



NHSN Facility Enrollment

Audience

- Users who need to enroll a facility into NHSN
- Users who need to enroll additional facilities

Learning Objectives

By the end of this learning event you will be able to:

- Successfully enroll a facility or multiple facilities into NHSN
- Know the SAMS process in relation to NHSN enrollment

Key Personnel Roles

- Facility Administrator- the person enrolling the facility in NHSN

NOTE: The NHSN Facility Administrator may not be the Administrator at your facility

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

NOTE: Only the Facility Administrator can reassign their role to another user

Key Personnel Roles

- 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.
 - One person may hold multiple roles

NHSN Enrollment Steps 1-5

Step 1

- Enrollment Preparation

Step 2

- Complete NHSN Registration
- Receive "Welcome to NHSN" email

Step 3

- Secure Access Management Registration (SAMS)
- Provide Identity Proofing Documentation

Step 4

- Submit Enrollment Forms Electronically
- Receive "NHSN Facility Enrollment Submitted" email

Step 5

- Sign and Send Consent Form
- Receive "NHSN Enrollment Approved" email

Step 1 - Training and Preparation

- 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



Step 2- Complete NHSN Registration

On NHSN website, click **New to NHSN? Enroll Facility Here** button.

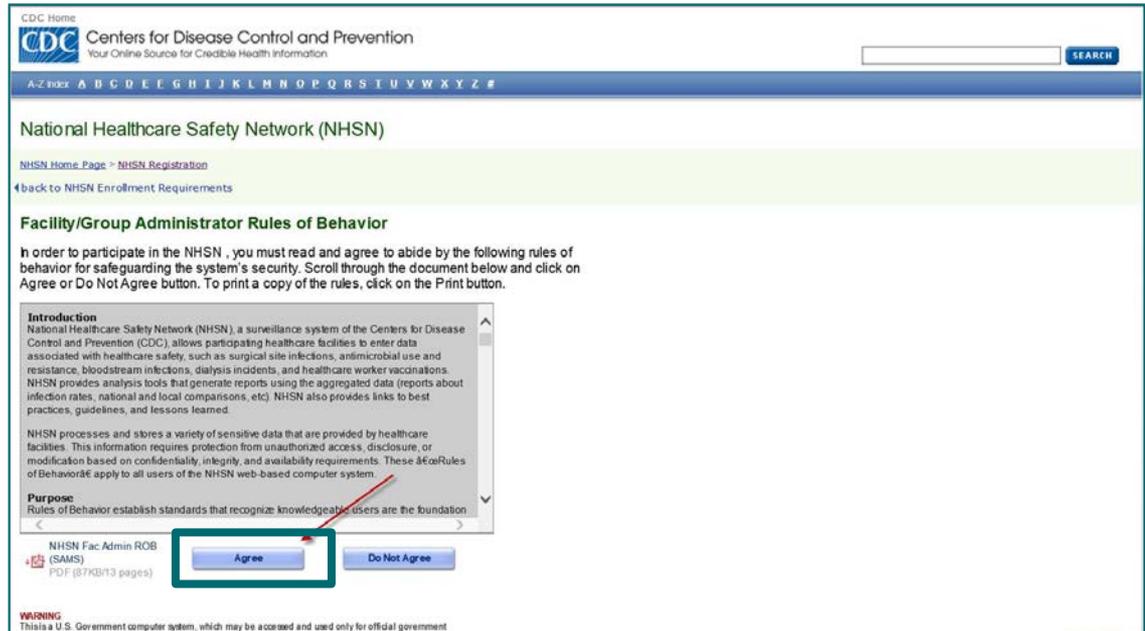
Located at <https://www.cdc.gov/nhsn>

The screenshot displays the NHSN website's navigation menu with the following items:

- About NHSN**: CDC's NHSN is the largest HAI reporting system in the U.S.
- Data and Reports**: See national and state reports using NHSN data.
- Guidelines and Recommendations**: Review CDC HAI prevention guidelines.
- NHSN Member Login**
- New to NHSN? Enroll Facility Here** (highlighted in a red box): For first time facility enrollment.
- Reporting and Surveillance for Enrolled Facilities**: Training, protocols, forms, support materials, analysis resources and FAQs.
- Group Users**: View resources for group users.
- CDA Submission Support Portal (CSSP)**: Toolkits, FAQs, webinars and resources for testing and validation for CDA implementers.

Step 2 – Complete NHSN Registration

Click **Agree** button to agree to the Facility/Group Administrator Rules of Behavior



The screenshot shows the CDC website for NHSN registration. At the top, it says "CDC Home" and "Centers for Disease Control and Prevention". Below that is a navigation bar with "A-Z Index" and letters A through Z. The main heading is "National Healthcare Safety Network (NHSN)". There is a breadcrumb trail: "NHSN Home Page > NHSN Registration" and a link "back to NHSN Enrollment Requirements". The section title is "Facility/Group Administrator Rules of Behavior". Below this, there is a paragraph: "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." A scrollable box contains the text of the rules. The "Introduction" section states: "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." The "Purpose" section states: "Rules of Behavior establish standards that recognize knowledgeable users are the foundation". Below the scrollable box, there is a link "NHSN Fac Admin ROB (SAMS) PDF (87KB/13 pages)" and two buttons: "Agree" and "Do Not Agree". The "Agree" button is highlighted with a red box and a red arrow. At the bottom, there is a "WARNING" section: "This is a U.S. Government computer system, which may be accessed and used only for official government business."

Step 2 – Complete NHSN Registration

Facility Administrator completes this form:

- You must use the same email address for all enrollment steps
- Please ensure that you enter your email address correctly, as all subsequent emails will come to this address
- If your Facility Identifier does not validate, you can request a CDC Registration ID by emailing nhsn@cdc.gov
- Click **Submit** button once it is complete

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:

Submit

Step 2 – Complete NHSN Registration

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

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 taz=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.

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Step 3 – Secure Access Management (SAMS) Registration

- ❑ SAMS provides secure online access which allows exchange of information between CDC and Public Health Partners.
- ❑ You will receive an invitation to register with SAMS, which provides instructions for registration, and identifies proofing in order to obtain access to CDC applications, including NHSN.
- ❑ During registration you will set a password which expires every 60 days.
- ❑ You will also be issued an electronic grid card which adds an additional level of security when logging into the system.

NOTE: Please remember to notate the answers to your security questions in the event that you need to reset your password.

Step 3 –SAMS Registration

- ❑ The Invitation to Register contains your Username and Password for SAMS registration

External Partners

SAMS Credentials



SAMS Username

SAMS Password

[Login](#)

[Forgot Your Password?](#)

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

OR

SAMS Grid Card



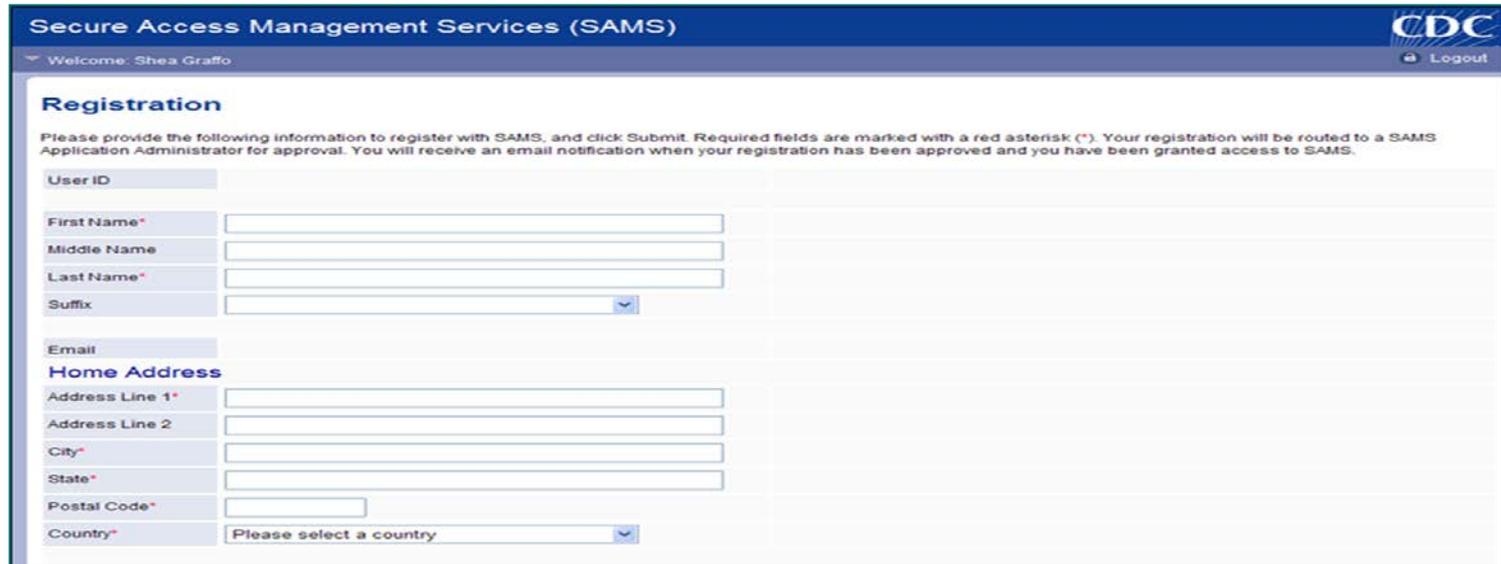
Click the Login button to sign on with a SAMS Grid Card

[Login](#)

For External Partners who have been issued a SAMS Grid Card.

Step 3 –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, there is a blue header with the text "Secure Access Management Services (SAMS)" and the CDC logo. Below the header, a navigation bar shows "Welcome: Shea Graffo" and a "Logout" link. The main content area is titled "Registration" and contains 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 organized into sections: "User ID" (a single text input), "First Name*" (text input), "Middle Name" (text input), "Last Name*" (text input), "Suffix" (text input with a dropdown arrow), "Email" (text input), "Home Address" (a sub-section header), "Address Line 1*" (text input), "Address Line 2" (text input), "City*" (text input), "State*" (text input), "Postal Code*" (text input), and "Country*" (text input with a dropdown arrow showing "Please select a country").

Step 3 –SAMS Registration

- ❑ Carefully follow the instructions in the email to ensure 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

Note: This email will instruct you to submit your identity proofing documents via fax or upload. Please keep in mind that uploading the documents will offer the faster turnaround time.

Step 3 –SAMS Registration

- ❑ 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.
- ❑ Grid card is received at your home address via USPS. Please be sure not to use your facility address.

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



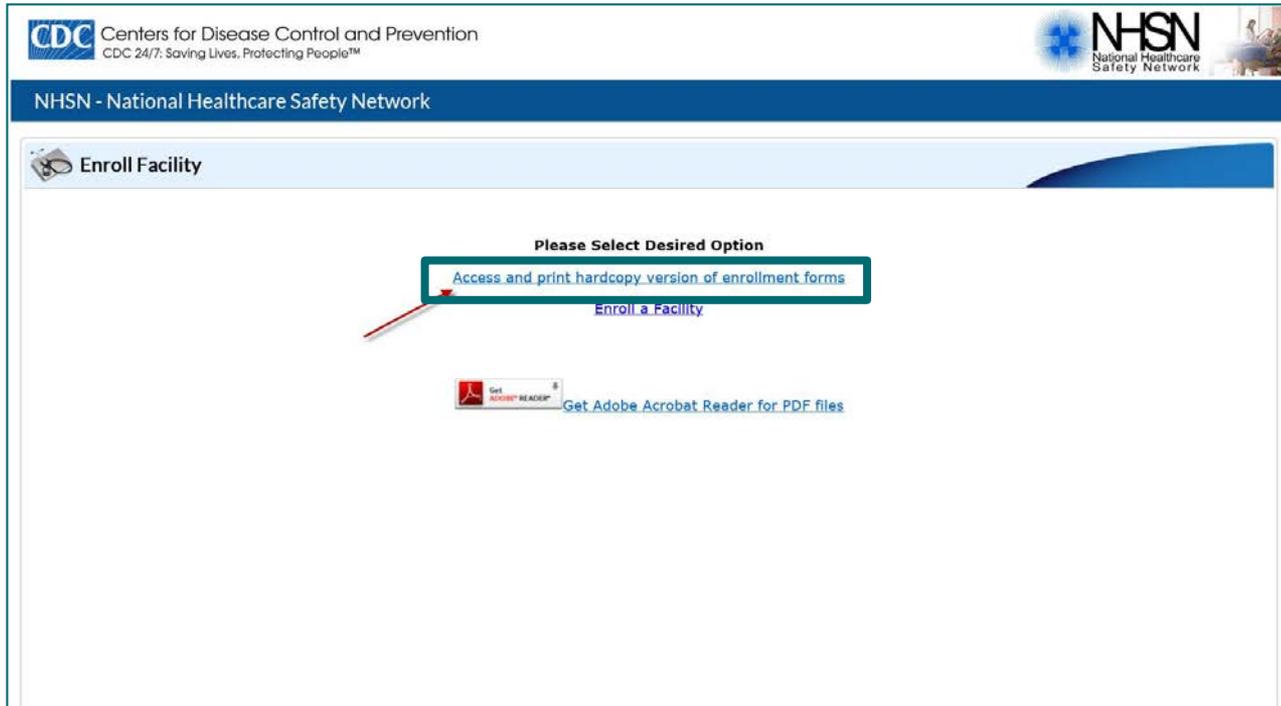
Step 4 – Access/Complete Enrollment Forms

- ❑ After logging into SAMS using your SAMS grid card, click on NHSN Enrollment.

The screenshot displays the SAMS (Secure Access Management Services) interface. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People™". A search bar is located at the top right. Below the search bar is a "CDC A-Z INDEX" dropdown menu and the user name "DAVID JORDAN". The main navigation area is titled "SAMS secure access management services". A "Menu" sidebar on the left includes "My Profile", "Logout", "Links", "SAMS User Guide", "SAMS User FAQ", and "Identity Verification Overview". The main content area is titled "My Applications" and shows a section for "National Healthcare Safety Network System" with a sub-item "NHSN Enrollment" highlighted by a red box and a red arrow. Below this, it states "* Strong credentials required." The footer contains social media icons, navigation links (About CDC, Jobs, Funding, Policies, Privacy, FOIA, No Fear Act, OIG), and contact information for the SAMS Help Desk (Monday-Friday, 8:00AM to 6:00PM EST, Excluding U.S. Federal Holidays, 877-681-2901) and the U.S. Department of Health & Human Services (HHS/Open, USA.gov).

Step 4 – Access/Complete Enrollment Forms

- ❑ Select “Access and Print required enrollment forms”



The screenshot displays the NHSN (National Healthcare Safety Network) website interface. At the top left, the CDC logo and text "Centers for Disease Control and Prevention" are visible. At the top right, the NHSN logo and text "National Healthcare Safety Network" are present. Below the header, a blue navigation bar contains the text "NHSN - National Healthcare Safety Network". The main content area is titled "Enroll Facility" and features a central prompt: "Please Select Desired Option". Two options are listed: "Access and print hardcopy version of enrollment forms" and "Enroll a Facility". A red arrow points to the first option, which is highlighted with a green box. Below the options, there is a small icon for Adobe Acrobat Reader and a link that says "Get Adobe Acrobat Reader for PDF files".

Step 4 – Access/Complete Enrollment Forms

- Print required forms listed under the component you are enrolling in, which will be submitted electronically in the next step.

Facility Enrollment Forms		
Patient Safety Component <i>Hospital applicants, print these:</i> Facility Contact Information Facility Survey <i>Inpatient Rehabilitation Facility, print these:</i> Facility Contact Information Annual Facility Survey for IRE <i>Long Term Acute Care Hospital, print these:</i> Facility Contact Information Annual Facility Survey for LTAC <i>Ambulatory Surgery Centers, print these:</i> Facility Contact Information Annual Facility Survey for ASC	Healthcare Personnel Safety Component <i>Any facility type, print these:</i> Facility Contact Information <i>Home Dialysis Facility, print these:</i> Home Dialysis Center Practices Survey Long Term Care Facility Component <i>Any facility type, print these:</i> Facility Contact Information Facility Survey	Biovigilance Component <i>Any facility type, print these:</i> Facility Contact Information <i>Acute-Care Facility, print these:</i> Acute Care Facility Survey <i>Non-Acute Care Facility, print these:</i> Non-Acute Care Facility Survey Dialysis Component <i>AMB-HEMO facilities, print these:</i> Facility Contact Information Outpatient Dialysis Center Practices Survey

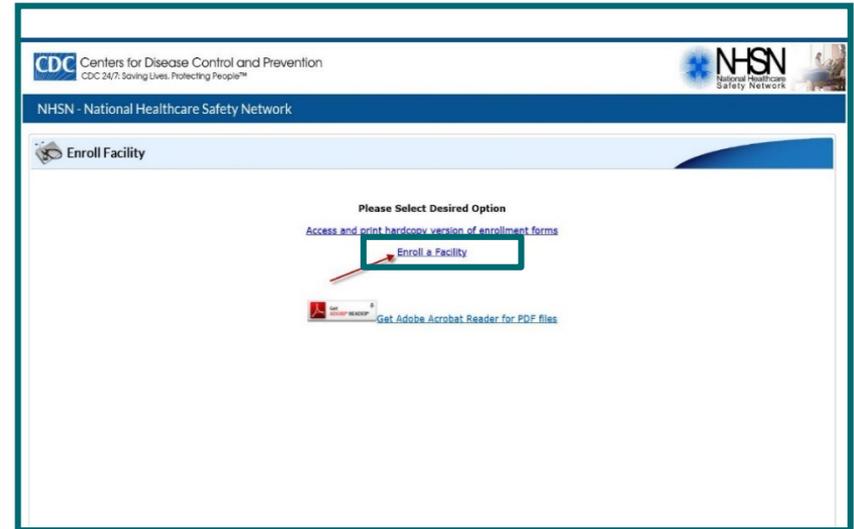
Step 4 –Access/Complete Enrollment Forms

- ❑ While completing facility enrollment forms, please keep in mind that the person you list as the NHSN Facility Administrator, should be the same individual who has completed the previous enrollment steps (which includes SAMS registration).
- ❑ On the enrollment survey, facilities which have opened during the current calendar year should select the option “Not Operational in the Prior Calendar Year”. If the newly enrolled facility was opened, but had not enrolled into NHSN in the prior calendar year, that option should not be selected on the survey.
- ❑ The NHSN Facility Administrator is not to be confused with the facility’s administrator, CEO, COO, etc. This should be the person who will be mainly responsible for managing the NHSN facility.

Step 4 –Access/Complete Enrollment Forms

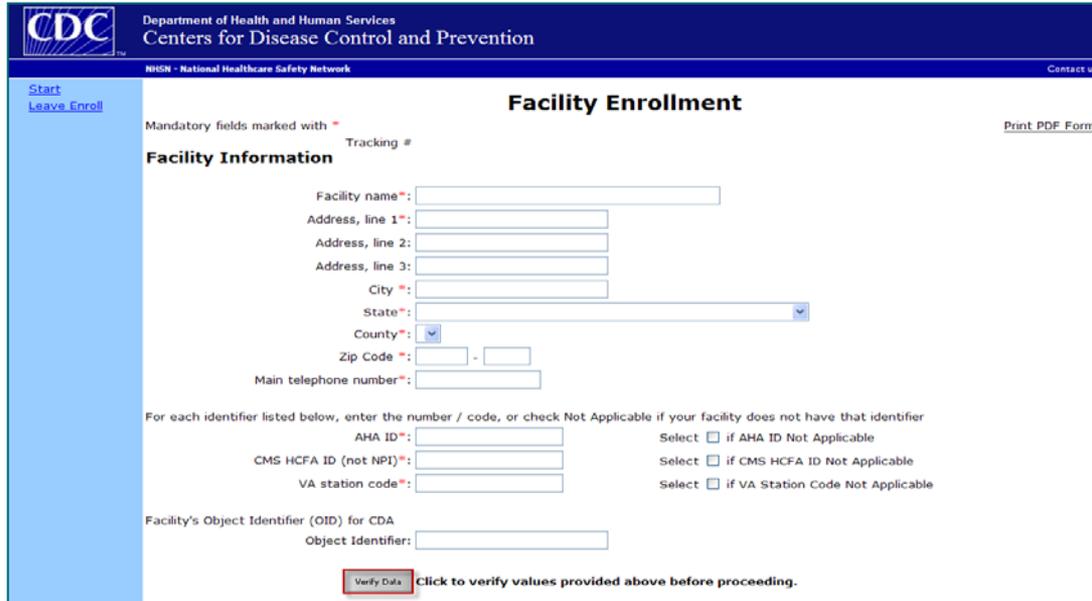
- ❑ After accessing, printing and completing required enrollment forms, **select** “Enroll a Facility”
- ❑ From here, complete Enrollment Step 4 in one session!

NOTE: You **cannot** save work in progress



Step 4 – Access/Complete Enrollment Forms

- ❑ Submit required form information
- ❑ Required fields are marked with an asterisk (*)



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

NHSN - National Healthcare Safety Network [Contact Us](#)

[Start](#)
[Leave Enrollment](#)

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

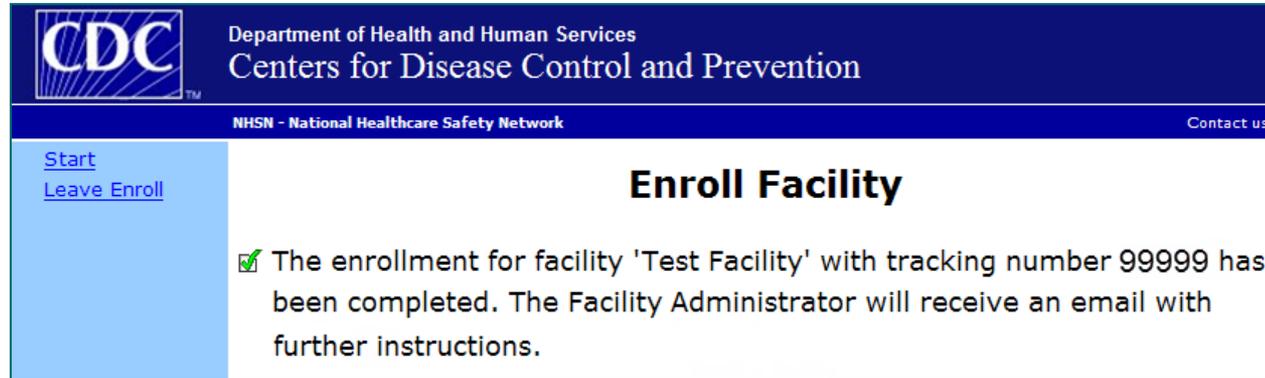
Facility's Object Identifier (OID) for CDA

Object Identifier:

Click to verify values provided above before proceeding.

Step 4 –Access/Complete Enrollment Forms

- Once required forms are submitted, confirmation message displays



The screenshot shows a web page from the CDC. The header includes the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". Below the header, there is a navigation bar with "NHSN - National Healthcare Safety Network" and a "Contact us" link. The main content area has a blue sidebar with "Start" and "Leave Enroll" links. The main title is "Enroll Facility". The message states: "The enrollment for facility 'Test Facility' with tracking number 99999 has been completed. The Facility Administrator will receive an email with further instructions."

- The Facility Administrator will 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 at nhsn@cdc.gov

NHSN Enrollment Steps 1-5



Step 5 –Sign and Send Consent

□ Agreement to Participate and Consent includes:

- NHSN Purposes
- Eligibility
- Data collection and reporting requirements
- Assurance of Confidentiality

The image shows three overlapping copies of the NHSN 'Agreement to Participate and Consent' form. The top-most form is the most legible and shows the following content:

NHSN Agreement to Participate and Consent Page 1 of 3

The National Health Security Administration (NHSN), of the Department of Health and Human Services, is a national program of the U.S. Centers for Disease Control and Prevention (CDC), of the U.S. Department of Health and Human Services. NHSN is a voluntary program that provides a secure, national network for the exchange of health information. NHSN is a critical component of the U.S. public health system and is essential for the protection and promotion of the health and safety of the American people.

Eligibility Criteria

- Comply with the requirements of the NHSN program.
- Be willing to provide accurate information.
- Be willing to provide information to NHSN.
- Be able to execute the program.

Purposes of NHSN

The purposes of NHSN are to:

- Collect data for the estimation of the burden of disease and adverse events.
- Analyze and report on the data.
- Provide feedback to local quality improvement efforts.
- Conduct epidemiologic studies.
- Comply with regulatory requirements.
- Enable health care providers to measure and improve their state of readiness.
- Provide to the public and health care providers information for surveillance.

Eligibility Criteria

Facilities participating in NHSN must:

- Be a bona fide facility that is licensed (or otherwise authorized) to provide health care services.
- Have email addresses that they will use for NHSN.

Assurance of Confidentiality

The voluntarily provided information will be used for the purposes of NHSN and will be protected in accordance with the provisions of the Privacy Rule (45 CFR 164.512) and the Security Rule (45 CFR 164.512).

Consent

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: _____

Step 5 –Electronically Accept Consent Form

- ❑ The Facility Administrator and each component contact will receive an NHSN email, subject line “NHSN Patient Safety Component enrollment submitted” which provides instruction on the consent form process. * (The wording could be slightly different depending on the component/s that you are enrolling in)
- ❑ The consent form must be accepted within **60 days** or the facility will be withdrawn

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

Facility Name: AGP
Component: Patient Safety
Tracking Number: 54538

NHSN Facility Administrator: Yvonne Smith XXXX@CDC.GOV
Component Primary Contact: Yvonne Smith 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 02/03/2018.

The facility will be withdrawn if none of the primary contacts accept the consent form by 02/03/2018.

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>.

Step 5 –Electronically Accept Consent Form

- Immediately after each component contact has accepted the form, the facility is active and that component is accessible. *If you have enrolled in multiple components, it is possible that only one may be active at a time if both contacts have not accepted the form.
- You may now log into NHSN and access your facility.

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

Facility Name: The Wright Group Hospital

Component: Patient Safety

Consent Date: 10/25/2017

Facility ID: 14920

NHSN Facility Administrator: Tiffany Dozier XXXX@CDC.GOV

Component Primary Contact: Yvonne Smith 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>.

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**For any questions or concerns,
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.