CAUTI TAP:
Another Way to Hit the Bullseye

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Nancy McDonald, RN, BSN, CPHQ
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.
Target – Assess – Prevent

- **Target** facilities using TAP Report function available in NHSN
- **Assess** gaps in infection prevention in targeted facilities/units using Facility Assessment Tools
- **Implement** interventions to address the gaps in infection prevention using Implementation Guidance
The Great Plains Quality Innovation Network: A New Entity

The Great Plains QIN was formed with the following four entities serving as subcontractors; each a QIO in previous scopes:

- Kansas Foundation for Medical Care
- CIMRO of Nebraska
- Quality Health Associates of North Dakota
- South Dakota Foundation for Medical Care
Why Another Way?

• Large states – geographically
  – 68,994 square miles of North Dakota are land areas
  – 75,898 square miles of South Dakota are land areas
  – 76,878 square miles of Nebraska are land areas
  – 82,282 square miles of Kansas are land areas

• Resources limited for individual one-on-one visits
• Great tool: Wanted to use with ALL of our recruited facilities
Target

• TAP Reports bring together data elements from other reports within NHSN:
  – Annual Survey
  – Rate Tables
  – SIRs
  – Event-level information (CLABSII and CAUTI only)

• TAP reports will only include data for which there is a corresponding denominator reported

• Reports will rank facilities (or locations) by the number of excess infections identified, calculated as the Cumulative Attributable Difference (CAD)

• The CAD can help to prioritize the facilities (or locations) where the greatest prevention impact could be achieved

• Ranking will occur for overall Hospital CAD (highest to lowest) and then by location within each hospital
  – Long-term acute care hospitals get CLABSII and CAUTI reports
  – Inpatient rehab facilities get CAUTI only
7 Observed – 4 Predicted x SIR Target
Instructions to Run NHSN TAP Reports

- MDRO/CDI Module - Outcome Measures
- Antimicrobial Use and Resistance Module
- CMS Reports
- 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
  - Inpatient Rehabilitation Facilities (IRFs)
  - Long Term Acute Care Hospitals (LTACHs)

- Check use Variable labels box

Modify for specific time frame
Set SIR Target

- HHS Goal
- National SIR
- Custom Value
Cumulative Attributable Difference (CAD) = Observed – Expected * .75 (SIR Target)
Device Utilization Percent (not percentile rank as rate tables do)
Pathogen listing
Group and Facility Users

- Rank by Hospital and Unit (CLABSI, CAUTI) Group Users
- Unit only for facility users
- Facility only for CDI
Target – Assess - Prevent

- Target facilities using TAP Report function available in NHSN
- **Assess** gaps in infection prevention in targeted facilities/units using Facility Assessment Tools
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Using the Electronic Alternative

• Survey Monkey Choice
  – Facility staff familiar with use
  – Exports to Excel
  – Aligns with TAP Database tool, which is an Excel Program
  – No additional program to purchase
  – Easy for facility to share
Getting Started

*Tip: Draw upon your experienced Survey Monkey user
Survey Monkey CAUTI Tool
Survey Link for Facility

*PLEASE NOTE: your link will be different than on this slide
Left click web link, it will turn blue
Right click while it is blue, select copy
Paste this link to your email invite
Implementation of Assessment

• Kick off WebEx
  – Explained TAP Strategy

• Learning Session
  – Explained the TAP Strategy with implementation plan
  – What is in it for me?

• E-mail
  – Sent to designated facility contact with instructions
Key Points of Email

• Distribute to units with need to reduce CAUTI based on TAP report
  – May choose all units
• Ask contact to include the facilities CCN when link is distributed
• Ask contact to include a senior leader and infection
• Do not look up or ask others the answers
  – Mark unknown
• Need a minimum of 3 surveys completed for feedback
• Length of time to complete ~ 15 minutes
• Must do at one time or begin over
• Deadline to complete
  – One week reminder
Checking Response Rate

Note progress of facilities prior to deadline

Log in to Survey Monkey, find survey

- Review responses column
- Note number taken
Analyzing Results

• Sign in to Survey Monkey
• Find the title of your survey
• Look under “Actions” on the same row as the title of your survey
• Click on the icon that looks like a bar graph, titled “Analyze Results”
Exporting from Survey Monkey

- Click on the **Individual Responses Tab**
- Click on the down arrow tab by the ‘Export All’ and select **All Individual Responses**
Exporting

- Select **.xls format**, leave everything else the same
- Click **Export** (bottom of page)
Exporting

- Click on the **arrow down button** by the file exported (stamped with day exported)
- Select **Download file**
- Click **Open** (bottom of page)
Exporting

Double click the excel folder

Double click the Sheet_1.xls (excel spreadsheet)
Exporting

This will open the exported file of all individual responses

- Click **Enable Editing** at the top (usually in orange or yellow)
- Click file, save as, and then choose where you would like to save the file to, re-name it if you prefer and then click **SAVE**
Moving Responses to Database

Four Major Steps

1. Export responses from Survey Monkey to Excel
2. Prepare data to transfer to Initial Facility Assessment Tool Excel Database
   ✓ Make sure every response has a CCN
3. Move data to Initial Facility Assessment Tool Excel Database to **Input Data** tab
   ✓ Do not highlight cells outside of your data
4. Ensure database is calculating and responses align

*Separate Instruction Sheet for detail*
Successful Transfer

Review scoring in each domain on **Input Data** tab (Columns DS to DZ)
Section 1

• General Infrastructure, Capacity and Processes
  – Dichotomous yes/no questions
  – Possible Score of 25

• Questions 1 – 25
  – Engagement of Leadership, Champions and Staff
  – Staff Training and Competency Assessments
  – Routine Audits: Insertion protocol, nurse-driven protocol
  – Feedback
Section 2 - 6

• **Section 2**: Appropriate Indications for Indwelling Urinary Catheter Insertion
  – Score 10

• **Section 3**: Aseptic Insertion of Indwelling Urinary Catheter
  – Score 4

• **Section 4**: Proper Indwelling Urinary Catheter Maintenance
  – Score 3

• **Section 5**: Timely Removal of Indwelling Catheter
  – Score 11

• **Section 6**: Preventing Candiduria and Detecting Asymptomatic Bacteruria
  – Score 4
Section 2 – 6

• Section 2 – 6 possible score of 32
• Combined for a sub score scaled to 1 point
  – 1 point for **Always**
  – 0.75 for **Often**
  – 0.5 for **Sometimes**
  – 0.25 for **Rarely**
  – 0 for **Never**
Preparing Feedback Report

• Front Page
  – Copy facilities NHSN TAP report and insert on first page
  – Filter responses by CCN
  – Copy results from Summary tab to box on report (see next slide)
**CAUTI TAP Strategy Feedback Report**

*(Facility Name)*

**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.

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### Facility Assessment Report

<table>
<thead>
<tr>
<th>Facility responses</th>
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</table>

### Average Summary Scores

<table>
<thead>
<tr>
<th>Total Score (Range 0-57)</th>
<th>Section I: Score (Range 0-25)</th>
<th>Sections II-VI I: Score (Range 0-32)</th>
</tr>
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<tbody>
<tr>
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<td>0</td>
</tr>
</tbody>
</table>

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**National Healthcare Safety Network**

**TAP Report - CAUTI data for Acute Care Hospitals**

Locations Ranked by CAD Within a Facility

As of: February 2, 2015 at 11:11 AM
Date Range: All CAU_TAP

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**Facility**

<table>
<thead>
<tr>
<th>Facility Rank</th>
<th>Facility Org ID</th>
<th>Facility Name</th>
<th>Facility CAD</th>
<th>Location Rank</th>
<th>Location</th>
<th>CDC Location</th>
<th>Events</th>
<th>Urinary Catheter Days</th>
<th>DUR %</th>
<th>CAD</th>
<th>SIR</th>
<th>SIR Test</th>
<th>No. Pathogens (EC,YS,PAK,PS,PM,ES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15331</td>
<td>Decennial Medical</td>
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<td>1</td>
<td>ICU/CCU</td>
<td>IN:ACUTE:CC:C</td>
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<td>60</td>
<td>1.14</td>
<td>1.74</td>
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<tr>
<td>2</td>
<td>10000</td>
<td>DHQP Memorial</td>
<td>-1.40</td>
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<td>IN:MEDWARD</td>
<td>IN:ACUTE:WARD:M</td>
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<td>(1, 0, 0, 0, 0, 0, 0)</td>
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<tr>
<td></td>
<td></td>
<td>Hospital</td>
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<td>IN:ACUTE:CC:B</td>
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</tr>
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</table>

Note: Location CAD = (OBSERVED_LOCATION - EXPECTED_LOCATION) / 0.75

Data contained in this report were last generated on February 2, 2015 at 8:50 AM.
Analysis for Feedback Report

• Filter by Facility ID (CCN) for individual facility report on Input Data tab
Analysis for Feedback Report

• Complete scoring section on first page of feedback report as calculated by database
  – Columns A, B, and C on Summary Report tab

<table>
<thead>
<tr>
<th>Filter Applied?*</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Number of Assessments in Dataset:</td>
<td>110</td>
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<tr>
<td>Number Presented in Summary Report:</td>
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</table>

*If Filter Applied = Yes: Check *Input Data* tab to identify filters

Average Summary Scores

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score (Range 0-52)</td>
<td>34.78</td>
</tr>
<tr>
<td>Section I Score (Range 0-25)</td>
<td>16.91</td>
</tr>
<tr>
<td>Sections II-VI Score (Range 0-32)</td>
<td>17.87</td>
</tr>
</tbody>
</table>

# of Responses per Question:

<p>| | |</p>
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<tr>
<td>Yes:</td>
<td>110</td>
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<tr>
<td>87%</td>
<td>98%</td>
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<tr>
<td>No:</td>
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<td>1%</td>
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<tr>
<td>Unknown:</td>
<td></td>
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<tr>
<td>5%</td>
<td>1%</td>
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</table>
## Facility Assessment Report

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</table>

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Second Page Feedback Report

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Action Steps</th>
<th>Person(s) Responsible</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency Assessment for use of Bladder Scans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordering providers use indwelling urinary catheters for appropriate indications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indwelling catheters removed in PACU</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Prepare “draft action plan” based on your survey analysis
  - Look for sections with low scores
  - Sections with large variation
  - Use section titles on action plan
Analysis

Review scoring in each domain on **Input Data** tab (Columns DS to DZ)

<table>
<thead>
<tr>
<th>Section Scores</th>
<th>DS</th>
<th>DT</th>
<th>DU</th>
<th>DV</th>
<th>DW</th>
<th>DX</th>
<th>DY</th>
<th>DZ</th>
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<tbody>
<tr>
<td>Overall Score</td>
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<td>16</td>
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<td>6.25</td>
<td>2.25</td>
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<tr>
<td>29.75</td>
<td>16</td>
<td></td>
<td>13.75</td>
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<td>1.5</td>
<td>1</td>
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<td>41</td>
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<td>19.25</td>
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<tr>
<td>35.25</td>
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</tbody>
</table>
## Analysis

- Look at Respondents role – Input tab
- Check unit level results – Input tab
- Review overall scoring section and comments
## CAUTI Prevention Action Plan

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</tr>
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</table>
• TAP Report (Targeted Assessment for Prevention): A TAP report provides the number of infections that need to be prevented in your locations to reach a specified target. The TAP Report is obtained using data your facility enters into the National Healthcare Safety Network database.

• Total Score: Weighted score of questions based on respondents answers from the TAP Facility Assessment Tool
  – Section 1 Score: Total score of questions related to the facility. Key components include staff, training, competency assessment, audits and feedback to frontline staff.
  – Section 2 Score: Total score of questions related to strategies for CAUTI prevention. Key components include appropriate indications for using a Foley catheter, aseptic insertion, maintenance, timely removal and the prevention of infections.

• Cumulative Attributable Difference (CAD) The CAD is the number of infections that must be prevented within a group, facility, or unit to achieve an HAI reduction goal. The 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 (SIRgoal). The target used in this report is HHS national HAI Prevention target.
  \[
  \text{CAD} = \text{OBSERVED} - (\text{PREDICTED}) \times \text{SIR}_{\text{target}}
  \]
  – Positive CAD = more infections than predicted (“excess”)
  – Negative CAD = fewer infections than predicted

• Device Utilization Ratio (DUR%): The number of device days divided by the number of patient days. DUR is a measure of device use on a given unit (relative to the number of patient days) and is shown as a percent. The DURs for specific location types are broken out in parentheses following the overall DUR.

• Standardized Infection Ratio (SIR): The ratio of observed infections/predicted infections for a facility in the designated time period.

• Terms obtained from the TAP Strategy website. See website for additional information:
  http://www.cdc.gov/hai/prevent/tap.html
CAUTI TAP Feedback WebEx

• Send reports to hospital contact, via QualityNet inbox
• WebEx
  – Understand TAP Process
  – Review your CAUTI TAP results
  – Share draft action plan
  – Share CAUTI TAP resources
  – TAP CAUTI Implementation Toolkit
    • http://www.cdc.gov/hai/prevent/tap/resources.html
## CAUTI Prevention Action Plan

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</tbody>
</table>
Resource

TAP CAUTI Implementation Toolkit

http://www.cdc.gov/hai/prevent/tap/resources.html
Targeted Assessment for Prevention

- Prepare individual facility action plan
- Guide LAN educational programming
  - Base on overall scoring per domain
- Guide distribution of tools and resources
- Future follow up survey to evaluate progress
### CAUTI TAP REPORT TOTALS 2015

Green highlights indicate highest performance per section (excluded facilities with less than 5 respondents).

<table>
<thead>
<tr>
<th>FACILITY</th>
<th># Responses</th>
<th>TOTAL</th>
<th>Section I</th>
<th>Section II</th>
<th>Section III</th>
<th>Section IV</th>
<th>Section V</th>
<th>Section VI</th>
<th>Section II-VI</th>
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Sorted by Overall Total Score -- Highest Scoring to Lowest Scoring

- **SD OVERALL**: 191 (32.71, 14.81) 17.9
- **NE OVERALL**: 218 (32.41, 15.63) 16.78
- **ND OVERALL**: 135 (27.12, 13.45) 13.67
Contact Information

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