

Table 6. Instructions for Completion of the Prevention Process Measures Monthly Monitoring for LTCF form (CDC [57.143](#))

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID number will be auto-populated by the system.
Month	<b>Required.</b> Enter the 2-digit month during which prevention process measures monitoring was performed.
Year	<b>Required.</b> Enter the 4-digit year during which prevention process measures monitoring was performed.
Location Code	<b>Required.</b> For Long-term Care Facilities this code will be FacWideIN (Facility-wide Inpatient).
<b>Process Measures: Hand Hygiene</b>	
Performed	<b>Conditionally required.</b> If enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either a resident or inanimate object in the immediate vicinity of a resident and appropriate ( <i>based on facility policy and procedures and/or recommended guidelines</i> ) hand hygiene was <u>performed</u> .
Indicated	<b>Conditionally required.</b> If enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either a resident or inanimate object in the immediate vicinity of the resident and therefore, appropriate ( <i>based on facility policy and procedures and/or recommended guidelines</i> ) hand hygiene was <u>indicated</u> .
<b>Process Measures: Gown and Gloves</b>	
Used	<b>Conditionally required.</b> If enrolled in gown and gloves use adherence process measures. Among residents on Transmission-based Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or an inanimate object in the immediate vicinity of the resident for which gown and gloves were <u>donned prior</u> to contact.
Indicated	<b>Conditionally required.</b> If enrolled in gown and gloves use adherence process measures. Among residents on Transmission-based Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or an inanimate object in the immediate vicinity of the resident and therefore, gown and gloves were <u>indicated</u> .
<b>Custom Fields</b>	
Label	<b>Optional.</b> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric.  <b>Note:</b> Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.
Comments	<b>Optional.</b> Enter information for internal facility use.