NHSN Dialysis Event Surveillance

NHSN Enrollment
for Outpatient Dialysis
Audience

- Any person enrolling a dialysis clinic or center in NHSN
  - Known as the NHSN Facility Administrator

- 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/library.html#group](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://wwwdev.cdc.gov/nhsn/enroll.html

Dialysis specific enrollment and reporting resources
http://www.cdc.gov/nhsn/psc_da_de.html
Enrollment Checklist for Dialysis Facilities

- The checklist is a helpful tool for dialysis facilities to complete enrollment efficiently
- Complete steps in order
- Time needed for each step is estimated
Reference Materials

- **NHSN Facility Administrator Enrollment Guide**
  - A general resource, not specific to dialysis
  - Contains instructions and tips
Enrolling Multiple Dialysis Clinics

- Each dialysis facility should enroll separately

- If you have multiple dialysis clinics to enroll (for example, satellite clinics) start by enrolling one clinic first

- After the first clinic is enrolled, refer to instructions for additional clinics: http://www.cdc.gov/nhsn/PDFs/slides/EnrollingMultipleDialysisFacilities.pdf

- 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.

- Across components, 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)

- Only the Facility Administrator can reassign their role to another user.
Key Personnel Roles

- **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

- **One person may hold multiple roles**
NHSN Enrollment
Steps 1 – 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’ email

5. Sign and Send Consent
   Receive ‘NHSN Enrollment Approved’ email
Training and Preparation (Step 1)

- Review all training materials before beginning enrollment

- Dialysis training requirements are listed on the Dialysis Event website: [http://www.cdc.gov/nhsn/psc_da_de.html](http://www.cdc.gov/nhsn/psc_da_de.html)

- Note: Any person collecting data, regardless of whether or not they have access to NHSN for data entry, must be familiar with the Dialysis Event Protocol
Training and Preparation (Step 1)

- Technical steps for enrollment may require assistance from your IT 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 1 – 5

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Register  
(Step 2)

- Read and Agree to the Rules of Behavior
- Go to http://nhsn.cdc.gov/RegistrationForm/index.jsp
Register (Step 2)

- Facility Administrator completes this form:
  - Your 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 Dialysis Event 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: [Recipient Address]
Cc: [CC Address]
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
Steps 1 – 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’ 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
- Specific IT requirements for installation
Request Digital Certificate (Step 3a)

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

**Important!** Use the same email address entered during registration (step 2) and verify that it is correct.
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.**
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: 
  ![Characters](image)
- 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.
Once your challenge phrase (password) is created, you will receive confirmation that your digital certificate has been requested.
1. Training and Preparation

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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=bdc97fbb5d6e366c

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 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

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**WARNING**

Please note the following requirements must be met to install a certificate on your machine. If you cannot meet any of these requirements, you should not proceed with the certificate installation.

1. Pop-up and script blocker software may interfere with your ability to install a digital certificate. If pop-up and script blocker software has been installed on your machine (e.g., via Windows XP Service Pack 2 and third-party antivirus software), you must disable them or allow them for the “CDC.GOV” domain while installing your digital certificate. If you are unsure of whether or not pop-up and script blocker software is active on your machine, or you have any questions about their use, please contact your local IT support.
2. Your browser must be configured to use TLS 1.0 encryption.

The certificate installation may take several seconds to complete. You must not click your browser’s Stop/Reload/Back button during the installation process.
Install Digital Certificate
(Step 3b)

- Download begins automatically
  - If system settings are correct
  - If settings are incorrect, contact your IT 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:
  - Do not share your digital certificate!
  - Install it on the computer you will use for NHSN reporting
  - You can install your digital certificate on additional computers if necessary (e.g., your work desktop & laptop)
  - If different users share a computer for NHSN, multiple certificates (one/user) can be installed on same computer

- Save a copy of it to an external device as soon as it is installed

- CDC pays for digital certificates

- Renewed annually - email is sent 30 days before expiration
NHSN Enrollment
Steps 1 – 5

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Submit Forms Electronically (Step 4)

- To log on to NHSN, go to SDN’s Public Health Partners website: [https://sdn.cdc.gov](https://sdn.cdc.gov)
- Enter your challenge phase (password)
Submit Forms Electronically (Step 4)

- First, click ‘Access and Print required enrollment forms’
Submit Forms Electronically (Step 4)

- Print forms for Outpatient Dialysis Centers

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

Healthcare Personnel Safety Component
Any facility type, print these:
- Facility Contact Information
- Facility Survey

Biovigilance Component
Any facility type, print these:
- Facility Contact Information
- Facility Survey
Submit Forms Electronically (Step 4)

Facility Contact Information

* 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#:

*CMS Certification Number (CCN):

*VA Station Code:

If none of the above identifiers is applicable, enter CDC-provided Enrollment #:

*Facility Type: AMB-HEMO - Hemodialysis Center

*Was this facility operational in the survey year? YES NO
Submit Forms Electronically (Step 4)

- Dialysis reporting is in the Patient Safety Component
- The NHSN Facility Administrator is the person enrolling the facility
  - Use the same email address as in steps 2 and 3
Submit Forms Electronically (Step 4)

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

Facility Contact Information

NHSN Patient Safety Primary Contact Person (if different from Facility Administrator)

- Name:
- Title:
- Mailing Address: (if different from facility)
- City:  
  - State:  
  - ZIP:
- Telephone Number:  
  - FAX Number:  
- Pager Number:  
- Email:
Submit Forms Electronically (Step 4)

<table>
<thead>
<tr>
<th>NHSN Healthcare Personnel Safety Primary Contact Person (If different from Facility Administrator)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Mailing Address:</strong> (If different from facility)</td>
</tr>
<tr>
<td><strong>City:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
</tr>
</tbody>
</table>
| **Pager Number:** | **Email:** |  | *Valid email account required*

<table>
<thead>
<tr>
<th>Microbiology Laboratory Director/Supervisor (If different from Facility Administrator)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Mailing Address:</strong> (If different from facility)</td>
</tr>
<tr>
<td><strong>City:</strong></td>
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<tr>
<td><strong>Telephone Number:</strong></td>
</tr>
</tbody>
</table>
| **Pager Number:** | **Email:** |  | *Valid email account required*

<table>
<thead>
<tr>
<th>Biovigilance Primary Contact (If different from Facility Administrator)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Mailing Address:</strong> (If different from facility)</td>
</tr>
</tbody>
</table>

- HCP Safety Primary Contact is not required for dialysis
- Lab Contact is required – can use FA if n/a
- Biovigilance Primary Contact is not required for dialysis
Submit Forms Electronically (Step 4)

- The Outpatient Dialysis Center Practices 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 Dialysis Event website:
    http://www.cdc.gov/nhsn/forms/57.104_PSOoutptDialysisSurv_BLANK.pdf
Submit Forms Electronically (Step 4)

Patient Safety Component—Outpatient Dialysis Center Practices Survey

Facility ID#: ___________________________  *Survey Year: ____________

A. Facility Information

*1. Ownership of your dialysis center (choose one): Government Not for profit For Profit

*2. Location/hospital affiliation of your dialysis center: Freestanding Hospital based Freestanding but owned by a hospital

*3. Types of dialysis services offered (check all that apply):
   - In-center hemodialysis
   - Peritoneal dialysis
   - Home hemodialysis

*4. Number of in-center hemodialysis stations: ________

*5. Is your facility part of a group or chain of dialysis centers? Yes No
   If Yes, name of group or chain:
   - DaVita
   - Dialysis Clinic Inc. (DCI)
   - Fresenius Medical Care
   - American Renal Assoc.
   - Nat’l Renal Alliance
   - Nat’l Renal Institutes
   - Dialysis Corp. of America
   - Renal Research Institute
   - Satellite Healthcare
   - Renal Advantage Inc
   - Liberty Dialysis
   - Renal Care Partners
   Other (specify): ____________________________
Submit Forms Electronically
(Step 4)

Please respond to the following questions based on records from your facility for the first week of January (applies to current or most recent January relative to current date).

B. Patient and staff census

*12. How many CHRONIC, NON-TRANSIENT dialysis PATIENTS were assigned to your center during the first week of January? ______
   Of these, please indicate the number who received:
   a. in-center hemodialysis: ______
   b. home hemodialysis: ______
   c. peritoneal dialysis: ______

*13. How many full-time and part-time PATIENT CARE staff were employed in your facility during the first week of January? Include only staff who had direct contact with dialysis patients or equipment: ______
   Specify the number of these clinical staff by category:
   a. nurse/nurse assistant: ______
   b. dialysis patient-care technician: ______
   c. dialysis biomedical technician: ______
   d. social worker: ______
   e. dietician: ______
   f. physicians/physician assistant: ______
   g. nurse practitioner: ______
   h. other: ______

C. Vaccines

*14. Of the patients counted in question 12, how many received:
   a. at least 3 does of hepatitis B vaccine (ever)? ______
   b. the influenza (flu) vaccine for this flu season (September or later)? ______
   c. the pneumococcal vaccine (ever)? ______

*15. Does your facility use standing orders to allow nurses to administer vaccines to patients without a
Submit Forms Electronically (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
Submit Forms Electronically (Step 4)

- Submit required form information

Facility Enrollment

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:

Click to verify values provided above before proceeding.
Submit Forms Electronically (Step 4)

- Facility Type for dialysis clinics:
  - AMB-HEMO – Hemodialysis Center
- NHSN Component: Patient Safety
Submit Forms Electronically (Step 4)

- Survey cannot be saved in progress, complete paper form first to be able to submit all survey information in one session
Submit Forms Electronically (Step 4)

- Once survey information is saved, a green checkmark displays next to it
  - Can print a completed survey for your records

- Once all required forms 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

![Image of Enroll Facility]

- 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
Steps 1 – 5

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   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

Purposes of NHSN
- Surveillance of Healthcare-associated patient safety events
- Analysis and report of adverse events
- Analysis and reporting of data that can demonstrate changes in patient safety

Eligibility Criteria
- Facilities participating in NHSN must meet the following criteria:
  - NHSN Patient Safety Primary Contact Person
  - NHSN Healthcare Personnel Safety Primary Contact Person
  - NHSN Biosignals Primary Contact Person

Assurance of Confidentiality
The voluntarily provided information obtained in the examination of any individual or evaluation is confidential, will be used only for the purpose of the individual, or as required by law.
Sign and Send Consent (Step 5)

- Must be signed by
  - Patient Safety Primary Contact Person
  - Facility Leadership

- Requires signature from the highest level administrator at your facility
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

![NHSN email notification example]

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.
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Steps 1 – 5

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Enrollment is complete: Next is NHSN Set-Up

- Set-up training is available on the Dialysis Event website

- Set-up NHSN for your facility
  - Add users & assign user rights (optional)
  - Add ‘Outpatient Hemodialysis Clinic’ Location (required)
  - Create Monthly Reporting Plans (required)

- Set-up is required before data can be reported
Suggested NHSN Enrollment Timeline

1. Complete training
2. Register and Request Digital Certificate
3. Install Digital Certificate
4. Submit required enrollment forms online
5. Submit consent form, wait 2-3 days for activation
6. Set-up NHSN & begin reporting data

Work on Outpatient Dialysis Center Practices Survey
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 Outpatient Dialysis Center Practices Survey
- Print the enrollment checklist
- If applicable, inform your ESRD Network or organization that you’re enrolling
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.