

Long-term Care Facility Component Prevention Process

Measures Modules:

Hand Hygiene Event Reporting

Gown/Gloves Use Event Reporting

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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

Locating PPM Module:

NHSN > Reporting Plan > Find > Month > Year > Find

Prevention Process Measure Module

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

Prevention Process Measures Module: Hand Hygiene (HH)

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.

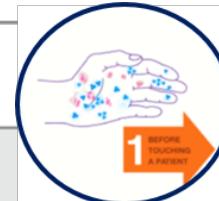
Hand Hygiene Opportunities in Long Term Care Facilities

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 (GG)

Gown & Gloves Use Protocol

- Monitor Gown and Gloves (GG) 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 surface/object 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 surface/object 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 surface/object 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

[NHSN Home](#)

[NHSN Login](#)

About NHSN 

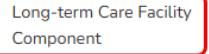
Enroll Facility Here 

CMS Requirements 

Change NHSN Facility Admin 

Resources by Facility 

Patient Safety Component 

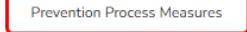
Long-term Care Facility Component 

Respiratory Pathogens Module 

Nursing Home Data Dashboard 

MDRO & CDI 

UTI 

Prevention Process Measures 

HCP Flu Vaccination 

LTCF Data Validation Guidance 

Newsletters & Archived Communications 

Dialysis Component 

Click on title to expand LTC Facility Component menu 

Click on module title to access PPM resource 

CDC's website is being modified to comply with President Trump's Executive Orders.

Long-term Care Facilities (LTCF) Component

[Print](#)

Use the Long Term Care Facility (LTCF) Component to track infections and prevention process measures, systematically, to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

Facilities Reporting in LTCF

Nursing homes, skilled nursing, chronic care, and Intermediate Care Facilities for individuals with Intellectual disability (ICF/ID).

Assisted living facilities can only report in the [Prevention Process Measures](#) module.

 Long-term acute care hospitals must use the [LTACH Facilities](#).

New Users

 [Guidance for Adding New Users](#) 

[PDF – 392 KB]

 [LTCF Reporting Guidance](#) 

[PDF – 134 KB]

 [Introduction to LTCF Component](#) [Video – 2 min]

 [Enroll New Facility](#)

 [LTCF Training](#)

 [Educational Roadmap](#)

LTCF Guidance Documents

[LTCF Guidance Documents](#) 

NHSN Forms and Instructions

- Prevention Process Measures Monthly Monitoring for LTCF form (CDC 47.143)
 - Resembles Summary Data page in the NHSN application
 - Specific to PPM Reporting
 - Customizable
 - Total counts only
 - Numerator (performed/used)
 - Denominator (indicated)
- Available on NHSN website:
 - Prevention Process Measures Form for LTCF- January 2025 (57.143)



Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/27
www.cdc.gov/nhsn

Prevention Process Measures Monthly Monitoring for LTCF

*Required for saving **Conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #:	*Month:	*Year:	*Location Code:
Prevention Process Measures			
Hand Hygiene		Gown and Gloves	
**Performed:	← Numerator →	**Used:	← Denominator →
**Indicated:		**Indicated:	



January 2025

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).

Hand Hygiene Observation Tools Examples

LTCF 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 Monthly Reporting Plan (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 Hand Hygiene and/or Gown and Gloves checkbox under the Prevention Process Measures Module

4. Click Save

National Healthcare Safety Network (NHSN) - Add Monthly Reporting Plan

1. Click 'Add' button (highlighted with a red box and yellow circle).

2. Select 'Facility ID' and choose 'Month' and 'Year' (highlighted with a red box and yellow circle).

3. Under 'Prevention Process Measure Module', choose 'Facility-wide Inpatient (FacWideIN)' and check the 'Hand Hygiene' and 'Gown and Gloves Use' checkboxes (highlighted with a red box and yellow circle).

4. Click 'Save' button (highlighted with a red box and yellow circle).

Other visible fields include 'Find' button, 'No Long Term Care Facility Component Modules Followed this Month' checkbox, and 'Add Row', 'Clear All Rows', 'Copy from Previous Month' buttons for the HAI Module and LabID Event Module.

Edit Monthly Reporting Plan

- Plans are editable 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

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NHSN - National Healthcare Safety Network

View Monthly Reporting Plan

Reporting Plan

Add

No Long Term Care Facility Component Modules Followed this Month

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 type="checkbox"/>	<input type="checkbox"/>

Option to Edit Monthly Reporting Plan **Edit** **Previous** **Next** **Back**

Completed Monthly Reporting Plan



View Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: [REDACTED]

Month *: June

Year *: 2025

No Long Term Care Facility Component Modules Followed this Month

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"/>
	Facility-wide Inpatient (FacWIDEIn)	ACINE - MDR-Acinetobacter	<input checked="" type="checkbox"/>
	Facility-wide Inpatient (FacWIDEIn)	CEPHRKLEB - CephR-Klebsiella	<input checked="" type="checkbox"/>
	Facility-wide Inpatient (FacWIDEIn)	CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)	<input checked="" type="checkbox"/>
	Facility-wide Inpatient (FacWIDEIn)	MRSA/MSSA - MRSA with MSSA	<input checked="" type="checkbox"/>
	Facility-wide Inpatient (FacWIDEIn)	VRE - VRE	<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"/>

Monthly Summary page prepopulates based on facility selections in the Monthly Reporting Plan

Edit

Previous

Next

Back

Time to Report Summary Data

1. From the navigation bar, select Summary Data, then Add

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

2. Indicate the Month and Year data were collected

3. Report the summary of all the Hand Hygiene and/or Gown and Gloves Observations

- Total # Performed/Used (numerator)
- Total # Indicated (denominator)

4. Click Save

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Staff
- Event
- Summary Data**
- Add**
- Respiratory Pathogens and Vaccination
- RPV Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Cheat Sheets
- Logout

Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *	Month *	Year *
1	2	

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	Custom Fields
Facility-wide Inpatient (FacWideIN)	*	*		*	*	

MDRO & CDI LabID Event Reporting

Location Code	Resident Admissions:	Resident Days:	LabID Event (All specimens)	Report No Events	Specific Organism Type
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	MRSA
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	MSSA
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	VRE
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceftriaxone-Klebsiella
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRE-E. coli
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRE-Enterobacter
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRE-Klebsiella
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. difficile
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	MDR-Acinetobacter
Facility-wide Inpatient (FacWideIN)	Number of Admissions on C. diff Treatment:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Number of residents started on antibiotic treatment for C. diff:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Prevention Process Measures

Location Code	Performed	Indicated	Used	Indicated	Custom Fields
Facility-wide Inpatient (FacWideIN)	*	*	*	*	

3

4

Save Back

Important: At the end of each month, enter the monthly 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 *: [REDACTED]

Month *: May

Year *: 2025

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 *	0 **	0 *	0 *	0 *	Custom Fields

MDRO & CDI LabID Event Reporting

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

← Completed Monthly Summary Data Entry

How is this data meaningful?

1. To *calculate rates of adherence* for HH and/or GG use opportunities among all healthcare personnel (HCP) in a facility
2. To *provide feedback* to HCP on adherence to HH and/or GG use
3. 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: June 27, 2025 at 9:02 PM UTC

Date Range: All LTCGG_RATES

Facility Org ID=

Location	Summary Year/Month	Gown/Glove Used	Gown/Glove Indicated	Gown/Glove Adherence Rate
FACWIDEIN	2015M01	120	123	97.561
FACWIDEIN	2015M02	60	80	75.000
FACWIDEIN	2015M03	150	180	83.333
FACWIDEIN	2015M04	80	88	90.909
FACWIDEIN	2015M05	200	200	100.000

National Healthcare Safety Network

Rate Table for All Hand Hygiene Adherence

As of: June 27, 2025 at 9:01 PM UTC

Date Range: All LTCHH_RATES

Facility Org ID=

Location	Summary Year/Month	Hand Hygiene Performed	Hand Hygiene Indicated	Hand Hygiene Adherence Rate
FACWIDEIN	2015M01	370	390	94.872
FACWIDEIN	2015M02	50	77	64.935
FACWIDEIN	2015M03	100	120	83.333
FACWIDEIN	2015M04	75	80	93.750
FACWIDEIN	2015M05	100	150	66.667



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

Let's Review!

- You can perform monitoring of hand hygiene, gown and gloves use, or both
- To get the most from your data:
 - Minimum reporting of 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

For questions or concerns, contact the NHSN Helpdesk

- Access NHSN-ServiceNow Customer Service Portal:
<https://servicedesk.cdc.gov/nhsncsp>
- If you do not have a SAMS login, or are unable to access ServiceNow Portal, email the NHSN Help Desk: nhsn@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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.

