



Table 6 . Instructions for Completion of the Prevention Process Measures Monthly Monitoring for LTCF form (CDC 57.143)

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID number will be auto-entered by the system.
Month	Required. Enter the 2-digit month during which prevention process measures monitoring was performed.
Year	Required. Enter the 4-digit year during which prevention process measures monitoring was performed.
Location Code	Required. For Long-term Care Facilities this code will be FacWideIN (Facility-wide Inpatient).
Process Measures: Hand Hygiene	
Performed	Conditionally required , if enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either the resident or inanimate objects in the immediate vicinity of the resident and appropriate hand hygiene was <u>performed</u> .
Indicated	Conditionally required , if enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either the resident or inanimate objects in the immediate vicinity of the resident and therefore, appropriate hand hygiene was <u>indicated</u> .
Process Measures: Gown and Gloves	
Used	Conditionally required , if enrolled in gown and gloves use adherence process measures. Among residents on Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or inanimate objects in the immediate vicinity of the resident for which gown and gloves were donned <i>prior</i> to contact.
Indicated	Conditionally required , if enrolled in gown and gloves use adherence process measures. Among residents on Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or inanimate objects in the immediate vicinity of the resident and therefore, gown and gloves were <u>indicated</u> .
Custom Fields	
Label	<i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.
Comments	<i>Optional. Enter any information on the event.</i>