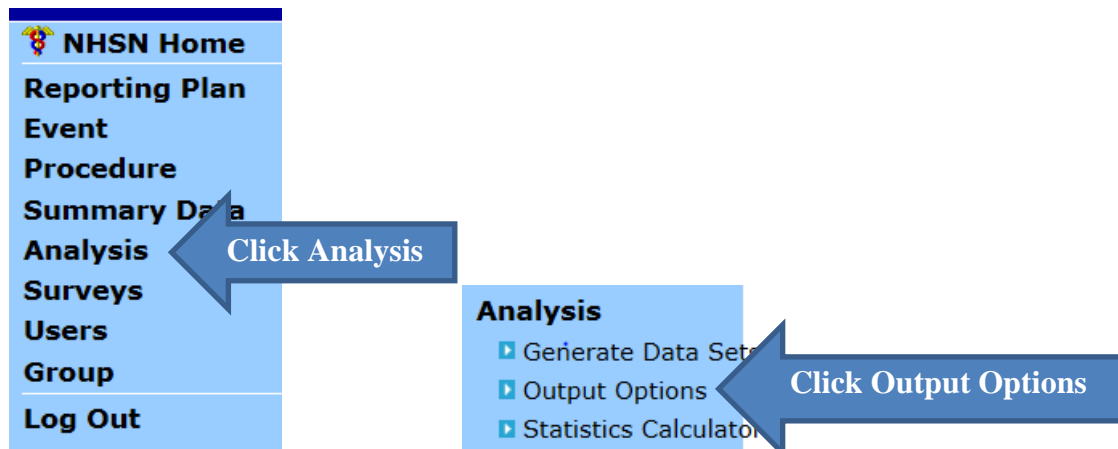




What Is a NHSN Targeted Assessment for Prevention (TAP) Report?

- Allows ranking of location to ID and target area of greatest need for improvement.
- Can be ran for CLABSI, CAUTI, and CDI LabID
- Will rank unit by cumulative attributable difference (CAD) which is the number of infections which must be prevented to achieve a reduction assuming no changes to the population at risk since the time period of the report.

How do I generate a report?



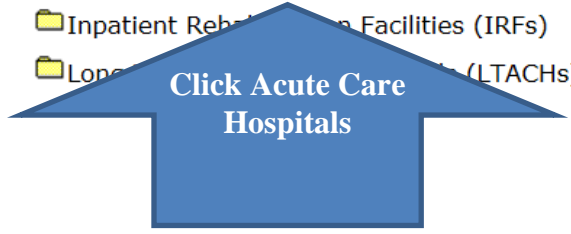
- Generate Data Sets
- Output Options
- Statistics Calculator

Expand All Collapse All

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- Antimicrobial Use and Resistance Module
- CMS Reports
- TAP Reports
- Advanced
- My Custom Output
- Published Output



- TAP Reports
 - Acute Care Hospitals (ACHs)
 - Inpatient Rehabilitation Facilities (IRFs)
 - Long Term Care Hospitals (LTACHs)



- TAP Reports
 - Acute Care Hospitals (ACHs)
 - CDC Defined Output
 - Custom Output



TAP Reports

Acute Care Hospitals (ACHs)

CDC Defined Output

TAP Report - CLAB Data for ACHs

TAP Report - CAU Data for ACHs

TAP Report - FACWIDEIN CDI LabID data for ACHs

Run

Modify

Run

Modify

Run

Modify

Click which report you want to modify.

Modify Attributes of the Output:

Last Modified On: **11/11/2015**

Output Type: **TAP**

Output Name: TAP Report - CAU Data Hospital A

If saving your report, give it a new name.

Output Title: TAP Report - CAUTI Data Hospital A

Select output format:

Output Format: HTML

Use Variable Labels

Recommend you click this box.

Select a time period or Leave Blank for Cumulative Time Period: [HELP](#)

Date Variable Beginning Ending
summaryYQ ▼ 2015Q1 2015Q3

Clear Time P

Enter the time period of your choice

Enter Date variable/Time period at the time you click the Run button

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#)

▼	

Other Options: [Print Variable](#) [Source List](#)

Cumulative Attributable Difference

Source: Custom Value ▼

Value: 0.55

Click Custom Value for Source and enter 0.55

Run Save As Reset Back Export Output Data Set

Remember to click Save As before you run your report. This way, it will appear in “My Custom Output” section of the Analysis Output Options and you will only need to modify your time period for your next report run. Click “Run” to receive your report.

Example TAP Report Output - CAUTI

The following table is an example CAUTI TAP report generated for an acute care hospital, for which the following table defines the data that appear in the derived columns. Please see page 10 for the full report.

National Healthcare Safety Network
TAP Report - CAUTI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility

As of: January 12, 2015 at 1:46 PM
Date Range: CAU_TAP summary^r 2013 to 2013

FACILITY	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Urinary Catheter Days	CAD SIFIR %	No. Pathogens (EC,YS,PA,KS,PM,ES)	
10018	DHQP MEMORIAL HOSPITAL	8.17	1	ICU	IN:ACUTE:CC:MS	5	400	32	4.31	5 (2, 1, 1, 0, 0, 1)
			2	JOYREHAB	IN:ACUTE:WARD:REHAB	2	50	25	1.86	6 (0, 0, 0, 0, 0, 0)
			3	INPEDREB	IN:ACUTE:WARD:REHAB_PED	1	20	20	0.96	1 (0, 0, 0, 0, 0, 0)
			4	ONC M	IN:ACUTE:CC:M	1	310	56	0.47	1 (1, 0, 0, 0, 0, 0)
			4	ONC_MS	IN:ACUTE:CC:MS	1	310	56	0.47	1 (0, 1, 0, 0, 0, 0)
			6	ONC_S	IN:ACUTE:CC:S	1	310	56	0.40	1 (0, 0, 0, 0, 1, 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	10	33	-0.02	
			12	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	-0.17	

Device Utilization Ratio- 32% of pt days in the ICU was also urinary catheter days.

Need 5 infection events less to meet goal.

of Infections

Overall Facility CAD - 8 excess infections

Of the 5 pathogens (1st #, 2 were *E. coli*, 1 was yeast, 1 was *P. aeruginosa*, and 1 was *Enterococcus* sp.

SIR is not calculated as predicted events is <1.

Units are ranked by highest need to improve to lowest.

If location-level CADs are the same in a given facility, the location with the highest number of events is listed. (EC,YS,PA,KS,PM,ES) = No. of E. Coli, Yeast (both *Candida* and *Aspergillus* species), *P. aeruginosa*, *K. pneumoniae*/K. *oxytoca*, *Proteus Mirabilis*, *Enterococcus*. LOCATION CAD = (OBSERVED_EVENTS / URINARY_CATHETER_DAYS) - (EXPECTED_EVENTS / URINARY_CATHETER_DAYS)