



National Healthcare Safety Network (NHSN)

Enrollment

Training

Registration

Request Dig.Cert.

Install Dig.Cert.

Submit Forms

Fax Consent

Join NW Group

TRAINING

Day 1

Required Training for FA

Required Training for User with Administrative Rights

Required Training for any user
(anyone who collects or enters dialysis event data)





National Healthcare Safety Network (NHSN)

Enrollment



ENROLLMENT

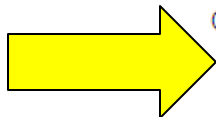
CDC [Enrollment Checklist](#)

CDC [Enrollment Flow-Chart](#)

- **Training**

- Webinar Slides

- CDC Training [Homepage](#)

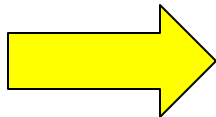


- Training for Facility Administrators (Individual Completing the NHSN Enrollment Process):

- CDC [Required Training for FA](#)

- FA must also complete training listed for users with administrative rights and all users

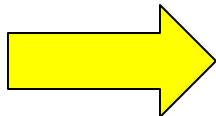
- CDC [Facility Administrator Enrollment Guide](#)



- Training for Users with Administrative Rights:

- CDC [Required Training for Users with Administrative Rights](#)

- Users with administrative rights should also read the User-Start Up Guide and Dialysis Event Protocol



- Training for All Users

- CDC [Required Training for All NHSN Users](#)

- CDC [User Start-Up Guide](#)

- CDC [Dialysis Event Protocol](#)





National Healthcare Safety Network (NHSN)

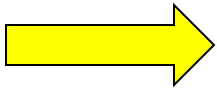
Enrollment

Complete “Outpatient Dialysis Center Practices Survey”



MONTHLY FORM SUBMISSION & REPORTING DIALYSIS EVENTS

- ▣ CDC [Dialysis Event Protocol](#) (definitions & reporting instructions)
- ▣ CDC [Calendar of Form Submission Dates](#)
- ▣ Webinar Slides
- ▣ CDC [Outpatient Dialysis Center Practices Survey](#)
- ▣ CDC [Denominators for Outpatient Dialysis](#)
 - ▣ CDC [Instructions](#)
 - ▣  [Tip Sheet](#)
- ▣ CDC [Patient Safety Monthly Reporting Plan](#)
 - ▣ CDC [Instructions](#)
 - ▣  [Tip Sheet](#)





National Healthcare Safety Network (NHSN)

Enrollment

Outpatient Dialysis Center Practices Survey

- 4 page survey
- Print, complete, & hold until the last step of enrollment when you enter this information into the NHSN electronic form
- Information about your infection control practices
- Information about your patients dialyzing during the month of January
- Form will be completed annually





National Healthcare Safety Network (NHSN)

Enrollment



OMB No. 0920-0666
Exp. Date: 01-31-2015
www.cdc.gov/nhsn

Patient Safety Component— Outpatient Dialysis Center Practices Survey

Page 1 of 4

*required for saving

Facility ID#:	*Survey Year:		
A. Facility Information			
*1. Ownership of your dialysis center (choose one):	<input type="checkbox"/> Government	<input type="checkbox"/> Not for profit	<input type="checkbox"/> For profit
*2. Location/hospital affiliation of your dialysis center:	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Hospital based	<input type="checkbox"/> Freestanding but owned by a hospital
*3. Types of dialysis services offered (check all that apply):	<input type="checkbox"/> In-center hemodialysis	<input type="checkbox"/> Peritoneal dialysis	<input type="checkbox"/> Home hemodialysis
*4. Number of in-center hemodialysis stations:	_____		
*5. Is your facility part of a group or chain of dialysis centers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, name the group or chain:			
<input type="checkbox"/> Da Vita	<input type="checkbox"/> Dialysis Clinic Inc. (DCI)	<input type="checkbox"/> Fresenius Medical Care	
<input type="checkbox"/> American Renal Assoc.	<input type="checkbox"/> Nat'l Renal Alliance	<input type="checkbox"/> Nat'l Renal Institutes	
<input type="checkbox"/> Dialysis Corp. of America	<input type="checkbox"/> Renal Research Institute	<input type="checkbox"/> Satellite Healthcare	
<input type="checkbox"/> Renal Advantage Inc.	<input type="checkbox"/> Liberty Dialysis	<input type="checkbox"/> Renal Care Partners	
<input type="checkbox"/> Other (specify):	_____		
*6. Do you (the person primarily responsible for collecting data for this survey) perform patient care in the dialysis unit?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
*7. Is there someone at your unit in charge of infection control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

