



# National Healthcare Safety Network: Getting Started

# Objectives

- **Overview of NHSN Patient Safety Component**
- **Facility Administrator Designation**
- **Enrollment**
  - Five step process
  - Secure Data Network and digital certificates
- **Next Steps**

# National Healthcare Safety Network

- **NHSN is a voluntary web-based system run by CDC for reporting healthcare associated events and processes.**
- **Purposes of NHSN**
  1. Collect data from a sample of US healthcare facilities to permit valid estimation of the magnitude of adverse events among patients and healthcare personnel.
  2. Promote adherence to practices known to reduce infection risk.
  3. Analyze and report collected data to permit recognition of trends.

# National Healthcare Safety Network

- **Currently more than 2,700 facilities use NHSN**
- **Specifically, facilities use NHSN to:**
  - Obtain baseline HAI rates
  - Compare rates to CDC's national data
  - Participate in state or national HAI prevention collaboratives
  - Devise and implement HAI elimination strategies
  - Evaluate immediate and long-term results of elimination efforts
  - Refocus efforts as needed, or advance to different areas

# National Healthcare Safety Network

- It has 4 main components:



# Patient Safety Component

- **Device-associated Module**
  - Central line-associated bloodstream infection
  - Catheter-associated urinary tract infection
  - Ventilator-associated pneumonia
  - Dialysis incident
- **Procedure-associated Module**
  - Surgical site infection
  - Post-procedure pneumonia
- **MDRO & CDAD Module**
  - Multi-drug resistant organism
  - MRSA
  - *C. difficile* infection [CDI]

# Center for Medicare and Medicaid Services

- **Beginning **January 1, 2011**, NHSN will be the tool used to participate in the CMS HAI pay-for-reporting program.**
  - Central line-associated bloodstream infection data from ICU and NICU for January 2011 discharges.
  - Surgical Site Infections for January 2012 discharges.
- **Each facility's data will be included in CMS Hospital Compare tool, which publicly reports hospital performance.**

# Facility Administrator Designation

- **One person who has primary functions for:**
  - Enrolling facility
  - Registering/deleting users and determining user data access rights
  - Managing locations and patients across components
  - Nominating and joining groups (data sharing arrangements such as FDOH group)
- **Other users can have administrative rights as assigned by the Facility Administrator.**
  - Once the facility is enrolled the administrator may invite additional users and assign rights.

# Facility Administrator Designation

## Facility Administrator and all users must:

- Be from a *bona fide* healthcare facility
- Have email address and Internet access on computers used for reporting
- Be able to download and install a digital certificate onto those computers
  - Installation of digital certificate may be performed by IT staff with admin rights.

# Enrollment

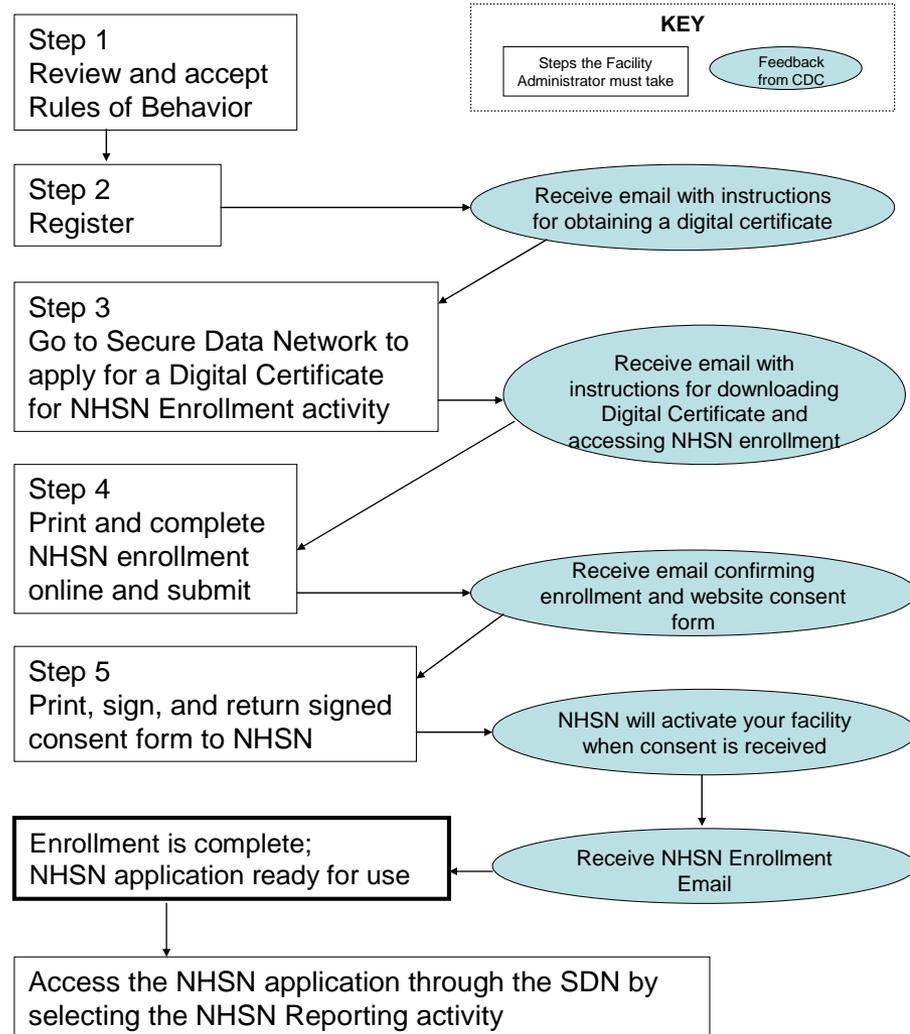
## Facility Administrator Responsibilities

### Steps

1. Review and accept Rules of Behavior
2. Register
3. Apply for and install an SDN digital certificate for NHSN Enrollment activity
4. Print, complete, and submit enrollment online:
  - Facility Contact Information Form
  - Hospital Survey Form
5. Print, sign and return Consent Form to NHSN
  - Agree to follow protocols and use definitions exactly
  - Send acceptable Patient Safety Component data per FDOH reporting requirements, including annual survey

# Enrollment

## How do I get started in NHSN?



# Step 1. Review and accept the Rules of Behavior

<http://www.ncid.cdc.gov/RegistrationForm/>



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

## National Healthcare Safety Network (NHSN)

### Facility/Group Administrator Rules of Behavior

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

NHSN, a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents, and healthcare worker vaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN processes and stores a variety of sensitive data that are provided by healthcare facilities. This information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. These "Rules of Behavior" apply to all users of the NHSN web-based computer system.

#### Purpose

 [Print Version](#)  
PDF (87KB/13 pages)

Agree

Do Not Agree

# Step 2: Register



Department of Health and Human Services

Centers for Disease Control and Prevention

## National Healthcare Safety Network (NHSN)

### Registration Form

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

*Registration and Enrollment is open and available for hospitals and outpatient hemodialysis centers only. If you are a home, extended care facility, ambulatory surgical center, or home care, enrollment is currently unavailable.*

**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:

You will be asked to provide a few key pieces of information including the following:

- The name of the NHSN Facility Administrator.
- Email address for the NHSN Facility Administrator.
- Facility Identifier
  - American Hospital Association (AHA) ID# or CMS Provider ID# (also called HCFA or Medicare#) to proceed; VA hospitals need their VA Station Code to proceed.

# IMPORTANT!!!

- You must use the same email address throughout the NHSN enrollment process.
- Allow [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and [PHINTech@cdc.gov](mailto:PHINTech@cdc.gov) to come through your organization's email spam blockers.
- Make sure the following site is listed as a trusted site in your browser and pop-ups are allowed.

**\*.cdc.gov**

# Before proceeding to Step 3:

- Receive email from NHSN with instructions for obtaining digital certificate.

## READ AND FOLLOW ALL DIRECTIONS IN EMAILS YOU RECEIVE.

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.**

# **Step 3: Go to SDN to apply for a digital certificate for NHSN Enrollment activity**

- **SDN = Secure Data Network**
  - **Provides security control services to most CDC systems, including the NHSN**
    - Physical and environmental controls – The computer room that houses NHSN is physically secure and environmental controls are used to protect NHSN computing resources from system damage or failure.
    - Network controls - The SDN is located behind a firewall and is protected by a centralized security gateway (proxy server).
    - User Authentication – All users must authenticate their identities with digital certificates.

# What is a Digital Certificate?

- **A digital certificate provides an electronic means of proving your identity in order to securely conduct business with the NHSN. Digital certificates provide the following benefits:**
  - Data is encrypted so only NHSN can read it.
  - Provides assurance data is not changed in transit.
  - Certifies who actually sent the transmission.

# Digital Certificates

- **User specific** – Do not share your digital certificate with another user! **Each user must have their own digital certificate.**
- **Must be on each computer you use for NHSN access**
  - Can be used at multiple facilities– NOT specific to the facility, it is specific to the user.
- **Make a back-up copy, i.e., save on a USB ‘thumb drive’, network drive, CD, etc.**
- **Administrative rights to your computer are required to install the certificate.**

# Apply for Digital Certificate

- The website and password needed to apply for a digital certificate will be provided to you by email after completion of Step 2.
  - Enrollment web address: <https://ca.cdc.gov>
  - Enrollment password: !cdc\_sdn\_apply!

The screenshot shows the CDC website interface for Digital ID Enrollment. At the top, there is a navigation bar with 'CDC Home', 'Search', and 'Health Topics A-Z'. The main header reads 'Centers for Disease Control and Prevention - Digital ID Enrollment'. On the left side, there is a sidebar for 'SDN Support' with contact information: '800-532-9929', '770-216-1276', and 'cdc\_sdn@cdc.gov'. The main content area features a red 'WARNING' message: '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, there is a section titled 'Enter Enrollment Password' with a text box for the password and an 'Accept' button.

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

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

**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.)

**Enter Enrollment Password**

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

Password:

**Accept**

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

# Enter Personal Information

**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  
[cdcsdn@cdc.gov](mailto:cdcsdn@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"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text"/>	Degree	<input type="text"/>
* Email Address	<input type="text"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer	<input type="text"/>	Program or Division	<input type="text"/>

# Review Email Address

Items with (\*) are required.

Prefix	<input type="text"/>	Preferred Name	<input type="text"/>
* First Name	<input type="text"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text"/>	Degree	<input type="text"/>
* Email Address	<input type="text"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer Type	<input type="text"/>	* Employer	<input type="text"/>
* Job Type	<input type="text"/>		
* Phone	<input type="text"/>		
Work Address (130 characters maximum)	<input type="text"/>	(required for US)	
	<input type="text"/>	U.S. County	<input type="text"/>
* City	<input type="text"/>	* Zip Code	<input type="text"/>
* Country	<input type="text"/>		
* Alternate Contact :			
* Name	<input type="text"/>	* Phone	<input type="text"/>

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

Next

# Select a Program: Click on National Healthcare Safety Network



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

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

### SDN Support

800-532-9929  
770-216-1276  
cdcSDN@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

## SDN Support

800-532-9929  
770-216-1276  
cdc.sdn@cdc.gov

### Step 2: Select A Program

Select the program whose activities you want to join.



A screenshot of a web application showing a dropdown menu. The menu is open, displaying a list of program options. The first option, "National Healthcare Safety Network (NHSN)", is highlighted in blue. Below it are "NETSS", "Nutrition", "NVSN", "Out-Patient Population Surveillance", and "Outbreak". The dropdown has upward and downward arrow buttons on the right side.

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

### Step 3: Select Activities

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



A screenshot of a web application showing a selection box. The box is empty except for the text "NHSN" which is highlighted in blue. This indicates that the user has selected the NHSN program.

- NHSN

Next

# Create a challenge phrase (password)

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

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

### SDN Support

800-532-9929  
770-216-1276  
cdcSDN@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.](#)**

# After entering, WRITE DOWN challenge phrase

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	<input type="text" value="*****"/>
Confirm	<input type="text" value="*****"/>

Next

# About Your Challenge Phrase

- **Use Password to log into SDN and access NHSN.**
- **Must be case-sensitive.**
- **Write it down and store in a secure place.**
- **Do not share your phrase with anyone including co-workers and IT staff.**
- **Must meet certain criteria.**

# Digital Certificate Request Received



## 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

# Install Digital Certificate

- **When you receive your SDN email (48-72 hours) containing the link to the digital certificate:**
  - You must have administrative rights to your computer to install your digital certificate.
  - Get your IT staff involved.
- **From the computer you will use to access NHSN, click on the link in the email to install the digital certificate.**

# Digital Certificate

- When installed, you will get this screen:



The screenshot shows the CDC website interface for Digital ID Enrollment. At the top, there is a navigation bar with links for 'CDC Home', 'Search', and 'Health Topics A-Z'. The main heading is 'Centers for Disease Control and Prevention - Digital ID Enrollment'. On the left side, there is a sidebar for 'SDN Support' with contact information: 800-532-9929, 770-234-6585, and cdcSDN@cdc.gov. The main content area is titled 'Your Digital Certificate is Installed' and contains the following text:

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

- Make a back-up copy of your digital certificate

# Step 4: Enroll in NHSN

- To log onto the NHSN via the SDN, go to:  
<https://sdn.cdc.gov>
- Then enter your password.



CDC Home Search Health Topics A-Z

## Secure Data Network

### SDN Support

800-532-9929  
770-216-1276  
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



## 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:

## Health Departments Directory

To view a list of health departments for a particular state/territory, select from below:

- Select State/Territory -

## Morbidity and Mortality Weekly Report

**This Week in MMWR** September 1, 2006 / Vol. 55 / No. 34

- > [Cluster of Tick Paralysis Cases --- Colorado, 2006](#)
- > [Ciguatera Fish Poisoning --- Texas, 1998, and South Carolina, 2004](#)
- > [Youth Exposure to Alcohol Advertising on Radio --- United States, June--August 2004](#)

**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 \(ACIP\)](#)

**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](#)

## Emerging Infectious Diseases Journal

**Current issue** [Volume 12, Number 9 --September 2006](#)

Topics include Buruli Ulcer, Listeriosis, MDRTB, CA-MRSA, and Genomic Signatures of Human and Avian Influenza A Viruses.

# Complete Facility Enrollment Forms



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](#)

- The enrollment forms are also available on the NHSN website (see “Data Collection Forms”.)

# Complete Facility Enrollment Forms



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

NHSN - National Healthcare Safety Network

[Start](#)  
[Leave Enroll](#)

## Facility Enrollment

Mandatory fields marked with \*

Tracking #

### Facility Information

Facility name\*:

Address, line 1\*:

Address, line 2:

Address, line 3:

City\*:

State\*:

County\*:

Zip Code\*:  -

Main telephone number\*:

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

AHA ID\*:

Select  if AHA ID Not Applicable

CMS ID\*:

Select  if CMS ID Not Applicable

VA station code\*:

Select  if VA Station Code Not Applicable

Facility's Object Identifier (OID) for CDA

Object Identifier:

Verify Data

Click to verify values provided above before proceeding.

# About the Identifier

- Enter only numbers – no dashes or spaces.
- Enter only one identifier and check “N/A” for other identifiers.
- If your data does not verify, contact NHSN.
- If you do not have any of the listed identifiers, contact NHSN. (NOTE: If you used a CDC-assigned ID at registration, you can use the same number here.)
- After data verifies, enter data from the Facility Survey and submit.

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

AHA ID\*:

Select  if AHA ID Not Applicable

CMS ID\*:

Select  if CMS ID Not Applicable

VA station code\*:

Select  if VA Station Code Not Applicable

**Click to verify values provided above before proceeding.**

# Agreement and Consent Form

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:  
Subject: NHSN facility enrollment submitted

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

Facility Name: DHQP Memorial Hospital  
Tracking Number: 10000

NHSN Facility Administrator:

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

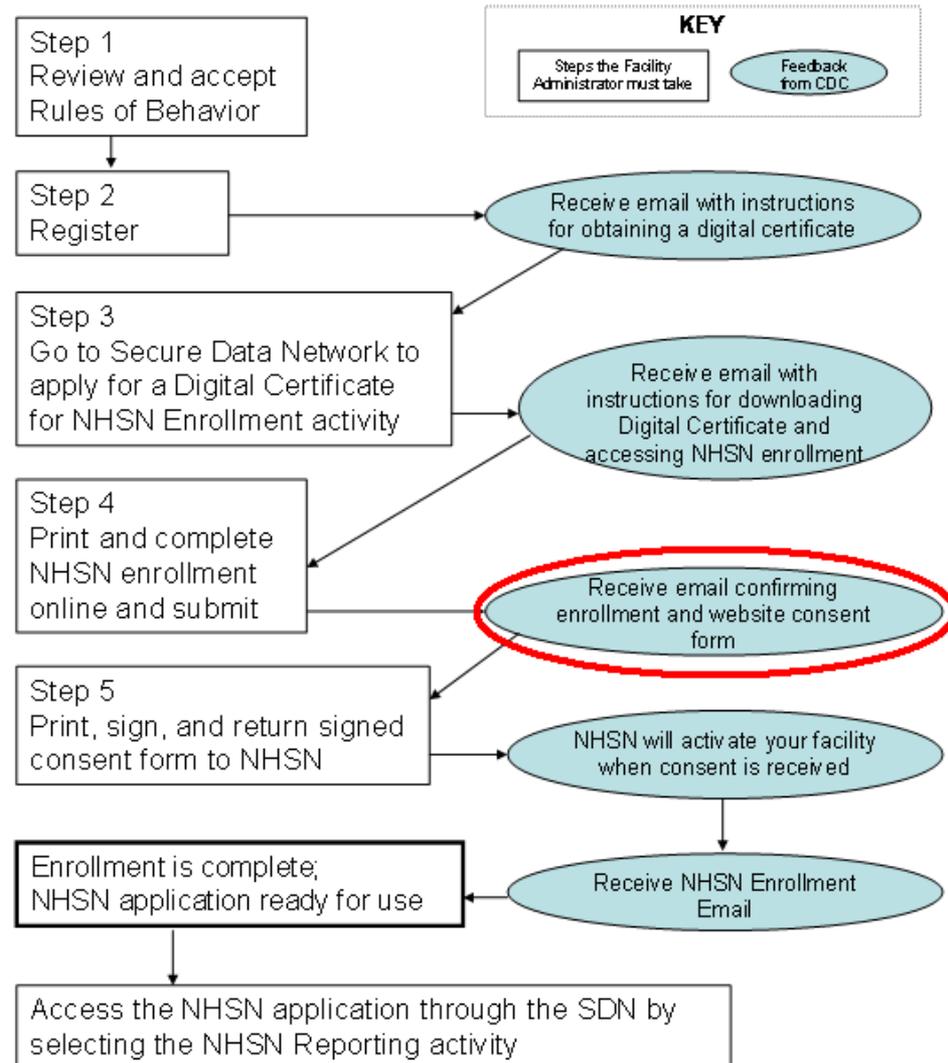
<http://server/enapp/enrollment.do?method=displayAgreement&trackingnum=xxxxx>

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

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

If you have questions about NHSN, please contact us at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) or 800-893-0485. For information on the NHSN, please visit the member's website at [http://www.cdc.gov/ncidod/dhqp/nhsn\\_members.html](http://www.cdc.gov/ncidod/dhqp/nhsn_members.html).

## How do I get started in NHSN?



# Step 5: Print, sign and return Consent Form to NHSN

- **MUST** have 2 signatures, **facility administrator** and one of **C-suite**.
- **MUST** make 3 **original** copies (in case one gets lost in mail).
- Send via **U.S. mail**.
- NHSN will return any Agreement to Participate and Consent that is not completed correctly.

**NHSN** Agreement to Participate and Consent OMB No. 0920-0066  
Exp. Date: 02-29-2008

Page 3 of 3

\*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/CBO/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: \_\_\_\_\_ - \_\_\_\_\_

CDC #7-207(04/11)W, U.S. Pat. 6,540,006

# Enrollment approval email from CDC

- When NHSN receives your C-level signed consent form, they will activate your facility and send you an enrollment approval email.

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

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

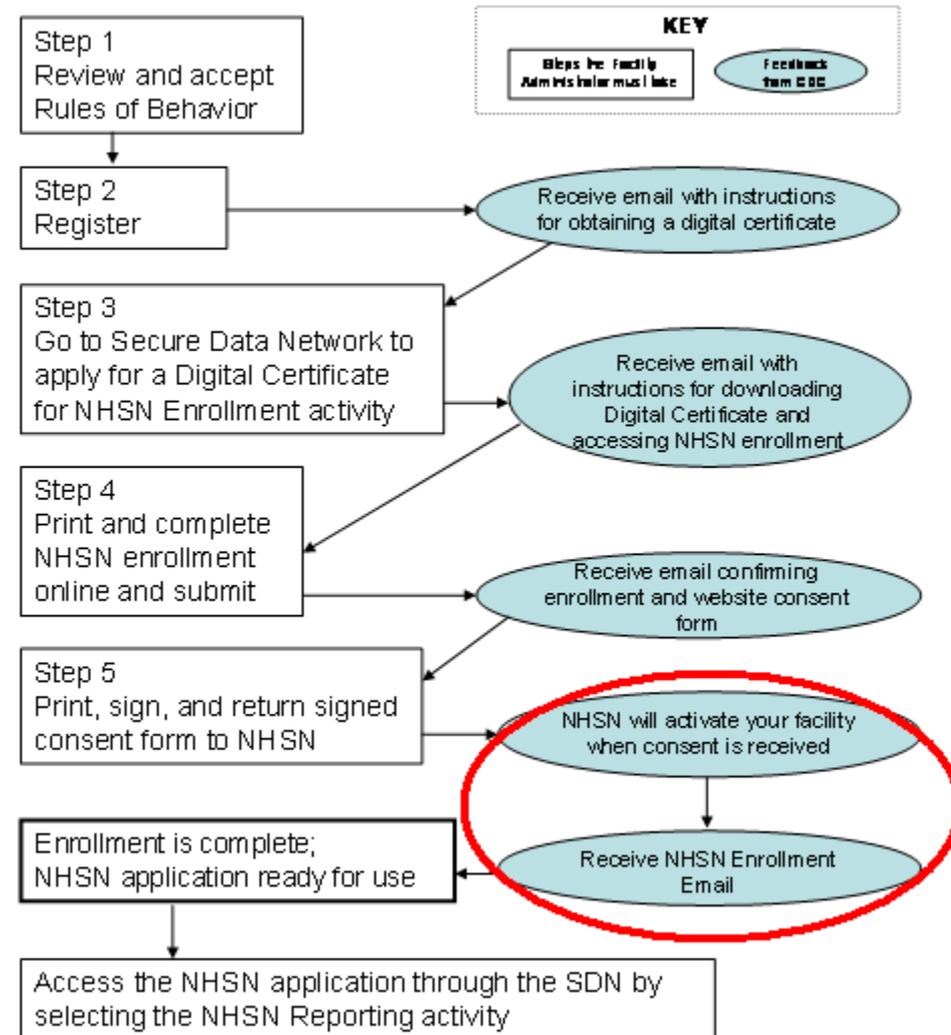
Facility Name:  
Facility ID #:

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

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

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

## How do I get started in NHSN?



# Next Steps

- **Administrative set-up**
  - Add users and assign rights to users
  - Add locations
  - Submit Monthly Reporting Plan
- **Join FDOH group and confer rights to FDOH**

**For more information visit  
<http://www.cdc.gov/NHSN>**

# User Groups

- **Once enrollment is complete facilities may create and/or join a User Group allowing for:**
  - **Multiple facilities within the same system to share data and produce aggregate reports.**
  - **Participants in a statewide collaborative to submit data to state health department.**
    - Facilities can not see one another's data
    - In an upcoming version facilities can blind identity
    - Facilities determine which data points to submit and whether or not to submit with patient identifiers

# Questions or Comments?



**E-mail: [HAI\\_Program@doh.state.fl.us](mailto:HAI_Program@doh.state.fl.us)**

**HAI Program Website:**

**[http://www.doh.state.fl.us/disease\\_ctrl/epi/HAI/HAI.html](http://www.doh.state.fl.us/disease_ctrl/epi/HAI/HAI.html)**