

Presented by

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***C. difficile* Reporting and Reduction Initiative: NHSN First Steps for Nursing Homes 8/9/16**



C. difficile Reporting and Reduction Project GOALS

- Increase national CDI surveillance data to > 2300 NHs consistently reporting into CDC NHSN database
 - *Currently 235 NHs report NHSN*
- Determine state/national CDI baselines for NHs
- Once baselines determined → identify reduction goals and implement interventions
- National and state CDI baselines will show reduction rates by December 2018
- NHs will receive education and tools on NHSN, CDI principles and management, antibiotic stewardship, and AHRQ's TeamSTEPPS LTC Communication Module

PROJECT TIMELINE

May 2016 – December 2018

- **May–Aug 2016: NH Recruitment**
- **By Sept 2016: NH completes enrollment in NHSN/SAMS**
- **Nov 2016:** NH submits October data in NHSN and every month thereafter
- **July 2017:** Baseline determined from 10 months of data submissions
- **Aug 2017–Dec 2018:** Set reduction goals and implement interventions
- **Dec 2018:** Post baseline measurement

Education to be sprinkled throughout (*NHSN training, CDI principles and management, antibiotic stewardship, and LTC TeamSTEPPS Communication Module*)

Concentrating on NHSN training and data submission in 2016.

LEARNING OBJECTIVES

1. Define the key personnel roles for a facility enrolled in NHSN
2. Describe the information needed to enroll a LTCF into NHSN
3. Explain the steps for submitting information during the NHSN enrollment process
4. Identify who should obtain his/her own individual access to NHSN
5. Describe the Secure Access Management Services (SAMS) registration process
6. Explain the steps for identity verification and gaining access to NHSN

What is National Health Safety Network (NHSN)?

- CDC supported internet-based system designed for healthcare facility reporting of infections
- Data used by facilities for surveillance, benchmarking, and internal quality improvement
- Data used by CDC to establish national benchmarks and monitor success of efforts to prevent healthcare-associated infections (also called HAIs)

Why Track Infections in LTC?


- To comply with infection surveillance regulations
- To identify the most common or most harmful infections impacting residents and staff
- To have a baseline to detect new or increasing infections (e.g., outbreaks)
- To have data to develop and evaluate infection prevention activities in the facility

NHSN Enrollment

- Navigate to www.cdc.gov/nhsn
- Click on “New to NHSN, Enroll Facility Here”
- Click on LTC Facilities
 - Here you will see the five step enrollment process to follow
 - You will need to print two forms to fill out and send to the CDC


Locating the Enrollment Steps

File Edit View Favorites Tools Help




About NHSN

CDC's largest HAI report in the U.S.




Data and Reports

See national and state reports using NHSN data.




Guidelines and Recommendations

Review CDC HAI prevention guidelines.




NHSN Member Login




New to NHSN? Enroll Facility Here

For first time facility enrollment.



Reporting and Surveillance for Enrolled Facilities


Training, protocols, forms, support materials, analysis resources and FAQs.



Group Users

NHSN Log

- About NHSN
- Enroll Here
 - Enrollment for Ambulatory Surgery Centers
 - Acute Care Hospitals/Facilities
 - Enrollment for Long-term Acute Care Hospitals/Facilities
 - Enrollment for Inpatient Rehabilitation Facilities
 - Enrollment for Inpatient Psychiatric Facilities
 - Enrollment for Long-term Care Facilities**
 - Set-up
 - Enrollment for Outpatient Dialysis Facilities
 - FAQs About Enrollment
 - Materials for Enrolled Facilities



5-Step Enrollment for Long-term Care Facilities

Note: Once your facility is enrolled in NHSN, you can add additional reporting options using your monthly reporting or activating a new component within the NHSN application. You do not need to re-enroll for each type of event reported.

Step 1: Training and Preparation

Print and follow [LTCF detailed checklist](#) [PDF - 209 KB] to ensure successful and efficient enrollment.

Complete required trainings: [Overview of the Long-term Care Facility Component January 2015](#) [PDF - 350 KB] and Enrollment: [Getting Access to NHSN for your LTCF](#) [PDF - 1.8 MB]. **Note:** The Enrollment training is a useful guide through the enrollment process.

Complete the [Facility Contact form](#) [PDF - 63 KB] and [Annual Facility Survey for LTCF](#) [PDF - 66 KB] January 2015

These forms will assist with collecting the required information that will be needed to complete the electronic versions in Steps 2 and 4. Do not submit these forms to NHSN. Detailed instructions for completing the Annual Facility Survey for LTCF are located in the [Table of Instructions - Annual Facility Survey for LTCF](#) [PDF - 458 KB] document.

Check trusted websites and spam blocker settings (see [detailed checklist](#) [PDF - 209 KB]).

For detailed enrollment instructions, download the [NHSN Facility Administrator Enrollment Guide March 2014](#) [PDF - 689 KB]. **Note:** This guide is not specific to Long-Term Care Facilities.

Time to complete step 1: 3 hours, 15 minutes

NHSN 5 Step Enrollment

- **STEP 1:** Training and preparation
- **STEP 2:** Agree to NHSN rules of behavior and register facility
- **STEP 3a:** Register with SAMS
- **STEP 3b:** Complete and submit identity proofing verification
- **STEP 4:** Submit NHSN forms electronically
- **STEP 5:** Sign and send consent

STEP 1

Training and Preparation

- Two PowerPoints to read
- Recommend printing off detailed checklist
- Print Facility Contact and Annual Survey Form
- Enlist help of IT staff or co-worker (buddy system)



NHSN Facility Enrollment Checklist For Long-Term Care Facilities (LTCF)

NHSN Helpdesk
nhsn@cdc.gov

✓ Complete items in order		Time
Step 1: Training and Preparation		
Complete <i>required</i> LTCF overview training: http://www.cdc.gov/nhsn/pdfs/training/ltc/overview-of-ltcf-component-training.pdf .		1 hour
Complete <i>required</i> enrollment training: http://www.cdc.gov/nhsn/PDFs/LTC/slides/LTCF-Enrollment-training.pdf . NOTE: It is recommended that users print this document as a guide through the enrollment process.		1 hour
<i>Optional</i> -Complete <u>Facility Contact Form</u> on paper (information is needed to complete Steps 2 and 4). Do not send form to NHSN.		30 min
<i>Optional</i> - Complete <u>Annual Survey Form</u> on paper (information is needed to complete Step 4). Do not send form to NHSN.		30 min
In Internet Explorer, add cdc.gov and verisign.com to your list of trusted websites and permit pop-ups for these sites.		5 min
Change spam-blocker settings to allow emails from nhsn@cdc.gov, SAMS-no-reply@cdc.gov.		10 min
Step 2: Register Facility with NHSN		
Read and agree to the NHSN Rules of Behavior at http://nhsn.cdc.gov/RegistrationForm/index .		5 min
Register your email address** and the facility (requires a facility identification (ID) number, such as a CMS Certification Number [CCN], also known as a Medicare Provider Number or billing number). NOTE: If your facility does not have a facility ID, contact nhsn@cdc.gov to receive a <u>temporary</u> CDC Registration ID. You will use this ID to complete the enrollment process. **Use the same email address for all enrollment steps.		5 min
After registration, receive two emails: (1) NHSN "Welcome to NHSN!" and (2) SAMS-no-reply "Invitation to Register"		
Step 3: Register with SAMS (Secure Access Management Services)		Email: samshelp@cdc.gov
From the "Invitation to Register" email, log in to SAMS and complete the online SAMS registration form.		15 min
Within 24 hours of successful online registration, receive SAMS "Identity Verification Request" email.		
From the "Identify Verification Request" email, print and complete Identify Verification Form and take to notary public for endorsement.		varies
Digitally upload, fax, or mail the complete and endorsed Identity Verification Form and copies of supporting documents		varies
After CDC processes the documents, receive "SAMS Account Activation" and "SAMS Activity Authorization" emails. NOTE: The approval process can take up to three weeks.		
Receive your SAMS grid card (delivered by US Postal Service to your home address). NOTE: If you do not receive your SAMS grid card within two weeks after receiving your SAMS e-mail approval, contact samshelp@cdc.gov for assistance.		7-14 days

STEP 1

Required Training Materials and Guidance

Training materials to
familiarize yourself with:

- Two PowerPoint presentations on Overview of LTC Infections and Getting Access to NHSN for Your LTC
- NHSN Facility Administration Enrollment Guidebook



Overview: Tracking Infections in Long-term Care Facilities (LTCFs)

STEP 1

Facility Contact Information Form

- Collects info for NHSN use
- May need to collect info from others in your facility
- Select the LTC Facility Component
- Fill in NHSN Facility Administrator info
- You may designate a different point of contact on page 2
- You don't have to include additional people if the NHSN Facility Administrator will be the primary contact for your LTCF



Facility Contact Information

Page 1 of 3

*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#:		<input type="checkbox"/> Not Applicable	
*CMS Certification Number (CCN):		<input type="checkbox"/> Not Applicable	
*VA Station Code:		<input type="checkbox"/> Not Applicable	
If none of the above identifiers is applicable, enter CDC-provided Enrollment #:			
*Facility Type:			
*Was this facility operational in the survey year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*NHSN Components:			
Indicate which component(s) the Facility will use initially (components may be added at any time after enrollment)			
<input type="checkbox"/> Patient Safety Component (N/A for Dialysis Facilities & Long Term Care Facilities)			
<input type="checkbox"/> Dialysis Component (N/A for Acute Care Facilities & Long Term Care Facilities)			
<input checked="" type="checkbox"/> Long Term Care Facility Component (N/A for Acute Care Facilities & Dialysis Facilities)			
<input type="checkbox"/> Healthcare Personnel Safety Component			
<input type="checkbox"/> Biovigilance Component (N/A for Dialysis Facilities & Long Term Care Facilities)			
NHSN Facility Administrator:			
*Name:			
Title:			
*Mailing address: (if different from facility)			
*City:		*State:	*ZIP: -
*Telephone Number: ()		Extension:	
FAX Number: ()			
Pager Number: ()			
*Email:		*User Name:	
Assurance of Confidentiality: The 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)).			

STEP 1

Annual Facility Survey Form

- Survey collects info on facility and services provided
- May need to talk with others within your facility to answer some of these questions
- Confirm testing type with lab for accuracy
- Data submitted should reflect the experience from the previous calendar year
- Form gets updated annually, need to update accordingly, there will be notices to complete
- Additional guidance on filling out survey, review the table of instructions -- this is a hyperlink within the detailed checklist



Long Term Care Facility Component—Annual Facility Survey

Page 1 of 4

*required for saving	Tracking #:	
Facility ID:	*Survey Year:	
*National Provider ID:	State Provider #:	
Facility Characteristics		
*Ownership (check one):		
<input type="checkbox"/> For profit <input type="checkbox"/> Not for profit, including church <input type="checkbox"/> Government (not VA) <input type="checkbox"/> Veterans Affairs		
*Certification (check one):		
<input type="checkbox"/> Dual Medicare/Medicaid <input type="checkbox"/> Medicare only <input type="checkbox"/> Medicaid only <input type="checkbox"/> State only		
*Affiliation (check one):		
<input type="checkbox"/> Independent, free-standing <input type="checkbox"/> Independent, continuing care retirement community <input type="checkbox"/> Multi-facility organization (chain) <input type="checkbox"/> Hospital system, attached <input type="checkbox"/> Hospital system, free-standing		
In the previous calendar year:		
*Average daily census: _____		
*Total number of short-stay residents: _____		Average length of stay for short-stay residents: _____
*Total number of long-stay residents: _____		Average length of stay for long-stay residents: _____
*Total number of new admissions: _____		
*Number of Beds: _____		*Number of Pediatric Beds (age <21): _____
*Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):		
<u>Primary Service Type</u>	<u>Service provided?</u>	<u>Number of residents</u>
a. Long-term general nursing:	<input type="checkbox"/>	_____
b. Long-term dementia:	<input type="checkbox"/>	_____
c. Skilled nursing/Short-term (subacute) rehabilitation:	<input type="checkbox"/>	_____
d. Long-term psychiatric (non dementia):	<input type="checkbox"/>	_____
e. Ventilator:	<input type="checkbox"/>	_____
f. Bariatric:	<input type="checkbox"/>	_____
g. Hospice/Palliative:	<input type="checkbox"/>	_____
h. Other:	<input type="checkbox"/>	_____

Continued >>

Prepare your computer to interact with NHSN

- ❑ You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process
- ❑ Change spam-blocker settings to allow all email from:
 - nhsn@cdc.gov ; PHINTech@cdc.gov ; and
 - SAMS-NO-REPLY@cdc.gov
- ❑ Add https://*.cdc.gov and https://*.verisign.com to trusted sites list and allow pop-ups
 - In Internet Explorer, open “Tools” menu, select “Internet Options”
 - Add trusted sites on the “Security” tab
 - Allow pop-ups on the “Privacy” tab
- ❑ These changes may require assistance from your IT manager or department

Preparing Your Computer for NHSN

Tips and Tricks for Smooth Sailing

STEP 2

Agree to NHSN Rules of Behavior and Register Facility

- Navigate to Step 2 on the CDC website
- <http://www.cdc.gov/nhsn>
- Click on Rules of Behavior

Step 2: Agree to NHSN Rules of Behavior and Register Facility



After electronically agreeing to the [Rules of Behavior](#), you will be taken to a screen to register your facility. The facility registration information was previously collected on the Facility Contact form in Step 1.

Time to complete step 2: 10 minutes



After registration, you will receive two emails: 'Welcome to NHSN!' arrives from NHSN immediately and 'Invitation to Register' arrives from SAMS-no-reply within 24 hours.



STEP 2

Agree to NHSN Rules of Behavior and Register Facility

- After you click on the Rules of Behavior you will see this page
- You may print a copy if you would like for your files
- Click Agree

Agree to Rules of Behavior (Step 1)

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



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, device 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 (674KB) (pages)

Agree

Do Not Agree

STEP 2

Agree to NHSN Rules of Behavior and Register Facility

- Facility Administrator completes
- **Imperative that the same email address is used throughout this process**
- Enter date you completed training
- **REMEMBER TO CLICK SAVE**

Register (Step 2)

Facility Administrator completes this form:

- You must use the same email address for all enrollment steps
- Please ensure that you enter your email address correctly, as all subsequent emails will come to this address
- If your Facility Identifier does not validate, you can request a CDC Registration ID by emailing nhsn@cdc.gov

You are required to indicate the date you completed training. **CLICK SAVE**

The screenshot displays a registration form with three main sections:

- Personal Information:** Includes fields for Last name, First name, Middle name, and Email address. The email address field is highlighted in yellow.
- Facility Identifier:** Includes a section for selecting a facility identifier with radio buttons for CCN ID (selected), AHA ID, VA Station Code, CDC Registration ID, and None. Below this is a field for the Selected Identifier ID.
- NHSN Training Date:** Includes a certification statement: "I certify that I have completed all of the appropriate, required NHSN trainings on:" followed by a date field. The date field is highlighted in yellow.

At the bottom right of the form are two buttons: "Reset" and "Save". A red arrow points to the "Save" button.

STEP 2

Agree to NHSN Rules of Behavior and Register Facility

After your registration is completed you will soon receive two emails:

- WELCOME email from NHSN
- Invitation email to REGISTER with SAMS (Secure Access Management Service)
- **PRINT THIS EMAIL OUT – It has information you will need to register with SAMS**

- Following successful registration, you will immediately receive a welcome to NHSN email.
- You will also receive an email invitation to register for SAMS access (step 3a) similar to the following
- Be sure to print this email out because it has information you need to register for SAMS

Step 2 - Register

Hello

You have been invited to register with the U.S. CDC's Secure Access Management Service (SAMS). Registration with SAMS will allow you to access selected CDC Extranet applications specifically designed and implemented for the Public Health community. A registration account has already been created for you. A link to this account and a temporary password word are provided below. This invitation is valid for 30 days.

Should you have questions with the SAMS registration process, please contact our Help Desk for assistance.

Thank you,

The SAMS Team

SAMS basic registration process includes the following steps:

1. **Online Registration** - Follow the link below and use the included temporary password to log into SAMS' user registration pages. During registration, you will be asked to supply some basic information about yourself. This information will help CDC Program Administrators provide you with the application access most appropriate for your role in Public Health. You will also choose your personal SAMS password to help keep your account private and secure.
2. **Identity Verification** - Once you complete your online registration, you will receive an email with instructions for completing Identity Verification. In order to provide individuals with access to non-public information, U.S. law requires that the identity of potential users is first verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of CDC programs.
3. **Access Approval** - Once your Identity Verification is complete, CDC Program Administrators will determine the access level most appropriate for your role and will activate your SAMS account. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your extranet applications.

To register with SAMS, please click the following link or cut and paste it into your browser:

<https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task=SAMSR-registration>

When prompted, please enter:

- Your Username:
- Temporary Password:

and click the Login button.

***Note: In order to access SAMS, your computer must be configured to use TLS 1.0 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

Temporary
Username and password
needed for online registration

STEP 3a

Register with SAMS

Step 3a: Register with SAMS



From the 'Invitation to Register' email, log in to [SAMS](#) with your username (i.e., email address) and temporary password provided. Accept the SAMS Rules of Behavior and complete the online SAMS registration form.

[Getting Secure Access to NHSN for LTCF Users](#)  [PDF - 1 MB] October 2014

Time to complete step 3a: 15 minutes

■

Within 24 hours of successful online registration,
receive SAMS 'Identity Verification Request' email.

↓

Who needs to go through the SAMS registration process to get access to NHSN?

- ❑ The person enrolling a facility into NHSN for the first time will go through the SAMS registration process
 - Once a facility has been enrolled, the NHSN Facility Administrator can add additional users to help enter the data for their facility
- ❑ Any person planning to help with NHSN data submission or analysis will also need to go through the SAMS registration process

STEP 3a

Register with SAMS

- Follow the instructions on the “Invitation to Register” email
- Use the temporary Username and Password that was sent

Step 3a - SAMS Registration

❑ The Invitation to Register email contains your Username and Password for SAMS registration



The screenshot shows the SAMS login interface. A red box highlights the 'Enter Temporary Username and Password from "Invitation to Register" email' field. A red circle highlights the 'SAMS Credentials' login option. A yellow callout box points to the login fields with the text: 'Screenshot of the SAMS Credentials Login Page where the user would enter their username and password'. The URL <https://sams.cdc.gov/> is displayed at the bottom.

Enter Temporary Username and Password from "Invitation to Register" email

Screenshot of the SAMS Credentials Login Page where the user would enter their username and password

<https://sams.cdc.gov/>

STEP 3a Register with SAMS

- Also known as getting “**Samified**”
- Follow the steps in the “Getting Secure Access to NHSN for LTCF Users” PDF in Step 3a; it may help to print this out
- Step by step instructions with visuals
- There is “Identity Proofing” in this process and it will ask that you submit certain identity documents; you may need to retrieve these from home
- They will ask for your **HOME** address—this is part of the proofing
- You will need a notary

SAMS registration process in a snapshot

Step 1: Your NHSN Facility Administrator will add you as a new NHSN user

Step 2: Receive an email invitation from SAMS

Step 3: Access SAMS Portal

Step 4: Accept the SAMS Rules of Behavior & Complete Registration

Step 5: Receive email confirming SAMS registration

Step 6: Mail or fax form to SAMSHelp Desk at CDC with proofing docs

Step 7: Receive a letter in the mail confirming that ID verification occurred

Step 8: Receive welcome emails from SAMS; Receive SAMS grid card credential in the mail

Success! Access NHSN Application

STEP 3b

Complete & Submit Identity Proofing Verification

Step 3b: Complete and Submit Identify Proofing Verification



From the 'Identify Verification Request' email, print the Identity Verification Form, complete it, and take it to a notary public for endorsement. Digitally upload, fax, or mail the completed form and supporting documentation to the CDC. You will receive 'SAMS Account Activation' and 'SAMS Activity Authorization' emails when your access is approved.

To access SAMS, you must receive your SAMS grid card, which will be delivered to your home address via U.S. mail within two weeks after you receive your SAMS approval email. **Note:** If you do not receive your SAMS grid card within two weeks, contact samshelp@cdc.gov for assistance.

Time to complete step 3b. 35 minutes

STEP 3b

Complete & Submit Identity Proofing Verification

- ❑ When sending the identity verification form to CDC, two forms of ID must be presented; one **unexpired** document from **List A** and one additional **unexpired** document from **List B**

List A - Primary Photo ID	List B - Secondary ID
Driver's license or ID card issued by a state or outlying possession of the US	Driver's license or ID card issued by a state or outlying possession of the US
U.S. Passport or U.S. Passport Card	U.S. Passport or U.S. Passport Card
U.S. Military ID	U.S. Military ID
U.S. Permanent Resident Card	U.S. Permanent Resident Card
U.S. Employment Authorization Card	U.S. Employment Authorization Card
	Employee ID Card issued by your organization that includes: - Your name - Your organization name - Your photo
	State-issued Voter ID or Registration Card
	Certification of Birth Abroad issued by the U.S. Department of State
	Original or Certified copy of birth certificate issued by state, county, municipal authority, or territory of the U.S. bearing an official seal
	U.S. Social Security Account Number Card

- ❑ Mail or fax the endorsed identity verification form, copy of identification provided (e.g., drivers license), and copies of any supporting documentation to CDC proofing authority

- ❑ Fax: Toll Free Number: 877-681-2899

- ❑ Mail: Centers for Disease Control, Attn: Proofing Authority
1600 Clifton Road N.E. Mailstop K-94
Atlanta, GA 30333

***You have 60-days from receiving the email to complete and submit the ID verification application to the CDC proofing authority**

STEP 4

Submit NHSN Forms Electronically



After Grid Card Received

Step 4: Submit NHSN Forms Electronically

Log in to SAMS using your password and SAMS grid card and select 'NHSN Enrollment.' Submit required NHSN forms, including facility contact information.

Time to complete step 4: 32 minutes

STEP 4

Submit NHSN Forms Electronically

- Once you have successfully registered with SAMS and provided identify verification documentation, you will receive an email indicating your registration is approved
- In order to access NHSN, you must first log into SAMS using your newly obtained Grid Card and your Username and Password

The SAMS website:
<https://sams.cdc.gov/>

Use your SAMS grid card credentials to access the NHSN application

SAMS
secure access management services

CDC

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Login Options
Choose one of the three login options.

SAMS Credentials

SAMS Username:
SAMS Password:
Login
[Forgot SAMS Password?](#)
For users who login with gdcg, a SAMS issued UserID and Password.

OR

SAMS Grid Card Credentials

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Click login below to login with SAMS Grid Card.
Login
For users who have been issued a SAMS Grid Card.

OR

HHS PIV Card

Insert your PIV card in your smart card reader before you try to login.
Login
For users who are CDC staff and have been issued a PIV card.

SAMS Help: For more information and/or assistance, please contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following Toll Free: 877-681-2901, Email: samshelp@cdc.gov.

STEP 4

Submit NHSN Forms Electronically

- Once you have successfully signed in through SAMS, you will see a screen similar to this
- Click on the “NHSN Enrollment” hyperlink

Step 4b – Select “NHSN Enrollment” to submit your facility’s contact and survey information

The screenshot displays the SAMS web application interface. At the top, the SAMS logo (secure access management services) and the CDC logo are visible. Below the header, a welcome message reads "Welcome Amy Woodward". To the right of the welcome message are links for "SAMS Admin", "My Profile", and "Logout". A prominent warning message states: "Warning: You are accessing a US Government information system, which includes (1) this computer; (2) this computer network; (3) all computers connected to this network; and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose."

Below the warning, there are two main sections: "Links" and "My Applications". The "Links" section contains a list of links: "SAMS User Guide", "SAMS User FAQ", and "Identity Verification Overview". The "My Applications" section features a blue box titled "National Healthcare Safety Network System". Inside this box, there are two links: "NHSN Reporting *" and "NHSN Enrollment *". The "NHSN Enrollment *" link is highlighted with a red box, and a red arrow points to it from the right.

* Strong credentials required.

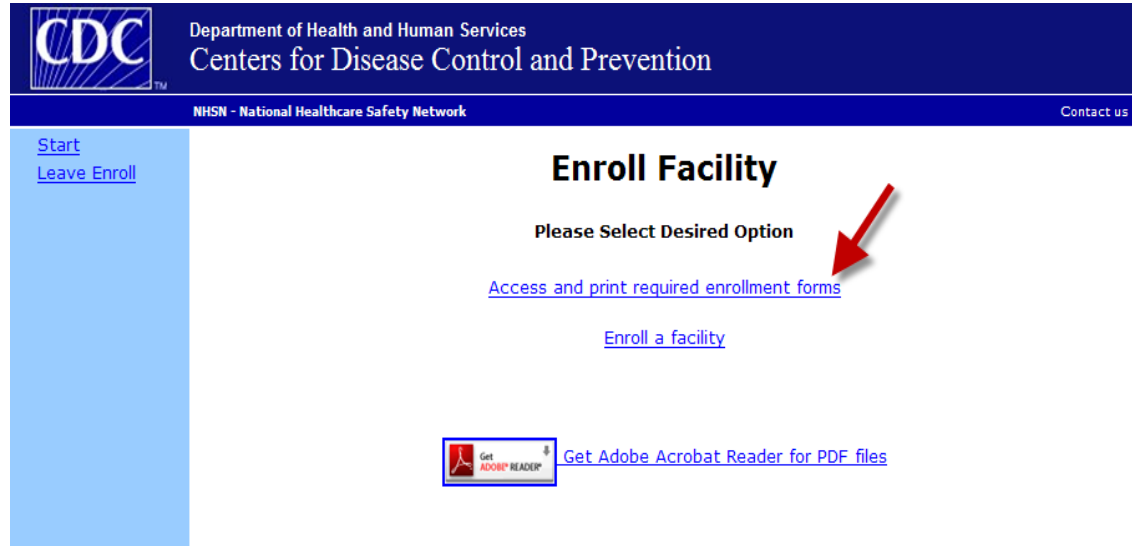
STEP 4

Submit NHSN Forms Electronically

- If you already printed out your forms from Step 1, here is where you will need them
- In the event you haven't printed them, you may click on the hyperlink here and print them; you will want the forms completed prior to entering them into NHSN
- After you have the required enrollment forms completed, click on "ENROLL A FACILITY"

IMPORTANT: You must complete all the data submission about your facility in one session!

You cannot save work in progress, so be prepared before you start the enrollment process by having all documents completed



The screenshot shows the NHSN (National Healthcare Safety Network) enrollment page. At the top, the CDC logo is on the left, and the text "Department of Health and Human Services Centers for Disease Control and Prevention" is on the right. Below this, a dark blue banner contains "NHSN - National Healthcare Safety Network" on the left and "Contact us" on the right. The main content area has a light blue sidebar on the left with links "Start" and "Leave Enroll". The main content area is titled "Enroll Facility" and contains the text "Please Select Desired Option". Below this, there are two hyperlinks: "Access and print required enrollment forms" and "Enroll a facility". A red arrow points to the "Access and print required enrollment forms" link. At the bottom, there is a small icon for Adobe Reader and a link "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 [Contact us](#)


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

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)

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

STEP 4

Submit NHSN Forms Electronically

- Fields with a red asterisk **MUST** be completed to save your work
- Facilities which are CMS-certified should have a certification number (CCN)
- If your facility does not have a CCN contact the NHSN help desk nhsn@cdc.gov
- Facilities within the Department of Veterans Affairs (VA) Healthcare System, may have a VA station code instead of a CCN

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 Certification Number (CCN)*: Select ☐ if CCN 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.

STEP 4

Submit NHSN Forms Electronically

- Once required forms are submitted, confirmation message displays
- Facility Administrator will 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

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

☒ **Long Term Care Facility Survey** - [Print Completed Survey](#)

Save and Submit

STEP 5

Sign and Send Consent

Immediately after submitting forms, receive NHSN email,
subject "NHSN facility enrollment submitted."



Step 5: Sign and Send Consent



Using the above NHSN email, open, print, and sign the consent form. Ensure two signatures are on the form and fax to CDC.

Tip: To open the consent form, you may need to log in to SAMS using your grid card and password, and then copy and paste the link into that browser window.

Time to complete step 5: 10 minutes



Within 3 business days, receive NHSN email, subject 'NHSN enrollment approved.'



Congratulations, enrollment is complete!

STEP 5

Sign and Send Consent

- NHSN email with subject line “NHSN Facility enrollment submitted” links to your consent form
- Consent forms are facility-specific, you must print the consent form provided in the email link
- You have 30 days to open the link and print form
- Must be signed by Facility NHSN contact person (NHSN Facility Administrator) and Nursing Home Administrator/person with highest leadership**
- Once printed, CDC must receive it within 60 days

The image displays three overlapping copies of the "NHSN Agreement to Participate and Consent" form. The topmost form is clearly visible and contains the following sections:

- Title Page:** Includes the NHSN logo, the title "Agreement to Participate and Consent", and a page number "Page 1 of 1". It also contains a paragraph explaining the purpose of the form and the role of the facility.
- Purpose of NHSN:** A section detailing the goals of the National Healthcare Safety Network (NHSN), such as collecting data to improve patient safety and reduce healthcare-associated infections.
- Eligibility Criteria:** A list of requirements for facilities to participate, including being a licensed healthcare facility, having a minimum number of beds, and being able to provide data on healthcare-associated infections.
- Consent Section:** A section where the facility administrator and the nursing home administrator (or person with highest leadership) sign and date the form. It includes lines for "Name", "Title", "Signature", and "Date" for both parties.
- Official Authorized to Bind the Facility:** A section where the Medical Director for the facility signs and dates the form, certifying that the facility understands the terms of the agreement and the purpose of the data collection.

STEP 5

Sign and Send Consent

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

From: NHSN (CDC)
Sent: Wednesday, March 17, 2010 4:02 PM
To:
Subject: NHSN enrollment approved

To: NHSN Facility Administrator
From: NHSN
Date: 03/17/2010
Subject: NHSN enrollment approved

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

Facility Name: Alicia's Test Facility
Facility ID #: 00000

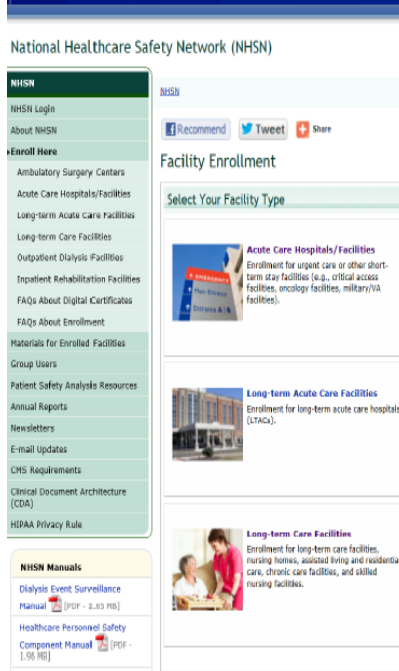
As the Facility Administrator, you will now need to access the NHSN application through SAMS by selecting the NHSN Reporting activity. Once in the NHSN application, your first task should be to add those individuals who need to use the application ("users").

Once you add a user, that person will receive an email prompting her/him to register with SAMS.

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

QUESTIONS?

Where can I find more information about Enrollment?



❑ To email questions to the NHSN Helpdesk: nhsn@cdc.gov

❑ For general enrollment resources <http://www.cdc.gov/nhsn/enrollment>

❑ LTCF specific enrollment and reporting resources <http://www.cdc.gov/nhsn/LTC>

- Questions may also be directed to your state NHSN Leads listed on the following slides

KANSAS

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