



DEPARTAMENTO DE

**SALUD**

GOBIERNO DE PUERTO RICO

# Guía Operativa para el Registro de Facilidades en la plataforma del NHSN.

Programa de Infecciones Asociadas al Cuidado de Salud y Resistencia  
Antimicrobiana (HAI/AR)

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# National Healthcare Safety Network (NHSN)



# Al finalizar esta presentación usted podrá:

Inscribir con éxito una o varias  
facilidades en NHSN.

Conocerá el proceso SAMS en  
relación con la inscripción al  
NHSN.

# Procedimiento General de Registro



# Procedimiento para el Registro en NHSN



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# Paso #1: Preparación

# Paso #1: Preparación

<b>About NHSN</b> CDC's NHSN is the largest HAI reporting system in U.S.	<b>NHSN Application</b> NHSN Member Login
<b>AM I Enrolled?</b> Confirm if your facility is enrolled in NHSN	<b>CMS Requirements</b> CMS reporting requirements through NHSN
<b>Enroll New Facility</b> For first-time facility enrollment	<b>Analysis Resources</b> Analysis resources and guides for the PS Component
<b>NHSN Training</b> Self-paced trainings, videos & quick learns	<b>Data Validation &amp; Guidance</b> Data Validation & Guidance

Acceda a la página de NHSN del CDC y seleccione *“Enroll New Facility”*

Enlace: <https://www.cdc.gov/nhsn/>



## Select a Facility Type to Enroll

### Acute Care Hospitals / Facilities

Acute care or other short-term stay facilities  
(critical access facilities, oncology facilities,  
military/VA facilities)

### Long-term Care Facilities

Nursing homes, assisted living and residential  
care, chronic care facilities and skilled nursing  
facilities

### Ambulatory Surgery Centers

Outpatient Surgery Centers

### Long-term Acute Care Facilities

### Inpatient Psychiatric Facilities

### Inpatient Rehabilitation Facilities

### Outpatient Dialysis Facilities

### Home Dialysis Facilities

Home Dialysis and Peritoneal Dialysis Facilities

# Paso #1: Preparación

Seleccione el tipo de facilidad que va a registrar.

Enlace: <https://www.cdc.gov/nhsn/>



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## Step 1: Enrollment Preparation



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

Read [NHSN Facility Administrator Enrollment Guide](#)  [PDF – 1 MB].

Complete the [57.103 Patient Safety Component – Annual Facility Survey form](#)  [PDF – 92 KB]

[Table of Instructions for Patient Safety Component – Annual Hospital Survey 57.103](#)  [PDF – 412 KB]

Complete required training:

[NHSN Facility Enrollment Training December 2021](#)  [PDF – 3 MB]

[Overview of the Patient Safety Component](#)  [PDF – 464 KB]

Be sure to check trusted websites and spam blockers.

**Time to complete step 1: 2 hours, 45 minutes**

# Paso #1: Preparación

Se presentarán todos los recursos disponibles para el registro de su facilidad.



# Paso #2: Registro



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# Paso #2: Comienzo de Registro

## Step 2: Register



Agree to [Rules of Behavior](#) and register facility with NHSN using CMS Certification Number (CCN) or CDC assigned enrollment ID.

Time to complete step 2: 10 minutes

The screenshot shows the CDC National Healthcare Safety Network (NHSN) registration page. The page title is 'National Healthcare Safety Network (NHSN)'. Below the title, there is a section titled 'Facility/Group Administrator Rules of Behavior'. The text in this section explains that users must read and agree to abide by the following rules of behavior for safeguarding the system's security. It includes an 'Introduction' section describing the NHSN as a surveillance system of the CDC, and a 'Purpose' section stating that the Rules of Behavior establish standards that recognize knowledge and skills are the foundation. At the bottom of the page, there are two buttons: 'Agree' and 'Do Not Agree'. The 'Agree' button is highlighted with a red box.

✓ Acepte las reglas de NHSN



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# Paso #2: Registro

- ✓ Asegúrese de ingresar su dirección de correo electrónico correctamente, ya que todos los correos electrónicos posteriores se enviarán a esta dirección.
- ✓ Si su Identificador de facilidad no se valida, o no lo tiene disponible puede solicitar un ID de Registro de los CDC enviando un correo electrónico a [nhsn@cdc.gov](mailto:nhsn@cdc.gov). (vea próxima diapositiva)
- ✓ Haga clic en el botón "Enviar" una vez completado.

## 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:

\*Last name:

Middle name:

\*Email address:

Facility Identifier

\*Please select a facility identifier:

CCN

AHA

VA

CDC Registration ID

NONE

\*Selected identifier ID:

AMB-HEMO - Hemodialysis Center  
AMB-HDPD- Home Dialysis  
AMB-SURG - Outpatient Surgery Facility

\*Facility Type:

**Submit**

# Paso #2: Registro

- ✓ **Facility Identifier** (Identificador de Facilidad) son los siguiente:
  - ✓ **CCN:** CMS Certification Number
  - ✓ **AHA:** American Hospital Association ID #
  - ✓ **CDC Registration ID** (solicitarlo por correo si no tiene alguno de los anteriores)

**Nota:** El CDC Registration ID, cadurará a los 30 días de ser enviado si no se utiliza al momento. El número de registro de la facilidad es único.

## 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:

\*Last name:

Middle name:

\*Email address:

Facility Identifier

\*Please select a facility identifier:

CCN

AHA

VA

CDC Registration ID

NONE

\*Selected identifier ID:

\*Facility Type:

Submit

# Paso 2: Registro

Tras registrarse correctamente, **recibirá inmediatamente** un correo electrónico de "Bienvenido a NHSN" y una invitación para registrarse en SAMS (paso 3).

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

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SAMS basic registration process includes the following steps:

1. **Online Registration** - Follow the link below and use the included temporary password to log into SAMS' user registration pages. During registration, you will be asked to supply some basic information about yourself. This information will help CDC Program Administrators provide you with the application access most appropriate for your role in Public Health. You will also choose your personal SAMS password to help keep your account private and secure.
2. **Identity Verification** - Once you complete your online registration, you will receive an email with instructions for completing Identity Verification. In order to provide individuals with access to non-public information, U.S. law **requires** that the identity of potential users is first verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of CDC programs.
3. **Access Approval** - Once your Identity Verification is complete, CDC Program Administrators will determine the access level most appropriate for your role and will activate your SAMS account. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your extranet applications.

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To register with SAMS, please click the following link or cut and paste it into your browser:

[https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task\\_tag=SAMSRegistration](https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task_tag=SAMSRegistration)

When prompted, please enter:

- Your Username:
- Temporary Password:

and click the Login button.

\*\*\*Note: In order to access SAMS, your browser **must** be configured to use TLS 1.0 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.



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# Paso #3: Portal de SAMS



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## Paso 3: Portal de SAMS

- Recibirá una invitación para registrarse en SAMS, que incluye instrucciones para el registro y la verificación de identidad para acceder a las aplicaciones de los CDC, incluyendo NHSN.
- Durante el registro, establecerá una contraseña que caduca cada 60 días.
- También podrá elegir entre un token de software móvil o un token físico (tarjeta Grid), lo que añade un nivel adicional de seguridad al iniciar sesión en la aplicación NHSN.

**NOTA:** Recuerde anotar las respuestas a sus preguntas de seguridad en caso de que necesite restablecer su contraseña.

# Paso 3: Portal de SAMS

- Recibirá una invitación para registrarse en SAMS, que incluye instrucciones junto a su correo y contraseña temporal.
- Se dirigirá al Portal de SAMS e ingresará la información provista en sus instrucciones.
- Al acceder creará una nueva contraseña y completará la información solicitada.

**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.

**SAMS Multi-factor Login**

OR

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).

**Secure Access Management Services (SAMS)**

Welcome: Shea Graffo

**Registration**

Please provide the following information to register with SAMS, and click Submit. Required fields are marked with an asterisk. Application Administrator for approval. You will receive an email notification when your registration has been approved.

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

Completado este paso, recibirá un nuevo correo con instrucciones de validación de identidad.

# Paso 3: Portal de SAMS

- Al recibir el nuevo correo de SAMS (imagen) tendrá dos opciones para validar su identidad.
  - **Opción #1:** Validación de identidad mediante Experian
  - **Opción #2:** Someter affidavit (adjunta en el correo recibido).

Hello New NHSN User,

Thank you for registering with CDC's SAMS. Your registration information has been received. Your next step is to verify your identity through a process called "identity proofing".

SAMS supports two options to identity proof. Please review each option below and select what works best for you.

#### OPTION 1 - Experian Precise ID Check (preferred method)

Using a secure interface, you will provide Experian your social security number (SSN) and Date-Of-Birth (DOB). This information is sent directly to Experian and NOT stored by SAMS or CDC. Experian will validate this information and may ask you a series of questions derived from details contained in your credit report. This option will not impact your credit score or credit worthiness.

This process takes less than a minute and is the fastest way to complete the SAMS identity proofing process. If Experian is unable to validate your identity, you can still complete the identity verification process using Option 2.

To initiate the Experian Precise ID check select the link below and log into SAMS using the 'SAMS Credentials' option You will login using your SAMS username (email address) and recently established password.

<https://sams.cdc.gov/samsidproofing/idusers/edit/4743>

**Nota:** Si la opción #1, no le funcionó, continúe con la opción #2: Una vez completada la affidavit se somete al portal de SAMS y estos le contestarán su desición por correo electrónico.

# Paso 3: Portal de SAMS

## ➤ Confirmación de SAMS:

Once your information is received and approved, you will receive your approval by email from [sams-no-reply@cdc.gov](mailto:sams-no-reply@cdc.gov). The subject will be “U.S. Centers for Disease Control: SAMS Partner Portal – SAMS Activity Authorization.” This email will contain web links to the SAMS Partner Portal and to the application. If you are approved for two or more applications, you will receive a separate email for each one. You will also receive a welcome email confirming the activation of your SAMS Partner Portal account.

You are now ready to access your applications and the SAMS Partner Portal.

The NHSN application require users to be strongly authenticated. This means users must have an additional ‘token’, along with their password, to login. The **first option** is a soft token that requires the installation of an Entrust Authenticator application on your phone, tablet, or computer. The **second option** is a hard token which is a physical Entrust grid card mailed to your home address. SAMS will communicate this authentication requirement to you in email along with instructions on how to complete the setup after account activation.

**Note:** Your SAMS grid card should be delivered to your home address via U.S. mail **within 2 weeks after you receive your SAMS approval email**. If you do not receive your SAMS grid card within two weeks, contact [samshelp@cdc.gov](mailto:samshelp@cdc.gov) for assistance.

**Una vez, recibido este correo, usted tendrá acceso al portal de SAMS.**

# Paso #4: Portal de SAMS



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# Paso 4: Registro en NHSN

#1

External Partners

SAMS Credentials

SAMS Multi-factor Login

SAMS Username

SAMS Password

OR

Sign on with a SAMS Grid Card or Mobile Soft Token

Login

Forgot Your Password?

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

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

✓ Entre a SAMS

#3

Please Select Desired Option

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

[Enroll a Facility](#)

Get Adobe Acrobat Reader for PDF files

Enroll Facility

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

Yes

No

➤ Al seleccionar Enroll a Facility, conteste y complete la información requerida.

#2

SAMS secure access management services

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 \*
  - NHSN Enrollment**

✓ Seleccione NHSN Enrollment

#4:

NHSN - National Healthcare Safety Network

Enroll Facility

Mandatory fields marked with \*

**NHSN Facility Information**

Facility Name \*:

Address, Line 1\*:

Address, Line 2:

Address, Line 3:

City\*:

State\*:

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:

Page 1 of 2

Play K

# Paso 4: Registro en NHSN

#5: Completar la encuesta anual de la facilidad. Una vez completada, recibirá confirmación del registro de su facilidad en la Plataforma del NHSN

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

NHSN - National Healthcare Safety Network

Enroll Facility

Required Surveys Page 4 of 4

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.

[LTCF Facility Survey](#)

[◀ Back](#) [Submit](#)



**Congratulations! The Facility has been Enrolled.**

However your facility is not yet activated.

The enrollment for facility 'Shady Pines' with tracking number 94182 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.



Centers for Disease Control and Prevention  
Protecting People™

Activate Your Facility

ment services

My Applications

CDC TRAIN

- CDC TRAIN

CITI\_Single\_SignOn

- CDC Single Point Sign On - CITI Courses

National Healthcare Safety Network System

- NHSN Reporting
- NHSN Enrollment



\*Procedimiento paso a paso: <https://www.youtube.com/watch?v=gQKhPcQge0E>

# ¿Qué debo realizar en NHSN?

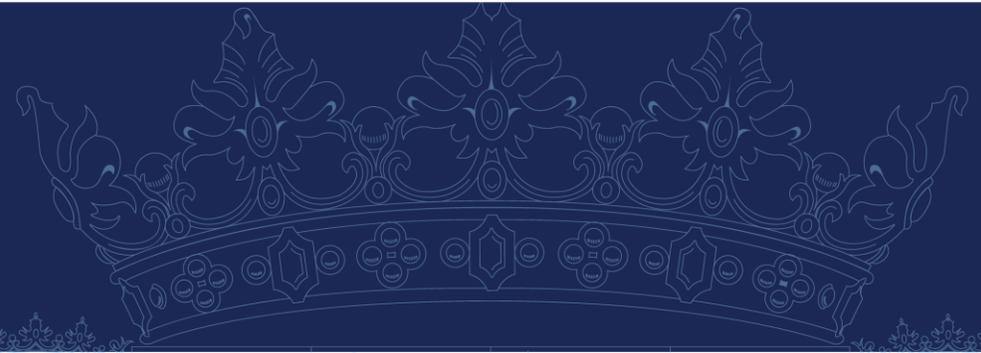
- Completar una descripción anual de la facilidad (survey)
- Someter un plan de reporte mensual
  - Incluye los módulos de infecciones a reportar ese mes
- Seguir guías o flujogramas para identificar casos HAI



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# Administrador del NHSN

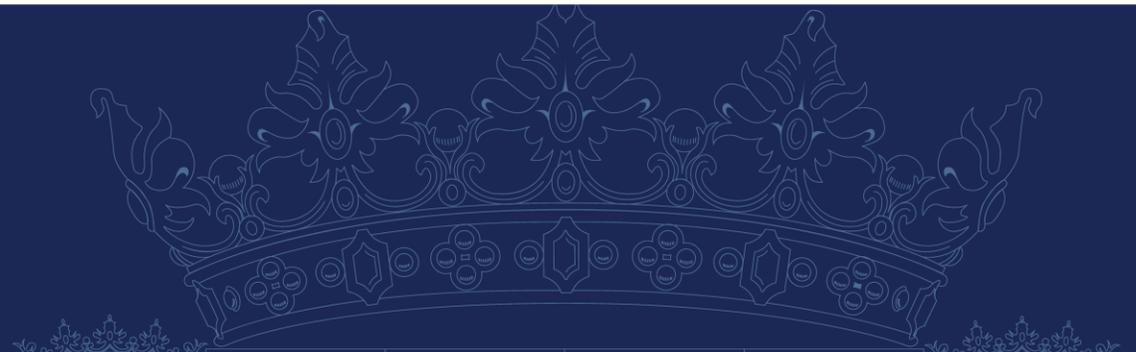
- **Coordinador (a) de Control de Infecciones:**
  - Trabajaré directamente con la recolección de datos, tendrá conocimiento de las definiciones de NHSN, hará reportes y liderará la vigilancia
- **Técnico de Informática (IT, por sus siglas en inglés):**
  - Apoyo técnico para el Sistema – programación módulo AUR.



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# Contacto:

Para asistencia técnica con su cuenta:

[nhsn@cdc.gov](mailto:nhsn@cdc.gov)

[samshelp@cdc.gov](mailto:samshelp@cdc.gov)

Para comunicarse con el Programa HAI/AR

[haiar@salud.pr.gov](mailto:haiar@salud.pr.gov)

[nhsn@salud.pr.gov](mailto:nhsn@salud.pr.gov)

Para materiales, recursos y otros, accede a la página

web: [www.salud.pr.gov/haiar](http://www.salud.pr.gov/haiar)



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