

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"/>

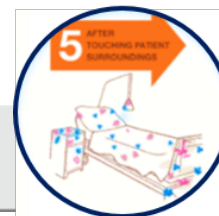
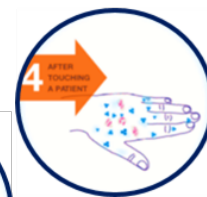
Prevention Process Measures Module: Hand Hygiene (HH)

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Prior to drawing blood sample from resident finger • Prior to performing catheter site care • Prior to administering medications
3. After body fluid exposure risk	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • After delivering care and other non-invasive treatment • After assisting resident with personal care activities • After removing gloves
5. After touching resident surroundings	<ul style="list-style-type: none"> • 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](#)

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[HCP Flu Vaccination](#)

[LTCF Data Validation Guidance](#)

[Newsletters & Archived
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[Dialysis Component](#)

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



Click on title to
expand LTC
Facility
Component menu

Click on module
title to access
PPM resource

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 **Performed: _____ **Indicated: _____	Numerator	Gown and Gloves **Used: _____ **Indicated: _____	Denominator



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

Center _____
Date _____
Classroom _____

3 = Technician
4 = Aide or Orderly
5 = Environmental Services Worker
6 = Other

STW = Stundensatz

[illegible]

For an example, please see the next page.

[illegible]

Unit/Dept.	Day of Week				Date	Time		ASPMU to		ASPMU Initials	
	Type of Healthcare Worker				Type of Contact	Hand hygiene	Gloves	Hand hygiene	ASPMU	ASPMU	Initials
					Person	Technique	Wetted	Wetted	Wetted	Wetted	Wetted
1	U	U	U	U	U	U	U	U	U	U	U
2	U	U	U	U	U	U	U	U	U	U	U
3	U	U	U	U	U	U	U	U	U	U	U
4	U	U	U	U	U	U	U	U	U	U	U
5	U	U	U	U	U	U	U	U	U	U	U
6	U	U	U	U	U	U	U	U	U	U	U
7	U	U	U	U	U	U	U	U	U	U	U
8	U	U	U	U	U	U	U	U	U	U	U
9	U	U	U	U	U	U	U	U	U	U	U
10	U	U	U	U	U	U	U	U	U	U	U
11	U	U	U	U	U	U	U	U	U	U	U
12	U	U	U	U	U	U	U	U	U	U	U
13	U	U	U	U	U	U	U	U	U	U	U
14	U	U	U	U	U	U	U	U	U	U	U
15	U	U	U	U	U	U	U	U	U	U	U
16	U	U	U	U	U	U	U	U	U	U	U
17	U	U	U	U	U	U	U	U	U	U	U
18	U	U	U	U	U	U	U	U	U	U	U
19	U	U	U	U	U	U	U	U	U	U	U
20	U	U	U	U	U	U	U	U	U	U	U
21	U	U	U	U	U	U	U	U	U	U	U
22	U	U	U	U	U	U	U	U	U	U	U
23	U	U	U	U	U	U	U	U	U	U	U
24	U	U	U	U	U	U	U	U	U	U	U
25	U	U	U	U	U	U	U	U	U	U	U
26	U	U	U	U	U	U	U	U	U	U	U
27	U	U	U	U	U	U	U	U	U	U	U
28	U	U	U	U	U	U	U	U	U	U	U
29	U	U	U	U	U	U	U	U	U	U	U
30	U	U	U	U	U	U	U	U	U	U	U
31	U	U	U	U	U	U	U	U	U	U	U
32	U	U	U	U	U	U	U	U	U	U	U
33	U	U	U	U	U	U	U	U	U	U	U
34	U	U	U	U	U	U	U	U	U	U	U
35	U	U	U	U	U	U	U	U	U	U	U
36	U	U	U	U	U	U	U	U	U	U	U
37	U	U	U	U	U	U	U	U	U	U	U
38	U	U	U	U	U	U	U	U	U	U	U
39	U	U	U	U	U	U	U	U	U	U	U
40	U	U	U	U	U	U	U	U	U	U	U
41	U	U	U	U	U	U	U	U	U	U	U
42	U	U	U	U	U	U	U	U	U	U	U
43	U	U	U	U	U	U	U	U	U	U	U
44	U	U	U	U	U	U	U	U	U	U	U
45	U	U	U	U	U	U	U	U	U	U	U
46	U	U	U	U	U	U	U	U	U	U	U
47	U	U	U	U	U	U	U	U	U	U	U
48	U	U	U	U							

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



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NHSN - National Healthcare Safety Network

NHSN Home

Alerts

Dashboard

Reporting Plan

Resident

Staff

Event

Summary Data

Respiratory Pathogens and Vaccination

RPV Summary

Import/Export

Surveys

Analysis

Users

Facility

Group

Cheat Sheets

Logout



Add Monthly Reporting Plan

1

Add

Find

Linked with *

Facility ID *:

Month *:

Year *:

2

☐ 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)		<input type="checkbox"/>

Add Row

Clear All Rows

Copy from Previous Month

Prevention Process Measure Module

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

3

Copy from Previous Month


4

Save

Back

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

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NHSN - National Healthcare Safety Network

NHSN Home

Alerts

Dashboard

Reporting Plan

Resident

Staff

Event

Summary Data

Respiratory Pathogens and Vaccination

RPV Summary

Import/Export

Surveys

Analysis


Users

Facility

Group

Cheat Sheets

Logout

 View Monthly Reporting Plan

Add

Find

Linked with *

Facility ID *

Month *: July

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"/>

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 *:

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

- From the navigation bar, select Summary Data, then Add ***NOTE: Reporting location is prepopulated to Facility-wide Inpatient (FacWideIN)***
- Indicate the Month and Year data were collected
- Report the summary of all the Hand Hygiene and/or Gown and Gloves Observations
 - Total # Performed/Used (numerator)
 - Total # Indicated (denominator)
- Click Save

NHSN Home

Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *:

Month *: 2

Year *:

1

Long Term Care Locations

Find	Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	Custom Fields
Incomplete	Facility-wide Inpatient (FacWideIN) *	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	

MDRO & CDI LabID Event Reporting

Location Code	Resident Admissions: * <th rowspan="2">Resident Days: * <th rowspan="2">LabID Event (All specimens)</th> <th colspan="8">Specific Organism Type</th> </th>	Resident Days: * <th rowspan="2">LabID Event (All specimens)</th> <th colspan="8">Specific Organism Type</th>	LabID Event (All specimens)	Specific Organism Type								
				MRSA	MSSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C.difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWideIN) *	Number of Admissions on C. diff Treatment: *	Number of residents started on antibiotic treatment for C.diff: *	Report No Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention Process Measures

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

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 *:

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 *	<input checked="" type="checkbox"/> **	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 *	LabID Event (All specimens) Report No Events	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> **	Custom Fields
	Resident Days: 250 *											
	Number of Admissions on C. diff Treatment: 0 *											
	Number of residents started on antibiotic treatment for C.diff: 0 *											

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.

