



Successful Reporting For the COVID-19 Vaccination Among Healthcare Personnel (HCP) Measure

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Objectives

Participants will be able to:

- Distinguish between vaccine mandates and program requirements.
- State the Healthcare Personnel (HCP) COVID-19 Vaccination measure Ambulatory Surgical Centers Quality Reporting (ASCQR) Program requirements.
- Recognize the HCP COVID-19 Vaccination measure specifications.
- Recall the enrollment and set-up process for the National Healthcare Safety Network (NHSN).
- List the steps to enter HCP COVID-19 Vaccination measure data into NHSN.

MEETING PROGRAM REQUIREMENTS

Mandates and Requirements

- The ASC Quality Reporting Program requirements are **separate** from any mandates.
- Section 42 CFR 416.315 of the Social Security Act addresses the ASC Quality Reporting Program.
 - ASCs that do not meet program requirements may receive a reduction of 2.0 percentage points in their payment update for the applicable payment year.

Requirements Review

- CMS finalized reporting of the HCP COVID-19 Vaccination Measure for multiple programs.
- Data collection will begin with the Calendar Year (CY) 2022 reporting period for the CY 2024 payment determination.
 - Required reporting is by CMS Certification Number (CCN).
 - HCP working in facilities that share the same CCN are counted for that facility.

Denominator

- The denominator is the number of HCP eligible to work in the healthcare facility for at least one day during the reporting period, excluding persons with contraindications to the COVID-19 vaccination described by the Centers for Disease Control and Prevention (CDC).
- The CDC considers a history of the following to be the only contraindications:
 - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
 - Known (diagnosed) allergy to a component of the COVID-19 vaccine

Numerator

- The numerator is the cumulative number of HCP eligible to work in the healthcare facility for at least one day during the reporting period who received a completed vaccination course against COVID-19.
- A completed vaccination course may require one or more doses depending on the specific vaccine used.
 - A completed course is defined as dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion.

Numerator (cont.)

- Currently the measure does not include the administration of an additional or booster dose.
 - For surveillance purposes, the CDC is requiring the data entry of the number of HCP that are eligible to receive an additional dose or booster of COVID-19 vaccine and the number of HCP that have received an additional or booster dose.
 - Please refer to the [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for additional information.

Healthcare Personnel Categories

All Core HCP

The sum of employees, licensed independent practitioners, and adult students/trainees and volunteers

All HCP

The sum of employees, licensed independent practitioners, and adult students/trainees and volunteers, and other contract personnel

HCP Inclusions

HCP Category	Inclusion
Employee (staff on payroll)	Include all persons receiving a direct paycheck from the healthcare facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.
Licensed independent practitioners (Physicians, advanced practice nurses, and physician assistants)	Include physicians (MD, DO); advanced practice nurses; and physician assistants only who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category.
Adult students/trainees and volunteers	Include medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
Other Contract Personnel	Defined as persons providing care, treatment, or services at the facility through a contract who do not meet the definition of any other required denominator category.

Data Submission

- Ambulatory Surgical Centers (ASCs) will collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter and submit by the quarterly deadline
- The facility meets program requirements if they submit data by the submission deadline.
 - For example, for Q1 2022 reporting period, ASCs would be required to submit the quarterly data by the August 15, 2022, submission deadline.

Data Submission (cont.)

- CMS typically allows four-and-a-half months for facilities to add new data and submit, resubmit, change, and delete existing data up until the submission deadline.
- Data should be submitted well before the deadline to allow time to review them for accuracy and make necessary corrections.
- Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be used in CMS programs.

Payment Determination Year 2024

Encounter Quarter	Reporting Period	Submission Deadline
Q1 2022*	Jan 1–Mar 31, 2022	August 15, 2022
Q2 2022	Apr 1–Jun 30, 2022	November 15, 2022
Q3 2022	Jul 1–Sep 30, 2022	February 15, 2023
Q4 2022	Oct 1–Dec 31, 2022	May 15, 2023

*Your first data submission will be no later than August 15, 2022, using January 1 through March 31, 2022, reporting period

Reporting

Each quarter, the CDC will calculate a single quarterly HCP COVID-19 vaccination coverage rate for each facility, by taking the average of the data from the three weekly rates submitted by the facility for that quarter.

- If more than one week of data is submitted for the month, for measure calculation purposes, the most recent week of the month will be used.
- Your ASC should submit at least one week of data every month.

Public Display

- ASCs will find their publicly displayed data at <https://data.cms.gov/provider-data/>.
- Public reporting will begin with the January 2023 refresh, or as soon as technically feasible.
- Only the most recent quarter of data will be displayed in each refresh.

HOW TO BEGIN THE REPORTING PROCESS THROUGH NHSN

Key Roles in NHSN

Facility Administrator (FA)

(does not have to be the ASC's Administrator):

- The person enrolling the facility in NHSN
- Only person who can activate additional components for a facility
- Can add/edit/delete data, users and their access
- Has authority to nominate/join groups for data sharing
- Only person who can re-assign the role of Facility Administrator to another user
- One Facility Administrator per facility

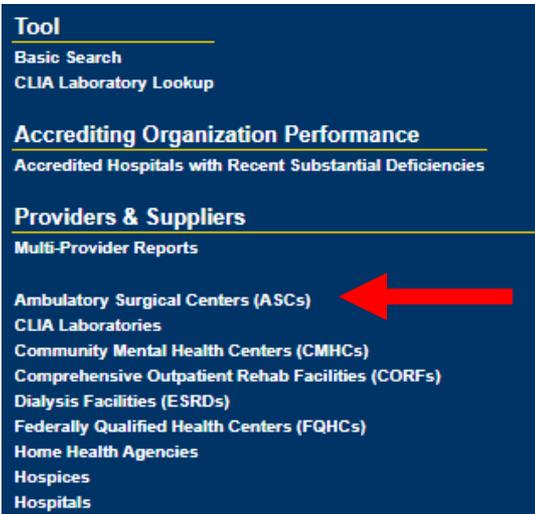
Users

- Rights are determined by Facility Administrator:
view data, data entry, and data analysis
- Can receive administrative rights

Finding Your CCN

<https://qcor.cms.gov/main.jsp>

1.



Tool
Basic Search
CLIA Laboratory Lookup

Accrediting Organization Performance
Accredited Hospitals with Recent Substantial Deficiencies

Providers & Suppliers
Multi-Provider Reports

Ambulatory Surgical Centers (ASCs) ←
CLIA Laboratories
Community Mental Health Centers (CMHCs)
Comprehensive Outpatient Rehab Facilities (CORFs)
Dialysis Facilities (ESRDs)
Federally Qualified Health Centers (FQHCs)
Home Health Agencies
Hospices
Hospitals

2.



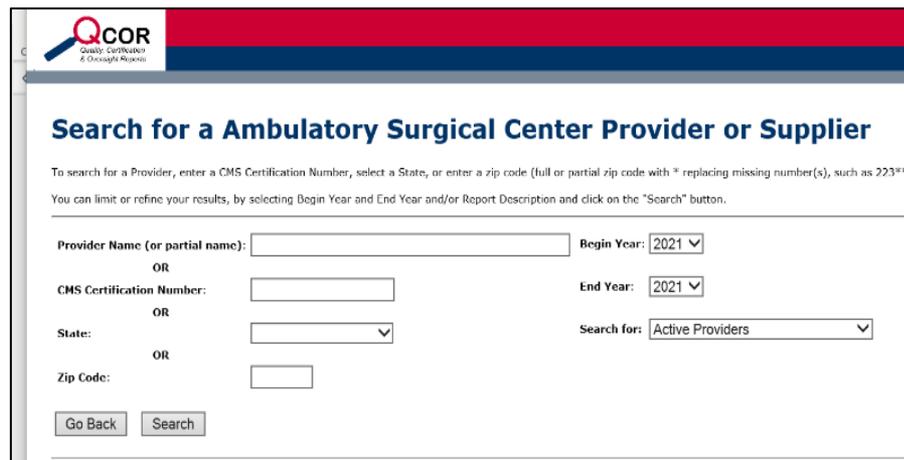
Search ←

Provider Reports
Active Provider and Supplier Counts
New Provider and Supplier Counts
Terminated Provider Counts

Survey Reports
Overdue Recertification Surveys
Survey Activity Report

Deficiency Reports
Deficiency Count
Average Number of Deficiencies
Citation Frequency

3.



QCOR
Quality Certified & Oversight Agency

Search for a Ambulatory Surgical Center Provider or Supplier

To search for a Provider, enter a CMS Certification Number, select a State, or enter a zip code (full or partial zip code with * replacing missing number(s), such as 223**). You can limit or refine your results, by selecting Begin Year and End Year and/or Report Description and click on the "Search" button.

Provider Name (or partial name): Begin Year: 2021 ▼
OR
CMS Certification Number: End Year: 2021 ▼
OR
State: ▼ Search for: Active Providers ▼
OR
Zip Code:

Check Enrollment Status



Before you enroll your facility in NHSN, check the enrollment status.

- Email NHSN: NHSN@cdc.gov
 - Place *Check Enrollment Status* in the subject line.
 - Provide your Facility Name, Address, and CCN.
- If you are a new user, you will need to register with Secure Access Management Services (SAMS).

SAMS is the “key” to get into NHSN.

No Active ASC Enrollment

Scenario #1

If your ASC is not enrolled in NHSN and you do not have SAMS access, complete these steps:

1. Access <http://www.cdc.gov/nhsn/enrollment/index.html>.
2. Select Ambulatory Surgical Centers.
3. Follow the enrollment process:
 - a) Register in NHSN.
 - b) Register yourself in SAMS.
 - c) Enroll your facility.

Register Your Facility

Step 1: Enrollment Preparation



Print and follow [detailed checklist](#) [PDF - 200 KB] to ensure successful and efficient enrollment.

Complete the appropriate training based upon what will be reported:

[Outpatient Procedure Component for ASCs](#) [PDF - 5 MB]

[Healthcare Personnel Safety Component training for ASCs](#) [PDF - 3 MB]

Be sure to check trusted websites and spam blockers.

Time to complete step 1: 2 hours, 45 minutes



Step 2: Register Facility with NHSN



Read and agree to the NHSN [Rules of Behavior](#). You will then be redirected to electronically register your facility with NHSN.

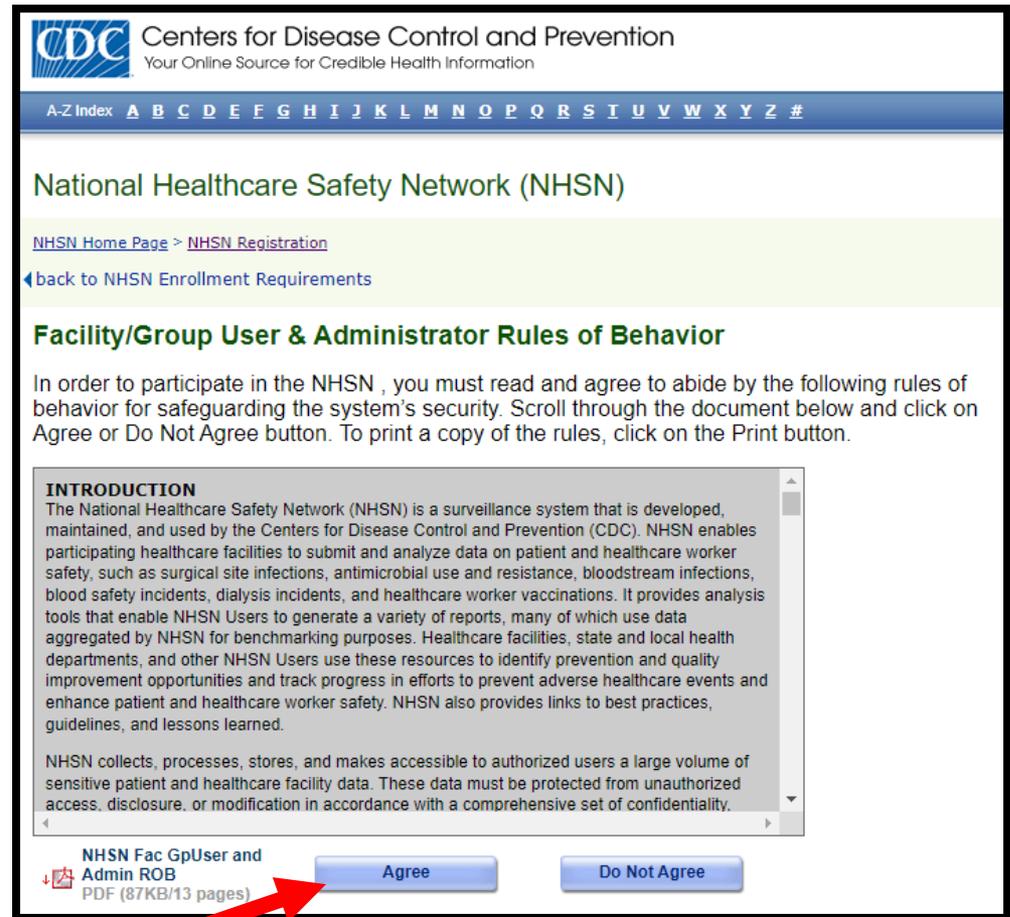
Note: The [NHSN Facility Contact form](#) [PDF - 80 KB] may be used to manually collect required registration information prior to electronically entering the data into NHSN.

Time to complete step 2: 10 minutes

Agree to Rule of Behavior

To participate in NHSN:

1. Scroll through the document.
2. Select *Agree* to accept the NHSN rules of behavior.



The screenshot shows the CDC website for NHSN registration. At the top, it says "Centers for Disease Control and Prevention" and "Your Online Source for Credible Health Information". Below that is an alphabetical index. The main heading is "National Healthcare Safety Network (NHSN)". There are links for "NHSN Home Page > NHSN Registration" and "back to NHSN Enrollment Requirements". The section title is "Facility/Group User & Administrator Rules of Behavior". The text explains that users must agree to abide by the rules for system security. A scrollable box contains the "INTRODUCTION" text, which describes the NHSN as a surveillance system for patient and healthcare worker safety. At the bottom, there is a PDF icon and the text "NHSN Fac GpUser and Admin ROB PDF (87KB/13 pages)". A red arrow points to the "Agree" button, with "Do Not Agree" as an alternative option.

INTRODUCTION
The National Healthcare Safety Network (NHSN) is a surveillance system that is developed, maintained, and used by the Centers for Disease Control and Prevention (CDC). NHSN enables participating healthcare facilities to submit and analyze data on patient and healthcare worker safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, blood safety incidents, dialysis incidents, and healthcare worker vaccinations. It provides analysis tools that enable NHSN Users to generate a variety of reports, many of which use data aggregated by NHSN for benchmarking purposes. Healthcare facilities, state and local health departments, and other NHSN Users use these resources to identify prevention and quality improvement opportunities and track progress in efforts to prevent adverse healthcare events and enhance patient and healthcare worker safety. NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN collects, processes, stores, and makes accessible to authorized users a large volume of sensitive patient and healthcare facility data. These data must be protected from unauthorized access, disclosure, or modification in accordance with a comprehensive set of confidentiality.

NHSN Fac GpUser and Admin ROB
PDF (87KB/13 pages)

Complete the Registration

To register your ASC:

1. Fill in your personal information
2. Select a facility identifier.
3. Select the Facility Type.
4. Attest you completed the required NHSN trainings.
5. Select *Submit*.

Registration Form

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

Personal Information

*First name: **1.**

*Last name:

Middle name:

*Email address:

Facility Identifier

*Please select a facility identifier:

CCN **2.**

AHA

VA

CDC Registration ID

NONE

*Selected identifier ID:

3.

AMB-HEMO - Hemodialysis Center

AMB-HDPD - Home Dialysis Center

AMB-PEDHEMO - Pediatric Hemodialysis Cent

*Facility Type:

NHSN Training Date

*I certify that I have completed all of the appropriate, required NHSN trainings on:  **4.**

5.

SAMS Registration Email

1. You will receive an email with your username and a temporary password.
2. If you do not receive this within 2–3 business days, check your junk or spam folders for SAMS No Reply.
3. The invitation is valid for 30 days.

Hello

You have been invited to register with the U.S. CDC's Secure Access Management Service (SAMS). Registration with SAMS will allow you to access selected CDC Extranet applications specifically designed and implemented for the Public Health community. A registration account has already been created for you. A link to this account and a temporary password word are provided below. This invitation is valid for 30 days.

Should you have questions with the SAMS registration process, please contact our Help Desk for assistance.

Thank you,

The SAMS Team

Logging Into SAMS

1. Log into the SAMS portal using the link provided or use sams.cms.gov.
2. Enter your username and temporary password.
3. Select *Login*.

External Partners

SAMS Credentials



SAMS Username

SAMS Password

[Login](#)

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

OR

SAMS Multi-factor Login



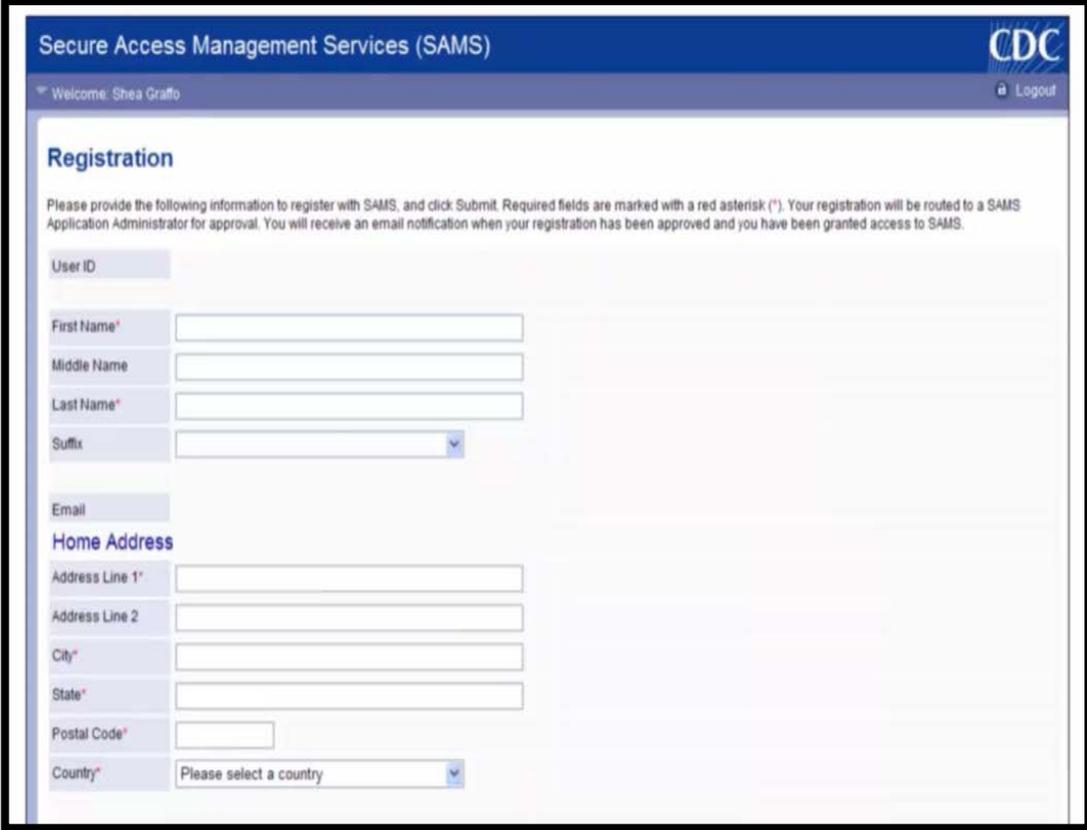
Sign on with a SAMS Grid Card or Mobile Soft Token

[Login](#)

For External Partners who have been issued a SAMS Multi-factor token(s).

Enter Accurate Information

- Information provided must match your government-issued document.
- Your home address must be correct.



The screenshot shows the SAMS registration page. At the top, it says "Secure Access Management Services (SAMS)" and "CDC". Below that, it says "Welcome: Shea Graffo" and "Logout". The main heading is "Registration". Below the heading, there is a paragraph of instructions: "Please provide the following information to register with SAMS, and click Submit. Required fields are marked with a red asterisk (*). Your registration will be routed to a SAMS Application Administrator for approval. You will receive an email notification when your registration has been approved and you have been granted access to SAMS."

The form fields are as follows:

- User ID
- First Name*
- Middle Name
- Last Name*
- Suffix
- Email
- Home Address
 - Address Line 1*
 - Address Line 2
 - City*
 - State*
 - Postal Code*
 - Country* (Please select a country)

ASC Information and Security



Organization Name*

Organization Role

Organization Address

Address Line 1*

Address Line 2

City*

State*

Postal Code*

Country*

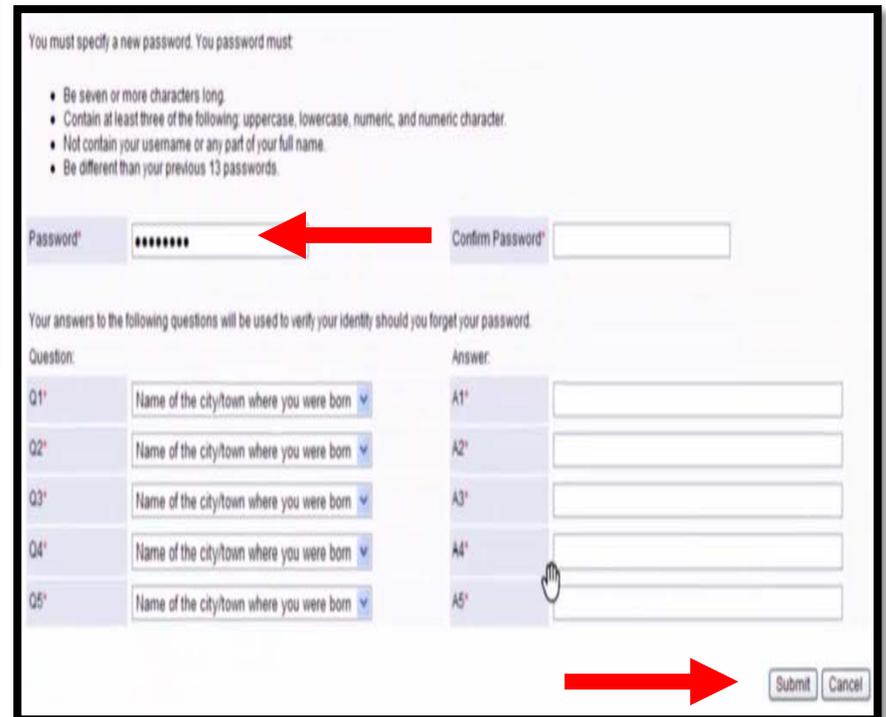
Primary Phone*

Alternate Phone

1. Enter your ASC's information.

2. Choose your own password and security questions.

3. Select *Submit*



You must specify a new password. Your password must:

- Be seven or more characters long.
- Contain at least three of the following: uppercase, lowercase, numeric, and numeric character.
- Not contain your username or any part of your full name.
- Be different than your previous 13 passwords.

Password* Confirm Password*

Your answers to the following questions will be used to verify your identity should you forget your password.

Question:	Answer:
Q1* <input type="text" value="Name of the city/town where you were born"/>	A1* <input type="text"/>
Q2* <input type="text" value="Name of the city/town where you were born"/>	A2* <input type="text"/>
Q3* <input type="text" value="Name of the city/town where you were born"/>	A3* <input type="text"/>
Q4* <input type="text" value="Name of the city/town where you were born"/>	A4* <input type="text"/>
Q5* <input type="text" value="Name of the city/town where you were born"/>	A5* <input type="text"/>

Identity Proofing: Two Options

1. Experian Precise ID Check: **Soft Token**
 - a) Sent directly to Experian, not SAMS
 - b) Validated by asking questions derived from credit report
 - c) Does not impact your credit score or credit worthiness
 - d) Approval within hours to 2–3 days

2. Document Submission/Validation: **Hard Token**
 - a) Requires document and proof of identity to be notarized
 - b) Requires secure uploading or mailing of documents to CDC
 - c) Approval takes up to six weeks

More on Option Two

For the Hard Token (Grid Card), you will:

1. Complete the forms
2. Take the forms and appropriate identification to a notary
3. Confirm that the photo Identification or secondary identification contains your home address
4. Submit the forms to SAMS (preferably a scanned PDF version)

Two Types of Access

Second factor credentials are required to access SAMS along with your own username and password.

- Soft Token, install application for immediate access
- Hard Token, issuance of a grid card mailed to your home

Soft Token



Hard Token



Logging Into SAMS

Log into the SAMS portal using the link provided or use sams.cms.gov.

You will:

1. Enter your username and password.
2. Select *Login*

The screenshot displays the SAMS login interface under the heading "External Partners". It is divided into two main sections:

- SAMS Credentials:** This section features an icon of a laptop. Below it are two input fields: "SAMS Username" and "SAMS Password". A blue "Login" button is positioned below the password field. A link for "Forgot Your Password?" is located below the button. At the bottom of this section, a note states: "For External Partners who login with only a SAMS issued UserID and Password."
- SAMS Multi-factor Login:** This section is highlighted with a red border. It features an icon of a smartphone displaying a security screen. Below the icon are two input fields: "SAMS Username" (containing the text "Janedoe@ABCsurgery.oi") and "SAMS Password" (represented by a masked field with dots). A blue "Login" button is located at the bottom of this section.

Enrolling In NHSN

Select *NHSN Enrollment*.

The screenshot displays a web application interface with a dark blue sidebar on the left and a main content area on the right. The sidebar contains a 'Menu' section with 'SAMS Admin', 'My Profile', and 'Logout' items, and a 'Links' section with 'SAMS User Guide', 'SAMS User FAQ', and 'Identity Verification Overview'. The main content area is titled 'My Applications' and lists three application categories: 'CDC TRAIN' with one item, 'CITI_Single_SignOn' with one item, and 'National Healthcare Safety Network System' with two items. A red arrow points to the 'NHSN Enrollment *' item in the third category.

Menu	My Applications
SAMS Admin	CDC TRAIN
My Profile	<ul style="list-style-type: none">CDC TRAIN
Logout	CITI_Single_SignOn
Links	<ul style="list-style-type: none">CDC Single Point Sign On - CITI Courses
SAMS User Guide	National Healthcare Safety Network System
SAMS User FAQ	<ul style="list-style-type: none">NHSN Reporting *NHSN Enrollment * ←
Identity Verification Overview	

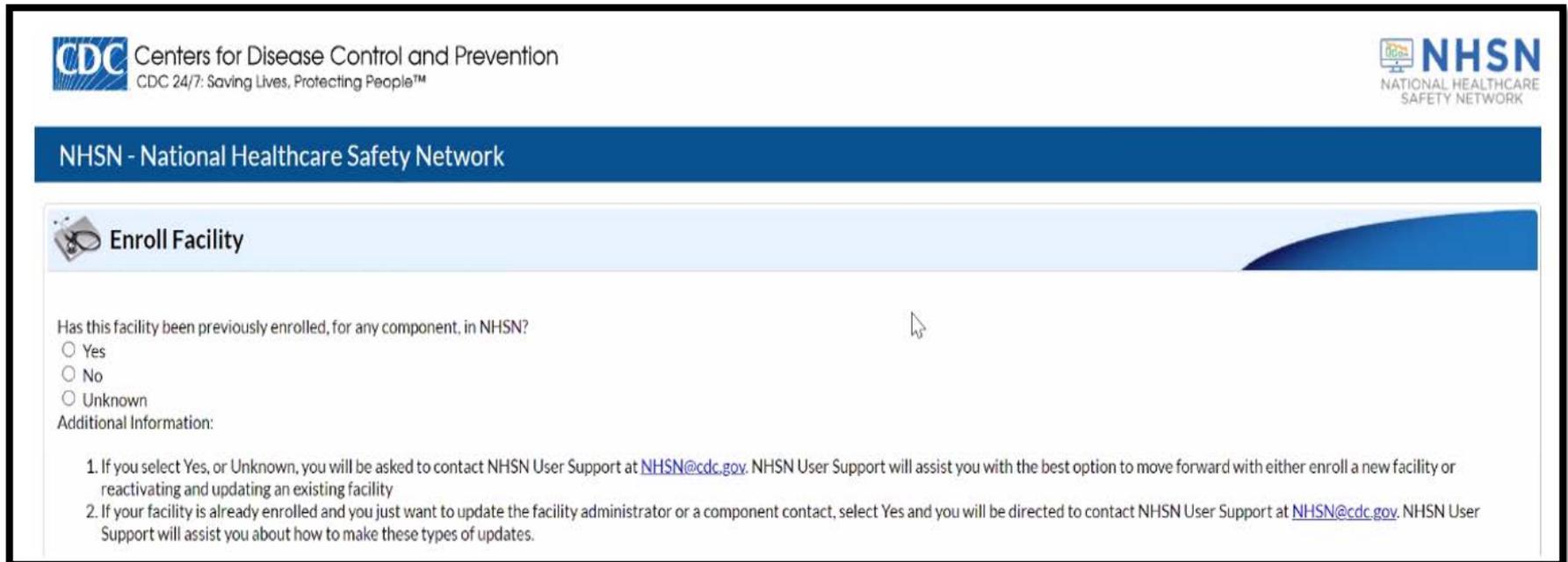
Enroll Your Facility

You can access and print the forms, or enroll electronically, by selecting *Enroll a Facility*.

The screenshot shows the NHSN (National Healthcare Safety Network) website 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 the text "NHSN - National Healthcare Safety Network". The main content area has a light blue bar with a magnifying glass icon and the text "Enroll Facility". Below this, the text "Please Select Desired Option" is centered. There are two blue underlined links: "Access and print hardcopy version of enrollment forms" and "Enroll a Facility". At the bottom right, there is a red Adobe Reader icon and a blue underlined link "Get Adobe Acrobat Reader for PDF files". In the bottom left corner, a white dialog box with a grey border is overlaid. The dialog box title is "nhsn.cdc.gov says". The text inside reads: "We recommend that you print and complete the required enrollment forms prior to attempting to enroll your facility on-line. Only completed web enrollment screens can be submitted; closing the browser prior to submission will result in the loss of any entered data. To continue with enrollment, press OK; otherwise, press Cancel." At the bottom of the dialog box are two buttons: "OK" and "Cancel".

Make Your Enrollment Selection

If your facility has not previously been enrolled, you will select *No*.



The screenshot shows a web form titled "Enroll Facility" within the NHSN - National Healthcare Safety Network interface. The form includes the CDC logo and text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™" on the left, and the NHSN logo "NHSN NATIONAL HEALTHCARE SAFETY NETWORK" on the right. The main heading is "NHSN - National Healthcare Safety Network". Below this is a sub-heading "Enroll Facility" with a magnifying glass icon. The question is "Has this facility been previously enrolled, for any component, in NHSN?". There are three radio button options: "Yes", "No", and "Unknown". Below the options is a section for "Additional Information:" with two numbered instructions. A mouse cursor is visible over the "No" option.

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

NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

NHSN - National Healthcare Safety Network

 **Enroll Facility**

Has this facility been previously enrolled, for any component, in NHSN?

Yes
 No
 Unknown

Additional Information:

1. If you select Yes, or Unknown, you will be asked to contact NHSN User Support at NHSN@cdc.gov. NHSN User Support will assist you with the best option to move forward with either enroll a new facility or reactivating and updating an existing facility
2. If your facility is already enrolled and you just want to update the facility administrator or a component contact, select Yes and you will be directed to contact NHSN User Support at NHSN@cdc.gov. NHSN User Support will assist you about how to make these types of updates.

Facility Information

Enter your facility's CCN and the effective date.
If it does not validate, a disclaimer box will display.

Mandatory fields marked with *

Page 1 of 2

NHSN Facility Information

Facility Name * :

Address, Line 1*:

Address, Line 2:

Address, Line 3:

City*:

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

Validation Error

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

OK

Facility Type and Administrator

Facility Type:

- Select *AMB-SURG-Outpatient Surgery Facility*.

NHSN Components:

- Select *Healthcare Personnel Safety*.

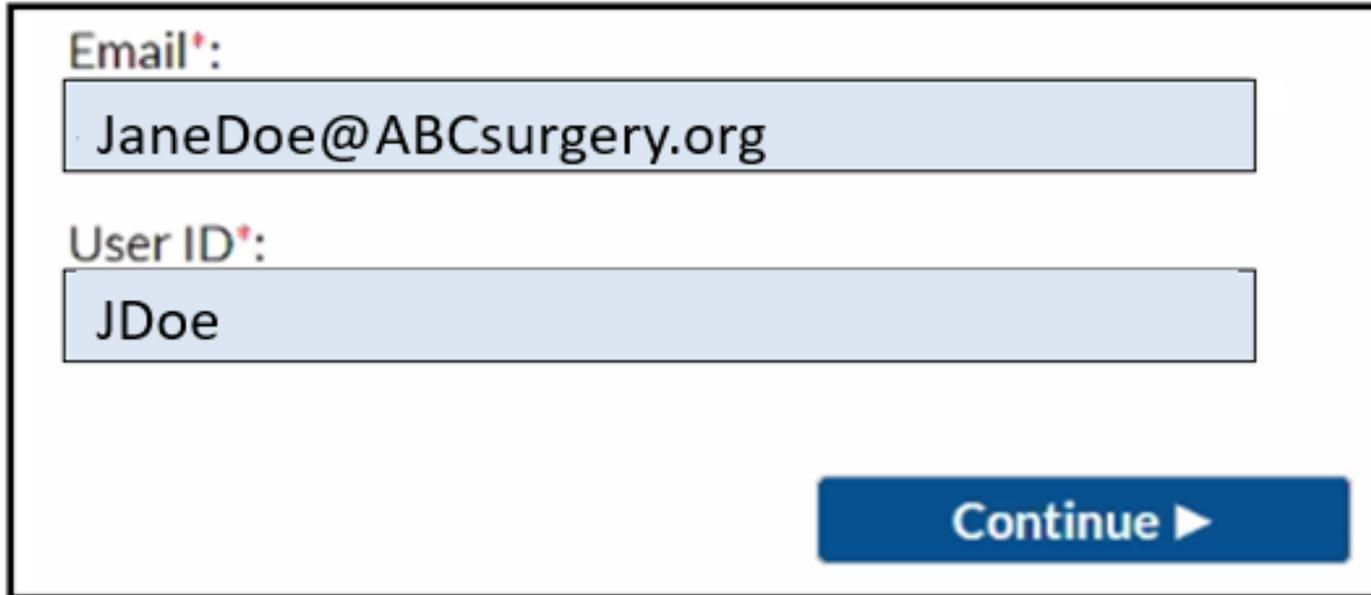
NHSN Facility Administrator:

- Enter information of the person enrolling the ASC.
- Select the copy icon to copy the facility address.

Facility Type	NHSN Facility Administrator
Select Facility*: <input type="text" value="AMB-SURG - Outpatient Surgery Facility"/>	First Name*: <input type="text"/>
Was this facility operational in the year prior to NHSN enrollment (i.e., last year)?* <input checked="" type="radio"/> Yes <input type="radio"/> No	Middle Name: <input type="text"/>
IHS Facility: <input type="radio"/> Yes <input checked="" type="radio"/> No	Last Name*: <input type="text"/>
NHSN Components	Title: <input type="text"/>
Select Components*: <input type="checkbox"/> Patient Safety <input checked="" type="checkbox"/> Healthcare Personnel Safety <input type="checkbox"/> Biovigilance <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Dialysis <input type="checkbox"/> Outpatient Procedure <input type="checkbox"/> Neonatal	 Copy Address from Facility
	Address, Line 1*: <input type="text" value="Enter Street Address"/>
	Address, Line 2: <input type="text"/>
	Address, Line 3: <input type="text"/>
	City*: <input type="text" value="Enter Name of City"/>
	State*: <input type="text"/>

Enter Email and User ID

Your email should be the exact email used for the SAMS registration.
The User ID will be your first initial and your last name.



The form consists of two text input fields and a button. The first field is labeled 'Email*' and contains the text 'JaneDoe@ABCsurgery.org'. The second field is labeled 'User ID*' and contains the text 'JDoe'. A blue button with the text 'Continue' and a right-pointing triangle is located at the bottom right of the form.

Email*
JaneDoe@ABCsurgery.org

User ID*
JDoe

Continue ▶

Enter the Contact Person

Use the Facility Administrator as the Primary Contact during the Enrollment Process. Use the Blue Copy from Facility Administrator tab to copy the information into the field.

Mandatory fields marked with *

Page 3 of 6

NHSN Outpatient Procedure Component Facility Contact Person

 Copy from Facility Administrator	 Copy Address from Facility
First Name*: <input type="text"/>	Address, Line 1*: <input type="text" value="Enter Street Address"/>
Middle Name: <input type="text"/>	Address, Line 2: <input type="text"/>
Last Name*: <input type="text"/>	Address, Line 3: <input type="text"/>
Title: <input type="text"/>	City*: <input type="text" value="Enter Name of City"/>
	State*: <input type="text" value="State"/> 
	Zip Code*: <input type="text"/> - <input type="text"/>

Take the Survey

You will select OPC Facility Survey to initiate the survey.

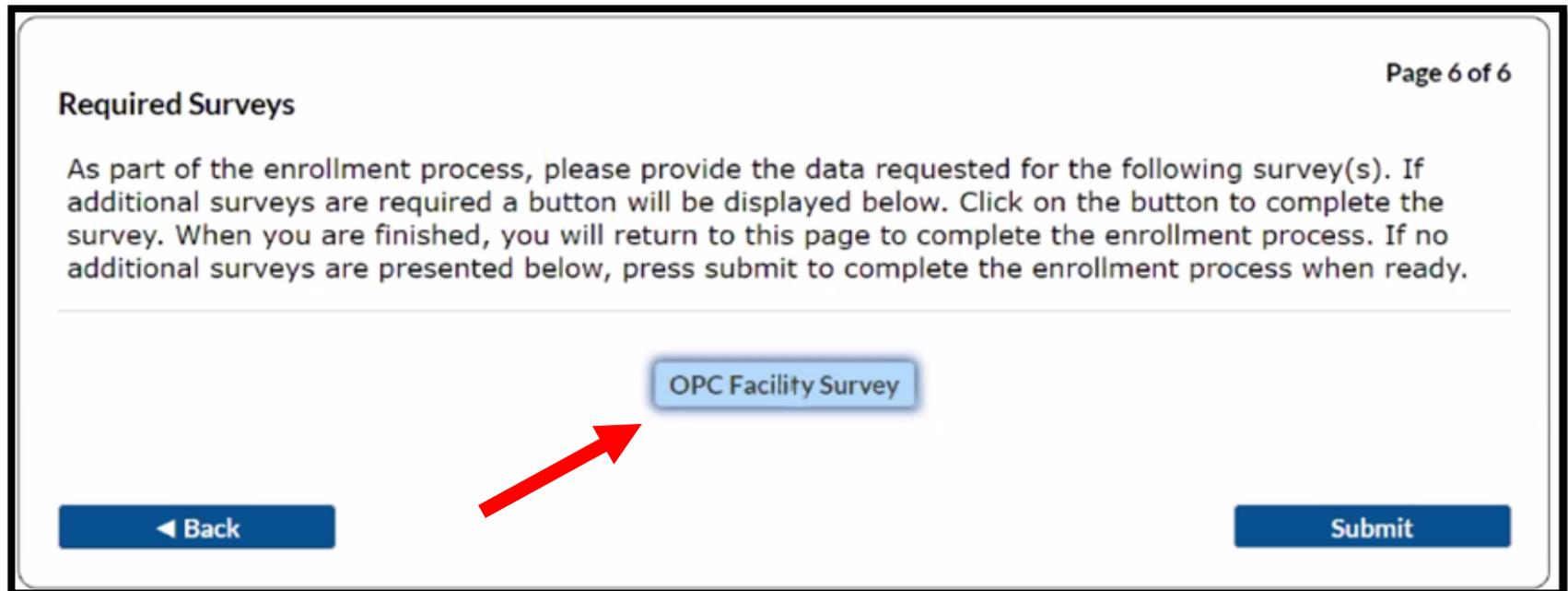
Page 6 of 6

Required Surveys

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

[OPC Facility Survey](#)

[◀ Back](#) [Submit](#)

A screenshot of a web interface for selecting a survey. The page is titled 'Required Surveys' and is page 6 of 6. It contains a paragraph of instructions about the enrollment process. Below the text is a button labeled 'OPC Facility Survey'. A red arrow points to this button. At the bottom of the page, there are two buttons: '◀ Back' on the left and 'Submit' on the right.

OPC: Outpatient Procedure Component

Completed Survey

The tracking number is also the ORG ID.
An email will follow to request activation of your facility in NHSN.

Congratulations! The Facility has been Enrolled.

However your facility is not yet activated.

The enrollment for facility 'ABC Surgery' with tracking number 86988 has been completed. The facility admin and component primary contacts will receive an email with further instructions.

You may now exit the application.
Or click [here](#) to enroll another facility.

Logging Into SAMS

Log into the SAMS portal using the link provided or use sams.cms.gov.

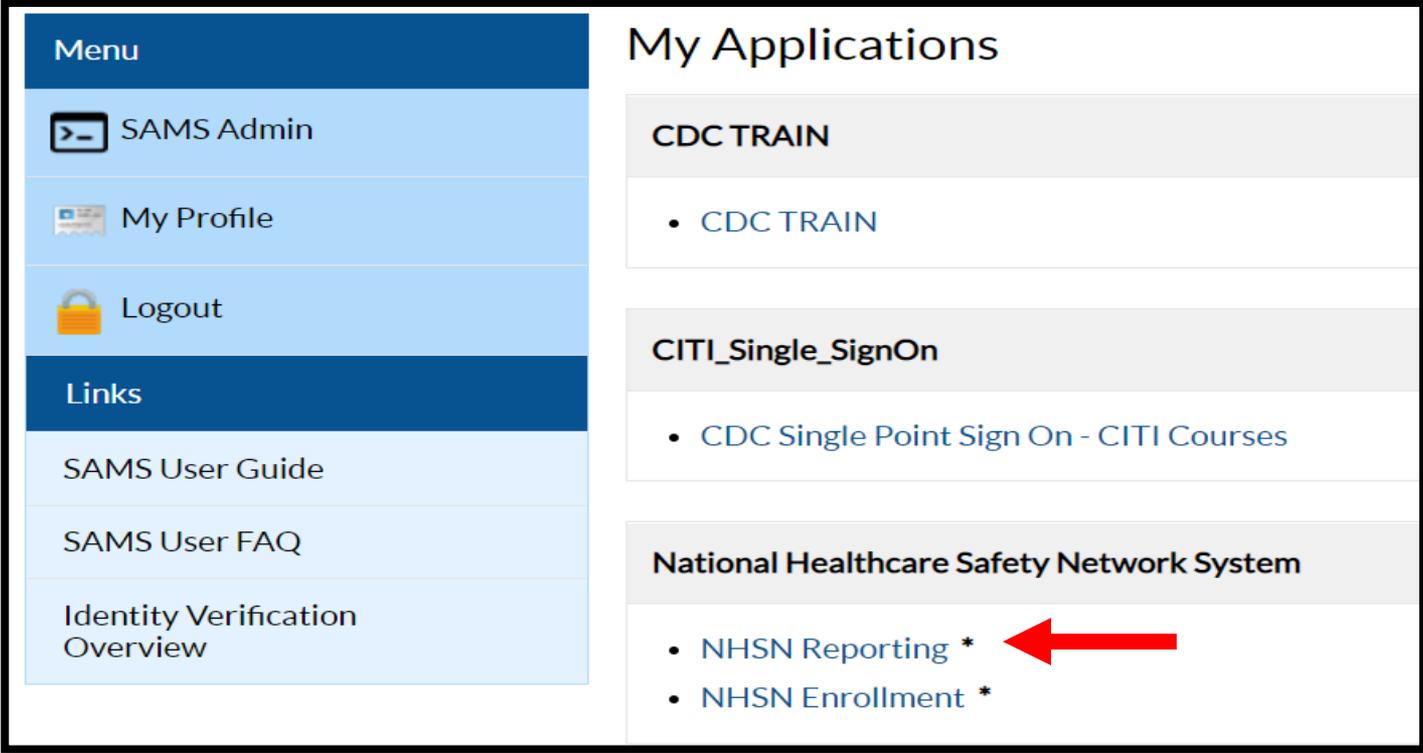
You will:

1. Enter your username and password.
2. Select *Login*.

The screenshot displays the 'External Partners' login interface. It is divided into two main sections: 'SAMS Credentials' and 'SAMS Multi-factor Login'. The 'SAMS Credentials' section includes a keyboard icon, input fields for 'SAMS Username' and 'SAMS Password', a 'Login' button, and a 'Forgot Your Password?' link. Below this is a note: 'For External Partners who login with only a SAMS issued UserID and Password.' The 'SAMS Multi-factor Login' section, highlighted with a red border, includes an icon of a smartphone and a security keypad, input fields for 'SAMS Username' (containing 'Janedoe@ABCsurgery.or') and 'SAMS Password' (masked with dots), and a 'Login' button.

To Activate Your Facility

Select *NHSN Reporting*.



The screenshot displays a user interface with two main sections: a left-hand menu and a right-hand 'My Applications' area.

Menu

- SAMS Admin
- My Profile
- Logout

Links

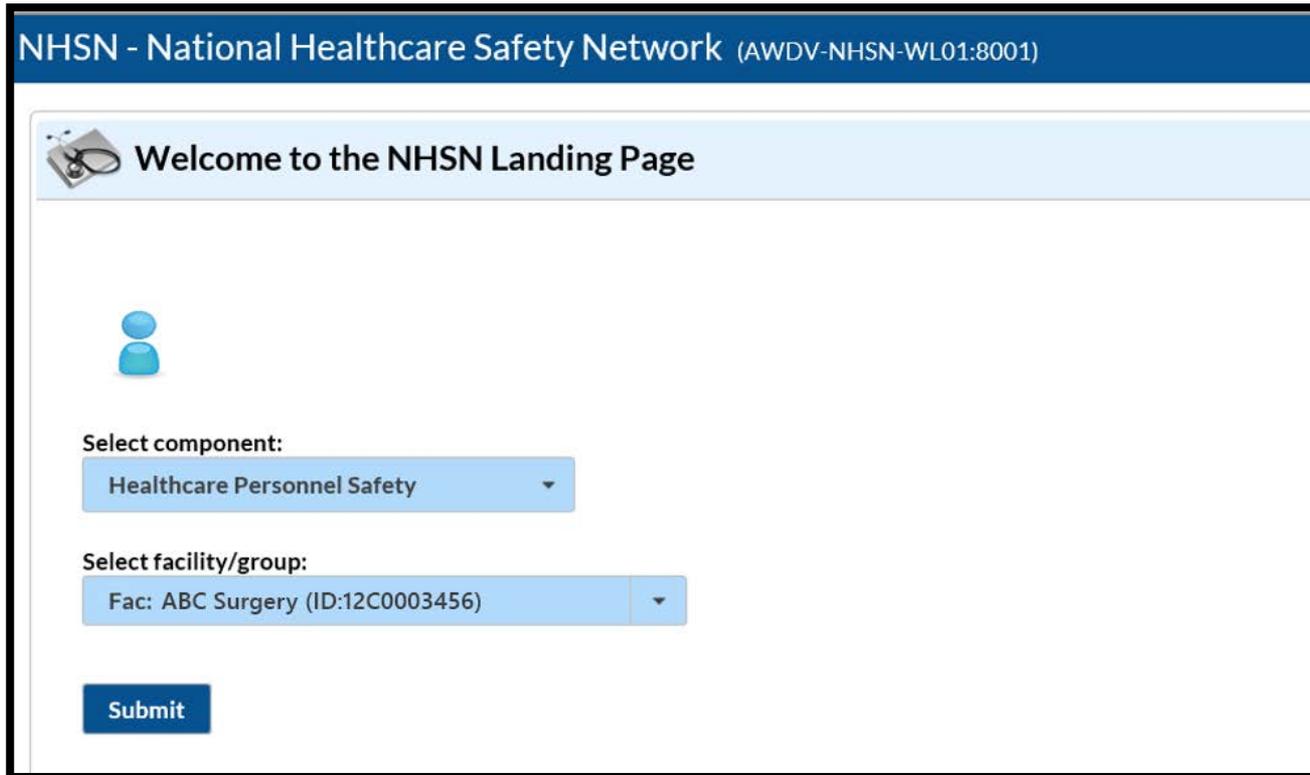
- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

- CDC TRAIN**
 - CDC TRAIN
- CITI_Single_SignOn**
 - CDC Single Point Sign On - CITI Courses
- National Healthcare Safety Network System**
 - NHSN Reporting * ← (indicated by a red arrow)
 - NHSN Enrollment *

NHSN Landing Page

1. Under **Select Component**, from the drop-down menu, you will choose *Healthcare Personnel Safety*.
2. Under **Select facility/groups**, select your facility.



NHSN - National Healthcare Safety Network (AWDV-NHSN-WL01:8001)

Welcome to the NHSN Landing Page



Select component:
Healthcare Personnel Safety

Select facility/group:
Fac: ABC Surgery (ID:12C0003456)

Submit

Agree to Participate

1. Select *OK* to open the document.
2. Check the box under *Accept*.
3. Select *Submit*.

The screenshot shows the NHSN Consent form. An 'Alert' dialog box is open, displaying the text: "In order to activate this component, the component's primary contact must accept the Agreement to Participate and Consent form. If you are a primary contact for this component, please view and accept the Agreement to Participate and Consent form." A red number '1.' points to the 'OK' button in the dialog. The background form includes the NHSN logo, the text "Page 1 of 3", and the heading "Consent". It also features a "Tracking #: 14918" field and a large paragraph of text explaining the purpose of NHSN. A red number '2.' points to a checkbox in the "Accept" column of a table below. The "Purposes of NHSN" section lists two bullet points: "Collect data from healthcare facilities in the United States to permit valid estimation of adverse events among patients or residents and healthcare personnel" and "Collect data from a sample of healthcare facilities in the United States to permit valid estimation".

The screenshot shows a table with the following data:

Contact Type	Contact Name	Phone Number	Email	Accept
Patient Safety Primary Contact	Jane Doe	404-555-1212	JaneDoe@ABCSurgery.org	<input checked="" type="checkbox"/>

A red number '2.' points to the checked checkbox in the "Accept" column. Below the table is a "Submit" button, with a red number '3.' pointing to it.

Inactive SAMS Profile or New FA

Scenario #2

The facility has an active NHSN account, but the SAMS profile is expired, **or** the NHSN Facility Administrator is new.

1. Send an email to NHSN@cdc.gov and request a new SAMS invitation.
2. You will receive a SAMS invitation from “SAMS No Reply.”
3. Once the SAMS credentials have been approved, log into NHSN through the SAMS portal using the Soft Token or Grid Card.

New Facility Administrator

Scenario #3

The previous Facility Administrator is no longer available.

1. You will need to change the Facility Administrator electronically on the NHSN website.
2. On the About NHSN page on the NHSN website, <https://www.cdc.gov/nhsn/about-nhsn/index.html>, choose the *Change NHSN Facility Admin* option.

Points of Interests

- Passwords will need to be reset every sixty days.
- Grid Cards are disabled after 365 days of inactivity.
 - Email NHSN@cdc.gov and enter **SAMS Access** in the subject line.
- If you receive error message 500 during facility registration, contact the NHSN help desk.
 - Email NHSN@cdc.gov and enter Error Message 500 in the subject line.

REPORTING DATA IN NHSN

Logging Into SAMS

Log into the SAMS portal using the link provided or use sams.cdc.gov.

You will:

1. Enter your username and password.
2. Select *Login*.

The screenshot displays the SAMS login interface under the heading "External Partners". It is divided into two main sections:

- SAMS Credentials:** This section features an icon of a laptop. Below it are two input fields: "SAMS Username" and "SAMS Password". A blue "Login" button is positioned below the password field. A link for "Forgot Your Password?" is located below the button. A note at the bottom states: "For External Partners who login with only a SAMS issued UserID and Password."
- SAMS Multi-factor Login:** This section is highlighted with a red border. It features an icon of a smartphone displaying a security code. Below it are two input fields: "SAMS Username" (containing the text "Janedoe@ABCsurgery.or") and "SAMS Password" (represented by a masked field of dots). A blue "Login" button is positioned below the password field.

Access NHSN

Select *NHSN Reporting*.

The screenshot displays a web application interface with two main sections: a left-hand menu and a right-hand 'My Applications' area.

Menu Section:

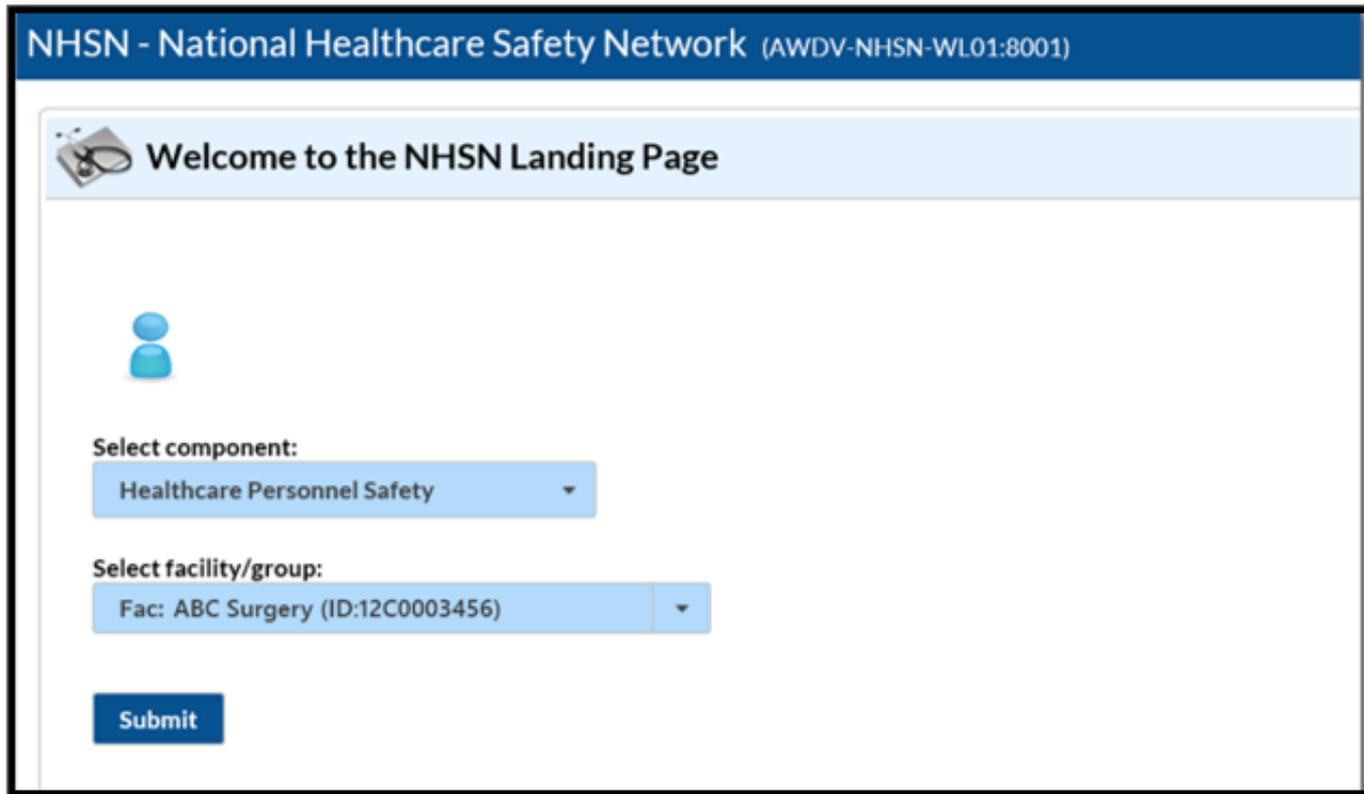
- Menu** (header)
- SAMS Admin (with a terminal icon)
- My Profile (with a person icon)
- Logout (with a padlock icon)
- Links** (header)
- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications Section:

- CDC TRAIN** (header)
 - CDC TRAIN
- CITI_Single_SignOn** (header)
 - CDC Single Point Sign On - CITI Courses
- National Healthcare Safety Network System** (header)
 - NHSN Reporting * ← (indicated by a red arrow)
 - NHSN Enrollment *

NHSN Landing Page

1. For **Select component**, choose *Healthcare Personnel Safety*.
2. For **Select facility/group**, select your facility.



NHSN - National Healthcare Safety Network (AWDV-NHSN-WL01:8001)

Welcome to the NHSN Landing Page



Select component:
Healthcare Personnel Safety ▼

Select facility/group:
Fac: ABC Surgery (ID:12C0003456) ▼

Submit

Add a Monthly Reporting Plan

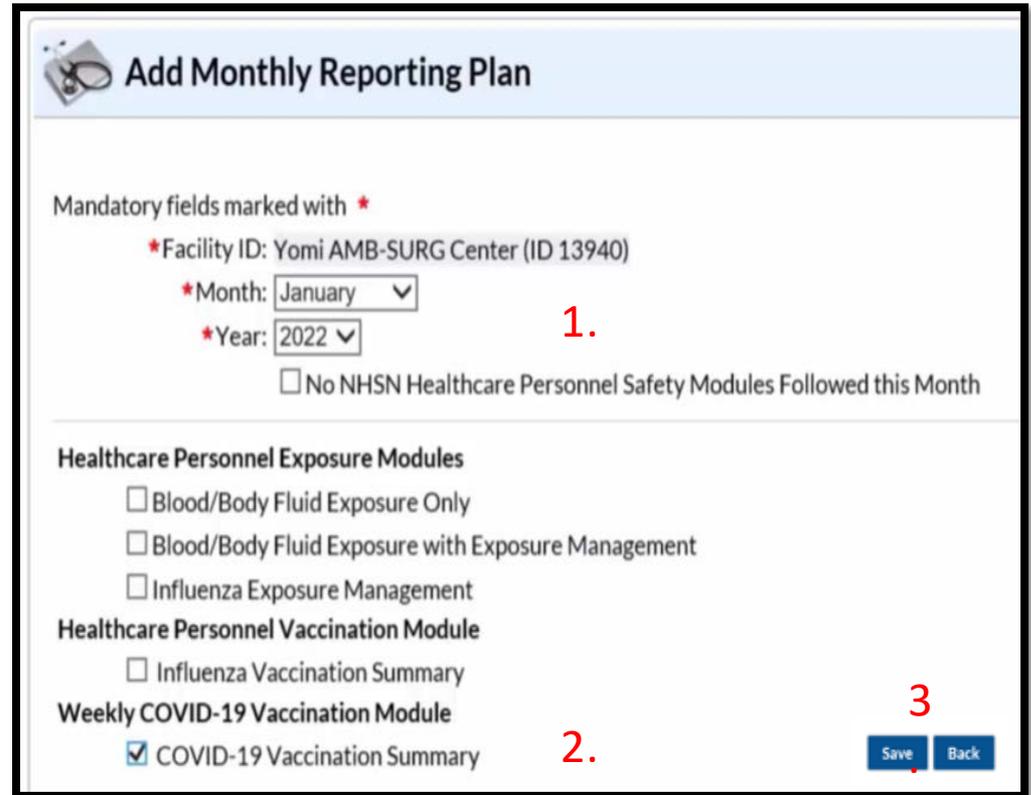
Hover over Reporting Plan from the left navigation bar.
Select *Add*.

The screenshot displays the NHSN Healthcare Personnel Safety Component Home Page. On the left, a navigation bar lists various menu items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Import/Export, Vaccination Summary, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The 'Reporting Plan' item is highlighted, and a dropdown menu is open, showing 'Add', 'Find', and 'Incomplete' options. The 'Add' option is selected. The main content area features a header with a profile picture and the text 'NHSN Healthcare Personnel Safety Component Home Page'. Below the header, there is a section titled 'COMPLETE THESE ITEMS' with a red progress bar and the text 'Confer Rights Not Accepted'. Another section titled 'ALERTS' shows a blue progress bar and the number '17' with the text 'Missing Weekly Summary Data'.

Choose Your Options

Select:

1. The month and year from the drop-down
2. COVID-19 Vaccination Summary
3. Save

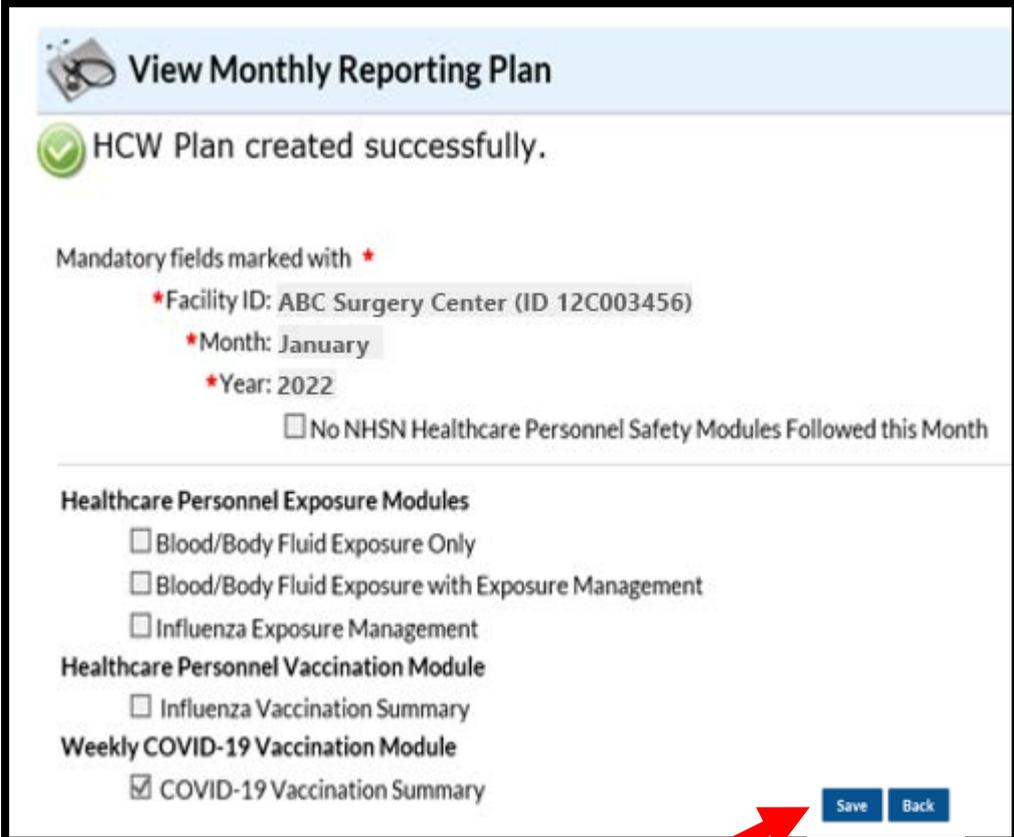


A screenshot of a web form titled "Add Monthly Reporting Plan". The form includes a header with a magnifying glass icon and the title. Below the header, there is a section for "Mandatory fields marked with *". This section contains: "Facility ID: Yomi AMB-SURG Center (ID 13940)", "*Month: January" (with a dropdown arrow), "*Year: 2022" (with a dropdown arrow), and an unchecked checkbox labeled "No NHSN Healthcare Personnel Safety Modules Followed this Month". A red "1." is placed to the right of the month and year dropdowns. Below this is a section for "Healthcare Personnel Exposure Modules" with three unchecked checkboxes: "Blood/Body Fluid Exposure Only", "Blood/Body Fluid Exposure with Exposure Management", and "Influenza Exposure Management". This is followed by a "Healthcare Personnel Vaccination Module" section with one unchecked checkbox: "Influenza Vaccination Summary". The final section is "Weekly COVID-19 Vaccination Module" with one checked checkbox: "COVID-19 Vaccination Summary". A red "2." is placed to the right of this checkbox. At the bottom right of the form are two blue buttons: "Save" and "Back". A red "3" is placed above the "Save" button.

This disclaimer may appear, since you have not entered your data yet. Select *OK*.

Plan Successfully Saved

- Look for “HCW Plan created successfully.”
- Select *Save*.



View Monthly Reporting Plan

✓ HCW Plan created successfully.

Mandatory fields marked with *

*Facility ID: ABC Surgery Center (ID 12C003456)

*Month: January

*Year: 2022

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

Weekly COVID-19 Vaccination Module

COVID-19 Vaccination Summary

[Save](#) [Back](#)

Home Page

1. Hover over Vaccination Summary from the navigation bar.
2. Select *COVID-19 Weekly Vaccination Summary*.

The screenshot displays the NHSN Healthcare Personnel Safety Component Home Page. On the left is a vertical navigation bar with the following items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Import/Export, Vaccination Summary, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The 'Vaccination Summary' item is highlighted, and a dropdown menu is open, showing 'Annual Vaccination Flu Summary' and 'COVID-19 Weekly Vaccination Summary'. The main content area has a header 'NHSN Healthcare Personnel Safety Component Home Page' and a section titled 'Action Items'. Under 'Action Items', there is a sub-section 'COMPLETE THESE ITEMS' with a progress bar and a list of tasks: 'Confer Rights', 'Annual Vaccination Flu Summary', and 'COVID-19 Weekly Vaccination Summary'. Below this is an 'ALERTS' section showing a large number '17' and the text 'Missing Weekly Summary Data'.

Calendar Week

Select the week to enter data.

The screenshot displays a web interface for a 'Weekly Vaccination Calendar' covering the period from December 27, 2021, to January 30, 2022. At the top, there is a navigation bar with a left arrow, a calendar icon, and a right arrow, followed by the text 'December 27- January 30 2022'. To the right of this bar is a legend with two items: a dark green square labeled 'Record Complete' and a light yellow square labeled 'Record Incomplete'. Below the navigation bar is a blue header bar with the text 'Weekly Vaccination Calendar'. The main content area consists of four rows, each representing a week. Each row has an orange header bar with the week's date range and a light blue body bar. The weeks shown are: 12/27/2021-1/2/2022, 1/3/2022-1/9/2022, 1/10/2022-1/16/2022, and 1/17/2022-1/23/2022.

Week
12/27/2021-1/2/2022
1/3/2022-1/9/2022
1/10/2022-1/16/2022
1/17/2022-1/23/2022

Educational tools are located on NHSN:

<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/>

Enter Your Data

Question #1: Fill in the appropriate number.

Question #2: Enter the appropriate data per vaccine type listed.

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities

Date Created:

Facility ID #: 13940 Location Type: COVID-19 Vac

Vaccination type: COVID19 Facility CCN #: 00C0000000

Week of Data Collection: 12/27/2021- 1/2/2022 Date Last Modified:

	Cumulative Vaccination Coverage					
	Healthcare Personnel (HCP) Categories					
			Employee HCP		Non-Employee HCP	
	*All Core HCP ^a	*All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practioner HCP ^d	* Adult students/trainees and volunteers ^e	* Other contract personnel ^f
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. *Cumulative number of HCP in Question #1 who have received COVID-19 vaccines at this facility or elsewhere since December 2020:						
* Any completed COVID-19 vaccine series	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*All Core HCP ^a	*All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practioner HCP ^d	* Adult students/trainees and volunteers ^e	* Other contract personnel ^f
3.1. *Medical contraindication to COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PFIZBION - Pfizer-BioNTech COVID-19 vaccine
 MODERNA - Moderna COVID-19 vaccine
 JANSSEN - Janssen COVID-19 vaccine
 UNSPECIFIED - Unspecified manufacturer

Save Cancel

A blank vaccination form is available on NHSN:
<https://www.cdc.gov/nhsn/forms/57.219-p.pdf>

Data Entered Per Vaccine

1. The grey-colored fields are auto filled by the system.
2. The numbers in the columns for question #2 should match the data entered for question #1.

Add COVID-19 Vaccination Summary Data						
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	70	75	50	10	10	5
	* All Core HCP ^a	* All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practitioner HCP ^d	* Adult students/trainees and volunteers ^e	* Other contract personnel ^f
2. * Cumulative number of HCP in Question #1 who have received COVID-19 vaccines at this facility or elsewhere since December 2020:	JANSSEN - Janssen COVID-19 vaccine					
2.1 * Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	15	15	10	0	5	0
2.2 * Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	25	25	20	5	0	0
2.3 * Only dose 1 of Moderna COVID-19 vaccine	15	15	10	0	5	0
2.4 * Dose 1 and dose 2 of Moderna COVID-19 vaccine	10	10	5	5	0	0
2.5 * Dose of Janssen COVID-19 vaccine	5	5	5	0	0	5
* Any completed COVID-19 vaccine series	40	40	30	10	0	0

An explanation breakdown of each question is available on NHSN:
<https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>

Entering Additional and Booster Dose Data

Enter all data fields.

For question #5, select each vaccine from the drop-down menu.

Add COVID-19 Vaccination Summary Data						
	*All Core HCP ^a	*All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practioner HCP ^d	* Adult students/trainees and volunteers ^e	* Other contract personnel ^f
3.1. * Medical contraindication to COVID-19 vaccine	0	0	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3.2. * Offered but declined COVID-19 vaccine	0	0	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3.3. * Unknown COVID-19 vaccination status	0	0	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. * Cumulative number of HCP in Question #2 eligible to receive an additional dose or booster of COVID-19 vaccine:	25	25	<input type="text" value="25"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5. * Cumulative number of HCP in Question #4 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021 :	<input type="text" value="PFIZBION3 - Additional dose or booster of Pfizer-BioNTech COVID-19 vaccine"/>					
5.1 * Additional dose or booster of Pfizer-BioNTech COVID-19 vaccine	5	5	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5.2 * Additional dose or booster of Moderna COVID-19 vaccine	5	5	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
* Any Additional dose or booster of COVID-19 vaccine <small>cariae</small>	10	10	<input type="text" value="10"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Vaccine Supply

Question #6 relates to the vaccine supply. You will answer the questions according to your facility and select Save.

Add COVID-19 Vaccination Summary Data

6.1. * Is your facility enrolled as a COVID-19 vaccination provider?

6.2. Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all HCP the opportunity to receive COVID-19 vaccine(s) from your facility in the current reporting week?

6.3. * Did your facility have other arrangements sufficient to offer all HCP the opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples of other arrangements include referring to the health department or pharmacies for vaccination)?

6.4. Please describe any other COVID-19 vaccination supply-related issue(s) at your facility.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

Adverse Events following COVID-19 Vaccine(s)

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/reportevent.html>. To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.

Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Completed Data Entry

Your completed week will turn green.
You will see a message box indicating your data are saved.

The screenshot displays a software interface for a 'Weekly Vaccination Calendar' covering the period from December 27, 2021, to January 30, 2022. At the top, there are navigation arrows and a legend with a green square for 'Record Complete' and an orange square for 'Record Incomplete'. The calendar is organized into weekly rows. The first row, labeled '12/27/2021-1/2/2022', is highlighted in green, indicating that the data for this week is complete. Subsequent rows, labeled '1/3/2022-1/9/2022', '1/10/2022-1/16/2022', and '1/17/2022-1/23/2022', are highlighted in orange, indicating that the data for these weeks is incomplete. A blue message dialog box is overlaid on the calendar, displaying the text 'Message' and 'Successfully saved record.', with an 'OK' button at the bottom right.

Responding to questions with:

Audrey Robnett-Brown, RN, MSN

Nurse Consultant

Division of Healthcare Quality Promotion
National Center for Emerging and
Zoonotic Infectious Diseases, CDC



Resources

- NHSN help desk: nhsn@cdc.gov
 - Specify **COVID-19 Vaccination** in the subject line.
- SAMS support: (877) 689-2901
- COVID-19 Frequently Asked Questions:
<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html>
- NHSN COVID-19 HCP Training page:
<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>
- ASCQR Program Support Team: (866) 800-8756
- Today's presentation can be found at
QualityReportingCenter.com

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Continuing Education Approval

This program has been approved for one credit for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

Acronyms

ASC	Ambulatory Surgical Center	FA	Facility Administrator
ASCQR	Ambulatory Surgical Center Quality Reporting	HCP	Healthcare Personnel
CCN	CMS Certification Number	NHSN	National Healthcare Safety Network
CDC	Centers for Disease Control and Prevention	OPC	Outpatient Procedure Component
CMS	Centers for Medicare & Medicaid Services	Q	Quarter
CY	Calendar Year	SAMS	Secure Access Management Services

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