# 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?
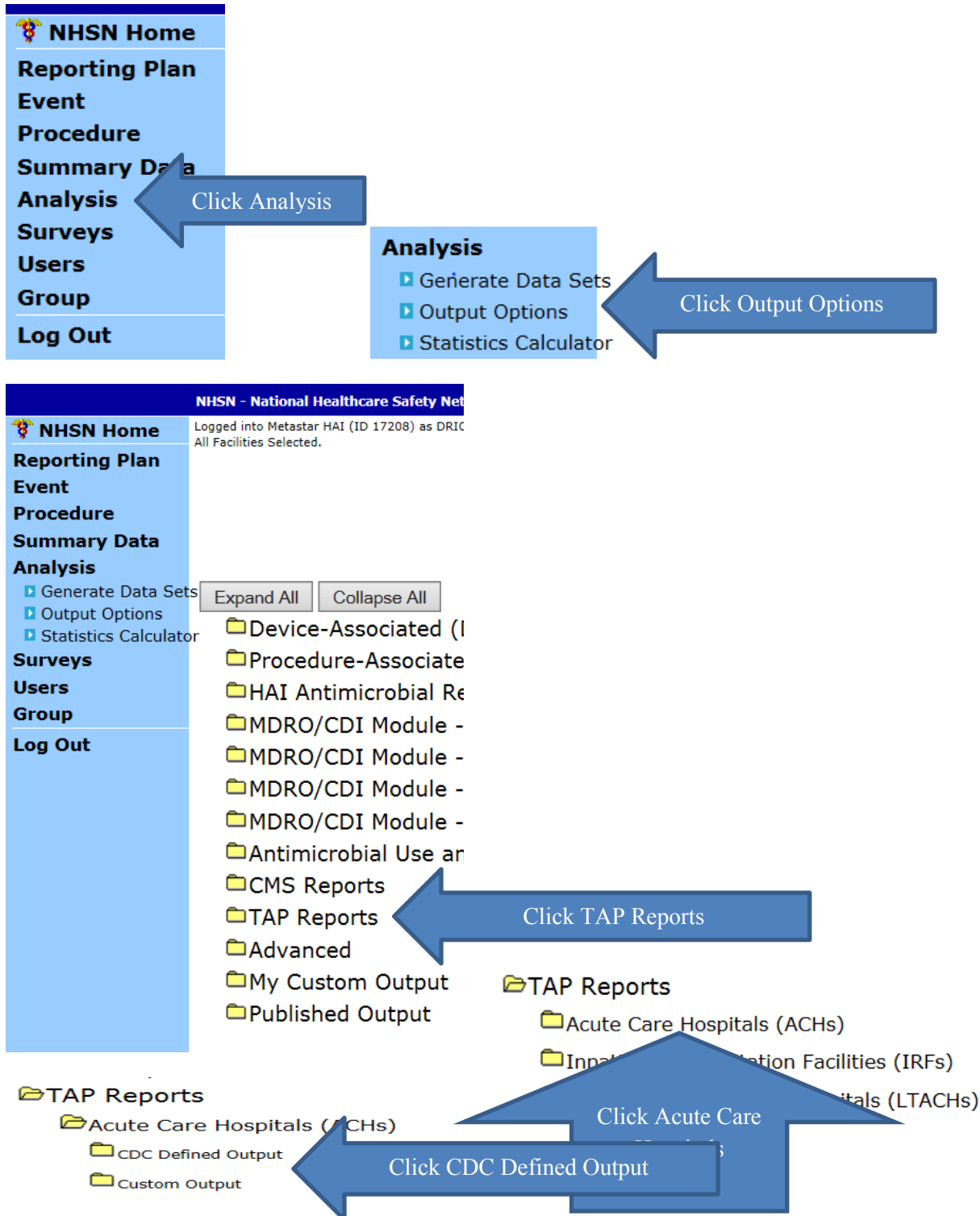
📂TAP Reports
    📂Acute Care Hospitals (ACHs)
       📂CDC Defined Output

📄 TAP Report - CLAB Data for ACHs   [Run] [Modify]
📄 TAP Report - CAU Data for ACHs   [Run]
📄 TAP Report - FACWIDEIN CDI LabID data for AC...

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 - CLABSI Hospital A`

Output Title: `TAP Report - CLABSI Hospital A`

If saving your report, give it a new name.

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

Enter the time period of your choice

☑ Enter Date variable/Time period at the time you click ~~un button~~

Specify Other Selection Criteria:

Show Criteria   Column +   Row +

▾	

Other Options: Print Variable Reference List

Cumulative Attributable Difference (CAD) Multiplier

Source: `National SIRs ▾`

Click National SIR

[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.

National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier: HHS Goal = 0.5

As of: October 23, 2015 at 1:13 PM
Date Range: CLAB_TAP summaryYr 2013 to 2013

Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	No. Pathogens (CNS,YS,SA,ES,KS,EC)
10018	DHQP MEMORIAL HOSPITAL	18.74	1	ICU	IN:ACUTE:CC:MS	8	350	34	7.74	.	.	8 (0, 1, 0, 0, 0, 0)
			2	HSCT	IN:ACUTE:WARD:ONC_HSCT	4	325	36	3.40	3.34	SIG	4 (0, 0, 0, 0, 0, 1)
			3	5G	IN:ACUTE:CC:C	2	1	100	2.00	.	.	2 (0, 0,
			4	ONC_MS	IN:ACUTE:CC:MS	2	420	76	1.69	.	.	2 (0, 0,
			5	ONC M	IN:ACUTE:CC:M	2	420	76	1.60	.	.	2 (0, 0,
			6	ONC_S	IN:ACUTE:CC:S	2	420	76	1.52	.	.	2
			7	NICU2/3	IN:ACUTE:CC_STEP:NURS	1	6	100	1.00	.	.	1 (0,
			8	AA.3RD	IN:ACUTE:WARD:MS	0	1	100	0.00	.	.	
			8	AA.4TH	IN:ACUTE:WARD:MS	0	1	100	0.00	.	.	
			8	AA.5TH	IN:ACUTE:WARD:MS	0	2	100	0.00	.	.	
			11	INSURGCC	IN:ACUTE:CC:S	0	5	25	-0.01	.		
			11	JOYREHAB	IN:ACUTE:WARD:REHAB	0	25	25	-0.01	.		
			13	S-ICU	IN:ACUTE:CC:S	0	20	20	-0.02	.		
			14	MD	IN:ACUTE:CC:B	0	10	33	-0.03	.		
			14	NICU	IN:ACUTE:CC:NURS	0	25	100	-0.03	.		
			16	ICU/CCU	IN:ACUTE:CC:C	0	100	25	-0.			

Callout annotations:

- Need 8 less infections to meet goal.
- Device Utilization Ratio- 34% of pt days in the ICU & also had a central line.
- # of Infections
- Of the 8 pathogens (1st #), 0 were CNS, 1 was yeast, 0 was Staph aureus, 0 Enterococcus sp., 0 was K. pneumonia/K. oxytoca, and 0 was E. coli
- SIR is not calculated as predicted events is <1.
- Overall Facility CAD – 19 excess infections
- Units are ranked by highest need to improve to lowest.

This material was prepared in part by the Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11SOW-WI-C1-16-01 010716