

NHSN Facility Enrollment

NHSN Enrollment

November 2014

nhsn@cdc.gov

National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion



Audience

- ❑ **Those who may be assigned as the NHSN Facility Administrator for a facility interested in enrolling in NHSN.**
- ❑ **NHSN group users who want to understand the facility enrollment process**
 - Note: Groups enroll in NHSN differently than facilities, please see Guides for the Group Function in the NHSN Resource Library <http://www.cdc.gov/nhsn/group-users/index.html>

Learning Objectives

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

NHSN Enrollment Resources

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W

National Healthcare Safety Network (NHSN)

NHSN

- NHSN Login
- About NHSN
- ▶ Enroll Here**
- Ambulatory Surgery Centers
- Acute Care Hospitals/Facilities
- Long-term Acute Care Facilities
- Long-term Care Facilities
- Outpatient Dialysis Facilities
- Inpatient Rehabilitation Facilities
- FAQs About Digital Certificates
- FAQs About Enrollment

[NHSN](#)

Recommend Tweet Share

Facility Enrollment

Select Your Facility Type

Acute Care Hospitals/Facilities
Enrollment for urgent care or other short-term stay facilities (e.g., critical access facilities, oncology facilities, military/VA facilities).

Long-term Acute Care Facilities
Enrollment for long-term acute...

NHSN Helpdesk email:
nhsn@cdc.gov

General enrollment resources
<http://www.cdc.gov/nhsn/enrollment/index.html>

Enrolling Multiple Facilities/Clinics

- ❑ Each facility should enroll separately**
- ❑ If you have multiple facilities to enroll (for example, satellite clinics) start by enrolling one facility first**
- ❑ After the first facility is enrolled, you will begin at Step 4 of the enrollment process for each additional facility.**
- ❑ Enrolling additional facilities is much simpler after the first one is activated**

Key Personnel Roles

- ❑ **The person who enrolls a facility in NHSN is called the Facility Administrator**
- ❑ **The Facility Administrator:**
 - Manages users and user rights
 - Manages locations and patients
 - Can add, edit & delete facility data
 - Authority to nominate groups (data sharing arrangements)
 - An NHSN Facility Administrator will have this role for every component
- ❑ **Only the Facility Administrator can reassign their role to another user**

Key Personnel Roles (cont.)

- ❑ **NHSN Patient Safety Primary Contact Person**
 - Interacts most closely with CDC for Patient Safety Component

- ❑ **NHSN User**
 - Rights are determined by Facility Administrator
 - View data
 - Data entry
 - Data analysis
 - May be given administrative rights
 - This gives the new user the right to view, enter, and analyze data, but also to add locations, surgeons, and other users. This person would essentially be a back up for the Facility Administrator.
 - One person may hold multiple roles

NHSN Enrollment Steps 1-5

1. Enrollment Preparation

2. Complete NHSN Registration

Receive 'Welcome to NHSN' email

3a. Secure Access Management Registration

Receive 'Invitation to SAMS' email

3b. Provide Identity Proofing Documentation

Receive 'SAMS Access Approved' email

4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

Training and Preparation (Before Step 1 of the Enrollment Process)

- ❑ Review all training materials before beginning enrollment
- ❑ Training requirements are listed on the NHSN Training Website: <http://www.cdc.gov/nhsn/training/>

NHSN Enrollment Steps 1-5

1. Enrollment Preparation 

2. Complete NHSN Registration

Receive 'Welcome to NHSN' email

3a. Secure Access Management Registration

Receive 'Invitation to SAMS' email

3b. Provide Identity Proofing Documentation

Receive 'SAMS Access Approved' email

4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

To Begin Enrollment Process

<http://www.cdc.gov/nhsn/startEnroll.html>

CDC Home
 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

● NHSN
● All CDC Topics
Choose a topic above

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>

National Healthcare Safety Network (NHSN)

NHSN
NHSN Login
About NHSN
Enroll Here
Ambulatory Surgery Centers
▶ **Acute Care Hospitals/Facilities**
Set-up
Blood Safety Surveillance Enrollment
Blood Safety Surveillance Set-up
Long-term Acute Care Facilities
Long-term Care Facilities
Outpatient Dialysis Facilities
Inpatient Rehabilitation Facilities

[NHSN > Enroll Here](#)

5-Step Enrollment for Acute Care Hospitals/Facilities

Note: Once your facility is enrolled in NHSN, you can add additional reporting options using your monthly reporting plan or activating a new component within the NHSN application. You do not need to re-enroll for each type of event reported.

Step 1: Training and Preparation

Read **NHSN Facility Administrator Enrollment Guide**
 [PDF - 673 KB] March 2014.
Complete the **57.103 Patient Safety Component Annual Facility Survey Form**  [PDF - 66 KB]
Table of Instructions  [PDF - 100 KB]

Complete required training: **Overview of the Patient Safety Component**  [PDF - 464 KB]

Be sure to check trusted websites and spam blockers.

Time to complete step 1: 2 hours, 45 minutes

Get email updates
To receive email updates about this page, enter your email address:

 [What's this?](#)



Agree to Rules of Behavior (Step 1)

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



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

Register (Step 2)

□ Facility Administrator completes this form:

- You must use the same email address for all enrollment steps
- If your Facility Identifier does not validate, you can request a CDC Registration ID by emailing nhsn@cdc.gov

□ Click 'Save'

You are required to indicate the date you completed training.

Personal Information

*Last name:

*First name:

Middle name:

*Email address:

Facility Identifier

*Please select a facility identifier:

CCN 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: 

Step 2: Register

- Following successful registration, you will immediately receive a welcome to NHSN email and an Invitation to register with SAMS (step 3a)

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 register with SAMS, please click the following link or cut and paste it into your browser:

https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task_tag=SAMSRegistration

When prompted, please enter:

- Your Username:
- Temporary Password:

and click the Login button.

*****Note:** In order to access SAMS, your browser **must** be 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.

NHSN Enrollment Steps 1-5

1. Enrollment Preparation

2. Complete NHSN Registration

Receive 'Welcome to NHSN' email



3a. Secure Access Management Registration

Receive 'Invitation to SAMS' email

3b. Provide Identity Proofing Documentation

Receive 'SAMS Access Approved' email

4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

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 contains your Username and Password for SAMS registration

SAMS
secure access management services

CDC

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Login Options

Choose one of the three login options.

SAMS Credentials



SAMS Username:

SAMS Password:

Login

[Forgot SAMS Password?](#)

For users who login with **only** a SAMS issued UserID and Password.

OR

SAMS Grid Card Credentials



Click login below to login with SAMS Grid Card.

Login

For users who have been issued a SAMS Grid Card.

OR

HHS PIV Card



Insert your PIV card in your smart card reader before you try to login.

Login

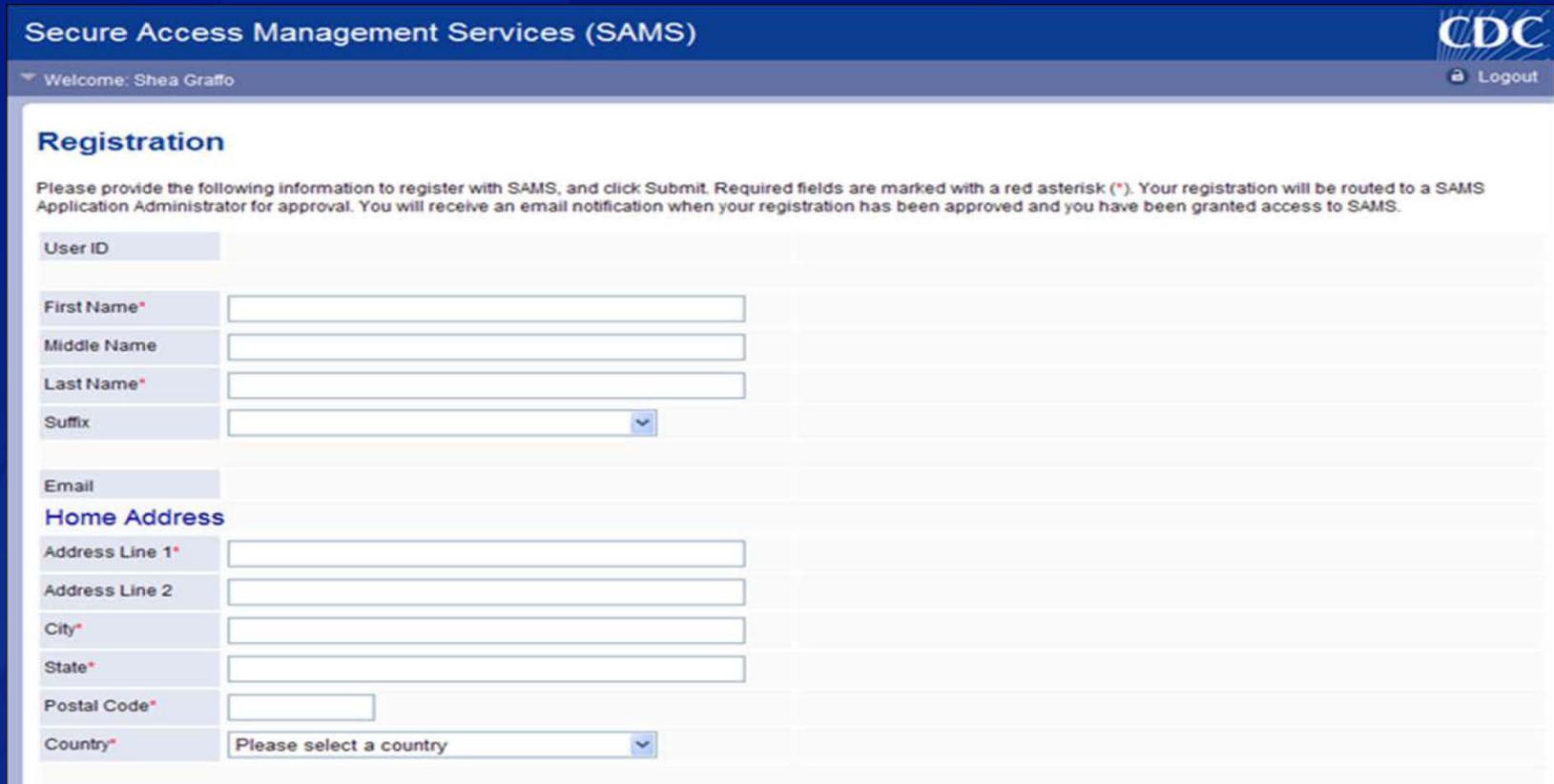
For users who are CDC staff and have been issued a PIV card.

SAMS Help: For more information and/or assistance, please contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following Toll Free: 877-681-2901, Email: samshelp@cdc.gov.

powered by: **miso**

Step 3a: SAMS Registration

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



The screenshot shows the SAMS Registration page. At the top, it says "Secure Access Management Services (SAMS)" and "Welcome: Shea Graffo". The CDC logo is in the top right corner. The main heading is "Registration". Below this, there is a paragraph of instructions: "Please provide the following information to register with SAMS, and click Submit. Required fields are marked with a red asterisk (*). Your registration will be routed to a SAMS Application Administrator for approval. You will receive an email notification when your registration has been approved and you have been granted access to SAMS." The form fields are grouped into sections: "User ID" (a single text box), "Email" (a single text box), "Home Address" (a sub-heading), and then "Address Line 1*", "Address Line 2", "City*", "State*", "Postal Code*", and "Country*" (a dropdown menu with the text "Please select a country").

Secure Access Management Services (SAMS) CDC

Welcome: Shea Graffo Logout

Registration

Please provide the following information to register with SAMS, and click Submit. Required fields are marked with a red asterisk (*). Your registration will be routed to a SAMS Application Administrator for approval. You will receive an email notification when your registration has been approved and you have been granted access to SAMS.

User ID

First Name*

Middle Name

Last Name*

Suffix

Email

Home Address

Address Line 1*

Address Line 2

City*

State*

Postal Code*

Country*

NHSN Enrollment Steps 1-5

1. Enrollment Preparation

2. Complete NHSN Registration

Receive 'Welcome to NHSN' email

3a. Secure Access Management Registration

Receive 'Invitation to SAMS' email



3b. Provide Identity Proofing Documentation

Receive 'SAMS Access Approved' email

4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

Step 3b: Identity Proofing

- ❑ 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**
- 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**

NHSN Enrollment Steps 1-5

1. Enrollment Preparation

2. Complete NHSN Registration

Receive 'Welcome to NHSN' email

3a. Secure Access Management Registration

Receive 'Invitation to SAMS' email

3b. Provide Identity Proofing Documentation

Receive 'SAMS Access Approved' email



4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

Access/Complete Enrollment Forms (Step 4)

- ❑ First, click 'Access and Print required 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](#)



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

Access/Complete Enrollment Forms (Step 4)

Facility Enrollment Forms

Patient Safety Component

Hospital applicants, print these:

[Facility Contact Information](#)

[Facility 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](#)

Dialysis Component

AMB-HEMO facilities, print these:

[Facility Contact Information](#)

[Outpatient Dialysis Center Practices Survey](#)

Back

Step 4: Access NHSN via SAMS and Submit Forms

Warning: This is a U.S. Federal Government system and shall be used only by authorized persons for authorized purposes. Users do not have a right to privacy in their use of this government system. System access, activity, and information stored or transmitted may be monitored for adherence to acceptable use policy. Users of this system hereby consent to such monitoring. Improper or illegal use detected may result in further investigation for possible disciplinary action, civil penalties, or referral to law enforcement for criminal prosecution. This system contains non-public information that must be protected from unauthorized access, disclosure, sharing, and transmission, violation of which can result in disciplinary action, fines, and/or criminal prosecution.

Login Options

Choose one of the three login options.

SAMS Credentials



SAMS
Username:
SAMS
Password:

Login

[Forgot SAMS Password?](#)

For users who login with only a SAMS issued UserID and Password.

OR

SAMS Grid Card Credentials



Click login below to login with SAMS Grid Card.

Login

For users who have been issued a SAMS Grid Card.

OR

HHS PIV Card



Insert your PIV card in your smart card reader before you try to login.

Login

For users who are CDC staff and have been issued a PIV card.

Unsure which login method applies to you?

SAMS Help: For more information and/or assistance, please contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following Toll Free: 877-681-2901, Email: samshelp@cdc.gov.

Step 4: Submit Forms Electronically

❑ Select NHSN Enrollment to access NHSN forms

SAMS
secure access management services

>Welcome Amy Woodward

SAMS Admin My Profile Logout

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

National Healthcare Safety Network System

- NHSN Reporting *
- **NHSN Enrollment ***

* Strong credentials required.

SAMS Help: For more information and/or assistance, please contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following Toll Free: 877-681-2901, Email: samshelp@cdc.gov.

powered by: **miso**

Access/Complete Enrollment Forms (Step 4)



Page 1 of 2

Facility Contact Information

OMB No. 09-
Exp. Date: 09-

* 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 the identifier:

* American Hospital Association ID#:

Not Applicable

* CMS Certification Number (CCN):

Not Applicable

* VA Station Code:

Not Applicable

Identifier:

SOC:

Access/Complete Enrollment Forms (Step 4)

*Was this facility operational in the survey year? YES

*NHSN Components:

Indicate which component(s) the Facility will use initially (components may be added later)

- Patient Safety Component
- Healthcare Personnel Safety Component
- Biovigilance Component

NHSN Facility Administrator:

*Name:

Title:

*Mailing Address: (if different from facility)

*City:

*State

*Telephone Number:()

Extension:

FAX Number:()

Pager Number:()

*Email:

*User Name:

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of individual patients will be confidential for the purposes stated, and will not otherwise be disclosed or released without the patient's consent.

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

Access/Complete Enrollment Forms (Step 4)

□ Patient Safety Primary Contact

- Person who will be most involved with Patient Safety surveillance
- Can be the same person as the Facility Administrator

 **NHSN**
National Healthcare
Safety Network

Facility Contact Information

Page 2 of 2

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

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: _____

Access/Complete Enrollment Forms (Step 4)

- ❑ **The Patient Safety Component –Annual Survey is an enrollment requirement:**
 - You cannot finish enrollment in NHSN until it is complete
- ❑ **Print it out today and get started!**
 - Available on the NHSN website:
 - http://www.cdc.gov/nhsn/forms/57.103_PSHospSurv_BLANK.pdf

Access/Complete Enrollment Forms (Step 4)



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

Patient Safety Component—Annual Facility Survey

Page 1 of 4

*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 a Hospital:

*Number of Patient Days: _____

*Number of Admissions: _____

For any Hospital **except** Long Term Care Hospitals:

*Is your hospital affiliated with a medical school: Yes No

If Yes, what type of affiliation? _____

Access/Complete Enrollment Forms (Step 4)

- ❑ After accessing, printing and completing required enrollment forms, click “Enroll a facility”
- ❑ From here, complete Enrollment Step 4 in one session!
 - **You cannot save work in progress**



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](#)



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

Access/Complete Enrollment Forms (Step 4)

□ Submit required form information



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

NHSN - National Healthcare Safety Network

[Contact us](#)

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

Facility Enrollment

[Print PDF Form](#)

Mandatory fields marked with *

Tracking #

Facility Information

Facility name*:

Address, line 1*:

Address, line 2:

Address, line 3:

City*:

State*:

County*:

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 HCFA ID (not NPI)*: Select if CMS HCFA ID Not Applicable

VA station code*: Select if VA Station Code Not Applicable

Facility's Object Identifier (OID) for CDA

Object Identifier:

[Verify Data](#)

Click to verify values provided above before proceeding.

Access/Complete Enrollment Forms (Step 4)

Add Annual Survey

[?HELP](#)

Mandatory fields marked with *

[Print Patient Safety Facility Survey](#)

Survey Type: * FACSRV-PS - Facility Survey Data

Survey Year: * 2012

Facility Characteristics:

Facility ownership: *

Hospital Facility:

Number of Patient Days:

Number of Admissions:

Is your facility affiliated with a medical school? *

If Yes, check type of affiliation: MAJOR GRADUATE LIMITED

Number of beds set up and staffed:

a. ICU beds (including adult, pediatric, and neonatal levels II/III and III): *

Access/Complete Enrollment Forms (Step 4)

- ❑ Once survey information has been entered, a green checkmark displays next to it
 - Can print a completed survey for your records
- ❑ Once all required information is entered click “Save and Submit”

Required survey(s)

As part of the enrollment process, please provide the data requested for the following survey(s). Click on the button to the survey and complete it. When you are finished, you will return to this page to complete the enrollment process.

Hospital Survey - [Print Completed Survey](#)

* If you print a copy of your survey
don't forget to select save and submit

Save and Submit

Access/Complete Enrollment Forms (Step 4)

- ❑ Once required forms are submitted, confirmation message displays



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

NHSN - National Healthcare Safety Network

Contact us

[Start](#)

[Leave Enroll](#)

Enroll Facility

- ✔ The enrollment for facility 'Test Facility' with tracking number 99999 has been completed. The Facility Administrator will receive an email with further instructions.

- ❑ Immediately receive an “NHSN Facility Enrollment Submitted” email with a link to your consent form
 - If you do not receive this email, contact the NHSN Helpdesk
 - nhsn@cdc.gov

NHSN Enrollment Steps 1 – 5

1. Enrollment Preparation

2. Complete NHSN Registration

Receive 'Welcome to NHSN' email

3a. Secure Access Management Registration

Receive 'Invitation to SAMS' email

3b. Provide Identity Proofing Documentation

Receive 'SAMS Access Approved' email

4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submission' email

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

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

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 applicable state or federal mandatory reporting requirements, data provided by healthcare facilities to NHSN may be made accessible to state and/or federal agencies, or any other entity as prescribed by such requirements. In the absence of a state mandatory reporting requirement, NHSN patient safety component and healthcare personnel safety component data provided by healthcare facilities to NHSN will be made accessible or provided to a state agency at the request of that agency for surveillance and agency will be made to the extent permis

NHSN Agreement to Participate and Consent Page 2 of 3

Purposes of NHSN
The purposes of NHSN are to:

- Collect data from a sample of health care facilities to estimate the magnitude of health care-associated adverse events.
- Collect data from a sample of health care facilities to estimate the adherence to practices designed to prevent adverse events.
- Analyze and report collected data to provide facilities with risk-adjusted local quality improvement advice.
- Assist facilities in developing surveillance and healthcare worker measures.
- Conduct collaborative research on the epidemiology of emerging health care-associated adverse events, the importance of potential risk factors of resistance, and evaluate alternative interventions.
- Comply with legal requirements – regulations, or other requirements – that require health care facilities to report to the U.S. Center for Medicare and Medicaid Services (CMS) and measurement reporting requirements.
- Provide state departments of health with data for use in their state that participate in NHSN.
- Provide to state agencies, at their request, data for use in their state for surveillance, prevention, and control of health care-associated adverse events.

Eligibility Criteria (cont.)

- Comply with secure access control requirements of the system.
- 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 NHSN by a member of the facility's chief executive leadership (i.e., the highest level administrator at a facility; typically the Chief Executive Officer, may be the Medical Director for outpatient facilities).

NHSN Agreement to Participate and Consent Page 3 of 3

Data Collection and Reporting Requirements for Participation

Once accepted into NHSN, each facility must:

- Use the NHSN Internet-based data entry system to report data to CDC.
- Successfully complete an annual survey.
- Successfully complete one or more modules as required for the following:
 - For the selected component, if any, of the modules will be submitted for a minimum of 6 months of data for the entire year to mail to the U.S. Center for Medicare and Medicaid Services (CMS) and measurement reporting requirements.
 - Adhere to the selected module during the months when one or more surveillance methodology approaches are required for the module(s) indicated.
 - Report adverse events/exposures as required for the module(s) indicated.
 - For those months when the HAIs are reported, confirm the accuracy of the data.
 - Pass quality control acceptance testing.
- NHSN facilities must agree to report to CDC that are identified in their facility by the CDC.
- Failure to comply with these requirements will be offered the opportunity to withdraw. If a facility may apply for withdrawal, a facility may apply for withdrawal.

There is no fee for participation in NHSN.

Assurance of Confidentiality
The voluntarily provided information obtained in identification of any individual or institution is confidential, will be used only for the purposes stated without the consent of the individual, or the institution, as required by the Public Health Service Act (42 USC 3006(d)).

Required if participating in Component **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
(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 (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)

 **Agreement to Participate and Consent** Page 3 of 3

^Required if participating in Component _____ Tracking # _____
*Required **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: _____ - _____

- ❑ **Must be signed by**
 - Contact person for each component
 - Facility Leadership

- ❑ **Requires signature from a C-level hospital executive (CEO, COO, CFO, CNO, etc.)**

- ❑ **Signature page of the form (Page 3) must be faxed to 404-929-0131**
 - You are not required to mail any forms

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

Subject: NHSN enrollment approved

Welcome to the National Healthcare Safety Network (NHSN)!

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

Facility Name: Test Facility
Facility ID: XXXXXX

As the Facility Administrator you may now access the SAMS Partner Portal by clicking [here](#).

However, you must receive your SAMS grid card, which will be delivered to your home address via U.S. mail, before you may access NHSN through SAMS.

After you receive your grid card in the mail you can reach the NHSN activity home page directly by clicking <https://nhsn2.cdc.gov/nhsn/>.

When prompted, please enter your SAMS account User Name and Password, then click the Login button.

If you've forgotten your password, you may reset it by following the 'Forgotten Password' link on the SAMS Portal log in page.

NHSN Enrollment Steps 1 – 5

Training and Preparation

1. Accept the Rules of Behavior

Takes you directly to the registration page

2. Register

Receive 'NHSN Registration' email

3. Apply for/Install Digital Certificate

Receive application confirmation and installation emails

4. Access/Complete Enrollment Forms

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 is available on the NHSN Training Website:**
http://www.cdc.gov/nhsn/PDFs/slides/NHSN_Getting_Started.pdf

- ❑ **Set-up NHSN for your facility**
 - Add users & assign user rights (optional but recommended)
 - Add Locations (required)
 - Create Monthly Reporting Plans (required)
 - Add Surgeons (optional)

Set-up is required before you can begin reporting your data.

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.