

Getting Started With NHSN: Enrollment Process



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1

Goals

At the end of this presentation, participants will be able to:

- Describe the 5 step enrollment process for NHSN
- Describe the role of the Facility Administrator
- Identify potential delays in the enrollment process
- Complete the NHSN facility enrollment process

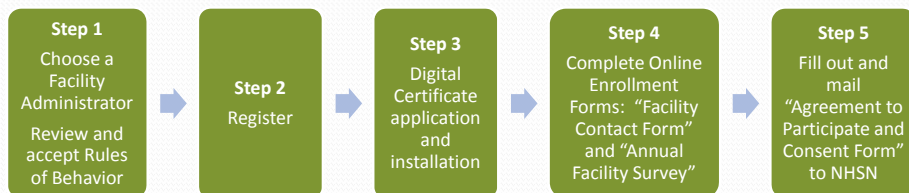
2

Recommended Reading

- Facility Administrator: review document “Facility/Group Administrator Rules of Behavior”
<http://www.cdc.gov/nhsn/PDFs/FacAdminROB.pdf>
- All users: review document “User Rules of Behavior”
<http://www.cdc.gov/nhsn/PDFs/UserROB.pdf>
- Review slide set “Patient Safety Component – Central Line-associated Bloodstream Infection”
<http://www.cdc.gov/nhsn/PDFs/slides/CLABSI.pdf>
- NHSN Training and Enrollment Requirements for the Hospital Inpatient Quality Reporting Program
http://www.cdc.gov/nhsn/cms-ippv-rule_training.html

3

The 5 Step Enrollment Process



4

Step 1a – Choose a Facility Administrator

- Can be an Infection Preventionist
 - Does not have to be a manager or director
- The NHSN Facility Administrator:
 - is the only person who can enroll a facility and complete NHSN Enrollment.
 - is the only person who can reassign the role of Facility Administrator to another user.
 - is responsible for initially adding users and assigning user rights.
 - is responsible for managing locations and patients across components.

5

Step 1b – Review and Accept Rules of Behavior

- NHSN main page: <http://www.cdc.gov/nhsn/>
- Click on “Enrollment Requirements”
- Click on “Begin Enrollment”

The screenshot shows the NHSN website interface. The top navigation bar includes the CDC logo and the text 'Centers for Disease Control and Prevention'. Below this is a search bar and a navigation menu with letters A-Z. The main content area is titled 'National Healthcare Safety Network (NHSN)'. On the left, there is a sidebar menu with items like 'About NHSN', 'Communication Updates', 'Enrollment Requirements', 'FAQs About Enrollment', 'FAQs About Mandatory Reporting', 'NHSN Security', 'Begin Enrollment' (circled in red), 'Enrollment Training', 'Enrollment Forms', 'Patient Safety Component', 'Healthcare Personnel Safety Component', 'Biovigilance Component', 'Data Collection Forms', 'NHSN Training', 'Data & Statistics', 'Resource Library', 'Clinical Document Architecture', and 'Contact NHSN'. The main content area has a sub-header 'NHSN - Enrollment Requirements' and a section titled 'Begin Enrollment Process'. The text explains that enrollment is a multi-step process and that the Facility Administrator is the only person who can enroll a facility. It provides links to download enrollment guides and manuals. On the right, there is a 'Text size' selector, an 'Email page' button, a 'Print page' button, and a 'Bookmark and share' button. There is also a 'Get email updates' section with a form to enter an email address and a 'Submit' button. At the bottom right, there is a 'Contact NHSN' section with the CDC logo and address information.

6

Step 1b- Review and Accept Rules of Behavior

Begin Enrollment Process

Enrolling in NHSN is a multiple step process, outlined below, that is completed by the person designated to serve as the Facility Administrator. The steps must be followed in the order listed to ensure a successful enrollment.

The person designated as the NHSN Facility Administrator is the only person who can enroll a facility in NHSN or reassign the role of Facility Administrator. This person will also have the ability to nominate groups, that is, entities with which your hospital wants to share some/all of its data (e.g., state or county health department, corporate headquarters).

For complete detailed enrollment instructions please download the

[NHSN Facility Administrator Enrollment Guide](#) [PDF - 1.16MB]
A step-by-step start-up guide for enrolling a facility in NHSN.
June 2009. .

Before attempting to enroll, as the Facility Administrator you must:

Review the following documents and fulfill training requirements:

- [Purposes, Eligibility, Requirements and Confidentiality](#) [PDF - 46KB]
April 2006.
- [NHSN Facility Administrator Enrollment Guide](#) [PDF - 1.16MB]
A step-by-step start-up guide for enrolling a facility in NHSN.
June 2009.
- [NHSN Manual: Patient Safety Component Protocols](#)

When you have completed the required trainings and read the above documents, you are ready to enroll. Follow the steps below to complete the enrollment process.

NOTE: Please make sure that your email system will not block emails from nhsn@cdc.gov and PHINTech@cdc.gov before beginning enrollment.

Click on link

1. **Read the NHSN 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.
2. **Register your facility in the NHSN.**
After agreeing to the Rules of Behavior, you will be taken to the NHSN Registration page.

7

Step 1 – Done!

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

National Healthcare Safety Network (NHSN)

Facility/Group Administrator Rules of Behavior

In order to participate in the NHSN, you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.

NHSN, a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents and healthcare 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

Print Version
PDF (37KB/13 pages)

Agree Do Not Agree

Scroll down to read through the text in gray box.
Then click "agree" to go to Step 2.

8

Step 2 - Register

National Healthcare Safety Network (NHSN)

Registration Form

Please enter the values for the fields listed below and click on the **Save** button. (*) indicates a required field. For additional information on NHSN Training, please visit the [NHSN Training Website](#).

Personal Information
*Last name: <input type="text"/>
*First name: <input type="text"/>
Middle name: <input type="text"/>
*Email address: <input type="text"/>
Facility Identifier
*Please select a facility identifier:
CMS ID <input type="radio"/> AHA ID <input type="radio"/> VA Station Code <input type="radio"/>
CDC Registration ID <input type="radio"/> Home <input type="radio"/>
*Selected Identifier ID: <input type="text"/>
NHSN Training Date
*I certify that I have completed all of the appropriate, required NHSN trainings on: <input type="text"/>
<input type="button" value="Reset"/> <input type="button" value="Save"/>

- Enter the required information
- You must use the same email address through the entire enrollment process
- Allow nhsn@cdc.gov and PHINTech@cdc.gov to come through your organization's email spam blockers
- Make sure "*.cdc.gov" is listed as a trusted site in your browser and pop-ups are allowed
- The 6 digit CMS ID is recommended for Facility Identifier
- Enter the date NHSN training was completed and click "Save"

9

Step 2 – Done!

- Within 72 hours, you should receive an email from NHSN with the website and password needed to apply for a digital certificate (Step 3)



Welcome! You are now registered in the National Healthcare Safety Network (NHSN).

In order to begin the NHSN enrollment process, you will need to obtain and install a digital certificate onto your computer.

Follow the instructions in the document "NHSN Facility Administrator Enrollment Guide" beginning at Step 3, to obtain and install the digital certificate so that you will be able to access the NHSN application through CDC's Secure Data Network (SDN). This document can be accessed at: http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html.

From the Centers for Disease Control and Prevention - Digital ID

10

Step 3: Digital Certificate

A digital certificate provides an electronic means of proving your identity to securely conduct business with NHSN.

- Data sent to NHSN is encrypted so that only NHSN can read it
- Provides assurance to NHSN that the data has not been changed in transit
- Certifies that the certificate owner actually sent the transmission

Digital Certificates:

- User specific – Do not share your digital certificate with another user! **Each user must have their own digital certificate.**
- Installed on your computer
- If you enroll more than one hospital, you only need one digital certificate
- Make a copy as soon as it is installed
- Can be installed on additional computers
- CDC pays for the digital certificate
- Digital certificates expire 12 months from the date of installation. You must apply for a new digital certificate each year. NHSN will notify you 30 days before your digital certificate expires.

The screenshot shows the CDC website interface for Digital ID Enrollment. It includes a 'WARNING' box with a disclaimer about the system's security. Below that is a form titled 'Enter Enrollment Password' with a text input field for the password and an 'Accept' button. A yellow arrow points to the 'Accept' button, and a yellow box below it contains the text: 'Enter the password you received in the email (Step 2)'.

11

Step 3 – Digital Certificate Application

Step 1: Enter Personal Information

Items with (*) are required.

Prefix	<input type="text"/>	Preferred Name	<input type="text"/>
* First Name	<input type="text" value="Jane"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text" value="Doe"/>	Degree	<input type="text"/>
* Email Address	<input type="text" value="nhsn@cdc.gov"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer	<input type="text" value="CDC"/>	Program or Division	<input type="text"/>
* Employer Type	<input type="text" value="CDC, all campuses"/>		
* Job Type	<input type="text" value="Surveillance"/>		
* Phone	<input type="text" value="404-639-4050"/>	Fax	<input type="text"/>
Work Address (130 characters maximum)	<input type="text"/>	* U.S. State (required for US)	<input type="text" value="Georgia"/>
		U.S. County	<input type="text" value="Pick a County"/>
* City	<input type="text" value="Atlanta"/>	* Zip Code	<input type="text" value="30333"/>
* Country	<input type="text" value="United States"/>		
* Alternate Contact:			
* Name	<input type="text" value="John Doe"/>	* Phone	<input type="text" value="404-639-4050"/>

1a →

Review Email Address

The screenshot shows a Windows Internet Explorer dialog box with the title 'Review Email Address'. The message inside says: 'Your email address must be correct to receive your Digital ID. Is this your correct email address? nhsn@cdc.gov'. There are 'OK' and 'Cancel' buttons. A yellow arrow labeled '1b' points to the 'OK' button.

12

Step 3: Digital Certificate Application

Step 2: Select A Program

Select the program whose activities you want to join.

Step 3: Select Activities

Select one or more National Healthcare Safety Network (NHSN) activities from the list.

Step 4: Choose a Challenge Phrase

The challenge phrase is a password or phrase that you will need to provide every time you access the CDC Secure Data Network, and is also required to revoke your Digital ID.

For security reasons, a challenge phrase must:

- Be at least 8 characters long.
- Contain only English letters, numbers or any of these characters: `- + : ' ,`
- Contain at least one non-alphabetic character.
- Not contain your name or any part of your email address.
- Not be a word, unless the word is either
 - Broken up by one or more non-alphabetic characters
 - Prefixed or suffixed by three or more non-alphabetic characters
- Not contain more than two consecutive repeating characters.
- Contain at least 4 unique characters.

Challenge phrases are case sensitive, so be sure to remember if any letters are capitalized. While not required, a challenge phrase containing mixed case letters is more secure, and we invite you to consider using one.

[More Information and Examples](#)

Challenge Phrase is your password to log on and access NHSN. Do not forget! Must be case-sensitive and meet the criteria listed above.

13

Step 3 – Digital Certificate Application

Application for Digital Certificate is complete!

Within 72 hours you will receive an email with a link and instructions to download the digital certificate.

Digital Certificate Request Received

Your request for a digital certificate has been received.

You will receive an e-mail when your request is approved, which includes instructions for installing your digital certificate.

Please note that processing time may vary, depending upon the nature of the enrollment request. If you do not receive an e-mail notification within 72 hours, you may inquire about the status of your request by contacting the program administrator.

14

Step 3 – Installing Digital Certificate

- Contact your IT department for help with installation.
- Click on the email link to download the Digital Certificate.
- Reminders about Digital Certificates:
 - Each user must have their own digital certificate
 - If two NHSN users share the same computer, both will need digital certificates installed on the same computer
 - Can be installed on additional computers
 - If you enroll multiple facilities, you only need one digital certificate
 - Make a backup copy of the Digital Certificate.
 - Must apply for a new digital certificate every year. NHSN will notify you 30 days before your digital certificate expires.



Your request for a CDC digital certificate has been approved. The next step is the installation of your digital certificate. Your computer settings may be different from other computers. These differences may make installing your digital certificate more difficult than we would like. We are working to make this process easier.

We recommend that your IT Specialist install the digital certificate for you. We have provided instructions for the IT Specialist at

<https://ca.cdc.gov/sdncode/sdnapp/doc/DigitalCertificateInstallation.html>.

After reviewing these instructions, your IT Specialist can begin the process of installing your digital certificate by going to your installation link.

Digital Certificate Installation Link:

<https://ca.cdc.gov/sdncode/sdnapp/serlet/CertServlet?usertoken=xxxxx>

If you do not have an IT Specialist or need further information, contact CDC SDN Support:
e-mail: sdn@cdc.gov
telephone: 1-800-532-9929 and select option 1

Help is available!

Help is available!

15

Step 4: Complete Online Enrollment

- After your digital certificate has been successfully installed, go to <https://sdn.cdc.gov>
- Enter your challenge phrase (created when you applied for digital certificate)
- After you are logged in, click on “NHSN Enrollment”

The screenshot shows the CDC Public Health Partners website interface. At the top, it says "CDC Public Health Partners" and "You are logged in as Maggie Dudeck". Below this, there are several sections: "My Applications" with a link to "NHSN Enrollment" (highlighted by a red arrow), "Morbidity and Mortality Weekly Report", "Electronic Reference" with a search bar, and "Recommendations and Reports".

16

Step 4: Complete Online Enrollment

- This link takes you to the Facility Contact Form and the Annual Facility Survey Form (use the Patient Safety Component Annual Survey).
- Print these forms and gather the information you need before entering the information into the NHSN online forms.
- If you have already completed these forms, skip to online entry.

17

Step 4: Complete Online Enrollment

Print and fill out both pages of the “Facility Contact Form”

- Under “NHSN Components” select “Patient Safety Component”.
- Fill in the Facility Administrator contact info under Patient Safety.
- Fill in contact info for Microbiology Laboratory.
- Form available here: http://www.cdc.gov/nhsn/forms/57.101_FacConInf_BLANK.pdf

18

Step 4: Complete Online Enrollment

Print and fill out both pages of the “Patient Safety Component – Annual Facility Survey”

- You will need information from previous year such as number of patient days and number of admissions.
- You will also need number of beds and information from your microbiology laboratory regarding susceptibility testing.
- Form available on NHSN website only.

NHSN Patient Safety Component – Annual Facility Survey
Page 1 of 2

Tracking #: 33240
Facility ID #: 11248
Survey Year: 2009

Facility Characteristics

Ownership: _____

Hospital Facility

Number of patient days: _____
Number of admissions: _____

Any hospital except long term care hospitals:
Is hospital affiliated with a medical school? _____
If yes, type of affiliation: _____

Number of beds set up and staffed:
ICU beds (including adult, pediatric, and neonatal levels I/III and II): _____
Specialty care beds (including hematology/oncology, bone marrow transplant, solid organ transplant, heart-lung, and long term acute care (LTAC)): _____
All other beds: _____

Hospitals that are Long Term Care Hospitals:
Setting: _____
Number of beds set up and staffed:
Ventilator beds: _____ High-observation beds: _____ All other beds: _____

Ambulatory Surgery Center

Setting: _____
Total number of procedures: _____ Percent of procedures that are surgical: _____
Percentage of your ambulatory surgery patients discharged or transferred to the following places:
Home/Customary residence: _____
Recovery care center (facility other than this one): _____
Acute care hospital (Emergency or inpatient): _____

Long Term Care (LTC) Facility

Number of resident days: _____ Average length of stay: _____

Infection Control Personnel

Number of infection control professionals (ICPs) in facility: _____
a. Total hours per week performing surveillance: _____
b. Total hours per week for infection control activities other than surveillance: _____

19

Step 4: Complete Online Enrollment

Print and fill out both pages of the “Patient Safety Component – Annual Facility Survey”

Alert!

- Page 2 of the “Annual Facility Survey” requires detailed information from your microbiology department.

NHSN 4.0.1 Annual Survey Windows Internet Explorer provided by Suffolk Healthcare

https://nhsn.usg.gov/annualsurvey.do

2. Does your laboratory use CLSI (formerly NCCLS) antimicrobial susceptibility standards? _____
(If yes, specify what version of the M100 document the laboratory uses? _____)

3. For the following organisms please indicate which methods are used for:
(1) primary susceptibility testing and
(2) secondary, supplemental, or confirmatory testing (if performed).
(If your laboratory does not perform susceptibility testing, please indicate the methods used at the referral laboratory.)

Pathogen	Testing Methods
Coagulase-negative staphylococci	(1) Primary: _____ (2) Secondary: _____ Comments: _____
Staphylococcus aureus	(1) Primary: _____ (2) Secondary: _____ Comments: _____
Enterococci spp.	(1) Primary: _____ (2) Secondary: _____ Comments: _____
Escherichia coli	(1) Primary: _____ (2) Secondary: _____ Comments: _____
Klebsiella pneumoniae or K. oxytoca	(1) Primary: _____ (2) Secondary: _____ Comments: _____
Serratia marcescens	(1) Primary: _____ (2) Secondary: _____ Comments: _____
Enterobacter spp.	(1) Primary: _____ (2) Secondary: _____

20

Step 4: Complete Online Enrollment

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

NISN - National Healthcare Safety Network

Start
Leave/Enroll

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

Click here to enter info → [Enroll a facility](#)

After you have filled out your facility contact and annual survey forms on printed copies

Get Adobe Acrobat Reader for PDF files

21

Step 4: Complete Online Enrollment

- For Facility Identifier, enter only numbers – no dashes or spaces.
- Enter only 1 identifier and check NA for the others.
- After the data verifies, enter data from the Facility Survey and submit.
- If your data does not verify, contact NHSN.

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

NISN - National Healthcare Safety Network

Start
Leave/Enroll

Facility Enrollment

Mandatory fields marked with *

Tracking #

[Print PDF Form](#)

Facility Information

Facility name*:

Address, line 1*:

Address, line 2*:

Address, line 3*:

City*:

County*:

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*: Select if AHA ID Not Applicable

CMS ID*: Select if CMS ID Not Applicable

VA station code*: Select if VA Station Code Not Applicable

[Verify Data](#) Click to verify values provided above before proceeding.

22

Step 4 – Done!

- Once enrollment information is completed and submitted online, you will receive an email to access the “Agreement to Participate and Consent” form.
- This form must be accessed within 30 days.



From: NHSN
 To: NHSN Facility Administrator
 Sent:
 Subject: NHSN facility enrollment submitted

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

Facility Name: CHOP Memorial Hospital
 Tracking Number: 10000

NHSN Facility Administrator:

The NHSN Facility Administrator has 30 days to access the Agreement to Participate and Consent form at the following URL:
<http://server/enapp/enrollment.do?method=displayAgreement&trackingnum=xxxxx>

If this URL appears to be broken, please type the link on your browser address line. The complete address including trackingnum=xxxxx must be included in order to access the form.

Once the form has been accessed, the CDC system administrator must receive the original, signed copy of the Consent Form within 60 days or enrollment will be suspended. Mail the form to: NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Rd, NE, Atlanta, GA 30333.

If you have questions about NHSN, please contact us at shn@cdc.gov or 800-891-0485. For information on the NHSN, please visit the member's website at http://www.cdc.gov/ncidod/dhqp/shn_members.html.

23

Step 5 – Agreement to Participate and Consent Form

- This form must be printed.
- Signature of corporate level official required.
- Send copy with ORIGINAL SIGNATURES to NHSN via US Mail (can be sent via overnight mail).
- Printed signed copy must be received by NHSN within 60 days.
- NHSN will return any form that is not completed correctly.
- Print and save a copy for your files.

For Facility Administrator or info i.e. YOU

For CEO or COO info. Must have a high level corporate official signature such as CEO or COO

Agreement to Participate and Consent

Primary Contact(s): _____ Tracking # _____
 As the Primary Contact(s), I/We consent to follow exactly the selected protocol and report complete and accurate data in a timely manner in order to maintain accurate risk in the NHSN.

NHSN Patient Safety Primary Contact Person
 Name: _____
 Title: _____
 Signature: _____ Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person
 (If different than Patient Safety Primary Contact)
 Name: _____
 Title: _____
 Signature: _____ Date: _____

NHSN Biovigilance Primary Contact Person
 Name: _____
 Title: _____
 Signature: _____ Date: _____

Official Authorized To Bind This Facility To The Terms Of This Agreement (e.g., CEO/COO)
 As an official authorized to bind the facility specified below, I have read and understand the terms of this agreement and hereby consent to allow the facility to participate in the NHSN.

Name: _____
 Title: _____
 Signature: _____ Date: _____
 Facility Name: _____
 Main Facility Telephone Number: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____

Printed upon order. Copy for member only. Not for sale.
 NHSN Administrator, MS A-24, Center for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333

24

Step 5 – Done!

- NHSN will activate your facility when the Agreement and Consent form is received, and send you an enrollment approval email

Notes from personal experience:

Print and keep copies of all NHSN emails, completed forms, etc for future reference.

To: NHSN Facility Administrator
From: NHSN
Date:
Subject: NHSN enrollment approved



Your facility has been approved as a new member of NHSN. Welcome!

Facility Name:
Facility ID #:

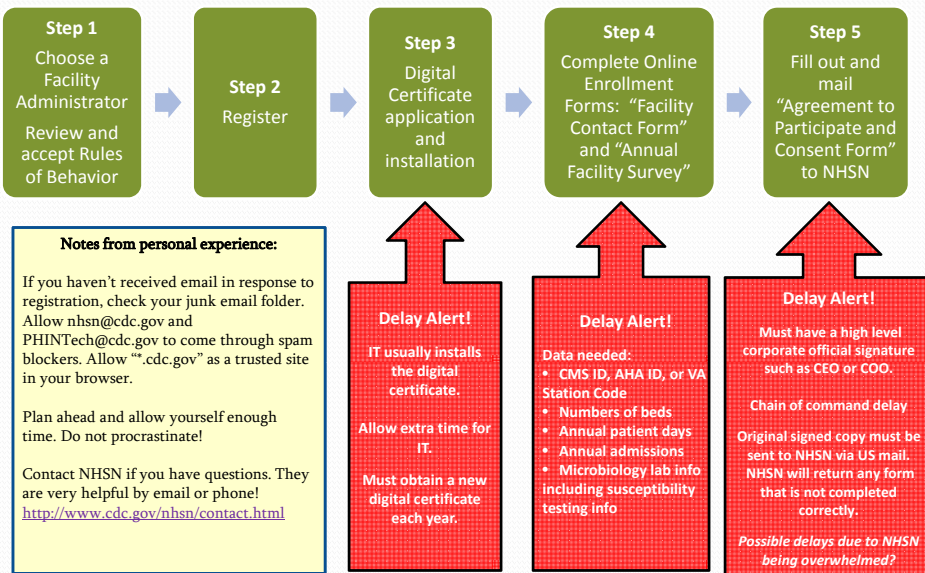
As the Facility Administrator, you will now need to access the NHSN through the SDN (<https://sdn.cdc.gov>) by selecting the NHSN Reporting activity. Once in the NHSN, your first task should be to add those individuals who need to use the NHSN ("users") in the Users section of the navigation bar. Add locations and surgeons from the navigation bar under the heading Facility.

Once you add a user, that person will receive an email prompting her/him to obtain a digital certificate. It is important that you verify the email address and inform the user to use the same address when applying for their digital certificate.

If you have any questions about NHSN, please contact us at 800-893-0485 or nhsn@cdc.gov. Information on NHSN is also available on the members' web site at https://www.cdc.gov/ncidod/dhqp/nhsn_members.html

25

The 5 Step Enrollment Process



26

Enrollment is complete!

The Facility Administrator can now:

- Access NHSN reporting through the secure website.
- Add users
- Assign the role of Facility Administrator to another user
- Set up facility for reporting in NHSN



27

Breathe....Relax



28