



NHSN Enrollment

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Division of Healthcare Quality Promotion

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Objectives

- Define the role the NHSN Facility Administrator in the enrollment process
- Describe the 5 steps of NHSN enrollment

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html

NHSN - Members Page | CDC Infection Control in Healthcare - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://www.cdc.gov/ncidod/dhqp/nhsn_members.html

Home | About CDC | Press Room | A-Z Index | Contact Us

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

CDC en Español

Search: GO

Infection Control Home > Protecting Patients > Surveillance >

National Healthcare Safety Network (NHSN)

NHSN Members

NHSN Members Page

What's New

- > [NNIS Report will be replaced with new NHSN Report](#)
Nov 2006
- > [NHSN Manual: Patient Safety Component Protocols](#)
Oct 2006 (452KB/88 pages)
- > [2007 ICD-9-CM Procedure Code Changes](#)
Nov 2006 (252KB / 4 pages)
- > [NHSN User Start-up Guide](#)
Nov 2006 (744KB / 23 pages)
- > [FAQs - About NHSN Security](#)

Recently Updated

- > [FAQs - About NHSN Enrollment](#)
- > [FAQs - About NHSN](#)
- > [FAQs - About NHSN Protocols](#)
- > [FAQs - About NHSN Training](#)

Resources

Infection Control Topics

- > [Infection Control Home](#)
- > [Healthcare-Associated Infections](#)
- > **Protecting Patients**
- > [Protecting Healthcare Workers](#)
- > [Infection Control Guidelines](#)
- > [Infection Control A-Z](#)
- > [About DHQP](#)

NHSN Resources

- > [NHSN Document Library](#)
- > [NHSN Training](#)
- > [NHSN Contact Information](#)

Local intranet

Start | C. | I.. | M. | M. | A. | M. | I.. | T. | P. | E. | f.. | N

5:46 PM



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

Answers
CDC en Español

Search: Go

Infection Control Home > Protecting Patients > Surveillance >

National Healthcare Safety Network (NHSN)

- Infection Control Topics**
- > [Infection Control Home](#)
 - > [Healthcare-Associated Infections](#)
 - > [Protecting Patients](#)
 - > [Protecting Healthcare Workers](#)
 - > [Infection Control Guidelines](#)
 - > [Infection Control A-Z](#)
 - > [About DHQP](#)

Frequently Asked Questions
About NHSN Enrollment

Where do I obtain the initial registration form?
Are we able to access and enter this enrollment process currently?
If not, how soon until we will be able to enroll our facilities?

The enrollment process takes place on the NHSN Enrollment website. The link to this website will be sent to you after you have completed the training. In the meantime, you should read the following documents and then print, and complete the following forms:

Read

- ↓ [NHSN Facility Administrator Enrollment Guide](#)
Nov 2006 (937KB / 29 pages)
- ↓ [Purposes, Eligibility, Requirements and Confidentiality](#)
April 2006 (46KB / 2 pages)

Print and Complete

- ↓ [Facility Contact Information Form](#)
- ↓ [Hospital Survey Form](#)

[Printer-friendly version](#)

- NHSN Resources**
- > [NHSN Document Library](#)
 - > [NHSN Training](#)
 - > [NHSN Contact Information](#)



Facility Administrator Enrollment Guide



NHSN Facility Administrator

- Only person who can enroll a facility
- Has add/edit/delete rights to facility's data
- Can add/edit/delete users and their data access rights
- Only person who can nominate/join/confer rights/leave a group

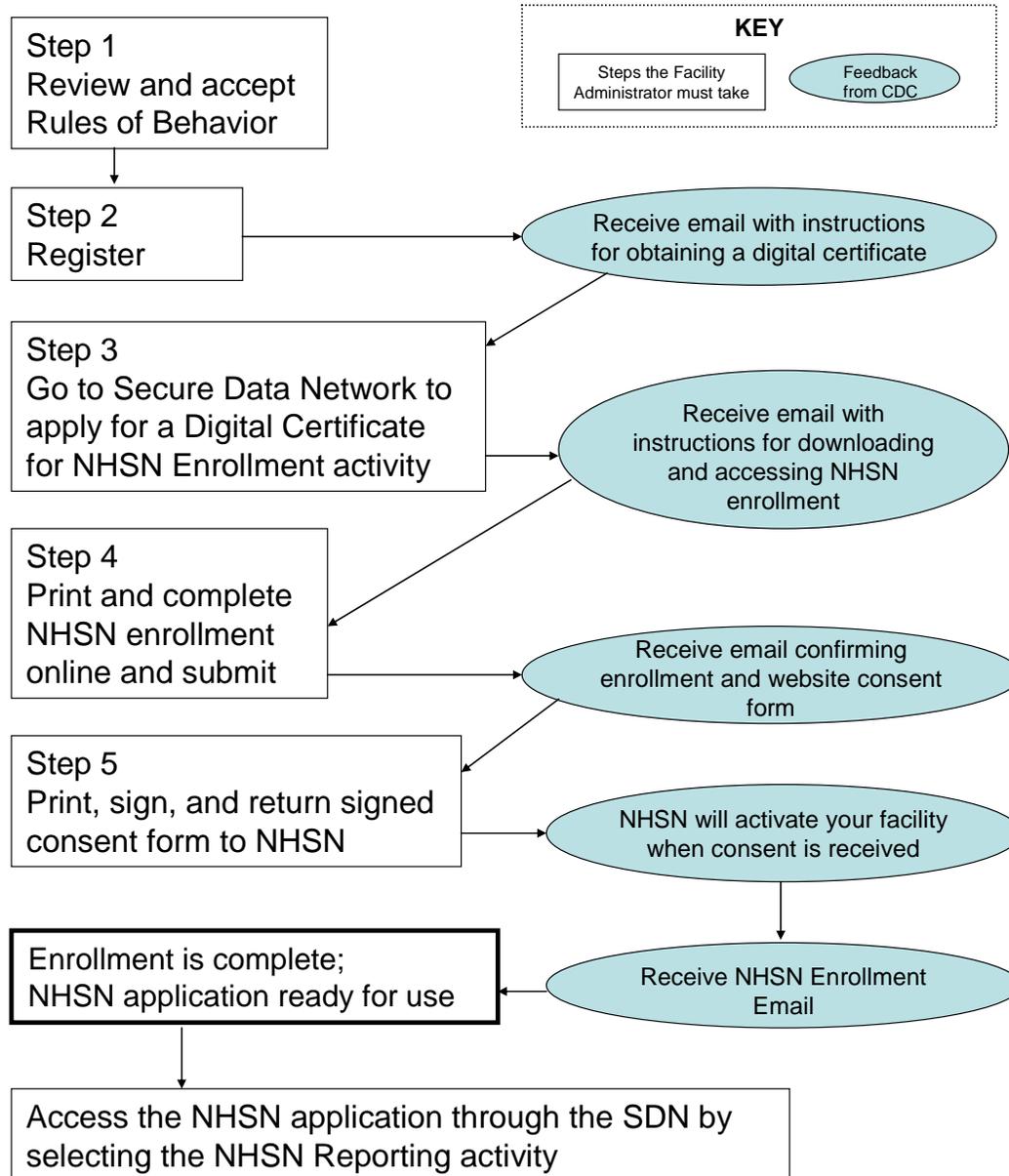


Enrollment Process

- Facility Administrator must -
 1. Review and accept Rules of Behavior
 2. Register
 3. Apply for and install an SDN digital certificate for NHSN Enrollment activity
 4. Print, complete and submit online:
 - Facility Contact Information Form
 - Appropriate survey form
 5. Print, sign and return Consent Form to NHSN
 - Agree to follow protocols and use definitions exactly
 - Send acceptable Patient Safety Component data 6 months every year*, including annual survey

*Your state or other group may require additional data reporting

How do I get started in NHSN?



Step 1. Review and accept the Rules of Behavior

User Rules of Behavior Agreement | CDC National Healthcare Safety Network (NHSN) - Microsoft Internet E

File Edit View Favorites Tools Help

← Back → Search Favorites Media

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

Search Web Mail My Yahoo! Answers Games

GO

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 workervaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

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

Purpose

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

Agree **Do Not Agree**

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

Step 2. Register



National Healthcare Safety Network - 1.0 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://www.ncid.cdc.gov/RegistrationForm/welcome.do>

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

National Healthcare Safety Network [Contact us](#)

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

Registration Form

...e fields listed below and click on the **Save** button.

* Last name:

* First name:

Middle name:

* Email address:

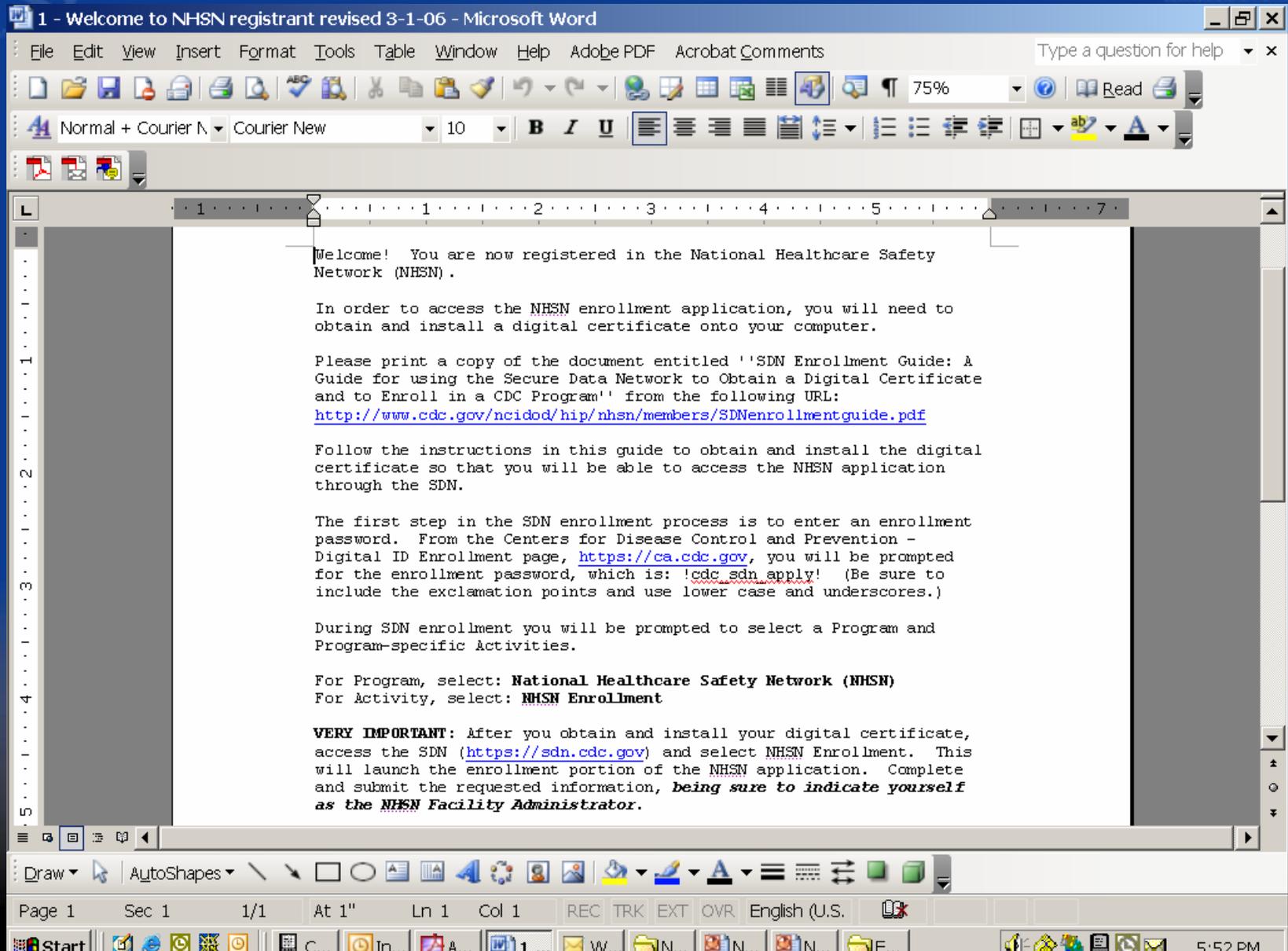
* Sponsoring NHSN Facility ID: (Example ID: 10000)

* Select a facility identifier:
CMS ID AHA ID VA Station Code
CDC Registration ID None

* Enter selected identifier ID:

Done Local intranet

Get email with instructions for obtaining digital certificate



1 - Welcome to NHSN registrant revised 3-1-06 - Microsoft Word

File Edit View Insert Format Tools Table Window Help Adobe PDF Acrobat Comments Type a question for help

Normal + Courier N, Courier New 10 B I U

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

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

Please print a copy of the document entitled "SDN Enrollment Guide: A Guide for using the Secure Data Network to Obtain a Digital Certificate and to Enroll in a CDC Program" from the following URL:
<http://www.cdc.gov/ncidod/hip/nhsn/members/SDNenrollmentguide.pdf>

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

The first step in the SDN enrollment process is to enter an enrollment password. From the Centers for Disease Control and Prevention - Digital ID Enrollment page, <https://ca.cdc.gov>, you will be prompted for the enrollment password, which is: 'cdc sdn apply' (Be sure to include the exclamation points and use lower case and underscores.)

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

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

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

Page 1 Sec 1 1/1 At 1" Ln 1 Col 1 REC TRK EXT OVR English (U.S.)

Start [Taskbar icons] 5:52 PM



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



What is the SDN?

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



What is a Digital Certificate?

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



Additional information about Digital Certificates

- User specific – do not share your digital certificate with another user!
- Installed on your computer
- Make a copy as soon as it is installed
- Can be installed on additional computers
- CDC pays for the digital certificate

To enroll in the SDN, go to <https://ca.cdc.gov>

Secure Data Network - Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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

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Centers for Disease Control and Prevention - Digital ID Enrollment

SDN Support

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

WARNING

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

Password = !cdc_sdn_apply!

Enter Enrollment Password

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

Password:

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

Done Internet

Start Connecte... Inbox - Mi... Microsoft ... What is t... RE: What... Secure D... 11:16 AM

Administrative rights to your computer is required

The screenshot shows a Microsoft Internet Explorer browser window with the title "Secure Data Network - Enrollment - Microsoft Internet Explorer". The address bar shows the URL "https://ca.cdc.gov/sdncode/sdnapp/doc/RegistrationDoc.htm". The page content includes the CDC logo, navigation links for "CDC Home", "Search", and "Health Topics A-Z", and a main heading "Centers for Disease Control and Prevention - Digital ID Enrollment".

SDN Support
800-532-9929
770-216-1276
cdcsgn@cdc.gov

Centers for Disease Control and Prevention - Digital ID Enrollment

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

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

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

System Requirements

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

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

The browser's taskbar at the bottom shows the Start button, several open applications including "Connecte...", "Inbox - M...", "Microsoft...", "What is t...", "RE: What...", and "Secure D...", and the system tray with the time "11:18 AM".

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

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

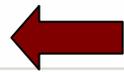
Obtaining and installing a Digital ID is not difficult, but in the process your browser may present you with many technical messages. We have no control over the messages your browser displays. Documentation is available for the enrollment process and is intended to assist you in obtaining a digital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

Digital ID Subscriber Agreement

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

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

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



**After you read,
click Enroll.**

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

This page last reviewed Mar 14 2003



Centers for Disease Control and Prevention - Digital ID Enrollment

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

Please Note:

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

Step 1: Enter Personal Information

Items with (*) are required.

Prefix	<input type="text"/>	Preferred Name	<input type="text"/>
* First Name	<input type="text" value="Janie"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text" value="Doe"/>	Degree	<input type="text" value="BSN"/>
* Email Address	<input type="text" value="janiedoe@genhosp.org"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer	<input type="text" value="General Hospital"/>	Program or Division	<input type="text"/>



* Employer	<input type="text" value="General Hospital"/>	Program or Division	<input type="text"/>
* Employer Type	<input type="text" value="Hospital-Clinic-Lab"/>		
* Job Type	<input type="text" value="Epidemiology or Statistics"/>		
* Phone	<input type="text" value="404-498-1100"/>	Fax	<input type="text"/>
Work Address (130 characters maximum)	<input type="text" value="1 Hospital Hill"/>	* U.S. State (required for US)	<input type="text" value="Georgia"/>
		U.S. County	<input type="text" value="DE KALB"/>
* City	<input type="text" value="Decatur"/>	* Zip Code	<input type="text" value="30365"/>
* Country	<input type="text" value="United States"/>		
* Alternate Contact :			
* Name	<input type="text" value="Johnny Deer"/>	* Phone	<input type="text" value="404-498-1111"/>



Microsoft Internet Explorer



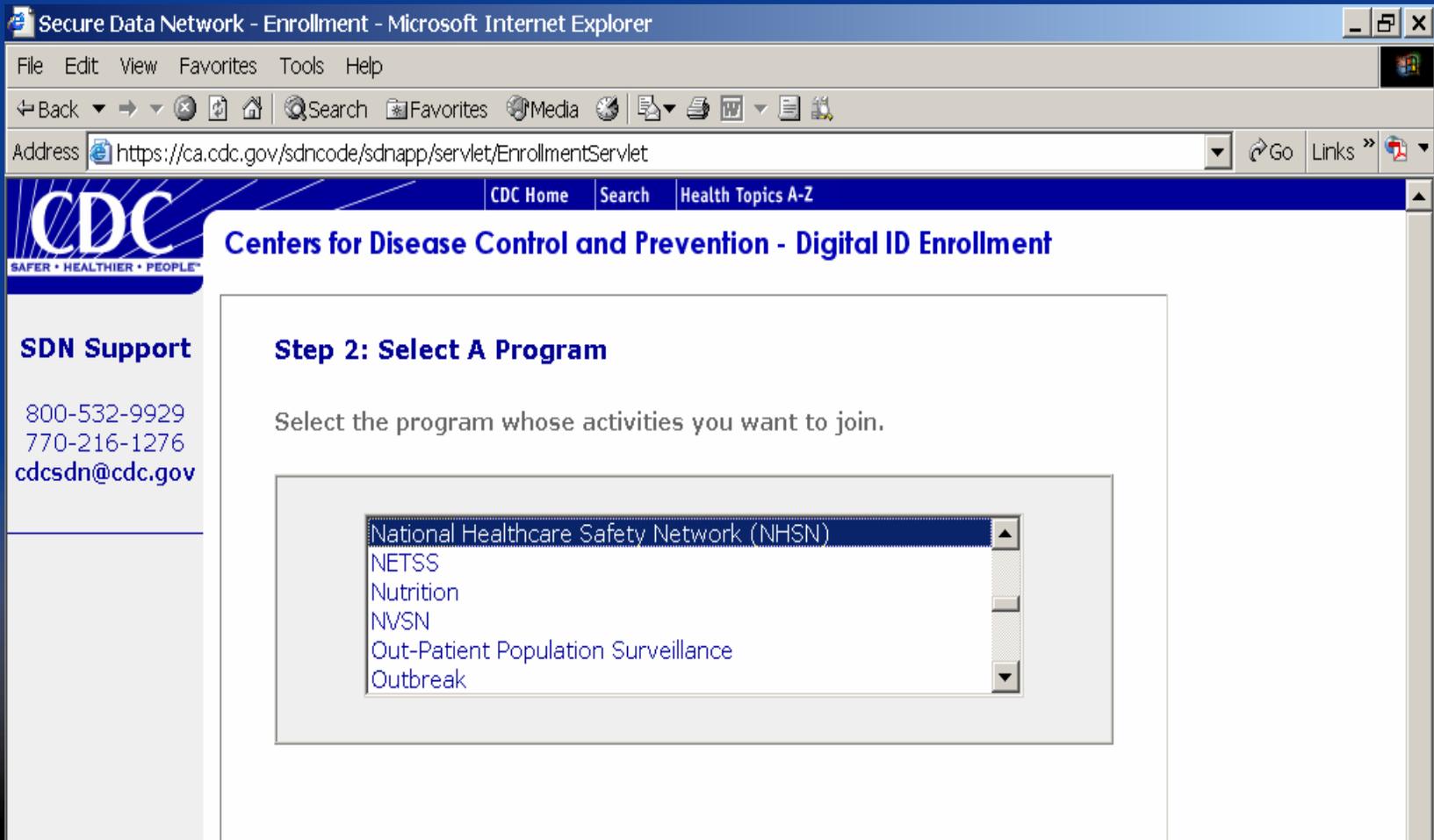
Your email address must be correct to receive your Digital ID.
Is this your correct email address?

janiedoe@genhosp.org

OK

Cancel

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



Secure Data Network - Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

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

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Centers for Disease Control and Prevention - Digital ID Enrollment

SDN Support

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

Step 2: Select A Program

Select the program whose activities you want to join.

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

Select Activities: Click on NHSN Enrollment



Secure Data Network - Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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

SDN Support

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

Step 2: Select A Program

Select the program whose activities you want to join.

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

Step 3: Select Activities

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

- NHSN Enrollment

Next

Done Internet

Create a challenge phrase (password)

Secure Data Network - Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail News RSS Feeds

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

CDC Home Search Health Topics A-Z

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SDN Support

800-532-9929
770-216-1276
cdcsgn@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.

Done Internet

Start | Conne... | Inbox -... | Microso... | What is... | RE: W... | Secur... | 11:28 AM

For security reasons, a challenge phrase must:

- Be at least 8 characters long.
- Contain only English letters, numbers or any of these characters:



- Contain at least one non-alphabetic character.
- Not contain your name or any part of your email address.
- Not be a word, unless the word is either
 - Broken up by one or more non-alphabetic characters
 - Prefixed or suffixed by three or more non-alphabetic characters
- Not contain more than two consecutive repeating characters.
- Contain at least 4 unique characters.

Challenge phrases are case sensitive, so be sure to remember if any letters are capitalized. While not required, a challenge phrase containing mixed case letters is more secure, and we invite you to consider using one.

More Information and Examples.

Challenge Phrase

Confirm

Next

Write it down!

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



Centers for Disease Control and Prevention - Digital ID Enrollment

SDN Support

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

Digital Certificate Request Received

Your request for a digital certificate has been received.

You will receive an e-mail when your request is approved, which includes instructions for installing your digital certificate.

Please note that processing time may vary, depending upon the nature of the enrollment request. If you do not receive an e-mail notification within 72 hours, you may inquire about the status of your request by contacting the program administrator.

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

This page last reviewed Mar 14 2003



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

Congratulations!

Your Digital ID has been successfully generated and installed.

Your Digital ID Information.

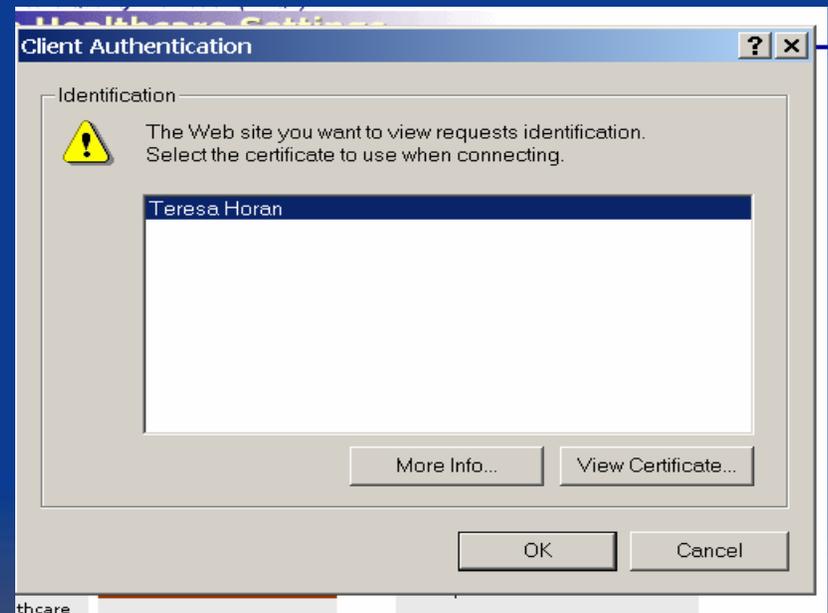
Serial Number = 2a3680bfeb16458a7fd9ca3e850d1f75

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



Step 4: Complete NHSN enrollment online

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



Enter your SDN challenge phrase, click Submit

SDN Login Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print

Address <https://id1.cdc.gov/certphrase/login.asp?TYPE=33554433&REALMROID=06-da66a73e-efe3-402f-bd4a-18a523a45d66&GUID=> Go Links

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Secure Data Network

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Please enter your challenge phrase:

Submit

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

Done Internet

Start Connec... Inbox - ... Microso... Forms Microso... SDN I... 1:10 PM

Click on NHSN Enrollment



CDC Public Health Partners - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://sdh.cdc.gov/common/pages/activity_list.asp

Search Web My Yahoo! Answers Games Shopping Music

CDC Public Health Partners Search CDC.gov

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

My Applications

National Healthcare Safety Network (NHSN)

- > [NHSN Enrollment](#)
- > [Request Additional Activities](#)

Contacts Directory

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

Last name:

First name:

Agency:

Health Departments Directory

To view a list of health departments for a...

Morbidity and Mortality Weekly Report

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

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

Recommendations and Reports

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

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

Surveillance Summaries

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

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

Preventing Chronic Disease Journal

[Home](#)

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



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



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

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



[Home](#)

Facility Enrollment Forms

Patient Safety Component

Hospital applicants, print these:

[Facility Contact Information](#)

[Hospital Survey](#)

Outpatient Dialysis Center, print these:

[Facility Contact Information](#)

[Outpatient Dialysis Center Practices Survey](#)

Healthcare Personnel Safety Component

Any facility type, print these:

[Facility Contact Information](#)

[Facility Survey](#)

Back



Facility Contact Information

OMB No. 0923-0688
Exp. Date: 02-28-2008

Page 1 of 2



* 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 Provider #:	<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:			
*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			
<input type="checkbox"/> Healthcare Personnel Safety Component			
NHSN Facility Administrator:			
*Name:			
Title:			
*Mailing Address: (if different from facility)			

*City:		*State:	*ZIP: -
*Telephone Number: ()	Extension:		
FAX Number: ()			
Pager Number: ()			
*Email:			
*User Name:			

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected at the 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 502, 505 and 506(b) of the Public Health Service Act (42 USC 242b, 242c, and 242e-6).

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC, Paperwork Reduction Project (6090-0107), 1600 Clifton Road, NE, Atlanta, GA 30333, ATTN: PRA (6090-0107).
CDC 07-268 (Rev. 1-6-07) 01/07



Facility Contact Information

Page 2 of 2

OMB No. 0920-0095
Exp. Date: 02-28-2008



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

*Name:

Title:

*Mailing Address: (if different from facility)

*City:

*State:

*ZIP:

*Telephone Number:()

Extension:

FAX Number:()

Pager Number:()

*Email:

NHSN Healthcare Personnel Safety Primary Contact Person (if different from Facility Administrator)

*Name:

Title:

*Mailing Address: (if different from facility)

*City:

*State:

*ZIP:

*Telephone Number:()

Extension:

FAX Number:()

Pager Number:()

*Email:

A valid email account is required for enrollment



* required for saving

*Tracking #:

*Facility ID #:

*Survey Year:

Hospital Characteristics

*Hospital Ownership (check one):
 For profit Government Military
 Not for profit, including church Veteran's Affairs

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

If Yes, what type of affiliation:

____ MAJOR: Facility is an important part of the teaching program of the medical school and the majority of medical students rotate through multiple clinical services.

____ GRADUATE: Facility is used by the medical school for graduate training programs only; i.e., residency and/or fellowships.

____ LIMITED: Facility is used in the medical school's teaching program only to a limited extent.

Infection Control Practices

- *1. Number of beds set up and staffed: _____
- *2. Number of ICU beds (including adult, pediatric, and neonatal levels II/III and III): _____
- *3. Number of specialty care beds (including hematology/oncology, bone marrow transplant, solid organ transplant, inpatient dialysis, and long-term acute care [LTAC]): _____
- *4. Number of infection control professionals (ICPs) in facility: _____
 - a. Total hours per week performing surveillance: _____
 - b. Total hours per week for infection control activities other than surveillance: _____

Hospital Microbiology Laboratory Practices

*1. Does your laboratory perform antimicrobial susceptibility testing? Yes No
If No, where is your hospital's antimicrobial susceptibility testing performed?
 Affiliated medical center of hospital Commercial referral laboratory

*2. Does your laboratory use NCCLS antimicrobial susceptibility standards? Yes No
If Yes, specify what version of the M100 document your laboratory uses? _____

*3. For the following organisms please indicate which methods are used for:
(1) primary susceptibility testing and
(2) secondary, supplemental, or confirmatory testing (if performed).
If your laboratory does not perform susceptibility testing, please indicate the methods used at the referral laboratory.
Please use the testing codes listed below the table.

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

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

*4. Does your laboratory have a procedure to confirm vancomycin resistance in staphylococci? Yes No
If Yes, please check all methods performed either in your lab or at a referral laboratory:
 Disk diffusion
 Etest
 Vancomycin agar screen plate
 Repeat primary testing method indicated in Question 3
 Other, please indicate using method codes in Question 3 above:

*5. Does your laboratory do either screening or confirmatory testing for extended spectrum β -lactamase (ESBL) production according to NCCLS? Yes No

*6. If ESBL production is suspected how do you report your results to the clinician?
 Change susceptible and intermediate interpretations for third generation cephalosporins and aztreonam to

Patient Safety Component – Outpatient Dialysis Center Practices Survey

Page 1 of 2

* required for saving

*Tracking #: _____

*Facility ID#: _____

*Survey Year: _____

*1. Ownership of your dialysis center? For profit Not for profit Government
 Military Veteran's Affairs

*2. Location of your dialysis center? Hospital based Freestanding
 Freestanding but owned by a hospital

*3. Is your facility part of a group or chain of dialysis centers? Yes No
If yes, name of group or chain: _____

*4. Person(s) responsible for collecting data for this dialysis surveillance project (check all that apply):

Dialysis RN Dialysis technician
 Administrator Hospital-affiliated infection control practitioner
 Other: _____

*5. Is there someone at your unit in charge of infection control? Yes No
If yes, check all that apply:

A dialysis staff member is in charge of infection control
 A hospital infection control practitioner comes to our unit
 Other: _____

*6. Has this dialysis center participated in our surveillance system in the past? Yes No

If yes, how much time per month (approximately) did you spend on this surveillance system in the past? Approximately _____ hours per month

Suggestions for improvement:

*7. Do you have ≥ 1 patients with known HIV infection? Yes No Don't know

Outpatient Dialysis Center Practices Survey (continued)

- *14. Check your **most common practice** for drawing blood cultures. One puncture of the patient’s vein or the blood port equals one culture; if several bottles are inoculated from one puncture, this counts as one blood culture.
- 1 blood culture drawn by venipuncture
 - 1 blood culture drawn through blood line
 - 2 blood cultures, both by venipuncture
 - 2 blood cultures, 1 drawn through blood line and 1 by venipuncture
 - 2 blood cultures, both drawn through blood line
 - Other: _____
- *15. If coagulase negative staphylococci (CNS) are found in a blood culture, are you able to determine whether the CNS grew in one versus more than one blood culture? Yes No Don’t know

Dialysis Catheters

- *16. Brand names of dialysis catheters used in your patients: check if don’t know

Permanent (cuffed, tunneled) catheters		Temporary (noncuffed, nontunneled) catheter	
Manufacturer (e.g., Quinton)	Model (e.g. Permacath)	Manufacturer	Model

- *17. Job classifications of staff members who provide dialysis catheter care (access catheters or change dressing) (check all that apply): RN LPN Technician Other: _____
- *18. Before access of dialysis catheters, the catheter port site (usually a rubber diaphragm) is prepped with (check the one most commonly used):



[Home](#)

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



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



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



NHSN - National Healthcare Safety Network

Home

Enroll Facility

[Print PDF Form](#)

Mandatory fields marked with *

Tracking # 2315

Facility Information

Facility name*:

Address line 1*:

Address line 2:

Address line 3:

City *:

County:

State*:

Zipcode *: -

Main telephone number*:

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

Facility Information

Facility name*:

Address line 1*:

Address line 2:

Address line 3:

City*:

County:

State*:

Zip Code*: -

Main telephone number*:

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

AHA ID*:

Select if AHA ID Not Applicable

CMS ID*:

Select if CMS ID Not Applicable

VA station code*:

Select if VA Station Code Not Applicable

Verify Data

Click to verify values provided above before proceeding.

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

From: NHSN

To: NHSN Facility Administrator

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

Subject: NHSN facility enrollment submitted

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

Facility Name: Atlanta Medical Center

Tracking Number: 10xxx

NHSN Facility Administrator: CEY8@AMC.ORG

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

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

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

If you have questions about NHSN, please contact us at 800-893-0485 or



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



* required for saving

*Tracking # _____

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

Purposes of NHSN

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

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

Data Collection and Reporting Requirements for Participation

Once accepted into the NHSN, each facility must:

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

Continued >>

Assurance of Confidentiality: The information obtained in the 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, 305 and 308(a) of the Public Health Service Act (42 USC 242e, 242f, and 242o(2)).

Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC, Report Burden Office, 1600 Clifton Road, NE, Atlanta, GA 30333, (477) 248-1500 (toll-free).



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

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

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

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



*Tracking # _____

Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in the NHSN.

NHSN Patient Safety Primary Contact Person

*Name: _____

*Title: _____

*Signature: _____ *Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person

(If different from Patient Safety Primary Contact)

*Name: _____

*Title: _____

*Signature: _____ *Date: _____

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

As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement and hereby consent to allow the facility to participate in the NHSN.

*Name: _____

*Title: _____

*Signature: _____ *Date: _____

Facility Name:

*Main Facility Telephone Number: _____

*Street Address: _____

*City: _____ *State: _____ *ZIP: _____ - _____

**Must have a
C-level
signature!**





NHSN will activate your facility when Consent is received and send you an enrollment approval email



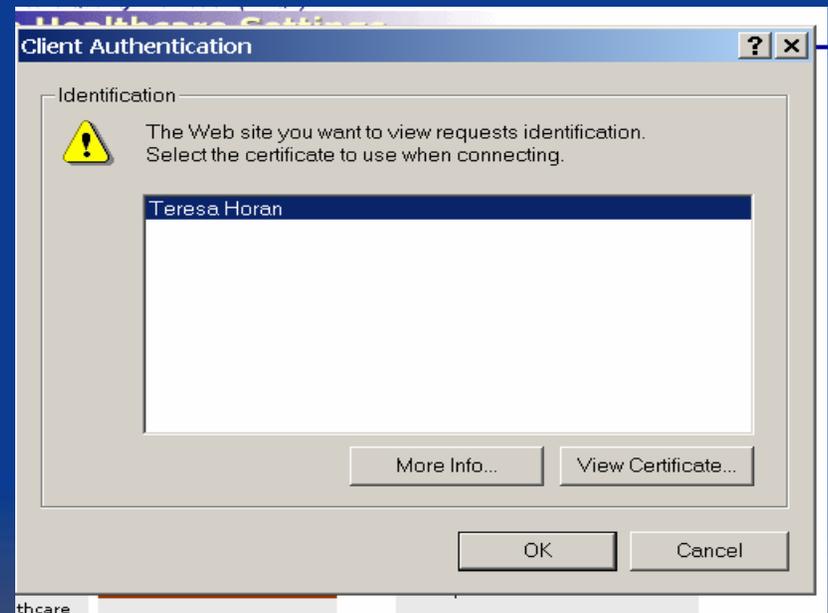
Enrollment is complete!

NHSN Facility Administrator can now access NHSN Reporting through the SDN to add users and set up facility for reporting in NHSN.

Access NHSN through the SDN



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



Enter your SDN challenge phrase, click Submit

SDN Login Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://id1.cdc.gov/certphrase/login.asp?TYPE=33554433&REALMROID=06-da66a73e-efe3-402f-bd4a-18a523a45d66&GUID=>

CDC Home Search Health Topics A-Z

Secure Data Network

SDN Support

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

WARNING

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

Please enter your challenge phrase:

Submit

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

Done Internet

Start Connec... Inbox - ... Microso... Forms Microso... SDN I... 1:10 PM

Click on NHSN Reporting



CDC Public Health Partners - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://sdh.cdc.gov/common/pages/activity_list.asp

Search Web My Yahoo! Answers Games Shopping Music

CDC Public Health Partners Search CDC.gov

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

My Applications

National Healthcare Safety Network (NHSN)

- > [NHSN Reporting](#)
- > [Request Additional Activities](#)

Contacts Directory

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

Last name:

First name:

Agency:

Health Departments Directory

To view a list of health departments for a

Morbidity and Mortality Weekly Report

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

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

Recommendations and Reports

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

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

Surveillance Summaries

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

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

Preventing Chronic Disease Journal

NHSN is ready for users to be added and set up

NHSN 1.1.16 Home Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://acid-nhsn-app2:8081/nhsn1.1/nhsnMain.do>

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

Welcome to the NHSN Home Page.

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

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Done Local intranet

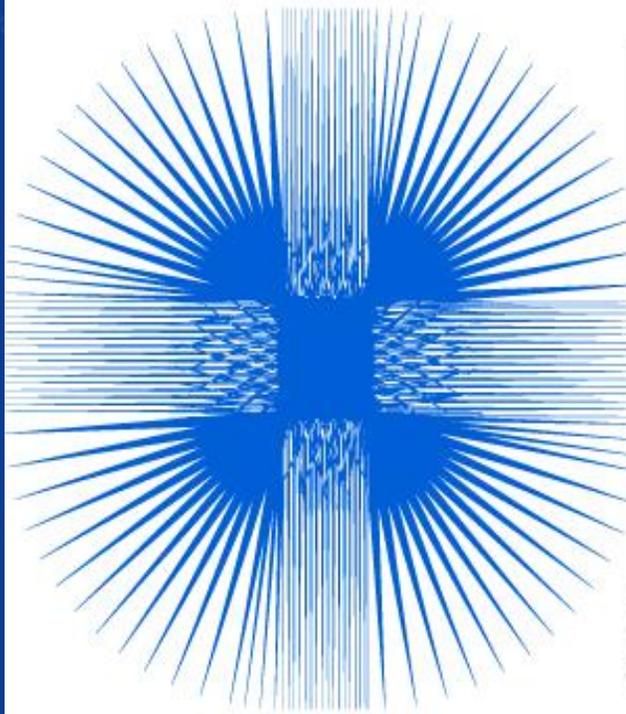
Start C In Mi Mi Mi A Mi I T N 4:30 PM



Recap: 5 Step NHSN Enrollment Process

Facility Administrator -

1. Reviews and accepts Rules of Behavior
2. Registers
3. Applies for and installs an SDN digital certificate for NHSN Enrollment activity
4. Prints, completes and submits enrollment forms online
5. Prints, signs and returns Consent Form to NHSN



NHSN

**National Healthcare
Safety Network**

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html



Getting Started in NHSN Adding Users, Locations, and Surgeons

Mary Andrus, BA, RN, CIC
Division of Healthcare Quality Promotion



Objectives

- Review the basic design of the NHSN computer screens and identify the function of its elements
- Describe the process for adding new users to the Facility NHSN profile
- Identify the process for setting up facility-specific locations
- Adding or importing surgeon codes

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html

NHSN Landing Page



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Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

Welcome to the NHSN Landing Page

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

Select facility/group from dropdown list:

**Warning: you must select one facility to proceed

Select facility within the above group:

Select component:

Grp: CDC (ID 0)
Grp: Georgia (ID 10624)
Fac: DHQP Memorial Hospital (ID 10000)
Fac: Test Facility (ID 10036)

Patient Safety

Submit



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Welcome to the NHSN Landing Page

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

Select facility/group from dropdown list:

**Warning: you must select one facility to edit or add records.

Select facility within the above group:

Select component:



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Welcome to the NHSN Landing Page

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

User: MVA

Select facility/group from dropdown list:

Select facility within the above group:

Select component:

Sub



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

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

View User

User ID:	MVA9
Prefix:	
First Name:	Mary
Middle Name:	
Last Name:	Andrus
Title:	
User Type:	ICP - Infection Control Professional
User Active:	Y
Phone Number:	
Extension:	
E-mail Address:	MVA9@CDC.GOV
Fax Number:	
User Group/Facility:	Test Facility (10036)
User Roles:	ADMIN(PS) ALLRIGHTS(PS)

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



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To contact CDC personnel for assistance with NHSN try:

Telephone: 800-893-0485

E-mail: nhsn@cdc.gov

Website: <http://www.cdc.gov/ncidod/hip/nhsn/members/contact.htm>



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 - Definitions of Data Entry Requirement
 - Definition of Key Terms
 - CDC Location Labels and Descriptions
 - NHSN Contact Information
- Patient Safety Component
 - Data Entry Instructions for NHSN Anr
 - Data Entry Instructions for the Patier
 - How To
 - CDC HAI Definitions
 - Glossary

Welcome to the NHSN Help System!

The NHSN Help System is an online manual that guides the NHSN user through the definitions, reporting instructions, and capabilities relevant to the NHSN application. In an effort to ensure standardization of data collection and reporting procedures, considerable detail is provided throughout this help system.

Using the navigation bar to the left, the NHSN user can find the information they need by:

- browsing through the Table of Contents
- browsing through a list of Keywords in the Index
- performing a search through all topics of keywords the user specifies

(Updated 11-17-2006)



Home Page



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

NHSN - National Healthcare Safety Network



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

Welcome to the NHSN Home Page.

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

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Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence and 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)).



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When you click on the topic, it expands to show the options that are available within that topic



Adding a User

- When Enrollment process is complete, NHSN Facility Administrator adds Users
- A person should not get a digital certificate until the Facility Administrator has added them as a user



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



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Add User

Mandatory fields marked with *

User ID*:

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

Prefix:

First Name *:

Middle Name:

Last Name *:

Title:

User Active:

User Type:

Phone Number:

Extension:

Fax Number:

E-mail Address*:

Address:

Address, Line 2:

Address3:

City:

Add User

Mandatory fields marked with *

User ID*: Up to 32 letters and/or numbers

Prefix:

First Name *:

Middle Name:

Last Name *:

Title:

User Active:

User Type:

Phone Number:

Extension:

Fax Number:

E-mail Address*:

Address:

Address, Line 2:

Address3:

City:

**Enter first and last name
of the new user**



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

Add User

Mandatory fields marked with *

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

Prefix:

First Name *:

Middle Name:

Last Name *:

Title:

User Active:

User Type:

Phone Number:

Fax Number:

E-mail Address*:



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

Add User

Mandatory fields marked with *

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

Prefix:

First Name *:

Middle Name:

Last Name *:

Title:

User Active:

User Type:

Phone Number:

Fax Number:

E-mail Address*:

Enter New Password*:

Re-enter New Password*:

- ICP - Infection Control Professional
- DE - Data Entry Clerk
- DIAL - Dialysis Nurse/Professional
- HE - Hospital Epidemiologist
- ICCC - IC Committee Chair
- IT - IT Professional
- M - Microbiologist
- OH - Occup Health Professional
- P - Pharmacist
- Prl - Principal Investigator

Ext



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

Add User

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:

Extension:

Fax Number:

E-mail Address*:

Phone number and fax are optional, but you must enter a valid email address.



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



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

Edit User Rights

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

User ID: **DDUCK (ID 1590)**

Facility List:

Administrative User:

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

A Facility Admin can choose to give a user all rights



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

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

Edit User Rights

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

User ID: **DDUCK (ID 1590)**

Facility List:

Administrative User:

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

Advanced

Effective Rights Save Back



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Logged into Test Facility (ID 10036) as MVA9.
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Edit User Rights

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

User ID: **DDUCK (ID 1590)**

Facility List:

Administrative User:

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

Once you are more familiar with NHSN, if necessary, you can customize user rights

Advanced

- Effective Rights
- Save
- Back



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Find User

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

User Information

User ID:

First Name:

Middle Name:

Last Name:

Phone Number:

E-mail Address:





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Logged into Test Facility (ID 10036) as MVA9.
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User List

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

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Logged into Test Facility (ID 10036) as MVA9.
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View User

User ID:	DDUCK
Prefix:	
First Name:	DONALD
Middle Name:	
Last Name:	DUCK
Title:	
User Type:	ICP - Infection Control Professional
User Active:	Y
Phone Number:	
Extension:	
E-mail Address:	MLANDRUS@CHARTER.NET
Fax Number:	
User Group/Facility:	Test Facility (10036)
User Roles:	ALLRIGHTS(PS)

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



Users

- [Add](#)
- [Find](#)

Facility

Group

Log Out

First Name * : DONALD

Middle Name:

Last Name * : DUCK

Title:

User Active: Y-Yes

User Type: ICP - Infection Control Professional

Phone Number:

Extension:

Fax Number:

E-mail Address * : MLANDRUS@CHARTER.NET

Address:

Address, Line 2:

Address3:

City:

State:

Zip Code:

Zip Code Ext

County:

Home Phone Number:

Home Extens

Beeper:

Add

Save

Delete

Edit Rights

Effective Rights

Back





Adding a User

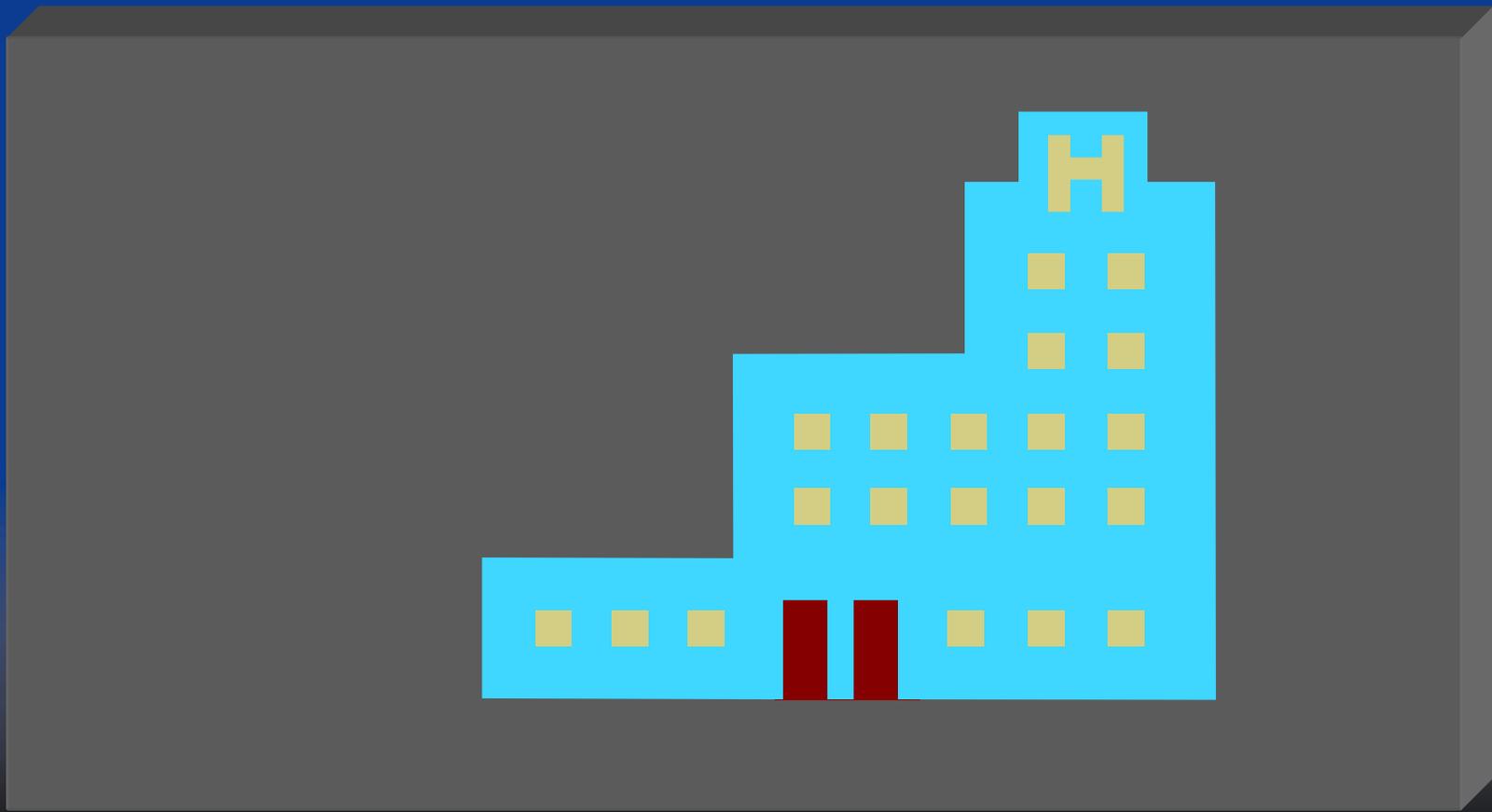
- Once a user is added, NHSN will send the user an email with the following:
 - Agreement to follow the Rules of Behavior
 - Instructions on obtaining and downloading a Digital Certificate

NHSN User Start-up Guide

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html



Adding Locations





Adding Locations

- Decide which locations you will monitor
 - Patient care areas where device-associated infections are monitored
 - Patient care areas where patients having selected operations are housed
- Locations must be identified and set up before the Monthly Reporting Plan can be completed



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

Locations

Instructions

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

Enter a code of your choosing for the location

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

Your Code*:

Your Label*:

CDC Location Description*:

Status*:

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

Locations

Instructions

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

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

Your Code*:

Your Label*:

CDC Location Description*:

Status*:

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

Enter a label for this location – may be the same as the code or an expanded name

Find

Add

Clear

Locations

Instructions

- To **Add** a record, fill in the required 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 values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values in 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 checkbox(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Choose from the dropdown list the CDC location that most closely maps to your location

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

Choosing a CDC Location Type



Using the 80% Rule

- Location: the specific patient care area to which a patient is assigned while receiving care in the healthcare facility



• If 80% of the patients in a patient care area (e.g., pediatric patients requiring orthopedic care) are of a certain type, then so designate that location (in this case, Inpatient Pediatric Orthopedic Ward).



CDC Location Label

Location Description

INPATIENT LOCATIONS

Inpatient Adult Critical Care

Burn Critical Care

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

Medical Cardiac Critical Care

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

Surgical Cardiothoracic Critical Care

Critical care area specializing in the care of patients following cardiac and thoracic surgery.

Medical Critical Care

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

Medical/Surgical Critical Care

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

Neurologic Critical Care

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

Neurosurgical Critical Care

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

Prenatal Critical Care

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

Respiratory Critical Care

Critical care area for the evaluation and treatment of the patient with severe respiratory conditions.

Surgical Critical Care

Critical care area for the evaluation and management of patients with

Locations

Instructions

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

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

Your Code*:

Your Label*:

CDC Location Description*:

Status*:

Bed Size* To: A bed size greater than zero is required for most inpatient locations.

Find

Add

Clear

Locations

Instructions

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

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

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

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

Locations

✓ The location 'CARDIOTHORACIC SURGICAL ICU' has been successfully added.

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

Location Table

First | Previous | Next | Last

Displaying 1 - 1 of 1

<input type="checkbox"/>	Status	Your Code	Your Label	CDC Description	CDC Code	Bed Size
<input type="checkbox"/>	Active	CTICU	CARDIOTHORACIC SURGICAL ICU	Surgical Cardiothoracic Critical Care	IN:ACUTE:CC:CT 16	

First | Previous | Next | Last

Displaying 1 - 1 of 1

After a new location has been added, it will appear in the Locations drop down lists on the data entry screens

Middle Name:

Gender*: M - Male

Event Information

Event Type*: UTI - Urinary Tract Infection Date of

Post-procedure>:

Location*

Date Admitted to Facility>:

Risk Factors

Urinary Catheter*:

Event Details

Specific Event* MSICU - MEDSURG ICU

Secondary Bloodstream Infection> OB - POST PARTUM OB

SICU - SURGICAL ICU

Died***:

Discharge Date: 

2CEN - 2 CENTRAL ORTHOPEDICS
4 SOUTH - 4 SOUTH - SURGICAL
BMT - BONE MARROW TRANSPLANT
CTICU - CARDIOTHORACIC SURGICAL ICU
DCARD - OUTPATIENT CARDIOLOGY
DIAL - DIAL
GOPTS - GENERAL OUTPATIENT SURGERY
LTAC - LTAC
NICU3 - NICU 3



The location will also be available in the **Monthly Reporting Plan**

Device-Associated Module

Locations

CTICU - CARDIOTHORACIC SURGICAL ICU

2CEN - 2 CENTRAL ORTHOPEDICS

4 SOUTH - 4 SOUTH - SURGICAL

BMT - BONE MARROW TRANSPLANT

CTICU - CARDIOTHORACIC SURGICAL ICU

DCARD - OUTPATIENT CARDIOLOGY

DIAL - DIAL

GOPTS - GENERAL OUTPATIENT SURGERY

LTAC - LTAC

MSICU - MEDSURG ICU

NICU3 - NICU 3

OB - POST PARTUM OB

SICU - SURGICAL ICU

CLA BSI DI VAP CAUTI

from Previous Month

SSI Post-procedure PNEU

- Inpatient

- Inpatient IN - Inpatient

Adding Surgeons



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

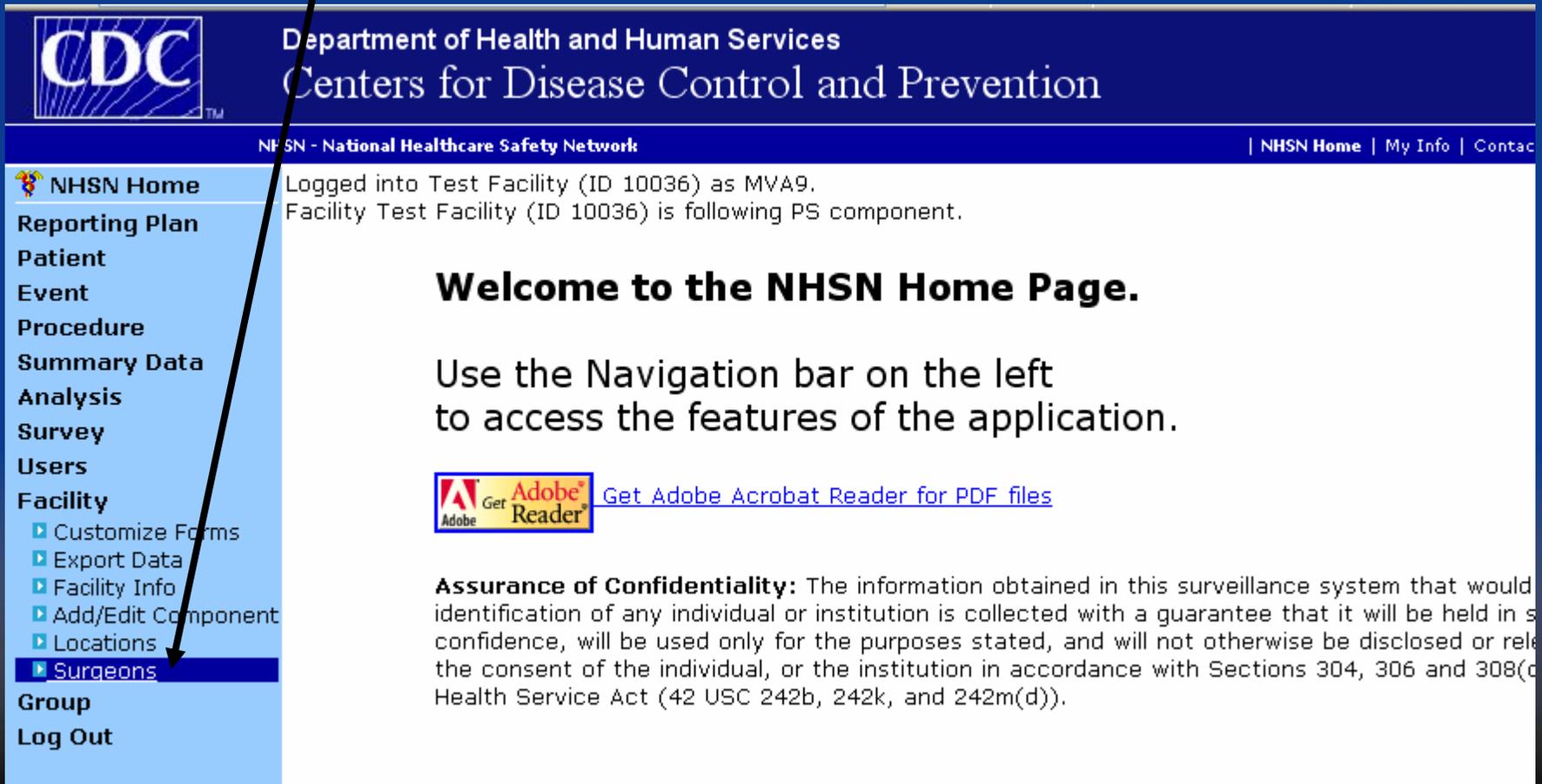
Haley RW, Culver DH, et. al. The efficacy of infection surveillance and control programs in preventing nosocomial infections in US hospitals. Am J Epidemiol 1985;121:182-205.



Methods for Adding Surgeons

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

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



The screenshot shows the NHSN Home Page. 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 the header is a navigation bar with "NHSN - National Healthcare Safety Network" on the left and "NHSN Home | My Info | Contact" on the right. A left-hand navigation menu lists various options: NHSN Home, Reporting Plan, Patient, Event, Procedure, Summary Data, Analysis, Survey, Users, Facility, Group, and Log Out. The "Facility" option is expanded, showing sub-options: Customize Forms, Export Data, Facility Info, Add/Edit Component, Locations, and Surgeons. The "Surgeons" option is highlighted in blue. The main content area displays the user's login status: "Logged into Test Facility (ID 10036) as MVA9. Facility Test Facility (ID 10036) is following PS component." Below this is a large heading "Welcome to the NHSN Home Page." followed by the instruction "Use the Navigation bar on the left to access the features of the application." There is also an advertisement for Adobe Acrobat Reader and a section titled "Assurance of Confidentiality" which states that information collected is held in confidence and used only for stated purposes.

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



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▣ Export Data

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▣ Surgeons

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Log Out

Surgeons

Instructions

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

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

Surgeon Code* 200

Last Name: Bond

First Name: James

Middle Name:

Status*: Active

Find

Add

Clear

Import
Surgeon Codes



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Surgeons

Instructions

Enter the surgeon last and first name if you like

- To **Add** a record, 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 values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its details in the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding checkbox(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

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

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*:

- Find
- Add
- Clear
- Import Surgeon Codes



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- Group
- Log Out

Surgeons

Instructions

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

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

Status will default to Active

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*

- Find
- Add
- Clear
- Import Surgeon Codes

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

Surgeons

✓ The surgeon code '200' has been successfully added.

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

Surgeon Table

First | Previous | Next | Last

Displaying 1

<input type="checkbox"/>	Status	Surgeon Code ▲	Last Name	First Name	Middle Name
<input type="checkbox"/>	Active	200	Bond	James	

First | Previous | Next | Last

Displaying 1

Facility
Group
Log Out

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*:

- 100 - Frank, Henry
- 101 - Brown, Joseph
- 102 - Kennedy, Marie
- 103 - Carpenter, Derek
- 104 - Franklin, David
- 105 - Thompson, Stanley
- 106 - Doyle, Gerald
- 1234 - Robert, John
- 200 - Bond, James
- 45678 - Kraighton, Cecile
- 488 - Smith, Harold
- 489 - Cromwell, Betty
- 501 - Skinner, Jeremy
- 521 - Potter, Harry
- ANTHONY - Anthony, John
- CARROLL - Carroll, Elizabeth
- JOHNSON - Johnson, Fred
- KPO8 - Koop, C

Procedure Details

Outpatient*:

Wound Class>:

ASA Class>:

Emergency>:

Surgeon Code:

Event **Procedure is not Linked**

ns)>: :

General Anesthesia>:

Endoscope>:

Multiple Procedures>:

Custom Fields



Importing Surgeons

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

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

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

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

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*: Active

Find

Add

Clear

Import Surgeon Codes



Importing Surgeons

- Import a comma delimited file

Code, last name, first name, middle name
200, Bond, James, L
201, Duck,,



Import Surgeon Data

A file containing surgeon data may be imported into NHSN. It must be a comma-delimited file in the following format:

Surgeon Code, Last Name, First Name, Middle Name

Examples:	123,Jones,James,J
	A34,Smith,Mary,
	56XY,Johnson,,

Click on the Browse button to locate the file you want to import

Select file to import

Import Surgeon Data

A file containing surgeon data may be imported into NHSN. It must be a comma-delimited file in the following format:

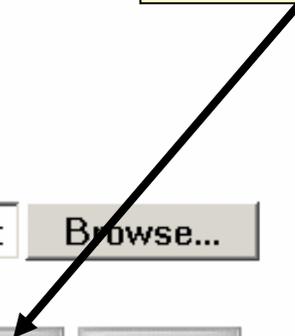
Surgeon Code, Last Name, First Name, Middle Name

Examples:	123,Jones,James,J
	A34,Smith,Mary,
	56XY,Johnson,,

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

Select file to import

C:\Documents and Settings\surgeon import file.txt



Facility Test Facility (ID 10036) is following PS component.

Surgeons

Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. The **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in 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 checkbox(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

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

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*:



Users

Facility

- Customize Forms
- Export Data
- Facility Info
- Add/Edit Component
- Locations
- Surgeons

Group

Log Out

- To **Find** a record, click on the *Find* button. One or more fields can be filled in to restrict the search to values.
- To **Edit** a record, perform a *Find* on the desired record. Click on the desired record to fill in its values 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 (es), then click on the *Delete* button.
- Press the **Clear** button to start over with a new form.

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

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*: 

Surgeon Table

[Display All](#)

First | Previous | Next | Last

Displaying 1

<input type="button" value="Delete"/>	Status	Surgeon Code 	Last Name	First Name	Middle Name
<input type="checkbox"/>	Active	200	Bond	James	

First | Previous | Next | Last

Displaying 1





Surgeons

Instructions

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

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

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*:

- Customize Forms
- Export Data
- Facility Info
- Add/Edit Component
- Locations
- Surgeons

Surgeons

Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional value. Click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict search results.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to open 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 checkbox(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

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

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*:



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

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*: Active

Find

Add

Clear

Import Surgeon Codes

Surgeon Table

[Display All](#)

First | Previous | Next | Last

Displaying 1 - 1 of 1 records

<input type="button" value="Delete"/>	Status	Surgeon Code <input type="button" value="▲"/>	Last Name	First Name	Middle Name
<input type="checkbox"/>	Active	200	Bond	Harry	James

First | Previous | Next | Last

Displaying 1 - 1 of 1 records

Surgeons

Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search results to specific values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to open 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 checkbox(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

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

Surgeon Code*:

Last Name:

First Name:

Middle Name:

Status*: Active





Find

Add

Clear

Import
Surgeon Codes

Surgeon Table

[Display All](#)

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

Displaying 1 - 10 of 18

<input type="checkbox"/>	Status	Surgeon Code ▲	Last Name	First Name	Middle Name
<input type="checkbox"/>	Active	100	Frank	Henry	J
<input type="checkbox"/>	Active	101	Brown	Joseph	
<input type="checkbox"/>	Active	102	Kennedy	Marie	L
<input type="checkbox"/>	Active	103	Carpenter	Derek	
<input type="checkbox"/>	Active	104	Franklin	David	H
<input type="checkbox"/>	Active	105	Thompson	Stanley	
<input type="checkbox"/>	Active	106	Doyle	Gerald	B
<input type="checkbox"/>	Active	1234	Robert	john	s
<input type="checkbox"/>	Active	200	Bond	Harry	James
<input type="checkbox"/>	Active	456RP	Kraighton	Cecile	I

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

Displaying 1 - 10 of 18





Find

Add

Clear

Import
Surgeon Codes

Surgeon Table

[Display All](#)

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

Displaying 1 - 10 of 18

<input type="checkbox"/>	Delete	Status	Surgeon Code ▲	Last Name	First Name	Middle Name
<input type="checkbox"/>		Active	100	Frank	Henry	J
<input type="checkbox"/>		Active	101	Brown	Joseph	
<input type="checkbox"/>		Active	102	Kennedy	Marie	L
<input type="checkbox"/>		Active	103	Carpenter	Derek	
<input type="checkbox"/>		Active	104	Franklin	David	H
<input type="checkbox"/>		Active	105	Thompson	Stanley	
<input type="checkbox"/>		Active	106	Doyle	Gerald	B
<input type="checkbox"/>		Active	1234	Robert	john	s
<input type="checkbox"/>		Active	200	Bond	Harry	James
<input type="checkbox"/>		Active	456RP	Kraighton	Cecile	I

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

Displaying 1 - 10 of 18

Surgeon Table

[Display All](#)

First | Previous | Next | Last

Displaying 1 - 18 of 18

<input type="checkbox"/> Delete	Status	Surgeon Code ▲	Last Name	First Name	Middle Name
<input type="checkbox"/>	Active	100	Frank	Henry	J
<input type="checkbox"/>	Active	101	Brown	Joseph	
<input type="checkbox"/>	Active	102	Kennedy	Marie	L
<input type="checkbox"/>	Active	103	Carpenter	Derek	
<input type="checkbox"/>	Active	104	Franklin	David	H
<input type="checkbox"/>	Active	105	Thompson	Stanley	
<input type="checkbox"/>	Active	106	Doyle	Gerald	B
<input type="checkbox"/>	Active	1234	Robert	john	s
<input type="checkbox"/>	Active	200	Bond	Harry	James
<input type="checkbox"/>	Active	456RP	Kraighton	Cecile	I
<input type="checkbox"/>	Active	488	Smith	Harold	
<input type="checkbox"/>	Active	489	Cromwell	Betty	
<input type="checkbox"/>	Active	501	Skinner	Jeremy	
<input type="checkbox"/>	Active	521	Potter	Harry	
<input type="checkbox"/>	Active	ANTHONY	Anthony	John	B
<input type="checkbox"/>	Active	CARROLL	Carroll	Elizabeth	
<input type="checkbox"/>	Active	JOHNSON	Johnson	Fred	P
<input type="checkbox"/>	Active	KPO8	Koop	C	Evertt

First | Previous | Next | Last

Displaying 1 - 18 of 18



Questions?

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html



NHSN User Start-up Guide



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Step 1. Receive Email from NHSN

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

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

Facility or Group Name:

User Type:

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

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

http://server/RegistrationForm/User.jsp?user_email=ABC1@domain.org

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

Follow the instructions in the document "NHSN User Start-up Guide" (available at http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html) beginning at Step 3, to obtain and install the digital certificate so that you will be able to access the NHSN application through CDC's Secure Data Network (SDN).

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

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

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

For Activity, select: **NHSN Reporting**

If you have difficulties obtaining a digital certificate, please contact SDN at 800-532-9929 or PHINTech@cdc.gov.

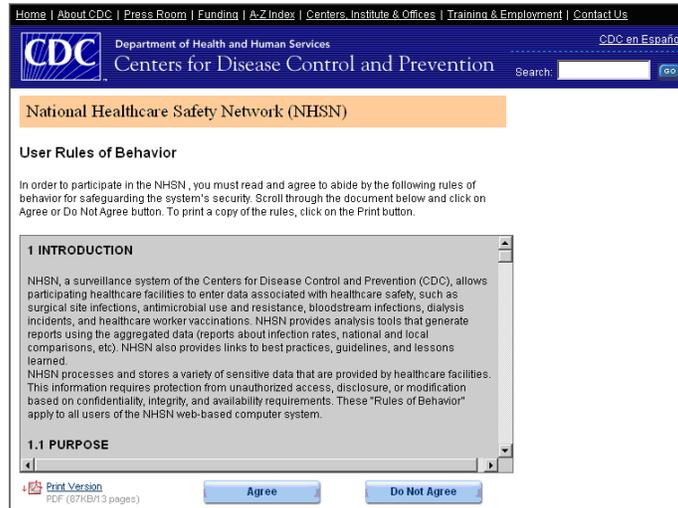
If you have questions about NHSN, please contact us at nhsn@cdc.gov. Information on NHSN is also available on the members' website at <http://www.cdc.gov/nhsn>.



Step 2. Read the NHSN Rules of Behavior

The next step is to access and read the NHSN User Rules of Behavior by clicking on the link provided in the email.

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



A copy of the NHSN Rules of Behavior may be printed by clicking the **Print** link at the bottom of the screen.

To indicate agreement with the terms and conditions as stated in the NHSN Rules of Behavior, click **Agree**. Otherwise, click **Do Not Agree** and discontinue the process. When you click **Agree** you will be asked to enter your training completion date:

NHSN Training Date

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

NOTE: If you have participated in a face-to-face NHSN training session endorsed by the CDC (i.e., from State groups or CDC day training), we recommend that you also review our training sessions, especially for those protocols and topics which may not have been covered during CDC-endorsed trainings. When registering as a user of NHSN, you may enter the date of the CDC-endorsed training you attended as the training completion date.



Step 3. Obtain your Digital Certificate

Before you apply for a digital certificate, make sure you have administrative rights for your computer.

Administrative Rights

You must have administrative rights on your computer before you can apply for a digital certificate. To determine if you have administrative rights, follow the steps below or ask your IT support to verify them for you. These steps vary depending on the type of system you have.

For Windows XP

- Click **Start > Control Panel > Administrative Tools > Computer Management**. The **Computer Management** dialog opens.
- Expand **Local Users and Groups** and then select **Groups**. A list of **Groups** appears in the panel on the right.
- Open the **Administrators** Group. The **Administrators Properties** dialog opens.
- Select the **General** tab and then verify your user ID appears in the **Members**.
- If your user ID does not appear, contact your IT Support to give you privileges.

Notes about Windows XP with Service Pack 2

If you have Windows XP with Service Pack 2 installed, additional steps need to be completed.

- **Allowing pop-ups:** It will be necessary to allow pop-ups from SDN. Open your Internet Explorer browser and click **Tools**, then either disable the pop-up blocker or add <https://ca.cdc.gov/> and <https://sdn.cdc.gov/> to the list of sites where pop-ups are allowed. It will also be necessary to disable any additional pop-up blockers, such as those that come with Norton Anti-Virus or McAfee anti-virus software.
- **ActiveX controls:** Under **Tools**, click **Internet Options > Security**. Highlight Internet and click **Custom Level**. Make sure that the option for “**Automatic Prompting for ActiveX controls**” is set to "enable".



3a. Apply for a CDC Digital ID Certificate

Digital certificates ensure that you and the CDC are communicating privately and securely. They are also expensive and are paid for by your federal tax dollars. You will need to create a password (called a challenge phrase) during this process.

Access the Secure Data Network and Accept Subscriber Agreement

- Using the URL that will be provided in the email from NHSN, go to the **Centers for Disease Control and Prevention – Digital ID Enrollment** page.

Enter Enrollment Password

- In the Password field, enter the password provided to you in the email from NHSN, then click **Accept**. Information about system requirements and digital ID certificates appears. Remember that passwords are case sensitive.
- Click the **Enroll** button. The SDN enrollment form appears.
- All fields with a red asterisk are required on the first page of the SDN enrollment form. Make sure you enter your work email address, not your personal email address. The information you need to install your digital certificate will be sent to the email address you indicate. If you submit an email address with an error in it, you will not be sent a digital certificate. NOTE: Be sure to use the same email address for each step in the SDN and NHSN enrollment processes.

Step 1: Enter Personal Information

Items with (*) are required.

Next

Updated: 06/17/2009



- A pop-up message appears. Verify that the email address listed in the message is correct and then click **OK**. If your email address is incorrect, click **Cancel**, change your email address, and then click **Next**. The **Program and Activities** page appears:

Step 2: Select A Program

Select the program whose activities you want to join.

A screenshot of a web application showing a dropdown menu. The menu is open, displaying a list of program options. The first option, "National Healthcare Safety Network (NHSN)", is highlighted in blue. Other options include "National Select Agent Registry", "NETSS", "Nutrition", "NVSN", and "Organ Transplant Infection Prevention". The dropdown has up and down arrow buttons on the right side.

Step 3: Select Activities

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

A screenshot of a web application showing a selection box. The box contains a list of three activities: "NHSN Enrollment", "NHSN Reporting", and "NHSN Upload". The text is blue and appears to be selectable. The box has a thin border and is set against a light gray background.

Next

- From the Select a Program box, select **National Healthcare Safety Network (NHSN)**.
- From the Select Activities box, select **NHSN Reporting only**. Click **Next**.



3b. Create and Safely Store your Challenge Phrase

For security, you will create a challenge phrase (password) that you will use every time you access SDN (this challenge phrase is different from the password you used to log on to the SDN enrollment site). You will use this challenge phrase along with your Digital ID to authenticate yourself as an SDN user.

To make sure you remember your challenge phrase, we recommend you store your challenge phrase in a safe place. Open MS Word or Notepad and create a file – type the challenge phrase and then save the file, or write the challenge phrase on a piece of paper and put it in a secure place such as your wallet or a locked desk drawer. Make sure you write down which letters are upper case and which are lower case. The challenge phrase is case sensitive.

Use the following guidelines to create your challenge phrase:

- Be at least eight characters long
- Contain only English letters and numbers
- Uses one of more of the following symbols:



- Cannot contain any part of your name or email address
- Cannot spell a word unless the word has three or more numbers or symbols before or after the word or the word has numbers or symbols within the word
- Cannot contain more than two consecutive characters
- Contain at least four different numbers or letters
- Challenge phrases are case-sensitive. Note the letters that are upper and lower case.

To enter your challenge phrase

- In the **Challenge phrase** field, type your challenge phrase.
- In the **Confirm** field, type your challenge phrase exactly the same way you typed it in the **Challenge Phrase** field.
- BEFORE you click the **Next** button, open MS Word or Notepad and create a file. Make a note of the letters that are upper and lowercase. Type the challenge phrase and then save the file. If you do not want to create a file, write down the challenge phrase, note the letters that are upper or lower case, and then safely store the note in a locked drawer or your wallet.
- Click **Next**. The **Digital Certificate Request Received** message appears.
- Within 12-72 hours, you will receive an email with more instructions. Check your email daily. If you do not receive an email within 72 hours, please do not apply for another digital certificate. Contact CDC SDN Support at (800) 532-9929 option 1 or PHINTech@cdc.gov.



3c. Check your Email

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

Your request for a CDC digital certificate has been approved. The next step is the installation of your digital certificate. Your computer settings may be different from other computers. These differences may make installing your digital certificate more difficult than we would like. We are working to make this process easier.

We recommend that your IT Specialist install the digital certificate for you. We have provided instructions for the IT Specialist at <https://ca.cdc.gov/sdncode/sdnapp/doc/DigitalCertificateInstallation.htm>. After reviewing these instructions, your IT Specialist can begin the process of installing your digital certificate by going to your installation link.

Digital Certificate Installation Link:

<https://ca.cdc.gov/sdncode/sdnapp/servlet/CertServlet?usertoken=xxxx>

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

e-mail: PHINTech@cdc.gov

telephone: 1-800-532-9929

- **NOTE: You must use Internet Explorer when downloading your digital certificate. Internet Explorer is the only browser that can be used to access NHSN.**
- **NOTE: Please ask your IT staff to add https://*.cdc.gov/ and https://*.verisign.com/ to the list of trusted sites under Tools>Internet Options>Security>Trusted Sites before clicking on the digital certification installation link in this email. This will make the installation process go smoother.**
- Before you open the link in your email, open the MS Word or Notepad file you created (or open the note you wrote to yourself and stored in a locked drawer or your wallet).
- When you are certain that you have Administrative Rights to your computer (see Step 3), click on the link provided in your email. The **Digital ID Enrollment** page appears.
- Type your challenge phrase (remember that the letters are case-sensitive) and then click **Login**. The **Confirm Personal Information** page appears.
- **Verify your information and do one of the following:**

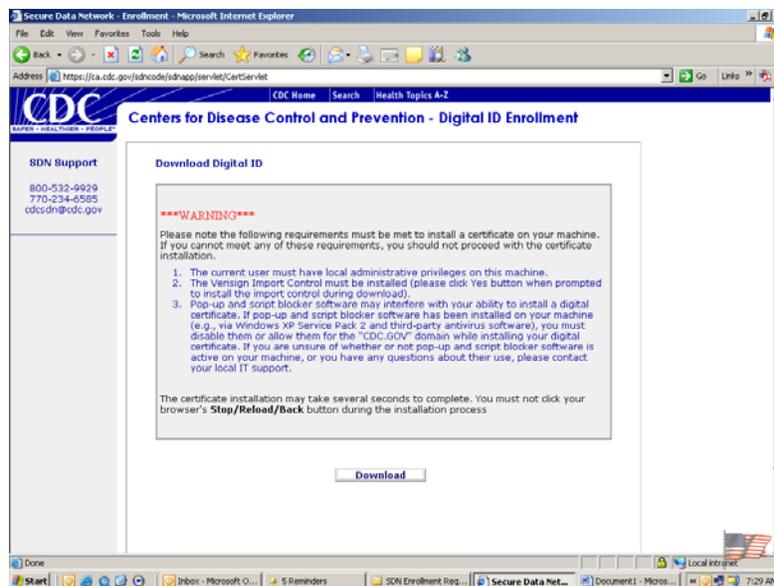


- If your information is correct, click **Confirm**. The **Download Digital ID** page appears. Proceed with directions to “Download and Install Your Digital ID Certificate Using Internet Explorer” (3d below).
- If you need to change your information, click **Update**, make changes and then click **Submit**. Your request will be reviewed and you will receive another email within 12-72 hours with further instructions.

3d. Download and Install your Digital ID Certificate Using Internet Explorer

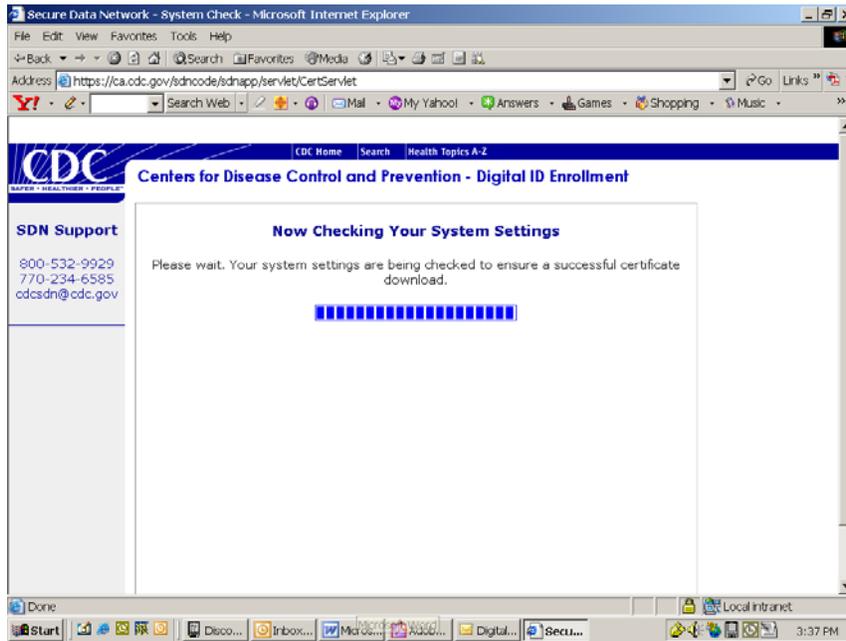
NOTE: If you are using Internet Explorer 8, please contact SDN at PHINTech@cdc.gov or 800-532-9929 for special instructions.

After you have confirmed the information is correct in the Personal Information page, the **Download Digital ID** page appears.

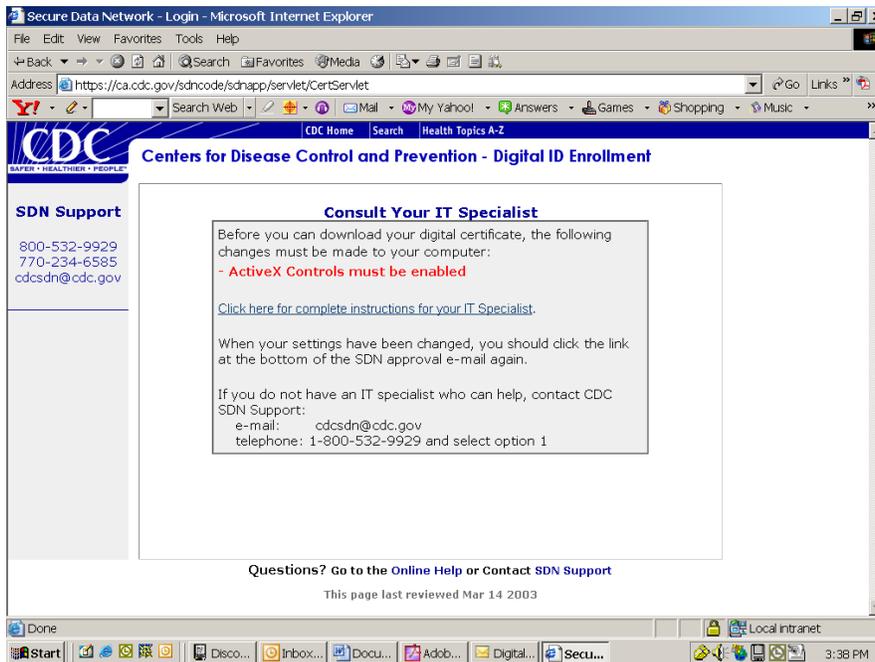


To download your digital ID certificate onto your computer, do the following:

- From the **Download Digital ID** page, click the **Download** button. Prior to downloading, the SDN will check your system settings to ensure that you will be able to download your digital certificate.



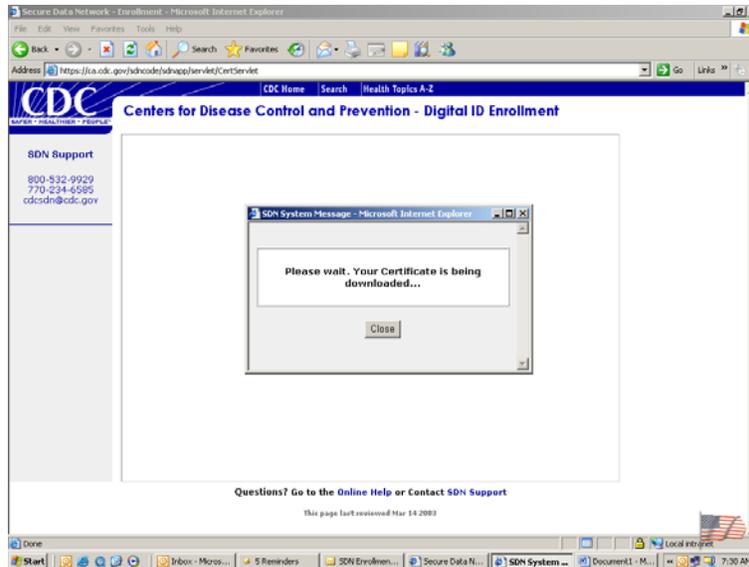
- If your system settings are not correct, you will receive a message similar to the following:



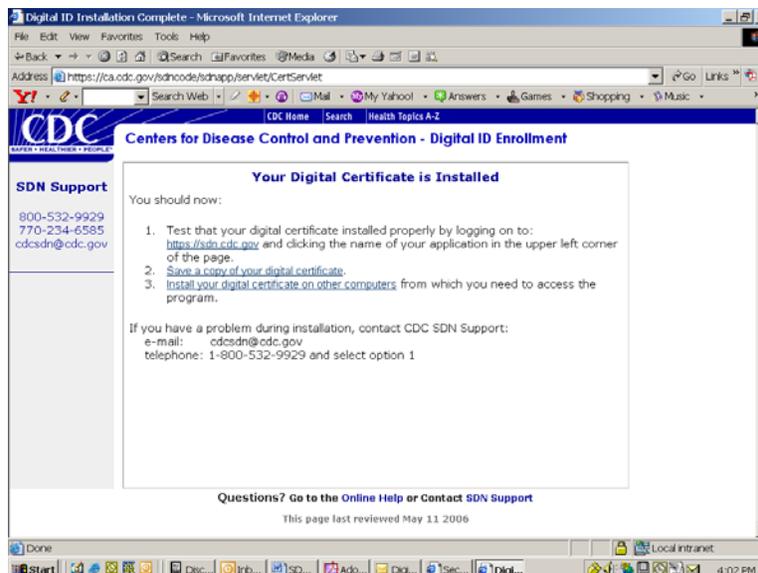
If you receive this message, be sure to contact your IT specialist before attempting to download your digital certificate again.



- If your system settings are correct, the SDN will automatically begin downloading your digital certificate. Please wait while your digital certificate is downloading.



- You will receive a Security Warning message that asks if you want to install and run VeriSign Import Control. Click **Yes**.
- You will receive the following message, which indicates your digital ID certificate was successfully downloaded and installed:



Updated: 06/17/2009

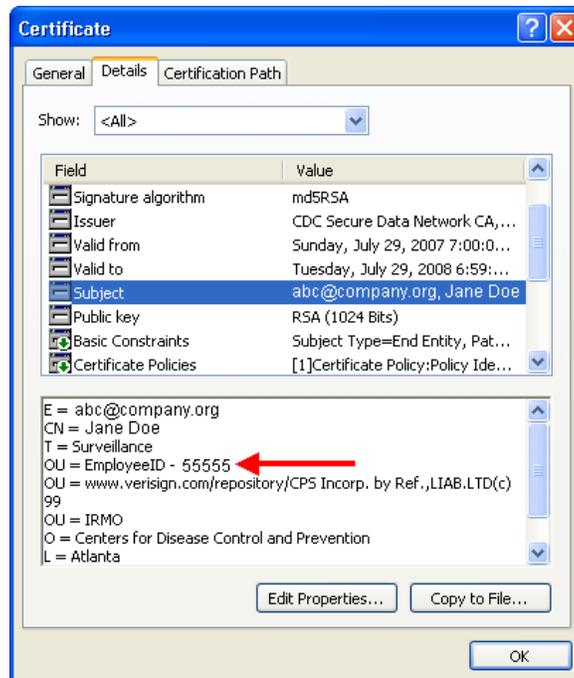


- You should stop here and make a copy of your digital certificate (see 3e below). NOTE: If you do not make a backup copy of your digital certificate, you will need to repeat the SDN enrollment process and apply for a new digital certificate should you need to move to a new computer or should your computer crash. There is no other backup copy of your digital certificate besides the one you create.
- Your digital certificate will expire one year from the date of its original installation. You will receive an email from NHSN with instructions on how to apply for a new digital certificate thirty days prior to your digital certificate's expiration. When you apply for a new digital certificate, you may use the same challenge phrase.

Verify that your digital certificate was installed:

Please review the following information with your IT staff in order to verify that your certificate was installed properly and for suggestions on what may need to be modified if it was not installed.

1. Click Tools, Internet Options, Content, and Certificates.
2. Locate and highlight your certificate under the Personal tab and click View.
3. Click the tab for Details.
4. Locate and highlight the line "Subject".
5. Find the Employee ID number which corresponds to the SDN user key.



6. Reference this number when contacting SDN support.

Updated: 06/17/2009



If a certificate is there, try accessing <https://sdn.cdc.gov/> .

If you cannot access this website, then the certificate was not successfully installed. NOTE: If an administrator logged in for the user to download the certificate, have that person log back in and check to see if the certificate was installed under the admin profile. Please show the portion of this note at the very bottom, to someone on your IT staff.

If no certificate issued in your name can be found, you will need to reapply. If this has happened more than once, please have your IT staff contact the SDN support before attempting the next download.

3e. Make a Backup Copy of your Digital ID Certificate

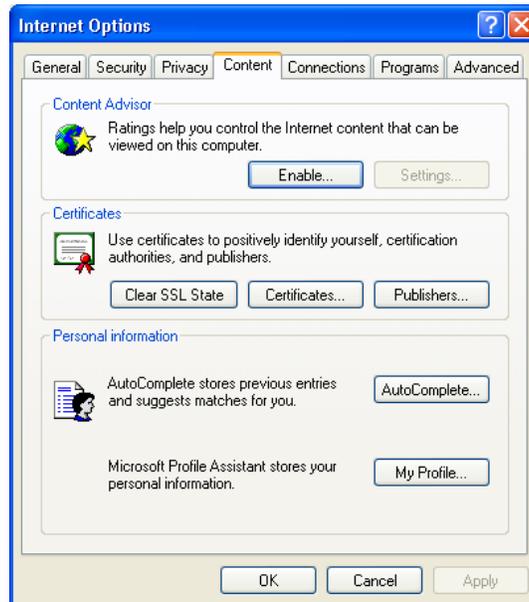
Digital ID certificates are expensive and you pay for them with your federal tax dollars. When your digital certificate is installed, it is the **only** copy in existence. To minimize the cost of replacing certificates (in the event your computer crashes or is replaced), we **strongly** recommend you create a copy of your digital ID certificate by saving it to an external storage device (e.g., floppy disk, CD, “thumb drive”). This procedure is also called “backing up” or “exporting” your certificate.

NOTE: You will need administrative rights on your computer in order to make a back-up copy of your digital certificate.

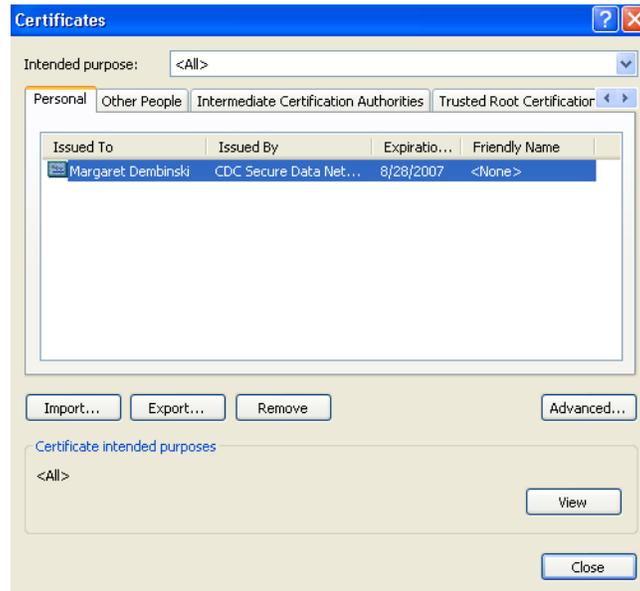
- If you are looking at the Congratulations message, your Internet Explorer should already be open. If not, open Internet Explorer: Click **Start** > **All Programs** > Internet Explorer.
- From the **Tools** menu, select **Internet Options**. The **Internet Options** dialog opens and looks similar to the following:



- Select the **Content** tab. Your **Internet Options** dialog box should look like the following:



- Click on the **Certificates** button. The **Certificates** dialog box opens:



- If you have more than one certificate, look at the date in the **Expiration Date** column and the name in the **Issued To** column. Select the certificate which has the appropriate date and name, and then click **Export**. The **Certificate Export Wizard** dialog box opens.
- Click **Next**
- Select the “**Yes, export the private key**” radio button.



- Click **Next**. Your **Certificate Explorer Wizard** should look similar to the following:



- Check “**Include all certificates in the certification path if possible**” and deselect (uncheck) the “**Enable strong protection**” and “**Delete the private key if the export is successful**” check boxes, then click **Next**.
- The password dialog appears:



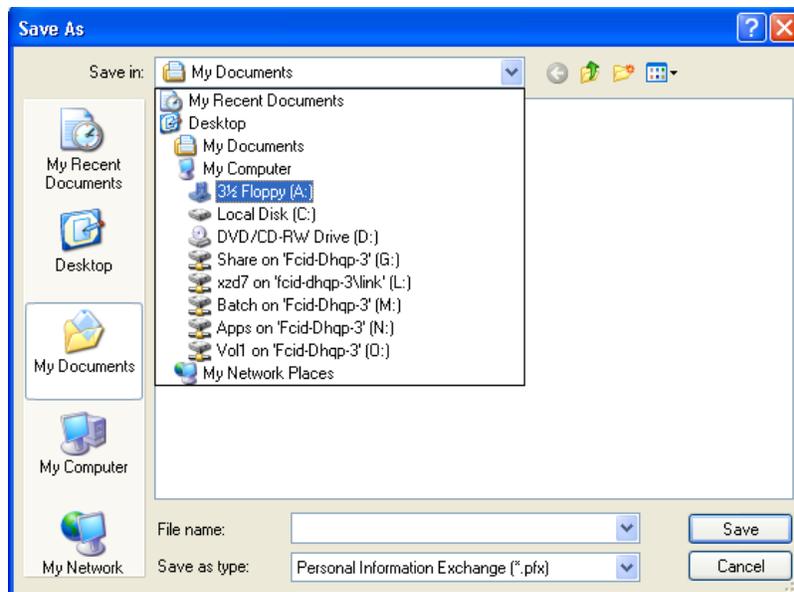
- We recommend you use the challenge phrase that you created for the original digital certificate for this backup copy of the digital certificate. Type your password in the **Password** and **Confirm Password** fields.



- Click **Next**. The **File to Export** dialog opens.



- Click the **Browse** button and navigate to an external storage device, (e.g., floppy disk, CD, “thumb drive”). When you click the **Browse** button, the **Save As** dialog box appears and looks similar to the following:



- Select the appropriate drive for your external storage device, type **sdncert** in the file name field at the bottom of the **Save As** dialog and then click **Save**. The **Certificate Export Wizard** appears and lists the location of the cert as **C:\SDN Certificate\sdncert.pfx**.



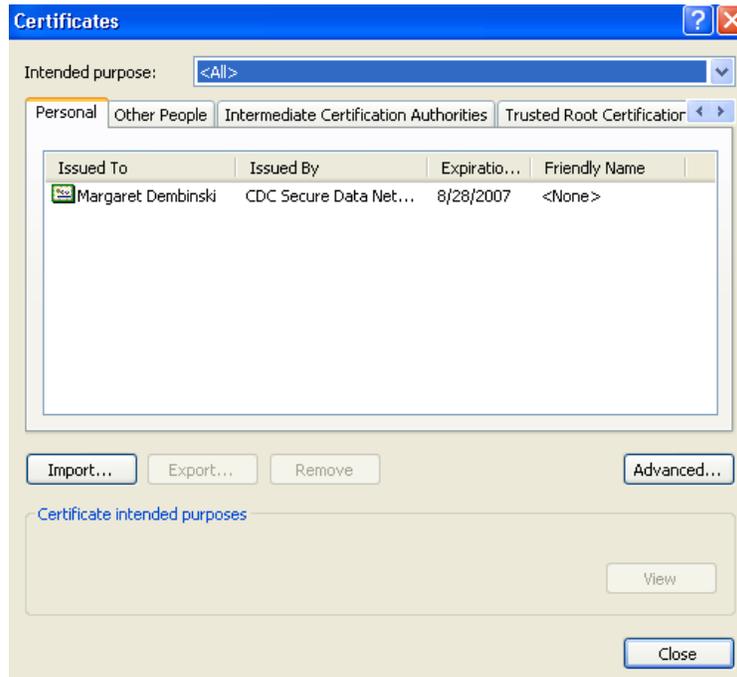
- Click **Next**, then click **Finish**. A **Certificate Export** message appears which reads “**The export was successful**”.
- Click **OK**. The **Certificates** dialog is still open. Click **Close**.
- The **Internet Options** dialog is still open. Click **OK**.
- Remove the external storage device from your computer, label it **SDN Digital ID Certificate** and then store it in a safe place. Keep your password and the certificate separate.

3f. Installing your Digital ID Certificate on Another Computer

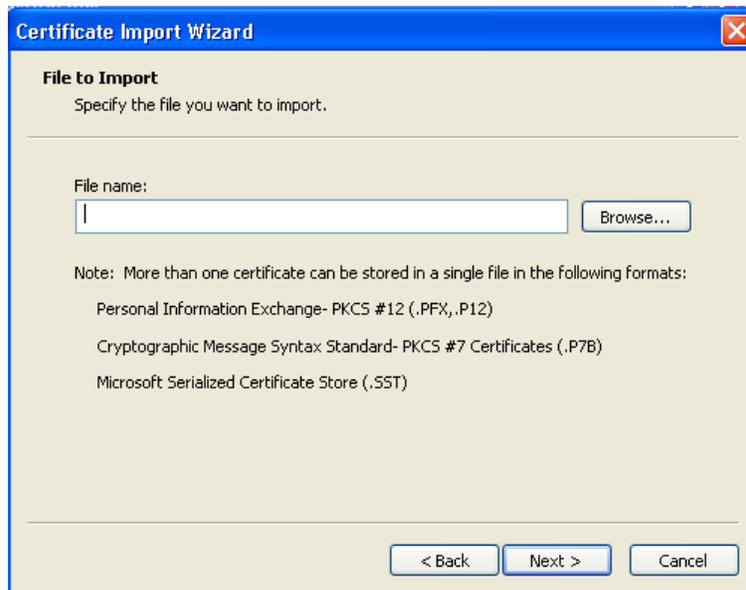
- If you are installing your digital ID certificate onto a computer other than the computer to which you originally downloaded it, or restoring your digital ID certificate on the original computer, make sure you have administrative privileges on the second computer and that the second computer meets the system requirements. See **System Requirements** on page 6.
- Open Internet Explorer. Click **Start > All Programs > Internet Explorer**.
- Insert the external storage device with the backup digital ID certificate into the computer onto which you want to install the certificate.
- From Internet Explorer, click on the **Tools** menu and then select **Internet Options**. The **Internet Options** dialog opens and looks similar to the following:



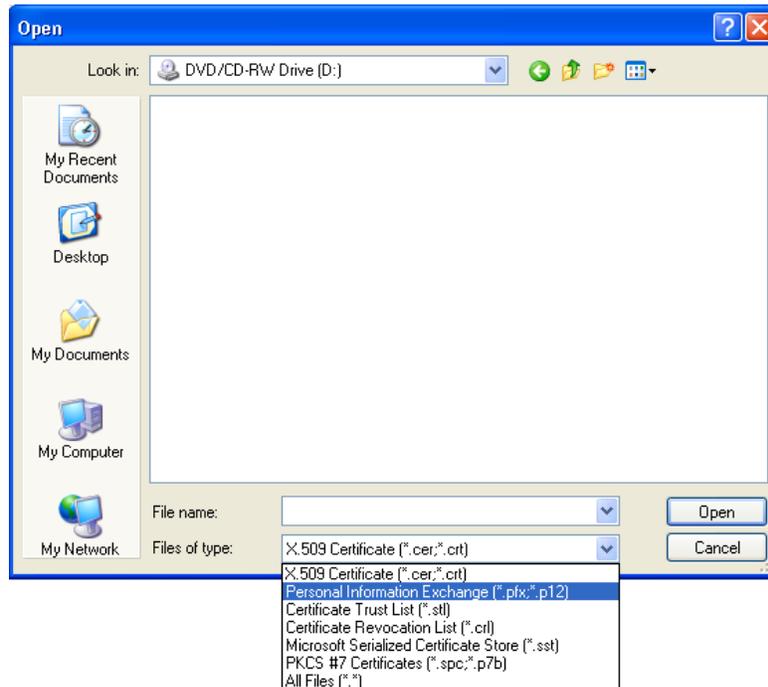
- Select the **Content** tab and then click on the **Certificates** button. The **Certificates** dialog opens and looks similar to the following:



- Click the **Import** button. The **Certificate Wizard Import** dialog appears. Click the **Next** button. The **File to Import** panel appears and looks similar to the following:



- Click the **Browse** button and then navigate to the appropriate drive for your external storage device.

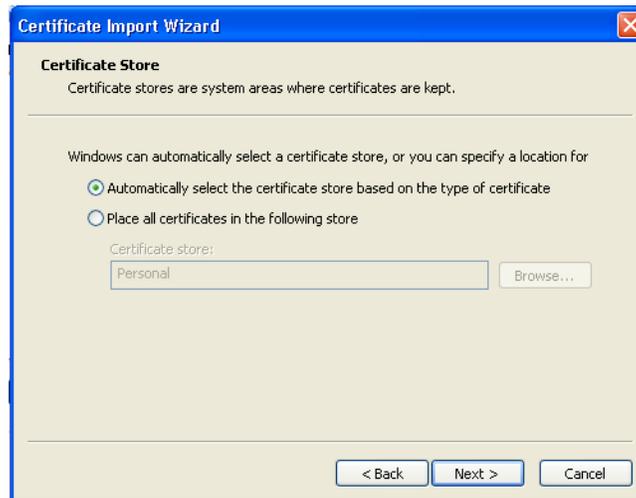


- Click on the **Files of type** list box and select **Personal Information Exchange (*.pfx;*.p12)**. Your certificate should appear.
- Select the certificate and then click the **Open** button. When the **File to Import** panel appears, click **Next**. The **Password** panel appears in the **Certificate Import Wizard** and looks similar to the following:





- Type the password and check the box next to “**Mark this key as exportable**” and then click **Next**.
- The **Certificate Store** panel appears and looks similar to the following:



- Select the “**Automatically select the certificate store based on the type of certificate**” radio button and then click **Next**. The **Completing the Certificate Import Wizard** appears.
- Click **Finish**. You will receive a message that reads, “**The import was successful.**” Click **OK**, close the **Certificates** dialog, and then click **OK** to close the **Internet Options** dialog.

Step 4. Begin Using the NHSN Reporting Application

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

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

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



Welcome, Maggie Dudeck

WARNING

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

Please enter your challenge phrase:

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

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Department of Health and Human Services



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

The screenshot shows the CDC Public Health Partners website. The 'My Applications' section is highlighted with a callout box. The callout box contains the following text:

My Applications
National Healthcare Safety Network (NHSN)
> [NHSN Reporting](#)
> [Request Additional Activities](#)

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

Contact Information:

If you have any questions, please contact NHSN at:

Email address: nhsn@cdc.gov

Website: <http://www.cdc.gov/nhsn>



**NATIONAL HEALTHCARE SAFETY NETWORK
FACILITY/GROUP ADMINISTRATOR
RULES OF BEHAVIOR**

Version 1.0

08/08/05

VERSION HISTORY

Version #	Implemented By	Revision Date	Reason
1.0	James Tolson	08/08/05	

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1 INTRODUCTION

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.

1.1 PURPOSE

Rules of Behavior establish standards that recognize knowledgeable users are the foundation of a successful security plan. Non-compliance with these rules will be enforced through sanctions equal to the level of infraction. Sanctions can include a written or verbal warning and possible removal of system access. NHSN will enforce the use of penalties against any user who willfully violates any NHSN or federal system security (and related) policy as appropriate. Users are also responsible for reporting security incidents, or any incidents of suspected fraud, waste, or misuse of NHSN systems to the CDC NHSN administrator.

The objective of the NHSN Rules of Behavior document is to summarize laws and guidelines from HHS and other Federal documents, most specifically OMB Circular A-130, Subsection (m) of the Privacy Act of 1974 (U.S.C. 552a) and Section 308(d) of the Public Health Service Act (U.S.C. 242m). It defines the rules of behavior in terms of policy and responsibility for the intended audience of CDC NHSN team members and NHSN facility/group member users.

1.2 DEFINITIONS

1.2.1 What are Rules of Behavior?

Rules of behavior are part of a comprehensive program to provide complete information security. These guidelines were established to hold users accountable for their actions and responsible for information security. Rules of behavior establish behavioral standards in recognition of the fact that knowledgeable users are the foundation of a successful security program.

1.2.2 Who is Covered by these Rules?

These rules extend to CDC NHSN team members and their authorized contractors and agents (e.g., guest researchers, students) and NHSN facility/group member users.

The rules of behavior are not to be used in place of existing policy, rather they are intended to enhance and further define the specific rules each user must follow while accessing

NHSN. The rules are consistent with the policy and procedures described in this document, and include but are not limited to, the following directives:

- Privacy Act
- Freedom of Information Act
- Section 508 of the Workforce Investment Act of 1998
- Computer Security Act Public Law 100-235
- E-Government Act Public Law 107-347
- Paperwork Reduction Act of 1995
- Clinger-Cohen Act of 1996
- CDC's Public Health Information Network (PHIN)
- CDC's Secure Data Network (SDN)
- National Institute of Standards and Technology (NIST) publications
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- HHS AISSP Handbook
- Member-specific data security, privacy and confidentiality regulations, policies
- State statutes.

1.2.3 What are Penalties for Non-compliance?

Non-compliance with these rules will be enforced through sanctions appropriate with the level of infraction. Users who do not comply with the prescribed Rules of Behavior are subject to penalties that can be imposed under existing policy and regulation, including suspension of system privileges.

1.3 REFERENCES

- [1] Office of Management and Budget. Circular No. A-130, Revised, (Transmittal Memorandum No. 4): Management of Federal Information Resources. August 31, 2004. <http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html>.
- [2] Center for Information Technology, National Institutes of Health, NIH Information Technology General Rules of Behavior. August 31, 2004. <http://www.oirm.nih.gov/security/nihitrob.html#general>
- [3] The Privacy Act of 1974, 5 USC § 552a -- As Amended. August 31, 2004. <http://www.usdoj.gov/foia/privstat.htm>
- [4] The Freedom of Information Act 5 U.S.C. § 552, As Amended By Public Law No. 104-231, 110 Stat. 3048. August 31, 2004. http://www.usdoj.gov/oip/foia_updates/Vol_XVII_4/page2.htm
- [5] Section 508 of the Workforce Investment Act of 1998. August 31, 2004. <http://www.section508.gov/index.cfm?FuseAction=Content&ID=3>
- [6] Computer Security Act Public Law 100-235. August 31, 2004. <http://cio.doe.gov/Documents/CSA.HTM>

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- [7] E-Government Act Public Law 107-347. August 31, 2004.
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107
- [8] Paperwork Reduction Act of 1995. August 31, 2004.
http://www.archives.gov/federal_register/public_laws/paperwork_reduction_act/3501.html
- [9] Clinger-Cohen Act of 1996. August 31, 2004.
<http://www.oir.nih.gov/policy/itmra.html>
- [10] PHIN Compatibility. August 31, 2004. <http://www.cdc.gov/phinf/>
- [11] SDN. August 31, 2004. <http://www.cdc.gov/irmo/ea/sdn.htm>
- [12] NIST. August 31, 2004. <http://nvl.nist.gov/>
- [13] HIPAA. September 8, 2004 <http://hipaa.org>
- [14] HHS AISSP Handbook. September 8, 2004.

2 POLICY RULES

2.1 LEGAL, REGULATORY, AND POLICY REQUIREMENTS

Information handled by the system includes sensitive information about a member facility and its patients and/or healthcare personnel. The loss, misuse, or unauthorized access to or modification of information in the system could result in a loss of confidentiality or privacy. If integrity of NHSN data were adversely affected, it would negatively impact decision-making and scientific data analysis.

2.2 STATEMENT OF SYSTEM POLICY

Each user is responsible for helping to prevent unauthorized use of, and access to, system resources. This duty includes complying with all stated policy requirements, taking due care and reasonable precautions when handling system data or using system resources, and in the management and protection of system authentication controls (passwords, digital certificates, etc.). When in doubt, users are strongly encouraged to contact the SDN help desk or NHSN help desk (see Contact Information table, Section 4, Page 11).

CDC SDN and NHSN administrators may periodically monitor both the system and user activities for purposes including, but not limited to, troubleshooting, performance assessment, usage patterns, indications of attack or misuse and the investigation of a complaint or suspected security incident. Users are provided access to the NHSN through the SDN for the purpose of facilitating CDC's public health mission. Because CDC is responsible for maintaining security for all systems accessible through the SDN, it has the authority under federal and state laws to monitor all users' communications on the SDN, even with remote equipment. This statutory authority is based on ensuring the appropriateness of such communications and for that purpose random computer checks may be done.

3 USER RESPONSIBILITIES

3.1 ETHICAL CONDUCT

NHSN stores a variety of sensitive data. This sensitive information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. System users should exercise due care to preserve data integrity and confidentiality and take reasonable precautions to ensure the protection of data from unauthorized access or use.

Specifically, any personally identifiable information entered into this system must not be used for anything other than the intended purpose. System administrators are to ethically conduct all monitoring activities and avoid any unnecessary or unauthorized breach of user privacy.

3.2 AUTHENTICATION MANAGEMENT

Users will access NHSN through the CDC Secure Data Network (SDN). Users will ensure the security of their SDN Digital Certificate and pass phrase. Users who believe their SDN Digital Certificate or SDN pass phrase have been compromised in any way will immediately inform the SDN Help Desk. Users will supply an SDN pass phrase that meets the SDN pass phrase requirements. Sharing of a SDN Digital Certificate and/or SDN pass phrase is strictly prohibited. Once logged into the Secure Data Network each NHSN user will have a unique User Name and password for the NHSN system. Each user is responsible for protecting their password. Passwords should not be shared as users are responsible for all actions performed with their account. Passwords must be at least seven characters in length and must contain at least one capital letter, one lower case letter, and one number. System and State administrators will never ask for your password and cannot retrieve your password for you. Each user is required to report to administrators immediately upon discovery of their account credentials being compromised or suspect they have been compromised.

3.3 INFORMATION MANAGEMENT AND DOCUMENT HANDLING

Hard copy system documents (i.e. reports, print-outs, etc.) should be handled in a way that conforms to federal or state data security, privacy and confidentiality regulations, policies and statutes.

3.4 GENERAL SYSTEM ACCESS AND USAGE

When a facility or group is enrolled into NHSN, CDC will assign to it an NHSN facility ID number or NHSN group ID number, and instruct the facility/group administrator to obtain a digital certificate for accessing the NHSN through the CDC's Secure Data Network.

Facility/group administrators are initially given access rights upon activation of their facility/group in the NHSN (final step of the enrollment process). Administrators have all

access rights and can update facility/group information and add, modify, and delete users within their facility/group, as well as assign those users specific roles and access rights.

Users are required to notify the Facility/group administrator of changes in job status that might affect the appropriateness of continued access.

Users are assigned roles and accompanying access rights to various parts of the application by their NHSN facility administrator. Roles include that of Analyst, Data Reporter or both. The role of Administrator can also be granted to a user. The CDC NHSN administrator has access rights to all data in all facilities.

- Users will access the system through CDC's SDN.
- A SDN digital certificate must be obtained before a user can access the system. The user must also be approved to access the NHSN program within the SDN.
- The user is responsible for notifying NHSN facility/group administrator or CDC NHSN administrator of any changes in job status (promotion, demotion, transfer, termination, etc.) that might affect the appropriateness of continued access.

3.5 AWARENESS AND GENERAL INCIDENT REPORTING

Facility administrators should be vigilant for and have responsibility for reporting suspicious events, system misuse, suspected compromise or loss. These should be reported to the CDC NHSN administrator at 1-800-893-0485 or via email at nhsn@cdc.gov.

3.6 TRAINING

NHSN facility administrators should train themselves and their users using this document and other available materials regarding the need for and how to maintain system security.

3.7 PROHIBITIONS

System users are prohibited from the disclosure of information about the system, its architecture, function, or security controls and may not attempt to bypass system security controls. Also, users are prohibited from any activity that conflicts with local data security and confidentiality.

- Do not attempt to access any data or programs on the NHSN system for which you do not have authorization.
- Do not engage in, encourage, conceal any "hacking" or "cracking," denial of service, unauthorized tampering, or unauthorized attempted use of (or deliberate disruption of) any computer system within the NHSN system.
- Do not purposely engage in any activity with the intent to:
 - Degrade the performance of the system
 - Deprive an authorized user access to a resource

- Obtain or attempt to obtain extra resources beyond those allocated
- Circumvent security measures in order to gain access to any automated system for which proper authorization has not been granted.

3.8 ADDITIONAL RULES FOR ADMINISTRATORS

Facility and group administrators have added responsibilities to ensure the secure operation of NHSN.

3.8.1.1 Specific Responsibilities

- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorize personnel, on a need to know basis.
- Verify that users have received appropriate security training before allowing access to NHSN.
- Document and investigate known or suspected security incidents or violations and report them to the NCID ISSO, CISO, and systems owner.

4 USER ASSISTANCE AND ADDITIONAL RESOURCES

To obtain system-related assistance (help desk, vendor support, system management, etc.) users should contact one of the following:

Name	Telephone	Email
SDN Help Desk	800-532-9929 or 770-216-1276	cdcsdn@cdc.gov
NHSN Help Desk	800-893-0485	nhsn@cdc.gov

5 REVISIONS AND RENEWAL

When new versions of this document are released, the system business or technical steward will provide a revised copy to all users and request an acknowledgement of receipt. If users do not provide an acknowledgement or feedback within a reasonable time, they will be considered to have given tacit approval to the revised document. User comments, feedback, questions, or objections will be considered for integration into further revisions.

6 ACKNOWLEDGEMENT AND AGREEMENT

I have read and agree to comply with the terms and condition governing the appropriate and allowed use of NHSN as defined by this document, applicable agency policy, and Federal law. I understand that infractions of these rules will be considered violations of CDC standards of conduct and may result in disciplinary action including the possibility of supervisory notification, suspension of system privileges, and/or criminal and civil prosecution.

The act of acknowledgement and agreement signifies a clear understanding of the NHSN Rules of Behavior document and that the signer will conform to the rules provided therein.

I acknowledge receipt of, understand my responsibilities, and will comply with the rules of behavior for NHSN.

Signature

Date

Printed Name



NHSN Facility Administrator Enrollment Guide

Updated: 06/15/2009

1



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Introduction

The NHSN Facility Administrator Enrollment Guide is intended for those individuals interested in enrolling their healthcare facility into NHSN. This individual is considered the NHSN Facility Administrator and is responsible for completing all instructions in this guide.

The person designated as the **NHSN Facility Administrator** is the only person who can enroll a facility in NHSN or reassign the role of Facility Administrator. This person is also the only person who has rights to manage/negotiate locations and patients that are used across components. The NHSN Facility Administrator has the ability to nominate groups, that is, entities with which your hospital wants to share some/all of its data (e.g., state or county health department, corporate headquarters). Therefore, this role should be given to an individual who has the authority to perform these functions within your hospital's organizational structure.

If you will enroll only in the **Patient Safety Component**, the person responsible the Infection Prevention/Control department is a good candidate for both NHSN Facility Administrator and the NHSN Patient Safety Primary Contact Person.

If you will enroll only in the **Healthcare Personnel Safety Component**, the person responsible for the occupational health functions is a good candidate for both NHSN Facility Administrator and NHSN Healthcare Personnel Safety Primary Contact Person.

If you will enroll only in the **Biovigilance Component**, the person responsible for blood transfusion functions is a good candidate for both NHSN Facility Administrator and NHSN Biovigilance Primary Contact Person.

If you will enroll in **more than one component**, the NHSN Facility Administrator should be a person with authority in areas overseeing each component.

NOTE: When enrolling, the NHSN Facility Administrator has the option to designate another individual at the facility as Primary Contact Person for each component. This person will need to be added as a user by the NHSN Facility Administrator once the facility has been activated by NHSN.

Please note that each step in this guide should be completed **in order** to ensure a successful facility enrollment. The Enrollment Diagram provided on page 3 can be used a checklist as you complete each step in the enrollment process.



How do I get started in NHSN?

After completing the required training, you're ready to enroll your facility following these steps.

Step 1: Review and accept Rules of Behavior



Step 2: Register

Before proceeding: Receive email from NHSN with instructions for obtaining digital certificate.



Step 3: Go to Secure Data Network (SDN) to apply for a Digital Certificate for NHSN Enrollment activity

Before proceeding: Receive email from SDN with instructions for downloading digital certificate.



Step 4: Access NHSN Enrollment and complete Facility Contact Information and Facility Survey online.

Before proceeding: Receive "Enrollment Submitted" email from NHSN with Agreement to Participate and Consent form.



Step 5: Print, sign, and return signed consent form to NHSN

Before proceeding: NHSN will activate your facility when consent is received; Facility Administrator will then receive NHSN Enrollment Approval email.



Enrollment is complete! Log in to SDN and select "NHSN Reporting."



Next Steps: Set up your facility (includes adding users and locations), and enter a Monthly Reporting Plan. For instructions, please visit the NHSN Online Help.



Step 1. Read the NHSN Rules of Behavior

After the required training has been completed, the first step to NHSN Enrollment is for the person who will serve as the NHSN Facility Administrator to access and read the NHSN Rules of Behavior from <http://www.ncid.cdc.gov/RegistrationForm/admin.htm>

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 workervaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

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

Purpose

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

A copy of the NHSN Rules of Behavior may be printed by clicking the **Print** link at the bottom of the screen.

To indicate agreement with the terms and conditions as stated in the NHSN Rules of Behavior, click **Agree** and you will be guided to the NHSN Registration page. Otherwise, click **Do Not Agree** and discontinue enrollment.



Step 2. Register with NHSN

At the Registration Form page, you will be asked to provide a few key pieces of information, including:

- The name of the NHSN Facility Administrator
- Email address for the NHSN Facility Administrator
- Facility identifier
 - You will need either your hospital's American Hospital Association (AHA) ID# or CMS Provider ID# (may also be called HCFA or Medicare#) to proceed; VA hospitals will need their VA Station Code to proceed.
- Training completion date
 - Enter the date you completed all of the required training sessions.
 - **NOTE:** If you have participated in a face-to-face NHSN training session endorsed by the CDC (i.e., from State groups or CDC day training), we recommend that you also review our training sessions, especially for those protocols and topics which may not have been covered during CDC-endorsed trainings. When registering as a user of NHSN, you may enter the date of the CDC-endorsed training you attended as the training completion date.

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

National Healthcare Safety Network (NHSN)

Registration Form

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

Registration and Enrollment is open and available for hospitals and outpatient hemodialysis centers only. If your healthcare facility is one of the following: long term acute care hospital, surgical hospital, nursing home, extended care facility, ambulatory surgical center, or home care, enrollment is currently unavailable. Please check back in March 2008.

Personal Information

*Last name:

*First name:

Middle name:

*Email address:

Facility Identifier

*Please select a facility identifier:

CMS ID AHA ID VA Station Code
CDC Registration ID None

*Selected Identifier ID:

NHSN Training Date

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

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Tel: (404) 639-3311 / Public Inquiries: (404) 639-3334 / (800) 311-3435

FIRSTGOV
Your First Step to a Safer Environment

Department of Health and Human Services

Enter the correct information and click **Save**.

Updated: 06/15/2009



NOTE: To ensure that information sent by email is not blocked by your organization's anti-spam program, please contact your IT department and request that they specifically allow phintech@cdc.gov and nhsn@cdc.gov to get through.

After CDC receives your completed registration, you will receive an email similar to the following:

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

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

Follow the instructions in the document "NHSN Facility Administrator Enrollment Guide" beginning at Step 3, to obtain and install the digital certificate so that you will be able to access the NHSN application through CDC's Secure Data Network (SDN). This document can be accessed at: http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html .

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

During the process, you will be prompted to select a Program and a Program-specific Activity.

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

VERY IMPORTANT: After you obtain and install your digital certificate (Step 3d in the NHSN Facility Administrator Enrollment Guide), access the SDN (<https://sdn.cdc.gov>), enter your challenge phrase and select NHSN Enrollment from the list in the upper left corner titled "My Applications". This will launch the NHSN Enroll Facility page. **Be sure to indicate yourself as the NHSN Facility Administrator.**

If you have difficulties obtaining a digital certificate, please contact SDN at 800-532-9929 or PHINTech@cdc.gov.

If you have any questions about NHSN, please contact us at nhsn@cdc.gov. Information on NHSN is also available on the members' website at <http://www.cdc.gov/nhsn>.

Step 3. Obtain your Digital Certificate

Before you apply for a digital certificate, make sure you have administrative rights for your computer.

Administrative Rights

You must have administrative rights on your computer before you can apply for a digital certificate. To determine if you have administrative rights, follow the steps below or ask your IT support to verify them for you. These steps vary depending on the type of system you have.

For Windows XP

- Click **Start > Control Panel > Administrative Tools > Computer Management**. The **Computer Management** dialog opens.



- Expand **Local Users and Groups** and then select **Groups**. A list of **Groups** appears in the panel on the right.
- Open the **Administrators** Group. The **Administrators Properties** dialog opens.
- Select the **General** tab and then verify your user ID appears in the **Members**.
- If your user ID does not appear, contact your IT Support to give you privileges.

Notes about Windows XP with Service Pack 2

If you have Windows XP with Service Pack 2 installed, additional steps need to be completed.

- **Allowing pop-ups:** It will be necessary to allow pop-ups from SDN. Open your Internet Explorer browser and click **Tools**, then either disable the pop-up blocker or add <https://ca.cdc.gov/> and <https://sdn.cdc.gov/> to the list of sites where pop-ups are allowed. It will also be necessary to disable any additional pop-up blockers, such as those that come with Norton Anti-Virus or McAfee anti-virus software.
- **ActiveX controls:** Under **Tools**, click **Internet Options > Security**. Highlight Internet and click **Custom Level**. Make sure that the option for “**Automatic Prompting for ActiveX controls**” is set to "enable".

3a. Apply for a CDC Digital ID Certificate

Digital certificates ensure that you and the CDC are communicating privately and securely. They are also expensive and are paid for by your federal tax dollars. You will need to create a password (called a challenge phrase) during this process.

Access the Secure Data Network and Accept Subscriber Agreement

- Using the URL that will be provided in the email from NHSN, go to the **Centers for Disease Control and Prevention – Digital ID Enrollment** page.

Enter Enrollment Password

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

Password:



- In the Password field, enter the password provided to you in the email from NHSN, then click **Accept**. Information about system requirements and digital ID certificates appears. Remember that passwords are case sensitive.
- Click the **Enroll** button. The SDN enrollment form appears.
- All fields with a red asterisk are required on the first page of the SDN enrollment form. Make sure you enter your work email address, not your personal email address. The information you need to install your digital certificate will be sent to the email address you indicate. If you submit an email address with an error in it, you will not be sent a digital certificate. NOTE: Be sure to use the same email address for each step in the SDN and NHSN enrollment processes.

Step 1: Enter Personal Information

Items with (*) are required.

Prefix Preferred Name

* First Name Middle Name

* Last Name Degree

* Email Address CDC User ID
(where applicable)

* Employer Program or Division

* Employer Type

* Job Type

* Phone Fax

Work Address (130 characters maximum)

* U.S. State (required for US)

U.S. County

* City * Zip Code

* Country

* Alternate Contact:

* Name * Phone

Next

- A pop-up message appears. Verify that the email address listed in the message is correct and then click **OK**. If your email address is incorrect, click **Cancel**, change your email address, and then click **Next**. The **Program and Activities** page appears:



Step 2: Select A Program

Select the program whose activities you want to join.

A dropdown menu with a light gray background. The selected item is "National Healthcare Safety Network (NHSN)". Other visible items include "National Select Agent Registry", "NETSS", "Nutrition", "NVSN", and "Organ Transplant Infection Prevention".

Step 3: Select Activities

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

A list box with a light gray background. The items listed are "NHSN Enrollment", "NHSN Reporting", and "NHSN Upload".

[Next](#)

- From the Select a Program box, select **National Healthcare Safety Network (NHSN)**.
- From the Select Activities box, select **NHSN Enrollment only**. Click **Next**.



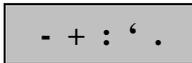
3b. Create and Safely Store your Challenge Phrase

For security, you will create a challenge phrase (password) that you will use every time you access SDN (this challenge phrase is different from the password you used to log on to the SDN enrollment site). You will use this challenge phrase along with your Digital ID to authenticate yourself as an SDN user.

To make sure you remember your challenge phrase, we recommend you store your challenge phrase in a safe place. Open MS Word or Notepad and create a file – type the challenge phrase and then save the file, or write the challenge phrase on a piece of paper and put it in a secure place such as your wallet or a locked desk drawer. Make sure you write down which letters are upper case and which are lower case. The challenge phrase is case sensitive.

Use the following guidelines to create your challenge phrase:

- Be at least eight characters long
- Contain only English letters and numbers
- Uses one of more of the following symbols:



- Cannot contain any part of your name or email address
- Cannot spell a word unless the word has three or more numbers or symbols before or after the word or the word has numbers or symbols within the word
- Cannot contain more than two consecutive characters
- Contain at least four different numbers or letters
- Challenge phrases are case-sensitive. Note the letters that are upper and lower case.

To enter your challenge phrase

- In the **Challenge phrase** field, type your challenge phrase.
- In the **Confirm** field, type your challenge phrase exactly the same way you typed it in the **Challenge Phrase** field.
- BEFORE you click the **Next** button, open MS Word or Notepad and create a file. Make a note of the letters that are upper and lowercase. Type the challenge phrase and then save the file. If you do not want to create a file, write down the challenge phrase, note the letters that are upper or lower case, and then safely store the note in a locked drawer or your wallet.
- Click **Next**. The **Digital Certificate Request Received** message appears.
- Within 12-72 hours, you will receive an email with more instructions. Check your email daily. If you do not receive an email within 72 hours, please do not apply for another digital certificate. Contact CDC SDN Support at (800) 532-9929 option 1 or PHINTech@cdc.gov.



3c. Check your Email

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

Your request for a CDC digital certificate has been approved. The next step is the installation of your digital certificate. Your computer settings may be different from other computers. These differences may make installing your digital certificate more difficult than we would like. We are working to make this process easier.

We recommend that your IT Specialist install the digital certificate for you. We have provided instructions for the IT Specialist at <https://ca.cdc.gov/sdncode/sdnapp/doc/DigitalCertificateInstallation.htm>. After reviewing these instructions, your IT Specialist can begin the process of installing your digital certificate by going to your installation link.

Digital Certificate Installation Link:

<https://ca.cdc.gov/sdncode/sdnapp/servlet/CertServlet?usertoken=xxxx>

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

e-mail: PHINTech@cdc.gov

telephone: 1-800-532-9929 and select option 1

- **NOTE: You must use Internet Explorer when downloading your digital certificate. Internet Explorer is the only browser that can be used to access NHSN.**
- **NOTE: Please ask your IT staff to add https://*.cdc.gov/ and https://*.verisign.com/ to the list of trusted sites under Tools>Internet Options>Security>Trusted Sites before clicking on the digital certification installation link in this email. This will make the installation process go smoother.**
- Before you open the link in your email, open the MS Word or Notepad file you created (or open the note you wrote to yourself and stored in a locked drawer or your wallet).
- When you are certain that you have Administrative Rights to your computer (see Step 3), click on the link provided in your email. The **Digital ID Enrollment** page appears.
- Type your challenge phrase (remember that the letters are case-sensitive) and then click **Login**. The **Confirm Personal Information** page appears.
- **Verify your information and do one of the following:**

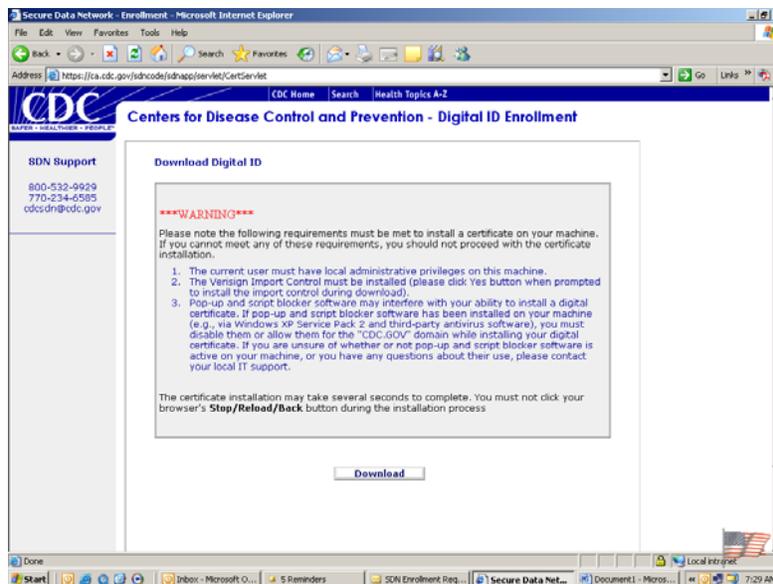


- If your information is correct, click **Confirm**. The **Download Digital ID** page appears. Proceed with directions to “Download and Install Your Digital ID Certificate Using Internet Explorer” (3d below).
- If you need to change your information, click **Update**, make changes and then click **Submit**. Your request will be reviewed and you will receive another email within 12-72 hours with further instructions.

3d. Download and Install your Digital ID Certificate Using Internet Explorer

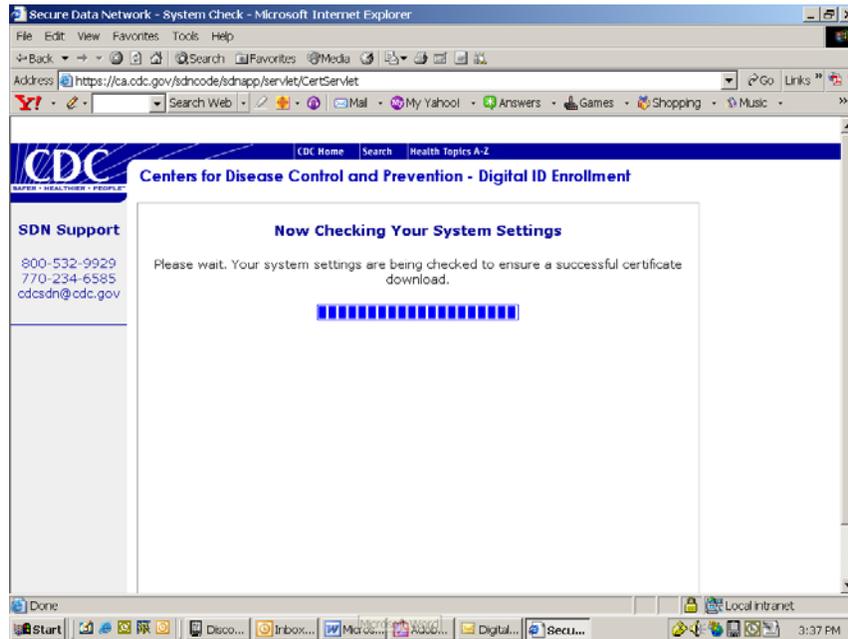
NOTE: If you are using Internet Explorer 8, please contact SDN at PHINTech@cdc.gov or 800-532-9929 for special instructions.

After you have confirmed the information is correct in the Personal Information page, the **Download Digital ID** page appears.

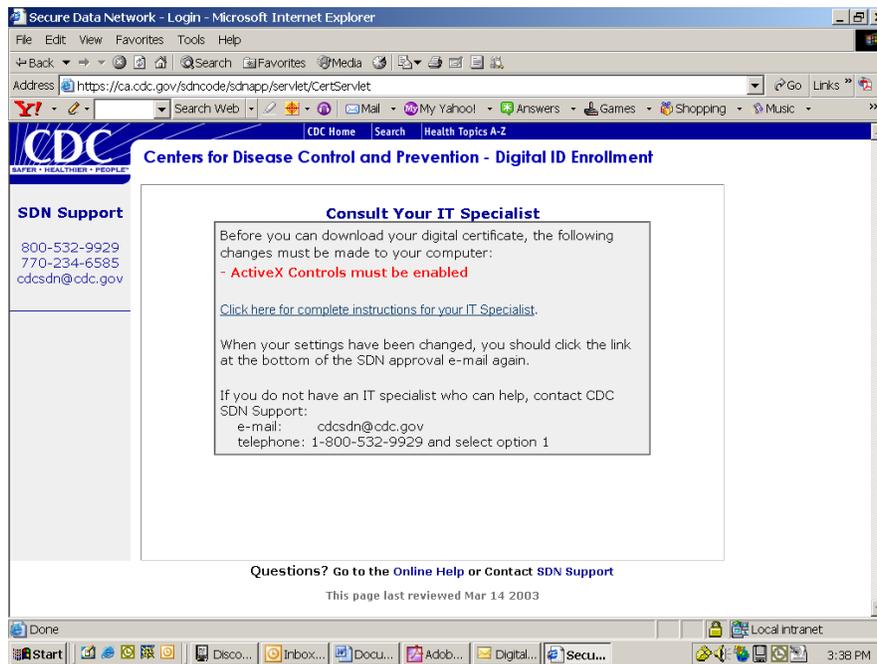


To download your digital ID certificate onto your computer, do the following:

- From the **Download Digital ID** page, click the **Download** button. Prior to downloading, the SDN will check your system settings to ensure that you will be able to download your digital certificate.



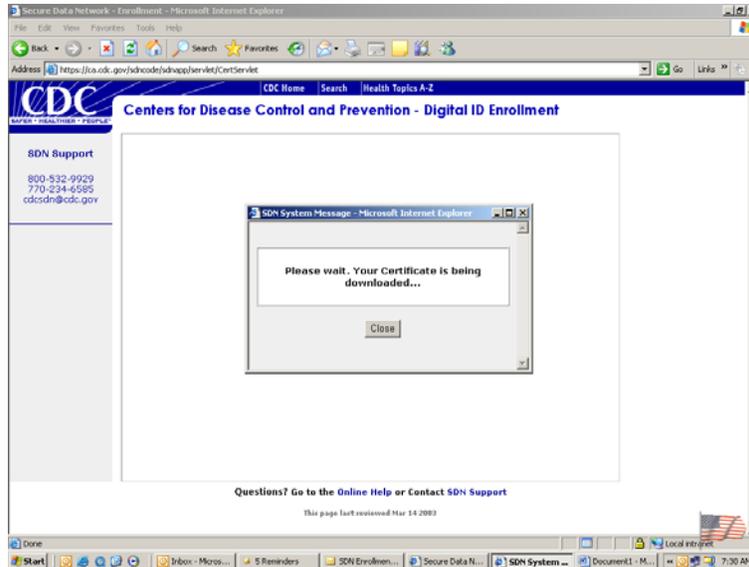
- If your system settings are not correct, you will receive a message similar to the following:



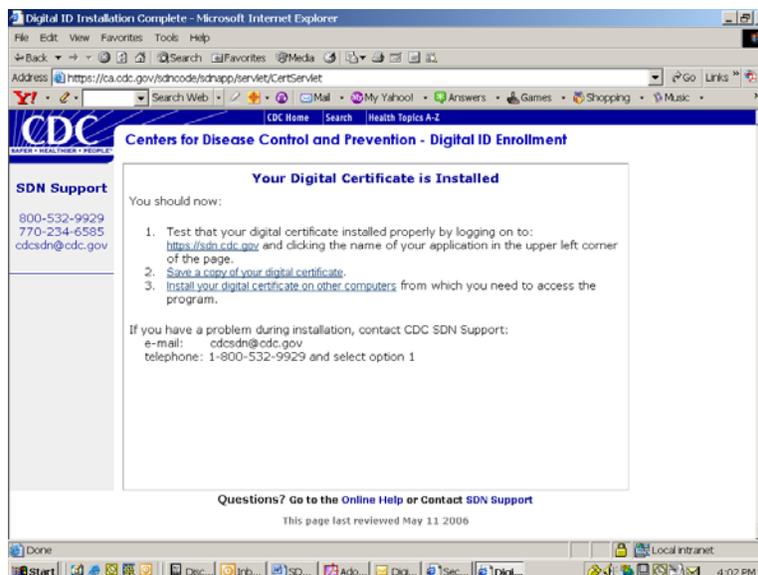
If you receive this message, be sure to contact your IT specialist before attempting to download your digital certificate again.



- If your system settings are correct, the SDN will automatically begin downloading your digital certificate. Please wait while your digital certificate is downloading.



- You will receive a Security Warning message that asks if you want to install and run VeriSign Import Control. Click **Yes**.
- You will receive the following message, which indicates your digital ID certificate was successfully downloaded and installed:



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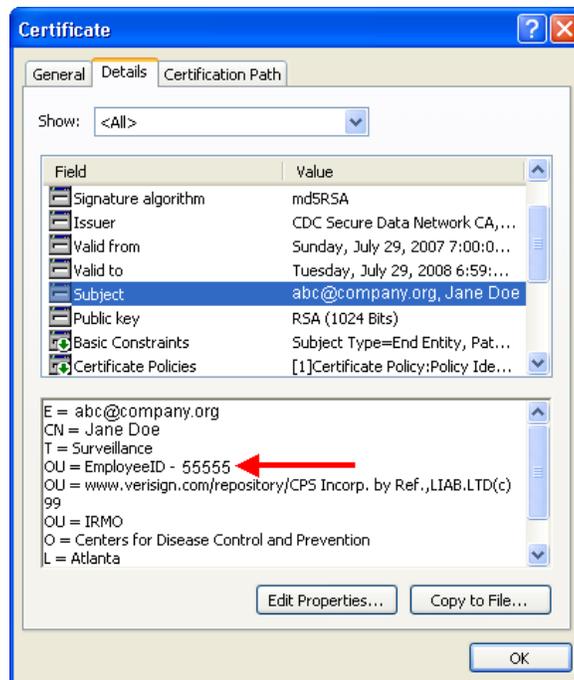


- You should stop here and make a copy of your digital certificate (see 3e below). NOTE: If you do not make a backup copy of your digital certificate, you will need to repeat the SDN enrollment process and apply for a new digital certificate should you need to move to a new computer or should your computer crash. There is no other backup copy of your digital certificate besides the one you create.
- Your digital certificate will expire one year from the date of its original installation. You will receive an email from NHSN with instructions on how to apply for a new digital certificate thirty days prior to your digital certificate's expiration. When you apply for a new digital certificate, you may use the same challenge phrase.

Verify that your digital certificate was installed:

Please review the following information with your IT staff in order to verify that your certificate was installed properly and for suggestions on what may need to be modified if it was not installed.

1. Click Tools, Internet Options, Content, and Certificates.
2. Locate and highlight your certificate under the Personal tab and click View.
3. Click the tab for Details.
4. Locate and highlight the line "Subject".
5. Find the Employee ID number which corresponds to the SDN user key.



6. Reference this number when contacting SDN support.

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If a certificate is there, try accessing <https://sdn.cdc.gov/> .

If you cannot access this website, then the certificate was not successfully installed. NOTE: If an administrator logged in for the user to download the certificate, have that person log back in and check to see if the certificate was installed under the admin profile. Please show the portion of this note at the very bottom, to someone on your IT staff.

If no certificate issued in your name can be found, you will need to reapply. If this has happened more than once, please have your IT staff contact the SDN support before attempting the next download.

3e. Make a Backup Copy of your Digital ID Certificate

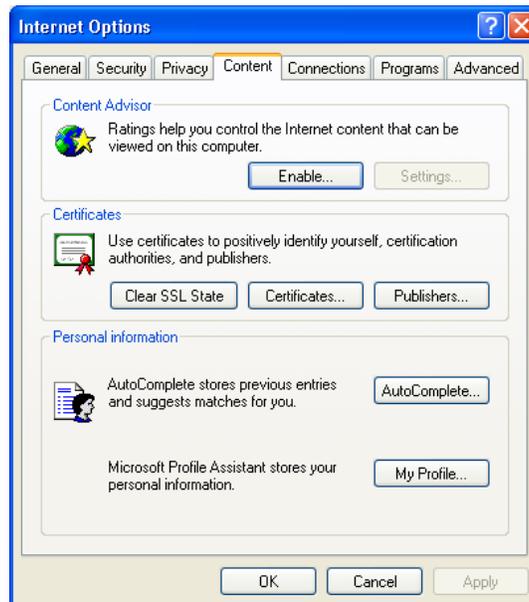
Digital ID certificates are expensive and you pay for them with your federal tax dollars. When your digital certificate is installed, it is the **only** copy in existence. To minimize the cost of replacing certificates (in the event your computer crashes or is replaced), we **strongly** recommend you create a copy of your digital ID certificate by saving it to an external storage device (e.g., floppy disk, CD, “thumb drive”). This procedure is also called “backing up” or “exporting” your certificate.

NOTE: You will need administrative rights on your computer in order to make a back-up copy of your digital certificate.

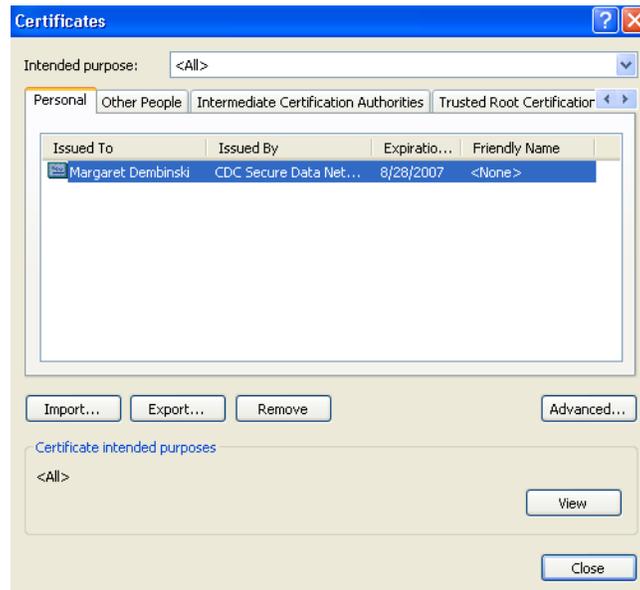
- If you are looking at the Congratulations message, your Internet Explorer should already be open. If not, open Internet Explorer: Click **Start** > **All Programs** > Internet Explorer.
- From the **Tools** menu, select **Internet Options**. The **Internet Options** dialog opens and looks similar to the following:



- Select the **Content** tab. Your **Internet Options** dialog box should look like the following:



- Click on the **Certificates** button. The **Certificates** dialog box opens:



- If you have more than one certificate, look at the date in the **Expiration Date** column and the name in the **Issued To** column. Select the certificate which has the appropriate date and name, and then click **Export**. The **Certificate Export Wizard** dialog box opens.
- Click **Next**
- Select the “**Yes, export the private key**” radio button.



- Click **Next**. Your **Certificate Explorer Wizard** should look similar to the following:



- Check “**Include all certificates in the certification path if possible**” and deselect (uncheck) the “**Enable strong protection**” and “**Delete the private key if the export is successful**” check boxes, then click **Next**.
- The password dialog appears:



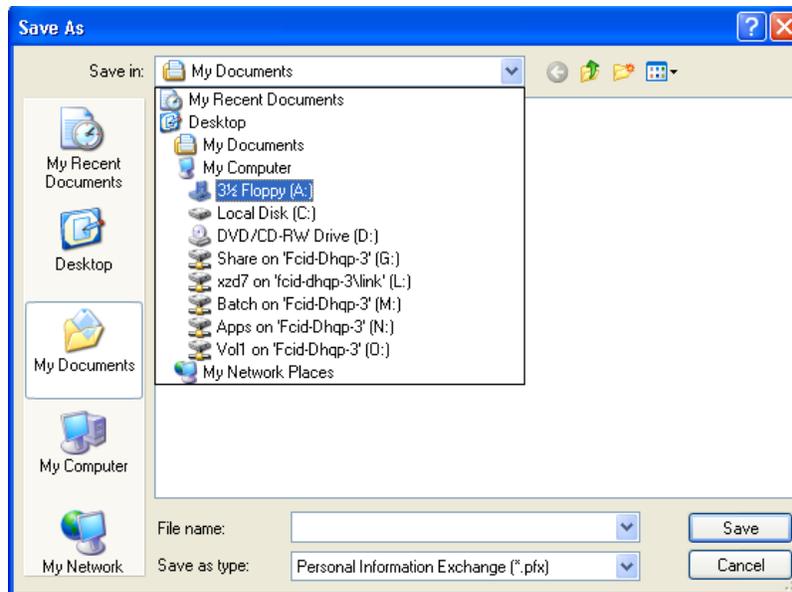
- We recommend you use the challenge phrase that you created for the original digital certificate for this backup copy of the digital certificate. Type your password in the **Password** and **Confirm Password** fields.



- Click **Next**. The **File to Export** dialog opens.



- Click the **Browse** button and navigate to an external storage device, (e.g., floppy disk, CD, “thumb drive”). When you click the **Browse** button, the **Save As** dialog box appears and looks similar to the following:



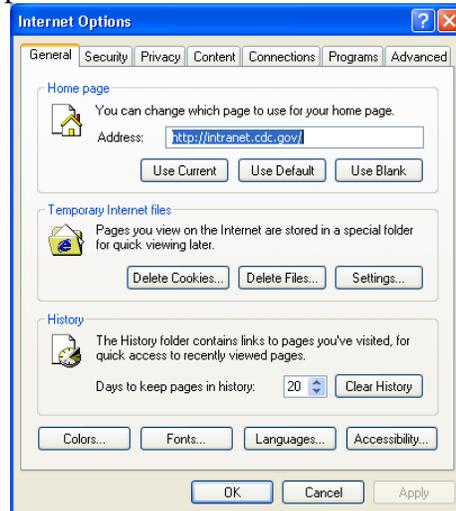
- Select the appropriate drive for your external storage device, type **sdncert** in the file name field at the bottom of the **Save As** dialog and then click **Save**. The **Certificate Export Wizard** appears and lists the location of the cert as **C:\SDN Certificate\sdncert.pfx**.



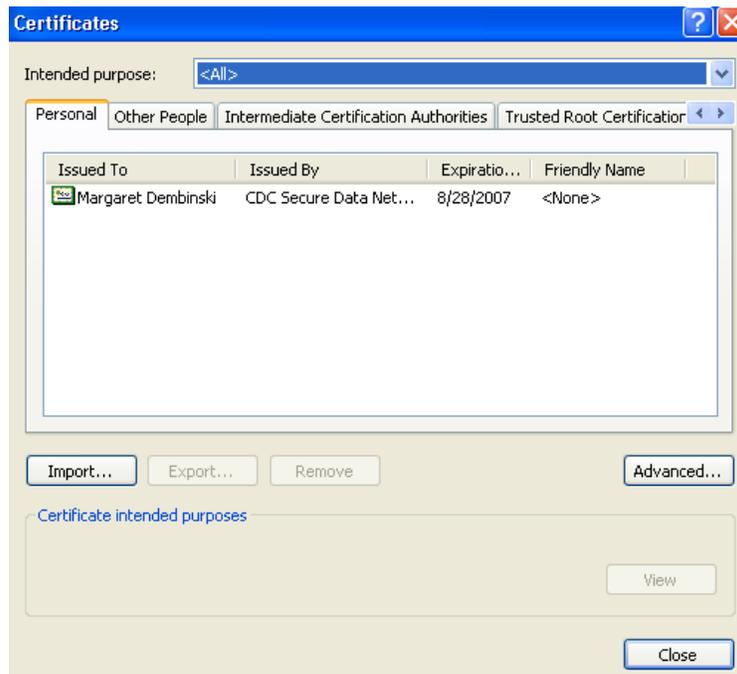
- Click **Next**, then click **Finish**. A **Certificate Export** message appears which reads “**The export was successful**”.
- Click **OK**. The **Certificates** dialog is still open. Click **Close**.
- The **Internet Options** dialog is still open. Click **OK**.
- Remove the external storage device from your computer, label it **SDN Digital ID Certificate** and then store it in a safe place. Keep your password and the certificate separate.

3f. Installing your Digital ID Certificate on Another Computer

- If you are installing your digital ID certificate onto a computer other than the computer to which you originally downloaded it, or restoring your digital ID certificate on the original computer, make sure you have administrative privileges on the second computer and that the second computer meets the system requirements. See **System Requirements** on page 6.
- Open Internet Explorer. Click **Start > All Programs > Internet Explorer**.
- Insert the external storage device with the backup digital ID certificate into the computer onto which you want to install the certificate.
- From Internet Explorer, click on the **Tools** menu and then select **Internet Options**. The **Internet Options** dialog opens and looks similar to the following:



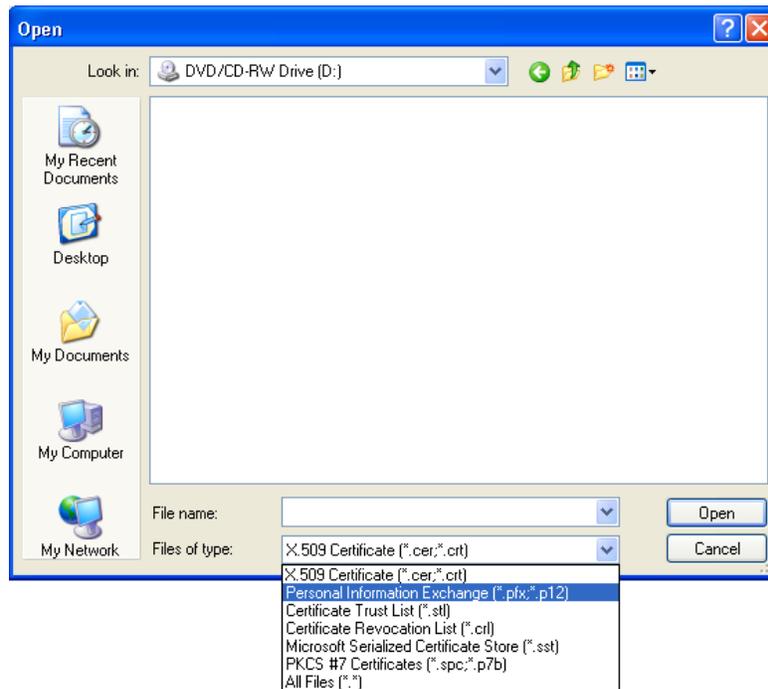
- Select the **Content** tab and then click on the **Certificates** button. The **Certificates** dialog opens and looks similar to the following:



- Click the **Import** button. The **Certificate Wizard Import** dialog appears. Click the **Next** button. The **File to Import** panel appears and looks similar to the following:



- Click the **Browse** button and then navigate to the appropriate drive for your external storage device.

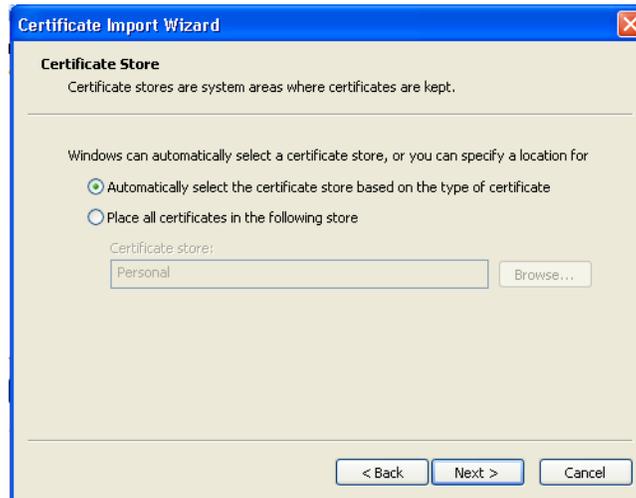


- Click on the **Files of type** list box and select **Personal Information Exchange (*.pfx;*.p12)**. Your certificate should appear.
- Select the certificate and then click the **Open** button. When the **File to Import** panel appears, click **Next**. The **Password** panel appears in the **Certificate Import Wizard** and looks similar to the following:





- Type the password and check the box next to “**Mark this key as exportable**” and then click **Next**.
- The **Certificate Store** panel appears and looks similar to the following:



- Select the “**Automatically select the certificate store based on the type of certificate**” radio button and then click **Next**. The **Completing the Certificate Import Wizard** appears.
- Click **Finish**. You will receive a message that reads, “**The import was successful.**” Click **OK**, close the **Certificates** dialog, and then click **OK** to close the **Internet Options** dialog.

Step 4. Enroll in NHSN

Once you have successfully downloaded and installed your digital certificate, you can access NHSN by going to the SDN website at: <https://sdn.cdc.gov>. **REMEMBER: You must use Internet Explorer when accessing NHSN.**

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

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



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

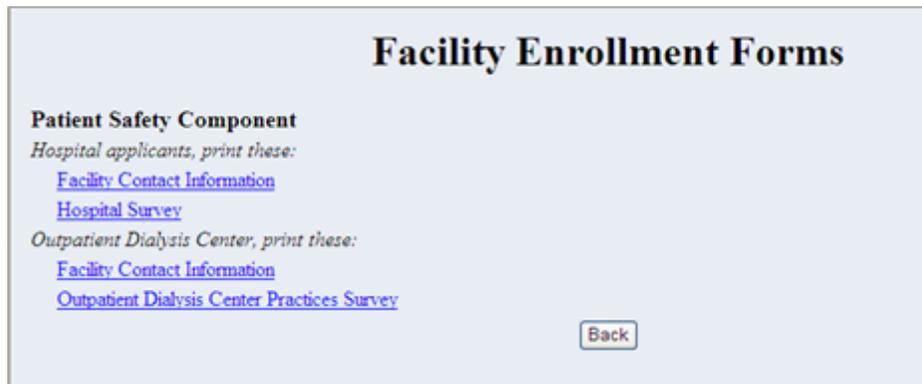
- Click on the **NHSN Enrollment** link to go to the **NHSN Enrollment** page.



NOTE: Do not use the browser's Back button. Always use the buttons provided on a page or use the navigation bar on the left to move around within the NHSN web pages.

4a. Download and Print Enrollment Forms

- From the **Enroll Facility** page, click on Access and print required enrollment forms option.



- From the **Facility Enrollment Forms** page, print the forms needed for the Component into which you are enrolling (i.e., Patient Safety as a hospital or as an Outpatient Dialysis Center, or Healthcare Personnel Safety). Complete these forms before attempting to enroll online.
 - You will need either your hospital's American Hospital Association (AHA) ID# or CMS Provider ID# (may also be called HCFA or Medicare #) to proceed; VA hospitals will need their VA Station Code to proceed. Click the box of those IDs that are not applicable.
 - You must also indicate a facility type from the drop down list. If you are unsure of which type to select, contact us (contact information at the end of this document).



4b. Complete Facility Contact Information and Facility Survey online.

- Once you're ready to enroll, log in to SDN, access NHSN Enrollment, and go to the **Enroll Facility** page. Click on the **Enroll a facility** option. Enter the data from the completed forms onto the screen and click **Submit**.
- NOTE: Facility verification is based on the city, state, and zip code. If you are having difficulties enrolling with your CMS or AHA numbers or VA station code, please make sure your entries are correct. If you continue to have problems, please email NHSN with the ID you are using to enroll.
- NOTE: It is not necessary to enter all of these verification numbers. For example, if you choose to enter your facility's CMS number, you may check the "not applicable" box next to the AHA ID# and the VA Station Code.
- NOTE: In the unlikely event that your facility does not have an AHA ID#, CMS Provider ID# or VA Station Code, a prompt will appear that will instruct you to contact the CDC NHSN Administrator who will assign an enrollment number to your facility. When you click OK on the prompt, a new data entry field will appear, called "Enrollment Number".
- Once submitted successfully, you can close the browser.



Step 5. Print, Sign and Return Signed Consent Form to CDC

After you have successfully completed the enrollment process, you will be sent an email that looks like the following:

From: NHSN

To: NHSN Facility Administrator

Sent:

Subject: NHSN facility enrollment submitted

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

Facility Name:

Tracking Number:

NHSN Facility Administrator:

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

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

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

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

If you have questions about NHSN, please contact us at nhsn@cdc.gov. For information on NHSN, please visit the member's website at <http://www.cdc.gov/nhsn>.

5a. Print the Agreement to Participate and Consent

Log in to SDN at <https://sdn.cdc.gov> with your challenge phrase. Once you have logged in successfully, copy and paste the URL provided in the email, print the Agreement to Participate and Consent form, read it and get it signed by the appropriate hospital administrator. This individual should be a person who has authority to give permission to submit facility and patient data to the CDC (i.e., CEO, COO, etc.). Send the **original signed** copy of the Consent page to CDC by surface mail within 60 days. If it is not received during that time period, the enrollment process will be terminated. Send the Consent via U.S.Mail to:

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



Step 6. Begin Using the NSHN Reporting Application

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

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

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

Facility Name:
Facility ID #:

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

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

If you have any questions about NHSN, please contact us at nhsn@cdc.gov. Information on NHSN is also available on the members' web site at http://www.cdc.gov/ncidod/dhqp/nhsn_members.html

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

NHSN Contact Information

If you have any questions, please contact NHSN at nhsn@cdc.gov.

Website: <http://www.cdc.gov/nhsn>



NATIONAL HEALTHCARE SAFETY NETWORK

USER RULES OF BEHAVIOR

Version 1.0

08/08/05

VERSION HISTORY

Version #	Implemented By	Revision Date	Reason
1.0	James Tolson	08/08/05	

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1 INTRODUCTION

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.

1.1 PURPOSE

Rules of Behavior establish standards that recognize knowledgeable users are the foundation of a successful security plan. Non-compliance with these rules will be enforced through sanctions equal to the level of infraction. Sanctions can include a written or verbal warning and possible removal of system access. NHSN will enforce the use of penalties against any user who willfully violates any NHSN or federal system security (and related) policy as appropriate. Users are also responsible for reporting security incidents, or any incidents of suspected fraud, waste, or misuse of NHSN systems to the CDC NHSN administrator.

The objective of the NHSN Rules of Behavior document is to summarize laws and guidelines from HHS and other Federal documents, most specifically OMB Circular A-130, Subsection (m) of the Privacy Act of 1974 (U.S.C. 552a) and Section 308(d) of the Public Health Service Act (U.S.C. 242m). It defines the rules of behavior in terms of policy and responsibility for the intended audience of CDC NHSN team members and NHSN facility/group member users.

1.2 DEFINITIONS

1.2.1 What are Rules of Behavior?

Rules of behavior are part of a comprehensive program to provide complete information security. These guidelines were established to hold users accountable for their actions and responsible for information security. Rules of behavior establish behavioral standards in recognition of the fact that knowledgeable users are the foundation of a successful security program.

1.2.2 Who is Covered by these Rules?

These rules extend to CDC NHSN team members and their authorized contractors and agents (e.g., guest researchers, students) and NHSN facility/group member users.

The rules of behavior are not to be used in place of existing policy, rather they are intended to enhance and further define the specific rules each user must follow while accessing

NHSN. The rules are consistent with the policy and procedures described in this document, and include but are not limited to, the following directives:

- Privacy Act
- Freedom of Information Act
- Section 508 of the Workforce Investment Act of 1998
- Computer Security Act Public Law 100-235
- E-Government Act Public Law 107-347
- Paperwork Reduction Act of 1995
- Clinger-Cohen Act of 1996
- CDC's Public Health Information Network (PHIN)
- CDC's Secure Data Network (SDN)
- National Institute of Standards and Technology (NIST) publications
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- HHS AISSP Handbook
- Member-specific data security, privacy and confidentiality regulations, policies
- State statutes.

1.2.3 What are Penalties for Non-compliance?

Non-compliance with these rules will be enforced through sanctions appropriate with the level of infraction. Users who do not comply with the prescribed Rules of Behavior are subject to penalties that can be imposed under existing policy and regulation, including suspension of system privileges.

1.3 REFERENCES

- [1] Office of Management and Budget. Circular No. A-130, Revised, (Transmittal Memorandum No. 4): Management of Federal Information Resources. August 31, 2004. <http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html>.
- [2] Center for Information Technology, National Institutes of Health, NIH Information Technology General Rules of Behavior. August 31, 2004. <http://www.oirm.nih.gov/security/nihitrob.html#general>
- [3] The Privacy Act of 1974, 5 USC § 552a -- As Amended. August 31, 2004. <http://www.usdoj.gov/foia/privstat.htm>
- [4] The Freedom of Information Act 5 U.S.C. § 552, As Amended By Public Law No. 104-231, 110 Stat. 3048. August 31, 2004. http://www.usdoj.gov/oip/foia_updates/Vol_XVII_4/page2.htm
- [5] Section 508 of the Workforce Investment Act of 1998. August 31, 2004. <http://www.section508.gov/index.cfm?FuseAction=Content&ID=3>
- [6] Computer Security Act Public Law 100-235. August 31, 2004. <http://cio.doe.gov/Documents/CSA.HTM>

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- [7] E-Government Act Public Law 107-347. August 31, 2004.
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107
- [8] Paperwork Reduction Act of 1995. August 31, 2004.
http://www.archives.gov/federal_register/public_laws/paperwork_reduction_act/3501.html
- [9] Clinger-Cohen Act of 1996. August 31, 2004.
<http://www.oir.nih.gov/policy/itmra.html>
- [10] PHIN Compatibility. August 31, 2004. <http://www.cdc.gov/phin/>
- [11] SDN. August 31, 2004. <http://www.cdc.gov/irmo/ea/sdn.htm>
- [12] NIST. August 31, 2004. <http://nvl.nist.gov/>
- [13] HIPAA. September 8, 2004 <http://hipaa.org>
- [14] HHS AISSP Handbook. September 8, 2004.

2 POLICY RULES

2.1 LEGAL, REGULATORY, AND POLICY REQUIREMENTS

Information handled by the system includes sensitive information about a member facility and its patients and/or healthcare personnel. The loss, misuse, or unauthorized access to or modification of information in the system could result in a loss of confidentiality or privacy. If integrity of NHSN data were adversely affected, it would negatively impact decision-making and scientific data analysis.

2.2 STATEMENT OF SYSTEM POLICY

Each user is responsible for helping to prevent unauthorized use of, and access to, system resources. This duty includes complying with all stated policy requirements, taking due care and reasonable precautions when handling system data or using system resources, and in the management and protection of system authentication controls (passwords, digital certificates, etc.). When in doubt, users are strongly encouraged to contact the SDN help desk or NHSN help desk (see Contact Information table, Section 4, Page 11).

CDC SDN and NHSN administrators may periodically monitor both the system and user activities for purposes including, but not limited to, troubleshooting, performance assessment, usage patterns, indications of attack or misuse and the investigation of a complaint or suspected security incident. Users are provided access to the NHSN through the SDN for the purpose of facilitating CDC's public health mission. Because CDC is responsible for maintaining security for all systems accessible through the SDN, it has the authority under federal and state laws to monitor all users' communications on the SDN, even with remote equipment. This statutory authority is based on ensuring the appropriateness of such communications and for that purpose random computer checks may be done.

3 USER RESPONSIBILITIES

3.1 ETHICAL CONDUCT

NHSN stores a variety of sensitive data. This sensitive information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. System users should exercise due care to preserve data integrity and confidentiality and take reasonable precautions to ensure the protection of data from unauthorized access or use.

Specifically, any personally identifiable information entered into this system must not be used for anything other than the intended purpose. System administrators are to ethically conduct all monitoring activities and avoid any unnecessary or unauthorized breach of user privacy.

3.2 AUTHENTICATION MANAGEMENT

Users will access NHSN through CDC's Secure Data Network (SDN), using a digital certificate and an appropriately defined challenge phrase. Users will ensure the security of their digital certificate and challenge phrase. Users who believe their digital certificate or challenge phrase has been compromised in any way will immediately inform the SDN Help Desk. Sharing of a SDN digital certificate and/or SDN challenge phrase is strictly prohibited.

CDC SDN and NHSN administrators will never ask for your password and are not authorized to retrieve your password for you. Each user is required to report to administrators immediately upon discovery of their account credentials being compromised or suspect they have been compromised.

3.3 INFORMATION MANAGEMENT AND DOCUMENT HANDLING

Hard copy system documents (i.e. reports, print-outs, etc.) should be handled in a way that conforms to federal or state data security, privacy and confidentiality regulations, policies and statutes.

3.4 GENERAL SYSTEM ACCESS AND USAGE

Users will be added to the NHSN by their NHSN facility/group administrator. When the user account is added, the user will receive an email containing instructions for obtaining a digital certificate for accessing the NHSN through the SDN.

Users are assigned roles and accompanying access rights to various parts of the application by their NHSN facility administrator. Roles include that of Analyst, Data Reporter or both. The role of Administrator can also be granted to a user. The CDC NHSN administrator has access rights to all data in all facilities.

- Users will access the system through CDC's SDN.

- A SDN digital certificate must be obtained before a user can access the system. The user must also be approved to access the NHSN program within the SDN.
- The user is responsible for notifying NHSN facility/group administrator or CDC NHSN administrator of any changes in job status (promotion, demotion, transfer, termination, etc.) that might affect the appropriateness of continued access.

3.5 AWARENESS AND GENERAL INCIDENT REPORTING

Users should be vigilant for and have responsibility for reporting suspicious events, system misuse, suspected compromise or loss. These should be reported to their NHSN facility/group administrator, or to the CDC NHSN administrator at 1-800-893-0485 or via email at nhsn@cdc.gov.

3.6 TRAINING

NHSN facility administrators should train users using this document and other available materials regarding the need for and how to maintain system security.

3.7 PROHIBITIONS

System users are prohibited from the disclosure of information about the system, its architecture, function, or security controls and may not attempt to bypass system security controls. Also, users are prohibited from any activity that conflicts with local data security and confidentiality.

- Do not attempt to access any data or programs on the NHSN system for which you do not have authorization.
- Do not engage in, encourage, conceal any “hacking” or “cracking,” denial of service, unauthorized tampering, or unauthorized attempted use of (or deliberate disruption of) any computer system within the NHSN system.
- Do not purposely engage in any activity with the intent to:
 - Degrade the performance of the system
 - Deprive an authorized user access to a resource
 - Obtain or attempt to obtain extra resources beyond those allocated
 - Circumvent security measures in order to gain access to any automated system for which proper authorization has not been granted.

4 USER ASSISTANCE AND ADDITIONAL RESOURCES

To obtain system-related assistance (help desk, vendor support, system management, etc.) users should contact one of the following:

Name	Telephone	Email
SDN Help Desk	800-532-9929 or 770-216-1276	cdcsgn@cdc.gov
NHSN Help Desk	800-893-0485	nhsn@cdc.gov

5 REVISIONS AND RENEWAL

When new versions of this document are released, the system business or technical steward will provide a revised copy to all users and request an acknowledgement of receipt. If users do not provide an acknowledgement or feedback within a reasonable time, they will be considered to have given tacit approval to the revised document. User comments, feedback, questions, or objections will be considered for integration into further revisions.

6 ACKNOWLEDGEMENT AND AGREEMENT

I have read and agree to comply with the terms and condition governing the appropriate and allowed use of NHSN as defined by this document, applicable agency policy, and Federal law. I understand that infractions of these rules will be considered violations of CDC standards of conduct and may result in disciplinary action including the possibility of supervisory notification, suspension of system privileges, and/or criminal and civil prosecution.

The act of acknowledgement and agreement signifies a clear understanding of the NHSN Rules of Behavior document and that the signer will conform to the rules provided therein.

I acknowledge receipt of, understand my responsibilities, and will comply with the rules of behavior for NHSN.

Signature

Date

Printed Name



Facility Contact Information

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

Page 1 of 2

* required for saving

Tracking #:

*Facility Name:

*Mailing Address:

*City:

*County:

*State:

*Zip Code:

-

*Main Telephone Number:

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

Patient Safety Component

Healthcare Personnel Safety Component

NHSN Facility Administrator:

*Name:

Title:

*Mailing Address: (if different from facility)

*City:

*State:

*Zip Code:

-

*Telephone Number: ()

Extension:

FAX Number: ()

Pager Number: ()

*Email:

A valid email account is required for enrollment

*User Name:

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

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.101 (Front) Rev. 1., v1.3.5



Facility Contact Information

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

*Name:

Title:

*Mailing Address: (if different from facility)

*City:

*State:

*Zip Code:

-

*Telephone Number: ()

Extension:

FAX Number: ()

Pager Number: ()

*Email:

A valid email account is required for enrollment

NHSN Healthcare Personnel Safety Primary Contact Person (if different from Facility Administrator)

*Name:

Title:

*Mailing Address: (if different from facility)

*City:

*State:

*Zip Code:

-

*Telephone Number: ()

Extension:

FAX Number: ()

Pager Number: ()

*Email:

A valid email account is required for enrollment

Microbiology Laboratory Director/Supervisor (if different from Facility Administrator):

*Name:

Title:

*Mailing Address: (if different from facility)

*City:

*State:

*Zip Code:

-

*Telephone Number: ()

Extension:

FAX Number: ()

Pager Number: ()

*Email:

A valid email account is required for enrollment



Group Contact Information

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

* required for saving

NHSN Group Administrator

*First Name: _____

Middle Name: _____

*Last Name: _____

*Group Name: _____

*Group Administrator's Mailing Address: _____

*City: _____

*State: _____ *Zip Code: _____ - _____

*Telephone Number: () _____ - _____

Extension: _____

*Email: _____

A valid email account is required.

*Type of Group (check one type and one subtype, if applicable)

_____ Healthcare system (a group of institutions organized under a common business entity)

_____ Private, for profit

_____ Private, not for profit

_____ Governmental

_____ City/county

_____ State

_____ Federal

_____ Quality Improvement/Patient Safety Organization
(a group of facilities defined by the desire to improve healthcare quality and patient outcomes)

_____ Other (describe): _____

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

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.105



Overview

Teresa C. Horan, MPH
Division of Healthcare Quality Promotion

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Target Audience

- This training is designed for those who will collect and analyze Patient Safety Component data or enroll a hospital into NHSN

This includes:

- NHSN Facility Administrator
- Patient Safety Primary Contact
- Infection Control Professional (ICP)
- Epidemiologist
- Microbiologist
- Pharmacist
- Data entry staff



Objectives

1. Describe NHSN and its purposes
2. Define the authority and confidentiality protections for NHSN
3. Identify the requirements for participating in the Patient Safety Component
4. Describe the NHSN surveillance methodology
5. List the modules of the Patient Safety Component
6. Explain key terms used in the Patient Safety Component
7. Describe the Monthly Reporting Plan



National Healthcare Safety Network (NHSN)

- NHSN is an internet-based surveillance system that integrates the surveillance systems previously managed separately in the Division of Healthcare Quality Promotion (DHQP) at CDC
 - National Nosocomial Infections Surveillance (NNIS) system
 - Dialysis Surveillance Network (DSN)
 - National Surveillance System for Healthcare Workers (NaSH)



Purposes of NHSN

- Collect data from a sample of US healthcare facilities to permit valid estimation of the
 - magnitude of adverse events among patients and healthcare personnel
 - adherence to practices known to be associated with prevention of healthcare-associated infections (HAI)
- Analyze and report collected data to permit recognition of trends



Purposes of NHSN

- Provide facilities with risk-adjusted data that can be used for inter-facility comparisons and local quality improvement activities
- Assist facilities in developing surveillance and analysis methods that permit timely recognition of patient and healthcare personnel safety problems and prompt intervention with appropriate measures
- Conduct collaborative research studies with members



Authority and Confidentiality for NHSN

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



Data Collection and Reporting Requirements for Patient Safety Component

1. Submit a Monthly Reporting Plan to inform CDC which, if any, of the patient safety modules will be used for that month
2. Adhere to the selected module's protocol(s) exactly as described in the *NHSN Manual: Patient Safety Component Protocol*



Data Collection and Reporting Requirements for Patient Safety Component

(continued)

3. Use surveillance methodology as described in the Protocol (detailed in the next section)
4. Report events and appropriate summary or denominator data indicated on the Plan to CDC within 30 days of the end of the month



Data Collection and Reporting Requirements for Patient Safety Component

(continued)

5. Submit data for at least one module for a minimum of 6 months of the calendar year
6. Complete an annual survey for your facility
7. Pass quality control acceptance checks that assess the data for completeness and accuracy



Data Collection and Reporting Requirements for Patient Safety Component

(continued)

8. Agree to report to state health authorities adverse event outbreaks identified in the facility by the surveillance system and about which you are contacted by CDC.

Failure to comply with these requirements will result in removal from the NHSN



Staffing Requirements for Participating in the PS Component

- There are no specific FTE requirements, but a trained Infection Control Professional (ICP) or Hospital Epidemiologist should oversee the HAI surveillance program
- Other personnel can be trained to
 - Screen for events (e.g., infections)
 - Collect denominator data
 - Collect infection prevention practices (process measure) data
 - Enter data
 - Analyze data



NHSN Surveillance Methodology

- Active
- Patient-based
- Prospective
- Priority-directed
- Risk-adjusted rates
- Incidence rates



NHSN Surveillance Methodology

ACTIVE vs. PASSIVE

- **ACTIVE** Trained personnel use standard definitions and a variety of data sources to identify events
- **PASSIVE** Personnel, such as staff nurses, not trained to do surveillance report events



NHSN Surveillance Methodology

PATIENT-BASED vs. LABORATORY-BASED

- **PATIENT-BASED** Monitoring patients for events, risk factors, and procedures and practices related to patient care
 - Visit patient care areas
 - Review patient charts
 - Discuss with caregivers
- **LABORATORY-BASED** Case-finding based solely on positive lab findings



NHSN Surveillance Methodology

PROSPECTIVE vs. RETROSPECTIVE

- **PROSPECTIVE** Monitoring patients while still in the institution; includes post-discharge period for SSI
- **RETROSPECTIVE** Case-finding based solely on chart review after patient discharged



NHSN Surveillance Methodology

PRIORITY-DIRECTED vs. COMPREHENSIVE

- **PRIORITY-DIRECTED** Objectives for surveillance are defined and focused on specific events, processes, organisms, and/or patients/populations
- **COMPREHENSIVE** Continuous monitoring of all patients for all events and/or processes



NHSN Surveillance Methodology

RISK-ADJUSTED vs. CRUDE RATES

- **RISK-ADJUSTED** Rates are controlled for variations in the distribution of major risk factor(s) associated with an event's occurrence
 - Comparison of rates is useful
- **CRUDE** Rates assume equal distribution of risk factors for all events
 - Comparison of rates not recommended



NHSN Surveillance Methodology



INCIDENCE RATES vs. PREVALENCE RATES

■ **INCIDENCE (I)**

New events in a population occurring during some defined time period

$$I = \frac{\text{new events}}{\text{population during time period}}$$

■ **PREVALENCE (P)**

All events in a population occurring at either a point in time (P_{point}) or during some defined time period (P_{period}).

$$(P_{\text{point}}) = \frac{\text{new and existing events}}{\text{population at a point in time}}$$

$$(P_{\text{period}}) = \frac{\text{new and existing events}}{\text{population during time period}}$$



Patient Safety Component Modules

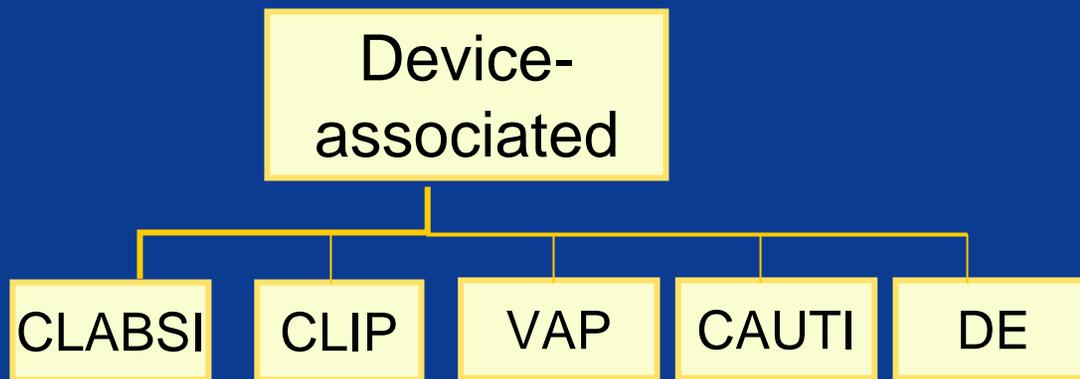
Patient
Safety
Component

Device-
associated
Module

Procedure-
associated
Module

Medication-
associated
Module

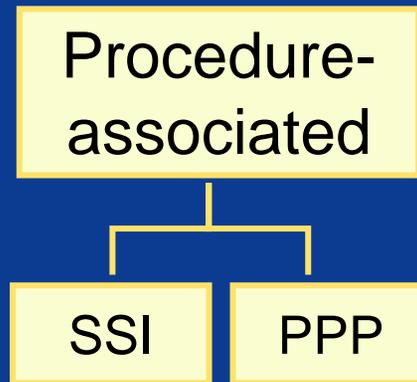
Patient Safety Component Modules



CLABSI	Central line-associated bloodstream infection
CLIP	Central line insertion practices adherence
VAP	Ventilator-associated pneumonia
CAUTI	Catheter-associated urinary tract infection
DE	Dialysis Event



Patient Safety Component Modules



SSI

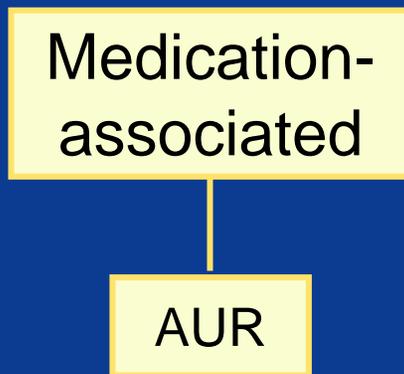
Surgical site infection

PPP

Post-procedure pneumonia



Patient Safety Component Modules



AUR Antimicrobial use and resistance option



Patient Safety Component Key Terms

- Healthcare-associated Infection (HAI)
- Location
 - CDC Location
 - 80% Rule
- Attribution of HAI
 - Facility-level
 - Location-level for device-associated HAI
 - Procedure-level for procedure-associated HAI

NHSN Key Terms can be found in the *NHSN Manual: Patient Safety Component Protocol*



Healthcare-associated Infection (HAI)

- A localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) that
 - Occurs in a patient in a healthcare setting and
 - Was not present or incubating at the time of admission, unless the infection was related to a previous admission
- When the setting is a hospital, meets the criteria for a specific infection (body) site as defined by CDC
- When the setting is a hospital, may also be called a nosocomial infection



Location

- In the Patient Safety Component, location is the area where a patient was assigned while receiving care in the healthcare facility
 - Inpatient location: Area where patients are housed overnight
- For DA Module surveillance of events, only inpatient locations where denominator data can be collected are eligible for monitoring (e.g., ICU, ward)
 - Examples of locations not eligible: operating room, interventional radiology, emergency department, etc
- For DA Module process measure surveillance, location is the area where the patient was assigned when the practice under surveillance was performed



Location

- Location is used to stratify device-associated infection rates
- A location may treat patients for more than one clinical service



CDC Locations

- A list of standard descriptions for patient care and other areas of healthcare facilities
 - List can be found in the *NHSN Manual: Patient Safety Component Protocol*
- Each location under surveillance must be “mapped” to one standard CDC Location description
- The correct mapping to a CDC Location is determined by the type of patients receiving care
 - 80% Rule: 80% of the patients must be of a consistent type to classify the location as that specific type



CDC Location

80% Rule

Example

If 80% of patients on a ward are pediatric patients with orthopedic problems, the location is designated as an Inpatient Pediatric Orthopedic Ward.

EXCEPTION

For patient care areas where the mix of medical and surgical patients is approximately equal, use the combined medical/surgical location designation.

- For instructions on setting up locations in NHSN, refer to the training “NHSN Enrollment and Facility Start-up”.



Attribution of HAI

- Once an HAI is identified, the next step is to determine the level of attribution
- The three levels of attribution are:
 - Facility-Level
 - Location-Level
 - Procedure-Level



Attribution of HAI: Facility-Level

- When a patient is admitted to a facility with an HAI, determine whether or not to attribute the HAI to this facility.

Examples

Patient is discharged from Hospital A and returns 15 hours later to Hospital A with an HAI. This is an HAI for Hospital A.

Patient is admitted to Hospital B with an infection which was determined to be attributed to Hospital A. This is an HAI for Hospital A, not Hospital B.



Attribution of Device-associated HAI: Location-Level

- A device-associated HAI is attributed to the inpatient location where the patient was assigned on the date the HAI was identified

Example

Patient has a central line inserted in the Emergency Department and then is transferred to the MICU. Within 24 hours of admission to the MICU, patient meets criteria for BSI. This is reported to NHSN as a CLABSI for the MICU.



Attribution of Device-associated HAI: Location-Level

- **EXCEPTION:** Transfer Rule
 - If a device-associated HAI develops within 48 hours of transfer from one inpatient location to another in the same facility, the HAI is attributed to the transferring location.

Example

Patient with a central line is transferred from the surgical ICU to an orthopedic ward and develops a BSI within 24 hours. This CLABSI is attributed to the surgical ICU.



Attribution of Procedure-associated HAI

Procedure-associated HAIs
are attributed to the procedure
NOT the location



Monthly Reporting Plan

- The Monthly Reporting Plan informs CDC which modules a facility is following during a given month
- A facility must enter a Plan for every month of the year, even those in which no modules are followed
- A facility may enter data only for months in which Plans are on file



Monthly Reporting Plan Options

Choose either:

- Enter a Plan that conforms to one or more of the modules of the Patient Safety Component

or

- Enter a “No Patient Safety Modules Followed” option

Example Plan that conforms to modules of the Patient Safety Component



Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
<input type="checkbox"/> 3 MS - MEDSURG ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PICU - PEDIATRIC ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CTICU - CARDIOTHORACIC CC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Add Row

Clear All Rows

Copy from Previous Month

Procedure-Associated Module

Procedures	SSI	Post-procedure PNEU
<input type="checkbox"/> KPRO - Knee prosthesis	<input type="checkbox"/> IN - Inpatient	<input type="checkbox"/>
<input type="checkbox"/> HPRO - Hip prosthesis	<input type="checkbox"/> IN - Inpatient	<input type="checkbox"/>
<input type="checkbox"/> COLO - Colon surgery	<input type="checkbox"/> IN - Inpatient	<input checked="" type="checkbox"/> IN - Inpatient

Add Row

Clear All Rows

Copy from Previous Month



Example Plan that conforms to the “No Patient Safety Modules Followed” option

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

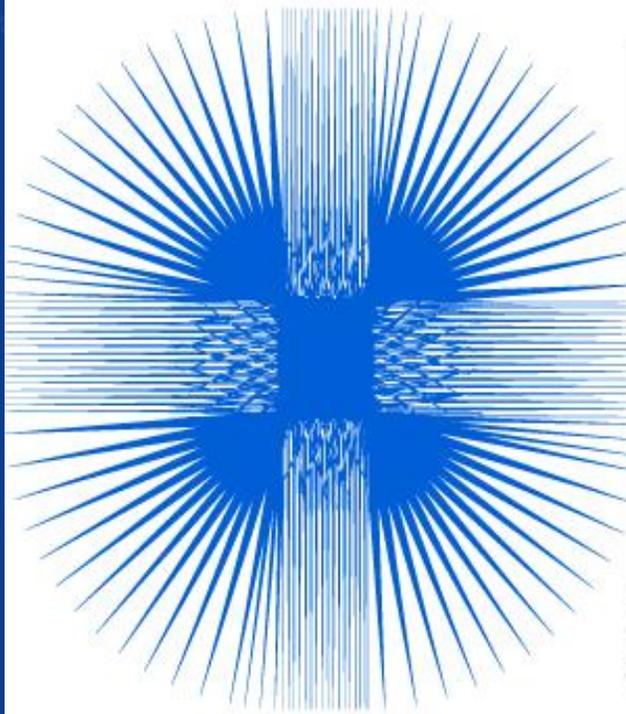
Save

Back



References

- For more information about these topics, refer to the NHSN website
 - *NHSN Manual: Patient Safety Component Protocol* located at http://www.cdc.gov/ncidod/dhqp/nhsn_members.html
 - Tables of instruction for completing all forms
 - Key terms
 - CDC location codes
 - Operative procedure codes
 - Purposes, data collection requirements and assurance of confidentiality
 - NHSN data collection forms



NHSN
National Healthcare
Safety Network

<http://www.cdc.gov/ncidod/dhqp/nhsn.html>



Patient Safety Component

Central Line-associated
Bloodstream Infection

(CLABSI)

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April 2008

Important Note: This set of training slides has been updated to reflect important changes in the LCBI definition. Because of this change, the slides may not correspond exactly with the “CLABSI Protocols” section of the webcast (November 14, 2006).



Introduction

- This course will review key concepts of surveillance for Central Line-associated Bloodstream Infections (CLABSI) in the Device-associated Module of the Patient Safety Component as well of certain definitions.



Objectives

By completing this lesson, you should be able to

- Describe the scope of the problem of CLABSI
- Review the structure of the Device-associated Module in NHSN and the surveillance methodology used for data collection
- Define key terms and protocol used for collecting CLABSIs and their corresponding denominator data
- Describe how to collect CLABSI data using the BSI form
- Describe how CLABSI rates and device utilization ratios are calculated and reported to promote performance improvement

Target Audience



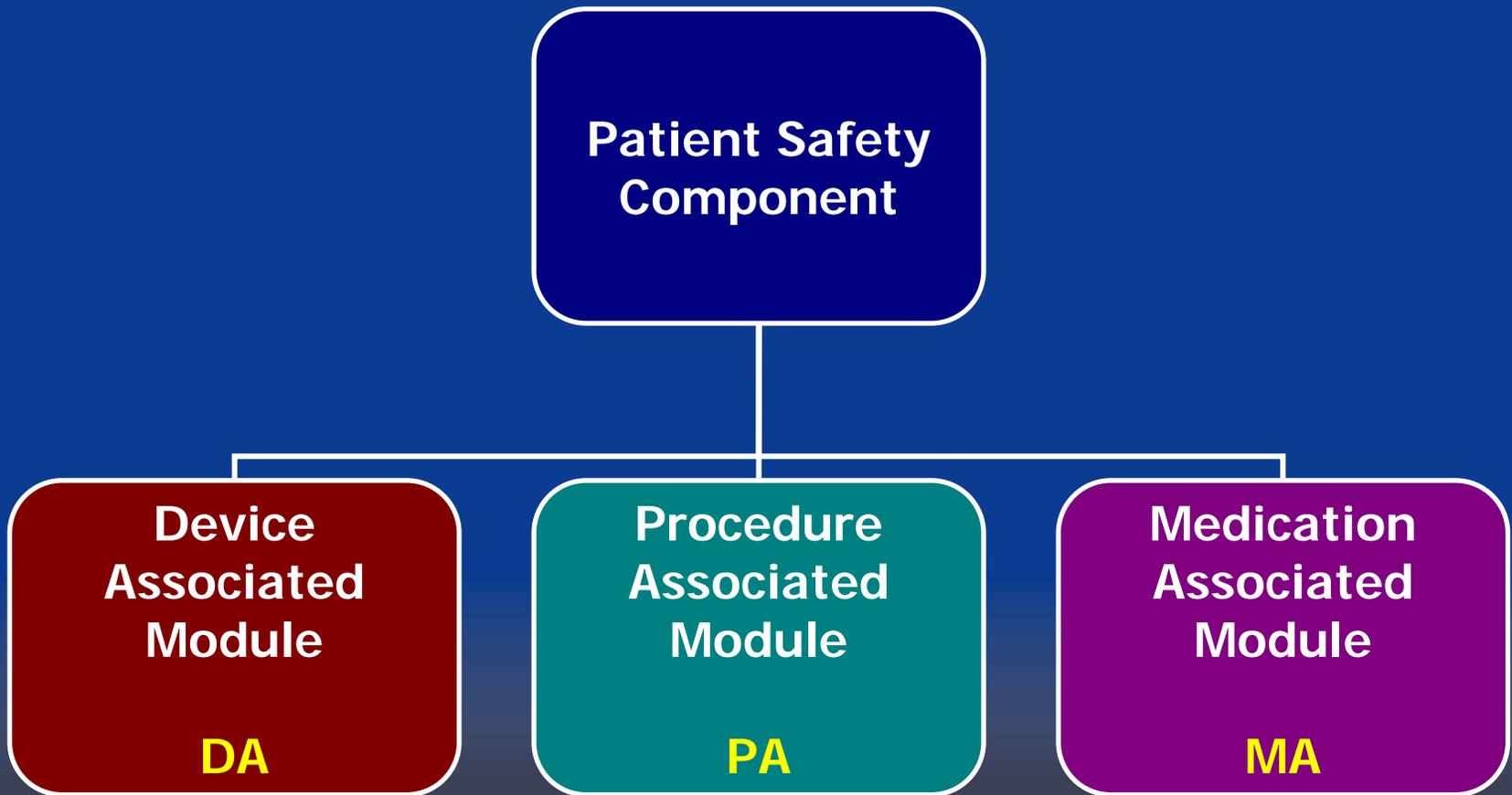
- This training session is designed for those individuals who collect and analyze Central Line-associated Bloodstream infections (CLABSI) and their associated denominators in the Patient Safety Component of NHSN.
- This may include:
 - Facility Administrator
 - Patient Safety Primary Contact
 - Infection Control Professional
 - Epidemiologist
 - Microbiologist
 - Data entry staff

Introduction

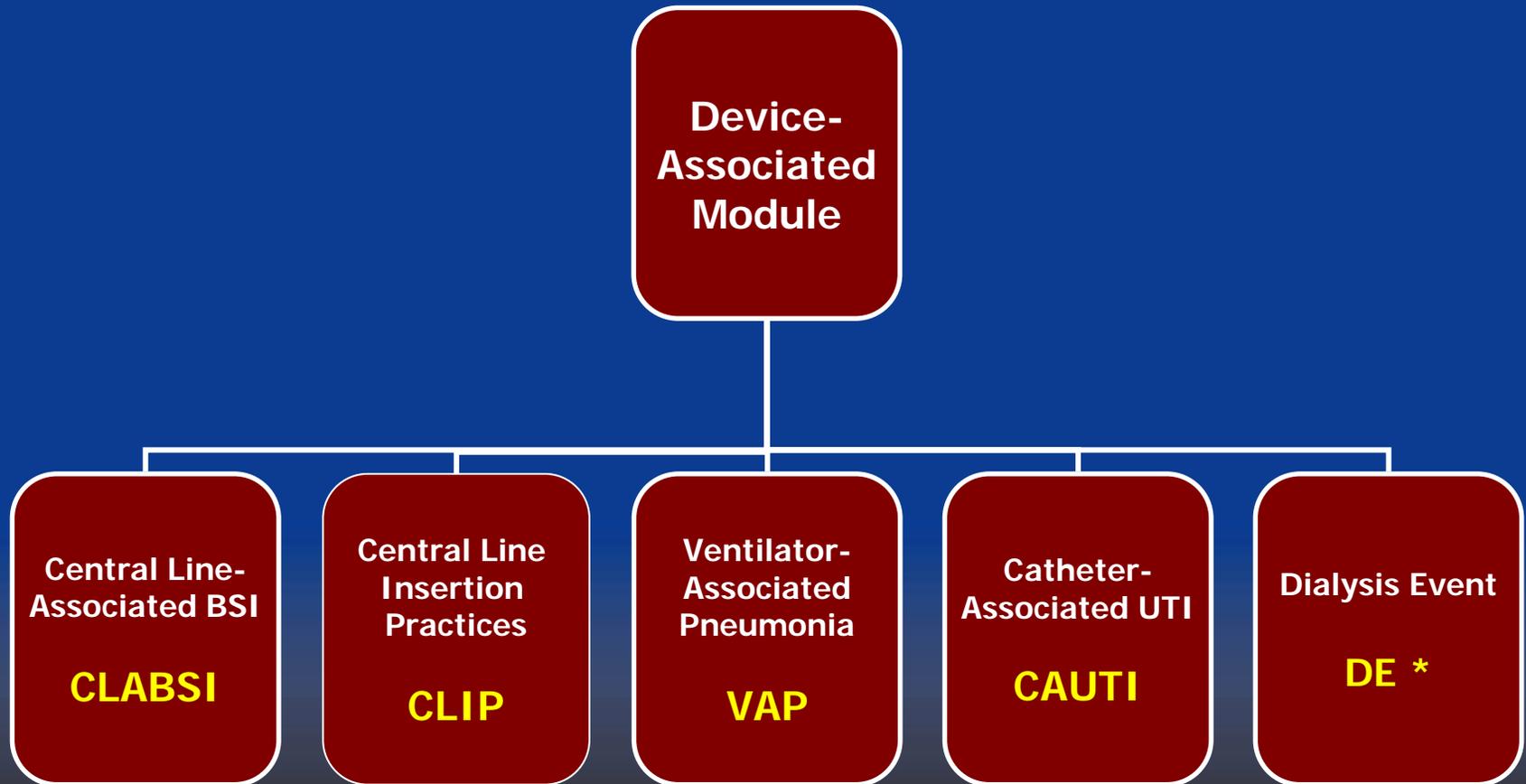
- 250,000 CLABSIs occur in the United States each year
- Most bloodstream infections are associated with the presence of a central line or umbilical catheter (in neonates) at the time of or before the onset of the infection
- Estimated mortality is 12-25% for each CLABSI
- Cost to the healthcare system is approximately \$25,000 per episode



Modules in the Patient Safety Component



Events that can be monitored in the Device-Associated Module



*** For outpatient dialysis only. See Outpatient Dialysis Training Session**



DA Module

Central Line-Associated
Bloodstream Infections

CLABSI



NHSN Location types (settings) where CLABSI events can be monitored

1. Intensive care units (ICU)
2. Specialty care areas (SCA)
 - a) Hematology/Oncology unit
 - b) Bone Marrow/Stem Cell transplant unit
 - c) Solid organ transplant unit
 - d) Acute inpatient dialysis unit
 - e) Long term acute care
3. Neonatal Intensive Care Units (NICU)
4. Any other patient care location (e.g., surgical ward, etc.)



Surveillance Methodology

- Active
- Patient- based
- Prospective
- Priority-directed
- Risk-adjusted rates
- Incidence rates



Sources of Data for Finding CLABSI



- Microbiology reports
- Infection control rounds on monitored units
- Pharmacy reports for antimicrobial use
- Networking with nursing staff
- Temperature chart
- List of patients with central lines



Key Terms

- Use CDC Definitions for the following:
 - CLABSI
 - Central Line
 - Laboratory-confirmed BSI (LCBI)
 - Clinical Sepsis (CSEP)
 - Temporary Central Line
 - Permanent Central Line



Definition: CLABSI

- Central Line-Associated Bloodstream Infection (CLABSI) is a primary bloodstream infection (BSI) in a patient that had a central line *within* the 48-hour period before the development of the BSI
- If the BSI develops in a patient within 48 hours of discharge from a location, indicate the discharging location on the infection report

NOTE: There is no minimum time period that the central line must be in place in order for the BSI to be considered central line-associated



Definition: Central Line

A vascular infusion device that terminates at or close to the heart or in one of the great vessels.

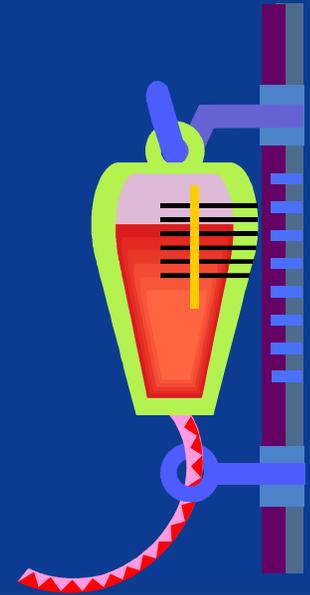
The following are considered great vessels for the purpose of reporting central line infections and counting central line days

- Aorta
- Pulmonary artery
- Superior vena cava
- Inferior vena cava
- Brachiocephalic veins
- Internal jugular veins
- Subclavian veins
- External iliac veins
- Common femoral veins



Infusion

- Introduction of a solution through a blood vessel via a catheter lumen
- Includes:
 - Continuous infusions such as nutritious fluids or medications, or
 - Intermittent infusions such as flushes or IV antimicrobial administration
 - Administration of blood or blood products in the case of transfusion or hemodialysis





- In neonates, the umbilical artery is considered a great vessel
- Neither the location of the insertion site nor the type of device may be used to determine if a line qualifies as a central line
- Pacemaker wires and other non-lumened devices inserted into central blood vessels or the heart are not considered central lines, because fluids are not infused, pushed, nor withdrawn through such devices.



Transfer Rule

- If the BSI develops in a patient within 48 hours of transfer from one inpatient location to another, indicate the *transferring* location on the infection report.

Example: A patient with a central line is transferred from the Orthopedic ward to the Medical-Surgical ICU on Monday. On Tuesday afternoon, he spikes a fever and is determined to have a CLABSI. The location of the CLABSI is recorded as the Orthopedic Ward.

- NOTE: It is not required to monitor for CLABSIs after the patient is discharged from the facility. However, if discovered, they should be reported to NHSN. No additional central line days are recorded.



Types of Central Lines

- Temporary– A central line that is noncuffed and nontunneled
- Permanent– A central line that is cuffed and tunneled
- Umbilical Catheter – Central vascular device inserted through the umbilical artery or vein in a neonate



CLABSI Numerator Data

- Use Primary Bloodstream Infection (BSI) form for each CLABSI that is identified during the month.
- Indicate the specific type of BSI*
 - Laboratory-confirmed Bloodstream Infection (LCBI) - can be used for any patient, including patients \leq 1 year of age.
 - Clinical Sepsis (CSEP)- is only used for
 - Neonates (< 30 days old)
 - Infants (<12 months old)

* See NHSN Manual: Patient Safety Component Protocol



LCBI – Criterion #1

**Patient has a recognized pathogen cultured from one or more blood cultures
and
organism cultured from blood is not related to an infection at another site.**



Example: Jon Smith had a PICC line inserted on admission (June 1). On hospital day 4, he became confused and experienced chills. Blood cultures were drawn which grew *E. faecalis*.

Mr. Smith meets the criteria for LCBI Criterion #1.

One or more blood cultures means that at least one bottle from a blood draw is reported by the laboratory as having grown organisms (i.e., is a positive blood culture).

Recognized pathogen does not include organisms considered common skin contaminants. A few of the recognized pathogens are *Staph aureus*, *Enterococcus* spp., *E. coli*, *Pseudomonas* spp., *Klebsiella* spp., *Candida* spp., etc.





LCBI – Criterion #2

Criterion 2: Patient has at least one of the following signs or symptoms: fever (>38°C), chills, or hypotension

and

signs and symptoms and positive laboratory results are not related to an infection at another site

and

common skin contaminant (i.e., diphtheroids [*Corynebacterium* spp.], *Bacillus* [not *B. anthracis*] spp., *Propionibacterium* spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, *Aerococcus* spp., *Micrococcus* spp.) is cultured from two or more blood cultures drawn on separate occasions.



The phrase “two or more blood cultures drawn on separate occasions” means:

- 1. That blood from at least two blood draws were collected within two days of each other, and**
- 2. That at least one bottle from each blood draw is reported by the laboratory as having grown the same common skin contaminant organism (i.e., is a positive blood culture)**

Note: If special pediatric blood culture bottles are used, only one bottle may be inoculated per blood draw. Therefore, to meet this part of the criterion, two would have to be culture-positive.



LCBI – Criterion #3

Criterion 3: Patient \leq 1 year of age has at least one of the following signs or symptoms: fever ($>38^{\circ}\text{C}$, rectal), hypothermia ($<37^{\circ}\text{C}$, rectal), apnea, or bradycardia and signs and symptoms and positive laboratory results are not related to an infection at another site and common skin contaminant (i.e., diphtheroids [*Corynebacterium* spp.], *Bacillus* [not *B. anthracis*] spp., *Propionibacterium* spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, *Aerococcus* spp., *Micrococcus* spp.) is cultured from two or more blood cultures drawn on separate occasions.

Note also – although Criterion #3 can only be used for infants and neonates, Criteria 1 and #2 can also be used in this population.



Determining “sameness” of two organisms



If the common skin contaminant from one culture is identified to both genus and species level (e.g., *S. epidermidis*) and the companion culture identifies only the genus with or without other attributes (in this example, coagulase negative staphylococci), then it is assumed that the organisms are the same.

The more specific organism should be reported in NHSN -
- in this example *S. epidermidis*, would be reported. See other examples below:

Culture	Companion Culture	Report as...
<i>Bacillus</i> spp. (not <i>anthracis</i>)	<i>B. cereus</i>	<i>B. cereus</i>
<i>S. salivarius</i>	<i>Strep viridans</i>	<i>S. salivarius</i>



Determining “sameness” of two organisms

If common skin contaminant organisms are speciated (e.g., both are *B. cereus*), but no antibiograms are done, or they are done for only one of the isolates, it is assumed that the organisms are the same.





Determining "sameness" of two organisms (cont.)

If the common skin contaminants from the cultures have antibiograms that are different for two or more antimicrobial agents, it is assumed that the organisms are not the same.

Example:

Organism Name	Isolate A	Isolate B	Interpret as...
<i>S. epidermidis</i>	All drugs S	All drugs S	Same
<i>S. epidermidis</i>	OX R CEFAZ R	OX S CEFAZ S	Different
<i>Corynebacterium</i> spp.	PENG R CIPRO S	PENG S CIPRO R	Different
<i>Strep viridans</i>	All drugs S	All drugs S except ERYTH (R)	Same

Collecting Blood Culture Specimens



Ideally, blood specimens for culture should be obtained from two to four blood draws from separate venipuncture sites (e.g., right and left antecubital veins), not through a vascular catheter.



These blood draws should be performed simultaneously or over a short period of time (i.e., within a few hours).

If your facility does not currently obtain specimens using this technique, you may still report BSIs using the NHSN criteria, but you should work with appropriate personnel to facilitate better specimen collection practices for blood cultures.



Clinical Sepsis

- Alternate criteria for BSI in infants (<12 months old) and neonates (<30 days old)
- NOT used for adults or children

**Patient \leq 1 year of age has at least one of the following clinical signs or symptoms with no other recognized cause: fever ($\geq 38^{\circ}\text{C}$, rectal), hypothermia ($<36^{\circ}\text{C}$, rectal), apnea, or bradycardia
and
blood culture not done or no organisms detected in blood
and
no apparent infection at another site
and
physician institutes treatment for sepsis.**



Bloodstream Infection Definitions Summary

Laboratory Confirmed Bloodstream Infection (LCBI) --

All patients

1. > 1 positive blood culture with recognized pathogen
2. Skin organisms: >2 blood cultures drawn on separate occasions positive for the same organism + clinical symptoms
3. Infant/neonate: >2 blood cultures drawn on separate occasions positive for the same organism + clinical

Clinical Sepsis (CSEP) -- Infants and neonates only

Clinical symptoms + no positive blood culture + antimicrobial therapy instituted.

Example of a Completed BSI Form – top section



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 3

*required for saving **required for completion	
Facility ID: 10000	Event #: 2488
*Patient ID: 000-002	Social Security #:
Secondary ID:	
Patient Name, Last: Smith	First: Jane Middle:
*Gender: <input checked="" type="radio"/> F M	*Date of Birth: 08/12/1956
Ethnicity (specify):	Race (specify):
*Event Type: BSI	*Date of Event: 02/16/2008
Post-procedure BSI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:
*MDRO Infection: <input checked="" type="radio"/> Yes No	*Date Admitted to Facility: 02/05/2008 *Location: MSICU

Example of a Completed BSI Form



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 3

*required for saving **required for completion	
Facility ID: 10000	Event #: 2488
*Patient ID: 000-002	Social Security #:
Secondary ID:	
Patient Name, Last: Smith	First: Jane Middle:
*Gender: <input checked="" type="radio"/> F <input type="radio"/> M	*Date of Birth: 08/12/1956
Ethnicity (specify):	Race (specify):
*Event Type: BSI	*Date of Event: 02/16/2008
Post-procedure BSI: Yes No	Date of Procedure:

Required patient demographic fields (highlighted in yellow):

- Patient ID
- Gender
- Date of Birth

Example of a Completed BSI Form



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 3

*required for saving **required for completion		Event #: 2488	
Facility ID: 10000		Social Security #:	
*Patient ID: 000-002		Secondary ID:	
Patient Name, Last: Smith		First: Jane	Middle:
*Gender: <input checked="" type="radio"/> F <input type="radio"/> M	*Date of Birth: 08/12/1956		
Ethnicity (specify):	Race (specify):		
*Event Type: BSI	*Date of Event: 02/16/2008		
Post-procedure BSI: Yes No	Date of Procedure:		
NHSN Procedure Code:	ICD-9-CM Procedure Code:		
*MDRO Infection: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Date Admitted to Facility: 02/05/2008	*Location: MSICU	

Required Event fields (highlighted in yellow):

- Event Type
- Date of Event
- MDRO Infection (Yes/No)
- Date Admitted to Facility
- Location



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 3

*required for saving **required for completion		Event #: 2488	
Facility ID: 10000		Social Security #:	
*Patient ID: 000-002		Secondary ID:	
Patient Name, Last: Smith		First: Jane	Middle:
*Gender: <input checked="" type="radio"/> F <input type="radio"/> M	*Date of Birth: 08/12/1956		
Ethnicity (specify):	Race (specify):		
*Event Type: BSI	*Date of Event: 02/16/2008		
Post-procedure BSI: Yes No	Date of Procedure:		
NHSN Procedure Code:	ICD-9-CM Procedure Code:		
*MDRO Infection: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Date Admitted to Facility: 02/05/2008	*Location: MSICU	

•Event Type is BSI – this is already completed on the form



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 3

*required for saving **required for completion		Event #: 2488	
Facility ID: 10000		Social Security #:	
*Patient ID: 000-002		Secondary ID:	
Patient Name, Last: Smith		First: Jane	Middle:
*Gender: <input checked="" type="radio"/> F <input type="radio"/> M	*Date of Birth: 08/12/1956		
Ethnicity (specify):	Race (specify):		
*Event Type: BSI	*Date of Event: 02/16/2008		
Post-procedure BSI: Yes No	Date of Procedure:		
NHSN Procedure Code:	ICD-9-CM Procedure Code:		
*MDRO Infection: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Date Admitted to Facility: 02/05/2008	*Location: MSICU	

•Date of Event – the date when the first clinical evidence of the BSI appeared or the date the blood culture was collected, whichever came first



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 3

*required for saving **required for completion		Event #: 2488	
Facility ID: 10000		Social Security #:	
*Patient ID: 000-002		Secondary ID:	
Patient Name, Last: Smith		First: Jane	Middle:
*Gender: <input checked="" type="radio"/> F <input type="radio"/> M	*Date of Birth: 08/12/1956		
Ethnicity (specify):	Race (specify):		
*Event Type: BSI	*Date of Event: 02/16/2008		
Post-procedure BSI: Yes No	Date of Procedure:		
NHSN Procedure Code:	ICD-9-CM Procedure Code:		
*MDRO Infection: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Date Admitted to Facility: 02/05/2008	*Location: MSICU	

•MDRO Infection: Circle "Yes" if this BSI is identified as an infection that is associated with a multi-drug resistant organism (MDRO) (such as MRSA) according to the NHSN MDRO & CDAD Module protocol definitions. Otherwise, circle "No".



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 3

*required for saving **required for completion	
Facility ID: 10000	Event #: 2488
*Patient ID: 000-002	Social Security #:
Secondary ID:	
Patient Name, Last: Smith	First: Jane Middle:
*Gender: <input checked="" type="radio"/> F <input type="radio"/> M	*Date of Birth: 08/12/1956
Ethnicity (specify):	Race (specify):
*Event Type: BSI	*Date of Event: 02/16/2008
Post-procedure BSI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:
*MDRO Infection: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Date Admitted to Facility: 02/05/2008 *Location: MSICU

•Date Admitted to Facility: the date the patient was admitted to this facility



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

Page 1 of 3

*required for saving **required for completion		Event #: 2488	
Facility ID: 10000		Social Security #:	
*Patient ID: 000-002		Secondary ID:	
Patient Name, Last: Smith		First: Jane	Middle:
*Gender: <input checked="" type="radio"/> F <input type="radio"/> M	*Date of Birth: 08/12/1956		
Ethnicity (specify):	Race (specify):		
*Event Type: BSI	*Date of Event: 02/16/2008		
Post-procedure BSI: Yes No	Date of Procedure:		
NHSN Procedure Code:	ICD-9-CM Procedure Code:		
*MDRO Infection: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Date Admitted to Facility: 02/05/2008	*Location: MSICU	

•Location: the patient care area to which this patient was assigned at the time the BSI was identified

Risk Factors – ICU/Other Locations

NHSN Procedure Code:	ICD-9-CM Code:
* Location:	* Date Admitted to Facility:
Risk Factors	
*If ICU/Other locations, Central line:	<input checked="" type="radio"/> Yes <input type="radio"/> No
*If Specialty Care Area, Permanent central line:	Yes No
Temporary central line:	Yes No
*If NICU	Yes No
	Yes No

For an ICU patient, in the Risk Factors section, circle "Yes" if the patient had one or more central lines.

If the patient is on a patient care area that is not an ICU, SCA or NICU, circle "Yes" if the patient had one or more central lines.

Risk Factors – Specialty Care Area (SCA)

NHSN Procedure Code:	ICD-9-CM Code:
*Location:	*Date Admitted to Facility:
Risk Factors	
*If ICU/Other locations, Central line:	Yes No
*If Specialty Care Area, Permanent central line:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Temporary central line:	<input checked="" type="radio"/> Yes <input type="radio"/> No
*If NICU, Central line:	Yes No
Umbilical catheter:	Yes No
Birth weight (grams):	
Event Details	

For SCA, note that a response is required for both “Permanent central line” and for “Temporary central line”



Risk Factors -- NICU

NHSN Procedure Code:	ICD-9-CM Code:
*Location:	*Date Admitted to Facility:
Risk Factors	
*If ICU/Other locations, Central line:	Yes No
*If Specialty Care Area, Permanent central line:	Yes No
Temporary central line:	Yes No
*If NICU, Central line:	Yes <input checked="" type="radio"/> No
Umbilical catheter:	<input checked="" type="radio"/> Yes No
Birth weight (grams):	<input checked="" type="text" value="1888"/>
Event Details	
*Specific Event: (check Laboratory-confirmed or Clinical sepsis)	

In the NICU, the birthweight and the line type are required

Example BSI Form (bottom section)

Event Details

*Specific Event: (check Laboratory-confirmed or Clinical sepsis)

- Laboratory-confirmed: No infection at another site + (check one pathway below)
 - Recognized pathogens: ≥ 1 blood culture positive
 - Other organisms: ≥ 2 blood cultures from separate sites positive w/same organism + clinical sx
 - ~~Other organisms: ≥ 1 blood culture positive in pt with IV + clinical sx + antimicrobial therapy~~
 - Clinical sepsis: ≥ 1 clinical symptom + blood culture not done or negative + no infection at another site + antimicrobial therapy

Specific Event: select the criterion (definition) that was used to identify the bloodstream infection. In the example above, LCBI, Criterion #1 was used.

Note: the last criterion under LCBI is no longer used and cannot be selected.

Comments

Example BSI Form (bottom section)

Event Details

*Specific Event: (check Laboratory-confirmed or Clinical sepsis)

- Laboratory-confirmed: No infection at another site + (check one pathway below)
 - Recognized pathogens: ≥ 1 blood culture positive
 - Other organisms: ≥ 2 blood cultures from separate sites positive w/same organism + clinical sx
 - ~~Other organisms: ≥ 1 blood culture positive in pt with IV + clinical sx + antimicrobial therapy~~
- Clinical sepsis: ≥ 1 clinical symptom + blood culture not done or negative + no infection at another site + antimicrobial therapy

**Died: Yes No

BSI Contributed to Death: Yes No

Discharge Date: 01/23/2006

*Pathogens Identified: Yes No

*If Yes, specify on page 2 \longrightarrow

Died: If the patient died before discharge, circle "Yes", otherwise, "No".

BSI Contributed to Death: If "Died" is Yes, then indicate here whether or not the BSI caused the patient death or exacerbated an existing disease which then lead to death

Comments

Example BSI Form (bottom section)

Event Details

*Specific Event: (check Laboratory-confirmed or Clinical sepsis)

- Laboratory-confirmed: No infection at another site + (check one pathway below)
 - Recognized pathogens: ≥ 1 blood culture positive
 - Other organisms: ≥ 2 blood cultures from separate sites positive w/same organism + clinical sx
 - ~~Other organisms: ≥ 1 blood culture positive in pt with IV + clinical sx + antimicrobial therapy~~
- Clinical sepsis: ≥ 1 clinical symptom + blood culture not done or negative + no infection at another site + antimicrobial therapy

**Died: Yes No

BSI Contributed to Death: Yes No

Discharge Date: 01/23/2006

*Pathogens Identified: Yes No

*If Yes, specify on page 2 \longrightarrow

Circle "Yes" if a Pathogen was identified, otherwise, circle "No".

Specific information about the pathogen are entered on the back of the form.

Comments



Pathogen Data

- List up to 3 pathogens for each CLABSI identified (in rank order of importance)
- For each pathogen, complete information about antimicrobial susceptibilities
- Only certain bug/drug combinations are required but up to 20 drugs can be listed with susceptibilities



Example of Completed BSI Form (back)



Primary Bloodstream Infection (BSI) Form

OMB No. 0920-0666
Exp. Date: 02-29-2008

Page 2 of 2

Pathogen #	Gram-positive Organisms
_____	Coagulase-negative staphylococci VANC S I R N
_____	<i>Enterococcus faecalis</i> AMP DAPTO LNZ PENG VANC S I R N S I R N S I R N S I R N S I R N
_____	<i>Enterococcus faecium</i> AMP DAPTO LNZ PENG QUIDAL VANC S I R N S I R N S I R N S I R N S I R N S I R N
_____	<i>Staphylococcus aureus</i> CLIND DAPTO ERYTH GENT LNZ OX QUIDAL RIF TMZ VANC S I R N S I R N S I R N S I R N S I R N S I R N S I R N S I R N S I R N
Pathogen #	Gram-negative Organisms
_____	<i>Acinetobacter</i> spp. (specify) AMK AMPSUL CEFEP CEFTAZ CIPRO IMI LEVO MERO PIPTAZ S I R N S I R N S I R N S I R N S I R N S I R N S I R N S I R N
1	<i>Escherichia coli</i> AMK CEFEP CEFOT CEFTAZ CEFTRX CIPRO IMI LEVO MERO S I R N S I R N S I R N S I R N S I R N S I R N S I R N S I R N
_____	<i>Enterobacter</i> spp. (specify) AMK CEFEP CEFOT CEFTAZ CEFTRX CIPRO IMI LEVO MERO S I R N S I R N S I R N S I R N S I R N S I R N S I R N S I R N
_____	<i>Klebsiella oxytoca</i> AMK CEFEP CEFOT CEFTAZ CEFTRX CIPRO IMI LEVO MERO

CLABSI Denominator Data for ICU and Patient Care Areas that are not SCA or NICU

- Use **Denominators for ICU/Other Locations form**
- At the same time each day, count
 - # patients (i.e., patient days)
 - # patients with one or more central lines (i.e., central line-days)
- Enter the totals within 30 days of the end of the month

Example of Completed Denominators for ICU/Other Locations Form



Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

OMB No. 0920-0666
Exp. Date: 02-29-2008

* required for saving

*Facility ID# **10000** *Month: **Feb** *Year: **2005** *Location Code: **MSICU**

Date	*Number of patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of patients on a ventilator
1	6	6		
2	8	6		
3	6	4		
4	7	7		
5	6	6		
6	8	6		
7				
8				
9				
10				
11				
31	//	//		
*Totals	151	138		

Patient-days

Central-line days

Urinary catheter-days

Ventilator-days



CLABSI Denominator Data for Specialty Care Areas (SCA)

- Use **Denominators for Specialty Care Areas (SCA)** form
- At the same time each day, count
 - # patients (i.e., patient days)
 - # patients with one or more central lines (i.e., central line-days) separated into
 - Temporary central lines and
 - Permanent central lines*
- Enter the totals within 30 days of the end of the month

* If a patient has both a temporary and a permanent line, count as a patient with only a temporary line

Example of Completed Denominators for SCA Form



Denominators for Specialty Care Area (SCA)

OMB No. 0920-0666
Exp. Date: 02-29-2008

* required for saving

*Facility ID# : **10000** *Month: **Jan** *Year: **2006** *Location Code: **LTAC**

Date	*Number of patients	**Number of patients with 1 or more central lines (if patient has both, count as Temporary)		**Number of patients with a urinary catheter	**Number of patients on a ventilator
		Temporary	Permanent		
1					
2	4	1	3		
3	6	4	1		
4	7	1	4		
5	4	2	0		
6	4	4	4		
7	6	4	2		
26					
27					
28					
29					
30					
31					
*Totals	141	84	14		

CLABSI Denominator Data for NICU

- Use **Denominators for NICU** form
- At the same time each day, count for each birthweight category:
 - # patients (i.e., patient days)
 - # patients with one or more central lines (i.e., central line-days) separated into central lines and umbilical catheters*
- Enter the totals within 30 days of the end of the month

***If an infant has both an umbilical catheter and a central count as a patient with only an umbilical line**



NICU Birthweight Categories

- ≤ 750 grams
- 751-1000 grams
- 1001-1500 grams
- 1501-2500 grams
- >2500 grams

Example of Completed Denominators for NICU Form



Denominators for Neonatal Intensive Care Unit (NICU)

OMB No. 0920-0666
Exp. Date: 02-29-2008

* required for saving

*Facility ID# : **10000** *Month: **Jan** *Year: **2006** *Location Code: **NICUW**

Birth Weight Categories

Date	<750 gm				751-1000 gm				1001-1500 gm				1501-2500 gm				>2500 gm			
	*Pts	**U/C	**CL	**VNT	*Pts	**U/C	**CL	**VNT	*Pts	**U/C	**CL	**VNT	*Pts	**U/C	**CL	**VNT	*Pts	**U/C	**CL	**VNT
1	4	4	0		4	0	4		4	4	4		4	1	2		6	1	4	
2	6	2	3		6	0	6		6	6	6		4	1	2		6	1	4	
3	7	6	0		7	1	4		7	7	7		1	1	0		4	0	4	
4	4	4	0		4	0	4		4	1	2		4	1	2		4	0	4	
5	4	2	1		4	4	4		4	4	4		4	4	4		5	1	4	
6	6	3	3		5	3	1		1	1	0		6	1	4		4	0	4	
7	5	2	3		3	0	3		1	1	0		5	5	0		4	0	4	
8	4	0	4		0	0	0		1	1	0		5	5	0		4	0	4	
27																				
28																				
29																				
30																				
31																				
*Total	116	62	44		100	44	31		88	63	16		101	68	24		116	7	100	

Pts=number of infants U/C=number of infants with umbilical catheter CL=number of infants with 1 or more central lines
VNT=number of infants on a ventilator *If infant has both a U/C and CL, count as U/C infant only for the day

** Conditionally required according to the events indicated in Plan

Required Fields for Summary (Denominator) Data



- Based on the Monthly Surveillance Plan
- Remember, only the totals are entered into the NHSN application

View Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: DHQP Memorial Hospital (10000)

Month*: January

Year*: 2006

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
BURN - BURN UNIT	X			X	X
3 MS - MEDSURG ICU	X			X	X
DIAL - DIAL			X		
NICU3 - LEVEL 3 NICU	X				
2 EAST - HEM/ONC	X				

Required denominators will appear with an asterisk (*) only if included in the Surveillance Plan

Neonatal Intensive Care Unit

Mandatory fields marked with *

[Print PDF](#)

Facility ID*: 10000 (DHQP Memorial Hospital)

Location Code*: NICU3 - LEVEL 3 NICU

Month*: January

Year*: 2006

Birth Wt.	Patient Days*	U/C Days*	CL Days*	Vent Days
<=750	45	18	17	
751-1000	41	30	11	
1001-1500	53	20	30	
1501-2500	46	15	22	
>2500	30	21	4	



Analysis: CLABSI Rate

$$\text{CLABSI Rate}^* = \frac{\text{\# CLABSIs identified}}{\text{\# central line days}} \times 1000$$

- * Stratify by:
 - Type of ICU/Other Location
 - SCA
 - Catheter type (temporary or permanent)
 - NICU
 - Birthweight category
 - Catheter type (umbilical or central)



Analysis: Device Utilization (DU) Ratio



$$\text{CL DU Ratio} = \frac{\# \text{ Central Line Days}}{\# \text{ Patient Days}}$$

DU Ratio measures the proportion of total patient-days in which central lines were used.

Example of Output – CLABSI



National Healthcare Safety Network

Rate Table for Central Line-Associated BSI Data for ICU-Other

As of: February 6, 2006 at 11:22 AM

Date Range: CLAB_RATESICU ~~summary~~YM 2005M11 to 2006M01

Org ID=10000

Location	CLA BSI Count	Central Line Days	CLA BSI Rate	NHSN	p_value	Patient Days	CL Util Ratio	NHSN
				CLAB Pooled Mean				Line DU Pooled Mean
3 MS	4	1,126	3.6	4.0	0.5327905	1,688	0.67	0.57
SICU	2	1,169	1.7	4.6	0.0972321	1,749	0.67	0.61
STROKE	0	1,172	0.0	.	.	1,761	0.67	.



References

References are located on the NHSN Website:

<http://www.cdc.gov/ncidod/dhqp/nhsn.html>

- *NHSN Patient Safety Component Protocol*
 - Tables of instruction for completing all forms
 - Key Terms
 - CDC Location Codes
 - Operative Procedure Codes
- NHSN Data Collection Forms
- NHSN Enrollment Documents



Protocols and Definitions Device-associated Module

Ventilator-associated Pneumonia (VAP)

Mary Andrus, BA, RN, CIC
Division of Healthcare Quality Promotion

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Target Audience

- This training session is designed for those who will collect and analyze Ventilator-associated Pneumonias in the Patient Safety Component of NHSN. This may include:
 - NHSN Facility Administrator
 - Patient Safety Primary Contact
 - Infection Control Professional (ICP)
 - Epidemiologist
 - Microbiologist
 - Respiratory Therapy Staff
 - Data entry staff



Objectives

- Outline the structure, methodology and purpose of the Device-associated Module of NHSN
- Describe the protocols and definitions used in the VAP option within the Device-associated Module

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html



Surveillance for DA HAI



- **Active** (vs. passive)
 - Trained ICPs look for and identify infections
 - Accumulate information from multiple data sources
- **Patient-based** (vs. laboratory-based)
 - Not based solely on laboratory data
 - Identification of risk factors, patient care procedures
- **Prospective** (vs. retrospective)
 - Monitor patients during their hospitalization when possible



**Patient
Safety
Component**

**Device
Associated
Module**

DA

**Central Line-
associated
BSI**

CLABSI

**Ventilator-
associated
Pneumonia**

VAP

**Catheter-
associated
UTI**

CAUTI

**Dialysis
Incident**

DI

**Procedure
Associated
Module**

PA

**Surgical Site
Infection**

SSI

**Post-
procedure
Pneumonia**

PPP

**Medication
Associated
Module**

MA

**Antibiotic
Use And
Resistance**

AUR



DA Module

**Ventilator-associated
Pneumonia**

VAP



VAP

- Second most common HAI in the U.S.
- Patients with ventilators at high risk
- CDC/HICPAC *Guideline for Prevention of Nosocomial Pneumonia*
 - Recommends surveillance for bacterial pneumonia for trends and for interhospital comparison

http://www.cdc.gov/ncidod/dhqp/gl_hcpneumonia.html



Use CDC Definitions for the following:

- VAP
- Ventilator
- PNU1
- PNU2
- PNU3



Definition: VAP

- Pneumonia (PNEU) that occurs in a patient who was intubated and ventilated at the time of or *within* 48 hours before the onset of the pneumonia.
- If the PNEU develops in a patient within 48 hours of discharge from a location, indicate the discharging location on the infection report, not the current location of the patient



Definition: Ventilator

- A device to assist or control respiration continuously, inclusive of the weaning period, through a tracheostomy or by endotracheal intubation.
 - **NOTE:** Lung expansion devices such as intermittent positive-pressure breathing (IPPB); nasal positive end-expiratory pressure (PEEP); and continuous nasal positive airway pressure (CPAP, hypoCPAP) are not considered ventilators unless delivered via tracheostomy or endotracheal intubation (e.g., ET-CPAP)



Pneumonia Criteria

- Indicate the specific type of VAP*
 - PNU1 – Clinically Defined Pneumonia
 - PNU2 – Pneumonia with Common Bacterial Pathogens
 - PNU3 - Pneumonia in Immunocompromised Patients

*** See *NHSN Manual: Patient Safety Component Protocol***



PNU1 – Clinically Defined

■ X-Ray findings

Patient with underlying diseases has 2 or more serial X-rays with one of the following:

- New or progressive and persistent infiltrate
- Consolidation
- Cavitation
- Pneumatocoles, in <1 y.o.

or

Patient without underlying diseases has 1 or more serial X-rays with one of the following:

- New or progressive and persistent infiltrate
- Consolidation
- Cavitation
- Pneumatocoles, in <1 y.o.

And 



PNU1 – Clinically defined

■ Signs and Symptoms

At least one of the following:

- Fever ($> 38^{\circ}\text{C}/100.4^{\circ}\text{F}$) with no other cause
- Leukopenia ($< 4,000\text{ WBC}/\text{mm}^3$) or leukocytosis ($\geq 12,000\text{ WBC}/\text{mm}^3$)
- Altered mental status with no other cause, in $\geq 70\text{ y.o.}$

and



At least two of the following:

- New onset of purulent sputum, or change in character of sputum, or \uparrow respiratory secretions, or \uparrow suctioning requirements
- New onset or worsening cough, or dyspnea, or tachypnea
- Rales or bronchial breath sounds
- Worsening gas exchange (e.g., O_2 desats [e.g., $\text{PaO}_2/\text{FiO}_2 \leq 240$], $\uparrow\text{O}_2$ req, or \uparrow ventilation demand)



PNU2 – Specific laboratory findings



■ X-Ray findings

Patient with underlying diseases has 2 or more serial X-rays with one of the following:

- New or progressive and persistent infiltrate
- Consolidation
- Cavitation
- Pneumatocoles, in <1 y.o.

or

Patient without underlying diseases has 1 or more serial X-rays with one of the following:

- New or progressive and persistent infiltrate
- Consolidation
- Cavitation
- Pneumatocoles, in <1 y.o.

And...



PNU2 – Specific laboratory findings

- Signs and symptoms

At least one of the following:

- Fever ($> 38^{\circ}\text{C}/100.4^{\circ}\text{F}$) with no other cause
- Leukopenia ($< 4,000\text{ WBC}/\text{mm}^3$) or leukocytosis ($\geq 12,000\text{ WBC}/\text{mm}^3$)
- Altered mental status with no other cause, in ≥ 70 y.o.

And...



PNU2 – Specific laboratory findings

At least two of the following:

- New onset of purulent sputum, or change in character of sputum, or ↑ respiratory secretions, or ↑ suctioning requirements
- New onset or worsening cough, or dyspnea, or tachypnea
- Rales or bronchial breath sounds
- Worsening gas exchange (e.g., O₂ desats [e.g., PaO₂/FiO₂ ≤ 240], ↑ O₂ req, or ↑ ventilation demand)

or

At least one of the following:

- New onset of purulent sputum, or change in character of sputum, or ↑ respiratory secretions, or ↑ suctioning requirements
- New onset or worsening cough, or dyspnea, or tachypnea
- Rales or bronchial breath sounds
- Worsening gas exchange (e.g., O₂ desats [e.g., PaO₂/FiO₂ ≤ 240], ↑ O₂ req, or ↑ ventilation demand)

and



At least one of the following: Positive blood culture not related to another infection

- Positive pleural fluid culture
- Positive quantitative culture from minimally contaminated LRT specimen (e.g., BAL or protected specimen brushing)
- $\geq 5\%$ BAL-obtained cells contain intracellular bacteria on direct microscopic exam
- Histopathologic exam shows one of the following:
 - Abscess formation or foci of consolidation with intense PMN accumulation in bronchioles and alveoli
 - Positive quantitative culture of lung parenchyma
 - Evidence of lung parenchyma invasion by fungal hyphae or pseudohyphae

or

At least one of the following:

- Positive culture of virus or *Chlamydia* from respiratory secretions
- Positive detection of viral antigen or antibody from respiratory secretions (e.g., EIA, FAMA, shell vial assay, PCR)
- 4-fold rise in paired sera (IgG) for pathogen (e.g., Influenza viruses, *Chlamydia*)
- Positive PCR for *Chlamydia* or *Mycoplasma*
- Positive micro-IF test for *Chlamydia*
- Positive culture or micro-IF of *Legionella* spp from respiratory secretions or tissue
- Detection of *Legionella pneumophila* serogroup 1 antigens in urine by RIA or EIA
- 4-fold rise in *L. pneumophila* antibody titer to $\geq 1:128$ in paired acute and convalescent sera by indirect IFA

PNU2



PNU3 – Immunocompromised patient

■ X-Ray findings

Patient with underlying diseases has 2 or more serial X-rays with one of the following:

- New or progressive and persistent infiltrate
- Consolidation
- Cavitation
- Pneumatocoles, in <1 y.o.

or

Patient without underlying diseases has 1 or more serial X-rays with one of the following:

- New or progressive and persistent infiltrate
- Consolidation
- Cavitation
- Pneumatocoles, in <1 y.o.

and →



PNU3 – Immunocompromised patient



■ Signs and symptoms

At least one of the following in an immunocompromised patient:

- ⑨ Fever ($> 38^{\circ}\text{C}/100.4^{\circ}\text{F}$) with no other cause
- ⑨ Altered mental status with no other cause, in ≥ 70 y.o.
- ⑨ New onset of purulent sputum, or change in character of sputum, or respiratory secretions, or \uparrow suctioning requirements
- ⑨ New onset or worsening cough, or dyspnea, or tachypnea
- ⑨ Rales or bronchial breath sounds
- ⑨ Worsening gas exchange (e.g., O_2 desats [e.g., $\text{PaO}_2/\text{FiO}_2 \leq 240$], \uparrow O_2 req, or \uparrow ventilation demand)
- ⑨ Hemoptysis
- ⑨ Pleuritic chest pain

and



PNU3 – Immunocompromised patient

■ Laboratory findings

At least one of following:

- ⊕ Matching positive blood and sputum cultures with *Candida* spp
- Evidence of fungi or *Pneumocystis carinii* from minimally contaminated LRT specimen (e.g., BAL or protected specimen brushing) from one of the following:
 - Positive culture of fungi
 - Direct microscopic exam

or

Any of the laboratory criteria from PNU2

PNU3

Acceptable Specimens for PNU2 and PNU3



- Quantitative culture from minimally contaminated LRT specimen
 - Obtained with or without bronchoscope
 - Bronchoalveolar lavage (BAL)
 - Protected specimen brushing
- Lung parenchyma
 - Open lung biopsy specimens
 - Immediate post-mortem specimens obtained by transthoracic or transbronchial biopsy



Pathogen Data

- List up to 3 pathogens for each PNEU identified (in rank order of importance)
- For each pathogen, complete information about antimicrobial susceptibilities
- Only certain bug/drug combinations are required but up to 20 drugs can be listed with susceptibilities



VAP Denominator Data



- At the same time each day, count
 - # patients (i.e., patient days)
 - # patients on ventilators



Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

OMB No. 0920-0666
Exp. Date: 02-29-2008

Facility ID #: _____

Location Code: _____ Month: _____ Year: _____

Date	Number of patients	Number of patients with 1 or more central lines	Number of patients with a urinary catheter	Number of patients on a ventilator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

Record the number of patients and the number of patients on a ventilator each day



VAP Denominator Data for NICU



- At the same time each day, for each birthweight category, count
 - # patients on ventilators
 - # patients (i.e., patient days)
- Enter the totals within 30 days of the end of the month



Analysis: VAP Rate

$$\text{VAP Rate} = \frac{\text{\#VAPs identified*}}{\text{\# ventilator days*}} \times 1000$$

- * Stratify by:
 - Type Location
 - NICU
 - Birthweight category



Analysis: Device Utilization (DU) Ratio

$$\text{Ventilator DU Ratio} = \frac{\# \text{ Ventilator Days}}{\# \text{ Patient Days}}$$

DU Ratio measures the proportion of total patient-days in which ventilators were used



Example of VAP Analysis

National Healthcare Safety Network

Rate Table for Ventilator-Associated PNEU Data for ICU-Other/SCA

As of: August 15, 2006 at 11:06 AM

Date Range: VAP_RATESICU_SCA summary YQ 2006Q1 to 2006Q1

Org ID=10000

Location	VA		NHSN		Incidence Density p-value	Incidence Density Percentile	Patient Days	NHSN		Proportion p-value	Proportion Percentile
	Pneu Count	Ventilator Days	VA Pneu Rate	VAP Pooled Mean				Vent Util Ratio	DU Pooled Mean		
2SOUTH	0	.	.	.	.	.	503	.	.	.	.
3 MS	4	509	7.9	5.1	0.2579	83	1,819	0.28	0.37	0.0000	32
BICU	1	203	4.9	12.0	0.2996	.	507	0.40	0.31	0.0000	.
BURN	2	199	10.1	12.0	0.5715	.	386	0.52	0.31	0.0000	.
RICU	0	203	0.0	4.9	0.3671	.	284	0.71	0.71	0.4423	.
SICU	3	295	10.2	9.3	0.5175	62	1,309	0.23	0.44	0.0000	11
STROKE	0	563



Questions ?

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Protocols and Definitions Device-associated Module

Catheter-associated Urinary Tract Infections

Mary Andrus, BA, RN, CIC
Division of Healthcare Quality Promotion

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Target Audience

- This training session is designed for those who will collect and analyze Catheter-associated UTIs Patient Safety Component of NHSN. This may include:
 - NHSN Facility Administrator
 - Patient Safety Primary Contact
 - Infection Control Professional (ICP)
 - Epidemiologist
 - Microbiologist
 - Data entry staff



Objectives

- Outline the structure, methodology and purpose of the Device-associated Module of NHSN
- Describe the protocols and definitions used in the CAUTI option within the Device-associated Module

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html



Surveillance for DA HAI



- **Active** (vs. passive)
 - Trained ICPs look for and identify infections
 - Accumulate information from multiple data sources
- **Patient-based** (vs. laboratory-based)
 - Not based solely on laboratory data
 - Identification of risk factors, patient care procedures
- **Prospective** (vs. retrospective)
 - Monitor patients during their hospitalization when possible



**Patient
Safety
Component**

**Device
Associated
Module**

DA

**Central Line-
associated
BSI**

CLABSI

**Ventilator-
associated
Pneumonia**

VAP

**Catheter-
associated
UTI**

CAUTI

**Dialysis
Incident**

DI

**Procedure
Associated
Module**

PA

**Surgical Site
Infection**

SSI

**Post-
procedure
Pneumonia**

PPP

**Medication
Associated
Module**

MA

**Antibiotic
Use And
Resistance**

AUR



DA Module

**Catheter-Associated
Urinary Tract Infection**

CAUTI



CAUTI

- Most common site of HAI – more than 40% of all reported infections
- Almost all are caused by instrumentation
- Complications from CAUTI
 - Discomfort
 - Prolonged hospital stay
 - Increased cost
- CDC/HICPAC *Guideline for Prevention of Catheter-associated Urinary Tract Infection*

http://www.cdc.gov/ncidod/dhqp/gl_catheter_assoc.html



Use CDC Definitions for the following:

- CAUTI
- Indwelling catheter
- SUTI
- ASB – Criterion 1

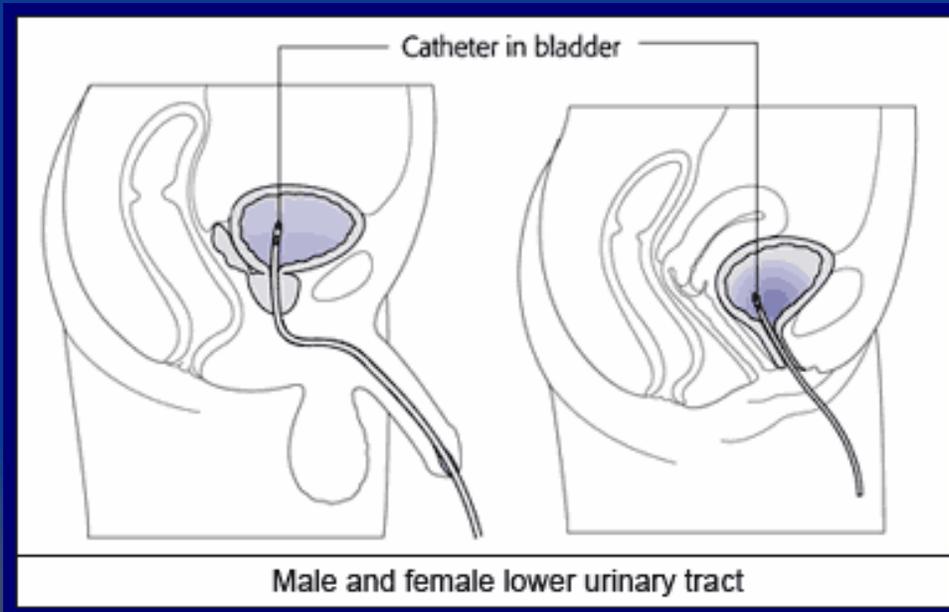


Definition: **CAUTI**

- UTI that occurs in a patient who had an indwelling urethral urinary catheter in place within the 7-day period before the onset of the UTI.
- If the UTI develops in a patient within 48 hours of discharge from a location, indicate the discharging location on the infection report, not the current location of the patient



Definition: Indwelling Catheter



- A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system
 - Also called a Foley catheter
 - Does not include straight in and out catheters or urinary catheters that are not placed in the urethra.



CAUTI Infection Data

- CAUTI specific events* can be:
 - SUTI (Symptomatic UTI)
 - ASB (Asymptomatic Bacteriuria)
 - Criterion #1 only

***NOTE:** ASB Criterion #2 and Other UTI (OUTI) are types of UTI-specific event, but they are not associated with a urinary catheter and are not used when collecting data for CAUTI events.

Symptomatic UTI (SUTI) - Any patient

Patient has at least one of the following signs or symptoms with no other recognized cause: Fever ($>38^{\circ}\text{C}$), urgency, frequency, dysuria, or suprapubic tenderness

And

Patient has a positive urine culture, that is $\geq 10^5$ microorganisms per cc of urine with no more than two species of microorganisms.

OR

Patient has at least two of the following signs or symptoms with no other recognized cause: Fever ($>38^{\circ}\text{C}$), urgency, frequency, dysuria, or suprapubic tenderness

And

At least one of the following:

- a. Positive dipstick for leukocyte esterase and/or nitrate
- b. Pyuria (urine specimen with ≥ 10 wbc/mm³ or ≥ 3 wbc/high power field of unspun urine)
- c. Organisms seen on Gram stain of unspun urine
- d. At least two urine cultures with repeated isolation of the same uropathogen with $\geq 10^2$ colonies/ml in nonvoided specimens
- e. $\geq 10^5$ colonies/ml of a single uropathogen in a patient being treated with an effective antimicrobial agent for a UTI
- f. Physician diagnosis of a UTI
- g. Physician institutes appropriate therapy for a UTI



Symptomatic UTI (SUTI) Patient ≤ 1 year of age



Patient ≤ 1 year of age has at least one of the following signs or symptoms with no other recognized cause: fever ($>38^{\circ}\text{C}$ rectal), hypothermia ($<37^{\circ}\text{C}$ rectal), apnea, bradycardia, dysuria, lethargy, or vomiting

and

Patient has a positive urine culture, that is, $\geq 10^5$ microorganisms per cc of urine with no more than two species of microorganisms.

or

At least one of the following:

- positive dipstick for leukocyte esterase and/or nitrate
 - pyuria (urine specimen with ≥ 10 wbc/mm³ or ≥ 3 wbc/high power field of unspun urine)
 - organisms seen on Gram stain of unspun urine
- at least two urine cultures with repeated isolation of the same uropathogen with $\geq 10^2$ colonies/ml in nonvoided specimens
- $\leq 10^5$ colonies/ml of a single uropathogen in a patient being treated with an effective antimicrobial agent for a urinary tract infection
 - physician diagnosis of UTI
 - physician institutes appropriate therapy for UTI.



Asymptomatic Bacteriuria (ASB) Any Patient

Patient has had an indwelling urinary catheter within 7 days before the culture
and
patient has a positive urine culture, that is, $\geq 10^5$ microorganisms per cc of urine with no more than two species of microorganisms
and
patient has no fever ($>38^\circ\text{C}$), urgency, frequency, dysuria, or suprapubic tenderness

Example of Completed UTI Form



Urinary Tract Infection (UTI) Form

Page 1 of 2

OMB No. 0920-0686
Exp. Date: 02-29-2008

* required for saving **required for completion	
*Facility ID: 000000	*Event #: 223
*Patient ID#: 630010	Social Security #:
Secondary ID#:	
Patient Name, Last: Smith First: Jane Middle:	
*Gender: F M	*Date of Birth: 04/13/2000
*Event Type: UTI	*Date of Event: 01/17/2006
*Post-procedure UTI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Code:
*Location:	*Date Admitted to Facility:
Risk Factors	
*Urinary Catheter: Yes No	
Event Details	
*Specific Event:	
<input type="checkbox"/> Asymptomatic bacteriuria (ASB) <input checked="" type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Other UTI (OUTI)	
*Secondary Bloodstream Infection: Yes No	
**Died: Yes No	UTI Contributed to Death: Yes No
Discharge Date: 01/21/2006	*Pathogens Identified: Yes No
*If Yes, specify on page 2 →	



CAUTI Denominator Data

- For ICU, SCA and Regular Ward locations
 - # patients on the unit, collected at the same time each day
 - # patients on the unit with an indwelling urinary catheter, collected at the same time each day
- Not monitored in NICU locations



Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

OMB No. 0920-0666
Exp. Date: 02-29-2008

Facility ID #: _____

Location Code: _____

Month: _____ Year: _____

Date	Number of patients	Number of patients with 1 or more central lines	Number of patients with a urinary catheter	Number of patients on a ventilator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

Record the number of patients and the number of patients with an indwelling catheter each day



Analysis: CAUTI Rate

$$\text{CAUTI Rate} = \frac{\text{\#CAUTIs identified*}}{\text{\# indwelling urinary catheter days*}} \times 1000$$

- * Stratify by:
 - Type Location



Analysis: Device Utilization (DU) Ratio

$$\text{Urinary Catheter DU Ratio} = \frac{\# \text{ Indwelling catheter days}}{\# \text{ Patient Days}}$$

DU Ratio measures the proportion of total patient-days in which indwelling urinary catheters were used



Example of Output - CAUTI

National Healthcare Safety Network

Rate Table for Catheter-Associated UTI Data for ICU-Other/SCA

As of: November 14, 2006 at 11:38 AM

Date Range: CAU_RATES/ICU_SCA - summary Yr 2006M06 to 2007M07

Org ID=10000

Location	CA UTI Count	Urinary Catheter Days	CA UTI Rate	NHSN CAU Pooled Mean	Incidence Density p-value	Incidence Density Percentile	Patient Days	Cath Util Ratio	NHSN Cath DU Pooled Mean	Proportion p-value	Proportion Percentile
SICU	1	533	1.9	4.4	0.3164	18	1,677	0.32	0.82	0.0000	5



Questions?

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Patient Safety Monthly Reporting Plan

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

* required for saving

Facility ID: _____ *Month/Year: _____ / _____

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

Locations	CLA	BSI	DE	VAP	CAUTI	CLIP
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					
_____	<input type="checkbox"/>					

Procedure-Associated Module

Procedures	SSI (Circle one setting)	Post-procedure PNEU (Circle)
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In
_____	In Out Both	In

Medication-Associated Module: Antimicrobial Use and Resistance

Locations	Microbiology	Pharmacy
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).



Patient Safety Monthly Reporting Plan

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

MDRO and CDAD Module

Locations	Setting (Circle one)	Specific Organism Type	±LabID Event
ALL	In Out Both	_____	<input type="checkbox"/>
ALL	In Out Both	_____	<input type="checkbox"/>
ALL	In Out Both	_____	<input type="checkbox"/>
ALL	In Out Both	_____	<input type="checkbox"/>

Process and Outcome Measures

Locations	Specific Organism Type	Infection Surveillance	§AST Timing	§AST Eligible	Inci- dence	Preva- lence	Lab ID Event	HH	GG
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>				

High Risk Inpatient Influenza Vaccination Module

Check one:

Method A

Method B

§For AST, circle one to indicate timing of testing and one to indicate type of patients tested.

Timing: Adm = Admission Both = Both Admission and Discharge/Transfer

Patients: All = All patients tested NHx = Only patients tested are those who have no documentation at the admitting facility in the previous 12 months of MDRO-colonization or infection at the time of admission.

±LabID Event – Laboratory-identified Event



Primary Bloodstream Infection (BSI)

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

Page 1 of 3

*required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	
Patient Name, Last:	First: Middle:
*Gender: F M	*Date of Birth:
Ethnicity (specify):	Race (specify):
*Event Type: BSI	*Date of Event:
Post-procedure BSI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:

*MDRO Infection Surveillance: Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module
 No, this event's pathogen & location are **not** in-plan for the MDRO/CDAD Module

*Date Admitted to Facility:	*Location:
-----------------------------	------------

Risk Factors

*If ICU/Other locations, Central line:	Yes	No	Location of Device Insertion: _____
*If Specialty Care Area,			
Permanent central line:	Yes	No	Date of Device Insertion: ___/___/_____
Temporary central line:	Yes	No	
*If NICU,			
Non-umbilical Central line:	Yes	No	
Umbilical catheter:	Yes	No	
Birth weight (grams):			

Event Details

*Specific Event:

Laboratory-confirmed Clinical sepsis

*Specify Criteria Used:

<u>Signs & Symptoms (check all that apply)</u>	<u>Laboratory (check one)</u>
<u>Any patient</u> <u>≤1 year old</u>	<input type="checkbox"/> Recognized pathogen from one or more blood cultures
<input type="checkbox"/> Fever <input type="checkbox"/> Fever	<input type="checkbox"/> Common skin contaminant from ≥2 blood cultures
<input type="checkbox"/> Chills <input type="checkbox"/> Hypothermia	<input type="checkbox"/> Blood culture not done <u>or</u> no organisms detected in blood
<input type="checkbox"/> Hypotension <input type="checkbox"/> Apnea	
<input type="checkbox"/> Bradycardia	
	<u>Clinical Diagnosis (CSEP only)</u>
	<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy

**Died: Yes No	BSI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on page 2

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

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

CDC 57.108 (Front) Rev. 2 NHSN ver. 4.1

Pathogen #	Gram-positive Organisms										
_____	Coagulase-negative staphylococci (specify): _____	VANC S I R N									
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	VANC S I R N					
_____	<i>Enterococcus faecium</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	QUIDAL S I R N	VANC S I R N				
_____	<i>Staphylococcus aureus</i>	CLIND S I R N	DAPTO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OX S I R N	QUIDAL S I R N	RIF S I R N	TMZ S I R N	VANC S I R N

Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK S I R N	AMPSUL S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N	GENT S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIPTAZ S I R N	TOBRA S I R N
_____	<i>Escherichia coli</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Enterobacter</i> spp. (specify) _____	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella oxytoca</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella pneumoniae</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Serratia marcescens</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	CEFEP S I R N	CEFTAZ S I R N		CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIP S I R N		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ S I R N										

Pathogen #	Other Organisms									
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 2 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 3 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N

AMP = ampicillin	CEFTAZ = ceftazidime	ERYTH=erythromycin	MERO = meropenem	QUIDAL= quinupristin/dalfopristin
AMPSUL= ampicillin/sulbactam	CEFTRX = ceftriaxone	GENT=gentamicin	OX = oxacillin	RIF = rifampin
CEFEP = cefepime	CIPRO = ciprofloxacin	IMI = imipenem	PENG = penicillin G	TMZ =trimethoprim/sulfamethoxazole
	CLIND = clindamycin	LEVO = levofloxacin	PIP = piperacillin	TOBRA = tobramycin
				VANC = vancomycin

Result Codes:
 S = Susceptible I = Intermediate R = Resistant N = not tested



Primary Bloodstream Infection (BSI)

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

Page 3 of 3

Custom Fields

Label

_____	__/__/__
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Label

_____	__/__/__
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments



Denominators for Neonatal Intensive Care Unit (NICU)

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

* required for saving

Facility ID: _____ *Location Code: _____ *Month: _____ *Year: _____

Birth Weight Categories

Date	<750 gm				751-1000 gm				1001-1500 gm				1501-2500 gm				>2500 gm			
	*Pts	**U/C	**CL	**VNT	*Pts	**U/C	**CL	**VNT	*Pts	**U/C	**CL	**VNT	*Pts	**U/C	**CL	**VNT	*Pts	**U/C	**CL	**VNT
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
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22																				
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24																				
25																				
26																				
27																				
28																				
29																				
30																				
31																				
*Total																				

Pts=number of infants **U/C**=number of infants with **umbilical catheter** **CL**=number of infants with 1 or more **central lines**
VNT=number of infants on a **ventilator** *If infant has both a U/C and CL, count as U/C infant only for the day

** Conditionally required according to the events indicated in Plan.

Label _____

Data _____

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

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).



Denominators for Specialty Care Area (SCA)

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

* required for saving

Facility ID:		*Location Code:		*Month:	*Year:
Date	*Number of patients	**Number of patients with 1 or more central lines (if patient has both, count as Temporary)		**Number of patients with a urinary catheter	**Number of patients on a ventilator
		Temporary	Permanent		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
*Totals					
Patient-days		Temporary CL-days	Permanent CL-days	Urinary catheter-days	Ventilator-days

** Conditionally required according to the events indicated in Plan.

Label _____

Data _____

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

Public reporting burden of this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).



Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

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

* required for saving

Facility ID:	*Location Code:	*Month:	*Year:	
Date	*Number of patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of patients on a ventilator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
*Totals				
Patient-days	Central-line days	Urinary catheter-days	Ventilator-days	

** Conditionally required according to the events indicated in Plan.

Label _____

Data _____

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

Public reporting burden of this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Urinary Tract Infection (UTI)

* required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	
Patient Name, Last:	First: Middle:
*Gender: F M	*Date of Birth:
Ethnicity (specify):	Race (specify):
*Event Type: UTI	*Date of Event:
Post-procedure UTI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:

*MDRO Infection Surveillance: Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module
 No, this event's pathogen & location are **not** in-plan for the MDRO/CDAD Module

*Date Admitted to Facility: _____ *Location: _____

Risk Factors

*Urinary Catheter status at time of specimen collection:
 In place Removed within 48 hours prior Not in place nor within 48 hours prior
 Location of Device Insertion: _____ Date of Device Insertion: ___/___/____

Event Details

*Specific Event: Symptomatic UTI (SUTI) Asymptomatic Bacteremic UTI (ABUTI) Other UTI (OUTI)

*Specify Criteria Used: (check all that apply)

<u>Signs & Symptoms</u>		<u>Laboratory & Diagnostic Testing</u>
<u>Any Patient</u>	<u>≤1 year old</u>	
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> 1 positive culture with $\geq 10^5$ CFU/ml with no more than 2 species of microorganisms
<input type="checkbox"/> Urgency	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Positive dipstick for leukocyte esterase or nitrite
<input type="checkbox"/> Frequency	<input type="checkbox"/> Apnea	<input type="checkbox"/> Pyuria
<input type="checkbox"/> Dysuria	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Microorganisms seen on Gram stain of unspun urine
<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> Dysuria	<input type="checkbox"/> 1 positive culture with $\geq 10^3$ CFU/ml and $< 10^5$ CFU/ml with no more than 2 species of microorganisms
<input type="checkbox"/> Costovertebral angle pain or tenderness	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Positive culture
<input type="checkbox"/> Abscess	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Positive blood culture
<input type="checkbox"/> Pain or tenderness		<input type="checkbox"/> Radiographic evidence of infection
<input type="checkbox"/> Purulent drainage or material		
<input type="checkbox"/> Other evidence of infection found on direct exam, during surgery, or by diagnostic tests [‡]		[‡] per specific site criteria

*Secondary Bloodstream Infection: Yes No

** Died: Yes No UTI Contributed to Death: Yes No

Discharge Date: _____ *Pathogens Identified: Yes No *If Yes, specify on page 2

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
 Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
 CDC 57.114 (Front) Rev. 3, NHSN ver. 4.1

Urinary Tract Infection (UTI)

Custom Fields

Label

_____	___/___/___
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Label

_____	___/___/___
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments

Pneumonia (PNEU)

Pathogen #	Gram-positive Organisms											
_____	Coagulase-negative staphylococci (specify): _____	VANC S I R N										
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	VANC S I R N						
_____	<i>Enterococcus faecium</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	QUIDAL S I R N	VANC S I R N					
_____	<i>Staphylococcus aureus</i>	CLIND S I R N	DAPTO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OX S I R N	QUIDAL S I R N	RIF S I R N	TMZ S I R N	VANC S I R N	
Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK S I R N	AMPSUL S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N	GENT S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIPTAZ S I R N	TOBRA S I R N
_____	<i>Escherichia coli</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Enterobacter</i> spp. (specify) _____	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella oxytoca</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella pneumoniae</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Serratia marcescens</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	CEFEP S I R N	CEFTAZ S I R N		CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIP S I R N		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ S I R N										
Pathogen #	Other Organisms											
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
_____	Organism 2 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
_____	Organism 3 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
AMP = ampicillin AMPSUL= ampicillin/sulbactam CEFEP = cefepime CEFTAZ = ceftazidime CEFTRX = ceftriaxone CIPRO = ciprofloxacin CLIND = clindamycin ERYTH=erythromycin GENT=gentamicin IMI = imipenem LEVO = levofloxacin MERO = meropenem OX = oxacillin PENG = penicillin G PIP = piperacillin QUIDAL= quinupristin/dalfopristin RIF = rifampin TMZ =trimethoprim/sulfamethoxazole TOBRA = tobramycin VANC = vancomycin												
Result Codes: S = Susceptible I = Intermediate R = Resistant N = not tested												

Pneumonia (PNEU)

Custom Fields

Label

_____	___/___/___
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

Label

_____	___/___/___
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments



NHSN Confer Rights to Group Training Session

April 19, 2007



NHSN Data Sharing: Group



- A state health department can enroll as a Group in NHSN
- An NHSN facility joins the Group
- Facility gives access rights to certain of its data to the Group
- Group can analyze the data of its member facilities
- NHSN facilities in the Group cannot see one another's data



New in this version

Allows the facilities to confer rights to the state or group in a more granular level than was previously available.

- By Plan status
- By Location
- By Date Range
- By Procedure/Setting
- By Event



Training Demonstration

- View rights for Analysis
- View rights for Annual Survey
- View rights for Monthly reporting plan
- View rights for Patients w/Identifiers
- Confer “In-Plan” SSIs for COLOs in full year of 2007.
- Confer “In-Plan” SSIs for CBGBs in full year of 2007.
- Confer “In-Plan” SSIs for CBGCs in full year of 2007.
- Confer “In-Plan” BSI – Bloodstream Infection for CLA for ICUs in full year of 2007.
- Confer “In-Plan” BSI – Bloodstream Infection for CLA for NICUs in full year of 2007.

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

Confer Rights-Patient Safety

Please select the rights that group 'Test MMS2' should have to facility 'Medical Center East'

Patient Safety

Healthcare Personnel Safety

General

View Options

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

Infections and other Events

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

Add Row

Clear All Rows

Copy Locations to Summary Data

Copy Procs to Denominator data

Confer Rights to Group (cont.)

Infections and other Events

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

Add Row

Clear All Rows

Copy Locations to Summary Data

Copy Procs to Denominator data

Summary Data for Events

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

Add Row

Clear All Rows

Denominator Data for Events

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

Joining a Group for Training

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

The screenshot shows the NHCPS (National Healthcare Computerized Patient Safety) interface. The top navigation bar includes the CDC logo, the Department of Health and Human Services logo, and the Centers for Disease Control and Prevention logo. The main content area is titled "Memberships" and displays the following information:

- Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as MAGGIE.
- Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following PS component.
- Groups that have access to this facility's data: (Empty list)
- Buttons: Confer Rights, Leave Group(s)
- Enter ID and Password for this facility to join a new group:
 - Group ID:
 - Group Joining Password:
 - Join Group button
- Back button

The left sidebar contains the following navigation options:

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

Enter the ‘11167’ for Group ID and ‘join’ as the password.

How to Confer Rights to a Group

NOTE: The decision to confer rights to a group is a decision made by a facility administrator. Existence of a group organization in NHSN should not be construed as a recommendation from CDC to join the group. CDC cannot be held accountable for how group users use data access granted to the group by a facility.

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



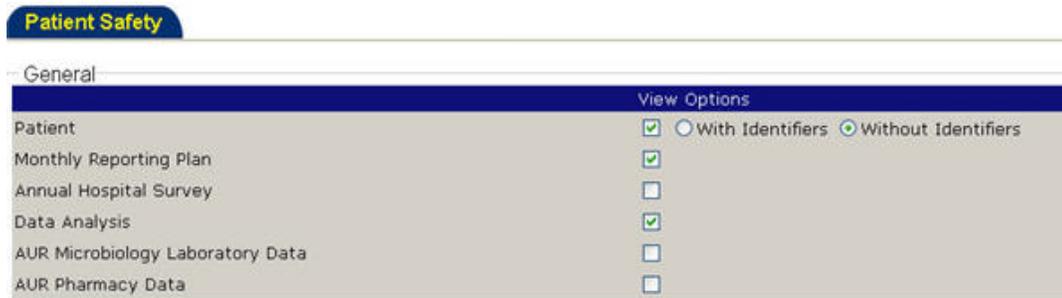
2. Select the Group to which you will confer rights and then click "Confer Rights". The **Confer Rights** screen will appear:



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

General:

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



Infections and Other Events:

- a. First, select a Plan category for which the event falls under.
 - All - All events of the type specified can be viewed, whether the event is in-plan or out-of-plan; this does not allow for time period selection.
 - In - All events of the type specified that are in the Monthly Reporting Plan.
 - Out - All events of the type specified that are not in the Monthly Reporting Plan.
 - Both - All events of the type specified, both in and out of plan.
- b. Select a time period for the events in the Monthly Reporting Plan to be viewed. (NOTE: If you selected '**All**', you will not be able to select a time period.)



- c. Next, select the event to confer to the group.

You have the option of selecting one event per row, or a pre-defined group of events in one row. These groups include:

 - **"All SSI and PPP"** : Confer rights to all SSI and PPP events for a chosen procedure and setting
 - **"All non-SSI and PPP"** : Confer rights to all non-SSI and PP events, such as BSI, VAP, CAUTI, etc, for a chosen location.
- d. If you selected **SSI, PNEU (Procedure-associated)** or **All SSI and PPP** from the event menu:

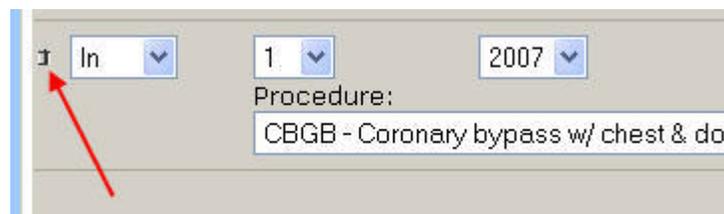
- Select an NHSN Operative Procedure from the drop-down menu. If you wish to confer rights to all procedures, select **"ALL"**.
- Select the setting (In, Out, Both) for the selected NHSN Operative Procedure.
- If you would like to confer rights to another SSI or PPP event, click **"Add Row"** and repeat the above steps.
- Click **"Copy Procs to Denominator Data"**. This will copy the related date and procedure information to the Denominator Data section of the Confer Rights screen.

If you selected **BSI, UTI, PNEU (Ventilator-associated), DI, or All non-SSI and PPP** from the event menu:

- Select a **"Location Type"**. Selecting the type of location will limit the locations that appear in the **"Location"**. If you wish to select your location from your full list of locations, you may select **"All"** for the location type.
- Select a **"Location"**. If you wish to confer rights to all of the locations of the specified location type, select **"All"** in the location list.
- If you would like to confer rights to another event and/or location, click **"Add Row"** and repeat the steps above.
- Click **"Copy Locations to Summary Data"**. This will copy the related date and location information to the Summary Data section of the Confer Rights screen.



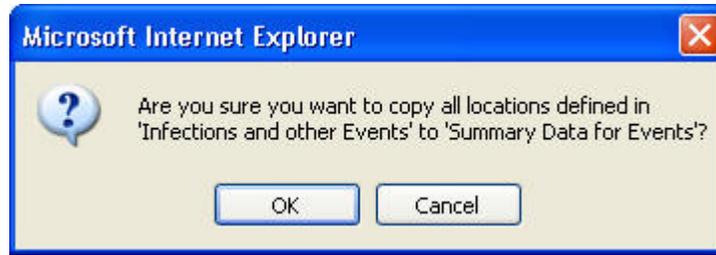
If you would like to remove a row, click on the trash can at the beginning of the row:



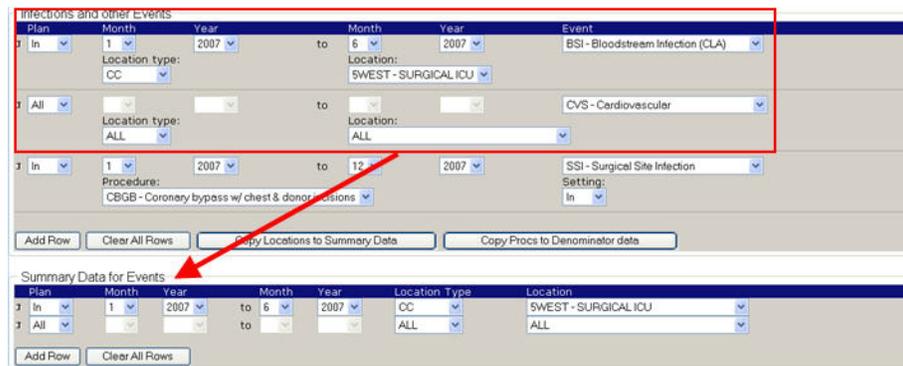
Summary Data for Events

- If you have conferred rights to non-SSI and PPP events, you can copy the conferred rights by clicking on **"Copy Locations to Summary Data"**.

The following message will appear:



Click **"OK"**. The plan, date and location rights will be copied in the **Summary Data** section of the Confer Rights screen:



- b. If you have not conferred rights to non-SSI and PPP events:
- Select a Plan category for which the event falls under.
 - Then, select a time period for the summary data in the Monthly Reporting Plan to be viewed. (NOTE: If you selected 'All', you will not be able to select a time period.)
 - Select a **"Location Type"**. Selecting the type of location will limit the locations that appear in the **"Location"** list. If you wish to select your location from your full list of locations, you may select **"All"** for the location type.
 - Select a **"Location"**. If you wish to confer rights to all of the locations of the specified location type, select **"All"** in the location list.

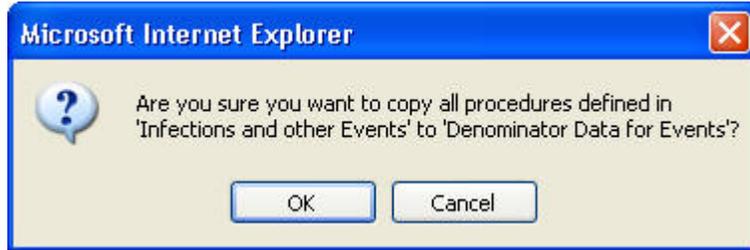


- If you would like to confer rights to another summary data location, click **"Add Row"** and repeat the steps above.

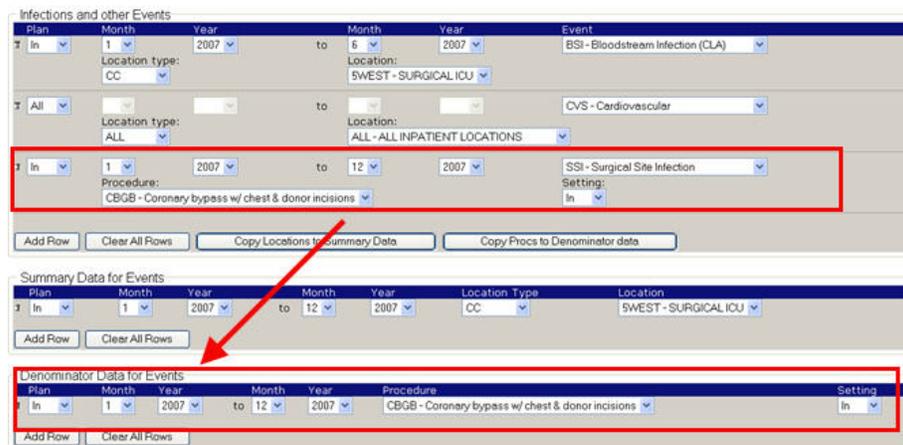
Denominator Data for Events

- a. If you have conferred rights to SSI and PPP events, you can copy the conferred rights by clicking on **"Copy Procs to Denominator Data"**.

The following message will appear:



Click **"OK"**. The plan, date and procedure rights will be copied in the **Denominator Data** section of the Confer Rights screen:



- b. If you have not conferred rights to SSI and PPP events:
- Select a Plan category for which the procedure falls under.
 - Then, select a time period for the denominator data in the Monthly Reporting Plan to be viewed. (NOTE: If you selected 'All', you will not be able to select a time period.)
 - Select an NHSN Operative Procedure from the drop-down menu. If you wish to confer rights to all procedures, select **"ALL"**.
 - Select the setting (In, Out, Both) for the selected NHSN Operative Procedure.
 - If you would like to confer rights to another NHSN Operative Procedure, click **"Add Row"** and repeat the above steps.



Patient Safety Component

Monthly Reporting Plan

Data Entry

Linking

Other Features

Mary Andrus, BA, RN, CIC
Division of Healthcare Quality Promotion



Target Audience

- This training is designed for those who will enter patient, event and procedure information into the Patient Safety Component of NHSN
- This may include:
 - NHSN Facility Administrator
 - Patient Safety Primary Contact
 - Infection Control Professional (ICP)
 - Epidemiologist
 - Data entry staff



Objectives

- Identify the steps in entering a Monthly Reporting Plan into NHSN
- Indicate requirements for various types of data fields
- Demonstrate data entry into data fields in each type of NHSN record
- Describe how two or more records can be linked to form an association between them
- Display Help Messages within NHSN



Monthly Reporting Plan

- Each facility must enter a Monthly Reporting Plan for every month of the year
- Events, procedures, and summary data cannot be entered for a month until a Plan is in place.
- Plan informs CDC which modules are followed for a given month



Monthly Reporting Plan Options

- Specific plan
- “No Modules Followed” Plan



Surveillance Plan Options

A facility may choose to enter a specific plan...

Device-Associated Module

Locations

	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows Clear All Rows Copy from Previous Month

Procedure-Associated Module

Procedures

CRAN - Craniotomy			
CHOL - Gallbladder surgery	BOTH - In and outpatient		
HPRO - Hip prosthesis	IN - Inpatient		

For the Device-associated Module, choose the location you wish to monitor, then choose the devices to monitor



Surveillance Plan Options

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

Procedures	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	

Note that only outpatient dialysis locations can monitor Dialysis Incidents





Surveillance Plan Options

For the Procedure-associated Module, first choose the operative procedure to follow

Device-Associated Module

	CLA	BSI	DI	VAP	CAUTI
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

Procedures	SSI	Post-procedure PNEU
<input type="checkbox"/> CRAN - Craniotomy	<input type="checkbox"/> IN - Inpatient	<input type="checkbox"/> IN - Inpatient
<input type="checkbox"/> CHOL - Gallbladder surgery	<input type="checkbox"/> BOTH - In and outpatient	<input type="checkbox"/>
<input type="checkbox"/> HPRO - Hip prosthesis	<input type="checkbox"/> IN - Inpatient	<input type="checkbox"/>



Surveillance Plan Options

A facility may choose to enter a specific plan...

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Then choose to follow inpatient procedures or outpatient procedures, or both.

	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	



Surveillance Plan Options

Device-Associated Module

Locations

	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows Clear All Rows Copy from

Procedure-Associated Module

Procedures

	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	

For the procedure(s) selected, indicate if you will follow Post-procedure Pneumonia



Surveillance Plan Options*

...or choose “No Modules Followed this Month”

Mandatory fields marked with *

Facility ID*: DHQP Memorial Hospital (ID 10000)

Month*: September

Year*: 2005

No NHSN Patient Safety Modules Followed this Month

Save

Back

- Remember that you must have a specific plan for at least 6 out of 12 months and submit data



General Information about Data Entry



- Data entered into NHSN is available to both CDC and to the facility as soon as it is saved.
 - No “transmission”
- Data can be edited after it is saved
 - Exceptions
 - Patient ID
 - Linked records
- Records can be deleted



Types of Data Entered in NHSN



- Patient demographics
- Denominators
 - Summary data (device-associated)
 - Denominators for Procedures
- Events (e.g., CLABSI, VAP, SSI, etc.)
- Custom data

Requirements for Data Fields



- Required:
 - Must be completed on every data field
 - A red asterisk (*) appears next to the field label
- Conditionally required: when the requirement depends on one of these conditions
 - Response given in another field
 - Events identified in your Monthly Reporting Plan
- Optional:
 - NHSN does not require the data and the information will not be used (e.g., surgeon code)



Adding a Patient

- Required fields
 - Patient ID
 - Gender
 - Date of Birth
- Conditionally required field:
 - Birthweight (only if neonate)
- Optional fields
 - Social security number
 - Patient name (first, middle, last)
 - Secondary ID



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

NHSN - National Healthcare Safety Network

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

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

Add Patient

Mandatory fields marked with *

Patient Information

Facility ID*:

Patient ID*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:



Birth Weight (grams):

Finding a Patient entered Previously



NHSN 1.1.14 Home Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Print Refresh Stop

Address http://acid-nhsn-app2:8081/nhsn1.1/nhsnMain.do



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

NHSN - National Healthcare Safety Network

| NHSN Home | My

NHSN Home

Reporting Plan

Patient

- ▶ Add
- ▶ Find
- ▶ Import

Event

Procedure

Summary Data

Analysis

Survey

Users

Facility

Group

Log Out

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

Welcome to the NHSN Home Page.

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



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



NHSN Home

Reporting Plan

Patient

- Add
- Find
- Import

Event

Procedure

Summary Data

Analysis

Survey

Users

Facility

Group

Log Out

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

Find Patient

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Patient Information

Facility ID:

Patient ID:

Last Name:

First Name:

Social Security #:

Gender:

Secondary ID:





[NHSN Home](#)

[Reporting Plan](#)

[Patient](#)

[Add](#)

[Find](#)

[Import](#)

[Event](#)

[Procedure](#)

[Summary Data](#)

[Analysis](#)

[Survey](#)

[Users](#)

[Facility](#)

[Group](#)

[Log Out](#)

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

View Patient

Mandatory fields marked with *

Patient Information

Facility ID*: Medical Center East (10000)

Patient ID*: 67-442

Social Security #:

[View patient events/procedures](#)

Secondary ID:

Last Name: Kent

First Name: Clark

Middle Name:

Gender*: M - Male

Date of Birth*: 06/16/1952

Birth Weight (grams):

Custom Fields



Entering Denominators for Device-associated Events

- Adding summary data
- Finding summary data
- Editing/deleting summary data



Device-associated Denominators

- Patient days
- Device days by type of unit





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

NHSN - National Healthcare Safety Network

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[Summary Data](#)

[Add](#)

[Find](#)

[Analysis](#)

[Survey](#)

[Users](#)

[Facility](#)

[Group](#)

[Log Out](#)

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

Welcome to the NHSN Home Page.

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



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



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

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

Add Patient Safety Summary Data

Summary Data Type:

- Device Associated - Intensive Care Unit / Other Locations
- Device Associated - Neonatal Intensive Care Unit
- Device Associated - Specialty Care Area
- Device Associated - Outpatient Dialysis - Census Form
- Medication Associated - AUR Microbiology Laboratory Data
- Medication Associated - AUR Pharmacy Data

Different location types use different screens for entry of denominator (summary) data.

Choose the type of location



[NHSN Home](#)

[Reporting Plan](#)

[Patient](#)

[Event](#)

[Procedure](#)

[Summary Data](#)

[Add](#)

[Find](#)

[Analysis](#)

[Survey](#)

[Users](#)

[Facility](#)

[Group](#)

[Log Out](#)

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

Add Patient Safety Summary Data

Summary Data Type:





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

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

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

Mandatory fields marked with *

Facility ID*: 10000 (Medical Center East)
Location Code*: 3N - 3 NORTH
Month*: August
Year*: 2006

Total Patient Days*: 435
Central Line Days*: 212
Urinary Catheter Days*: 161
Ventilator Days: 54

Required fields are noted with a red asterisk (*)
These are fields that are identified in your Monthly Reporting Plan
Fields without a red asterisk are not required, but can be entered

Save Back

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

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

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

Save of Summary Data successful. Note that data has been provided that is not required as part of the Facility's current plan for this month and year. Please consider expanding the current plan.

Mandatory fields marked with *

Facility ID*: 10000 (Medical Center East)
Location Code*: 3N - 3 NORTH
Month*: August
Year*: 2006

Total Patient Days*: 435
Central Line Days*: 212
Urinary Catheter Days*: 161
Ventilator Days: 54

[Print PDF Form](#)

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

Add Patient Safety Summary Data

Summary Data Type:

Continue

Back

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

Done

start

CDC - Citrix Meta... Google - Microsoft... 2006 Training - \\\... Microsoft Po...



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

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

Neonatal Intensive Care Unit

Remember, for each day, if a patient has both an umbilical line and a central line, only the umbilical line is counted

Mandatory fields marked with *

Facility ID*: 10000 (Medical Center East)

Location Code*:

Month*:

Year*:

Birth Wt.	Patient Days*	U/C Days	CL Days	Vent Days
<=750	<input type="text" value="81"/>	<input type="text" value="18"/>	<input type="text" value="24"/>	<input type="text" value="70"/>
751-1000	<input type="text" value="56"/>	<input type="text" value="20"/>	<input type="text" value="11"/>	<input type="text" value="38"/>
1001-1500	<input type="text" value="104"/>	<input type="text" value="28"/>	<input type="text" value="39"/>	<input type="text" value="86"/>
1501-2500	<input type="text" value="66"/>	<input type="text" value="30"/>	<input type="text" value="29"/>	<input type="text" value="44"/>
>2500	<input type="text" value="116"/>	<input type="text" value="76"/>	<input type="text" value="20"/>	<input type="text" value="81"/>

- SN Home**
- My Info
- Plan
 - Add
 - Find
- Patient
 - Add
 - Find
- Event
 - Add
 - Incomplete
 - Find
- Denominator Data
 - Procedure
 - Add
 - Incomplete
 - Find
 - Import Data
- Summary
 - Add
 - Find
- Survey
 - Add
 - Find
- Manage Users
 - Add
 - Find

Logged into DHQP Memorial Hospital (ID 10000) as MVA
Facility: DHQP Memorial Hospital (ID 10000) is following PS component

Add Patient Safety Summary Data

Summary Data Type:



- NHSN Home**
- My Info
- Plan
- Add
- Find
- Patient
- Add
- Find
- Event
- Add
- Incomplete
- Find
- Denominator Data
- Procedure
- Add
- Incomplete
- Find
- Import Data
- Summary
- Add
- Find
- Survey
- Add
- Find
- Manage Users
- Add
- Find

Logged into DHQP Memorial Hospital (ID 10000) as MVA
Facility: DHQP Memorial Hospital (ID 10000) is following PS component

Denominators for Specialty Care Area (SCA)

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: 10000 (DHQP Memorial Hospital)

Location Code*: 2 EAST - HEM/ONC

Month*: August

Year*: 2006

Total Patient Days*: 221

Temporary Central Line Days*: 106

Permanent Central Line Days*: 28

Urinary Catheter Days: 81

Ventilator Days:

For SCA locations, enter the number of permanent central lines separately from temporary central lines

Remember, for each day, if a patient has both a temporary and a permanent line, only the temporary line is counted

Save Back

Adding an Event



Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Fields required when in Plan marked with >

[Print PDF Form](#)

Patient Information

Facility ID*: DHQP Memorial Hospital (ID 10000) v

Event #: 272948

Patient ID*: 33-222-00

Find

Find Events for Patient

Social Security #:

Secondary ID:

Last Name: Springsteen

First Name: Alvira

Middle Name:

Gender*: F -Female v

Date of Birth*: 06/26/1941

Event Information

Event Type*: UTI - Urinary Tract Infection v

Date of Event*: 10/10/2006

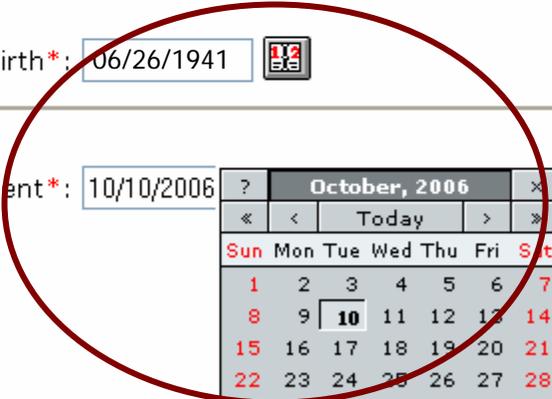
Post-procedure>: N-No v

Location*: BURN UNIT v

Date Admitted to Facility>: 10/03/2006

Risk Factors

Urinary Catheter*: Y-Yes v



October, 2006						
Today						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11
Select date						



Adding an Event (Cont.)

Event Details

Specific Event*: SUTI - Symptomatic bacteriuria

Secondary Bloodstream Infection*: N - No

Died**: N - No

Discharge Date:

Pathogens Identified*: Y - Yes If Yes, specify below ->

Pathogens

Pathogen 1: EC - Escherichia coli *9 drugs required

Drug

- CEFOT - Cefotaxime
- AMK - Amikacin
- CEFEP - Cefepime
- CEFTRX - Ceftriaxone
- CEFTAZ - Ceftazidime
- CIPRO - Ciprofloxacin
- IMI - Imipenem
- LEVO - Levofloxacin
- MERO - Meropenem

Result

- S - Susceptible
- N - Not Tested
- R - Resistant
- S - Susceptible
- N - Not Tested
- R - Resistant
- S - Susceptible
- R - Resistant
- N - Not Tested

Add Rows

Pathogen 2: CA - Candida albicans

Find Event

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Event Information

Facility ID: 

Event #:

Event Type: 

Location: 

Date of Event:  To: 

Patient Information

Patient ID:

Last Name:

First Name:

Social Security #:

Secondary ID:



Logged into DHQP Memorial Hospital (ID 10000) as MVA.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Event List

First | Previous | Next | Last

<input type="checkbox"/>	Facility ID	Event #	Event Type	Event Date	Last Name	First Name	Location	Patient ID	Social Security #	Secondary ID	Com Sta
<input type="checkbox"/>	10000	272945	UTI	10/10/2006	Springsteen	Alvira	BURN UNIT (BURN)	33-222-00			Y
<input type="checkbox"/>	10000	272946	UTI	10/30/2006	Jacon	Timothy	BURN UNIT (BURN)	16-88-900			Y

First | Previous | Next | Last



View Event

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

[Print](#)

Patient Information

Facility ID*:	DHQP Memorial Hospital (10000)	Event #:	272945
Patient ID*:	33-222-00		
Social Security #:		Secondary ID:	
Last Name:	Springsteen	First Name:	Alvira
Middle Name:			
Gender*:	F - Female	Date of Birth*:	06/26/1941

Event Information

Event Type*:	UTI - Urinary Tract Infection	Date of Event*:	10/10/2006
Post-procedure*:	N - No		
Location*:	BURN - BURN UNIT		
Date Admitted to Facility*:	10/03/2006		

Risk Factors

Urinary Catheter*: Y - Yes

Event Details

Specific Event*:	SUTI - Symptomatic bacteriuria
Secondary Bloodstream Infection*:	N - No
Died**:	N - No
Discharge Date:	
Pathogens Identified*:	Y - Yes If Yes, specify below ->

Pathogens

Pathogen 1: *EC - Escherichia coli* *9 drugs required

Drug	Result
CEFOT - Cefotaxime	S - Susceptible

All events entered into NHSN are available for review after being saved



Procedures

- An Operative Procedure Record is completed for each patient having a procedure selected for monitoring.
 - For example, if you wish to monitor HPROs during December, then a Denominator for Procedure record is completed for every patient that has the procedure.



Procedures

- Add
- Find
- Import
- Link



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NHSN - National Healthcare Safety Network

 NHSN Home

Reporting Plan

Patient

Event

Procedure

▶ Add ←

▶ Find

▶ Import

▶ Incomplete

Summary Data

Analysis

Survey

Users

Facility

Group

Log Out

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

Welcome to the NHSN Home Page.

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



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Assurance of Confidentiality: The information obtained in this surveillance institution is collected with a guarantee that it will be held in strict confidence and will not otherwise be disclosed or released without the consent of the individual, (d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Add a Procedure



Mandatory fields marked with *

[Print PDF Fo](#)

Fields required when in Plan marked with >

Patient Information

Facility ID*:	<input type="text" value="Test Facility (ID 10036)"/>	Procedure #:	275378
Patient ID*:	<input type="text" value="33-3-333"/>	<input type="button" value="Find"/>	<input type="button" value="Find Procedures for Patient"/>
Social Security #:	<input type="text"/>	Secondary ID:	<input type="text"/>
Last Name:	<input type="text" value="Jones"/>	First Name:	<input type="text" value="Sue"/>
Middle Name:	<input type="text"/>		
Gender*:	<input type="text" value="F-Female"/>	Date of Birth*:	<input type="text" value="04/12/1955"/>

Procedure Information

NHSN Procedure Code*:	<input type="text"/>		
ICD-9-CM Code:	<input type="text"/>		
Procedure Date*:	<input type="text"/>	<input type="button" value="Link to Event"/>	<i>Procedure is not Linked</i>

Procedure Details

Outpatient*:	<input type="text"/>	Duration (Hrs:Mins)>:	<input type="text" value="0"/> : <input type="text"/>		
Wound Class>:	<input type="text"/>	General Anesthesia>:	<input type="text"/>		
ASA Class>:	<input type="text"/>				
Emergency>:	<input type="text"/>	Trauma>:	<input type="text"/>	Endoscope>:	<input type="text"/>
Surgeon Code:	<input type="text"/>	Multiple Procedures>:	<input type="text"/>		

- AAA - Abdominal aortic aneurysm repair
- AMP - Limb amputation
- APPY - Appendix surgery
- AVSD - AV shunt for dialysis
- BILI - Bile duct liver or pancreatic surgery
- BRST - Breast surgery
- CARD - Cardiac surgery
- CBGB - Coronary bypass w/ chest & donor incisions
- CBGC - Coronary bypass graft with chest incision
- CEA - Carotid endarterectomy
- CHOL - Gallbladder surgery
- COLO - Colon surgery
- CRAN - Craniotomy
- CSEC - Cesarean section
- FUSN - Spinal fusion
- FX - Open reduction of fracture
- GAST - Gastric surgery
- HER - Herniorrhaphy
- HPRO - Hip prosthesis
- HTP - Heart transplant
- HYST - Abdominal hysterectomy
- KPRO - Knee prosthesis
- KTP - Kidney transplant
- LAM - Laminectomy
- LTP - Liver transplant
- NECK - Neck surgery
- NEPH - Kidney surgery
- OVRY - Ovarian
- PACE - Pacemaker

Mandatory fields marked
Fields required when in P

Patient Information

Facility ID*:
Patient ID*:
Social Security #:
Last Name:
Middle Name:
Gender*:

Procedure Information

NHSN Procedure Code*:
ICD-9-CM Code:
Procedure Date*:

Select NHSN procedure from drop-down list

ICD-9-CM code is optional

Print PDF Form

Secondary ID: [Text box]
First Name: [Text box]
Date of Birth*: [Text box] [Calendar icon]

09/14/2006 [Calendar icon] [Link to Event] Procedure is not Linked

Procedure Details

Outpatient*: [Dropdown] Duration (Hrs:Mins)>: 0 : [Text box]
Wound Class>: [Dropdown] General Anesthesia>: [Dropdown]
ASA Class>: [Dropdown]
Emergency>: [Dropdown] Trauma>: [Dropdown] Endoscope>: [Dropdown]
Surgeon Code: [Dropdown] Multiple Procedures>: [Dropdown]

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Enter the cut time – incision to closure

Procedure Date*:

Procedure is not Linked

Was this procedure done as an outpatient?

Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

ASA Class>:

Enter the wound Class: C, CC, CO, D, or U

Endoscope>:

Multiple Procedures>:

Type of HPRO>:

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Patient ASA score (1-5)



[Link to Event](#)

Procedure is not Linked

Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

ASA Class>:

Emergency>: Trauma>: Endoscope>:

Surgeon Code: Multiple Procedures>:

Type of HPRO>:

Was this an emergency? Unscheduled and nonelective

Is the surgery done due to blunt or penetrating trauma injury?

Was the procedure done using an endoscope?



Procedure Details

Outpatient*: N-No Duration (Hrs:Mins)>: 3 : 44

General Anesthesia>: Y-Yes

scope>: N-No

Emergency>:

Surgeon Code: 200 - Bond, James Multiple Procedures>: N-No

Type of HPRO>: TP - Total Primary

Choose the surgeon code/name from the drop-down list

Some procedures require additional information (like HPRO)

If more than one NHSN Operative Procedure is performed through the same incision, select "Yes"



Linking an Event to a Procedure

- The Procedure must be entered in the system before an event can be linked to it
- When an event is linked to a procedure, the data from the procedure will be automatically associated with the event
- Used primarily with SSI and PPP, but can be used with Device-associated Events also

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

Add Event

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

[Print PDF Form](#)

Patient Information

Facility ID*: Test Facility (ID 10036) Event #: 275417

Patient ID*: 33-3-333 Find Find Events for Patient

Social Security #: Secondary ID:

Last Name: Jones

Middle Name:

Gender*: F - Female

When the patient ID is entered, NHSN will automatically complete the demographic information for the patient

Select the Event Type from the drop-down list

Event Information

Event Type*: Surgical Site Infection

Post-procedure:

Location:

Date Admitted to Facility:



Event Information

Event Type*:

Date of Event*:

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*:

[Link to Procedure](#)

Event is not Linked

Location:

Date Admitted to Facility>:





A list of procedures for that patient will appear

Link Procedure List

No exact match was found. The following procedure(s) were found for the selected facility and patient.

Check the procedure to link this Event to and click Link

Patient ID: 33-3-333

First | Previous | Next | Last

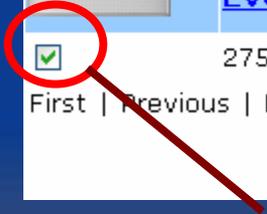
Displaying 1 - 1 of 1

Link	Event #	NHSN Procedure Code	ICD-9-CM Code	Procedure Date	Linked Events
<input checked="" type="checkbox"/>	275413	HPRO		09/14/2006	

First | Previous | Next | Last

Displaying 1 - 1 of 1

Link Back



Click in the box next to the appropriate procedure and then the link button.

Linking an Event to a Procedure

The data related to the procedure will be automatically filled in

Event Information

Event Type*: SSI - Surgical Site Infection

Date of Event*: 09/22/2006

NHSN Procedure Code*:

Notice now that the Event has been Linked to the Procedure

ICD-9-CM Code:

Procedure Date*: 09/14/2006

Link to Procedure

Event Linked

Location SICU - Surgical ICU

Date Admitted to Facility*: 09/22/2006

You still need to enter the date of the SSI, the patient location and the patient date of admission

Help Messages



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- Reporting Plan
- Patient
- Add
- Func
- Import
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
- Facility
- Group
- Log Out

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

View Procedure

Mandatory fields marked with *

[Print PDF Form](#)

Fields required when in Plan marked with >

Patient Information

Facility ID*	Test Facility (10036)	Procedure #:	275413
Patient ID*	33-3-333		
Social Security #		Secondary ID:	
Last Name	Jones	First Name:	Sue
Middle Name			
Gender*	F - Female	Date of Birth*	04/12/1955

Procedure Information

NHSN Procedure Code*	HPRO - Hip prosthesis		
ICD-9-CM Code			
Procedure Date*	09/14/2006	<i>Procedure is not Linked</i>	

Procedure Details

Outpatient*	N - No	Duration (Hrs:Mins)*:	3 : 44
Wound Class*:	C - Clean	General Anesthesia*:	Y - Yes
ICD-9-CM Code*	00.00 - Patient with ill-defined diagnosis		



Questions?

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Importing Patient Safety Procedure Data

The NHSN will allow importation of procedure data in an ASCII comma delimited text file format. You can generate the import files from different external sources, such as databases or hospital information systems. The default import option allows the importation of procedures where the procedure date occurs in a month for which a Monthly Reporting Plan exists and the Plan specifies the procedure code in the import file record. If you wish to import records for procedures not in the Plan, you must specify which procedures to include.

Custom procedures can also be imported if they are first created on the custom options page.

Notes:

1. Data in the import file must be in the same order as described in the table below, not as they appear on the Denominator for Procedure form.
2. The comma delimited text file format defined in the below table requires commas between fields even if no data values exist (e.g., optional fields).
3. If a bilateral procedure is performed, two procedure records are required. Refer to the NHSN Procedure Codes table for a list of procedures that can be bilateral.
4. There should be a unique duration for each bilateral procedure. If only one total time is available for both procedures, estimate the duration for each or split the time evenly between them.
5. For procedures, if Outpatient = Y, then the procedure must be one of those listed in the NHSN Procedure Codes table as an Outpatient Procedure.
6. If you are importing Surgeon Code, all surgeon codes must exist in NHSN prior to importing.
7. If the optional Procedure Comment field has text that contains commas you must place a double quote at the beginning and end of the string of text (e.g., with allograft, dowels, plates).
8. When creating comma delimited files, be careful to exclude non-printable characters as they may actually cause the data to be improperly imported and result in errors.
9. You must delete the header line from the CSV file prior to importing the data.

NHSN Procedure Import File Format**:

Field	Required/ Optional	Values	Format
Patient ID	Required		Character Length 15

Importing Patient Safety Procedure Data



Gender	Required	M- Male F - Female	Character Length 1
Date of Birth	Required		mm/dd/yyyy
NHSN Procedure Code	Required	See NHSN procedure codes	Character Length 5
Date of Procedure	Required		mm/dd/yyyy
Outpatient	Required	Y - Yes N - No Note: Some procedures may only be inpatient or outpatient. See NHSN procedure codes below.	Character Length 1
Duration Hours	Required		Numeric Length 2
Duration Minutes	Required		Numeric Length 2
Wound Class	Required	C - Clean CC - Clean Contaminated CO - Contaminated D - Dirty/Infected U - Unknown	Character Length 2
ASA Class	Required	1 - Normally healthy patient 2 - Patient with mild systemic disease 3 - Patient with severe systemic disease, not incapacitating 4 - Patient with incapacitating systemic disease, constant threat to life 5 - Moribund patient < 24 hr life expectancy	Character Length 1
Endoscope	Required	Y - Yes N - No	Character Length 1
Surgeon Code	Optional for import		Character Length 20
Emergency	Required	Y - Yes N - No	Character Length 1
Multiple Procedures	Required	Y - Yes N - No	Character Length 1
General Anesthesia	Required	Y - Yes N - No	Character Length 1
Trauma	Required	Y - Yes N - No	Character Length 1
Spinal Level	Required if procedure code is FUSN or RFUSN	A - Atlas-axis AC - Atlas-axis/Cervical C - Cervical CD - Cervical/Dorsal/Dorsolumbar	Character Length 2



		D - Dorsal/Dorsolumbar L - Lumbar/Lumbosacral N - Not specified	
Type of HPRO	Required if procedure code is HPRO	TP - Total Primary PP - Partial Primary TR - Total Revision PR - Partial Revision	Character Length 2
Type of KPRO	Required if procedure code is KPRO	T - Primary (Total) R - Revision (Total or Partial)	Character Length 1
Height* in feet	Optional for import; used only when procedure code is CSEC		Numeric Length 2
Height* in inches	Optional for import; used only when procedure code is CSEC		Numeric Length 2
Height *in meters	Optional for import; used only when procedure code is CSEC		Numeric decimal(6,3) 999.999
Weight* in pounds	Optional for import; used only when procedure code is CSEC		Numeric decimal(5,2) 999.99
Weight* in kilograms	Optional for import; used only when procedure code is CSEC		Numeric Numeric decimal(5,2) 999.99
Duration of Labor	Optional for import; used only when procedure code is CSEC		Numeric decimal(6,3) 999.999
Estimated Blood Loss	Required if procedure code is CSEC		Numeric Length 9
Diabetes Mellitus	Optional for import; used only when procedure code is FUSN or RFUSN	Y - Yes N - No	Character Length 1
Type of Approach	Required if procedure code is FUSN or RFUSN	A - Anterior P - Posterior B - Anterior and Posterior L - Lateral transverse N - Not specified	Character Length 1
Procedure Comment	Optional for import		Character Length 1000
Custom alpha	Optional for import		Character Length

Importing Patient Safety Procedure Data



value 1			15
Custom alpha value 2	Optional for import		Character Length 15
Custom alpha value 3	Optional for import		Character Length 15
Custom alpha value 4	Optional for import		Character Length 15
Custom alpha value 5	Optional for import		Character Length 15
Custom alpha value 6	Optional for import		Character Length 15
Custom alpha value 7	Optional for import		Character Length 15
Custom alpha value 8	Optional for import		Character Length 15
Custom alpha value 9	Optional for import		Character Length 15
Custom alpha value 10	Optional for import		Character Length 15
Custom date value 1	Optional for import		mm/dd/yyyy
Custom date value 2	Optional for import		mm/dd/yyyy
Custom numeric value 1	Optional for import		Numeric - Length decimal(12,3) 999999999.999
Custom numeric value 2	Optional for import		Numeric - Length decimal(12,3) 999999999.999
Implant	Required	Y - Yes N - No	Character Length 1
Non-autologous Transplant	Required	Y - Yes N - No	Character Length 1

* Values for weight and height can be either in pounds and feet/inches or in kilograms and meters.

**For further clarification of each field, please refer to Table 14 in the NHSN User Manual: Patient Safety Component Protocol.



NHSN Procedure Codes

<u>Code</u>	<u>Operative Procedure</u>	<u>Description</u>	Bilateral	Inpatient Procedure	Outpatient Procedure
AAA	Abdominal aortic aneurysm repair	Resection of abdominal aorta with anastomosis or replacement		In	
AMP	Limb amputation	Total or partial amputation or disarticulation of the upper or lower limbs, including digits	X	In	
APPY	Appendix surgery	Operation of appendix (not incidental to another procedure)		In	Out
AVSD	Shunt for dialysis	Arteriovenostomy for renal dialysis		In	Out
BILI	Bile duct, liver or pancreatic surgery	Excision of bile ducts or operative procedures on the biliary tract, liver or pancreas (does not include operations only on gallbladder)		In	
BRST	Breast surgery	Excision of lesion or tissue of breast including radical, modified, or quadrant resection, lumpectomy, incisional biopsy, or mastoplasty.	X	In	Out
CARD	Cardiac surgery	Open chest procedures on the valves or septum of heart; does not include coronary artery bypass graft, surgery on vessels, heart transplantation, or pacemaker implantation		In	
CEA	Carotid endarterectomy	Carotid endarterectomy		In	

Importing Patient Safety Procedure Data



CBGB	Coronary artery bypass graft with both chest and donor site incisions	Chest procedure to perform direct revascularization of the heart; includes obtaining suitable vein from donor site for grafting.		In	
CBGC	Coronary artery bypass graft with chest incision only	Chest procedure to perform direct vascularization of the heart using, for example the internal mammary (thoracic) artery		In	
CHOL	Gallbladder surgery	Cholecystectomy and cholecystotomy		In	Out
COLO	Colon surgery	Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations		In	
CRAN	Craniotomy	Incision through the skull to excise, repair, or explore the brain; does not include taps or punctures		In	
CSEC	Cesarean section	Obstetrical delivery by Cesarean section		In	
FUSN	Spinal fusion	Immobilization of spinal column		In	
FX	Open reduction of fracture	Open reduction of fracture or dislocation of long bones that requires internal or external fixation; does not include placement of joint prosthesis		In	Out
GAST	Gastric surgery	Incision or excision of stomach; includes subtotal or total gastrectomy; does not include vagotomy and fundoplication		In	

Import Procedure Data - NHSN Procedure Codes

HER	Herniorrhaphy	Repair of inguinal, femoral, umbilical, or anterior abdominal wall hernia; does not include repair of diaphragmatic or hiatal hernia or hernias at other body sites.	X	In	Out
HPRO	Hip prosthesis	Arthroplasty of hip	X	In	
HTP	Heart transplant	Transplantation of heart		In	
HYST	Abdominal hysterectomy	Removal of uterus through an abdominal incision		In	
KPRO	Knee prosthesis	Arthroplasty of knee	X	In	Out
KTP	Kidney transplant	Transplantation of kidney		In	
LAM	Laminectomy	Exploration or decompression of spinal cord through excision or incision into vertebral structures		In	Out
LTP	Liver transplant	Transplantation of liver		In	
NECK	Neck surgery	Major excision or incision of the larynx and radical neck dissection; does not include thyroid and parathyroid operations.		In	Out
NEPH	Kidney surgery	Resection or manipulation of the kidney with or without removal of related structures	X	In	
OVRY	Ovarian surgery	Operations on ovary and related structures	X	In	Out
PACE	Pacemaker surgery	Insertion, manipulation or replacement of pacemaker		In	Out
PRST	Prostate surgery	Suprapubic, retropubic, radical, or perineal excision of the prostate; does not include transurethral resection of the prostate.		In	

Importing Patient Safety Procedure Data



PVBY	Peripheral vascular bypass surgery	Bypass operations on peripheral arteries		In	
REC	Rectal surgery	Operations on rectum		In	Out
RFUSN	Refusion of spine	Refusion of spine		In	
SB	Small bowel surgery	Incision or resection of the small intestine; does not include small-to-large bowel anastomosis		In	
SPLE	Spleen surgery	Resection or manipulation of spleen		In	
THOR	Thoracic surgery	Noncardiac, nonvascular thoracic surgery; includes pneumonectomy and diaphragmatic or hiatal hernia repair		In	
THYR	Thyroid and/or parathyroid surgery	Resection or manipulation of thyroid and/or parathyroid		In	Out
VHYS	Vaginal hysterectomy	Removal of the uterus through vaginal or perineal incision		In	Out
VSHN	Ventricular shunt	Ventricular shunt operations, including revision and removal of shunt		In	Out
XLAP	Abdominal surgery	Abdominal operations not involving the gastrointestinal tract or biliary system		In	



National Healthcare Safety Network (NHSN)

NHSN Analysis:
Advanced Features & Terminology

Training Session for NHSN Hospitals
December 19, 2006

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Agenda

- Graphical Output Types
- Advanced Output Options
- Exporting Data
- Creating Output Sets
- Publishing Output Options
- Demonstrate Analysis Capabilities
- Q & A



Questions To Answer

- What Graphics Can I Create?
- What Advanced Features Exist?
- How Can I Export My Data?
- How Can I Combine Output Together?
- How Can I Share Custom Output Options?
- Demo Analysis Capabilities
- Q & A



What Graphics Can I Create?

Answer: A user can generate bar charts, pie charts, run charts, and control charts.

A user can create graphical output by clicking the **Run** button beside the desired graphical output option in the Analysis Output Options Treeview. Also, a user can click the **Modify** button beside the output option and then click the **Run** button at the bottom of the design parameter page.



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Logged into DHQP Memorial Hospital (ID 10000) as JDE.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Patient Safety Component

Analysis Output Options

Expand All Collapse All

- Device-Associated Module
 - All Device-Associated Events
 - Central Line-Associated BSI
 - CDC Defined Output

Line Listing - All CLAB Events	Run Modify
Frequency Table - All CLAB Events	Run Modify
Bar Chart - All CLAB Events	Run Modify
Pie Chart - All CLAB Events	Run Modify
Rate Table - CLAB Data for ICU-Other	Run Modify
Control Chart - CLAB Data for ICU-Other	Run Modify
Rate Table - UCAB/CLAB Data for NICU	Run Modify
Control Chart - UCAB/CLAB Data for NICU	Run Modify
Rate Table - CLAB Data for SCA	Run Modify
Control Chart - CLAB Data for SCA	Run Modify



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Logged into DHQP Memorial Hospital (ID 10000) as JDE.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Patient Safety Component
Analysis Output Options

Expand All Collapse All

- Device-Associated Module
 - All Device-Associated Events
 - Central Line-Associated BSI
 - CDC Defined Output
 - Line Listing - All CLAB Events
 - Frequency Table - All CLAB Events
 - Bar Chart - All CLAB Events
 - Pie Chart - All CLAB Events
 - Rate Table - CLAB Data for ICU-Other
 - Control Chart - CLAB Data for ICU-Other
 - Rate Table - UCAB/CLAB Data for NICU
 - Control Chart - UCAB/CLAB Data for NICU
 - Rate Table - CLAB Data for SCA
 - Control Chart - CLAB Data for SCA

- | | |
|-----|--------|
| Run | Modify |

Bar Chart

Pie Chart

Control Chart



Key Terms

- **Control Chart**: A line plot that displays values of a given measure over time that includes one or more additional lines to indicate whether or not the measure is in control.
- **Run Chart**: A basic line plot of values over time for a given measure.



What Advanced Features Exist?

Answer: A user can create new custom output options “from scratch,” make use of custom fields when creating output and define & output custom rates

In the Advanced section of the Analysis Output Option Treeview, a user can click **Create New Custom Option** to have greater flexibility in accessing Analysis Data Sets and Output Options.



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- Group
- Log Out

Logged into DHQP Memorial Hospital (ID 10000) as JDE.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Patient Safety Component

Analysis Output Options

Expand All Collapse All

- Device-Associated Module
- Procedure-Associated Module
- Medication-Associated Module
- Advanced
 - [Create New custom Option](#)
 - Event-level Data
 - Procedure-level Data
 - Device Denominator-level Data
 - Pathogen-level Data
- My Custom Output
- Published Output

← Click to create advanced output options



How Can I Export My Data?

Answer: A user can perform three types of exports

1. Facility Data Export
2. Analysis Data Set Export
3. Output Data Set Export

A user can export their facility's entire data, a specific Analysis Data Set, or Output Data Set using a number of popular file formats (e.g. MS Excel).



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

NHSN - National Healthcare Safety Network

NHSN Home | My Info | Contact us | Help | Log Out

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

Logged into DHQP Memorial Hospital (ID 10000) as JDE.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Welcome to the NHSN Home Page.

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



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

Assurance of Confidentiality: The information obtained in this surveillance system that would 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)).

Facility Data Export



- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
 - Generate Data Sets
 - Output Options
- Survey
- Users
- Facility
- Group
- Log Out

Logged into DHQP Memorial Hospital (ID 10000) as JDE.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Line Listing

Analysis Data Set: CLAB_Events

Export Analysis Data Set

Analysis Data Set Export

Modify Attributes of the Output:

Last Modified On: 12/18/2006

Output Type: Line Listing

Output Name: Line Listing - All CLAB Events

Output Title: Line Listing for All Central Line-Associated BSI Events

Select output format:

Output Format: HTML

Use Variable Labels

Date variable beginning Ending

Enter Date variable/Time period at the time you click the Run button

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#) [Clear Criteria](#)

<input type="text"/>				

Other Options:

[Print Variable Reference List](#)

Modify Variables To Display By Clicking: [Modify List](#)

Specify Sort Variables By Clicking: [Modify List](#)

Select Page by variable:

Output Data Set Export





Key Terms

- **Facility Data Export**: an export that creates a copy of all facility data and places these data in a user-specified file format.
- **Analysis Data Set Export**: an export that creates a copy of an Analysis Data Set in a user-specified file format.
- **Output Data Set Export**: an export that creates a copy of an Output Data Set in a user-specified file format.



How Can I Combine Output?

Answer: A user can combine output together from two or more output options (e.g., line listing, frequency table, rate table) by creating an Output Set.

An Output Set can be created by expanding the My Custom Output section of the Analysis Output Option Treeview, expanding the Output Sets section and clicking **Create New Output Set.**



- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
 - Generate Data Sets
 - Output Options
- Survey
- Users
- Facility
- Group
- Log Out

Logged into DHQP Memorial Hospital (ID 10000) as JDE.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Patient Safety Component

Analysis Output Options

Expand All Collapse All

- Device-Associated Module
- Procedure-Associated Module
- Medication-Associated Module
- Advanced
- My Custom Output

Rate Table - CLAB Data for ICU-Other	Run	Modify	Delete
My Custom Line Listing - All CLAB Events	Run	Modify	Delete
Custom #1 Line Listing - All CAU Events	Run	Modify	Delete

Output Sets

[Create New Output Set](#) ← **Create a new Output Set**

New Set 1 Run Modify Delete

Published Output



Key Term

- **Output Set**: an output option that groups two or more existing individual output options that are CDC-Defined, custom or published output.



How Can I Share Custom Output Options?

Answer: A user can share a custom output option by publishing it.

Each custom output option that a user creates can be published by clicking the **Publish** button at the bottom of the design parameter page for that output option. The design parameter page will be displayed when clicking the **Modify** button beside the output option to be published.

Date variable: beginning: ending:

Enter Date variable/Time period at the time you click the Run button

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#) [Clear Criteria](#)

| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other Options:

[Print Variable Reference List](#)

Modify Variables To Display By Clicking: [Modify List](#)

Specify Sort Variables By Clicking: [Modify List](#)

Select Page by variable:

Publish button





Key Term

- **Published Output Option**: a custom output option that has been published by a user. This published output option can be modified without changing the original design.





Support

- Online help messages within NHSN
- Email: nhsn@cdc.gov
- Phone support:
[800-893-0485](tel:800-893-0485) or [404-498-1250](tel:404-498-1250)
- Members website:
http://www.cdc.gov/ncidod/dhqp/nhsn_members.html



Questions?

SAFER • HEALTHIER • PEOPLE™



National Healthcare Safety Network (NHSN)

Training Session
Surveillance in Outpatient Dialysis
Facilities

December 2006

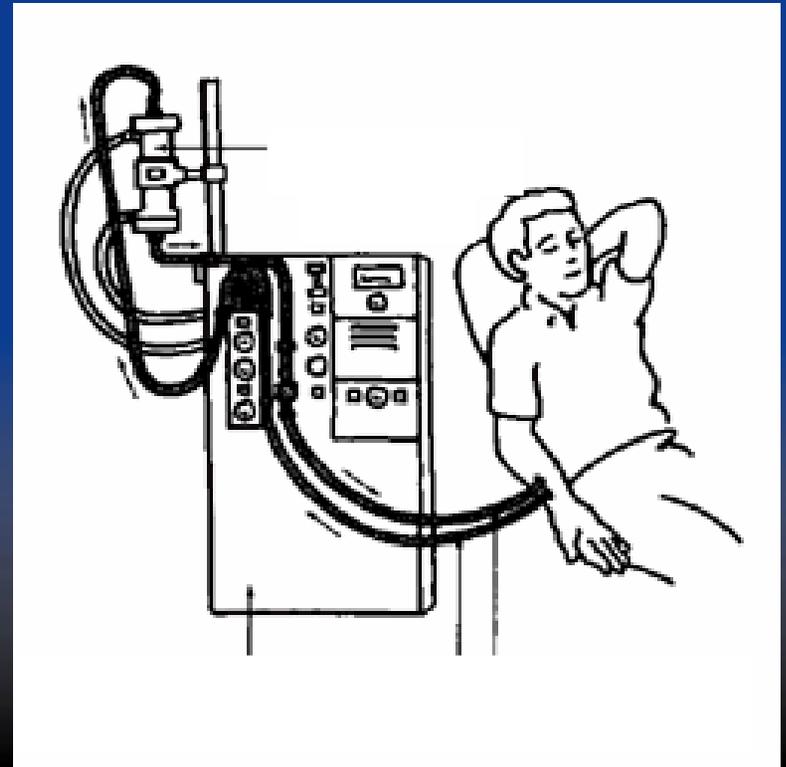
SAFER • HEALTHIER • PEOPLE™

Acknowledgements

- Jerome Tokars, MD
- Mary Andrus, RN
- Margaret Dudeck, MPH
- Joy Goulding
- Kelly Peterson
- Jonathan Edwards, MS
- Matt Arduino, PhD

Agenda

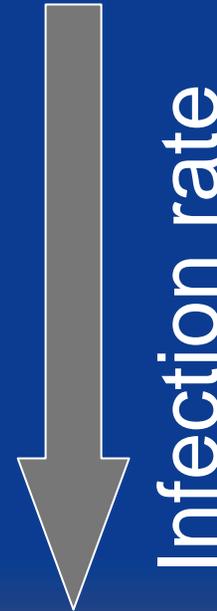
- Background
- Overview of NHSN
- Surveillance activities
 - ◆ One time
 - ◆ Once a year
 - ◆ Once a month
 - ◆ As needed
- General issues
- Q & A



Bacterial Infections in Dialysis Units

- Significant cause of morbidity and mortality
- New resistance often appears in dialysis patients
- Increasing resistance
- Colonization often unrecognized, reservoir
- Remediable factors:
 - ◆ transmission
 - ◆ receipt of antimicrobials

- Vascular Access Types:
 - ◆ Port access device
 - ◆ Temporary catheter
 - ◆ Permanent catheter
 - ◆ Graft
 - ◆ Fistula



What can surveillance do for you?

- Identify areas for follow-up and prevention
- Compare data with other centers
- Report to stakeholders
 - ◆ Data available following entry
 - ◆ Routine and custom reports

Overview



NNIS

NaSH

DSN



NHSN

NNIS	DSN	NaSH
Nosocomial infections in critical care and surgical in-patients	Bloodstream and vascular access infections among dialysis out-patients	Exposure to bloodborne pathogens; TB skin testing and exposure; vaccine history, vaccine receipt and adverse events from vaccines

NNIS: National Nosocomial Infections Surveillance System

DSN: Dialysis Surveillance Network

NaSH: National Surveillance System for Healthcare Workers

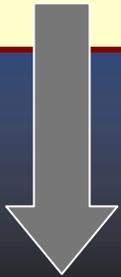


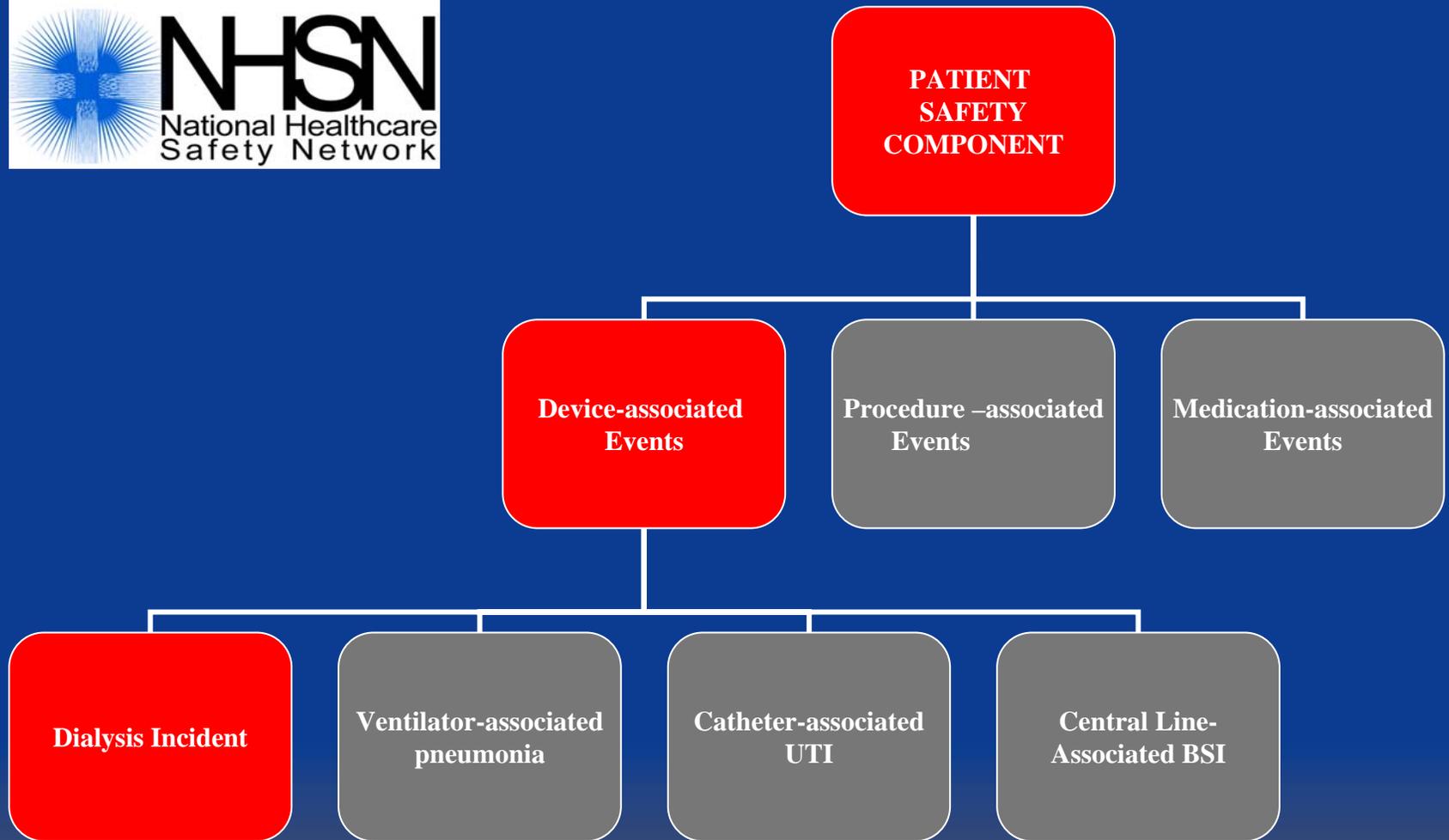
NHSN Components

**Patient
Safety**

**Healthcare
Personnel
Safety**

**Research
and
Development**

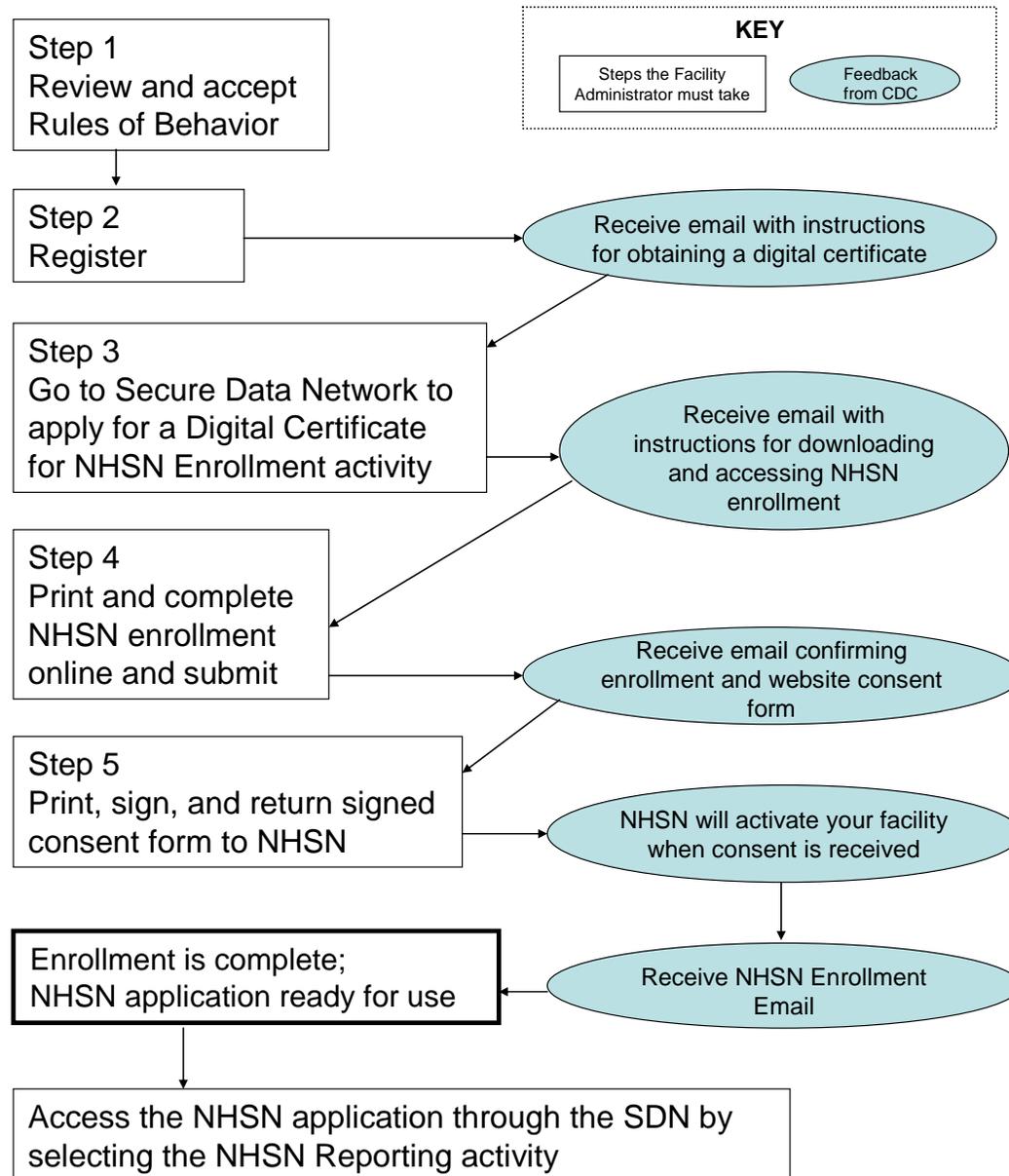




Complete overview of PSC in archived session Nov 14

Enrollment discussed
session 12/7/06

How do I get started in NHSN?



Secure Data Network (SDN)

- Provides high level of security
- Independent of NHSN
 - ◆ If their server is down, gateway closed
- Copy your email address carefully and always the same
- Save your challenge phrase



Digital certificate

- Unique to the individual
- Backup a copy on separate hardware
- OK to have
 - ◆ >1 digital certificate per computer
 - ◆ >1 computer can have your digital certificate
- Expires once a year

Access NHSN

To log onto the NHSN via the SDN, go to:
<https://sdn.cdc.gov>

The screenshot shows a Microsoft Internet Explorer browser window titled "CDC Portal Login Page - Microsoft Internet Explorer". The address bar contains the URL: <https://id1.cdc.gov/certphrase/login.asp?TYPE=33554433&REALMOID=06-b34791ca-f3a5-4919-b4c0-b595a8fcb6f8&GUID=8SMAUTHREASON=0&METHOD=GET>. The page header includes the CDC logo and "Public Health Partners" text, along with a search bar for "CDC.gov". A yellow banner below the header says "Welcome, Joy Goulding".

The main content area features a yellow warning box with the following text:

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.)

Below the warning box is a grey input area with the text "Please enter your challenge phrase:" and a text input field. A "Submit" button is located below the input field. At the bottom of this area, it says "Forgot your challenge phrase? Click [here](#)".

The footer of the page contains the slogan "SAFER • HEALTHIER • PEOPLE™" and contact information for the Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A. It also includes the "FIRST GOV" logo with the tagline "Your First Click to the U.S. Government" and the "Department of Health and Human Services" logo. The browser status bar at the bottom shows "Done" and "Local intranet".

Select Enrollment

The screenshot shows a Microsoft Internet Explorer browser window displaying the CDC Public Health Partners website. The address bar shows the URL: https://sdn.cdc.gov/common/pages/activity_list.asp. The page header includes the CDC logo and the text "Public Health Partners". A search bar is visible with the text "Search CDC.gov:". The user is logged in as "Joy Gould".

The main content area is divided into several sections:

- My Applications:** Contains links for "National Healthcare Safety Network (NHSN)", "NHSN Enrollment", "NHSN Reporting", and "Request Additional Activities". A red arrow points to the "NHSN Enrollment" link.
- Morbidity and Mortality Weekly Report:** Features "This Week in MMWR" for October 14, 2005, with links to "International Infection Prevention Week" and "Reduction in Central Line-Associated Bloodstream Infections".
- Recommendations and Reports:** Includes a report from October 7, 2005, on "Public Health Strategies for Preventing and Controlling Overweight and Obesity".
- Surveillance Summaries:** Lists a summary from August 26, 2005, on "Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis".
- Emerging Infectious Diseases Journal:** Promotes the "Current issue Volume 11, Number 11—November 2005" with a list of topics.

Other sections include a "Contacts Directory" with search fields for last name, first name, and agency, and a "Health Departments Directory" with a state/territory selector. An "Electronic Reference" section is also present at the bottom.



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

NHSN - National Healthcare Safety Network

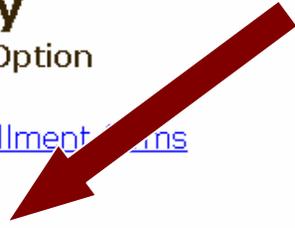
[Home](#)

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



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



[Home](#)

Facility Enrollment Forms

Patient Safety Component

Hospital applicants, print these:

[Facility Contact Information](#)

[Hospital Survey](#)

Outpatient Dialysis Center, print these:

[Facility Contact Information](#)

[Outpatient Dialysis Center Practices Survey](#)

Healthcare Personnel Safety Component

Any facility type, print these:

[Facility Contact Information](#)

[Facility Survey](#)



Back

Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in the NHSN.

NHSN Patient Safety Primary Contact Person

Name:

Title:

Signature: _____ Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person

(if different from Patient Safety Primary Contact)

Name:

Title:

Signature: _____ Date: _____

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

As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement and hereby consent to allow the facility to participate in the NHSN.

To begin reporting data select NHSN Reporting

The screenshot shows the CDC Public Health Partners website interface. The browser title is "CDC Public Health Partners - Microsoft Internet Explorer". The address bar shows "https://sdn.cdc.gov/common/pages/activity_list.asp". The page header includes the CDC logo and "Public Health Partners" text, along with a search bar and navigation links: "Partners Home | My Preferences | Help | Logout".

The main content area is divided into several sections:

- My Applications:** Contains links for "National Healthcare Safety Network (NHSN)", "NHSN Administration", "NHSN Enrollment", "NHSN Reporting" (highlighted with a red arrow), and "Request Additional Activities".
- Contacts Directory:** Includes a search form with fields for "Last name:", "First name:", and "Agency:", and a "Search" button.
- Health Departments Directory:** Includes a dropdown menu for "State/Territory" and a "Select" button.
- Electronic Reference:** Includes a prompt to "Select a database and search term to locate journals".
- Morbidity and Mortality Weekly Report:** Features a "This Week in MMWR" section for October 14, 2005, with links to "International Infection Prevention Week", "Reduction in Central Line-Associated Bloodstream Infections", and "Recommendations and Reports" for October 7, 2005, including "Public Health Strategies for Preventing and Controlling Overweight and Obesity".
- Surveillance Summaries:** Features a section for August 26, 2005, with a link to "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis".
- Emerging Infectious Diseases Journal:** Features a "Current issue" section for "Volume 11, Number 11—November 2005", with a description of articles on topics like Toscana virus, H5N1 virus, and West Nile virus.

The bottom of the browser window shows the taskbar with the "Local intranet" icon and an American flag.



Logged into kidneysrus (ID 10780) as MKLEVENS.
Facility kidneysrus (ID 10780) is following PS component.

- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
- Facility
- Group
- Log Out

Welcome to the NHSN Home Page.

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



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

Assurance of Confidentiality: The information obtained in this surveillance system that would 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)).

Outcomes: Access Site Infections

- Local access infections: pus, redness, or swelling of access site without access-related bacteremia
- Access-related bacteremia (ARB): positive blood culture with source the vascular access or unknown
- Vascular access infection (VAI): either local access infection or access-related bacteremia

*Note: all events also include hospitalization or outpatient start of an IV antimicrobial

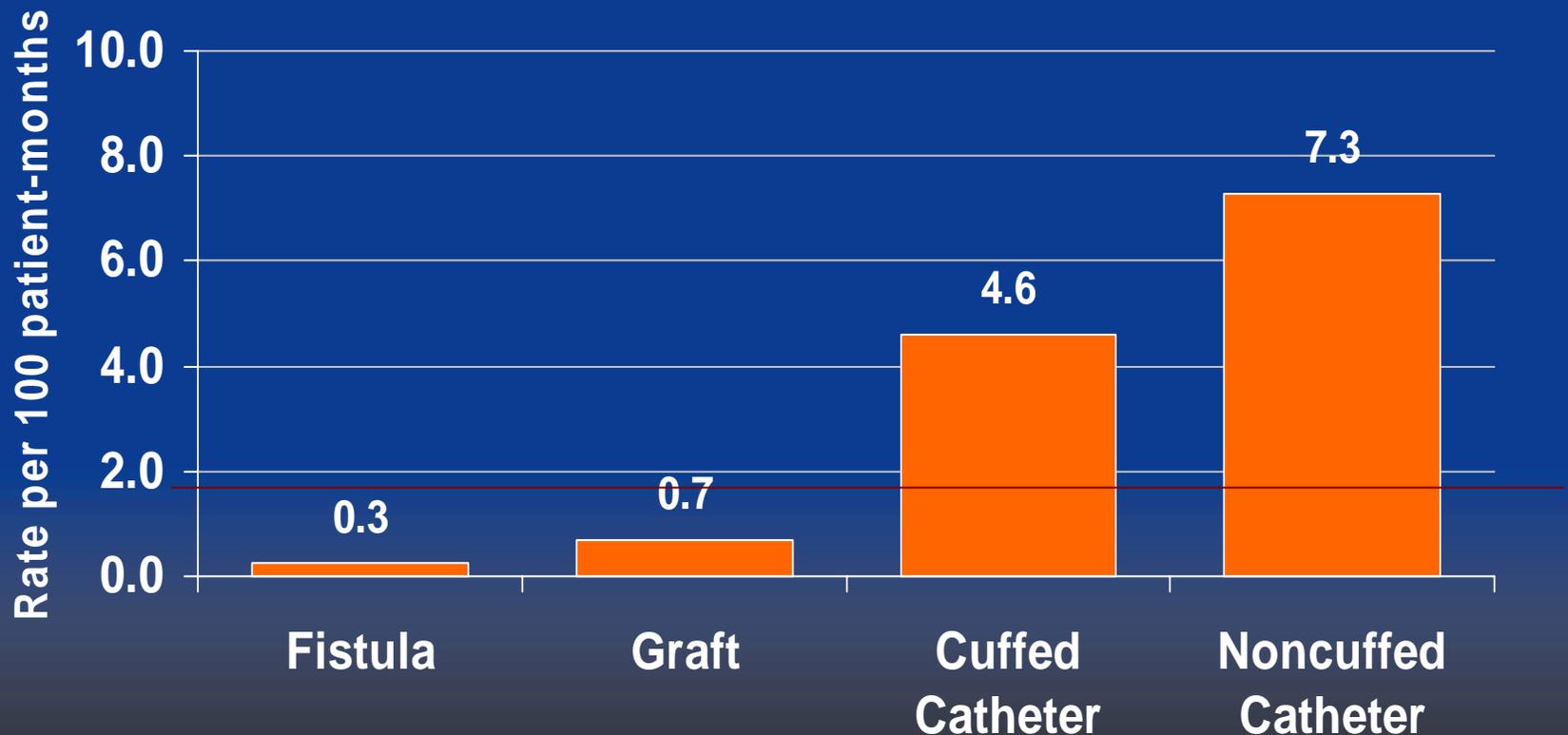
How event (numerator) and denominator come together

TABLE 1. NUMBER OF EVENTS AND EVENT RATE BY TYPE OF VASCULAR ACCESS, DIALYSIS SURVEILLANCE, SEPTEMBER 1999 THROUGH MARCH 2005

Event	Fistula No. (Rate*)	Graft No. (Rate*)	Cuffed Catheter No. (Rate*)	Non-cuffed Catheter No. (Rate*)	Port No. (Rate*)
Hospitalization	9,985 (8.7)	13,486 (12.0)	16,291 (18.6)	1,767 (26.6)	129 (17.7)
IV Antimicrobial start	2,601 (2.3)	3,605 (3.2)	8,255 (9.4)	616 (9.3)	92 (12.6)
Positive blood culture	656 (0.6)	1,241 (1.1)	4,855 (5.6)	559 (8.4)	90 (12.4)
Vascular access infection	675 (0.6)	1,760 (1.6)	6,681 (7.6)	674 (10.1)	100 (13.7)
Access related bacteremia	301 (0.3)	767 (0.7)	4,041 (4.6)	487 (7.3)	83 (11.4)
Outpatient vancomycin starts	1,404 (1.2)	2,133 (1.9)	5,609 (6.4)	445 (6.7)	73 (10.0)
Total incidents	12,134 (10.6)	16,301 (14.5)	22,925 (26.2)	2,239 (33.7)	205 (28.2)

**The rate is the number of events per 100 patient-months*

Rates of Bacteremia by Access Type - Dialysis Surveillance Network, Sep 1999 - Mar 2005



Klevens, Tokars, Andrus. Nephrology News & Issues 2005; June:37-43.

Surveillance Activities

Once

Once a year

Once a month

As needed



Once ever activities

- Enrollment
- Location (s)

If your facility is part of a hospital, review other sessions.



- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
- Facility
 - Customize Facility
 - Export Data
 - Facility
 - Assign Component
 - Locations
 - Surgeons
- Group
- Log Out

Logged into kidneyrus (ID 10780) as MKLEVENS.
Facility kidneyrus (ID 10780) is following 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*: Active

Bed Size*: A bed size greater than zero is required for most inpatient locations.

Once a year activity

- Practices survey
 - ◆ At first enrollment will need to complete the same survey
- Renew digital certificate
 - ◆ NHSN will send reminder 30 days in advance



Patient Safety Component – Outpatient Dialysis Center Practices Survey

OMB No. 0920-0666
Exp. Date: 02-29-2008

Page 1 of 2

* required for saving

*Tracking #: _____

*Facility ID#: _____ *Survey Year: _____

*1. Ownership of your dialysis center? For profit Not for profit Government
 Military Veteran's Affairs

*2. Location of your dialysis center? Hospital based Freestanding
 Freestanding but owned by a hospital

*3. Is your facility part of a group or chain of dialysis centers? Yes No
If yes, name of group or chain: _____

*4. Person(s) responsible for collecting data for this dialysis surveillance project (check all that apply):
 Dialysis RN Dialysis technician
 Administrator Hospital-affiliated infection control practitioner
 Other: _____

*5. Is there someone at your unit in charge of infection control? Yes No
If yes, check all that apply:
 A dialysis staff member is in charge of infection control
 A hospital infection control practitioner comes to our unit
 Other: _____

*6. Has this dialysis center participated in our surveillance system in the past? Yes No
If yes, how much time per month (approximately) did you spend on this surveillance system in the past? Approximately _____ hours per month
Suggestions for improvement:

- currently 24 questions
- collaborating with CMS

Once a month activities

- Specify the surveillance plan to include dialysis incidents
- Collect denominators
 - ◆ Use census form

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

Logged into kidneysrus (ID 10780) as MKLEVENS.
Facility kidneysrus (ID 10780) is following PS component.

Add Monthly Reporting Plan

No data found for November, 2006

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: kidneysrus (ID 10780) [v]

Month*: November [v]

Year*: 2006 [v]

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
ONE - DIALYSIS UNIT [v]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

Procedures	SSI	Post-procedure PNEU
[v]	[v]	[v]

- NHSN Home**
- My Info
- Plan
 - Add
 - Find
- Patient
 - Add
 - Find
- Event
 - Add
 - Incomplete
 - Find
- Denominator Data
 - Procedure
 - Add
 - Incomplete
 - Find
 - Import Data
- Summary
 - Add
 - Find
- Survey
 - Add
 - Find
- Manage Users
 - Add
 - Find

Logged into Medical Center East (ID 10000) as MVA
Facility: Medical Center East (ID 10000) is following PS component

View Monthly Reporting Plan

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: Medical Center East (ID 10000)
Month*: August
Year*: 2005

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
BURN - BURN UNIT			X		
LTAC - LONGTERM ACUTE CARE	X				
MSICU - MEDSURG ICU	X				
DIALYSIS - OUTPT DIALYSIS CLINIC			X		

Procedure-Associated Module

Procedures SSI Post-procedure

Once a month activities

- Specify the surveillance plan to include dialysis incidents
- Collect denominators
 - ◆ Use census form



NHSN Home

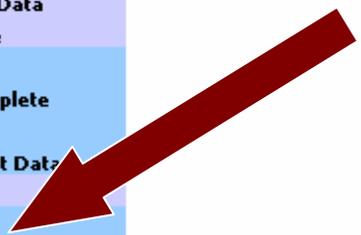
Logged into Medical Center East (ID 10000) as MVA
Facility: Medical Center East (ID 10000) is following PS component

- My Info
- Plan
 - Add
 - Find
- Patient
 - Add
 - Find
- Event
 - Add
 - Incomplete
 - Find
- Denominator Data
 - Procedure
 - Add
 - Incomplete
 - Find
 - Import Data
 - Summary
 - Add
 - Find
- Survey
 - Add

Add Patient Safety Summary Data

Summary Data Type:

- Device Associated - Intensive Care Unit / Other Locations
- Device Associated - Neonatal Intensive Care Unit
- Device Associated - Specialty Care Area
- Device Associated - Outpatient Dialysis - Census Form**
- Medication Associated - AUR Microbiology Laboratory Data
- Medication Associated - AUR Pharmacy Data



- My Info
- Plan
 - Add
 - Find
- Patient
 - Add
 - Find
- Event
 - Add
 - Incomplete
 - Find
- Denominator Data
 - Procedure
 - Add
 - Incomplete
 - Find
 - Import Data
 - Summary
 - Add
 - Find
- Survey
 - Add
 - Find
- Manage Users
 - Add
 - Find
- Facility
 - Facility Information
 - Locations

Denominators for Outpatient Dialysis - Census Form

Mandatory fields marked with *

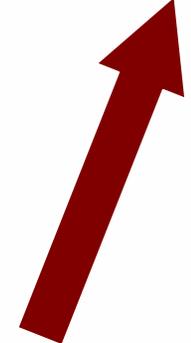
Facility ID*: 10000 (Medical Center East)

Location Code*: DIALYSIS - OUTPT DIALYSIS CLINIC

Month*: August

Year*: 2005

[Print PDF Form](#)



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

Graft*: 9

Fistula*: 11

Temporary Catheter (nontunneled, noncuffed)*: 4

Permanent Catheter (tunneled, cuffed)*: 9

Port Access Device (e.g. Lifesite)*: 3

Total Patients*: 36

As needed

- Track incidents – incident report form
 - ◆ Hospitalization
 - ◆ IV antimicrobial start
 - ◆ Positive blood culture
- Conduct analyses

Dialysis Incident Form



Dialysis Incident Form

Page 1 of 2

OMB No. 0920-0666
Exp. Date: 02-29-2008

*required for saving			
*Facility ID#:		*Event #:	
*Patient ID#:		Social Security #:	
Secondary ID#:			
Patient Name, Last:		First:	Middle:
*Gender: F M		*Date of Birth:	
*Event Type: DI		*Date of Event:	
*Location:			
Risk Factors			
*Vascular accesses:(check all that apply)			
<input type="checkbox"/> Graft <input type="checkbox"/> Fistula <input type="checkbox"/> Temporary central line <input type="checkbox"/> Permanent central line <input type="checkbox"/> Port access device			
Event Details			
*Specify Incident (check one or more)			
<input type="checkbox"/> Hospitalization <input type="checkbox"/> In-unit IV antimicrobial start. If checked, was IV vancomycin started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient with a positive blood culture			
*Problem(s): (check one or more)			
<input type="checkbox"/> Pus, redness, or increased swelling at vascular access site If applicable, circle the access with pus, redness, or increased swelling: 1=graft 2=fistula 3=temporary central line 4=permanent central line 5=port access device <input type="checkbox"/> Vascular access problem without infection (clotting, bleeding, etc.)			



Linking into kidneysrus (ID 10780) as MKLEVENS.
Linking into kidneysrus (ID 10780) is following PS component.

Reporting Plan

Patient

- Add
- Find
- Import

Event

Procedure

Summary Data

Analysis

Survey

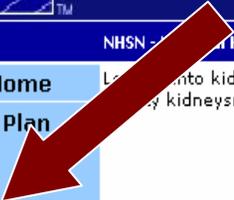
Users

Facility

Group

Log Out

Add Patient



Mandatory fields marked with *

[Print PDF Form](#)

Patient Information

Facility ID*:

Patient ID*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:

Birth Weight (grams):

Custom Fields

Comments

Electronic import of patient data

Importing Patient Data - Microsoft Internet Explorer

Field	Required/Optional	Values	Format
Patient ID	Required		Character - Length 15
Secondary ID number	Optional		Character - Length 25
First name	Optional		Character - Length 30
Middle name	Optional		Character - Length 15
Last name	Optional		Character - Length 30
Date of Birth	Required; must be <= today's date; must be >= 1/1/1890		mm/dd/yyyy
Birth weight, in grams	Optional		Numeric
Gender	Required	M - Male F - Female	Character - Length 1
Social Security Number	Optional		Numeric - Omit the "-"s
Comment	Optional		Character - Length 2000
Custom alpha value 1	Optional		
Custom alpha value 2	Optional		
Custom alpha value 3	Optional		
Custom alpha value 4	Optional		
Custom alpha value 5	Optional		
Custom alpha	Optional		Character - Length

ASCII comma delimited format:

- database
- hospital information system

- NHSN HOME
 - My Info
 - Plan
 - Add
 - Find
 - Patient
 - Add
 - Find
 - Event
 - Add
 - Incomplete
 - Find
 - Denominator Data
 - Procedure
 - Add
 - Incomplete
 - Find
 - Import Data
 - Summary
 - Add
 - Find
 - Survey
 - Add
 - Find
 - Manage Users
 - Add
 - Find
 - Facility



Facility: Medical Center East (ID 10000) is following PS component

Add Event

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

[Print](#)

Patient Information

Facility ID*	<input type="text" value="Medical Center East (ID 10000)"/>	Event #:	<input type="text" value="1877"/>
Patient ID*	<input type="text" value="24"/> <input type="button" value="Find"/> <input type="button" value="Find Events for Patient"/>		
Social Security #:	<input type="text"/>	Secondary ID:	<input type="text"/>
Last Name:	<input type="text" value="Hall"/>	First Name:	<input type="text" value="James"/>
Middle Name:	<input type="text" value="Gerard"/>		
Gender*:	<input type="text" value="M - Male"/>	Date of Birth*:	<input type="text" value="06/26/2005"/> <input type="button" value="12 5:35"/>

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

Add Event

[Print PDF Form](#)

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

Patient Information

Facility ID*:	<input type="text" value="kidneysrus (ID 10780)"/>	Event #:	<input type="text" value="277785"/>
Patient ID*:	<input type="text" value="123"/>	<input type="button" value="Find"/>	<input type="button" value="Find Events for Patient"/>
Social Security #:	<input type="text"/>	Secondary ID:	<input type="text"/>
Last Name:	<input type="text" value="Worry"/>	First Name:	<input type="text" value="Donna"/>
Middle Name:	<input type="text"/>		
Gender*:	<input type="text" value="F - Female"/>	Date of Birth*:	<input type="text" value="05/06/1945"/>



Event Information

Event Type*:	<input type="text"/>	Date of Event*:	<input type="text"/>
Post-procedure:	<input type="text"/>		
Location:	<input type="text"/>		
Date Admitted to Facility:	<input type="text"/>		

Risk Factors

Event Details



[NHSN Home](#)

[Reporting Plan](#)

[Patient](#)

[Event](#)

[Add](#)

[Find](#)

[Incomplete](#)

[Procedure](#)

[Summary Data](#)

[Analysis](#)

[Survey](#)

[Users](#)

[Facility](#)

[Group](#)

[Log Out](#)

Logged into kidneysrus (ID 10780) as MKLEVENS.
Facility kidneysrus (ID 10780) is following PS component.

Patient List

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

Displaying 1 - 2 of 2

<input type="checkbox"/>	Facility ID	Patient ID	Last Name	First Name	Social Security #	Gender	Secondary ID
<input type="checkbox"/>	10780	124	Andropoff	Pickup		M	
<input type="checkbox"/>	10780	121	Potter	Harry		M	

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

Displaying 1 - 2 of 2

[Back](#)



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

NHSN - National Healthcare Safety Network

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

NHSN Home

Reporting Plan

Patient

Event

▶ Add

▶ Find

▶ Incomplete

Procedure

Summary Data

Analysis

Survey

Users

Facility

Group

Log Out

Logged into kidneysrus (ID 10780) as MKLEVENS.
Facility kidneysrus (ID 10780) is following PS component.

Add Event

[Print PDF Form](#)

Mandatory fields marked with *

Fields required for record completion marked with **

Fields required when in Plan marked with >

Patient Information

Facility ID*:	<input type="text" value="kidneysrus (ID 10780)"/>	Event #:	<input type="text" value="277784"/>
Patient ID*:	<input type="text"/>	<input type="button" value="Find"/> <input type="button" value="Find Events for Patient"/>	
Social Security #:	<input type="text"/>	Secondary ID:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Middle Name:	<input type="text"/>		
Gender*:	<input type="text"/>	Date of Birth*:	<input type="text"/>

Event Information

Event Type*:	<input type="text"/>	Date of Event*:	<input type="text"/>
Post-procedure:	<input type="text"/>		
Location:	<input type="text"/>		
Date Admitted to Facility:	<input type="text"/>		

- Add
- Find
- Manage Users
 - Add
 - Find
- Facility
 - Facility Information
 - Locations
 - Surgeons
 - Custom Options
 - Export Data
- Group
 - Nominate
 - Join
 - Confer Rights
 - Leave
- Analysis
 - Generate Datasets
 - Output Options
- Logout

Event Information

Event Type*:

Date of Event*:

Location*:

Risk Factors

Vascular Accesses (check all that apply)*:

- Graft
 Fistula
 Temporary Central Line
 Permanent Central Line
 Port Access Device

Event Details

Specify Incident (check one or more)*:

- Hospitalization
 In-unit IV antimicrobial start. Was IV vancomycin started?:
 Patient with a positive blood culture

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

- Pus, redness, or increased swelling at vascular access site
 If applicable, specify the access with pus, redness, or increased swelling:
 Graft
 Fistula
 Temporary Catheter
 Permanent Catheter
 Port Access Device
 Vascular access problem without infection (clothing, bleeding, etc.)
 Fever (>= 100 degree Fahrenheit oral or >= 101 degree Fahrenheit rectal)

NHSN 1.0.31 NHSN Event - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://acid-nhsn-app2:7001/nhsn/eventaction.do

Wound (NOT related to vascular access) with pus or increased redness
N-No

Cellulitis (skin redness, heat, or pain without open wound)
N-No

Pneumonia (a new infiltrate or pneumonia seen on chest X-ray)
N-No

Respiratory infection not meeting above criteria for pneumonia(e.g. bronchitis)
N-No

Urine culture with >100,000 organisms/ml with not more than 2 species isolated
N-No

Cardiovascular event (chest pain, heart attack, other heart problem, stroke, etc.)
N-No

Other (specify):

Blood culture*: Positive

If positive, suspected source of positive blood culture: Uncertain

Pathogens Identified: Y

Pathogens

Pathogen 1: *ENTFM - Enterococcus faecium* *6 drugs required

Drug	Result
AMP - Ampicillin	S - Susceptible
DAPTO - Daptomycin	R - Resistant
VANC - Vancomycin	R - Resistant

Done Local intranet

Start

Inbox - Microsoft Outlook NHSN 1.0.31 NHSN Eve... Microsoft PowerPoint - [Di...]

Pathogens

Pathogen 1: *6 drugs required

Drug

Result

Pathogen 2:

Pathogen 3:

Custom Fields

Comments

Analyses: as often as you wish

- Line listings
- Rate tables
 - ◆ Infections stratified by vascular access site
 - ◆ Hospital incidents
 - ◆ Antibiotic starts
- Control charts



Analysis in detail during training Dec 14

- Patient
 - Add
 - Find
- Event
 - Add
 - Incomplete
 - Find
- Denominator Data
 - Procedure
 - Add
 - Incomplete
 - Find
 - Import Data
 - Summary
 - Add
 - Find
- Survey
 - Add
 - Find
- Manage Users
 - Add
 - Find
- Facility
 - Facility Information
 - Locations
 - Surgeons
 - Custom Options
 - Export Data
- Group
 - Nominate
 - Join
 - Confer Rights
 - Leave
- Analysis
 - Generate Data Sets
 - Output Options
 - Logout

Analysis Output Options

Expand All Collapse All

- Device-Associated Module
 - + All Device-Associated Events
 - + Central Line-Associated BSI
 - + Ventilator-Associated PNEU
 - + Urinary Catheter-Associated UTI
 - + Dialysis Incidents
- + Procedure-Associated Module
- + Medication-Associated Module
- + Advanced



- Surgeons
- Custom Options
- Export Data
- Group
 - Nominate
 - Join
 - Confer Rights
 - Leave
- Analysis
 - Generate Data Sets
 - Output Options
 - Logout

Dialysis Incidents

CDC Defined Output

Line Listing - All Access-Associated DI Events

Run Modify

Frequency Table - All Access-Associated DI Events

Run Modify

Bar Chart - All Access-Associated DI Events

Run Modify

Pie Chart - All Access-Associated DI Events

Run Modify

Line Listing - All DI Denominators

Run Modify

Line Listing - All DI Numerators

Run Modify

Rate Table - ABX Data

Run Modify

Control Chart - ABX Data

Run Modify

Rate Table - Hosp Incident Data

Run Modify

Control Chart - Hosp Incident Data

Run Modify

Rate Table - Vancomycin Starts Data

Run Modify

Control Chart - Vancomycin Starts Data

Run Modify

Rate Table - Local Access Infection Data

Run Modify

Control Chart - Local Access Infection Data

Run Modify

Rate Table - Positive Blood Culture Data

Run Modify

Control Chart - Positive Blood Culture Data

Run Modify

Rate Table - Access Related Bacteremia Data

Run Modify

Control Chart - Access Related Bacteremia Data

Run Modify



National Healthcare Safety Network

Line Listing for All Dialysis Denominators

As of: October 23, 2006 at 2:52 PM

Date Range: All DI_DENOM

orgID	summaryYM	location	loccdc	locLabel	numFistulaPats	numGraftPats	numPCLPats	numT
10000	2005M10	DIAL	OUT:NONACUTE:CLINIC:DIAL	DIAL	8	26	15	
10000	2005M11	DIAL	OUT:NONACUTE:CLINIC:DIAL	DIAL	10	12	7	
10000	2005M12	DIAL	OUT:NONACUTE:CLINIC:DIAL	DIAL	14	18	8	
10000	2006M01	DIAL	OUT:NONACUTE:CLINIC:DIAL	DIAL	16	11	9	
10000	2006M03	DIAL	OUT:NONACUTE:CLINIC:DIAL	DIAL	15	22	14	
10000	2006M04	DIAL	OUT:NONACUTE:CLINIC:DIAL	DIAL	9	26	14	
10000	2006M05	DIAL	OUT:NONACUTE:CLINIC:DIAL	DIAL	34	18	16	
10000	2005M07	OUTDIAL	OUT:NONACUTE:CLINIC:DIAL	OUTPATIENT DIALYSIS	9	13	11	
10000	2005M08	OUTDIAL	OUT:NONACUTE:CLINIC:DIAL	OUTPATIENT DIALYSIS	16	13	17	
10000	2005M09	OUTDIAL	OUT:NONACUTE:CLINIC:DIAL	OUTPATIENT DIALYSIS	7	12	4	
10000	2005M10	OUTDIAL	OUT:NONACUTE:CLINIC:DIAL	OUTPATIENT DIALYSIS	8	16	12	
10000	2005M11	OUTDIAL	OUT:NONACUTE:CLINIC:DIAL	OUTPATIENT DIALYSIS	26	43	31	



As of: November 27, 2006 at 4:59 PM

Date Range: All HOSP_RATES

orgID=10000

location	accessType	summaryYr	months	hospCount	numPats	hospRate	hosp_Mean	IDR_pval	IDR_pctl
DIAL	All	2005	3	0	189	0.0	.	.	.
DIAL	All	2006	4	7	263	2.7	.	.	.
DIAL	Fistula	2005	3	0	32	0.0	8.7	0.0621	0
DIAL	Fistula	2006	4			1.4	8.7	0.0120	91
DIAL	Graft	2005	3	0	56	0.0	12.0	0.0012	0
DIAL	Graft	2006	4	2	77	2.6	12.0	0.0051	99
DIAL	Perm Central Line	2005	3	0	30	0.0	18.2	0.0042	0
DIAL	Perm Central Line	2006	4	3	53	5.7	18.2	0.0132	100
DIAL	Port	2005	3	0	26	0.0	14.0	0.0259	10
DIAL	Port	2006	3	1	20	5.0	14.0	0.2295	75
DIAL	Temp Central Line	2005	3	0	45	0.0	26.5	0.0000	10
DIAL	Temp Central Line	2006	4	1	39	2.6	26.5	0.0004	43
OUTDIAL	All	2005	5	6	337	1.8	.	.	.
OUTDIAL	Fistula	2005	5	3	66	4.6	8.7	0.1767	100
OUTDIAL	Graft	2005	5	1	97	1.0	12.0	0.0001	50
OUTDIAL	Perm Central Line	2005	5	1	75	1.3	18.2	0.0000	39
OUTDIAL	Port	2005	5	0	53	0.0	14.0	0.0006	10
OUTDIAL	Temp Central Line	2005	5	2	46	4.4	26.5	0.0004	63

Date of aggregate data: Dec 2006



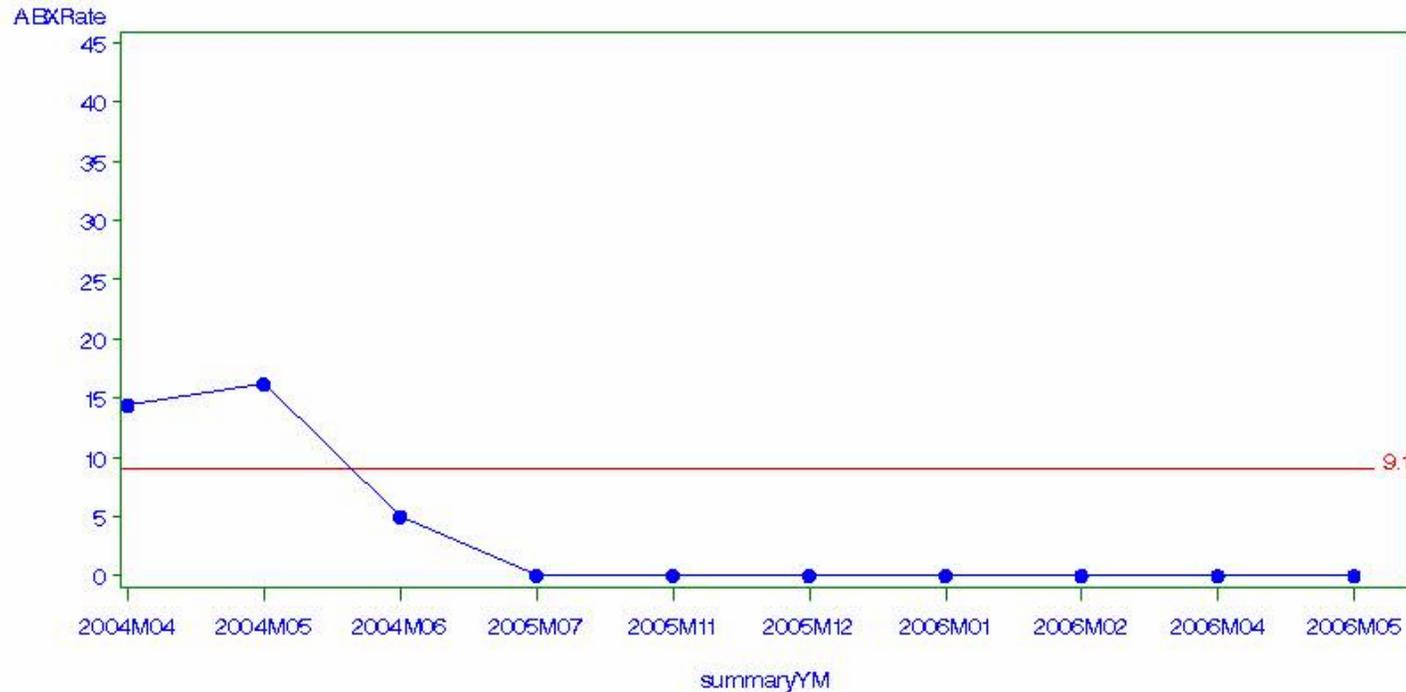
Example control chart

Subject: picture

Date Range: All ABX_RATES

With Natl Pooled Mean

orgID= 10001 location= HEMO accessType= Perm Central Line



NOTE: Strata with fewer than 2 data points have been omitted.

Date of aggregate data: Dec 2006

General issues

- Key personnel roles
- Users management
 - ◆ Adding
 - ◆ Deleting

Key Personnel Roles



- NHSN Facility Administrator
 - ◆ Has add/edit/delete rights to facility's data
 - ◆ Is only person authorized to add/edit/delete users and their data access rights
 - ◆ Has authority to nominate groups (data sharing arrangements)
- NHSN Patient Safety Primary Contact Person
 - ◆ Person who interacts most closely with CDC regarding Patient Safety Component

Key Personnel Roles

- One individual may hold multiple roles
 - ◆ E.g., lead ICP may be NHSN Facility Administrator and NHSN Patient Safety Primary Contact Person
- More than one person can be given administrative rights

User management:

- add users
- assign rights

Add Users

- NHSN Facility Administrator is only person authorized to add users
 1. From Manage Users section of NHSN navigation bar, select Add or Find
 2. Enter data for user
 3. Assign basic set of Patient Safety rights
- Do not try to Customize Rights at this time

Add Users (cont.)

- ◆ Once a user is added, NHSN will send an email requesting that she/he obtain and install a digital certificate from SDN onto her/his computer
- ◆ User can then access NHSN via the SDN



NHSN Home

Logged into DHQP Memorial Hospital (ID 10000) as MKLEVENS.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

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

User List

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

Displaying 1 - 10 of 26

Delete	Name	Title	User ID	User Type	Active
<input type="checkbox"/>	Van Antwerpen, Carole		CLV02	ICP - Infection Control Professional	Y
<input type="checkbox"/>	McClanahan, David	SAIC	DKM	OTH - Other	Y
<input type="checkbox"/>	Sottolano, Debra	NY STATE	DLS20	OTH - Other	N
<input checked="" type="checkbox"/>	Doe, John		DOE	P - Pharmacist	N
<input type="checkbox"/>	Shepard, Monica	TESTCOM	FMR3	ICP - Infection Control Professional	Y
<input type="checkbox"/>	Tenover, Fred	DHQP	FNT1	ICP - Infection Control Professional	Y
<input type="checkbox"/>	Edwards, Jonathan	DHQP	JDE	OTH - Other	Y
<input type="checkbox"/>	Goulding, Joy	LEAD ADMIN	JPS1	OTH - Other	Y
<input type="checkbox"/>	Tolson, James	DHQP	JST	ICP - Infection Control Professional	Y
<input type="checkbox"/>	Schabses, Karolina	NY STATE	KAH14	OTH - Other	Y

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

Displaying 1 - 10 of 26

Add Back

Delete users

- When staff leaves





NHSN Home

- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Survey
- Users
 - [Add](#)
 - [Find](#)
- Facility
- Group
- Log Out

Logged into DHQP Memorial Hospital (ID 10000) as MKLEVENS.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

User List

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

Displaying 1 - 10 of 26

Delete	Name	Title	User ID	User Type	Active
<input type="checkbox"/>	Van Antwerpen, Carole		CLV02	ICP - Infection Control Professional	Y
<input type="checkbox"/>	McClanahan, David	SAIC	DKM	OTH - Other	Y
<input type="checkbox"/>	Sottolano, Debra	NY STATE	DLS20	OTH - Other	N
<input checked="" type="checkbox"/>	Doe, John		DOE	P - Pharmacist	N
<input type="checkbox"/>	Shepard, Monica	TESTCOM	FMR3	ICP - Infection Control Professional	Y
<input type="checkbox"/>	Tenover, Fred	DHQP	FNT1	ICP - Infection Control Professional	Y
<input type="checkbox"/>	Edwards, Jonathan	DHQP	JDE	OTH - Other	Y
<input type="checkbox"/>	Goulding, Joy	LEAD ADMIN	JPS1	OTH - Other	Y
<input type="checkbox"/>	Tolson, James	DHQP	JST	ICP - Infection Control Professional	Y
<input type="checkbox"/>	Schabses, Karolina	NY STATE	KAH14	OTH - Other	Y

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

Displaying 1 - 10 of 26



Logged into DHQP Memorial Hospital (ID 10000) as MKLEVENS.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Edit User Rights

User MPOPPINS (ID 1601) saved successfully. Please add rights for the new user.

User ID: MPOPPINS (ID 1601)

Facility List:

DHQP Memorial Hospital (10000)

Administrative User:

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

Advanced

Effective Rights Save Back

Summary: Dialysis Protocol

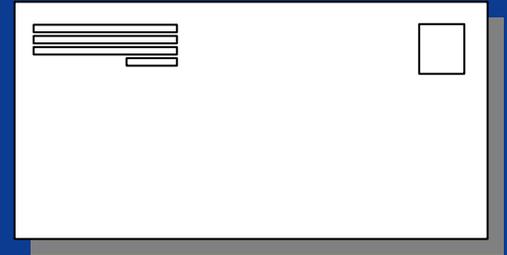


Population	Dialysis outpatients
Numerator	Complete form for each dialysis incident <ul style="list-style-type: none">◆ Hospitalization◆ Outpatient IV antimicrobial start◆ Positive blood culture
Denominator	<ul style="list-style-type: none">■ Number of dialysis outpatients on the first 2 working days of the month■ Stratified by 5 types of vascular access

Summary

- The Patient Safety Component of NHSN contains dialysis incident surveillance
- Data are confidential and secure
 - ◆ By prior authorization, can be shared with group (s)
- Analyses are on demand in real-time
 - ◆ Improvements in progress

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

Support

- Online help messages within NHSN
- Email: nhsn@cdc.gov
- Phone support:
[800-893-0485](tel:800-893-0485) or [404-498-1250](tel:404-498-1250)

- Members website:

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html



Questions

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html

SAFER • HEALTHIER • PEOPLE™

How does dialysis surveillance in NHSN differ from the previous Dialysis Surveillance Network?

Surveillance Plan

<h2>DSN</h2>	
<p>Not required</p>	<p>Required</p> <ul style="list-style-type: none">■ For every month■ A roadmap for CDC to determine which data to accept

Microbiology

DSN



- All organisms
- Sensitivity patterns for only Methicillin/Oxacillin and Vancomycin

- Up to 3 pathogens
- Specific antibiograms for certain pathogens
- Increased flexibility – you can enter as many antimicrobials as you need (up to 20 per bug)
- Order entry is flexible
- “Not tested” is an option

CULTURES FROM ACCESS-RELATED BACTEREMIAS REPORTED TO DIALYSIS SURVEILLANCE, SEPTEMBER 1999 THROUGH MARCH 2005

	Catheter-related bacteremia (N=5275) (N=%)	Fistula or graft access related bacteremia (N=1152) (N=%)
<i>Staphylococcus aureus</i>	1,538 (29.2)	582 (50.5)
Other gram-positive	537 (10.2)	97 (8.4)
Gram-negative rods	1,100 (20.9)	116 (10.1)
Common skin contaminants (e.g., coagulase-negative <i>staphylococci</i>)	2,008 (38.1)	329 (28.6)
Fungi	27 (0.5)	9 (0.8)
Other	65 (1.2)	19 (1.6)



Dialysis Incident Form

Page 1 of 2

OMB No. 0933-0690
Exp. Date: 03-31-2030

*Required for saving	
*Facility ID#:	*Event #:
*Patient ID#:	Social Security #:
Secondary ID#:	
Patient Name, Last:	First: Middle:
*Gender: F M	*Date of Birth:
*Event Type: DI	*Date of Event:
*Location:	
Risk Factors	
*Vascular accesses:(check all that apply)	
<input type="checkbox"/> Graft <input type="checkbox"/> Fistula <input type="checkbox"/> Temporary central line <input type="checkbox"/> Permanent central line <input type="checkbox"/> Port access device	
Event Details	
*Specify Incident (check one or more)	
<input type="checkbox"/> Hospitalization <input type="checkbox"/> In-unit IV antimicrobial start. If checked, was IV vancomycin started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient with a positive blood culture	
*Problem(s): (check one or more)	
<input type="checkbox"/> Pus, redness, or increased swelling at vascular access site If applicable, circle the access with pus, redness, or increased swelling: 1=graft 2=fistula 3=temporary central line 4=permanent central line 5=port access device <input type="checkbox"/> Vascular access problem <u>without</u> infection (clotting, bleeding, etc.) <input type="checkbox"/> Fever (>= 100°F oral or >= 101°F rectal) <input type="checkbox"/> Wound (NOT related to vascular access) with pus or increased redness <input type="checkbox"/> Cellulitis (skin redness, heat, or pain without open wound) <input type="checkbox"/> Pneumonia (a new infiltrate or pneumonia seen on chest X-ray) <input type="checkbox"/> Respiratory infection not meeting above criteria for pneumonia (e.g., bronchitis) <input type="checkbox"/> Urine culture with >100,000 organisms/ml with not more than 2 species isolated <input type="checkbox"/> Cardiovascular event (chest pain, heart attack, other heart problem, stroke, etc.) <input type="checkbox"/> Other (specify) _____	
*Blood Culture (check one): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not done	
*If positive, suspected source of positive blood culture (check one):	
<input type="checkbox"/> Vascular access <input type="checkbox"/> A source other than the vascular access <input type="checkbox"/> Contamination <input type="checkbox"/> Uncertain	
*Pathogens Identified: Yes No *If Yes, specify on page 2 →	
Custom Fields	
Label _____ / /	Label _____ / /
_____ / /	_____ / /
_____ / /	_____ / /
_____ / /	_____ / /
_____ / /	_____ / /
_____ / /	_____ / /
Comments	
<small>Assurance of Confidentiality: The information obtained in this surveillance system that could permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 306(c) of the Public Health Service Act (42 USC 242b, 242c, and 242c(2)).</small> <small>Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Office, 1600 Clifton Rd., NE, Atlanta, GA 30333, RTN: 994-0100-0002.</small> <small>CDC 32.758 (Rev. 1-3, Rev. 6/16/2009)</small>	



Dialysis Incident Form

Page 2 of 2

OMB No. 0925-0056
Exp. Date: 02-28-2020

Pathogen #	Gram-positive Organisms									
_____	Coagulase-negative staphylococci	VANC	SIR	N						
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC				
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC			
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
_____	<i>Enterobacter</i> spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP
		SIR	SIR		SIR	SIR	SIR	SIR	SIR	SIR
_____	<i>Stenotrophomonas maltophilia</i>	TMZ								
		SIR								
Pathogen #	Other Organisms									
_____	Organism 1 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
_____	Organism 2 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR
_____	Organism 3 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR	SIR

Drug Codes:

AMK = amikacin	CEFOT = cefotaxime	DAPTO = daptoycin	LNZ = linezolid	PIPTAZ = piperacillin/tazobactam
AMP = ampicillin	CEFTAZ = ceftazidime	ERYTH = erythromycin	MERO = meropenem	QUIDAL = quinupristin/dalfopristin
AMPSUL = ampicillin/sulbactam	CEFTRX = ceftroxime	GENT = gentamicin	OX = oxacillin	RIF = rifampin
CEFEP = cefepime	CIPRO = ciprofloxacin	IMI = imipenem	PENG = penicillin G	TMZ = trimethoprim/sulfamethoxazole
	CLIND = clindamycin	LEVO = levofloxacin	PIP = piperacillin	VANC = vancomycin

Result Codes:

S = Susceptible	I = Intermediate	R = Resistant	N = not tested
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Other units of measure

- Infections, hospitalizations, IV antimicrobial starts, etc. per:
 - ◆ 1000 line-days
 - ◆ 1000 patient-days
 - ◆ 1000 dialysis sessions
 - ◆ 100 patient-years
 - ◆ 100 patient-months 



Infection Control Precautions for Hemodialysis Patients

- Strict attention to hand hygiene
- Use gloves for patient care and when handling patients medical equipment and devices
- Dedicate nondisposable items for use on a single patient
- Cleaning and disinfection of items taken into a dialysis station that will be used for more than one patient.



Infection Control Precautions for Hemodialysis Patients

- Guidelines for infection control

<http://www.cdc.gov/ncidod/hip/default.htm>

- Campaign antimicrobial resistance

<http://www.cdc.gov/drugresistance/healthcare/ha/slideset.htm>