

Outpatient Dialysis Clinic NHSN Enrollment Steps 1 – 5 Illustrated Guide

This guide does not contain complete enrollment instructions; it is to be used in addition to the Facility Administrator Enrollment Guide.

- **The Facility Administrator Enrollment Guide is available here:**
<http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf>

This document is for NHSN enrollment for one dialysis clinic (or the first of several) only. Please refer to instructions for enrolling multiple dialysis clinics if enrolling more than one dialysis clinic.

- **Instructions for Enrolling Multiple Dialysis Clinics are available here:**
<http://www.cdc.gov/nhsn/PDFs/slides/EnrollingMultipleDialysisFacilities.pdf>

NHSN Enrollment for Dialysis Facilities

Step 1: Training and Preparation

Print and follow detailed checklist to ensure successful and efficient enrollment. Complete required training and Outpatient Dialysis Center Practices Survey. Check trusted websites and spam blockers.

Step 2: Register

Agree to Rules of Behavior and register facility using CMS Certification Number (CCN).

Immediately after registration, receive an NHSN email, subject "Welcome to NHSN!"

Step 3a: Request Digital Certificate

Use the password provided in the "Welcome to NHSN!" email to enroll in the Secure Data Network (SDN) and request the 'NHSN Enrollment' activity. Successful enrollment in SDN will automatically generate a request for your digital certificate.

Tip: Make a copy of your challenge phrase (password).

Immediately receive NHSN email, subject "NHSN Digital Certificate Confirmation"

Step 3b: Install Digital Certificate

Within 3 business days receive PHINTech email, "Action Required" and install digital certificate using instructions provided. Save a copy of your digital certificate.

Step 4: Submit Forms Electronically

Log in to SDN using your challenge phrase (password) and select NHSN Enrollment. Submit required forms. Facility type must be 'AMB-HEMO - Hemodialysis Center'.

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

Step 5: Sign and Send Consent

While in NHSN, add monthly Reporting Plans for all months during which you will submit data.

Tip: Set-up is a good time to add other users to assist with reporting.

Set-up

Log in to SDN using your challenge phrase (password) and select 'NHSN Reporting.' Add the 'outpatient hemodialysis clinic' location, choosing your own code and label. Note: bed size is equal to the number of dialysis stations. While in NHSN, add Reporting Plans for all months during which you will submit data.

Tip: Set-up is a good time to add other users to assist with reporting.

Report

Refer to the Dialysis Event Protocol to ensure accurate reporting. Once all preceding steps are completed, you are ready to complete monthly forms.

1. Training and Preparation

Notes

- Required training is listed under “Training” on the NHSN Dialysis Event website: http://www.cdc.gov/nhsn/psc_da_de.html
- In addition to required training, users are required to read the Protocol and review the Dialysis Event data collection forms
- Check trusted websites and spam blockers

2. Register

The screenshot shows the NHSN website's "Facility/Group Administrator Rules of Behavior" page. At the top, there is a navigation bar with links: Home, About CDC, Press Room, Funding, A-Z Index, Centers, Institute & Offices, Training & Employment, and Contact Us. Below this is the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". The main heading is "National Healthcare Safety Network (NHSN)".

The page title is "Facility/Group Administrator Rules of Behavior". The main text states: "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."

A scrollable text box contains the following information:

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.

Purpose

Below the scrollable text box, there is a "Print Version" link (PDF (87KB/13 pages)) and two buttons: "Agree" and "Do Not Agree".

A "WARNING" section at the bottom states: "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.)"

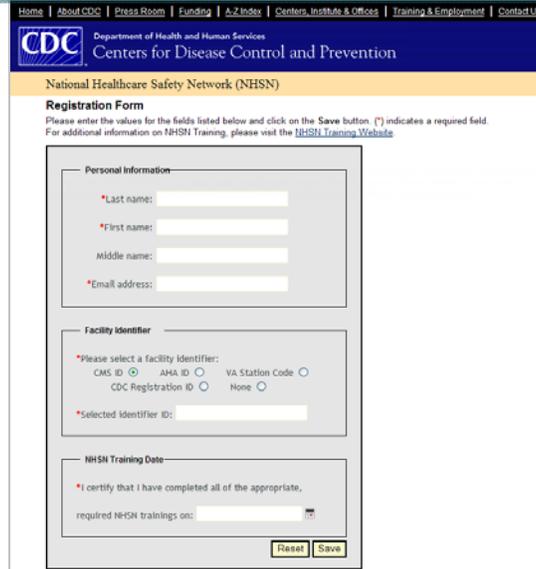
The footer contains navigation links: Home, Policies and Regulations, Disclaimer, e-Government, FOIA, Contact Us. It also features the slogan "SAFER • HEALTHIER • PEOPLE™" and the "FIRSTGOV" logo with the tagline "Your First Click to the U.S. Government". The Department of Health and Human Services logo is also present.

Help!

Where do I start?

- Start enrollment at <http://nhsn.cdc.gov/RegistrationForm/index.jsp>

2. Register



The screenshot shows the NHSN Registration Form on the CDC website. The form is titled "Registration Form" and includes instructions: "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](#)." The form is divided into three sections: "Personal Information" with fields for Last name, First name, Middle name, and Email address; "Facility Identifier" with radio buttons for CMS ID, AHA ID, VA Station Code, CDC Registration ID, and None, and a Selected Identifier ID field; and "NHSN Training Date" with a checkbox for certifying completion and a required NHSN trainings on: field. There are "Reset" and "Save" buttons at the bottom right.

Notes

If you have successfully registered, you will immediately receive an email from NHSN (CDC), with the subject line 'NHSN Registration'



- Use an email address that you check often (preferably a business email address) and verify that it is correct
- Use the same email address for all steps of enrollment

Help!

Error message: "Invalid CMS ID entered. Check value and retry."

- If you have verified and correctly entered the CMS number, but still get this message, contact the NHSN Helpdesk at nhsn@cdc.gov; you may be assigned a registration/enrollment number to use throughout the enrollment process. If assigned, this enrollment number will also be used in Step 4.

What are the 'required enrollment trainings'?

- Go to http://www.cdc.gov/nhsn/psc_da_de.html for required training

I did not immediately receive an email from NHSN (CDC), with the subject line 'NHSN Registration':

- Contact NHSN Helpdesk at nhsn@cdc.gov

3a. Request a Digital Certificate

Notes

- If you successfully apply for a digital certificate, you will immediately receive an email from NHSN (CDC), with the subject line 'NHSN Digital Certificate Request Confirmation'
- It takes 2-3 business days for your digital certificate request to be approved



- Make a copy of your challenge phrase for future reference
- Use the same email address as in Step 2 to request your digital certificate

Help!

How do I apply for a digital certificate?

- Go to the email from NHSN (CDC), with the subject line 'NHSN Registration', sent immediately following successful registration (Step 2) for instructions

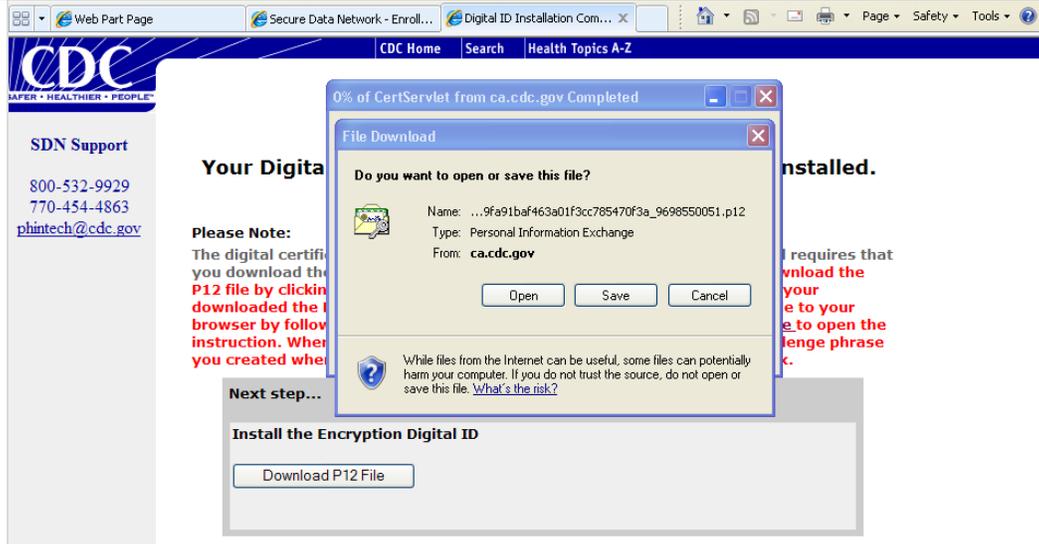
I am receiving emails from NHSN (CDC), subject line 'Digital Certificate Request for NHSN – Action Required', indicating my request for a digital certificate will be denied:

- Contact the NHSN Helpdesk at nhsn@cdc.gov

It has been 4 or more business days and I have not received an email from PHIN Helpdesk (CDC) with digital certificate downloading/installation instructions:

- Contact the NHSN Helpdesk at nhsn@cdc.gov

3b. Install Digital Certificate



Notes

- Instructions for digital certificate downloading/installation are in the email from PHIN Helpdesk (CDC), subject line 'Action Required – Your Digital Certificate is Ready to Install'
- You create your challenge phrase when you apply for a digital certificate
- If you go to <https://sdn.cdc.gov> (Step 4) and cannot access the website, your digital certificate is not properly installed



- Your challenge phrase is case sensitive
- Click 'Save' in the File Download box. Do not click 'Open'.
- It is strongly recommended to involve your IT department in the process of downloading/installing your digital certificate. If the IT department has any difficulty, or if you have any questions regarding the digital certificate, contact CDC SDN Support at phintech@cdc.gov or at 1-800-532-9929

Help!

Problems with digital certificate installation:

- Get your IT department involved
- Contact CDC SDN Support: phintech@cdc.gov or 1-800-532-9929

4. Submit Forms Electronically

- Complete Facility Contact Information
- Complete Outpatient Dialysis Center Practices Survey

The screenshot shows the CDC Public Health Partners website. At the top, there is a navigation bar with the CDC logo and the text "Public Health Partners". To the right of the navigation bar is a search box labeled "Search CDC.gov" with a "go" button. Below the navigation bar is a yellow banner with the word "Welcome". The main content area is a white box with a yellow background. At the top of this box is the word "WARNING" in red. Below it is a paragraph of text: "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 this text is a grey box with the text "Please enter your challenge phrase:" in blue. Underneath is a white text input field. Below the input field is a blue "Submit" button. At the bottom of the grey box is a link: "Forgot your challenge phrase? Click [here](#)".

Notes

You created a challenge phrase when you applied for your digital certificate



Your challenge phrase is case sensitive

Help!

SDN error message: "Access Denied: You have not provided proper credentials to view the requested resource. If this continues please contact your SDN program representative"

- Try your challenge phrase again (it is case sensitive)
- Contact SDN at 1-800-532-9929 or phintech@cdc.gov

Internet Explorer error message:



There is a problem with this website's security certificate.

- Choose 'Continue to this website (not recommended).'

4. Submit Forms Electronically (continued)

The screenshot shows the CDC Public Health Partners website interface. At the top left is the CDC logo and the text "Public Health Partners". To the right is a search bar with the text "Search CDC.gov:" and a "GO" button. Below the header are navigation links: "Partners Home", "My Preferences", "Help", and "Logout".

The main content area is divided into three columns:

- My Applications:** Contains a link for "National Healthcare Safety Network (NHSN)" with a sub-link for "NHSN Enrollment". Below this is a link for "Request Additional Activities".
- Emerging Infectious Diseases Journal:** Shows the "Current issue" as "Volume 17, Number 3—March 2011". Topics listed include pregnancy and emerging infections; avian influenza; MRSA; chikungunya virus; recurrent TB. A "MORE" button is visible at the bottom right of this section.
- Preventing Chronic Disease Journal:** Shows "Volume 8: Issue 2" and "ISSN: 1545-1151". A "HIGHLIGHTS" section lists three items:
 - > [Deaf sign language users, health inequities, and public health: opportunity for social justice](#) (includes videos in American Sign Language)
 - > [Lifestyle behaviors associated with secondary prevention of coronary heart disease among California adults](#)
 - > [Clinical preventive services for patients at risk for cardiovascular disease, National Ambulatory Medical Care Survey, 2005-2006](#)A "MORE" button is visible at the bottom right of this section.

At the bottom of the page, there is a footer with navigation links: "Home", "Policies and Regulations", "Disclaimer", "Statement of Accuracy", "e-Government", "FOIA", and "Contact Us". Below these links is the slogan "SAFER • HEALTHIER • PEOPLE™" and contact information for the Centers for Disease Control and Prevention. On the right side of the footer are the "FIRST GOV" logo and the "Department of Health and Human Services" logo.

Help!

The 'NHSN Enrollment' link is not visible

- Contact the NHSN Helpdesk at nhsn@cdc.gov

4. Submit Forms Electronically (continued)



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

NHSN - National Healthcare Safety Network

Contact us

Start
Leave Enroll

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)

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4. Submit Forms Electronically (continued)

Facility Enrollment Forms

Patient Safety Component <i>Hospital applicants, print these:</i> Facility Contact Information Facility Survey <i>Outpatient Dialysis Center, print these:</i> Facility Contact Information Outpatient Dialysis Center Practices Survey	Healthcare Personnel Safety Component <i>Any facility type, print these:</i> Facility Contact Information Facility Survey	Biovigilance Component <i>Any facility type, print these:</i> Facility Contact Information Facility Survey
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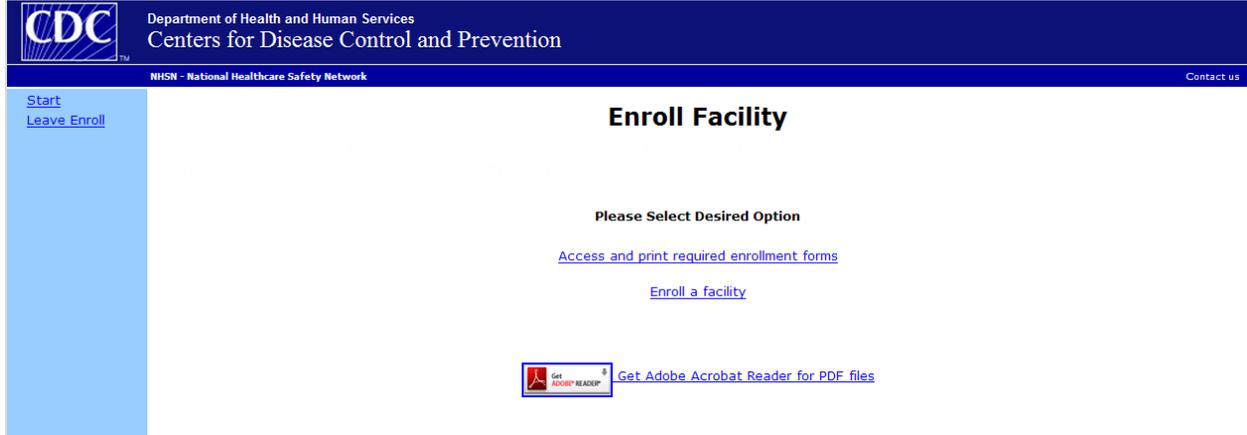
Notes

You will enter Facility Enrollment Forms online during Step 4



Print and complete 'Facility Contact Information' and 'Outpatient Dialysis Center Practices Survey' forms before going to the 'Enroll a facility' link

4. Submit Forms Electronically (continued)



The screenshot shows the CDC NHSN website interface. At the top left is the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". Below this is a dark blue navigation bar with "NHSN - National Healthcare Safety Network" on the left and "Contact us" on the right. A light blue sidebar on the left contains the links "Start" and "Leave Enroll". The main content area is titled "Enroll Facility" and contains the text "Please Select Desired Option" followed by two blue hyperlinks: "Access and print required enrollment forms" and "Enroll a facility". At the bottom of the main area is a small Adobe Acrobat Reader logo with the text "Get Adobe Acrobat Reader for PDF files".



You must complete the rest of enrollment step 4 in one session.

4. Submit Forms Electronically (continued)

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

MHSN - National Healthcare Safety Network Contact us

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

Facility Enrollment

Mandatory fields marked with *

[Print PDF Form](#)

Tracking #

Facility Information

Facility name*:

Address, line 1*:

Address, line 2:

Address, line 3:

City*:

State*:

County*:

Zip Code*: -

Main telephone number*:

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

AHA ID*: Select if AHA ID Not Applicable

CMS Certification Number (CCN)*: Select if CCN Not Applicable

VA station code*: Select if VA Station Code Not Applicable

Facility's Object Identifier (OID) for CDA

Object Identifier:

Click to verify values provided above before proceeding.



You must complete the rest of enrollment step 4 in one session



Error message:

“The CMS ID could not be validated. Please supply a verifiable value or select that it is 'Not Applicable.’”

- If you have verified your CMS number is correct, but still get this message, contact the NHSN Helpdesk at nhsn@cdc.gov for an enrollment number

Error message:

- Fields with red asterisks (*) are required to proceed, check that all required fields are complete

My facility does not have an AHA code or VA station code:

- If these are not applicable to your facility, choose the ‘Not Applicable’ option

4. Submit Forms Electronically (continued)

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

NHSN - National Healthcare Safety Network

Facility Enrollment

The data provided has been verified.

Mandatory fields marked with *

Tracking # 19907

[Print PDF Form](#)

Facility Information

Facility name*: Alicia's Test Facility
Address, line 1*: 11 Flower Circle
Address, line 2*:
Address, line 3*:
City*: Atlanta
State*: GA - Georgia
County*: DeKalb
Zip Code*: 30329 -
Main telephone number*: 555-555-5555

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

AHA ID*: N/A Select if AHA ID Not Applicable
CMS HCFA ID (not NPI)*: N/A Select if CMS HCFA ID Not Applicable
VA station code*: N/A Select if VA Station Code Not Applicable
Enrollment number*: 2313 Required if AHA ID, CMS HCFA ID and VA Station Code are all listed as "Not Applicable."

Facility's Object Identifier (OID) for CDA
Object Identifier:

Facility Type * AMB-HEMO - Hemodialysis Center

NHSN Components

Indicate which component(s) the facility will use initially *

Patient Safety Component
 Healthcare Personnel Safety Component
 Biovigilance

NHSN Facility Administrator

First name*:
Middle name*:
Last name*:
Title:

Click to copy mailing address from the facility given above

Address, line 1*:
Address, line 2*:
Address, line 3*:
City*:
State*:
Zip Code*:
Phone*:
Fax*:
Pager*:
E-mail*:

Required survey(s)

As part of the enrollment process, please provide the data requested for the following survey(s). Click on the button to the survey and complete it. When you are finished, you will return to this page to complete the enrollment process.

Outpatient Dialysis Center Practices Survey - [Print Completed Survey](#)

Notes

When you select both 'AMB-HEMO – Hemodialysis Clinic' and check 'Patient Safety Component', the required 'Outpatient Dialysis Center Practices Survey' appears at the bottom of the screen



- Facility Administrator's email address must be identical to the one provided for his or her digital certificate
- Completing the survey online is required to finish enrollment
- You must complete the rest of enrollment step 4 in one session

4. Submit Forms Electronically (continued)

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

NHSN - National Healthcare Safety Network (15D-CLFT-NHSN1) | NHSN Home | My Info | Contact us | Help | Log Out

Start
Leave Enroll

Add Annual Survey

Mandatory fields marked with *

Facility ID: * TestDialysis Facility1 (ID 10001) ▼

Survey Type: * DIAL - Outpatient Dialysis Center Survey Data ▼

Survey Year: * ▼

Facility Information:

1. Ownership of your dialysis center: * ▼

2. Location/hospital affiliation of your dialysis center: * ▼

3. Types of dialysis services offered (check all that apply): *

In-center hemodialysis

Peritoneal dialysis

31. For peritoneal dialysis catheters, is antibacterial ointment routinely applied to exit site during dressing change?: * ▼

If Yes, what type of ointment?: ▼

Specify: _____

32. Are any of the following used to prevent hemodialysis catheter-related infections in your unit (check all that apply): *

Antimicrobial-impregnated hemodialysis catheters

Chlorhexidine dressing (e.g., Biopatch®, Tegaderm™ CHG)

Closed connector luer access devices (e.g., Tego® or Q-Syte™)

Save Back



- **You cannot save work in progress: you must complete the rest of enrollment Step 4 in one session**
- **'Save' the survey, then 'Submit' both contact information and survey to complete Step 4**

Help!

Error message when I press "Save":

- **Fields with red asterisks (*) are required to proceed, check that all required fields are complete**
- **If problem continues, contact NHSN Helpdesk at nhsn@cdc.gov**

The wrong survey opened:

- **Go back and select 'AMB-HEMO – Hemodialysis Clinic' and check 'Patient Safety Component'**

4. Submit Forms Electronically (continued)

NHSN Facility Administrator

First name*:
Middle name:
Last name*:
Title:

 Click to copy mailing address from the facility given above

Address, line 1*:
Address, line 2:
Address, line 3:
City*:
State*:
Zip Code*: -
Phone*: Ext:
Fax:
Pager:
E-mail*:

Required survey(s)

As part of the enrollment process, please provide the data requested for the following survey(s). Click on the button to the survey and complete it. When you are finished, you will return to this page to complete the enrollment process.

Outpatient Dialysis Center Practices Survey - [Print Completed Survey](#)



- The survey is a required part of NHSN Enrollment
- You must press 'Submit' button to complete Step 4



Who do I list as the NHSN Facility Administrator?

- List the person who is enrolling the facility in NHSN

Error message when I press "Submit":

- Fields with red asterisks (*) are required to proceed, check that all required fields are complete

4. Submit Forms Electronically (continued)

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

NHSN - National Healthcare Safety Network Contact us

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

Enroll Facility

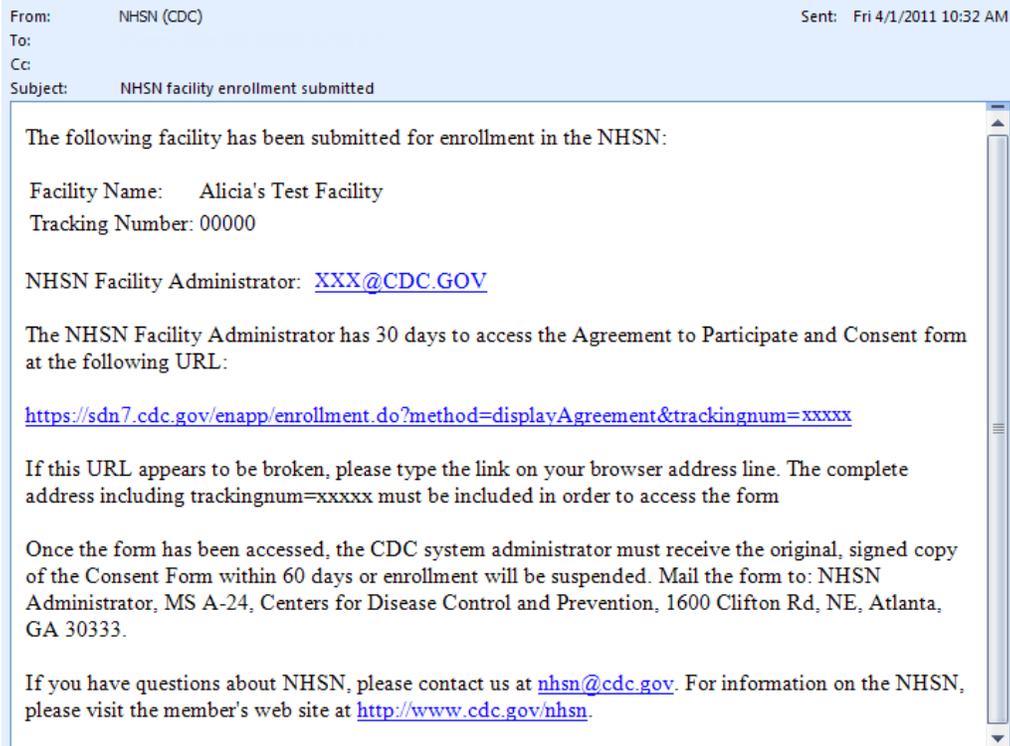
The enrollment for facility 'Alicia's Test Facility' with tracking number 19907 has been completed. The Facility Administrator will receive an email with further instructions.

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)

5. Print, sign & return consent form



Notes

An email from NHSN (CDC) with the subject line 'NHSN facility enrollment submitted' is sent immediately following successful completion of Step 4.



- The link to the consent form must be accessed within 30 days
- Once the consent form link is accessed, CDC must receive the signed consent form within 60 days

Help!

The email from NHSN (CDC), subject line 'NHSN facility enrollment submitted', is not received immediately following Step 4:

- Contact the NHSN Helpdesk at nhsn@cdc.gov

The link does not take you to the consent form:

- Login to SDN at <https://sdn.cdc.gov> and copy and paste the link to the consent form provided in the email into the browser window

A consent form deadline is missed:

- Contact the NHSN Helpdesk at nhsn@cdc.gov

5. Print, sign & return consent form (continued)

 **Agreement to Participate and Consent** Page 3 of 3

^Required if participating in Component _____ Tracking # _____
 *Required **Consent**

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 NHSN.

NHSN Patient Safety Primary Contact Person
 Name: _____
 Title: _____
 ^Signature: _____ ^Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person
 Name: _____
 (if different from Patient Safety Primary Contact)
 Title: _____
 ^Signature: _____ ^Date: _____

NHSN Biovigilance Primary Contact Person
 Name: _____
 Title: _____
 ^Signature: _____ ^Date: _____

Official Authorized to Bind this Facility To The Terms of This Agreement (e.g., COO/CEO/CFO; may be the Medical Director for outpatient facilities). 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, **including the updated purposes of NHSN**, and hereby consent to allow the facility to participate in NHSN. I understand that the new NHSN purposes and data disclosures will begin with data entered no earlier than January 1, 2011.

*Name: _____
 *Title: _____
 *Signature: _____ *Date: _____
 Facility Name: _____
 Main Facility Telephone Number: _____
 Street Address: _____

 City: _____ State: _____ ZIP: _____ - _____

Rev 4, v.5

Notes

Signatures for Healthcare Personnel Safety or Biovigilance Primary Contacts are not required if participating only in Dialysis Event module (Patient Safety Component)



NHSN requires the highest level administrator from your dialysis facility to consent to participation: if your facility does not have a C-level executive (e.g., CEO, CFO, COO), the highest level administrator for the facility should sign (e.g., the Medical Director)

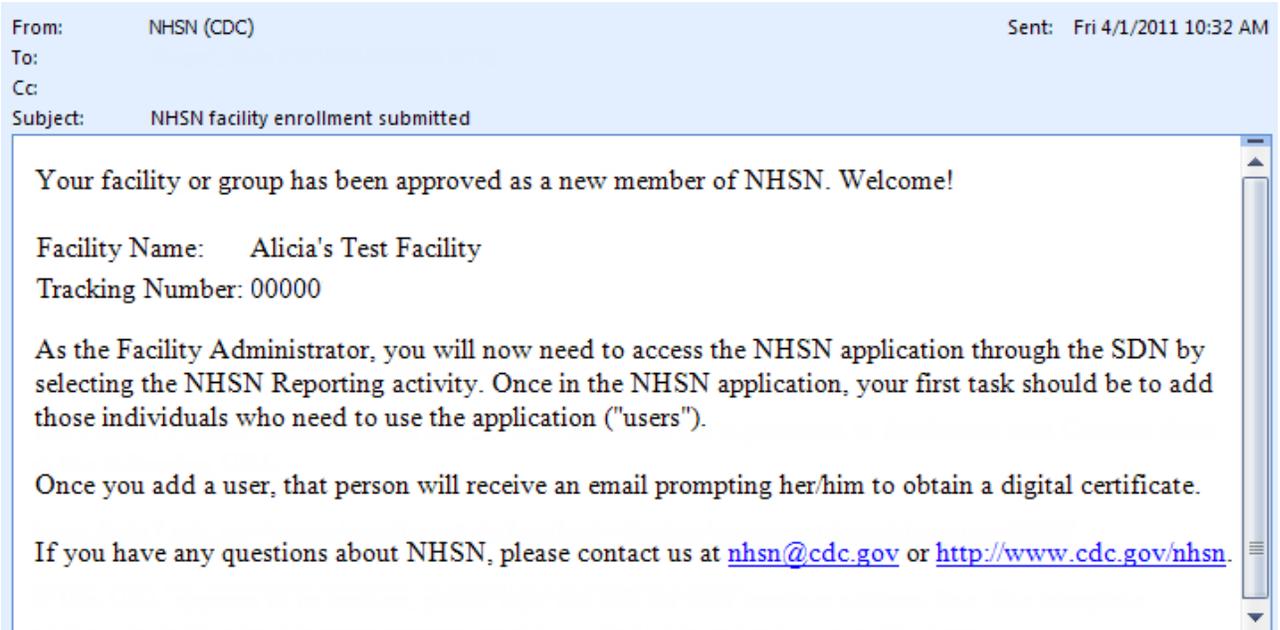
Help!

I have a question about the consent form:

- Contact NHSN Helpdesk at nhsn@cdc.gov

5. Print, sign & return consent form

- Upon receipt, NHSN activates facility & sends confirmation email



Notes

- Normal activation time for a newly enrolled facility is 2-3 business days from the day that CDC receives the properly signed consent form

Help!

- It has been 4 or more business days and I have not received email notification that my facility has been activated:
- Contact the NHSN Helpdesk at nhsn@cdc.gov

Enrollment Complete: Access NHSN Reporting for Set-up

The screenshot shows the CDC Public Health Partners website. At the top, there is a search bar for CDC.gov. Below the header, a yellow box contains a warning message: "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, a grey box prompts the user to "Please enter your challenge phrase:" with a text input field and a "Submit" button. A link "Forgot your challenge phrase? Click here" is located at the bottom of the grey box.

Notes

You created your challenge phrase when you applied for your digital certificate



Your challenge phrase is case sensitive

Help!

SDN error message "Access Denied: You have not provided proper credentials to view the requested resource. If this continues please contact your SDN program representative"

- Try your challenge phrase again (it is case sensitive)
- Contact SDN at 1-800-532-9929 or phintech@cdc.gov

Internet Explorer error message:



There is a problem with this website's security certificate.

- Choose 'Continue to this website (not recommended).'

Enrollment Complete: Access NHSN Reporting for Set-up

The screenshot shows the CDC Public Health Partners website. At the top, there is a search bar for "Search CDC.gov" and navigation links for "Partners Home", "My Preferences", "Help", and "Logout". The main content area is divided into several sections:

- My Applications:** Contains a link for "National Healthcare Safety Network (NHSN)" with a sub-link for "NHSN Reporting" and a "Request Additional Activities" link.
- Electronic Reference:** A search interface with a "Database" dropdown set to "PubMed", a "Search for:" text box, and a "Search" button.
- Emerging Infectious Diseases Journal:** Features a "Current issue" link for "Volume 17, Number 7—July 2011" and a list of topics including antimicrobial resistance, bacteria, bioterrorism, etc.
- Preventing Chronic Disease Journal:** Shows "Volume 8: Issue 4" and "ISSN: 1545-1151", along with a "HIGHLIGHTS" section containing links to articles on chronic diseases, smoke-free ordinances, and surveillance systems.

At the bottom, there is a footer with navigation links (Home, Policies and Regulations, Disclaimer, Statement of Accuracy, e-Government, FOIA, Contact Us), the CDC logo with the slogan "SAFER • HEALTHIER • PEOPLE™", and logos for "FIRST GOV" and the "Department of Health and Human Services".

Help!

'NHSN Reporting' link is not visible

- Request "NHSN Reporting" using the "Request Additional Activities" link on the Public Health Partners page
- Your request will be approved within one business day

Enrollment Complete: Access NHSN Reporting for Set-up

The screenshot shows the NHSN Landing Page with the following content:

CDC Department of Health and Human Services
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:

Select facility within the above group:

Select component:

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

Notes

Next steps: Set-up NHSN for your dialysis clinic

- Add the 'Outpatient Hemodialysis Clinic' location
- Add other NHSN users for your facility (each user will need to apply for his/her own digital certificate)
- Add monthly reporting plans

Once set-up is complete, begin reporting surveillance data

Help!

All of the dropdown menus are grayed-out and not accessible

- No selections are necessary, just click 'Submit' to continue

Help!

I still have a question about NHSN enrollment

- Contact the NHSN Helpdesk at nhsn@cdc.gov