

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.

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	Required . Enter the total number of observations made throughout the
Hand Hygiene	month when staff hand hygiene was indicated and was successfully
Opportunities	performed.
*Total # of Hand Hygiene	Required . Enter the total number of hand hygiene observations made
Opportunities	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 <u>Hemodialysis Hand Hygiene Observations Audit</u>
	<u>Tool.</u>
*Total # of Successful	Required . Enter the total number of catheter connection and/or catheter
Hemodialysis Catheter	disconnection observations made throughout the month during which all
Connection/	CDC-recommended infection prevention best practices for this procedure
Disconnection	were successfully performed.
Observations	
*Total # of Hemodialysis	Required . Enter the total number of catheter connection and/or catheter
Catheter Connection/	disconnection observations made throughout the month.
Disconnection	
Observations	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 <u>Hemodialysis Catheter Connection & Disconnection</u>
	Observations Audit Tool.
*Total # of Successful	Required . Enter the total number of hemodialysis catheter exit site care
Hemodialysis Catheter Exit	observations made throughout the month during which all CDC-
Site Care Observations	recommended infection prevention best practices for this procedure were
	successfully performed.
*Total # of Hemodialysis	Required . Enter the total number of hemodialysis catheter exit site care
Catheter Exit Site Care	observations made throughout the month.
Observations	
	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
	<u>Tool</u> .

* Indicates a required field when reporting in-plan.



Data Field	Instructions for Data Collection
*Total # of Successful	Required . Enter the total number of arteriovenous fistula and graft
Arteriovenous Fistula and	cannulation and/or decannulation observations made throughout the
Graft Cannulation/	month during which all CDC-recommended infection prevention best
Decannulation	practices for this procedure were successfully performed.
Observations *Total # of Arteriovenous	Dequired Enter the total number of exterior and graft
Fistula and Graft	Required . Enter the total number of arteriovenous fistula and graft cannulation and/or decannulation observations made throughout the
Cannulation/	month.
Decannulation	
Observations	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	Required. Enter the total number of dialysis station routine disinfection
Dialysis Station Routine	observations made throughout the month during which all CDC-
Disinfection Observations	recommended infection prevention best practices for this procedure were
	successfully performed.
*Total # of Dialysis Station	Required . Enter the total number of dialysis station routine disinfection
Routine Disinfection Observations	observations made throughout the month.
Observations	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 <u>Dialysis Station Routine Disinfection</u>
	<u>Checklist</u> .
*Total # of Successful	Required . Enter the total number of medication preparation injection
Injection Safety	safety observations made throughout the month during which all CDC-
(Medication Preparation)	recommended infection prevention best practices for this procedure were
Observations	successfully performed.
*Total # of Injection Safety	Required . Enter the total number of medication preparation injection
(Medication Preparation) Observations	safety observations made throughout the month.
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 <u>CDC Outpatient Injection</u>
	Safety Checklist.
*Total # of Successful	Required . Enter the total number of medication administration injection
Injection Safety	safety observations made throughout the month during which all CDC-
(Medication	recommended infection prevention best practices for this procedure were
Administration)	successfully performed.
Observations	
*Total # of Injection Safety	Required . Enter the total number of medication administration injection
(Medication	safety observations made throughout the month.
Administration) Observations	Note: When reporting in-plan, a minimum of 5 observations is required
Observations	each month. Individual observations can be collected using an injection
	each month, murridual observations can be confected using an injection



Data Field	Instructions for Data Collection
	safety audit tool that includes all elements of the <u>CDC Outpatient Injection</u>
	<u>Safety Checklist</u> .
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.