

Guidance for Reviewing and Accepting NHSN's Updated Agreement to Participate and Consent As of 1/30/2018

The National Healthcare Safety Network (NHSN) is updating its Agreement to participate and Consent ("Consent"), which is a signed agreement between CDC and healthcare facilities that participate in NHSN. The Consent includes a list of NHSN's purposes and CDC's Assurance of Confidentiality for the data that healthcare facilities report to the system. All facilities participating in NHSN should review and accept the updated Consent by April 14, 2018*, or access to the NHSN application will be suspended. Please refer to the steps below for assistance with accepting the new Consent.

1. On January 30, 2018, all currently enrolled NHSN Facility Administrators and Primary Contacts will receive an email from NHSN informing them that the Consent is available for their review and acceptance.

Note: Facility Administrators or Primary Contacts enrolled in multiple NHSN components will receive multiple emails informing them to complete the consent process for each component.

The screenshot shows the NHSN Patient Safety Component Home Page. At the top, a red-bordered alert box states: "The NHSN Agreement to Participate and Consent is incomplete. Only a Facility Administrator or Primary Contact can complete the Agreement to Participate and Consent. If you are the Facility Administrator or the component's Primary Contact, click [here](#) to complete the form. Please contact nhsn@cdc.gov if you believe the Facility Administrator or Primary Contact information for this component needs updating. Deadline: 4/14/2018". Below the alert, a section titled "COMPLETE THESE ITEMS" shows a "Confer Rights" button with a "Not Accepted" status. Under "ALERTS", there are eight summary cards: 90 Incomplete Events, 502 Missing Events, 60 Incomplete Summary Items, 723 Missing Summary Items, 2185 Incomplete Procedures, 1748 Incomplete Procedures, 529 Missing Procedure-Associated Events, and 184 Unusual Susceptibility Profiles.

2. Once the Facility Administrator and Primary contact are notified that the Consent is available, all users with access to NHSN will see the following alert at the top of the Action Items tab:

The NHSN Agreement to Participate and Consent is incomplete. Only a Facility Administrator or Primary Contact can complete the Agreement to Participate and Consent. If you are the component's Facility Administrator or the component's Primary Contact, click here [hyperlink] to complete the form. Please contact nhsn@cdc.gov if you believe the Facility Administrator or Primary Contact information for this component needs updating.

Note: This alert will appear for all users when they log in to the NHSN application until the Facility Administrator or Primary Contact has accepted the new Consent.

3. When the Facility Administrator or Primary Contact click the link in the alert, the NHSN Agreement to Participate and Consent Form will appear.

The screenshot shows the NHSN Agreement to Participate and Consent form. The page title is "NHSN Patient Safety Component Home Page". The form content includes the NHSN logo, the title "Agreement to Participate and Consent", and the text: "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 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, local, or territorial health departments that are outside the scope of federal or state reporting mandates provided the state, local, or territorial 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 license action. These data disclosures to state, local, or territorial health departments will be made to the extent permissible by federal law." The page number is "Page 1 of 3" and the tracking number is "Tracking #: 10018".

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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
Patient Safety	Patient Safety Primary Contact	Joy Goulding	404-498-1102	JPS1@CDC.GOV	<input type="checkbox"/>
Healthcare Personnel Safety	Healthcare Personnel Primary Contact	Paul Mandel	555-555-5555	PVM7@CDC.GOV	<input type="checkbox"/>
Biovigilance	Biovigilance Contact	Charles Muhammad	456-464-6546	cmv6@cdc.gov	<input type="checkbox"/>

You are listed as the Facility Administrator or Primary Contact for the facilities below. Select all facilities for which you would like to accept the agreement. Click the submit button to accept the agreement for all selected facilities.

Facility Name	Facility ID	Contact Type	Contact Name	Phone Number	Email	Accept
Wole PS Facility	14342	Facility Administrator	Wole Sunmonu	555-555-5555	LIJ2@CDC.GOV	<input type="checkbox"/>

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4. The Facility Administrator or Primary Contact will be able to select a checkbox next to the component currently logged into. They will also be able to select additional facilities for which they are Facility Administrator or Primary Contact by selecting the checkbox as shown below.

You are listed as the Facility Administrator or Primary Contact for the facilities below. Select all facilities for which you would like to accept the agreement. Click the submit button to accept the agreement for all selected facilities.

Facility Name	Facility ID	Contact Type	Contact Name	Phone Number	Email	Accept
B.B Dialysis Facility	14988	Facility Administrator	Amber Cragette	678-595-7685	UYQ2@CDC.GOV	<input type="checkbox"/>
Amber Home Dialysis 2	14974	Facility Administrator	Amber Cragette	404-521-2512	UYQ2@CDC.GOV	<input checked="" type="checkbox"/>
B.B Dialysis Facilitya	14940	Facility Administrator	Amber Cragette	678-575-8373	UYQ2@CDC.GOV	<input checked="" type="checkbox"/>
QA HDPO Test Facility	14635	Facility Administrator	Amber Cragette	678-465-7463	UYQ2@CDC.GOV	<input type="checkbox"/>
Amber Dial Enroll	14628	Facility Administrator	Amber Cragette	631-252-0235	UYQ2@CDC.GOV	<input type="checkbox"/>
Amber S.A.O.9 DIAL Enroll	14240	Facility Administrator	Amber Cragette	678-948-5950	UYQ2@CDC.GOV	<input type="checkbox"/>
McDowell General	13780	Facility Administrator	Amber Cragette	404-555-5555	uyv2@cdc.gov	<input checked="" type="checkbox"/>

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5. Once the Facility Administrator or Primary Contact clicks the Submit button, a pop-up window will display indicating that the Consent was successfully accepted.

Tracking #: 18276

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 purposes, or as a result of a state or federal reporting requirement. CDC will not disclose data to state or local health departments in accordance with the scope of the reporting requirement. CDC will not disclose data to state or local health departments that mandates provided the state or local health department stipulates the data will be used solely for surveillance, reporting of facility-specific data or any other action. These data disclosures to state or local health departments are not possible by federal law.

Alert

You have completed the NHSN Agreement to Participate and Consent Form for the following facilities: 18276.

This component is now activated for those facilities.

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 of the adherence to practices known to be associated with prevention of these adverse events.

Contact Type	Contact Name	Phone Number	Email	Accept
Patient Safety Primary Contact	Wole sunmonu	404-858-5758	LIJ2@cdc.gov	<input checked="" type="checkbox"/>

6. In addition to an alert, NHSN will also send an email to the Facility Administrator and Primary Contact confirming that the Consent was accepted.

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

Facility Name: ASC-Leidos Test Facility
Component: Patient Safety
Consent Date: 10/18/2017
Facility ID: 18276

NHSN Facility Administrator: Amber Craggette UYQ2@CDC.GOV
Component Primary Contact: Wole sunmonu lji2@cdc.gov

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>.

Note: The NHSN Facility Information page will now include an indication that the Consent has been accepted, and a link to view a printable version of the Consent with the Facility Administrator or Primary Contact's name and date accepted will be shown.

Facility type *: HOSP-GEN - General Hospital, including Acute, Trauma, and Teaching

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

Status: A - Active

Components Followed

Follow/ Followed	Component	Activated	Deactivated	Consent	View Agreement
<input checked="" type="checkbox"/>	Biovigilance	09/09/2011		Y	View Agreement
<input type="checkbox"/>	Dialysis				
<input checked="" type="checkbox"/>	Healthcare Personnel Safety	04/05/2001		Y	View Agreement
<input type="checkbox"/>	Long Term Care Facility	05/15/2012	08/21/2015		
<input checked="" type="checkbox"/>	Patient Safety	09/09/2011		Y	View Agreement

- If the Facility Administrator or Primary Contact has not accepted the agreement by April 14, 2018, deadline, access to NHSN will be suspended until the Facility Administrator or Primary Contact accepts the Consent. Contact NHSN@cdc.gov for further assistance.

*** The Long Term Care Component deadline to accept the Consent is June 15, 2018.**