

Instructions for Prevention Process Measures Form (CDC 57.504)

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 |
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| 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. 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 . |

| Data Field | Instructions for Data Collection |
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| *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 Administration) Observations | Required. Enter the total number of medication administration 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 . |

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| Custom fields | <p>Optional. Add up to 50 alphanumeric, numeric, and/or date fields to this form for local use.</p> <p>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.”</p> |
| Comments | <p>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.</p> |