Instructions for Prevention Process Measures Form

(CDC 57.504 rev 1, v 14.0 January 2026)

Complete a Prevention Process Measures form to summarize observations, according to definitions and reporting instructions in the Prevention Process Measures Protocol.

* *Indicates a required field when reporting in-plan.*

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will auto-populate in this field.
*Location code	**Required**. Select the location code from the dropdown menu for the outpatient hemodialysis clinic location at which data were collected.
*Month	**Required**. Select the month during which the data were collected for this location.
*Year	**Required**. Select the 4-digit year during which the data were collected for this location.
*Total # of **Successful** Hand Hygiene Opportunities	**Required**. Enter the total number of observations made throughout the month when staff hand hygiene was indicated and was successfully performed.
*Total # of Hand Hygiene Opportunities	**Required**. Enter the total number of hand hygiene observations made throughout the month when staff hand hygiene was indicated. Note: When reporting in-plan, a minimum of 30 observations is required each month. Individual observations can be collected using a hand hygiene audit tool such as the CDC Hemodialysis Hand Hygiene Observations Audit Tool.
*Total # of **Successful** Hemodialysis Catheter Connection/ Disconnection Observations	**Required**. Enter the total number of catheter connection and/or catheter disconnection observations made throughout the month during which all CDC-recommended infection prevention best practices for this procedure were successfully performed.
*Total # of Hemodialysis Catheter Connection/ Disconnection Observations	**Required**. Enter the total number of catheter connection and/or catheter disconnection observations made throughout the month. Note: When reporting in-plan, a minimum of 10 observations is required each month. Individual observations can be collected using an audit tool such as the CDC Hemodialysis Catheter Connection & Disconnection Observations Audit Tool.
*Total # of **Successful** Hemodialysis Catheter Exit Site Care Observations	**Required**. Enter the total number of hemodialysis catheter exit site care observations made throughout the month during which all CDC-recommended infection prevention best practices for this procedure were successfully performed.
*Total # of Hemodialysis Catheter Exit Site Care Observations	**Required**. Enter the total number of hemodialysis catheter exit site care observations made throughout the month.

Data Field	Instructions for Data Collection
	Note: When reporting in-plan, a minimum of 5 observations is required each month. Individual observations can be collected using an audit tool such as the CDC Hemodialysis Catheter Exit Site Care Observations Audit Tool.
*Total # of **Successful** Arteriovenous Fistula and Graft Cannulation/ Decannulation Observations	**Required**. Enter the total number of arteriovenous fistula and graft cannulation and/or decannulation observations made throughout the month during which all CDC-recommended infection prevention best practices for this procedure were successfully performed.
*Total # of Arteriovenous Fistula and Graft Cannulation/ Decannulation Observations	**Required**. Enter the total number of arteriovenous fistula and graft cannulation and/or decannulation observations made throughout the month. Note: When reporting in-plan, a minimum of 10 observations is required each month. Individual observations can be collected using an audit tool such as the CDC Arteriovenous Fistula & Graft Cannulation and Decannulation Observations Audit Tool.
*Total # of **Successful** Dialysis Station Routine Disinfection Observations	**Required**. Enter the total number of dialysis station routine disinfection observations made throughout the month during which all CDC-recommended infection prevention best practices for this procedure were successfully performed.
*Total # of Dialysis Station Routine Disinfection Observations	**Required**. Enter the total number of dialysis station routine disinfection observations made throughout the month. Note: When reporting in-plan, a minimum of 10 observations is required each month. Individual observations can be collected using an audit tool that includes all elements of the CDC Dialysis Station Routine Disinfection Checklist.
*Total # of **Successful** Injection Safety (Medication Preparation) Observations	**Required**. Enter the total number of medication preparation injection safety observations made throughout the month during which all CDC-recommended infection prevention best practices for this procedure were successfully performed.
*Total # of Injection Safety (Medication Preparation) Observations	**Required**. Enter the total number of medication preparation injection safety observations made throughout the month. Note: When reporting in-plan, a minimum of 5 observations is required each month. Individual observations can be collected using an injection safety audit tool that includes all elements of the CDC Outpatient Injection Safety Checklist.
*Total # of **Successful** Injection Safety (Medication Administration) Observations	**Required**. Enter the total number of medication administration injection safety observations made throughout the month during which all CDC-recommended infection prevention best practices for this procedure were successfully performed.
*Total # of Injection Safety (Medication	**Required**. Enter the total number of medication administration injection safety observations made throughout the month.

Data Field	Instructions for Data Collection
Administration) Observations	Note: When reporting in-plan, a minimum of 5 observations is required each month. Individual observations can be collected using an injection safety audit tool that includes all elements of the CDC Outpatient Injection Safety Checklist.
Custom fields	Optional. Add up to 50 alphanumeric, numeric, and/or date fields to this form for local use. **NOTE:** Each custom field must be added in advance. Within NHSN, select "Facility," then "Customize Forms," and then follow on-screen instructions. The Form Type is "CDC-Defined – DIAL – Summary Data" and the form is "PPM – Prevention Process Measures."
Comments	Optional. Use this field to add any additional information about the Prevention Process Measures that would help you to interpret your surveillance data. CDC typically does not analyze these data.