

# TAP Reports for a Facility – CDI

## Description

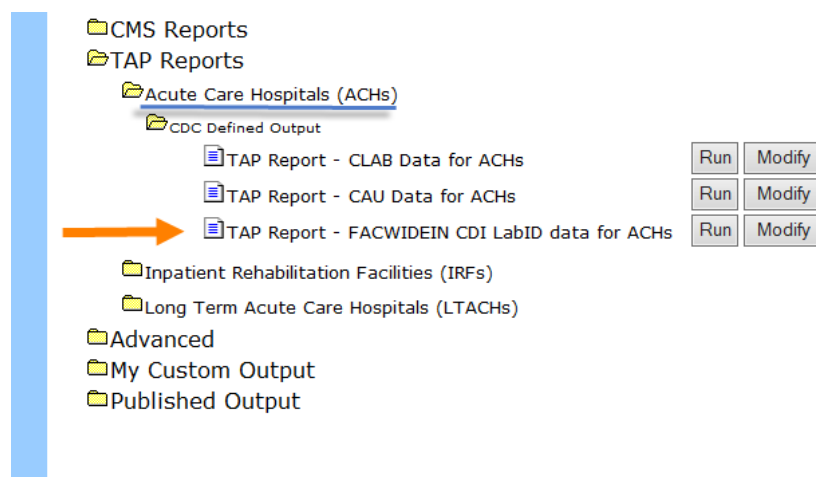
CDC's Targeted Assessment for Prevention (TAP) Strategy allows for the ranking of facilities (or location) to identify and target those areas with the greatest need for improvement.

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 CDI 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 CDI 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** a CDI TAP Report for an acute care hospital by choosing "TAP Report – FACWIDEIN CDI LabID data for ACHs" (CDI TAP reports aren't currently available for IRFs or LTACHS):
  - 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 data from 2013 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 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.

# TAP Reports for a Facility – CDI

## Example TAP Report Output – CDI

The following table is an example of a CDI TAP Report generated for an acute care hospital for the calendar year 2014. Please see below for an interpretation of this report.

National Healthcare Safety Network  
TAP Report - FACWIDE IN CDI LabID data for Acute Care Hospitals  
Facilities Ranked by CAD 'Cumulative Attributable Difference'  
Cumulative Attributable Difference (CAD) Multiplier: Custom Value = 0.2  
As of: October 23, 2015 at 1:29 PM  
Date Range: All CDI\_TAP

Facility Org ID	Facility Name	State	Type of Facility	Type of Affiliation	Number of Beds	Patient Days	COHCFA Prevalence Rate	CDIF Facility Incident HO LabID Event Count	CDIF Facility Incident HO LabID Number Expected	Facility CAD	SIR	SIR Test
10018	DHQP MEMORIAL HOSPITAL	GA	HOSP-GEN		500	52852	0.00	7	32.219	0.56	0.217	

SIR is set to '1' when expected number of events is <1.0.  
Facility Rank = Priority ranking for Targeted Assessment of Prevention by CAD in descending order  
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 September 21, 2015 at 10:45 AM.

## 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, Custom value = 0.2 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.
- Since CDI data are collected and analyzed at the facility wide level, location specific information is not displayed in the table.
- Looking at the third to last column in the TAP report, we can see that this facility's CAD is 0.56 – this means that the facility had approximately 1 excess infection when compared to the number of infections that were predicted, when using a custom goal of 0.2.

## 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](http://www.cdc.gov/hai/surveillance/nhsn_nationalreports.html)

