NHSN Enrollment Guidance
Home Dialysis Facilities Reporting COVID-19

NHSN COVID-19 Dialysis Module

October 2020

Important

- Please note that the following guidance is specific to <u>facilities who have not previously enrolled in NHSN</u> for reporting. For example, if your facility is currently reporting HCP Flu Vaccination data, you will not need to re-enroll.

- The following guidance is specific to **<u>Home Dialysis Facilities enrolling for COVID-19 reporting only</u>**. For other enrollment guidance please use the below resources:

  - 5-Step Enrollment for Home Dialysis Facilities – CMS QIP: https://www.cdc.gov/nhsn/dialysis/homedialysis/enroll.html

  - 5-Step Enrollment for Outpatient Dialysis Facilities - CMS QIP: https://www.cdc.gov/nhsn/dialysis/enroll.html

Step 1 – Enrollment Preparation

- Add *cdc.gov to your list of trusted websites and permit pop-ups for these sites

- Check spam-blocker settings to allow emails from NHSN@cdc.gov, SAMS-NO-REPLY@cdc.gov

Step 2 – Register with NHSN

- Read and agree to the NHSN Rules of Behavior at https://nhsn.cdc.gov/RegistrationForm/index

Step 2 – Register with NHSN

- After selecting "Agree", you will then be redirected to electronically register your facility with NHSN.

  Important: Please ensure that you enter your email address correctly, as all additional emails to complete the process come to this email address. You will need to **use the same email address for all steps in the enrollment process**.

Step 2 – Register with NHSN

- Register the facility with NHSN. You will need a **Facility Identifier** (for example, CMS Certification Number [CCN]).
  - If you receive a notice that your CCN will not validate, please contact NHSNEnrollment@cdc.gov and request a temporary enrollment number (CDC Registration ID) to complete the process.

- For the **NHSN Training Date**, please use the date of registration. Training resources for the Outpatient Dialysis COVID-19 module will be posted to the website. Completing training, while highly encouraged, is not required to register and enroll with NHSN.

Registration Form

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

Personal Information
- *First name:
- *Last name:
- Middle name:
- *Email address:

Facility Identifier
*Please select a facility identifier:
- ○ CCN
- ○ AHA
- ○ VA
- ○ CDC Registration ID
- ○ NONE

*Selected identifier ID:

*Facility Type:
- AMB-HEMO - Hemodialysis Center
- AMB-HDPD - Home Dialysis Center
- AMB-PEDHEMO - Pediatric Hemodialysis Cent
- AMB-SURG - Outpatient Surgery Facility

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

Submit

Step 2 – Register with NHSN

- After completing registration, you will receive an email from NHSN
  - "Welcome to NHSN!"
  - The "Welcome to NHSN" email will contain a link inside allowing users to agree to the SAMS Rules of Behavior (ROB). Once you agree to the ROB, you will be allowed to register with SAMS.

Step 3 – Register with SAMS (Secure Access Management Services)

- From the link in the 'Invitation to Register with SAMS' email, login to SAMS with your username (email address used in registration) and the temporary password provided.

- Accept the SAMS Rules of Behavior and complete the online SAMS registration form.

- Within 24 hours of successful online registration, you will receive the SAMS "Identity Verification Request" email.

SAMS Credentials

SAMS Username

SAMS Password

Login

Important Notes for completing the SAMS registration form

- **<u>Please use your home address</u>** for the SAMS registration, so your grid card will be mailed there and not to your work address.

- Enter your first and last name exactly as it appears on your identity proofing documents (for example, your drivers license).

Step 3 – Register with SAMS: Complete and Submit Identity Proofing Verification

- Once you receive the 'Identity Verification Request' email, print the **Identity Verification Form**, complete it, and using the SAMS contact information in the e-mail, digitally upload, fax, or mail the completed form and supporting documentation.

- Once your information is received and approved, you will receive 'SAMS Account Activation' and 'SAMS Activity Authorization' emails, followed by receipt of your SAMS grid card, which will be delivered to your home address via U.S. mail. The approval process can take up to three weeks.

- Please contact samshelp@cdc.gov for questions about the registration process.

Step 4 – Complete NHSN Enrollment

▪ After receiving your SAMS grid card, login to SAMS - https://sams.cdc.gov. Under the **SAMS Grid Card** image, enter your username and password, and then click Login. Reminder: your SAMS username is the email address used to register.
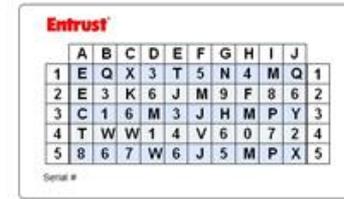
Step 4 – Complete NHSN Enrollment

- On the SAMS home page, select 'NHSN Enrollment' to complete electronic enrollment.

- Select 'Enroll a Facility'. **<u>Reminder:</u>** Home Dialysis Facilities only reporting COVID-19 data will **<u>not</u>** need to complete the enrollment forms. All other enrolling facilities will need to complete the forms.

National Healthcare Safety Network System

- NHSN Reporting *
- NHSN Enrollment *

NHSN - National Healthcare Safety Network

Enroll Facility

Please Select Desired Option

Access and print hardcopy version of enrollment forms

Enroll a Facility

Get Adobe Acrobat Reader for PDF files
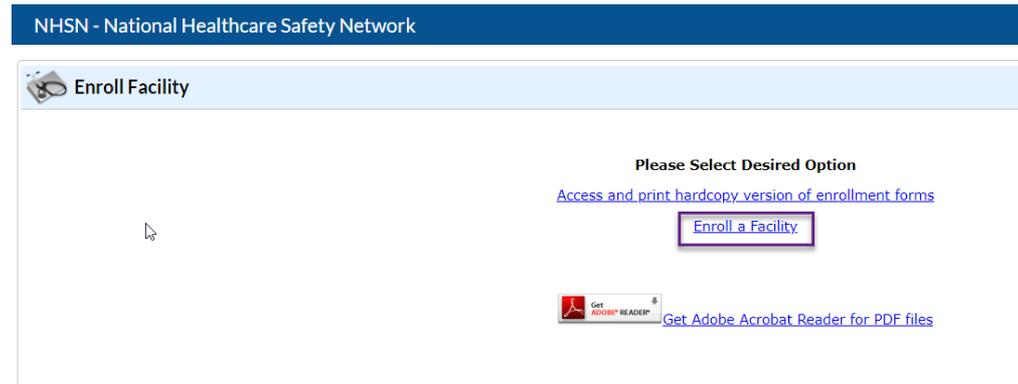
Step 4 – Complete NHSN Enrollment

- Complete the Facility Information

- It is not necessary to enter all the verification numbers
  - For example, facilities which are CMS-certified will only enter CMS certification number (CCN) and check "not applicable" box next to the AHA ID # and the VA Station Code

Step 4 – Complete NHSN Enrollment

- If your CCN number will not validate, please contact NHSNEnrollment@cdc.gov and request a temporary enrollment number to complete the process.
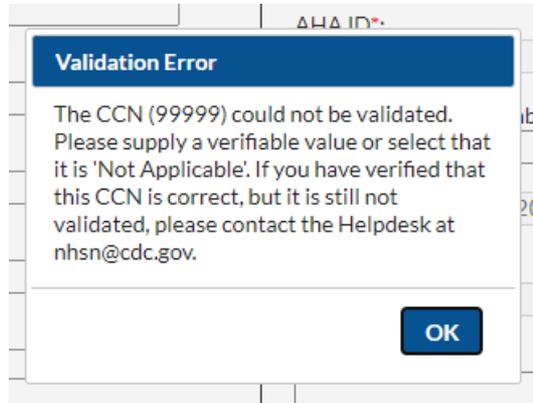
For each identifier listed below, enter the number/code, or check Not Applicable. If your facility does NOT have that identifier.

AHA ID*:
☑ Not Applicable

CMS Certification Number (CCN)*:
99999   ☑ Not Applicable

CCN Effective Date*:
10/01/2020   2020Q4

VA Station Code*:
☑ Not Applicable

Enrollment Number: *:

Object Identifier:

Validation Error

The CCN (99999) could not be validated. Please supply a verifiable value or select that it is 'Not Applicable'. If you have verified that this CCN is correct, but it is still not validated, please contact the Helpdesk at nhsn@cdc.gov.

OK

Continue

Step 4 – Complete NHSN Enrollment

- Complete the Facility Information – select the Facility Type

Step 4 – Complete NHSN Enrollment

- Please ensure the email address used for the Facility Administrator is the <u>same</u> email address used the register in SAMS
  - **Note:** The NHSN Facility Administrator entered here is not to be confused with the Facility's Administrator, CEO, CNO, COO, etc. This should be the person who will be mainly responsible for managing NHSN in the facility.

- You will create your own User ID – first initial, last name is recommended

Step 4 – Complete NHSN Enrollment

- It is recommended the Dialysis Contact Person is the Facility Administrator. You can copy the FA information from the previous page.

Step 4 – Complete NHSN Enrollment

- After filling out the Facility, Facility Administrator, and Dialysis Contact Person information, you will a Required Surveys notice. These are not required for COVID-19 reporting.

- Please press "Submit" to proceed.

Required Surveys

As part of the enrollment process, please provide the data requested for the following survey(s). If additional surveys are required a button will be displayed below. Click on the button to complete the survey. When you are finished, you will return to this page to complete the enrollment process. If no additional surveys are presented below, press submit to complete the enrollment process when ready.

◄ Back   Submit

Step 5 – Accept "NHSN Agreement to Participate and Consent"

- After completing enrollment, you'll be directed to a "Congratulations!" message. **Please note this is not the final step** – you must activate the facility.

- The Facility Administrator and Primary Contact will receive a "NHSN Facility Enrollment Submitted" email with next steps.

Network

Congratulations! The Facility has been Enrolled.

However your facility is not yet activated.

The enrollment for facility 'Witt Dialysis Test Facility ' with tracking number 83110 has been completed. The facility admin and component primary contacts will receive an email with further instructions.

You may now exit the application.
Or click here to enroll another facility.
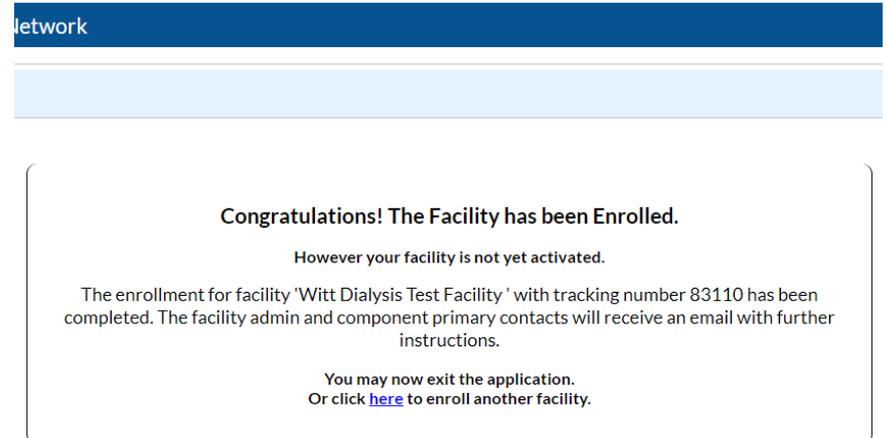
Step 5 – Accept "NHSN Agreement to Participate and Consent"

- Login to NHSN through SAMS, select "NHSN Reporting"

- On the next page select "Dialysis Component" and your facility in drop down menu.

Step 5 – Accept "NHSN Agreement to Participate and Consent"

- Review the Agreement to Participate and Consent.

- Check the box to 'Accept' next to the appropriate contact name and then 'Submit' the form. You may need to scroll down to the bottom of the browser window and to the right to see the 'Accept' box.

- Checking 'Accept' serves as your electronic signature – you do not need to print and sign the agreement.

Component	Contact Type	Contact Name	Phone Number	Email	Accept
Dialysis	Facility Administrator	Emily Witt	999-999-9999		☐

Submit

Enrollment Complete!

- After you accept the Agreement to Participate and Consent, you'll receive the below alert.

- From this point, you have completed enrollment of your facility and can begin COVID-19 reporting.

Alert

You have completed the NHSN Agreement to Participate and Consent Form for the Dialysis component for the following facilities: 83110.

Please click the OK button to continue.

OK
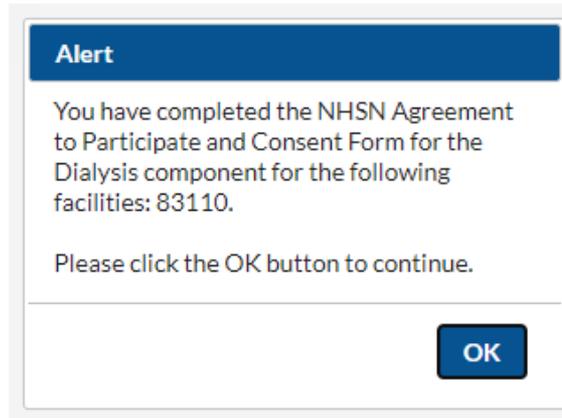
Questions?

Please reach out to NHSN@cdc.gov