



NHSN Enrollment

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Target Audience

- This training is designed for those who may be assigned as the NHSN Facility Administrator for a facility interested in NHSN Enrollment.



Objectives

- Define the role the NHSN Facility Administrator in the enrollment process
- Describe the 5 steps of NHSN enrollment



NHSN Facility Administrator


- The NHSN Facility Administrator is the only person who can enroll a facility and complete NHSN Enrollment.

- Additionally, the NHSN Facility Administrator:
 - is the only person who can reassign the role of Facility Administrator to another user
 - is responsible for initially adding users and assigning user rights.
 - is responsible for managing locations and patients across components.



To Begin Enrollment, Visit: <http://www.cdc.gov/nhsn/enroll.html>



CDC Home
 Centers for Disease Control and Prevention
 Your Online Source for Credible Health Information

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National Healthcare Safety Network (NHSN)

NHSN

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[NHSN](#)

Enrollment Requirements

Eligibility Criteria

Facilities participating in the NHSN must meet the following criteria:

- Be a bona fide healthcare facility in the United States of America, for example, be listed in or associated with a facility that is listed in one of the following national databases:
 - American Hospital Association (AHA)
 - Centers for Medicare and Medicaid Services (CMS)
 - Veteran's Affairs (VA).
- Have email addresses for NHSN users and high-speed Internet access on the computers they will use to access NHSN and the ability to download a digital certificate onto those computers for each authorized user.
- Be willing to follow the selected NHSN component protocols exactly and report complete and accurate data in a timely manner during months when reporting data for use by CDC.
- Be willing to share such data with CDC for the purposes stated above.
- Be able to provide written consent for participation in the NHSN by a member of the facility's chief executive leadership (e.g., Chief Executive Officer).

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Reporting Requirements for Participation

Once enrolled in the NHSN, each facility must:

- Use the NHSN Internet-based data entry interface and/or data import tools for reporting data to CDC.
- Successfully complete an annual survey for each component selected.
- Successfully complete one or more modules of the component selected. Successful completion

Text size: [S](#) [M](#) [L](#) [XL](#)

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To receive email updates about NHSN, enter your email address:

[What's this?](#)

Contact NHSN:

 Centers for Disease Control and Prevention
 National Healthcare Safety Network
 MS-A24
 1600 Clifton Rd
 Atlanta, GA 30333

nhsn@cdc.gov

[More contact info >>](#)

FAQs About...

- [NHSN](#)

After reviewing the Enrollment Requirements and Required Trainings, you are ready to begin the Enrollment Process.

CDC Home
CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

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Begin Enrollment Process

Enrolling in NHSN is a multiple step process, outlined below, that is completed by the person designated to serve as the Facility Administrator. The steps must be followed in the order listed to ensure a successful enrollment.

The person designated as the NHSN Facility Administrator is the only person who can enroll a facility in NHSN or reassign the role of Facility Administrator. This person will also have the ability to nominate groups, that is, entities with which your hospital wants to share some/all of its data (e.g., state or county health department, corporate headquarters).

For complete detailed enrollment instructions please download the [NHSN Facility Administrator Enrollment Guide](#) June 2009. PDF (1.16 MB / 30 pages).

Before attempting to enroll, as the Facility Administrator you must:

Review the following documents and fulfill training requirements:

- [Purposes, Eligibility, Requirements and Confidentiality](#) April 2006 PDF (46 KB / 2 pages)
- [NHSN Facility Administrator Enrollment Guide](#) June 2009. PDF (1.16 MB / 30 pages)
- [NHSN Manual: Patient Safety Component Protocols](#)

When you have completed the required trainings and read the above documents, you are ready to enroll. Follow the steps below to complete the enrollment process.

NOTE: Please make sure that your email system will not block emails from nhsn@cdc.gov and PHINTech@cdc.gov before beginning enrollment.

Text size: [S](#) [M](#) [L](#) [XL](#)

- [Email page](#)
- [Print page](#)
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Get email updates
To receive email updates about NHSN, enter your email address:

[What's this?](#)

Contact NHSN:

- Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333
- nhsn@cdc.gov
- [More contact info >>](#)



NHSN Facility Administrator Enrollment Guide

Updated: 06/15/2009

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE™**



How do I get started in NHSN?

After completing the required training, you're ready to enroll your facility following these steps.

Step 1: Review and accept Rules of Behavior



Step 2: Register

Before proceeding: Receive email from NHSN with instructions for obtaining digital certificate.



Step 3: Go to Secure Data Network (SDN) to apply for a Digital Certificate for NHSN Enrollment activity

Before proceeding: Receive email from SDN with instructions for downloading digital certificate.



Step 4: Access NHSN Enrollment and complete Facility Contact Information and Facility Survey online.

Before proceeding: Receive "Enrollment Submitted" email from NHSN with Agreement to Participate and Consent form.



Step 5: Print, sign, and return signed consent form to NHSN

Before proceeding: NHSN will activate your facility when consent is received; Facility Administrator will then receive NHSN Enrollment Approval email.



Enrollment is complete! Log in to SDN and select "NHSN Reporting."



Next Steps: Set up your facility (includes adding users and locations), and enter a Monthly Reporting Plan. For instructions, please visit the NHSN Online Help.



Enrollment Process

- Facility Administrator must -
 1. Review and accept Rules of Behavior
 2. Register
 3. Apply for and install an SDN digital certificate for NHSN Enrollment activity
 4. Print, complete and submit online:
 - Facility Contact Information Form
 - Appropriate survey form
 5. Print, sign and return Consent Form to NHSN
 - Agree to follow protocols and use definitions exactly
 - Send acceptable data 6 months every year*, including annual survey

*Your state or other group may require additional data reporting



Step 1. Review and Accept the Rules of Behavior



Department of Health and Human Services
Centers for Disease Control and Prevention

National Healthcare Safety Network (NHSN)

Facility/Group Administrator Rules of Behavior

In order to participate in the NHSN, you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.

NHSN, a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents, and healthcare worker vaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN processes and stores a variety of sensitive data that are provided by healthcare facilities. This information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. These "Rules of Behavior" apply to all users of the NHSN web-based computer system.

Purpose

 [Print Version](#)
PDF (87KB/13 pages)

Agree

Do Not Agree



Step 2. Register



National Healthcare Safety Network (NHSN)

Registration Form

Please enter the values for the fields listed below and click on the **Save** button. (*) indicates a required field. For additional information on NHSN Training, please visit the [NHSN Training Website](#).

Personal Information

*Last name:

*First name:

Middle name:

*Email address:


Facility Identifier

*Please select a facility identifier:

CMS ID AHA ID VA Station Code
CDC Registration ID None

*Selected identifier ID:

NHSN Training Date

*I certify that I have completed all of the appropriate,
required NHSN trainings on: 



IMPORTANT!!!

- You must use the same email address throughout the NHSN enrollment process. This includes your application for a digital certificate.
- Allow nhsn@cdc.gov and PHINTech@cdc.gov to come through your organization's email spam blockers



IMPORTANT!!

- Make sure the following site is listed as a trusted site in your browser and pop-ups are allowed:

***.cdc.gov**



Before proceeding to Step 3:

Receive email from NHSN with instructions for obtaining digital certificate

Welcome! You are now registered in the National Healthcare Safety Network (NHSN).

In order to begin the NHSN enrollment process, you will need to obtain and install a digital certificate onto your computer.

Follow the instructions in the document "NHSN Facility Administrator Enrollment Guide" beginning at Step 3, to obtain and install the digital certificate so that you will be able to access the NHSN application through CDC's Secure Data Network (SDN). This document can be accessed at: http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html .

From the Centers for Disease Control and Prevention - Digital ID



**Step 3: Go to SDN to apply for a
digital certificate for NHSN
Enrollment activity**

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What is SDN?

- SDN = Secure Data Network
 - Provides security control services to most CDC systems, including the NHSN
 - Physical and environmental controls – The computer room that houses NHSN is physically secure and environmental controls are used to protect NHSN computing resources from system damage or failure.
 - Network controls - The SDN is located behind a firewall and is protected by a centralized security gateway (proxy server).
 - User Authentication – All users must authenticate their identities with digital certificates



What is a Digital Certificate?

- A digital certificate provides an electronic means of proving your identity in order to securely conduct business with NHSN. Digital certificates provide the following benefits:
 - Data being sent to NHSN is encrypted so that only NHSN can read it
 - Provides assurance to NHSN that the data has not been changed in transit
 - Certifies that the certificate owner actually sent the transmission

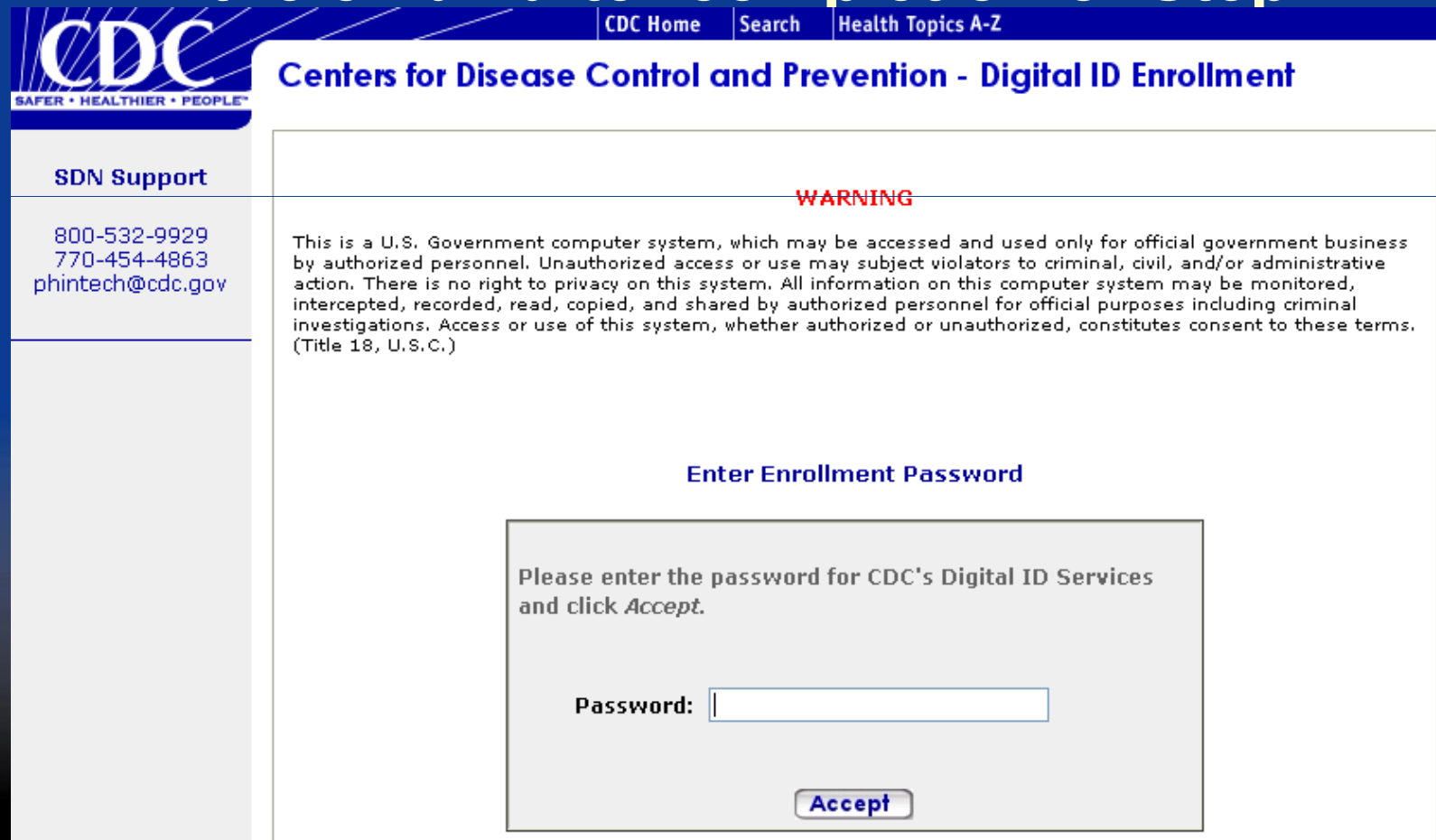


Additional information about Digital Certificates

- User specific – Do not share your digital certificate with another user! **Each user must have their own digital certificate.**
- Installed on your computer
- If you enroll more than one hospital, you only need one digital certificate
- Make a copy as soon as it is installed
- Can be installed on additional computers
- CDC pays for the digital certificate
- Digital certificates expire 12 months from the date of installation. You must apply for a new digital certificate each year.

Step 3: Apply for a Digital Certificate

The website and password needed to apply for a digital certificate will be provided to you in the email after completion of Step 2.



The screenshot shows the CDC website interface for Digital ID Enrollment. At the top, there are navigation links for "CDC Home", "Search", and "Health Topics A-Z". The main heading is "Centers for Disease Control and Prevention - Digital ID Enrollment". On the left side, there is a sidebar with the CDC logo and the tagline "SAFER • HEALTHIER • PEOPLE™", followed by "SDN Support" and contact information: "800-532-9929", "770-454-4863", and "phintech@cdc.gov". The main content area features a red "WARNING" message: "This is a U.S. Government computer system, which may be accessed and used only for official government business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. There is no right to privacy on this system. All information on this computer system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations. Access or use of this system, whether authorized or unauthorized, constitutes consent to these terms. (Title 18, U.S.C.)". Below the warning is the heading "Enter Enrollment Password" and a form box containing the instruction "Please enter the password for CDC's Digital ID Services and click *Accept*." The form includes a "Password:" label, a text input field, and an "Accept" button.



Step 1: Enter Personal Information



Step 1: Enter Personal Information

Items with (*) are required.

Prefix	<input type="text"/>	Preferred Name	<input type="text"/>
* First Name	<input type="text" value="Jane"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text" value="Doe"/>	Degree	<input type="text"/>
* Email Address	<input type="text" value="nhsn@cdc.gov"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer	<input type="text" value="CDC"/>	Program or Division	<input type="text"/>
* Employer Type	<input type="text" value="CDC, all campuses"/>		
* Job Type	<input type="text" value="Surveillance"/>		
* Phone	<input type="text" value="404-639-4050"/>	Fax	<input type="text"/>
Work Address (130 characters maximum)	<input type="text"/>	* U.S. State (required for US)	<input type="text" value="Georgia"/>
* City	<input type="text" value="Atlanta"/>	U.S. County	<input type="text" value="Pick a County"/>
* Country	<input type="text" value="United States"/>		
* Alternate Contact :			
* Name	<input type="text" value="John Doe"/>	* Phone	<input type="text" value="404-639-4050"/>

Next



Review Email Address





Select a Program: Click on National Healthcare Safety Network (NHSN)

Step 2: Select A Program

Select the program whose activities you want to join.

A screenshot of a web-based dropdown menu. The menu is open, showing a list of program options. The second option, "National Healthcare Safety Network (NHSN)", is highlighted with a blue background. The other options are "National Health Interview Survey", "National Select Agent Registry", "NEPHTN", "NETSS", and "Nutrition". The menu has a scroll bar on the right side.

National Health Interview Survey	▲
National Healthcare Safety Network (NHSN)	■
National Select Agent Registry	☰
NEPHTN	
NETSS	
Nutrition	▼



Select Activities: Click on NHSN Enrollment



Step 3: Select Activities

Select one or more National Healthcare Safety Network (NHSN) activities from the list.

NHSN Enrollment
NHSN Reporting

Next



Create a Challenge Phrase (password)

[CDC Home](#)[Search](#)[Health Topics A-Z](#)

Centers for Disease Control and Prevention - Digital ID Enrollment

SDN Support

800-532-9929
770-454-4863
phintech@cdc.gov

Step 4: Choose a Challenge Phrase

The challenge phrase is a password or phrase that you will need to provide every time you access the CDC Secure Data Network, and is also required to revoke your Digital ID.

For security reasons, a challenge phrase must:

- Be at least 8 characters long.
- Contain only English letters, numbers or any of these characters:
- Contain at least one non-alphabetic character.
- Not contain your name or any part of your email address.
- Not be a word, unless the word is either
 - Broken up by one or more non-alphabetic characters
 - Prefixed or suffixed by three or more non-alphabetic characters
- Not contain more than two consecutive repeating characters.
- Contain at least 4 unique characters.

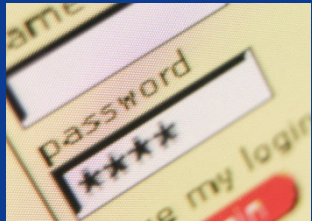
Challenge phrases are case sensitive, so be sure to remember if any letters are capitalized. While not required, a challenge phrase containing mixed case letters is more secure, and we invite you to consider using one.

[More Information and Examples](#)

Challenge Phrase



About Your Challenge Phrase



- Use Password to log into SDN and access NHSN
- Must be case-sensitive
- Write it down and store in a secure place
- Do not share your phrase with anyone including co-workers and IT staff
- Must meet certain criteria



Digital Certificate Request Received



Digital Certificate Request Received

Your request for a digital certificate has been received.

You will receive an e-mail when your request is approved, which includes instructions for installing your digital certificate.

Please note that processing time may vary, depending upon the nature of the enrollment request. If you do not receive an e-mail notification within 72 hours, you may inquire about the status of your request by contacting the program administrator.



After Applying for Your Certificate

- Check your email. Requests are processed by SDN (usually within 48-72 hours)
- Email will include a link and instructions to download the certificate
- Contact your facility IT department for assistance in installing your digital certificate
 - Your computer must have administrative rights in order that the certificate be installed. These rights can be assigned temporarily.
- Detailed instructions for installing the certificate are contained in the NHSN Facility Administrator Enrollment Guide
- Make a back-up copy of the certificate!!



Step 4: Complete NHSN enrollment online

- To access NHSN via the SDN, go to:
- <https://sdn.cdc.gov>
- Enter your challenge phrase (created when you applied for a digital certificate)
- After you are logged in, click on “NHSN Enrollment”

The screenshot shows the CDC Public Health Partners website interface. At the top, it says "CDC Public Health Partners" and "You are logged in as Maggie Dudeck". Below this, there are several sections:

- My Applications:** This section contains a link for "National Healthcare Safety Network (NHSN)" with a sub-link for "NHSN Enrollment" highlighted by a red arrow. There is also a link for "Request Additional Activities".
- Electronic Reference:** This section includes a search interface with a dropdown menu for "Database" (set to "PubMed") and a "Search for:" input field with a "Search" button.
- Morbidity and Mortality Weekly Report:** This section features "This Week in MMWR November 9, 2007 / Vol. 56 / No. 45" with links to "Great American Smokeout -- November 15, 2007", "Cigarette Smoking Among Adults -- United States", and "Salmonella Typhimurium Infection Associated with".
- Recommendations and Reports November 2, 2007 /** This section includes links to "Interpreting and Managing Blood Lead Levels <10 µg/dL: Recommendations of CDC's Advisory Committee on Lead Poisoning Prevention" and "Appendix: Guide to Resources for Parents", with a "Download pdf document of this issue" link.
- Surveillance Summaries October 19, 2007 / Vol. 56 / No. 40:** This section includes a link to "National Surveillance for Asthma -- United States".

Complete Facility Enrollment Forms



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

Contact us

[Start](#)
[Leave Enroll](#)

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)

If you have not completed these forms, obtain the forms now and complete them before proceeding

[Leader for PDF files](#)

The enrollment forms are also available on the NHSN website (see “Data Collection Forms”.)



Facility Contact Information



NHSN Facility Contact Information		Page 1 of 2		OMB No. 0925-0046 Exp. Date: 03-31-2011	
*required for listing		Tracking #:			
*Facility Name:					
*Main Telephone Number:					
*Mailing Address:					
*City:		*County:		*State:	*ZIP: -
For each Identifier listed below, enter the id / code or check "Not Applicable" if your facility does not have that Identifier:					
*American Hospital Association ID#:		<input type="checkbox"/> Not Applicable			
*CMS Provider #:		<input type="checkbox"/> Not Applicable			
*VA Station Code:		<input type="checkbox"/> Not Applicable			
If none of the above Identifiers is applicable, enter CDC-provided Enrollment #:					
*Facility Type:					
*NHSN Components: Indicate which component(s) the Facility will use initially (components may be added at any time after enrollment)					
<input type="checkbox"/> Patient Safety Component					
<input type="checkbox"/> Healthcare Personnel Safety Component					
<input type="checkbox"/> Biovigilance Component					
NHSN Facility Administrator:					
*Name:					
Title:					
*Mailing Address: (if different from facility)					
*City:		*State:		*ZIP: -	
*Telephone Number: ()		Extension:		FAX Number: ()	
Pager Number: ()		*Email: _____			
*User Name: _____					

NHSN Facility Contact Information		Page 2 of 2		OMB No. 0925-0046 Exp. Date: 03-31-2011	
NHSN 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: _____			
NHSN 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: _____ <small>Use an email account reserved for enrollment</small>			
Microbiology Laboratory Director/Supervisor (if different from Facility Administrator)					
*Name:					
Title:					
*Mailing Address: (if different from facility)					
*City:		*State:		*ZIP: -	
*Telephone Number: ()		Extension:		FAX Number: ()	
Pager Number: ()		*Email: _____ <small>Use an email account reserved for enrollment</small>			
Biovigilance Primary Contact (if different from Facility Administrator)					
*Name:					
Title:					
*Mailing Address: (if different from facility)					
*City:		*State:		*ZIP: -	
*Telephone Number: ()		Extension:		FAX Number: ()	
Pager Number: ()		*Email: _____ <small>Use an email account reserved for enrollment</small>			
CDCP-001(Bck) Rev. 3					



Facility Survey



Hemovigilance Module Annual Facility Survey

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

*Required fields

*Tracking # / Facility ID: _____ *Survey Year: _____

Facility Characteristics: (For all questions use past full calendar year annual statistics)

*1. Ownership: (Check one)

- For profit Government
 Veteran's Affairs Phys

*2. Is your hospital affiliated with a r

If yes, type of affiliation: M



Healthcare Personnel Safety Component Annual Facility Survey

OMB No. 0920-0666
Exp. Date: 09-30-2012

Page 1 of 2

* required for saving

Tracking #: _____

Facility ID #: _____

*Survey Year: _____

*Facility In



Patient Safety Component - Annual Facility Survey

OMB No. 0920-0666
Exp. Date: 09-30-2012

Page 1 of 2

* required for saving

Tracking #:

Facility ID:

*Survey Year:

Facility Characteristics

*Ownership (check one):

- For profit Not for profit, including church Government
 Military Veteran's Affairs Physician owned Managed Care Organization

If facility is Hospital



Enroll Facility



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

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[Leave Enroll](#)

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)

If you have already completed your Facility Survey and Contact Information forms



[Get Adobe Acrobat Reader for PDF files](#)

Facility Enrollment Cont'd.



Department of Health and Human Services
Centers for Disease Control and Prevention

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[Contact us](#)

[Start](#)
[Leave Enroll](#)

Facility Enrollment

Mandatory fields marked with *
Tracking #

[Print PDF Form](#)

Facility Information

Facility name*:

Address, line 1*:

Address, line 2:

Address, line 3:

City*:

County*:

State*:

Zip Code*: -

Main telephone number*:

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

AHA ID*:

Select if AHA ID Not Applicable

CMS ID*:

Select if CMS ID Not Applicable

VA station code*:

Select if VA Station Code Not Applicable

Verify Data

Click to verify values provided above before proceeding.

About the Identifier



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

AHA ID*:

Select if AHA ID Not Applicable

CMS ID*:

Select if CMS ID Not Applicable

VA station code*:

Select if VA Station Code Not Applicable

Click to verify values provided above before proceeding.

- ❑ Enter only numbers – no dashes or spaces
- ❑ Enter only one identifier and check “N/A” for other identifiers
- ❑ If your data does not verify, contact NHSN
- ❑ If you do not have any of the listed identifiers, contact NHSN (NOTE: If you used a CDC-assigned ID at registration, you can use the same number here.)
- ❑ After data verifies, enter data from the Facility Survey and submit.

Once enrollment is submitted, you will receive an email to access the Agreement to Participate and Consent form

From: NHSN
To: NHSN Facility Administrator
Sent:

Subject: NHSN facility enrollment submitted

The following facility has been submitted for enrollment in the NHSN:

Facility Name: DHQP Memorial Hospital
Tracking Number: 10000

NHSN Facility Administrator:

The NHSN Facility Administrator has 30 days to access the Agreement to Participate and Consent form at the following URL:

<http://server/enapp/enrollment.do?method=displayAgreement&trackingnum=xxxxx>

If this URL appears to be broken, please type the link on your browser address line. The complete address including trackingnum=xxxxx must be included in order to access the form.

Once the form has been accessed, the CDC system administrator must receive the original, signed copy of the Consent Form within 60 days or enrollment will be suspended. Mail the form to: NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Rd, NE, Atlanta, GA 30333.

If you have questions about NHSN, please contact us at nhsn@cdc.gov or 800-893-0485. For information on the NHSN, please visit the member's website at http://www.cdc.gov/ncidod/dhqp/nhsn_members.html.



**Step 5: Print, sign and
return signed Consent
Form to NHSN**

Agreement to Participate and Consent



<p>Agreement to Participate and Page 1 of 3</p>	<p>Agreement to Participate and Consent Page 2 of 3</p>	<p>Tracking # _____</p>
<p>* required for saving</p> <p>We agree to participate in the National Healthcare Safety Network (NHSN) for Disease Control and Prevention (CDC), with the understanding that we can discontinue our participation at any time. We understand that the data are being collected by the NHSN for CDC in its role as a prevention agency.</p> <p>Purposes of NHSN</p> <p>Participation in the NHSN reflects the individual facility's need for rigorous adverse events associated with healthcare delivery and their desire to contribute to the purposes of the NHSN are to:</p> <ul style="list-style-type: none"> Collect data from a sample of healthcare facilities in the United States to estimate the magnitude of adverse events among patients. Collect data from a sample of healthcare facilities in the United States to estimate the adherence to practices known to be associated with adverse events (HAIs). Collect data from a sample of healthcare facilities in the United States to estimate the magnitude of adverse reactions and incidents related to blood and blood products. Analyze and report collected data to permit recognition of trends. Provide facilities with risk-adjusted data that can be used for internal quality improvement activities. Assist facilities in developing surveillance and analysis methods of patient and healthcare worker safety problems and promote measures. Conduct collaborative research studies with NHSN member facilities to estimate the epidemiology of emerging HAIs and pathogens, assess the impact of further characterizable HAIs, pathogens and their mechanisms of resistance surveillance and prevention strategies. 	<p>Data Collection and Reporting Requirements for Participation</p> <p>Once accepted into the NHSN, each facility must:</p> <ul style="list-style-type: none"> Use the NHSN Internet-based data entry interface and/or data import tools for data entry to CDC. Successfully complete an annual survey for each component selected. Successfully complete one or more modules of the component selected. Successful completion requires the following: <ul style="list-style-type: none"> For the selected component, submit a report for each month to inform any of the modules will be used for that month. Data for all locations must be submitted for a minimum of 6 months of the calendar year to maintain the eligibility of the facility for component removal from the NHSN. Data for the entire year is required when submitting. Adhere to the selected module's protocol(s) exactly as described in the NHSN user manual and any other NHSN materials used. This includes following the methodology as presented for the module and as described in the facility's adverse events/occasions and associated summary or de-identified report for the module(s) prepared at the reporting site to CDC within 30 days of the month. For those months when the healthcare provider to complete a module is unavailable or unable to report, confirm that none occurred. Facility must use accurate checklists that assess the data for complete accuracy. NHSN facilities must agree to report to state health authorities those adverse events that are identified in their facility by the surveillance system and about which they are contacted by CDC. Failure to comply with these requirements will result in withdrawal from the NHSN. Facilities will be offered the opportunity to download their data before being withdrawn. After withdrawal, a facility may apply for re-enrollment into the NHSN. 	<p>Primary Contact(s)</p> <p>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 the NHSN.</p> <p>NHSN Patient Safety Primary Contact Person</p> <p>*Name: _____ *Title: _____ *Signature: _____ *Date: _____</p> <p>NHSN Healthcare Personnel Safety Primary Contact Person (if different from Patient Safety Primary Contact)</p> <p>*Name: _____ *Title: _____ *Signature: _____ *Date: _____</p> <p>NHSN Hemovigilance Primary Contact Person</p> <p>*Name: _____ *Title: _____ *Signature: _____ *Date: _____</p> <p>Official Authorized To Bind This Facility To The Terms Of This Agreement (e.g., CEO/CFO/CMO)</p> <p>As an official authorized to bind the facility's operations below, I warrant that I have read and that I understand the terms of this agreement and hereby consent to allow the facility to participate in the NHSN.</p> <p>*Name: _____ *Title: _____ *Signature: _____ *Date: _____</p> <p>* Facility Name: _____ * Main Facility Telephone Number: _____ * Street Address: _____ _____ _____ * City: _____ * State: _____ * ZIP: _____</p>
<p>Eligibility Criteria</p> <p>Facilities participating in the NHSN must meet the following criteria:</p> <ul style="list-style-type: none"> Be a bona fide healthcare facility in the United States of America with a facility that is listed in one of the following national data associations (AHA), Centers for Medicare and Medicaid Services (CMS). Have email addresses for NHSN users and assign a designated user who will use to access NHSN and the ability to download a digital copy for each authorized user. Be willing to follow the selected NHSN component protocols and accurate data in a timely manner during months when reporting. Be willing to share such data with CDC for the purposes stated. Be able to provide written consent for participation in the NHSN from chief executive leadership (e.g., Chief Executive Officer). 	<p>There is no fee for participation in the NHSN.</p> <p>Assurance of Confidentiality</p> <p>We further understand that as a participant in the NHSN, our facility has been given the Assurance of Confidentiality:</p> <p>"The information obtained in this surveillance system that would permit identification of, or inclusion is collected with a guarantee that it will be held in strict confidence, will be for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Section 304, 305, and 308(d) of the Public Service Act (42 USC 292a, 292k, and 292m(d))."</p> <p>Consent</p> <p>The primary contact person(s) listed on the next page agrees that data collected and submitted will be complete and accurate, to the best of his or her knowledge.</p>	<p>Please sign and scan a copy for your records. Mail original to: NHSN Administrator, MS A-33, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333</p>

Purposes of NHSN, Eligibility Criteria, Reporting Requirements, Assurance of Confidentiality



Enter Primary Contact for Enrolled Component(s)



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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 the NHSN.

NHSN Patient Safety Primary Contact Person
*Name: _____
*Title: _____
*Signature: _____ *Date: _____

**NHSN Healthcare Personnel Safety Primary Contact Person
(if different from Patient Safety Primary Contact)**
*Name: _____
*Title: _____
*Signature: _____ *Date: _____

NHSN Biovigilance Primary Contact Person
*Name: _____
*Title: _____
*Signature: _____ *Date: _____

Official Authorized To Bind This Facility To The Terms Of This Agreement (i.e., CEO/COO/CHA)
As an official authorized to bind the facility specified below, I (we/our office) have read and understand the terms of this agreement and hereby consent to allow the facility to participate in the NHSN.

*Name: _____
*Title: _____
*Signature: _____ *Date: _____

*Facility Name: _____
*Main Facility Telephone Number: _____
*Street Address: _____

*City: _____ *State: _____ *ZIP: _____ - _____

Please sign and retain a copy for your records. Mail original to:
NHSN Administrator, MS A-37, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333



Signatures must be original. If not there, NHSN will return the form to you.

***Make a copy for your own files**

Must have a C-level (high level corporate official such as CEO or COO) signature!





Agreement to Participate and Consent

- The original signed copy must be sent to CDC
- Send via U.S. mail
- NHSN will return any Agreement to Participate and Consent that is not completed correctly



NHSN will activate your facility when Consent is received and send you an enrollment approval email

To: NHSN Facility Administrator
From: NHSN
Date:
Subject: NHSN enrollment approved

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

Facility Name:
Facility ID #:

As the Facility Administrator, you will now need to access the NHSN through the SDN (<https://sdn.cdc.gov>) by selecting the NHSN Reporting activity. Once in the NHSN, your first task should be to add those individuals who need to use the NHSN ("users") in the Users section of the navigation bar. Add locations and surgeons from the navigation bar under the heading Facility.

Once you add a user, that person will receive an email prompting her/him to obtain a digital certificate. It is important that you verify the email address and inform the user to use the same address when applying for their digital certificate.

If you have any questions about NHSN, please contact us at 800-893-0485 or nhsn@cdc.gov. Information on NHSN is also available on the members' web site at https://www.cdc.gov/ncidod/dhqp/nhsn_members.html



Enrollment is complete!



**NHSN Facility Administrator
can now:**

- **Access NHSN Reporting through the SDN**
- **Add users and**
- **Set up facility for reporting in NHSN.**



Recap: 5-Step NHSN Enrollment Process



Facility Administrator -

1. Reviews and accepts Rules of Behavior
2. Registers
3. Applies for and installs an SDN digital certificate for NHSN Enrollment activity
4. Prints, completes and submits enrollment forms online
5. Prints, signs and returns Consent Form to NHSN

Click on NHSN Reporting



Public Health Partners

You are logged in as Maggie Dudeck

My Applications

National Healthcare Safety Network (NHSN)

- > [NHSN Enrollment](#)
- > [NHSN Reporting](#)

- > [Request Additional Activities](#)

Electronic Reference

Select a database and search term to locate journals.

Database:

Search for:

Morbidity and Mortality Weekly Report

This Week in MMWR November 9, 2007 / Vol. 56 / No. 44

- > [Great American Smokeout -- November 15, 2007](#)
- > [Cigarette Smoking Among Adults -- United States, 2006](#)
- > [Salmonella Typhimurium Infection Associated with Raw Milk](#)

Recommendations and Reports November 2, 2007 / Vol. 56

- > [Interpreting and Managing Blood Lead Levels <10 µg/dL in Lead: Recommendations of CDC's Advisory Committee on](#)
- > [Appendix: Guide to Resources for Parents](#)
- > [Download .pdf document of this issue](#)

Surveillance Summaries October 19, 2007 / Vol. 56 / No. 55

- > [National Surveillance for Asthma -- United States, 1980-2005](#)

Emerging Infectious Diseases Journal

NHSN is ready for users to be added and set-up



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Analysis

Surveys

Users

Facility

Group

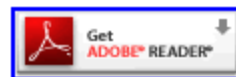
Log Out

Logged into DHQP Memorial Hospital (ID 10000) as MAGGIE.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Welcome to the NHSN Home Page.

Use the Navigation bar on the left
to access the features of the application.

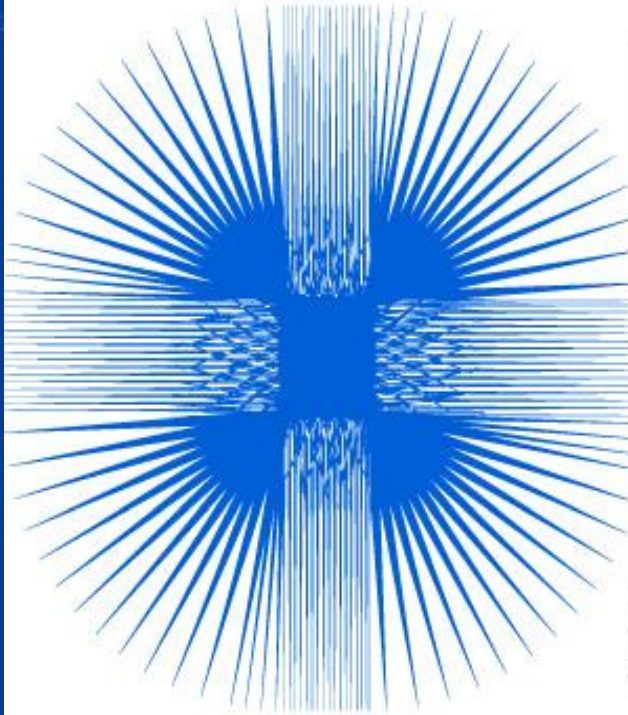
**NHSN maintenance may occur nightly
between 12am and 6am Eastern time.**



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Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

- Set-up includes adding locations. **NOTE: Locations must be added before entering a Monthly Reporting Plan.**



NHSN

National Healthcare
Safety Network

Email: nhsn@cdc.gov
Website: <http://www.cdc.gov/nhsn>