



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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Centers for Disease Control and Prevention, Surveillance Branch

Overview

- Introduction
- 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: 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

- 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

- Prior to drawing blood sample from resident finger
- Prior to performing catheter site care
- Prior to administering medications

3. After body fluid exposure risk

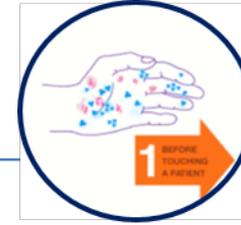
- After inserting or removing an invasive medical device
- After removing any protective material
- After clearing excreta and other bodily fluid

4. After touching a resident

- After delivering care and other non-invasive treatment
- After assisting resident with personal care activities
- After removing gloves

5. After touching resident surroundings

- 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

CDC > NHSN Home > Long-term Care Facility Component

[NHSN Home](#)

[NHSN Login](#)

[About NHSN](#) +

[Enroll Facility Here](#) +

[CMS Requirements](#) +

[Change NHSN Facility Admin](#)

[Resources by Facility](#) +

[Patient Safety Component](#) +

Long-term Care Facility Component -

[LTCF COVID-19 Module](#) +

[State Veterans Homes COVID-19 Tool](#)

[HCP & Resident COVID-19 Vaccination](#)

[MDRO & CDI](#)

[UTI](#)

Prevention Process Measures

[HCP & Resident Flu Vaccination](#)

[LTCF Data Validation Guidance](#)

[Newsletters & Archived Communications](#) +

Prevention Process Measures (PPM)

Hand Hygiene, Gown and Glove Use Adherence

Protocols

[Prevention Process Measures Protocol for LTCF - January 2021](#) [PDF - 500 KB]

[Component Protocol Changes for LTCF - January 2021](#) [PDF - 200 KB]

Supporting Chapters

[LTCF - Key Terms and Acronyms](#) [PDF - 200 KB]

[CDC Location Labels and Location Descriptions - January 2021](#) [PDF - 1 MB]

Note: This document includes CDC locations and labels for all NHSN facility types. For Long-term Care Facility locations and labels, see pages 27-28.

[Top of Page](#)

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

PPM

[Prevention Process Measures Form for LTCF - January 2021 \(57.143\)](#) [PDF - 50 KB]

- [Customizable form](#) [DOCX - 50 KB]
- [Table of Instructions](#) [PDF - 150 KB]

Monthly Reporting Plan

LTCF Training

Educational Roadmap

FAQs

[LTCF FAQs](#) [PDF - 150 KB]

[HIPAA Privacy Rule](#)

Supporting Materials

[NHSN Organism List \(All Organisms, Common Commensals, MBI Organisms, and UTI Bacteria\), January 2021](#) [XLSX - 300 KB]

Guidance Documents

- [How to Add and Edit Facility CMS Certification Number \(CCN\) within NHSN](#) [PDF - 1 MB]
- [Change NHSN Facility Administrator](#)

Click on title to expand LTC Facility Component menu

Click on module title to access resource

Hand Hygiene Observation Tools Examples

HAND HYGIENE OBSERVATION RECORD

Center: _____
 Date: _____
 Observer: _____

Health Care Worker (HCW) Codes:
 1 = Physician 3 = Technician
 2 = Nurse 4 = Aide or Orderly
 5 = Environmental Services (oyer) 6 = Other

HE = Handwashing HW = Handwashing

HCW Code	Hand Hygiene Before Patient Contact (Mark the appropriate column)			Gloves When if Required (Mark the appropriate column)			Hand Hygiene After Contact with Patient Equipment, Environment or Specimen (Mark the appropriate column)			Hand Hygiene Before and After		
	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	
1												
2												
3												
4												
5												
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For glove use: Total number of "Yes" - (Number of rows with data) x (Number of "NA") x 100
 For hand hygiene: Total number of "Yes" - (Number of rows with data) x 100

For an example, please see the next page.

ECOR rules for conducting Hand Hygiene Observations

- Observe for hand hygiene upon ENTRY & EXIT from Patient Environment.
 Patient Environment Definition:
 "Private or semi-private rooms + dressing room door
 "Between patients and multi-patient room setting + crossing the Curtain line"
- A provider may use the Faced dispenser just outside the room door, the dispenser inside the room, or the sink.
- DO NOT GUESS. If your view is blocked & you cannot confirm if provider performed hand hygiene simply check "Unsure" box.
- Do not exceed 3 observations per provider/room session.

UNIT: _____ DATE: ____/____/____ DAY OF WEEK: _____
 FROM: _____ to _____ OBSERVER NAME: _____

Role of observed person				Hand Hygiene Measures	Observed Behavior
Code	Abbreviation	Special duties (RN, LPN, LNA, technician, etc.)	Professional Association (NNAAP, RN, etc.)		
1				CIRCLE ONE: Washed hands/wore gloves Used sanitizer with appropriate technique Did not wash No hand hygiene	ENTRY
1					EXIT
1					ENTRY
1					EXIT
1					ENTRY
1					EXIT
1					ENTRY
1					EXIT
1					ENTRY
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1					ENTRY
1					EXIT

For additional comments, use back page referencing COL # if noted in _____

Type of Healthcare Worker: 0 = observing, 1 = RN, 2 = LPN, 3 = Nurse Aide, 4 = Respiratory Therapist, 5 = Other
 PH = professional, NA = non-licensed, ES = environmental services, TR = transporter, OR = other
 Head hygiene behavior: A = antiseptic hand rub, only + handwashing with soap and water, B = none
 % adherence % NA %

Appendix 3. Hand Hygiene and Glove Use Monitoring Form

Unit/Dept.	Day of Week	Date	Time	Hand Hygiene		Gloves		Hand Hygiene after	AM/PM to		AM/PM to	Initials	
				Type of Healthcare Worker (code only)	Type of contact (Environment)	Required	Used		Hand Hygiene	Glove use			Observed
1	D	10/10/10	10:00	RN	TR	Y	N	Y	N	Y	N	Y	ABC
1	D	10/10/10	10:05	LPN	ES	Y	N	Y	N	Y	N	Y	DEF
1	D	10/10/10	10:10	PH	OR	Y	N	Y	N	Y	N	Y	GHI
1	D	10/10/10	10:15	PH	OR	Y	N	Y	N	Y	N	Y	JKL
1	D	10/10/10	10:20	PH	OR	Y	N	Y	N	Y	N	Y	MNO
1	D	10/10/10	10:25	PH	OR	Y	N	Y	N	Y	N	Y	PQR
1	D	10/10/10	10:30	PH	OR	Y	N	Y	N	Y	N	Y	STU
1	D	10/10/10	10:35	PH	OR	Y	N	Y	N	Y	N	Y	VWX
1	D	10/10/10	10:40	PH	OR	Y	N	Y	N	Y	N	Y	YZA
1	D	10/10/10	10:45	PH	OR	Y	N	Y	N	Y	N	Y	BCD
1	D	10/10/10	10:50	PH	OR	Y	N	Y	N	Y	N	Y	EFG
1	D	10/10/10	10:55	PH	OR	Y	N	Y	N	Y	N	Y	HIJ
1	D	10/10/10	11:00	PH	OR	Y	N	Y	N	Y	N	Y	KLM
1	D	10/10/10	11:05	PH	OR	Y	N	Y	N	Y	N	Y	NOP
1	D	10/10/10	11:10	PH	OR	Y	N	Y	N	Y	N	Y	QRS
1	D	10/10/10	11:15	PH	OR	Y	N	Y	N	Y	N	Y	TUV
1	D	10/10/10	11:20	PH	OR	Y	N	Y	N	Y	N	Y	WXY
1	D	10/10/10	11:25	PH	OR	Y	N	Y	N	Y	N	Y	ZAB
1	D	10/10/10	11:30	PH	OR	Y	N	Y	N	Y	N	Y	BCD
1	D	10/10/10	11:35	PH	OR	Y	N	Y	N	Y	N	Y	EFG
1	D	10/10/10	11:40	PH	OR	Y	N	Y	N	Y	N	Y	HIJ
1	D	10/10/10	11:45	PH	OR	Y	N	Y	N	Y	N	Y	KLM
1	D	10/10/10	11:50	PH	OR	Y	N	Y	N	Y	N	Y	NOP
1	D	10/10/10	11:55	PH	OR	Y	N	Y	N	Y	N	Y	QRS
1	D	10/10/10	12:00	PH	OR	Y	N	Y	N	Y	N	Y	TUV
1	D	10/10/10	12:05	PH	OR	Y	N	Y	N	Y	N	Y	WXY
1	D	10/10/10	12:10	PH	OR	Y	N	Y	N	Y	N	Y	ZAB
1	D	10/10/10	12:15	PH	OR	Y	N	Y	N	Y	N	Y	BCD
1	D	10/10/10	12:20	PH	OR	Y	N	Y	N	Y	N	Y	EFG
1	D	10/10/10	12:25	PH	OR	Y	N	Y	N	Y	N	Y	HIJ
1	D	10/10/10	12:30	PH	OR	Y	N	Y	N	Y	N	Y	KLM
1	D	10/10/10	12:35	PH	OR	Y	N	Y	N	Y	N	Y	NOP
1	D	10/10/10	12:40	PH	OR	Y	N	Y	N	Y	N	Y	QRS
1	D	10/10/10	12:45	PH	OR	Y	N	Y	N	Y	N	Y	TUV
1	D	10/10/10	12:50	PH	OR	Y	N	Y	N	Y	N	Y	WXY
1	D	10/10/10	12:55	PH	OR	Y	N	Y	N	Y	N	Y	ZAB
1	D	10/10/10	13:00	PH	OR	Y	N	Y	N	Y	N	Y	BCD
1	D	10/10/10	13:05	PH	OR	Y	N	Y	N	Y	N	Y	EFG
1	D	10/10/10	13:10	PH	OR	Y	N	Y	N	Y	N	Y	HIJ
1	D	10/10/10	13:15	PH	OR	Y	N	Y	N	Y	N	Y	KLM
1	D	10/10/10	13:20	PH	OR	Y	N	Y	N	Y	N	Y	NOP
1	D	10/10/10	13:25	PH	OR	Y	N	Y	N	Y	N	Y	QRS
1	D	10/10/10	13:30	PH	OR	Y	N	Y	N	Y	N	Y	TUV
1	D	10/10/10	13:35	PH	OR	Y	N	Y	N	Y	N	Y	WXY
1	D	10/10/10	13:40	PH	OR	Y	N	Y	N	Y	N	Y	ZAB
1	D	10/10/10	13:45	PH	OR	Y	N	Y	N				

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. Choose 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 form area contains the following sections:

- Facility Information:** 'Facility ID *' dropdown (set to 'Facility Name and Facility ID'), 'Month *' and 'Year *' dropdowns, and a checkbox for 'No Long Term Care Facility Component Modules Followed this Month'.
- HAI Module:** A table with columns 'Locations' and 'UTI'. The 'Facility-wide Inpatient (FacWideIn)' row has a checked checkbox.
- LabID Event Module:** A table with columns 'Locations', 'Specific Organism Type', and 'Lab ID Event All Specimens'. The 'Facility-wide Inpatient (FacWideIn)' row has a checked checkbox. Buttons for 'Add Row', 'Clear All Rows', and 'Copy from Previous Month' are present.
- Prevention Process Measure Module:** A table with columns 'Locations', 'Hand Hygiene', and 'Gown and Gloves Use'. The 'Facility-wide Inpatient (FacWideIn)' row has unchecked checkboxes. A button for 'Copy from Previous Month' is present.

Numbered callouts indicate the steps: 1 points to the 'Add' button; 2 points to the 'Month' and 'Year' dropdowns; 3 points to the 'Hand Hygiene' and 'Gown and Gloves Use' checkboxes; 4 points to the 'Save' button.

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
 - Find
- Resident **▶**
- Event **▶**
- Summary Data **▶**
- Surveys **▶**
- Analysis **▶**
- Users **▶**
- Facility **▶**
- Group **▶**
- Logout

View Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *:

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

- NHSN Home
- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19 ▶
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

+ **Add Monthly Summary Data**

Mandatory fields marked with *
Fields required for record completion marked with **

1

Facility ID *: ▼

Month *: ▼

Year *: ▼

2

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
<input type="text" value="Facility-wide Inpatient (FacWIDEIn)"/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="text" value=""/> *

MDRO & CDI LabID Event Reporting

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

Prevention Process Measures

Location Code	Hand Hygiene		Gown and Gloves	
	Performed	Indicated	Used	Indicated
<input type="text" value="Facility-wide Inpatient (FacWIDEIn)"/> *	<input type="text" value=""/> *			

4 → Save Back

1. From the navigation bar, select "Summary Data", then "add"
- Reporting location is prepopulated to "Facility-wide Inpatient (FacWIDEIn)"
2. Indicate the month and year data were collected
3. Report the summary of all of the "HH" and/or "GG" observations.
 - Total # "Performed/Used" (numerator)
 - Total # "Indicated" (denominator)
4. 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									
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiel	C. difficile	MDR-Acinetobacter		
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: 1 *	LabID Event (All specimens)										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 checked="" type="checkbox"/> **	<input type="checkbox"/>							
		Report No Events	<input type="checkbox"/>	<input type="checkbox"/>								

Completed Monthly Summary Data Entry

Prevention Process Measures

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

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 Reports

National Healthcare Safety Network

Rate Table for All Gown/Glove Adherence

As of: September 22, 2022 at 2:46 PM

Date Range: LTCGG_RATES summaryYM 2021M01 to 2022M09

Facility Org ID=39455

Location	Summary Year/Month	Gown/Glove Used	Gown/Glove Indicated	Gown/Glove Adherence Rate
FACWIDEIN	2021M01	55	67	82.090
FACWIDEIN	2021M02	55	55	100.000
FACWIDEIN	2021M03	55	59	93.220

National Healthcare Safety Network

Line Listing for All Process Measures

As of: September 22, 2022 at 2:39 PM

Date Range: LTCPM summaryYM 2021M01 to 2022M09

Facility Org ID	Summary Year/Month	Location	Hand Hygiene Performed	Hand Hygiene Indicated	Gown/Glove Used	Gown/Glove Indicated
39455	2021M01	FACWIDEIN	55	55	55	67
39455	2021M02	FACWIDEIN	55	55	55	55
39455	2021M03	FACWIDEIN	54	56	55	59



Important Note: Analysis reports can be generated by the qtr., year, half year, and month.

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
 - [NHSN | CDC](#)
- NHSN LTCF Component
 - [Long-term Care Facilities \(LTCF\) Component | NHSN | CDC](#)
- LTCF Component Prevention Process Measures Module
 - [Prevention Process Measures \(PPM\) | LTCF | NHSN | CDC](#)

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

Add "PPM Reporting" to the subject line in order to have your inquiry routed to the appropriate subject matter expert

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

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.