



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 object 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.</i> Enter any information on the event. |