National Healthcare Safety Network (NHSN) Long-term Care Facility Component

NHSN Enrollment

Long-term Care Facility (LTCF) Component

- **This NHSN Component is intended for use by the following LTCF types;**
  - Skilled Nursing Facilities and Nursing Homes
  - Facilities for persons with Developmental Disabilities
  - Assisted Living or Residential Care Facilities
  - If you are another type of LTCF and interested in using the NHSN LTCF Component, please contact the NHSN helpdesk nhsn@cdc.gov

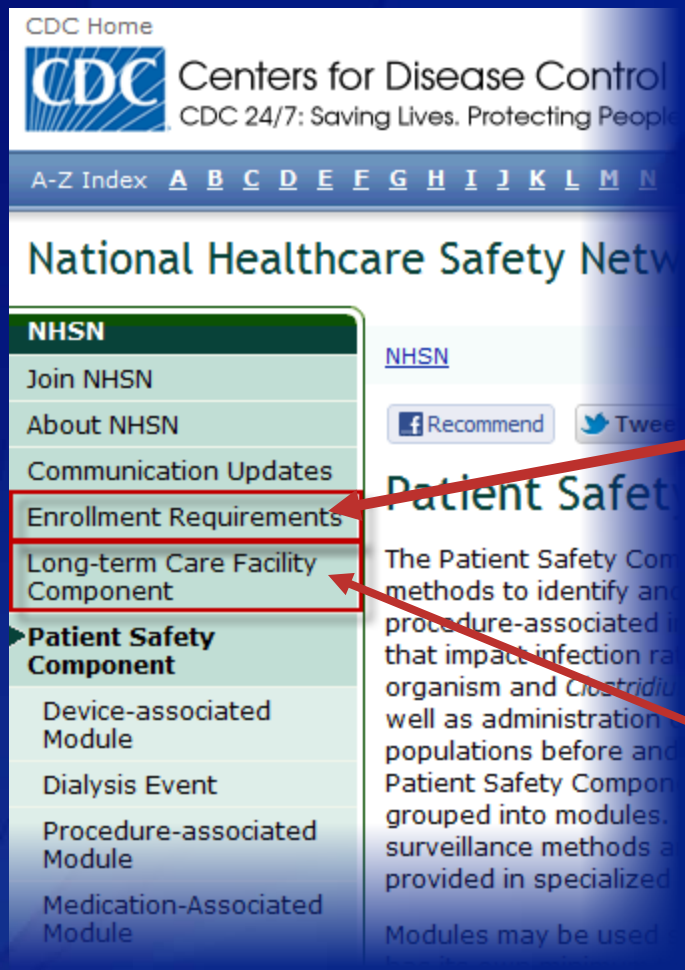
Audience

- **Any person enrolling a LTCF in NHSN**
  - This person is known as the NHSN Facility Administrator
    - Does not need to be your Facility Administrator
- **NHSN group users who want to understand the facility enrollment process**
  - Groups enroll in NHSN differently than facilities, please see Guides for the Group Function in the NHSN Resource Library http://www.cdc.gov/nhsn/library.html#group

Learning Objectives

- Where to find resources for NHSN enrollment
- Define NHSN users roles
- Explain NHSN Enrollment Steps 1 – 5

NHSN Enrollment Resources



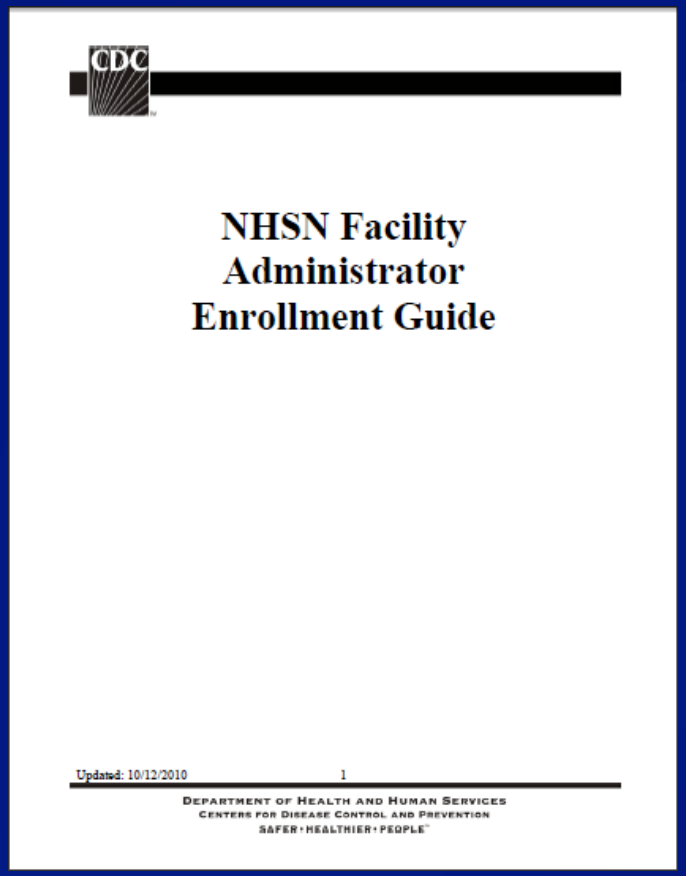
NHSN Helpdesk email:
nhsn@cdc.gov

General enrollment resources
http://www.cdc.gov/nhsn/enroll.html

LTCF specific enrollment and reporting resources
http://www.cdc.gov/nhsn/ltc/

NHSN Facility Administrator Enrollment Guide

- A general NHSN resource, not specific to LTCF Component
- Contains NHSN enrollment instructions and tips



CDC

NHSN Facility Administrator Enrollment Guide

Updated: 10/12/2010 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
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Enrollment Checklist for LTCF

- The checklist is a helpful tool for LTCF to complete enrollment efficiently
- Complete all steps in order

Other resources are available on the NHSN Long-term Care Facility Component website: [LTCF Component website]
Need Help? Contact the NHSN Helpdesk at nhsn@cdc.gov

NHSN Enrollment Checklist
for Long-term Care Facilities

☑	Complete items in order	Time
	Step 1: Training and Preparation	
	Complete Long-term Care Facility Component training at [LTCF Component training website]	3 hour
	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
	Immediately after successful registration, receive NHSN email, subject "Welcome to NHSN!"	
	Step 3a: Request Digital Certificate	
	Using the "Welcome to NHSN!" email, request your digital certificate	15 min
	Make a copy of your challenge phrase (password), note upper/lower case letters and special characters	1 min
	Immediately after a successful request, receive NHSN email, subject "NHSN Digital Certificate Request Confirmation"	
	Step 3b: Install Digital Certificate	
	Within 3 business days of request, receive PHINTech email "Action Required–CDC Digital Certificate is Ready to Install"	
	Using the instructions provided in PHINTech email, install digital certificate	30 min
	Save a copy of digital certificate: the "key" is your challenge phrase (password) from Step 3	5 min
	Step 4: Submit Forms Electronically	
	Access NHSN Enrollment at https://sdn.cdc.gov using your challenge phrase (password) from Step 3	2 min
	Submit required forms online, select the appropriate facility type, component is Long-term Care Facility	30 min
	Immediately after successfully submitting forms, receive NHSN email, subject "NHSN Facility Enrollment Submitted"	
	Step 5: Sign and Send Consent	
	From the "NHSN Facility Enrollment Submitted" email, access and print consent form	5 min
	Get NHSN Long-term Care Facility Primary Contact Person's and facility leadership's signatures on consent form	varies
	Return signed consent form to CDC (contact information is on the bottom of page 3), keep a copy for your records	5 min
	Within 3 business days of CDC's receipt of the consent form, receive NHSN email, subject "NHSN Enrollment Approved"	
	NHSN Set-up	
	Access NHSN Reporting at https://sdn.cdc.gov using your challenge phrase (password) from Step 3	2 min
	Add Monthly Reporting Plans: mark the LTCF checkbox for your 'Long-term Care Facility' location and save	5 min

Key Personnel Roles

- The Facility Administrator - the person who enrolls a facility in NHSN
  - Manages NHSN users and user rights
  - Can add, edit & delete facility data
  - Authority to nominate groups (data sharing arrangements)
- Only the Facility Administrator can reassign their role to another user

Key Personnel Roles

- NHSN LTCF Contact Person
  - Interacts most closely with CDC
  - Can be the Facility Administrator or someone different
- NHSN User
  - User rights to are determined by Facility Administrator
    - Rights to view, enter, and perform analysis of data
  - Users may also be given administrative rights
- One person may hold multiple roles

NHSN Enrollment Step 1

1. **Training and Preparation**

2. **Register**
   Receive 'Welcome to NHSN' email

3a. **Request Digital Certificate**
   Receive 'NHSN Digital Certificate Request Confirmation' email

3b. **Install Digital Certificate**
   Receive 'Action Required-Digital Certificate is Ready to Install' email

4. **Submit Forms Electronically**
   Receive 'NHSN Facility Enrollment Submitted' email

5. **Sign and Send Consent**
   Receive 'NHSN Enrollment Approved' email

Training and Preparation (Step 1)

- Review all training materials <u>before</u> beginning enrollment
- Training requirements are listed on the Long-term Care Facility Component website
- Any person collecting data, regardless of whether or not they have access to NHSN for data entry, must be familiar with the NHSN LTCF Protocols

Training and Preparation (Step 1)

- **Technical steps for enrollment may require assistance from your IT manager or department**
- **Change spam-blocker settings to allow all email from:**
  - nhsn@cdc.gov
  - PHINTech@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

NHSN Enrollment Steps 2

1. Training and Preparation

2. Register
   Receive 'Welcome to NHSN' email

3a. Request Digital Certificate
   Receive 'NHSN Digital Certificate Request Confirmation' email

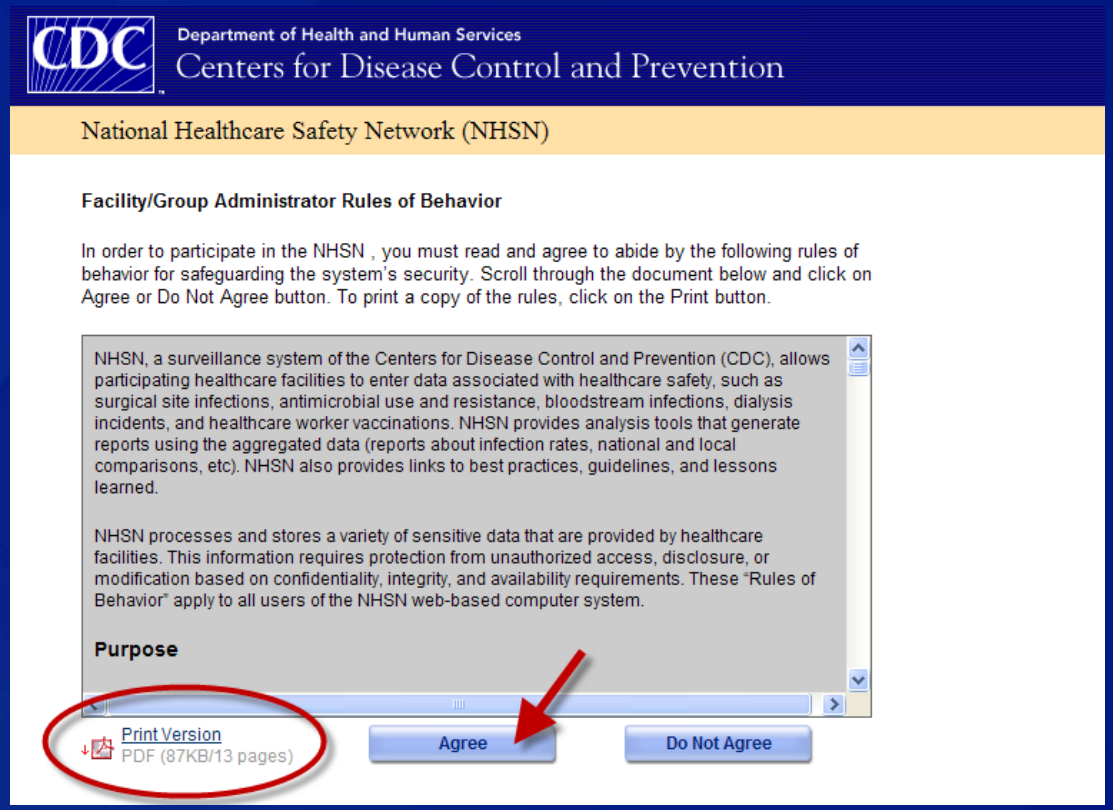
3b. Install Digital Certificate
   Receive 'Action Required-Digital Certificate is Ready to Install' email

4. Submit Forms Electronically
   Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent
   Receive 'NHSN Enrollment Approved' email

Register (Step 2)

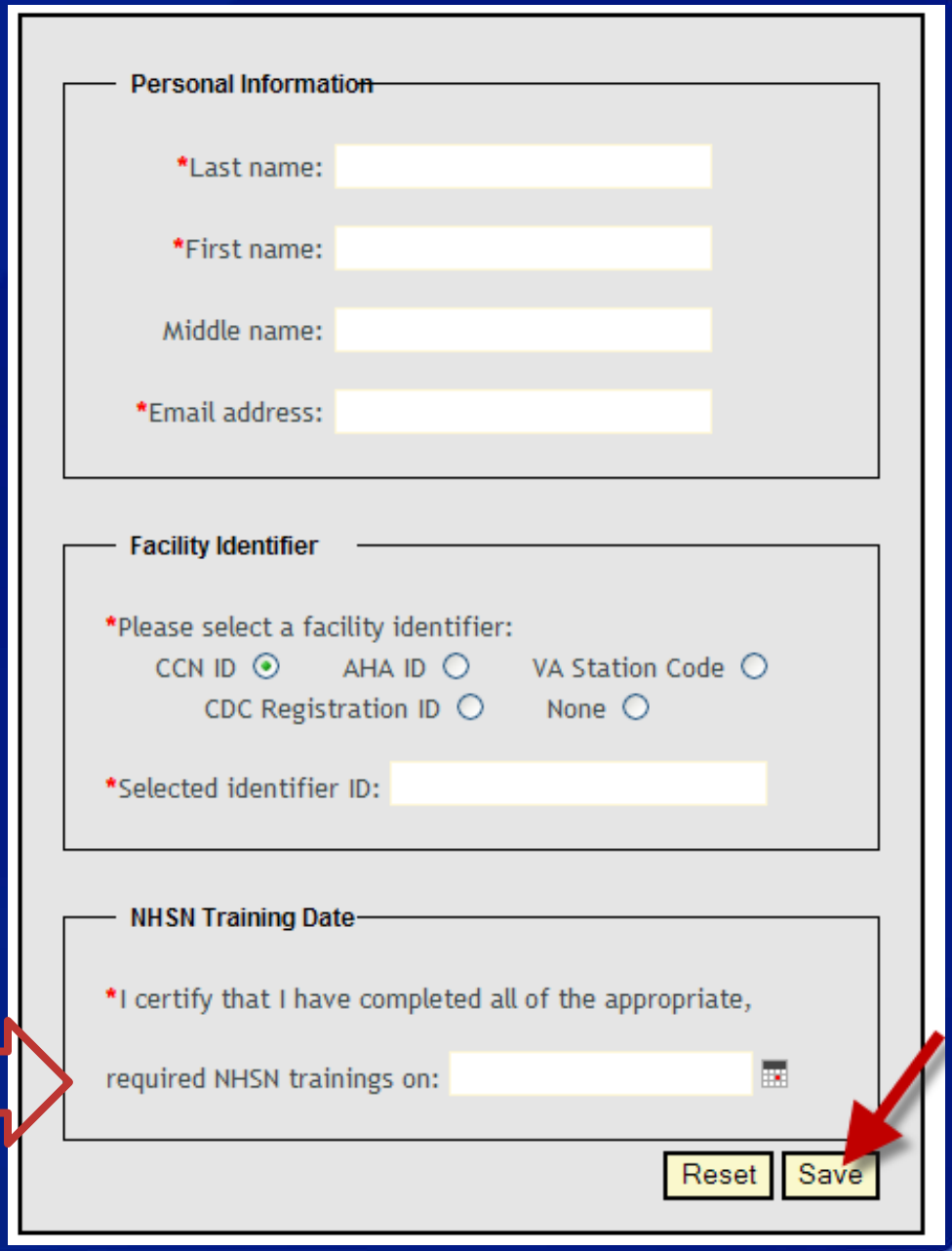
- Read and Agree to the Rules of Behavior
- Go to http://nhsn.cdc.gov/RegistrationForm/index.jsp



Register (Step 2)

- 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 #
  - Click 'Save'

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



Register (Step 2)

- Following successful registration, you will immediately receive a welcome to NHSN email with instructions to request a digital certificate (step 3a)

From: NHSN (CDC)
To:
Cc:
Subject: NHSN Registration

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/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf.

From the Centers for Disease Control and Prevention - Digital ID Enrollment page, https://ca.cdc.gov, you will be prompted for the enrollment password, which is: !cdc_sdn_apply! (Be sure to include the exclamation points and use lower case and underscores.) Follow the onscreen instructions to apply for a digital certificate.

During the process, you will be prompted to select a Program and a Program-specific Activity.

For Program, select: **National Healthcare Safety Network (NHSN)**
For Activity, select: **NHSN Enrollment**

NHSN Enrollment Step 3a

1. **Training and Preparation**

2. **Register**
   Receive 'Welcome to NHSN' email

3a. **Request Digital Certificate**
   Receive 'NHSN Digital Certificate Request Confirmation' email

3b. **Install Digital Certificate**
   Receive 'Action Required-Digital Certificate is Ready to Install' email

4. **Submit Forms Electronically**
   Receive 'NHSN Facility Enrollment Submitted' email

5. **Sign and Send Consent**
   Receive 'NHSN Enrollment Approved' email

Secure Data Network (SDN) & Digital Certificate

- SDN provides secure online access to and exchange of information between CDC & public health partners
- Users enroll in SDN and obtain a digital certificate to get access to CDC applications
- A digital certificate is an electronic document installed on a user's computer to certify the user's:
  - Identity
  - Authorization to exchange information on the network
- CDC uses SDN so that users transfer information privately and securely to NHSN
- There are specific IT requirements for digital certificate installation

Request Digital Certificate (Step 3a)

- Arrive at this website from welcome email link
- Enter the password provided in the welcome email
- Press “Accept”

Request Digital Certificate (Step 3a)

- SDN enrollment

Important!

Use the same email address entered during registration (step 2) and verify that is it correct

Step 1: Enter Personal Information

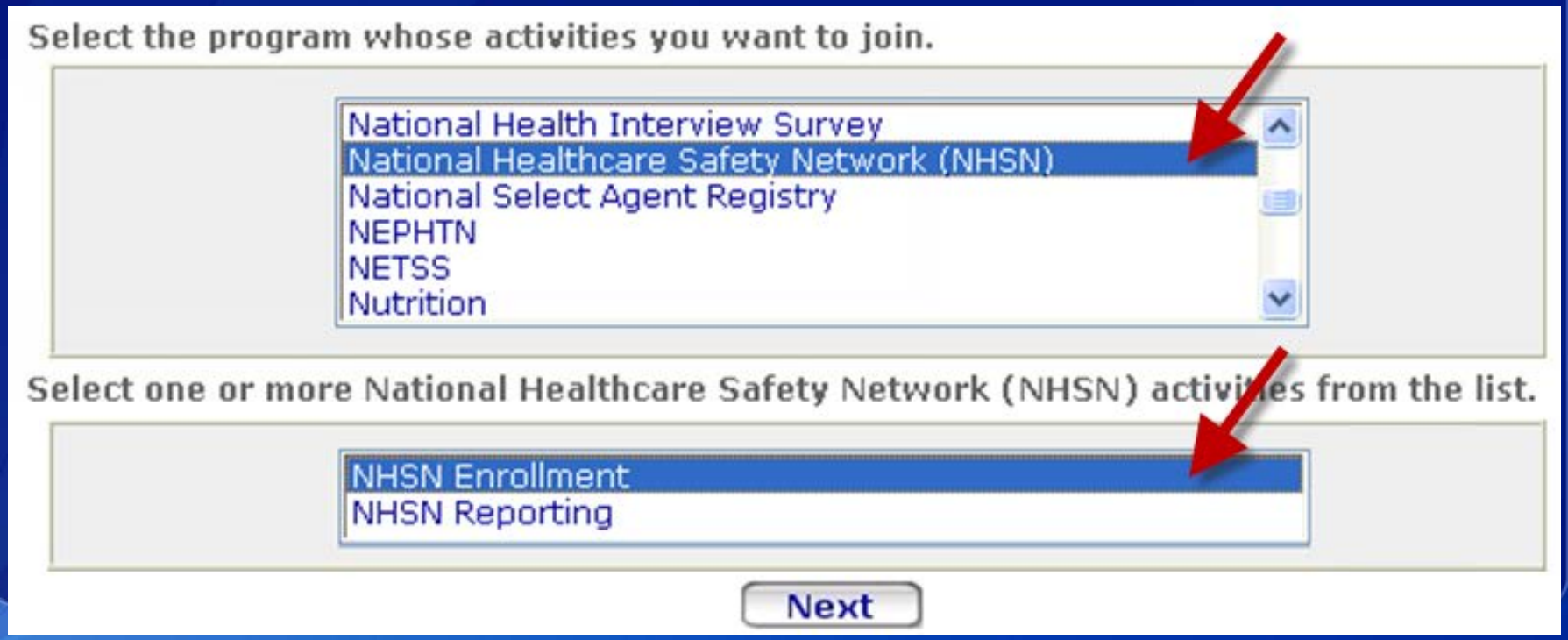
Items with (*) are required.

Prefix
Preferred Name
* First Name
Middle Name
* Last Name
Degree
* Email Address
CDC User ID (where applicable)
* Employer
Program or Division
* Employer Type: Other
* Job Type: Other
* Phone
Fax
Work Address (130 characters maximum)
* U.S. State (required for US): Pick a State
U.S. County: Pick a County
* City
* Zip Code
* Country: United States
* Alternate Contact :
* Name
* Phone

Next

Request Digital Certificate (Step 3a)

- Select “National Healthcare Safety Network (NHSN)” from the Programs listed
- Select “NHSN Enrollment” from the activities listed, then click ‘Next’



Request Digital Certificate (Step 3a)

- Create your SDN challenge phrase (password)
- You will need to provide your challenge phrase (password) every time you access NHSN
  - Make a copy of your challenge phrase (password) for future reference
    - Note upper and lowercase letters and any special characters
- Enter and confirm your SDN challenge phrase (password), choose “Next”

Important! Make a copy of your challenge phrase

Creating your challenge phrase

CDC
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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

Request Digital Certificate (Step 3a)

- Once your challenge phrase (password) is created, you will receive confirmation that your digital certificate has been requested

From: NHSN (CDC)
Subject: NHSN Digital Certificate Request Confirmation

SDN has received your request for a digital certificate. Please do not apply for another digital certificate unless told to do so by someone from the SDN help desk. If you have not received an email from SDN within 5 working days informing you that you can download your digital certificate, or if you have trouble downloading your certificate, please contact SDN at 1-800-532-9929.

VERY IMPORTANT: To access the NHSN after you install your digital certificate, go to the SDN (https://sdn.cdc.gov), enter your challenge phrase, and then click on your NHSN activity.

If you have any problems with NHSN, please feel free to contact us.

Thank you!

National Healthcare Safety Network (NHSN) Support
Email: nhsn@cdc.gov

NHSN Enrollment Step 3b

1. **Training and Preparation**

2. **Register**
   Receive 'Welcome to NHSN' email

3a. **Request Digital Certificate**
   Receive 'NHSN Digital Certificate Request Confirmati ail

3b. **Install Digital Certificate**
   Receive 'Action Required-Digital Certificate is Ready to Install' email

4. **Submit Forms Electronically**
   Receive 'NHSN Facility Enrollment Submitted' email

5. **Sign and Send Consent**
   Receive 'NHSN Enrollment Approved' email

Install Digital Certificate (Step 3b)

- Within 3 business days receive an email from PHINTech with digital certificate installation instructions
  - Email subject line is "Action Required – Your CDC Digital Certificate Is Ready to Install"
- If you do not receive the email within 3 business days, contact SDN
  - e-mail: phintech@cdc.gov
  - telephone: 1-800-532-9929

Install Digital Certificate (Step 3b)

- Email contains instructions and installation link

From: PHIN Helpdesk(CDC)

Subject: Action Required – Your CDC Digital Certificate Is Ready to Install

Your request for a CDC digital certificate has been approved. The next step is the installation of your digital certificate. Your computer settings may be different from other computers. These differences may make installing your digital certificate more difficult than we would like. We are working to make this process easier.

We recommend that your IT Specialist install the digital certificate for you. We have provided instructions for the IT Specialist at https://ca.cdc.gov/sdncode/sdnapp/doc/DigitalCertificateInstallation.htm. After reviewing these instructions, your IT Specialist can begin the process of installing your digital certificate by going to your installation link.

Digital Certificate Installation Link:
https://ca.cdc.gov/sdncode/sdnapp/servlet/CertServlet?usertoken=bdc97fbbe5d6e366c

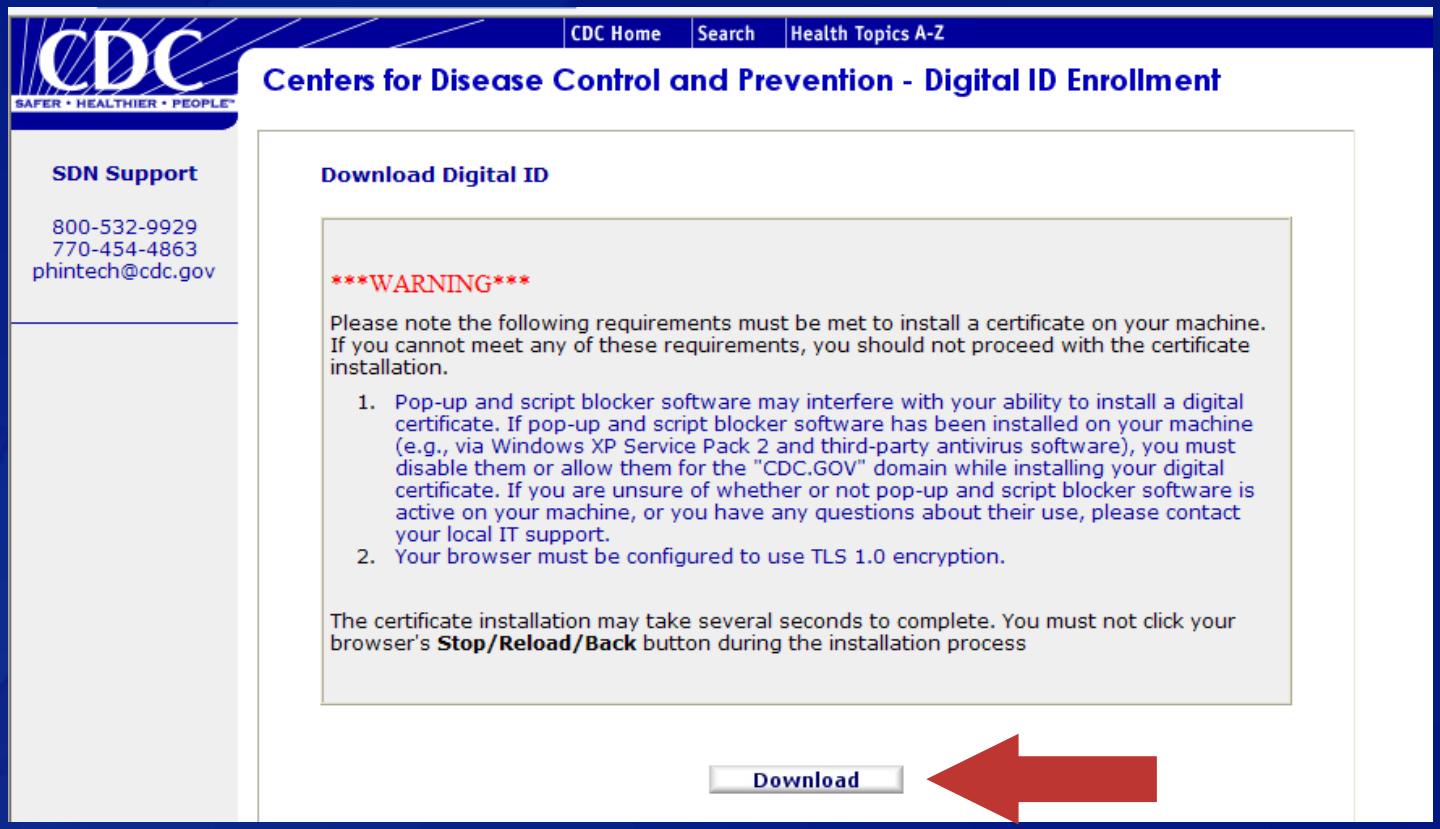
If you do not have an IT Specialist or need further information, contact CDC SDN Support:
e-mail: phintech@cdc.gov
telephone: 1-800-532-9929

Install Digital Certificate (Step 3b)

- Download the digital certificate onto the computer that you will use to access NHSN & report data
- Follow instructions in the email carefully
- Recommend involving your IT manager/department
- Must use Internet Explorer to download
  - Add trusted sites:
    - https://*.cdc.gov/
    - https://*.verisign.com/
- Click link in digital certificate request approved email
- Enter your challenge phrase (password) & click "Submit"

Install Digital Certificate (Step 3b)

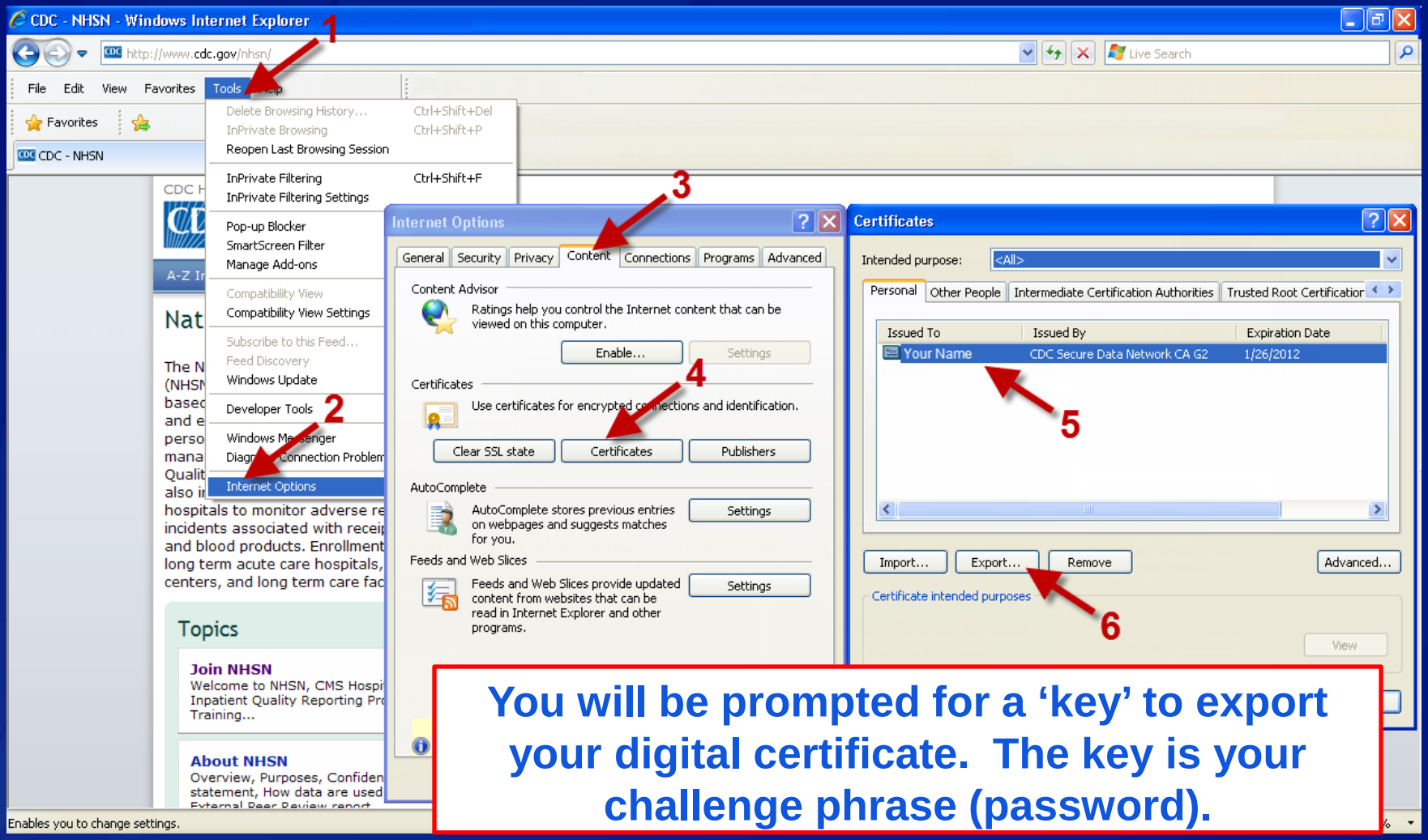
- Click “Download” to install digital certificate



Install Digital Certificate (Step 3b)

- Download begins automatically
  - If system settings are correct
    - If settings are incorrect, contact your IT manager/dept. and/or SDN
  - Security warning asks if you want to install and run VeriSign Import Control, click “Yes”
- Once installed, confirmation page appears
  - Verify installation in Internet Explorer
    - Click on “Tools” menu, choose “Internet Options”
    - Select the “Content” Tab, click “Certificates” button
  - Save a copy of the digital certificate to an external device
    - Locate your certificate in Internet Explorer, click “Export” to save

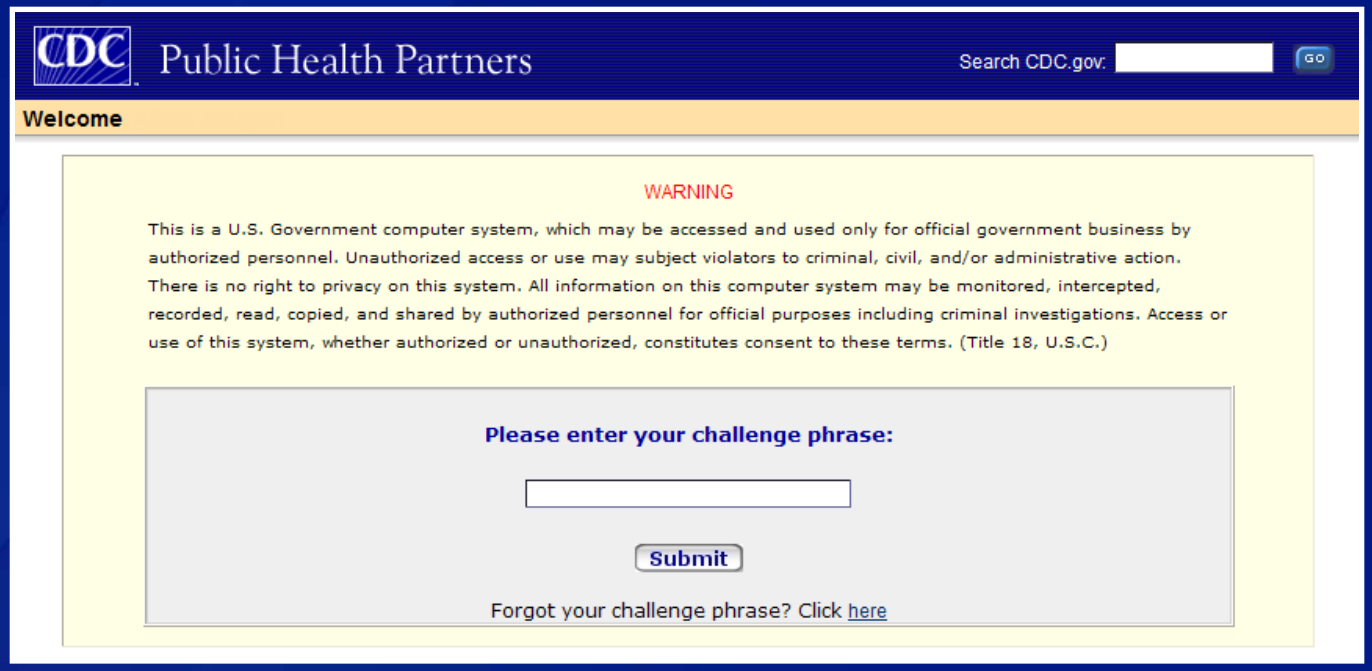
Save a Copy of your Digital Certificate



You will be prompted for a 'key' to export your digital certificate. The key is your challenge phrase (password).

Install Digital Certificate (Step 3b)

- If digital certificate is correctly installed, you will immediately be able to access **https://sdn.cdc.gov/**



- If you cannot access SDN's Public Health Partners website, contact SDN at 1-800-532-9929

Digital Certificates

- Digital certificates are user specific (one per user):
  - Do not share your digital certificate!
  - Install it on the computer you will use for NHSN reporting
  - If different users share a computer for NHSN, multiple certificates can be installed on same computer
  - You can install your digital certificate on additional computers if necessary (e.g., your work desktop & laptop)
- Save a copy of it to an external device as soon as it is installed
- CDC pays for digital certificates
- Digital certificates must be renewed annually - email is sent 30 days before expiration

NHSN Enrollment Step 4

1. Training and Preparation

2. Register
   Receive 'Welcome to NHSN' email

3a. Request Digital Certificate
   Receive 'NHSN Digital Certificate Request Confirmation' email

3b. Install Digital Certificate
   Receive 'Action Required-Digital Certificate is Ready to I email

4. Submit Forms Electronically
   Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent
   Receive 'NHSN Enrollment Approved' email

Submit Forms Electronically (Step 4)

- To log on to NHSN, go to SDN's Public Health Partners website: https://sdn.cdc.gov
- Enter your challenge phase (password)

Access NHSN Enrollment (Step 4)

CDC Public Health Partners

Search CDC.gov: GO

Partners Home | My Preferences | Help | Logout

My Applications

National Healthcare Safety
- NHSN Enrollment
- Request Additional Activities

Electronic Reference

Select a database and search term to locate journals.

Database: PubMed

Search for:

Search

Emerging Infectious Diseases Journal

Current issue Volume 17, Number 3–March 2011

Topics include pregnancy and emerging infections; avian influenza; MRSA; chikungunya virus; recurrent TB.

MORE

Preventing Chronic Disease Journal

Volume 8: Issue 2

ISSN: 1545-1151

HIGHLIGHTS
- Deaf sign language users, health inequities, and public health: opportunity for social justice (includes videos in American Sign Language)
- Lifestyle behaviors associated with secondary prevention of coronary heart disease among California adults
- Clinical preventive services for patients at risk for cardiovascular disease, National Ambulatory Medical Care Survey, 2005-2006

MORE

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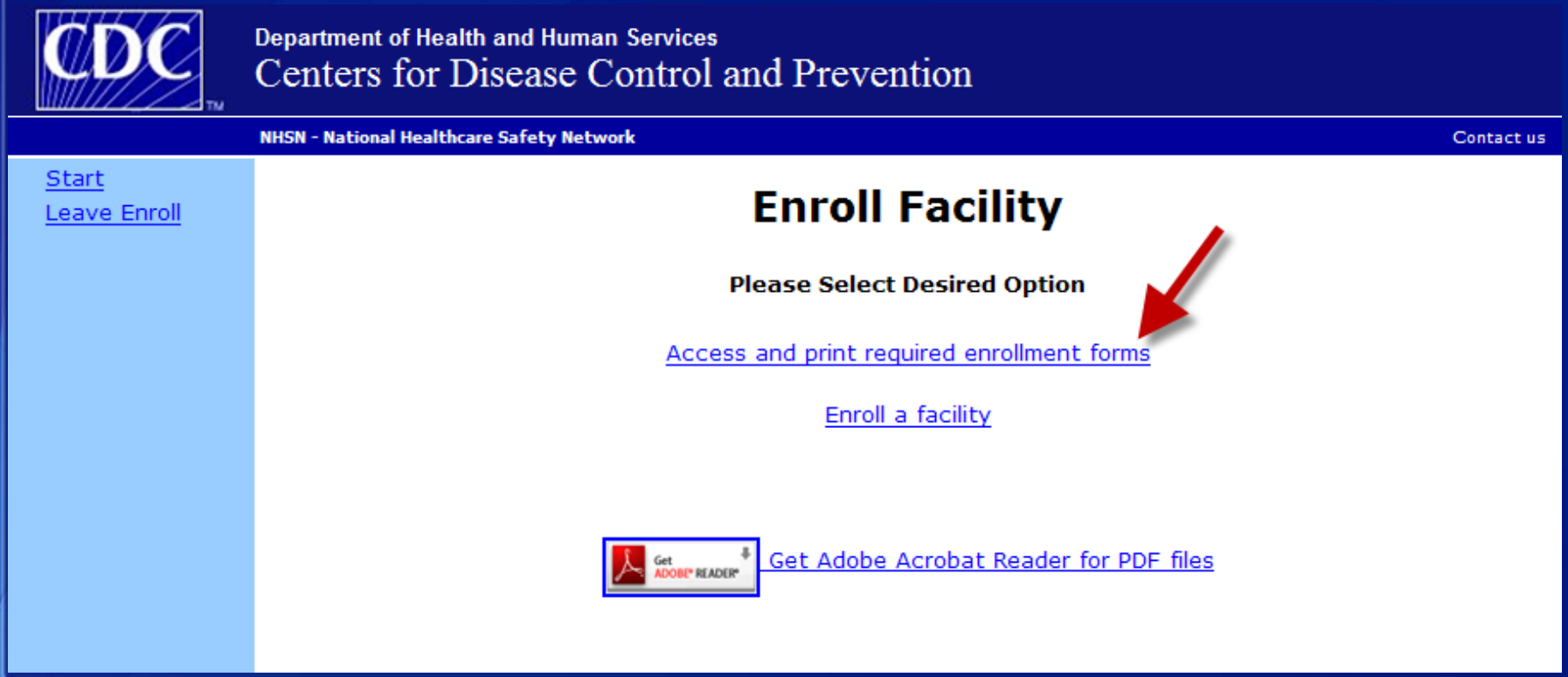
Department of Health and Human Services

Access Enrollment Forms (Step 4)

- First, click ‘Access and Print required enrollment forms’



Print LTCF Component Enrollment Forms (Step 4)

- Print both forms for the LTCF Component
  - Facility Contact Information
  - Annual Facility Survey
- Complete forms before entering information in NHSN

Facility Enrollment Forms

Patient Safety Component

Hospital applicants, print these:

- Facility Contact Information
- Facility Survey

Outpatient Dialysis Center, print these:

- Facility Contact Information
- Outpatient Dialysis Center Practices Survey

Inpatient Rehabilitation Facility, print these:

- Facility Contact Information
- Annual Facility Survey for IRF

Long Term Acute Care Hospital, print these:

- Facility Contact Information
- Annual Facility Survey for LTAC

Healthcare Personnel Safety Component

Any facility type, print these:

- Facility Contact Information

Long Term Care Facility Component

Any facility type, print these:

- Facility Contact Information
- Facility Survey

Biovigilance Component

Any facility type, print these:

- Facility Contact Information
- Facility Survey

Back

LTCF Component Forms

NHSN National Healthcare Safety Network

OMB No. 0920-0666
Exp. Date: 01-31-2015
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 Long Term Care Facilities)	
☐ Long Term Care Facility Component	
☐ Healthcare Personnel Safety Component	

NHSN National Healthcare Safety Network

OMB No. 0920-0666
Exp. Date: 01-31-2015
www.cdc.gov/nhsn

Long Term Care Facility Component—Annual Facility Survey

Page 1 of 2

*required for saving	Tracking #:
Facility ID: *National Provider ID:	*Survey Year: State Provider #:
Facility Characteristics	
*Ownership (check one): ☐ For profit ☐ Not for profit, including church ☐ Government (not VA) ☐ Veteran's 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: _____ *Number of Short-stay residents: _____ *Number of Long-stay residents: _____ Average Length of Stay for Short-stay residents: _____ Average Length of Stay for Long-stay residents: _____ *Number of New Admissions: _____	

- Paper forms also available at http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.137_LTCFSurv_BLANK.pdf
- Some fields are required and denoted by (*), others are optional and for your own use
- Use the Annual Facility Survey "Table of Instructions" to help with completion
  - Table of Instructions available at http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.137-TOI-Annual-Facility-Survey-7-6-2012.pdf

Facility Contact Information (Step 4)

- 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

Long Term Care Contact Person

Information on the Long Term Care Contact person is required as labeled below since the Long Term Care Component was selected above.

Click to copy information from the Primary System Administrator above

First name*: Jane
Middle name:
Last name*: Smith
Title:

Click to copy mailing address from the facility given above

Address, line 1*: 1 Clifton Road
Address, line 2:
Address, line 3:
City*: Atlanta
State*: GA - Georgia
Zip Code*: 30333 -
Phone*: 404-632-6547 Ext:

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

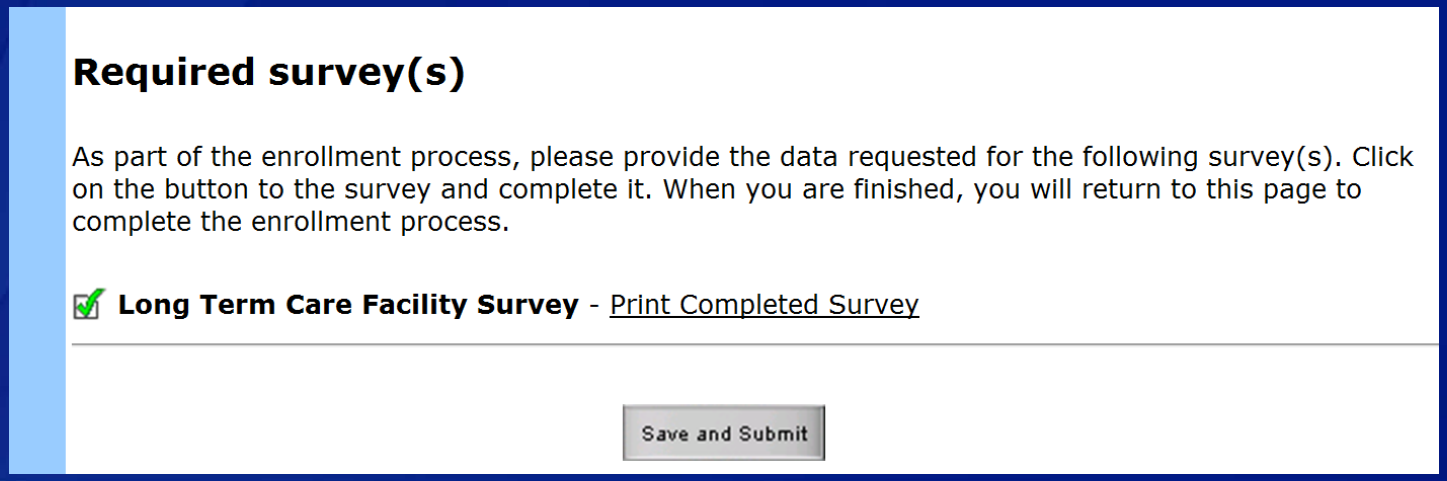
On the day of this survey, indicate the number of residents receiving the following primary service types: (list only one servic
i.e. total should sum to resident census on day of survey completion)

a. Long-term General Nursing*: 50

b. Long-term Dementia*: 0

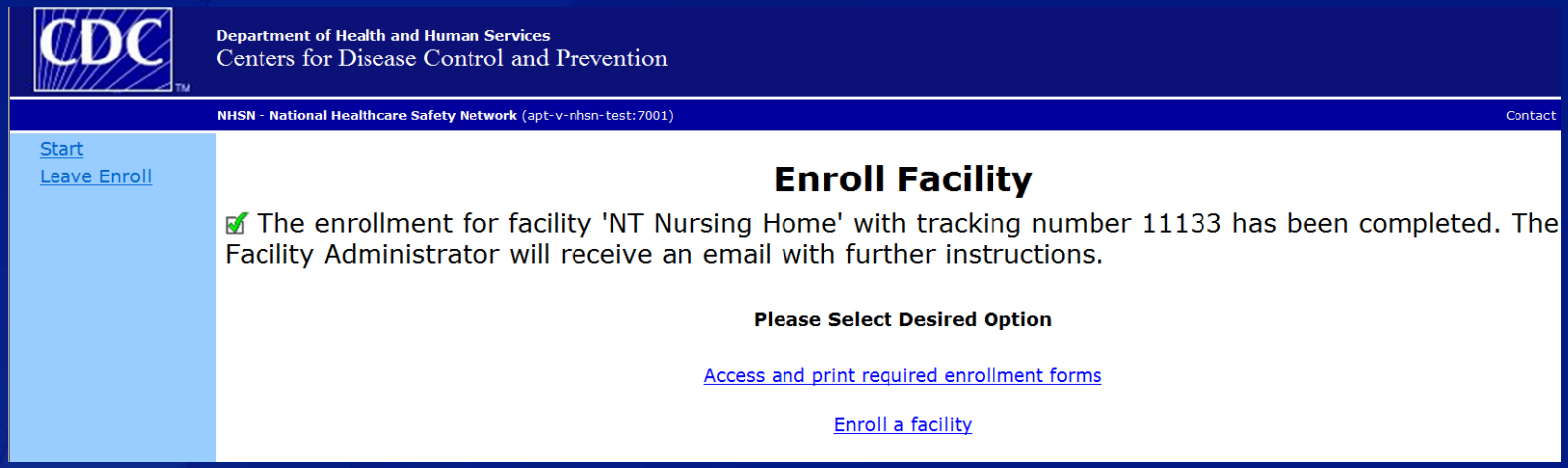
Submit Forms Electronically (Step 4)

- 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!



Submit Forms Electronically (Step 4)

- 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

NHSN Enrollment Step 5

1. **Training and Preparation**

2. **Register**
   Receive 'Welcome to NHSN' email

3a. **Request Digital Certificate**
   Receive 'NHSN Digital Certificate Request Confirmation' email

3b. **Install Digital Certificate**
   Receive 'Action Required-Digital Certificate is Ready to Install' email

4. **Submit Forms Electronically**
   Receive 'NHSN Facility Enrollment Submitted'

5. **Sign and Send Consent**
   Receive 'NHSN Enrollment Approved' email

Sign and Send Consent (Step 5)

- 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

Sign and Send Consent (Step 5)

- May need to login to SDN's Public Health Partners page and then copy the link and paste into the browser to open the consent form

From: NHSN (CDC)
Subject: NHSN facility enrollment submitted

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

Facility Name:
Tracking Number:

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

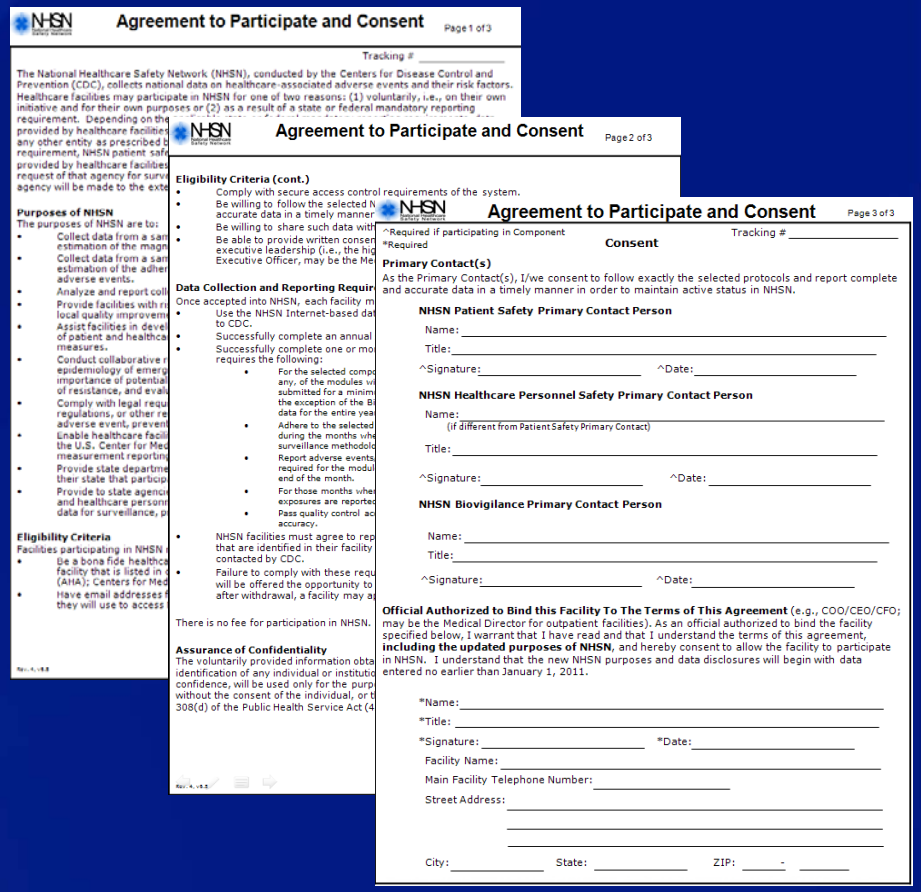
If this URL appears to be broken, please type the link on your browser address line. The complete address including trackingnum=xxxxx must be included in order to access the form.

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. Fax the signed consent to (404)929-0131, or mail to: NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Rd, NE, Atlanta, GA 30329.

If you have questions about NHSN, please contact us at nhsn@cdc.gov. For information on NHSN, please visit our website at http://www.cdc.gov/nhsn .

Sign and Send Consent (Step 5)

- 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 43)
  - Your facility Leadership
- Requires signature from the highest level administrator at your facility



NHSN 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:

Eligibility Criteria

NHSN Agreement to Participate and Consent Page 2 of 3

Eligibility Criteria (cont.)

- Comply with secure access control requirements of the system.

Data Collection and Reporting Requir

There is no fee for participation in NHSN.

Assurance of Confidentiality

NHSN Agreement to Participate and Consent Page 3 of 3

^Required if participating in Component

*Required

Tracking # _____

Consent

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: _____ - _____

Sign and Send Consent (Step 5)

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

From: NHSN (CDC)
Subject: NHSN enrollment approved

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

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

Facility Name: Test Facility
Facility ID #: xxxxx

As the Facility Administrator, you will now need to access the NHSN application through the SDN 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 obtain a digital certificate.

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

NHSN Enrollment Steps 1 – 5 complete

1. Training and Preparation

2. Register

Receive ‘Welcome to NHSN’ email

3a. Request Digital Certificate

Receive ‘NHSN Digital Certificate Request Confirmation’ email

3b. Install Digital Certificate

Receive ‘Action Required-Digital Certificate is Ready to Install’

4. Submit Forms Electronically

Receive ‘NHSN Facility Enrollment Submitted’ email

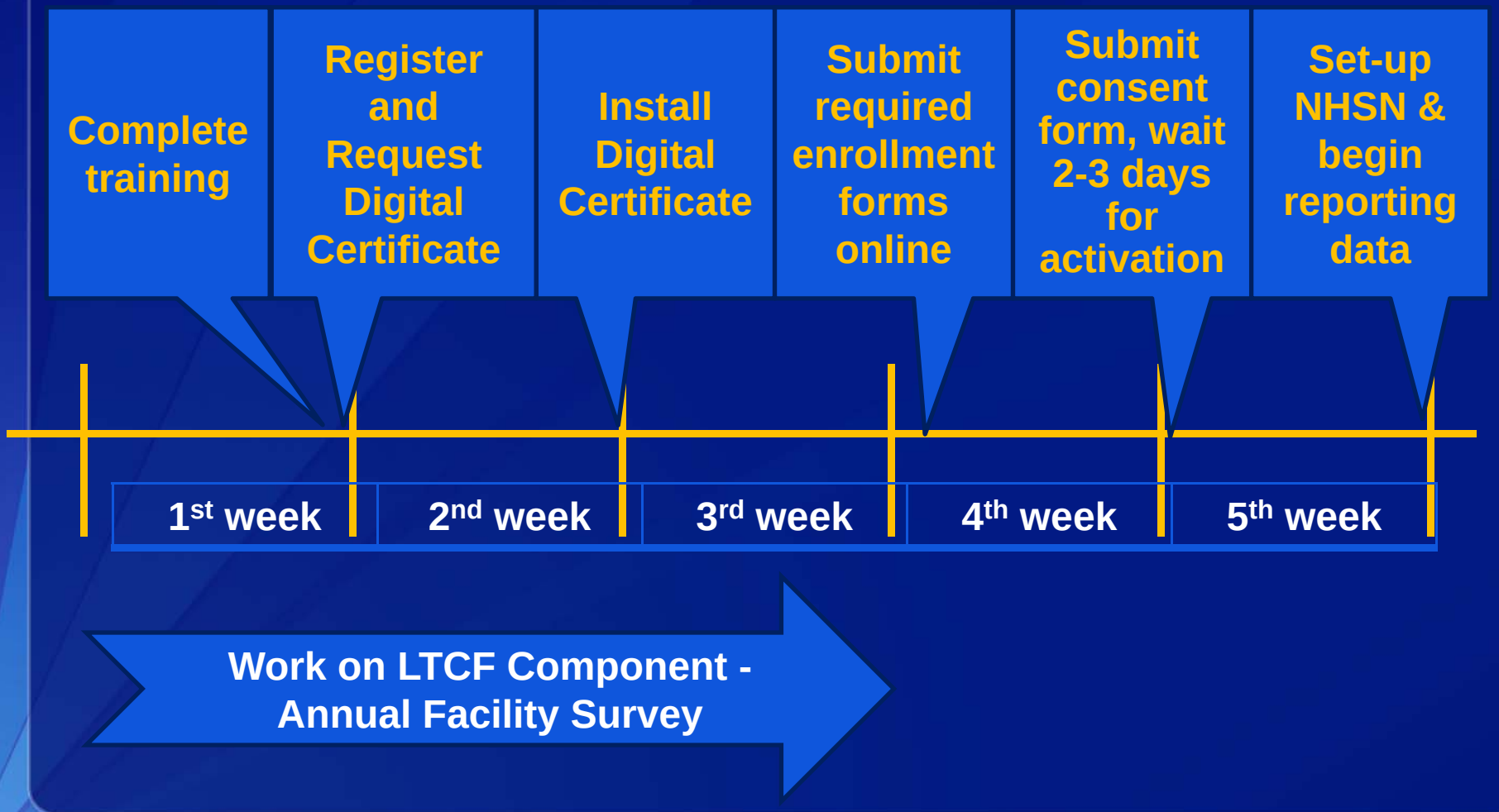
5. Sign and Send Consent

Receive ‘NHSN Enrollment Approved’ email

Enrollment is complete: Next is NHSN Set-Up

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

Suggested NHSN Enrollment Timeline



Important !!

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

Next Steps - If you plan to enroll

- Agree to Rules of Behavior and Register your Facility
- Print and begin the LTCF Component - Annual Facility Survey
- Print the enrollment checklist
- NHSN LTCF Component website 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.