National Healthcare Safety Network (NHSN) Enrollment Instructions for Long-Term Care Facilities

Sarah Potter, Quality Improvement Advisor
Welcome

Sarah Potter, MBA
Quality Improvement Advisor, atom Alliance
NHSN Enrollment

NHSN can only support Internet Explorer versions 7 and above.

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

Select “Tools”

Then select “Internet Options”
Setting up your Internet Browser

Select the ADVANCED tab

Scroll down

Make sure USE TLS 1.0 is checked ✓

Select APPLY
Adding CDC to the Internet Trusted Sites

Like the previous workflow,
Select “tools”
Then select “internet options”

Go to the “Security” tab
Select “Trusted Sites” icon
Click the “sites” button
Adding CDC to the Internet Trusted Sites

Type cdc.gov and Verisign.com here

Click “add”

The 2 sites should then show up in your trusted sites list
Open Microsoft Outlook

Select “junk”, then select “junk email options”

Go to “Safe senders” tab
Click “add”

Add nhsn@cdc.gov, PHINTech@cdc.gov and Sams-no-reply@cdc.gov

Click “Apply”
NHSN Enrollment Step 1: Training and Preparation
Checklist

The CDC provides a checklist for Long-Term Care Facilities Enrollment. It can be accessed at this link:

http://www.cdc.gov/nhsn/pdfs/ltc/ltc-enrollment-checklist.pdf
Training

Select link to open and complete the Long-Term Care Facility component Training

Facility Contact Form

The Facility Contact Form should be **printed and completed on paper**. It can be accessed here.

http://www.cdc.gov/nhsn/forms/57.101_FacConInf_BLANK.pdf

This form includes information about your facility that will be needed throughout the enrollment process.
Annual Facility Survey

The Annual Facility Survey should be printed and completed on paper. It can be accessed here.

http://www.cdc.gov/nhsn/forms/57.137_ltcfsurv_blank.pdf

This form includes information about your facility that will be needed throughout the enrollment process.
NHSN Enrollment Step 2:
Request to Enroll your Facility in NHSN
Agree to Rules of Behavior

In order to participate in NHSN, you must read and Agree to abide by the Rules of Behavior.

Select “Agree” to begin the registration process.

https://nhsn.cdc.gov/RegistrationForm/index
Register Facility with NHSN

Be sure to include name and email for the “NHSN facility administrator” and the facility CMS certification number (CCN)

*The “NHSN facility administrator” is the person who leads the NHSN enrollment and reporting for your facility.

The NHSN facility administrator does NOT have to be the same person who serves as the facility administrator for your organization

Immediately after successful registration, receive NHSN email, Subject “Welcome to NHSN!”
NHSN Enrollment Step 3: Register with the Secure Access Management System (SAMS)
You will receive an email invitation to register for SAMS access.

To register, click the link in the email, then:

1. Agree to SAMS Rules of Behavior
2. Complete Registration Information

https://im.cdc.gov/iam/im/SAMS3/ui/index.jsp?task.tag=SAMSRegistration
SAMS Identity Verification

You will then receive an email from SAMS with instructions for verifying your identity.

IMPORTANT:
Please read the email and follow directions carefully.

Thank you for registering with CDC’s SAMS Partner Portal. Your registration information has been receive approval.

In order to provide individuals with access to non-public information, U.S. law requires the identity of pot this step is critical in helping to protect people’s private data and in helping to prevent information misuse. CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive assured that your identity information will only be used to help determine your suitability for access and not shared outside of CDC programs.

To complete identity verification, please print the form included in this email message and follow the instr. The required steps are as follows:

1. Review the information you supplied during registration.
2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent (specifically designated by CDC to conduct identity verification). Have them verify your identity a Proofing Agent Section. Acceptable forms of identification are listed in the table below.

You must provide one (1) unexpired document from List A and one (1) additional unexpired document from List B:

<table>
<thead>
<tr>
<th>List A - Primary Photo ID</th>
<th>List B - Secondary ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's license or ID card issued by a state or territory of the US</td>
<td>Driver's license or ID card issued by a state or territory of the US</td>
</tr>
<tr>
<td>U.S. Passport or U.S. Passport Card</td>
<td>U.S. Passport or U.S. Passport Card</td>
</tr>
<tr>
<td>U.S. Military ID</td>
<td>U.S. Military ID</td>
</tr>
<tr>
<td>U.S. Permanent Resident Card</td>
<td>U.S. Permanent Resident Card</td>
</tr>
<tr>
<td>U.S. Employment Authorization Card</td>
<td>Employee ID Card issued by your organization that includes your name and organization name</td>
</tr>
</tbody>
</table>
1. Print Email
2. Complete Application Section
3. Take form, along with appropriate photo identity documentation to a Notary Public, have them verify your Identity and complete the Notary/Proofing agent section.
4. Confirm the photo ID being submitted contains your Home address.
5. Confirm the home address information on your photo ID, or other supplemental documentation, matches the Home address you provided when you registered for SAMS.
6. Scan and upload the completed form, along with Photocopies of your identity documentation and any supplemental documentation, to the SAMS website here

https://sft1-sams.cdc.gov/Proofing/Upload/upload.aspx
Notice of Approval from SAMS

You will receive 2 emails upon your approval:

- Welcome to SAMS portal
- Welcome to NHSN (activity)

You will be issued an electronic grid card which is used when logging into the SAMS portal/NHSN system along with your username and password:

- The SAMS grid card will arrive to your home address via US mail 7-10 days after you receive the approval emails
- The SAMS grid card adds an additional layer of security for using NHSN
NHSN Enrollment Step 4:
Submit Forms Electronically
Access NHSN Enrollment

Login using your SAMS Credentials which you created during registration.

When prompted, enter the values from the Entrust Grid Card requested by the SAMS application and click login.

https://auth.cdc.gov
Submit Required Forms Online

Select “NHSN Enrollment” to submit your facilities contact and survey information
Submit Required Forms Online

Earlier in Step 1, you printed and completed 2 forms:

1. Facility Contact Form
2. Annual Facility Survey

If not, you can still access them here:
Submit Required Forms Online

After accessing, printing and completing the required enrollment forms, click “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.
Submit Required Forms Online

Select most appropriate Facility Type from:
- LTC-ASSIST- Assisted Living or Residential Care Facility
- LTC-DEVDIS- Facility Caring for Individuals with Developmental Disabilities
- LTC-SKILLNURS- Skilled Nursing Facility or Nursing Home

Select NHSN Components:
- Long Term Care Facility

Complete the NHSN Facility Administrator:
- The person your facility has designated as your NHSN enroller and administrator. NOT necessarily your facility administrator.

IMPORTANT!
Use the same email address you used the register with SAMS
Facility Contact Information

Long Term Care Facility Component requires a LTCF Contact Person

- A person who will be most involved with LTCF surveillance
- Can be the same person as the NHSN Facility Administrator

Hint: Reference completed form “Facility Contact Information”
Complete the Annual Survey

*Mandatory fields marked with (*)

- Facility ID: NT Nursing Home (11133)
- National Provider ID: 125325665432132
- Survey Year: 2011

**Facility Characteristics**
- Facility ownership: P - For profit
- Certification: DUAL - Dual Medicare/Medicaid
- Affiliation: MFO - Multi-facility organization (chain)

- In the previous calendar year,
  - Average daily census: 105
  - Number of Short-stay residents: 300
  - Number of Long-stay residents: 85
  - Average Length of Stay for Short-stay residents: 55
  - Average Length of Stay for Long-stay residents: 450

- Number of New Admissions: 254
- Total Number of Beds: 120
- Number of Pediatric Beds (age < 21): 0

On the day of this survey, indicate the number of residents receiving the following primary service types: (list only one service type i.e. total should sum to resident census on day of survey completion)
- a. Long-term General Nursing:
  - 50
- b. Long-term Dementia:
  - 0

*Remember you cannot partially complete a form, save and return*

**Hint:** Reference completed form “LTCF – Annual Facility Survey”

Submit Forms Electronically

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
Submit 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 at nhsn@cdc.gov
NHSN Enrollment Step 5: Print, Sign and Submit the Facility Consent Forms
Sign and Send Consent

From the “NHSN Facility Enrollment Submitted” email, Access and print consent forms

Must be signed by
• Long-term Care Facility Contact Person
• The highest level administrator at your facility

Return signed consent form to CDC (CONTACT INFORMATION IS ON THE BOTTOM OF PAGE 3)
Keep a copy for your records.

Within 3 business days of CDC’s receipt of the consent form, receive NHSN email, subject “NHSN Enrollment Approved”
NHSN and SAMS Resources

5 Step Enrollment for Long Term Care Facilities
http://www.cdc.gov/nhsn/ltc/enroll.html
http://www.cdc.gov/nhsn/pdfs/ltc/ltc-enrollment-checklist.pdf
http://www.cdc.gov/nhsn/training/enrollment-setup/index.html

Long Term Care Facility Enrollment Training Slides
http://www.cdc.gov/nhsn/pdfs/training/ltc/ltcf-enrollment-training.pdf
NHSN and SAMS Resources (Cont.)

NHSN FAQ’s
http://www.cdc.gov/nhsn/faqs/faq_general.html
http://www.cdc.gov/nhsn/faqs/faq_enrollment.html

SAMS FAQ’s
http://www.cdc.gov/nhsn/sams/sams-user-faq.html

Instructions for filling out the “Annual Facility Survey”
Quality Improvement Advisor Contact Information

Sarah Potter
atom Alliance
Sarah.potter@area-g.hcqis.org
Phone: 423-202-2561
Contact Us

Indiana: Kathy Hybarger kathy.hybarger@area-G.hcqis.org
          Teresa Sargent teresa.sargent@area-G.hcqis.org

Kentucky: Scott Gibson scott.gibson@area-G.hcqis.org

Mississippi: Mae McDaniel mae.mcdaniel@area-G.hcqis.org

Alabama: Beth Greene beth.greene@area-G.hcqis.org
          Sarah Potter sarah.potter@area-G.hcqis.org

Tennessee: Beth Hercher beth.hercher@area-G.hcqis.org
          Julie Clark julie.clark@area-G.hcqis.org