

NATIONAL HEALTHCARE SAFETY NETWORK GROUP TAP REPORTS - CDI

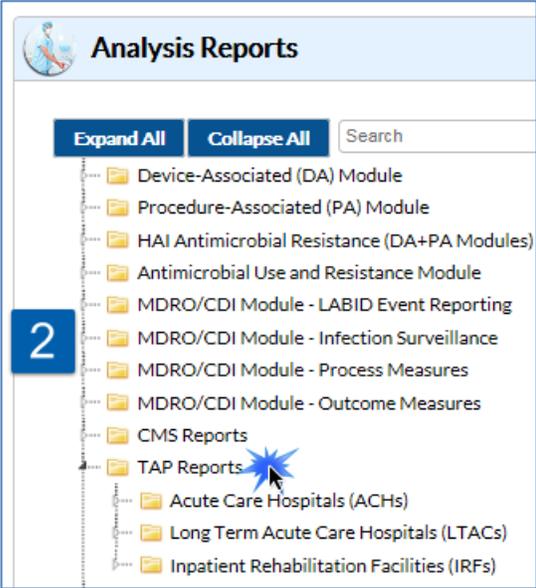
Description

CDC’s Targeted Assessment for Prevention (TAP) strategy allows for the ranking of facilities and/or locations to identify and target those areas with the greatest need for improvement using a metric known as the Cumulative Attributable Difference (CAD). This is the number of infections that must be prevented to achieve a HAI reduction goal. TAP Reports can be generated within NHSN for CLABSI, CAUTI, and CDI LabID data. The ranking is established using the overall Hospital CAD (highest to lowest). TAP Reports can help to prioritize the facilities where the greatest prevention impact could be achieved.

This quick reference guide will describe how a group can generate a TAP report for CDI LabID data within NHSN. It will also explain how to interpret the TAP report output for group users. For more information about the TAP Strategy, please visit: <http://www.cdc.gov/hai/prevent/tap.html>.

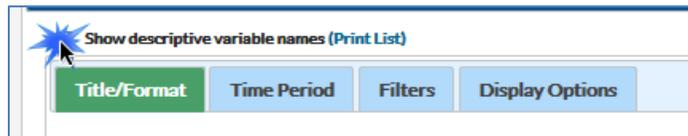
Generate a CDI TAP Report

1. Select Analysis on the NHSN home screen. Then select “Reports” (formerly known as Output Options) from the dropdown menu that opens. Expand the “TAP Reports” folder. The TAP reports are organized by facility type. Expand the folder for the facility type relevant to your analysis to see the available TAP Report options.



NATIONAL HEALTHCARE SAFETY NETWORK GROUP TAP REPORTS - CDI

2. Choose to either Run or Modify an Acute Care Hospitals (ACH), Long Term Acute Care Hospitals (LTACs), or Inpatient Rehabilitation Facilities (IRFs) FACWIDEIN CDI LabID TAP Report. Please note: ACH TAP Reports contain both Acute Care and Critical Access Hospital (CAH) data, and exclude IRF unit data.
 - a. Click Run to create a TAP Report that is inclusive of all data reported to NHSN and available in the analysis datasets (e.g., all CDI LabID data from 2015 to present).
 - b. Click Modify to customize the TAP Report.
 - i. It is recommended that users check the box above Title/Format titled "Show descriptive variable names". Not only will this show more descriptive variable names while modifying a TAP report, it will also create more descriptive column headers in the tables created.



- ii. Use the Title/Format tab to change the name of the Report generated or to change the format (HTML, PDF, CSV, and RTF). TIP: If the format is changed to PDF or RTF, change the orientation of the report to Landscape in order to allow all columns to fit on a single page.
- iii. Use the Time Period tab to modify the date variable by months, quarters, half-years, or year (e.g., summaryYr 2015 to 2016).
- iv. Display Options. Choose the source value of the SIR goal. The SIR goal can be a custom/value or the user can use the HHS Goal or CDI National SIR. These are available in the source drop down menu. If a custom value is used, remember that the multiplier must be <1.

Example TAP Report Output – CDI

The following table is an example of a CDI LabID TAP report generated by a Group with seven member hospitals for the calendar year 2016. The footnotes provided with each table define the data that appear in the derived columns. Please see page 3 for an example interpretation of both tables.

National Healthcare Safety Network
TAP Report for FACWIDEIN CDI LabID data for Acute Care and Critical Access Hospitals (2015 Baseline)
Totals for all Facilities in Group
SIR Goal: HHS Goal = 0.7
 As of February 16, 2017 at 2:00 PM
 Date Range: BS2_CDI_TAP summaryYr2016 to 2016

Table 1 of the LabID
CDI Group TAP Report

Number of Facilities	Number of Beds	Patient Days	COHCFA Prevalence Rate	CDIF Facility Incident HO LabID Event Count	CDIF Facility Incident HO LabID Number Expected	grpCAD	SIR	SIR Test
10	2,420	381443	0.11	244	302.13	32.51	0.81	

SIR is set to '.' when expected number of events is <1.0.
 COHCFA PREVALENCE RATE = Community-onset healthcare facility-associated CDI prevalence rate per 100 admissions
 CAD = Observed - Expected*SELECTED CAD MULTIPLIER
 SIR TEST = 'SIG' means SIR > SIR Goal significantly
 Data contained in this report were last generated on February 16, 2017 at 12:22 PM.



NATIONAL HEALTHCARE SAFETY NETWORK GROUP TAP REPORTS - CDI

Table 2 of the LabID
CDI Group TAP Report



National Healthcare Safety Network
TAP Report for FACWIDEIN CDI LabID data for Acute Care and Critical Access Hospitals (2015 Baseline)
Facilities Ranked by CAD 'Cumulative Attributable Difference'
SIR Goal: HHS Goal = 0.7
As of February 16, 2017 at 2:00 PM
Date Range: BS2_CDI_TAP summaryYr2016 to 2016

Facility Rank	Facility Org ID	Facility Name	State	Type of Facility	Type of Affiliation	Number of Beds	Patient Days	COHCFA Prevalence	CDIF Facility Incident HO LabID Event Count	CDIF Facility Incident HO LabID Number Expected	Facility CAD	SIR	SIR Test
1	10000	DHQP Memorial Hospital	GA	HOSP-GEN	M	354	60059	0.14	61	55.034	22.48	1.11	
2	10401	DHQP Memorial Annex	GA	HOSP-GEN		278	30031	0.08	20	19.836	6.11	1.01	
3	90001	Dudeck Regional Life Center	IL	HOSP-GEN		150	15206	0	11	7.361	5.85	1.49	
4	10587	CDC Health Hospital	GA	HOSP-GEN		117	17779	0.16	16	14.89	5.58	1.08	
5	10018	Weiner Center of Medicine	CA	HOSP-GEN		278	34040	0.03	15	15.97	3.82	0.94	
6	10297	Arcement Medical Center	LA	HOSP-GEN	G	150	35870	0.19	20	26.182	1.67	0.76	
7	10064	Falcon Memorial Hospital	GA	HOSP-GEN		114	22723	0.17	11	14.289	1	0.77	
8	10957	All Saints Medical	LA	HOSP-GEN	M	181	22457	0.2	12	16.895	0.17	0.71	
9	10962	Louisiana Hospital	TX	HOSP-GEN		453	74096	0.26	57	89.815	-5.87	0.64	
10	10946	Georgia Hospital	LA	HOSP-GEN	G	345	69182	0.02	21	41.852	-8.3	0.5	

SIR is set to '.' when expected number of events is <1.0.
COHCFA PREVALENCE RATE = Community-onset healthcare facility-associated CDI prevalence rate per 100 admissions
CAD = Observed - Expected*SELECTED CAD MULTIPLIER
SIR TEST = 'SIG' means SIR > SIR Goal significantly
Data contained in this report were last generated on February 16, 2017 at 12:22 PM.

Interpretation

- The header above each table describes what information has been included in the table. The second line of the header is a descriptive title for the table. The title names which hospital types are included in the report and what baselines data sets are used for the analysis. The third line of the header describes how the data has been arranged (i.e., Facilities Ranked by CAD). The fourth line displays the value for the SIR goal. For the TAP report in this example, HHS Goal = 0.7 was used as the SIR goal.
- The footnote for each table includes the rules for interpreting the data, meanings for abbreviation used in the table, pathogen names, and the date datasets were generated. For example, footnote #4 states "The SIR is set to '.' when predicted number of events is <1.0." This would be helpful to know if an SIR value is not given in the table. Additionally, the formula for calculating the CAD can also be found in the footnotes.
- The **first table** in the group TAP Report output (see page 2) provides cumulative totals for all facilities in the group. The total number of facilities contributing to the cumulative results in each subsequent column in the table can be found in the very first column labelled, "Number of facilities". The column labelled "Number of Beds" gives the total number of beds for all the facilities in the group combined. Remember, CDI LabID data is collected and analyzed at the inpatient, facility-wide level. It is not possible to create a CDI LabID TAP report that displays data by location. All the subsequent columns follow this pattern of presenting a cumulative facility total for all the facilities in the group. The Group's CAD (grpCAD) is 32.51 and the SIR is 0.81. SIR Test indicates that the SIR is NOT significantly greater than the SIR Goal.



NATIONAL HEALTHCARE SAFETY NETWORK GROUP TAP REPORTS - CDI

- The **second table** in the group TAP Report output (see page 2) titled, Facilities Ranked by CAD, provides a list of facilities ranked by facility CAD in descending order. The first column in the facility-level table provides a rank by facility CAD; a Facility Rank of 1 indicates that the facility had the highest CAD among all hospitals in the group.
 - Since CDI data is collected inpatient, facility wide, location specific information is not displayed in the table.
 - Looking at the data for DHQP Memorial Hospital, the facility CAD was 22.48, indicating that at least 23 infections would need to be prevented in order to meet the set HAI reduction goal (SIR Goal = 0.7). The overall SIR for this is 1.108. The “SIR Test” column indicates that the SIR is not significantly greater than the SIR Goal.

Addition 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>
- HHS Action Plan to Prevent Healthcare-associated Infections:
<http://health.gov/hcq/prevent-hai.asp>
- HAI Progress Report:
http://www.cdc.gov/hai/surveillance/nhsn_nationalreports.html