

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	Required. Enter the 2-digit month during which prevention process measures monitoring was performed.
Year	Required. Enter the 4-digit year during which prevention process measures monitoring was performed.
Location Code	Required. For Long-term Care Facilities this code will be FacWideIN (Facility-wide Inpatient).
Process Measures: Hand Hygiene	
Performed	Conditionally required. 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	Conditionally required. 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> .
Process Measures: Gown and Gloves	
Used	Conditionally required. 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	Conditionally required. 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> .
Custom Fields	
Label	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. Note: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.
Comments	Optional. Enter information for internal facility use.