



Conferring Rights to DPH in the National Healthcare Safety Network (NHSN)

The Healthcare-Associated Infections (HAI) Program is part of GA DPH. Our mission and scope is to build partnerships and provide support to healthcare facilities to prevent, detect, and respond to events and outbreaks of healthcare-associated and antimicrobial resistant infections and support best practices for antimicrobial stewardship in Georgia. As part of our mission, DPH can provide analysis and reports using NHSN data to provide valuable metrics for HAI prevention and antimicrobial use. We need your facility to confer rights to DPH for your HAI (e.g. CLABSI, CAUTI, CDI, SSI) and Antimicrobial Use and Resistance (AUR) module data to provide analysis and reports to your facility. **(This instruction document is geared specifically towards conferring rights to the AUR module, if your facility has already conferred rights to HAI data, no additional action is needed. Please scroll down to section 11 for AUR instructions.)**

We would like to emphasize that the Department of Public Health is not a regulatory or punitive body; we are a resource for public health in the state and we work to promote and contribute to the highest possible level of health for residents of Georgia. The HAI Program offers many resources to hospitals that participate in the Patient Safety Component of NHSN. One example is the HAI quarterly reports that summarize data from short-term acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities. We also offer technical assistance to our NHSN-reporting hospitals by phone and email. More information is available on our [website](#).

In order to become a member of our group:

You must first join our group in NHSN and then confer rights.

Our group name is **State of Georgia**

The Group ID number is **29283**

The Joining Password is **GAhealth1!** (it is case sensitive).

To join the group and confer rights:

Log into NHSN and click on **Group** and then **Join**.

Enter the Group ID number and the Joining Password (noted above) then click the **Join Group** button.

The Confer Rights template will display. Scroll to the bottom of the template and click the **Accept** button to complete conferring rights.

If you have any questions about our group or the conferring rights process, please email: AS@dph.ga.gov.

Instructions for conferring rights:

1. Facility Administrator logs into NHSN.
2. Depending upon the facility type, a facility may be conferring rights for one of the following NHSN Modules: Patient Safety, Healthcare Personnel Safety, Long-Term Care Facility, Outpatient Dialysis. Select the appropriate component for the facility.

Select component:

▼
Healthcare Personnel Safety
Patient Safety

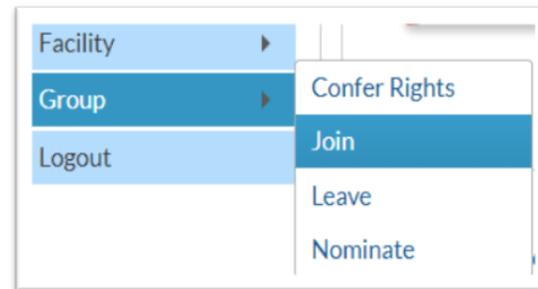
Submit

3. You will now be in the main NHSN page.

From the left navigation menu:

Click “Group”

Click “Join”



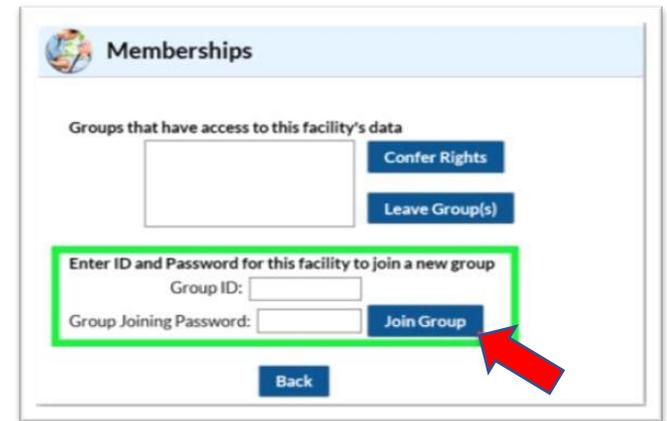
4. Enter the following information to join the Georgia Department of Public Health

NHSN group:

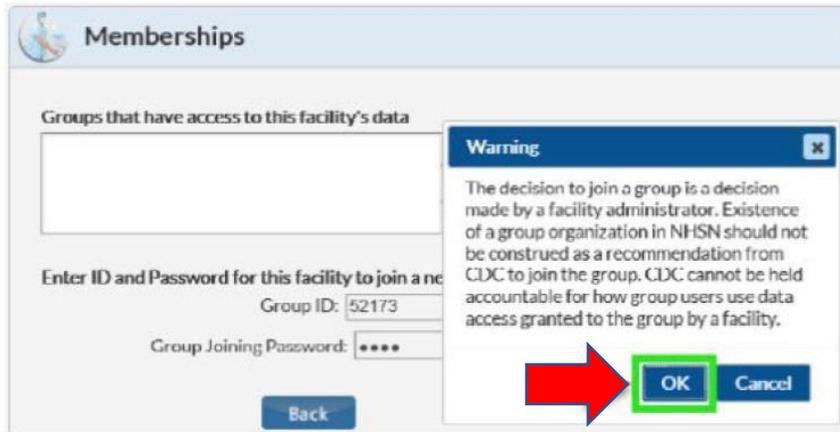
Group ID: **29283**

Password: **GAhealth1!**

Click **“Join Group”**:



5. A warning message will pop-up. Please read the message and acknowledge by clicking “OK” to proceed.



6. When you are taken to the confer rights template, you will see the screen below. We ask that you select “patient with specific identifiers” and the following variables Gender, Ethnicity, Race, and DOB.

Confer Rights - Patient Safety

! Please review the data rights that "State of Georgia" is requesting from your facility:
 - Verify locations
 - Press "accept" button to confer rights or [review current rights before accepting new rights](#)

General

View Options

Patient

With All Identifiers
 Without Any Identifiers
 With Specified Identifiers

Gender DOB Ethnicity Race
 Medicare # Name SSN Patient ID Birthweight (NICU only)

Monthly Reporting Plan
 Data Analysis
 Facility Information
 COVID-19 View Data
 COVID-19 CSV Data Upload



7. Select Monthly Reporting Plan, Data Analysis, Facility Information, and COVID-19 View Data.

Confer Rights - Patient Safety

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General

View Options

Patient

With All Identifiers
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Gender DOB Ethnicity Race
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 COVID-19 CSV Data Upload



8. We are requesting access to the annual Hospital Survey Data. If applicable to your facility, you can also click Long Term Acute Care Survey Data or Inpatient Rehabilitation Facility Survey Data.

Surveys			
Year	Year	Survey Type	
2011	To	Hospital Survey Data	
2011	To	Long Term Acute Care Survey Data	
2011	To	Inpatient Rehabilitation Facility Survey Data	

Note: only complete survey data are shared with groups.

9. Select all Infection Events (BSI, UTI, etc.).

Infections and other Events (Not specific to MDRO/CDI)					
Includes Applicable Denominators and "No Events" Indicators					
Plan	Month	Year	Month	Year	Event
In	January	2013	To		BSI - Bloodstream Infection (CLA)
	Location type: CC		Location: (ALL)		Other Location Requirements:
In	January	2013	To		BSI - Bloodstream Infection (CLA)
	Location type: CC_N		Location: Neonatal Critical Care(Level II/III)		Other Location Requirements:
In	January	2013	To		UTI - Urinary Tract Infection (Cath)
	Location type: CC		Location: (ALL)		Other Location Requirements:
In	January	2013	To		BSI - Bloodstream Infection (CLA)
	Location type: CC_LTAC		Location: (ALL)		Other Location Requirements:

10. Select all MDRO events.

MDRO/CDI Events, Process and Outcome Measures
Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements	Your Locations
In	January	2013	To		FACWIDE	FacWIDEIn		

Specific Organism Type:

- ACINE - MDR-Acinetobacter
- CDIF - C. difficile
- CEPHRKLEB - CephR-Klebsiella
- CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)
- MRSA - MRSA
- MSSA - MSSA
- VRE - VRE

Event Type:
LABID - Laboratory-identified MDRO or CDI Event

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"/>

11. We are requesting access to data uploaded to NHSN’s AUR Module. If your facility chooses to not share this data, then check the boxes under N/A, otherwise leave them unchecked.

Antimicrobial Use and Resistance

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A
(All)			To		(ALL)	(ALL)		Select options	<input type="checkbox"/>
									<input checked="" type="checkbox"/> Antimicrobial Use <input checked="" type="checkbox"/> Antimicrobial Resistance
(All)			To		FACWIDE	FacWIDEIn			<input type="checkbox"/>
									<input checked="" type="checkbox"/> Antimicrobial Use <input checked="" type="checkbox"/> Antimicrobial Resistance

12. Once finished, scroll down to the bottom of the page, and click **“Accept”**.



You have successfully Conferred Rights to the State of Georgia.

 Memberships

 Conferred Rights saved successfully for group State of Georgia (29283).