



National Healthcare Safety Network

Long Term Care Facility Component Prevention Process Measures Module: Hand Hygiene Event Reporting Gown/Gloves Use Event Reporting

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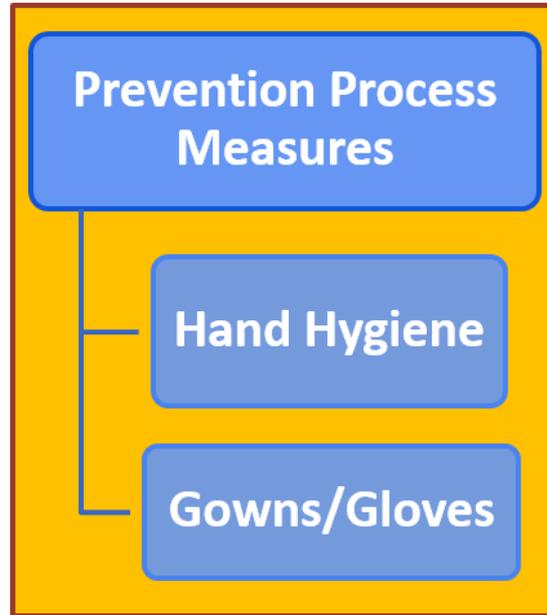
Infection Preventionist

July 10, 2019

Overview

- Introduction
- Goals and Benefits of Long-Term Care Facility (LTCF) participation
- Protocol and Definitions
- LTCF Data Collection
 - Prevention Process Measures (PPM) Opportunities
 - Process and Resources
- Reporting
 - Monthly Reporting Plan (MRP)
 - Monthly Summary Data
 - Calculating Adherence Rates

NHSN Long-term Care Facility Component Prevention Process Measures Module



Prevention Process Measures Module: What's in it for YOU?

What are the benefits to using NHSN?

- Reinforces and supports the CMS Quality Assurance and Performance Improvement (QAPI) initiative for improving safety and quality in nursing homes.
- Assists with measuring staff infection prevention & control practices (e.g. Hand Hygiene).
- Aids nursing home personnel with prevention and control practices for reducing the incidence of healthcare associated infections and costs.
- Offers the use of electronic database for targeted quality measures that will help to improve healthcare delivery practices.

[Quality Assurance Performance Improvement \(QAPI\) 42 CFR, Part §483.75](#)

Prevention Process Measures Module

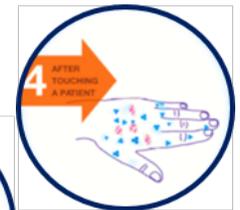
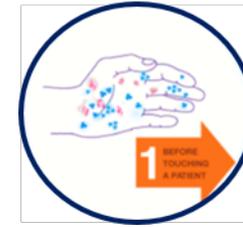
Hand Hygiene

Hand Hygiene Protocol

- Hand Hygiene (HH) Adherence is monitored by direct observation of Healthcare Personnel (HCP) practices in resident care areas throughout the facility
 - LTCF staff other than an infection preventionist can be trained to perform the observations and collect required data elements.
 - **Total # Performed:** Total number of observed instances during which staff hand hygiene was successfully performed.
 - **Total # Indicated:** Total number of observed instances during which staff hand hygiene was warranted.
- Perform at least 30 unannounced observations of varied HCPs **after** contact with residents or inanimate objects in resident's vicinity each month.

Hand Hygiene Opportunities in Long Term Care Facilities

Hand Hygiene Opportunity (5 Moments)	Specific Examples
1. Prior to touching a resident	<ul style="list-style-type: none"> Prior to delivering care and other non-invasive treatment Prior to assisting a resident with personal care activities Prior to performing a physical non-invasive exam
2. Prior to clean/aseptic procedures	<ul style="list-style-type: none"> Prior to drawing blood sample from resident finger Prior to performing catheter site care Prior to administering medications
3. After body fluid exposure risk	<ul style="list-style-type: none"> After inserting or removing an invasive medical device After removing any protective material After clearing excreta and other bodily fluid
4. After touching a resident	<ul style="list-style-type: none"> After delivering care and other non-invasive treatment After assisting resident with personal care activities After removing gloves
5. After touching resident surroundings	<ul style="list-style-type: none"> After physical contact with the resident's immediate environment



How many unannounced observations are suggested to be performed each month?

A. 10

B. 15



C. 30

Rationale: The observer should perform at least 30 unannounced observations of varied HCPs **after** contact with residents or inanimate objects in resident's vicinity each month.

Prevention Process Measures Module

Gown and Gloves Use

Gown & Gloves Use Protocol

- Monitor Gown and Gloves Use by HCP during interactions with residents who are placed in Transmission-based Contact Precautions
- Appropriate gown and gloves use:
 - Donning of both a gown and gloves *prior* to contact with a resident or inanimate surfaces/objects in vicinity of resident
 - Use of gloves only without a gown would not count as appropriate use when the resident is placed in Transmission-based Contact Precautions
- Perform at least 30 unannounced observations of varied HCP during their interactions with residents who are placed in Transmission-Based Contact Precautions each month.

Opportunities for Gown & Gloves Usage in Long-Term Care Facilities

Gown & Gloves	Recommended Best Practices
	Administering resident care for wound secretions
	Cleaning an incontinent resident with diarrhea
	If a resident is in contact precautions (MRSA and <i>C. difficile</i> are examples of two types of bacteria, which may be spread through contact)
	Responding to an emergency where blood is spurting
	When handling contaminated items

What is considered the appropriate practice of Gown and Glove Use by Healthcare Personnel?

- A. Use of gown during interactions with residents who are placed on Contact Precautions
- B. Only when gloves are used
-  C. Donning of both gown and gloves prior to contact with a resident or surfaces/objects in vicinity of resident placed in Transmission-based Contact Precautions

Rationale: Appropriate gown and gloves use is the donning of both a gown and gloves prior to contact with a resident or inanimate surfaces/objects in vicinity of resident. If gloves are used without a gown, it would not count as appropriate use when the resident is placed in Transmission-based Contact Precautions.

Prevention Process Measures Module: Data Collection Process and Tools

Data Collection Process

- **Observations should be discrete**
 - To prevent staff disruption while administering care
 - To prevent data collection from influencing staff performance
- **Try to ensure that observations are as representative as possible of normal practice at the facility:**
 - Observe different staff members on different days and shifts
 - Consider observing during particularly busy times (e.g. shift change), when staff may be less attentive to proper practices
- **Focus on an area of the unit where staff interaction with residents are clearly visible**
 - This may include observation of several staff members
 - In general, hand hygiene should be performed prior to and following direct contact with residents

Prevention Process Measures Module Resources

Click on title to expand LTC Facilities Materials menu

Click on module title to access resources

CDC > NHSN > Materials for Enrolled Facilities

NHSN

NHSN Login

About NHSN +

Enroll Here +

Materials for Enrolled Facilities -

- Ambulatory Surgery Centers +
- Acute Care Hospitals/Facilities +
- Long-term Acute Care Hospitals/Facilities +
- Long-term Care Facilities** -

Surveillance for *C. difficile* Infection (CDI) and Multidrug Resistant Organisms (MDRO)

Surveillance for Urinary Tract Infections (UTI)

Surveillance for Prevention Process Measures - Hand Hygiene, Gloves and Gown Use Adherence

Surveillance for Healthcare Personnel Exposure

Surveillance for Healthcare Personnel Vaccination

Long-term Care Facilities

The NHSN, Long-term Care Facility (LTCF) Component provides long-term care facilities with a customized system to track infections and prevention process measures in a systematic way.

Tracking this information allows facilities to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

Facilities eligible to report into all modules of this component include nursing homes, skilled nursing, chronic care, and developmental disability facilities. Assisted living facilities can only report into the prevention process measures module.

Long-term acute care hospitals (LTACHs) are not eligible to report into this component.



LONG-TERM CARE FACILITY COMPONENT MODULES

Click on each module to access relevant training, protocols, data collection forms, supporting materials, analysis resources, and FAQs.

- C. difficile* Infection (CDI) and Multidrug-resistant Organisms (MDRO)
- Urinary Tract Infections (UTI)
- Prevention Process Measures**
Hand Hygiene, Gloves and Gown Use Adherence

LTC Prevention Process Measures Module: Reporting

Reporting Requirements

- Facilities must indicate HH and/or GG use surveillance in the *Monthly Reporting Plan (MRP)* for LTCF
 - If a MRP has already been saved, it can be edited to add “HH” and/or “GG”
- Perform at least 30 unannounced observations of HCP interactions
- We ***strongly recommend*** surveillance should be reported for at least 6 consecutive months to provide meaningful measures
 - HH surveillance should be performed facility-wide and include all types of HCP
 - GG use surveillance should be performed facility-wide for all HCP caring for residents placed in Transmission-Based Contact precautions

Getting Started with your Monthly Reporting Plan: Add MRP

1. From the navigation bar, select “Reporting Plan”, then “Add”

NOTE: Reporting location is prepopulated to Facility-wide Inpatient (FacWideIN)

2. Indicate the month and year data were collected

3. Chose either “HH” and/or “GG” checkbox under the “Prevention Process Measure Module”

4. Click “Save”

The screenshot shows the 'Add Monthly Reporting Plan' interface. On the left is a navigation menu with 'Reporting Plan' selected and 'Add' highlighted. The main area contains a form with the following elements:

- Facility ID:** A dropdown menu set to 'Facility Name and Facility ID'.
- Month:** A dropdown menu.
- Year:** A dropdown menu.
- No Long Term Care Facility Component Modules Followed this Month
- HAI Module:** A table with columns 'Locations' and 'UTI'. The 'Locations' column contains 'Facility-wide Inpatient (FacWideIn)'.
- LabID Event Module:** A table with columns 'Locations', 'Specific Organism Type', and 'Lab ID Event All Specimens'. The 'Locations' column contains 'Facility-wide Inpatient (FacWideIn)'.
- Prevention Process Measure Module:** A table with columns 'Locations', 'Hand Hygiene', and 'Gown and Gloves Use'. The 'Locations' column contains 'Facility-wide Inpatient (FacWideIn)'. The 'Hand Hygiene' and 'Gown and Gloves Use' columns each have an unchecked checkbox.

At the bottom right, there are 'Save' and 'Back' buttons. Numbered callouts (1-4) indicate the 'Add' button, the month/year dropdowns, the checkboxes in the Prevention Process Measure Module, and the 'Save' button respectively.

Edit Monthly Reporting Plan

- Plans may be edited to add or remove surveillance selections.
- If event data has already been entered for a selected month, the plan may not be deleted unless the event data is also deleted.

NHSN Home

- Alerts
- Reporting Plan **Add**
- Resident
- Event
- Summary Data
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

View Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: [Redacted]

Month *: February

Year *: 2018

No Long Term Care Facility Component Modules Followed this Month

HAI Module

Locations	UTI
Facility-wide Inpatient (FacWIDEIn)	<input type="checkbox"/>

LabID Event Module

Locations	Specific Organism Type	Lab ID Event All Specimens
Facility-wide Inpatient (FacWIDEIn)	CDIF - C. difficile	<input checked="" type="checkbox"/>

Prevention Process Measure Module

Locations	Hand Hygiene	Gown and Gloves Use
Facility-wide Inpatient (FacWIDEIn)	<input type="checkbox"/>	<input type="checkbox"/>

Edit Previous Next Back

Option to edit Monthly Reporting Plan

Completed Monthly Reporting Plan



View Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: Angela LTCF Test Facility (39455)

Month *: June

Year *: 2018

No Long Term Care Facility Component Modules Followed this Month

Monthly Summary Page Pre-populates based on facility selections in the Monthly Reporting Plan

HAI Module

Locations	UTI
Facility-wide Inpatient (FacWIDEIn)	<input checked="" type="checkbox"/>

LabID Event Module

Locations	Specific Organism Type	Lab ID Event All Specimens
Facility-wide Inpatient (FacWIDEIn)	CDIF - C. difficile	<input checked="" type="checkbox"/>

Prevention Process Measure Module

Locations	Hand Hygiene	Gown and Gloves Use
Facility-wide Inpatient (FacWIDEIn)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Time to Report Summary Data:

Add Monthly Summary Data

Mandatory fields marked with *

Fields requiring record completion marked with **

Facility ID *: [Facility Name & Facility ID]**

Month *: [Month]

Year *: [Year]

Indicators for Long Term Care Locations

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered
Facility-wide Inpatient (FacWIDEIn)	[] *	[] *	<input type="checkbox"/>	[] *	[] *

MDRO & CDI LabID Event Reporting

Location Code			Specific Organism Type					
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: [] *	LabID Event (All specimens)	<input type="checkbox"/>					
	Resident Days: [] *		<input type="checkbox"/>					
	Number of Admissions on C. diff Treatment: [] *	Report No Events	<input type="checkbox"/>					

Prevention Process Measures

Location Code	Hand Hygiene		Gown and Gloves	
	Performed	Indicated	Used	Indicated
Facility-wide Inpatient (FacWIDEIn)	[] *	[] *	[] *	[] *

[Save] [Back]

- From the navigation bar, select "Summary Data", then "Add"
- Reporting location is prepopulated to "Facility-wide Inpatient (FacWIDEIn)"
- Indicate the month and year data were collected
- Report the summary of all of the "HH" and/or "GG" observations:
 - Total # "Performed/Used" (numerator)
 - Total # "Indicated" (denominator)
- Click "Save"

Important Note: At the end of each month, enter the monthly total numerator/denominator into the NHSN application

Completed Monthly Summary Data

 **View Monthly Summary Data**

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *: Angela LTCF Test Facility (39455)
 Month *: June
 Year *: 2018

Denominators for Long Term Care Locations

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	
Facility-wide Inpatient (FacWIDEIn)	250 *	0 *	<input checked="" type="checkbox"/> **	0 *	0 *	Custom Fields

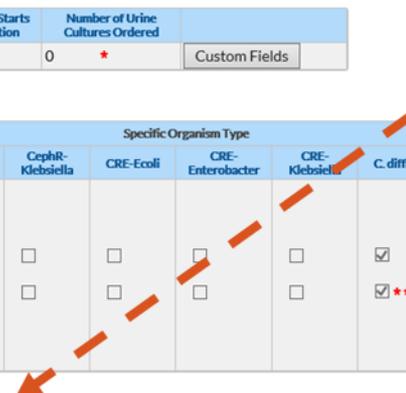
MDRO & CDI LabID Event Reporting

Location Code			Specific Organism Type							Custom Fields	
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile		MDR-Acinetobacter
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: 1 *	LabID Event (All specimens)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Custom Fields					
	Resident Days: 250 *		<input type="checkbox"/>	<input checked="" type="checkbox"/> **	<input type="checkbox"/>						
	Number of Admissions on C. diff Treatment: 0 *		<input type="checkbox"/>	<input type="checkbox"/>							
	Report No Events		<input type="checkbox"/>	<input type="checkbox"/>							

Prevention Process Measures

Location Code	Hand Hygiene		Gown and Gloves	
	Performed	Indicated	Used	Indicated
Facility-wide Inpatient (FacWIDEIn)	50 *	60 *	30 *	50 *

Completed Monthly Summary Data Entry



How is this data meaningful?

- To *calculate rates of adherence* for HH and/or GG use opportunities among all healthcare personnel (HCP) in a facility
- To *provide feedback* to HCP on adherence to HH and/or GG use
- To *assess the impact of efforts* to improve HH and/or GG use practices by HCP over time

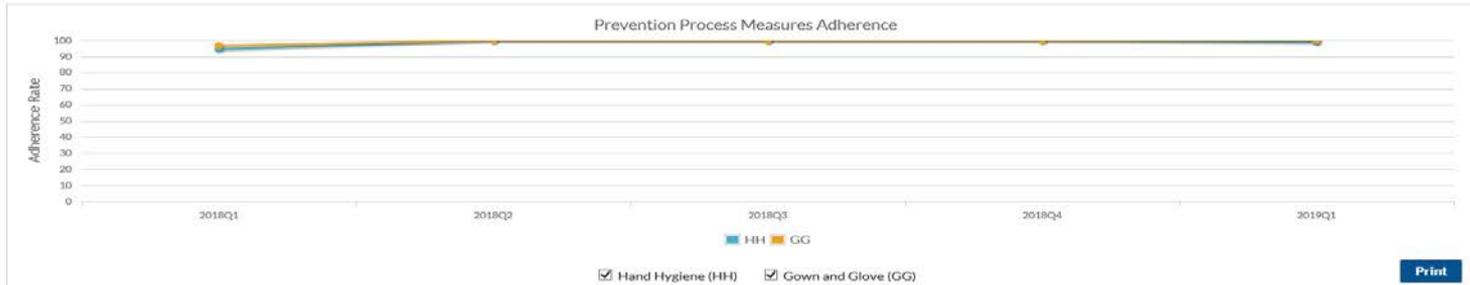
Prevention Process Measures Analysis Dashboard

Long Term Care Dashboard

Generate New Jun 13 2019 3:49PM

Summary MDRO/CDI HAI **Prevention Process**

View Last 5 Quarters



Footnotes

1. Only completed monthly reports for each quarter is shown
2. Hand Hygiene Adherence Rate = Number of contacts for which hand hygiene was performed / Number of contacts for which hand hygiene was indicated X 100
3. Gown and Glove Use Adherence Rate = Number of contacts for which gown and gloves were used / Number of contacts for which gown and gloves were indicated X 100

Quarter	Hand Hygiene		Adherence Rate
	Performed	Indicated	
2018Q1	85	90	94.44
2018Q2	90	90	100.00
2018Q3	90	90	100.00
2018Q4	90	90	100.00
2019Q1	89	90	98.89

1. Performed = Total number of observed contacts during which a HCP touch either a resident or objects/surface in the immediate vicinity of a resident and appropriate hand hygiene was performed
2. Indicated = Total number of observed contacts during which a HCP touch either a resident or objects/surface in the immediate vicinity of a resident where appropriate hand hygiene was indicated
3. Adherence Rate = Number of contacts for which hand hygiene was performed / Number of contacts for which hand hygiene was indicated X 100

Quarter	Gown and Glove		Adherence Rate
	Used	Indicated	
2018Q1	87	90	96.67
2018Q2	90	90	100.00
2018Q3	90	90	100.00
2018Q4	90	90	100.00
2019Q1	90	90	100.00

1. Used = Total number of observed contacts between a HCP and a resident or objects/surfaces within a resident's room, when that resident is on Transmission-based Contact Precautions, for which gown and gloves were donned prior to contact
2. Indicated = Total number of observed contacts between a HCP and a resident or objects/surfaces within a resident's room on Transmission-based Contact Precautions, for which gown and gloves were indicated
3. Adherence Rate = Number of contacts for which gown and gloves were used / Number of contacts for which gown and gloves were indicated X 100

Print

Let's Review!

- You can perform monitoring of hand hygiene, or gown and gloves use, or both
- To get the most from your data:
 - Minimum reporting is six months during a calendar year
 - Monitoring should include all types of healthcare personnel throughout the entire facility
 - Must enter a minimum of 30 observations per month for each event
- LTCF staff can be trained to perform the observations, collect required data elements, and analyze the data (*Staff may include: Professional Nursing Staff, Infection Prevention & Control Staff, LTCF Primary Contact, NHSN Facility Administrator, etc.*)

NHSN Resources

- NHSN Home Page
 - <https://www.cdc.gov/nhsn/index.html>
- NHSN LTCF Component
 - <https://www.cdc.gov/nhsn/ltc/index.html>
- LTCF Component Prevention Process Measures Module
 - <https://www.cdc.gov/nhsn/ltc/process-measures/index.html>

Questions or Need Help? Contact User Support at nhsn@cdc.gov

*****All e-mail Inquiries should be sent to nhsn@cdc.gov for triage and delegation*



THANK YOU

Questions

nhsn@cdc.gov

For more information please contact Centers for Disease Control and Prevention

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E-mail: NHSN@cdc.gov

Web: <http://www.cdc.gov/nhsn>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.