



# **NHSN Enrollment Guidance**

## ***Home Dialysis Facilities Reporting COVID-19***

### **NHSN COVID-19 Dialysis Module**

October 2020

# Important

- Please note that the following guidance is specific to facilities who have not previously enrolled in NHSN for reporting. For example, if your facility is currently reporting HCP Flu Vaccination data, you will not need to re-enroll.
- The following guidance is specific to Home Dialysis Facilities enrolling for COVID-19 reporting only. For other enrollment guidance please use the below resources:
  - 5-Step Enrollment for Home Dialysis Facilities – CMS QIP:  
<https://www.cdc.gov/nhsn/dialysis/homedialysis/enroll.html>
  - 5-Step Enrollment for Outpatient Dialysis Facilities - CMS QIP:  
<https://www.cdc.gov/nhsn/dialysis/enroll.html>

# Step 1 – Enrollment Preparation

- Add [\\*cdc.gov](#) to your list of trusted websites and permit pop-ups for these sites
- Check spam-blocker settings to allow emails from [NHSN@cdc.gov](mailto:NHSN@cdc.gov), [SAMS-NO-REPLY@cdc.gov](mailto:SAMS-NO-REPLY@cdc.gov)

## Step 2 – Register with NHSN

- Read and agree to the NHSN Rules of Behavior at <https://nhsn.cdc.gov/RegistrationForm/index>

**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.

**Introduction**  
National Healthcare Safety Network (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**  
Rules of Behavior establish standards that recognize knowledgeable users are the foundation

**CLICK HERE** 

PDF (67KB) 3 pages

**WARNING**  
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 or administrative action. There is no right to privacy on this system. All information on this system is monitored, intercepted, recorded, read, copied, and shared by authorized personnel for law enforcement and criminal investigations. Access or use of this system, whether authorized or unauthorized, is subject to the terms (Title 18, U.S.C.)

<https://nhsn.cdc.gov/RegistrationForm/index>

## Step 2 – Register with NHSN

- After selecting “Agree”, you will then be redirected to electronically register your facility with NHSN.

**Important:** Please ensure that you enter your email address correctly, as all additional emails to complete the process come to this email address. You will need to use the same email address for all steps in the enrollment process.

### Registration Form

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

#### Personal Information

\*First name:   
\*Last name:   
Middle name:   
\*Email address:

#### Facility Identifier

\*Please select a facility identifier:  
 OCCN  
 AHA  
 VA  
 CDC Registration ID  
 NONE

\*Selected identifier ID:

AMB-HEMO - Hemodialysis Center  
AMB-HDPD - Home Dialysis Center  
AMB-PEDHEMO - Pediatric Hemodialysis Cent

\*Facility Type: AMB-SURG - Outpatient Surgery Facility

#### NHSN Training Date

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

Submit

# Step 2 – Register with NHSN

- Register the facility with NHSN. You will need a **Facility Identifier** (for example, CMS Certification Number [CCN]).
  - If you receive a notice that your CCN will not validate, please contact [NHSNEnrollment@cdc.gov](mailto:NHSNEnrollment@cdc.gov) and request a temporary enrollment number (CDC Registration ID) to complete the process.
- For the **NHSN Training Date**, please use the date of registration. Training resources for the Outpatient Dialysis COVID-19 module will be posted to the website. Completing training, while highly encouraged, is not required to register and enroll with NHSN.

## Registration Form

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

**Personal Information**

\*First name:

\*Last name:

Middle name:

\*Email address:

**Facility Identifier**

\*Please select a facility identifier:

CCN  
 AHA  
 VA  
 CDC Registration ID  
 NONE

\*Selected identifier ID:

AMB-HEMO - Hemodialysis Center  
AMB-HDPD - Home Dialysis Center  
AMB-PEDHEMO - Pediatric Hemodialysis Center  
\*Facility Type: AMB-SURG - Outpatient Surgery Facility

**NHSN Training Date**

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

**Submit**

## Step 2 – Register with NHSN

- After completing registration, you will receive an email from NHSN
  - “Welcome to NHSN!”
  - The “Welcome to NHSN” email will contain a link inside allowing users to agree to the SAMS Rules of Behavior (ROB). Once you agree to the ROB, you will be allowed to register with SAMS.

## Step 3 – Register with SAMS (Secure Access Management Services)

- From the link in the ‘Invitation to Register with SAMS’ email, login to SAMS with your username (email address used in registration) and the temporary password provided.
- Accept the SAMS Rules of Behavior and complete the online SAMS registration form.
- Within 24 hours of successful online registration, you will receive the SAMS “Identity Verification Request” email.

### SAMS Credentials



SAMS Username

SAMS Password

Login



# Important Notes for completing the SAMS registration form

- Please use your home address for the SAMS registration, so your grid card will be mailed there and not to your work address.
- Enter your first and last name exactly as it appears on your identity proofing documents (for example, your drivers license).

## Step 3 – Register with SAMS: Complete and Submit Identity Proofing Verification

- Once you receive the ‘Identity Verification Request’ email, print the **Identity Verification Form**, complete it, and using the SAMS contact information in the e-mail, digitally upload, fax, or mail the completed form and supporting documentation.
- Once your information is received and approved, you will receive ‘SAMS Account Activation’ and ‘SAMS Activity Authorization’ emails, followed by receipt of your SAMS grid card, which will be delivered to your home address via U.S. mail. The approval process can take up to three weeks.
- Please contact [samshelp@cdc.gov](mailto:samshelp@cdc.gov) for questions about the registration process.

## Step 4 – Complete NHSN Enrollment

- After receiving your SAMS grid card, login to SAMS - <https://sams.cdc.gov>. Under the **SAMS Grid Card** image, enter your username and password, and then click Login. Reminder: your SAMS username is the email address used to register.

SAMS Grid Card

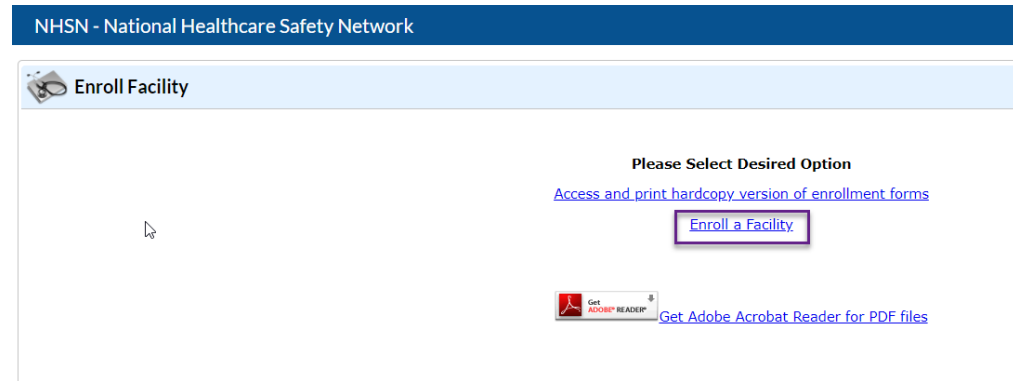
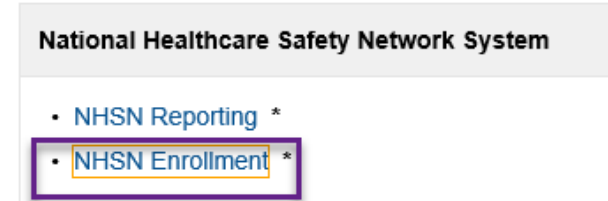


Click the Login button to sign on with a SAMS Grid Card

Login

# Step 4 – Complete NHSN Enrollment

- On the SAMS home page, select 'NHSN Enrollment' to complete electronic enrollment.
- Select 'Enroll a Facility'.  
**Reminder:** Home Dialysis Facilities only reporting COVID-19 data will not need to complete the enrollment forms. All other enrolling facilities will need to complete the forms.



# Step 4 – Complete NHSN Enrollment

- Complete the Facility Information
- It is not necessary to enter all the verification numbers
  - For example, facilities which are CMS-certified will only enter CMS certification number (CCN) and check “not applicable” box next to the AHA ID # and the VA Station Code

Mandatory fields marked with \*

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### NHSN 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\* :  
  Not Applicable

CMS Certification Number (CCN)\* :  
  Not Applicable

CCN Effective Date\* :

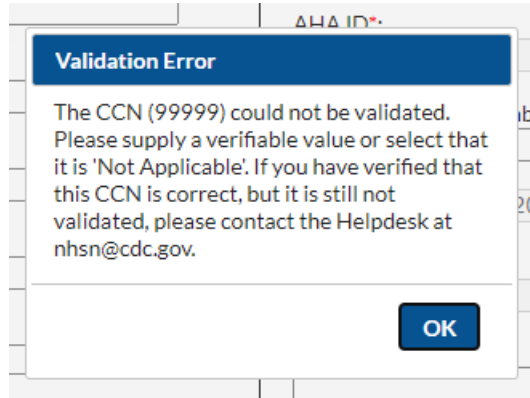
VA Station Code\* :  
  Not Applicable

Object Identifier:

[Continue](#)

# Step 4 – Complete NHSN Enrollment

- If your CCN number will not validate, please contact [NHSNEnrollment@cdc.gov](mailto:NHSNEnrollment@cdc.gov) and request a temporary enrollment number to complete the process.



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

AHA ID\*:   Not Applicable

CMS Certification Number (CCN)\*:   Not Applicable

CCN Effective Date\*:

VA Station Code\*:   Not Applicable

Enrollment Number\*:  ?

Object Identifier:

Continue

# Step 4 – Complete NHSN Enrollment

- Complete the Facility Information – select the Facility Type

Select Facility\*:

AMB-HDPD - Home Dialysis Center

HOSP-CAH - Critical Access Hospital

HOSP-CHLD - Children's Hospital

HOSP-GEN - General Hospital, including Acute, Trauma, and Teaching

HOSP-LTAC - Long Term Acute Care Hospital

HOSP-MIL - Military Hospital

HOSP-ONC - Oncology Hospital

HOSP-ORTHO - Orthopedic Hospital

HOSP-PEDLTAC - Pediatric Long Term Acute Care Hospital

HOSP-PSYCH - Psychiatric Hospital

HOSP-REHAB - Rehabilitation Hospital

HOSP-SURG - Surgical Hospital

HOSP-VA - VA Hospital

HOSP-WOM - Women's Hospital

HOSP-WOMCHILD - Women's and Children's Hospital

AMB-HDPD - Home Dialysis Center

AMB-HEMO - Hemodialysis Center

AMB-PEDHEMO - Pediatric Hemodialysis Center

AMB-SURG - Outpatient Surgery Facility

LTC-ASSIST - Assisted Living Residence

First

# Step 4 – Complete NHSN Enrollment

- Please ensure the email address used for the Facility Administrator is the same email address used the register in SAMS
  - **Note:** The NHSN Facility Administrator entered here is not to be confused with the Facility’s Administrator, CEO, CNO, COO, etc. This should be the person who will be mainly responsible for managing NHSN in the facility.
- You will create your own User ID – first initial, last name is recommended

Mandatory fields marked with \*

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### NHSN Facility Information - Part 2

**Facility Type**

Select Facility\*:  
AMB-HDPD - Home Dialysis Center

Was this facility operational in the year prior to NHSN enrollment (i.e., last year)?

Yes  
 No

IHS Facility:

Yes  
 No

**NHSN Components**

Select Components\*:

Patient Safety  
 Healthcare Personnel Safety  
 Biovigilance  
 Long Term Care Facility  
 Dialysis  
 Outpatient Procedure


**NHSN Facility Administrator**

First Name\*:  
[Text Field]

Middle Name:  
[Text Field]

Last Name\*:  
[Text Field]

Title:  
[Text Field]

 Copy Address from Facility

Address, Line 1\*:  
Enter Street Address  
[Text Field]

Address, Line 2:  
[Text Field]

Address, Line 3:  
[Text Field]

Phone\*:  
999-999-9999 [Text Field] Ext: [Text Field]

Fax:  
[Text Field]

Pager:  
[Text Field]

Email\*:  
[Text Field]

User ID\*:  
EWITT [Text Field]

[Continue ▶](#)




# Step 4 – Complete NHSN Enrollment

- It is recommended the Dialysis Contact Person is the Facility Administrator. You can copy the FA information from the previous page.

Mandatory fields marked with \*

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**Dialysis Contact Person**

 Copy from Facility Administrator

First Name\*:

Middle Name:

Last Name\*:

Title:

Address, Line 1\*:  
  
Enter Street Address

Address, Line 2:

Address, Line 3:

City\*:  
  
Enter Name of City

State\*:

Zip Code\*:  
 -

Phone\*:  
Example: 111-111-1111 Ext:

Fax:

Pager:

Fmail\*:

## Step 4 – Complete NHSN Enrollment

- After filling out the Facility, Facility Administrator, and Dialysis Contact Person information, you will receive a Required Surveys notice. These are not required for COVID-19 reporting.
- Please press “Submit” to proceed.

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**Required Surveys**

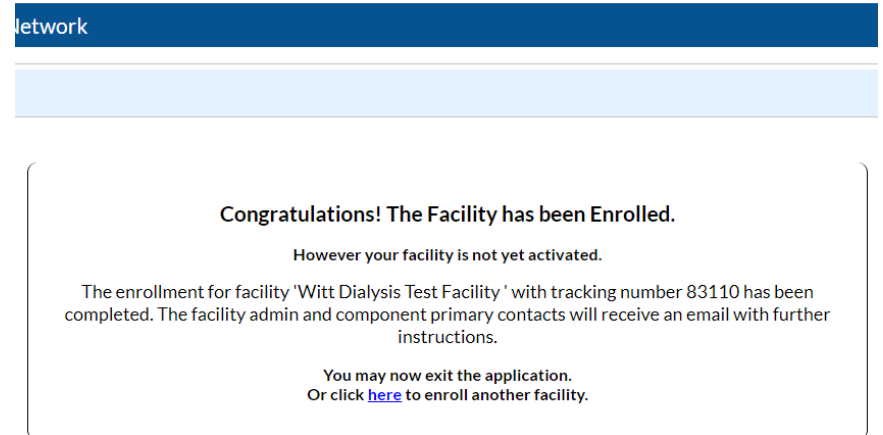
As part of the enrollment process, please provide the data requested for the following survey(s). If additional surveys are required a button will be displayed below. Click on the button to complete the survey. When you are finished, you will return to this page to complete the enrollment process. If no additional surveys are presented below, press submit to complete the enrollment process when ready.

---

[◀ Back](#) [Submit](#)

# Step 5 – Accept “NHSN Agreement to Participate and Consent”

- After completing enrollment, you’ll be directed to a “Congratulations!” message. **Please note this is not the final step** – you must activate the facility.
- The Facility Administrator and Primary Contact will receive a “NHSN Facility Enrollment Submitted” email with next steps.



# Step 5 – Accept “NHSN Agreement to Participate and Consent”

- Login to NHSN through SAMS, select “NHSN Reporting”
- On the next page select “Dialysis Component” and your facility in drop down menu.

The screenshot shows the NHSN reporting interface. At the top, there is a header for the "National Healthcare Safety Network System". Below this, a menu lists two options: "NHSN Reporting" and "NHSN Enrollment". The "NHSN Reporting" option is highlighted with a purple box, and "NHSN Enrollment" is highlighted with a yellow box. Below the menu is a blue header for "NHSN - National Healthcare Safety Network". The main content area is titled "Welcome to the NHSN Landing Page" and features a blue user icon. Below the icon, there are two dropdown menus: "Select component:" with "Dialysis" selected, and "Select facility/group:" with "Fac: Witt Dialysis Test Facility (ID 83110)" selected. A blue "Submit" button is located at the bottom of the form.

# Step 5 – Accept “NHSN Agreement to Participate and Consent”

- Review the Agreement to Participate and Consent.
- Check the box to ‘Accept’ next to the appropriate contact name and then ‘Submit’ the form. You may need to scroll down to the bottom of the browser window and to the right to see the ‘Accept’ box.
- Checking ‘Accept’ serves as your electronic signature – you do not need to print and sign the agreement.

Forms among parents or residents and healthcare personnel

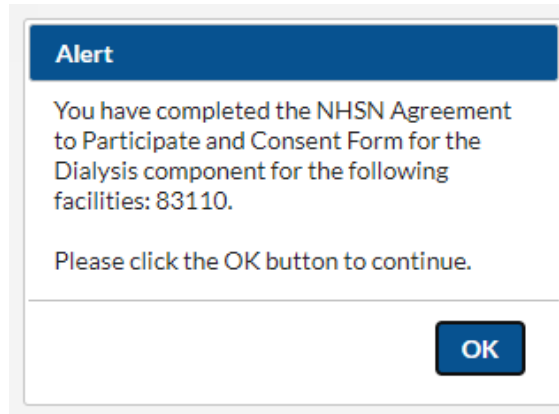
- Collect data from a sample of healthcare facilities in the United States to permit valid estimation

Component	Contact Type ↕	Contact Name	Phone Number	Email	Accept
Dialysis	Facility Administrator	Emily Witt	999-999-9999		<input type="checkbox"/>

Submit

# Enrollment Complete!

- After you accept the Agreement to Participate and Consent, you'll receive the below alert.
- From this point, you have completed enrollment of your facility and can begin COVID-19 reporting.



# Questions?

Please reach out to [NHSN@cdc.gov](mailto:NHSN@cdc.gov)