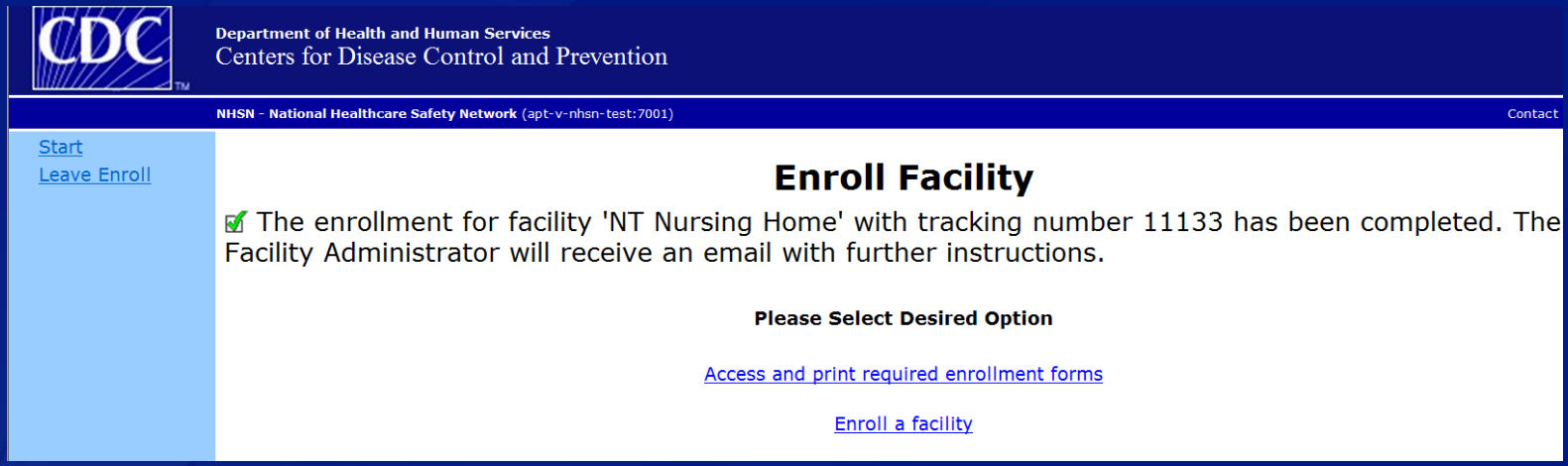
Step 4 - Submit Forms Electronically

- Once information is saved, a green checkmark displays next to it
  - Can print a completed survey for your records
- Once all required information is entered and saved, click 'Submit'
  - If you print your survey, don't forget to press submit!



Step 4 - Submit Forms Electronically

- Once required forms are submitted, confirmation message displays



- Facility Administrator will immediately receive an NHSN email with a link to your consent form
  - If you do not receive this email, contact the NHSN Helpdesk
    - nhsn@cdc.gov

Step 1: Training and preparation for enrollment

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Step 3b: Complete identity verification process and receive confirmation of SAMS/NHSN access

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Step 5: Print, sign and mail the facility consent form to CDC and receive confirmation of your facility's enrollment into NHSN

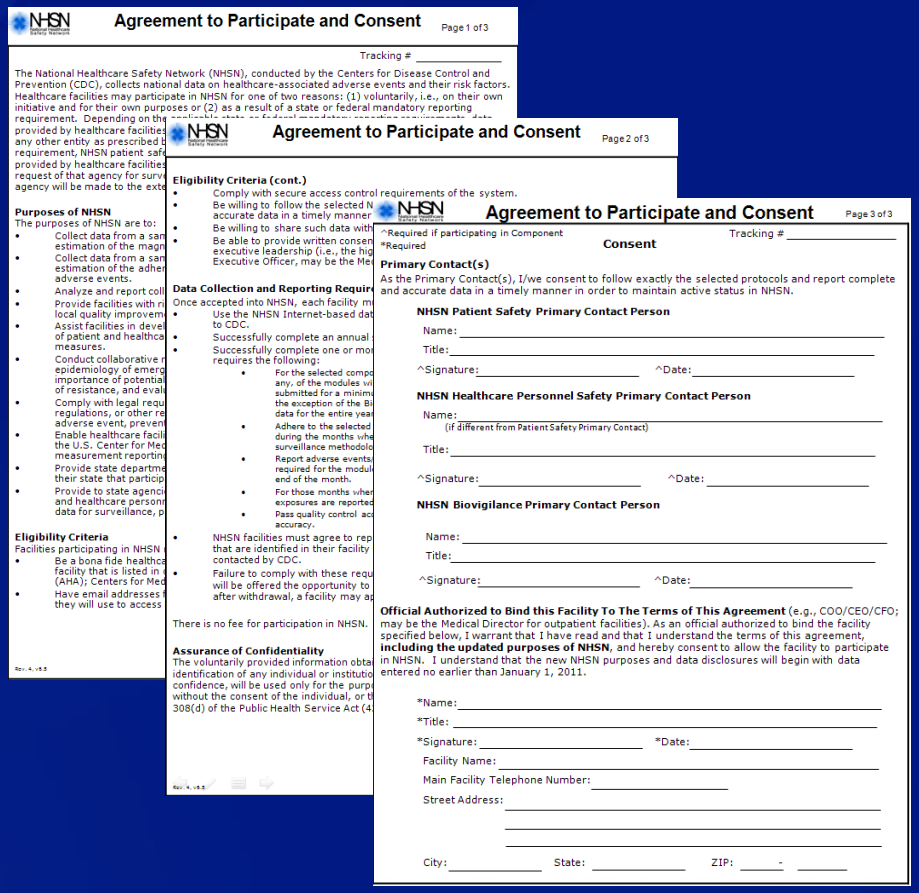
Success! Your facility is now approved to report into NHSN

Step 5 - Sign and Send Consent

- NHSN email, subject line “NHSN Facility enrollment submitted” links to your consent form
  - Consent forms are facility-specific, you must print the consent form provided in the email link
- You have 30 days to open the link and print form
- Once printed, CDC must receive it within 60 days

Step 5 - Sign and Send Consent

- Agreement to Participate and Consent includes:
  - NHSN Purposes
  - Eligibility
  - Data collection and reporting requirements
  - Assurance of Confidentiality
- Must be signed by
  - Long-term Care Facility Contact Person (see slide 36)
  - Your facility Leadership
- Requires signature from the highest level administrator at your facility



Agreement to Participate and Consent Page 1 of 3

Tracking # _____

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects national data on healthcare-associated adverse events and their risk factors. Healthcare facilities may participate in NHSN for one of two reasons: (1) voluntarily, i.e., on their own initiative and for their own purposes or (2) as a result of a state or federal mandatory reporting requirement. Depending on the

Purposes of NHSN

The purposes of NHSN are to:

- Collect data from a san estimation of the magn
- Collect data from a san estimation of the adher adverse events.
- Analyze and report coll
- Provide facilities with ri
- local quality improvem
- Assist facilities in devel of patient and healthca measures.
- Conduct collaborative r epidemiology of emerg importance of potentia of resistance, and eval
- Comply with legal requ regulations, or other re adverse event, prevent
- Enable healthcare facili the U.S. Center for Med measurement reportin
- Provide state departme their state that particip
- Provide to state agenci and healthcare personn data for surveillance, p

Eligibility Criteria

Facilities participating in NHSN

- Be a bona fide healthca facility that is listed in (AHA); Centers for Med
- Have email addresses they will use to access

Agreement to Participate and Consent Page 2 of 3

Eligibility Criteria (cont.)

- Comply with secure access control requirements of the system.
- Be willing to follow the selected N accurate data in a timely manner
- Be willing to share such data with
- Be able to provide written consen executive leadership (i.e., the hig Executive Officer; may be the Me

Data Collection and Reporting Requir

Once accepted into NHSN, each facility m

- Use the NHSN Internet-based dat to CDC.
- Successfully complete an annual
- Successfully complete one or mo requires the following:
  - For the selected compo any, of the modules wi submitted for a minim the exception of the Bl data for the entire yea
  - Adhere to the selected during the months whe surveillance methodolo
  - Report adverse events required for the modul end of the month.
  - For those months when exposures are reported
  - Pass quality control ac accuracy.
- NHSN facilities must agree to rep that are identified in their facility contacted by CDC.
- Failure to comply with these requ will be offered the opportunity to after withdrawal, a facility may ap

There is no fee for participation in NHSN.

Assurance of Confidentiality

The voluntarily provided information obta identification of any individual or institutio confidence, will be used only for the purp without the consent of the individual, or t 308(d) of the Public Health Service Act (4

Agreement to Participate and Consent Page 3 of 3

^Required if participating in Component
*Required

Consent

Tracking # _____

Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in NHSN.

NHSN Patient Safety Primary Contact Person

Name: _____

Title: _____

^Signature: _____ ^Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person

Name: _____
(if different from Patient Safety Primary Contact)

Title: _____

^Signature: _____ ^Date: _____

NHSN Biovigilance Primary Contact Person

Name: _____

Title: _____

^Signature: _____ ^Date: _____

Official Authorized to Bind this Facility To The Terms of This Agreement (e.g., COO/CEO/CFO; may be the Medical Director for outpatient facilities). As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement, **including the updated purposes of NHSN**, and hereby consent to allow the facility to participate in NHSN. I understand that the new NHSN purposes and data disclosures will begin with data entered no earlier than January 1, 2011.

*Name: _____

*Title: _____

*Signature: _____ *Date: _____

Facility Name: _____

Main Facility Telephone Number: _____

Street Address: _____

_____

_____

City: _____ State: _____ ZIP: _____ - _____

Step 5 - Sign and Send Consent

- 2-3 business days after NHSN receives signed consent form, NHSN will activate your facility
- The NHSN Facility administrator will receive email notification of facility activation from NHSN

From: NHSN (CDC)
Sent: Wednesday, March 17, 2010 4:02 PM
To:
Subject: NHSN enrollment approved

To: NHSN Facility Administrator
From: NHSN
Date: 03/17/2010
Subject: NHSN enrollment approved

Your facility or group has been approved as a new member of NHSN. Welcome!

Facility Name: Alicia's Test Facility
Facility ID #: 00000

As the Facility Administrator, you will now need to access the NHSN application through SAMS by selecting the NHSN Reporting activity. Once in the NHSN application, your first task should be to add those individuals who need to use the application ("users").

Once you add a user, that person will receive an email prompting her/him to register with SAMS.

If you have any questions about NHSN, please contact us at nhsn@cdc.gov or http://www.cdc.gov/nhsn.

Step 1: Training and preparation for enrollment

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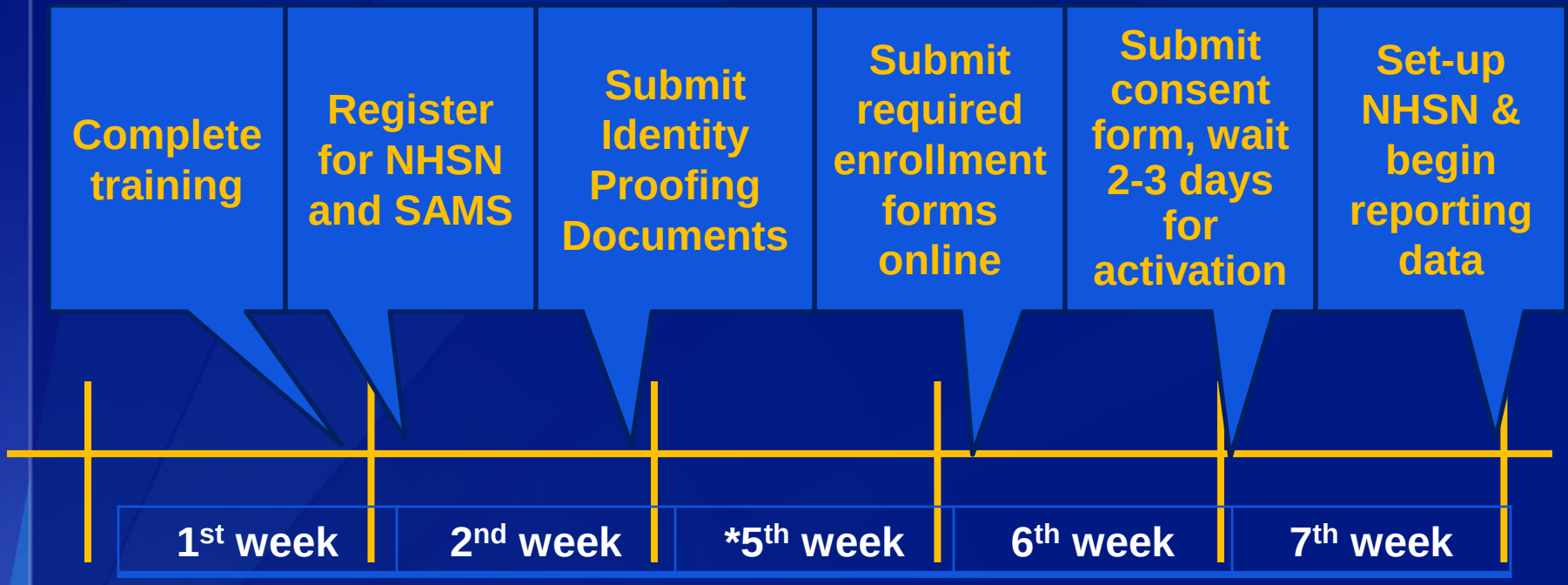
Success! Your facility is now approved to report into NHSN

Enrollment is complete: Next is NHSN Set-Up

- Set-up training for the NHSN LTCF Component is available
- Set-up NHSN for your facility
  - Mapping NHSN locations (required)
  - Add users & assign user rights (optional)
  - Create Monthly Reporting Plans (required)
- Set-up is required before data can be reported

Suggested NHSN Enrollment Timeline



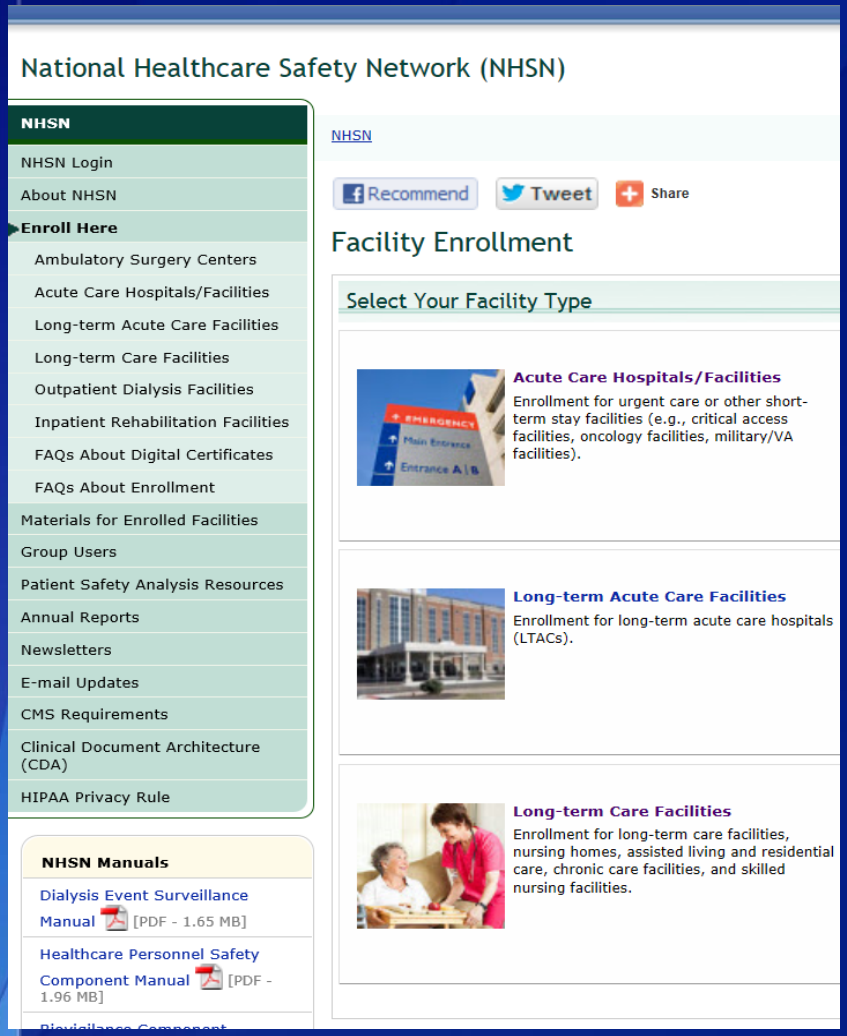
Work on LTCF Component - Annual Facility Survey

* Turn around time on receiving access to SAMs is approximately 3-4 weeks

Important !!

- Email is our only way to communicate with you!
- Please email nhsn@cdc.gov with any changes in your email address

Where can I find more information about Enrollment?



- To email questions to the NHSN Helpdesk: nhsn@cdc.gov
- For general enrollment resources http://www.cdc.gov/nhsn/enrollment
- LTCF specific enrollment and reporting resources http://www.cdc.gov/nhsn/LTC

Questions? Problems?

Contact the NHSN Helpdesk at nhsn@cdc.gov

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.