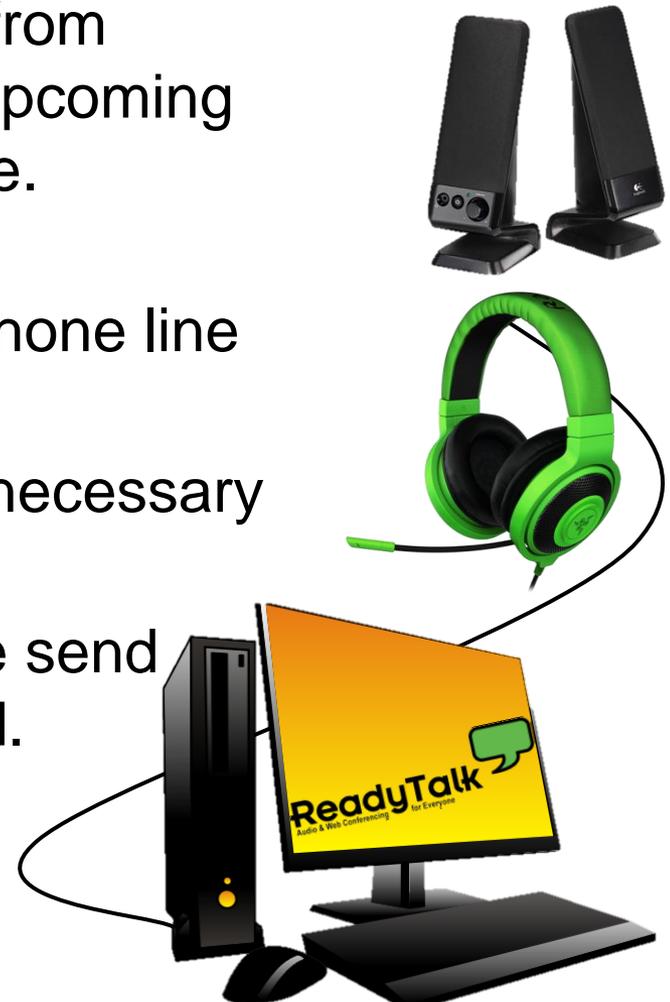


Welcome!

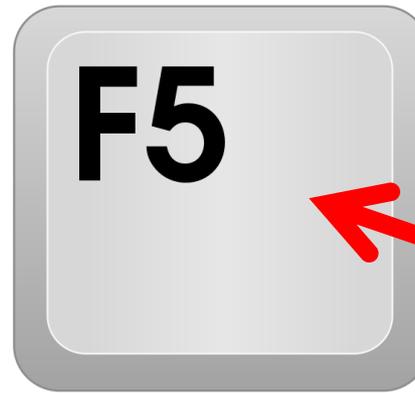
- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.
- This event is being recorded.



Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stops?

- Click **Refresh** icon
or
- Click **F5**



F5 Key
Top row of keyboard

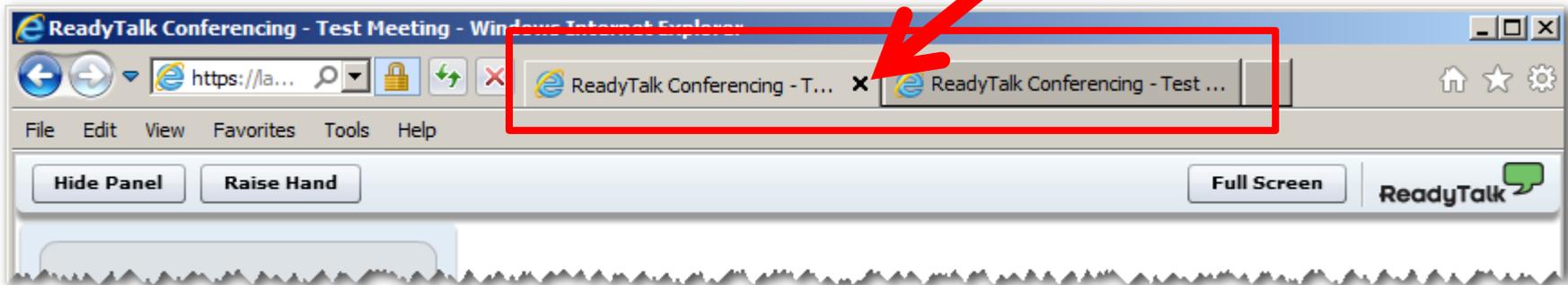


Location of buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the “Chat with Presenter” section located on the bottom-left corner of your screen.



A screenshot of a web browser window showing a CMS event chat interface. The window title bar includes "Hide Chat", "Return Home", "Full Screen", and "Ready100". The main content area features the CMS logo (CENTERS FOR MEDICARE & MEDICAID SERVICES) and the text "Welcome to Today's Event". Below this, a yellow horizontal line separates the header from the footer, which contains the text "Thank you for joining us today! Our event will start shortly." On the left side, there is a vertical chat window with a white background and a blue border. At the bottom of this chat window, there is a text input field labeled "Type questions here." and a "Send" button. The text "Chat with Presenter:" is visible above the input field.

A high-speed train, possibly a Shinkansen, is shown in motion, blurred to indicate speed. The train is white with yellow and blue accents. The background is a blurred landscape with a bright sun on the left, creating a lens flare effect. The train is moving towards the right.

The Express Train to Success: The Reporting of ASC-8

Karen VanBourgondien, BSN, RN

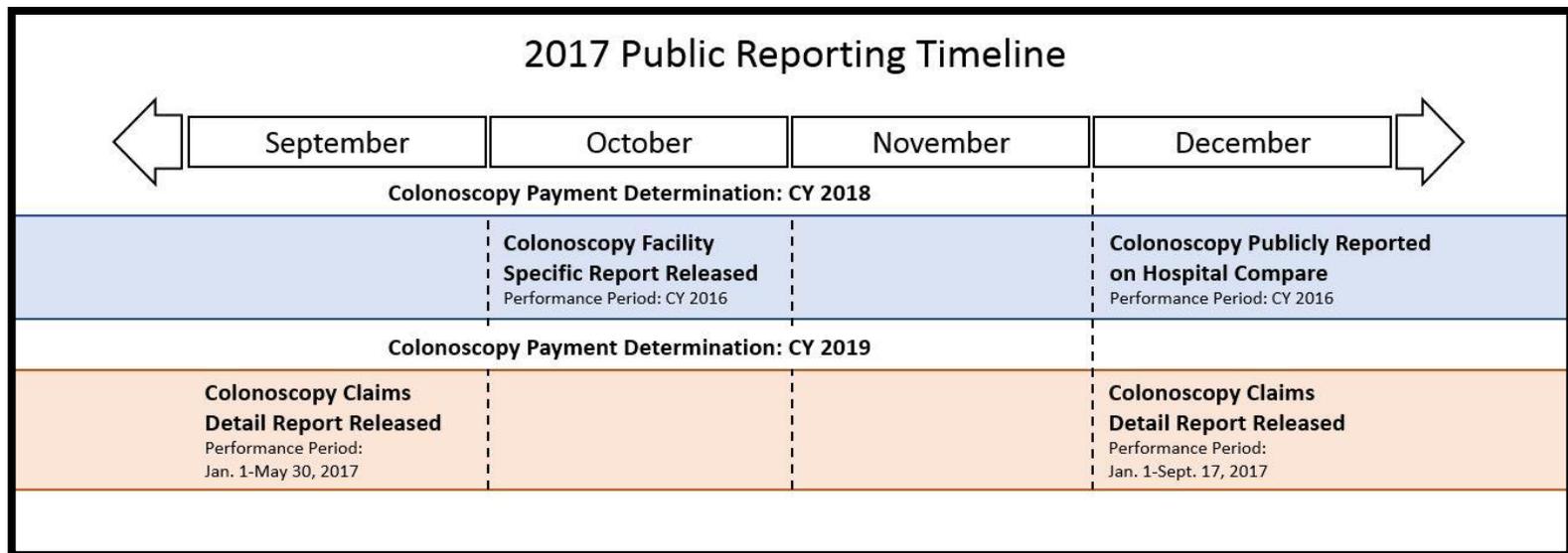
Education Coordinator

Ambulatory Surgical Center Quality Reporting (ASCQR) Program
Support Contractor

October 25, 2017

OP-32/ASC-12 Fall 2017 Reports: Overview

- HOPDs and ASCs received performance information on the ASC-12/OP-32 (colonoscopy) measure in two forms this Fall:
 - Claims-Detail Report (CDR) — September 2017
 - Facility-Specific Report (FSR) — October 2017
- The figure below depicts key timeline information related to the measure's implementation.



OP-32/ASC-12 Fall 2017 Reports: Key Differences

The FSR and CDR sent in Fall 2017 are for different reporting periods.

	Distribution Date	Performance Period	Anticipated Public Reporting	Payment Determination Year
FSR	October 2017	Calendar year (CY) 2016	December 2017	CY 2018
CDR	September 2017	January – May 2017	December 2018*	CY 2019

*Individual CDRs are not publicly reported and do not summarize facilities' performance for public reporting. Only FSRs contain information on facilities' performance results for public reporting.

OP-32/ASC-12 Fall 2017 Reports: Key Differences

The FSR and CDR contain different data elements.

Data Element	CDR	FSR
Patient-level data (included and excluded colonoscopy cases)	Yes	Yes
State and National measure results	No	Yes
Facility-level distribution of measure risk factors	No	Yes
Facility-level measure rate and performance category	No	Yes

OP-32/ASC-12 Fall 2017 Report: Resources

- For more information about the colonoscopy measure reports see: www.qualitynet.org > **Hospitals – Outpatient > Measures > Colonoscopy Measure > Reports** OR www.qualitynet.org > **Ambulatory Surgical Centers – Outpatient > Measures > Colonoscopy Measure > Reports**
- Facilities may submit questions and comments via the QualityNet **Question and Answer Tool**: <https://cms-ocsq.custhelp.com/>

Save the Date

- Upcoming ASCQR Program educational webinars:
 - **November TBA:** The CY 2018 OPPS/ASC Final Rule
- Notifications of additional educational webinars will be sent via **ListServe**.

Reminders

- Please keep your **QualityNet** and **National Healthcare Safety Network (NHSN)** passwords current.
 - Log into the system **every 90 days** to prevent password problems.
- It is recommended that the facility have at least two QualityNet **Security Administrators (SAs)**.
- Make sure you are signed up for the **ListServe**.

Learning Objectives

At the conclusion of this program, attendees will be able to:

- State the current flu season encounter dates and the submission deadline. (*Plan their trip*)
- Make the necessary preparations for enrolling their facility (*Pack their bags*)
- Identify at least three common hurdles when entering data for ASC-8 (*Get to the train station*)
- Access, log in, and report data for the ASC-8 measure (*Board their train*)



Planning Your Trip

ASC-8 Review

ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

- Reported via the National Healthcare Safety Network (NHSN), not through *QualityNet*
- Requires a separate enrollment process
- Collected for the current flu season:
 - **October 1, 2017** through **March 31, 2018**
- Submitted between:
 - **October 1, 2017** and **May 15, 2018**

Agreement to Participate and Consent

Update to Agreement to Participate and Consent Form:

- Primary Contacts and Facility Administrators to be notified via email
- Alerts will be placed on NHSN component pages
- Updated form to be available in December

Re-consent Deadline

- Primary Contacts must accept updated Re-consent form by **February 24, 2018**
- FAQs will be available online
- Direct questions to NHSN@cdc.gov, using subject line “NHSN Re-consent”



Packing Your Bags

Prep Work

- Enrollment and Set-Up
 - Training and Preparation
 - Register with NHSN
 - Register with Secure Access Management Services (SAMS)
 - Submit NHSN Facility Contact Form
 - Sign and send in consent
- Facility Set-Up
 - Add additional users and assign rights
 - Verify your facility's CMS Certification Number (CCN)

Using Your Grid Card

Warning: This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Choose a login option

External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

OR

SAMS Grid Card



Click the Login button to sign on with a SAMS Grid Card

Login

HHS Staff

AMS Login



[How to use AMS](#)

Login

OR

AMS One Time Password



[How to use OTP](#)

Login

For all HHS staff including

Enrolling Your Facility

The screenshot displays the CDC SAMS (Secure Access Management Services) website. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™". A search bar is located at the top right. Below the search bar is a "CDC A-Z INDEX" dropdown menu. A blue banner for "SAMS secure access management services" spans the width of the page. On the left side, there is a "Menu" section with links for "My Profile", "Logout", "SAMS User Guide", "SAMS User FAQ", and "Identity Verification Overview". The main content area is titled "My Applications" and features a section for "National Healthcare Safety Network" with two bullet points: "NHSN Reporting *" and "NHSN Enrollment *". A red arrow points to the "NHSN Enrollment *" link. Below this list is a note: "* Strong credentials required." The footer contains social media icons, a "NHSN Enrollment" link, and a navigation menu with items like "About CDC", "Jobs", "Funding", "Policies", "Privacy", "FOIA", "No Fear Act", and "OIG". Contact information for the "SAMS Help Desk" is provided on the bottom left, and "U.S. Department of Health & Human Services" information is on the bottom right.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

SEARCH

CDC A-Z INDEX ▾

SAMS
secure access management services

Menu

- My Profile
- Logout

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

National Healthcare Safety Network

- [NHSN Reporting *](#)
- [NHSN Enrollment *](#)

* Strong credentials required.

U.S. Department of Health & Human Services
HHS/Open
USA.gov

SAMS Help Desk
Monday-Friday
8:00AM to 6:00PM EST
Excluding U.S. Federal Holidays
877-681-2901
samshelp@cdc.gov

Choosing Enroll

Please Select Desired Option

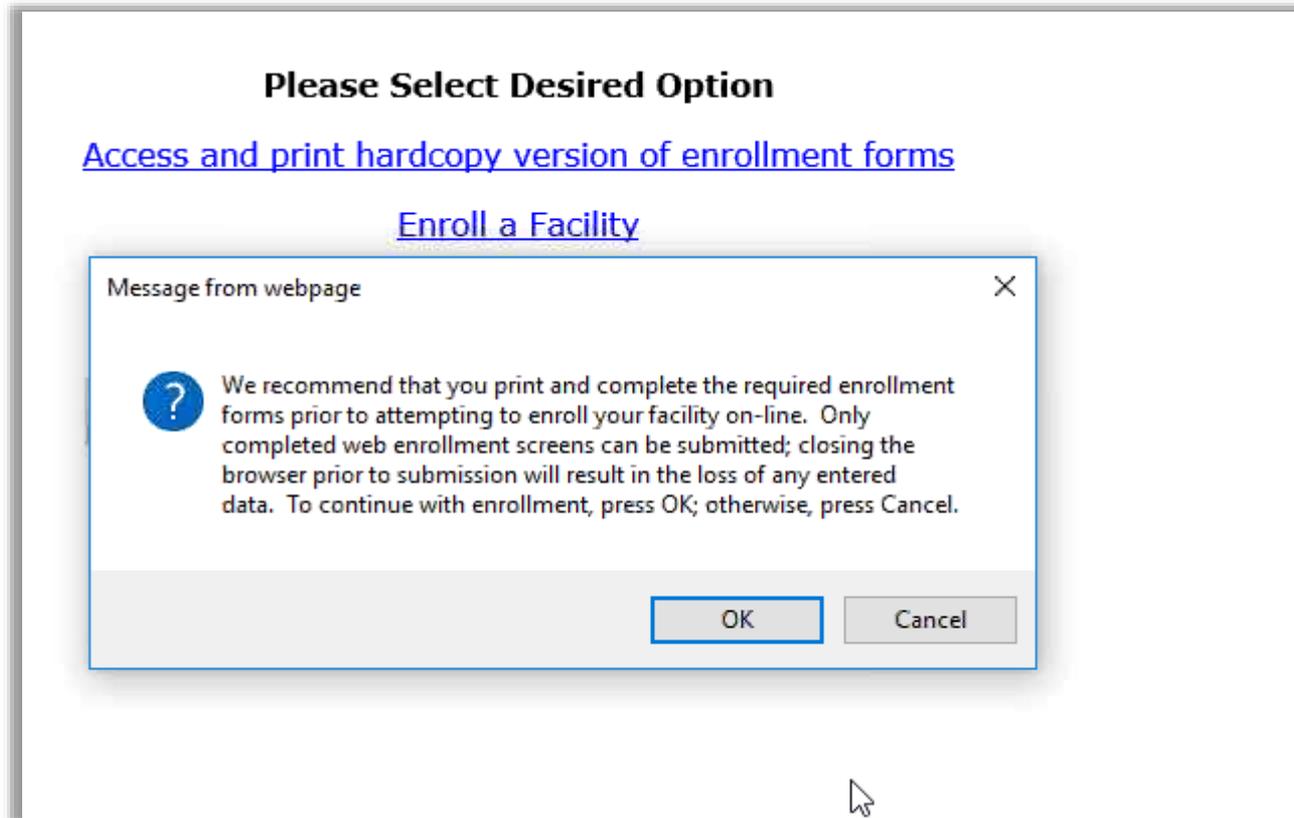
[Access and print hardcopy version of enrollment forms](#)

[Enroll a Facility](#)



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

Accessing Your Forms



Printing Your Forms

Facility Enrollment Forms

Patient Safety Component

Hospital applicants, print these:

[Facility Contact Information](#)

[Facility Survey](#)

Inpatient Rehabilitation Facility, print these:

[Facility Contact Information](#)

[Annual Facility Survey for IRE](#)

Long Term Acute Care Hospital, print these:

[Facility Contact Information](#)

[Annual Facility Survey for LTAC](#)

Ambulatory Surgery Centers, print these:

[Facility Contact Information](#)

[Annual Facility Survey for ASC](#)

Healthcare Personnel Safety Component

Any facility type, print these:

[Facility Contact Information](#)

Home Dialysis Facility, print these:

[Home Dialysis Center Practices Survey](#)

Long Term Care Facility Component

Any facility type, print these:

[Facility Contact Information](#)

[Facility Survey](#)

Biovigilance Component

Any facility type, print these:

[Facility Contact Information](#)

Acute-Care Facility, print these:

[Acute Care Facility Survey](#)

Non-Acute Care Facility, print these:

[Non-Acute Care Facility Survey](#)

Dialysis Component

AMB-HEMO facilities, print these:

[Facility Contact Information](#)

[Outpatient Dialysis Center Practices Survey](#)

Back

Completing Your Forms



Form Approved
OMB No. 0920-0666
Exp. Date: 11/30/2019
www.cdc.gov/nhsn

Facility Contact Information

Page 1 of 3

*required for saving		Tracking #:	
*Facility Name:			
*Main Telephone Number:			
*Mailing Address: _____ _____			
*City:	*County:	*State:	*ZIP: -
For each identifier listed below, enter the # / code or check "Not Applicable" if your facility does not have that identifier:			
*American Hospital Association ID#:	<input type="checkbox"/> Not Applicable		
*CMS Certification Number (CCN):	<input type="checkbox"/> Not Applicable		
*VA Station Code:	<input type="checkbox"/> Not Applicable		
If none of the above identifiers is applicable, enter CDC-provided Enrollment #:			
*Facility Type:			
*Was this facility operational in the survey year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*NHSN Components: Indicate which component(s) the Facility will use initially: (Components are available only to specific NHSN facility types. Please see NHSN enrollment guidance and surveillance protocols to determine which component(s) your facility should use within NHSN. Components may be added at any time after enrollment.)			
<input type="checkbox"/> Patient Safety Component	<input type="checkbox"/> Dialysis Component		
<input type="checkbox"/> Healthcare Personnel Safety Component	<input type="checkbox"/> Long Term Care Facility Component		
<input type="checkbox"/> Biovigilance Component			

Facility Type:
AMB-SURG-Outpatient
Surgery Facility

Electronic Version



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NHSN - National Healthcare Safety Network

 Enroll Facility

Mandatory fields marked with *

Page 1 of 2

NHSN 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*:

Not Applicable

CMS Certification Number (CCN)*:

Not Applicable

CCN Effective Date*:

VA Station Code*:

Not Applicable

Object Identifier:

Continue

Facility Enrollment Email

Subject: NHSN enrollment approved

Welcome to the National Healthcare Safety Network (NHSN)!

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

Facility Name: Test Facility

Facility ID: XXXXX

As the Facility Administrator you may now access the SAMS Partner Portal by clicking [here](#).

However, you must receive your SAMS grid card, which will be delivered to your home address via U.S. mail, before you may access NHSN through SAMS.

After you receive your grid card in the mail you can reach the NHSN activity home page directly by clicking <https://nhsn2.cdc.gov/nhsn/>.

When prompted, please enter your SAMS account User Name and Password, then click the Login button.

If you've forgotten your password, you may reset it by following the 'Forgotten Password' link on the SAMS Portal log in page.

Agreement to Participate

The Agreement to Participate and Consent Forms include:

- NHSN purposes
- Eligibility
- Data collection and reporting requirements
- Assurance of confidentiality

Enrollment Approved Email

Two or three business days after NHSN receives your signed forms:

- NHSN will activate your facility.
- Your Facility Administrator will receive an email notifying him or her of this activation.



Getting to the Train Station

Various Roles

- Facility Administrator
 - Enrolls the facility in NHSN
 - Has add/edit/delete rights for data, users, and users' access
 - The only person who can re-assign the role of Facility Administrator to another
- Users
 - Facility Administrator determines rights
 - May be given administrative rights
 - Can view data, data entry, and data analysis

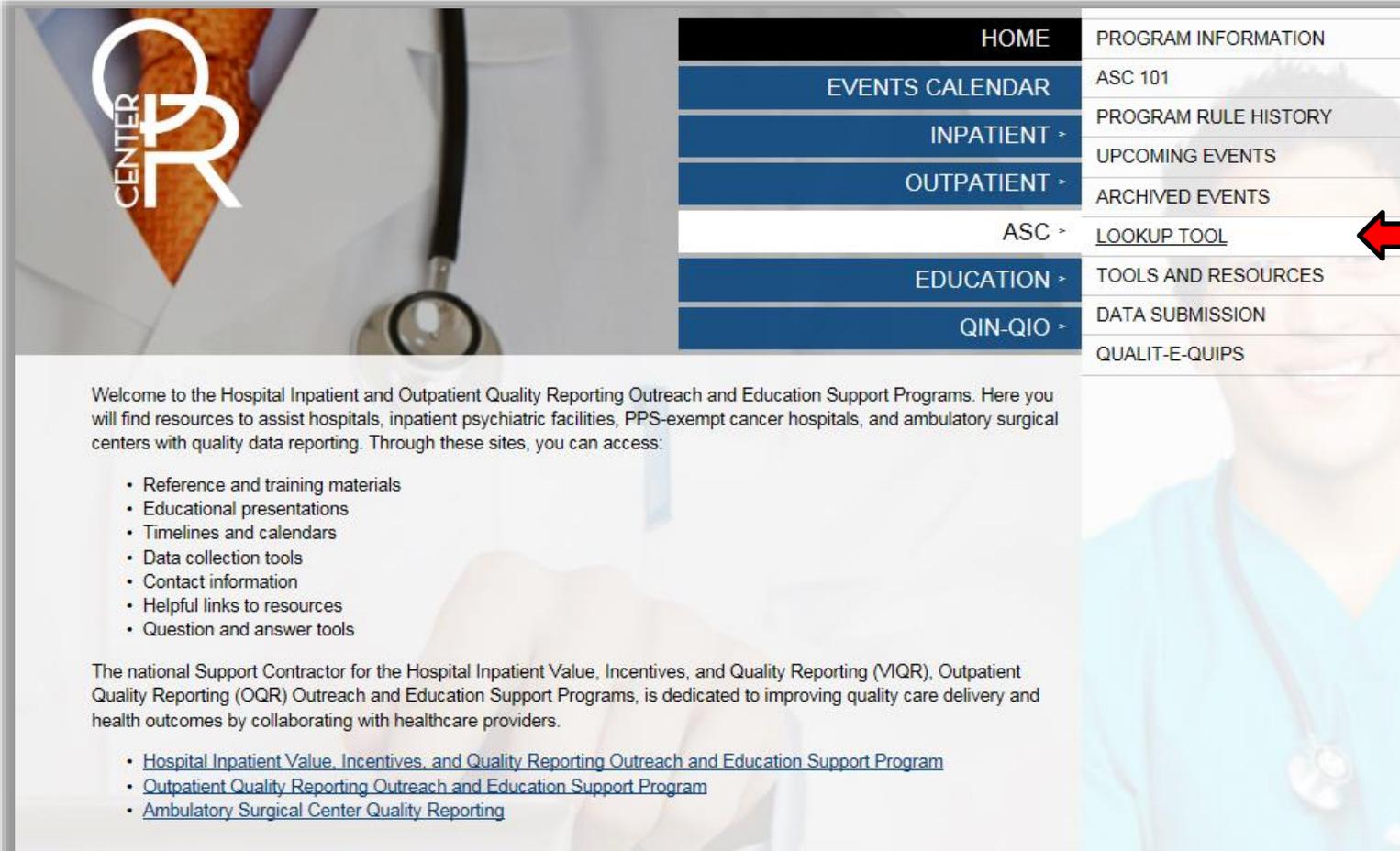
Verify Your CCN

An accurate CCN is required and is used to submit your information to CMS

- Verify or update your CCN
- Make sure you enter your CCN effective date
- Check our lookup tool if you do not know what your CCN is
 - <http://www.qualityreportingcenter.com/asc/ccn/>

Access Our Lookup Tool

www.qualityreportingcenter.com



CENTER FOR QUALITY REPORTING

HOME	PROGRAM INFORMATION
EVENTS CALENDAR	ASC 101
INPATIENT >	PROGRAM RULE HISTORY
OUTPATIENT >	UPCOMING EVENTS
ASC >	ARCHIVED EVENTS
EDUCATION >	LOOKUP TOOL
QIN-QIO >	TOOLS AND RESOURCES
	DATA SUBMISSION
	QUALIT-E-QUIPS

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (MIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program](#)
- [Outpatient Quality Reporting Outreach and Education Support Program](#)
- [Ambulatory Surgical Center Quality Reporting](#)

Find Your CCN

Lookup Tools

[Home](#) » [ASCQR Program](#) » Lookup Tools

Web-Based Status Listing (PY 2018)

The Web-Based Measure Status Listing is provided as a quick way to determine if your facility has completed data submission using a web-based tool for the following measures for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program:

- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures
- ASC-8: Influenza Vaccination Coverage among Healthcare Personnel*
- ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
- ASC-11: Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)

Data submission for these measures is required by the Centers for Medicare & Medicaid Services (CMS) in order to be eligible for the calendar year (CY) 2018 payment determination. ASCs may voluntarily submit data for ASC-11 and are not subject to a payment reduction during the voluntary reporting period.

* Data submission results for ASC-8 represent the 2016/2017 influenza season (October 1, 2016 – March 31, 2017). These data will not change after the May 15, 2017 deadline.

Log in to the [QualityNet website](#) for complete details on your data submission and to print a screenshot for your records.

Data Archives

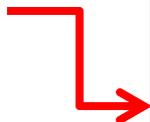
Visit the [Archive](#) pages via the links below to review a previous year's web-based data submission.

Use the Lookup Tool

Enter your facility's National Provider Identifier (NPI) or CMS Certification Number (CCN) into the field below. Your facility will not be visible in the database if no data have been submitted. NPIs are cross-referenced with the facility CCN to indicate if data were submitted for ASC-8 and will not update after the May 15 deadline.

Note: Data last updated August 16, 2017

NPI: or CCN:





Boarding the Train

Use Your SAMS Grid Card

Warning: This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Choose a login option

External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

OR

SAMS Grid Card



Click the Login button to sign on with a SAMS Grid Card

Login

HHS Staff

AMS Login



[How to use AMS](#)

Login

OR

AMS One Time Password



[How to use OTP](#)

Login

For all HHS staff including

Change Your Password



SAMS

secure access management services

Password Services



Alert:

Please change your current password before continuing.

User ID

k@abcsurgery.com

First Name

Donald

Last Name

Duck

You must specify a new password conforming to the rules listed below:

Your password must have eight or more characters and must contain at least one each of the following:

Letters (uppercase or lowercase)

Numbers

Special Characters / Symbols (such as # , @ or %)

You cannot reuse a password that you have used for SAMS during the previous 12 months.

Your password must not contain your Username.

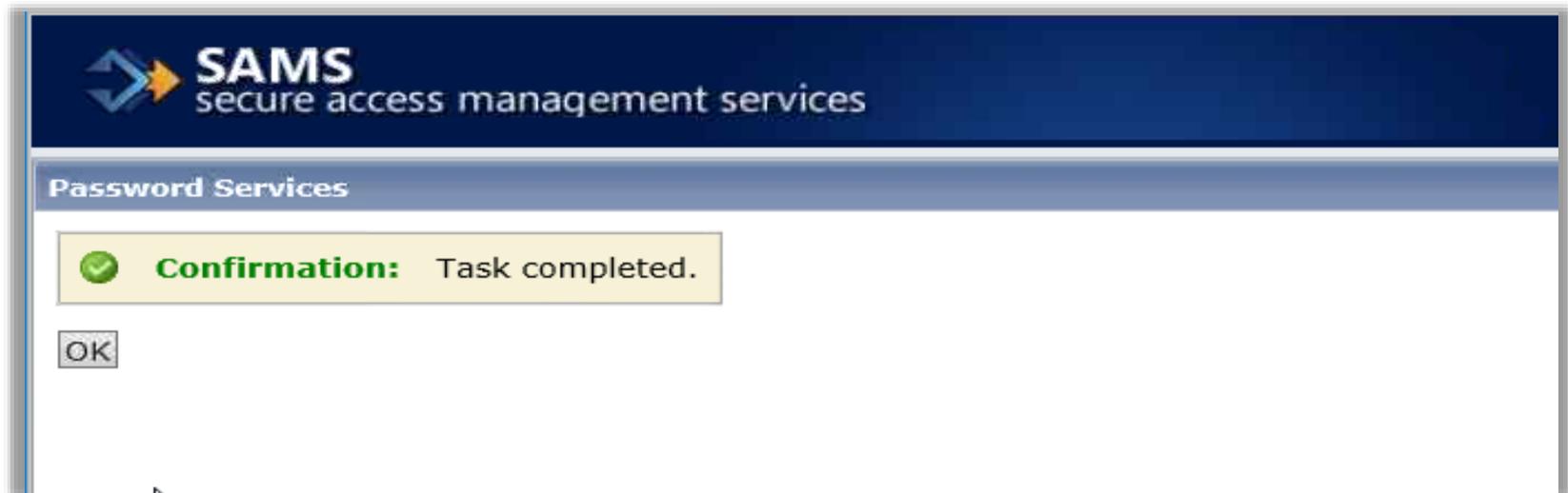
Password

Confirm Password

Submit

Cancel

Your Task Is Complete



Getting Ready to Report

Warning: This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Choose a login option

External Partners

SAMS Grid Card



SAMS has assigned you CDC GRID card number: 12345 . Please ensure this number matches the serial number printed on the lower left of your card.

Grid Card C5: H4: J5:

Login

HHS Staff

PIV Login



Click the Login button to sign on with a HHS PIV Card.

Login

For all HHS staff including Operating

AMS One Time Password



How to use OTP

Login

For all HHS staff including Operating

OR

NHSN Reporting

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

SEARCH

CDC A-Z INDEX

SAMS
secure access management services

Menu

- My Profile
- Logout

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

National Healthcare Safety Network

- NHSN Reporting *
- NHSN Enrollment *

* Strong credentials required.

U.S. Department of Health & Human Services
HHS/Open
USA.gov

SAMS Help Desk
Monday-Friday
8:00AM to 6:00PM EST
Excluding U.S. Federal Holidays
877-681-2901
samshelp@cdc.gov

NHSN Landing Page

The screenshot displays the NHSN Landing Page. At the top left is the CDC logo with the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives. Protecting People™". At the top right is the NHSN logo with the text "National Healthcare Safety Network". Below the logos is a blue header bar with the text "NHSN - National Healthcare Safety Network". The main content area has a light blue background with a "Welcome to the NHSN Landing Page" message. Below this is a user profile icon and two dropdown menus: "Select component:" with "Healthcare Personnel Safety" selected, and "Select facility/group:". A "Submit" button is located below the dropdowns. A "Rectangular Snip" label is visible in the top right corner of the browser window. A small globe icon is in the bottom right corner of the page.

Home Page

The screenshot shows the NHSN National Healthcare Personnel Safety Component Home Page. At the top left is the CDC logo with the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives. Protecting People™". At the top right is the NHSN logo with the text "National Healthcare Safety Network". Below the logos is a dark blue navigation bar with "NHSN - National Healthcare Safety Network" on the left and a user profile on the right showing "DDUCK01" and "ABC Surgery". On the left side of the page is a vertical menu with items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophyl/Treat, Flu Summary, Surveys, Analysis, Users, Facility, Group, and Logout. The main content area has a header "NHSN Healthcare Personnel Safety Component Home Page" with a small profile picture. Below the header is a blue "Action Items" section with a dropdown arrow and the text "You have no action items." Below this is a "Assurance of Confidentiality" section with a paragraph of text. At the bottom left of the main content area is a small Adobe Reader icon and a link "Get Adobe Acrobat Reader for PDF files".

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

NHSN National Healthcare Safety Network

DDUCK01
ABC Surgery

NHSN Home

Alerts

Reporting Plan

HCW

Lab Test

Exposure

Prophyl/Treat

Flu Summary

Surveys

Analysis

Users

Facility

Group

Logout

NHSN Healthcare Personnel Safety Component Home Page

▼ Action Items

You have no action items.

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

Get Adobe Acrobat Reader for PDF files

Add a Reporting Plan (1 of 2)

The screenshot displays the NHSN (National Healthcare Safety Network) interface. At the top left is the CDC logo with the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives, Protecting People™". At the top right is the NHSN logo with the text "National Healthcare Safety Network". Below the logos is a blue header bar with "NHSN - National Healthcare Safety Network" on the left and a user profile on the right showing "DDUCK01" and "ABC Surgery".

The main content area is titled "NHSN Healthcare Personnel Safety Component Home Page". On the left side, there is a vertical navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Flu Summary, Surveys, Analysis, Users, Facility, Group, and Logout. The "Reporting Plan" item is highlighted, and a dropdown menu is open, showing three options: "Add", "Find", and "Incomplete".

The main content area below the navigation menu contains the text "You have no action items." and a section titled "Assurance of Confidentiality" with the following text: "The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d))."

At the bottom of the page, there is a small logo for "Get Adobe Reader" and a link that says "Get Adobe Acrobat Reader for PDF files".

Add a Reporting Plan (2 of 2)

 Centers for Disease Control and Prevention
CDC 24/7. Saving Lives, Protecting People™

 NHSN
National Healthcare Safety Network

NHSN - National Healthcare Safety Network

 DDUCK01
ABC Surgery

- NHSN Home
- Alerts
- Reporting Plan ▶
- HCW ▶
- Lab Test ▶
- Exposure ▶
- Prophy/Treat ▶
- Flu Summary ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Add Monthly Reporting Plan

Mandatory fields marked with *

*Facility ID: ABC Surgery (ID 12345)
*Month:
*Year:

No NHSN Healthcare Personnel Safety Modules Followed this Month

Healthcare Personnel Exposure Modules

- Blood/Body Fluid Exposure Only
- Blood/Body Fluid Exposure with Exposure Management
- Influenza Exposure Management

Healthcare Personnel Vaccination Module

- Influenza Vaccination Summary

[Print Form](#)

Where's My Data?

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

NHSN National Healthcare Safety Network

DDUCK01
ABC Surgery

Add Monthly Reporting Plan

[Print Form](#)

Mandatory fields marked with *

*Facility ID: ABC Surgery (ID 12345)

*Month:

*Year:

No NHSN Healthcare Personnel Safety Modules Followed this Month

Healthcare Personnel Exposure Modules

- Blood/Body Fluid Exposure Only
- Blood/Body Fluid Exposure with Exposure Management
- Influenza Exposure Management

Healthcare Personnel Vaccination Module

- Influenza Vaccination Summary

Alert

No data found for March,2018

OK

Save Back

Add a Flu Summary

The screenshot displays the NHSN National Healthcare Safety Network interface. At the top left is the CDC logo with the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives, Protecting People™". At the top right is the NHSN logo with the text "National Healthcare Safety Network". Below the logos is a blue header bar with "NHSN - National Healthcare Safety Network" on the left and a user profile "DDUCK01 ABC Surgery" on the right. A left-hand navigation menu lists various options: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophyl/Treat, Flu Summary, Surveys, Analysis, Users, Facility, Group, and Logout. The "Flu Summary" option is highlighted, and a dropdown menu is open showing "Add", "Find", and "Incomplete". The main content area is titled "NHSN Healthcare Personnel Safety Component Home Page" and features an "Action Items" section with the message "You have no action items." Below this is a privacy notice: "Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not be released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d))." At the bottom of the page, there is an Adobe Reader logo and a link: "Get Adobe Acrobat Reader for PDF files".

Choose the Correct Options

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

National Healthcare Safety Network

NHSN - National Healthcare Safety Network

DDUCK01
ABC Surgery

NHSN Home

- Alerts
- Reporting Plan ▶
- HCW ▶
- Lab Test ▶
- Exposure ▶
- Prophy/Treat ▶
- Flu Summary ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Add Influenza Vaccination Summary

Mandatory fields marked with *

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

Facility ID *:

Vaccination type *:

Influenza subtype *:

Flu Season *:

2017/2018
 2016/2017
 2015/2016
 2014/2015
 2013/2014
 2012/2013
 2011/2012

Date Last Modified:

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Custom Fields

Comments

Enter Your Data

Add Influenza Vaccination Summary

Mandatory fields marked with *

[Print Form](#)

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

Facility ID *:

Vaccination type *:

Influenza subtype *:

Flu Season *:

Date Last Modified:

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	<input type="text" value="10"/>	<input type="text" value="3"/> x	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	<input type="text" value="7"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Custom Fields

Comments

What If You Made an Error?

Add Influenza Vaccination Summary

Mandatory fields marked with *

[Print Form](#)

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

Facility ID *:

Vaccination type *:

Influenza subtype *:

Flu Season *:

Date Last Modified:

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and September 30 of the current year	<input type="text" value="12"/>	<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility since the start of the current year	<input type="text" value="7"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Number of HCP who provided a written report or documentation of influenza vaccination status for each HCP category since the start of the current year	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Alert

The sum of HCP vaccination status 2 thru 6 must be equal to category 1 for each HCP category.

Custom Fields

Comments

Take the Survey

 **Add Influenza Vaccination Summary**

Mandatory fields marked with *

[Print Form](#)

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

Facility ID *:

Vaccination type *:

Influenza subtype *:

Flu Season *:

Date Last Modified:

	Employee HCP		Non-Employee HCP	
	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day betw	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility	<input type="text" value="7"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Number of HCP who provided a written report or documentation of influenza became available this season	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Custom Fields

Comments

Message from webpage

 We are interested in knowing the methods your facility uses to encourage healthcare worker influenza vaccination. Please select the OK button to save summary data and continue to complete a brief survey of your methods. The survey can also be entered from the left navigation bar at any time. Press Cancel to save summary data and continue without entering survey data.

10/25/17

49

You Did It!

 Successfully added/updated Influenza Vaccination Summary record.

Mandatory fields marked with *

[Print Form](#)

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

Facility ID *: ABC Surgery (ID 12345)

Vaccination type *: Influenza

Influenza subtype *: Seasonal

Flu Season *: 2017/2018

Date Last Modified: 09/28/2017

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	10	3	0	0
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	7	2	0	0
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	1	0	0	0
4. Number of HCP who have a medical contraindication to the influenza vaccine	1	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	1	1	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0

Custom Fields

Comments

[Click to Edit Flu Summary](#)

Edit

Delete

Back

summary.action

Print a Copy



Influenza Vaccination Summary

Mandatory fields marked with *

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

Facility ID*: ABC Surgery (ID 12345)

Vaccination type*: Influenza

Influenza subtype*: Seasonal

Flu Season*: 2017/2018

Date Last Modified: 09/28/2017

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll)*	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants*	Adult students/trainees & volunteers*	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	10	3	0	0
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	7	2	0	0
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	1	0	0	0
4. Number of HCP who have a medical contraindication to the influenza vaccine	1	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	1	1	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0

Custom Fields



Picking Up More Passengers

Add a User

The screenshot displays the NHSN National Healthcare Personnel Safety Component Home Page. At the top left is the CDC logo with the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives, Protecting People™". At the top right is the NHSN logo with the text "National Healthcare Safety Network". Below the logos is a dark blue navigation bar with "NHSN - National Healthcare Safety Network" on the left and a user profile "DDUCK01 ABC Surgery" on the right. A left-hand navigation menu includes "NHSN Home", "Alerts", "Reporting Plan", "HCW", "Lab Test", "Exposure", "Prophy/Treat", "Flu Summary", "Surveys", "Analysis", "Users", "Facility", "Group", and "Logout". The "Users" menu item is highlighted, and a dropdown menu is open, showing "Add" and "Find" options. A yellow bar with a large blue number "1" is positioned above the "Add" option. The main content area is titled "NHSN Healthcare Personnel Safety Component Home Page" and contains sections for "Action Items", "COMPLETE THESE ITEMS", and "ALERTS". At the bottom, there is a confidentiality notice and a link to "Get Adobe Acrobat Reader for PDF files".

Complete the Information

 **Add User**

Mandatory fields marked with *

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

Prefix:

First Name *:

Middle Name:

Last Name *:

Title:

User Active:

User Type:

Phone Number *: Extension:

Fax Number:

E-mail Address *: x

Address, line 1:

Address, line 2:

Address, line 3:

City:

State:

County:

Zip Code: Zip Code Ext.:

Home Phone Number: Home Extension:

Beeper:

Assign Rights



Add User Rights



Users rights saved successfully.

User ID: MPOPPINS(ID 121212)

Fac: ABC Surgery (ID 12345)

Facility List:

Rights	Patient Safety	Healthcare Personnel Safety	Biovigilance	Long Term Care	Dialysis	
Administrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analyze Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Add, Edit, Delete	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
View Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Customize Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced

[Effective Rights](#)

[Save](#)

[Back](#)

New User Email

From: nhsn@cdc.gov
Date: Sep 28, 2017 10:30 AM
Subject: [External Source] Welcome to NHSN!
To: "MPoppins" <mpoppins@abcsurgery.com>
Cc: nhsn@cdc.gov

Welcome to the National Healthcare Safety Network (NHSN)!

You have been added as the type of user indicated for the following facility or Group:

Facility or Group Name: ABC Surgery

User Type:

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

https://nhsn.cdc.gov/RegistrationForm/User.jsp?user_email=mpoppins@abcsurgery.com ←

Once you have agreed to the Rules of Behavior, you will need to register with the Centers for Disease Control and Prevention's (CDC) Secure Access Management System (SAMS) and submit documentation for identity proofing. SAMS is a web portal designed to provide centralized access to public health information and computer applications operated by the CDC.

If you are already an active NHSN user, you may disregard the instructions in this email. Log in to the Secure Access Management System (SAMS) and access NHSN Reporting.

If you have already completed the SAMS process for another CDC application but you have not previously had access to NHSN, please contact nhsn@cdc.gov and indicate that you need the NHSN Reporting Activity in SAMS.

For questions regarding NHSN, please email nhsn@cdc.gov.

Additional NHSN information is also available at <http://www.cdc.gov/nhsn>.

Rules of Behavior

The screenshot shows the CDC website for the National Healthcare Safety Network (NHSN). At the top, the CDC logo and name are displayed, along with the tagline "Your Online Source for Credible Health Information". A navigation bar contains an "A-Z Index" and a list of letters from A to Z, plus a hash symbol. Below this, the page title "National Healthcare Safety Network (NHSN)" is shown in green. A breadcrumb trail includes "NHSN Home Page" and "NHSN Registration". A link to "back to NHSN Enrollment Requirements" is provided. The main heading is "User Rules of Behavior". The introductory text states that users must read and agree to the rules for system security. A scrollable box contains the "1 INTRODUCTION" and "1.1 PURPOSE" sections. Below the scroll box are two buttons: "Agree" and "Do Not Agree". A PDF icon and text "NHSN User ROB (SAMS) PDF (87KB/13 pages)" are also present. A "WARNING" section at the bottom provides legal disclaimers. The footer includes a navigation menu with "Home", "A-Z Index", "Site Map", "Policies", "About CDC.gov", "Link to Us", "All Languages", "CDC Mobile", and "Contact CDC". The address "Centers for Disease Control and Prevention, 1600 Clifton Rd. Atlanta, GA 30333, USA" and contact information "800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - cdcinfo@cdc.gov" are listed at the bottom.

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

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 Home Page](#) > [NHSN Registration](#)

[back to NHSN Enrollment Requirements](#)

User 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.

1 INTRODUCTION
NHSN, a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents, and healthcare worker vaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.
NHSN processes and stores a variety of sensitive data that are provided by healthcare facilities. This information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. These "Rules of Behavior" apply to all users of the NHSN web-based computer system.

1.1 PURPOSE
Rules of Behavior establish standards that recognize knowledgeable users are the foundation of a successful security plan. Non-compliance with these rules will be enforced through sanctions equal to the level of infraction. Sanctions can include a written or verbal warning and possible

NHSN User ROB (SAMS) PDF (87KB/13 pages)

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.)

Home A-Z Index Site Map Policies About CDC.gov Link to Us All Languages CDC Mobile Contact CDC

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - cdcinfo@cdc.gov



My Fellow Passenger Is Leaving the Train, Now What?

Facility Administrator Transfer

- If the previous Facility Administrator is available but is transferring this role, the person assuming this role should:
 - Have an active SAMS grid card.
 - Be authorized as a user in the NHSN system and have the same email associated with their SAMS account.
- The existing Facility Administrator should reassign the role in the NHSN system.
 - Both individuals will receive an email notification once reassignment is complete.

Facility Edit

The screenshot displays the NHSN - National Healthcare Safety Network interface. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™". Below this is a blue header bar with "NHSN - National Healthcare Safety Network".

The main content area is titled "NHSN Healthcare Personnel Safety Component Home". It features a left-hand navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Flu Summary, Surveys, Analysis, Users, Facility, Group, and Logout. The "Facility" item is highlighted, and a mouse cursor is pointing at it.

A dropdown menu is open from the "Facility" item, listing the following options: Customize Forms, Export Data, Facility Info, Add/Edit Component (indicated by a red arrow), Locations, Occupations, Departments, Supervisors, Vaccinators, and Devices.

The main content area includes an "Action Items" section with a sub-section "COMPLETE THESE ITEMS". Below this is an "ALERTS" section with a large blue number "1" and the text "Missing Summary Data".

At the bottom of the page, there is a privacy notice starting with "Confidentiality: The voluntarily provided information obtained in this surveillance system..." and a link to "Get Adobe Acrobat Reader for PDF files".

Reassign Rights

Address, line 2:

Address, line 3:

City *:

State *:

County *:

Zip Code *: Zip Code Ext:

Phone *: Ext:

Fax:

Facility:

Facility type *:

Was this facility operational in the year prior to NHSN enrollment (i.e., last year)? *: YES NO

Status:

Components Followed

Follow/ Followed	Component	Activated	Deactivated
<input type="checkbox"/>	Biovigilance		
<input type="checkbox"/>	Dialysis		
<input checked="" type="checkbox"/>	Healthcare Personnel Safety	07/07/2015	
<input type="checkbox"/>	Long Term Care Facility		
<input type="checkbox"/>	Patient Safety		

Contact Information

	Contact Type	Contact Name	Phone No.+ext	Email	Action
<input type="button" value="Edit"/>	Facility Administrator	Duck, Donald	888-888-8888	dduck@abcsurgery.com	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Healthcare Personnel Primary Contact	Duck, Donald	888-888-8888	dduck@abcsurgery.com	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Microbiology Laboratory Director/Supervisor	Wilkes, Annie	888-888-8888	awilkes@abcsurgery.com	<input type="button" value="Reassign"/>

Choose the Replacement

Zip Code *

Phone *

Fax

Facility

Facility type *

Was this facility operational

Status

Components Followed

Follow/ Followed	
<input type="checkbox"/>	Biovigilance
<input type="checkbox"/>	Dialysis
<input checked="" type="checkbox"/>	Healthcare Pe
<input type="checkbox"/>	Long Term Ca
<input type="checkbox"/>	Patient Safet

Contact Information

Edit	Contact Type	Contact Name	Phone No.+ext	Email	Action
	Facility Administrator	Duck, Donald	888-888-8888	dduck@abcsurgery.com	Reassign
	Healthcare Personnel Primary Contact	Duck, Donald	888-888-8888	dduck@abcsurgery.com	Reassign
	Microbiology Laboratory Director/Supervisor	Poppins, Mary	888-888-8888	mpoppins@abcsurgery.com	Reassign

Users Reassign List ✕

View 1 - 4 of 4

Name	Title	User ID	User Type	Active
POPPINS, MARY	VP CLINICAL SERVICES	MPOPPINS01	OTH - Other	Y
POPPINS, MARY		MPOPPINS		Y
DUCK, DONALD	VP CLINICAL SERVICES	DDUCK01	OTH - Other	Y
WILKES, ANNIE	REGIONAL DIRECTOR	AWILKES01	OTH - Other	Y

View 1 - 4 of 4

Add User
Reassign
Close

Reassignment Complete

Was this facility operational in the year prior to NHSN enrollment (i.e., last year)? *: YES NO

Status: A - Active

Components Followed

Follow/ Followed	Component	Activated	Deactivated
<input type="checkbox"/>	Biovigilance		
<input type="checkbox"/>	Dialysis		
<input checked="" type="checkbox"/>	Healthcare Personnel Safety	07/07/2015	
<input type="checkbox"/>	Long Term Care Facility		
<input type="checkbox"/>	Patient Safety		

Success



Contact successfully reassigned.

OK

Contact Information

	Contact Type	Contact Name	Phone No.+ext	Email	Action
Edit	Facility Administrator	Poppins, Mary	888-888-8888	mpoppins@abcsurgery.com	Reassign
Edit	Healthcare Personnel Primary Contact	Duck, Donald	888-888-8888	dduck@abcsurgery.com	Reassign
Edit	Microbiology Laboratory Director/Supervisor	Wilkes, Annie	888-888-8888	awilkes@abcsurgery.com	Reassign

Reassignment Email

From: nhsn@cdc.gov
Date: Sep 28, 2017 10:56 AM
Subject: [External Source] NHSN Contact has been reassigned
To: "Poppins, Mary" <mpoppins@abcsurgery.com>
Cc: "Duck, Donald" <dduck@abcsurgery.com>

The following contact has been reassigned:

Facility or Group Name: **ABC Surgery**
Contact type: Facility Administrator
New contact: Mary Poppins - mpoppins@abcsurgery.com
Previous contact: Donald Duck - dduck@abcsurgery.com

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

For information about NHSN please visit the NHSN member's web site: <http://www.cdc.gov/nhsn>.

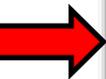
If the Facility Administrator Is Unavailable...

- Change in the Facility Administrator role should be written on facility letterhead and include:
 - Name
 - Email address
 - NHSN Facility ID, if known
 - Facility address and phone number
- Submit to NHSN via fax: 404.929.0131
- NHSN will then change the designated person

Written Instructions

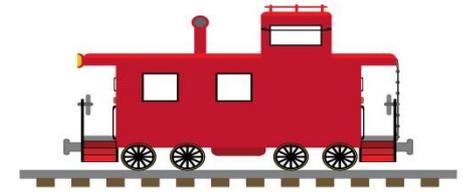
www.qualityreportingcenter.com/asc/resources/

Measure Resources



NHSN: Preparing for Data Submission	Learn how to add new users and Facility Administrators
Quality Data Codes: Fact Sheet	In-depth support for using QDC codes
World Health Organization Surgical Safety Checklist	Sample form to use for ASC-6
CY 2018 Ambulatory Surgical Center Measure Reporting Dates	Data collection and submission deadlines
CY 2019 Ambulatory Surgical Center Measure Reporting Dates	Data collection and submission deadlines
Antibiotic Quick Reference Card	Pocket card or poster to use for ASC-5
Fact Sheet for Remittance Advice: Tips for Accurate Reporting	Guide for understanding RAs with examples

The Caboose



In Summary:

- Common Hurdles
 - Forgetting to add a Reporting Plan
 - Not entering the current flu season
 - Neglecting your password
- Make sure you submit early
 - Avoid last minute issues such as password problems or other hurdles
- Deadline is **May 15, 2018**

Resources

- For any assistance, please call our helpdesk at **866.800.8756**.
 - We offer screen-sharing and other nifty tricks.
- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org.
- Contact the NHSN helpdesk at NHSN@cdc.gov.

Questions



Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web page for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security notice: "this is a secure site please provide credentials to continue" with a small green icon. Below this is the text "Learning Management Center". The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". Below the heading are four input fields: "First Name:" and "Last Name:" on the top row, and "Email:" and "Phone:" on the bottom row. The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a white background with a blue border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

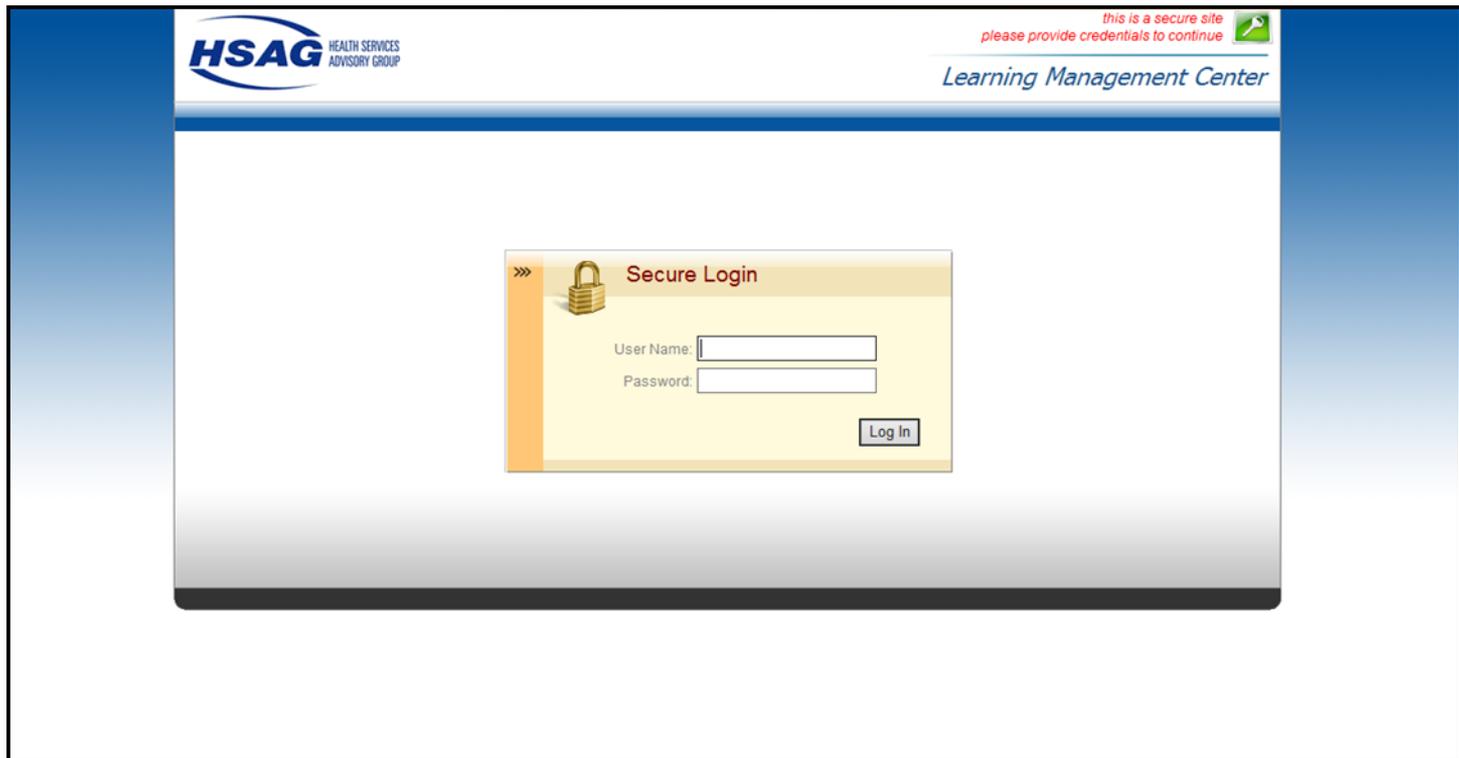
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Support Contractor at 866.800.8756.