

Welcome

Office for State, Tribal, Local and Territorial Support
presents . . .

CDC Vital Signs

New CDC Data Tool: Antibiotic Resistance & Healthcare-Associated Infections

March 8, 2016

2:00–3:00 pm (EST)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

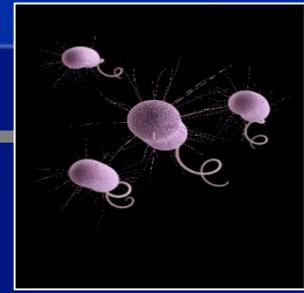
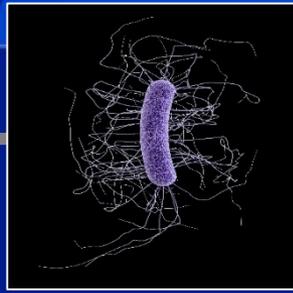
Agenda

- 2:00 pm** **Welcome & Introductions** **Steve Reynolds, MPH**
Deputy Director, Office for State, Tribal, Local and Territorial Support,
CDC
- 2:05 pm** **Presentations**
- Nicole Coffin**
Deputy Associate Director for Communication Science and
Communication Lead for Antibiotic Safety, Division of Healthcare
Quality Promotion, National Center for Emerging and Zoonotic
Infectious Diseases, CDC
- Carolyn Gould, MD, MSCR**
Medical Epidemiologist, Division of Healthcare Quality Promotion,
National Center for Emerging and Zoonotic Infectious Diseases, CDC
- Ashley Fell, MPH**
Epidemiologist and Healthcare-Associated Infections Prevention
Coordinator, Healthcare-Associated Infection and Antimicrobial
Resistance Program, Tennessee Department of Health
- Ashlie Dowdell**
Surveillance Coordinator, Healthcare-Associated Infections Prevention
Program, Bureau of Communicable Diseases, Wisconsin Department
of Health
- 2:40 pm** **Q&A and Discussion** **Steve Reynolds, MPH**
- 2:55 pm** **Wrap-up**
- 3:00 pm** **End of Call**



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*





CDC *Vital Signs* Town Hall Making Health Care Safer Protect Patients from Antibiotic Resistance

Nicole Coffin

**Deputy Associate Director for Communications Science
Communications Lead, Antibiotic Resistance
Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases**

Spread of Antibiotic-Resistant Germs



6

Six urgent or serious antibiotic-resistant threats, plus *C. difficile*, can cause healthcare-associated infections (HAIs).

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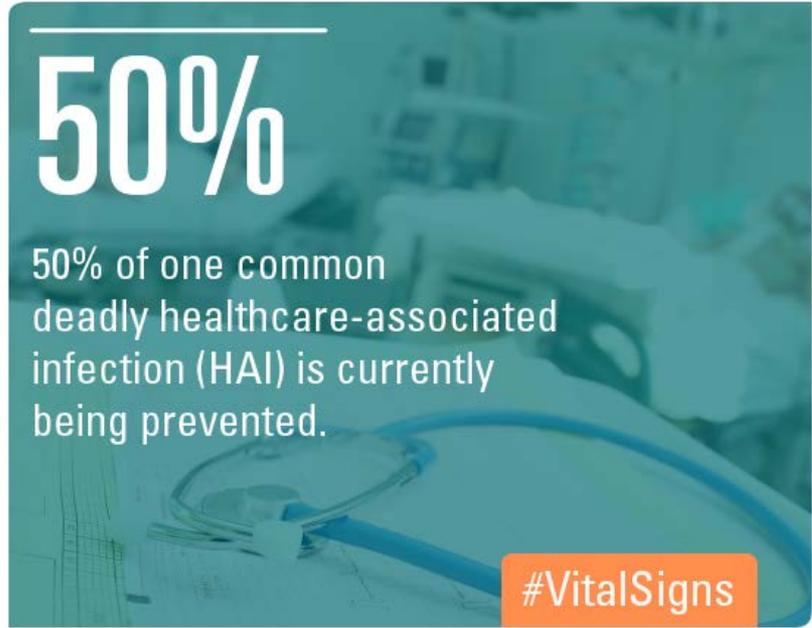
www.cdc.gov/vitalsigns/protect-patients



- ❑ People getting medical care can get serious infections (HAIs), which may lead to sepsis or death
- ❑ Of 18 antibiotic-resistant bacteria identified as public health threats in 2013 by CDC, nearly half cause healthcare-associated infections (HAIs)

Progress in HAI Prevention, More Needed to Protect Patients from Resistant Infections

- In the first report to combine the progress of HAI prevention with AR status, *Vital Signs* data shows significant progress has been made preventing HAIs. But to protect patients, more work needs to be done.



50%

50% of one common deadly healthcare-associated infection (HAI) is currently being prevented.

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Antibiotic-Resistant Infections are a Threat to All Patients

- ❑ **1 in 7** catheter- and surgery-related HAIs in acute care hospitals, and **1 in 4** catheter- and surgery-related HAIs in long-term acute care hospitals, is caused by any of six resistant bacteria (not including *C. difficile*).
- ❑ These HAIs are caused by some of the most deadly AR bacteria: CRE, MRSA, ESBL-producing Enterobacteriaceae, VRE, multi-drug resistant pseudomonas, and multi-drug resistant Acinetobacter.
- ❑ Progress has been made in preventing HAIs, including a 50% decrease in central line-associated blood stream infections from 2008 to 2014, but more work is needed.

Three Critical Strategies: Every Patient, Every Time

- ❑ To prevent HAIs and stop the spread of antibiotic resistance, healthcare providers should:
 - Prevent infections related to surgery and/or placement of catheters
 - Prevent the spread of bacteria between patients
 - Improve antibiotic use through stewardship

Combine infection control actions with every patient to prevent infections in healthcare.



Prevent infections from catheters and after surgery.



Prevent bacteria from spreading.



Improve antibiotic use.

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State and Local Health Departments Can



Protect Patients from Antibiotic Resistance

Combine infection control actions and improve antibiotic use to prevent infections and spread.

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- ❑ **Prevent infections and their spread**
 - Set goals, monitor your state's progress in preventing infections, promote action, and achieve regional prevention.
 - Support institutions to meet goals.
- ❑ **Improve antibiotic use**
 - Support stewardship efforts and know antibiotic resistance patterns in your area.

Thank You

Contact Information

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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.

Using Data for Prevention: Targeted Assessment for Prevention Strategy



Carolyn Gould, MD, MSCR

Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention

CDC Vital Signs Town Hall
March 8, 2016

Targeted Assessment for Prevention (TAP) Strategy

Target → Assess → Prevent

- ❑ **Target facilities/units** with high burden/excess of HAIs
- ❑ **Assess gaps** in infection prevention in targeted facilities/units
- ❑ **Prevent infections** by implementing interventions to address the gaps

A linear progression framework for quality improvement



Healthcare-associated Infections (HAIs)

Healthcare-associated Infections

[Data and Statistics](#)[Types of Infections](#)[Diseases and Organisms](#)[Preventing HAIs](#)**► Targeted Assessment for Prevention (TAP)**[ACA Activities](#)[Guidelines and Recommendations](#)[Toolkits](#)[Basic Infection Control and Prevention Plan for Outpatient Oncology Settings](#)[Outpatient Care Guide](#)[Tools for Protecting Healthcare Personnel](#)[CDC HAI Commentaries](#)[Map: HAI Prevention Activities](#)[Healthcare-associated Infections](#) > [Preventing HAIs](#)

The Five "W"s of the Targeted Assessment for Prevention (TAP) Strategy



WHAT is the TAP strategy?

The Targeted Assessment for Prevention (TAP) strategy is a method developed by the Centers for Disease Control and Prevention (CDC) to use data for action to prevent healthcare-associated infections (HAIs). The TAP strategy targets healthcare facilities and specific units within facilities with a disproportionate burden of HAIs so that gaps in infection prevention in the targeted locations can be addressed. The [TAP report](#) uses a metric called the cumulative attributable difference (CAD). The CAD is the number of infections that must be prevented to achieve a HAI reduction goal and is calculated by subtracting a numerical prevention target from an observed number of HAIs. The TAP report allows for the ranking of facilities, or locations within individual facilities, by the CAD to prioritize prevention efforts where they will have their greatest impact.

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- [NHSN technical documents](#)
- [NHSN TAP Training Slides](#)
- [Partners for Prevention](#)

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CDC HICPAC
Recommendations



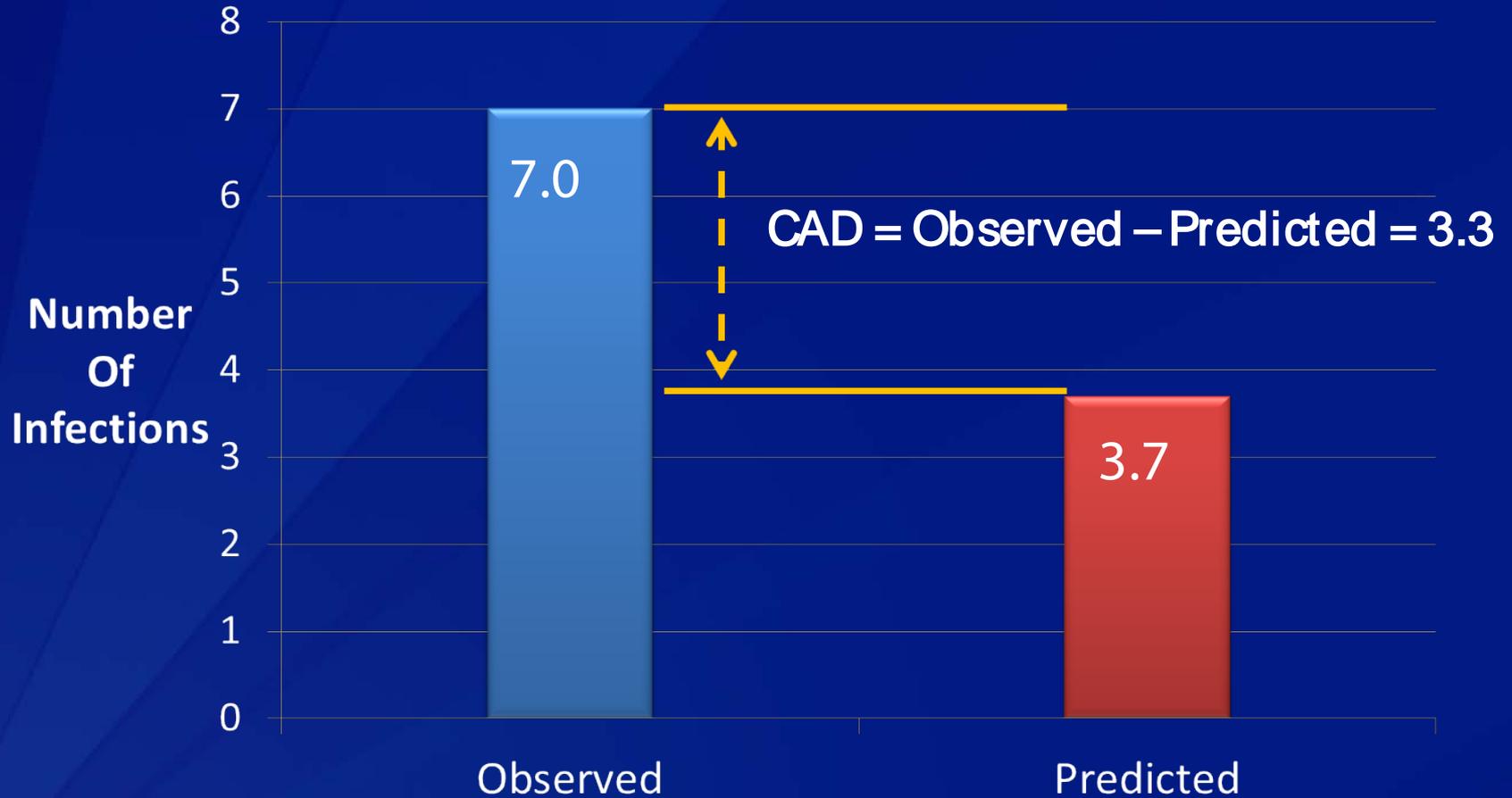
A Measure to Target Prevention to Reach HAI Reduction Goals

Cumulative Attributable Difference (CAD)

$$\text{CAD} = \text{OBSERVED} - (\text{PREDICTED} * \text{SIR}_{\text{goal}})$$

- ❑ CAD = Number of infections needed to be prevented to reach SIR_{goal} (Standardized Infection Ratio)
- ❑ NHSN uses HHS national goal SIRs with option to customize*
 - Lower goal SIR → larger CAD (“excess” number of infections)

Cumulative Attributable Difference (CAD)



Targeted Assessment for Prevention of Healthcare-Associated Infections: A New Prioritization Metric

Minn M. Soe, MBBS, MPH; Carolyn V. Gould, MD, MSCR; Daniel Pollock, MD; Jonathan Edwards, MStat

OBJECTIVE. To develop a method for calculating the number of healthcare-associated infections (HAIs) that must be prevented to reach a HAI reduction goal and identifying and prioritizing healthcare facilities where the largest reductions can be achieved.

SETTING. Acute care hospitals that report HAI data to the Centers for Disease Control and Prevention's National Healthcare Safety Network.

METHODS. The cumulative attributable difference (CAD) is calculated by subtracting a numerical prevention target from an observed number of HAIs. The prevention target is the product of the predicted number of HAIs and a standardized infection ratio goal, which represents a HAI reduction goal. The CAD is a numeric value that if positive is the number of infections to prevent to reach the HAI reduction goal. We calculated the CAD for catheter-associated urinary tract infections for each of the 3,639 hospitals that reported such data to National Healthcare Safety Network in 2013 and ranked the hospitals by their CAD values in descending order.

RESULTS. Of 1,578 hospitals with positive CAD values, preventing 10,040 catheter-associated urinary tract infections at 293 hospitals (19%) with the highest CAD would enable achievement of the national 25% catheter-associated urinary tract infection reduction goal.

CONCLUSION. The CAD is a new metric that facilitates ranking of facilities, and locations within facilities, to prioritize HAI prevention efforts where the greatest impact can be achieved toward a HAI reduction goal.

Infect. Control Hosp. Epidemiol. 2015;00(0):1-6

Benefits of TAP Strategy

- ❑ Focused approach to prevention
- ❑ Within targeted facilities, excess HAIs mapped to unit level
- ❑ CAD is a concrete prevention goal linked to the SIR
- ❑ Specific gaps in infection prevention identified through a standardized assessment of targeted units
- ❑ Implementation strategies customized to address gaps

TAP Tools

1. Target: TAP Reports

Facility-level (CAUTI example)

FACILITY RANK	ORGID	STATE	BEDS	NO.LOCATION (ICU, NON-ICU)	CAUTIS (ICU, NON-ICU)	DEVICE DAYS (ICU, NON-ICU)	DU% (ICU, NON-ICU)	CAD (ICU, NON-ICU)	SIR (ICU, NON-ICU)	ICU: TOTAL NO. PATHOGENS (% EC, YS, PA, KPO, FS, PM, ES)
1	001	AA	325	6(4,2)	42(34,8)	6861(5364,1497)	26(56,9)	22.9(17.8,5.2)	2.2(2.1,2.8)	37 (24, 14, 16, 8, 11, 0, 0)
2	002	AA	586	3(2,1)	73(70,3)	14292(13898,394)	48(70,4)	21.6(20.1,1.5)	1.4(1.4,2)	78 (27, 17, 10, 17, 12, 1, 0)
3	003	AA	471	3(2,1)	28(26,2)	6255(5880,375)	51(72,9)	15.6(15.1,0.6)	2.3(2.4,1.4)	28 (21, 36, 7, 7, 7, 0, 0)
4	004	AA	340	1(1,0)	36(36,.)	6760(6760,.)	84(84,.)	13(13,.)	1.6(1.6,.)	36 (36, 36, 8, 6, 0, 0, 0)
5	005	AA	646	4(4,0)	45(45,.)	11569(11569,.)	71(71,.)	12.2(12.2,.)	1.4(1.4,.)	45 (22, 31, 4, 9, 2, 2, 16)

Unit-level

FACILITY		LOCATION								
FACILITY RANK	ORGID	LOCATION RANK*	LOCATION	CDC LOCATION TYPE	EVENT	DEVICE DAYS	DU	CAD	SIR	TOTAL NO. PATHOGENS (%EC, YS, PA, KPO, FS, PM, ES)
1	001	1	1073	IN:ACUTE:CC:B	14	1783	48%	6.2	1.78	16 (31, 6, 25, 13, 0, 0, 0)
		1	11001	IN:ACUTE:CC:S	10	1443	64%	6.2	2.66	10 (30, 10, 0, 10, 10, 0, 0)
		3	1004	IN:ACUTE:CC:M_PED	4	197	18%	3.8	.	5 (20, 0, 20, 0, 40, 0, 0)
		4	10011	IN:ACUTE:STEP	5	964	13%	3.2	2.72	5 (20, 80, 0, 0, 0, 0, 0)
		5	1012	IN:ACUTE:WARD:M	3	533	6%	2	2.96	4 (50, 0, 25, 0, 0, 0, 0)
		6	1002	IN:ACUTE:CC:M	6	1941	78%	1.5	1.34	6 (0, 50, 17, 0, 17, 0, 0)

TAP Tools

2. Assess: Facility Assessment Tools

CAUTI example

I. General Infrastructure, Capacity, and Processes	Response	Comments (and/or "As Evidenced By")
1. Is senior leadership involved in CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
2. Is unit-level leadership involved in CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
3. Does your facility currently have a team/work group focusing on CAUTI prevention?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
4. Does your facility have a staff person with dedicated time to coordinate CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
5. Does your facility have a nurse champion for CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	

II. Appropriate Indications for Indwelling Urinary Catheter Insertion	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Do ordering providers document an <u>indication</u> for indwelling urinary catheters at your facility/unit?	<input type="radio"/>						
2. Do ordering providers use indwelling urinary catheters for appropriate indications?	<input type="radio"/>						
3. Do nurses use alternative strategies for management of urinary incontinence (e.g., external catheters, bedside commodes, scheduled toileting, garments/pads)?	<input type="radio"/>						
4. Do nurses use bladder ultrasound scanners to confirm urinary retention before placing or replacing urinary catheters?	<input type="radio"/>						
5. Do nurses use bladder ultrasound scanners with intermittent catheterization for management of postoperative urinary retention?	<input type="radio"/>						
6. Does your facility/unit provide instructions for nurses	<input type="radio"/>						

TAP Tools

3. Prevent: Implementation Guides

Pairing results of assessment with implementation tool allows facilities to identify and utilize existing infection prevention methods that most directly meet their needs.

1

5. Does your facility have a <i>nurse</i> champion for CAUTI prevention activities?	6. Does your facility have a <i>physician</i> champion for CAUTI prevention activities?
# of Responses per Question:	
108	105
Yes:	
49%	15%
No:	
30%	36%
Unknown:	
21%	49%

2

I. General Infrastructure, Capacity, and Processes
ENGAGEMENT OF LEADERSHIP, CHAMPIONS, AND STAFF
Engage the Senior Executive Module - Comprehensive Unit-based Safety Program (CUSP) Toolkit Curriculum focused on the role and responsibilities of senior executives, from the Agency for Healthcare Research and Quality (AHRQ)
Strategies and Tips for Nurse Engagement Strategies to engage nurses as champions in CAUTI prevention, from catheterout.org
Strategies and Tips for Physician Engagement Strategies to engage physicians as champions in CAUTI prevention, from catheterout.org
Presentation to Nurse Manager & Case Manager (or Unit Champion) Agenda for presentation to unit champion, from the On the CUSP: Stop CAUTI Implementation Guide

3



Physician engagement

- [Specific Strategies for Physician Engagement \(PDF\)](#)
- [Physician Engagement: Key Tips \(PDF\)](#)
- [Data collection and evaluation](#)
- [Printer-friendly version](#)

TAP Strategy 'How To' Guide

for the Group User

Targeted Assessment for Prevention: *Using Data for Action*

www.cdc.gov/hai/prevent/tap.html

The Targeted Assessment for Prevention (TAP) Strategy is a framework for quality improvement that offers a focused approach to infection prevention for healthcare facilities, healthcare systems, public health, and quality improvement partners. This strategy can be used to identify facilities and units with a high burden of healthcare-associated infections (HAIs) so that specific gaps in infection prevention can be identified and addressed. The TAP strategy incorporates the TAP reports generated in CDC's National Healthcare Safety Network ([NHSN](#)) along with standardized assessment tools and accompanying implementation strategies.

This guide has been developed to facilitate implementation of the TAP Strategy by providing guidance and tips for success. This version offers guidance for the Group User – including Quality Innovation Networks-Quality Improvement Organizations (QIN-QIOs), State Health Departments, Healthcare Systems, and other quality improvement partners that have access to NHSN data. An additional version of the 'How To' Guide is available for the individual Facility User.

This guide will address the following steps of the TAP strategy:

- I. [Running TAP Reports](#)
- II. [Interpreting TAP Reports to Target Facilities and Units](#)
- III. [Communicating TAP Report Data to Engage Facility Leadership and Administrators](#)
- IV. [Assessing the Gaps in Infection Prevention](#)
- V. [Implementing Infection Prevention Strategies](#)

Thank You

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Tennessee's Implementation of CDC's Targeted Assessment for Prevention

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HAI Progress Report: Tennessee, 2013

HAI TYPE	# OF TENNESSEE HOSPITALS THAT REPORTED DATA TO CDC'S NHSN, 2013 Total Hospitals in State: 154 ⁺	2013 STATE SIR VS. 2012 State SIR [‡]	2013 STATE SIR VS. 2013 Nat'l SIR	2013 STATE SIR VS. Nat'l Baseline [‡]	2013 STATE SIR	2013 NAT'L SIR
CLABSI Nat'l Baseline: 2008	95	↓ 14%	↓ 10%	↓ 52%	0.49	0.54
CAUTI Nat'l Baseline: 2009	94	↓ 10%	↑ 17%	↑ 24%	1.24	1.06
SSI, Abdominal Hysterectomy Nat'l Baseline: 2008	87	↑ 2%	↑ 3%	↓ 11%	0.89	0.86
SSI, Colon Surgery Nat'l Baseline: 2008	95	↑ 2%	↓ 1%	↓ 9%	0.91	0.92
MRSA Bacteremia Nat'l Baseline: 2011	115	2012 SIR not available	↑ 24%	↑ 13%	1.13	0.92
C. difficile Infections Nat'l Baseline: 2011	115	2012 SIR not available	↓ 16%	↓ 23%	0.77	0.90

What's possible in TN? *For CAUTI (2013):*

- **Top 5 comprise ~50% of “excess” infections**
 - **Variety of facility types/sizes in this group**
- **Hypothetically, if each of these 5 facilities reached the HHS goal:**
 - **TN SIR of 1.38 → TN SIR of 1.00**
- **Alternately: Targeting Top 5 SIRs?**
 - **Eliminating ALL infections from these facilities:**
 - **TN SIR of 1.17**

HAI Progress Report: Tennessee, 2014

HAI TYPE	# OF TENNESSEE HOSPITALS THAT REPORTED DATA TO CDC'S NHSN, 2014 [†] Total Hospitals in Tennessee: 131	2014 STATE SIR vs. 2013 State SIR	2014 STATE SIR vs. 2014 Nat'l SIR	2014 STATE SIR vs. Nat'l Baseline [‡]	2014 STATE SIR	2014 NAT'L SIR
CLABSI Nat'l Baseline: 2008	105	0%	↓ 4%	↓ 52%	0.48	0.50
CAUTI Nat'l Baseline: 2009	106	↓ 17%	↑ 1%	↑ 1%	1.01	1.00
SSI, Abdominal Hysterectomy Nat'l Baseline: 2008	84	↓ 9%	↓ 3%	↓ 20%	0.80	0.83
SSI, Colon Surgery Nat'l Baseline: 2008	92	↓ 2%	↓ 7%	↓ 9%	0.91	0.98
MRSA Bacteremia Nat'l Baseline: 2011	114	↓ 8%	↑ 17%	↑ 1%	1.01	0.87
<i>C. difficile</i> Infections Nat'l Baseline: 2011	114	↑ 3%	↓ 16%	↓ 22%	0.78	0.92

[†]The number of hospitals that reported to NHSN and are included in the SIR calculation. This number may vary across HAI types; for example, some hospitals do not use central lines or urinary catheters, or do not perform colon or abdominal hysterectomy surgeries.

For additional data points, refer to the technical data tables.

[‡]Nat'l baseline time period varies by HAI type. See first column of this table for specifics.

<http://www.cdc.gov/hai/pdfs/stateplans/factsheets/tn.pdf>



Facility Name: Hospital A
Facility Code: XX

		Facility SIR and 95% Confidence Interval*		Number of Infections			Statewide Comparison	
A HAI	B Type/Unit	C SIR	D CI	E Actual	F Must Prevent To Reach Goal**	G SIR Goal**	H TN SIR (2014-Q4)	I Top 5 Most Preventable Infections? (2014-Q4)
CAUTI	A/P ICUs	1.41	(1.04, 1.87)	45	13	0.75	1.09	YES
	J A/P Wards	0.82	(0.57, 1.14)	32	12	0.75	0.52	K YES
CLABSI	A/P ICUs	0.57	(0.31, 0.94)	13	.	0.50	0.37	NO
	A/P Wards	0.67	(0.21, 1.61)	4	1	0.50	0.38	NO
	NICUs	0.33	(0.11, 0.80)	4	.	0.50	0.35	NO
LabID	CDI	1.56	(0.89, 2.55)	14	5	0.70	0.80	YES
	MRSA	2.29	(1.59, 3.19)	32	18	0.75	0.96	YES
SSI	CABG	0.26	(0.11, 0.54)	6	.	0.50	0.46	NO
	COLO	1.29	(0.63, 2.36)	9	2	0.75	0.78	NO
	HYST	1.00	(0.05, 4.93)	1	.	0.75	0.75	NO

TN HAI Prevention Calculator

HAI: Target SIR:

Num: -OR- Current SIR:

Num:

CLABSI
CAUTI
SSI - COLO
SSI - CABG
SSI - HYST
CDI LabID Event
MRSA LabID Event
Custom Target

Compute

Clear Form

TN HAI Prevention Calculator

HAI: CAUTI Target SIR: 0.75

Number of Infections: 67

Number Predicted: -OR- Current SIR: 1.3

Compute



Clear Form

TN HAI Prevention Calculator

HAI: CAUTI Target SIR: 0.75

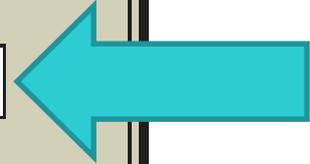
Number of Infections: 67

Number Predicted: -OR- Current SIR: 1.3

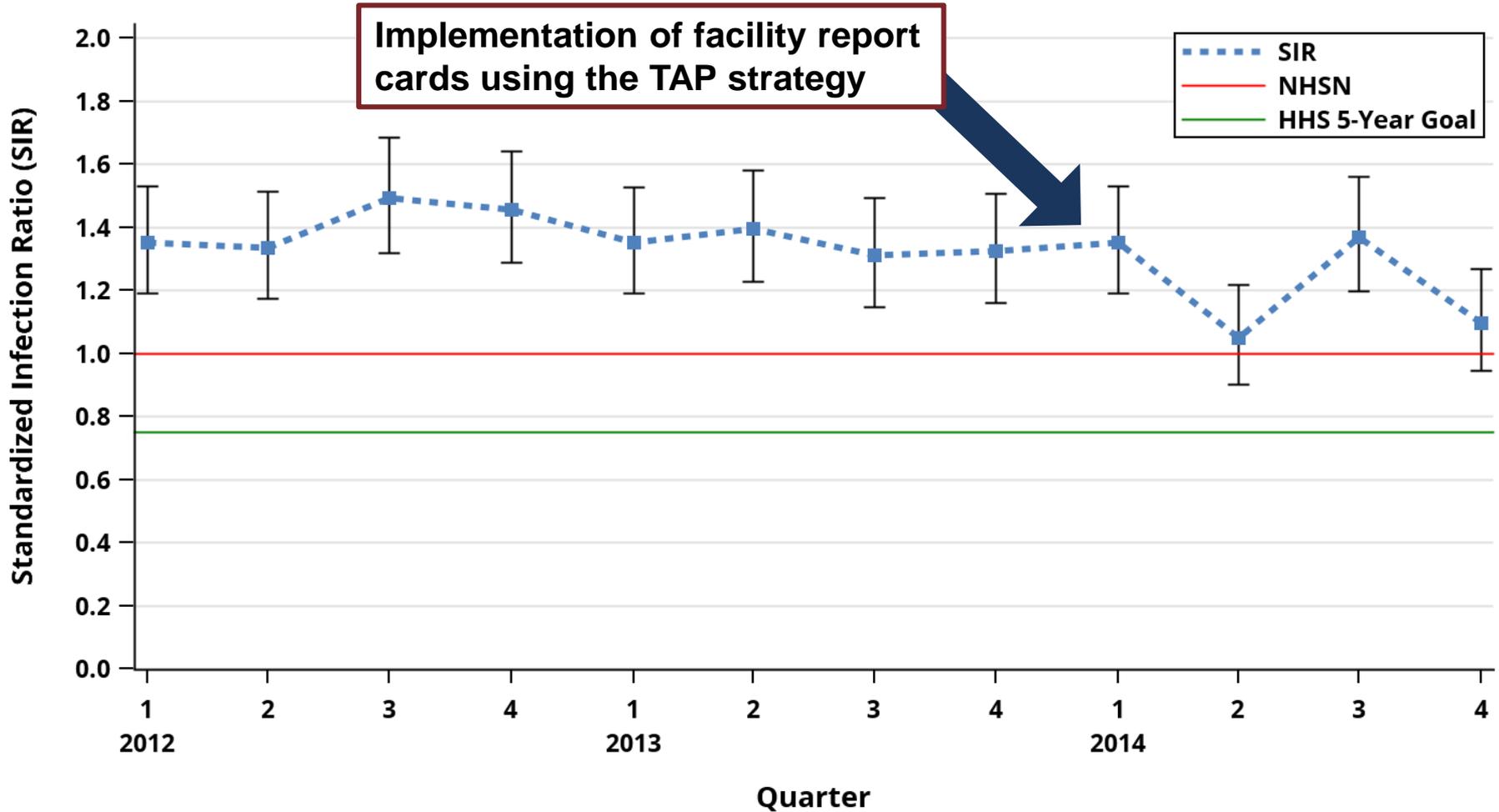
Compute

Need to prevent 29 infections to reach target SIR of 0.75

Clear Form



CAUTI SIR in Adult/Pediatric ICUs, TN, 2012-2014



Data Reported as of February 16, 2015

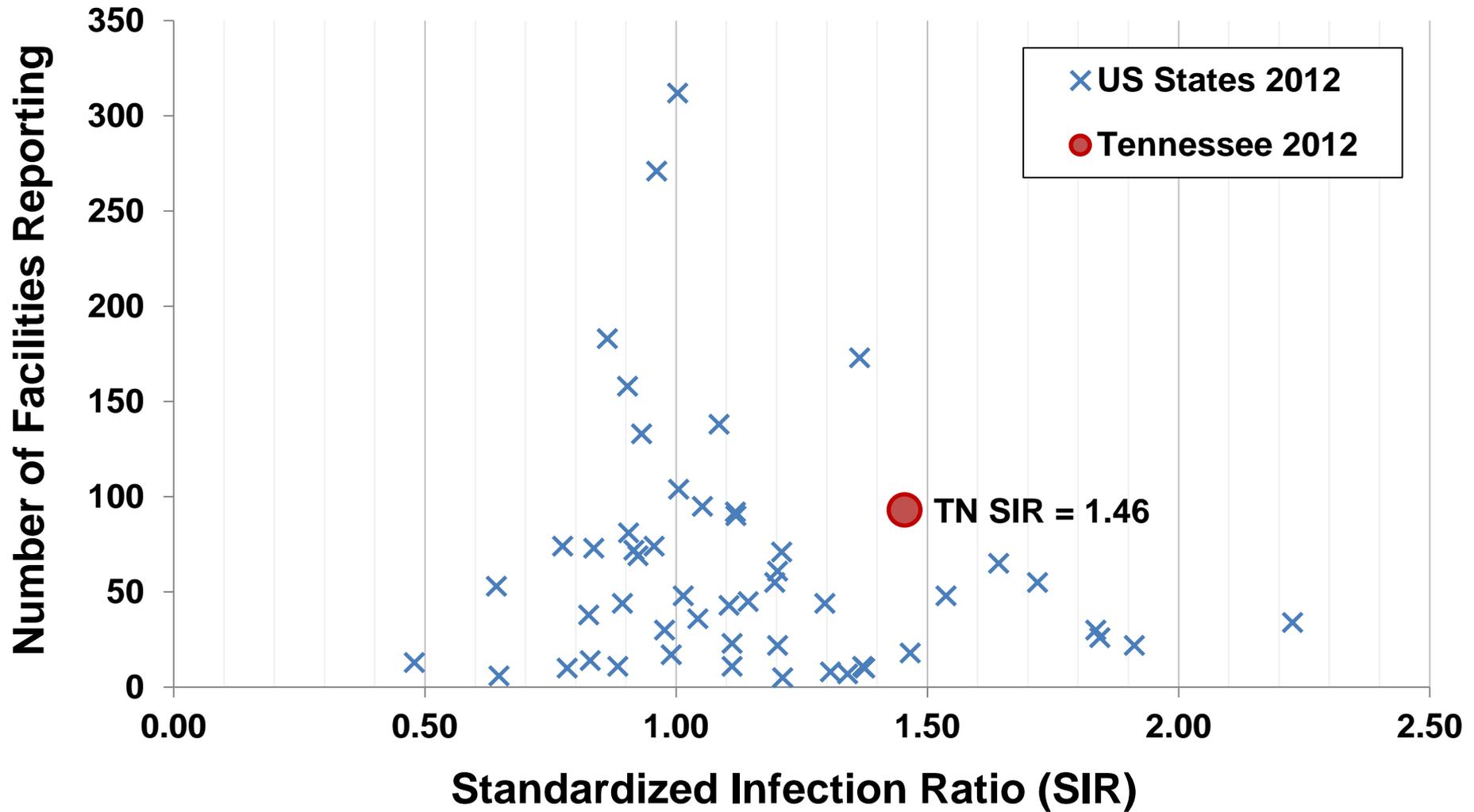
Top 5 Targeted Facilities: CAD and SIR (CAUTI)

Facility	2013		2014		Decrease in CAD between 2013/2014	% Decrease between 2013/2014
	SIR	CAD	SIR	CAD		
A	2.94	81.9	3.5	106.1	(+24.2)	(+ 30%)
B	2.34	65.5	1.87	47.8	16.7	26%
C	1.71	45.4	1.18	29.9	17.5	39%
D	2.65	30.8	1.29	8.8	22.1	72%
E	1.52	29.9	0.78	1	28.9	97%
					Ave. CAD decrease: 12.2	Ave. % decrease: 40.7%

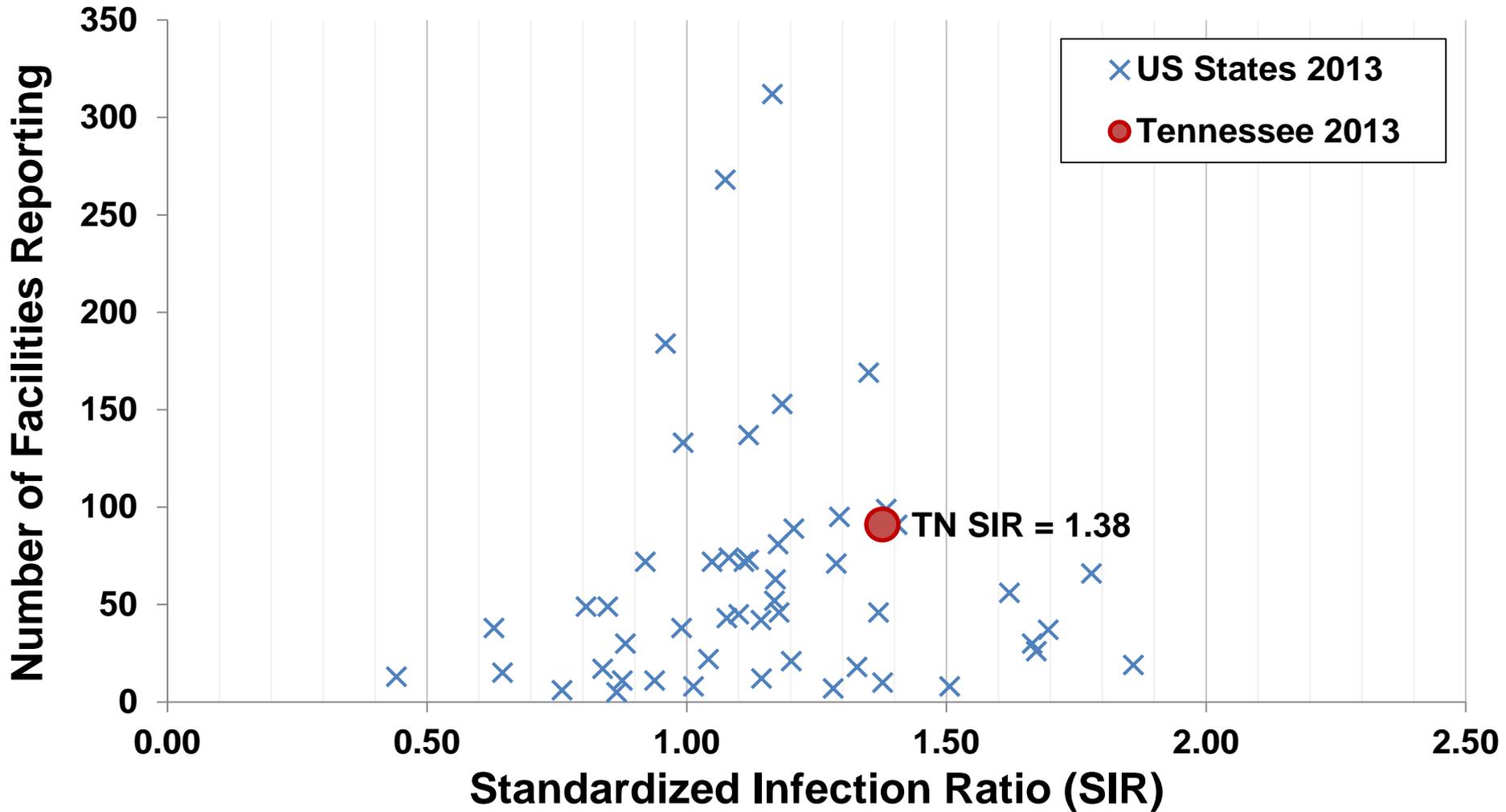
CAUTI in Adult/Pediatric ICUs, TN

Year	TN SIR			National SIR			TN rank
	SIR (95% CI)	Median	90%	SIR (95% CI)	Median	90%	
2014	1.23 (1.14, 1.31)	0.74	2.04	1.16 (1.14, 1.17)	0.90	2.21	#34/52
2013	1.38 (1.29, 1.47)	0.86	2.58	1.18 (1.17, 1.19)	0.89	2.23	#43/52
2012	1.46 (1.37, 1.55)	1.15	2.50	1.09 (1.08, 1.10)	0.80	1.45	#44/52

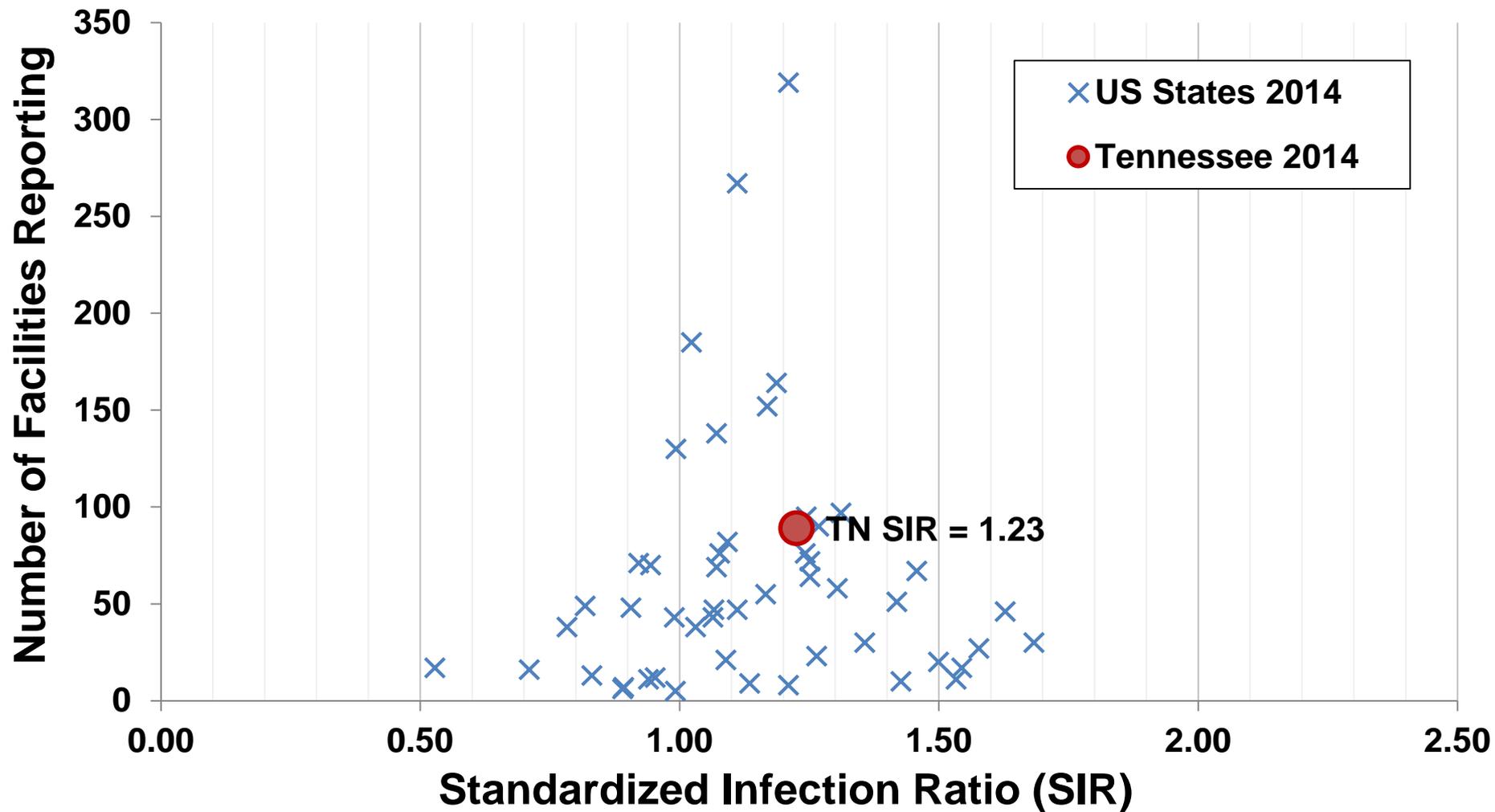
CAUTI, ICUs (2012)



CAUTI, ICUs (2013)



CAUTI, ICUs (2014)



Long-term Acute Care Hospitals (LTACHs), 2014

- **CAUTI**

- US: **0.89 (0.87, 0.92)**
- TN: **1.43 (1.20, 1.70)**
- TN Ranking: **(#26/27)**
- % of LTACHs with SIR sig. higher than national SIR: **60%**

- **CLABSI**

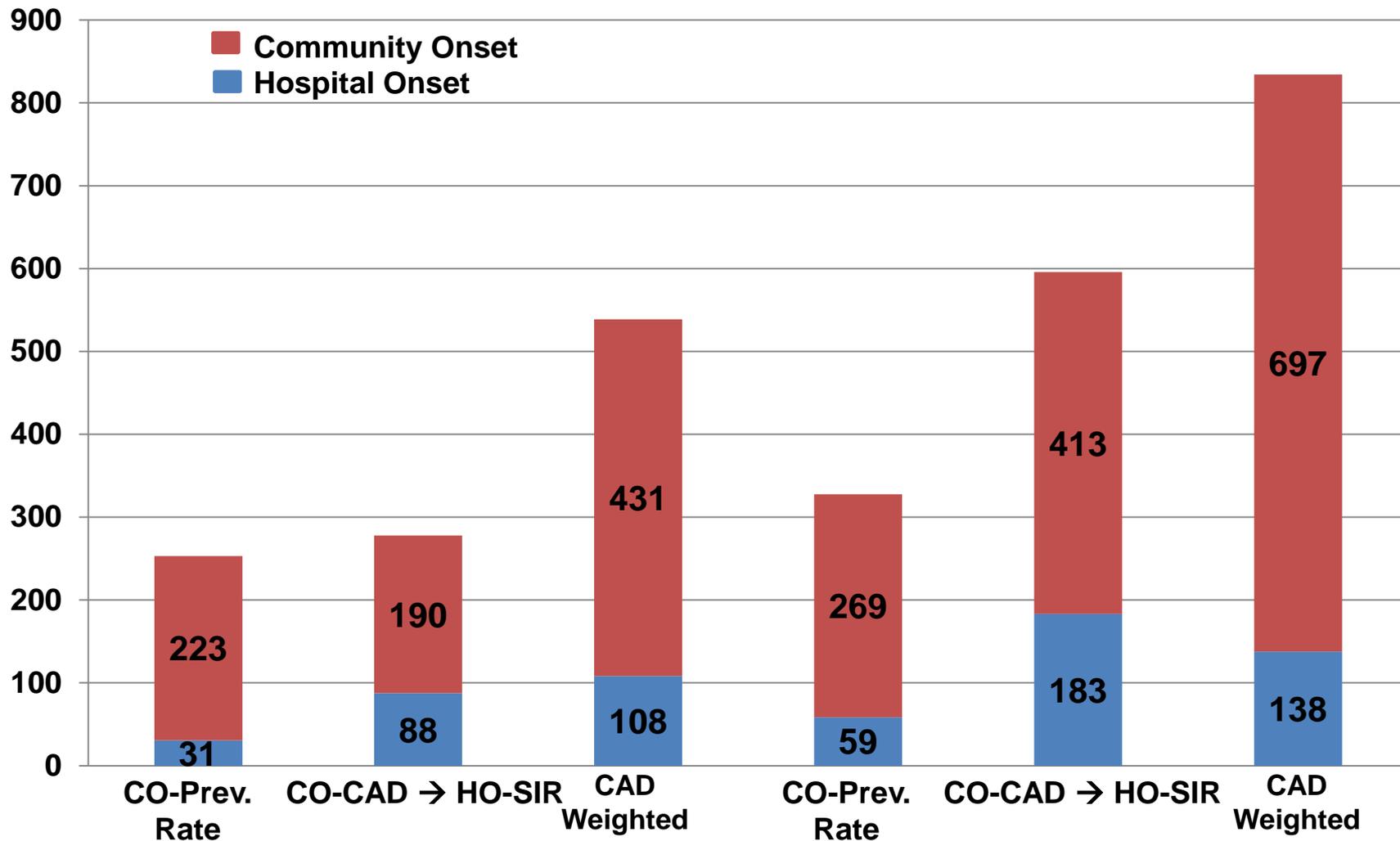
- US: **0.91 (0.88, 0.94)**
- TN: **1.30 (1.04, 1.62)**
- TN Ranking: **(#25/27)**
- % of LTACHs with SIR sig. higher than national SIR: **50%**



Infection Control Assessment Selection

- **Selection of facilities for Infection Control Assessment and Readiness (ICAR) Assessments**
 - Utilized TAP strategy to identify Acute Care Hospitals and Long-Term Acute Care Hospitals to target for ICAR Assessment

Impact of Targeting Methodology: Number of CDI's Prevented



---- Top 5 Ranked Hospitals ----

---- Top 10 Ranked Hospitals ----

TAP Strategy

- **Greatest return on investment**
- **NNTP* or CAD easy to comprehend by front line staff (concrete number)**
- **Metric able to be used for small facilities**

- **We have used the TAP strategy for:**
 - **Facility Report Cards**
 - **TN HAI Prevention Calculator**
 - ***C. difficile* Prevention Collaborative**
 - **ICAR Assessment Facility Selection**

**NNTP: Number of Infections Needed to Prevent*



Using TAP Report Data for Prevention – Wisconsin

Ashlie Dowdell

HAI Surveillance Coordinator

Wisconsin Division of Public Health

March 8, 2016



Targeted Assessment for Prevention (TAP) Letters

- Sent to 36 hospitals if at least one target area had a cumulative attributable difference (CAD) > 1 .
- Central line-associated bloodstream infection (CLABSI), *C. difficile* infection (CDI) and catheter-associated urinary tract infection (CAUTI) results were included.



Audience

- Letters sent to infection preventionists, hospital administrators, quality directors, and chief nursing officers.
- These individuals were encouraged to join a prevention collaborative led by the state quality innovation network-quality improvement organization (QIN-QIO)/ hospital association.



Results

QIN-QIO Collaboratives	Hospitals Confirmed	
	Pre-Letter	Post-Letter
Overall	11	27
CLABSI	1	7
CAUTI	4	11
CDI	11	27



Impact

- Gave that extra push for some hospitals.
- Provided greater administrative support for joining.
- Brought in some of the larger hospitals/ systems in the state.
- Demonstrated collaborative relationship between state health department, QIN-QIO and hospital association.



Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

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P O BOX 2659
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608-266-1251
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TTY: 888-701-1253
dhs.wisconsin.gov

|
July 14, 2015

Hospital Administrator
Name of Hospital
Address

Dear:

As the Division of Public Health (DPH) reviews progress toward reducing healthcare-associated infections (HAIs), we extend our appreciation to you and your staff for your efforts to deliver the safest health care to Wisconsin patients. Significant progress toward reduction of selected HAIs has occurred during the past five years, thanks to healthcare facilities such as yours.

The success of Wisconsin healthcare organizations is exemplified by reductions in central line-associated bloodstream infections (CLABSI), with Wisconsin occurrence more than 50% below the national benchmark. This means we have exceeded the 2013 national goal set under the Department of Health and Human Services National HAI Action Plan. Statewide occurrence of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia is also well below the national goal of a 25% reduction. Wisconsin hospitals have experienced a 44% reduction in MRSA bacteremia compared to the national benchmark.

However, despite great strides, challenges to HAI reduction remain. National goals toward reducing catheter-associated urinary tract infections (CAUTI) and *Clostridium difficile* infections (CDI) have not been met among Wisconsin hospitals. Furthermore, several individual facilities continue to experience CLABSI occurrence above the national goal.

You are receiving this letter because 2014 HAI data indicate your facility has not met the 2013 national HAI reduction goals for at least one of three targeted HAIs—CLABSI, CAUTI or CDI. The table below indicates the HAIs for which your facility has an occurrence above the national goals set by the Department of Health and Human Services in the National HAI Action Plan. The cumulative attributable difference (CAD) is the number of infections that must be prevented within your facility to achieve the national standardized infection ratio (SIR) goal.

MetaStar, Inc. and the Wisconsin Hospital Association (WHA) provide HAI reduction consultative services, including education and peer networking, to Wisconsin healthcare facilities at no cost. The tradition of collaboration among Wisconsin hospitals is a proven method for improving healthcare quality, and DPH strongly encourages your facility to participate in one of the collaborative HAI reduction groups led by these organizations. We also encourage you to take advantage of their numerous training and educational opportunities. Participation in these activities will assist your healthcare quality teams in achieving the best patient outcomes possible. The attached brochure provides contact information for MetaStar and WHA.

Again, thank you for your contributions to statewide HAI reduction efforts. We look forward to even greater achievements as we continue our work together.

Sincerely,

Jeffrey P. Davis, MD
Chief Medical Officer and State Epidemiologist
for Communicable Diseases

Cc: Chief Nursing Officers
Infection Preventionists
Quality Resources Directors

Hospital A
2014 NHSN Data as of July 9, 2015

HAI	Number of Observed Events	Number of Predicted Events	2014 SIR	2013 National SIR Goal	CAD*
CDI (healthcare onset)	23	26	0.9	0.70	5
CAUTI (all locations)	5	4	1.3	0.75	2
CLABSI (all locations)	3	2	1.1	0.50	2

* CAD is calculated by subtracting the designated prevention target from an observed number of HAIs, and is the number of infections your facility needs to prevent to achieve the national goal during 2015, assuming no changes in the population at risk since 2014. The formula is:

Number of observed events – (Number of predicted events X national target SIR)

Letter is available on the CDC website at
[http://www.cdc.gov/hai/docs/TAP-letter-2015-\(FINAL\).docx](http://www.cdc.gov/hai/docs/TAP-letter-2015-(FINAL).docx)

Take Advantage of HAI Resources

If your hospital has identified a need for improvement in the area of healthcare-associated infections (HAI), we encourage you to seek out key national and local organizations that offer the help you need.



MetaStar is a nonprofit quality improvement organization that offers free evidence-based resources, education, data reports, peer networking, and technical assistance for hospitals looking prevent healthcare-associated infections, better coordinate care, and improve quality for value-based payment. MetaStar represents Wisconsin in Lake Superior Quality Innovation Network, a partnership under contract with the Centers for Medicare & Medicaid Services. MetaStar's focus is on infection prevention best practices and solutions. Participate in the learning and action network today.

Contact:

DeAnn Richards
drichard@metastar.com
Phone: 1-800-362-2320, ext. 8228

Online:

www.lsqin.org/hai
www.metastar.com

The Centers for Disease Control and Prevention (CDC), works 24/7 to protect America from health, safety and security threats. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease. Find prevention guidelines, education, and more.

Online:

www.cdc.gov/hai



The Wisconsin Hospital Association (WHA), is a nonprofit membership organization, keeping members informed of important local and national legislative issues, interpreting clinical and quality issues for members, and providing up-to-date educational information. WHA's quality team has been successfully working with hospitals to reduce healthcare-associated infections and teaching best practices to engage patients and families in this important work. WHA's focus is on the culture of safety and quality. View the WHA Quality Center for key tools for your improvement journey.

Contact:

Jill Hanson
jhanson@wha.org
Phone: 1-608-268-1842

Online:

www.whaqualitycenter.org

The Association for Professionals in Infection Control and Epidemiology (APIC) has a mission to create a safer world through prevention of infection by providing evidence-based, scientific, and proven resources to infection preventionists, healthcare professionals, and patients. Join your local chapter of APIC today.

Online:

www.apic.org/Professional-Practice/Overview



Questions?

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CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook

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Follow us on Twitter

twitter.com/CDCgov/

Syndicate *Vital Signs* on your website

<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

Vital Signs interactive buttons and banners

<http://www.cdc.gov/socialmedia/tools/buttons/vitalsigns/index.html>

Prevention Status Reports

- The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to address 10 important public health problems and concerns.



www.cdc.gov/psr/

Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
Vital Signs Town Hall Teleconference

April 12, 2015

2:00–3:00 pm (EST)

For more information, please contact Centers for Disease Control and Prevention.

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Email: cdcinfo@cdc.gov Web: www.cdc.gov

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

