



AMERICAN UNIVERSITY
WASHINGTON, DC

Organizational Performance Systems
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KEY EXECUTIVE LEADERSHIP PROGRAMS

3 Applications to Address the Current Global Issue



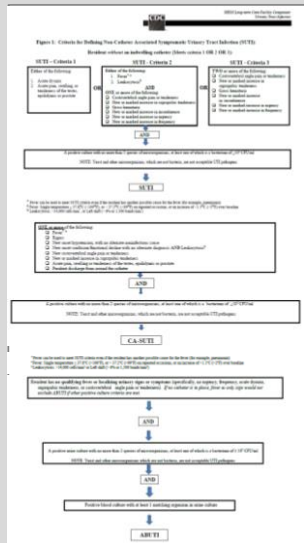


KEY EXECUTIVE LEADERSHIP PROGRAMS

Infection Control Alternatives

For skilled nursing and long term care

3-page flow chart



4-page paper form

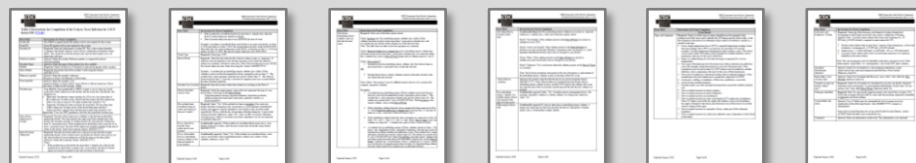
Point-and-click application

AND

30 auto-generated reports

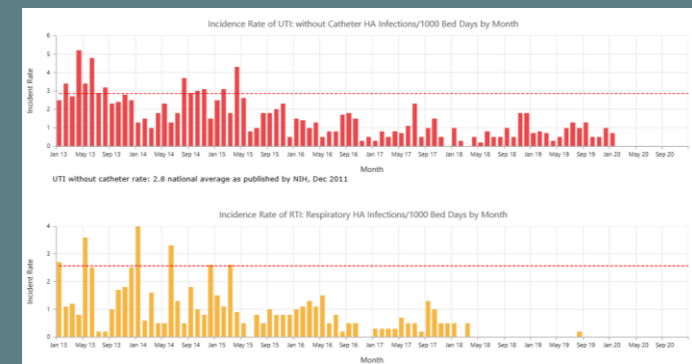
OR

6 pages of instructions



For EVERY type of infection*

* Instruction details vary by infection type



Actual results



KEY EXECUTIVE LEADERSHIP PROGRAMS

Hand Hygiene Monitoring Alternatives

Clipboard and Paper form

Instructions

Mobile application

Form Approved
OMB No. 0923-0006
Exp. Date: 12/31/22
www.eo.gov/form

Prevention Process Measures Monthly Monitoring for LTCF

Page 1 of 1
*Conditionally required based upon monitoring selection in Monthly Reporting Page.

Facility ID # _____ *Month: _____ *Year: _____ *Location Code: _____

Prevention Process Measures	
Hand Hygiene	Gown and Gloves
**Performed: _____	**Used: _____
**Indicated: _____	**Indicated: _____

Custom Fields

Label: _____

Data: _____

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that must permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence. It will not be used for any purpose other than that for which it was collected, and will not otherwise be released without the consent of the individual or institution in accordance with Sections 261, 264 and 265C of the Public Health Service Act (42 USC 261a, 264a, and 265c).
Public reporting burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden to: CDC, Regulatory Clearance Office, 4855 Center Rd., 402-216, Atlanta, GA 30329 or CDC OIR (2023-0045).

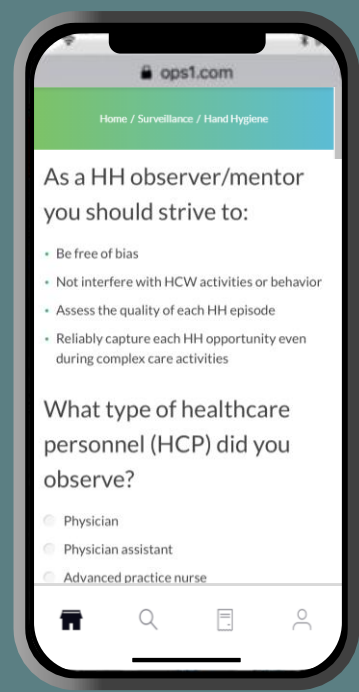
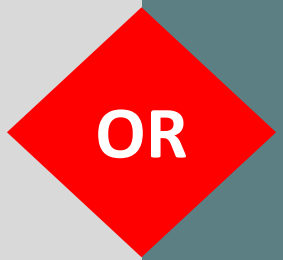
OPSP-142-1-23

CDC NHSP Long Term Care Facility Compliance Table of Instructions

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 NHSP-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 Code	Required. For Long-term Care Facilities this code will be Facility ID (if facility-wide implementation).
Process Measure: 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 objects in the immediate vicinity of a resident and appropriate (based on facility policy and procedures and/or recommended guidelines) hand hygiene was performed.
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 objects in the immediate vicinity of the resident and, therefore, appropriate (based on facility policy and procedures and/or recommended guidelines) hand hygiene was indicated.
Process Measure: 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 inanimate object in the immediate vicinity of the resident for which gown and gloves were donned prior 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 inanimate objects in the immediate vicinity of the resident and, therefore, gown and gloves were indicated.
Custom Fields	
Label	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYY), numeric, or alphanumeric. Note: Each Custom Field must be set up in the Facility Custom Options section of NHSP before the field can be selected for use.
Comments	Optional. Enter information for internal facility use.

Updated January 2020 Page 1 of 1



AND

Many auto-generated reports



KEY EXECUTIVE LEADERSHIP PROGRAMS

COVID-19 Quarantine Self-monitoring Alternatives

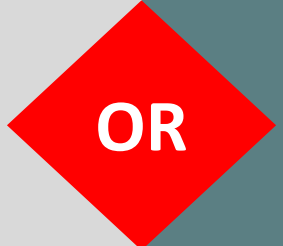
Paper form



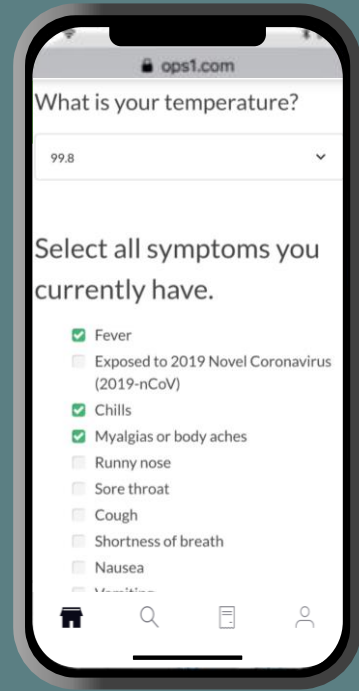
San Francisco Chronicle. Feb 29, 2020.

No
Instructions

(but many websites)

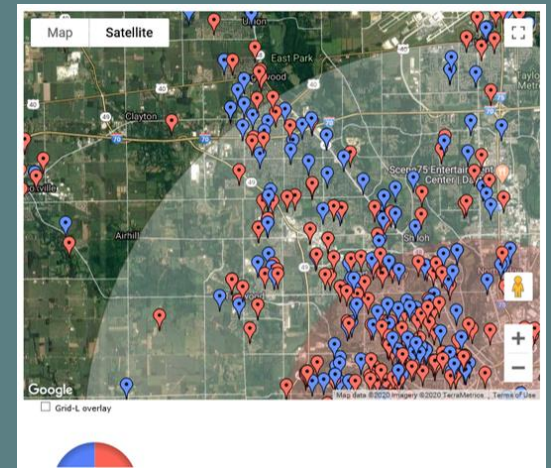


Mobile application



AND

Real-time
reports





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KEY EXECUTIVE LEADERSHIP PROGRAMS

NEXT STEPS



Get More Info... or Get Started



<http://ops1.com/products-healthcare.html>

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