

TAP Strategy *Partner Testimonials*

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Successes

As a CMS Hospital Improvement Innovation Network (HIIN), the TAP Strategy for CAUTI, CLABSI and CDI were in total alignment with our approach to improve safety across the board. To help drive action at a more granular level, our HIIN regularly uses TAP reports to identify hospitals and units that demonstrate opportunities for improvement and those that exhibit exemplary performance. For our TAP collaborative, a cohort of 17 hospitals collected more than 800 TAP Facility Assessments for CAUTI, CLABSI, and CDI. The leading and lagging indicators identified from these assessments will serve to drive our HIIN's continued improvement efforts.

– *New Jersey Hospital Association*

The group TAP Reports help us focus our efforts on units/facilities in Ohio with the most opportunity for improvement. Utilizing a combination of the CAD, SIR, and a targeted approach to outreach has improved engagement. While we still have opportunities in the state, we feel that the TAP tools, resources, and approach has been a valuable component of the support we provide.

– *Health Services Advisory Group, Ohio*

Benefits

As a quality improvement organization that works to synergize patient safety efforts across our state, the TAP Strategy has provided an opportunity to create a forum for stakeholders in New Jersey HAI prevention activities. Working collaboratively with the New Jersey Department of Health Infection Control Antimicrobial Resistance (ICAR) team, we partnered our teams to leverage the joint experience and resources to support healthcare organizations. By collectively using the TAP tools in our New Jersey Antimicrobial Stewardship and HAI Prevention Collaboratives, we have seen a statewide reduction in *C. difficile*, CAUTI and CLABSI rates of greater than 20 percent.

– *New Jersey Hospital Association*

The TAP Strategy has allowed us to take deeper dives into factors that drive infections... and working with facilities helped us understand the impact on personnel with driving organizational changes.

– *Louisiana Department of Health*

Lessons Learned

A piece of advice for other organizations as they begin to use the TAP Strategy is to encourage an interdisciplinary approach with engaged and active nurse and physician champions to help deploy their program. As a state, our greatest improvement opportunities as identified by the TAP Facility Assessments were focused around lack of nurse and physician champions in CAUTI, CLABSI and CDI prevention. By bringing strong champions onboard early, facilities can engage them in the improvement process from the start.

– *New Jersey Hospital Association*

Use data for action. The CAD, SIR, and DUR are powerful tools that Infection Prevention staff should be using to drive change.

– *Health Services Advisory Group, Ohio*

