Targeted Assessment for Prevention (TAP) Strategy

Running TAP Reports

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Objectives

- Review the steps for running Group level and Facility TAP Reports
- Explain how to interpret the data represented in TAP Reports
- Comparing the data represented in Group and Facility TAP reports
- Demonstration: Generating a Facility TAP Report

Standardized Infection Ratio (SIR)

- **The SIR is a measure that compares the number of HAIs reported to NHSN to the number of infections that would be predicted based on national baseline data:**

$$\text{SIR} = \frac{\text{Observed \# of HAIs}}{\text{Predicted \# of HAIs}}$$

- **SIR interpretation:**
  - 1 = same number of infections reported as would be predicted given the US baseline data
  - Greater than 1= more infections reported than what would be predicted given the US baseline data
  - Less than 1 = fewer infections reported than what would be predicted given the US baseline data

Cumulative Attributable Difference (CAD)

- **CAD is a measure that shows <u>difference</u> between the number of observed infections and 'predicted infections multiplied by a SIR goal' in a defined period**

CAD = Observed no. of HAIs – (Predicted no. of HAIs x SIR goal[1])

- **CAD Interpretation:**
  - Values range from $-\alpha$ to $+\alpha$
  - Positive CAD = additional burden of infections than what would be predicted with regard to a SIR goal ("excess" infections)
  - Negative CAD = fewer infections than what would be predicted

[1] SIR goal represents 'HAI reduction goal

CAD and the HAI Reduction Goal

CAD = Observed – (Predicted x SIR goal)

SIR goal represents 'HAI reduction goal'

- e.g. HHS 25% reduction goal for CAUTI → SIR=0.75

Hospital A: observed=30, predicted=10, SIR=3.0 in 2014			
HHS Reduction Goal (Reduction in Expected	SIR goal	CAD	CAD
0%	1.0	30 – (10 x 1.0) or 30 – 10	20*
25% HHS national goal	0.75	30 – (10 x 0.75)	22.5*
50%	0.50	30 – (10 x 0.50)	30*

* number of infections in 2014 that must be prevented to reach a HAI reduction goal.

TARGET
NHSN TAP Reports

ASSESS

PREVENT

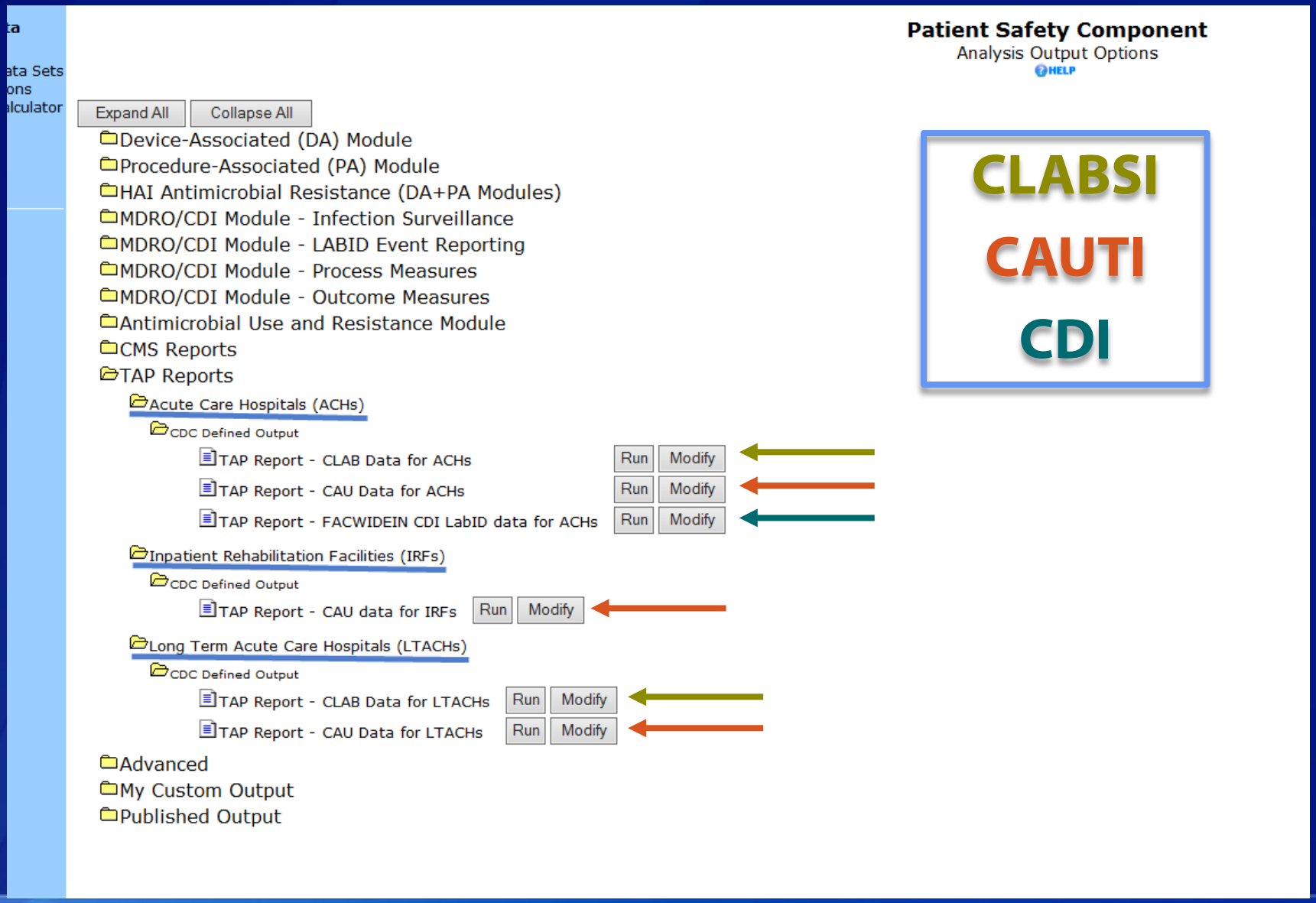
TAP Reports bring together data elements from other reports within NHSN:

- Annual Survey
- Rate Tables
- SIRs
- Event-level information

(CLABSI,CAUTI, and CDI only)

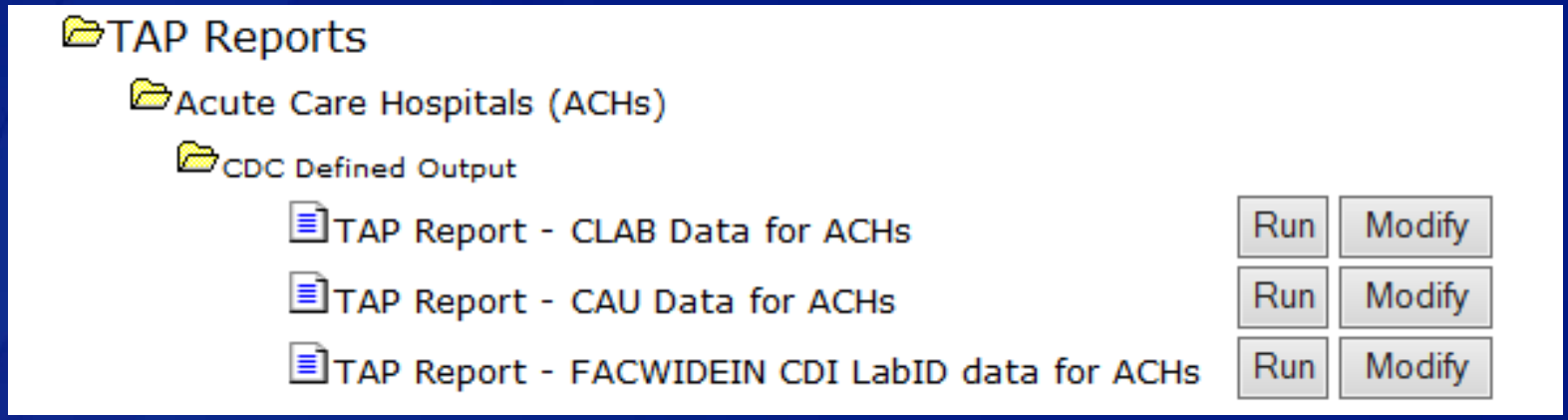
Facility Type	CLABSI	CAUTI	CDI LabID
Acute Care Hospital	✓	✓	✓
Long Term Acute Care Hospital	✓	✓	
Inpatient Rehab Facility		✓	

Running Tap Reports



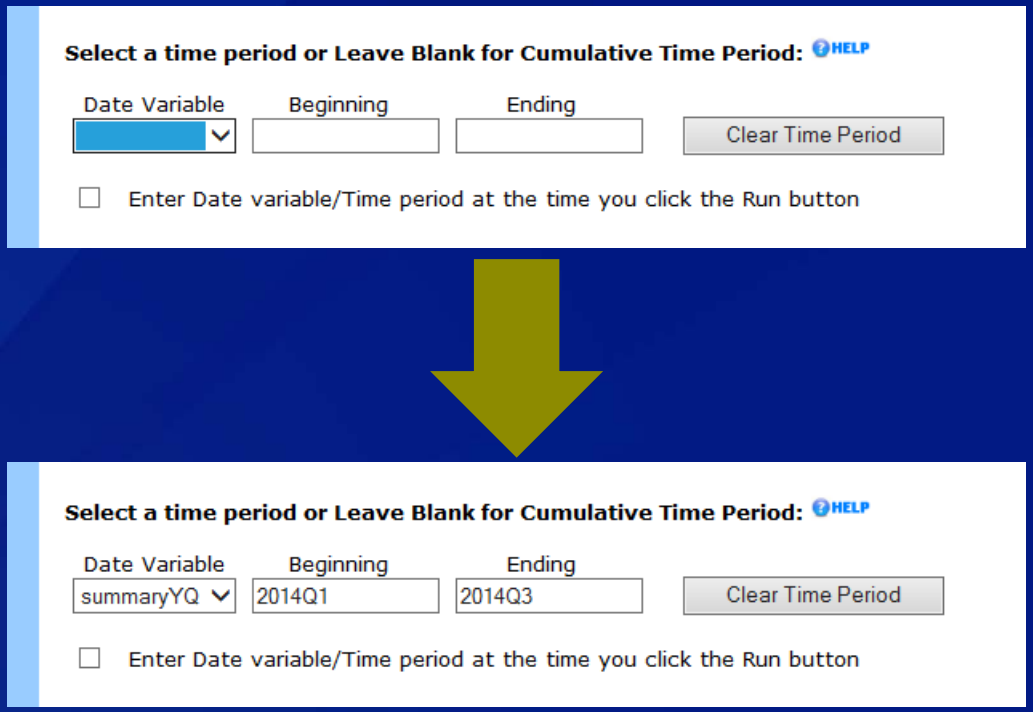
Running TAP Reports

- **HAI Type**
  - Run – Default TAP Report
  - Modify – Customized Report
    - Time period of Interest
    - Cumulative Attributable Difference (CAD) Multiplier

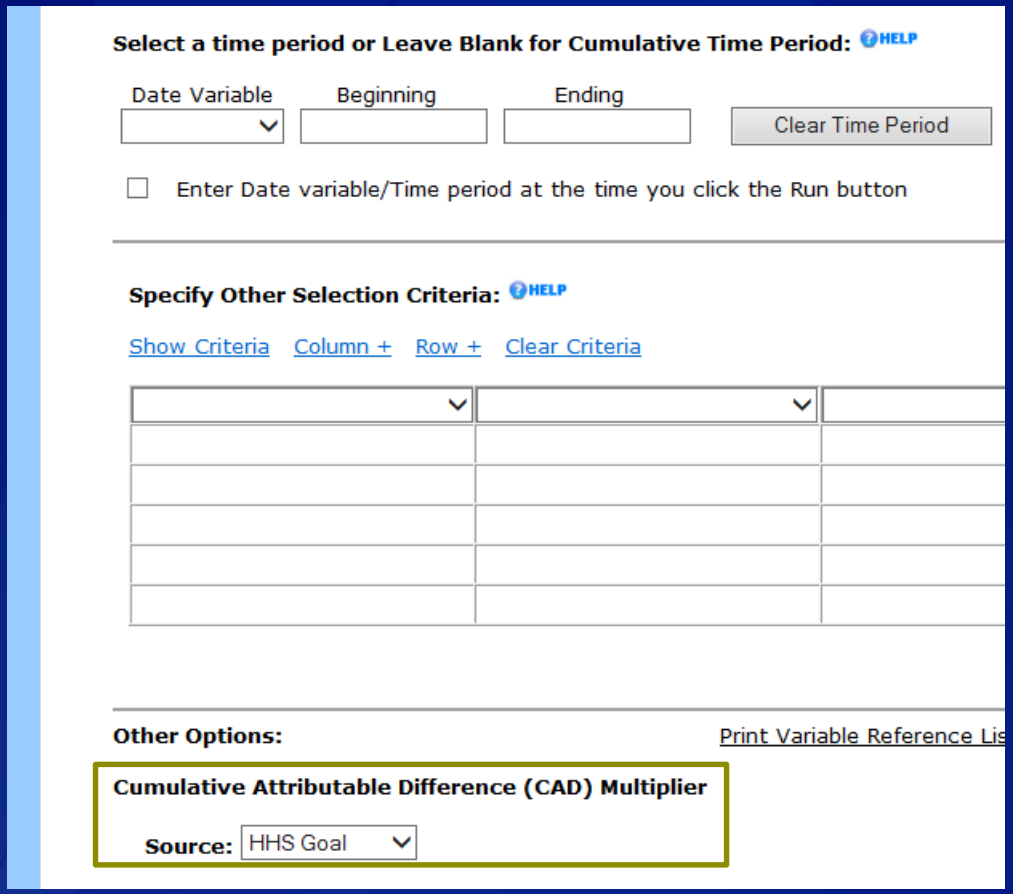


Running TAP Reports

- Generate a report for a time period (the larger the better)



Running TAP Reports



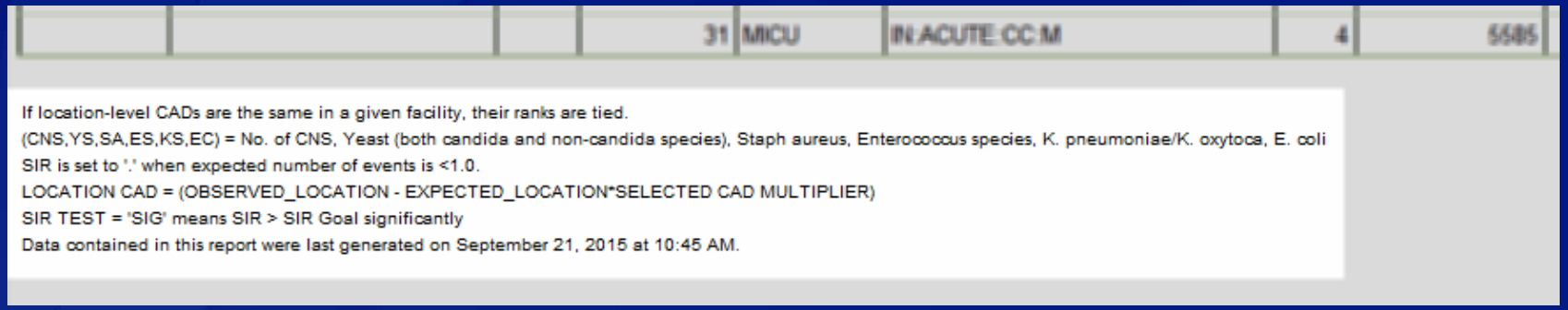
- **CAD Multiplier**

Default NHSN goals are based on HHS 5- year HAI Reduction targets

- CAUTI SIRgoal : 075
- CDI SIRgoal : 0.70
- CLABSI SIRgoal: 0.50

Helpful Hints for Running TAP Reports

- TAP reports are built on the rules that influence SIRs
- Verify that an up-to-date data set was generated
- Remember to look at the footnotes!



			31	MICU	IN ACUTE CC M	4	5585

If location-level CADs are the same in a given facility, their ranks are tied.
(CNS,YS,SA,ES,KS,EC) = No. of CNS, Yeast (both candida and non-candida species), Staph aureus, Enterococcus species, K. pneumoniae/K. oxytoca, E. coli
SIR is set to '.' when expected number of events is <1.0.
LOCATION CAD = (OBSERVED_LOCATION - EXPECTED_LOCATION*SELECTED CAD MULTIPLIER)
SIR TEST = 'SIG' means SIR > SIR Goal significantly
Data contained in this report were last generated on September 21, 2015 at 10:45 AM.

Helpful Hints for Running TAP Reports

- **Default output format is HTML**
  - If another format, (e.g., RTF) is selected, change the orientation to "Landscape"
- **Use of variable labels will provide more descriptive column headers**

Example TAP Report Outputs For Group Users

- Table 1 – Totals for all Facilities in Group
- Table 2 – Facilities Ranked by CAD Within a Group

National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier: HHS Goal = 0.5
As of: November 9, 2015 at 7:55 AM
Date Range: All CLAB_TAP

Facility Rank	Facility Org ID	Facility Name	State	Type of Affiliation	Number of Beds	Location (LC)	Events (LC)	Device Days (LC)	DUR % (LC)	CAD (LC)	SIR (LC)	SIR Test	ICU No. Pathogens (CNS,YS,SA,ES,KS,EC)	NICU No. Pathogens (CNS,YS,SA,ES,KS,EC)	Ward+ No. Pathogens (CNS,YS,SA,ES,KS,EC)
1	10586	Phelps Memorial	GA		220	4 (2, 0, 2)	8 (7, 0, 1)	735 (525, 0, 210)	12 (13, ., 11)	7.3 (6.5, 0, 0.8)	5.8 (., ., .)	SIG	7 (0, 0, 0, 0, 0, 0)	0 (0, 0, 0, 0, 0, 0)	1 (0, 0, 0, 0, 0, 0)
2	10018	DHQP MEMORIAL HOSPITAL	GA		500	4 (1, 1, 2)	7 (5, 2, 0)	2105 (125, 130, 1850)	36 (8, 59, 46)	5.7 (4.9, 1.9, -1.1)	2.6 (., ., 0)	SIG	5 (0, 0, 0, 0, 0, 0)	2 (0, 0, 0, 0, 0, 0)	0 (0, 0, 0, 0, 0, 0)
3	10401	DHQP Memorial Annex	GA	M	80	3 (1, 0, 2)	3 (2, 0, 1)	586 (212, 0, 374)	53 (52, ., 54)	2.2 (1.4, 0, 0.8)	1.8 (1.7, ., .)		2 (0, 0, 0, 0, 1, 1)	0 (0, 0, 0, 0, 0, 0)	1 (0, 0, 1, 0, 0, 0)
4	10127	Mount Sinai Medical Center	NY	G	500	2 (1, 0, 1)	2 (1, 0, 1)	65 (50, 0, 15)	19 (17, ., 30)	1.9 (1, 0, 1)	. (., ., .)		1 (0, 0, 0, 1, 0, 0)	0 (0, 0, 0, 0, 0, 0)	1 (1, 0, 0, 0, 0, 0)
5	10587	Dudeck Regional Life Center	GA	M	.	6 (3, 0, 3)	1 (1, 0, 0)	812 (499, 0, 313)	48 (71, ., 31)	0.1 (0.4, 0, -0.2)	0.6 (0.8, ., .)		1 (0, 0, 0, 0, 0, 0)	0 (0, 0, 0, 0, 0, 0)	0 (0, 0, 0, 0, 0, 0)
6	11305	DANA-FARBER CANCER INSTITUTE	MA	G	360	2 (0, 0, 2)	0 (0, 0, 0)	398 (0, 0, 398)	17 (., ., 17)	-0.6 (0, 0, -0.6)	0 (., ., 0)		0 (0, 0, 0, 0, 0, 0)	0 (0, 0, 0, 0, 0, 0)	0 (0, 0, 0, 0, 0, 0)
7	11211	CMS Reporting Facility	NV		145	3 (1, 0, 2)	0 (0, 0, 0)	2609 (480, 0, 2129)	35 (20, ., 42)	-0.9 (-0.6, 0, -0.3)	0 (0, ., .)		0 (0, 0, 0, 0, 0, 0)	0 (0, 0, 0, 0, 0, 0)	0 (0, 0, 0, 0, 0, 0)

Data value will be '.' if there is no location reporting. SIR set to '.' when expected number of events < 1.0. DUR% not calculated if device days or patient days are missing at facility level.
(CNS,YS,SA,ES,KS,EC) = No. of CNS, Yeast (both candida and non-candida species), Staph aureus, Enterococcus species, K. pneumoniae/K. oxytoca, E. coli
Facility Rank = Priority ranking for Targeted Assessment of Prevention by CAD in descending order
(LC) = location category, (ICU, NICU, WARD+)
CAD = (OBSERVED_ICU - EXPECTED_ICU*SELECTED CAD MULTIPLIER) + (OBSERVED_NICU - EXPECTED_NICU*SELECTED CAD MULTIPLIER) + (OBSERVED_WARD - EXPECTED_WARD*SELECTED CAD MULTIPLIER)
SIR TEST = 'SIG' means SIR > SIR Goal significantly
Data contained in this report were last generated on October 23, 2015 at 11:02 AM.

Example TAP Report Outputs For Group Users

- **TABLE 3 – Locations Ranked by CAD Within a Facility**

National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier: HHS Goal = 0.5
As of: November 9, 2015 at 7:55 AM
Date Range: All CLAB_TAP

FACILITY				LOCATION									
Facility Rank	Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	No. Pathogens (CNS,YS,SA,ES,KS,EC)
1	10586	Phelps Memorial	7.31	1	6E	IN:ACUTE:CC:M	5	400	14	4.62	.		5 (0, 0, 0, 0, 0, 0)
				2	ICU	IN:ACUTE:CC:M	2	125	10	1.88	.		2 (0, 0, 0, 0, 0, 0)
				3	5E	IN:ACUTE:WARD:ONC_HONC	1	160	16	0.84	.		1 (0, 0, 0, 0, 0, 0)
				4	3E	IN:ACUTE:WARD:MS	0	50	5	-0.03	.		
2	10018	DHQP MEMORIAL HOSPITAL	5.65	1	5G	IN:ACUTE:CC:C	5	125	8	4.88	.		5 (0, 0, 0, 0, 0, 0)
				2	NICU	IN:ACUTE:CC:NURS	2	130	59	1.90	.		2 (0, 0, 0, 0, 0, 0)
				3	PP WARD	IN:ACUTE:WARD:PP	0	350	35	0.00	.		
				4	MD WARD	IN:ACUTE:WARD:M	0	1500	50	-1.13	0.00		
3	10401	DHQP Memorial Annex	2.17	1	BURN	IN:ACUTE:CC:B	2	212	52	1.42	1.72		2 (0, 0, 0, 0, 1, 1)
				2	2N	IN:ACUTE:WARD:REHAB	1	96	47	0.96	.		1 (0, 0, 1, 0, 0, 0)
				3	MED	IN:ACUTE:WARD:M	0	278	57	-0.21	.		
4	10127	Mount Sinai Medical Center	1.94	1	INLTACSCA	IN:ACUTE:SCA:LTAC	1	15	30	0.99	.		1 (1, 0, 0, 0, 0, 0)
				2	7WEST	IN:ACUTE:CC:M	1	50	17	0.95	.		1 (0, 0, 0, 1, 0, 0)
5	10587	Dudeck Regional Life Center	0.13	1	ONC MED	IN:ACUTE:CC:M	1	394	79	0.49	0.98		1 (0, 0, 0, 0, 0, 0)
				2	REHAB NIRF	IN:ACUTE:WARD:REHAB	0	50	17	-0.02	.		
				3	REHAB IRF	IN:ACUTE:WARD:REHAB	0	75	25	-0.03	.		
				4	ONC MS ICU	IN:ACUTE:CC:MS	0	50	50	-0.05	.		
				5	ONC SURG	IN:ACUTE:CC:S	0	55	55	-0.06	.		
				6	HEMONC	IN:ACUTE:WARD:ONC_HONC	0	188	46	-0.19	.		
6	11305	DANA-FARBER CANCER INSTITUTE	-0.57	1	ONC_GH	IN:ACUTE:WARD:ONC_HONC	0	199	15	-0.21	.		
				2	ONC_HSC	IN:ACUTE:WARD:ONC_HSCT	0	199	19	-0.36	.		
7	11211	CMS Reporting Facility	-0.90	1	BHPW	IN:ACUTE:WARD:BHV	0	1665	62	0.00	.		
				2	22222	IN:ACUTE:WARD:M	0	464	20	-0.35	.		
				3	ICU-A	IN:ACUTE:CC:S	0	480	20	-0.55	0.00		

If location-level CADs are the same in a given facility, their ranks are tied.
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SIR is set to '.' when expected number of events is <1.0.
LOCATION CAD = (OBSERVED_LOCATION - EXPECTED_LOCATION*SELECTED CAD MULTIPLIER)
SIR TEST = 'SIG' means SIR > SIR Goal significantly
Data contained in this report were last generated on October 23, 2015 at 11:02 AM.

Example TAP Report Outputs For Facility Users

- **Locations Ranked by CAD Within a Facility**

National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier: Custom Value = 0.2

As of: November 9, 2015 at 8:55 AM
Date Range: All CLAB_TAP
if (((pathtotal >= "1")))

FACILITY			LOCATION									
Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	No. Pathogens (CNS,YS,SA,ES,KS,EC)
10018	DHQP MEMORIAL HOSPITAL	33.99	1	ICU	IN:ACUTE:CC:MS	8	350	35	7.90	.		8 (0, 1, 0, 0, 0, 0)
			2	HSCT	IN:ACUTE:WARD:ONC_HSCT	8	1076	35	7.20	2.00		8 (0, 0, 1, 0, 0, 1)
			3	5G	IN:ACUTE:CC:C	5	51	25	4.98	.		5 (0, 0, 0, 0, 0, 0)
			4	MICU	IN:ACUTE:CC:M	4	3700	69	2.59	0.57		4 (0, 0, 0, 0, 0, 0)
			5	3Z	IN:ACUTE:WARD:ONC_HONC	2	310	26	1.87	.		2 (0, 0, 0, 0, 0, 0)
			5	ONC_MS	IN:ACUTE:CC:MS	2	420	76	1.87	.		2 (0, 0, 0, 0, 0, 0)
			7	ONC M	IN:ACUTE:CC:M	2	420	76	1.84	.		2 (0, 0, 0, 0, 0, 0)
			8	ONC_S	IN:ACUTE:CC:S	2	420	76	1.81	.		2 (0, 0, 0, 0, 0, 0)
			9	F.REHAB	IN:ACUTE:WARD:REHAB	1	30	30	1.00	.		1 (0, 0, 0, 0, 0, 0)
			9	NICU2/3	IN:ACUTE:CC_STEP:NURS	1	6	100	1.00	.		1 (0, 0, 0, 0, 0, 0)
			11	INHONCSCA	IN:ACUTE:WARD:ONC_HONC	1	62	33	0.98	.		1 (0, 0, 1, 0, 0, 0)
			12	P_HONC	IN:ACUTE:WARD:ONC_HONC_PED	1	62	33	0.96	.		1 (0, 0, 1, 0, 0, 0)

If location-level CADs are the same in a given facility, their ranks are tied.
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SIR is set to '.' when expected number of events is <1.0.
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SIR TEST = 'SIG' means SIR > SIR Goal significantly
Data contained in this report were last generated on September 21, 2015 at 10:45 AM.

Interpreting TAP Report Results

National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier: HHS Goal = 0.5

As of: October 15, 2015 at 10:52 AM
Date Range: All CLAB_TAP

FACILITY			LOCATION										
Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	No. Pathogens (CNS,YS,SA,ES,KS,EC)
10018	DHQP MEMORIAL HOSPITAL	22.37	1	ICU	IN:ACUTE:CC:MS	8	350	34	7.74	.		8 (0, 1, 0, 0, 0, 0)
			2	HSCT	IN:ACUTE:WARD:ONC_HSCT	8	1576	39	5.08	1.37		8 (0, 0, 1, 0, 0, 1)
			3	5G	IN:ACUTE:CC:C	5	971	41	4.03	2.58		5 (0, 0, 0, 0, 0, 0)
			4	ONC_MS	IN:ACUTE:CC:MS	2	420	76	1.69	.		2 (0, 0, 0, 0, 0, 0)
			5	3Z	IN:ACUTE:WARD:ONC_HONC	2	310	26	1.68	.		2 (0, 0, 0, 0, 0, 0)
			6	ONC M	IN:ACUTE:CC:M	2	430	74	1.59	.		2 (0, 0, 0, 0, 0, 0)
			7	ONC_S	IN:ACUTE:CC:S	2	420	76	1.52	.		2 (0, 0, 0, 0, 0, 0)
			8	F.REHAB	IN:ACUTE:WARD:REHAB	1	30	30	0.99	.		1 (0, 0, 0, 0, 0, 0)
			9	INHONCSCA	IN:ACUTE:WARD:ONC_HONC	1	62	33	0.94	.		1 (0, 0, 1, 0, 0, 0)
			9	NICU2/3	IN:ACUTE:CC_STEP:NURS	1	46	43	0.94	.		1 (0, 0, 0, 0, 0, 0)
			11	P_HONC	IN:ACUTE:WARD:ONC_HONC_PED	1	62	33	0.89	.		1 (0, 0, 1, 0, 0, 0)
			12	AA.3RD	IN:ACUTE:WARD:MS	0	1	100	0.00	.		
			12	AA.4TH	IN:ACUTE:WARD:MS	0	1	100	0.00	.		
			12	AA.5TH	IN:ACUTE:WARD:MS	0	2	100	0.00	.		
			12	PP WARD	IN:ACUTE:WARD:PP	0	550	37	0.00	.		
			16	INSURGCC	IN:ACUTE:CC:S	0	5	25	-0.01	.		

The Facility CAD indicates how many infections this hospital would have had to prevent to reach its goal.

Interpreting TAP Report Results

National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier: HHS Goal = 0.5

As of: October 15, 2015 at 10:52 AM
Date Range: All CLAB_TAP

FACILITY		LOCATION									
Facility Org ID	Facility Name	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	
10018	DHQP MEMORIAL HO	1	ICU	IN:ACUTE:CC:MS	8	350	34	7.74	.		
		2	HSCT	IN:ACUTE:WARD:ONC_HSCT	8	1576	39	5.08	1.37		
		3	5G	IN:ACUTE:CC:C	5	971	41	4.03	2.58		
		4	ONC_MS	IN:ACUTE:CC:MS	2	420	76	1.69	.		
		6	ONC M	IN:ACUTE:CC:M	2	430	74	1.59	.		2 (0, 0, 0, 0, 0, 0)
		7	ONC_S	IN:ACUTE:CC:S	2	420	76	1.52	.		2 (0, 0, 0, 0, 0, 0)
		8	F REHAB	IN:ACUTE:WARD:REHAB	1	30	30	0.99	.		1 (0, 0, 0, 0, 0, 0)
		9	INHONCSCA	IN:ACUTE:WARD:ONC_HONC	1	62	33	0.94	.		1 (0, 0, 1, 0, 0, 0)
		9	NICU2/3	IN:ACUTE:CC_STEP:NURS	1	46	43	0.94	.		1 (0, 0, 0, 0, 0, 0)
		11	P_HONC	IN:ACUTE:WARD:ONC_							1, 0, 0, 0)
		12	AA 3RD	IN:ACUTE:WARD:MS							
		12	AA 4TH	IN:ACUTE:WARD:MS							
		12	AA 5TH	IN:ACUTE:WARD:MS							
		12	PP WARD	IN:ACUTE:WARD:PP							
		16	INSURGCC	IN:ACUTE:CC:S							

The CAD for each location indicates how many infections that particular unit would have had to prevent to reach its goal.

Comparing TAP Report Results

- TAP Report – Group
  - All of the data for which they have rights to access
  - 3 Tables
- TAP Report – Facility
  - All data entered into NHSN by the facility
  - 1 Table
- Groups and Facility TAP Reports
  - Location ranking within facility
  - Users have the ability to select a Target SIR for CAD

Comparing TAP Report Results

National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier HHS Goal = 0.5
As of: November 9, 2015 at 7:55 AM
Date Range: All CLAB_TAP

FACILITY				LOCATION									
Facility Rank	Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	No. Pathogens (CNS,YS,SA,ES,KS,EC)
1	10586	Phelps Memorial	7.31	1	6E	IN:ACUTE:CC:M	5	400	14	4.62	.		5 (0, 0, 0, 0, 0, 0)
				2	ICU	IN:ACUTE:CC:M	2	125	10	1.88	.		2 (0, 0, 0, 0, 0, 0)
				3	5E	IN:ACUTE:WARD:ONC_HONC	1	160	16	0.84	.		1 (0, 0, 0, 0, 0, 0)
				4	3E	IN:ACUTE:WARD:MS	0	50	5	-0.03	.		
2	10018	DHQP MEMORIAL HOSPITAL	5.65	1	5G	IN:ACUTE:CC:C	5	125	8	4.88	.		5 (0, 0, 0, 0, 0, 0)
				2	NICU	IN:ACUTE:CC:NURS	2	130	59	1.90	.		2 (0, 0, 0, 0, 0, 0)
				3	PP WARD	IN:ACUTE:WARD:PP	0	350	35	0.00	.		
				4	MD WARD	IN:ACUTE:WARD:M	0	1500	50	-1.13	0.00		
3	10401	DHQP Memorial Annex	2.17	1	BURN	IN:ACUTE:CC:B	2	212	52	1.42	1.72		2 (0, 0, 0, 0, 1, 1)
				2	2N	IN:ACUTE:WARD:REHAB	1	96	47	0.96	.		1 (0, 0, 1, 0, 0, 0)
				3	MED	IN:ACUTE:WARD:M	0	278	57	-0.21	.		
4	10127	Mount Sinai Medical Center	1.94	1	INLTACSCA	IN:ACUTE:SCA:LTAC	1	15	30	0.99	.		1 (1, 0, 0, 0, 0, 0)
				2	7WEST	IN:ACUTE:CC:M	1	50	17	0.95	.		1 (0, 0, 0, 1, 0, 0)

Comparing TAP Report Results

National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier: Custom Value = 0.2

As of: November 9, 2015 at 8:55 AM
Date Range: All CLAB_TAP
if (((pathtotal >= "1")))

FACILITY			LOCATION									
Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	No. Pathogens (CNS,YS,SA,ES,KS,EC)
10018	DHQP MEMORIAL HOSPITAL	33.99	1	ICU	IN:ACUTE:CC:MS	8	350	35	7.90	.		8 (0, 1, 0, 0, 0, 0)
			2	HSCT	IN:ACUTE:WARD:ONC_HSCT	8	1076	35	7.20	2.00		8 (0, 0, 1, 0, 0, 1)
			3	5G	IN:ACUTE:CC:C	5	51	25	4.98	.		5 (0, 0, 0, 0, 0, 0)
			4	MICU	IN:ACUTE:CC:M	4	3700	69	2.59	0.57		4 (0, 0, 0, 0, 0, 0)
			5	3Z	IN:ACUTE:WARD:ONC_HONC	2	310	26	1.87	.		2 (0, 0, 0, 0, 0, 0)
			5	ONC_MS	IN:ACUTE:CC:MS	2	420	76	1.87	.		2 (0, 0, 0, 0, 0, 0)
			7	ONC M	IN:ACUTE:CC:M	2	420	76	1.84	.		2 (0, 0, 0, 0, 0, 0)
			8	ONC_S	IN:ACUTE:CC:S	2	420	76	1.81	.		2 (0, 0, 0, 0, 0, 0)
			9	F.REHAB	IN:ACUTE:WARD:REHAB	1	30	30	1.00	.		1 (0, 0, 0, 0, 0, 0)
			9	NICU2/3	IN:ACUTE:CC_STEP:NURS	1	6	100	1.00	.		1 (0, 0, 0, 0, 0, 0)
			11	INHONCSCA	IN:ACUTE:WARD:ONC_HONC	1	62	33	0.98	.		1 (0, 0, 1, 0, 0, 0)
			12	P_HONC	IN:ACUTE:WARD:ONC_HONC_PED	1	62	33	0.96	.		1 (0, 0, 1, 0, 0, 0)

If location-level CADs are the same in a given facility, their ranks are tied.
(CNS,YS,SA,ES,KS,EC) = No. of CNS, Yeast (both candida and non-candida species), Staph aureus, Enterococcus species, K. pneumoniae/K. oxytoca, E. coli
SIR is set to '.' when expected number of events is <1.0.
LOCATION CAD = (OBSERVED_LOCATION - EXPECTED_LOCATION*SELECTED CAD MULTIPLIER)
SIR TEST = 'SIG' means SIR > SIR Goal significantly
Data contained in this report were last generated on September 21, 2015 at 10:45 AM.

Tap Strategy Resources

- TAP FAQs: http://www.cdc.gov/hai/prevent/tap.htm
- HAI Progress Reports: http://www.cdc.gov/hai/surveillance/nhsn_nationalreports.html
- TAP Report Quick Reference Guide for Facilities: http://www.cdc.gov/nhsn/PDFs/TAP/TAPReports_Facilities.pdf
- TAP Report Quick Reference Guide for Groups: http://www.cdc.gov/nhsn/PDFs/TAP/TAPReports_Groups.pdf
- Help with TAP Reports: email nhsn@cdc.gov

Thank You!

For more information please contact Centers for Disease Control and Prevention

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Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.