

# The TAP Strategy Group Exercises



Adapted from exercises presented at the 2018 NHSN Annual Training by  
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## Part 1

As you prepare for a meeting with other key hospital staff and stakeholders, you decide to run a CLABSI TAP Report to help explain where the facility should look to focus its prevention efforts. Answer the questions below pertaining to the TAP report.

National Healthcare Safety Network  
 TAP Report for CLABSI Data for Acute Care and Critical Access Hospitals (2015 Baseline)  
 Locations Ranked by CAD Within a Facility  
 SIR Goal : HHS Goal = 0.5

A TAP Report is the first step in the CDC TAP Strategy. For more information on the TAP strategy, please visit: <http://www.cdc.gov/hai/prevent/tap.html>  
 As of: February 16, 2018 at 2:00 PM  
 Date Range: All BS2\_CLAB\_TAP summaryYr 2017 to 2017

FACILITY			LOCATION									
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)
10000	Arcecent Medical Center	11.65	1	2 East	IN:ACUTE:WARD:MS	11	5770	35	7.58	1.61		11 (0, 0, 2, 0, 0, 5)
			2	HSCT	IN:ACUTE:WARD:ONC_HSCT	8	1767	88	6.54	2.75	SIG	8 (1, 0, 1, 0, 0, 3)
			3	2 West	IN:ACUTE:WARD:MS	6	3336	22	3.97	1.48		7 (0, 0, 1, 0, 0, 3)
			4	ONC	IN:ACUTE:WARD:ONC_HONC	6	1767	88	2.82	0.94		4 (1, 0, 0, 1, 0, 0)
			5	PEDS	IN:ACUTE:WARD:M_PED	2	1359	20	1.33	1.49		2 (0, 0, 1, 0, 0, 0)
			6	ICU 1	IN:ACUTE:CC:M	2	5633	56	0.37	0.62		2 (0, 0, 0, 0, 0, 0)
			7	SICU	IN:ACUTE:CC:S	1	7431	77	0.00	0.50		1 (0, 0, 0, 0, 0, 1)
			8	MSICU	IN:ACUTE:CC:MS	1	3269	43	-0.14	0.44		1 (1, 0, 0, 0, 0, 0)
			9	NEURO	IN:ACUTE:WARD:N	1	1320	14	-0.22	0.41		2 (1, 0, 0, 0, 0, 0)
			10	ICU 2	IN:ACUTE:CC:M	1	4815	46	-0.28	0.39		1 (0, 0, 1, 0, 0, 0)
			11	1 West	IN:ACUTE:WARD:M	0	2495	23	-1.25	0.00		

1. This report includes CLABSI data for 2015 and forward. Following the 2015 rebaseline, Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infections (MBI-LCBI) are excluded from CLABSI rates, SIRs and TAP reports.

2. If location-level CADs are the same in a given facility, their ranks are tied.

3. (CNS,YS,SA,ES,KS,EC) = No. of CNS, Yeast (both candida and non-candida species), Staph aureus, Enterococcus species, K. pneumoniae/K. oxytoca, E. coli

4. SIR is set to '.' when predicted number of events is <1.0.

5. LOCATION CAD = (OBSERVED\_LOCATION - PREDICTED\_LOCATION) / SELECTED SIR Goal

6. SIR TEST = 'SIG' means SIR > SIR Goal significantly

Source of aggregate data: 2015 NHSN CLABSI Data

Data contained in this report were last generated on February 16, 2018 at 12:17 PM.

**Part 1 Questions:**

1. What SIR goal was used to calculate the CAD in this TAP Report? What percent reduction in CLABSIs does this represent?
2. What is the facility CAD? What does this number mean?
3. Is the location SIR significantly greater than the SIR goal for any locations in this facility?
4. This facility could dramatically decrease its number of events by targeting infection prevention in which locations?
5. What is the DUR% for the location with the highest CAD? What does this tell you about this location?
6. What is the lowest ranked location in the facility? What is this location's CAD? What does this number mean?
7. How would you initiate a prevention effort in this/these unit(s)?

## Part 2

Your CEO comes to you and says she wants to know how many infections your facility would have to prevent to achieve a 60% reduction in CLABSIs.

### Part 2 Questions:

1. What custom SIR goal should you use to reflect a 60% reduction in CLABSIs?
2. Would the new facility CAD be greater than or less than the previous facility CAD? Why?
3. Would the new location CADs be greater than or less than the previous location CADs? Would you still prioritize the same units for prevention?