NHSN Facility Administrator Enrollment Guide

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
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TABLE OF CONTENTS

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How Does a NHSN Facility Get Started?

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

Review and Accept NHSN Rules of Behavior

⬇

Register Facility with NHSN
*You will receive two emails (NHSN and SAMS) with information for completing the SAMS registration

⬇

Review and Accept SAMS Rules of Behavior

⬇

Complete SAMS Registration Information
*You will receive an email (SAMS) with instructions for submitting identity verification

⬇

Complete Identity Proofing Process
*You will receive an email (SAMS) notification when your SAMS access has been approved

⬇

Access SAMS to Complete NHSN Facility Enrollment and Survey Information
*You will receive a confirmation email confirming the enrollment was submitted successfully

⬇

Electronically Accept NHSN Agreement to Participate and Consent
*You will receive an email with instructions for accessing NHSN Reporting

⬇

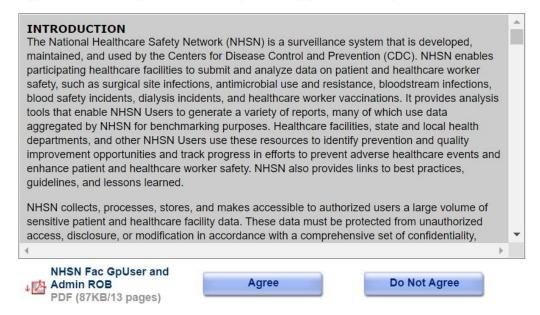**Enrollment is Complete! Access NHSN Reporting via SAMS**

Step 1. Read the NHSN 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 Rules of Behavior from https://www.cdc.gov/nhsn/enrollment/index.html.

Facility/Group User & 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
The National Healthcare Safety Network (NHSN) is a surveillance system that is developed, maintained, and used by the Centers for Disease Control and Prevention (CDC). NHSN enables participating healthcare facilities to submit and analyze data on patient and healthcare worker safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, blood safety incidents, dialysis incidents, and healthcare worker vaccinations. It provides analysis tools that enable NHSN Users to generate a variety of reports, many of which use data aggregated by NHSN for benchmarking purposes. Healthcare facilities, state and local health departments, and other NHSN Users use these resources to identify prevention and quality improvement opportunities and track progress in efforts to prevent adverse healthcare events and enhance patient and healthcare worker safety. NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN collects, processes, stores, and makes accessible to authorized users a large volume of sensitive patient and healthcare facility data. These data must be protected from unauthorized access, disclosure, or modification in accordance with a comprehensive set of confidentiality,

NHSN Fac GpUser and Admin ROB
PDF (87KB/13 pages)

[Agree]   [Do Not Agree]

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

To indicate agreement with the terms and conditions as stated in the NHSN Rules of Behavior, click **Agree** and you will be guided to the NHSN Registration page.
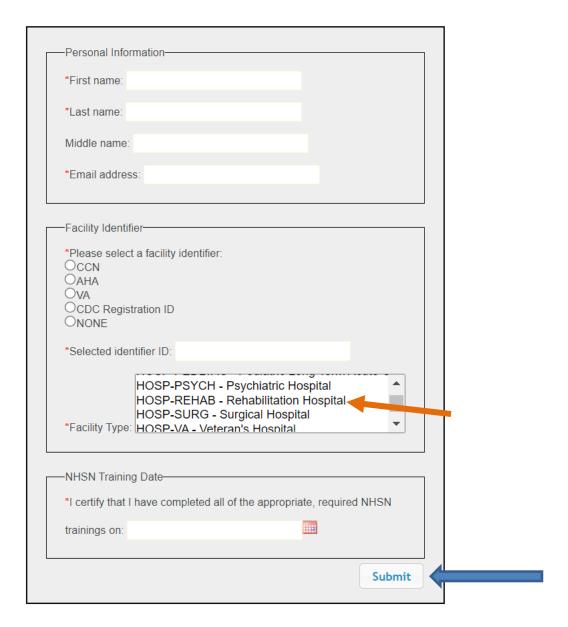
Step 2. Register with NHSN

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

- The name of the NHSN Facility Administrator
- Email address for the NHSN Facility Administrator
- Facility identifier
  - You will need your hospital's American Hospital Association (AHA) ID#, CMS Certification Number (CCN), or VA Station Code to proceed. If you do not have one of these identifiers or if it is not accepted during registration, you may contact nhsn@cdc.gov for a Temporary NHSN Enrollment Number. You will need your hospital's American Hospital Association (AHA) ID#, CMS Certification Number
  - Please use a CDC temporary Enrollment number if your CCN # does not validate.
  - **NOTE:** Each newly enrolled facility must have a unique enrollment number. There is a one-to-one relationship between a CDC enrollment number and a facility. This number will expire within 30 days from the day it is generated if not used.
- Training completion date
  - Enter the date you completed the suggested training sessions.
  - **NOTE:** If you have participated in a face-to-face NHSN training session endorsed by the CDC (i.e., from State groups or CDC day training), we recommend that you also review our training sessions, especially for the protocols and topics which may not have been covered during CDC-endorsed trainings. When registering as a user of NHSN, you may enter the date of the CDC-endorsed training you attended as the training completion date.

- Enter the correct information and click **Submit:** see below

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:
HOSP-PSYCH - Psychiatric Hospital
HOSP-REHAB - Rehabilitation Hospital
HOSP-SURG - Surgical Hospital
HOSP-VA - Veteran's Hospital

NHSN Training Date

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

trainings on: [_____] 📅

[Submit]

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

Step 3. Register with SAMS

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

Hello

You have been invited to register with the U.S. CDC's Secure Access Management Service (SAMS). Registration with SAMS will allow you to access selected CDC Extranet applications specifically designed and implemented for the Public Health community. A registration account has already been created for you. A link to this account and a temporary password word are provided below. This invitation is valid for 30 days.

Should you have questions with the SAMS registration process, please contact our Help Desk for assistance.

Thank you,

The SAMS Team

SAMS basic registration process includes the following steps:

1. **Online Registration** - Follow the link below and use the included temporary password to log into SAMS' user registration pages. During registration, you will be asked to supply some basic information about yourself. This information will help CDC Program Administrators provide you with the application access most appropriate for your role in Public Health. You will also choose your personal SAMS password to help keep your account private and secure.
2. **Identity Verification** - Once you complete your online registration, you will receive an email with instructions for completing Identity Verification. In order to provide individuals with access to non-public information, U.S. law **requires** that the identity of potential users is first verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of CDC programs.
3. **Access Approval** - Once your Identity Verification is complete, CDC Program Administrators will determine the access level most appropriate for your role and will activate your SAMS account. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your extranet applications.

To register with SAMS, please click the following link or cut and paste it into your browser:

https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task.tag=SAMSRegistration

When prompted, please enter:

- Your Username:
- Temporary Password:

and click the Login button.

***Note:* In order to access SAMS, your browser **must** be configured to use TLS 1.0 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

- In the *Invitation to Register* email you received, click the link to SAMS, or cut and paste the following link into your browser: https://sams.cdc.
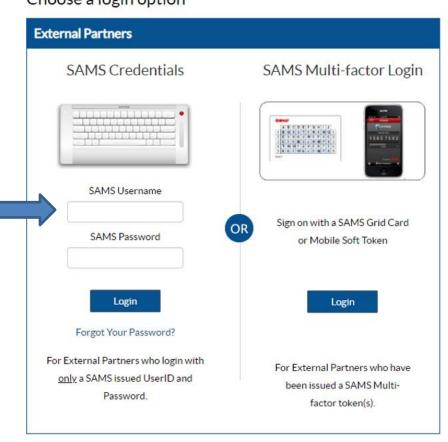
  The screen shown below displays:

- On the *Log In* screen, enter the username and temporary password provided in the SAMS email, and click the **Login** button. The SAMS *Rules of Behavior* screen will display.

- Read the SAMS *Rules of Behavior* and click the **Accept** button.

Secure Access Management Services (SAMS)

Welcome: Shea Graffo

🔒 Logout

Registration

Please provide the following information to register with SAMS, and click Submit. Required fields are marked with a red asterisk (*). Your registration will be routed to a SAMS Application Administrator for approval. You will receive an email notification when your registration has been approved and you have been granted access to SAMS.

User ID	
First Name*	
Middle Name	
Last Name*	
Suffix	
Email	

Home Address

Address Line 1*	
Address Line 2	
City*	
State*	
Postal Code*	
Country*	Please select a country
Organization Name*	
Organization Role	

Organization Address

Address Line 1*	
Address Line 2	
City*	
State*	
Postal Code*	
Country*	Please select a country
Primary Phone*	
Alternate Phone	

You must specify a new password. You 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*	Name of the city/town where you were born	A1*	
Q2*	Name of the city/town where you were born	A2*	
Q3*	Name of the city/town where you were born	A3*	
Q4*	Name of the city/town where you were born	A4*	
Q5*	Name of the city/town where you were born	A5*	

Submit   Cancel

- Enter information in the fields displayed above. Fields marked with a red asterisk (*) are required.

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- Change your password. Ensure that your password meets the requirements displayed on the screen.

- In the *Question* section, select a question from the list displayed in line 1.

- In the *Answer* section in line 1, type your answer to the question you selected.

- Repeat steps 6 and 7 until all five questions are answered.

  Note: *Be sure to remember the answers to the preferred question.*

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

After registering your information with SAMS begin the verification process.

Thank you for registering with CDC's SAMS. Your registration information has been received. Your next step is to verify your identity through a process called "identity proofing".

SAMS supports two options to identity proof. Please review each option below and select what works best for you.

OPTION 1 - Experian Precise ID Check (preferred method)

Using a secure interface, you will provide Experian your social security number (SSN) and Date-Of-Birth (DOB). This information is sent directly to Experian and NOT stored by SAMS or CDC. Experian will validate this information and may ask you a series of questions derived from details contained in your credit report. This option will not impact your credit score or credit worthiness.

This process takes less than a minute and is the fastest way to complete the SAMS identity proofing process. If Experian is unable to validate your identity, you can still complete the identity verification process using Option 2.

To initiate the Experian Precise ID check select the link below and log into SAMS using the 'SAMS Credentials' option You will login using your SAMS username (email address) and recently established password.
https://sams.cdc.gov/samsidproofing/idusers/edit/4743

If Experian successfully validates your identity, **no further action** is required until you are notified via email that your SAMS account has been activated.

If selecting Option 1, stop reading. You can disregard all additional instructions.

OPTION 2 - Document Submission/Validation

The document submission/validation process requires you to collect, copy, and submit required documentation to CDC for review and validation. To complete this process please print the form included at the bottom of this email message and follow the instructions provided below. The required steps are as follows:

1. Complete the Applicant Section in the included 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 Notary Public or person specifically designated by CDC to conduct identity verification, or a CDC employee. Have them verify your identity and complete the *'Proofing Agent - Notary'* Section. Acceptable forms of identification are listed in the table below:

Experian questions and approval

Please answer the following questions:

1). According to your credit profile, you may have opened an auto loan in or around March 2018. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- ○ WELLS FARGO
- ○ CHRYSLER CAPITAL CORP
- ◉ 1ST CHOICE CREDIT UNIO
- ○ NISSAN MOTOR ACCEPTANCE
- ○ NONE OF THE ABOVE/DOES NOT APPLY

2). You may have opened an auto loan or auto lease in or around March 2018. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- ○ $455 - $554
- ○ $555 - $654
- ○ $655 - $754
- ○ $755 - $854
- ○ NONE OF THE ABOVE/DOES NOT APPLY

SAMS secure access management services   Welcome

Hi,

Congratulations, your identity proofing has been successfully completed. No further action is required. You will receive additional instructions in email once access has been finalized by your Program.

Please click Logout at the top of this screen or close the browser window.

Thanks,
SAMS Team

Step 4: Access Approval and Account Activation

Once your information is received and approved, you will receive your approval by email from sams-no-reply@cdc.gov. The subject will be "**U.S. Centers for Disease Control: SAMS Partner Portal – SAMS Activity Authorization**." This email will contain web links to the SAMS Partner Portal and to the application. If you are approved for two or more applications, you will receive a separate email for each one. You will also receive a welcome email confirming the activation of your SAMS Partner Portal account.

You are now ready to access your applications and the SAMS Partner Portal.

The NHSN application require users to be strongly authenticated. This means users must have an additional 'token', along with their password, to login. The **first option** is a soft token that requires the installation of an Entrust Authenticator application on your phone, tablet, or computer. The **second option** is a hard token which is a physical Entrust grid card mailed to your home address. SAMS will communicate this authentication requirement to you in email along with instructions on how to complete the setup after account activation.

Note: Your SAMS grid card should be delivered to your home address via U.S. mail **within 2 weeks after you receive your SAMS approval email**. If you do not receive your SAMS grid card within two weeks, contact samshelp@cdc.gov for assistance.
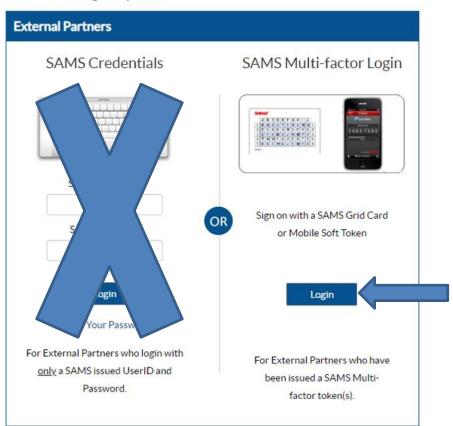
Step 5. Enroll in NHSN

To initiate the Enrollment process, login through the SAMS portal: (https://sams.cdc.gov). After setting up your credential device (via token or receiving your SAMS grid card), log into SAMS. Under the **SAMS Multi-factor Login** picture, click **Login**. On the SAMS home page, select '**NHSN Enrollment**' to complete electronic enrollment into the desired **NHSN Component**.

5.1 Download and Print Enrollment Forms for a Copy

- From the **Facility Enrollment Forms** page, print the forms needed for the Component into which you are enrolling. Note: **The actual enrollment process is begun electronically**.
- Shortly after successfully submitting the forms, the Facility Administrator and Primary Contact will receive a "**NHSN Facility Enrollment Submitted**" email.
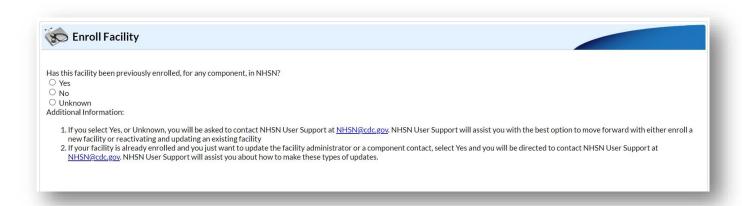

- Click on the **NHSN Enrollment** link to go to the **NHSN Enrollment** page.

NOTE: Do <u>not</u> 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.

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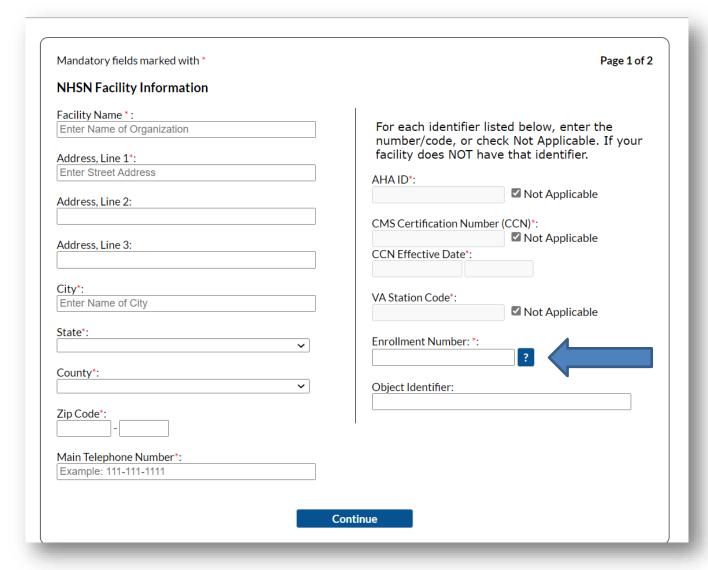SAFER · HEALTHIER · PEOPLE™

Step 5.2 Electronically Begin the Enrollment process

If the facility has not previously enrolled in NHSN then select **No**. If the facility has previously enrolled in NHSN or you are unsure, submit an email to NHSN@cdc.gov. Subject line "Check Facility enrollment status". Provide the name of the facility, full address, and ORG ID (if known).

![CDC logo]

Mandatory fields marked with *

NHSN Facility Information

Facility Name * :
Enter Name of Organization

Address, Line 1*:
Enter Street Address

Address, Line 2:

Address, Line 3:

City*:
Enter Name of City

State*:
⌄

County*:
⌄

Zip Code*:
___ - ___

Main Telephone Number*:
Example: 111-111-1111

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

Please use a CDC temporary Enrollment number if your CCN # does not validate.

NOTE: Each newly enrolled facility must have a unique enrollment number. There is a one-to-one relationship between a CDC enrollment number and a facility.

This number will expire within 30 days from the day it is generated if not used.

NHSN Facility Administrator

First name*: Person
Middle name: Enrolling
Last name*: Facility
Title: IN NHSN

Click to copy mailing address from the facility given above

Address, line 1*: 200 Hospital Address   ← Facility Address
Address, line 2:
Address, line 3:
City*: Hospital City
State*: GA - Georgia
Zip Code*: 12345 -
Phone*: 111-111-1111   Ext:
Fax:
Pager:
E-mail*:   ← Use same e-mail address entered during SAMS registration

NHSN user ID, cannot include special characters Example: AAnttila

User ID*: ⚠   Up to 32 letters or digits

Next Screen

📋 Copy from Facility Administrator   📋 Copy Address from Facility

First Name*:   Address, Line 1*:
                                          Enter Street Address

Middle Name: Address, Line 2:

Last Name*:   Address, Line 3:

Title: City*:
                                         Enter Name of City

                                         State*:

                                         Zip Code*:
                                                   -

- The Facility Administrator should also be listed as the Primary Contact person during the enrollment process. Select the blue tab to copy the FA's information
- Select the "Submit" tab on the bottom of the screen and proceed to complete the Facility Survey.

After successfully completing the survey, an email will be sent confirming completion:

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

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

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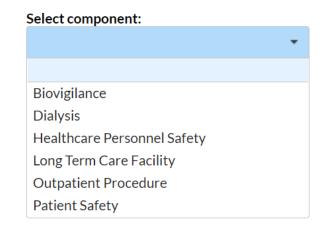**Component Primary Contact:** David Jordan XXXX@CDC.GOV

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

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

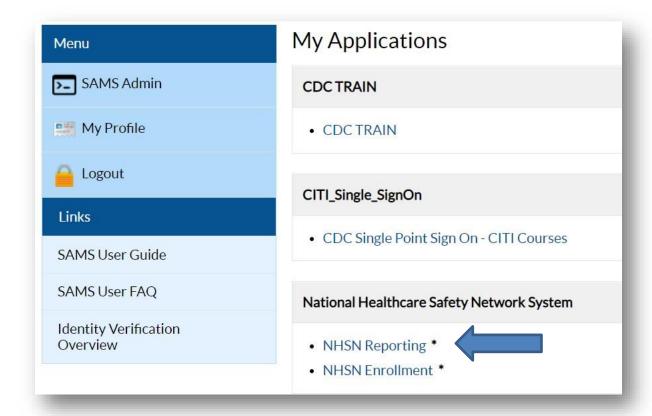The facility will be withdrawn if none of the primary contacts accept the consent form by 04/10/2018.

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

- Log back in through the SAMS portal to enter NHSN. On the next screen select "**NHSN Reporting**" to enter the NHSN Landing page. Select the correct component and facility in the drop-down menu.

Select component:

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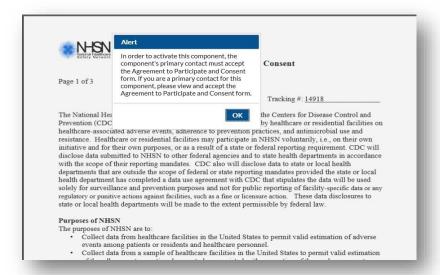- Outpatient Procedure
- Patient Safety

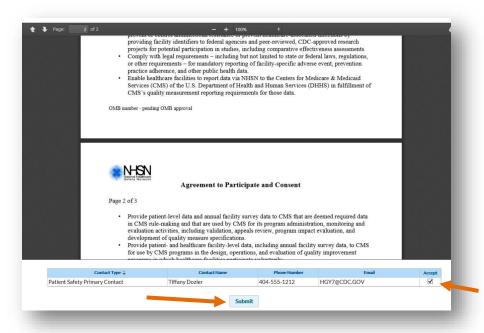## Step 5.2 Electronically Accept Agreement to Participate and Consent

Log into the SAMS portal at https://sams.cdc.gov and select the NHSN Reporting option. Once you have logged in successfully you will receive an alert detailing the requirements for accepting the Agreement to Participate and Consent form:

The person listed as a Primary Contact of the component or the Facility Administrator must "Accept" the Agreement to Participate.

*NOTE: The Facility Administrator or Primary Contact Person must accept the agreement for each component.

For each component accepted, the Primary Contact or Facility Administrator will receive an additional alert confirming this action:

Step 6. Begin Using the NHSN Reporting Application

Once the Agreement to Participate and Consent form has been completed, an email will be received similar to below:

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

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

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

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

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

The enrollment process is now complete. Go to the SAMS portal (https://sams.cdc.gov), enter your password and grid card/mobile soft token information to login. Select the **NHSN Reporting** activity to access the NHSN application. You can now add users, set up location codes, surgeon codes, and enter a Monthly Reporting Plan etc. within the application.

NHSN Contact Information
If you have any questions, please contact NHSN at nhsn@cdc.gov.

Website: http://www.cdc.gov/nhsn.