

Sharing NHSN Data with Network 3

ESRD facilities are required to join the ESRD Network group for both the **Dialysis (including COVID module)** and the **Healthcare Personnel Safety** components.

To join the Network 3 group in NHSN:

1. Login to NHSN.
2. Click on “NHSN Reporting” in the top left corner
3. Select your facility and choose component “Dialysis” and click **Submit**
4. On the left bar of the main NHSN data entry screen, click **Group**, then click **Join**
5. Enter Group ID **19548**
6. Enter password **qirn3**. Click **Join Group**
7. Click **OK** on the popup message

NHSN - National Healthcare Safety Network

NHSN Home

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 - Confer Rights
 - Join**
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Memberships

Groups that have access to this facility's data

Dialysis QIO Group Example (19497)	Confer Rights
Migration Test Group 1 (35578)	
Migration Test Group 3 (35580)	
QA TEST Prod Group (21380)	Leave Group(s)

Enter ID and Password for this facility to join a new group

Group ID:

Group Joining Password: **Join Group**

Back

When conferring rights, do not make changes to the Network confer rights template. Simply review the Confer Rights screen and click **Accept** at the bottom.

 Confer Rights-Dialysis

! Please review the data rights that "Quality Insights Renal Network 3" is requesting from your facility:
- Verify locations
- Press "accept" button to confer rights or [review current rights before accepting new rights](#)

General

View Options

Patient

- With All Identifiers
- Without Any Identifiers
- With Specified Identifiers
 - Gender
 - DOB
 - Ethnicity
 - Race
 - Medicare #
 - Name
 - SSN
 - Patient ID

- Monthly Reporting Plan
- Data Analysis
- Facility Information
- COVID-19 View Data
- COVID-19 CSV Data Upload

Surveys

Year	Year	Survey Type
	To	Outpatient Dialysis Center Practices Survey

Note: only complete survey data are shared with groups.

Define Rights-Healthcare Personnel

Please select the rights that facilities joining "Quality Insights Renal Network 3" will confer

General

View Options

HCW

With All Identifiers

Without Any Identifiers

Healthcare Safety Monthly Surveillance Plan

Annual (HPSFACSURVEY)

Seasonal Flu Survey

HPS Data Analysis

Facility Information

Required Surveys

Year	To	Year	Survey Type
<input type="text"/>	To	<input type="text"/>	<input type="text"/>

Exposures

Month	Year	To	Month	Year	Event
<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>

Flu Summary

Season	Type
<input type="text" value="All Seasons"/>	<input type="text" value="FLU - Influenza Vacc including Hospital"/>

Laboratory Data

Month	Year	To	Month	Year	Lab Category
<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prophylaxis/Treatment

Month	Year	To	Month	Year	Infectious agent
<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>