



Prevention Process Measures Surveillance for Long-term Care Facilities

Background: Healthcare-associated infections (HAIs) can be reduced by adherence to infection prevention measures. The CDC's Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*¹ recommends practices known to reduce the risk of HAIs. These practices include hand hygiene, gloves use, and gown use. Despite evidence supporting these prevention measures, adherence to these practices is sub-optimal. Several facilities have found it useful to monitor adherence to these prevention practices as a method for identifying quality improvement opportunities and strategically targeting interventions. Feedback of adherence data has been a component of multifaceted interventions that have successfully reduced HAI rates².

Participation in NHSN Prevention Process Measures Surveillance is open to all types of long term care facilities (LTCF) including Nursing Homes/Skilled Nursing Facilities (LTC:SKILLNURS); intermediate/chronic care facilities for the developmentally disabled (LTC:DEVDIS; Assisted Living Facilities and Residential Care Facilities (LTC:ASSIST). Participation enables facilities and CDC to:

- Monitor practices in facilities and provide aggregate adherence data for all participating facilities.
- Facilitate quality improvement by identifying specific gaps in adherence to recommended prevention practices, thereby helping to target intervention strategies for reducing HAI rates.

References:

1: Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting. Available at www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

2: Smith et al. SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility. *Infection Control and Hospital Epidemiology* 2008;29:785-814.



1. Monitoring Adherence to Hand Hygiene

Introduction: This surveillance option will allow LTCFs to monitor adherence to hand hygiene (HH) after healthcare personnel (HCP) have contact with a resident or objects/surfaces in the immediate vicinity of the resident (e.g. within resident's room, equipment handled during therapy). For the purposes of monitoring, HCP include all staff members providing direct care for residents (for example, physicians, nurses, certified nursing assistants, therapists), as well as staff members who perform services in resident care areas (for example, environmental services, and meal delivery). Research studies report data suggesting that improved after-contact HH is associated with reduced HAI transmission. While there are multiple opportunities for hand hygiene during resident care, the focus of this option is to observe and report adherence to hand hygiene opportunities only after contact with a resident or the objects/surfaces in the immediate vicinity of the resident. (www.cdc.gov/handhygiene/)

Requirements: Facilities must indicate their reporting for the calendar month in the *Monthly Reporting Plan for LTCF* (CDC 57.141). Surveillance for hand hygiene adherence in the LTCF must be reported for at least 6 consecutive months to provide meaningful measures.

Perform *at least 30* different unannounced observations after contact with residents for as many individual HCPs as possible. For example, try to observe all types of HCPs (physicians, nurses, technicians, aides, etc.) performing a variety of resident care tasks during the course of the month. No personal identifiers will be collected or reported.

Hand hygiene process measure data are reported using the *Prevention Process Measures Monthly Monitoring for LTCF* form (CDC 57.143). (See [Table of Instructions](#) for instruction on how to complete this form.)

Definitions:

Antiseptic hand wash: Washing hands with water and soap or other detergents containing an antiseptic agent.

Antiseptic hand rub: Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of organisms present.

Hand hygiene: A general term that applies to either: hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

Hand washing: Washing hands with water and plain (i.e., non-antimicrobial) soap.



Numerator: Hand Hygiene Performed = Total number of observed contacts during which a HCP touched either the resident or objects/surfaces in the immediate vicinity of the resident and appropriate hand hygiene was performed.

Denominator: Hand Hygiene Indicated = Total number of observed contacts during which a HCP touched either a resident or objects/surfaces in the immediate vicinity of the resident and therefore, appropriate hand hygiene was indicated.

Data Analysis: Data are stratified by time (e.g., month, quarter, etc.).

Hand Hygiene Percent Adherence = Number of contacts for which hand hygiene was performed / Number of contacts for which hand hygiene was indicated X 100.

II. Monitoring Adherence to Gown and Gloves Use as Part of Contact Precautions

Introduction: Transmission-based Contact Precautions are additional infection prevention measures implemented to limit the transmission of pathogens which are spread by direct or indirect contact with the resident or the resident's environment. This option will allow facilities to monitor adherence to gown and gloves use when a HCP has contact with a resident or objects/surfaces within the resident's room when that resident is on Transmission-based Contact Precautions. While numerous aspects of adherence to Contact Precautions could be monitored, this surveillance option is only focused on the use of gown and gloves.

(www.cdc.gov/hicpac/2007IP/2007ip_part1.html#2)

Requirements: Facilities must indicate their reporting for the calendar month in the *Monthly Reporting Plan for LTCF* (CDC 57.141). Surveillance for gown and gloves use adherence in the LTCF must be reported for at least 6 consecutive months to provide meaningful measures.

Perform *at least 30* different unannounced observations for as many individual HCP as possible. An observable contact would be the entry of a HCP into a room to interact with a resident on Transmission-based Contact Precautions. Try to observe all types of HCPs (physicians, nurses, therapists, aides, etc.) performing a variety of resident care tasks during the course of the month (e.g., not only nurses, or not only during catheter or wound care). Both gown and gloves must be donned prior to contact for compliance. No personal identifiers will be collected or reported.

Gown and gloves use process measure data are reported using the *Prevention Process Measures Monthly Monitoring for LTCF* form (CDC 57. 143). (See [Table of Instructions](#) for instruction on how to complete this form.)



Definitions:

Gown and gloves use: In the context of Transmission-based Contact Precautions, the donning of both a gown and gloves prior to contact with a resident or objects /surfaces within the resident's room. Both a gown and gloves must be donned prior to contact for compliance.

Numerator: Gown and Gloves Used = Total number of observed contacts between a HCP and a resident or objects/surfaces within the resident's room, when that resident is on Transmission-based Contact Precautions, for which gown and gloves were donned prior to the contact.

Denominator: Gown and Gloves Indicated = Total number of observed contacts between a HCP and a resident or objects/surfaces within the resident's room on Transmission-based Contact Precautions, gown and gloves were indicated.

Data Analysis: Data are stratified by time (e.g., month, quarter, etc.).

Gown and Glove Use Percent Adherence = Number of contacts for which gown and gloves were used / Number of contacts for which gown and gloves were indicated X 100.