



HRET-STRIVE Project – CDC/NHSN Join Group and Group Data Template

The purpose of this document is to provide instructions to facility NHSN administrators on joining and conferring rights to the HRET NHSN group for the STRIVE Project.

There are two parts to completing this process:

1. You must first **join** the HRET group and
2. You must review the confer rights template **and** “Accept” it at the bottom of the page.

These steps must be performed by a facility’s NHSN administrator. Contact nhsn@cdc.gov if you do not know your facility’s NHSN administrator or if you have technical issues with NHSN.

To learn more about the project’s aim and benefits, please click [here](#) or visit this link:
http://sharepoint.hret.org/cdc_hai/registration/Public/Home.aspx/.

Part 1: Joining the HRET-STRIVE Group in NHSN

- 1) Log into NHSN and select the Patient Safety Component


Welcome to the NHSN Landing Page

Select a component and facility,
then click Submit to go to the Home Page.

User: **RRODRIGUEZ (ID 147981)**

Select component:

Select facility/group from dropdown list:

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- 2) In the left hand column, click on Group, then Join. This will take you to the Memberships screen. Enter the Group ID **44764** and Group Joining Password **4TIB8**.
- 3) Click Join Group.

NHSN - National Healthcare Safety Network

Logged into NHSN Test Hospital (ID 33102) as RRODRIGUEZ.
Facility NHSN Test Hospital (ID 33102) is following the PS component.

Memberships

Groups that have access to this facility's data

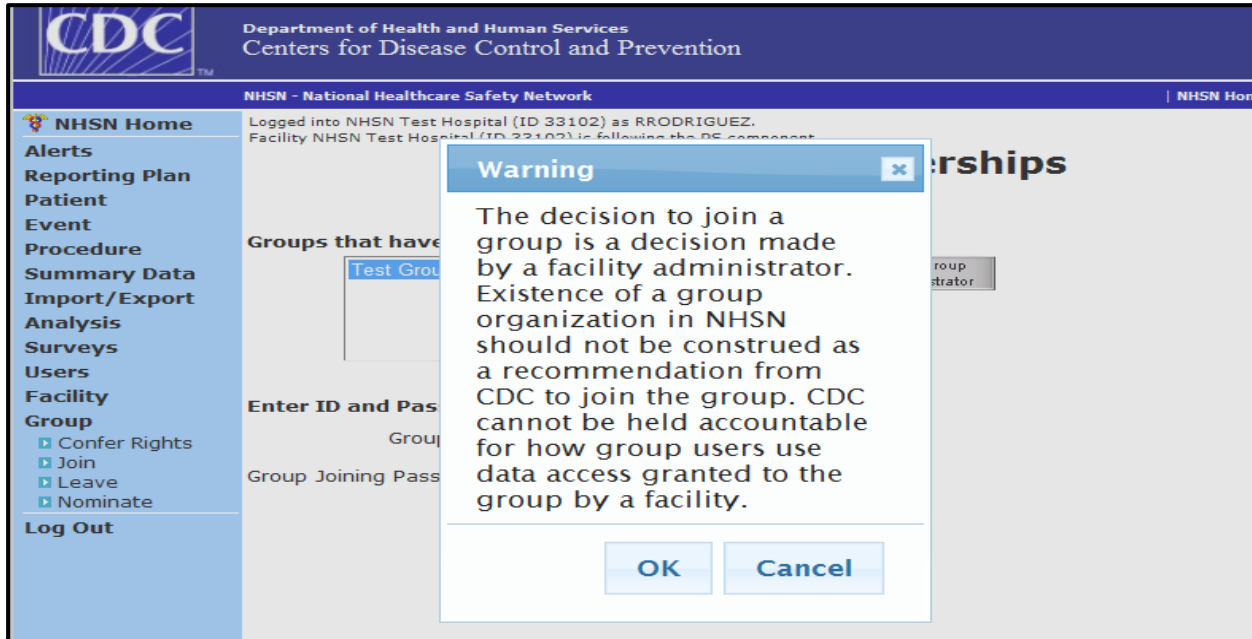
Leave Group(s)

Enter ID and Password for this facility to join a new group

Group ID:

Group Joining Password:

A pop-up warning message will appear. Click OK. You have now joined the group.



Part 2: HRET-STRIVE Group Data Template

- 1) On the next screen, (Confer Rights-Patient Safety), you will be able to review the data to which the 'HRET-STRIVE' group will have access. Scroll down the screen to review the confer rights template.



2) Under the section titled "General," the template shows the data the group will have access to:

- A. Patient data **without any identifiers**
- B. Monthly Reporting Plans
- C. Rights to analyze your data
- D. Facility Information
- E. Hospital survey data for 2014 until the end of the project
- F. Long Term Acute Care Survey (if applicable) for 2014 until the end of the project

General

View Options

A. Patient With All Identifiers
 Without Any Identifiers
 With Specified Identifiers
 Gender DOB Ethnicity Race
 Medicare # Name SSN Patient ID Birthweight (NICU only)

B. Monthly Reporting Plan

C. Data Analysis

D. Facility Information

Surveys

	Year	To	Year	Survey Type
E.	<input type="text" value="2014"/>		<input type="text"/>	Hospital Survey Data
F.	<input type="text" value="2014"/>		<input type="text"/>	Long Term Acute Care Survey Data

Add Row Clear All Rows **Note: only complete survey data are shared with groups.**

3) For “Infections and Other Events” the HRET-STRIVE group will have access to:

Infection / Event	From where?	Time frame
A. Central-line associated bloodstream infection (CLABSI)	All locations	2014 through the end of the project
B. Catheter-associated urinary tract infection (CAUTI)	All locations	2014 through the end of the project
C. Central Line Insertion Practices- CLIP	All locations	2014 through the end of the project

Infections and other Events (Not specific to MDRO/CDI)
Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Event	N/A
A. In	January	2014	To		BSI - Bloodstream Infection (CLA)	<input type="checkbox"/>
	Location type: (ALL)		Location: (ALL)		Other Location Requirements:	Your Locations All selected
B. In	January	2014	To		UTI - Urinary Tract Infection (Cath)	<input type="checkbox"/>
	Location type: (ALL)		Location: (ALL)		Other Location Requirements:	Your Locations All selected
C. In	January	2014	To		CLIP - Central Line Insertion Practices	<input type="checkbox"/>
	Location type: (ALL)		Location: (ALL)		Other Location Requirements:	Your Locations All selected

4) At this time, the HRET is not asking for data under Antimicrobial Use and Resistance. The headers appear, but there are no data details provided.

Antimicrobial Use and Resistance									
Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A

- 5) Under MDRO/CDI events HRET is asking for C. difficile laboratory ID events for the FACWIDEIN location from 2014 until the end of the project. FACWIDEIN refers to all of the facility's inpatient units.
- i. For 2015 onward, the FACWIDEIN location also includes data from Emergency Departments and Observations Areas

MDRO/CDI EVENTS
Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A
In	January	2014	To		FACWIDE	FacWIDEin			<input type="checkbox"/>
Specific Organism Type:					Event Type:				
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input checked="" type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE					LABID - Laboratory-identified MDRO or CDI Event				
In	January	2015	To		(ALL)	Emergency Department		All selected	<input type="checkbox"/>
Specific Organism Type:					Event Type:				
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input checked="" type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE					LABID - Laboratory-identified MDRO or CDI Event				
In	January	2015	To		(ALL)	Pediatric Emergency Department		All selected	<input type="checkbox"/>
Specific Organism Type:					Event Type:				
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input checked="" type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE					LABID - Laboratory-identified MDRO or CDI Event				
In	January	2015	To		(ALL)	24-Hour Observation Area		All selected	<input type="checkbox"/>
Specific Organism Type:					Event Type:				
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input checked="" type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE					LABID - Laboratory-identified MDRO or CDI Event				

- 6) Under MDRO/CDI events HRET is asking for MRSA laboratory ID events for the FACWIDEIN location from 2014 until the end of the project. FACWIDEIN refers to all of the facility's inpatient units. We are asking for blood specimens only.
- i. For 2015 onward, the FACWIDEIN location also includes data from Emergency Departments and Observations Areas

<input type="checkbox"/> In	January 2014 To	FACWIDE	FacWIDEin	<input type="checkbox"/>
Specific Organism Type: <input type="checkbox"/> ACINE - MDR-Acinetobacter <input type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input checked="" type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE		Event Type: LABIDBld - Laboratory-identified MDRO Event - Blood Specimen Only		
<input type="checkbox"/> In	January 2015 To	(ALL)	Emergency Department	All selected <input type="checkbox"/>
Specific Organism Type: <input type="checkbox"/> ACINE - MDR-Acinetobacter <input type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input checked="" type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE		Event Type: LABIDBld - Laboratory-identified MDRO Event - Blood Specimen Only		
<input type="checkbox"/> In	January 2015 To	(ALL)	Pediatric Emergency Department	All selected <input type="checkbox"/>
Specific Organism Type: <input type="checkbox"/> ACINE - MDR-Acinetobacter <input type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input checked="" type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE		Event Type: LABIDBld - Laboratory-identified MDRO Event - Blood Specimen Only		
<input type="checkbox"/> In	January 2015 To	(ALL)	24-Hour Observation Area	All selected <input type="checkbox"/>
Specific Organism Type: <input type="checkbox"/> ACINE - MDR-Acinetobacter <input type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input checked="" type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE		Event Type: LABIDBld - Laboratory-identified MDRO Event - Blood Specimen Only		

- 7) Under MDRO/CDI Process & Outcome Measures, HRET is asking for the Hand Hygiene process measure from all location types from 2014 until the end of the project.

MDRO/CDI Process & Outcome Measures

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A
In	January	2014	To		(ALL)	(ALL)		All selected	<input type="checkbox"/>

Process Measures:

- Hand Hygiene
- Gown and Gloves

AST Process & Outcome Measures:

Organism	ASTAdm	AST D/T	AST Incidence	AST Prevalence
<input type="checkbox"/> MRSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accept Back

- 8) To accept the reporting template and confer rights to your data to the HRET- STRIVE group, please press “Accept” at the bottom of the page. You will receive a message saying your rights have successfully been conferred.