

# Alabama Healthcare-Associated Infections Reporting and Prevention Program

---

## Roles and Responsibilities of NHSN Users

Nina C. Hassell, MPH

HAI Epidemiologist

Alabama Department of Public Health

# Objectives

- ❑ Define the roles and responsibilities of the NHSN Facility Administrator and NHSN User
  - ❑ Eligibility Requirements
  - ❑ Minimum System Requirements
  - ❑ Reporting Requirements for participation
- ❑ Describe steps involved with NHSN Facility Registration, Enrollment, and Facility Startup.

# Facility Administrator Role and Responsibilities



- Register and Enroll a facility in NHSN
- Serve as the NHSN Patient Safety Primary contact person.
- Ability to nominate, join, or confer rights to select NHSN groups
- Responsible for joining the ACPH HAI State Group.
- Has add/edit/delete rights to facility's data
- Can add/edit/delete users and determine their data access rights
- This role will likely be held by the lead Infection Control Preventionist/Practitioner (ICP).

# NHSN User Role and Responsibilities



- Users
  - Complete required NHSN training
  - Enroll as a NHSN User
  - Obtain a personal digital certificate
  - Enter, view, and validate data in NHSN.
  - This role will likely be held by members of the Infection Control team.

# Eligibility Criteria

- Facilities that participate in NHSN must meet the following criteria:
  - Be a bona fide healthcare facility in the United States of America that is listed in one of the following national databases:
    - American Hospital Association (AHA)
    - Centers for Medicare and Medicaid Services (CMS)
    - Veteran’s Affairs (VA)
  - Each NHSN users must have an email address and access to high-speed Internet on the computers that will be utilized in NHSN
  - Be willing to follow the selected NHSN component protocols and report complete and accurate data in a timely manner
  - Be willing to share such data with the CDC
  - The Facility’s chief executive leadership must be able to provide written consent for participation in the NHSN



# NHSN System Requirements


## Minimum System Requirements

- 1 GHz equivalent or greater Intel Pentium III processor
- 128MB of RAM
- Windows 98
- Email account
- High-speed internet access (greater than 200Kbs)
- 500 MB available disk space
- Microsoft Internet Explorer 6 or higher

**NOTE:** The only internet browser that can be used with NHSN is Microsoft Internet Explorer. Do not use another browser when accessing NHSN

## Additional System Recommendations

- **Computer**  
3 GHz processor - Intel Pentium IV, or AMD  
K6/Athlon/Duron family, or compatible processor recommended  
512MB of RAM  
Sound card  
Speakers or headphones  
CD-ROM or DVD drive  
Hard disk 40 GB
- **Monitor**  
17" Super VGA (800 X 600) or higher resolution video adapter and monitor
- **Operating System (OS)**  
Windows XP/ Windows 2000
- **Printer**  
Laser Printer



# Reporting Requirements for Participation

- Once enrolled in the NHSN, each facility must:
  - Use the NHSN Internet-based data entry interface and/or data import tools for reporting data to CDC
  - Successfully complete an annual survey for each component selected
  - Successfully complete one or more modules of the component selected. This completion requires the following
    - Submit a reporting plan each month to inform the CDC which module will be used for that month. Data for at least 1 module must be submitted for a minimum of 6 months to maintain active status.
    - Adhere to the selected module's protocol as described in the NHSN Manual
    - Report adverse events/exposures and appropriate summary or denominator data, as required for the module(s) indicated on the monthly reporting plan to CDC within 30 days of the end of the month.
    - Pass quality control acceptance checks that assess the data for completeness and accuracy
  - NHSN Facilities must agree to report to the Alabama State Health Authorities those outbreaks that are identified in their facility by the surveillance system and about which they are contacted by CDC.
  - Failure to comply with these requirements will result in withdrawal from the NHSN. Such facilities will be offered the opportunity to download their data before being withdrawn. 6 months after withdrawal, a facility may apply for re-enrollment into the NHSN.
  - There is NO fee for participation in the NHSN.



# How Data are Used

- Data collected in NHSN are used for improving patient safety at the local and national levels.
- CDC analyzes and publishes surveillance data to estimate and characterize the aggregate national burden of healthcare-associated infections.
- At the local level, the data analysis features of NHSN that are available to participating facilities range from rate tables and graphs to statistical analysis that compares the healthcare facility's rates with the national aggregate metrics.



# Assurance of Confidentiality

- Each NHSN facility is afforded the following Assurance of Confidentiality:
  - “The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not be disclosed or released without the consent of the individual, or the institution in accordance with Section 304, 306, and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).”

TOTAL  
NSHN Required Training  
Time ESTIMATE



**11 hrs and 32 min**

Title of Webcast	Total Estimated Time	Corresponding Slide Set	Total Number of Corresponding Slide sets
------------------	----------------------	-------------------------	--

**The following should be completed by May 15, 2010 Grand Total Estimated time=3 hours and 42 min**

Enrollment in NHSN, Facility Start Up	1.5 hrs	Enrollment	45
		Facility Startup	67
Conferring Rights to Group Session 1	56 min	Confer Rights to Group Session 1	7
Confer Rights to Group How-to Guide Session 2	50 min	Confer Rights to Group How-to Guide Session 2	5

**The following should be completed by May 22, 2010 Grand Total Estimated time=3 hours and 50 min**

Overview of NHSN, Device-associated Module (CLABSI, CAUTI)''	1.5 hrs	Overview of NHSN	43
		CLABSI	64
		CAUTI	27
Procedure-associated module Protocols and Definitions	2 hrs	SSI and PPP Protocols and Definitions	62

**The following should be completed by May 29, 2010 Grand Total Estimated time= 4 hours**

Data Entry, Import, and Customization	2 hrs	Monthly Reporting Plan Data Entry Linking Other Features	27
Analysis: Introduction	2 hrs	Analysis: Introduction	27

**Total Training Time= 11 hours and 32 min**

# Please visit the ADPH HAI website for further information on training

<http://adph.org/hai>



**ADPH**  
Alabama Department of Public Health

HAI - Home  
<http://adph.org/hai/index.asp?id=4251>

Contact Us Help/FAQ Log In Search

facebook RSS t

About Public Health Certificates, Licenses & Permits Careers Laws & Regulations News Programs & Services Publications Calenda

### HAI ELIMINATION PAGES

- ADPH Home
- HAI Home
- Advisory Council
- Defining HAIs
- Waging War on HAIs
- News and Events
- Required Training
- Forms
- Links
- Contact Us



According to the CDC (2002), there are an estimated 1.7 million healthcare-associated infections (HAIs) and 99,000 associated deaths each year. Applying CDC's national HAI rate, Alabama has the potential for 33,892 to 67,788 hospital-associated infections annually. HAIs are also costly! It is estimated that annually, \$35.7 to \$45 billion of direct healthcare costs to hospitals are attributable to HAIs (CDC, 2009).



On August 1, 2009, the Mike Denton Act became Law. The Act makes provisions for the following:

- the reporting and collection of mandatory patient healthcare associated infection data by healthcare facilities;
- the designation of the Alabama Department of Public Health (ADPH) as the agency to collect, compile, and analyze patient infection data collected from Alabama Healthcare Facilities;
- the creation of a HAI [Healthcare Data Advisory Council](#) to assist ADPH with the development of the Alabama State HAI Action Plan, Alabama Reporting Prevention Program, and Rules and Regulations;
- the development of public reports comparing healthcare facility patient infection rates; and
- the development of Alabama HAI Rules and Regulations to enforce compliance with the Act. View the final version submitted for approval: [Alabama HAI Rules and Regulations](#).



The Proposed Rules and Regulations to be released to stakeholders by August 1, 2010 following approval by the State Committee of Public Health will define:

- the list of healthcare facilities that must report HAI data;
- what HAI data must be reported;
- the method by which the HAI data must be reported;
- how often the data must be reported; and
- the protection of and release of HAI data to the public.



# NHSN Enrollment



# Facility Administrator





# Facility Administrator NHSN Enrollment and Reporting Process

## Step 1

- 1a. Review and Accept Rules of Behavior < 5 min
- 1b. Register < 15 minutes
- 1c. Receive e-mail Confirmation of Registration 24-48 hours

## Step 2

- 2a. Apply for Digital Certificate < 30 minutes
- 2b. Receive e-mail Confirmation of Digital Certificate Request 24-72 hours
- 2c. Download Digital Certificate < 15 minutes

## Step 3

- 3a. Apply for NHSN Enrollment < 5 min
- 3b. Complete Facility Contact Information and Facility Survey forms > 60 minutes
- 3c. Receive e-mail Confirmation of Enrollment Submission 24-48 hours
- 3d. Print, sign and return Consent Form to NHSN within 30 days
- 3e. Receive e-mail Confirmation of NHSN Enrollment Approval 24-48 hours

## Step 4

- 4a. Set Facility Group Joining Password ≤ 5 min
- 4b. Add Users and Assign User Rights <15 min
  - 4c. Add Locations <10 min
  - 4d. Add Surgeons <15 min

## Step 5

Set up monitoring plan ≥ 5 minutes

## Step 6

- 6a. Join the ADPH NHSN User Group ≥ 5 min
- 6b. Confer Rights to ADPH NHSN User Group <15 min

## Step 7

Enter Infection Data ≥ 60+ minutes (Urban)  
< 30 minutes (Rural)



# Step 1b. Register

National Healthcare Safety Network - Windows Internet Explorer

http://www.ncid.cdc.gov/RegistrationForm/controller.do;jsessionid=84620B2CFBE81BB141F369E9EDC0F98C?dispatch=regAgree

File Edit View Favorites Tools Help

National Healthcare Safety Network

## 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](#).

*Registration and Enrollment is open and available for hospitals and outpatient hemodialysis centers only. If your healthcare facility is one of the following: long term acute care hospital, surgical hospital, nursing home, extended care facility, ambulatory surgical center, or home care, enrollment is currently unavailable. Please check back soon.*

### Personal Information

\*Last name:

\*First name:

Middle name:

\*Email address:

### Facility Identifier

\*Please select a facility identifier:

CMS ID  AHA ID  VA Station Code   
CDC Registration ID  None

\*Selected identifier ID:

### NHSN Training Date

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

Home | Policies and Regulations | Disclaimer | e-Government | FOIA | Contact Us

Important!!! Be sure you use the exact same email address each time in NHSN

## Step 1c. Receive E-mail of Confirmation of Registration

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

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

Please print a copy of the document entitled "'SDN Enrollment Guide: A Guide for using the Secure Data Network to Obtain a Digital Certificate and to Enroll in a CDC Program'" from the following URL:

<http://www.cdc.gov/ncidod/hip/nhsn/members/SDNenrollmentguide.pdf>

Follow the instructions in this guide to obtain and install the digital certificate so that you will be able to access the NHSN application through the SDN.

The first step in the SDN enrollment process is to enter an enrollment password. 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.)

During SDN enrollment you will be prompted to select a Program and Program-specific Activities.

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

**VERY IMPORTANT:** After you obtain and install your digital certificate, access the SDN (<https://sdn.cdc.gov>) and select NHSN Enrollment. This will launch the enrollment portion of the NHSN application. Complete and submit the requested information, *being sure to indicate yourself as the NHSN Facility Administrator.*



Go to the Secure Data Network  
(SDN) to apply for a digital  
certificate for NHSN Enrollment  
activity

<https://ca.cdc.gov>

Secure Data Network - Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://ca.cdc.gov/sdncode/sdnapp/>

CDC Home Search Health Topics A-Z

**CDC**  
SAFER • HEALTHIER • PEOPLE™

## Centers for Disease Control and Prevention - Digital ID Enrollment

**SDN Support**

800-532-9929  
770-216-1276  
[cdcsgn@cdc.gov](mailto:cdcsgn@cdc.gov)

**WARNING**

This is a U.S. Government computer system, which may be accessed and used only for official government business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. There is no right to privacy on this system. All information on this computer system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations. Access or use of this system, whether authorized or unauthorized, constitutes consent to these terms. (Title 18, U.S.C.)

**Password = !cdc\_sdn\_apply!**

**Enter Enrollment Password**

Please enter the password for CDC's Digital ID Services and click *Accept*.

Password:

Questions? Go to the [Online help](#) or Contact [SDN Support](#)

Done Internet 20

# Digital ID Subscriber Requirements and Agreement

Address <https://ca.cdc.gov/schoode/sdnapp/doc/RegistrationDoc.htm> Go Links

**CDC**  
SAFER • HEALTHIER • PEOPLE™

[CDC Home](#) [Search](#) [Health Topics A-Z](#)

## Centers for Disease Control and Prevention - Digital ID Enrollment

**SDN Support**

800-532-9929  
770-216-1276  
[cdcsgn@cdc.gov](mailto:cdcsgn@cdc.gov)

At this site you may register to become a client of the CDC Secure Data Network (SDN). Registering to become a client involves two separate but related activities:

- Obtaining permission to use one or more sensitive CDC information systems;
- Obtaining and installing a CDC digital certificate.

You can be granted permission to access a sensitive CDC system only by an authorized representative of that system. The registration information you enter in your application pages will be forwarded to the appropriate system representative for approval. Obtaining the CDC digital certificate is contingent upon this approval. It is expected that, if you have proceeded this far, you already have some understanding with the CDC program's representative and your request for access is likely to be approved. If this is not the case, you should stop now and contact the CDC program's representative first to discuss obtaining access.

### System Requirements

To obtain a CDC digital certificate and access the CDC Secure Data Network, your system must conform to the following minimum requirements:

- Intel-based system with a 486 CPU or greater.
- Windows 98, Windows NT 4.0 or greater.
- Internet connectivity.

Done Internet 21

# Digital ID Subscriber Requirements and Agreement

Address <https://ca.cdc.gov/sdncode/sdnapp/doc/RegistrationDoc.htm>

multiple certificates. Only one digital ID is required to verify your identity for any and all SDN systems you access from the same computer and the same browser.

Digital IDs can be copied (exported) from one machine to another, and SDN allows for this. The process is not routine, however, and in some cases, Digital IDs cannot be exported from one operating system to another, from one type of browser to another, or even from one version of a browser to another version of the same browser.

Obtaining and installing a Digital ID is not difficult, but in the process your browser may present you with many technical messages. We have no control over the messages your browser displays. Documentation is available for the enrollment process and is intended to assist you in obtaining a digital certificate for the two most common browsers: Internet Explorer (IE) and Netscape Communicator (Netscape).

## Digital ID Subscriber Agreement

The issuance of Digital IDs through this system is governed by the Verisign Certification Practice Statement (CPS). By applying for, accepting, or using a Digital ID through this system, you are agreeing to the terms of the Verisign Subscriber Agreement ("Agreement"). By clicking the *Enroll* button below, you indicate your acceptance of this agreement. If you do not agree to the terms of this agreement, you should not complete this application process, or use the Digital ID.

Complete terms for the VeriSign CPS and Digital ID Subscriber Agreement can be found [here](#).

To enroll for a CDC Secure Data Network Digital ID, click here:

[Enroll](#)



**After you read,  
click Enroll.**

Questions? Go to the [Online Help](#) or Contact [SDN Support](#)

This page last reviewed Mar 14 2003

# Step 2a. Apply for Digital Certificate for NHSN Enrollment



## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-454-4863  
phintech@cdc.gov

To begin enrollment for a CDC Digital ID, complete this enrollment form and click *Next*.

#### Please Note:

- Internet Explorer 5.x or greater or Netscape Communicator 6.x, or greater is required to use the CDC Secure Data Network. If your browser doesn't meet this requirement, please upgrade your browser before applying.
- Be sure your email address is correctly entered. Without a valid email address you will be unable to install your digital certificate.

#### Step 1: Enter Personal Information

Items with (\*) are required.

Prefix	<input type="text"/>	Preferred Name	<input type="text"/>
* First Name	<input type="text" value="Janie"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text" value="Doe"/>	Degree	<input type="text" value="BSN"/>
* Email Address	<input type="text" value="janiedoe@genhosp.o"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer	<input type="text" value="General Hospital"/>	Program or Division	<input type="text"/>
* Employer Type	<input type="text" value="Academic/Research Organization"/>		
* Job Type	<input type="text" value="Biomedical Research"/>		
* Phone	<input type="text" value="205-665-2564"/>	Fax	<input type="text"/>
Work Address (130 characters maximum)	<input type="text" value="1 Hospital Hill"/>	* U.S. State (required for US)	<input type="text" value="Alabama"/>
* City	<input type="text" value="Birmingham"/>	U.S. County	<input type="text" value="JEFFERSON"/>
* Country	<input type="text" value="United States"/>	* Zip Code	<input type="text" value="35215"/>
* Alternate Contact :			
* Name	<input type="text" value="Johnny Deer"/>	* Phone	<input type="text" value="205-665-9874"/>

Important!!! Be sure you use the exact same email address each time in NHSN

Next

Microsoft Internet Explorer



Your email address must be correct to receive your Digital ID.  
Is this your correct email address?

janiedoe@genhosp.org

OK

Cancel

# Select a Program: Click on National Healthcare Safety Network (NHSN)

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Copy Paste

Address <https://ca.cdc.gov/sdnocode/sdnapp/servlet/EnrollmentServlet> Go Links

**CDC**  
SAFER • HEALTHIER • PEOPLE™

[CDC Home](#) [Search](#) [Health Topics A-Z](#)

## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-216-1276  
[cdcsgn@cdc.gov](mailto:cdcsgn@cdc.gov)

### Step 2: Select A Program

Select the program whose activities you want to join.

- National Healthcare Safety Network (NHSN)
- NETSS
- Nutrition
- NVSN
- Out-Patient Population Surveillance
- Outbreak

# Select Activities: Click on NHSN Enrollment and NHSN Reporting



[CDC Home](#)

[Search](#)

[Health Topics A-Z](#)

## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-454-4863  
phintech@cdc.gov

### Step 2: Select A Program

Select the program whose activities you want to join.

National Healthcare Safety Network (NHSN) [v]  
National Select Agent Registry [v]  
NEPHTN [v]  
NETSS [v]  
Nutrition [v]  
NVSN [v]

### Step 3: Select Activities

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

NHSN Enrollment [v]  
NHSN Reporting [v]  
NHSN Upload [v]

[Next](#)

Questions? Go to the [Online Help](#) or Contact [SDN Support](#)

# Create a challenge phrase (password)

Secure Data Network - Enrollment - Windows Internet Explorer

https://ca.cdc.gov/sdncode/sdnapp/servlet/EnrollmentServlet

File Edit View Favorites Tools Help

http://www.cdc.gov/nhsn/P... CDC - Enrollment Requireme... NHSN 4.7 Monthly Reporting ... Secure Data Network - E... x

CDC Home Search Health Topics A-Z

**CDC**  
SAFER • HEALTHIER • PEOPLE™

## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-454-4863  
phintech@cdc.gov

### 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

Confirm

**WRITE IT DOWN!!**

Questions? Go to the [Online Help](#) or [Contact SDN Support](#)

This page last reviewed Mar 14 2003



## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-216-1276  
[cdcsdn@cdc.gov](mailto:cdcsdn@cdc.gov)

### 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.

Questions? Go to the [Online Help](#) or Contact [SDN Support](#)

This page last reviewed Mar 14 2003

Receive e-mail confirmation  
within 24-72 hours

## Step 2b. Receive E-mail Confirmation of Digital Certificate Request

- You will receive an email from **CDC SDN Enrollment**. The subject line will read “Action Required – Your CDC Digital Certificate is Ready to Install” and the body of the message will look similar to the following:

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=xxxx>

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

Upon receipt of email confirmation  
please contact a member of your  
Facility's IT Department to properly  
install your Digital Certificate

## Step 2c. Download Digital Certificate

- From the computer you will use to access NHSN, click on the link in the email to install the digital certificate.
- Once installed you will get this message:

### Congratulations!

Your Digital ID has been successfully generated and installed.

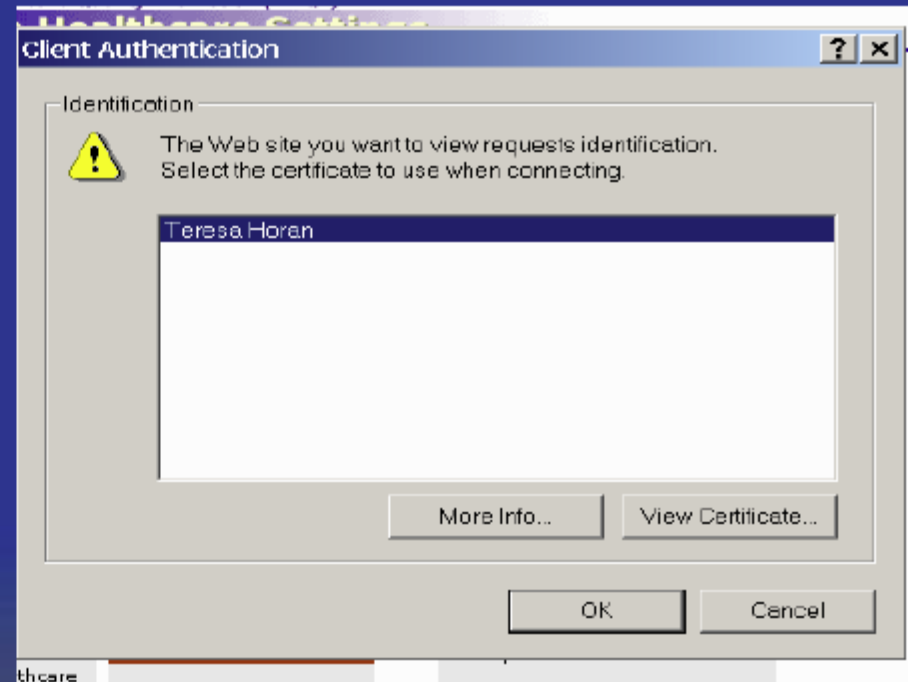
Your Digital ID Information.

Serial Number = 2a3680bfeb16458a7fd9ca3e850d1f75

- Make a back up copy of your digital certificate!
- Then you can log onto NHSN via SDN

# Step 3a: Apply for NHSN Enrollment

- To log onto the NHSN via the SDN, go to:  
<https://sdn.cdc.gov>
- You will be presented with a Client Authentication screen, click OK



# Enter your SDN challenge phrase, click Submit

<https://sdn.cdc.gov>



[CDC Home](#) | [Search](#) | [Health Topics A-Z](#)

## Secure Data Network

### SDN Support

800-532-9929  
770-216-1276  
[cdcsgn@cdc.gov](mailto:cdcsgn@cdc.gov)

### WARNING

This is a U.S. Government computer system, which may be accessed and used only for official government business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. There is no right to privacy on this system. All information on this computer system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations. Access or use of this system, whether authorized or unauthorized, constitutes consent to these terms. (Title 18, U.S.C.)

**Please enter your challenge phrase:**

\*\*\*\*\*

**Submit**



Forgot your challenge phrase? Click [here](#)

# Click on NHSN Enrollment

CDC Public Health Partners - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [https://sdn.cdc.gov/common/pages/activity\\_list.asp](https://sdn.cdc.gov/common/pages/activity_list.asp)

Search Web

Search CDC.gov

You are logged in as Teresa Horan Partners Home | My Preferences | Help | Logout

### My Applications

National Healthcare Safety Network (NHSN)

> [NHSN Enrollment](#)

> [Request Additional Activities](#)

### Contacts Directory

To locate HHS personnel, enter the search criteria below (Note: partial names are acceptable):

Last name:

First name:

Agency:

Search

### Morbidity and Mortality Weekly Report

**This Week in MMWR** August 11, 2006 / Vol. 55 / No. 31

- > [The Global HIV/AIDS Pandemic, 2006](#)
- > [HIV Prevalence Among Populations of Men Who Have Sex with Men --- Thailand, 2003 and 2005](#)
- > [HIV Counseling, Testing, and Care of Tuberculosis Patients at Chest Clinics --- Guyana, 2005--2006](#)

MORE >

### Recommendations and Reports

August 11, 2006 / Vol. 55 / No. RR--12 April 21, 2006 / Vol. 55 / No. RR--6

- > [Prevention of Rotavirus Gastroenteritis Among Infants and Children: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#)
- > [Mold Prevention Strategies and Possible Health Effects in the Aftermath of Hurricanes and Major Floods](#)

MORE >

### Surveillance Summaries

July 14, 2006 / Vol. 55 / No. SS--7

- > [Surveillance for Certain Health Behaviors Among States and Selected Local Areas --- Behavioral Risk Factor Surveillance System, United States, 2004](#)
- > [Prevalence of Four Developmental Disabilities Among Children Aged 8 Years --- Metropolitan Atlanta Developmental Disabilities Surveillance Program, 1996 and 2000](#)

MORE >

### Preventing Chronic Disease Journal

35

Local intranet



[Home](#)

## Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



[Get Adobe Acrobat Reader for PDF files](#)

**If you have already completed your Hospital Survey and Contact Information forms**

**If you have not completed these forms, obtain the forms now and complete them before proceeding**

# Step 3b. Complete Facility Contact Information and Facility Survey Forms

**Facility Enrollment Forms**

**Patient Safety Component**  
*Hospital applicants, print these:*  
[Facility Contact Information](#)  
[Hospital Survey](#)  
*Outpatient Dialysis Center, print these:*  
[Facility Contact Information](#)  
[Outpatient Dialysis Center Practices Survey](#)

**Healthcare Personnel Safety Component**  
*Any facility type, print these:*  
[Facility Contact Information](#)  
[Facility Survey](#)

\* 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 Provider #:  Not Applicable

\*VA Station Code:  Not Applicable

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

\*Facility Type:

\*NHSN Component:

Indicate which component(s) the Facility will use initially (components may be added at any time after enrollment)

- Patient Safety Component  
 Healthcare Personnel Safety Component

NHSN Facility Administrator:

\*Name:

Title:

\*Mailing Address: (if different from facility)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*City: \*State: \*ZIP: -

\*Telephone Number:( ) Extension:

FAX Number:( )

Pager Number:( )

\*Email:

\*User Name:

Assurance of Confidentiality: The information obtained in this surveillance system that could permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 305 and 306(a) of the Public Health Service Act (42 USC 242b, 242c, and 2426a)(2).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Director, Collection Review, 1600 Clifton Road, NE, D-74, Atlanta, GA 30333, 4074. Mail (3025-0066). CDC (7-760) (Rev) Ver. 1.0, 6/16/2004



**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:

**NHSN Healthcare Personnel 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:

*A valid email account is required for enrollment*

\* required for saving

Tracking #:

Facility ID: 35591

\*Survey Year: 2010

**Facility Characteristics**

\*Ownership (check one):

- For profit       Not for profit, including church       Government
- Military       Veteran's Affairs       Physician owned       Managed Care Organization

**If facility is a Hospital:**

\*Number of Patient Days:   500  

\*Number of Admissions:   230  

For any Hospital **except** Long Term Acute Care Hospitals:

\*Is your hospital affiliated with a medical school? :     Yes     No

If Yes, what type of affiliation:     MAJOR     GRADUATE     LIMITED

Number of beds set up and staffed:

- a. ICU beds (including adult, pediatric, and neonatal levels II/III and III):      30
- b. Specialty care beds (including hematology/oncology, bone marrow transplant, solid organ transplant, inpatient dialysis, and long term acute care [LTAC]):      45
- c. All other beds:      80

For Hospitals that are Long Term Acute Care (LTAC):

Setting:  Within a hospital     Free-standing

Number of beds set up and staffed:

- a. Ventilator beds:    \_\_\_\_\_
- b. High-observation beds:    \_\_\_\_\_
- c. All other beds:    \_\_\_\_\_

**If facility is an Ambulatory Surgery Center:**

Setting:  Within a hospital     Free-standing

Total number of procedures: \_\_\_\_\_    Percent of procedures that are surgical: \_\_\_\_\_ %

What percentage of your ambulatory surgery patients were discharged or transferred to the following places:

- Home/Customary residence:    \_\_\_\_\_ %
- Recovery care center (facility other than this one):    \_\_\_\_\_ %
- Acute care hospital (Emergency or inpatient):    \_\_\_\_\_ %

**If facility is a Long Term Care (LTC) Facility:**

Number of resident days: \_\_\_\_\_    Average length of stay: \_\_\_\_\_

**Infection Control Practices**

- \*Number of infection control professionals (ICPs) in facility:      4
- a. Total hours per week performing surveillance:      45
- b. Total hours per week for infection control activities other than surveillance:      20

*Continued >>*

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-0666).

Facility Microbiology Laboratory Practices

- \*1. Does your facility have its own laboratory that performs antimicrobial susceptibility testing?  
 Yes       No  
 If No, where is your facility's antimicrobial susceptibility testing performed (check one)?  
 Affiliated medical center of hospital       Commercial referral laboratory
- \*2. Does the laboratory use CLSI (formerly NCCLS) antimicrobial susceptibility standards?  
 Yes       No  
 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.  
**Please use the testing codes listed below the table.**

Pathogen	(1) Primary	(2) Secondary	Comments
Coagulase-negative staphylococci	_____	_____	_____
<i>Staphylococcus aureus</i>	_____	_____	_____
<i>Enterococcus</i> spp.	_____	_____	_____
<i>Escherichia coli</i>	_____	_____	_____
<i>Klebsiella pneumoniae</i> or <i>K. oxytoca</i>	_____	_____	_____
<i>Serratia marcescens</i>	_____	_____	_____
<i>Enterobacter</i> spp.	_____	_____	_____
<i>Pseudomonas aeruginosa</i>	_____	_____	_____
<i>Acinetobacter</i> spp.	_____	_____	_____
<i>Stenotrophomonas maltophilia</i>	_____	_____	_____

- |                                |                                       |  |
|--------------------------------|---------------------------------------|--|
| 1 = Kirby-Bauer disk diffusion | 5.1 = MicroScan walkaway rapid        | 9 = Micromedia                                 |
| 2 = Vitek                      | 5.2 = MicroScan walkaway conventional | 10 = Etest                                     |
| 2.1 = Vitek 2                  | 5.3 = MicroScan auto or touchscan     | 11 = Oxacillin screen (MHA + salt)             |
| 3 = Sceptor                    | 6 = Other micro-broth dilution method | 12 = Vancomycin agar screen (BHI + vancomycin) |
| 3.1 = BD Phoenix               | 7 = Agar dilution method              | 13 = Other (describe in Comments column)       |
| 4 = Sensititre                 | 8 = Pasco                             |  |


- \*4. Are staphylococci that test as vancomycin resistant repeated using the same method?  Yes       No
- \*5. Does the laboratory confirm vancomycin resistant staphylococci using a second method?  Yes       No  
 If Yes, please check all methods performed either in your lab or at a referral laboratory:  
 Disk diffusion      Etest       Vancomycin agar screen plate  
 Other, please indicate using method codes in Question 3 above: \_\_\_\_\_
- \*6. Does the laboratory do either screening or confirmatory testing for extended spectrum  $\beta$ -lactamase (ESBL) production according to CLSI?       Yes       No
- \*7. If ESBL production is suspected how does the laboratory report the results to the clinician?  
 Change susceptible and intermediate interpretations for third generation cephalosporins and aztreonam to resistant  
 Suppress the results for third generation cephalosporins and aztreonam for the report  
 No changes are made in the interpretations reported to clinicians

NHSN 1.0.40 Enroll Facility - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [https://sdn2.cdc.gov/enapp/welcome.do?activity\\_key=1145](https://sdn2.cdc.gov/enapp/welcome.do?activity_key=1145)

Y! Search Web Mail My Yahoo! Answers Games Shopping Music

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

NHSN - National Healthcare Safety Network [Contact us](#)


[Home](#)


## Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



 [Get Adobe Acrobat Reader for PDF files](#)

After you complete the form, click on **Enroll a facility** and enter the data.

Local intranet 42

# Fill in each Field to Enroll Your Facility

NHSN 1.0.40 Enroll Facility - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Copy Paste

Address <https://sdh2.cdc.gov/enapp/enrollment.do?method=showpage&subaction=newpage> Go Links

Search Web Mail My Yahoo! Answers Games Shopping Music

## 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\*:

CMS ID\*:

VA station code\*:

Select  if AHA ID Not Applicable

Select  if CMS ID Not Applicable

Select  if VA Station Code Not Applicable

Verify Data Click to verify values provided above before proceeding.

Done Local intranet 43

## Step 3c. Receive E-mail Confirmation of Enrollment Submission

**Once enrollment is submitted, you will receive an email to access the Agreement to Participate and Consent form**

From: NHSN

To: NHSN Facility Administrator

Sent: Tuesday, August 8, 2006 11:27 AM

Subject: NHSN facility enrollment submitted

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

Facility Name: Atlanta Medical Center

Tracking Number: 10xxx

NHSN Facility Administrator: CEY8@AMC.ORG

The NHSN Facility Administrator has 30 days to access the Agreement to Participate and Consent form at the following URL:

<http://ACID-NHSN-http://ACID-NHSN-APP2:7001/enapp/enrollment.do?method=displayAgreement&trackingnum=xxxxx>

~~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 800-893-0485 or

\* required for saving

\*Tracking # \_\_\_\_\_

We agree to participate in the National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), with the understanding that participation is voluntary and we can discontinue our participation at any time. We understand the following to be the purposes for which the data are being collected by the NHSN for CDC in its role as the nation's public health and prevention agency.

#### Purposes of NHSN

Participation in the NHSN reflects the individual facility's need for high quality and timely data on adverse events associated with healthcare delivery and their desire to share these data with CDC. The purposes of the NHSN are to:

- Collect data from a sample of healthcare facilities in the United States to permit valid estimation of the magnitude of adverse events among patients and healthcare workers.
- Analyze and report patient and healthcare worker adverse event data to permit recognition of trends in adverse event rates, antimicrobial use and resistance, and pathogens associated with healthcare-acquired infections.
- Provide facilities with risk-adjusted adverse event data that can be used for comparison.
- Assist facilities in developing surveillance and analysis methods that permit timely recognition of patient and healthcare worker safety problems and prompt intervention with appropriate measures.
- Conduct collaborative research studies with NHSN member facilities (e.g., describe the epidemiology of emerging infections and pathogens, assess the importance of potential risk factors, further characterize healthcare-acquired pathogens and mechanisms of resistance, and evaluate alternative surveillance and prevention strategies).

#### Data Collection and Reporting Requirements for Participation

Once accepted into the NHSN, each facility must:

1. Use the NHSN Internet-based data entry interface and/or data import facility for reporting data to CDC.
2. Successfully complete an annual survey for each component selected.
3. Successfully complete one or more modules of the component selected. Successful completion requires the following:
  - For the selected component, submit a reporting plan each month to inform CDC which, if any, of the modules will be used for that month. Data for at least one module must be submitted for a minimum of 6 months of the calendar year to maintain active status.
  - For the healthcare personnel safety component, submit a reporting plan once every 6 months.
  - Adhere to the selected module's protocol(s) exactly as described in the NHSN Manual during the months when one or more NHSN modules are used.
  - Use the definitions and codes in the NHSN Manual for all data reported under a module to CDC.
  - Report adverse events/exposures and appropriate summary or denominator data as required for the module(s) indicated on the reporting plan to CDC within 30 days of the end of the month.
  - For those months when no exposures are reported, indicate on the HCP Safety Reporting Plan if none occurred.
  - Pass quality control acceptance checks that assess the data for completeness and accuracy.

Continued &gt;&gt;

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be available only to authorized staff, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 305 and 308(a) of the Public Health Service Act (42 USC 242b, 242c, and 242c-2).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Report Burden Collection, 1600 Clifton Rd., NE, O-74, Atlanta, GA 30333, Office: 768 (900-9000).

4. NHSN facilities must agree to report to state health authorities those adverse event outbreaks that are identified in their facility by the surveillance system and about which they are contacted by CDC.
5. Failure to comply with these requirements will result in withdrawal from the NHSN. Such facilities will be offered the opportunity to download their data before being withdrawn. Six months after withdrawal, a facility may apply for re-enrollment into the NHSN.

We further understand that as a participant in the NHSN, our facility has been given the following **Assurance of Confidentiality**:

"The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Section 304, 306, and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d))."

The primary contact person(s) listed on the next page agrees that data collected and submitted to CDC will be complete and accurate, to the best of his or her knowledge.

\*Tracking # \_\_\_\_\_

### 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 the NHSN.

#### NHSN Patient Safety Primary Contact Person

\*Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

#### NHSN Healthcare Personnel Safety Primary Contact Person

(If different from Patient Safety Primary Contact)

\*Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

#### Official Authorized To Bind This Facility To The Terms Of This Agreement (e.g., COO/CEO/CFO)

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 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: \_\_\_\_\_ - \_\_\_\_\_

Signed by Hospital Administrator CEO, COO, etc.



# Step 3d: Print, Sign and Return Consent Form to NHSN

\*within 30 days\*

\*Within 30 days from your online NHSN enrollment you need to have accessed the agreement form (URL listed in email-on previous slide). Within 60 days the Original signed copy of the consent page needs to be surface mailed to CDC.\*

# Print, Sign, and Mail the Agreement Form

- Log in to SDN at <https://sdn.cdc.gov> with your personal challenge phrase.
- Once you have logged in successfully, copy and paste the URL provided in the email (Step 3c.), print the Agreement to Participate and Consent form, read it and get it signed by the appropriate hospital administrator **within 30 days**.
- Send the original signed copy of the Agreement to Participate and Consent form to CDC by surface mail. If it is not received **within 60 days**, the enrollment process will be terminated.

Send the **original** signed copy of the Consent Agreement to the following address:

National Healthcare Safety Network  
Division of Healthcare Quality Promotion  
MS-A24  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE  
Atlanta, GA 30333

## Step 3e. Receive E-mail Confirmation of NHSN Enrollment Approval

Once CDC receives the signed Consent from your facility, we will activate your facility and notify you by email with instructions to access NHSN Reporting through SDN. The email will look similar to this:

```
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 "Manage 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 [nhsn@cdc.gov](mailto:nhsn@cdc.gov). Information on NHSN is also available on the members' web site at [http://www.cdc.gov/ncidod/dhqp/nhsn\\_members.html](http://www.cdc.gov/ncidod/dhqp/nhsn_members.html)

Once you receive this email, you can go to the SDN (<https://sdn.cdc.gov>), enter your challenge phrase, and select **NHSN Reporting** activity. At this point you can begin to add users and set up location codes, surgeon codes, and enter a Monthly Reporting Plan.

# Facility Start-Up

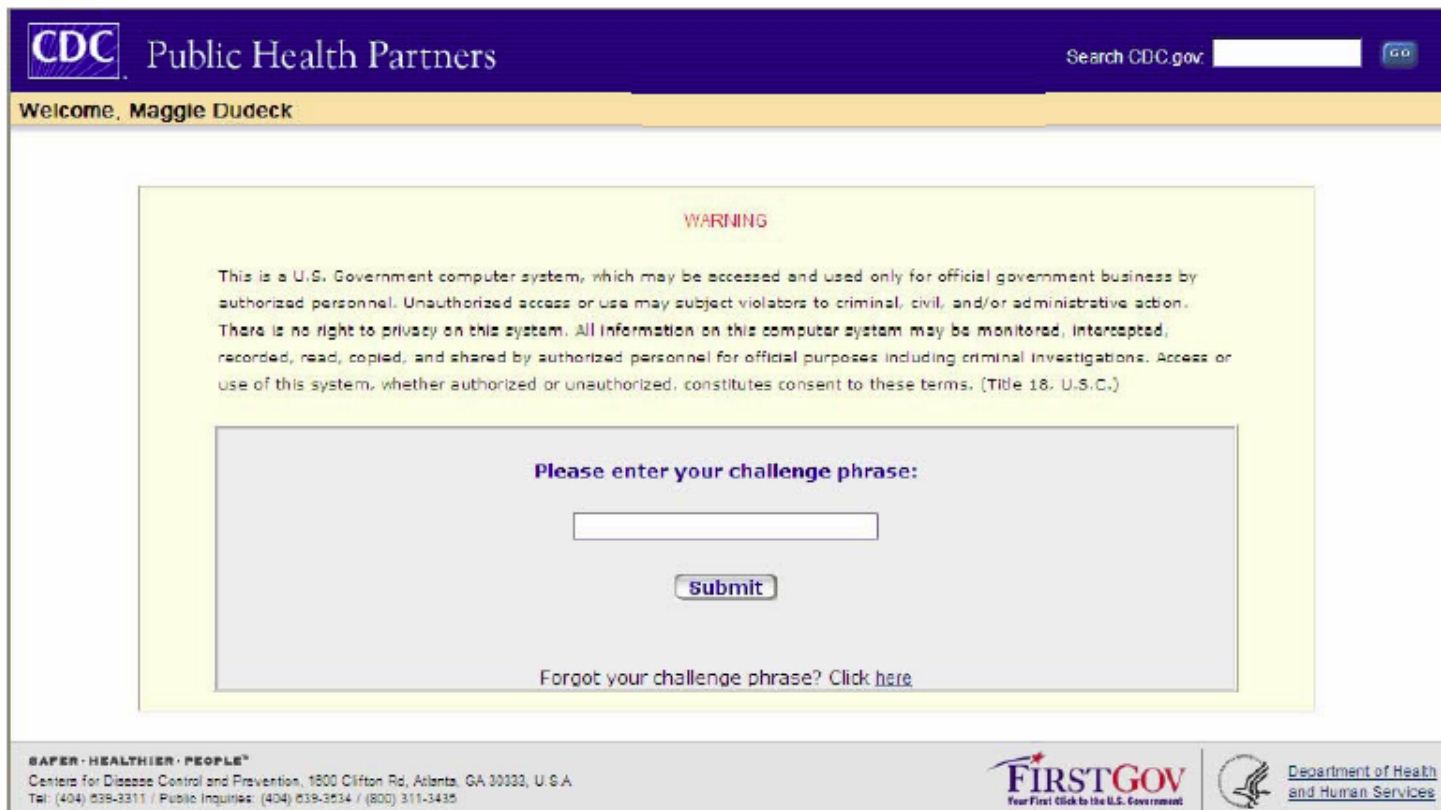


## Step 4a. Set Facility Group Joining Password

- Once you have successfully downloaded and installed your digital certificate, you can access NHSN by going to the SDN website at: <https://sdn.cdc.gov>

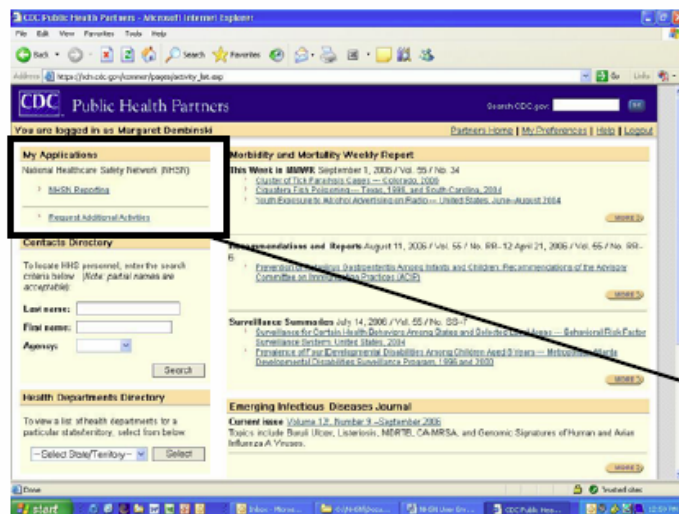
When you arrive at the SDN website (called the CDC Public Health Partners page), you may want to bookmark the page, either individually or in a special NHSN bookmark folder. If you are unsure how to bookmark a web page, please contact your IT department for assistance.

Enter your challenge phrase.

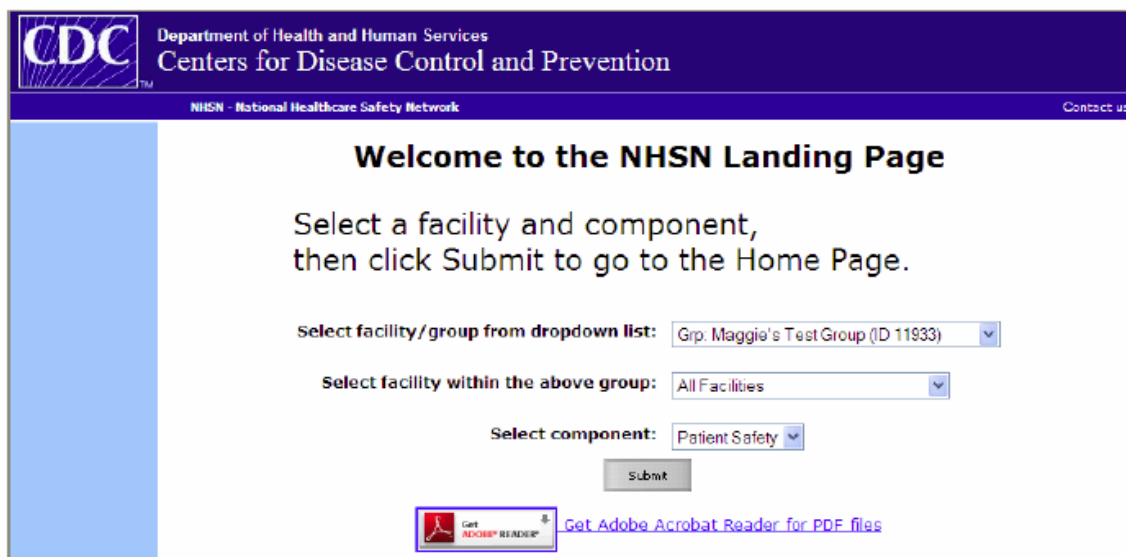


The screenshot shows the CDC Public Health Partners website interface. At the top, there is a dark blue header with the CDC logo and the text "Public Health Partners". To the right of the header is a search bar with the text "Search CDC.gov" and a "Go" button. Below the header is a yellow banner that says "Welcome, Maggie Dudeck". The main content area is a light yellow box containing a "WARNING" message in red text. The warning text reads: "This is a U.S. Government computer system, which may be accessed and used only for official government business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. There is no right to privacy on this system. All information on this computer system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations. Access or use of this system, whether authorized or unauthorized, constitutes consent to these terms. (Title 18, U.S.C.)". Below the warning is a grey box with the text "Please enter your challenge phrase:" followed by a white input field and a "submit" button. At the bottom of the grey box is a link that says "Forgot your challenge phrase? Click [here](#)". The footer of the page contains the slogan "SAFER · HEALTHIER · PEOPLE®" and the address "Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A." along with phone numbers. On the right side of the footer, there is the "FIRST GOV" logo with the tagline "Your First Click to the U.S. Government" and the Department of Health and Human Services logo.

Under “My Applications” in the upper left corner of the page, you should see a link to the National Healthcare Safety Network Labeled “NHSN Reporting”



- Clicking on the **NHSN Reporting** link will take you to the **NHSN Landing** page.
- On the **NHSN Landing** page, select your Group, select “All Facilities”, then Submit.



- Once on the **NHSN Home** page, go to the navigation bar on the left and select **Organization**. From the menu that appears, select **Joining Password**. You will be taken to the **Memberships** page:

The screenshot shows the NHSN interface. At the top, the CDC logo and 'Department of Health and Human Services Centers for Disease Control and Prevention' are displayed. Below this is a navigation bar with 'NHSN - National Healthcare Safety Network' and links for 'NHSN Home', 'My Info', 'Contact us', 'Help', and 'Log Out'. On the left, a navigation menu includes 'NHSN Home', 'Reporting Plan', 'Patient', 'Event', 'Procedure', 'Summary Data', 'Analysis', 'Surveys', 'Users', 'Organization', and 'Log Out'. Under 'Organization', there are sub-items: 'Organization Info', 'Find', 'Joining Password' (highlighted with a yellow box and a yellow arrow), and 'Evict Members'. The main content area is titled 'Memberships' and shows 'Logged into Maggie's Test Group (ID 11933) as MAGGIE. All Facilities Selected.' Below this, there is a section 'Facilities whose data can be accessed by this group' with an empty box and an 'Evict Member(s)' button. A red box highlights the 'Set joining password for this group' form, which includes 'New Password:' and 'Verify New Password:' input fields and a 'Set Password' button. A 'Back' button is located at the bottom of the form area.

- The joining password can be any combination of 10 letters and/or numbers. Enter the joining password twice and click **Set Password**. Once the password is set, it is the responsibility of the Group Administrator to distribute the group ID (a 5-digit number assigned by NHSN) and the group joining password to potential member facilities. NOTE: In order for a facility to join a group, it must be a member of NHSN first.
- At this point, the group administrator can also add users at the group level, by clicking **Users > Add**, as well as verify that the Group Contact information is by clicking **Organization > Organization Info**.

## Step 4b. Add Users and Assign User Rights

- When the Enrollment process is complete, the NHSN Facility Administrator will add Users
- Once a User is added, NHSN will send the User an email which will include the following:
  - Agreement to follow the Rules of Behavior
  - Instructions on obtaining and downloading a Digital Certificate



- To add a new user to your facility, click on **Users**, then click on **Add**



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

NHSN - National Healthcare Safety Network

| NHSN Home | My Info

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
  - Add
  - Find
- Facility
- Group
- Log Out

Logged into Test Facility (ID 10036) as MVA9.  
Facility Test Facility (ID 10036) is following PS component.

## Welcome to the NHSN Home Page.

Use the Navigation bar on the left to access the features of the application.



**Assurance of Confidentiality:** The information obtained in this surveillance system that identifies any individual or institution is collected with a guarantee that it will be held confidential and will be used only for the purposes stated, and will not otherwise be disclosed or released to the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Act (42 USC 242b, 242k, and 242m(d)).

# Add User

Mandatory fields marked with \*

User ID\*:

**Create a different User ID for each user you create. Use any combination of letters and/or numbers but spaces are not used**

Prefix:

First Name \*:

Middle Name:

Last Name \*:

Title:

User Active:

User Type:

Phone Number:

Extension:

Fax Number:

E-mail Address\*:

Address:

Address, Line 2:

Address3:

# Add User

Mandatory fields marked with \*

User ID\*:  Up to 32 letters and/or numbers, no spaces or special

Prefix:

First Name \*:

Middle Name:

Last Name \*:

Title:

User Active:

User Type:

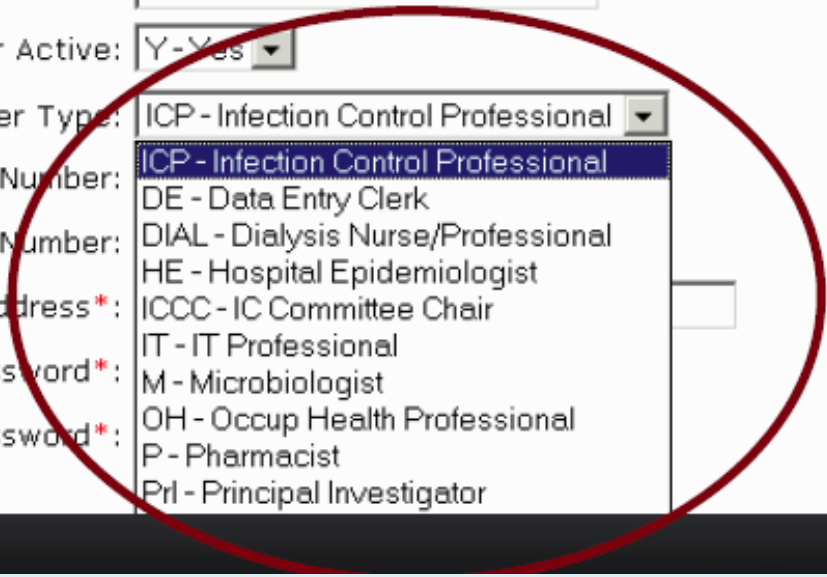
Phone Number:

Fax Number:

E-mail Address\*:

Enter New Password\*:

Re-enter New Password\*:



Ext...

- After entering the user information, click on save – this screen will appear:



NHSN Home | Logged into Test Facility (ID 10036) as MVA9.  
Facility Test Facility (ID 10036) is following PS component.

### Edit User Rights

✔ User DDUCK (ID 1590) saved successfully. Please add rights for the new user.

User ID: DDUCK (ID 1590)  
Facility List:   
Administrative User:

Rights	Patient Safety	Health Care Personnel Safety
View Data	<input type="checkbox"/>	<input type="checkbox"/>
Enter Data	<input type="checkbox"/>	<input type="checkbox"/>
Analyze Data	<input type="checkbox"/>	<input type="checkbox"/>
All Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Customize Rights	<input type="checkbox"/>	<input type="checkbox"/>

Advanced

Effective Rights | Save | Back

**A Facility Admin can choose to give a user all rights**



The NHSN Facility Admin can also choose make the user an Administrative User. This will allow the user to add **Locations** and **Surgeons**

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
  - Add
  - Find
- Facility
- Group
- Log Out

Logged into Test Facility (ID 10036) as MVA9.  
Facility Test Facility (ID 10036) is following PS component.

### Edit User Rights

✔ User DDUCK (ID 1590) saved successfully. Please add rights for the new user.

User ID: DDUCK (ID 1590)

Facility List:

Administrative User:

Rights	Patient Safety	Health Care Personnel Safety
View Data	<input type="checkbox"/>	<input type="checkbox"/>
Enter Data	<input type="checkbox"/>	<input type="checkbox"/>
Analyze Data	<input type="checkbox"/>	<input type="checkbox"/>
All Rights	<input type="checkbox"/>	<input type="checkbox"/>
Customize Rights	<input type="checkbox"/>	<input type="checkbox"/>

Advanced

Effective Rights Save Back



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

NHSN - National Healthcare Safety Network

| NHSN Home | My Info | Contact us | Help

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
  - Add
  - Find
- Facility
- Group
- Log Out

Logged into Test Facility (ID 10036) as MVA9.  
Facility Test Facility (ID 10036) is following PS component.

## User List

First | Previous | Next | Last

Displaying 1

Delete	<a href="#">Name</a>	<a href="#">Title</a>	<a href="#">User ID</a>	<a href="#">User Type</a>	<a href="#">Ac</a>
<input type="checkbox"/>	<a href="#">DUCK, DONALD</a>		DDUCK	ICP - Infection Control Professional	Y
<input type="checkbox"/>	<a href="#">Shepard, Monica</a>		FMR3	ICP - Infection Control Professional	Y
<input type="checkbox"/>	<a href="#">Goulding, Joy</a>		JPS1	ICP - Infection Control Professional	Y
<input type="checkbox"/>	<a href="#">Tolson, James</a>		JST2	OTH - Other	Y
<input type="checkbox"/>	<a href="#">Andrus, Mary</a>		MVA9	ICP - Infection Control Professional	Y
<input type="checkbox"/>	<a href="#">Doe, Jack</a>		WKS7	OTH - Other	Y

First | Previous | Next | Last

Displaying 1



# Edit User Information



## View User

User ID: DAISY  
Contact Type:   
Prefix:   
First Name: Daisy  
Middle Name:   
Last Name: Ducks  
Title:   
User Type: ICP - Infection Control Professional  
User Active: N  
Phone Number:   
Extension:   
E-mail Address: MLANDRUS@CHARTER.NET  
Fax Number:   
User Group/Facility: DHQP MEMORIAL HOSPITAL (10018)  
User Roles: VIEW(PS)



# Modify User Rights



## View User

User ID: DAISY  
Contact Type:  
Prefix:  
First Name: Daisy  
Middle Name:  
Last Name: Ducks  
Title:  
User Type: ICP - Infection Control Professional  
User Active: N  
Phone Number:  
Extension:  
E-mail Address: MLANDRUS@CHARTER.NET  
Fax Number:  
User Group/Facility: DHQP MEMORIAL HOSPITAL (10018)  
User Roles: VIEW(PS)

[Edit](#) [Effective Rights](#) [Back](#)

na

# Step 4c. Add Locations

- Decide which locations your facility will monitor. The following are required by the Alabama Mike Denton Reporting Act:
  - Surgical Site Infection (SSI)
  - Catheter Associated Urinary Tract Infections (CAUTI)
    - General Medical Wards
    - General Surgical Wards
    - General Medical/Surgical Wards
  - Central Line Associated Blood Stream Infections (CLABSI)
    - Medical Critical Care Units
    - Surgical Critical Care Units
    - Medical/Surgical Critical Care Units
    - Pediatric Critical Care Units
- Locations must be identified and set up before the Monthly Reporting Plan can be completed

## Utilize the CDC Locations and Descriptions Manual for further assistance in determining location types



*CDC Locations and Descriptions*

### **CDC Location Label**

### **Location Description**

#### **LOCATIONS**

#### **Adult Critical Care Units**

Burn Critical Care

Critical care area specializing in the care of patients with significant/major burns.

Medical Cardiac Critical Care

Critical care area specializing in the care of patients with serious heart problems that do not require heart surgery.

Medical Critical Care

Critical care area for patients who are being treated for nonsurgical conditions.

Medical/Surgical Critical Care

An area where critically ill patients with medical and/or surgical conditions are managed.

Neurologic Critical Care

Critical care area specializing in treating life-threatening neurological diseases.

Neurosurgical Critical Care

Critical care area specializing in the surgical management of patients with severe neurological diseases or those at risk for neurological injury as a result of surgery.

Prenatal Critical Care

Critical care area specializing in the management of the pregnant patient with complex medical or obstetric problems requiring a high level of care to prevent the loss of the fetus

**\*\*Found in the NHSN Manual: Patient Safety Component\*\***

# Choosing a CDC Location Type Using the 80% Rule

- If 80% of the patients in a patient care area are of a certain type, then so designate that location.
- Location: The specific patient care area to which a patient is assigned while receiving care in the healthcare facility.



- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
- Facility
  - Customize Forms
  - Export Data
  - Facility Info
  - Add/Edit Component
  - Locations**
  - Surgeons
- Group
- Log Out

Logged into Test Facility (ID 10036) as MVA9.  
Facility Test Facility (ID 10036) is following PS component.

## Welcome to the NHSN Home Page.

Use the Navigation bar on the left to access the features of the application.



[Get Adobe Acrobat Reader for PDF files](#)

**Assurance of Confidentiality:** The information obtained in this surveillance system, including the identification of any individual or institution is collected with a guarantee that it is confidential, will be used only for the purposes stated, and will not otherwise be disclosed without the consent of the individual, or the institution in accordance with Sections 304, 305, and 306 of the Health Service Act (42 USC 242b, 242k, and 242m(d)).

From the "Facility" section of the Navigation Bar, select **Locations**

# Locations

## Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search results.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its details in the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** a record, perform a **Find** on the desired record(s). Check the corresponding checkboxes in the form.

**Enter a code of your choosing for the location**

Mandatory fields to "Add" or "Edit" a record marked with \*

Your Code\*: CTICU

Your Label\*: CARDIOTHORACIC SURGICAL ICU

CDC Location Description\*: Surgical Cardiothoracic Critical Care

Status\*: Active

Bed Size\* 16 A bed size greater than zero is required for most inpatient locations

Find

Add

Clear



# Facility Locations Added



The following message will appear, notifying you that your new location has been added:

Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as FA10.  
Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following the PS component.

The location 'CRC1' has been successfully added.

The new location will appear in a list at the bottom of your screen:

**Location Table**

[Display All](#)  
First | Previous | Next | Last

Delete	Status	Your Code	Your Label	CDC Description
<input type="checkbox"/>	Active	<a href="#">CRC</a>	CRC1	Cardiac Rehabilitation Center

First | Previous | Next | Last

# Step 4d. Add Surgeons



- Surgeon codes and surgeon names are not required in NHSN.
- Feedback about SSI rates to surgeons has been shown to be an important component of strategies used to reduce SSI risk\*



# Methods for Adding Surgeons

1. Manually enter each surgeon
2. Import surgeon information from a file

To add a surgeon to your facility, click on **Facility**, then click on **Surgeons**


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

NHSN - National Healthcare Safety Network | NHSN Home | My Info | Contact

Logged into Test Facility (ID 10036) as MYA9.  
Facility Test Facility (ID 10036) is following PS component.

### Welcome to the NHSN Home Page.

Use the Navigation bar on the left to access the features of the application.

 [Get Adobe Acrobat Reader for PDF files](#)

**Assurance of Confidentiality:** The information obtained in this surveillance system that would identify any individual or institution is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Health Service Act (42 USC 242b, 242k, and 242m(d)).

**Navigation Bar:**

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
- Facility
  - Customize Forms
  - Export Data
  - Facility Info
  - Add/Edit Component
  - Locations
  - Surgeons**
- Group
- Log Out



For manual entry of surgeons, enter alphanumeric code (required)

Reporting Plan

Patient

Event

Procedure

Summary Data

Analysis

Survey

Users

Facility

▣ Customize Forms

▣ Export Data

▣ Facility Info

▣ Add/Edit Component

▣ Locations

▣ Surgeons

Group

Log Out

## Surgeons

### Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding checkbox(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with \*

Surgeon Code\* 200

Last Name: Bond

First Name: James

Middle Name:

Status\*: Active

Find

Add

Clear

Import  
Surgeon Codes



# Add Surgeon Record



Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as FA10.  
Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following the PS component.

## Surgeons

[HELP](#)

### Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the *Add* button.
- To **Find** a record, click on the *Find* button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a *Find* on the desired record. Click on the desired record to fill in its values into the form and edit.
- To **Delete** one or more records, perform a *Find* on the desired record(s). Check the corresponding box(es), then click on *Delete*.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit"

**Click Add when all info has been entered**

Surgeon Code\*: A200  
Last Name: Smith  
First Name: Jay  
Middle Name:  
Status\*: Active



# Adding Surgeons, Cont'd.



**First, the following message will appear, notifying you that the surgeon code has been added:**

✔ The surgeon code 'A200' has been successfully added.

na

**Surgeon Table**

First | Previous | Next | Last

Delete	Status	Surgeon Code	Last Name
<input type="checkbox"/>	Active	<a href="#">A200</a>	Smith

First | Previous | Next | Last

**Then the new surgeon code will appear in a list at the bottom of your screen**





# Importing Surgeons



From the "Add Surgeons" screen, click on Import Surgeon Codes

(es), then click on the *Delete* button.

- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with \*

Surgeon Code\*:

Last Name:

First Name:

Middle Name:

Status\*: Active

Find

Add

Clear

Import  
Surgeon Codes

# Import Surgeon Code File Cont'd.



Logged into DHQP MEMORIAL HOSPITAL (ID 1  
Facility DHQP MEMORIAL HOSPITAL (ID 10018)

**Click on Submit and the data  
will load into the Surgeon  
Table**

## Import Surgeon Data

For information on the accepted file formats and content, click the Help link below.

[HELP](#)

Select file to import

C:\Documents and Settings\jai\Desktop\Surgeon Cod



# Surgeon Table Display



Find Add Clear Import Surgeon Codes

## Surgeon Table

[Display All](#)

First | Previous | [Next](#) | [Last](#)

Delete	Status	Surgeon Code	Last Name	First Name
<input type="checkbox"/>	Active	<a href="#">0103</a>	Simpson	na Homer
<input type="checkbox"/>	Active	<a href="#">1012</a>	Barber	Henry
<input type="checkbox"/>	Active	<a href="#">1234</a>	Jones	Barb
<input type="checkbox"/>	Active	<a href="#">401</a>	Kline	Kevin
<input type="checkbox"/>	Active	<a href="#">402</a>	Banda	Harry
<input type="checkbox"/>	Active	<a href="#">403</a>	Thompson	Stanley
<input type="checkbox"/>	Active	<a href="#">407</a>	Bradbury	Helen
<input type="checkbox"/>	Active	<a href="#">408</a>	Wilcox	James
<input type="checkbox"/>	Active	<a href="#">409</a>	Jones	Brenda
<input type="checkbox"/>	Active	<a href="#">410</a>	Sweet	Carl

First | Previous | [Next](#) | [Last](#)



# Step 5. Set Up Monitoring Plan

**NHSN Home** | Logged into NHSN Test Medical Clinic #3 (ID 14352) as NHASSELL.  
Facility NHSN Test Medical Clinic #3 (ID 14352) is following the PS component.

## Add Monthly Reporting Plan

Mandatory fields marked with \*

Facility ID\*:    
 Month\*:    
 Year\*:    
 No NHSN Patient Safety Modules Followed this Month

---

**Device-Associated Module** [HELP](#)

Locations   CLA  BSI  DE  VAP  CAUTI  CLIP

---

**Procedure-Associated Module** [HELP](#)

Procedures   SSI   Post-procedure PNEU

---

**Medication-Associated Module** [HELP](#)

Antimicrobial Use and Resistance

Locations   Microbiology Pharmacy

---

**Multi-Drug Resistant Organism Module** [HELP](#)

Locations   Setting   Specific Organism Type

[Process and Outcome Measures](#)

Infection Surveillance  AST-Timing  AST-Eligible  Incidence Prevalence  Lab ID Event All Specimens  Lab ID Event Blood Specimens Only  HH  GG

[Print PDF Form](#)

# The Following Are **Required** by the **Alabama Mike Denton Reporting Act:**

## **SSI**

Colon

Hysterectomy-Abdominal

## **CLABSI**

Medical Critical Care Units

Surgical Critical Care Units

Medical/Surgical Critical Care Units

Pediatric Critical Care Units

## **CAUTI**

General Medical Wards

General Surgical Wards

General Medical/Surgical Wards

# Step 6a. Join the ADPH NHSN User Group

- On the navigation bar, click on "**Group**" and **select "Join"**. The Memberships screen will appear.
- Enter the Group ID (**15339**) and Group Joining Password (**adphshare1**) in their respective places.
- Click "**Join Group**"

Group Name : Alabama Department of  
Public Health  
Group ID: 15339  
Group Type: GOVSTATE  
Password: adphshare1

**You will be brought to the Confer  
Rights screen, with a message at the  
top indicating that you have  
successfully joined the Alabama  
Department of Public Health Group**



- NHSN Home**
- Reporting Plan**
- Patient**
- Event**
- Procedure**
- Summary Data**
- Import/Export**
- Analysis**
- Surveys**
- Users**
- Facility**
- Group**
  - Confer Rights
  - Join**
  - Leave
  - Nominate
- Log Out**

Logged into NHSN Test Medical Clinic #3 (ID 14352) as NHASSELL.  
Facility NHSN Test Medical Clinic #3 (ID 14352) is following the PS component.

## Memberships

### Groups that have access to this facility's data

- Colorado (11351)
- West Virginia HAI Reporting (14840)
- Wisconsin Division of Public Health (15341)

- [?HELP](#)
- [?HELP](#)

### Enter ID and Password for this facility to join a new group

Group ID:

Group Joining Password:

[?HELP](#)

Enter ADPH Group #: **15339**  
 Enter ADPH Group Joining Password: **adphshare1**

## Step 6b. Confer Rights to ADPH NHSN User Group

- On the left navigation bar, click on "Group" and select "Confer Rights".
- The Memberships screen will appear. Select "Alabama Department of Public Health Group (15339)" then click Confer Rights.
- The Confer Rights Patient Safety screen should appear
- Under the General section, check boxes for:
  - **Patient- Without Identifiers**
  - **The Monthly Reporting Plan**
  - **The Annual Hospital Survey**
  - **Data Analysis.**

## Step 6b. Confer Rights to ADPH NHSN User Group continued....

- Under the Infections and other Events section, click on Add Row to create one row for each measure required for Alabama HAI Public Reporting.
- Central Line-Associated Bloodstream Infections (CLABSI)**
  - Medical Critical Care Units
  - Surgical Critical Care Units
  - Medical/Surgical Critical Care Units
  - Pediatric Critical Care Units
- Surgical Site Infections (SSIs)**
  - Colon
  - Hysterectomy-Abdominal
- Catheter- Associated Urinary Tract Infections (CAUTI)**
  - General Medical Wards
  - General Surgical Wards
  - General Medical/Surgical Wards
- Click on Copy Locations to Summary Data, then click on Copy Procs to Denominator Data. A pop-up window will appear. Click "OK" to close the pop-up.
- The Summary Data for Events and Denominator Data for Events sections should be automatically filled in for you. Click on Save.

**At this stage, your facility has conferred rights to ADPH to access data required for 2011 Alabama HAI Reporting.**

On the navigation bar, click on “**Group**” and select “**Confer Rights**”. The **Memberships** screen will appear:

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

NBSN - National Healthcare Safety Network | NBSN Home | My Info | Contact us | Help | Log Out

**NBSN Home** Logged into Hawaii State Hospital (ID 10273) as MA031E.  
Facility Hawaii State Hospital (ID 10273) is following PS component.

**Memberships**

**Groups that have access to this facility's data**

Maggie's test group (10297)	Confer Rights
	Leave Group(s)

**Enter ID and Password for this facility to join a new group**

Group ID:

Group Joining Password:

Select the Group to which you will confer rights and then click "Confer Rights". The Confer Rights screen will appear:

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

NHSN - National Healthcare Safety Network | NHSN Home | My Info | Contact us | Help | Log Out

Logged into Hawaii State Hospital (ID 10273) as MAGGIE.  
Facility Hawaii State Hospital (ID 10273) is following PS component.

## Confer Rights-Patient Safety

Please select the rights that group 'Maggie's best group' should have to facility 'Hawaii State Hospital'

### Patient Safety

General

	View Options
Patient	<input type="checkbox"/> With Identifiers <input type="checkbox"/> Without Identifiers
Monthly Reporting Plan	<input type="checkbox"/>
Annual Hospital Survey	<input type="checkbox"/>
Data Analysis	<input type="checkbox"/>
AUR Microbiology Laboratory Data	<input checked="" type="checkbox"/>
AUR Pharmacy Data	<input type="checkbox"/>

Infections and other Events

Plan	Month	Year	to	Month	Year	Event
1						

Add Row Clear All Rows Copy Locations to Summary Data Copy Procs to Denominator data

Summary Data for Events

Plan	Month	Year	to	Month	Year	Location Type	Location
1							

Add Row Clear All Rows

Denominator Data for Events

Plan	Month	Year	to	Month	Year	Procedure	Setting
1							

Add Row Clear All Rows

Save Back

Assign rights in each sub-section of the Confer Rights screen

## General:

Select the rights you wish to confer by checking the box next to that area. For rights to patient data, also select whether the group will have rights to view patient data with or without identifiers. Below is an example of some general rights conferred to the group:

**Patient Safety**   **Healthcare Personnel Safety**

---

General

	View Options
Patient	<input checked="" type="checkbox"/> <input type="radio"/> With Identifiers <input checked="" type="radio"/> Without Identifiers
Monthly Reporting Plan	<input checked="" type="checkbox"/>
Annual Hospital Survey	<input checked="" type="checkbox"/>
Data Analysis	<input checked="" type="checkbox"/>
AUR Microbiology Laboratory Data	<input type="checkbox"/>
AUR Pharmacy Data	<input type="checkbox"/>

Logged into Medical Center East (ID 10000) as TCH.  
 Facility Medical Center East (ID 10000) is following PS component.

## Confer Rights-Patient Safety

**Patient Safety**

**Healthcare Personnel Safety**

### General

	View Options
Patient	<input checked="" type="checkbox"/> <input type="checkbox"/> With Identifiers <input checked="" type="radio"/> Without Identifiers
Monthly Reporting Plan	<input checked="" type="checkbox"/>
Annual Hospital Survey	<input checked="" type="checkbox"/>
Data Analysis	<input checked="" type="checkbox"/>
AUR Microbiology Laboratory Data	<input type="checkbox"/>
AUR Pharmacy Data	<input type="checkbox"/>

### Infections and other Events

Plan	Month	Year	to	Month	Year	Event
In	1	2007	to			BSI - Bloodstream Infection (CLA)
Location type:		Location:				
CC		ALL				
In	1	2007	to			SSI - Surgical Site Infection
Procedure:		Setting:				
CBGB - Coronary bypass w/ chest & donor incisions		In				
In	1	2007	to			SSI - Surgical Site Infection
Procedure:		Setting:				
CBGC - Coronary bypass graft with chest incision		In				

Add Row

Clear All Rows

Copy Locations to Summary Data

Copy Procs to Denominator data

# Confer Rights to Group (cont.)

## Infections and other Events

Plan	Month	Year	to	Month	Year	Event
In	1	2007	to			BSI - Bloodstream Infection (CLA)
Location type:		Location:				
CC		ALL				
In	1	2007	to			SSI - Surgical Site Infection
Procedure:		Setting:				
CBGB - Coronary bypass w/ chest & donor incisions		In				
In	1	2007	to			SSI - Surgical Site Infection
Procedure:		Setting:				
CBGC - Coronary bypass graft with chest incision		In				

## Summary Data for Events

Plan	Month	Year	to	Month	Year	Location Type	Location
In	1	2007	to			CC	ALL

## Denominator Data for Events

Plan	Month	Year	to	Month	Year	Procedure	Setting
In	1	2007	to			CBGB - Coronary bypass w/ chest & donor incisions	In
In	1	2007	to			CBGC - Coronary bypass graft with chest incision	In

# Step 7. Enter Infection Data



# Users



# User NHSN Enrollment and Reporting Process

## **Step 1**

- 1a. Receive e-mail from NHSN
- 1b. Review and Accept Rules of Behavior  $\geq$  5 minutes

## **Step 2**

- 2a. Apply for Digital Certificate for NHSN enrollment activity < 30 minutes
- 2b. Receive e-mail Confirmation of Digital Certificate Request 24-72 hours
- 2c. Download Digital Certificate < 15 minutes

## **Step 3**

Begin Using the NHSN Reporting Application

## Step 1a. Receive E-mail from NHSN

Once Your Facility Administrator has enrolled your facility and designated you as a user of NHSN, you will receive the following email.

Welcome to NHSN! You have been added as a user of the type indicated for the following facility or group:

Facility or Group Name:

User Type:

NOTE: If you already an active NHSN user, you may disregard the instructions in this email. Log in to the SDN and access **NHSN Reporting**.

1. **In order to participate as a user in the NHSN, you must agree to follow the rules of behavior for safeguarding the system's security.** Click on the URL below to read and indicate your agreement to abide by the rules.

[http://server/RegistrationForm/User.jsp?user\\_email=ABC1@domain.org](http://server/RegistrationForm/User.jsp?user_email=ABC1@domain.org)

2. Once you have agreed to the rules of behavior, you will need to obtain and install a digital certificate onto the computer you plan to use for connecting to the NHSN.

Follow the instructions in the document "NHSN User Start-up Guide" (available at [http://www.cdc.gov/ncidod/dhqp/nhsn\\_documents.html](http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html)) 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).

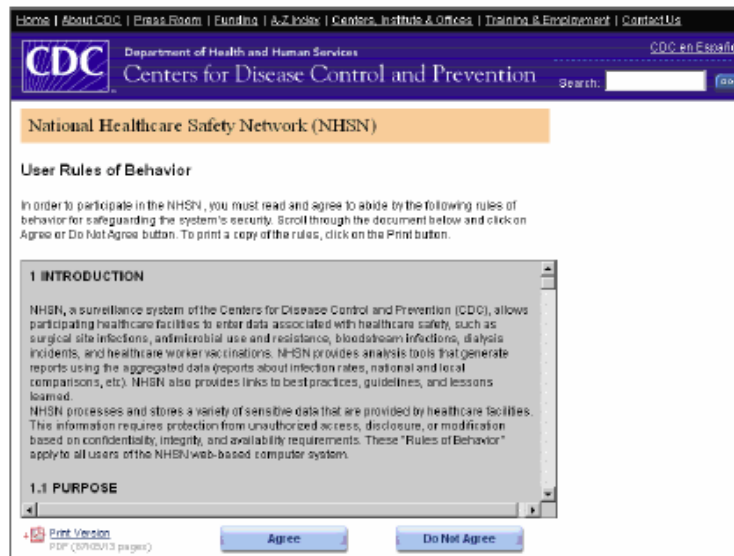
From the Centers for Disease Control and Prevention - Digital ID Enrollment page you will be prompted for the Enrollment Password. Follow the instructions to apply for a digital certificate.

During SDN enrollment 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 Reporting**

## Step 1b. Review and Accept NHSN Rules of Behavior

NOTE: The link to the Rules of Behavior is specific to the user's email address to which it was sent. Do not use another user's link.



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**. Otherwise, click **Do Not Agree** and discontinue the process. When you click **Agree** you will be asked to enter your training completion date:

A screenshot of the NHSN Training Date form. The form is titled "NHSN Training Date" and contains a text box with the text "I certify that I have completed all of the appropriate, required NHSN trainings on:". Below the text box is a date input field with a calendar icon. At the bottom right of the form are two buttons: "Reset" and "Save".



Go to SDN to apply for a digital certificate

<https://ca.cdc.gov>



## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-216-1276  
[cdc\\_sdn@cdc.gov](mailto:cdc_sdn@cdc.gov)

### WARNING

This is a U.S. Government computer system, which may be accessed and used only for official government business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. There is no right to privacy on this system. All information on this computer system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations. Access or use of this system, whether authorized or unauthorized, constitutes consent to these terms. (Title 18, U.S.C.)

**Password = !cdc\_sdn\_apply!**

### Enter Enrollment Password

Please enter the password for CDC's Digital ID Services and click *Accept*.

Password:

Questions? Go to the [Online help](#) or Contact [SDN Support](#)

# Digital Subscriber Requirements and Agreement

Address <https://ca.cdc.gov/schoode/sdnapp/doc/RegistrationDoc.htm> Go Links

**CDC**  
SAFER • HEALTHIER • PEOPLE™

[CDC Home](#) [Search](#) [Health Topics A-Z](#)

## Centers for Disease Control and Prevention - Digital ID Enrollment

**SDN Support**

800-532-9929  
770-216-1276  
[cdcsgn@cdc.gov](mailto:cdcsgn@cdc.gov)

At this site you may register to become a client of the CDC Secure Data Network (SDN). Registering to become a client involves two separate but related activities:

- Obtaining permission to use one or more sensitive CDC information systems;
- Obtaining and installing a CDC digital certificate.

You can be granted permission to access a sensitive CDC system only by an authorized representative of that system. The registration information you enter in your application pages will be forwarded to the appropriate system representative for approval. Obtaining the CDC digital certificate is contingent upon this approval. It is expected that, if you have proceeded this far, you already have some understanding with the CDC program's representative and your request for access is likely to be approved. If this is not the case, you should stop now and contact the CDC program's representative first to discuss obtaining access.





### System Requirements

To obtain a CDC digital certificate and access the CDC Secure Data Network, your system must conform to the following minimum requirements:

- Intel-based system with a 486 CPU or greater.
- Windows 98, Windows NT 4.0 or greater.
- Internet connectivity.

Done Internet 100

# Digital Subscriber Requirements and Agreement

Address  <https://ca.cdc.gov/sdncode/sdnapp/doc/RegistrationDoc.htm>  Go  Links 

multiple certificates. Only one digital ID is required to verify your identity for any and all SDN systems you access from the same computer and the same browser.


Digital IDs can be copied (exported) from one machine to another, and SDN allows for this. The process is not routine, however, and in some cases, Digital IDs cannot be exported from one operating system to another, from one type of browser to another, or even from one version of a browser to another version of the same browser.

Obtaining and installing a Digital ID is not difficult, but in the process your browser may present you with many technical messages. We have no control over the messages your browser displays. Documentation is available for the enrollment process and is intended to assist you in obtaining a digital certificate for the two most common browsers: Internet Explorer (IE) and Netscape Communicator (Netscape).

## Digital ID Subscriber Agreement

The issuance of Digital IDs through this system is governed by the Verisign Certification Practice Statement (CPS). By applying for, accepting, or using a Digital ID through this system, you are agreeing to the terms of the Verisign Subscriber Agreement ("Agreement"). By clicking the *Enroll* button below, you indicate your acceptance of this agreement. If you do not agree to the terms of this agreement, you should not complete this application process, or use the Digital ID.



Complete terms for the VeriSign CPS and Digital ID Subscriber Agreement can be found [here](#).

To enroll for a CDC Secure Data Network Digital ID, click here:  

**After you read, click Enroll.**

Questions? Go to the [Online Help](#) or Contact [SDN Support](#)

This page last reviewed Mar 14 2003

Done   Internet

## 2a. Apply for Digital Certificate for NHSN Enrollment Activity



### Centers for Disease Control and Prevention - Digital ID Enrollment

#### SDN Support

800-532-9929  
770-454-4863  
phintech@cdc.gov

To begin enrollment for a CDC Digital ID, complete this enrollment form and click *Next*.

#### Please Note:

- Internet Explorer 5.x or greater or Netscape Communicator 6.x, or greater is required to use the CDC Secure Data Network. If your browser doesn't meet this requirement, please upgrade your browser before applying.
- Be sure your email address is correctly entered. Without a valid email address you will be unable to install your digital certificate.

#### Step 1: Enter Personal Information

Items with (\*) are required.

Prefix	<input type="text"/>	Preferred Name	<input type="text"/>
* First Name	<input type="text" value="Janie"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text" value="Doe"/>	Degree	<input type="text" value="BSN"/>
* Email Address	<input type="text" value="janiedoe@genhosp.o"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer	<input type="text" value="General Hospital"/>	Program or Division	<input type="text"/>
* Employer Type	<input type="text" value="Academic/Research Organization"/>		
* Job Type	<input type="text" value="Biomedical Research"/>		
* Phone	<input type="text" value="205-665-2564"/>	Fax	<input type="text"/>
Work Address (130 characters maximum)	<input type="text" value="1 Hospital Hill"/>	* U.S. State (required for US)	<input type="text" value="Alabama"/>
	<input type="text"/>	U.S. County	<input type="text" value="JEFFERSON"/>
* City	<input type="text" value="Birmingham"/>	* Zip Code	<input type="text" value="35215"/>
* Country	<input type="text" value="United States"/>		
* Alternate Contact :			
* Name	<input type="text" value="Johnny Deer"/>	* Phone	<input type="text" value="205-665-9874"/>

Next

Important!!! Be sure you use the exact same email address each time in NHSN

Microsoft Internet Explorer



Your email address must be correct to receive your Digital ID.  
Is this your correct email address?

janiedoe@genhosp.org

OK

Cancel

# Select a Program: Click on National Healthcare Safety Network (NHSN)

Secure Data Network - Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://ca.cdc.gov/sdncode/sdnapp/servlet/EnrollmentServlet>

**CDC**  
SAFER • HEALTHIER • PEOPLE™

[CDC Home](#) [Search](#) [Health Topics A-Z](#)

## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-216-1276  
[cdcsgn@cdc.gov](mailto:cdcsgn@cdc.gov)

### Step 2: Select A Program

Select the program whose activities you want to join.

- National Healthcare Safety Network (NHSN)
- NETSS
- Nutrition
- NVSN
- Out-Patient Population Surveillance
- Outbreak

# Select Activities: Click on NHSN Reporting



[CDC Home](#)

[Search](#)

[Health Topics A-Z](#)

## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-454-4863  
phintech@cdc.gov

### Step 2: Select A Program

Select the program whose activities you want to join.

- National Healthcare Safety Network (NHSN)
- National Select Agent Registry
- NEPHTN
- NETSS
- Nutrition
- NVSN

### Step 3: Select Activities

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

- NHSN Enrollment
- NHSN Reporting
- NHSN Upload

[Next](#)

# Create a challenge phrase (password)

Secure Data Network - Enrollment - Windows Internet Explorer

https://ca.cdc.gov/sdncode/sdnapp/servlet/EnrollmentServlet

File Edit View Favorites Tools Help

Convert Select

http://www.cdc.gov/nhsn/P... CDC - Enrollment Requireme... NHSN 4.7 Monthly Reporting ... Secure Data Network - E... x

CDC Home Search Health Topics A-Z

**CDC**  
SAFER • HEALTHIER • PEOPLE™

## Centers for Disease Control and Prevention - Digital ID Enrollment

**SDN Support**

800-532-9929  
770-454-4863  
phintech@cdc.gov

### 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

Confirm

**WRITE IT DOWN!!**

Questions? Go to the [Online Help](#) or [Contact SDN Support](#)

This page last reviewed Mar 14 2003



## Centers for Disease Control and Prevention - Digital ID Enrollment

### SDN Support

800-532-9929  
770-216-1276  
cdc\_sdn@cdc.gov

### 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.

Questions? Go to the [Online Help](#) or Contact [SDN Support](#)

This page last reviewed Mar 14 2003

**Receive e-mail confirmation  
within 24-72 hours**

## 2b. Receive E-mail Confirmation of Digital Certificate Request

- You will receive an email from **CDC SDN Enrollment**. The subject line will read “Action Required – Your CDC Digital Certificate is Ready to Install” and the body of the message will look similar to the following:

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=xxxx>

If you do not have an IT Specialist or need further information, contact CDC SDN Support:

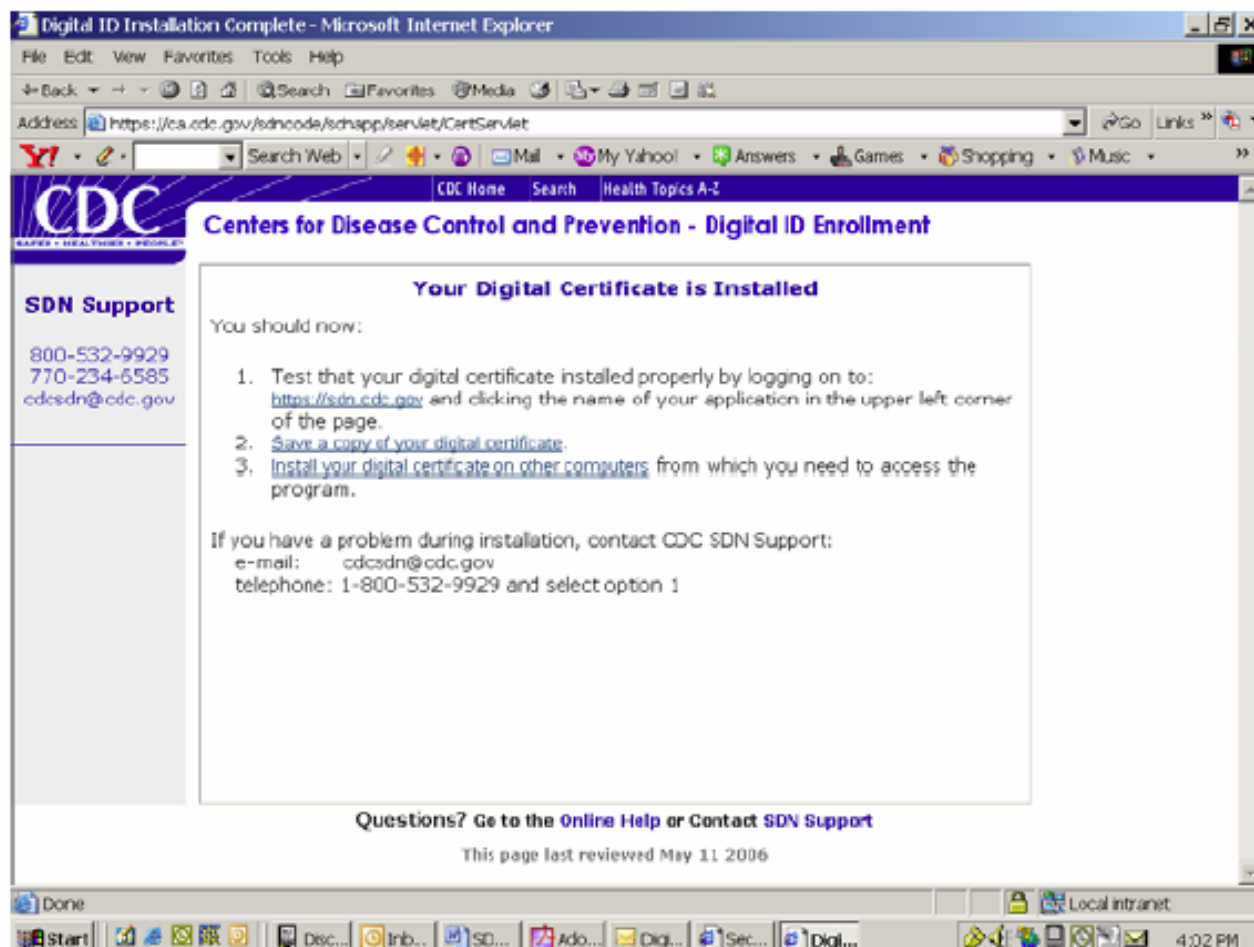
e-mail: PHINTech@cdc.gov

telephone: 1-800-532-9929

**Upon receipt of email confirmation  
please contact a member of your  
Facility's IT Department to properly  
install your Digital Certificate**

## Step 2c. Download Digital Certificate

You will receive the following message, which indicates your digital ID certificate was successfully downloaded and installed:



Digital ID Installation Complete - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: <https://ca.cdc.gov/sdncode/sdnapp/servlet/CertServlet>

Search Web

CDC Home Search Health Topics A-Z

### Centers for Disease Control and Prevention - Digital ID Enrollment

#### Your Digital Certificate is Installed

You should now:

1. Test that your digital certificate installed properly by logging on to: <https://sdn.cdc.gov> and clicking the name of your application in the upper left corner of the page.
2. [Save a copy of your digital certificate.](#)
3. [Install your digital certificate on other computers](#) from which you need to access the program.

If you have a problem during installation, contact CDC SDN Support:  
e-mail: [cdcSDN@cdc.gov](mailto:cdcSDN@cdc.gov)  
telephone: 1-800-532-9929 and select option 1

Questions? Go to the [Online Help](#) or [Contact SDN Support](#)

This page last reviewed May 11 2006

Done Local intranet

Start Disc... Inb... SC... Ado... Dig... Sec... Dial... 4:02 PM

# Step 3a. Begin Using the NHSN Reporting Application

Once you have successfully downloaded and installed your digital certificate, you can access NHSN by going to the SDN website at: <https://sdn.cdc.gov>

When you arrive at the SDN website (called the CDC Public Health Partners page), you may want to bookmark the page, either individually or in a special NHSN bookmark folder. If you are unsure how to bookmark a web page, please contact your IT department for assistance.

- Enter your challenge phrase and click **Submit**.

# Enter your SDN challenge phrase, click Submit

SDN Login Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://d1.cdc.gov/certphrase/login.asp?TYPE=33554433&REALMOID=05-da66a73e-efe3-402f-bd4a-18a523a45d66&GUID=>

CDC Home Search Health Topics A-Z

## Secure Data Network

**WARNING**

This is a U.S. Government computer system, which may be accessed and used only for official government business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. There is no right to privacy on this system. All information on this computer system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations. Access or use of this system, whether authorized or unauthorized, constitutes consent to these terms. (Title 18, U.S.C.)

**Please enter your challenge phrase:**

\*\*\*\*\*

**Submit**

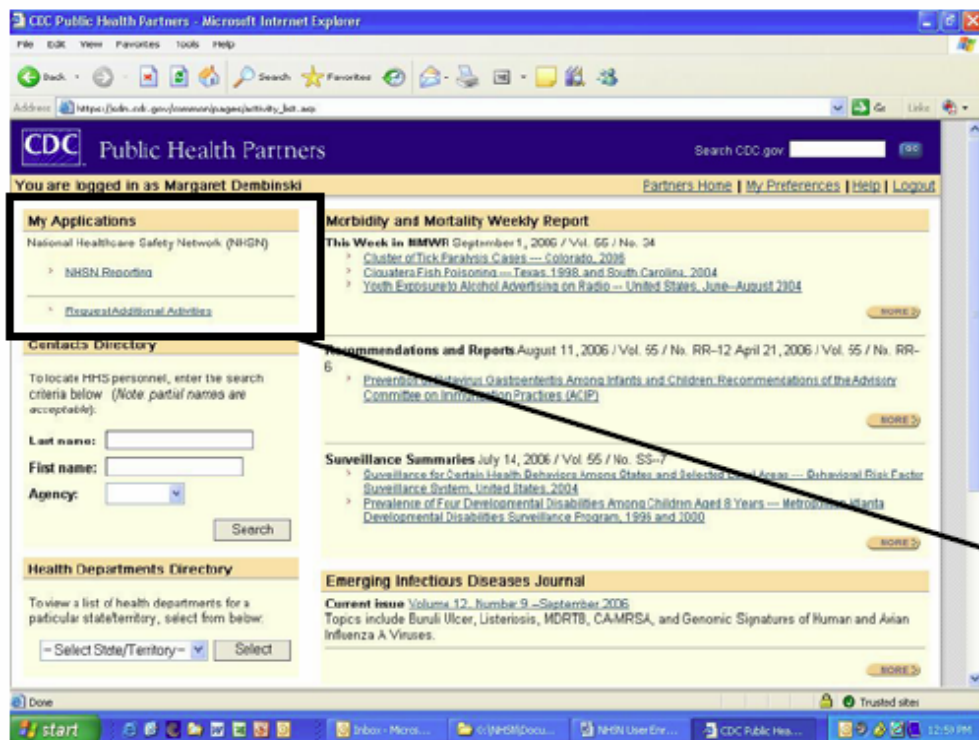
Forgot your challenge phrase? Click [here](#)

**SDN Support**

800-532-9929  
770-216-1276  
[cdcsgn@cdc.gov](mailto:cdcsgn@cdc.gov)

113

- After entering your challenge phrase, you will be brought to the SDN homepage. Under “My Applications” in the upper left corner of the page, you should see a link to the National Healthcare Safety Network labeled ‘NHSN Reporting’.



- Click on the **NHSN Reporting** link will take to go to the **NHSN Landing** or **Home** page.