TAP Reports for a Facility – CAUTI

Description

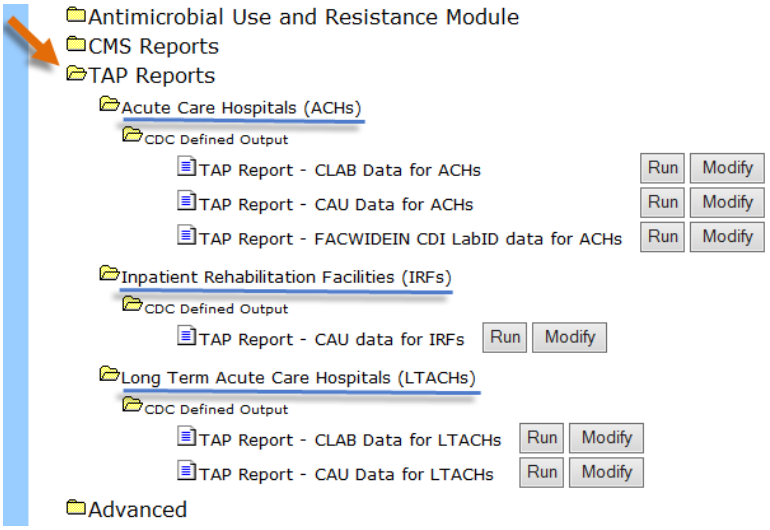
CDC's Targeted Assessment for Prevention (TAP) Strategy allows for the ranking of facilities (or location) to identify and target those areas with the greatest need for improvement.

TAP Reports can be generated within NHSN for CLABSI, CAUTI, and CDI LabID data. Facility locations are ranked by the cumulative attributable difference (CAD) which is the number of infections that must be prevented to achieve a HAI reduction goal. TAP Reports can help to prioritize the locations where the greatest prevention impact could be achieved.

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

Generate a CAUTI TAP Report

1. On the Analysis "Output Options" screen, 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.



2. Choose to either Run or Modify an ACH, IRF, or LTACH CLABSI TAP Report:
   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 CAUTI data from 2012 to present).
   b. Click Modify to create a custom TAP Report with the following options:
      i. Limit the TAP Report by time period (e.g., summaryYr 2014 to 2014).
      ii. Select output format (HTML, PDF, CSV, and RTF).
      iii. Include variable labels for more descriptive column headers.
      iv. Choose the source value of the CAD multiplier, which represents an SIR goal or Target. The CAD can be a custom/value or the user can use the HHS Goal or CAUTI National SIR. These are available in the source drop down menu. If a custom value is used, remember that the multiplier must be <1.

CLABSI and CAUTI TAP reports are generated using similar formats, but each uses a different HAI reduction goal in the calculation of the CAD. CLABSI also includes NICU Data in the CAD calculations whereas CAUTI does not.

Example TAP Report Output – CAUTI

The following table is an example of a CAUTI TAP Report generated for an acute care hospital for the calendar year 2013. Please see below 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
Cumulative Attributable Difference (CAD) Multiplier: HHS Goal = 0.75
As of: October 23, 2015 at 12:39 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	7.88	1	ICU	IN:ACUTE:CC:MS	5	400	32	4.64	.		5 (0, 0, 0, 0, 0, 0)
			2	INPEDREB	IN:ACUTE:WARD:REHAB_PED	1	20	20	0.96	.		1 (0, 0, 0, 0, 0, 0)
			3	JOYREHAB	IN:ACUTE:WARD:REHAB	1	25	25	0.93	.		1 (0, 0, 0, 0, 0, 0)
			4	ONC_MS	IN:ACUTE:CC:MS	1	310	56	0.72	.		1 (0, 1, 0, 0, 0, 0)
			5	ONC M	IN:ACUTE:CC:M	1	310	56	0.54	.		1 (0, 0, 0, 0, 0, 0)
			6	ONC_S	IN:ACUTE:CC:S	1	310	56	0.40	.		1 (0, 0, 0, 0, 0, 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	15	30	-0.03	.		
			11	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*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.

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Interpretation

- The header above each table describes what information is represented in the table, how the data is arranged, and the value for the CAD Multiplier. For this TAP report, HHS Goal = 0.75 was used. Additionally, the footnotes provided with each table defines the data that appear in the derived columns; the rules for interpreting the data, meanings for abbreviation used in the table, pathogen names, and the date that the table was created.
- Looking at the third column in the TAP report, we can see that this facility's CAD is 7.88 – this means that the facility had approximately 8 excess infections when compared to the number of infections that were predicted, when using the HHS Goal of 0.75.
- When we look at the location-specific information, we can begin to interpret data at the location level. For example:
    - The ICU location is ranked as #1 (location rank). This means that this location has the highest number of "excess" infections than all other locations for which CAUTI data were reported during 2013.
    - There were 5 CAUTIs (events) identified in the ICU, in 400 urinary catheter days.
    - The device utilization ratio (DUR), as a percent, was 32%. In other words, 32% of the patient days in this unit were also urinary catheter days.
    - The CAD in the ICU was 4.64, indicating that at least 5 infections would need to be prevented in order to meet the HAI reduction goal.
    - The standardized infection ratio (SIR) is not calculated, as the number of predicted events is < 1.

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
- 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