HQIC TMF Health Quality Institute Hospital Quality Improvement Contractor



### Join the TMF Quality Innovation Network Group and Confer Rights in the National Healthcare Safety Network

#### **STEP 1: CONFIRM ADMINISTRATIVE PRIVILEGES**

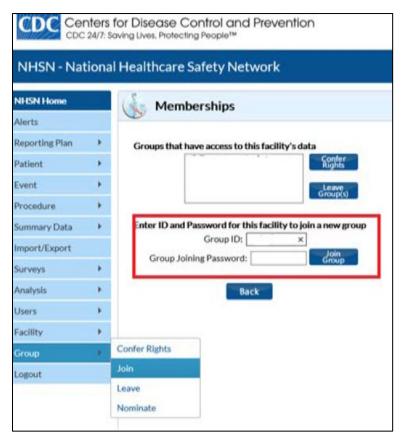
Only administrator-level users in the National Healthcare Safety Network (NHSN) can join a group and confer rights for their facility(ies). This can be confirmed by viewing the options in the left-hand side navigation bar. Only administrative-level users will be able to view the "Group" menu and its options.

### **STEP 2: JOIN THE TMF QUALITY INNOVATION NETWORK GROUP**

Navigate to "Group" and select "Join" to enter the TMF Quality Innovation Network group ID and password, as seen below.

- ID: 39183
- Password: TMFQINQIO (all uppercase)

Select "Join Group." If you receive an error message, please review the group ID and re-enter the password. If the problem persists, please contact the TMF Quality Innovation Network via the contact information below, for assistance.



Continued

#### **STEP 3: REVIEW THE GROUP FUNCTION DISCLAIMER**

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Once the group ID and joining password have been entered correctly, and "Join Group" is selected, a warning message will appear. Please read this message and select "OK."

	Warning 🗙
Enter ID and Password for this facility to join a ne Group ID: 52173 Group Joining Password: ••••	The decision to join a group is a decision made by a facility administrator. Existence of a group organization in NHSN should not be construed as a recommendation from CDC to join the group. CDC cannot be held accountable for how group users use data access granted to the group by a facility. OK Cancel

# STEP 4: RIGHTS CONFERRAL TEMPLATE FOR THE TMF QUALITY INNOVATION NETWORK GROUP

Once you have joined the group, the administrator-level user will be automatically presented with the rights conferral template for the TMF Quality Innovation Network group. Below are screenshots of the information that the TMF Quality Innovation Network group is requesting to review and analyze. Once the template has been reviewed, scroll to the bottom of the page and select "Accept."

If you have any concerns about the information being requested on the rights template, please email <u>HQIC@tmf.org</u> before accepting the template.

General										
	View Options									
Patient	$\bigcirc$ With All Identifie	rs								
	O Without Any Ide	ntifiers								
	With Specified Id	entifiers								
	Gender	DOB	🗹 Ethnicity	🗹 Race						
	🗹 Medicare #	🗹 Name	SSN	Patient ID	Birthweight (NICU only)					
Monthly Repo	☑ Monthly Reporting Plan									
🗹 Data Analysis	🗹 Data Analysis									
I Facility Information										
COVID-19 Vie	COVID-19 View Data									
COVID-19 CS	V Data Upload									

Continued

## STEP 4: RIGHTS CONFERRAL TEMPLATE FOR THE TMF QUALITY INNOVATION NETWORK GROUP (CONTINUED)

Surv	urveys									
	Year	Year	Survey Typ	pe						
1	2018 🗸	То	~ (All)	~						
·										
Infe	ctions and other Events	(Not specific to MD	RO/CDI)							
Includ	les Applicable Denominators an									
	Plan Month		Month	Year	Event					
tir [	In 🗸 January 🗸	2018 🗸 🛛 To	$\sim$	~	BSI - Bloodstream Infection (CLA)					
			Location:		Other Location Requirements:					
		(ALL) $\vee$	(ALL)	~						
tir [	In V January V	0040 x - T-			UTL - Urinary Tract Infection (Cath)					
a (	In \vee January 🗸	2018 V To		<u> </u>	off official fractimeeton (outly					
			Location: (ALL)	~	Other Location Requirements:					
		(ALL) 🗸	(ALL)	Y						
tir (	In 🗸 January 🗸	2018 V To	$\sim$		VAE - Ventilator-Associated Event					
			Location:		Other Location Requirements:					
			(ALL)	$\checkmark$						
			(*)	,						
1	In \vee January \vee	2018 🗸 🛛 To	✓	$\sim$	CLIP - Central Line Insertion Practices $\checkmark$					
		Location type:	Location:		Other Location Requirements:					
		(ALL) $\checkmark$	(ALL)	~						
TT (	In \vee January 🗸	2018 🗸 🛛 To	Y	~	PNEU - Pneumonia (Vent)					
			Location:		Other Location Requirements:					
		(ALL) $\checkmark$	(ALL)	$\sim$						
tir (	In V January V	2018 V To			PNEU - Pneumonia (Post Procedure)					
- I	in Panuary *	Procedure:			Setting:					
		(ALL)	~							
		(ALL)	4							
<b>T</b>	In \vee January 🗸	2018 🗸 🛛 To	~	~	SSI - Surgical Site Infection					
		Procedure:			Setting:					
		(ALL)	~							
			,							

A	Antimicrobial Use and Resistance											
	Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements				
1	In 🗸	January 🖂	2018 🗸	То	~ ~	(ALL) ~	(ALL) ~					
	🗹 Antimi	crobial Use		Antim	crobial Resistance							

	Month	Year	Month	Year	Location Type	Location	Other Location Requirements
In V	January V	2018 V To	~	~	(ALL) 🗸	(ALL) ~	
		Specific Organis	sm Type:			Event Type:	
		cile - CephR-Klebsiella RE-Ecoli, CRE-Ente A	a erobacter, CRE-Kle	bsiella)	LABID - Laborator	y-Identified MDRO or CDI Event	

MDRO/CDI Process & Outcome Measures											
Plan	Month	Year	Month	Year Location	Type Location			Other Location Requirements			
🗊 In 🚿	January	✓ 2018 ✓ To		✓ (ALL)	✓ (ALL)			~			
	Process Mea			Organism	ASTAdm	AST Proces AST D/T	ss & Outcome Measures AST Incidence	AST Prevalence			
	Gown an			⊠ MRSA ⊠ VRE		V V					



#### WWW.TMFNETWORKS.ORG

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