NHSN Dialysis Event Surveillance

NHSN Enrollment

for Outpatient Dialysis

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

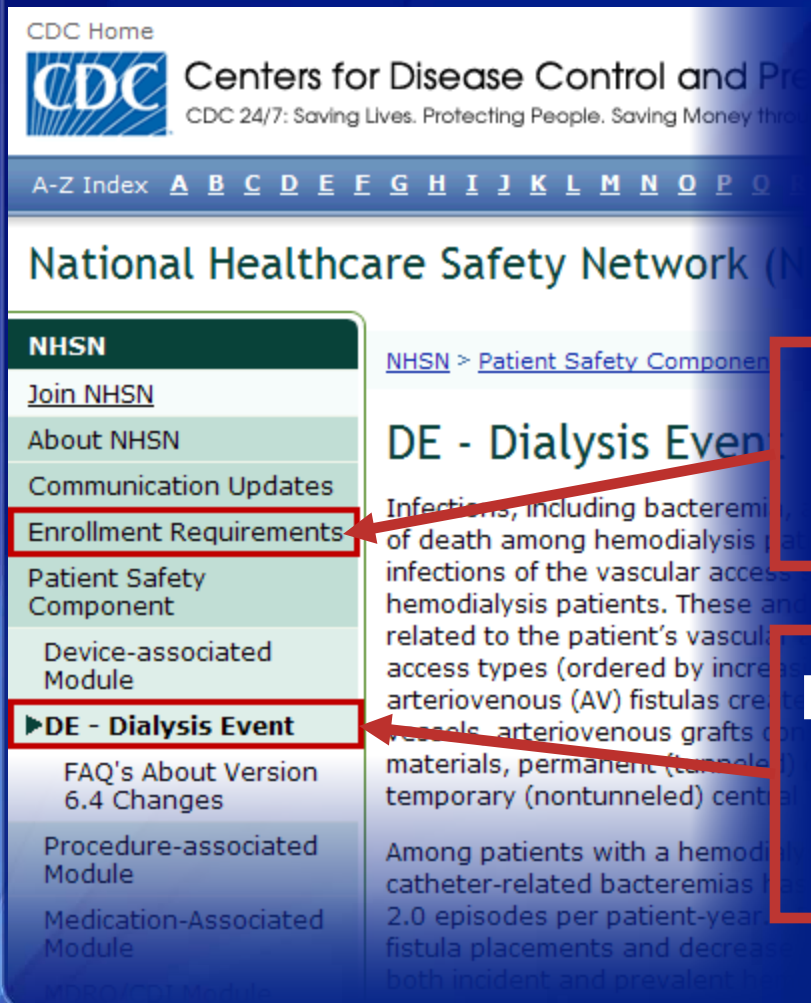
Audience

- **Any person enrolling a dialysis clinic or center in NHSN**
  - Known as the NHSN Facility Administrator
- **NHSN group users who want to understand the facility enrollment process**
  - Note: Groups enroll in NHSN differently than facilities, please see Guides for the Group Function in the NHSN Resource Library http://www.cdc.gov/nhsn/library.html#group

Learning Objectives

- Where to find resources for NHSN enrollment
- Define NHSN users roles
- Explain NHSN Enrollment Steps 1 – 5

NHSN Enrollment Resources



NHSN Helpdesk email:
nhsn@cdc.gov

General enrollment resources
http://wwwdev.cdc.gov/nhsn/enroll.html

Dialysis specific enrollment and reporting resources
http://www.cdc.gov/nhsn/psc_da_de.html

Enrollment Checklist for Dialysis Facilities

- The checklist is a helpful tool for dialysis facilities to complete enrollment efficiently
- Complete steps in order
- Time needed for each step is estimated

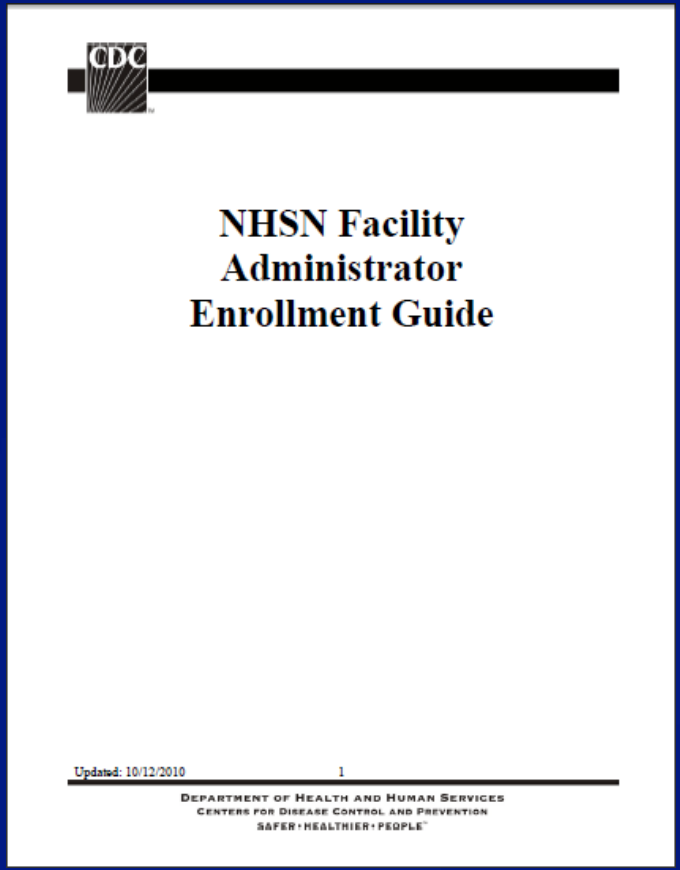
Other resources are available on the NHSN Dialysis Event website: http://www.cdc.gov/nhsn/psc_da_de.html
Need Help? Contact the NHSN Helpdesk at nhsn@cdc.gov

NHSN Enrollment Checklist for Dialysis Facilities

☑	Complete items in order	Time
	Step 1: Training and Preparation	
	Complete Dialysis Event module training at http://www.cdc.gov/nhsn/psc_da_de.html	3 hour
	Complete Outpatient Dialysis Center Practices Survey on paper (needed for Step 4)	1 hour
	Add *cdc.gov to list of trusted websites and permit pop-ups for these sites	5 min
	Change spam-blocker settings to allow all NHSN@cdc.gov & PHINTech@cdc.gov emails	10 min
	Step 2: Register	
	Agree to Rules of Behavior at http://nhsn.cdc.gov/RegistrationForm/index.jsp	5 min
	Register facility with NHSN (will need facility CMS Certification number [CCN])	5 min
	Immediately after successful registration, receive NHSN email, subject "Welcome to NHSN!"	
	Step 3a: Request Digital Certificate	
	Using the "Welcome to NHSN!" email, request your digital certificate	15 min
	Make a copy of your challenge phrase (password), note upper/lower case letters and special characters	1 min
	Immediately after a successful request, receive NHSN email, subject "NHSN Digital Certificate Request Confirmation"	
	Step 3b: Install Digital Certificate	
	Within 3 business days of request, receive PHINTech email "Action Required–CDC Digital Certificate is Ready to Install"	
	Using the instructions provided in PHINTech email, install digital certificate	30 min
	Save a copy of digital certificate: the "key" is your challenge phrase (password) from Step 3	5 min
	Step 4: Submit Forms Electronically	
	Access NHSN Enrollment at https://sdn.cdc.gov using your challenge phrase (password) from Step 3	2 min
	Submit required forms online, facility type is "AMB-HEMO – Hemodialysis Center", component is Patient Safety	30 min
	Immediately after successfully submitting forms, receive NHSN email, subject "NHSN Facility Enrollment Submitted"	
	Step 5: Sign and Send Consent	
	From the "NHSN Facility Enrollment Submitted" email, access and print consent form	5 min
	Get Patient Safety Primary Contact Person's and facility leadership's signatures on consent form	varies
	Return signed consent form to CDC (contact information is on the bottom of page 3), keep a copy for your records	5 min
	Within 3 business days of CDC's receipt of the consent form, receive NHSN email, subject "NHSN Enrollment Approved"	
	NHSN Set-up	
	Access NHSN Reporting at https://sdn.cdc.gov using your challenge phrase (password) from Step 3	2 min
	Add 'Outpatient Hemodialysis Clinic' location (you choose a code/label, bedsize = # of stations)	5 min
	Add Monthly Reporting Plans: mark the DE checkbox for your 'Outpatient Hemodialysis Clinic' location and save	5 min
	(optional) Add users & assign rights	10 min
	Report to NHSN	
	Send the Dialysis Event Protocol to ensure complete reporting	15 min

Reference Materials

- **NHSN Facility Administrator Enrollment Guide**
  - A general resource, not specific to dialysis
  - Contains instructions and tips



Enrolling Multiple Dialysis Clinics

- Each dialysis facility should enroll separately
- If you have multiple dialysis clinics to enroll (for example, satellite clinics) start by enrolling one clinic first
- After the first clinic is enrolled, refer to instructions for additional clinics: http://www.cdc.gov/nhsn/PDFs/slides/EnrollingMulitpleDialysisFacilities.pdf
- Enrolling additional facilities is much simpler after the first one is activated

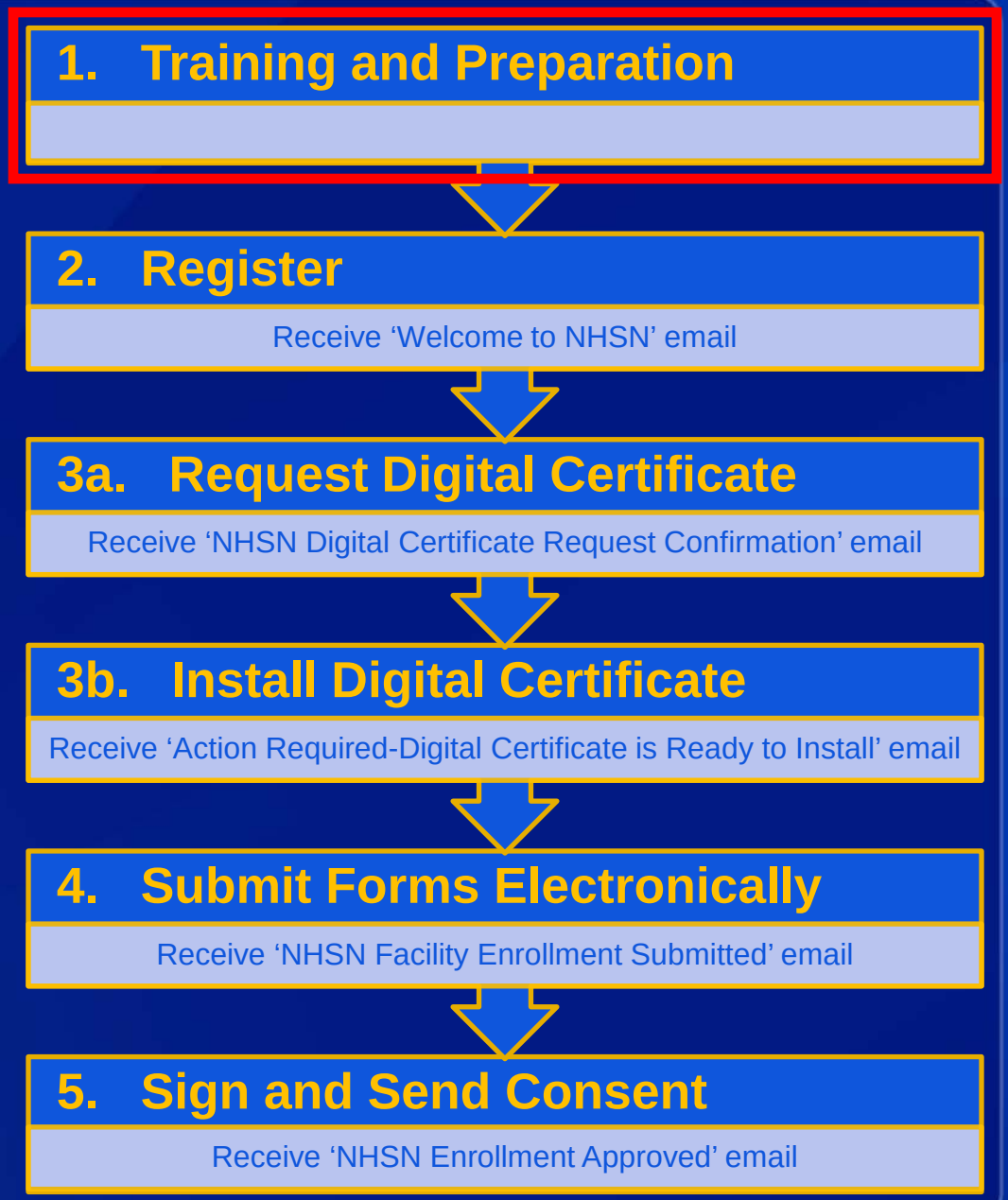
Key Personnel Roles

- **The person who enrolls a facility in NHSN is called the Facility Administrator**
- **Across components, the Facility Administrator:**
  - Manages users and user rights
  - Manages locations and patients
  - Can add, edit & delete facility data
  - Authority to nominate groups (data sharing arrangements)
- **Only the Facility Administrator can reassign their role to another user**

Key Personnel Roles

- **NHSN Patient Safety Primary Contact Person**
  - Interacts most closely with CDC for Patient Safety Component
- **NHSN User**
  - Rights are determined by Facility Administrator
    - View data
    - Data entry
    - Data analysis
  - May be given administrative rights
- **One person may hold multiple roles**

NHSN Enrollment Steps 1 – 5



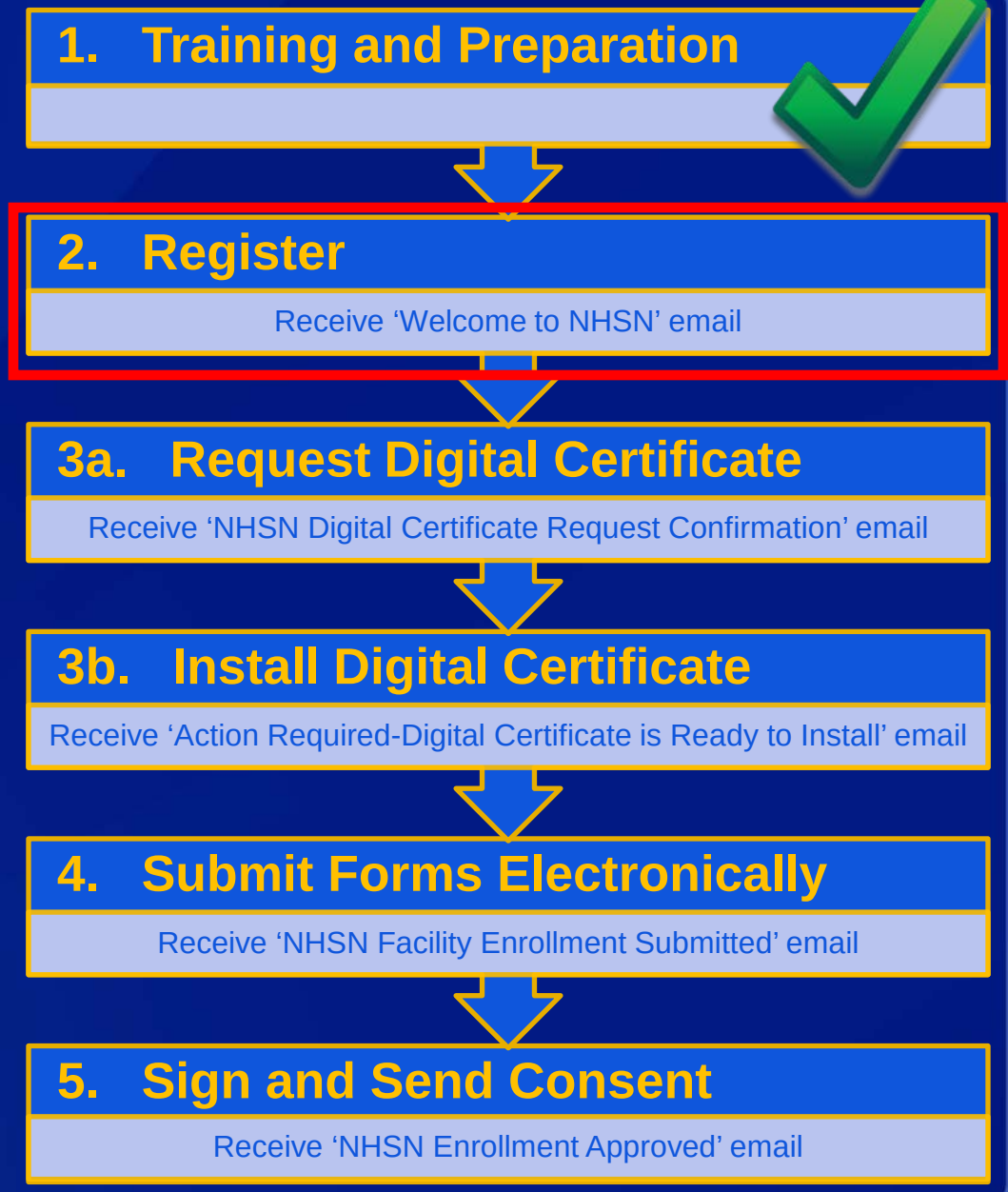
Training and Preparation (Step 1)

- Review all training materials before beginning enrollment
- Dialysis training requirements are listed on the Dialysis Event website: http://www.cdc.gov/nhsn/psc_da_de.html
- Note: Any person collecting data, regardless of whether or not they have access to NHSN for data entry, must be familiar with the Dialysis Event Protocol

Training and Preparation (Step 1)

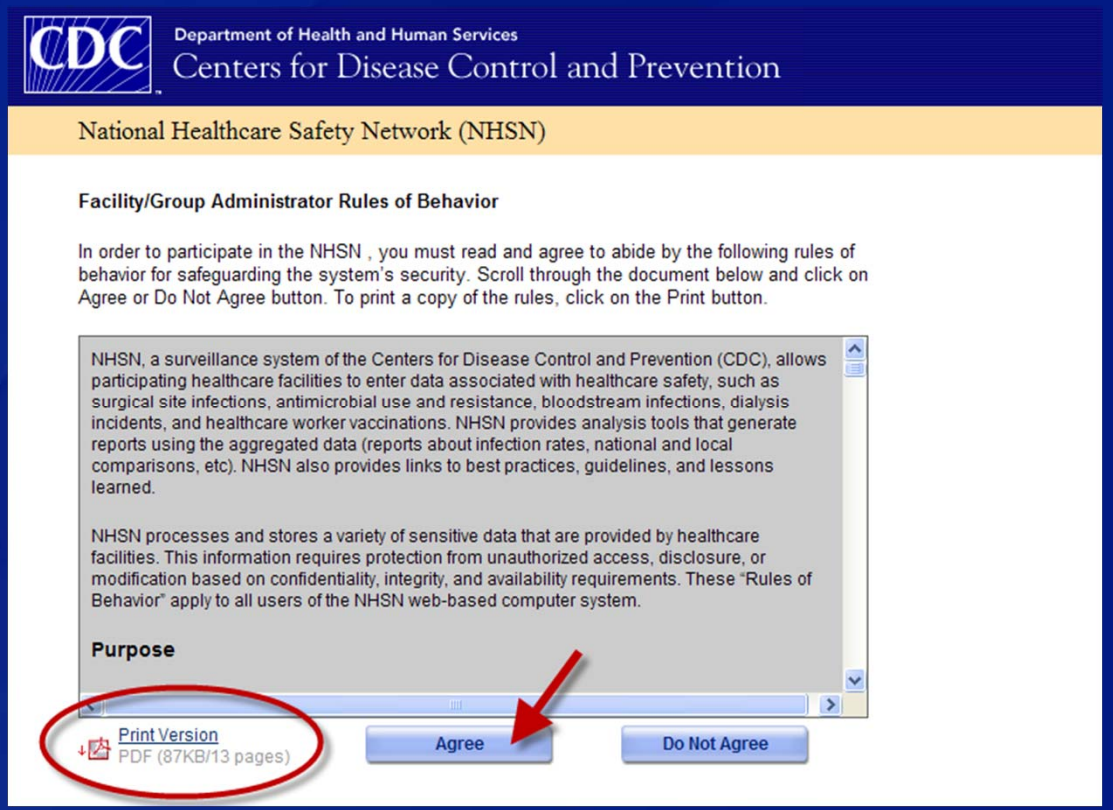
- **Technical steps for enrollment may require assistance from your IT department**
- **Change spam-blocker settings to allow all email from:**
  - nhsn@cdc.gov
  - PHINTech@cdc.gov
- **Add https://*.cdc.gov and https://*.verisign.com to trusted sites list and allow pop-ups**
  - In Internet Explorer, open “Tools” menu, select “Internet Options”
  - Add trusted sites on the “Security” tab
  - Allow pop-ups on the “Privacy” tab

NHSN Enrollment Steps 1 – 5



Register (Step 2)

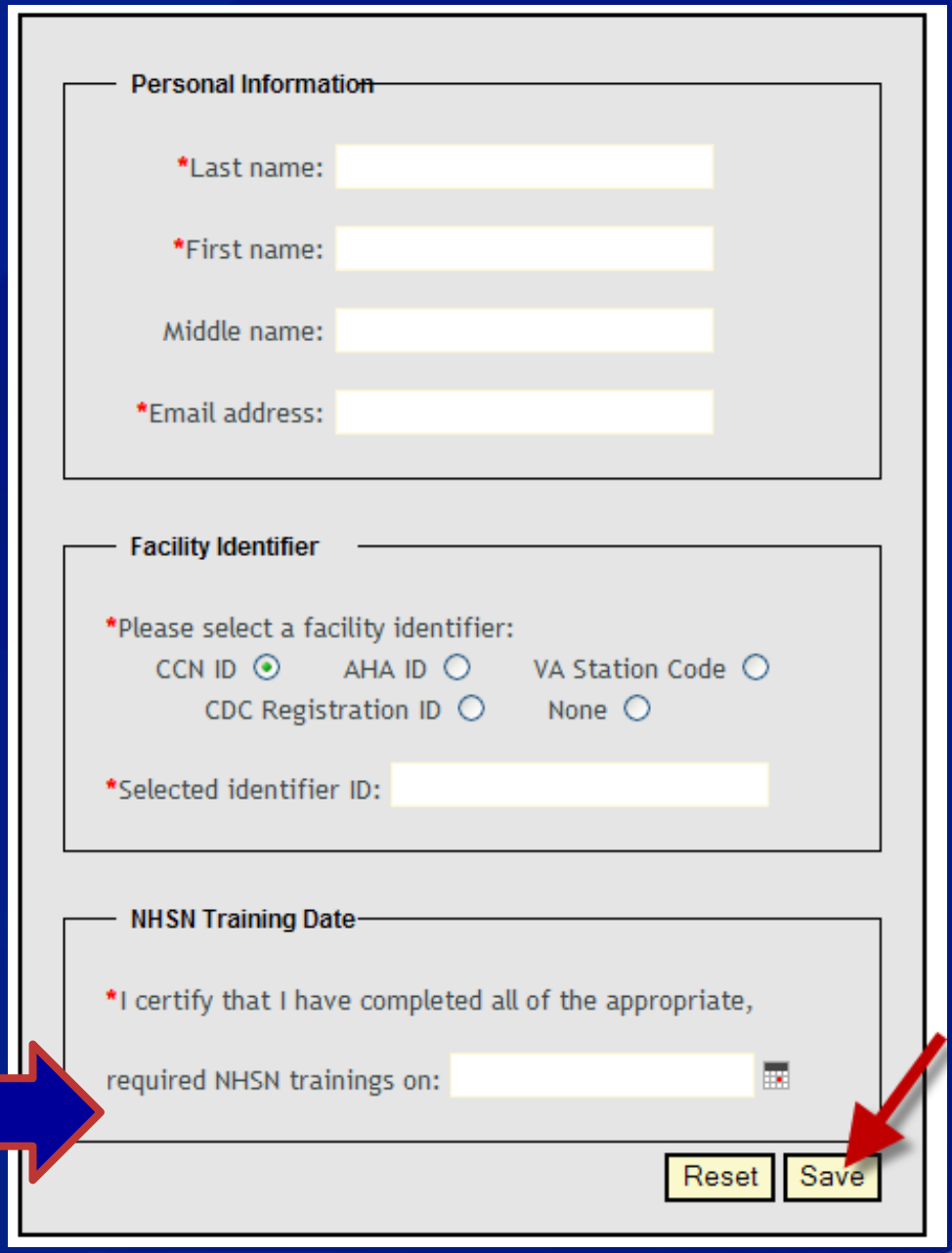
- Read and Agree to the Rules of Behavior
- Go to http://nhsn.cdc.gov/RegistrationForm/index.jsp



Register (Step 2)

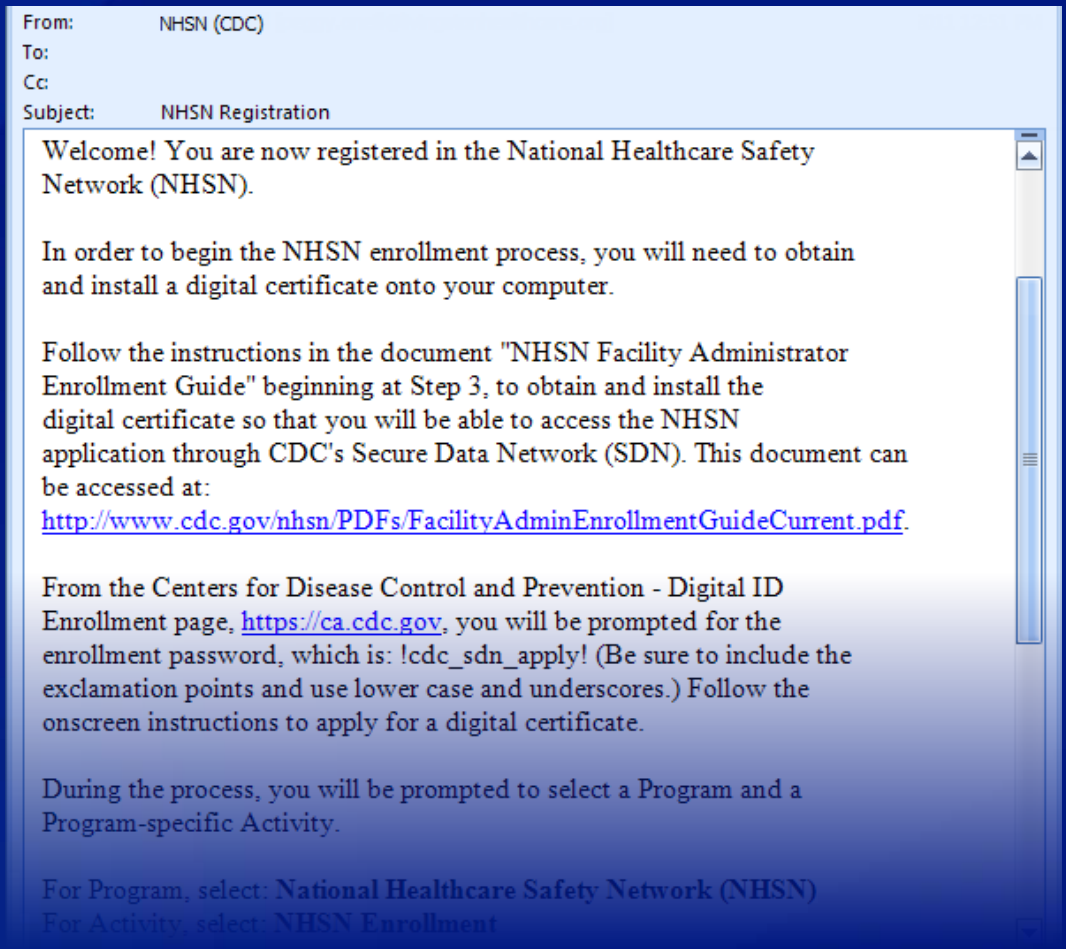
- **Facility Administrator completes this form:**
  - Your name
  - Check your email address! Use the same email address for all enrollment steps
  - CCN is a 6 digit CMS Certification #
- **Click 'Save'**

Required trainings are listed on the NHSN Dialysis Event website. Indicate the date you completed training.



Register (Step 2)

- Following successful registration, you will immediately receive a welcome to NHSN email with instructions to request a digital certificate (step 3a)



From: NHSN (CDC)
To:
Cc:
Subject: NHSN Registration

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.

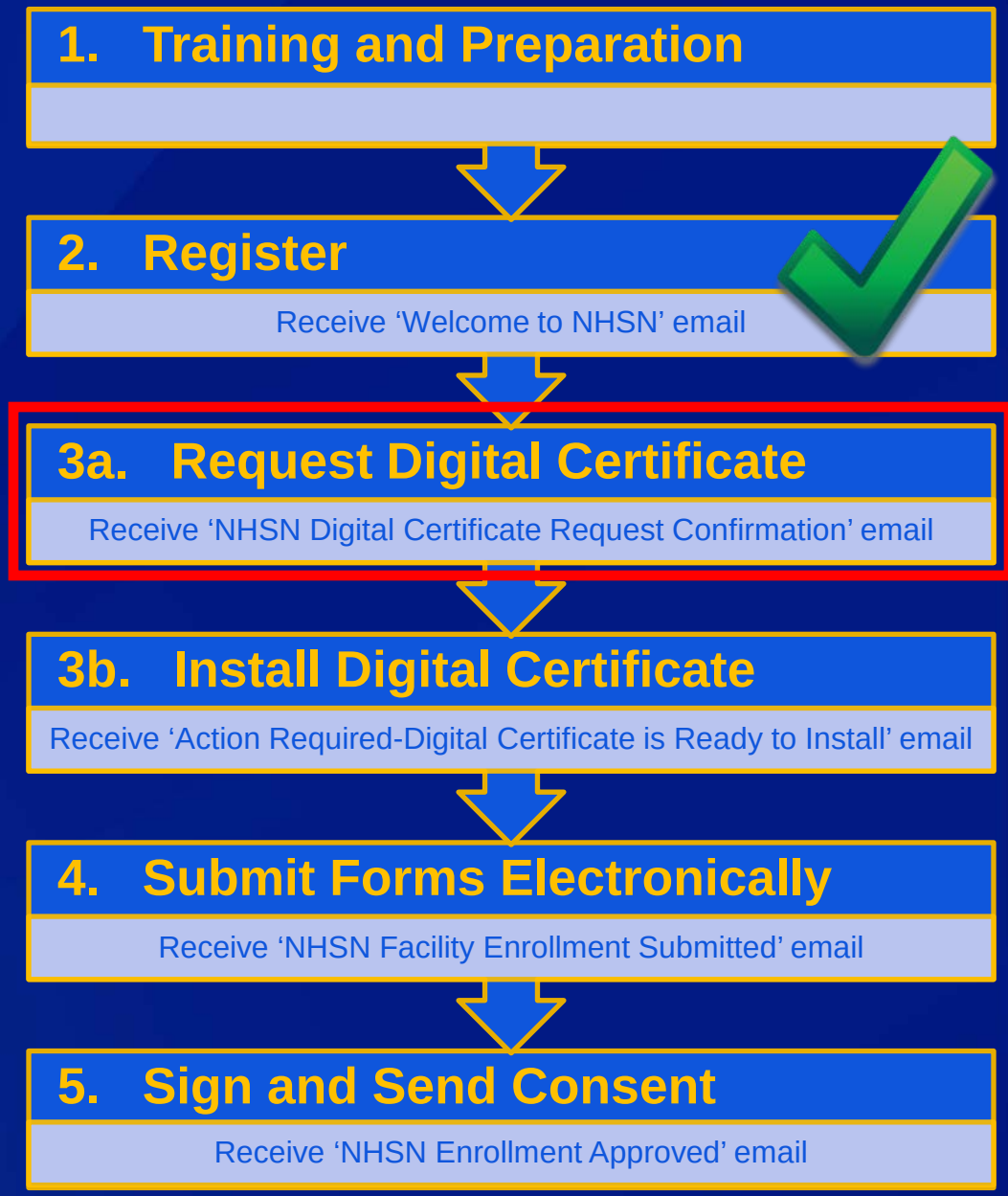
Follow the instructions in the document "NHSN Facility Administrator Enrollment Guide" beginning at Step 3, to obtain and install the digital certificate so that you will be able to access the NHSN application through CDC's Secure Data Network (SDN). This document can be accessed at:
http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf.

From the Centers for Disease Control and Prevention - Digital ID Enrollment page, https://ca.cdc.gov, you will be prompted for the enrollment password, which is: !cdc_sdn_apply! (Be sure to include the exclamation points and use lower case and underscores.) Follow the onscreen instructions to apply for a digital certificate.

During the process, you will be prompted to select a Program and a Program-specific Activity.

For Program, select: **National Healthcare Safety Network (NHSN)**
For Activity, select: **NHSN Enrollment**

NHSN Enrollment Steps 1 – 5



Secure Data Network (SDN) & Digital Certificate

- **SDN provides secure online access to and exchange of information between CDC & public health partners**
- **Users enroll in SDN and obtain a digital certificate to get access to CDC applications**
- **A digital certificate is an electronic document installed on a user's computer to certify the user's:**
  - Identity
  - Authorization to exchange information on the network
- **CDC uses SDN so that users transfer information privately and securely to NHSN**
- **Specific IT requirements for installation**

Request Digital Certificate (Step 3a)

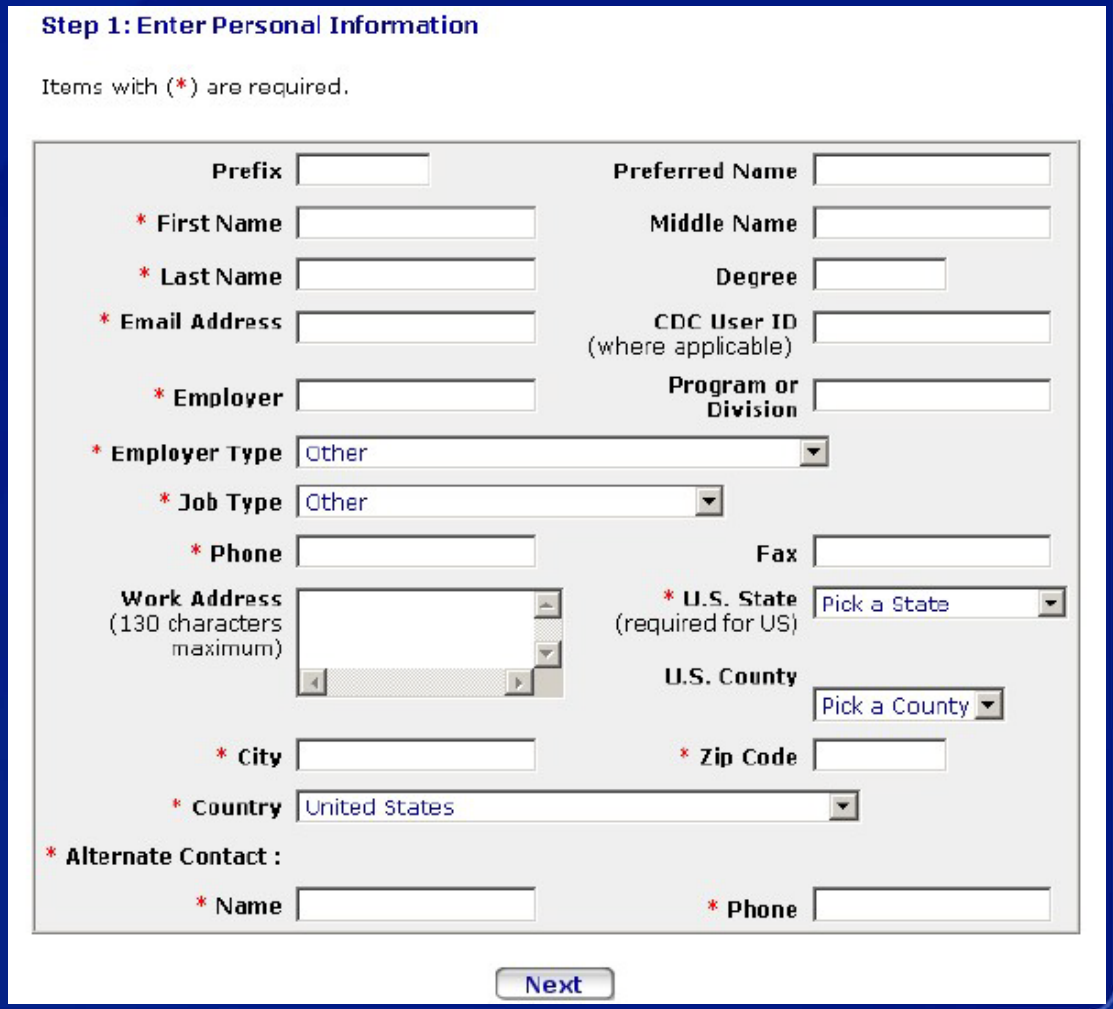
- Arrive at this website from welcome email link
- Enter the password provided in the welcome email
- Press “Accept”

Request Digital Certificate (Step 3a)

- SDN enrollment

Important!

Use the same email address entered during registration (step 2) and verify that is it correct.



Request Digital Certificate (Step 3a)

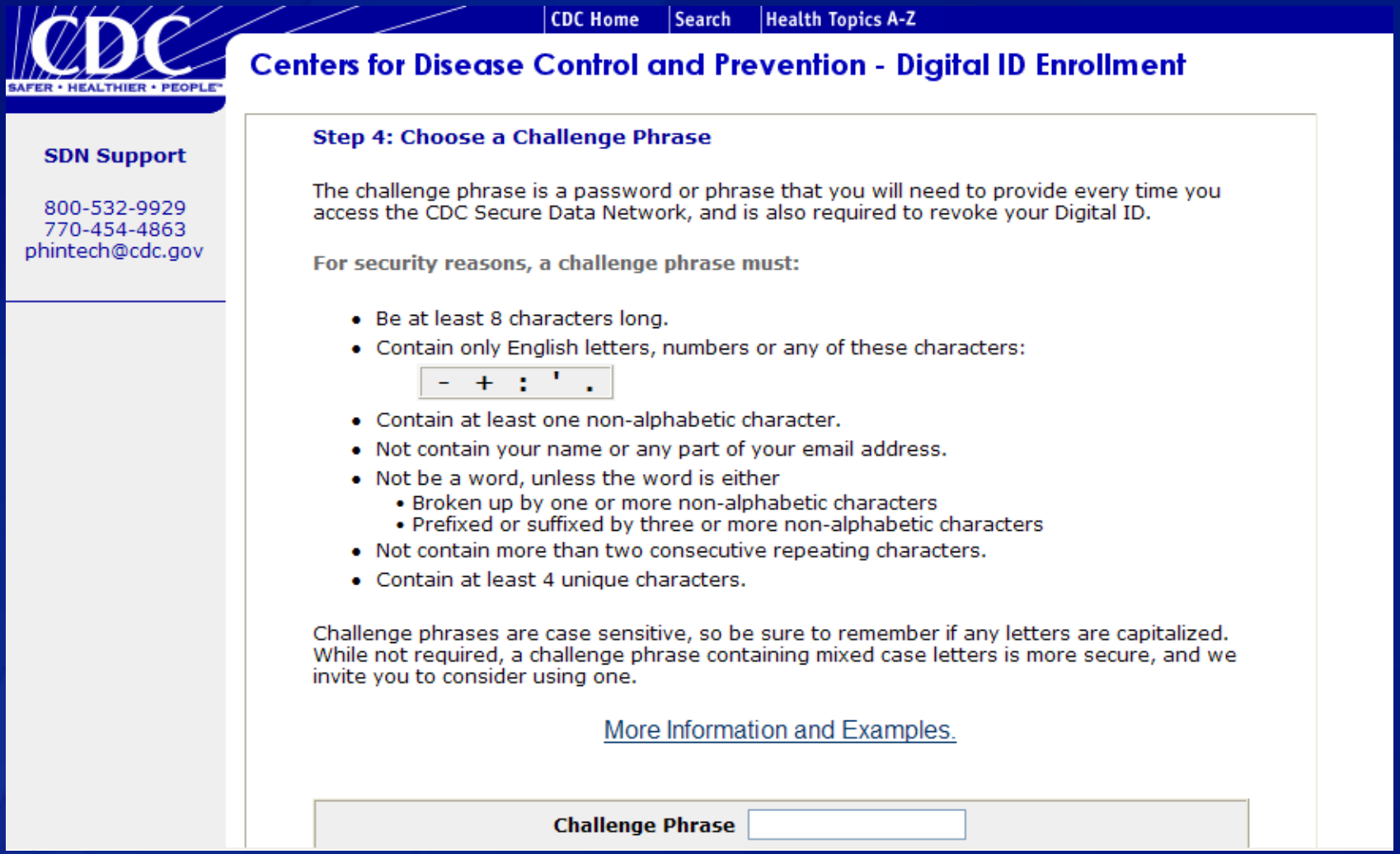
- Select “National Healthcare Safety Network (NHSN)” from the Programs listed
- Select “NHSN Enrollment” from the activities listed, then click ‘Next’

Request Digital Certificate (Step 3a)

- **Create your SDN challenge phrase (password)**
- **You will need to provide your challenge phrase (password) every time you access NHSN**
  - Make a copy of your challenge phrase (password) for future reference
    - Note upper and lowercase letters and any special characters
- **Enter and confirm your SDN challenge phrase (password), choose "Next"**

Important! Make a copy of your challenge phrase.

Request Digital Certificate (Step 3a)



Request Digital Certificate (Step 3a)

- Once your challenge phrase (password) is created, you will receive confirmation that your digital certificate has been requested

From: NHSN (CDC)
Subject: NHSN Digital Certificate Request Confirmation

SDN has received your request for a digital certificate. Please do not apply for another digital certificate unless told to do so by someone from the SDN help desk. If you have not received an email from SDN within 5 working days informing you that you can download your digital certificate, or if you have trouble downloading your certificate, please contact SDN at 1-800-532-9929.

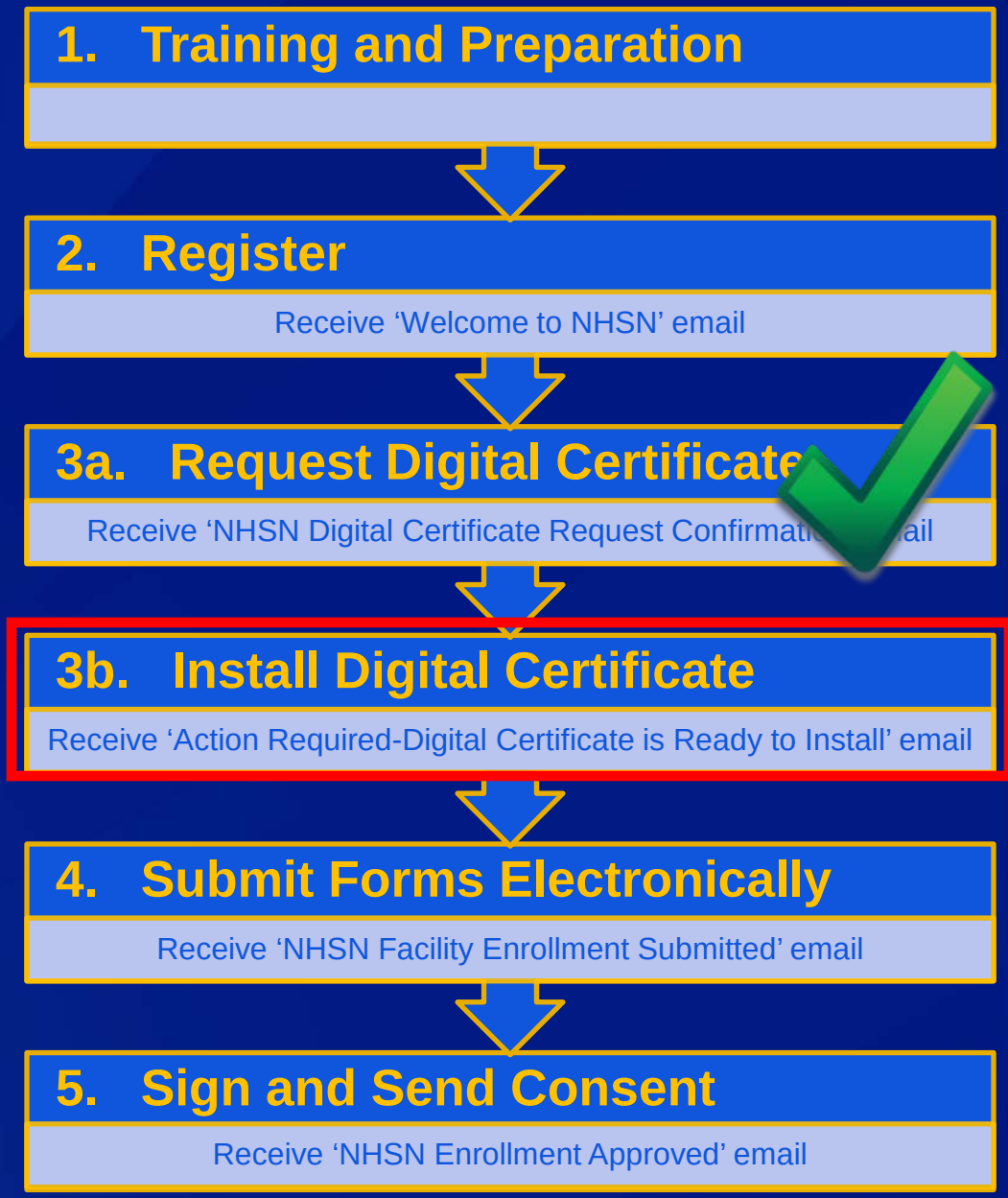
VERY IMPORTANT: To access the NHSN after you install your digital certificate, go to the SDN (https://sdn.cdc.gov), enter your challenge phrase, and then click on your NHSN activity.

If you have any problems with NHSN, please feel free to contact us.

Thank you!

National Healthcare Safety Network (NHSN) Support
Email: nhsn@cdc.gov

NHSN Enrollment Steps 1 – 5



Install Digital Certificate (Step 3b)

- **Within 3 business days receive an email from PHINTech with digital certificate installation instructions**
  - Email subject line is "Action Required – Your CDC Digital Certificate Is Ready to Install"
- **If you do not receive the email within 3 business days, contact SDN**
  - e-mail: phintech@cdc.gov
  - telephone: 1-800-532-9929

Install Digital Certificate (Step 3b)

- Email contains instructions and installation link

From: PHIN Helpdesk(CDC)

Subject: Action Required – Your CDC Digital Certificate Is Ready to Install

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.htm. 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/servlet/CertServlet?usertoken=bdc97fbbe5d6e366c

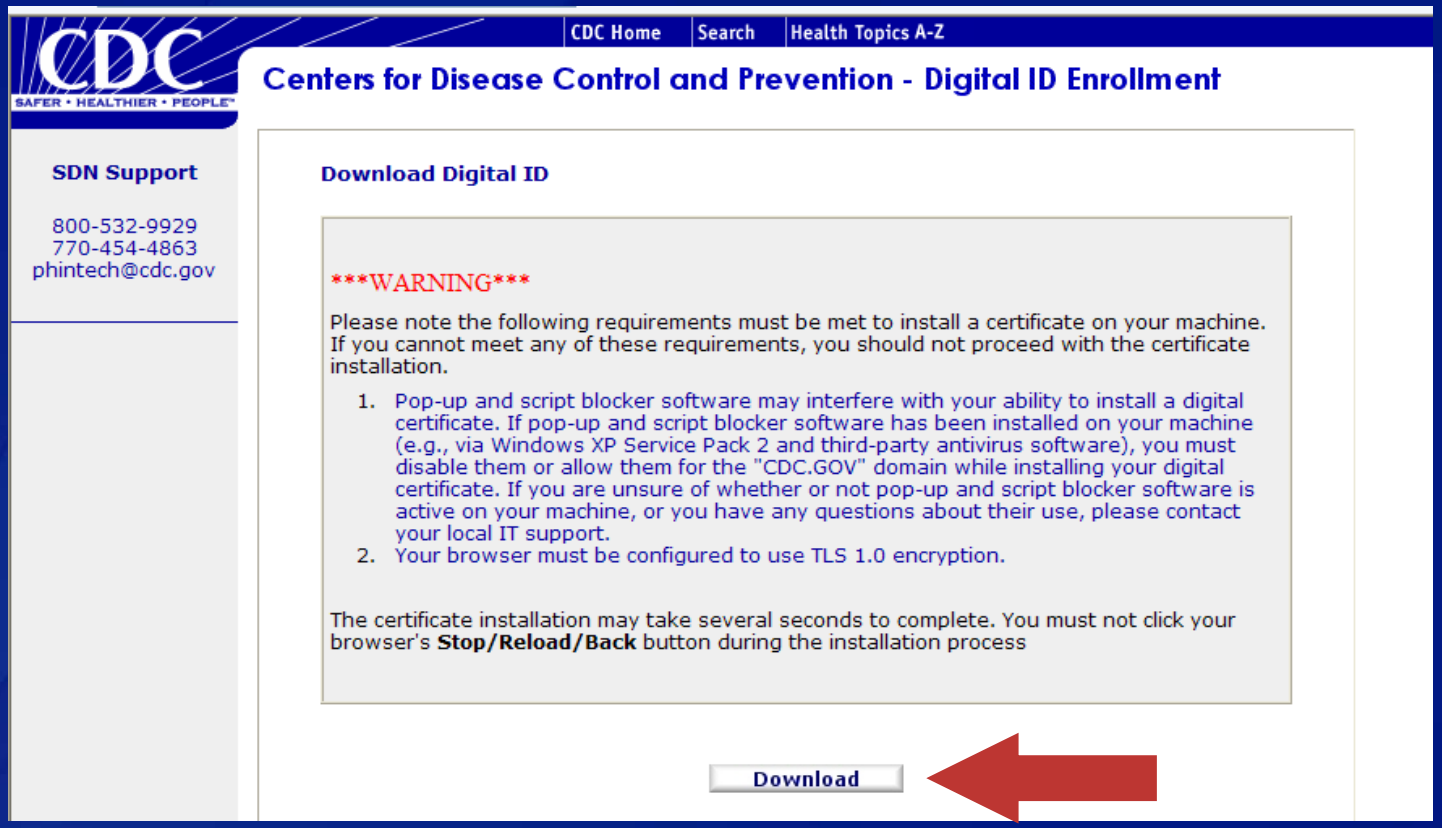
If you do not have an IT Specialist or need further information, contact CDC SDN Support:
e-mail: phintech@cdc.gov
telephone: 1-800-532-9929

Install Digital Certificate (Step 3b)

- Download the digital certificate onto the computer that you will use to access NHSN & report data
- Follow instructions in the email carefully
- Recommend involving your IT department
- Must use Internet Explorer to download
- Add trusted sites:
  - https://*.cdc.gov/
  - https://*.verisign.com/
- Click link in digital certificate request approved email
- Enter your challenge phrase (password) & click "Submit"

Install Digital Certificate (Step 3b)

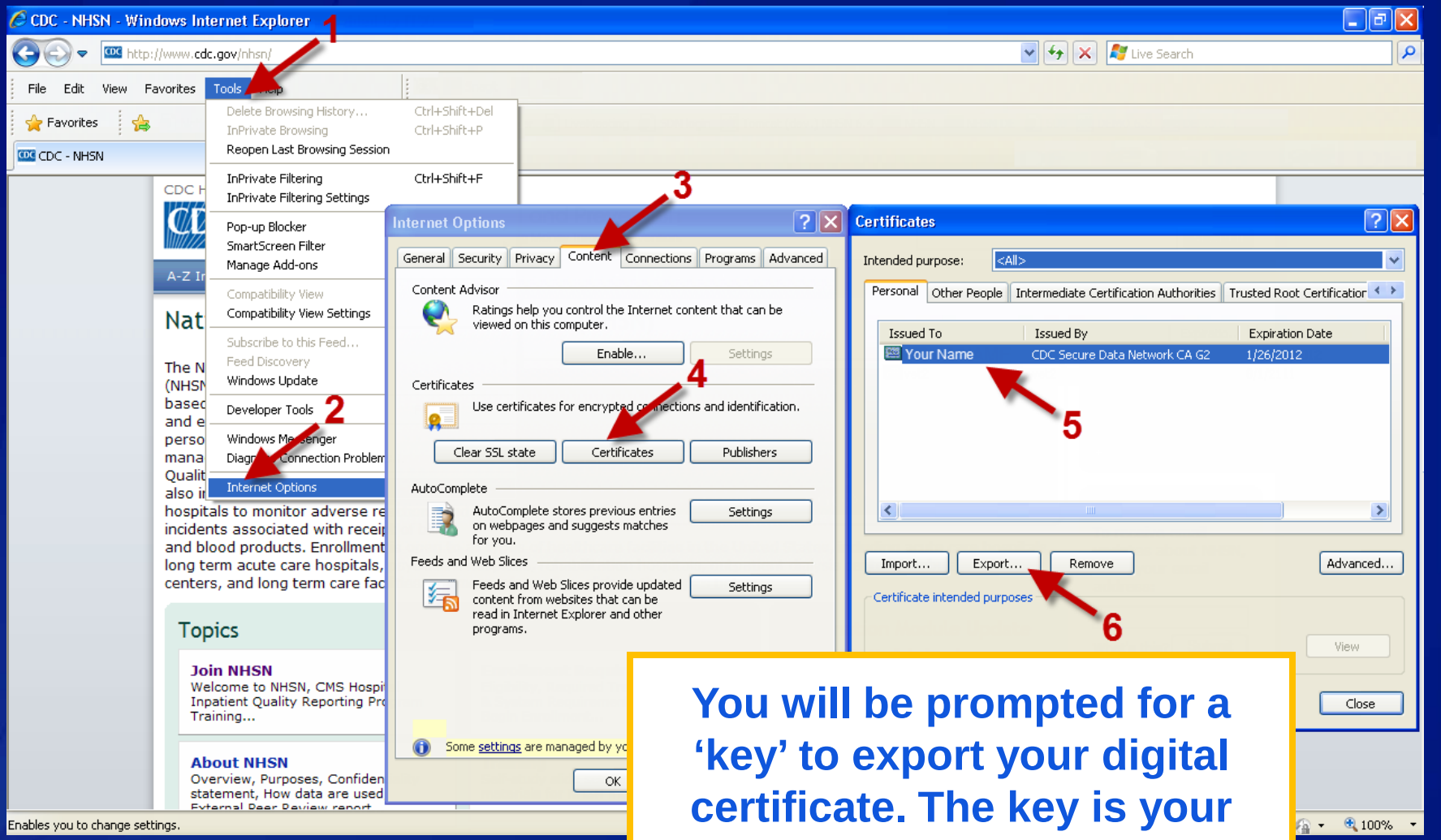
- Click “Download” to install digital certificate



Install Digital Certificate (Step 3b)

- **Download begins automatically**
  - If system settings are correct
  - If settings are incorrect, contact your IT dept and/or SDN
  - Security warning asks if you want to install and run VeriSign Import Control, click “Yes”
- **Once installed, confirmation page appears**
  - Verify installation in Internet Explorer
    - Click on “Tools” menu, choose “Internet Options”
    - Select the “Content” Tab, click “Certificates” button
  - Save a copy of the digital certificate to an external device
    - Locate your certificate in Internet Explorer, click “Export” to save

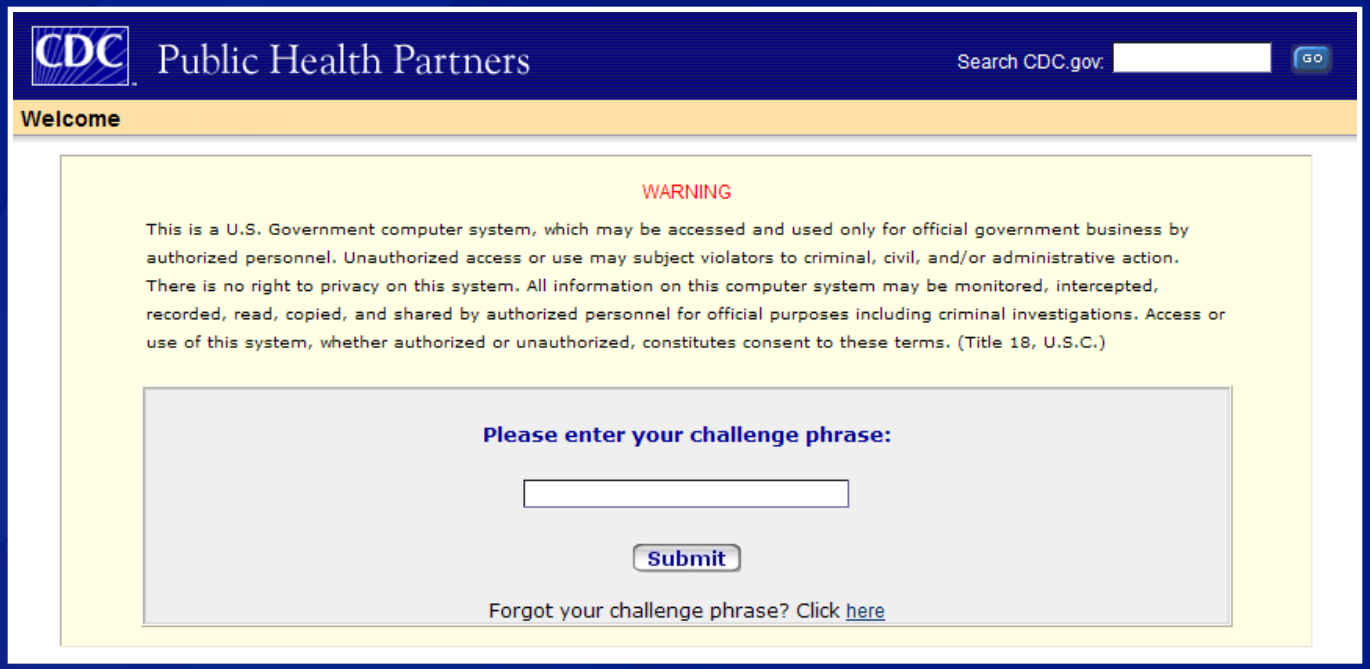
Save a Copy of your Digital Certificate



You will be prompted for a 'key' to export your digital certificate. The key is your challenge phrase (password).

Install Digital Certificate (Step 3b)

- If digital certificate is correctly installed, you will immediately be able to access https://sdn.cdc.gov/



- If you cannot access SDN's Public Health Partners website, contact SDN at 1-800-532-9929

Digital Certificates

- **Digital certificates are user specific:**
  - Do not share your digital certificate!
  - Install it on the computer you will use for NHSN reporting
  - You can install your digital certificate on additional computers if necessary (e.g., your work desktop & laptop)
  - If different users share a computer for NHSN, multiple certificates (one/user) can be installed on same computer
- **Save a copy of it to an external device as soon as it is installed**
- **CDC pays for digital certificates**
- **Renewed annually - email is sent 30 days before expiration**

NHSN Enrollment Steps 1 – 5

1. Training and Preparation

2. Register

Receive ‘Welcome to NHSN’ email

3a. Request Digital Certificate

Receive ‘NHSN Digital Certificate Request Confirmation’ email

3b. Install Digital Certificate

Receive ‘Action Required-Digital Certificate is Ready to I email

4. Submit Forms Electronically

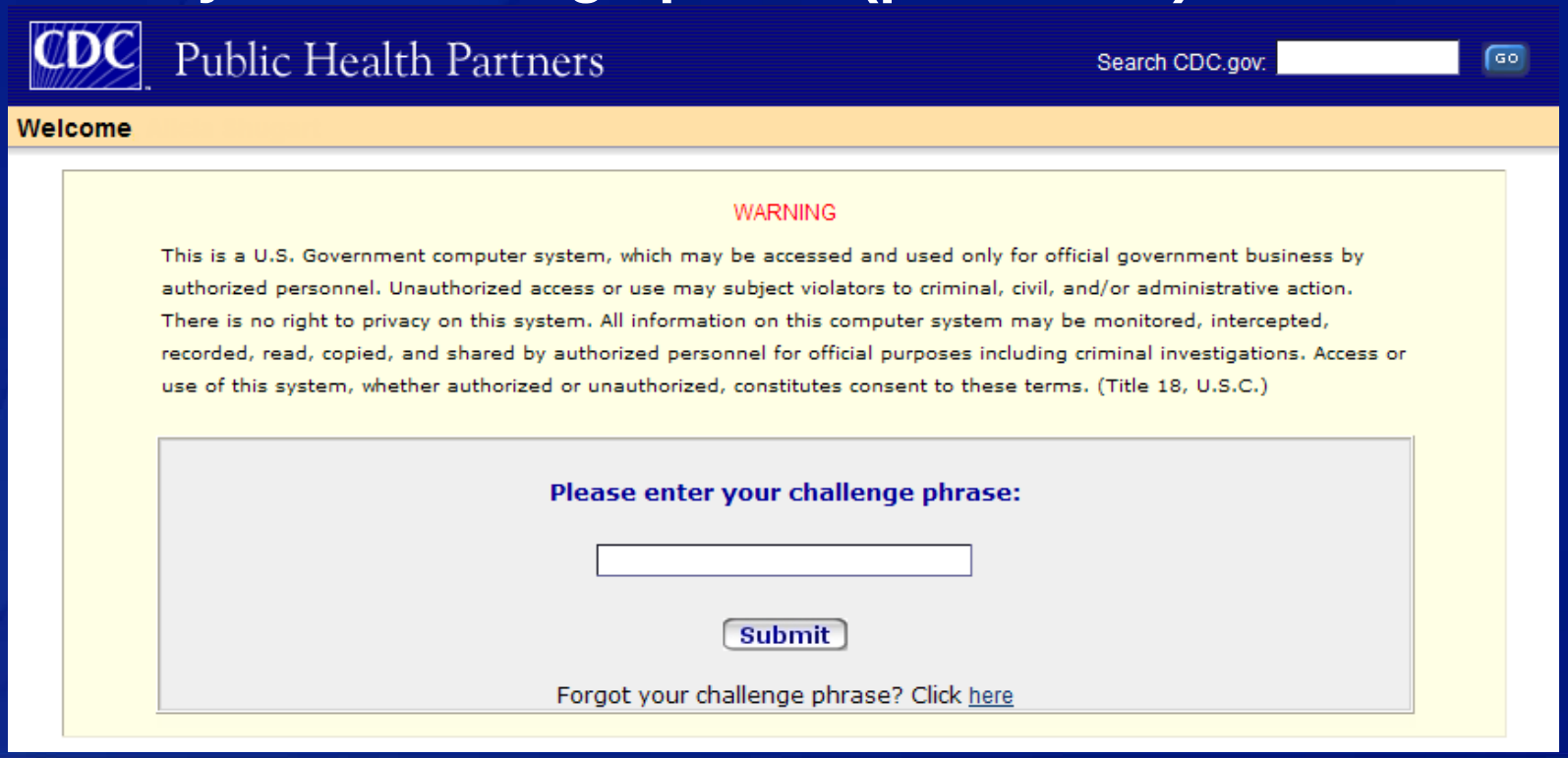
Receive ‘NHSN Facility Enrollment Submitted’ email

5. Sign and Send Consent

Receive ‘NHSN Enrollment Approved’ email

Submit Forms Electronically (Step 4)

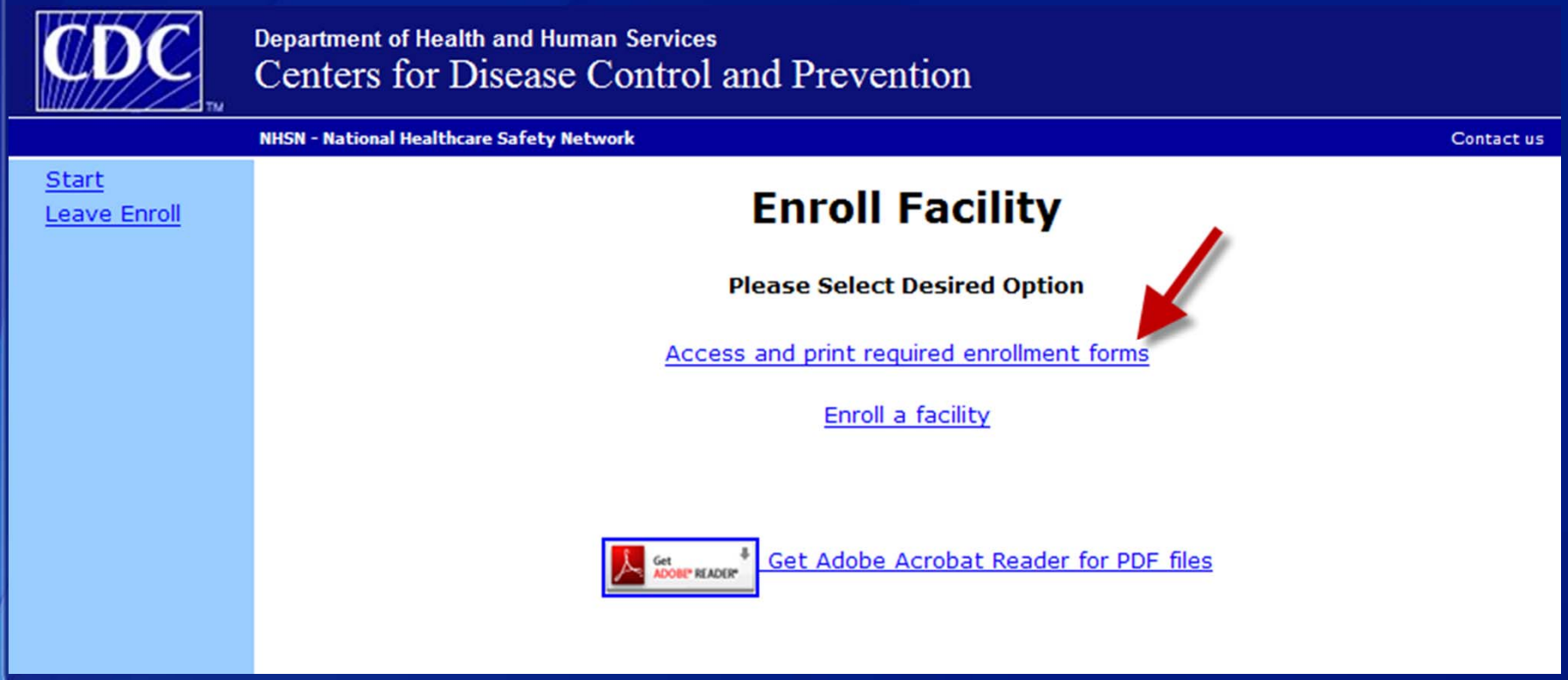
- To log on to NHSN, go to SDN's Public Health Partners website: https://sdn.cdc.gov
- Enter your challenge phase (password)



Submit Forms Electronically (Step 4)

Submit Forms Electronically (Step 4)

- First, click ‘Access and Print required enrollment forms’



Submit Forms Electronically (Step 4)

- Print forms for Outpatient Dialysis Centers

Submit Forms Electronically (Step 4)

NHSN National Healthcare Safety Network

Facility Contact Information

OMB No. 0920-0666
Exp. Date: 05-31-2014

Page 1 of 2

* required for saving

Tracking #:

*Facility Name:

*Main Telephone Number:

*Mailing Address:

*City: *County: *State: *ZIP: -

For each identifier listed below, enter the # / code or check "Not Applicable" if your facility does not have that identifier:

*American Hospital Association ID#: ☐ Not Applicable

*CMS Certification Number (CCN): ☐ Not Applicable

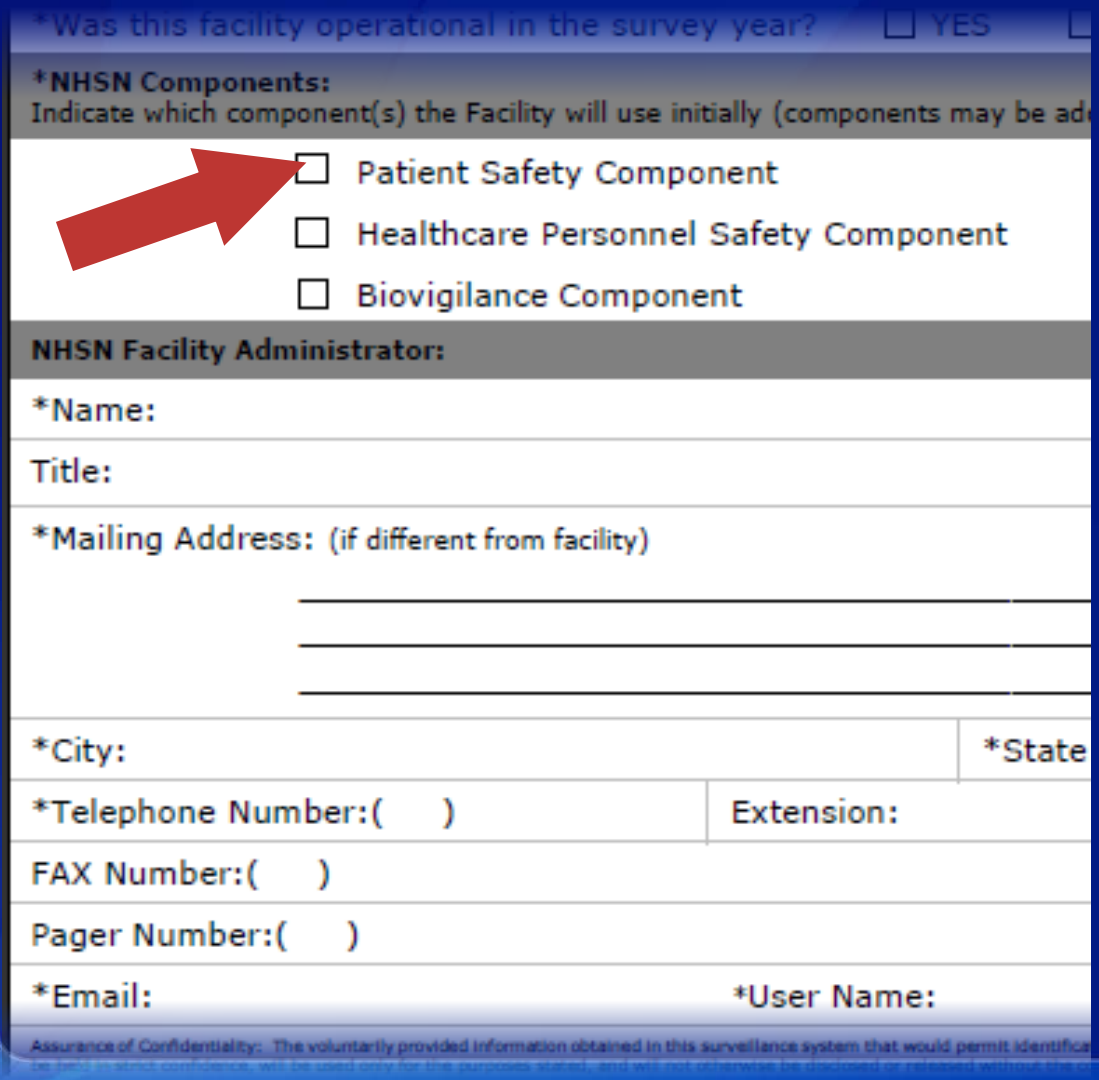
*VA Station Code: ☐ Not Applicable

If none of the above identifiers is applicable, enter CDC-provided Enrollment #:

***Facility Type:** AMB-HEMO - Hemodialysis Center

*Was this facility operational in the survey year? ☐ YES ☐ NO

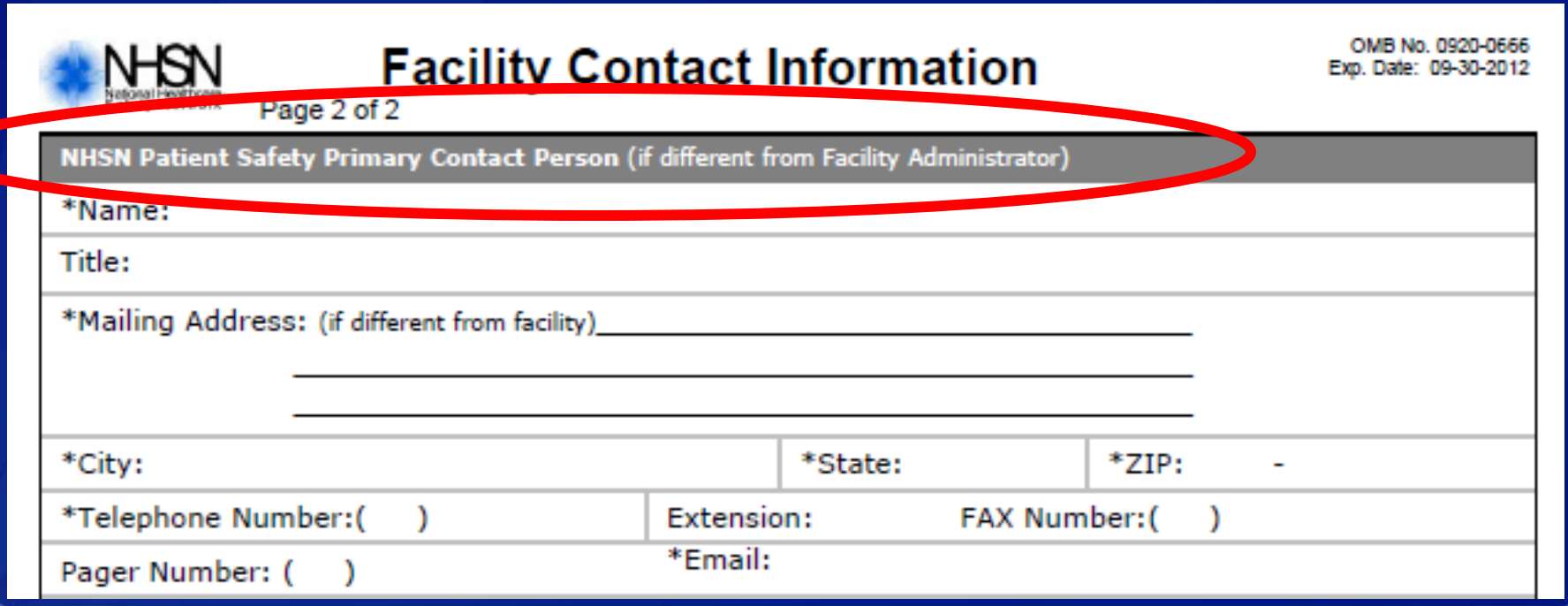
Submit Forms Electronically (Step 4)



- **Dialysis reporting is in the Patient Safety Component**
- **The NHSN Facility Administrator is person enrolling the facility**
  - Use the same email address as in steps 2 and 3

Submit Forms Electronically (Step 4)

- **Dialysis requires Patient Safety Primary Contact**
  - Person who will be most involved with Patient Safety surveillance
  - Can be the same person as the Facility Administrator



NHSN

Facility Contact Information

OMB No. 0920-0666
Exp. Date: 09-30-2012

Page 2 of 2

NHSN Patient Safety Primary Contact Person (if different from Facility Administrator)

*Name:

Title:

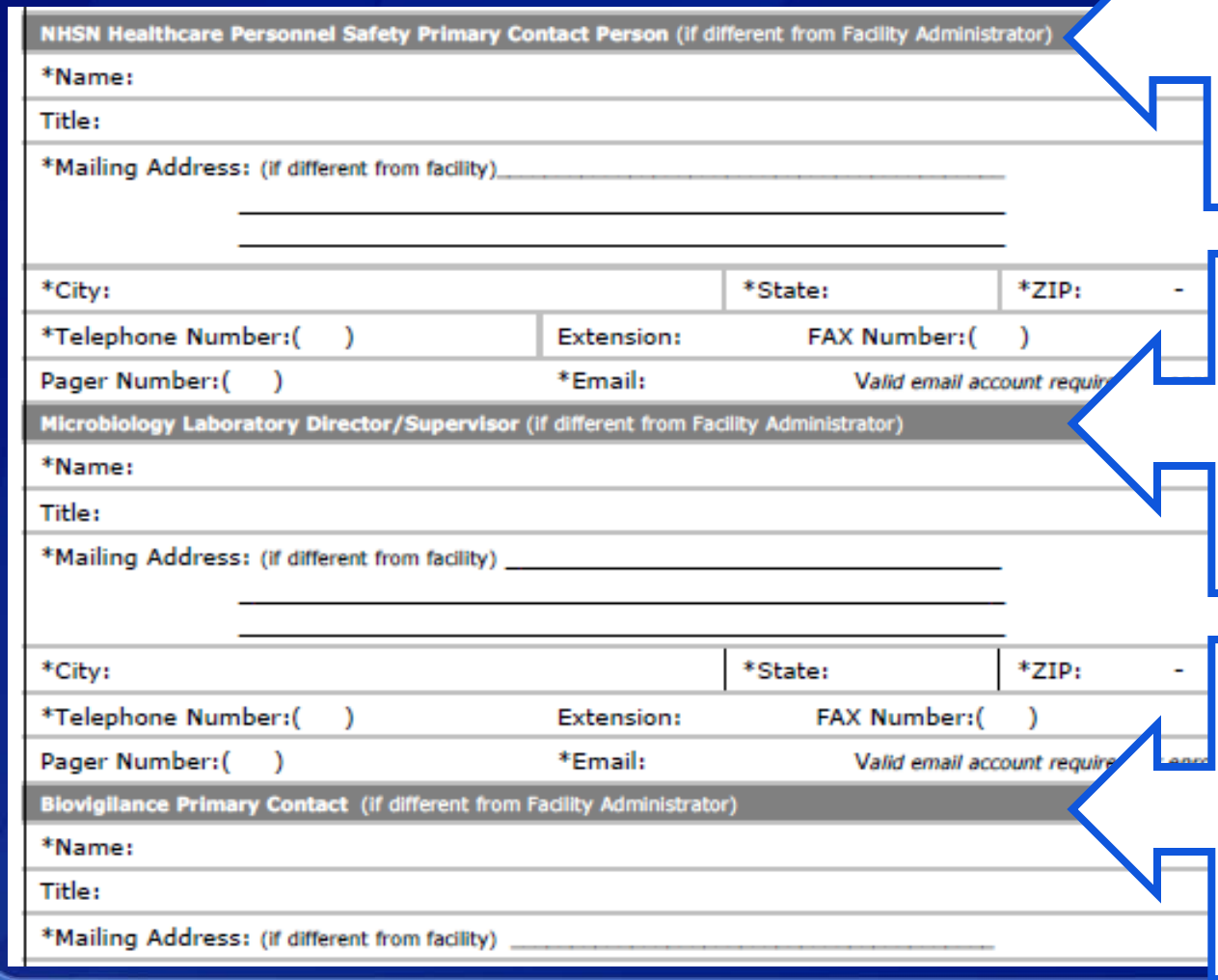
*Mailing Address: (if different from facility)_____

_____

_____

*City:	*State:	*ZIP: -
*Telephone Number:( )	Extension:	FAX Number:( )
Pager Number: ( )	*Email:	

Submit Forms Electronically (Step 4)



HCP Safety Primary Contact is not required for dialysis

Lab Contact is required – can use FA if n/a

Biovigilance Primary Contact is not required for dialysis

Submit Forms Electronically (Step 4)

- **The Outpatient Dialysis Center Practices Survey is an enrollment requirement:**
  - You cannot finish enrollment in NHSN until it is complete
- **Print it out today and get started!**
  - Available on the Dialysis Event website: http://www.cdc.gov/nhsn/forms/57.104_PSOutptDialysisSurv_BLANK.pdf

Submit Forms Electronically (Step 4)

NHSN National Healthcare Safety Network

Page 1 of 4

Patient Safety Component–
Outpatient Dialysis Center Practices Survey

OMB No. 0920-0666
Exp. Date: 05-31-2014

* required

Facility ID#:_____ *Survey Year:_____

A. Facility Information

*1. Ownership of your dialysis center (choose one): Government Not for profit For Profit

*2. Location/hospital affiliation of your dialysis center: Freestanding Hospital based

Freestanding but owned by a hospital

*3. Types of dialysis services offered (check all that apply):

In-center hemodialysis Peritoneal dialysis Home hemodialysis

*4. Number of in-center hemodialysis stations: _____

*5. Is your facility part of a group or chain of dialysis centers? Yes No

If Yes, name of group or chain:

Da Vita Dialysis Clinic Inc. (DCI) Fresenius Medical Care

American Renal Assoc. Nat'l Renal Alliance Nat'l Renal Institutes

Dialysis Corp. of America Renal Research Institute Satellite Healthcare

Renal Advantage Inc Liberty Dialysis Renal Care Partners

Other (specify): _____

Submit Forms Electronically (Step 4)

Please respond to the following questions based on records from your facility for the first week of January (applies to current or most recent January relative to current date).

B. Patient and staff census

*12. How many CHRONIC, NON-TRANSIENT dialysis **PATIENTS** were assigned to your center during the first week of January? _____

Of these, please indicate the number who received:

a. in-center hemodialysis: _____

b. home hemodialysis: _____

c. peritoneal dialysis: _____

*13. How many full-time and part-time **PATIENT CARE** staff were employed in your facility during the first week of January? *Include only staff who had direct contact with dialysis patients or equipment:* _____

Specify the number of these clinical staff by category:

a. nurse/nurse assistant: _____

b. dialysis patient-care technician: _____

c. dialysis biomedical technician: _____

d. social worker: _____

e. dietician: _____

f. physicians/physician assistant: _____

g. nurse practitioner: _____

h. other: _____

C. Vaccines

*14. Of the patients counted in question 12, how many received:

a. at least 3 does of hepatitis B vaccine (ever)? _____

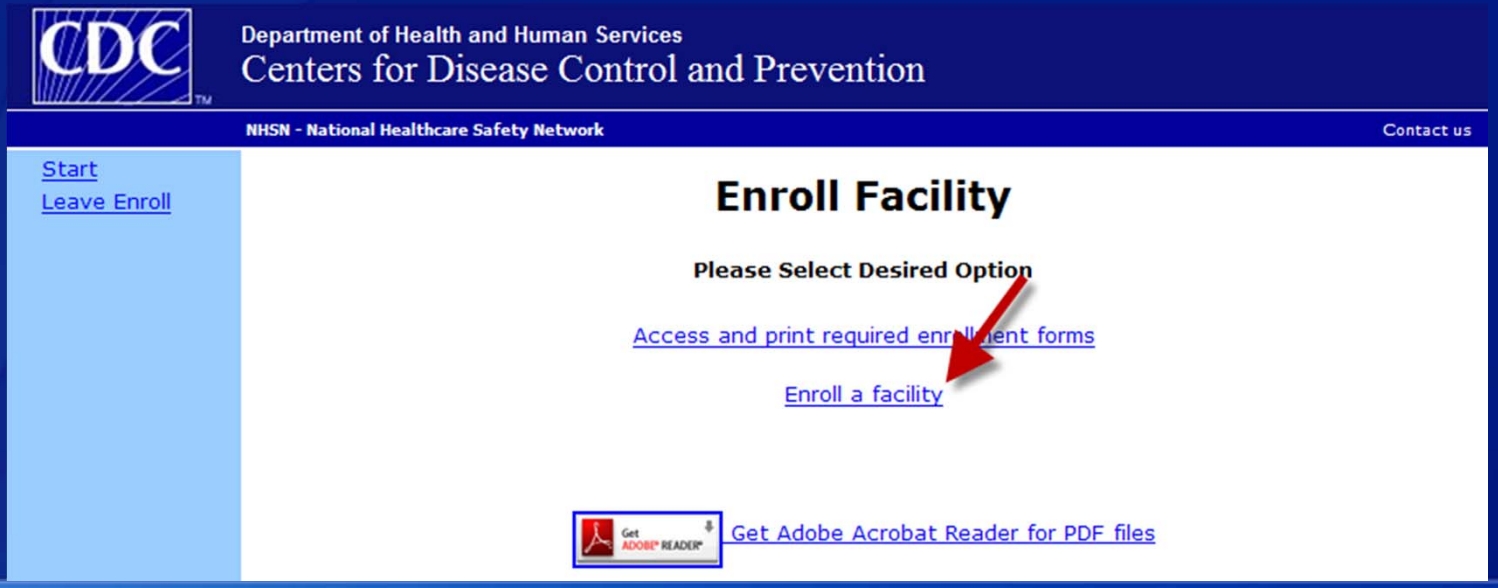
b. the influenza (flu) vaccine for this flu season (September or later)? _____

c. the pneumococcal vaccine (ever)? _____

*15. Does your facility use standing orders to allow nurses to administer vaccines to patients without a

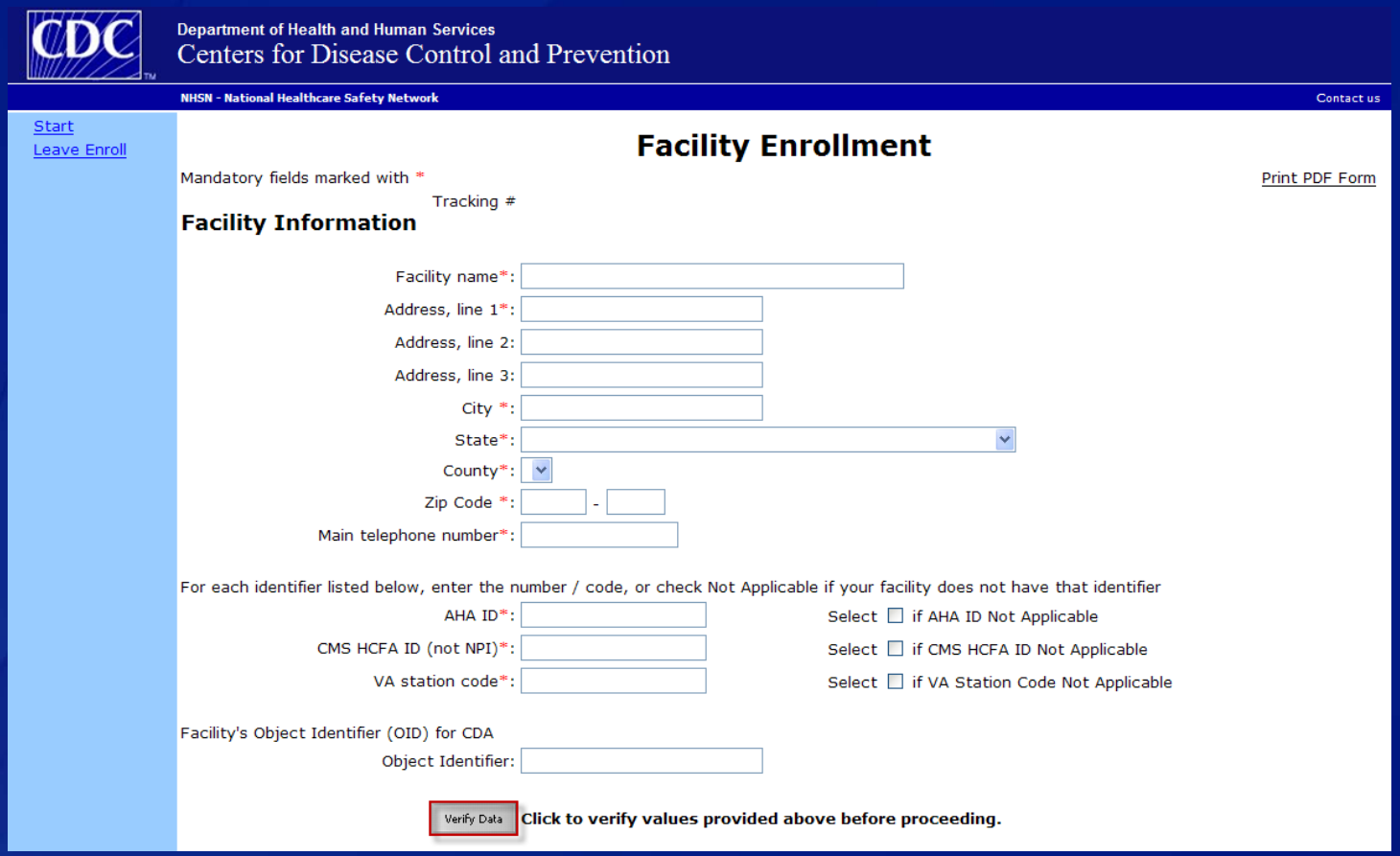
Submit Forms Electronically (Step 4)

- **After accessing, printing and completing required enrollment forms, click "Enroll a facility"**
- **From here, complete Enrollment Step 4 in one session!**
  - You cannot save work in progress



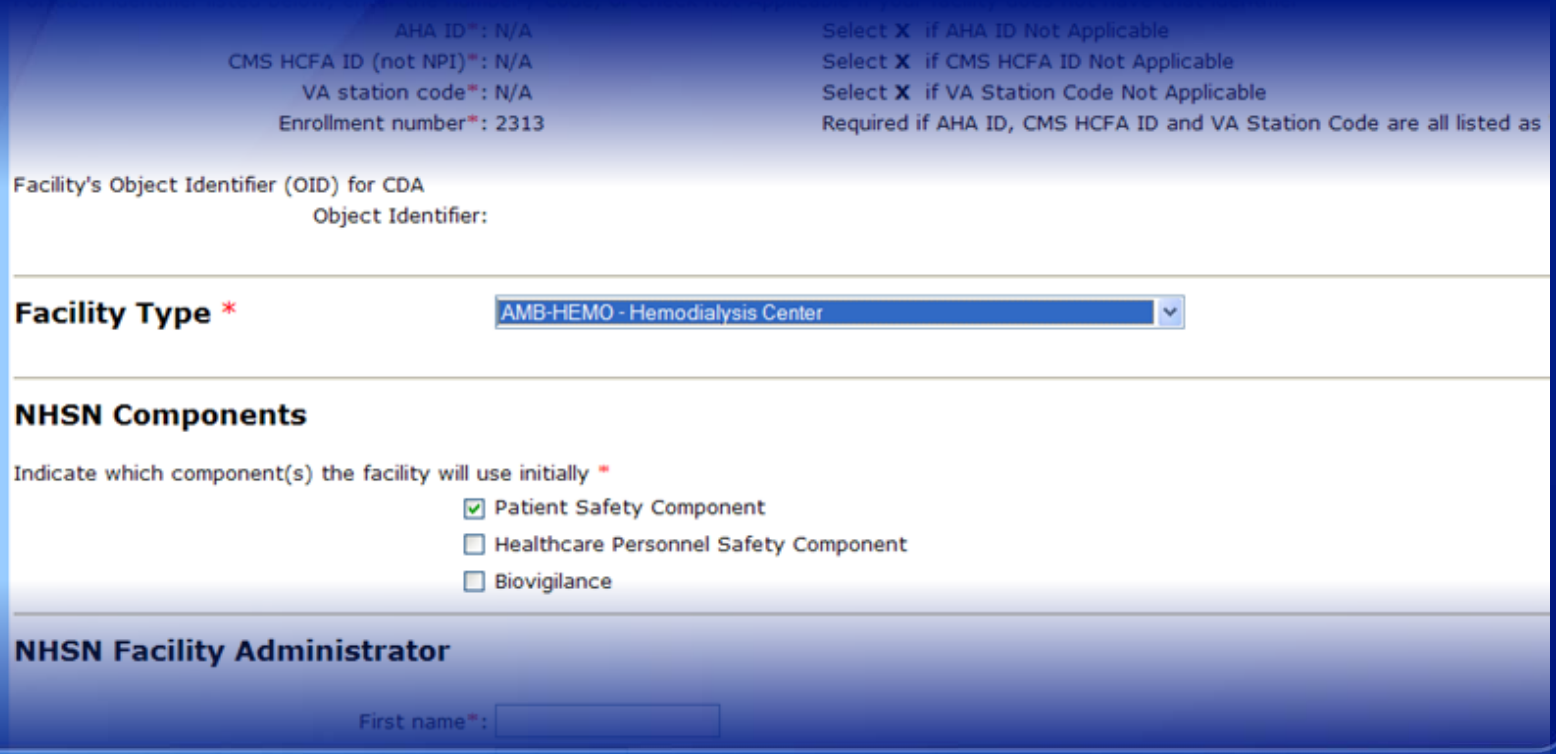
Submit Forms Electronically (Step 4)

- Submit required form information



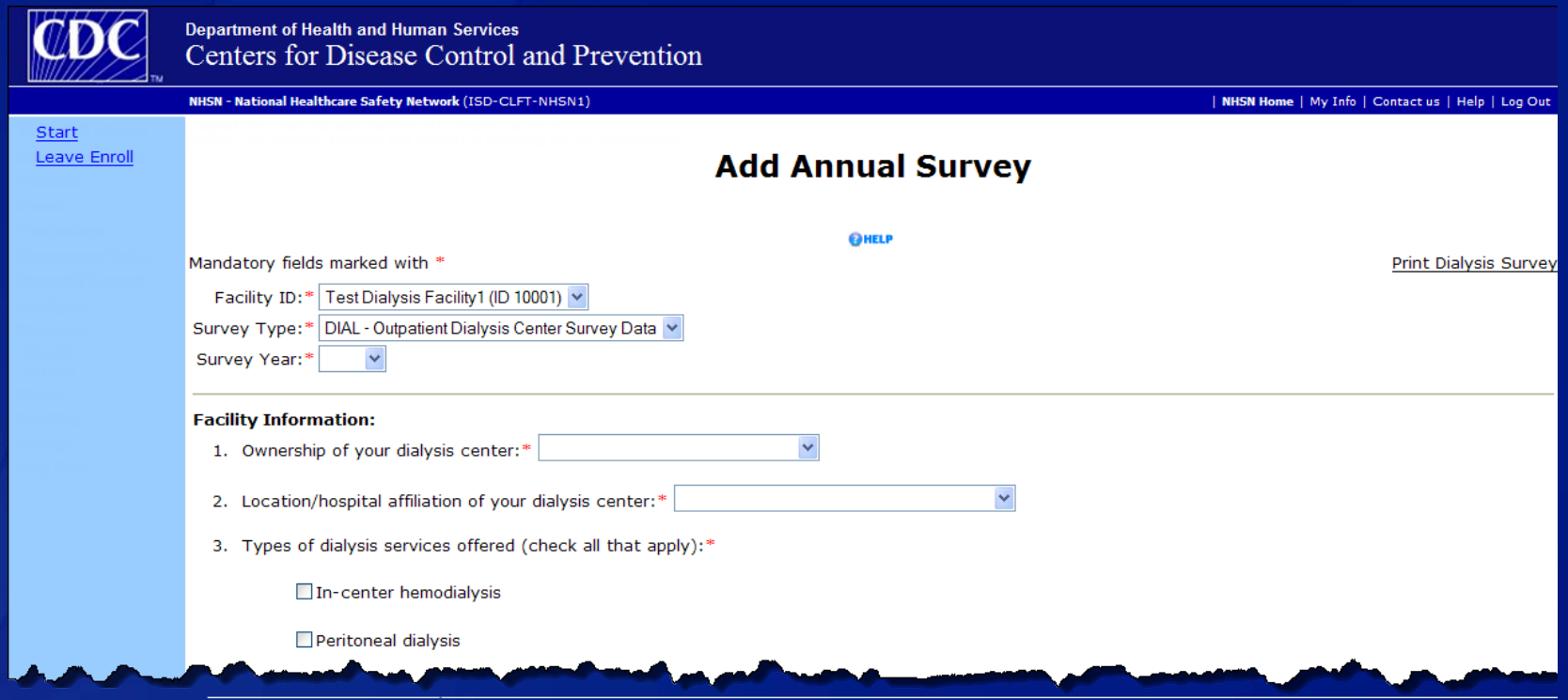
Submit Forms Electronically (Step 4)

- **Facility Type for dialysis clinics:**
  - AMB-HEMO – Hemodialysis Center
- **NHSN Component: Patient Safety**



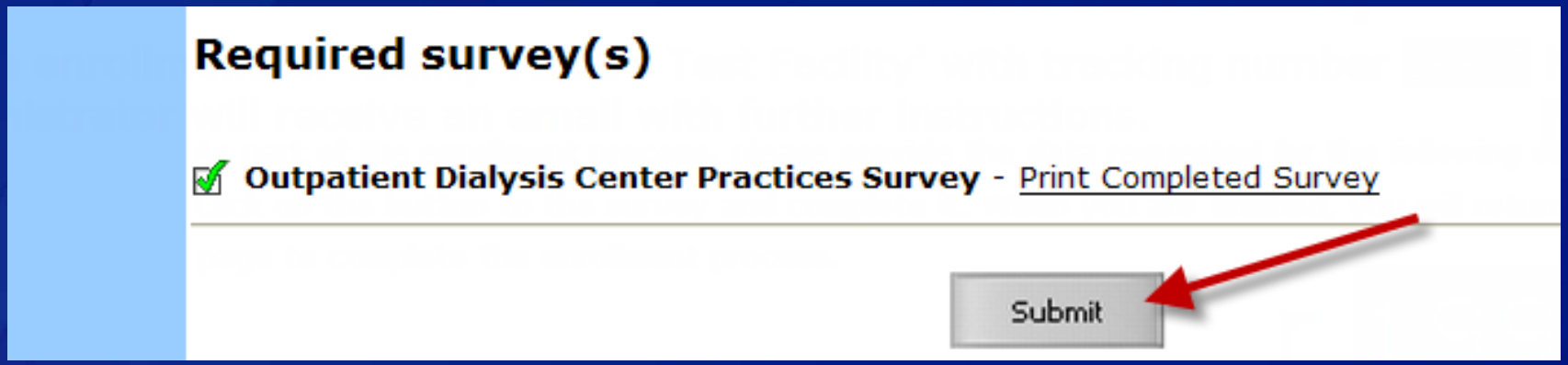
Submit Forms Electronically (Step 4)

- Survey cannot be saved in progress, complete paper form first to be able to submit all survey information in one session



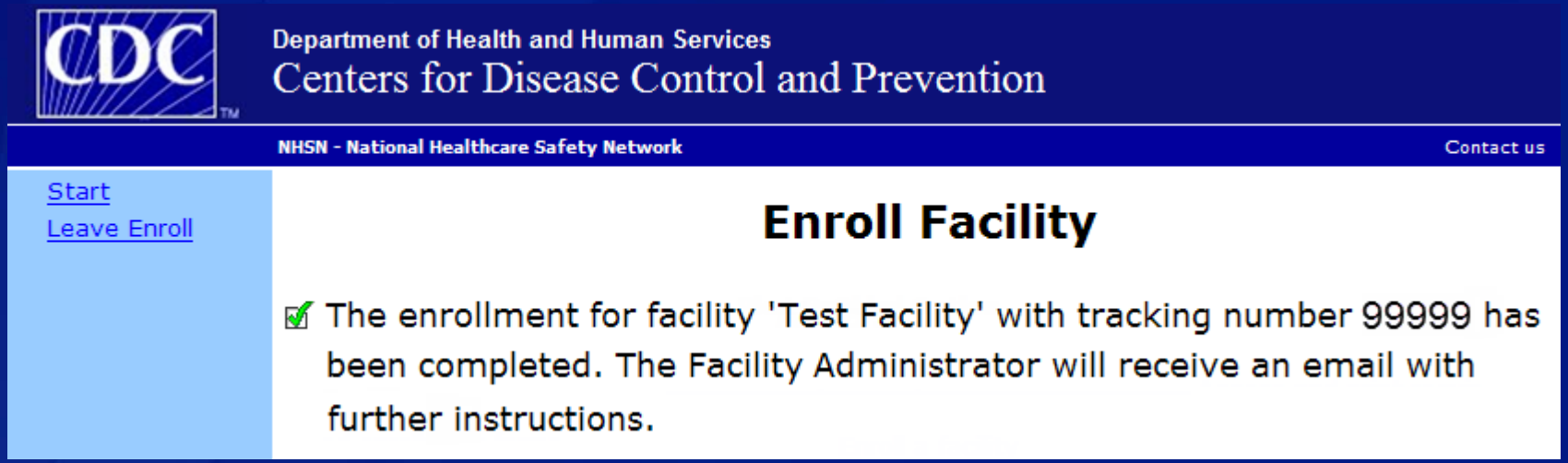
Submit Forms Electronically (Step 4)

- **Once survey information is saved, a green checkmark displays next to it**
  - Can print a completed survey for your records
- **Once all required forms information is entered and saved, click 'Submit'**
  - If you print your survey, don't forget to press submit!



Submit Forms Electronically (Step 4)

- **Once required forms are submitted, confirmation message displays**



- **Immediately receive an NHSN email with a link to your consent form**
  - If you do not receive this email, contact the NHSN Helpdesk
    - nhsn@cdc.gov

NHSN Enrollment Steps 1 – 5

1. Training and Preparation

2. Register

Receive ‘Welcome to NHSN’ email

3a. Request Digital Certificate

Receive ‘NHSN Digital Certificate Request Confirmation’ email

3b. Install Digital Certificate

Receive ‘Action Required-Digital Certificate is Ready to Install’ email

4. Submit Forms Electronically

Receive ‘NHSN Facility Enrollment Submitted’

5. Sign and Send Consent

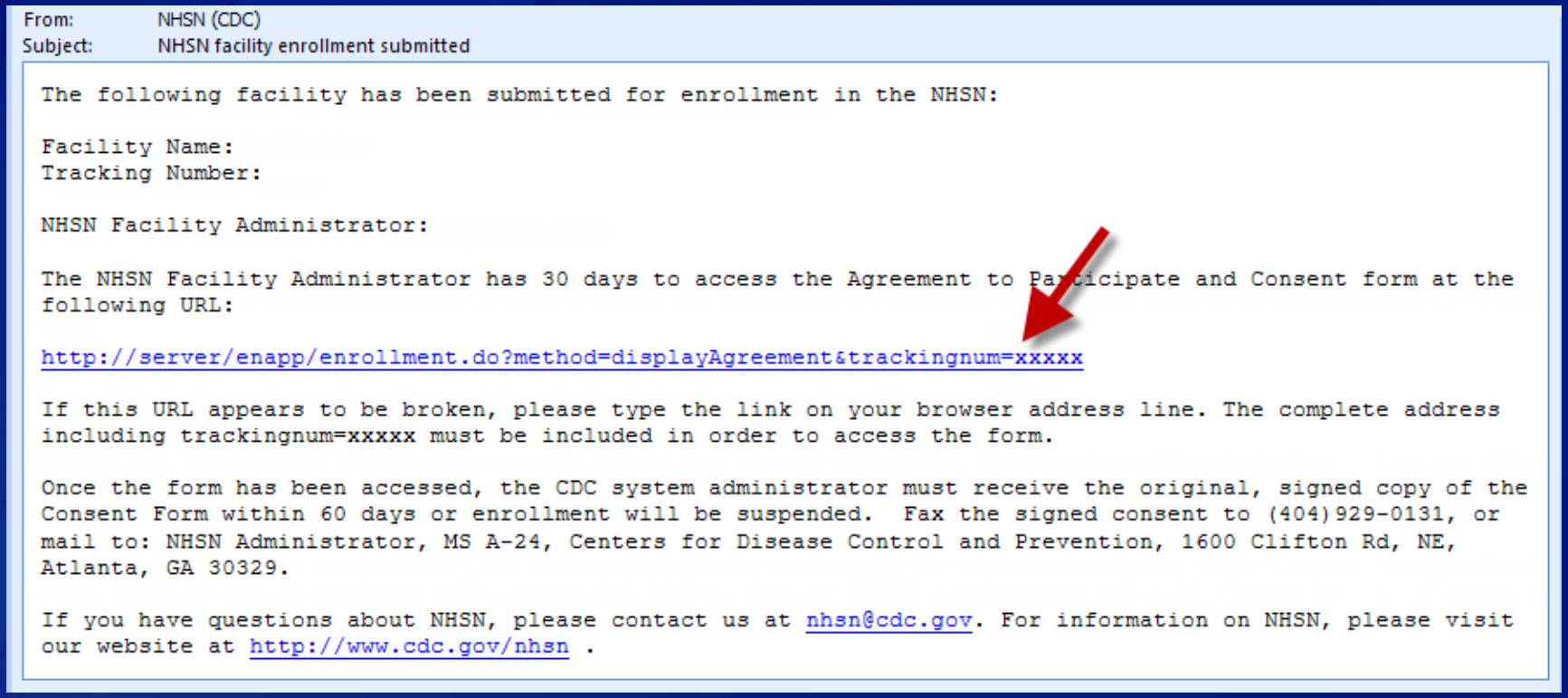
Receive ‘NHSN Enrollment Approved’ email

Sign and Send Consent (Step 5)

- **NHSN email, subject line "NHSN Facility enrollment submitted" links to your consent form**
  - Consent forms are facility-specific, you must print the consent form provided in the email link
- **You have 30 days to open the link and print form**
- **Once printed, CDC must receive it within 60 days**

Sign and Send Consent (Step 5)

- **May need to login to SDN's Public Health Partners page and then copy the link and paste into the browser to open the consent form**



From: NHSN (CDC)
Subject: NHSN facility enrollment submitted

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

Facility Name:
Tracking Number:

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

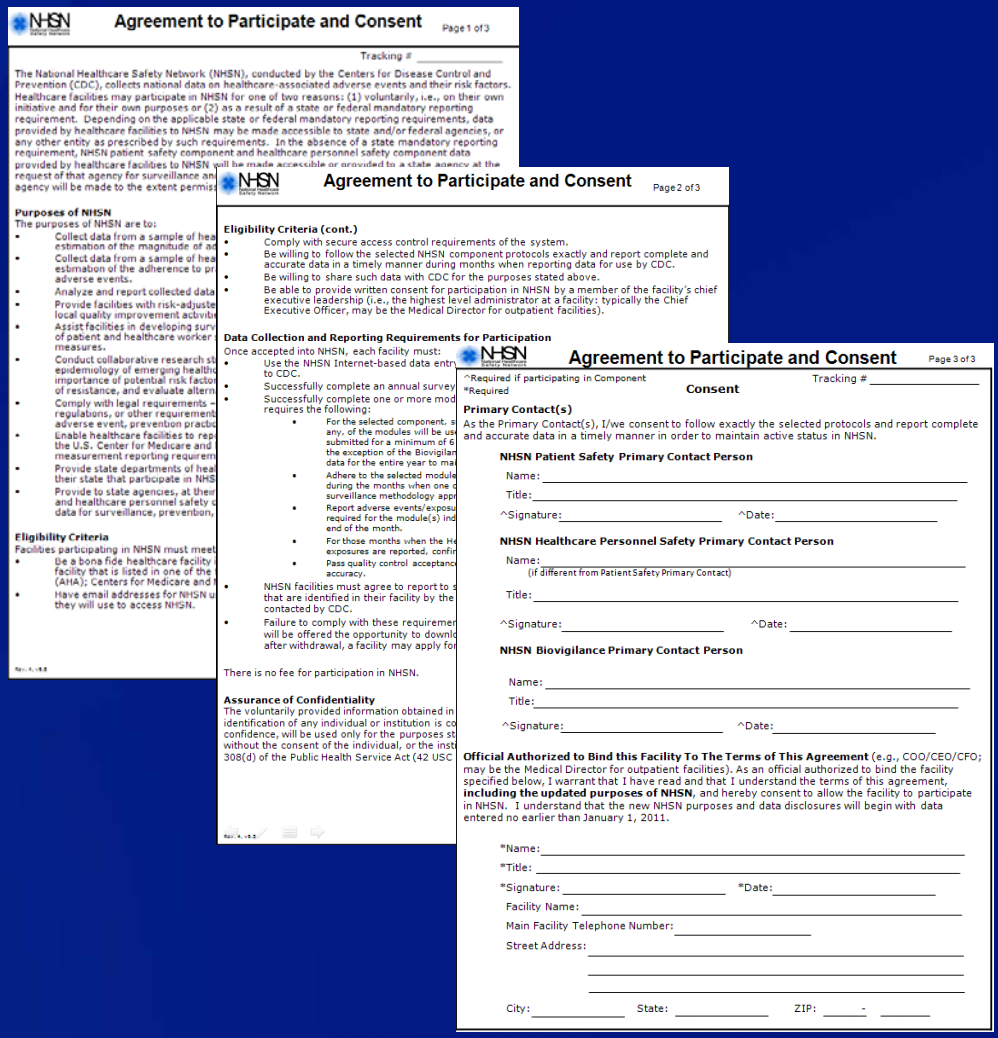
If this URL appears to be broken, please type the link on your browser address line. The complete address including trackingnum=xxxxx must be included in order to access the form.

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. Fax the signed consent to (404)929-0131, or mail to: NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Rd, NE, Atlanta, GA 30329.

If you have questions about NHSN, please contact us at nhsn@cdc.gov. For information on NHSN, please visit our website at http://www.cdc.gov/nhsn .

Sign and Send Consent (Step 5)

- **Agreement to Participate and Consent includes:**
  - NHSN Purposes
  - Eligibility
  - Data collection and reporting requirements
  - Assurance of Confidentiality



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 national data on healthcare-associated adverse events and their risk factors. Healthcare facilities may participate in NHSN for one of two reasons: (1) voluntarily, i.e., on their own initiative and for their own purposes or (2) as a result of a state or federal mandatory reporting requirement. Depending on the applicable state or federal mandatory reporting requirements, data provided by healthcare facilities to NHSN may be made accessible to state and/or federal agencies, or any other entity as prescribed by such requirements. In the absence of a state mandatory reporting requirement, NHSN patient safety component and healthcare personnel safety component data provided by healthcare facilities to NHSN will be made accessible or provided to a state agency at the request of that agency for surveillance and agency will be made to the extent permiss

Purposes of NHSN

The purposes of NHSN are to:

- Collect data from a sample of hea estimation of the magnitude of ac
- Collect data from a sample of hea estimation of the adherence to pr adverse events.
- Analyze and report collected data
- Provide facilities with risk-adjuste local quality improvement activit
- Assist facilities in developing surv of patient and healthcare worker measures.
- Conduct collaborative research st epidemiology of emerging health importance of potential risk factor of resistance, and evaluate alter
- Comply with legal requirements regulations, or other requirement adverse event, prevention practic
- Enable healthcare facilities to rep the U.S. Center for Medicare and measurement reporting requiren
- Provide state departments of hea their state that participate in NHS
- Provide to state agencies, at their and healthcare personnel safety data for surveillance, prevention,

Eligibility Criteria

Facilities participating in NHSN must meet

- Be a bona fide healthcare facility facility that is listed in one of the (AHA); Centers for Medicare and
- Have email addresses for NHSN u they will use to access NHSN.

Agreement to Participate and Consent Page 2 of 3

Eligibility Criteria (cont.)

- Comply with secure access control requirements of the system.
- Be willing to follow the selected NHSN component protocols exactly and report complete and accurate data in a timely manner during months when reporting data for use by CDC.
- Be willing to share such data with CDC for the purposes stated above.
- Be able to provide written consent for participation in NHSN by a member of the facility's chief executive leadership (i.e., the highest level administrator at a facility: typically the Chief Executive Officer, may be the Medical Director for outpatient facilities).

Data Collection and Reporting Requirements for Participation

Once accepted into NHSN, each facility must:

- Use the NHSN Internet-based data entry to CDC.
- Successfully complete an annual survey
- Successfully complete one or more mod requires the following:
  - For the selected component, s any, of the modules will be us submitted for a minimum of 6 the exception of the Biovigilan data for the entire year to ma
  - Adhere to the selected module during the months when one c surveillance methodology appr
  - Report adverse events/exposu required for the module(s) ind end of the month.
  - For those months when the He exposures are reported, confir
  - Pass quality control acceptanc accuracy.
- NHSN facilities must agree to report to that are identified in their facility by the contacted by CDC.
- Failure to comply with these requiremen will be offered the opportunity to downlo after withdrawal, a facility may apply for

There is no fee for participation in NHSN.

Assurance of Confidentiality

The voluntarily provided information obtained in identification of any individual or institution is co confidence, will be used only for the purposes st without the consent of the individual, or the inst 308(d) of the Public Health Service Act (42 USC

Agreement to Participate and Consent Page 3 of 3

^Required if participating in Component Tracking # _____

*Required

Consent

Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in NHSN.

NHSN Patient Safety Primary Contact Person

Name: _____

Title: _____

^Signature: _____ ^Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person

Name: _____
(if different from Patient Safety Primary Contact)

Title: _____

^Signature: _____ ^Date: _____

NHSN Biovigilance Primary Contact Person

Name: _____

Title: _____

^Signature: _____ ^Date: _____

Official Authorized to Bind this Facility To The Terms of This Agreement (e.g., COO/CEO/CFO; may be the Medical Director for outpatient facilities). As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement, **including the updated purposes of NHSN**, and hereby consent to allow the facility to participate in NHSN. I understand that the new NHSN purposes and data disclosures will begin with data entered no earlier than January 1, 2011.

*Name: _____

*Title: _____

*Signature: _____ *Date: _____

Facility Name: _____

Main Facility Telephone Number: _____

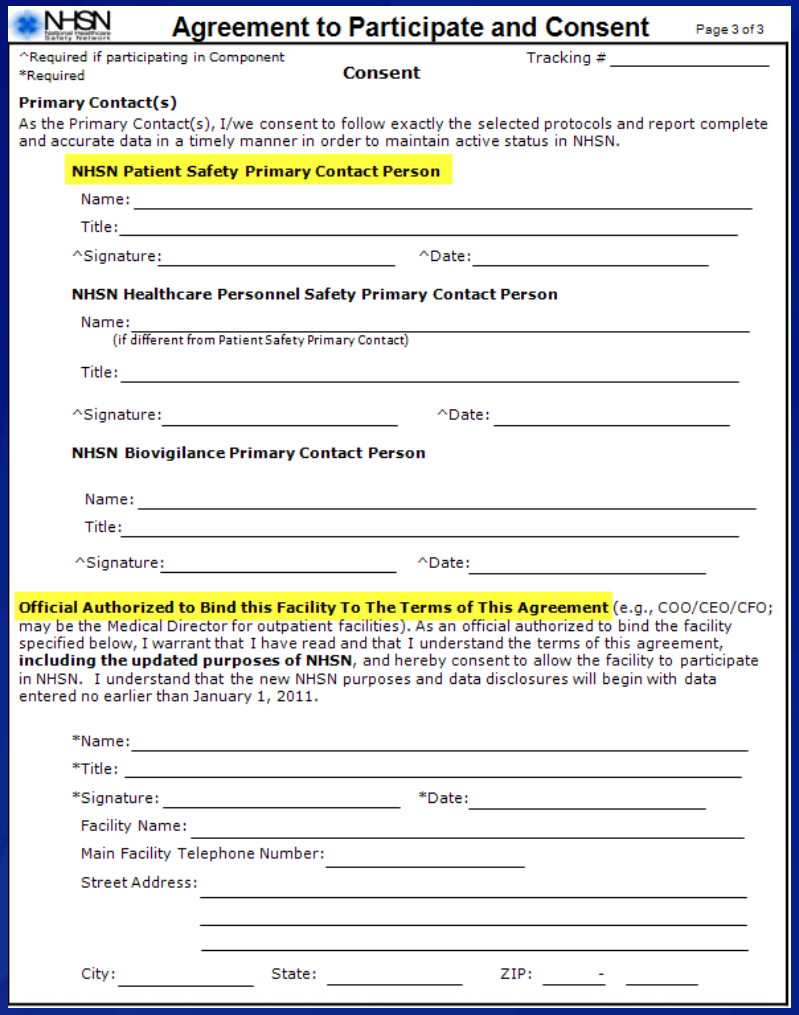
Street Address: _____

_____

_____

City: _____ State: _____ ZIP: ____ - ____

Sign and Send Consent (Step 5)



NHSN

Agreement to Participate and Consent

Page 3 of 3

^Required if participating in Component
*Required

Tracking # _____

Consent

Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in NHSN.

NHSN Patient Safety Primary Contact Person

Name: _____

Title: _____

^Signature: _____ ^Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person

Name: _____
(if different from Patient Safety Primary Contact)

Title: _____

^Signature: _____ ^Date: _____

NHSN Biovigilance Primary Contact Person

Name: _____

Title: _____

^Signature: _____ ^Date: _____

Official Authorized to Bind this Facility To The Terms of This Agreement (e.g., COO/CEO/CFO; may be the Medical Director for outpatient facilities). As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement, **including the updated purposes of NHSN**, and hereby consent to allow the facility to participate in NHSN. I understand that the new NHSN purposes and data disclosures will begin with data entered no earlier than January 1, 2011.

*Name: _____

*Title: _____

*Signature: _____ *Date: _____

Facility Name: _____

Main Facility Telephone Number: _____

Street Address: _____

_____

_____

City: _____ State: _____ ZIP: _____ - _____

- **Must be signed by**
  - Patient Safety Primary Contact Person
  - Facility Leadership
- **Requires signature from the highest level administrator at your facility**

Sign and Send Consent (Step 5)

- 2-3 business days after NHSN receives signed consent form, NHSN will activate your facility
- NHSN email notification of facility activation

From: NHSN (CDC)
Subject: NHSN enrollment approved

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

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

Facility Name: Test Facility
Facility ID #: xxxxx

As the Facility Administrator, you will now need to access the NHSN application through the SDN by selecting the NHSN Reporting activity. Once in the NHSN application, your first task should be to add those individuals who need to use the application ("users").

Once you add a user, that person will receive an email prompting her/him to obtain a digital certificate.

If you have any questions about NHSN, please contact us at nhsn@cdc.gov or http://www.cdc.gov/nhsn.

NHSN Enrollment Steps 1 – 5

1. Training and Preparation

2. Register

Receive ‘Welcome to NHSN’ email

3a. Request Digital Certificate

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3b. Install Digital Certificate

Receive ‘Action Required-Digital Certificate is Ready to Install’

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Receive ‘NHSN Facility Enrollment Submitted’ email

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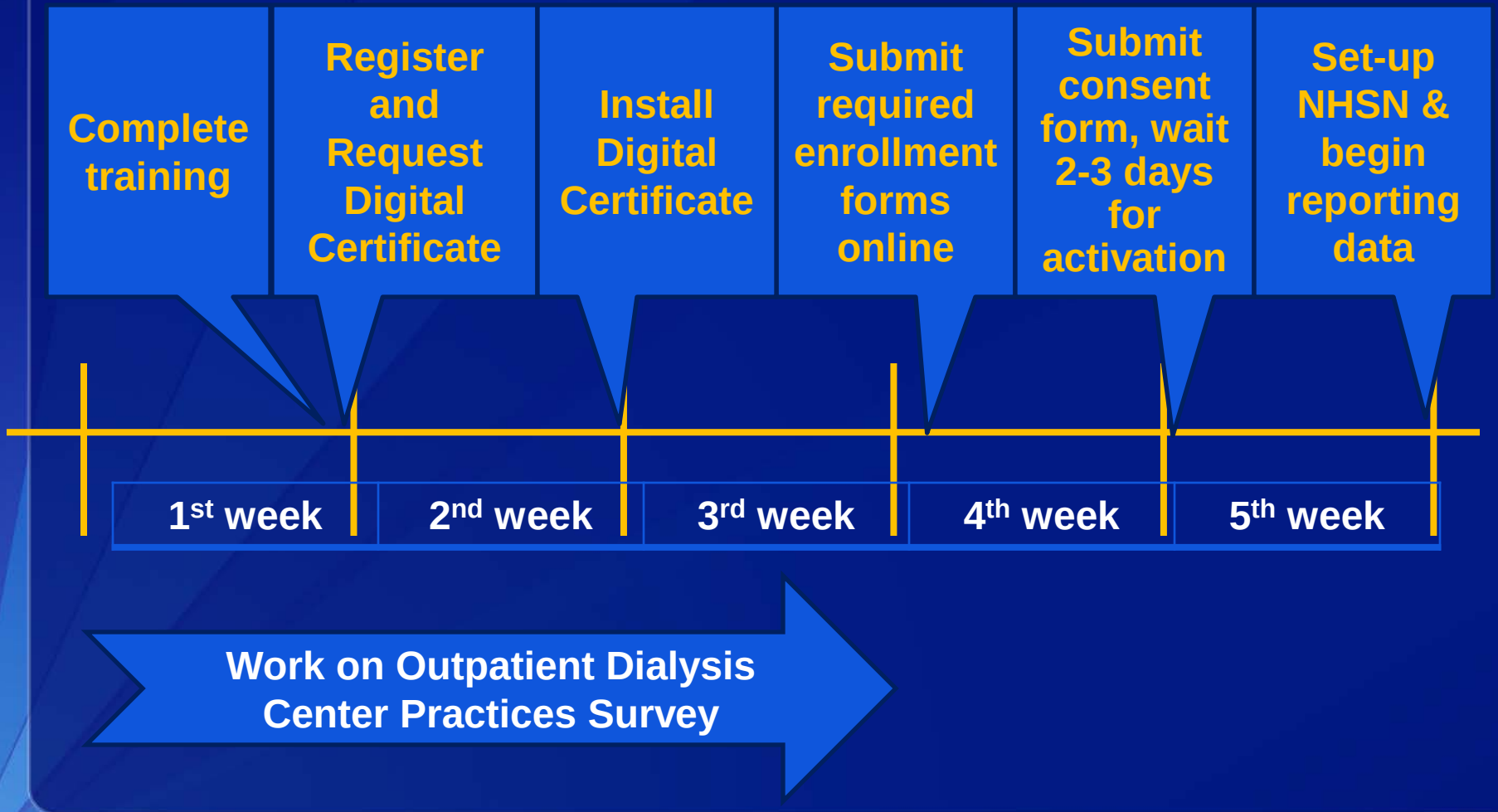
Receive ‘NHSN Enrollment Approved’ email

Enrollment is complete: Next is NHSN Set-Up

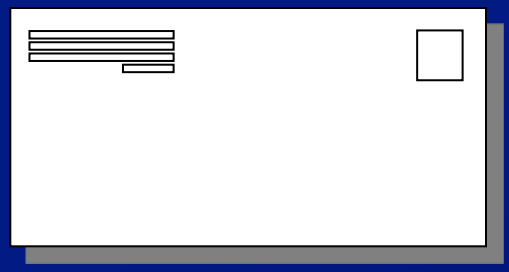
- **Set-up training is available on the Dialysis Event website**
- **Set-up NHSN for your facility**
  - Add users & assign user rights (optional)
  - Add ‘Outpatient Hemodialysis Clinic’ Location (required)
  - Create Monthly Reporting Plans (required)
- **Set-up is required before data can be reported**

Suggested NHSN Enrollment Timeline



Important !!

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



Next Steps - If you plan to enroll

- Agree to Rules of Behavior and Register your Facility
- Print and begin the Outpatient Dialysis Center Practices Survey
- Print the enrollment checklist
- If applicable, inform your ESRD Network or organization that you're enrolling

Questions? Problems?

Contact the NHSN Helpdesk at nhsn@cdc.gov

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.