NHSN Conferring Rights Guide

Infectious Disease Epidemiology Section

Group #15156

Password “maladies”

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

| NHSN Home | My Info | Contact us | Help | Log Out

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Logged into NHSN State Users Test Facility #2 (ID 15165) as EWASHINGTON.
Facility NHSN State Users Test Facility #2 (ID 15165) is following the PS component.

Incomplete/Missing List

☐ Do not show again next logon

Incomplete Events | Missing Events | Incomplete Summary Data | Missing Summary Data | Incomplete Procedures | Missing Procedures | ing PA Events

The following are incomplete "In Plan" events.
Existence of incomplete "In Plan" events can lead to deactivation of a facility.

Print this report

First | Previous | Next | Last

Displaying 1 - 6 of 6

Patient ID	Last Name	First Name	Gender	Date of Birth	Event #	Event Type	Date Admitted to Facility	Procedure Date	NHSN Procedure Code
Events									
789	Jones	John	M	01/01/1951	4217338	BSI	01/01/2011		
787	Jones	Pat	M	01/01/1960	4217600	BSI	01/01/2011		
4657457467456			M	04/25/1995	4606084	UTI	04/05/2011		
XGDFHGSDF			M	04/04/2005	4606235	UTI	04/05/2011		

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

| NHSN Home | My Info | Contact us | Help | Log Out

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
- Facility
- Group
  - Confer Rights
  - Join
  - Leave
  - Nominate
- Log Out

Logged into NHSN State Users Test Facility #2 (ID 15165) as EWASHINGTON.
Facility NHSN State Users Test Facility #2 (ID 15165) is following the PS component.

Incomplete/Missing List

☐ Do not show again next logon

Incomplete Events | Missing Events | Incomplete Summary Data | Missing Summary Data | Incomplete Procedures | Missing Procedures | Missing PA Events

The following are incomplete "In Plan" events.
Existence of incomplete "In Plan" events can lead to deactivation of a facility.

Print this report

First | Previous | Next | Last

Displaying 1 - 6 of 6

Patient ID	Last Name	First Name	Gender	Date of Birth	Event #	Event Type	Date Admitted to Facility	Procedure Date	NHSN Procedure Code
Events									
789	Jones	John	M	01/01/1951	4217338	BSI	01/01/2011		
787	Jones	Pat	M	01/01/1960	4217600	BSI	01/01/2011		
4657457467456			M	04/25/1995	4606084	UTI	04/05/2011		
XGDFHGSDF			M	04/04/2005	4606235	UTI	04/05/2011		

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

| NHSN Home | My Info | Contact us | Help | Log Out

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
- Facility
- Group
  - Confer Rights
  - Join
  - Leave
  - Nominate
- Log Out

Logged into NHSN State Users Test Facility #2 (ID 15165) as EWASHINGTON.
Facility NHSN State Users Test Facility #2 (ID 15165) is following the PS component.

Memberships

Groups that have access to this facility's data

Louisana Infectious Disease Group (15156)
MDCH_SHARP (14793)

Confer Rights HELP

Leave Group(s)

Enter ID and Password for this facility to [illegible]ew group

Group ID:

Group Joining Password:

Join Group HELP

Back

Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

| NHSN Home | My Info | Contact us | Help | Log Out

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
- Facility
- Group
  - Confer Rights
  - Join
  - Leave
  - Nominate
- Log Out

Logged into NHSN State Users Test Facility #2 (ID 15165) as EWASHINGTON.
Facility NHSN State Users Test Facility #2 (ID 15165) is following the PS component.

Confer Rights-Patient Safety

! Please review the data rights that "Louisana Infectious Disease Group" is requesting from your facility:
- Verify locations
- Press "accept" button to confer rights

HELP

Patient Safety | Healthcare Personnel Safety

General

	View Options
Patient	X With All Identifiers
	Without Any Identifiers
	With Specified Identifiers Gender DOB Ethnicity Race
Monthly Reporting Plan	X
Data Analysis	X
Facility Information	X

Surveys

Year	Year	Survey Type	N/A
2011	to	(ALL)	☐

Infections and other Events (Not specific to MDRO/CDI)

X MRSA
X MSSA
X VRE

MDRO/CDI Summary Data (Denominators)

Plan	Month	Year		Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A
(All)			to			(ALL)	(ALL)		2E - MS - MED/SURG WARD, 2N - BU	☐

X Total Patient Days X Total Admissions X Total Encounters

For monitoring C. difficile in a FACWIDE location:

X Patient Days X Admissions X Encounters

MDRO/CDI Process & Outcome Measures

Plan	Month	Year		Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A
(All)			to				(ALL)		2E - MS - MED/SURG WARD, 2N - BU	☐

AST Process & Outcome Measures

Process Measures:	Organism	ASTAdm	AST D/T	AST Incidence	AST Prevalence
X Hand Hygiene X Gown and Gloves	MRSA VRE				

Accept Back

Questions?

Erica.Washington@LA.GOV