

# Outpatient Dialysis Event Surveillance in NHSN

*Part 2: NHSN Enrollment, Set-up and Data Entry*

*May 2011*

# Dialysis Training Outlines

## Previously: Part 1

- *Background*
- *Eligibility & Reporting Requirements*
- *Surveillance : Collecting & Reporting Data*
- *Analysis*
- *Groups: Data Sharing*
- *Final Notes*
- *Summary*
- *Next Steps*

## This presentation: Part 2

- *NHSN Enrollment : (Steps 1 – 5)*
- *Get Started: NHSN Set-Up*
- *Data Entry*
- *Analysis*
- *Next Steps*
- *Summary*

## Reference Materials

### ❑ For this presentation:

- *NHSN Facility Administrator Enrollment Guide*
- *Facility Start-up Guide*
- Available at: <http://www.cdc.gov/nhsn/wcEnrollment.html>

### ❑ Suggested materials:

- *Data entry, surveillance, analysis*
- *Data entry, import, and customization*
- *Introduction to NHSN Analysis: Learning the Terminology*
- *Analysis: Advanced Features & Terminology*
- Available at: <http://www.cdc.gov/nhsn/training.html#enroll>

# Key Personnel Roles



- ❑ **NHSN Facility Administrator**
  - *Rights to add, edit & delete facility's data*
  - *Adds, edits & deletes users and modifies data access rights*
  - *Authority to nominate groups (data sharing arrangements)*
- ❑ **NHSN Patient Safety Primary Contact Person**
  - *Interacts most closely with CDC for Patient Safety Component*
- ❑ **NHSN Users**
  - *Rights are determined by Facility Administrator*
  - *May be given administrative rights*
- ❑ **One person may hold multiple roles**

# **NHSN ENROLLMENT**

# NHSN Enrollment Steps 1 - 5

## ❑ Prior to Enrollment, complete required training

### 1. Agree to Rules of Behavior

### 2. Facility Registration

### 3. Acquire Digital Certificate

- *Request*
- *Install*

### 4. Access NHSN Enrollment Page

- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

### 5. Print, Sign & Return Consent Form

- *Upon receipt, NHSN activates facility & sends confirmation email*

## **NHSN Set-Up**

- ❑ **After Enrollment is complete, set-up NHSN for your Facility**

**1. Login to SDN – Select 'NHSN Reporting'**

**2. Add Users & Assign Rights**

**3. Add 'Outpatient Hemodialysis Clinic' Location**

**4. Creating Monthly Reporting Plans**

**5. Begin Reporting Data**

# NHSN Facility Administrator Enrollment Guide



## NHSN Facility Administrator Enrollment Guide

- **Print this guide for your reference**
- **Lots of helpful information & links**



<http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf>

## Enrolling Multiple Dialysis Clinics

- ❑ If you have multiple dialysis clinics to enroll (for example, satellite clinics) start by enrolling one clinic first
- ❑ Once enrollment is completed for the first facility, contact us for instructions to enroll the others
  - [nhsn@cdc.gov](mailto:nhsn@cdc.gov)
- ❑ Enrolling additional facilities is much simpler after the first one is done

# NHSN Enrollment Steps 1 & 2

**1. Agree to Rules of Behavior**

**2. Facility Registration**

**3. Acquire Digital Certificate**

- *Request*
- *Install*

**4. Access NHSN Enrollment Page**

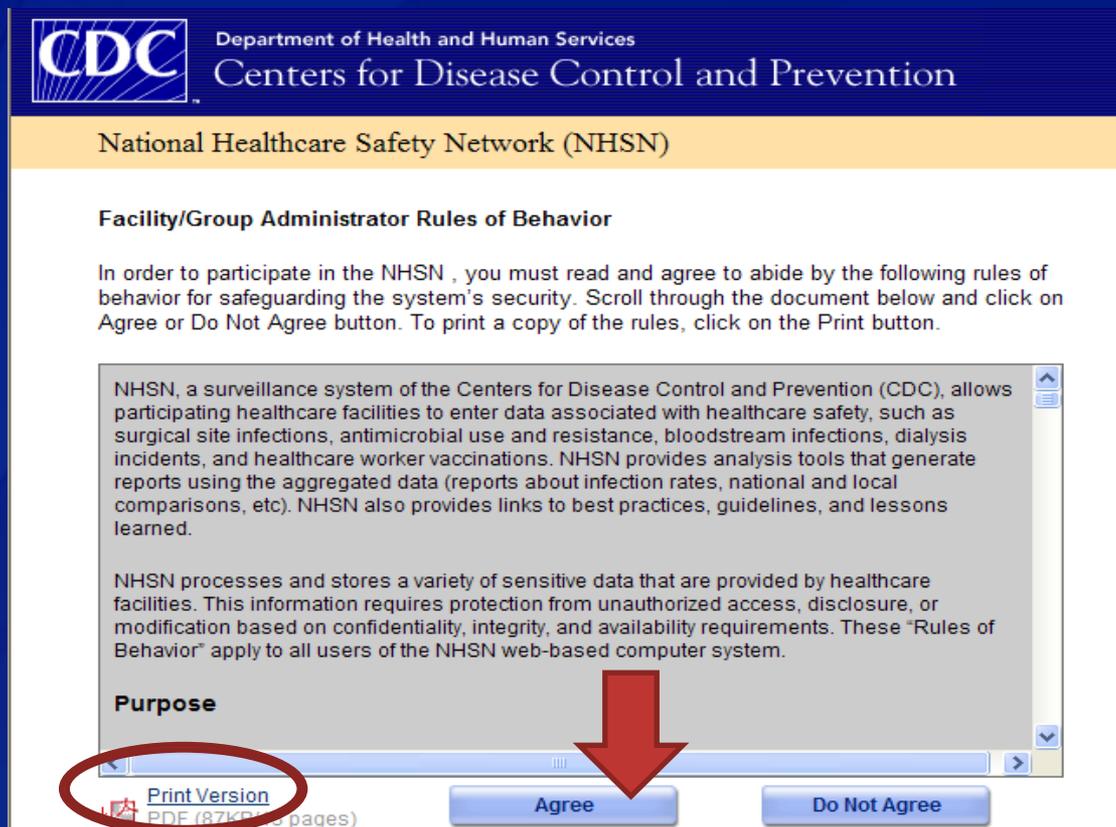
- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

**5. Print, Sign & Return Consent Form**

- *Upon receipt, NHSN activates facility & sends confirmation email*

# Read and Agree to Rules of Behavior (Enrollment Step 1)

- Go to <http://nhsn.cdc.gov/RegistrationForm/index.jsp>



The screenshot displays the NHSN registration interface. At the top left is the CDC logo, followed by the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is a yellow header bar with "National Healthcare Safety Network (NHSN)". The main content area is titled "Facility/Group Administrator Rules of Behavior". It contains a paragraph explaining that users must read and agree to the rules for system security. Below this is a scrollable text box containing the "Purpose" of NHSN, which is circled in red. At the bottom of the page, there are three buttons: "Print Version" (circled in red), "Agree", and "Do Not Agree". A large red arrow points to the "Agree" button.

**CDC** 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, 2 pages)

# Facility Registration (Enrollment Step 2)

Facility Administrator fills  
out this form:

- *Your name*
- *Correct email address!*
- *Facility identifier*
- *Date of this presentation*

*For registration, if you have completed training Parts 1 & 2, enter today's date to certify completion.*

**Don't forget to click 'Save'!**

The screenshot shows a web form with three main sections:

- Personal Information:** Includes fields for Last name (Smith), First name (Jane), Middle name (empty), and Email address (jane.smith@dialysis.com).
- Facility Identifier:** Includes radio buttons for CMS ID (selected), AHA ID, VA Station Code, and CDC Registration ID. Below is a field for Selected identifier ID (123456789).
- NHSN Training Date:** Includes a certification statement and a date field (12/01/2010).

At the bottom right, there are 'Reset' and 'Save' buttons. A red arrow points down to the 'Save' button.

# NHSN Enrollment Steps 1 & 2 Are Complete



**1. Agree to Rules of Behavior**

**2. Facility Registration**

**3. Acquire Digital Certificate**

- *Request*
- *Install*

**4. Access NHSN Enrollment Page**

- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

**5. Print, Sign & Return Consent Form**

- *Upon receipt, NHSN activates facility & sends confirmation email*

# NHSN Enrollment Step 3

**1. Agree to Rules of Behavior**

**2. Facility Registration**

**3. Acquire Digital Certificate**

- *Request*
- *Install*

**4. Access NHSN Enrollment Page**

- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

**5. Print, Sign & Return Consent Form**

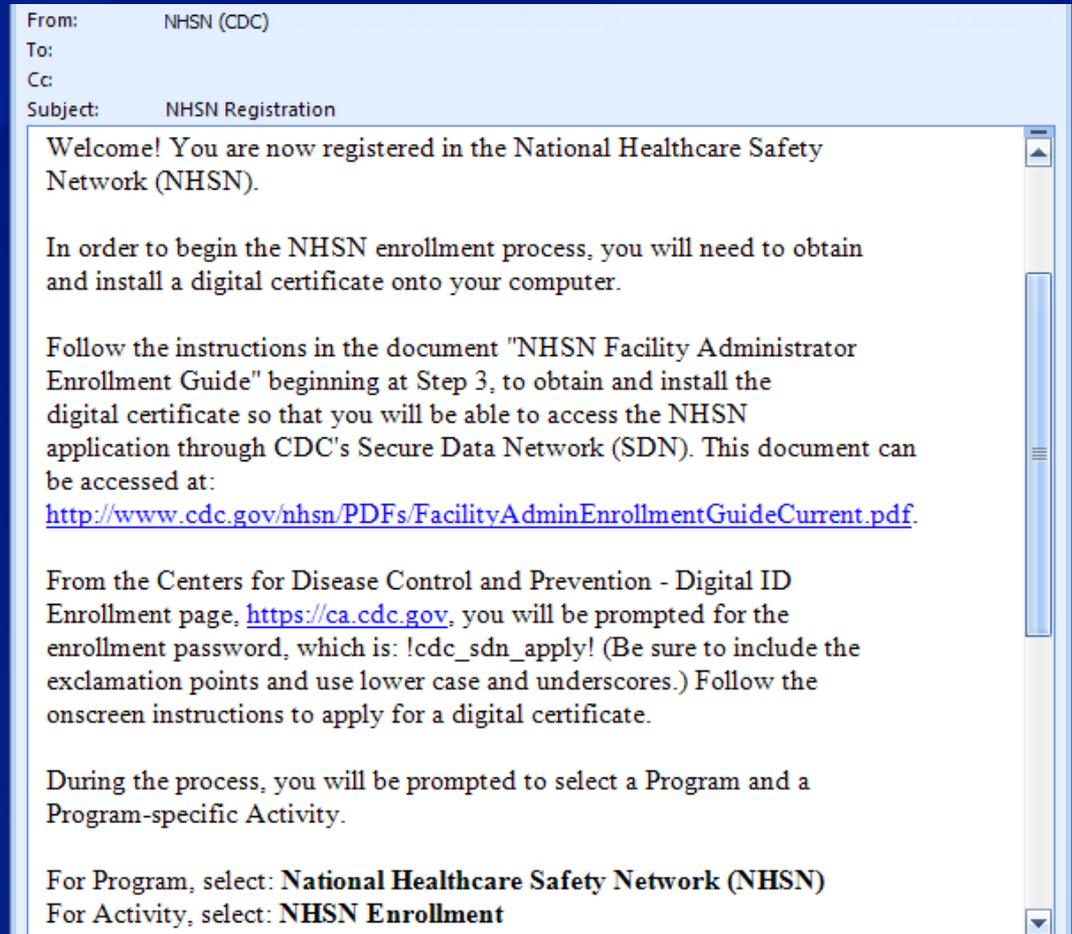
- *Upon receipt, NHSN activates facility & sends confirmation email*

## Secure Data Network (SDN) & Digital Certificate

- ❑ **SDN uses digital certificates to transfer information privately and securely to NHSN**
- ❑ **SDN is independent from NHSN**
- ❑ **Specific IT requirements for installation:**
  - *Detailed in NHSN Facility Administrator Enrollment Guide*
  - *Strongly recommended to involve IT department in installation*

# Request Digital Certificate – NHSN Welcome Email (Enrollment Step 3)

- ❑ Once successfully registered (Step 2), you will immediately receive an NHSN Welcome Email with instructions to request a digital certificate



# Request Digital Certificate (Enrollment Step 3)

- ❑ Arrive at this website from Welcome Email link
- ❑ Use password provided in the Welcome Email
- ❑ Press “Accept”



The screenshot shows the CDC website interface for Digital ID Enrollment. The top navigation bar includes 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, there is a sidebar with the CDC logo and the slogan "SAFER • HEALTHIER • PEOPLE™", followed by "SDN Support" and contact information: 800-532-9929, 770-454-4863, and phintech@cdc.gov. The main content area features a red "WARNING" message stating that the system is for official government business only and that unauthorized access is prohibited. Below the warning is a section titled "Enter Enrollment Password" which contains a text box for the password and an "Accept" button.

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

**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**

# Request Digital Certificate – SDN Enrollment (Enrollment Step 3)

**Important!**  
**Enter an  
email  
address that  
you check  
often.  
Be sure that  
is it correct.**

## 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"/>
* Employer Type	<input type="text" value="Other"/>		
* Job Type	<input type="text" value="Other"/>		
* Phone	<input type="text"/>	Fax	<input type="text"/>
Work Address (130 characters maximum)	<input type="text"/>	* U.S. State (required for US)	<input type="text" value="Pick a State"/>
		U.S. County	<input type="text" value="Pick a County"/>
* City	<input type="text"/>	* Zip Code	<input type="text"/>
* Country	<input type="text" value="United States"/>		
* Alternate Contact :			
* Name	<input type="text"/>	* Phone	<input type="text"/>

Next

## Request Digital Certificate – SDN Enrollment (Enrollment Step 3)

- ❑ Select NHSN from the Programs listed, then Select 'NHSN Enrollment', then 'Next'

Select the program whose activities you want to join.

- National Health Interview Survey
- National Healthcare Safety Network (NHSN)**
- National Select Agent Registry
- NEPHTN
- NETSS
- Nutrition

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

- NHSN Enrollment**
- NHSN Reporting

**Next**

## Request Digital Certificate – SDN Challenge Phrase (Enrollment Step 3)

- ❑ **Create your SDN challenge phrase**
- ❑ **Your challenge phrase is used to access the NHSN site in the future**
  - *Important – Make a copy of your challenge phrase for future reference*
    - *Note upper and lowercase letters and any special characters*
- ❑ **Enter and confirm your SDN challenge phrase, choose “Next”**

**Important!**

**Make a copy of your challenge phrase.**

# Request Digital Certificate – SDN Challenge Phrase (Enrollment Step 3)

[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 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

## Request Digital Certificate (Enrollment Step 3)

- ❑ Once challenge phrase is confirmed, 'Digital Certificate Request Received' message appears

### 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.

## Install Digital Certificate (Enrollment Step 3)

- ❑ **Wait 1 – 3 business days for email from PHINTech with digital certificate installation instructions**
  - *Email subject line: Action Required – Your CDC Digital Certificate Is Ready to Install*
  - *If you do not receive email after 4 or more business days, contact SDN*
    - *e-mail: [phintech@cdc.gov](mailto:phintech@cdc.gov)*
    - *telephone: 1-800-532-9929*

## Install Digital Certificate (Enrollment Step 3)

- ❑ Use the same computer to download the digital certificate that you will use to access NHSN & report data
- ❑ Strongly recommend involving your IT department
- ❑ Must use Internet Explorer to download
- ❑ Add trusted sites:
  - [https://\\*.cdc.gov/](https://*.cdc.gov/)
  - [https://\\*.verisign.com/](https://*.verisign.com/)
- ❑ Link in Digital Certificate Request Approved email
- ❑ Enter SDN challenge phrase & click “Submit”

# Install Digital Certificate (Enrollment Step 3)

- ❑ After you click submit, 'Download Digital ID' page appears



The screenshot shows the CDC website's 'Digital ID Enrollment' page. The header includes the CDC logo and navigation links for 'CDC Home', 'Search', and 'Health Topics A-Z'. A sidebar on the left provides 'SDN Support' information, including phone numbers (800-532-9929, 770-454-4863) and an email address (phintech@cdc.gov). The main content area is titled 'Centers for Disease Control and Prevention - Digital ID Enrollment' and 'Download Digital ID'. A prominent warning box contains the following text:

**\*\*\*WARNING\*\*\***

Please note the following requirements must be met to install a certificate on your machine. If you cannot meet any of these requirements, you should not proceed with the certificate installation.

1. Pop-up and script blocker software may interfere with your ability to install a digital certificate. If pop-up and script blocker software has been installed on your machine (e.g., via Windows XP Service Pack 2 and third-party antivirus software), you must disable them or allow them for the "CDC.GOV" domain while installing your digital certificate. If you are unsure of whether or not pop-up and script blocker software is active on your machine, or you have any questions about their use, please contact your local IT support.
2. Your browser must be configured to use TLS 1.0 encryption.

The certificate installation may take several seconds to complete. You must not click your browser's **Stop/Reload/Back** button during the installation process

At the bottom of the page, there is a 'Download' button. A large red arrow points to this button from the right side of the page.

## Install Digital Certificate (Enrollment Step 3)

- ❑ **Download begins automatically**
  - *If system settings are correct*
  - *If settings are incorrect, contact your IT dept and/or SDN*
  - *Security Warning asks if you want to install and run VeriSign Import Control, click yes*
  
- ❑ **Once installed, confirmation page appears**
  - *Verify installation in Internet Explorer*
    - *Click on "Tools" > "Internet Options"*
    - *Select the "Content" Tab > click "Certificates"*
  - *Save a copy: select your certificate, then choose "Export"*

# Save a Copy of your Digital Certificate (Enrollment Step 3)

The screenshot shows a Windows Internet Explorer browser window displaying the CDC website. The address bar shows the URL <http://www.cdc.gov/>. The browser's menu bar includes File, Edit, View, Favorites, and Tools. The Favorites bar shows several bookmarks, including '508', 'SDN login', 'wTracker - Login', 'dev test NHSN 6.4.0', 'Delmarva', 'CDC NHSN', and 'NG Time Reporting'. The main content area displays the CDC logo and the text 'Centers for Disease Control and Prevention' and 'Your Online Source for Credible Health Information'. Overlaid on the browser are two dialog boxes. The 'Internet Options' dialog box is open to the 'Content Advisor' tab, with the 'Certificates' button highlighted. The 'Certificates' dialog box is also open, showing the 'Personal' tab with a table of certificates. A red arrow points to the 'Export...' button in the 'Certificates' dialog box. Another red arrow points to the 'Certificates' button in the 'Internet Options' dialog box. A third red arrow points to the address bar of the browser window.

Centers for Disease Control and Prevention - Windows Internet Explorer provided by ITSO

http://www.cdc.gov/

File Edit View Favorites Tools

508 SDN login wTracker - Login dev test NHSN 6.4.0 Delmarva CDC NHSN NG Time Reporting

Centers for Disease Control and Prevention

Centers for Disease Control and Prevention  
Your Online Source for Credible Health Information

Internet Options

General Security Privacy Content Connections Programs Advanced

Content Advisor

Ratings help you control the Internet content that can be viewed on this computer.

Enable... Settings

Certificates

Use certificates for encrypted connections and authentication.

Clear SSL state Certificates Publishers

AutoComplete

AutoComplete stores previous entries on webpages and suggests matches for you.

Settings

Feeds and Web Slices

Feeds and Web Slices provide updated content from websites that can be read in Internet Explorer and other programs.

Settings

Certificates

Intended purpose: <All>

Personal Other People Intermediate Certification Authorities Trusted Root Certification

Issued To	Issued By	Expiration	Friendly Name
Alicia Shugart	CDC Secure Data Net...	1/26/2012	Alicia Shugart's ...

Import... Export... Remove Advanced...

Certificate intended purposes

<All>

View

## Install Digital Certificate (Enrollment Step 3)

- ❑ If the certificate is properly installed, you will immediately be able to access SDN at <https://sdn.cdc.gov/>
- ❑ If you cannot access SDN, contact them:
  - e-mail: [phintech@cdc.gov](mailto:phintech@cdc.gov)
  - telephone: 1-800-532-9929

# Digital Certificates

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

# NHSN Enrollment Steps 3 is Complete



**1. Agree to Rules of Behavior**

**2. Facility Registration**

**3. Acquire Digital Certificate**

- *Request*
- *Install*

**4. Access NHSN Enrollment Page**

- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

**5. Print, Sign & Return Consent Form**

- *Upon receipt, NHSN activates facility & sends confirmation email*

# NHSN Enrollment Step 4

Following successful digital certificate installation, you will immediately be able to access NHSN Enrollment Page

## 1. Agree to Rules of Behavior

## 2. Facility Registration

## 3. Acquire Digital Certificate

- *Request*
- *Install*

## 4. Access NHSN Enrollment Page

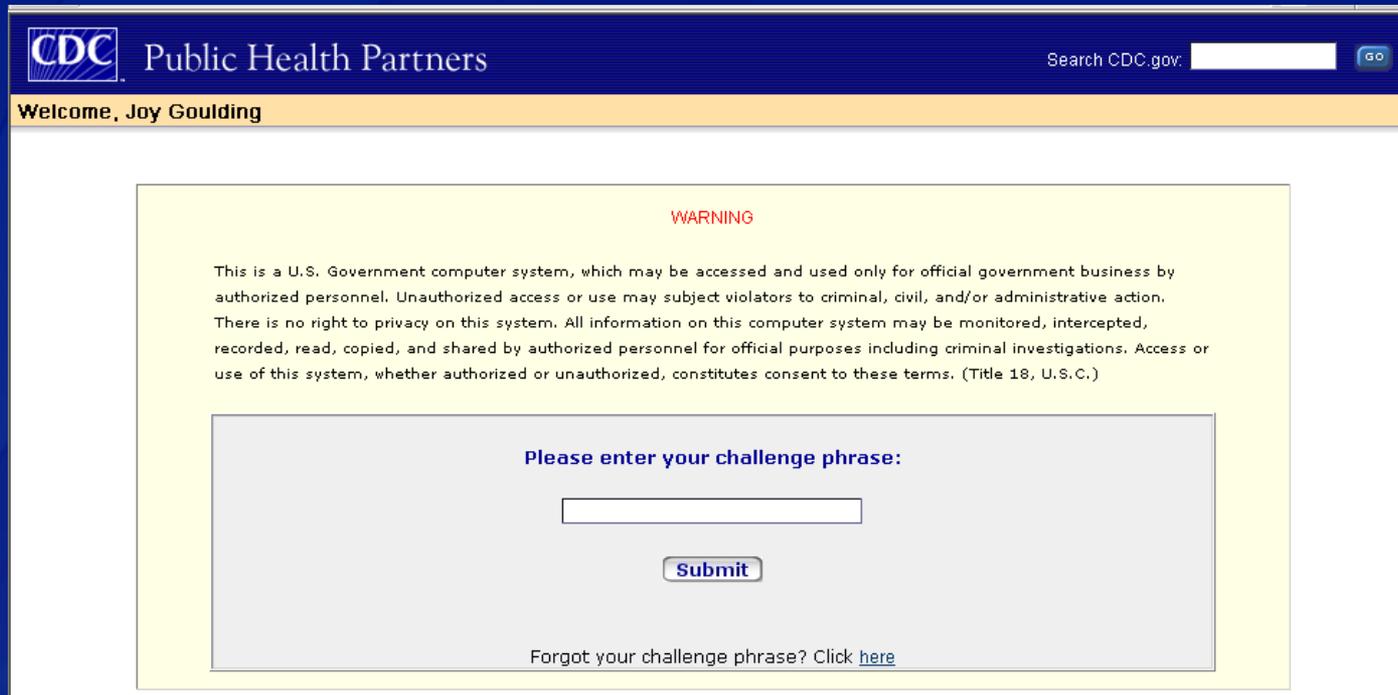
- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

## 5. Print, Sign & Return Consent Form

- *Upon receipt, NHSN activates facility & sends confirmation email*

# Access NHSN Enrollment (Enrollment Step 4)

- ❑ To log onto the NHSN via the SDN, go to:  
<https://sdn.cdc.gov>
- ❑ Enter your challenge phase



The screenshot shows the NHSN enrollment page. At the top left is the CDC logo and the text "Public Health Partners". At the top right is a search bar with the text "Search CDC.gov:" and a "GO" button. Below the search bar is a yellow banner with the text "Welcome, Joy Goulding". The main content area is a light yellow box containing a "WARNING" message in red text. The warning message 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 message is a grey box with the text "Please enter your challenge phase:" and a text input field. Below the input field is a "Submit" button. At the bottom of the grey box is a link that says "Forgot your challenge phrase? Click [here](#)".

CDC Public Health Partners

Search CDC.gov:

Welcome, Joy Goulding

**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 phase:

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

# Select 'NHSN Enrollment' (Enrollment Step 4)



Public Health Partners

Search CDC.gov:



[Partners Home](#) | [My Preferences](#) | [Help](#) | [Logout](#)

## My Applications

National Healthcare Safety ()

> [NHSN Enrollment](#)

> [Request Additional Activities](#)

## Electronic Reference

Select a database and search term to locate journals.

Database:

Search for:

## Emerging Infectious Diseases Journal

Current issue [Volume 17, Number 3—March 2011](#)

Topics include pregnancy and emerging infections; avian influenza; MRSA; chikungunya virus; recurrent TB.

## Preventing Chronic Disease Journal

Volume 8: Issue 2

ISSN: 1545-1151

### HIGHLIGHTS

- > [Deaf sign language users, health inequities, and public health: opportunity for social justice](#) (includes videos in American Sign Language)
- > [Lifestyle behaviors associated with secondary prevention of coronary heart disease among California adults](#)
- > [Clinical preventive services for patients at risk for cardiovascular disease, National Ambulatory Medical Care Survey, 2005-2006](#)

[Home](#) | [Policies and Regulations](#) | [Disclaimer](#) | [Statement of Accuracy](#) | [e-Government](#) | [FOIA](#) | [Contact Us](#)

SAFER • HEALTHIER • PEOPLE™

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A  
Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435

  
Your First Click to the U.S. Government



Department of Health  
and Human Services

# Access & Print Required Enrollment Forms (Enrollment Step 4)



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

NHSN - National Healthcare Safety Network

[Home](#)

## Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



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



# Complete Enrollment Forms

## Enrollment Forms (Step 4)

### Facility Enrollment Forms

#### **Patient Safety Component**

*Hospital applicants, print these:*

[Facility Contact Information](#)

[Facility 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](#)

#### **Biovigilance Component**

*Any facility type, print these:*

[Facility Contact Information](#)

[Facility Survey](#)

Back

\* 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 Components:

Indicate which component(s) of the facility will use initially. Components may be added at any time after enrollment.

Patient Safety Component

Healthcare Personnel Safety Component

Biovigilance Component

# Facility Contact Information

## ❑ Dialysis requires a Patient Safety Primary Contact Person

- *Person who will be most involved with Patient Safety surveillance*
- *Can be the Facility Administrator*



## Facility Contact Information

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

Page 2 of 2

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

\*Name:

Title:

\*Mailing Address: (if different from facility) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*City:

\*State:

\*ZIP:

-

\*Telephone Number:(    )

Extension:

FAX Number:(    )

Pager Number: (    )

\*Email:

# Facility Contact Information Form

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:	Valid email account required	
Microbiology Laboratory Director/Supervisor (if different from Facility Administrator)			
*Name:			
Title:			
*Mailing Address: (if different from facility) _____ _____			
*City:	*State:	*ZIP:	-
*Telephone Number:( )	Extension:	FAX Number:( )	
Pager Number:( )	*Email:	Valid email account required	
Biovigilance Primary Contact (if different from Facility Administrator)			
*Name:			
Title:			
*Mailing Address: (if different from facility) _____ _____			

**HCP Safety  
Primary Contact  
is not required  
for Dialysis**

**Lab Contact is  
Required – can  
use FA if N/A**

**Biovigilance  
Primary Contact  
is not required  
for Dialysis**

# Outpatient Dialysis Center Practices Survey

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

# Outpatient Dialysis Center Practices Survey



## Patient Safety Component – Outpatient Dialysis Center Practices Survey

OMB No. 0920-0666  
Exp. Date: 03-31-2011

Page 1 of 4

\* required

Facility ID#: \_\_\_\_\_

\*Survey Year: \_\_\_\_\_

### A. Facility Information

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

\*2. Location/hospital affiliation of your dialysis center:  Freestanding  Hospital based  
 Freestanding but owned by a hospital

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

In-center hemodialysis  Peritoneal dialysis  Home hemodialysis

\*4. Number of in-center hemodialysis stations: \_\_\_\_\_

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

If Yes, name of group or chain:

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

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

Dialysis Corp. of America  Renal Research Institute  Satellite Healthcare

# Outpatient Dialysis Center Practices Survey

Staff immunizations




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

## B. Patient and staff census

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

Of these, please indicate the number who received:

a. in-center hemodialysis: \_\_\_\_\_

b. home hemodialysis: \_\_\_\_\_

c. peritoneal dialysis: \_\_\_\_\_

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

Specify the number of these clinical staff by category:

a. nurse/nurse assistant: \_\_\_\_\_

e. dietician: \_\_\_\_\_

b. dialysis patient-care technician: \_\_\_\_\_

f. physicians/physician assistant: \_\_\_\_\_

c. dialysis biomedical technician: \_\_\_\_\_

g. nurse practitioner: \_\_\_\_\_

d. social worker: \_\_\_\_\_

h. other: \_\_\_\_\_

## C. Vaccines

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

a. at least 3 does of hepatitis B vaccine (ever)?: \_\_\_\_\_

b. the influenza (flu) vaccine for this flu season (September or later)?: \_\_\_\_\_

c. the pneumococcal vaccine (ever)? \_\_\_\_\_

\*15. Does your facility use standing orders to allow nurses to administer vaccines to patients without a specific physician order?

Yes, for some or all vaccines

# Enroll Facility (Enrollment Step 4)

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



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

NHSN - National Healthcare Safety Network

[Home](#)

## Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



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

# Submit Facility Contact Information (Enrollment Step 4)

## Submit required form information



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

NHSN - National Healthcare Safety Network

Contact us

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

### Facility Enrollment

[Print PDF Form](#)

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 HCFA ID (not NPI)\*:  Select  if CMS HCFA ID Not Applicable

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

Facility's Object Identifier (OID) for CDA

Object Identifier:

Click to verify values provided above before proceeding.

# Submit Facility Contact Information (Enrollment Step 4)

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

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

AHA ID*: N/A	Select <b>X</b> if AHA ID Not Applicable
CMS HCFA ID (not NPI)*: N/A	Select <b>X</b> if CMS HCFA ID Not Applicable
VA station code*: N/A	Select <b>X</b> if VA Station Code Not Applicable
Enrollment number*: 2313	Required if AHA ID, CMS HCFA ID and VA Station Code are all listed as

Facility's Object Identifier (OID) for CDA  
Object Identifier:

---

**Facility Type \***

---

**NHSN Components**

Indicate which component(s) the facility will use initially \*

Patient Safety Component  
 Healthcare Personnel Safety Component  
 Biovigilance

---

**NHSN Facility Administrator**

First name\*:   
Middle name:

# Submit Dialysis Survey (Enrollment Step 4)

- ❑ Survey cannot be saved in progress, use paper form to submit electronically in one session

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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1) | [NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

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

## Add Annual Survey

[HELP](#) [Print Dialysis Survey](#)

Mandatory fields marked with \*

Facility ID: \*

Survey Type: \*

Survey Year: \*

---

**Facility Information:**

1. Ownership of your dialysis center: \*

2. Location/hospital affiliation of your dialysis center: \*

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

In-center hemodialysis

Peritoneal dialysis

## Submit Required Forms (Enrollment Step 4)

- ❑ **Once survey information is saved, a green checkmark displays next to it**
  - *Can print a completed survey for your records*
- ❑ **Once all required forms information is entered and saved, click 'Submit'**

### Required survey(s)

As part of the enrollment process, please provide the data requested for the following survey(s). Click on the button to the survey and complete it. When you are finished, you will return to this page to complete the enrollment process.

**Outpatient Dialysis Center Practices Survey** - [Print Completed Survey](#)

Submit

## Enrollment Step 4 Confirmation

- ❑ Once required forms are saved and submitted, confirmation message displays



The screenshot shows the NHSN enrollment confirmation page. At the top left is the CDC logo, followed by the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is the NHSN logo and the text "NHSN - National Healthcare Safety Network". On the right side, there is a "Contact us" link. The main content area has a light blue sidebar on the left with links for "Start" and "Leave Enroll". The main content area has a white background with the heading "Enroll Facility" and a green checkmark icon followed by the text: "The enrollment for facility 'Alicia's Test Facility' with tracking number 19907 has been completed. The Facility Administrator will receive an email with further instructions."

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

# NHSN Enrollment Step 4 is Complete

**1. Agree to Rules of Behavior**

**2. Facility Registration**

**3. Acquire Digital Certificate**

- *Request*
- *Install*



**4. Access NHSN Enrollment Page**

- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

**5. Print, Sign & Return Consent Form**

- *Upon receipt, NHSN activates facility & sends confirmation email*

# NHSN Enrollment Step 5

**1. Agree to Rules of Behavior**

**2. Facility Registration**

**3. Acquire Digital Certificate**

- *Request*
- *Install*

**4. Access NHSN Enrollment Page**

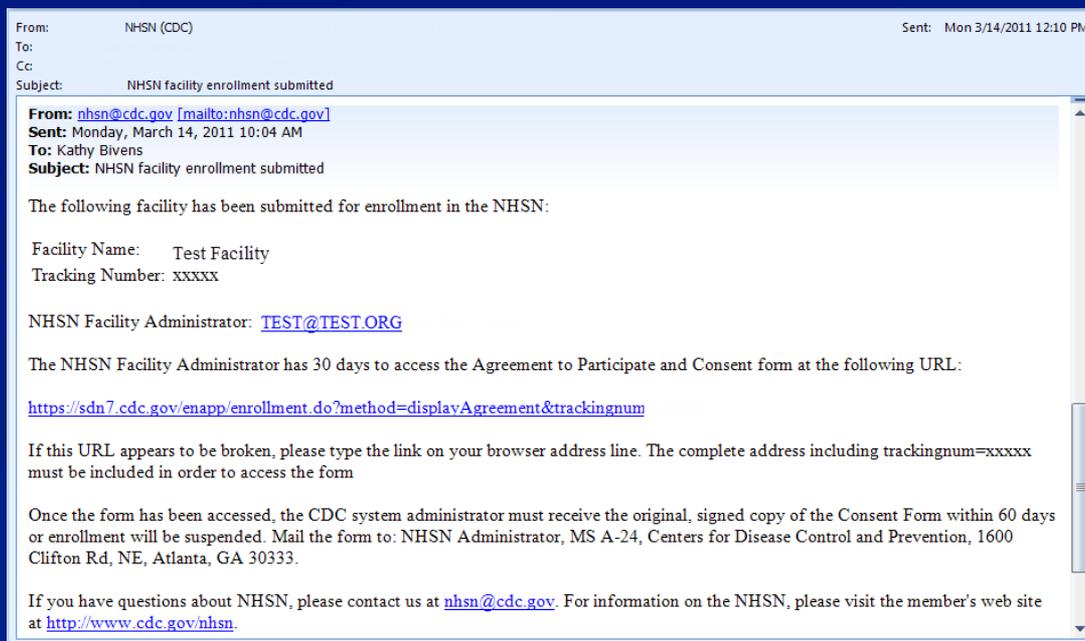
- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

**5. Print, Sign & Return Consent Form**

- *Upon receipt, NHSN activates facility & sends confirmation email*

# Consent Form ( Enrollment Step 5)

- ❑ **NHSN email contains a link to your consent form**
  - *Consent forms are facility-specific, you must print the consent form provided in the email link*
- ❑ **You have 30 days to open the link & print form**
- ❑ **Once printed, CDC must receive it within 60 days**





## Agreement to Participate and Consent Page 3 of 3

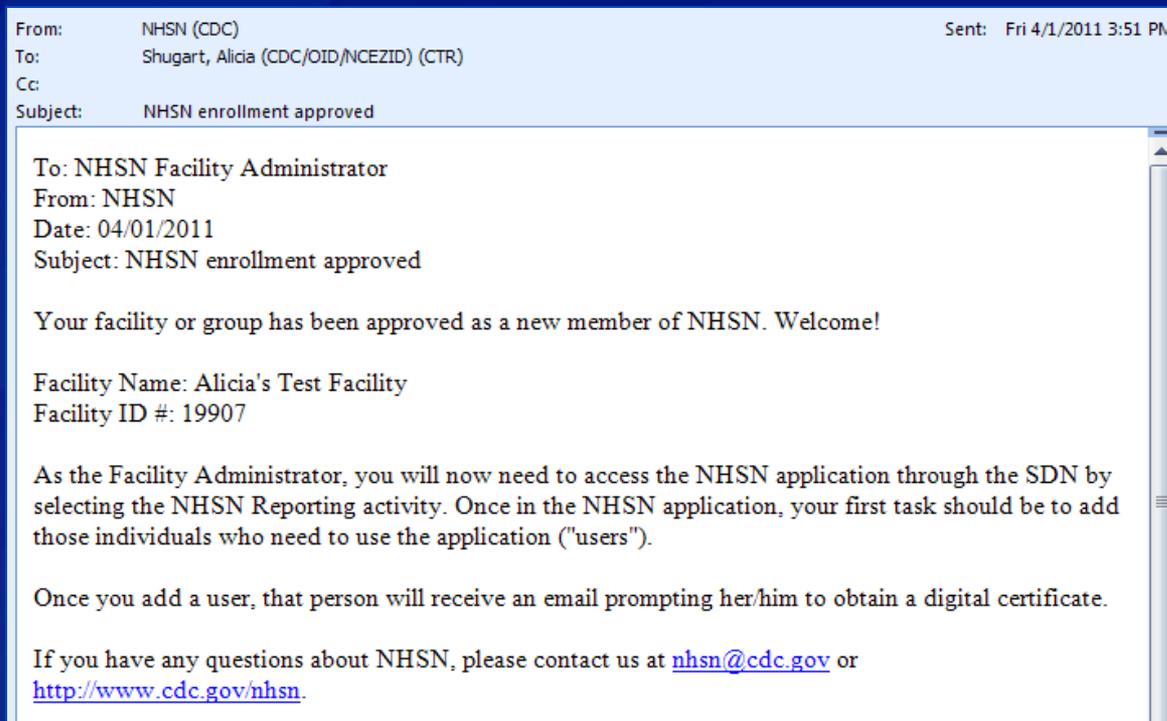
<small>^Required if participating in Component</small>	<b>Consent</b>	<b>Tracking #</b>
<small>*Required</small>		
<b>Primary Contact(s)</b> As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in NHSN.		
<b>NHSN Patient Safety Primary Contact Person</b>		
Name:	S	
Title:		
^Signature: _____		^Date: _____
<b>NHSN Healthcare Personnel Safety Primary Contact Person</b>		
Name:		
<small>(if different from Patient Safety Primary Contact)</small>		
Title:		
^Signature: _____		^Date: _____
<b>NHSN Biovigilance Primary Contact Person</b>		
Name:		
Title:		
^Signature: _____		^Date: _____
<b>Official Authorized to Bind this Facility To The Terms of This Agreement (e.g., COO/CEO/CFO)</b> 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, <b>including the updated purposes of NHSN</b> , and hereby consent to allow the facility to participate in NHSN. I understand that the new NHSN purposes and data disclosures will begin with data entered no earlier than January 1, 2011.		
*Name:		
*Title:		
*Signature: _____		*Date: _____
Facility Name:		
Main Facility Telephone Number:		
Street Address:		
City:	State:	ZIP: -
Please keep a copy for your records.		
<small>(Rev) Rev. 3, v1.3</small>		

# Agreement to Participate and Consent (Enrollment Step 5)

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

# Consent Form ( Enrollment Step 5)

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



# NHSN Enrollment Step 5 is Complete

Enrollment is complete!

## 1. Agree to Rules of Behavior

## 2. Facility Registration

## 3. Acquire Digital Certificate

- *Request*
- *Install*



## 4. Access NHSN Enrollment Page

- *Submit Facility Contact Information*
- *Submit Outpatient Dialysis Practices Survey*

## 5. Print, Sign & Return Consent Form

- *Upon receipt, NHSN activates facility & sends confirmation email*

**GET STARTED: NHSN SET-UP**

## NHSN Set-Up

- ❑ **Immediately following facility activation, you will be able to login to SDN and select 'NHSN Reporting' to set-up NHSN for your Facility**
  - *If you do not have the NHSN Reporting link, contact the NHSN Helpdesk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov)*

**1. Login to SDN – Select 'NHSN Reporting'**

**2. Add Users & Assign Rights**

**3. Add 'Outpatient Hemodialysis Clinic' Location**

**4. Creating Monthly Reporting Plans**

**5. Begin Reporting Data**

## Login to NHSN

- ❑ Go to <https://sdn.cdc.gov> & enter your challenge phrase
- ❑ Click on 'NHSN Reporting'



Public Health Partners

Part

### My Applications

National Healthcare Safety Network (NHSN)

> [NHSN Reporting](#)

> [Request Additional Activities](#)

### Electronic Reference

Select a database and search term to locate

### Emerging Infectious Diseases Journal

Current issue [Volume 17, Number 5–May 2011](#)

Topics include pregnancy and emerging infections; avian influenza;

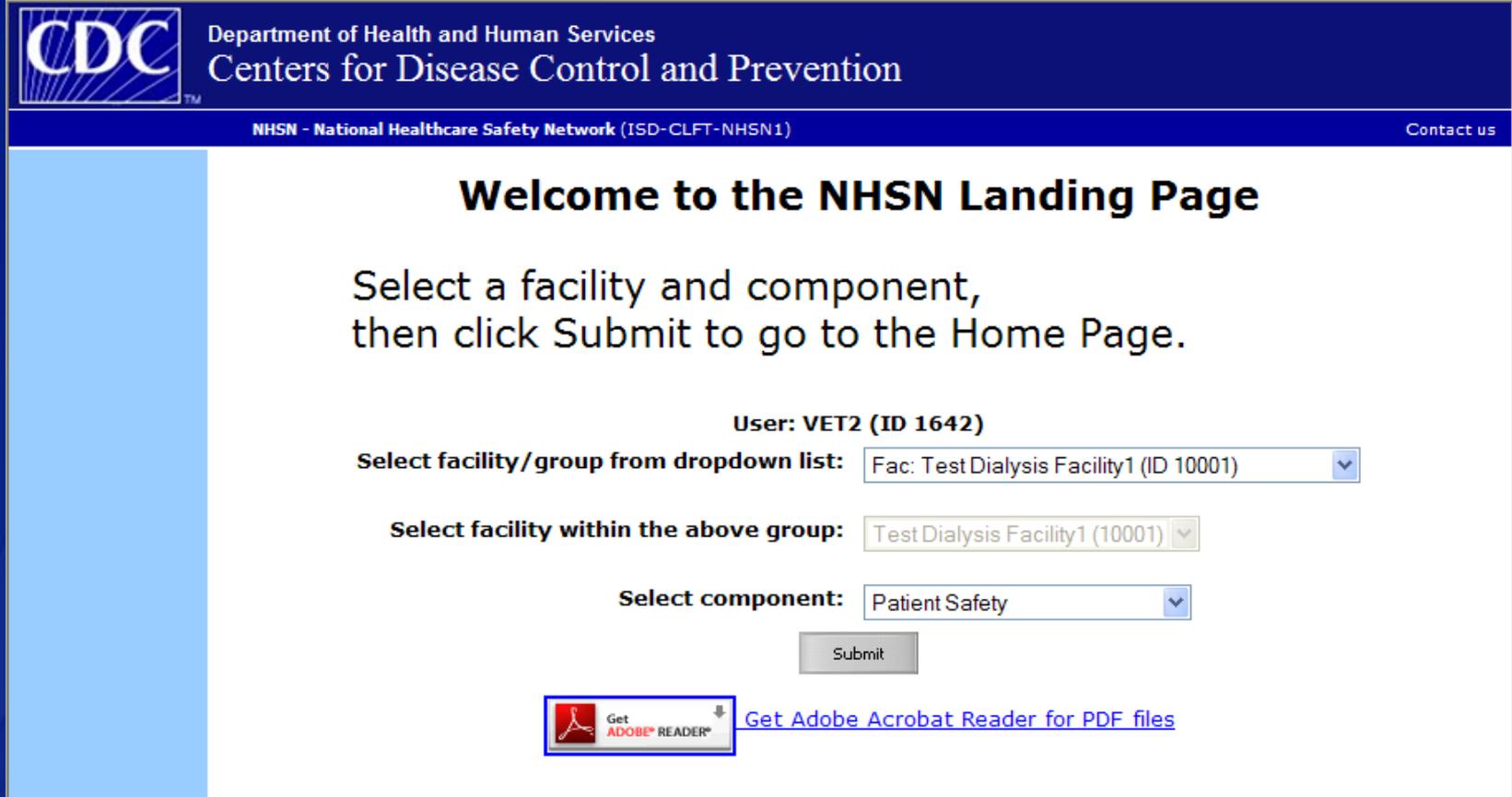
### Preventing Chronic Disease Journal

Volume 8: Issue 3

ISSN: 1545-1151

# NHSN Landing Page

- ❑ Select 'Patient Safety' and click 'Submit'



The screenshot shows the NHSN Landing Page. At the top left is the CDC logo with the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is a dark blue navigation bar with "NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)" on the left and "Contact us" on the right. The main content area has a white background with a light blue sidebar on the left. The heading "Welcome to the NHSN Landing Page" is centered. Below it is the instruction: "Select a facility and component, then click Submit to go to the Home Page." The user information "User: VET2 (ID 1642)" is displayed. There are three dropdown menus: "Select facility/group from dropdown list:" with the value "Fac: Test Dialysis Facility1 (ID 10001)", "Select facility within the above group:" with the value "Test Dialysis Facility1 (10001)", and "Select component:" with the value "Patient Safety". A "Submit" button is located below the dropdowns. At the bottom, there is a "Get Adobe Reader" icon and a link to "Get Adobe Acrobat Reader for PDF files".

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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1) [Contact us](#)

## Welcome to the NHSN Landing Page

Select a facility and component,  
then click Submit to go to the Home Page.

User: VET2 (ID 1642)

Select facility/group from dropdown list:

Select facility within the above group:

Select component:

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

# NHSN Patient Safety Home Page



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

 **NHSN Home**

**Reporting Plan**

**Patient**

**Event**

**Procedure**

**Summary Data**

**Import/Export**

**Analysis**

**Surveys**

**Users**

**Facility**

**Group**

**Log Out**

Logged into Test Dialysis Facility1 (ID 10001) as VET2.  
Facility Test Dialysis Facility1 (ID 10001) is following the PS component.

## NHSN Patient Safety Component Home Page

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

**Assurance of Confidentiality:** The voluntarily provided 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)).

**NHSN maintenance may occur nightly  
between 12am and 6am Eastern time.**



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

## Add Users

- ❑ **NHSN Facility Administrator adds Users**
- ❑ **NHSN navigation bar: select Users, then Add or Find**
- ❑ **Enter data for user**
- ❑ **Assign basic set of Patient Safety rights**
  - *Do not try to Customize Rights at this time*
- ❑ **New user must complete relevant training(s)**
- ❑ **Once added, new user will receive email with instructions to:**
  - *Read & accept Rules of Behavior*
  - *Request their digital certificate*

# Add User



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

NHSN - National Healthcare Safety Network

NHSN Home

NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Add

Find

Facility

Group

Log Out

Logged into Dialysis Test Clinic (ID 19685) as ALICIA.  
Facility Dialysis Test Clinic (ID 19685) is following the PS component.

## Add User

HELP

Mandatory fields marked with \*

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

Prefix:

First Name \*:

Middle Name:

Last Name \*:

Title:

User Active:

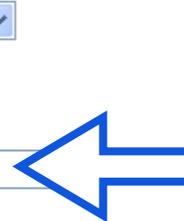
User Type:

Phone Number:

Fax Number:

E-mail Address\*:

Address, line 1:



**Use same email address for User's digital certificate!**



- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
  - Add
  - Find
- Facility
- Group
- Log Out

## Edit User Rights

User MGOODALL (ID 1619) saved successfully. Please add rights for the new user.

[HELP](#)

User ID: MGOODALL (ID 1619)

Mount Sinai Medical Center (10127)

Facility List:

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

**Assign user rights so they can analyze, enter and/or view facility data**

Advanced

Effective Rights

Save

Back

# Deactivate Users as Necessary (When Staff Member Leaves)



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

NHSN - National Healthcare Safety Network (apt-v-nhsn-test)

NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Add

Find

Facility

Group

Log Out

## User List

HELP

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

<input type="checkbox"/>	<a href="#">Name</a>	<a href="#">Title</a>	<a href="#">User ID</a>
<input type="checkbox"/>	<a href="#">Cossell, Howard S</a>	CMO	HCOSSEL
<input type="checkbox"/>	<a href="#">Thompson, Jonathon</a>	CIO	JTHOMPSON
<input type="checkbox"/>	<a href="#">Mincey, Brian</a>	ICP	BMINCEY
<input type="checkbox"/>	<a href="#">Templeton, Mindy</a>	DIALYSIS RN	MTEMPLETON
<input type="checkbox"/>	<a href="#">Brown, Gregory B</a>	MICROBIOLOGIST	GBROWN
<input checked="" type="checkbox"/>	<a href="#">Stein, Kerry</a>	ICP	KSTEIN
<input type="checkbox"/>	<a href="#">Johnson, Luther</a>	DIALYSIS RN	LJOHNSON

Deactivate



## **Add Outpatient Hemodialysis Clinic Location**

- ❑ **Surveillance locations need to be mapped to a CDC location description**
- ❑ **NHSN navigation bar: select Facility, then Locations**
- ❑ **Most dialysis facilities have 1 location:**
  - *Hospitals usually have several areas (e.g., ICU, CRU, ED)*
  - *Outpatient Dialysis usually has only 1 surveillance location*
- ❑ **You choose a Code and Label**
  - *They can be the same*
- ❑ **CDC location description: "Outpatient Hemodialysis Clinic"**
- ❑ **Bedsizes is the number of dialysis stations**

# Add Outpatient Hemodialysis Clinic



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

**NHSN Home**

**Reporting Plan**

**Patient**

**Event**

**Procedure**

**Summary Data**

**Import/Export**

**Analysis**

**Surveys**

**Users**

**Facility**

[Customize](#)

[Facility Info](#)

[Add/Edit Component](#)

[Locations](#)

[Surgeons](#)

**Group**

**Log Out**

Logged into Test Dialysis Facility1 (ID 10001) as VET2.  
Facility Test Dialysis Facility1 (ID 10001) is following the PS component.

## 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 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 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 box(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 \*

Your Code\*:

Your Label\*:

CDC Location Description\*:

Status\*:

Bed Size:

A bed size greater than zero is required for most inpatient locations.

Find

Add

Clear

## NHSN Set-Up

- You have now completed all one-time requirements!

1. Login to SDN – Select 'NHSN Reporting'

2. Add Users & Assign Rights

3. Add 'Outpatient Hemodialysis Clinic' Location

4. Creating Monthly Reporting Plans

5. Begin Reporting Data



<b>Frequency</b>	<b>NHSN Activity</b>
<i>One time</i>	<ul style="list-style-type: none"><li>✓ <i>NHSN enrollment</i></li><li>✓ <i>Add locations</i></li></ul>
<i>Once a year</i>	<ul style="list-style-type: none"><li>✓ <i>Practices survey (upon enrollment &amp; annually thereafter)</i></li><li>✓ <i>Renew digital certificate</i></li></ul>
<i>Once a month</i>	<ul style="list-style-type: none"><li>• <i>Monthly Reporting Plan (or in advance)</i></li><li>• <i>Monthly Patient Census (denominator)</i></li></ul>
<i>As needed</i>	<ul style="list-style-type: none"><li>• <i>Dialysis Events (numerator)</i></li><li>• <i>Conduct analysis</i></li><li>✓ <i>Add/deactivate users</i></li><li>• <i>Add patients</i></li></ul>

# **DATA ENTRY – REPORTING SURVEILLANCE DATA**

# Data Collection Forms

## Where to find Dialysis Event forms

- ❑ [http://www.cdc.gov/nhsn/psc\\_da\\_de.html](http://www.cdc.gov/nhsn/psc_da_de.html)
- ❑ Print from within NHSN

## Forms Instructions

- ❑ **Patient Safety Component Manual – Chapter 14: Tables of Instructions**
  - [http://www.cdc.gov/nhsn/PDFs/pscManual/14\\_Tables\\_of\\_Instructions.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/14_Tables_of_Instructions.pdf)

## **Add a Monthly Reporting Plan General Data**

- ❑ NHSN Navigation Bar: select 'Reporting Plan', then 'Add'**
- ❑ Select Month & Year of surveillance**
- ❑ Choose surveillance location from drop-down menu**
- ❑ Select 'DE' checkbox**
- ❑ Leave other modules blank**
- ❑ Option to choose "No NHSN Patient Safety Modules Followed this Month"**
  - *NHSN requires  $\geq 6$  months/year to remain active*
  - *Collaborative members report every month*
- ❑ Click Save**

# Add a Monthly Reporting Plan General Data



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

NHSN - National Healthcare Safety Network (apt-v-nhsn-test)

NHSN Home

Reporting Plan

Add

Find

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

Group

Log Out

## Add Monthly Reporting Plan

No data found for November, 2010

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

# Patient Census – Denominator Data

## ❑ Population:

- *Chronic hemodialysis outpatients*

## ❑ Denominator:

- *Number of dialysis outpatients on the first 2 working days of the month*
- *Stratified by 5 vascular access types*

## ❑ Complete Patient Census once per month

- *Complete a Denominators for Outpatient Dialysis – Census form*

## ❑ Count each patient once

- *If they have > 1 access, record the highest risk access only:*
  - *Fistula < Graft < Tunneled Central Line < Nontunneled Central Line*

# Add Monthly Patient Census Denominator Data

- ❑ NHSN Navigation Bar: select Summary Data, then Add
- ❑ Choose “Device Associated – Outpatient Dialysis – Census Form” from the drop down menu

The screenshot displays the NHSN web application interface. At the top left is the CDC logo, followed by the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is the text "NHSN - National Healthcare Safety Network (apt-v-nhsn-test)".

The left navigation bar contains the following items: NHSN Home, Reporting Plan, Patient, Event, Procedure, Summary Data, Add, Find, Incomplete, Import/Export, Analysis, Surveys, Users, and Facility. Red arrows point to "Summary Data" and "Add".

The main content area is titled "Add Patient Safety Summary Data". It features a "Summary Data Type:" label and a dropdown menu. The dropdown menu is open, showing a list of options. A red arrow points to the selected option, "Device Associated - Outpatient Dialysis - Census Form".

Summary Data Type
Device Associated - Outpatient Dialysis - Census Form
Device Associated - Intensive Care Unit / Other Locations
Device Associated - Neonatal Intensive Care Unit
Device Associated - Specialty Care Area
Device Associated - Outpatient Dialysis - Census Form
MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring
Vaccination Monthly Summary Method
Denominators for Patient-Level Vaccination Method

# Add Monthly Patient Census Denominator Data



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

[NHSN Home](#)

- [Reporting Plan](#)
- [Patient](#)
- [Event](#)
- [Procedure](#)
- [Summary Data](#)
  - [Add](#)
  - [Find](#)
  - [Incomplete](#)
- [Import/Export](#)
- [Analysis](#)
- [Surveys](#)
- [Users](#)
- [Facility](#)
- [Group](#)
- [Log Out](#)

Logged into Test Dialysis Facility1 (ID 10001) as VET2.  
Facility Test Dialysis Facility1 (ID 10001) is following the PS component.

## Denominators for Outpatient Dialysis - Census Form

[HELP](#)

Mandatory fields marked with \*

[Print PDF Form](#)

**Facility ID\*:** 10001 (Test Dialysis Facility1)

**Location Code\*:** DIA1 - DIALTEST1

**Month\*:** March

**Year\*:** 2011

Vascular Access Type	Number of Chronic Hemodialysis Patients
----------------------	---

Fistula\*:

Graft\*:

Tunneled Central Line\*:

Nontunneled Central Line\*:

Other Access Device (e.g., hybrid access)\*:

Total Patients\*:

## Dialysis Event – Numerator Data

- ❑ **Population: chronic hemodialysis outpatients**
- ❑ **Numerator: dialysis events**
  - *IV antimicrobial start*
  - *Positive blood culture*
  - *Pus, redness, or increased swelling at the vascular access site*
- ❑ **Collect Dialysis Event information as events occur**
  - *Complete a Dialysis Event form for each dialysis event*
- ❑ **Optional – use Dialysis Event Log form & complete Dialysis Event forms later**

## Add a Dialysis Event Numerator Data

- ❑ **NHSN navigation bar: select Event, then Add**
- ❑ **Add patient information**
  - *Add patient directly now*
  - *Leave Patient ID # blank & click Find to search by name*
  - *Retrieve using Patient ID #*
- ❑ **Event Type: DE – Dialysis Event**
- ❑ **Choose Dialysis Event type(s)**
  - *IV antimicrobial start*
  - *Positive blood culture*
  - *Pus, redness, or increased swelling at the vascular access site*
- ❑ **Indicate Problem(s) & Outcomes**
- ❑ **Click Save**

# Add a Dialysis Event



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

NHSN Home

Reporting Plan

Patient

Event

Add

Find

Incomplete

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

Group

Log Out

Logged into Test Dialysis Facility1 (ID 10001) as VET2.  
Facility Test Dialysis Facility1 (ID 10001) is following the PS component.

## Add Event

Mandatory fields marked with \*

Fields required for record completion marked with \*\*

Fields required when in Plan marked with >

### Patient Information

Facility ID\*:

Event #:

Patient ID\*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender\*:

Date of Birth\*:

Ethnicity:

Race:  American Indian/Alaska Native  Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

# Add a Dialysis Event



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

NHSN Home

Reporting Plan

Patient

Event

Add

Find

Incomplete

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

Group

Log Out

Logged into Test Dialysis Facility1 (ID 10001) as VET2.  
Facility Test Dialysis Facility1 (ID 10001) is following the PS component.

## Add Event

Mandatory fields marked with \*

Fields required for record completion marked with \*\*

Fields required when in Plan marked with >

### Patient Information HELP

Facility ID\*:

Patient ID\*:

Social Security #:

Last Name:

Middle Name:

Gender\*:

Ethnicity:

Race:  American Indian/Alaska Native  Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

If a patient has previously been entered into NHSN, you can locate them using the "Find" button

# Add a Dialysis Event

## Event Information [?HELP](#)

Event Type\*: DE - Dialysis Event

Date of Event\*: 01/03/2011

Location\*: DIA1 - DIALTEST1

## Risk Factors [?HELP](#)

Vascular Accesses (check all that apply)>: Access Placement Date:

Fistula

Graft

Tunneled Central Line

Nontunneled Central Line

Other Access Device(eg., hybrid access)

## Event Details [?HELP](#)

Specify Event (check one or more)>:

IV antimicrobial start. Was IV vancomycin started?:

Patient with a positive blood culture

Suspected source of positive blood culture:

Pus, redness, or increased swelling at vascular access site

Check the access site(s) with pus, redness, or increased swelling:

Fistula

Graft

Tunneled Central Line

Nontunneled Central Line

Other Access Device

**Event Type:**  
*Always choose DE – Dialysis Event even if other options seem applicable (e.g. BSI)*

# Add a Dialysis Event

- ❑ All 3 Dialysis Event types require problem(s) specified
- ❑ Positive blood culture also requires pathogen(s) info

access)

---

**Event Details** [?HELP](#)

Specify Event (check one or more)>:

IV antimicrobial start. Was IV vancomycin started?:

Patient with a positive blood culture

Suspected source of positive blood culture:

Pus, redness, or increased swelling at vascular access site

Check the access site(s) with pus, redness, or increased swelling:

Fistula  Graft  Tunneled Central Line  Nontunneled Central Line  Other Access Device

Problem(s) (select one or more)>:

Fever  $\geq 37.8^{\circ}\text{C}$  ( $100^{\circ}\text{F}$ ) oral  Chills or rigors  Drop in blood pressure

Wound (NOT related to vascular access) with pus or increased redness

Cellulitis (skin redness, heat, or pain without open wound)

Pneumonia or respiratory infection

Other (specify):

Outcome:  Hospitalization\*  Death\*

---

**Pathogens** [?HELP](#)

# Add a Dialysis Event Positive Blood Culture

- Enter up to 3 pathogens and indicate antimicrobial susceptibility results:

**S = Susceptible**    **R = Resistant**    **I = Intermediate**    **N = Not Tested**

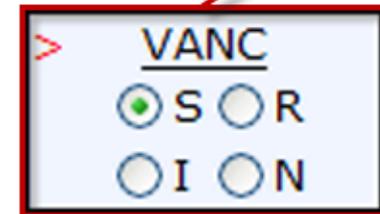
## Pathogens [HELP](#)

Pathogen 1:   11 drugs required

> <u>AMP</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>CIPRO</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>LEVO</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>MOXI</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>DOXY</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>MINO</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>DAPTO</u> <input checked="" type="radio"/> S <input type="radio"/> NS <input type="radio"/> N
> <u>GENTHL</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> N	> <u>LNZ</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>QUIDAL</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>STREPHL</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> N	> <u>TETRA</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>TIG</u> <input checked="" type="radio"/> S <input type="radio"/> NS <input type="radio"/> N	> <u>VANC</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N

Pathogen 2:

Pathogen 3:



# OPTIONAL: Add Patients

## □ Add patients one at a time



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1) | [NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

Logged into Test Dialysis Facility1 (ID 10001) as VET2.  
Facility Test Dialysis Facility1 (ID 10001) is following the PS component.

**Reporting Plan**

**Patient** ←

- Add
- Find

**Event**

**Procedure**

**Summary Data**

**Import/Export**

**Analysis**

**Surveys**

**Users**

**Facility**

**Group**

**Log Out**

## Add Patient

Mandatory fields marked with \*

[Print PDF Form](#)

**Patient Information** [?HELP](#)

Facility ID\*:

Patient ID\*:

Secondary ID:

Last Name:

Middle Name:

Gender\*:

Birth Weight (grams):

Ethnicity:

Race:  American Indian/Alaska Native  Asian  
 Black or African American  Native Hawaiian/Other Pacific Islander  
 White

Social Security #:

First Name:

Date of Birth\*:  

# OPTIONAL: Add Patients Import Patient Roster

- ❑ You can import a patient roster
- ❑ 3 required fields: patient ID, date of birth & gender
- ❑ NHSN navigation bar: select 'Import/Export'
  - *Must be in an ASCII comma delimited format*
  - *Download from an existing database*

The screenshot displays the NHSN web application interface. At the top left is the CDC logo. The header text reads "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is the NHSN logo and the text "NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)". On the right side of the header, there are links for "NHSN Home", "My Info", "Contact us", "Help", and "Log Out".

The main content area shows a navigation menu on the left with the following items: "NHSN Home", "Reporting Plan", "Patient", "Event", "Procedure", "Summary Data", "Import/Export", "Analysis", "Surveys", "Users", "Facility", "Group", and "Log Out". A red arrow points to the "Import/Export" menu item.

The main content area is titled "Import/Export Data". It contains a form with the label "Import/Export Type:" and a dropdown menu. The dropdown menu is open, showing the following options: "CSV Import", "Patients", "Procedures", "Surgeons", "CDA Import", "Events, Summary Data, Procedure Denominators", "SSI events (requires link to procedure)", "Export", and "Export Facility Data". A red arrow points to the "Patients" option in the dropdown menu.

# ANALYSIS



# Analysis

- ❑ **Monthly analysis is recommended to:**
  - *Ensure all data have been reported*
  - *Detect problems in your facility*
  - *Provide feedback to your staff*
- ❑ **There are default analysis options, or you can customize output**
- ❑ **You can compare your rates against aggregate rates**

## Perform Analysis within NHSN

1. **NHSN navigation bar: select 'Analysis'**
2. **NHSN Navigation bar: select "Generate Data Sets" for up-to-date analysis**
  - *May take a few minutes*
3. **NHSN Navigation bar: select 'Output Options'**
  - *Device-Associated Module folder*
  - *Dialysis Events folder*
  - *CDC Defined Output folder*
4. **Choose desired output option(s)**
5. **Select 'Run' for default output or 'Modify' to change analysis specifications**

# Perform Analysis within NHSN

## Generate an up-to-date dataset



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

**NHSN Home**

Reporting Plan

Patient

Event

Procedure

Summary Report

Import/Export

Analysis

▣ Generate Data Sets

▣ Output Options

▣ Statistics Calculator

Surveys

Users

Facility

Group

Log Out

Logged into Test Dialysis Facility1 (ID 10001) as VET2.  
Facility Test Dialysis Facility1 (ID 10001) is following the PS component.

## Generate Data Sets

HELP

Generate Patient Safety Analysis Data Sets

Date Last Generated	Action
---------------------	--------

Mar 9 2011 11:11AM	<input type="button" value="Generate New"/>
--------------------	---

The data set generation process will take several minutes. Do not logoff or close this window while the process is running. You may minimize the browser window and work in other applications while you wait.

# Perform Analysis within NHSN



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

NHSN Home

NHSN Home

Logged into Test Dialysis Facility1 (ID 10001) as VET2.  
Facility Test Dialysis Facility1 (ID 10001) is following the PS component.

Reporting Plan

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

- Generate Data Sets
- Output Options
- Statistics Calculator

Surveys

Users

Facility

Group

Log Out

## Patient Safety Component

Analysis Output Options

Expand All

Collapse All

- Device-Associated Module
- Procedure-Associated Module
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- Vaccination Module
- Advanced
- My Custom Output
- Published Output

# Perform Analysis within NHSN

- ❑ 'Run' for default output or 'Modify' to customize output

The screenshot displays the NHSN analysis interface. On the left is a navigation menu with the following items: Summary Data, Import/Export, Analysis (with sub-items: Generate Data Sets, Output Options, Statistics Calculator), Surveys, Users, Facility, Group, and Log Out. The main area features a tree view under the heading 'Device-Associated Module'. At the top of this area are 'Expand All' and 'Collapse All' buttons. The tree view includes folders for 'All Device-Associated Events', 'Central Line-Associated BSI', 'Ventilator-Associated PNEU', 'Urinary Catheter-Associated UTI', 'Central Line Insertion Practices', and 'Dialysis Events'. Under 'Dialysis Events' is a sub-folder 'CDC Defined Output' containing several reports: 'Line Listing - All Access-Associated Dialysis Events', 'Frequency Table - All Access-Associated Dialysis...more', 'Bar Chart - All Access-Associated Dialysis Events', 'Pie Chart - All Access-Associated Dialysis Events', 'Line Listing - All DE Denominators', 'Line Listing - All DE Numerators', and 'Rate Table - ABX Data'. To the right of each report is a pair of buttons: 'Run' and 'Modify'. A large red arrow points down to the 'Run' button for the first report. Two other red arrows point to the 'Dialysis Events' folder and its sub-folder 'CDC Defined Output'.

# Perform Analysis using other software

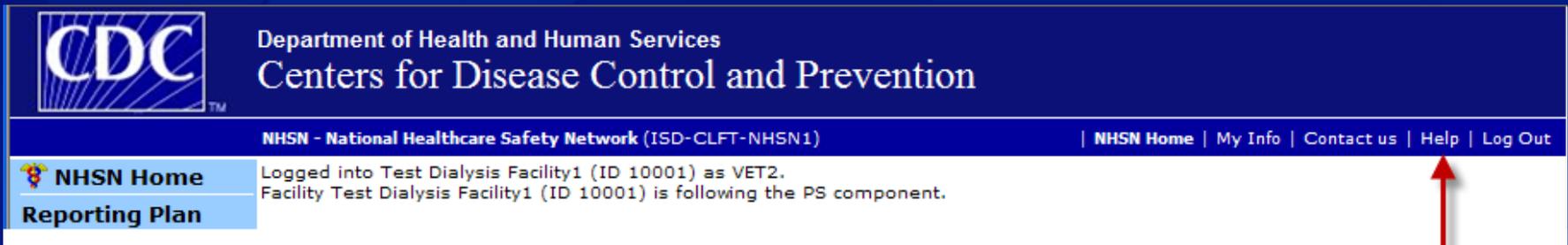
- Can also Export data for analysis with other software (e.g., Excel)
  - NHSN navigation bar: select 'Export' > choose file type > 'Submit'

The screenshot shows the NHSN web interface. At the top, the CDC logo and 'Department of Health and Human Services, Centers for Disease Control and Prevention' are visible. Below this, the user is logged into 'Test Dialysis Facility1 (ID 10001) as VET2'. The main navigation bar includes 'NHSN Home', 'My Info', 'Contact us', 'Help', and 'Log Out'. A left-hand navigation menu lists various options: 'NHSN Home', 'Reporting Plan', 'Patient', 'Event', 'Procedure', 'Summary Data', 'Import/Export', 'Analysis', 'Surveys', 'Users', 'Facility', 'Group', and 'Log Out'. The 'Import/Export Data' section is active, displaying a dropdown menu for 'Import/Export Type' set to 'Export Facility Data'. Below this, a 'HELP' icon and a message state: 'Please choose an export type and click Submit. Only Patient Safety related data that you have privileges to view will be exported for the facility you have chosen.' A 'Note' follows: 'All export types will result in a compressed download file.' At the bottom, the 'Save as type:' dropdown is set to 'Excel spreadsheet (\*.xls)', and there are 'Submit' and 'Back' buttons. Three red arrows point to the 'Export Facility Data' dropdown, the 'Save as type:' dropdown, and the 'Submit' button.

**FINAL NOTES**

# NHSN Support

- ❑ **NHSN Online Manual**
  - *help button on the top right corner*

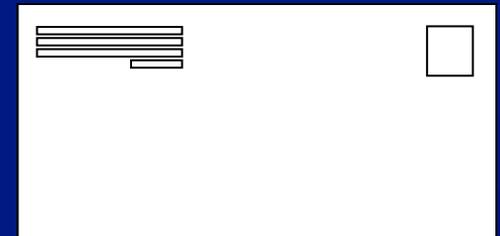


The screenshot displays the NHSN web application interface. At the top left is the CDC logo. To its right, the text reads "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is a navigation bar with the text "NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)" and a menu of links: "NHSN Home", "My Info", "Contact us", "Help", and "Log Out". A red arrow points to the "Help" link. Below the navigation bar, there is a user login status: "Logged into Test Dialysis Facility1 (ID 10001) as VET2. Facility Test Dialysis Facility1 (ID 10001) is following the PS component." On the left side, there are two menu items: "NHSN Home" and "Reporting Plan".

- ❑ **Email: [nhsn@cdc.gov](mailto:nhsn@cdc.gov)**

## **Important !!**

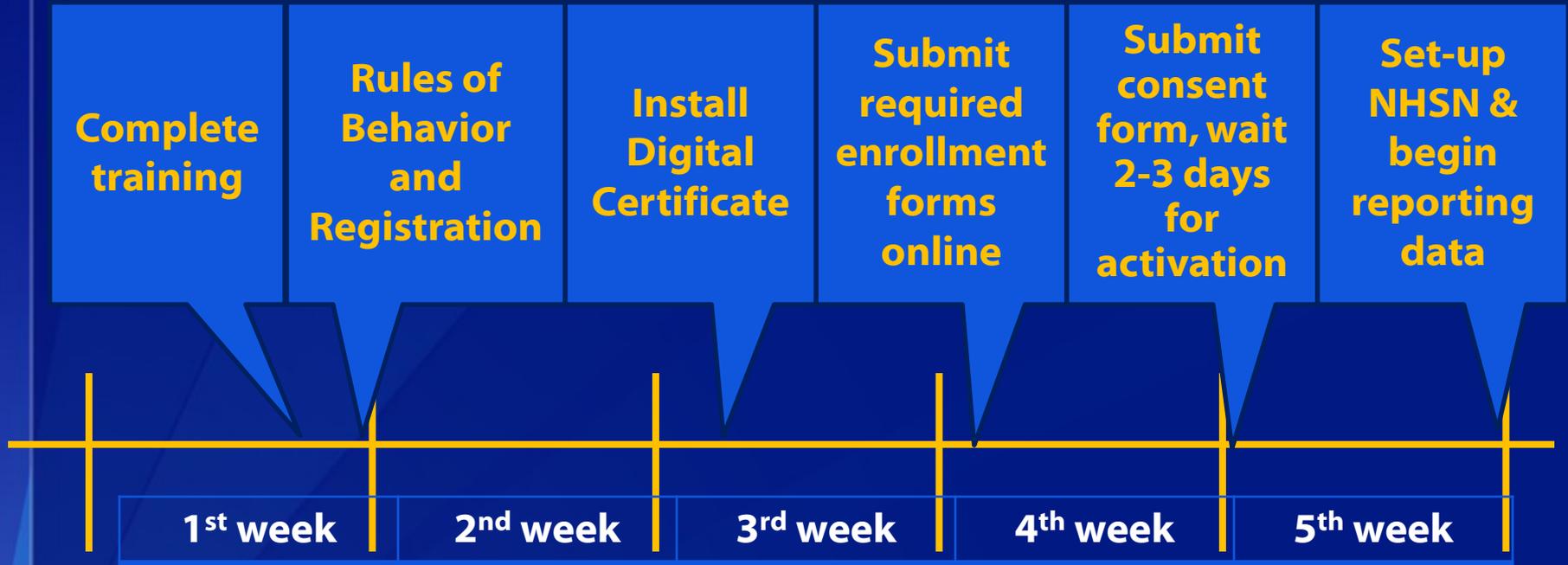
- ❑ **Email is our only way to communicate with you! Please send us any changes in your email address**
- ❑ **Make certain that your Information Systems will allow bulk email from CDC**



## NHSN Changes & Updates

- ❑ **NHSN changes & updates occur periodically**
  - *Reflect changes in healthcare*
  - *Web improvements*
- ❑ **Changes are communicated via email & NHSN newsletter**

# Suggested Timeline



**Work on Outpatient Dialysis Center Practices Survey**

## Next Steps - If you plan to enroll

### ☐ **TODAY:**

- *Rules of Behavior (step 1) and Registration (step 2)!*
- *Print & begin Outpatient Dialysis Center Practices Survey*
- *Print NHSN Facility Administrator Enrollment Guide*
- *If applicable, inform your ESRD Network that you're enrolling*

### ☐ **Within 5 weeks:**

- *Begin reporting*

# Summary

## ❑ **NHSN Enrollment**

1. *Rules of Behavior*
2. *Facility Registration*
3. *Acquire Digital Certificate*
4. *Access NHSN Enrollment to submit required forms*
5. *Consent form*

## ❑ **NHSN Set-Up**

- *Users, Locations, Monthly Reporting Plans*

## ❑ **Data Entry**

## ❑ **Analysis**

## ❑ **Final Notes**

**Questions? Problems?**  
**Contact the NHSN Helpdesk at**  
**[nhsn@cdc.gov](mailto:nhsn@cdc.gov)**

**For more information please contact Centers for Disease Control and Prevention**

*1600 Clifton Road NE, Atlanta, GA 30333*

*Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348*

*E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)      Web: [www.cdc.gov](http://www.cdc.gov)*

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