National Healthcare Safety Network

Long-term Care Facility Component Prevention Process Measures Module:
Hand Hygiene Event Reporting
Gown/Gloves Use Event Reporting

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

Prevention Process Measures Module: Hand Hygiene

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

Pictures courtesy of WHO | WHO 5 Moments posters for Hand Hygiene
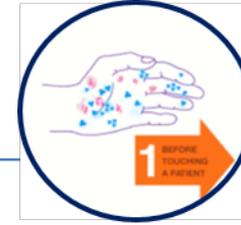
How many unannounced observations are suggested to be performed each month?

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

Gown & Gloves Use Protocol

- Monitor Gown and Gloves 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 surfaces/objects 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 *C. difficile* 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 surfaces/objects 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 surfaces/objects 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 Forms and Instructions

- **CDC57.143: Prevention Process Measures Monthly Monitoring Form**
  - 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:
  - [57.143 LTCF Process Measures (cdc.gov)](cdc.gov)

Prevention Process Measures Monthly Monitoring for LTCF

Page 1 of 1
*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: _____   ← Numerator →   **Used: _____
**Indicated: _____   ← Denominator →   **Indicated: _____

Gown and Gloves

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-entered 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	**Required.** For Long-term Care Facilities this code will be FacWideIN (Facility-wide

Hand Hygiene Observation Tools Examples

LTC 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 <u>least 30</u> unannounced observations of HCP interactions

- We ***strongly recommend*** surveillance should be reported for <u>at least 6 consecutive months </u> to provide meaningful measures
  - HH surveillance should be performed <u>facility-wide </u>and include all types of HCP
  - GG use surveillance should be performed <u>facility-wide </u>for all HCP caring for residents placed in Transmission-Based Contact precautions

Getting Started with your Monthly Reporting Plan: Add 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 "HH" and/or "GG" checkbox under the "Prevention Process Measure Module"

4. Click "Save"

Edit Monthly Reporting Plan

- Plans may be edited 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.

Completed Monthly Reporting Plan

View Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: Angela LTCF Test Facility (39455)

Month *: June

Year *: 2018

☐ No Long Term Care Facility Component Modules Followed this Month

HAI Module

Locations	UTI
Facility-wide Inpatient (FacWIDEIn)	☑

LabID Event Module

Locations	Specific Organism Type	Lab ID Event All Specimens
Facility-wide Inpatient (FacWIDEIn)	CDIF - C. difficile	☑

Prevention Process Measure Module

Locations	Hand Hygiene	Gown and Gloves Use
Facility-wide Inpatient (FacWIDEIn)	☑	☑

Monthly Summary Page Pre-populates based on facility selections in the Monthly Reporting Plan

Time to Report Summary Data

Completed Monthly Summary Data

How is this data meaningful?

- To *calculate rates of adherence* for HH and/or GG use opportunities among all healthcare personnel (HCP) in a facility

- To *provide feedback* to HCP on adherence to HH and/or GG use

- To *assess the impact of efforts* to improve HH and/or GG use practices by HCP over time

Prevention Process Measures Analysis Reports

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<mark>Rate Table for All Gown/Glove Adherence</mark>

As of: September 22, 2022 at 2:46 PM
Date Range: LTCGG_RATES summaryYM 2021M01 to 2022M09

Facility Org ID=39455

Location	Summary Year/Month	Gown/Glove Used	Gown/Glove Indicated	Gown/Glove Adherence Rate
FACWIDEIN	2021M01	55	67	82.090
FACWIDEIN	2021M02	55	55	100.000
FACWIDEIN	2021M03	55	59	93.220

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<mark>Line Listing for All Process Measures</mark>

As of: September 22, 2022 at 2:39 PM
Date Range: LTCPM summaryYM 2021M01 to 2022M09

Facility Org ID	Summary Year/Month	Location	Hand Hygiene Performed	Hand Hygiene Indicated	Gown/Glove Used	Gown/Glove Indicated
39455	2021M01	FACWIDEIN	55	55	55	67
39455	2021M02	FACWIDEIN	55	55	55	55
39455	2021M03	FACWIDEIN	54	56	55	59

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

Let's Review!

- You can perform monitoring of hand hygiene, or gown and gloves use, or both

- To get the most from your data:
  - Minimum reporting is 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

****All e-mail Inquiries should be sent to nhsn@cdc.gov for triage and delegation

THANK YOU
Questions?
nhsn@cdc.gov

For more information please contact Centers for Disease Control and Prevention

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