# TAP Reports for the FACILITY User

## Description

In 2015, new reports – referred to as "TAP Reports" - were implemented in NHSN in alignment with CDC's Targeted Assessment for Prevention (TAP) strategy. The TAP strategy allows for the ranking of facilities (or locations) in order to identify and target those areas with the greatest need for improvement.

TAP Reports can be generated within NHSN for CLABSI, CAUTI, and CDI LabID data. The reports will rank facilities (or locations) by the cumulative attributable difference (CAD), which is the number of infections that must be prevented to achieve a HAI reduction goal. The CAD can help to prioritize the facilities (or locations) where the greatest prevention impact could be achieved. Ranking occurs for overall Hospital CAD (highest to lowest) and by location within the hospital.

This quick reference guide will describe how to run and interpret the TAP report, as generated by an individual facility within NHSN.  For more information about the TAP strategy, please visit: http://www.cdc.gov/hai/prevent/tap.html

## Generate a TAP Report

1. On the output options screen, expand the "TAP Reports" folder. The TAP Reports are organized by facility type. Expand the folder for your facility type to see the TAP Report options available:
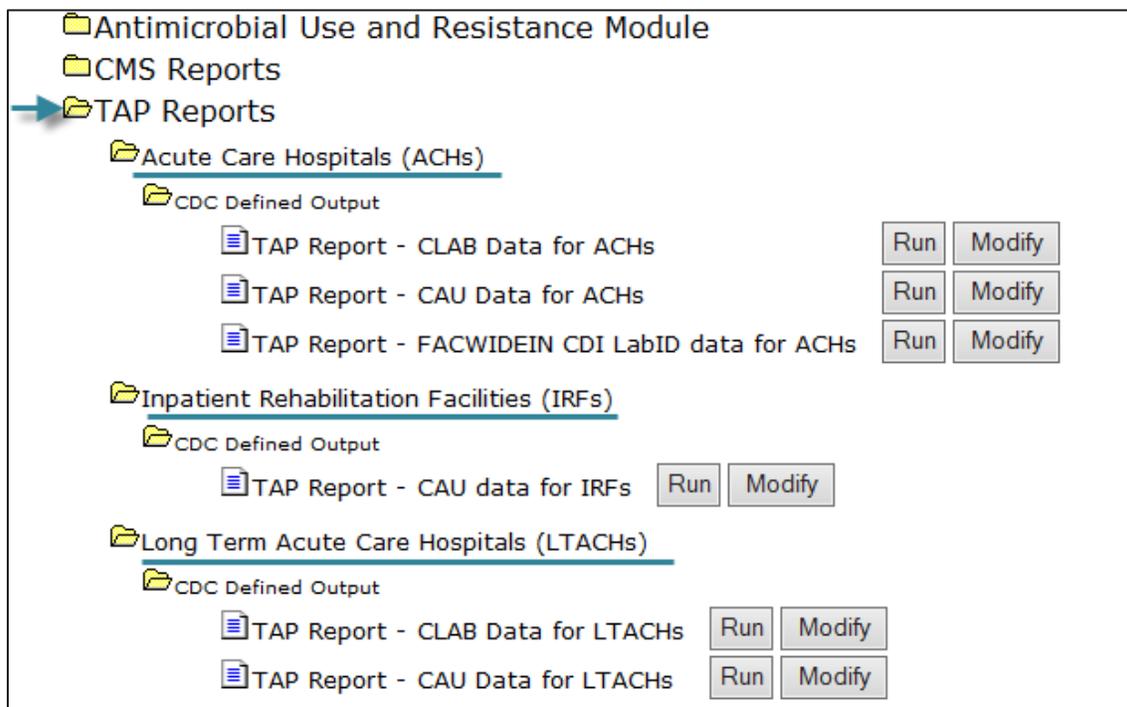


2. For each TAP Report, you can choose to either **Run** or **Modify**:
   a. Clicking **Run** would provide a TAP Report that is inclusive of all data reported to NHSN that are included in the analysis datasets (e.g., all CAUTI data from 2012 to present).
   b. Clicking **Modify** will allow you to limit the TAP Report by time period (e.g., summaryYr 2014 to 2014), as well as include the variable labels for more descriptive column headers. *NOTE: The TAP reports must be generated for a cumulative time period only (i.e., the GroupBy option must be blank on the modification screen.)*

# Example TAP Report Output - CAUTI

The following table is an example CAUTI TAP report generated for an acute care hospital, for the calendar year 2013. The footnotes provided with each table define the data that appear in the derived columns. Please see page 3 for an interpretation of this report.

National Healthcare Safety Network

TAP Report - CAUTI Data for Acute Care Hospitals

Locations Ranked by CAD Within a Facility

As of: January 12, 2015 at 1:46 PM

Date Range: CAU_TAP summaryYr 2013 to 2013

| FACILITY | | | LOCATION | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Facility Org ID | Facility Name | Facility CAD | Location Rank | Location | CDC Location | Events | Urinary Catheter Days | DUR % | CAD | SIR | SIR Test | No. Pathogens (EC,YS,PA,KS,PM,ES) |
| 10018 | DHQP MEMORIAL HOSPITAL | 8.17 | 1 | ICU | IN:ACUTE:CC:MS | 5 | 400 | 32 | 4.31 | . | | 5 (2, 1, 1, 0, 0, 1) |
| | | | 2 | JOYREHAB | IN:ACUTE:WARD:REHAB | 2 | 50 | 25 | 1.86 | . | | 6 (0, 0, 0, 0, 0, 0) |
| | | | 3 | INPEDREB | IN:ACUTE:WARD:REHAB_PED | 1 | 20 | 20 | 0.96 | . | | 1 (0, 0, 0, 0, 0, 0) |
| | | | 4 | ONC M | IN:ACUTE:CC:M | 1 | 310 | 56 | 0.47 | . | | 1(1, 0, 0, 0, 0, 0) |
| | | | 4 | ONC_MS | IN:ACUTE:CC:MS | 1 | 310 | 56 | 0.47 | . | | 1 (0, 1, 0, 0, 0, 0) |
| | | | 6 | ONC_S | IN:ACUTE:CC:S | 1 | 310 | 56 | 0.40 | . | | 1 (0, 0, 0, 0, 1, 0) |
| | | | 7 | 5G | IN:ACUTE:CC:C | 0 | 1 | 100 | 0.00 | . | | |
| | | | 7 | AA.3RD | IN:ACUTE:WARD:MS | 0 | 1 | 100 | 0.00 | . | | |
| | | | 7 | AA.4TH | IN:ACUTE:WARD:MS | 0 | 1 | 100 | 0.00 | . | | |
| | | | 7 | AA.5TH | IN:ACUTE:WARD:MS | 0 | 2 | 100 | 0.00 | . | | |
| | | | 11 | INSURGCC | IN:ACUTE:CC:S | 0 | 10 | 33 | -0.02 | . | | |
| | | | 12 | MD | IN:ACUTE:CC:B | 0 | 10 | 33 | -0.03 | . | | |
| | | | 13 | S-ICU | IN:ACUTE:CC:S | 0 | 20 | 20 | -0.04 | . | | |
| | | | 14 | ICU/CCU | IN:ACUTE:CC:C | 0 | 125 | 31 | -0.19 | . | | |

If location-level CADs are the same in a given facility, their ranks are tied.

(EC,YS,PA,KS,PM,ES) = No. of E. Coli, Yeast (both candida and non-candida species), P. aeruginosa, K. pneumoniae/K. oxytoca, Proteus Mirabilis, Enterococcus species

SIR is set to '.' when expected number of events is <1.0.

LOCATION CAD = (OBSERVED_LOCATION - EXPECTED_LOCATION* 0.75)

## Interpretation

- □ Looking at the third column in the TAP report, we can see that this facility's CAD is 8.17 – this means that the facility had approximately 8 excess infections when compared to the number of infections that were predicted.
- □ When we look at the location-specific information, we can begin to interpret data at the location level. For example:
  - o The ICU location is ranked as #1 (location rank)– meaning, this location has the highest number of "excess" infections than all other locations for which CAUTI data were reported during 2013.
  - o There were 5 CAUTIs (events) identified in the ICU, in 400 urinary catheter days.
  - o The device utilization ratio (DUR), as a percent, was 32% - that is, 32% of the patient days in this unit were also urinary catheter days.
  - o The CAD in the ICU was 4.31, indicating that at least 4 infections would need to be prevented in order to meet the HAI reduction goal.
  - o The standardized infection ratio (SIR) is not calculated, as the number of predicted events is < 1.
  - o Of the 5 pathogens identified in these CAUTIs (No. pathogens), 2 were *E. coli* (EC), 1 was a yeast (YS), 1 was *P. aeruginosa*, and 1 was *Enterococcus* species.

## Additional Resources:

- The Five "W"s of the Targeted Assessment for Prevention (TAP) Strategy: http://www.cdc.gov/hai/prevent/tap.html
- Introduction to NHSN Analysis: http://www.cdc.gov/nhsn/PDFs/training/intro-AnalysisBasics-PSC.pdf
- How to filter your data by time period: http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/FilterTimePeriod.pdf
- How to filter your data on additional criteria: http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/SelectionCriteria.pdf
- Analysis Quick Reference Guides: http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html