



## 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   |
|--|--|
| Facility ID #  | The NHSN-assigned facility ID will auto-populate in this field.  |
| *Location code   | <b>Required.</b> Select the location code from the dropdown menu for the outpatient hemodialysis clinic location at which data were collected.   |
| *Month   | <b>Required.</b> Select the month during which the data were collected for this location.  |
| *Year  | <b>Required.</b> Select the 4-digit year during which the data were collected for this location.   |
| *Total # of <b>Successful</b> Hand Hygiene Opportunities                                   | <b>Required.</b> 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   | <b>Required.</b> Enter the total number of hand hygiene observations made throughout the month when staff hand hygiene was indicated.<br><br>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 <a href="#">Hemodialysis Hand Hygiene Observations Audit Tool</a> .               |
| *Total # of <b>Successful</b> Hemodialysis Catheter Connection/ Disconnection Observations | <b>Required.</b> 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                   | <b>Required.</b> Enter the total number of catheter connection and/or catheter disconnection observations made throughout the month.<br><br>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 <a href="#">Hemodialysis Catheter Connection &amp; Disconnection Observations Audit Tool</a> . |
| *Total # of <b>Successful</b> Hemodialysis Catheter Exit Site Care Observations            | <b>Required.</b> 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                              | <b>Required.</b> Enter the total number of hemodialysis catheter exit site care observations made throughout the month.<br><br>Note: When reporting in-plan, a minimum of 5 observations is required each month. Individual observations can be collected using an audit tool  |



| Data Field   | Instructions for Data Collection   |
|--|--|
|  | such as the CDC <a href="#">Hemodialysis Catheter Exit Site Care Observations Audit Tool</a> .   |
| *Total # of <b>Successful</b> Arteriovenous Fistula and Graft Cannulation/Decannulation Observations | <b>Required.</b> 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                   | <b>Required.</b> Enter the total number of arteriovenous fistula and graft cannulation and/or decannulation observations made throughout the month.<br><br>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 <a href="#">Arteriovenous Fistula &amp; Graft Cannulation and Decannulation Observations Audit Tool</a> . |
| *Total # of <b>Successful</b> Dialysis Station Routine Disinfection Observations                     | <b>Required.</b> 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                                       | <b>Required.</b> Enter the total number of dialysis station routine disinfection observations made throughout the month.<br><br>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 <a href="#">Dialysis Station Routine Disinfection Checklist</a> .  |
| *Total # of <b>Successful</b> Injection Safety (Medication Preparation) Observations                 | <b>Required.</b> 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                                   | <b>Required.</b> Enter the total number of medication preparation injection safety observations made throughout the month.<br><br>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 <a href="#">CDC Outpatient Injection Safety Checklist</a> .                                      |
| *Total # of <b>Successful</b> Injection Safety (Medication Administration) Observations              | <b>Required.</b> 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                                | <b>Required.</b> Enter the total number of medication administration injection safety 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 injection safety audit tool that includes all elements of the <a href="#">CDC Outpatient Injection Safety Checklist</a> .  |
| Custom fields | Optional. Add up to 50 alphanumeric, numeric, and/or date fields to this form for local use.<br><br><b>NOTE:</b> 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.   |