



NHSN Long-Term Care Facility Enrollment Guide

Audience

- ❑ Users who need to enroll a long-term care facility (LTCFs) into NHSN
- ❑ Users who need to enroll additional LTCFs
- ❑ Users who may train others on the NHSN enrollment process for LTCFs

Learning Objectives

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

- Have a broad understanding of the Components available in NHSN
- Gain a broad understanding of the reporting options for LTCFs
- Successfully enroll a LTCF or multiple facilities into NHSN
- Know the SAMS process in relation to NHSN LTCF enrollment
- Define the key personnel roles for a facility enrolled in NHSN

TABLE OF CONTENTS

- ❑ **Introduction to NHSN**
 - Enrollment web-page for LTCFs
 - Overview of NHSN components and components available for LTCF
 - Key personnel roles, including the NHSN facility administrator
- ❑ **Getting started with NHSN enrollment**
 - Step 1. Enrollment preparation
 - Step 2. Read the *NHSN Rules of Behavior* and register facility with NHSN
 - Step 3. Register with SAMS
 - 3A. Register with SAMS
 - 3B. Complete and Submit Identity Proofing Verification
 - Step 4. Complete NHSN Enrollment
 - Step 5. *Accept Agreement to Participate and Consent*
- ❑ **NHSN Enrollment is complete! Next, NHSN set-up and adding additional users**
- ❑ **Helpful tips, summary, frequently asked enrollment questions, and available resources**

LTCF CHECKLIST for NHSN Participation

- ❑ *Enroll your facility into NHSN. **Note:** A facility should only enroll **ONE TIME**.*
- ❑ *Map resident locations in the NHSN application immediately after enrollment and when there is a change, such as a new or closed unit.*
- ❑ *Add additional users to NHSN application (at least 2 users per facility recommended).*
- ❑ *Complete the **NHSN Annual Facility Survey** during enrollment and then between January 1 and March 1 each year thereafter.*
- ❑ *Complete the **NHSN Monthly Reporting Plan (MRP)** for each month facility will submit data to NHSN.*
- ❑ *Identify and submit resident level HAI UTI and/or LabID event data to the NHSN. **Note** - This step is dependent on which modules a facility is participating during a given month.*
- ❑ *Enter monthly summary data for each month under surveillance, even if no events were identified/reported.*
- ❑ *Complete the data quality checks and resolve outstanding Alerts. **Note** - data are not considered as complete and will not be included in analysis reports until all alerts for the month are resolved.*

LTCF Enrollment Page

Review [the LTCF Enrollment page](#) to access helpful resources for NHSN enrollment and set-up

National Healthcare Safety Network (NHSN)

CDC > NHSN > [Enroll Here](#)

5-Step Enrollment for Long-term Care Facilities



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

Step 1: Training and Preparation

 Print and follow [LTCF detailed checklist](#)  [PDF - 209 KB] to ensure successful and efficient enrollment.

Complete required trainings: [Overview of the Long-term Care Facility Component July 2018](#)  [PDF - 5 MB] and Enrollment: [Getting Access to NHSN for your LTCF](#)  [PDF - 1.8 MB]. **Note:** The Enrollment training is a useful guide through the enrollment process.

Complete the [Facility Contact form](#)  [PDF - 63 KB] and [Annual Facility Survey for LTCF](#)  [PDF - 66 KB].

These forms will assist with collecting the required information that will be needed to complete the electronic versions in Steps 2 and 4. Do not submit these forms to NHSN. Detailed instructions for completing the Annual Facility Survey for LTCF are located in the [Table of Instructions - Annual Facility Survey for LTCF](#)  [PDF - 485K] document.

Check trusted websites and spam blocker settings (see [detailed checklist](#)  [PDF - 209 KB]).

For detailed enrollment instructions, download the [NHSN Facility Administrator Enrollment Guide March 2018](#)  [PDF - 797K]. **Note:** This guide is not specific to Long-Term Care Facilities.

Time to complete step 1: 3 hours, 15 minutes

↓

Step 2: Agree to NHSN Rules of Behavior and Register Facility

 After electronically agreeing to the [Rules of Behavior](#), you will be taken to a screen to register your facility. The facility registration information was previously collected on the Facility Contact form in Step 1.

Time to complete step 2: 10 minutes

↓

After registration, you will receive two emails. 'Welcome to NHSN!' arrives from NHSN immediately and 'Invitation to Register' arrives from SAMS-no-reply within 24 hours.

↓

Step 3a: Register with SAMS

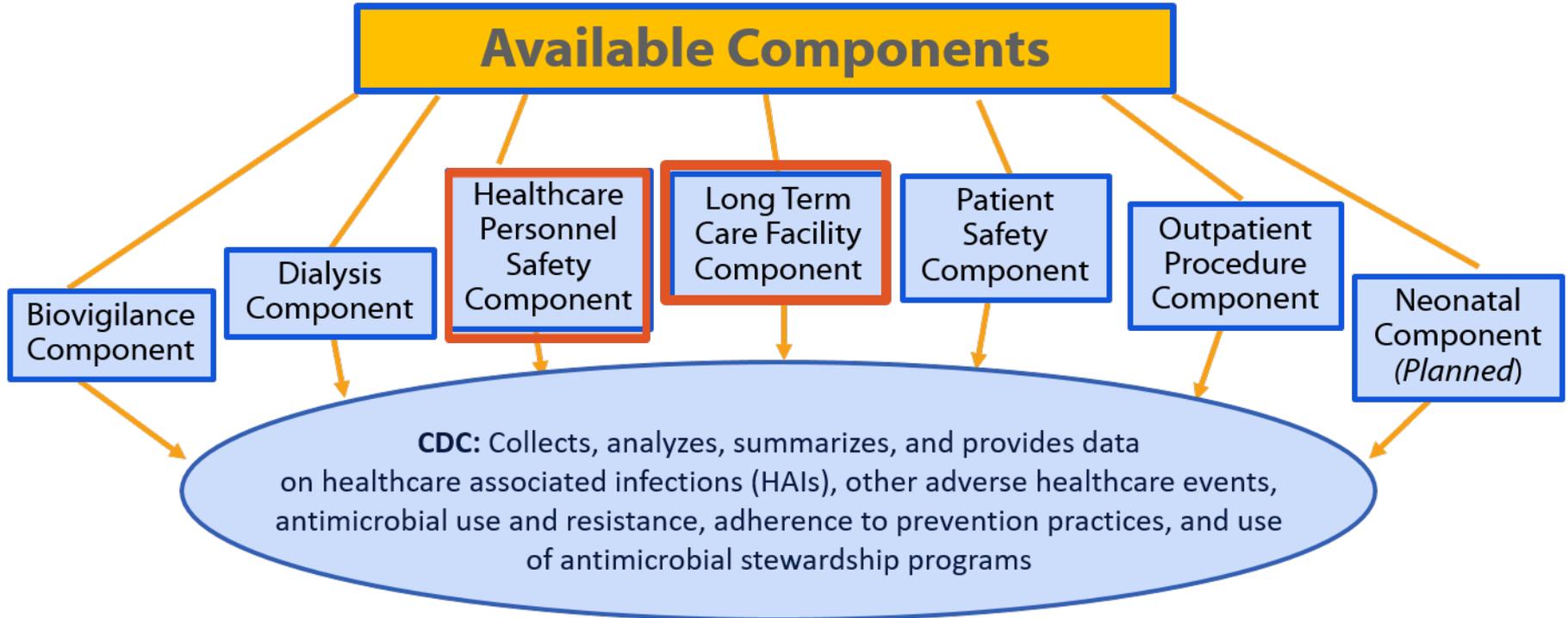
 From the 'Invitation to Register' email, log in to [SAMS](#) with your username (i.e., email address) and temporary password provided. Accept the SAMS Rules of Behavior and complete the online SAMS registration form.

[Getting Secure Access to NHSN for LTCF Users](#)  [PDF - 2M] August 2016

Time to complete step 3a: 15 minutes

CDC's National Healthcare Safety Network (NHSN)

Healthcare facilities: (1) Enroll in the NHSN, (2) complete an annual survey describing facility characteristics and practices; (3) submit process and outcome data manually or electronically to one or more NHSN Components; and (4) use facility level data and NHSN benchmarks for analysis and action



Consider enrolling to both NHSN Components Available to LTCFs

❑ LTCFs can enroll and report in the following:

1. Long-term Care Facility Component

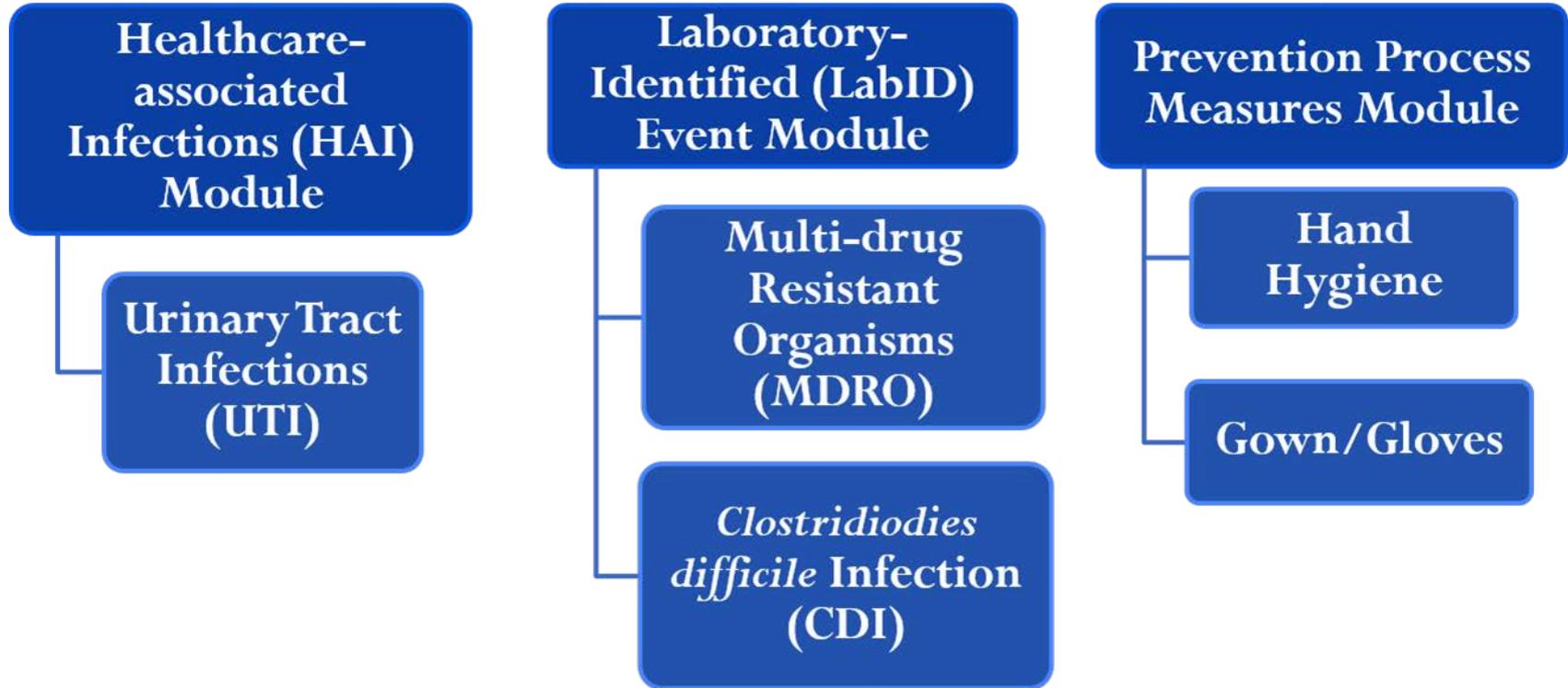
- To track resident infections
- To track staff adherence with hand hygiene and gown/glove use

2. Healthcare Personnel Safety Component

- Healthcare Personnel Vaccination Module
 - To track staff influenza vaccination
 - For more information about Healthcare Personnel Safety:
 - » <https://www.cdc.gov/nhsn/ltc/vaccination/index.html>

Note: Participation requires enrollment into each of the two Components

Long-term Care Facility Component



Facilities Eligible for Enrolling in NHSN LTCF Component

- ❑ Certified skilled nursing facilities (SNF) and nursing homes (NH)
- ❑ Intermediate/chronic care facilities for the developmentally disabled
- ❑ Assisted living facilities and residential care facilities are able to participate in the Prevention Process Measures Module



Key Personnel Roles

❑ The **NHSN Facility Administrator** - the person enrolling the LTCF into NHSN (**YOU**)

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

The **NHSN** Facility Administrator:

- Manages users and user rights
- Can add, edit & delete facility data
- Authority to nominate groups (data sharing arrangements)
- An NHSN Facility Administrator will have this role for every component
- May serve multiple roles (NHSN Contact Person and NHSN User)



Only the NHSN Facility Administrator can reassign their role to another user. We STRONGLY encourage facilities to have at least one other person trained on the NHSN enrollment/data submission process.

Other Key Personnel Roles for NHSN Reporting

❑ NHSN User

- Rights are determined by NHSN Facility Administrator
 - View data
 - Data entry
 - Data analysis
- May be given NHSN 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 LTCF Contact Person

- Serves as the main point of contact CDC and the facility
- Is often the same person as the NHSN Facility Administrator

How Does an NHSN Facility Get Started?

NHSN Enrollment Steps 1-5



Step 1 – Enrollment Preparation

Reporting and Module Training

- ❑ New users must review applicable training materials **before** reporting data into NHSN.
- ❑ This training can be completed before, during, or after NHSN enrollment.
- ❑ All training is available on the [NHSN Training for LTCFs](https://www.cdc.gov/nhsn/training/ltc/index.html) webpage. <https://www.cdc.gov/nhsn/training/ltc/index.html>. *You may need to copy and paste the hyperlink in your browser*

2017 NHSN LTCF Training Sessions

	<p>Infection Surveillance and Prevention in Long-term Care: A National Perspective</p> <ul style="list-style-type: none">• YouTube Link [Video - 26 min]• Slideset [PDF - 2 MB]
	<p>Overview of Using NHSN to Track and Report Infections in LTCF</p> <ul style="list-style-type: none">• YouTube Link [Video - 42 min]• Slideset [PDF - 3 MB]
	<p>Using the LTCF LabID Event Module for C. difficile Infection Surveillance</p> <ul style="list-style-type: none">• YouTube Link [Video - 55 min]• Slideset [PDF - 5 MB]
	<p>Using the LTCF LabID Event Module for MDRO Surveillance and Reporting</p> <ul style="list-style-type: none">• YouTube Link [Video - 44 min]• Slideset [PDF - 5 MB]
	<p>Using the LTCF HAI Module for UTI Surveillance and Reporting</p> <ul style="list-style-type: none">• YouTube Link [Video - 74 min]• Slideset [PDF - 4 MB]
	<p>Data for Action: How can NHSN data be used to guide prevention efforts in LTCF?</p> <ul style="list-style-type: none">• YouTube Link [Video - 43 min]• Slideset [PDF - 4 MB]
	<p>Healthcare Personnel Safety in Long-term Care Settings</p> <ul style="list-style-type: none">• YouTube Link [Video - 25 min]• Slideset [PDF - 878 KB]

Step 1 – Enrollment Preparation

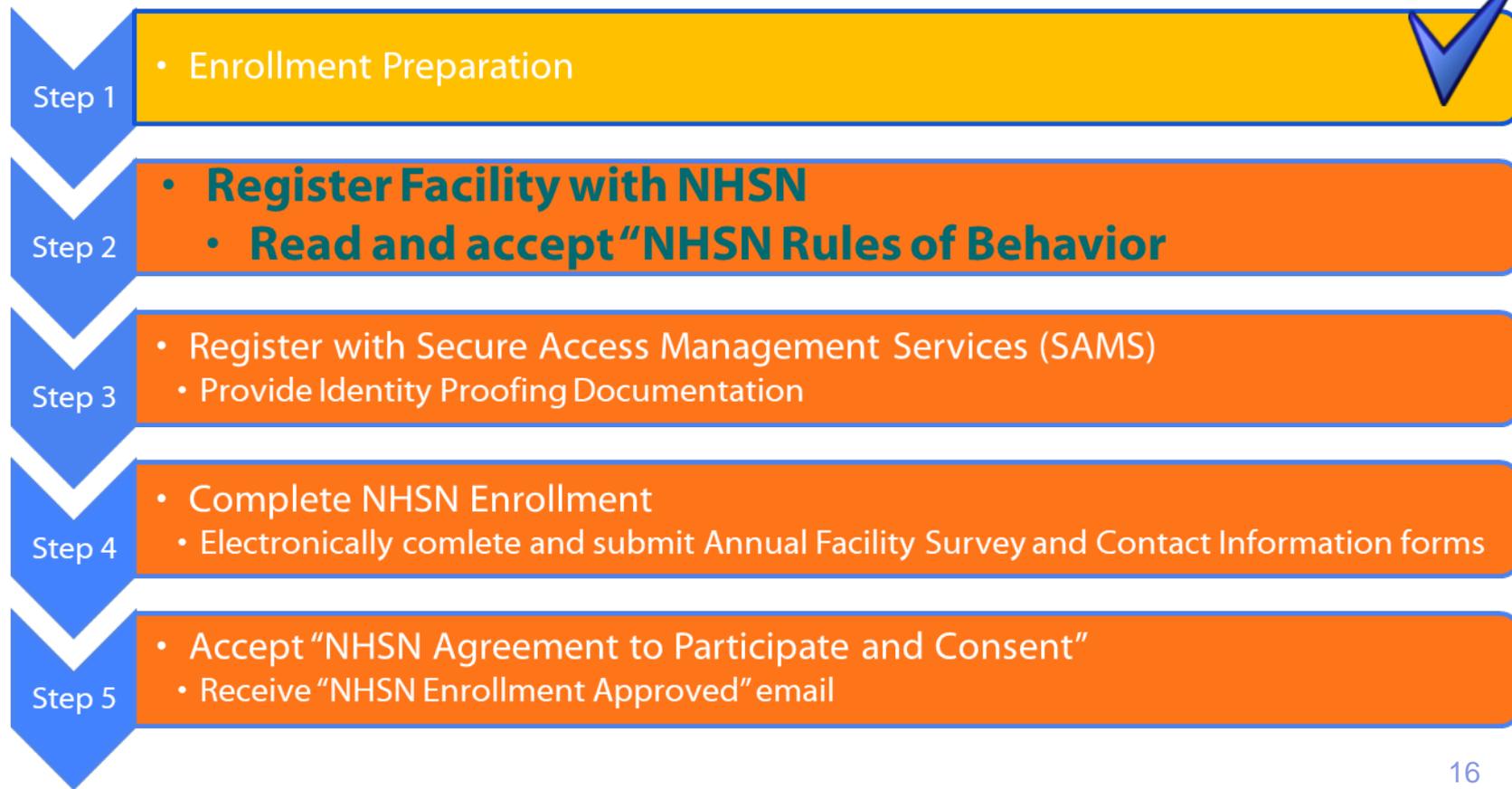
Computer Preparation

Prepare your computer to interact with NHSN

- ❑ You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process
- ❑ Change spam-blocker settings to allow all email from:
 - nhsn@cdc.gov and SAMS-NO-REPLY@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
- ❑ These changes may require assistance from your IT manager or department

How Does an NHSN Facility Get Started?

NHSN Enrollment Steps 1-5



Step 2 – Register Facility with NHSN

Read and Agree to the NHSN *Facility/Group Administrator Rules of Behavior*

- ❑ The first step to NHSN Enrollment is for the person who will serve as the NHSN Facility Administrator to access and read the [NHSN Facility/Group Administrator Rules of Behavior](https://nhsn.cdc.gov/RegistrationForm/index) from <https://nhsn.cdc.gov/RegistrationForm/index>
- ❑ After clicking **Agree**, you will be guided to the NHSN Registration page.

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

Agree

Do Not Agree

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 criminal investigations. Access or use of this system, whether authorized or unauthorized, is subject to the terms and conditions of the system's terms. (Title 18, U.S.C.)

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

Step 2 – Register Facility with NHSN

Complete NHSN Registration



The **same** email address must be used for all enrollment steps. If you have questions, please review the *Guidance on Email Use for NHSN and SAMS* document, located at - <https://www.cdc.gov/nhsn/pdfs/ltc/nhsn-sams-registration-email-use.pdf>.

- ❑ Be sure to enter your email address correctly, as all subsequent emails will come to this email address.

National Healthcare Safety Network (NHSN)

[NHSN Home Page](#) > [NHSN Registration](#)

[back to NHSN Enrollment Requirements](#)

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:

Step 2 – Register Facility with NHSN

Complete NHSN Registration, *continued*

- ❑ If your Facility Identifier (e.g., CMS Certification Number [CCN]) does not validate, you must request a temporary CDC Registration ID by emailing nhsn@cdc.gov
- ❑ Be sure to select the correct **Facility Type**
 - Nursing homes and skilled nursing facilities will select **LTC-SKILLNURS-Skilled Nursing Facility**
- ❑ Click **Submit** button once form is complete
- ❑ After registration, you will receive two emails:
 - ❑ “Welcome to NHSN!” – immediately from *NHSN*
 - ❑ “Invitation to Register with SAMS” – within 24 hours from *SAMs-no-reply*

National Healthcare Safety Network (NHSN)

[NHSN Home Page](#) > [NHSN Registration](#)

[back to NHSN Enrollment Requirements](#)

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

OAHA

OVA

CDC Registration ID

NONE

*Selected identifier ID:

LTC-ASSIST - Assisted Living Residence
LTC-DEVDIS - Longterm Care Facility for the De
LTC-SKILLNURS - Skilled Nursing Facility

*Facility Type:

NHSN Training Date

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

Submit

How Does an NHSN Facility Get Started?

NHSN Enrollment Steps 1-5



Step 3A – Register with SAMS

Receive Invitation to Register with SAMS email

- ❑ After CDC receives your completed registration, you will receive an ***Invitation to Register with SAMS*** via email

- ❑ If you do not receive this email within **2 calendar days**, email nhsn@cdc.gov



Save this email because it has information you will need to register for SAMS

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=SAMSReregistration>

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.

Step 3A – Register with SAMS

Click Link to SAMS

- ❑ In the *Invitation to Register* email you will receive, 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>



Note: The SAMS username and temporary password will expire in 30 days

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.

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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.

The username and temporary password is needed for online SAMS registration

Step 3A – Register with SAMS

Log-In to SAMS Credentials Using Username and Temporary Password and Accept SAMS Rules of Behavior

- ❑ After clicking on the link to SAMS in the *Invitation to Register*, you will be guided to this *Log In* screen.
- ❑ Enter the user name and temporary password provided in the email, and click the **Login** button.
- ❑ After clicking “Login” the *SAMS Rules of Behavior* screen displays.
- ❑ Read the *SAMS Rules of Behavior* and click the **Accept** button.

External Partners

SAMS Credentials

SAMS Username

SAMS Password

Login

Forgot Your Password?

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

SAMS Grid Card

OR

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

Step 3A –Register with SAMS

Enter Information to Register with SAMS

- ❑ After accepting the *SAMS Rules of Behavior*, the SAMS registration page displays.
- ❑ Enter the information in the fields displayed. Fields marked with an asterisk are required.



Important Notes:

- ❑ Enter your **personal home address**. Do not enter your facility address.
- ❑ Enter your first and last name exactly as it appears on your identity proofing documents (e.g., driver license).

Secure Access Management Services (SAMS)

Welcome: Shea Graffo

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* Please select a country

Step 3A – Register with SAMS

Change Your Password

- ❑ You will be required to **change your password**.



Ensure that you write down the new password because you will need this password again.



Secure Access Management Services (SAMS) CDC

Welcome, Shea Grafto 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*

Step 3A – Register with SAMS

Select Security Questions

- ❑ 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 these steps until all five questions are answered.



The questions you select should have answers you are sure to remember.

Secure Access Management Services (SAMS) 

Welcome, Shea Grafto 

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"/>

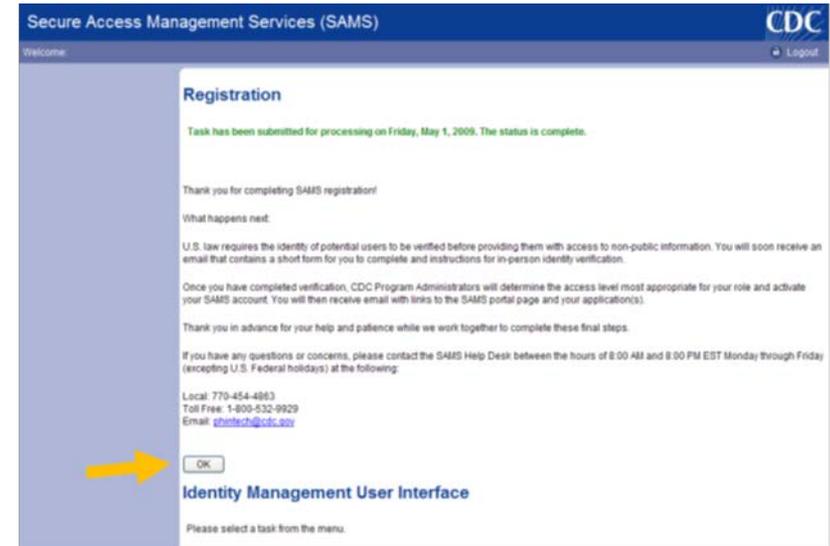
 

- ❑ Click the **Submit** button to complete your registration.

Step 3A – Register with SAMS

Receive SAMS Registration Confirmation

- ❑ After clicking the *Submit* button to complete your registration. The **Registration Confirmation** message displays.
- ❑ Click the **OK** button to acknowledge the message and receive an additional display.
- ❑ 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.



Step 3A – Register with SAMS

Receive SAMS Confirmation Email

Within 24-Hours of completing SAMS registration, you will receive **'Identity Verification Request'** email from SAMS with instructions for identity verification.



Print this email because it contains a document that must be completed

Hello New NHSN User,

Thank you for registering with CDC's SAMS Partner Portal. Your registration information has been received and is currently pending approval.

In order to provide individuals with access to non-public information, U.S. law *requires* the identity of potential users to be verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your identity information will only be used to help determine your suitability for access and that this data will not be shared outside of CDC programs.

To complete identity verification, please print the form attached to this email message and follow the instructions provided below. The required steps are as follows:

1. Complete the Applicant Section in the attached form - part of the information has been pre-filled for you based on the information you supplied during registration.
2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent (a person specifically designated by CDC to conduct identity verification or a Notary Public). Have them verify your identity and complete the Proofing Agent / Notary Section. Acceptable forms of identification are listed in the table below:

You must provide one (1) unexpired document from List A and one (1) additional unexpired document from List B.

List A - Primary Photo ID	List B - Secondary ID
Driver's license or ID card issued by a state	Driver's license or ID card issued by a state or outlying possession of

Step 3B – Complete and Submit Identity Proofing Verification

Print, Complete, Notarize Identify Verification form

Carefully follow the instructions in the **Identity Verification Request** email to ensure the enrollment process is not delayed

1. You will need to print the **Identity Verification** form, complete it, and take the completed form to a **notary** for public endorsement.
2. Two **unexpired** identify proofing documents are required. **Note:** your first and last name and home/ mailing address must match on all of your documents.
3. The e-mail will instruct you to submit the above documents through a digital upload, fax, or mail. **Note:** digital upload will offer the faster turnaround time.

Step 3B – Complete and Submit Identity Proofing Verification

Submit Identity Proofing Documents

Important Notes:

- ❑ You have **60 days** from receiving the SAMS confirmation email to complete and submit the ID verification application.
- ❑ Two un-expired forms of ID must be submitted with the endorsed identify verification form.
- ❑ Your photo identification must match the home address that reported during registration.
- ❑ Your first and last name on the identify verification documents must match exactly to what you reported during registration.

Step 3B – Complete and Submit Identity Proofing Verification



After submitting Identify Verification documents, it may take up to weeks to received approval



This would be a good time to complete Module specific training. LTCF training can be accessed on the following web-page:
<https://www.cdc.gov/nhsn/training/ltc/index.html>

Step 3B – Complete and Submit Identity Proofing Verification

Receive SAMS Registration Approval

- ❑ Once your proofing documents have been accepted by SAMS:



- ❑ You will **First** be notified by email indicating that your registration is approved. Note: *If you do not receive email approval within 3 weeks, contact samshelp@cdc.gov or toll-free at 877-681-2901 for assistance.*



- ❑ **Next**, you will receive your SAMS Grid Card by U.S. mail at the address provided during registration (your home address).

Step 3B –Complete and Submit Identity Proofing Verification

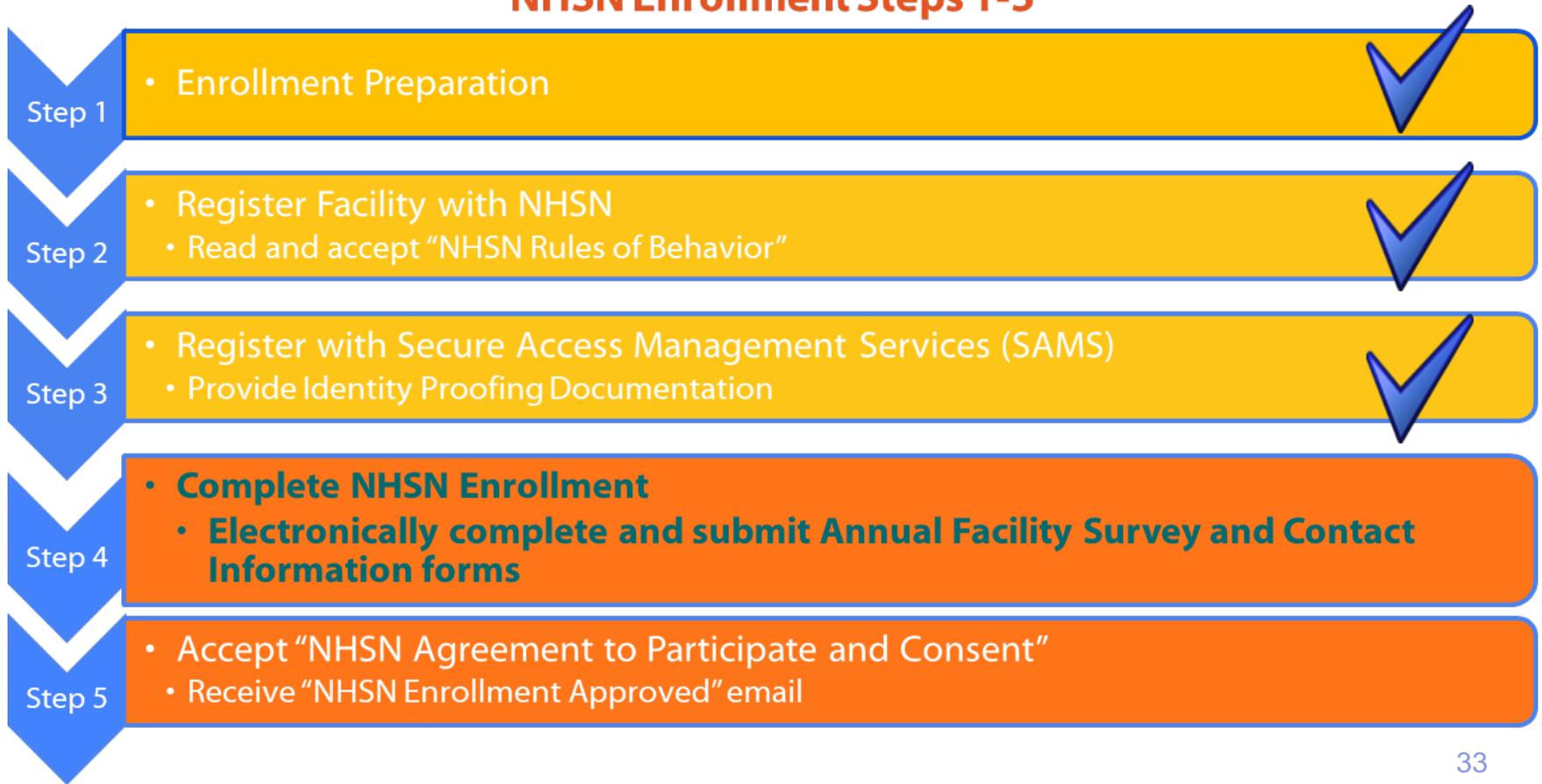


Important Note:

- ❑ If you do not receive your SAMS grid card within two weeks after receiving your SAMS email approval, contact samshelp@cdc.gov or toll-free at 877-681-2901 for assistance

How Does an NHSN Facility Get Started?

NHSN Enrollment Steps 1-5

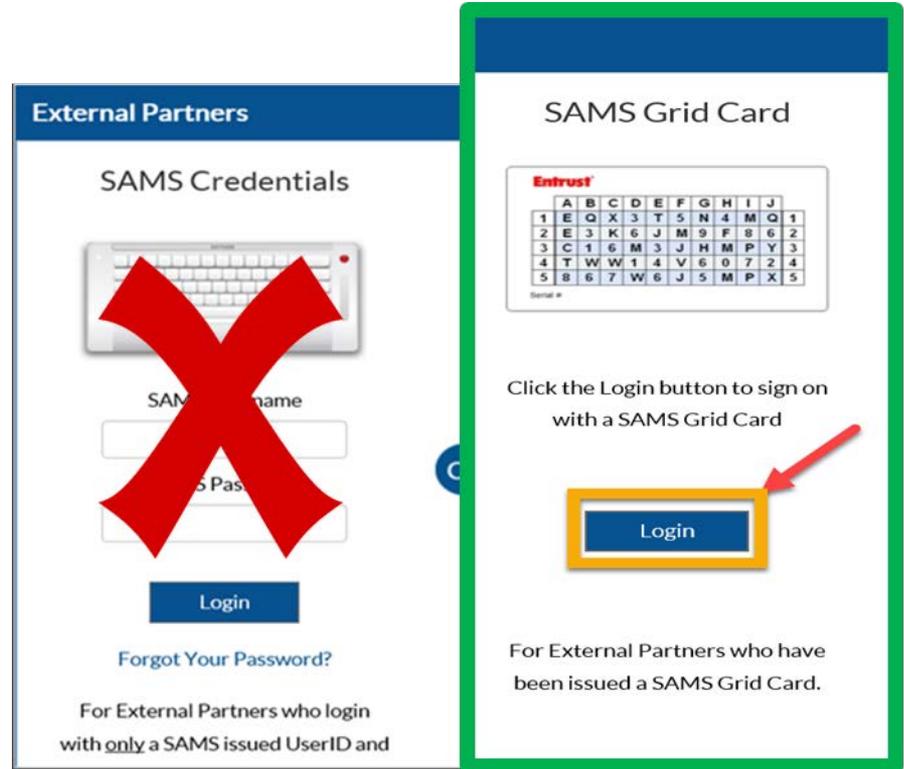


Step 4 – Complete NHSN Enrollment

Log-in Using SAMS Grid Card

- Now that you have your SAMS grid card, you are ready to complete the final steps in NHSN enrollment!
- First, click **Login** button under the SAMS Grid Card picture.

 It's a good idea to bookmark the page for easy access in the future.
The SAMS website:
<https://sams.cdc.gov/>



External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

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

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 4 – Complete NHSN Enrollment

Enter Your SAMS Username, Password, and Grid Card

- ❑ Enter your username, password, and the requested grid card information and click **Log In**.
- ❑ You will then be brought to the SAMS homepage (see next slide)

External Partners

SAMS Grid Card

Entrust											
A	B	C	D	E	F	G	H	I	J		
1	E	O	X	3	T	5	N	4	M	O	1
2	E	3	K	6	J	M	9	F	8	6	2
3	C	1	6	M	3	J	H	M	P	Y	3
4	T	W	1	4	V	6	0	7	2	4	
5	8	6	7	W	6	J	5	M	P	X	5

Serial #

SAMS Username

SAMS Password

Login

[Forgot SAMS Password?](#)

External Partners

SAMS Grid Card

Entrust											
A	B	C	D	E	F	G	H	I	J		
1	E	O	X	3	T	5	N	4	M	O	1
2	E	3	K	6	J	M	9	F	8	6	2
3	C	1	6	M	3	J	H	M	P	Y	3
4	T	W	1	4	V	6	0	7	2	4	
5	8	6	7	W	6	J	5	M	P	X	5

Serial #

SAMS has assigned you CDC GRID card number: 29189. Please ensure this number matches the serial number printed on the lower left of your card.

Grid Card C1: E4: J4:

Login

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

Remember, your SAMS Username is the email address used to register and the password is what you previously set-up in Step 3

Step 4 – Complete NHSN Enrollment

Click on NHSN Enrollment

- ❑ On the SAMS homepage, you should see a link to the National Healthcare Safety Network labeled **NHSN Enrollment**.
- ❑ Click on the **NHSN Enrollment** link to go to the **NHSN Enrollment** page.

 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.

Step 4 – Complete NHSN Enrollment

Access and Print Enrollment Forms to Collect Required Information

- From the **Enroll Facility** page, click on “**Access and Print required enrollment forms**” option to view the required information that will need to collect prior to entering information online in the NHSN application.

NHSN - National Healthcare Safety Network

Enroll Facility

Please Select Desired Option

[Access and print hardcopy version of enrollment forms](#)

[Enroll a Facility](#)

Get Adobe Acrobat Reader for PDF files

Step 4.1 – Download and Print Enrollment Forms

Select Link to Forms Under Long Term Care Facility Component

- From the **Facility Enrollment Forms** page, print and complete the required forms listed under the Component you are enrolling so you will have the information readily available to complete online enrollment.

 **NOTE: Complete these forms before attempting to enroll online. Do **NOT** mail, fax, or email these completed forms to NHSN.**

Facility Enrollment Forms

<p>Patient Safety Component <i>Hospital applicants, print these:</i> Facility Contact Information Facility Survey</p> <p><i>Inpatient Rehabilitation Facility, print these:</i> Facility Contact Information Annual Facility Survey for IRF</p> <p><i>Long Term Acute Care Hospital, print these:</i> Facility Contact Information Annual Facility Survey for LTAC</p> <p><i>Ambulatory Surgery Centers, print these:</i> Facility Contact Information Annual Facility Survey for ASC</p>	<p>Healthcare Personnel Safety Component <i>Any facility type, print these:</i> Facility Contact Information</p> <p><i>Home Dialysis Facility, print these:</i> Home Dialysis Center Practices Survey</p> <div style="border: 2px solid green; padding: 5px; margin: 10px 0;"><p>Long Term Care Facility Component <i>Any facility type, print these:</i> Facility Contact Information Facility Survey</p></div>	<p>Biovigilance Component <i>Any facility type, print these:</i> Facility Contact Information</p> <p><i>Acute-Care Facility, print these:</i> Acute Care Facility Survey</p> <p><i>Non-Acute Care Facility, print these:</i> Non-Acute Care Facility Survey</p> <p>Dialysis Component <i>AMB-HEMO facilities, print these:</i> Facility Contact Information Outpatient Dialysis Center Practices Survey</p>
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Step 4.1 – Download and Print Enrollment Forms



IMPORTANT NOTES

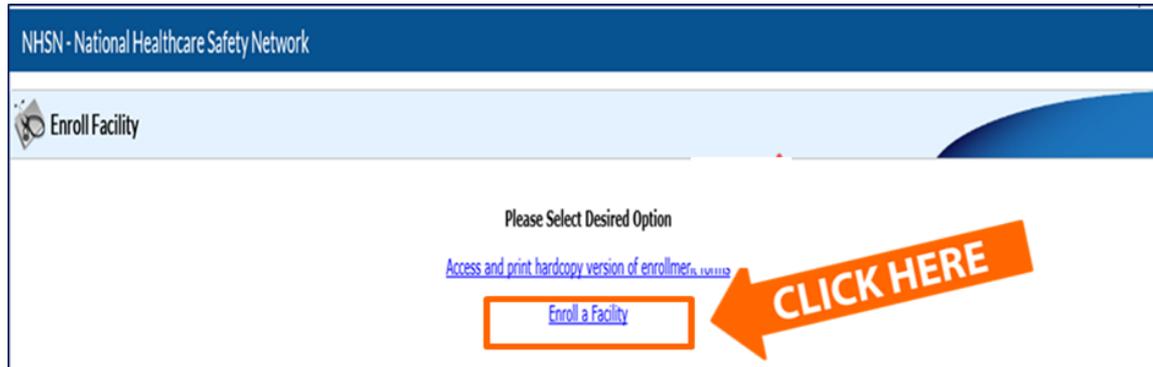
- While completing facility enrollment forms, keep in mind the person you list as the NHSN Facility Administrator, should be the same individual who has completed the previous enrollment steps (which includes SAMS registration).
- On the enrollment survey, only facilities that FIRST opened during the current calendar year should select the option “*Not Operational in the Prior Calendar Year*”. Do NOT select this option if the newly enrolled facility was open, but had not enrolled into NHSN in the prior calendar year.
- The NHSN Facility Administrator 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.

Step 4.2 – Complete Facility Contact and Facility Survey Online

- Once the required information has been collected on the enrollment forms (*Facility Contact Information and Annual Facility Survey*), you are ready to complete the online enrollment.
- 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**.



IMPORTANT: Online enrollment must be completed in one session! There is not an option to save work in progress



Step 4.2 – Complete Facility Contact and Facility Survey Online



- ❑ Enter required (*) information
- ❑ It is not necessary to enter all of 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.
 - ❑ Note: Facilities within the Department of Veterans Affairs (VA) Healthcare System, may have a VA station code instead of a CCN.

Mandatory fields marked with *

Page 1 of 2

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 4.2 – Complete Facility Contact and Facility Survey Online



- ❑ Once you've entered the required information for your facility, click the **Continue** button.
- ❑ In the unlikely event that NHSN does not accept your AHA ID, CCN, or VA Station Code, you will receive a pop-up message and should immediately contact the NHSN help desk at nhsn@cdc.gov and request a temporary enrollment number.

Mandatory fields marked with *

Page 1 of 2

NHSN Facility Information

Facility Name*:

Address Line 1*:

City:

State:

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:

Validation Error

The CCN (3344553) could not be validated. Please supply a verifiable value or select that it is 'Not Applicable'. If you have verified that this CCN is correct, but it is still not validated, please contact the Helpdesk at nhsn@cdc.gov.

Step 4.2 – Complete Facility Contact and Facility Survey Online

- ❑ After receiving the temporary enrollment number from the NHSN help desk, click the **Not Applicable** button for AHA ID, CCN, and VA Station Code.
- ❑ A new box will appear, titled **Enrollment Number**.
 - ❑ Enter the provided temporary enrollment number
- ❑ Click **Continue**

 **Enroll Facility**

Mandatory fields marked with *

NHSN Facility Informatic

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

Enrollment Number *: 

Object Identifier:

Continue

Step 4.2 – Complete Facility Contact and Facility Survey Online

Select most appropriate Facility Type from:

- **LTC-ASSIST** - Assisted Living or Residential Care Facility
- **LTC-DEVDIS** – Facility Caring for Individuals with Developmental Disabilities
- **LTC-SKILLNURS** - Skilled Nursing Facility or Nursing Home

Mandatory fields marked with *

Page 2 of 2

NHSN Facility Information - Part 2

Facility Type	NHSN Facility Administrator
Select Facility*:	First Name*:
AMB-HDPD - Home Dialysis Center	<input type="text"/>
AMB-HEMO - Hemodialysis Center	Name:
AMB-SURG - Outpatient Surgery Facility	<input type="text"/>
HOSP-CAH - Critical Access Hospital	
HOSP-CHLD - Children's Hospital	me*:
HOSP-GEN - General Hospital, including Acute, Trauma, and Teaching	<input type="text"/>
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	Copy Address from Facility
HOSP-PSYCH - Psychiatric Hospital	
HOSP-REHAB - Rehabilitation Hospital	Address, Line 1*:
HOSP-SURG - Surgical Hospital	<input type="text"/>
HOSP-VA - VA Hospital	Street Address
HOSP-WOM - Women's Hospital	
HOSP-WOMCHLD - Women's and Children's Hospital	Address, Line 2:
LTC-ASSIST - Assisted Living Residence	<input type="text"/>
LTC-DEVDIS - Longterm Care Facility for the Developmentally Disabled	
LTC-SKILLNURS - Skilled Nursing Facility	Address, Line 3:
	<input type="text"/>

Step 4.2 – Complete Facility Contact and Facility Survey Online

Mandatory fields marked with *

Page 2 of 2

NHSN Facility Information - Part 2

Facility Type

Select Facility*:

LTC-SKILLNURS - Skilled Nursing Facility ▼

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

- Yes
 No

NHSN Components

Select Components*:

- Patient Safety Component
 Healthcare Personnel Safety Component
 Biovigilance Component
 Long Term Care Facility Component
 Dialysis Component

Only facilities which have opened during the current calendar year should select “No”. If the newly enrolled facility was open, but had not enrolled into NHSN in the prior calendar year, select “YES”.

Last Name :

Title:



Copy Address from Facility

Address, Line 1*:

Step 4.2 – Complete Facility Contact and Facility Survey Online

- ❑ Select one or more of the NHSN components in which your facility will participate:
 - **Long-Term Care Facility** - for tracking infections
 - **Healthcare Personnel Safety** - for tracking staff influenza vaccination

Mandatory fields marked with *

NHSN Facility Information - Part 2

Facility Type

Select Facility*:
LTC-SKILLNURS - Skilled Nursing Facility

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

Yes
 No

NHSN Components

Select Components*:

- Patient Safety Component
- Healthcare Personnel Safety Component
- Biovigilance Component
- Long Term Care Facility Component
- Dialysis Component

Select the NHSN Component you are enrolling.
Long Term Care Facility Component

Middle Name:

Last Name*:

Title:

 Copy Address

Address, Line 1*:
Enter Street Address

Address, Line 2:

Consider including
Healthcare Personnel
Safety Component to track
flu vaccination among
healthcare workers!

Step 4.2 – Complete Facility Contact and Facility Survey Online

- Enter the NHSN Facility Administrator, which is the person enrolling the facility.

The screenshot shows a registration form for the NHSN Facility Administrator. The form is divided into several sections:

- Facility Type:** A dropdown menu is set to "LTC-SKILLNURS - Skilled Nursing Facility".
- Operational Status:** Radio buttons for "Yes" (selected) and "No".
- NHSN Components:** A list of checkboxes for various components. "Long Term Care Facility Component" is checked.
- NHSN Facility Administrator:** Fields for "First Name*" (Test), "Middle Name:" (M), "Last Name*" (Testing), and "Title:". A "Copy Address from Facility" checkbox is checked. The "Address, Line 1*" field contains "123 Test Ave".
- Email and User ID:** "Email*" is "VTB9@CDC.GOV" and "User ID*" is "AANTTILA".
- Zip Code:** The field shows "32456".

Two callout boxes provide additional information:

- An orange callout box points to the "NHSN Facility Administrator" section, stating: "The NHSN Facility Administrator is the person enrolling the facility".
- A larger orange callout box points to the "Email*" and "User ID*" fields, stating: "The email address must match the email provided during SAMS registration. The selected User ID is how you want to be identified in the NHSN application."

A blue "Continue" button with a right-pointing arrow is located at the bottom right of the form.

Step 4.2 – Complete Facility Contact and Facility Survey Online

- ❑ Enter information for the NHSN Facility Contact person, which CAN be the same person enrolling the facility (NHSN Facility Administrator).

If the *Primary Contact Person* is also the *NHSN Facility Administrator*, click here to copy previously entered information

Mandatory fields marked with *

Page 3 of 4

Long Term Care Contact Person

Copy from Facility Administrator

First Name*:

Middle Name:

Last Name*:

Title:

Copy Address from Facility

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:

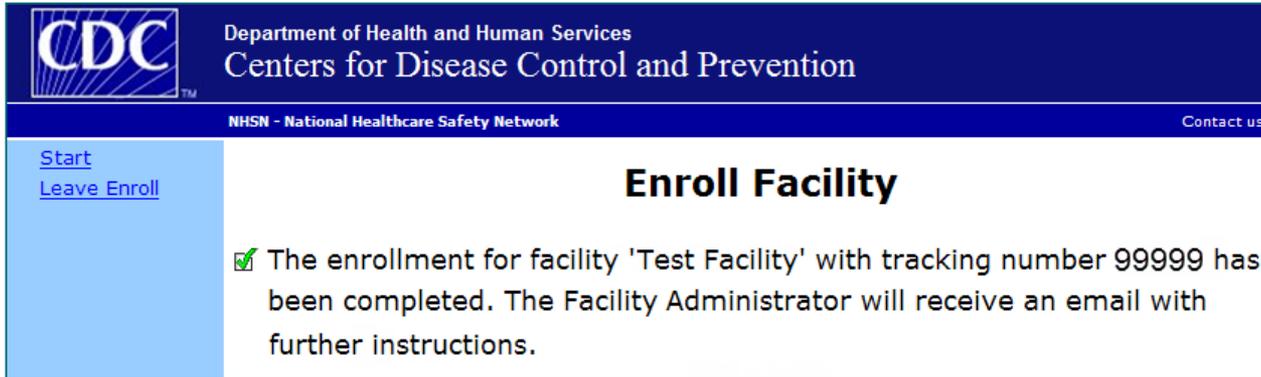
Email*:

User ID*:

[◀ Back](#) [Continue ▶](#)

Step 4.2 – Complete Facility Contact and Facility Survey Online

- Once required information is submitted, confirmation message displays



The screenshot shows a web interface for the National Healthcare Safety Network (NHSN). At the top, there is a dark blue header with the CDC logo on the left, the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention" in the center, and "NHSN - National Healthcare Safety Network" and "Contact us" on the right. Below the header, there is a light blue sidebar on the left with two links: "Start" and "Leave Enroll". The main content area has a white background with the title "Enroll Facility" in bold. Below the title, there is a green checkmark icon followed by the text: "The enrollment for facility 'Test Facility' with tracking number 99999 has been completed. The Facility Administrator will receive an email with further instructions."

- After you have successfully completed enrollment, you will be sent an **email** with instructions on how to electronically accept the *NHSN Agreement to Participate and Consent*.

How Does an NHSN Facility Get Started?

NHSN Enrollment Steps 1-5



Step 5 – Accept Agreement to Participate and Consent

- ❑ After successfully completing enrollment, the NHSN Facility Administrator and Component Primary Contact (if different) will receive an NHSN email with instructions on how to electronically accept the *NHSN Agreement to Participate and Consent*.



The consent form must be accepted by either the NHSN Facility Administrator or the NHSN Primary Contact within **60 days** or the facility will be withdrawn

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

Facility Name: Ti's Test Facility

Component: Long Term Care Facility

Tracking Number: 56233

NHSN Facility Administrator: Ti McCRAY NQA0@CDC.GOV

Component Primary Contact: Ti McCRAY NQA0@CDC.GOV

To activate this facility and component, the Facility Administrator or component's Primary Contact must accept the consent form within 60 days.

If you are listed above as the Facility Administrator or 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 08/03/2018.

The facility will be withdrawn if none of the primary contacts accept the consent form by 08/03/2018.

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 – Accept Agreement to Participate and Consent

- ❑ Login to <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



Important:

The consent form must be accepted **within 60 days** or the facility will be withdrawn

NHSN
National Healthcare Safety Network

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

Page 1 of 3

The National Health Safety Network (NHSN) is a program of the Centers for Disease Control and Prevention (CDC) that provides a national system for reporting and analyzing 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

Step 5 – Electronically Accept Agreement to Participate and Consent

- ❑ You must select “OK” to remove the alert and then you must “Accept” the consent form by clicking in the box under **Accept**

⚠ If you are enrolled in multiple facilities, then you may see a list of all facilities in which you are listed as a primary NHSN contact. In this case, you have the option to Accept additional components

NHSN
National Healthcare Safety Network

Agreement to Participate and Consent

Page 1 of 3

Tracking #: _____

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects, analyzes, and reports data submitted by healthcare or residential facilities on 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 benefit. CDC will not collect, analyze, or report data submitted to NHSN in accordance with the scope of their respective reporting requirements. CDC will not collect, analyze, or report data submitted to NHSN in accordance with the scope of their respective reporting requirements. CDC will not collect, analyze, or report data submitted to NHSN in accordance with the scope of their respective reporting requirements. CDC will not collect, analyze, or report data submitted to NHSN in accordance with the scope of their respective reporting requirements.

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.

OK

Purposes of NHSN

The purposes of NHSN are to:

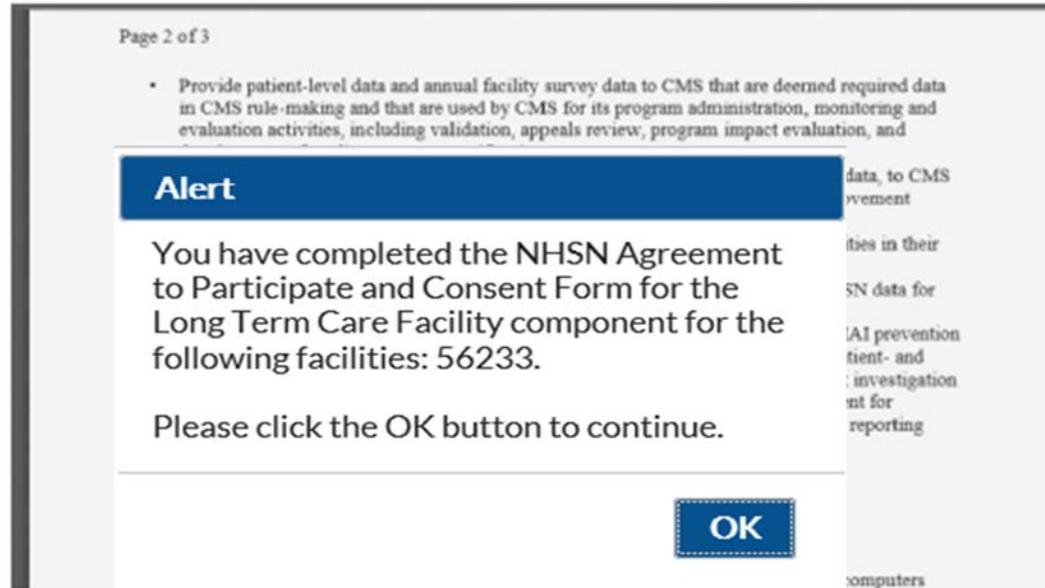
- Collect data from healthcare facilities in the United States to permit valid estimation of adverse events among patients or residents and healthcare personnel.
- Collect data from a sample of healthcare facilities in the United States to permit valid estimation

Component	Contact Type	Contact Name	Phone Number	Email	Accept
Long Term Care Facility	Facility Administrator	Ti McCrAY	123-456-7890	NQA0@CDC.GOV	<input type="checkbox"/>

Submit

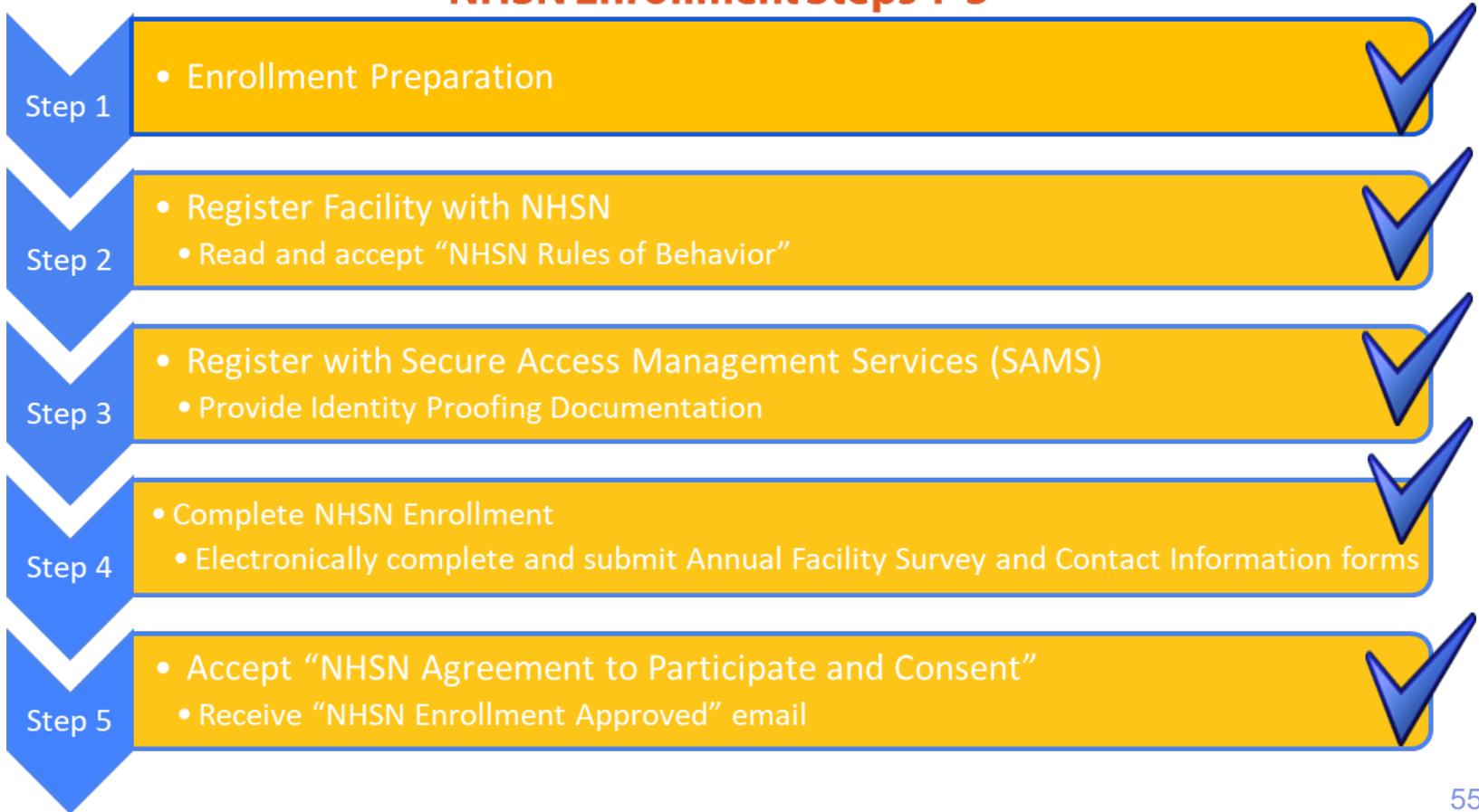
Step 5 – Electronically Accept Agreement to Participate and Consent

- As each component NHSN Primary Contact or Facility Administrator has accepted, an additional alert will pop-up confirming this action



How Does an NHSN Facility Get Started?

NHSN Enrollment Steps 1-5



NHSN Enrollment is Complete: Next is NHSN Set-Up

- ❑ [Set-up training](#) for the NHSN LTCF Component is available

https://www.cdc.gov/nhsn/pdfs/ltc/Facility_Set_up_slides_LTCF_v5_Final_with_508_3-2015.pdf

- ❑ Set-up NHSN for your facility – **Required before entering data*
 - *Mapping NHSN locations (*required*)
 - *Create Monthly Reporting Plans (*required*)
 - Add users & assign user rights (optional, but highly encouraged)
 - Once a user is added, he/she will receive an e-mail to **Read and Agree to the NHSN Rules of Behavior**, which will then generate an ***Invitation to Register with SAMS*** email.
-  **Note:** all NHSN users must have an individual SAMS grid card to access NHSN, which requires SAMS registration.

Important Information!!

- ❑ Email is our only way to communicate with you!
- ❑ Please email nhsn@cdc.gov with any changes in your email address

Where Can I Find More Information about Enrollment?

- ❑ To email questions to the NHSN Helpdesk: nhsn@cdc.gov
- ❑ To email questions to SAMS Helpdesk: samshelp@cdc.gov or toll-free at 877-681-2901
- ❑ LTCF specific enrollment and reporting resources
<http://www.cdc.gov/nhsn/LTC>

Summary

- ❑ Remember, SAMS is the gateway that allows you to have access to NHSN. Completing the SAMS process and identity verification is only the first part of the enrollment process. Once you receive your grid card, you must continue with the enrollment process as discussed in this session.
 - **Note: A facility must enroll in NHSN only ONE TIME**
- ❑ When enrolling, select **Long-term Care Facility as the NHSN Component.**

Summary

- ❑ When enrolling, the NHSN Facility Administrator has the option to designate another individual in the facility as the NHSN Primary Contact Person. This person will need to be added as a user by the NHSN Facility Administrator once the facility has been activated by NHSN.
- ❑ Every user added to NHSN must complete the SAMS registration process in order to access NHSN. Being added as a user is the first step in beginning the SAMS registration process. When a user is added, he/she will receive the Rules of Behavior via email. The user must review and agree to the rules of behavior, which in turn generates an invitation to join SAMS.

Tips

- ❑ To save time during the electronic enrollment process, collect the required information using the available paper forms (Facility Contact Information and Annual Facility Survey) and have the forms available before beginning online enrollment.
- ❑ 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.
- ❑ When you arrive at the SAMS website, bookmark the page, either individually or in a special NHSN bookmark folder.

Tips

- ❑ As you go through the enrollment process, set-up task reminders in Outlook to stay on track.
- ❑ Store emails from NHSN in a folder in Outlook or your computer for easy access.
- ❑ Once user receives the SAMS grid card, the user can enroll multiple facilities using the same card.
- ❑ Once user receives his/her SAMS grid card, the card can be used to access other enrolled facilities in which he/she is added as a user for the facility (e.g., change of employment).

LTCF Enrollment Frequently Asked Questions

Challenge/Question	Solution
<p>NHSN Annual Survey does not allow user to save data entry until the survey is complete.</p>	<p>The NHSN Annual Survey must be completed in order for enrollment to be completed. Users do not have an option to save partially complete surveys, and, therefore must be completed in one sitting. Facilities are strongly encouraged to collect all of the required information using the paper version (http://www.cdc.gov/nhsn/forms/57.137_ltcfsurv_blank.pdf) of the survey before completing the electronic version.</p>
<p>NHSN is not accepting the CCN entered during enrollment, preventing the completion of the enrollment process.</p>	<p>This may occur if the CCN is incorrect or if NHSN does not immediately recognize the facility. If the CCN is not known or if the NHSN application fails to validate the entered CCN, a temporary ID can be obtained from NHSN to start and complete the enrollment process. The first temporary ID can be used to <i>register the facility in NHSN</i> to begin the process. Once the user has SAMS and NHSN access, and if a CCN is still not available or validating, then a second temporary ID is needed to <i>enroll the facility</i> in the NHSN application. To receive either of these temporary ID numbers, the user must contact the NHSN helpdesk at nhsn@cdc.gov and request a temporary ID to complete registration/enrollment.</p> <p>Note: If a temporary ID was used to complete NHSN enrollment, the facility must remember to enter the facility CCN into NHSN once full enrollment is complete. Guidance for making edits to facility information, including updating/changing the CCN, can be found here- http://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf</p>

LTCF Enrollment Frequently Asked Questions

Challenge/Question	Solution
<p>NHSN will not accept my e-mail address when I attempt to enter it as the NHSN User ID on the <i>Contact Information</i> page of Step 4 of NHSN enrollment.</p>	<p>NHSN users will require two unique identifications:</p> <ol style="list-style-type: none">1. SAMS username that is used to log into NHSN, which is <i>assigned as the user's e-mail address</i> that was entered during facility registration (new facility) or when a new user was added to NHSN.2. NHSN User ID is a label used to identify users in the NHSN application, and is <i>set-up by the NHSN user</i> (i.e. NHSN Facility Administrator) during facility enrollment in Step 4 (when entering contact information) or when a when a new user is added to the NHSN application. Most users will set-up their NHSN User ID as being the first initial and last name. Note: The NHSN User ID cannot be an e-mail address.
<p>NHSN facility administrator verses a long-term care facility administrator.</p>	<p>The <i>NHSN facility administrator</i> is the point of contact for NHSN communication and is responsible for enrollment and set-up for the LTCF. This representative does <u>not</u> have to be the organization's facility administrator or part of the executive leadership. Often, this person oversees infection prevention program activities, and may be the infection preventionist, director of nursing, assistant director of nursing, staff educator, or MDS coordinator. This representative is familiar with data management and infection prevention for the facility. Although only one person in the facility will have the role of NHSN Facility administrator, the facility should train a second person as an alternate, and assign him/her as a NHSN user with administrative rights.</p>

LTCF Enrollment Frequently Asked Questions

Challenge/Question	Solution
<p>The NHSN facility administrator resigned before reassigning the role of NHSN facility administrator.</p>	<p>The NHSN facility administrator role will need to be reassigned if the previous NHSN facility administrator is no longer available.</p> <p>In order for the NHSN facility administrator role to be reassigned, <i>someone other than whomever it should be reassigned to at the facility</i> must submit a written letter (on facility letterhead) requesting a new individual be assigned to the NHSN facility administrator role. This request can come from an administrative or clinical leader in the facility or corporation such as the Director of Nursing, a Medical Director, Regional Manager or Administrator. This letter should include the name of the new NHSN facility administrator to be assigned, phone number, and email address, as well as the 5-digit NHSN Facility ID, if known. The letter may be faxed to NHSN at 404-929-0131 or scanned and emailed to nhsn@cdc.gov.</p> <p>Note: The individual submitting the request cannot be the same person being named as the new NHSN facility administrator.</p> <p>After NHSN receives the letter, the role of NHSN facility administrator will be reassigned to the designated person. If the new NHSN facility administrator does not already have access to NHSN, then he or she will be then emailed SAMS instructions to register.</p>
<p>I'm not sure what NHSN means by "personal address" during SAMS registration</p>	<p>When applying for a SAMS grid card, the user must use his/her personal HOME address for the SAMS grid card to be mailed to. Cards will not be mailed to the LTCF address.</p>

LTCF Enrollment Frequently Asked Questions

Challenge/Question	Solution
<p>When completing Step 4 of NHSN enrollment, I forgot which facility type to select</p>	<p>During Step 4 of enrollment, the correct facility type must be selected on the <i>Facility Contact</i> page, which is LTC-SKILLNURS-Skilled Nursing Facility.</p> <p>Facility Type * <input data-bbox="1155 372 1624 412" type="text" value="LTC-SKILLNURS - Skilled Nursing Facility"/></p> <p>Was this facility operational in the year prior to NHSN enrollment (i.e., last year)? *: <input checked="" data-bbox="1425 470 1450 492" type="radio"/> YES <input data-bbox="1495 470 1520 492" type="radio"/> NO</p> <hr/> <p>NHSN Components</p> <p>Indicate which component(s) the facility will use initially *</p> <ul style="list-style-type: none"><input data-bbox="1132 718 1157 740" type="checkbox"/> Patient Safety Component<input data-bbox="1132 767 1157 789" type="checkbox"/> Healthcare Personnel Safety Component<input data-bbox="1132 816 1157 838" type="checkbox"/> Biovigilance<input checked="" data-bbox="1132 865 1157 887" type="checkbox"/> Long Term Care Facility<input data-bbox="1132 915 1157 936" type="checkbox"/> Dialysis Component

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I accidentally selected the wrong facility type when I enrolled my facility.

After facility enrollment is complete, facilities may log-into NHSN and make edits to facility information, if needed.

To edit *Facility Type*:

1. Log into NHSN
2. On left-side Navigation Bar, select **Facility** to open selections
3. Select **Facility Info**
4. Under Facility Information, Facility Type, select **LTC-SKILLNURS-Skilled Nursing Facility** from drop-down menu

Alerts
Reporting Plan
Resident
Event
Summary Data
Analysis
Surveys
Users
Facility
D Customize Forms
D Facility Info
D Add/Edit Component
D Locations
Group
Log Out

Mandatory fields marked with *

[Facility Information](#) [Components](#) [Contact Information](#)

Facility Information @HELP

Facility ID : 39455

Facility name *: Angela LTCF Test Facility

Address, line 1 *: 2344 Medical Way

Address, line 2:

Address, line 3:

City *: Atlanta

State *: GA - Georgia

County *: Fulton

Zip Code *: 30322

Phone *: 567-385-9473

Fax:

Facility: Y

Facility type *: LTC-SKILLNURS - Skilled Nursing Facility

Was this facility operational in the year prior to NHSN enrollment (i.e., last year)? : YES NO

Update Back

Don't forget to click **Update** to save your edits

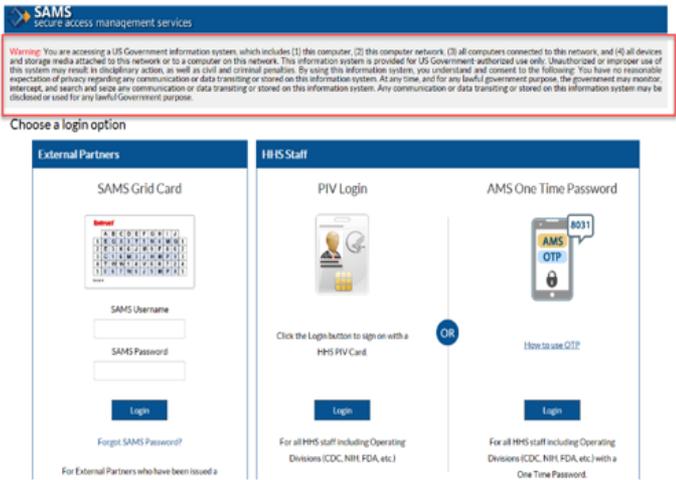
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Can someone be the NHSN administrator for multiple facilities?	<u>Yes</u> , and the person can also use the same SAMS grid card to access all of the facilities as long as they are listed in NHSN with the same email address as listed on their SAMS account.
Can you take a photo with a cellphone and upload the picture as ID proof for the SAMS grid card application?	Users are able to upload documents using the smart phones. Uploading/scans are always better as they are easier to read. SAMS helpdesk can be reached at SAMShelp@cdc.gov
Can a facility just apply for a SAMS account instead of an individual employee?	No, facilities cannot apply for a SAMS account. Each <u>SAMS</u> user must review and accept the NHSN Rules of Behavior. For security reasons, it is extremely important that all NHSN users individually undergo the secure enrollment process.

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LabID module is not an option on my NHSN Monthly Reporting Plan	Most likely the wrong NHSN Facility Type was selected during NHSN enrollment. Follow above steps to update the NHSN Facility Type to LTC-SKILLNURS-Skilled Nursing Facility . Contact the NHSN helpdesk at nhsn@cdc.gov for additional assistance.
I'm not sure who to contact when I have issues or a question.	<p>Contact SAMS at sams-no-reply@cdc.gov for:</p> <ul style="list-style-type: none"> • SAMS registration questions • Check your SAMS specific registration status • SAMS log in trouble • Forgot your SAMS log in • Identify proofing questions or concerns • Grid card status <p>Contact NHSN at nhsn@cdc.gov for:</p> <ul style="list-style-type: none"> • NHSN facility enrollment & reporting questions • SAMS invitation requests • User additions to an existing NHSN facility account • Facility enrollment status • Guidance for changing your email in NHSN or SAMS • Facility administrator re-assignments • NHSN application alerts
I did not receive a SAMS invites or welcome e-mails from NHSN.	<ul style="list-style-type: none"> • SAMS invites are auto-generated from the email address the user enters when agreeing to the NHSN Rules of Behavior, if the email was entered incorrectly in any way, the user will not receive the welcome emails. • User email addresses must be the exact same in SAMS and NHSN.

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<p>Nursing home leadership is concerned about the government having access to records on their computer system, specifically the Warning message on SAMS home page.</p>  <p>The screenshot shows the SAMS (Secure Access Management Services) home page. At the top, there is a blue header with the SAMS logo and the text "secure access management services". Below the header is a warning message in a red-bordered box: "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 transmitted 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 transmitted or stored on this information system. Any communication or data transmitted or stored on the information system may be disclosed or used for any lawful government purpose." Below the warning is a "Choose a login option" section with three columns: "External Partners" (SAMS Grid Card login), "HHS Staff" (PIV Login), and "AMS One Time Password" (AMS OTP login). Each column has a "Login" button and a "Forgot SAMS Password?" link.</p>	<p>This warning does not give the government permission to access any of the private or proprietary data on an individual's or facility's computer or network. It does not give the government access to the facility's internal network, medical records system or any protected resident information that is not submitted to NHSN.</p> <p>The warning language is specifically about accessing and use of the government information system (e.g., SAMS/NHSN) and data which might be submitted to or stored on the government system, (i.e., NHSN). For example, if there were evidence that someone unlawfully accessed SAMS/NHSN in order to see protected information that a facility entered into NHSN, or if there were any irregular accessing or downloading from SAMS/NHSN then those activities could be investigated and prosecuted. This warning is to prevent someone from trying to illegally access SAMS/NHSN if they are NOT authorized to do so (e.g., using a stolen SAMS grid card).</p>