

# Agreement to Participate and Consent

Tracking # : \_\_\_\_\_

We agree to participate in the National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), with the understanding that participation is voluntary and we can discontinue our participation at any time. We understand the following to be the purposes for which the data are being collected by the NHSN for CDC in its role as the nation's public health and prevention agency.

## ***Purposes of NHSN***

Participation in the NHSN reflects the individual facility's need for high quality and timely data on adverse events and adherence to prevention practices associated with healthcare delivery, and their desire to share these data with CDC. The purposes of the NHSN are to:

- Collect data from a sample of healthcare facilities in the United States to permit valid estimation of the magnitude of adverse events among patients and healthcare personnel.
- Collect data from a sample of healthcare facilities in the United States to permit valid estimation of the adherence to practices known to be associated with prevention of healthcare-associated infections (HAI).
- Analyze and report collected data to permit recognition of trends.
- Provide facilities with risk-adjusted data that can be used for inter-facility comparisons and local quality improvement activities.
- Assist facilities in developing surveillance and analysis methods that permit timely recognition of patient and healthcare personnel safety problems and prompt intervention with appropriate measures.
- Conduct collaborative research studies with NHSN member facilities (e.g., describe the epidemiology of emerging HAI and pathogens, assess the importance of potential risk factors, further characterize HAI pathogens and their mechanisms of resistance, and evaluate alternative surveillance and prevention strategies).

## ***Eligibility Criteria***

Facilities participating in the NHSN must meet the following criteria:

- Be a bona fide healthcare facility in the United States of America, i.e., be listed in or associated with a facility that is listed in one of the following national databases: American Hospital Association (AHA); Centers for Medicare and Medicaid Services (CMS); or Veteran's Affairs (VA).
- Have email addresses for NHSN users and high-speed Internet access on the computers they will use to access NHSN and the ability to download a digital certificate onto those computers for each authorized user.
- Be willing to follow the selected NHSN component protocols exactly and report complete and accurate data in a timely manner during months when reporting data for use by CDC.
- Be willing to share such data with CDC for the purposes stated above.
- Be able to provide written consent for participation in the NHSN by a member of the facility's chief executive leadership (e.g., Chief Executive Officer).

Page 1 of 3

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).



### ***Data Collection and Reporting Requirements for Participation***

Once enrolled in the NHSN, each facility must:

- Use the NHSN Internet-based data entry interface and/or data import tools for reporting data to CDC.
- Successfully complete an annual survey for each component selected.
- Successfully complete one or more modules of the component selected. Successful completion requires the following:
  - For the selected component, submit a reporting plan each month to inform CDC which, if any, of the modules will be used for that month. Data for at least one module must be submitted for a minimum of six months of the calendar year to maintain active status.
    - Adhere to the selected module's protocol(s) exactly as described in the NHSN Manual during the months when one or more NHSN modules are used. This includes using surveillance methodology appropriate for the module and as described in the protocol.
    - Report adverse events/exposures and appropriate summary or denominator data as required for the module(s) indicated on the reporting plan to CDC within 30 days of the end of the month.
    - For those months when the Healthcare Worker Exposure module is followed and no exposures are reported, confirm that none occurred.
    - Pass quality control acceptance checks that assess the data for completeness and accuracy.
- NHSN facilities must agree to report to state health authorities those outbreaks that are identified in their facility by the surveillance system and about which they are contacted by CDC.
- Failure to comply with these requirements will result in withdrawal from the NHSN. Such facilities will be offered the opportunity to download their data before being withdrawn. Six months after withdrawal, a facility may apply for re-enrollment into the NHSN.

There is no fee for participation in the NHSN.

### ***Assurance of Confidentiality***

We further understand that as a participant in the NHSN, our facility has been given the following Assurance of Confidentiality:

“The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Section 304, 306, and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).”

### ***Consent***

The primary contact person(s) listed on the next page agrees that data collected and submitted to CDC will be complete and accurate, to the best of his or her knowledge.



# Consent

\*Tracking # : \_\_\_\_\_

## Primary Contact(s)

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in the NHSN.

### *NHSN Patient Safety Primary Contact Person*

\*Name: \_\_\_\_\_

Title: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

### *NHSN Healthcare Personnel Safety Primary Contact Person (if different from Patient Safety Primary Contact)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Official Authorized To Bind This Facility To The Terms Of This Agreement (e.g., COO/CEO/ CFO)

As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement and hereby consent to allow the facility to participate in the NHSN.

\*Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Facility Name: \_\_\_\_\_

\*Main Facility Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

\*Street Address: \_\_\_\_\_  
\_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ - \_\_\_\_\_

