



NHSN Facility Administrator Enrollment Guide



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Introduction

The NHSN Facility Administrator Enrollment Guide is intended for those individuals interested in enrolling their healthcare facility into NHSN. This individual is considered the NHSN Facility Administrator and is responsible for completing all instructions in this guide.

The person designated as the **NHSN Facility Administrator** is the only person who can enroll a facility in NHSN or reassign the role of Facility Administrator. This person is also the only person who has rights to manage/negotiate locations and patients that are used across components. The NHSN Facility Administrator has the ability to nominate groups, that is, entities with which your hospital wants to share some/all of its data (e.g., state or county health department, corporate headquarters). Therefore, this role should be given to an individual who has the authority to perform these functions within your hospital's organizational structure.

If you will enroll only in the **Patient Safety Component**, the person responsible the Infection Prevention/Control department is a good candidate for both NHSN Facility Administrator and the NHSN Patient Safety Primary Contact Person.

If you will enroll only in the **Healthcare Personnel Safety Component**, the person responsible for the occupational health functions is a good candidate for both NHSN Facility Administrator and NHSN Healthcare Personnel Safety Primary Contact Person.

If you will enroll only in the **Biovigilance Component**, the person responsible for blood transfusion functions is a good candidate for both NHSN Facility Administrator and NHSN Biovigilance Primary Contact Person.

If you will enroll in **more than one component**, the NHSN Facility Administrator should be a person with authority in areas overseeing each component.

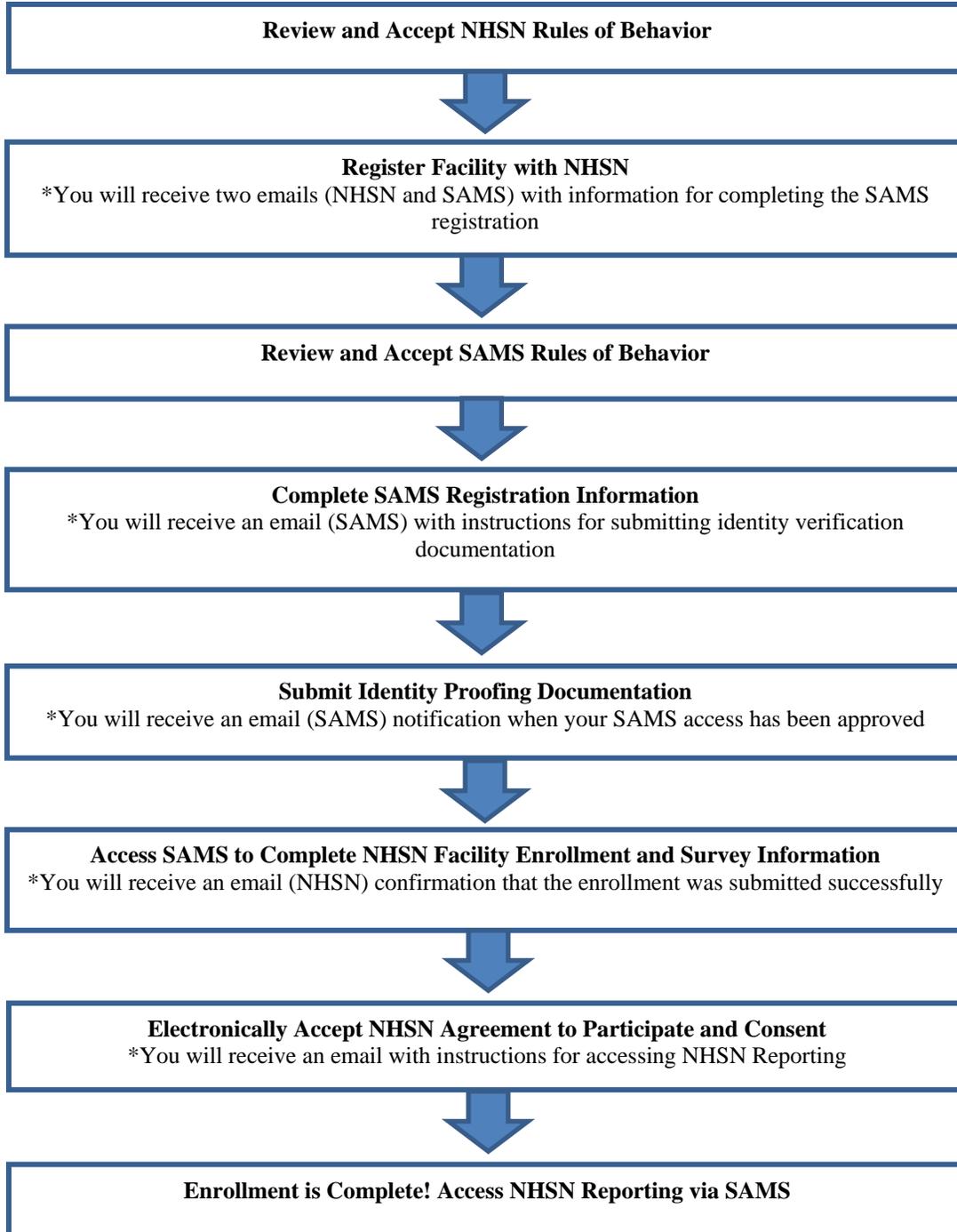
NOTE: When enrolling, the NHSN Facility Administrator has the option to designate another individual at the facility as Primary Contact Person for each component.

Please note that each step in this guide should be completed **in order** to ensure a successful facility enrollment. The Enrollment Diagram provided on page 3 can be used a checklist as you complete each step in the enrollment process.



How Does an NHSN Facility Get Started?

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





Step 1. Read the NHSN Rules of Behavior

After the required training has been completed, the first step to NHSN Enrollment is for the person who will serve as the NHSN Facility Administrator to access and read the NHSN Rules of Behavior from <http://nhsn.cdc.gov/RegistrationForm> .

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 workervaccinations. 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)

A copy of the NHSN Rules of Behavior may be printed by clicking the **Print** link at the bottom of the screen.

To indicate agreement with the terms and conditions as stated in the NHSN Rules of Behavior, click **Agree** and you will be guided to the NHSN Registration page. Otherwise, click **Do Not Agree** and discontinue enrollment.



Step 2. Register with NHSN

At the Registration Form page, you will be asked to provide a few key pieces of information, including:

- The name of the NHSN Facility Administrator
- Email address for the NHSN Facility Administrator
- Facility identifier
 - You will need your hospital's American Hospital Association (AHA) ID#, CMS Certification Number (CCN), or VA Station Code to proceed. If you do not have one of these identifiers or if they're not accepted during registration you may contact nhsn@cdc.gov for an NHSN Enrollment Number. NOTE: If your facility is participating in any of CMS's quality reporting programs, such as the Hospital Inpatient Quality Reporting Program, you are required to enter your CCN during enrollment or on the Facility Information screen after enrollment is completed.
- Training completion date
 - Enter the date you completed all of the required training sessions.
 - **NOTE:** If you have participated in a face-to-face NHSN training session endorsed by the CDC (i.e., from State groups or CDC day training), we recommend that you also review our training sessions, especially for those protocols and topics which may not have been covered during CDC-endorsed trainings. When registering as a user of NHSN, you may enter the date of the CDC-endorsed training you attended as the training completion date.

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:

*Facility Type:
AMB-HEMO - Hemodialysis Center
AMB-SURG - Outpatient Surgery Facility
HOSP-CAH - Critical Access Hospital

NHSN Training Date

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

Enter the correct information and click **Submit**



NOTE: To ensure that information sent by email is not blocked by your organization's anti-spam program, please contact your IT department and request that they specifically allow sams-no-reply@cdc.gov, phintech@cdc.gov, and nhsn@cdc.gov to get through.

Step 3. Register with SAMS

After CDC receives your completed registration, you will receive an email similar to the following:

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:

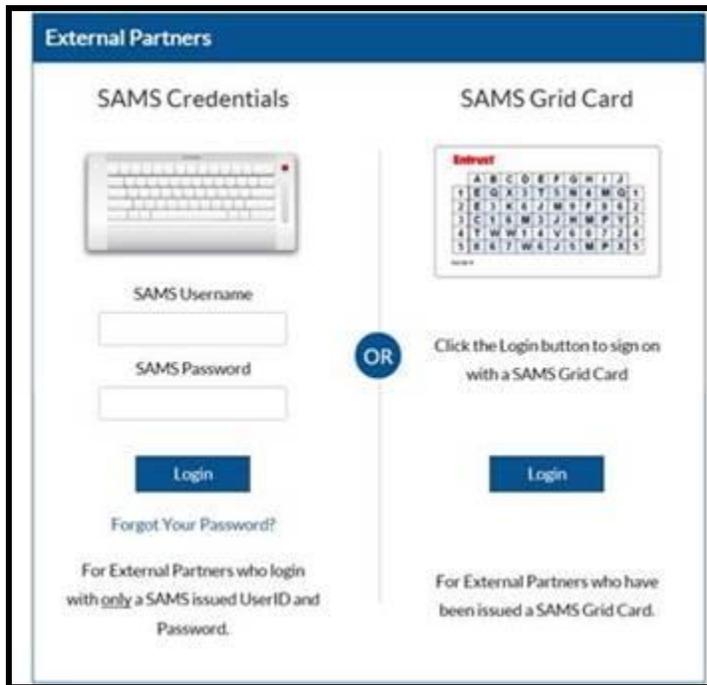
and click the Login button.

*****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.



- In the *Invitation to Register* email you received, click the link to SAMS, or cut and paste the following link into your browser:
<https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task.tag=SAMSRegistration>

The screen shown below displays:



- On the *Log In* screen, enter the user name and password provided in the email, and click the **Login** button. The *SAMS Rules of Behavior* screen displays.
- Read the *SAMS Rules of Behavior* and click the **Accept** button.



The SAMS registration page displays.

Secure Access Management Services (SAMS) 

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*

Organization Name*

Organization Role

Organization Address

Address Line 1*

Address Line 2

City*

State*

Postal Code*

Country*

Primary Phone*

Alternate Phone

You must specify a new password. Your password must:

- Be seven or more characters long.
- Contain at least three of the following: uppercase, lowercase, numeric, and numeric character.
- Not contain your username or any part of your full name.
- Be different than your previous 13 passwords.

Password* Confirm Password*

Your answers to the following questions will be used to verify your identity should you forget your password.

Question:	Answer:
Q1* <input type="text" value="Name of the city/town where you were born"/>	A1* <input type="text"/>
Q2* <input type="text" value="Name of the city/town where you were born"/>	A2* <input type="text"/>
Q3* <input type="text" value="Name of the city/town where you were born"/>	A3* <input type="text"/>
Q4* <input type="text" value="Name of the city/town where you were born"/>	A4* <input type="text"/>
Q5* <input type="text" value="Name of the city/town where you were born"/>	A5* <input type="text"/>

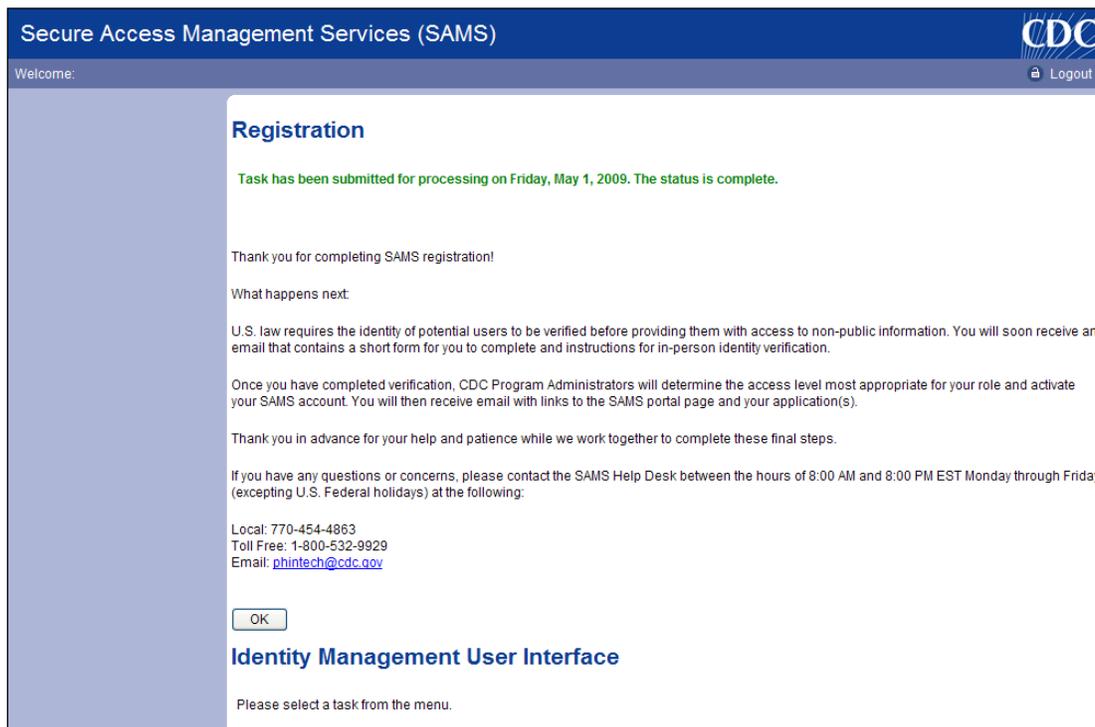
- Enter information in the fields displayed. Fields marked with an asterisk are required.



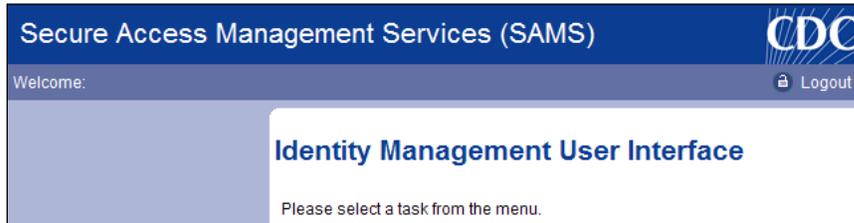
- Change your password. Ensure that your password meets the requirements displayed on the screen.
- In the *Question* section, select a question from the list displayed in line 1.
- In the *Answer* section in line 1, type your answer to the question you selected.
- Repeat steps 6 and 7 until all five questions are answered.

Note: Be sure that the questions you select have answers you are sure to remember.

- Click the **Submit** button to complete your registration. The registration confirmation message displays.



- Click the **OK** button to acknowledge the message and display the screen below. Notice that no tasks appear in the left-hand portion of the screen. Once you have registered, you cannot perform any tasks in SAMS until you are approved for an activity.



- Click the **Logout** link.
- Follow the Identity Verification instructions included in the SAMS Registration Email Notification.

Once you have successfully registered with SAMS and provided your identify verification documentation, you will receive an email indicating that your registration is approved once your proofing documents have been accepted. You will then receive your SAMS Grid Card by U.S. mail at the address provided during registration.

NOTE: You are given the option of logging in with only a Username and Password. If you choose this method, the system will grant Level 2 access. In order to log in with the Level 3 access required to utilize NHSN, you must log in using your SAMS Grid Card Credentials.

Step 4. Enroll in NHSN

When you arrive at the SAMS website (<https://sams.cdc.gov>) you may want to bookmark the page, either individually or in a special NHSN bookmark folder. If you are unsure how to bookmark a web page, please contact your IT department for assistance.

- Enter your user name, password and the requested grid card information and click **Log In**.
- You will then be brought to the SAMS homepage. In the middle of the page, you should see a link to the National Healthcare Safety Network labeled **NHSN Enrollment**.



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.

- Click on the **NHSN Enrollment** link to go to the **NHSN Enrollment** page.

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

NHSN - National Healthcare Safety Network

[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](#)

NOTE: Do not use the browser's Back button. Always use the buttons provided on a page or use the navigation bar on the left to move around within the NHSN web pages.

4.1 Download and Print Enrollment Forms

- From the **Enroll Facility** page, click on Access and print required enrollment forms option.



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](#)

- From the **Facility Enrollment Forms** page, print the forms needed for the Component into which you are enrolling (i.e., Patient Safety as a hospital or as an Outpatient Dialysis Center, or Healthcare Personnel Safety). **Complete these forms before attempting to enroll online.**
 - You will need your hospital’s American Hospital Association (AHA) ID#, CMS Certification Number (CCN), or VA Station Code to proceed. If you do not have one of these identifiers or if they’re not accepted during registration you may contact nhsn@cdc.gov for an NHSN Enrollment Number. Check the box of those IDs that are not applicable. NOTE: If your facility is participating in any of CMS’s quality reporting programs, such as the Hospital Inpatient Quality Reporting Program, you are required to enter your CCN during enrollment or on the Facility Information screen after enrollment is completed.
 - You must also indicate a facility type from the drop down list. If you are unsure of which type to select, contact us at nhsn@cdc.gov.

4.2 Complete Facility Contact Information and Facility Survey online.

- Once you’re ready to enroll, log in to SAMS, access NHSN Enrollment, and go to the **Enroll Facility** page. Click on the **Enroll a facility** option. Enter the data from the completed forms onto the screen and click **Submit**.
- NOTE: It is not necessary to enter all of these verification numbers. For example, if you choose to enter your facility’s CCN, you may check the “not applicable” box next to the AHA ID# and the VA Station Code.
- NOTE: In the unlikely event that your facility does not have an AHA ID#, CMS Certification Number (CCN) or VA Station Code, a prompt will appear that will instruct you to contact the



CDC NHSN Administrator who will assign an enrollment number to your facility. When you click OK on the prompt, a new data entry field will appear, called “Enrollment Number”.

- Once submitted successfully, you can close the browser.

Step 5. Electronically Accept Agreement to Participate and Consent

After you have successfully completed the survey, you will be sent an email similar to the following:

***NOTE: Each component contact will need access to SAMS in order to accept the consent form.**

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

Facility Name: Tiffany Test
Component: Healthcare Personnel Safety
Tracking Number: 15108



NHSN Facility Administrator: Tiffany Dozier XXXX@CDC.GOV
Component Primary Contact: David Jordan XXXX@CDC.GOV

To activate this facility and component, the component's primary contact must accept the consent form within 60 days.

If you are listed above as the primary contact for this component, please log in to NHSN at <https://sams.cdc.gov> and select NHSN Reporting to accept the Agreement to Participate and Consent form. The deadline to activate the component is 04/10/2018.

The facility will be withdrawn if none of the primary contacts accept the consent form by 04/10/2018.

If you have questions, please contact us at nhsn@cdc.gov. For information on the NHSN, please visit the member's web site at <http://www.cdc.gov/nhsn>.

Log in to SAMS at <https://sams.cdc.gov>. Once you have logged in successfully you will receive an alert detailing the requirements for accepting the Agreement to Participate and Consent form:

Alert

In order to activate this component, the component's primary contact must accept the Agreement to Participate and Consent form. If you are a primary contact for this component, please view and accept the Agreement to Participate and Consent form.

Consent

Tracking #: 14918

The National Health Safety Network (NHSN) is a voluntary reporting system for healthcare-associated adverse events, adherence to prevention practices, and antimicrobial use and resistance. Healthcare or residential facilities may participate in NHSN voluntarily, i.e., on their own initiative and for their own purposes, or as a result of a state or federal reporting requirement. CDC will disclose data submitted to NHSN to other federal agencies and to state health departments in accordance with the scope of their reporting mandates. CDC also will disclose data to state or local health departments that are outside the scope of federal or state reporting mandates provided the state or local health department has completed a data use agreement with CDC that stipulates the data will be used solely for surveillance and prevention purposes and not for public reporting of facility-specific data or any regulatory or punitive actions against facilities, such as a fine or licensure action. These data disclosures to state or local health departments will be made to the extent permissible by federal law.

Purposes of NHSN

The purposes of NHSN are to:

- Collect data from healthcare facilities in the United States to permit valid estimation of adverse events among patients or residents and healthcare personnel.
- Collect data from a sample of healthcare facilities in the United States to permit valid estimation



Each person listed as a Primary Contact or the Facility Administrator must “Accept” the Agreement to Participate. *If the Primary Contact accepts the form they can only accept the form for the component in which they are listed as the primary contact.

*NOTE: Each component that your facility has enrolled in will be listed under the Agreement to Participate.

prevent or control antimicrobial resistance or prevent healthcare-associated infections by providing facility identifiers to federal agencies and peer-reviewed, CDC-approved research projects for potential participation in studies, including comparative effectiveness assessments.

- Comply with legal requirements – including but not limited to state or federal laws, regulations, or other requirements – for mandatory reporting of facility-specific adverse event, prevention practice adherence, and other public health data.
- Enable healthcare facilities to report data via NHSN to the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (DHHS) in fulfillment of CMS’s quality measurement reporting requirements for those data.

OMB number - pending OMB approval

Agreement to Participate and Consent

Page 2 of 3

- Provide patient-level data and annual facility survey data to CMS that are deemed required data in CMS rule-making and that are used by CMS for its program administration, monitoring and evaluation activities, including validation, appeals review, program impact evaluation, and development of quality measure specifications.
- Provide patient- and healthcare facility-level data, including annual facility survey data, to CMS for use by CMS programs in the design, operations, and evaluation of quality improvement programs in which healthcare facilities participate voluntarily.

Contact Type	Contact Name	Phone Number	Email	Accept
Patient Safety Primary Contact	Tiffany Dozier	404-555-1212	HGY7@CDC.GOV	<input checked="" type="checkbox"/>

As each component Primary Contact/Facility Administrator has accepted, they will receive an additional alert confirming this action:

Page 2 of 3

- Provide patient-level data and annual facility survey data to CMS that are deemed required data in CMS rule-making and that are used by CMS for its program administration, monitoring and evaluation activities, including validation, appeals review, program impact evaluation, and development of quality measure specifications.
- Provide patient- and healthcare facility-level data, including annual facility survey data, to CMS for use by CMS programs in the design, operations, and evaluation of quality improvement programs in which healthcare facilities participate voluntarily.
- Provide state and local health departments with information that identifies the facilities in their state that
- Provide to surveillance
- Provide to efforts (e.g., healthcare to assist th facilities t outbreaks

Alert

You have completed the NHSN Agreement to Participate and Consent Form for the following facilities: 14918.

This component is now activated for those facilities.

Eligibility criteria:
Facilities participating in NHSN must meet the following criteria:

- Be a certified or licensed healthcare or residential facility in the United States.
- Have email addresses for NHSN users and high-speed Internet connections on the computers

Step 6. Begin Using the NHSN Reporting Application

Updated 01/01/2018

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Once each component contact has accepted the consent form, they will receive a “consent complete” email. The email will be similar to this:

The following facility's component has completed the NHSN Agreement to Participate and Consent Form:

Facility Name: Tiffany Test
Component: Patient Safety
Consent Date: 02/09/2018
Facility ID: 15108

⊕
NHSN Facility Administrator: Tiffany Dozier XXXX@CDC.GOV
Component Primary Contact: David Jordan XXXX@CDC.GOV □

The component has been activated and users may now log into NHSN and report data.

If you have questions about NHSN, please contact us at nhsn@cdc.gov. For information on the NHSN, please visit the member's web site at <http://www.cdc.gov/nhsn>.

Once you receive this email, you can go to SAMS (<https://sams.cdc.gov>), enter your password and grid card information to log in. Select the **NHSN Reporting** activity. At this point you can begin to add users and set up location codes, surgeon codes, and enter a Monthly Reporting Plan.

NHSN Contact Information

If you have any questions, please contact NHSN at nhsn@cdc.gov. Website: <http://www.cdc.gov/nhsn>.