

NHSN Dialysis Event Surveillance

NHSN Enrollment for Outpatient Dialysis

Audience

- ❑ **Any person enrolling a dialysis clinic or center in NHSN**
 - Known as the NHSN Facility Administrator

- ❑ **NHSN group users who want to understand the facility enrollment process**
 - Note: Groups enroll in NHSN differently than facilities, please see Guides for the Group Function in the NHSN Resource Library <http://www.cdc.gov/nhsn/library.html#group>

Learning Objectives

- ❑ **Where to find resources for NHSN enrollment**
- ❑ **Define NHSN users roles**
- ❑ **Explain NHSN Enrollment Steps 1 – 5**

NHSN Enrollment Resources

CDC Home
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People. Saving Money through Innovation

A-Z Index **A** **B** **C** **D** **E** **F** **G** **H** **I** **J** **K** **L** **M** **N** **O** **P** **Q** **R** **S** **T** **U** **V** **W** **X** **Y** **Z**

National Healthcare Safety Network (NHSN)

- NHSN**
- Join NHSN
- About NHSN
- Communication Updates
- Enrollment Requirements**
- Patient Safety Component
- Device-associated Module
- DE - Dialysis Event**
- FAQ's About Version 6.4 Changes
- Procedure-associated Module
- Medication-Associated Module

[NHSN > Patient Safety Component](#)

DE - Dialysis Event

Infections, including bacteremia, are a leading cause of death among hemodialysis patients. These are infections of the vascular access related to the patient's vascular access types (ordered by increasing risk): arteriovenous (AV) fistulas created from native vessels, arteriovenous grafts of synthetic materials, permanent (tunneled) central venous catheters, and temporary (nontunneled) central venous catheters.

Among patients with a hemodialysis catheter-related bacteremia, there are 2.0 episodes per patient-year. The incidence of fistula placements and decreases in both incident and prevalent...

NHSN Helpdesk email:
nhsn@cdc.gov

General enrollment resources
<http://wwwdev.cdc.gov/nhsn/enroll.html>

Dialysis specific enrollment and reporting resources
http://www.cdc.gov/nhsn/psc_da_de.html

Enrollment Checklist for Dialysis Facilities

- ❑ The checklist is a helpful tool for dialysis facilities to complete enrollment efficiently
- ❑ Complete steps in order
- ❑ Time needed for each step is estimated

Other resources are available on the NHSN Dialysis Event website: http://www.cdc.gov/nhsn/psc_da_da.html
Need Help? Contact the NHSN Helpdesk at nhsn@cdc.gov

NHSN Enrollment Checklist for Dialysis Facilities

Complete items in order Time

Step 1: Training and Preparation

<input type="checkbox"/> Complete Dialysis Event module training at http://www.cdc.gov/nhsn/psc_da_da.html	3 hour
<input type="checkbox"/> Complete Outpatient Dialysis Center Practices Survey on paper (needed for Step 4)	1 hour
<input type="checkbox"/> Add www.cdc.gov to list of trusted websites and permit pop-ups for these sites	5 min
<input type="checkbox"/> Change spam-blocker settings to allow all NHSN@cdc.gov & PHINTech@cdc.gov emails	10 min

Step 2: Register

<input type="checkbox"/> Agree to Rules of Behavior at http://nhsn.cdc.gov/RegistrationForm/index.jsp	5 min
<input type="checkbox"/> Register facility with NHSN (will need facility CMS Certification number [CCN])	5 min

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

Step 3a: Request Digital Certificate

<input type="checkbox"/> Using the "Welcome to NHSN!" email, request your digital certificate	15 min
<input type="checkbox"/> Make a copy of your challenge phrase (password), note upper/lower case letters and special characters	1 min

Immediately after a successful request, receive NHSN email, subject "NHSN Digital Certificate Request Confirmation"

Step 3b: Install Digital Certificate

Within 3 business days of request, receive PHINTech email "Action Required—CDC Digital Certificate is Ready to Install"

<input type="checkbox"/> Using the instructions provided in PHINTech email, install digital certificate	30 min
<input type="checkbox"/> Save a copy of digital certificate; the "key" is your challenge phrase (password) from Step 3	5 min

Step 4: Submit Forms Electronically

<input type="checkbox"/> Access NHSN Enrollment at https://edn.cdc.gov using your challenge phrase (password) from Step 3	2 min
<input type="checkbox"/> Submit required forms online, facility type is "AMB-NEMO – Hemodialysis Center", component is Patient Safety	30 min

Immediately after successfully submitting forms, receive NHSN email, subject "NHSN Facility Enrollment Submitted"

Step 5: Sign and Send Consent

<input type="checkbox"/> From the "NHSN Facility Enrollment Submitted" email, access and print consent form	5 min
<input type="checkbox"/> Get Patient Safety Primary Contact Person's and facility leadership's signatures on consent form	varies
<input type="checkbox"/> Return signed consent form to CDC (contact information is on the bottom of page 3), keep a copy for your records	5 min

Within 3 business days of CDC's receipt of the consent form, receive NHSN email, subject "NHSN Enrollment Approved"

NHSN Set-up

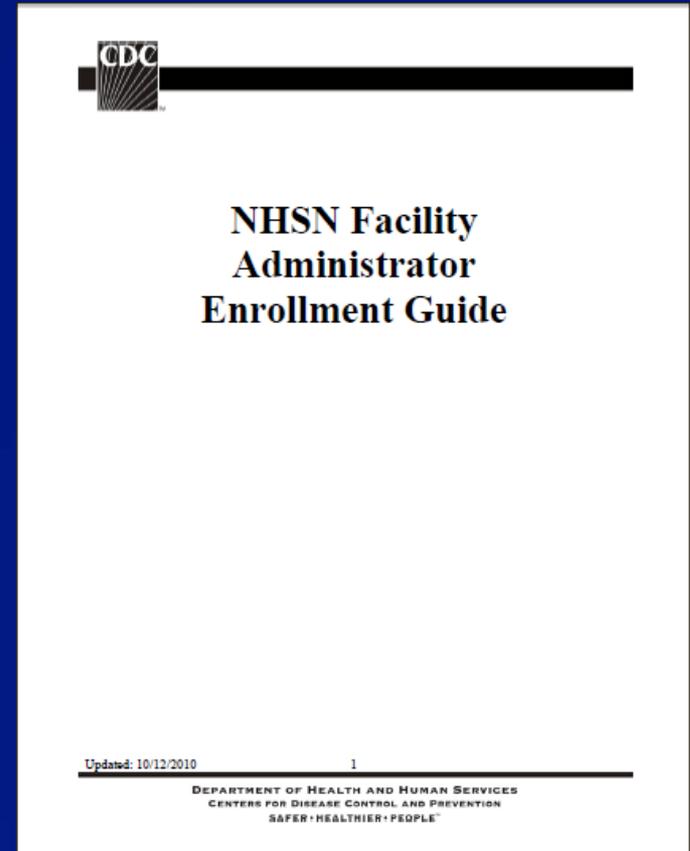
<input type="checkbox"/> Access NHSN Reporting at https://edn.cdc.gov using your challenge phrase (password) from Step 3	2 min
<input type="checkbox"/> Add "Outpatient Hemodialysis Clinic" location (you choose a code/label, bedsize = # of stations)	5 min
<input type="checkbox"/> Add Monthly Reporting Plans; mark the DE checkbox for your "Outpatient Hemodialysis Clinic" location and save	5 min
<input type="checkbox"/> (optional) Add users & assign rights	10 min

Report to NHSN

For the Dialysis Event Training to ensure accurate reporting

Reference Materials

- **NHSN Facility Administrator Enrollment Guide**
 - A general resource, not specific to dialysis
 - Contains instructions and tips



Enrolling Multiple Dialysis Clinics

- ❑ Each dialysis facility should enroll separately
- ❑ If you have multiple dialysis clinics to enroll (for example, satellite clinics) start by enrolling one clinic first
- ❑ After the first clinic is enrolled, refer to instructions for additional clinics:
<http://www.cdc.gov/nhsn/PDFs/slides/EnrollingMultipleDialysisFacilities.pdf>
- ❑ Enrolling additional facilities is much simpler after the first one is activated

Key Personnel Roles

- ❑ **The person who enrolls a facility in NHSN is called the Facility Administrator**
- ❑ **Across components, the Facility Administrator:**
 - Manages users and user rights
 - Manages locations and patients
 - Can add, edit & delete facility data
 - Authority to nominate groups (data sharing arrangements)
- ❑ **Only the Facility Administrator can reassign their role to another user**

Key Personnel Roles

- ❑ **NHSN Patient Safety Primary Contact Person**
 - Interacts most closely with CDC for Patient Safety Component

- ❑ **NHSN User**
 - Rights are determined by Facility Administrator
 - View data
 - Data entry
 - Data analysis
 - May be given administrative rights

- ❑ **One person may hold multiple roles**

NHSN Enrollment Steps 1 – 5

1. Training and Preparation

2. Register

Receive 'Welcome to NHSN' email

3a. Request Digital Certificate

Receive 'NHSN Digital Certificate Request Confirmation' email

3b. Install Digital Certificate

Receive 'Action Required-Digital Certificate is Ready to Install' email

4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

Training and Preparation (Step 1)

- ❑ Review all training materials before beginning enrollment
- ❑ Dialysis training requirements are listed on the Dialysis Event website:
http://www.cdc.gov/nhsn/psc_da_de.html
- ❑ Note: Any person collecting data, regardless of whether or not they have access to NHSN for data entry, must be familiar with the Dialysis Event Protocol

Training and Preparation (Step 1)

- ❑ Technical steps for enrollment may require assistance from your IT department
- ❑ Change spam-blocker settings to allow all email from:
 - nhsn@cdc.gov
 - PHINTech@cdc.gov
- ❑ Add https://*.cdc.gov and https://*.verisign.com to trusted sites list and allow pop-ups
 - In Internet Explorer, open “Tools” menu, select “Internet Options”
 - Add trusted sites on the “Security” tab
 - Allow pop-ups on the “Privacy” tab

NHSN Enrollment Steps 1 – 5

1. Training and Preparation



2. Register

Receive 'Welcome to NHSN' email

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Receive 'NHSN Enrollment Approved' email

Register (Step 2)

- ❑ Read and Agree to the Rules of Behavior
- ❑ Go to <http://nhsn.cdc.gov/RegistrationForm/index.jsp>

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

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 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

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

Agree Do Not Agree

Register (Step 2)

□ Facility Administrator completes this form:

- Your name
- Check your email address! Use the same email address for all enrollment steps
- CCN is a 6 digit CMS Certification #

□ Click 'Save'

Required trainings are listed on the NHSN Dialysis Event website. Indicate the date you completed training.

Personal Information

*Last name:

*First name:

Middle name:

*Email address:

Facility Identifier

*Please select a facility identifier:

CCN 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:

Reset Save

Register (Step 2)

- Following successful registration, you will immediately receive a welcome to NHSN email with instructions to request a digital certificate (step 3a)

From: NHSN (CDC)
To:
Cc:
Subject: NHSN Registration

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/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf>.

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.) 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

NHSN Enrollment Steps 1 – 5

1. Training and Preparation

2. Register

Receive 'Welcome to NHSN' email



3a. Request Digital Certificate

Receive 'NHSN Digital Certificate Request Confirmation' email

3b. Install Digital Certificate

Receive 'Action Required-Digital Certificate is Ready to Install' email

4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email

5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

Secure Data Network (SDN) & Digital Certificate

- ❑ **SDN provides secure online access to and exchange of information between CDC & public health partners**
- ❑ **Users enroll in SDN and obtain a digital certificate to get access to CDC applications**
- ❑ **A digital certificate is an electronic document installed on a user's computer to certify the user's:**
 - Identity
 - Authorization to exchange information on the network
- ❑ **CDC uses SDN so that users transfer information privately and securely to NHSN**
- ❑ **Specific IT requirements for installation**

Request Digital Certificate (Step 3a)

- ❑ Arrive at this website from welcome email link
- ❑ Enter the password provided in the welcome email
- ❑ Press “Accept”



The screenshot shows the CDC website interface for Digital ID Enrollment. At the top, there are navigation links for "CDC Home", "Search", and "Health Topics A-Z". The main heading is "Centers for Disease Control and Prevention - Digital ID Enrollment". On the left side, there is a sidebar with the CDC logo and the tagline "SAFER • HEALTHIER • PEOPLE™", followed by "SDN Support" and contact information: "800-532-9929", "770-454-4863", and "phintech@cdc.gov". The main content area features a red "WARNING" message: "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 is the heading "Enter Enrollment Password" and a text box with the instruction: "Please enter the password for CDC's Digital ID Services and click Accept." The text box contains a "Password:" label and an empty input field. At the bottom of the text box is an "Accept" button.

Request Digital Certificate (Step 3a)

SDN enrollment

Important!

Use the same email address entered during registration (step 2) and verify that is it correct.

Step 1: Enter Personal Information

Items with (*) are required.

Prefix	<input type="text"/>	Preferred Name	<input type="text"/>
* First Name	<input type="text"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text"/>	Degree	<input type="text"/>
* Email Address	<input type="text"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer	<input type="text"/>	Program or Division	<input type="text"/>
* Employer Type	<input type="text" value="Other"/>		
* Job Type	<input type="text" value="Other"/>		
* Phone	<input type="text"/>	Fax	<input type="text"/>
Work Address (130 characters maximum)	<input type="text"/>	* U.S. State (required for US)	<input type="text" value="Pick a State"/>
		U.S. County	<input type="text" value="Pick a County"/>
* City	<input type="text"/>	* Zip Code	<input type="text"/>
* Country	<input type="text" value="United States"/>		
* Alternate Contact :			
* Name	<input type="text"/>	* Phone	<input type="text"/>

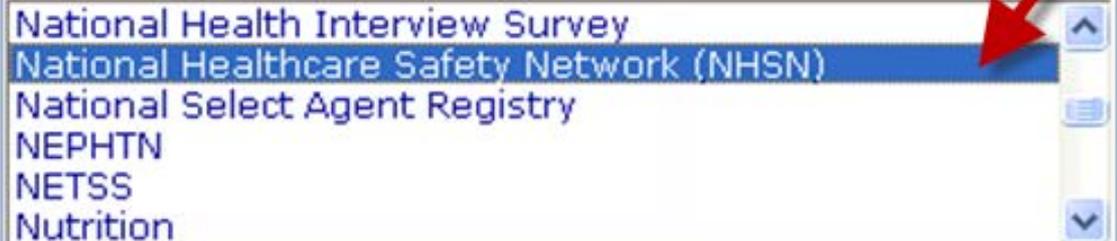
Next

Request Digital Certificate (Step 3a)

- ❑ Select “National Healthcare Safety Network (NHSN)” from the Programs listed
- ❑ Select “NHSN Enrollment” from the activities listed, then click ‘Next’

Select the program whose activities you want to join.

National Health Interview Survey
National Healthcare Safety Network (NHSN)
National Select Agent Registry
NEPHTN
NETSS
Nutrition



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

NHSN Enrollment
NHSN Reporting



Next

Request Digital Certificate (Step 3a)

- ❑ **Create your SDN challenge phrase (password)**
- ❑ **You will need to provide your challenge phrase (password) every time you access NHSN**
 - **Make a copy of your challenge phrase (password) for future reference**
 - **Note upper and lowercase letters and any special characters**
- ❑ **Enter and confirm your SDN challenge phrase (password), choose “Next”**

Important! Make a copy of your challenge phrase.

Request Digital Certificate (Step 3a)

[CDC Home](#)[Search](#)[Health Topics A-Z](#)

Centers for Disease Control and Prevention - Digital ID Enrollment

SDN Support

800-532-9929
770-454-4863
phintech@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.](#)

Challenge Phrase

Request Digital Certificate (Step 3a)

- Once your challenge phrase (password) is created, you will receive confirmation that your digital certificate has been requested

From: NHSN (CDC)
Subject: NHSN Digital Certificate Request Confirmation

SDN has received your request for a digital certificate. Please do not apply for another digital certificate unless told to do so by someone from the SDN help desk. If you have not received an email from SDN within 5 working days informing you that you can download your digital certificate, or if you have trouble downloading your certificate, please contact SDN at 1-800-532-9929.

VERY IMPORTANT: To access the NHSN after you install your digital certificate, go to the SDN (<https://sdn.cdc.gov>), enter your challenge phrase, and then click on your NHSN activity.

If you have any problems with NHSN, please feel free to contact us.

Thank you!

National Healthcare Safety Network (NHSN) Support
Email: nhsn@cdc.gov

NHSN Enrollment Steps 1 – 5

1. Training and Preparation



2. Register

Receive 'Welcome to NHSN' email



3a. Request Digital Certificate

Receive 'NHSN Digital Certificate Request Confirmation' email



3b. Install Digital Certificate

Receive 'Action Required-Digital Certificate is Ready to Install' email



4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email



5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

Install Digital Certificate (Step 3b)

- ❑ **Within 3 business days receive an email from PHINTech with digital certificate installation instructions**
 - Email subject line is “Action Required – Your CDC Digital Certificate Is Ready to Install”

- ❑ **If you do not receive the email within 3 business days, contact SDN**
 - e-mail: phintech@cdc.gov
 - telephone: 1-800-532-9929

Install Digital Certificate (Step 3b)

□ Email contains instructions and installation link

From: PHIN Helpdesk(CDC)
Subject: Action Required – Your CDC Digital Certificate Is Ready to Install

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=bdc97fbbe5d6e366c>

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

e-mail: phintech@cdc.gov

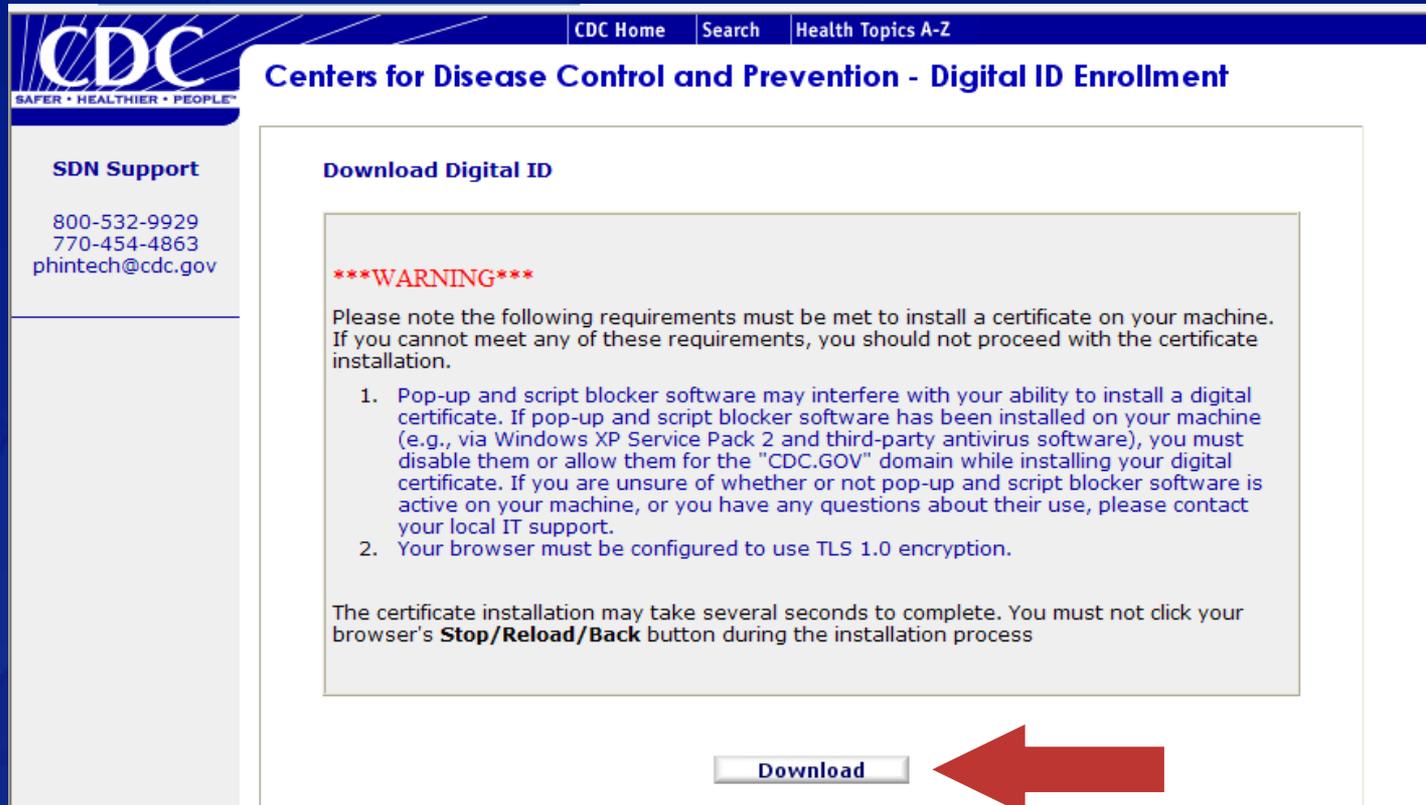
telephone: 1-800-532-9929

Install Digital Certificate (Step 3b)

- ❑ **Download the digital certificate onto the computer that you will use to access NHSN & report data**
- ❑ **Follow instructions in the email carefully**
- ❑ **Recommend involving your IT department**
- ❑ **Must use Internet Explorer to download**
- ❑ **Add trusted sites:**
 - https://*.cdc.gov/
 - https://*.verisign.com/
- ❑ **Click link in digital certificate request approved email**
- ❑ **Enter your challenge phrase (password) & click “Submit”**

Install Digital Certificate (Step 3b)

- Click “Download” to install digital certificate



The screenshot shows the CDC website's "Digital ID Enrollment" page. At the top, there is a navigation bar with "CDC Home", "Search", and "Health Topics A-Z". The CDC logo is on the left, with the tagline "SAFER • HEALTHIER • PEOPLE". Below the logo is a sidebar for "SDN Support" with contact information: 800-532-9929, 770-454-4863, and phintech@cdc.gov. The main content area is titled "Centers for Disease Control and Prevention - Digital ID Enrollment" and "Download Digital ID". A prominent warning box contains the text: "***WARNING*** Please note the following requirements must be met to install a certificate on your machine. If you cannot meet any of these requirements, you should not proceed with the certificate installation." followed by two numbered requirements: 1. Pop-up and script blocker software may interfere with your ability to install a digital certificate. If pop-up and script blocker software has been installed on your machine (e.g., via Windows XP Service Pack 2 and third-party antivirus software), you must disable them or allow them for the "CDC.GOV" domain while installing your digital certificate. If you are unsure of whether or not pop-up and script blocker software is active on your machine, or you have any questions about their use, please contact your local IT support. 2. Your browser must be configured to use TLS 1.0 encryption. Below the warning box, a note states: "The certificate installation may take several seconds to complete. You must not click your browser's **Stop/Reload/Back** button during the installation process". At the bottom of the page, there is a "Download" button, which is highlighted by a large red arrow pointing to it from the right.

CDC Home Search Health Topics A-Z

CDC
SAFER • HEALTHIER • PEOPLE

Centers for Disease Control and Prevention - Digital ID Enrollment

SDN Support

800-532-9929
770-454-4863
phintech@cdc.gov

Download Digital ID

*****WARNING*****

Please note the following requirements must be met to install a certificate on your machine. If you cannot meet any of these requirements, you should not proceed with the certificate installation.

1. Pop-up and script blocker software may interfere with your ability to install a digital certificate. If pop-up and script blocker software has been installed on your machine (e.g., via Windows XP Service Pack 2 and third-party antivirus software), you must disable them or allow them for the "CDC.GOV" domain while installing your digital certificate. If you are unsure of whether or not pop-up and script blocker software is active on your machine, or you have any questions about their use, please contact your local IT support.
2. Your browser must be configured to use TLS 1.0 encryption.

The certificate installation may take several seconds to complete. You must not click your browser's **Stop/Reload/Back** button during the installation process

Download

Install Digital Certificate (Step 3b)

- ❑ **Download begins automatically**
 - If system settings are correct
 - If settings are incorrect, contact your IT dept and/or SDN
 - Security warning asks if you want to install and run VeriSign Import Control, click “Yes”

- ❑ **Once installed, confirmation page appears**
 - Verify installation in Internet Explorer
 - Click on “Tools” menu, choose “Internet Options”
 - Select the “Content” Tab, click “Certificates” button
 - Save a copy of the digital certificate to an external device
 - Locate your certificate in Internet Explorer, click “Export” to save

Save a Copy of your Digital Certificate

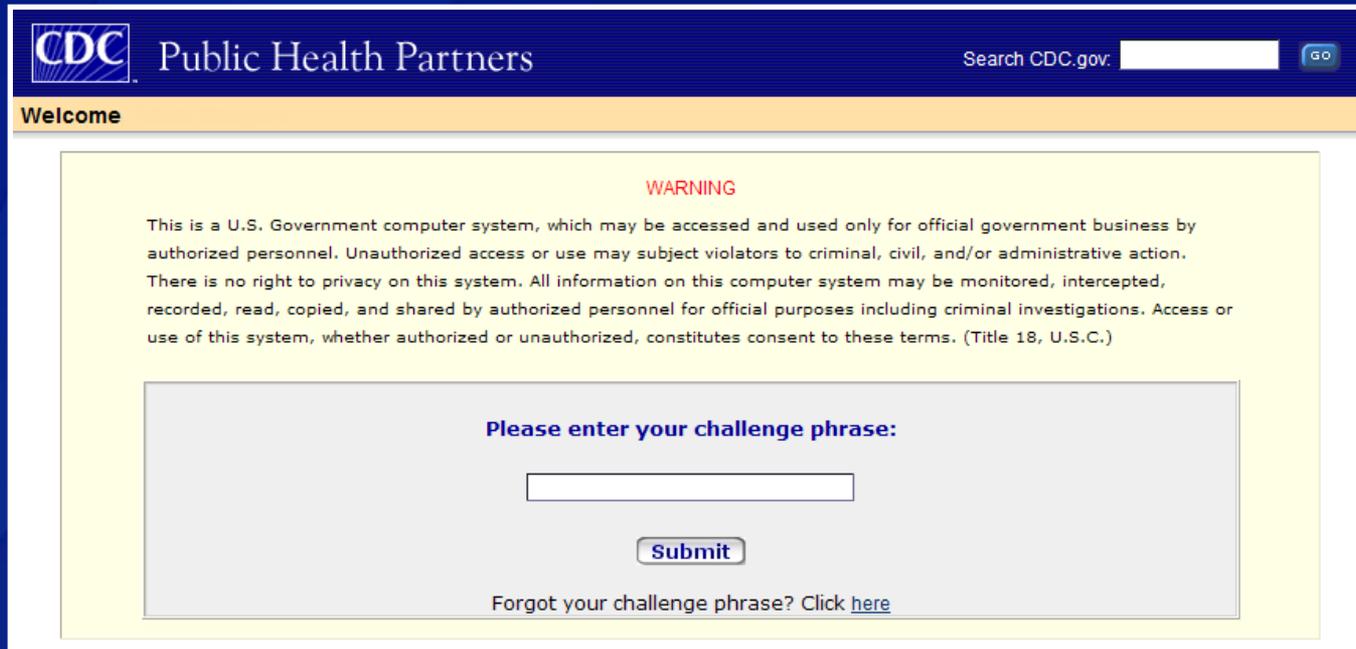
The screenshot shows the following steps:

1. Click on the **Tools** menu.
2. Click on **Internet Options**.
3. Click on the **Content** tab in the Internet Options dialog.
4. Click on the **Certificates** button.
5. Select the certificate issued to **Your Name**.
6. Click on the **Export...** button.

You will be prompted for a 'key' to export your digital certificate. The key is your challenge phrase (password).

Install Digital Certificate (Step 3b)

- ❑ If digital certificate is correctly installed, you will immediately be able to access <https://sdn.cdc.gov/>



The screenshot shows the CDC Public Health Partners website. At the top left is the CDC logo and the text "Public Health Partners". To the right is a search bar labeled "Search CDC.gov." with a "Go" button. Below the header is a "Welcome" banner. The main content area has a yellow background with a red "WARNING" heading. The warning text reads: "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 is a grey box with the text "Please enter your challenge phrase:" followed by an input field and a "Submit" button. At the bottom of the grey box is a link: "Forgot your challenge phrase? Click [here](#)".

- ❑ If you cannot access SDN's Public Health Partners website, contact SDN at 1-800-532-9929

Digital Certificates

- ❑ **Digital certificates are user specific:**
 - Do not share your digital certificate!
 - Install it on the computer you will use for NHSN reporting
 - You can install your digital certificate on additional computers if necessary (e.g., your work desktop & laptop)
 - If different users share a computer for NHSN, multiple certificates (one/user) can be installed on same computer
- ❑ **Save a copy of it to an external device as soon as it is installed**
- ❑ **CDC pays for digital certificates**
- ❑ **Renewed annually - email is sent 30 days before expiration**

NHSN Enrollment Steps 1 – 5

1. Training and Preparation



2. Register

Receive 'Welcome to NHSN' email



3a. Request Digital Certificate

Receive 'NHSN Digital Certificate Request Confirmation' email



3b. Install Digital Certificate

Receive 'Action Required-Digital Certificate is Ready to Install' email



4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email



5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

Submit Forms Electronically (Step 4)

- ❑ To log on to NHSN, go to SDN's Public Health Partners website: <https://sdn.cdc.gov>
- ❑ Enter your challenge phase (password)

CDC Public Health Partners

Search CDC.gov.

Welcome

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 phase:

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

Submit Forms Electronically (Step 4)



Public Health Partners

Search CDC.gov:

[Partners Home](#) | [My Preferences](#) | [Help](#) | [Logout](#)

My Applications

National Healthcare Safety 

> [NHSN Enrollment](#)

> [Request Additional Activities](#)

Electronic Reference

Select a database and search term to locate journals.

Database:

Search for:

Emerging Infectious Diseases Journal

Current issue [Volume 17, Number 3—March 2011](#)

Topics include pregnancy and emerging infections; avian influenza; MRSA; chikungunya virus; recurrent TB.

Preventing Chronic Disease Journal

Volume 8: Issue 2

ISSN: 1545-1151

HIGHLIGHTS

- > [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](#)

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SAFER • HEALTHIER • PEOPLE™

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Department of Health
and Human Services

Submit Forms Electronically (Step 4)

- ❑ First, click 'Access and Print required enrollment forms'



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](#)



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

Submit Forms Electronically (Step 4)

- Print forms for Outpatient Dialysis Centers

Facility Enrollment Forms

Patient Safety Component

Hospital applicants, print these:

[Facility Contact Information](#)

[Facility 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](#)

Biovigilance Component

Any facility type, print these:

[Facility Contact Information](#)

[Facility Survey](#)

Back

Submit Forms Electronically (Step 4)



Page 1 of 2

Facility Contact Information

OMB No. 0920-0666
Exp. Date: 05-31-2014

* 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#:

Not Applicable

*CMS Certification Number (CCN):

Not Applicable

*VA Station Code:

Not Applicable

If none of the above identifiers is applicable, enter CDC-provided Enrollment #:

*Facility Type: AMB-HEMO - Hemodialysis Center

*Was this facility operational in the survey year? YES NO

Submit Forms Electronically (Step 4)

*Was this facility operational in the survey year? YES

***NHSN Components:**
Indicate which component(s) the Facility will use initially (components may be added later)

Patient Safety Component

Healthcare Personnel Safety Component

Biovigilance Component

NHSN Facility Administrator:

*Name: _____

Title: _____

*Mailing Address: (if different from facility)

*City: _____ *State: _____

*Telephone Number:() Extension: _____

FAX Number:()

Pager Number:()

*Email: _____ *User Name: _____

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of individual patients, staff, or facilities will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual patient, staff member, or facility.

- Dialysis reporting is in the Patient Safety Component
- The NHSN Facility Administrator is person enrolling the facility
 - Use the same email address as in steps 2 and 3

Submit Forms Electronically (Step 4)

- **Dialysis requires Patient Safety Primary Contact**
 - Person who will be most involved with Patient Safety surveillance
 - Can be the same person as the Facility Administrator

 **NHSN**
National Healthcare Safety Network

Facility Contact Information

Page 2 of 2

OMB No. 0920-0666
Exp. Date: 09-30-2012

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: _____

Submit Forms Electronically (Step 4)

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:	Valid email account required	
Microbiology Laboratory Director/Supervisor (if different from Facility Administrator)			
*Name:			
Title:			
*Mailing Address: (if different from facility) _____ _____			
*City:	*State:	*ZIP:	-
*Telephone Number:()	Extension:	FAX Number:()	
Pager Number:()	*Email:	Valid email account required	
Biovigilance Primary Contact (if different from Facility Administrator)			
*Name:			
Title:			
*Mailing Address: (if different from facility) _____ _____			

HCP Safety
Primary Contact
is not required
for dialysis

Lab Contact is
required – can
use FA if n/a

Biovigilance
Primary Contact
is not required
for dialysis

Submit Forms Electronically (Step 4)

- ❑ **The Outpatient Dialysis Center Practices Survey is an enrollment requirement:**
 - You cannot finish enrollment in NHSN until it is complete

- ❑ **Print it out today and get started!**
 - Available on the Dialysis Event website:
http://www.cdc.gov/nhsn/forms/57.104_PSOutptDialysisSurv_BLANK.pdf

Submit Forms Electronically (Step 4)

Please respond to the following questions based on records from your facility for the first week of January (applies to current or most recent January relative to current date).

B. Patient and staff census

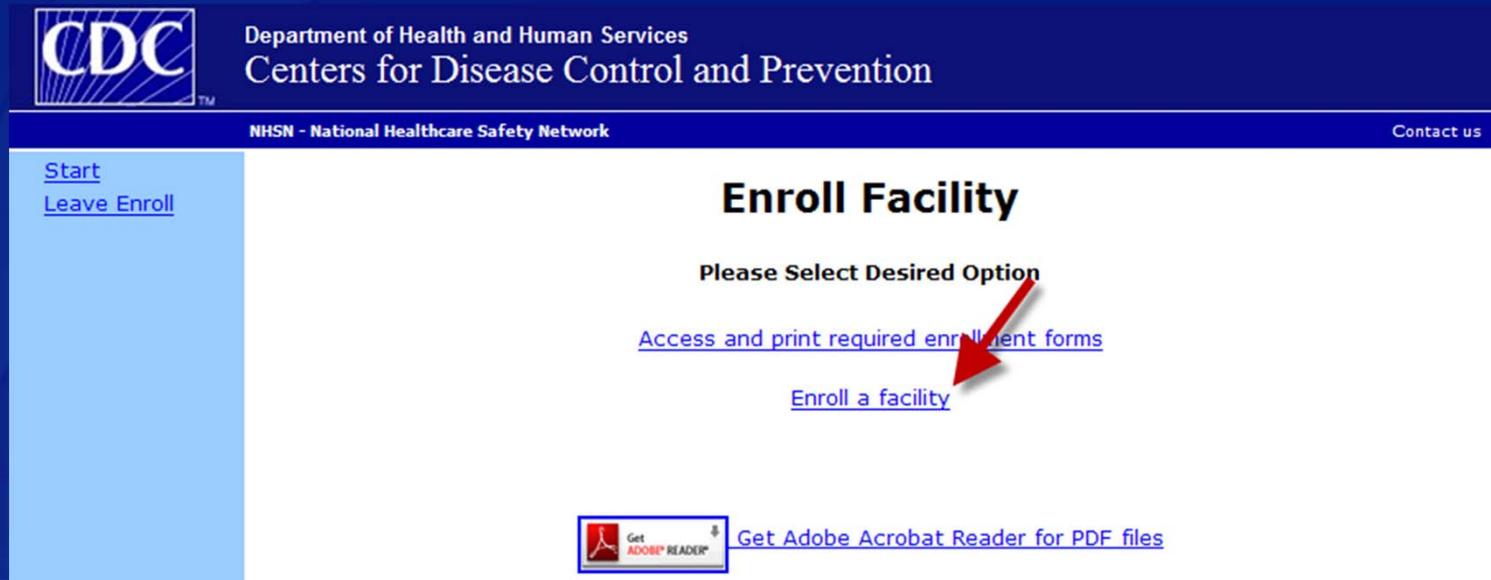
- *12. How many CHRONIC, NON-TRANSIENT dialysis **PATIENTS** were assigned to your center during the first week of January? _____
Of these, please indicate the number who received:
- a. in-center hemodialysis: _____
 - b. home hemodialysis: _____
 - c. peritoneal dialysis: _____
- *13. How many full-time and part-time **PATIENT CARE** staff were employed in your facility during the first week of January? *Include only staff who had direct contact with dialysis patients or equipment:* _____
Specify the number of these clinical staff by category:
- a. nurse/nurse assistant: _____
 - b. dialysis patient-care technician: _____
 - c. dialysis biomedical technician: _____
 - d. social worker: _____
 - e. dietician: _____
 - f. physicians/physician assistant: _____
 - g. nurse practitioner: _____
 - h. other: _____

C. Vaccines

- *14. Of the patients counted in question 12, how many received:
- a. at least 3 does of hepatitis B vaccine (ever)? _____
 - b. the influenza (flu) vaccine for this flu season (September or later)? _____
 - c. the pneumococcal vaccine (ever)? _____
- *15. Does your facility use standing orders to allow nurses to administer vaccines to patients without a

Submit Forms Electronically (Step 4)

- ❑ After accessing, printing and completing required enrollment forms, click “Enroll a facility”
- ❑ From here, complete Enrollment Step 4 in one session!
 - You cannot save work in progress



The screenshot shows the CDC NHSN website interface. At the top left is the CDC logo, followed by the text "Department of Health and Human Services" and "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 white and features the heading "Enroll Facility" in bold. Below the heading is the instruction "Please Select Desired Option". Two blue underlined links are listed: "Access and print required enrollment forms" and "Enroll a facility". A red arrow points from the first link down to the second link. At the bottom of the page, there is a small Adobe Reader logo and the text "Get Adobe Acrobat Reader for PDF files".

Submit Forms Electronically (Step 4)

□ Submit required form information



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

NHSN - National Healthcare Safety Network

[Contact us](#)

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

Facility Enrollment

[Print PDF Form](#)

Mandatory fields marked with *

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 HCFA ID (not NPI)*: Select if CMS HCFA ID Not Applicable

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

Facility's Object Identifier (OID) for CDA

Object Identifier:

[Verify Data](#)

Click to verify values provided above before proceeding.

Submit Forms Electronically (Step 4)

- ❑ Facility Type for dialysis clinics:
 - AMB-HEMO – Hemodialysis Center
- ❑ NHSN Component: Patient Safety

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

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

Facility Type *

NHSN Components

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

Patient Safety Component
 Healthcare Personnel Safety Component
 Biovigilance

NHSN Facility Administrator

First name*:

Submit Forms Electronically (Step 4)

- ❑ Survey cannot be saved in progress, complete paper form first to be able to submit all survey information in one session

The screenshot shows the 'Add Annual Survey' form on the NHSN website. The header includes the CDC logo and the text 'Department of Health and Human Services, Centers for Disease Control and Prevention'. Below the header, there are navigation links: 'Start', 'Leave', and 'Enroll'. The main title of the form is 'Add Annual Survey'. A 'HELP' icon is visible. The form contains several mandatory fields marked with an asterisk (*):

- Facility ID:** A dropdown menu with the selected value 'Test Dialysis Facility1 (ID 10001)'.
- Survey Type:** A dropdown menu with the selected value 'DIAL - Outpatient Dialysis Center Survey Data'.
- Survey Year:** A dropdown menu.

Below these fields is a section titled 'Facility Information:' with three numbered items:

1. Ownership of your dialysis center: * [Dropdown menu]
2. Location/hospital affiliation of your dialysis center: * [Dropdown menu]
3. Types of dialysis services offered (check all that apply): *
 - In-center hemodialysis
 - Peritoneal dialysis

At the top right of the form area, there is a link for 'Print Dialysis Survey'.

Submit Forms Electronically (Step 4)

- ❑ Once survey information is saved, a green checkmark displays next to it
 - Can print a completed survey for your records
- ❑ Once all required forms information is entered and saved, click 'Submit'
 - If you print your survey, don't forget to press submit!

Required survey(s)

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

Submit



Submit Forms Electronically (Step 4)

- ❑ Once required forms are submitted, confirmation message displays



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 'Test Facility' with tracking number 99999 has been completed. The Facility Administrator will receive an email with further instructions.

- ❑ Immediately receive an NHSN email with a link to your consent form
 - If you do not receive this email, contact the NHSN Helpdesk
 - nhsn@cdc.gov

NHSN Enrollment Steps 1 – 5

1. Training and Preparation



2. Register

Receive 'Welcome to NHSN' email



3a. Request Digital Certificate

Receive 'NHSN Digital Certificate Request Confirmation' email



3b. Install Digital Certificate

Receive 'Action Required-Digital Certificate is Ready to Install' email



4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email



5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email

Sign and Send Consent (Step 5)

- ❑ NHSN email, subject line “NHSN Facility enrollment submitted” links to your consent form**
 - Consent forms are facility-specific, you must print the consent form provided in the email link**
- ❑ You have 30 days to open the link and print form**
- ❑ Once printed, CDC must receive it within 60 days**

Sign and Send Consent (Step 5)

- ❑ May need to login to SDN's Public Health Partners page and then copy the link and paste into the browser to open the consent form

From: NHSN (CDC)
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. Fax the signed consent to (404)929-0131, or mail to: NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Rd, NE, Atlanta, GA 30329.

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

Sign and Send Consent (Step 5)

- Agreement to Participate and Consent includes:
 - NHSN Purposes
 - Eligibility
 - Data collection and reporting requirements
 - Assurance of Confidentiality

NHSN Agreement to Participate and Consent Page 1 of 3

Tracking # _____

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects national data on healthcare-associated adverse events and their risk factors. Healthcare facilities may participate in NHSN for one of two reasons: (1) voluntarily, i.e., on their own initiative and for their own purposes or (2) as a result of a state or federal mandatory reporting requirement. Depending on the applicable state or federal mandatory reporting requirements, data provided by healthcare facilities to NHSN may be made accessible to state and/or federal agencies, or any other entity as prescribed by such requirements. In the absence of a state mandatory reporting requirement, NHSN patient safety component and healthcare personnel safety component data provided by healthcare facilities to NHSN will be made accessible or provided to a state agency at the request of that agency for surveillance and agency will be made to the extent permis

NHSN Agreement to Participate and Consent Page 2 of 3

Purposes of NHSN
The purposes of NHSN are to:

- Collect data from a sample of health care facilities to estimate the magnitude of and estimate of the adherence to prevent adverse events.
- Analyze and report collected data to provide facilities with risk-adjusted local quality improvement activities.
- Assist facilities in developing surveillance of patient and healthcare worker measures.
- Conduct collaborative research on the epidemiology of emerging health care-associated infections, the importance of potential risk factors of resistance, and evaluate alternative interventions to reduce the burden of infection.
- Provide state departments of health with data for surveillance, prevention, and control of healthcare-associated infections.
- Provide to state agencies, at their request, data for surveillance, prevention, and control of healthcare-associated infections.

Eligibility Criteria
Facilities participating in NHSN must meet the following criteria:

- Be a bona fide healthcare facility that is listed in one of the (AHA); Centers for Medicare and Medicaid Services (CMS) and have email addresses for NHSN that they will use to access NHSN.

Eligibility Criteria (cont.)

- Comply with secure access control requirements of the system.
- Be willing to follow the selected NHSN component protocols exactly and report complete and accurate data in a timely manner during months when reporting data for use by CDC.
- Be willing to share such data with CDC for the purposes stated above.
- Be able to provide written consent for participation in NHSN by a member of the facility's chief executive leadership (i.e., the highest level administrator at a facility; typically the Chief Executive Officer, may be the Medical Director for outpatient facilities).

NHSN Agreement to Participate and Consent Page 3 of 3

Data Collection and Reporting Requirements for Participation
Once accepted into NHSN, each facility must:

- Use the NHSN Internet-based data entry system to report data to CDC.
- Successfully complete an annual survey.
- Successfully complete one or more modules as required by the following:
 - For the selected component, if any, of the modules will be submitted for a minimum of 6 months of the Biogigant data for the entire year to maintain active status in NHSN.
 - Adhere to the selected module during the months when one of surveillance methodology apply.
 - Report adverse events/exposures required for the module(s) by the end of the month.
 - For those months when the HAIs are reported, confirm the accuracy of the data.
 - Pass quality control acceptance accuracy.
- NHSN facilities must agree to report to CDC that are identified in their facility by the CDC.
- Failure to comply with these requirements will be offered the opportunity to withdraw after withdrawal, a facility may apply for re-approval.

There is no fee for participation in NHSN.

Assurance of Confidentiality
The voluntarily provided information obtained in identification of any individual or institution is confidential, will be used only for the purposes stated without the consent of the individual, or the institution, as required by the Public Health Service Act (42 USC 262(a)(2)(D)).

Required if participating in Component	Consent	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 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: _____		
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: _____

Sign and Send Consent (Step 5)

 **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: _____ - _____

- ❑ **Must be signed by**
 - Patient Safety Primary Contact Person
 - Facility Leadership

- ❑ **Requires signature from the highest level administrator at your facility**

Sign and Send Consent (Step 5)

- ❑ 2-3 business days after NHSN receives signed consent form, NHSN will activate your facility
- ❑ NHSN email notification of facility activation

From: NHSN (CDC)
Subject: NHSN enrollment approved

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

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

Facility Name: Test Facility
Facility ID #: xxxxx

As the Facility Administrator, you will now need to access the NHSN application through the SDN by selecting the NHSN Reporting activity. Once in the NHSN application, your first task should be to add those individuals who need to use the application ("users").

Once you add a user, that person will receive an email prompting her/him to obtain a digital certificate.

If you have any questions about NHSN, please contact us at nhsn@cdc.gov or <http://www.cdc.gov/nhsn>.

NHSN Enrollment Steps 1 – 5

1. Training and Preparation



2. Register

Receive 'Welcome to NHSN' email



3a. Request Digital Certificate

Receive 'NHSN Digital Certificate Request Confirmation' email



3b. Install Digital Certificate

Receive 'Action Required-Digital Certificate is Ready to Install'



4. Submit Forms Electronically

Receive 'NHSN Facility Enrollment Submitted' email



5. Sign and Send Consent

Receive 'NHSN Enrollment Approved' email



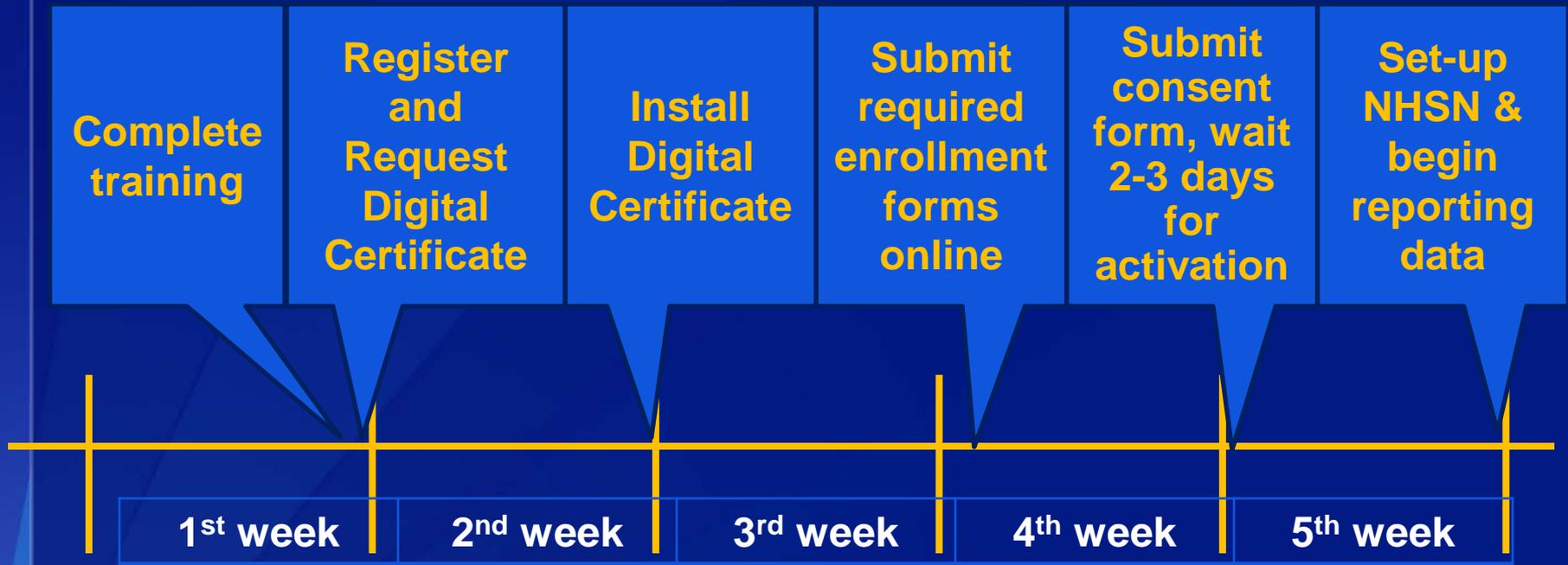
Enrollment is complete: Next is NHSN Set-Up

- ❑ **Set-up training is available on the Dialysis Event website**

- ❑ **Set-up NHSN for your facility**
 - Add users & assign user rights (optional)
 - Add 'Outpatient Hemodialysis Clinic' Location (required)
 - Create Monthly Reporting Plans (required)

- ❑ **Set-up is required before data can be reported**

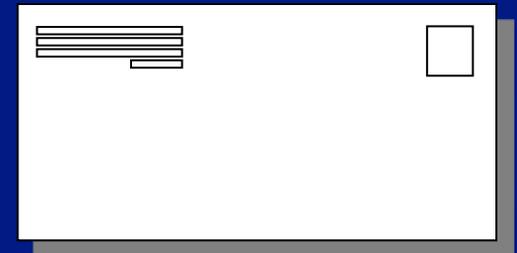
Suggested NHSN Enrollment Timeline



Work on Outpatient Dialysis
Center Practices Survey

Important !!

- ❑ Email is our only way to communicate with you!
- ❑ Please email nhsn@cdc.gov with any changes in your email address



Next Steps - If you plan to enroll

- ❑ Agree to Rules of Behavior and Register your Facility**
- ❑ Print and begin the Outpatient Dialysis Center Practices Survey**
- ❑ Print the enrollment checklist**
- ❑ If applicable, inform your ESRD Network or organization that you're enrolling**

Questions? Problems?
Contact the NHSN Helpdesk at
nhsn@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.