Using TAP Strategy for HAI Reduction:

CAUTI
CLABSI
C. Diff
MRSA

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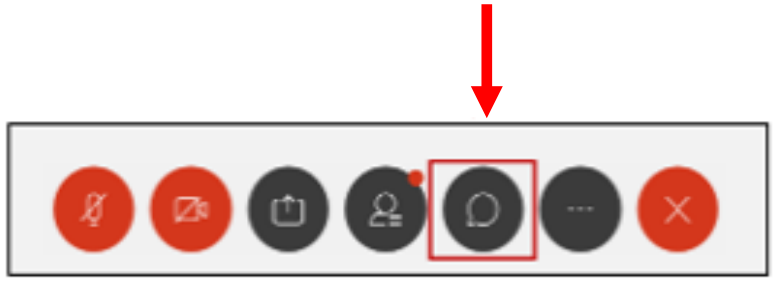
How to Use the Chat Box Feature

To Send a Chat Message:

- **Open** the **Chat** Panel



- ***Scroll*** *all the way* ***down***
- ***Select "Everyone"***
  - ***Do not*** *select* ***"All Attendees"***
- **Type message** in Chat Text Box, press **Enter** on your keyboard

Enter in Chat:

- **Name**
- **Role**
- **Organization**
- **State**

Today's Learning Objectives

- Explore methods to leverage TAP reports, tools, and implementation guides to increase NHSN reporting and reduce HAIs, particularly in facilities with low patient volumes.
- Develop understanding of the TAP reports in the NHSN to target health care facilities and specific units with an excess burden of HAIs.
- Explore utilization of the CAD to develop improvement goals, particularly in low volume facilities
- Become familiar with TAP Facility Assessment Tools and TAP Implementation Guides to identify gaps in infection prevention in targeted locations and drive action plans.

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Agenda: Using TAP Strategy to Drive HAI Reduction

- Welcome
- HQIC HAI Performance
- Overview CDC TAP Strategy
- TAP Strategy Tools and Resources
- Questions and Answers
- Next Steps

Healthcare Associated Infection:

- Causes Patients Undue Harm
- Increases Length of Stay
- Can Lead to Mortality
- Causes Healthcare Financial Burden

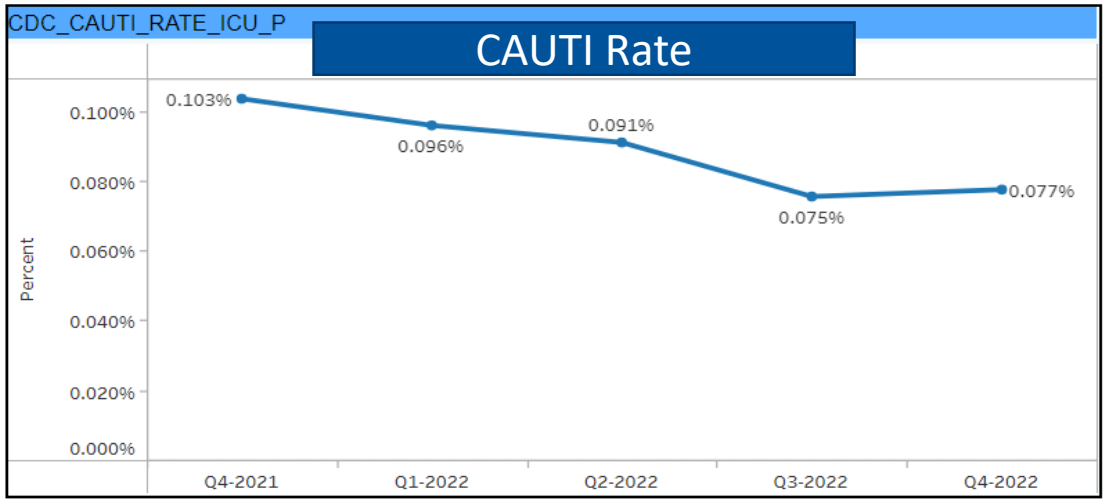
CMS Standardized Cost per Event

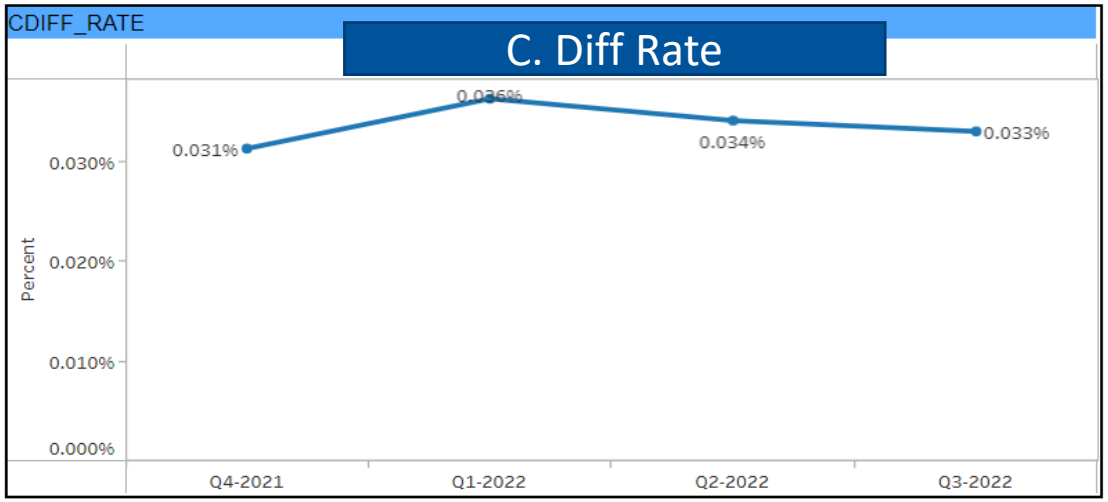
How much can your hospital realize in savings?

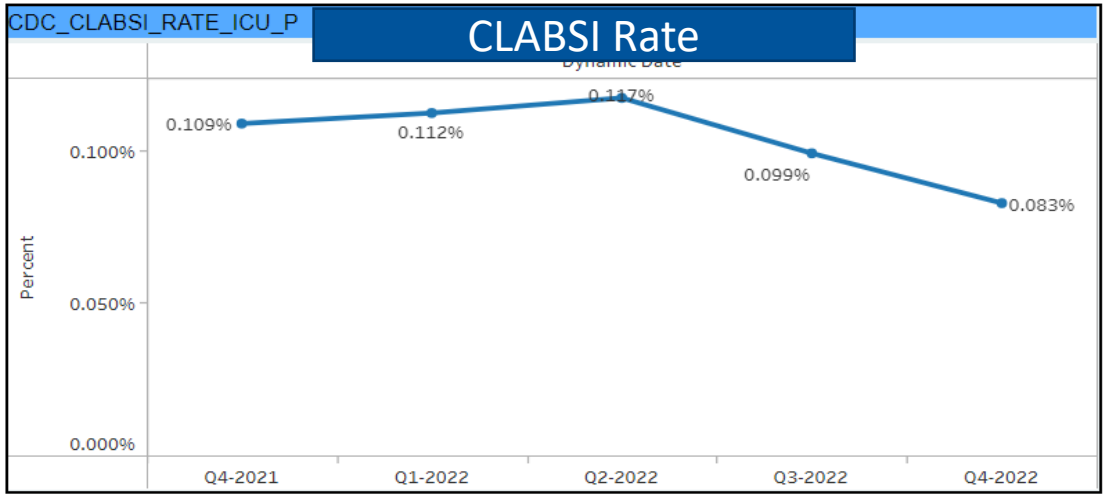
- Sepsis: $57,722
- Central line-associated bloodstream infections: $55,132
- C. *difficile* infections: $19,780
- Pressure ulcers: $16,624
- All cause readmissions: $16,402
- Catheter-associated urinary tract infections: $15,807
- Methicillin-resistant *staphylococcus aureus*: $7,683
- Adverse drug events: $6,585

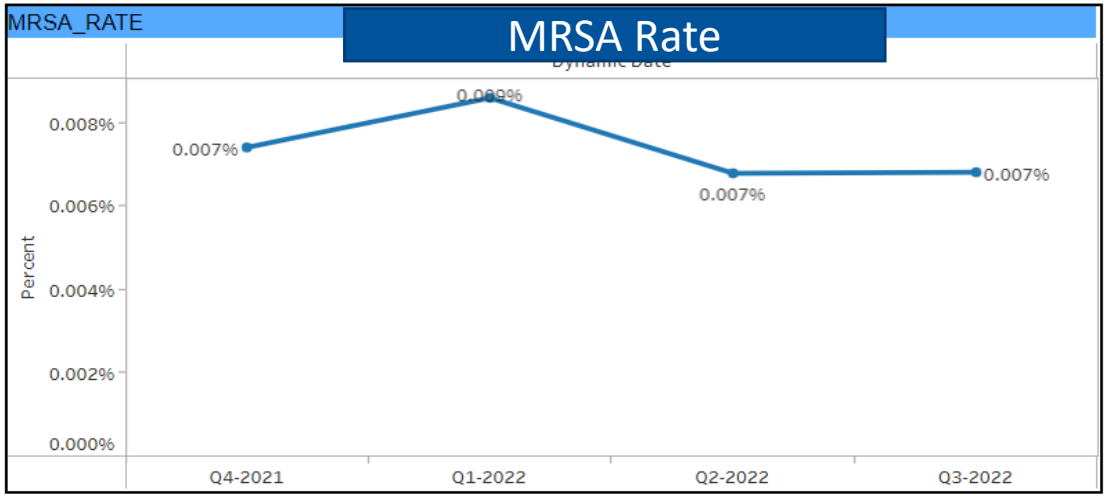
Source: CMS 2022 HQIC Cost Savings File

IPRO HQIC Quarterly Performance by Measure









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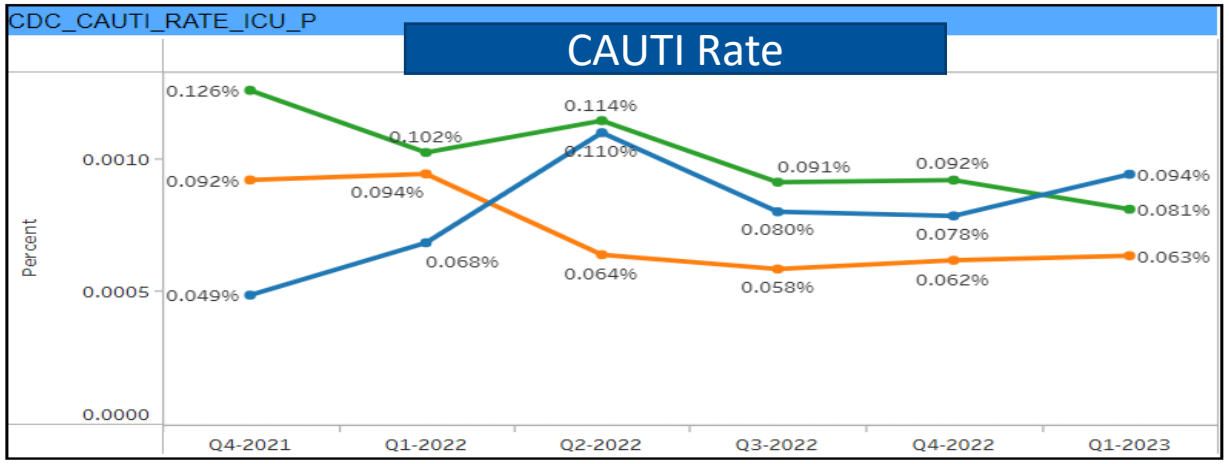
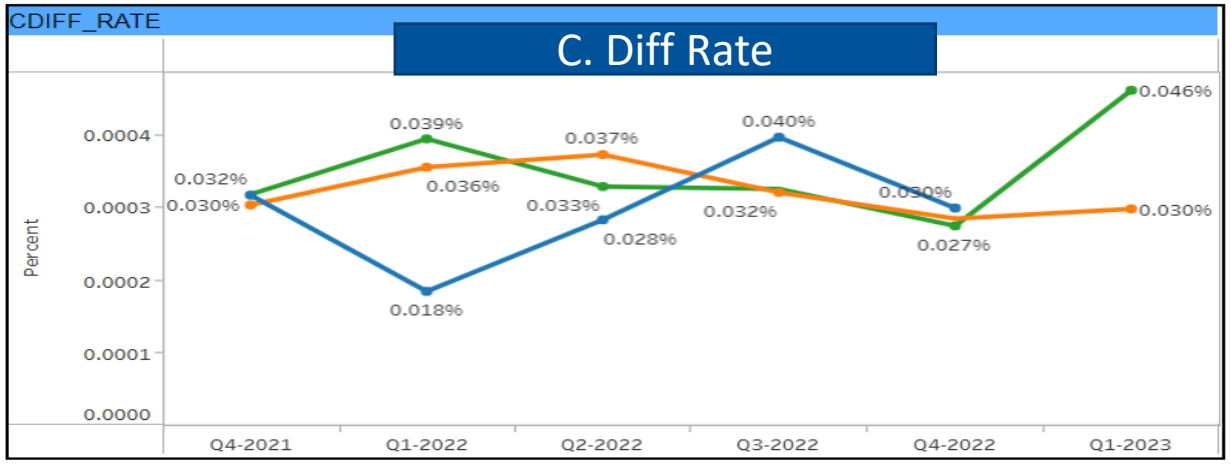
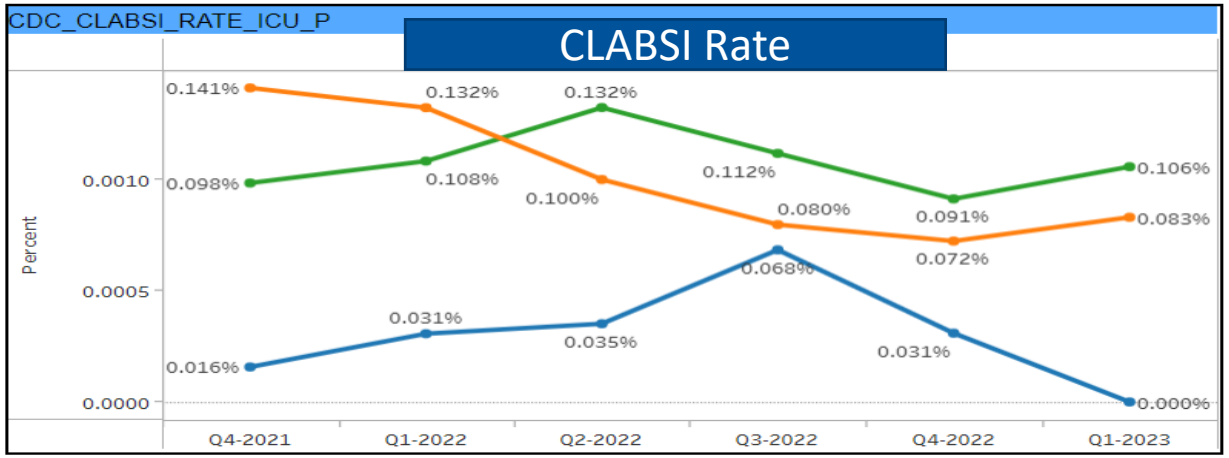
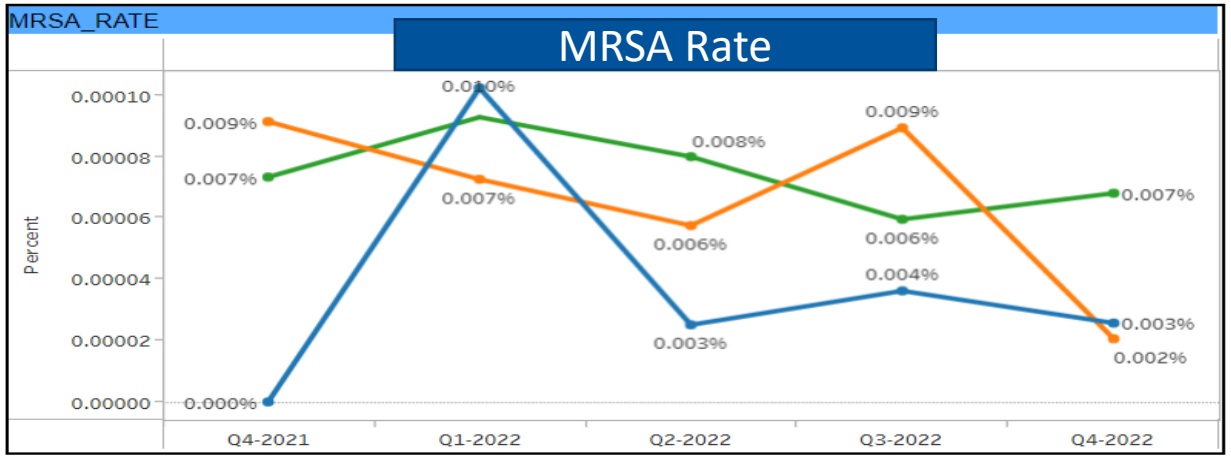
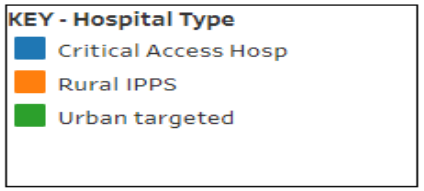
IPRO HQIC Performance by Hospital Type











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How to Use the TAP Strategy to Prevent HAIs

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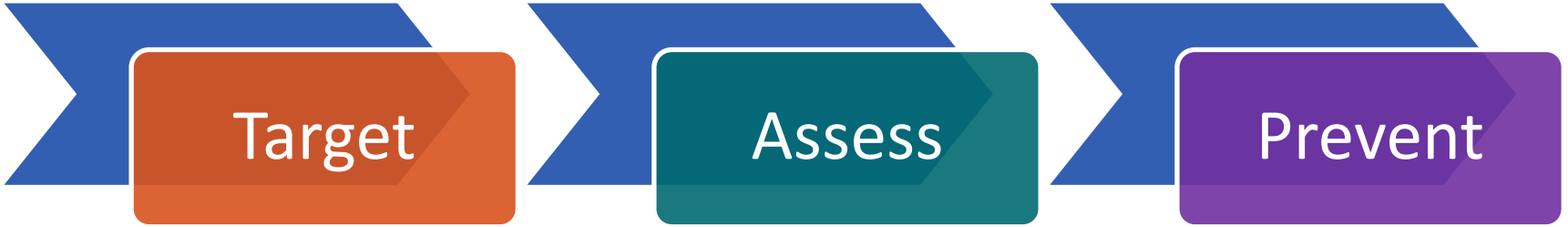
April 18, 2023

What is the TAP Strategy?

- Framework for quality improvement that uses data for action to prevent healthcare-associated infections (HAIs)
- Allows users to:
  - Prioritize prevention efforts to where they will have the greatest impact
  - Identify specific gaps through standardized assessments
  - Customize prevention strategies to address gaps
- Maximizes impact of available resources



What is Our Role?

- CDC provides technical assistance to partners to support their HAI prevention efforts.
- Our team is collaborating with the IPRO HQIC to work with various sized hospitals, including Critical Access Hospitals (CAHs).
- We will be working directly with participating facilities to guide you through each step of the TAP Strategy.

1 Target → **2 Assess** → **3 Prevent**

Use data for action to identify HAIs and units that may benefit from targeted prevention efforts

Assess for gaps in infection prevention practices within identified locations using standardized TAP Assessments

Implement interventions and strategies to address gaps and prevent infections

TAP Strategy tools are available for:

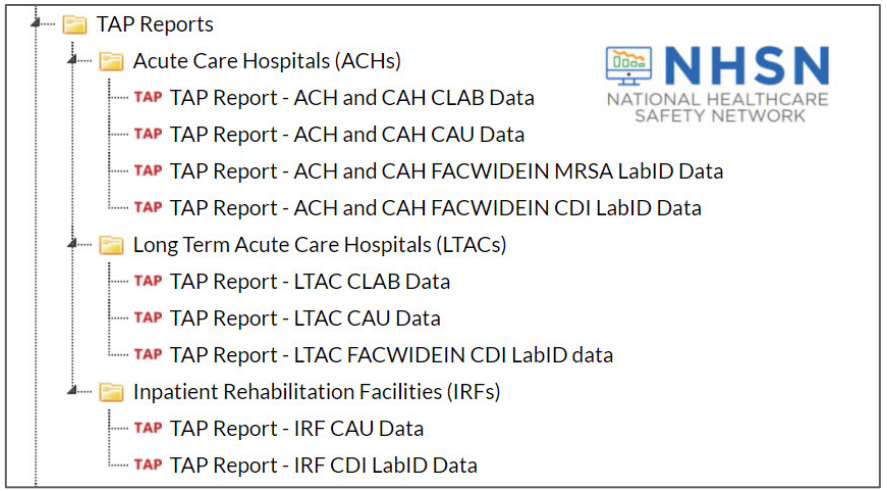
Catheter-associated urinary tract infections (CAUTI)

Central line-associated bloodstream infections (CLABSI)

Clostridioides difficile infections (CDI)

- AIM: Determine which HAI to target
  - Generate NHSN TAP Reports
    - TAP Reports provide facility and unit-level CADs
  - Explore additional data sources as available
    - Device utilization
    - Breakdown of organisms
    - Data from case reviews and audits
  - Discuss contextual factors
    - Patient population
    - Previous and ongoing prevention efforts

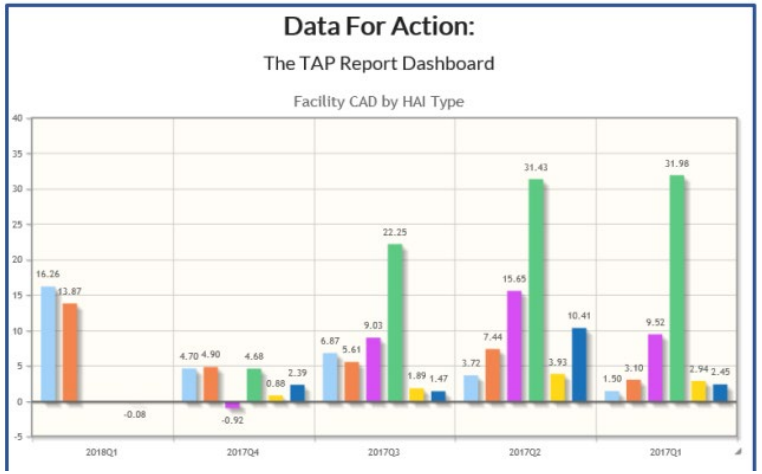
Target



[NHSN TAP Reports]

[NHSN TAP Report Instructional Video]

TAP Dashboard Report



[TAP Report Dashboard]

TAP Report Metrics

Standardized Infection Ratio SIR	Cumulative Attributable Difference CAD
• Ratio of observed to predicted infections • Summary metric used for performance measurement • Risk adjusted • Used as a ***comparative*** metric • SIR > 1 = more infections reported than what would be predicted • SIR < 1 = fewer infections reported than what would be predicted	• # of infections that need to be prevented to achieve SIR goal • Summary measure to target prevention • Influenced by exposure size • Used as a ***prioritization*** metric – detects burden of infection • Positive CAD = more infections than predicted based on goal SIR • Negative CAD = fewer infections than predicted based on goal SIR

$$\textbf{SIR} = \frac{\text{Observed \# HAIs}}{\text{Predicted \# HAIs}}$$

CAD = Observed - (Predicted x SIR goal)

SIR goal = Target or goal defined by the User when running TAP Reports

Cumulative Attributable Difference (CAD)

Facility Org ID	CCN	Summary YR	Events	Number Predicted	Urinary Catheter Days	SIR	SIR p-value	95% Confidence Interval
10000		2017	50	70.805	39772	0.706	0.0097	0.530, 0.923

CAD = Observed # HAIs – (Predicted # HAIs x SIR goal)

CAD = 50 – (70.805 x 0.50*)

CAD = 14.60

Our facility would have had to prevent 15 additional infections to reach our goal

*Custom SIR goal = 0.50

Helpful Hints for Running TAP Reports

- TAP Reports are available in the Analysis Reports list within the Patient Safety Component of NHSN.
- Ensure that locations are mapped correctly: https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf.
- Verify that an up-to-date data set was generated
- Use Time Periods of at least 1 quarter
- Remember to look at the footnotes!

Instructions for running a TAP Report can be found at:

https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html

Considerations for CAHs

- TAP Reports always generate a CAD, regardless of facility size or patient/device days
  - Helpful for facilities to identify opportunities for improvement, even when an SIR cannot be calculated
  - The CAD will show exactly how many infections occurred above the defined target
- If an SIR cannot be calculated, select a longer period (e.g., 12 months) when running reports in NHSN
- Additional data sources may be considered to help identify opportunities for improvement
  - Organism Breakdown
  - Standardized Utilization Ratio (SUR)

Organism Breakdown

- When there are events, using the organism breakdown can be helpful in identifying opportunities for improvement
  - For example – if the isolates for CAUTI center around fecal bugs, this may indicate some opportunities to improve maintenance practices

FACILITY			LOCATION									
Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Tes	No. Pathogens (CNS,YS,SA,ES,KS,EC)
10000	DHQP Memorial Hospital	20.52	1	1 West	IN:ACUTE:WARD:M	14	2269	49	13.10	7.81		17 (2, 3, 0, 5, 5, 0)
			2	2 West	IN:ACUTE:WARD:M	4	1349	42	3.40	3.34		4 (0, 2, 0, 1, 1, 0)
			3	SICU	IN:ACUTE:CC:S	3	1062	9	2.58	.		2 (0, 0, 0, 0, 0, 0)
			4	5 West	IN:ACUTE:WARD:M	2	983	9	1.61	.		2 (0, 0, 0, 2, 0, 0)
			5	STEP2	IN:ACUTE:STEP	1	1007	32	0.55	.		1 (0, 1, 0, 0, 0, 0)
			6	CCU	IN:ACUTE:CC:C	0	0	0	0.00	.		
			7	2 East	IN:ACUTE:WARD:MS	0	0	0	0.00	.		
			8	MICU	IN:ACUTE:CC:M	0	609	9	-0.24	.		
			9	ICU	IN:ACUTE:CC:MS	0	1233	50	-0.49	.		

Standardized Utilization Ratio (SUR)

- Shows device utilization for unit-level performance
- SURs compare the number of device days (numerator) to the number of predicted device days (denominator)
  - General guidance is for facilities to be working towards an SUR at or below 1
- Each SUR is risk-adjusted and comparable across different locations and facilities
- For instructions on how to run and interpret NHSN SUR Reports: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/run-interpret-sur-reports.pdf
- DUR (device utilization ratio) is a similar metric but not useful for comparing and is not adjusted based on location characteristics

Standardized Utilization Ratio (SUR)

- The SUR can help identify units or facilities with higher device utilization, making them priority for the implementation of prevention measures related to device utilization

- The goal is not necessarily reducing the SUR or reaching a benchmark number, but rather ensuring utilization is appropriate and that all prevention measures are fully implemented
  - Goals related to the SUR include ensuring clinical indications for the devices are present and ensuring prompt removal of devices when they are no longer needed

Tools: Assess

NEW

Video 2: Deploying TAP Facility Assessments

I. General Infrastructure, Capacity, and Processes	Response
1. Does your facility's senior leadership actively promote CAUTI prevention activities?	◯Yes ◯No ◯Unk
2. Is unit-level leadership involved in CAUTI prevention activities?	◯Yes ◯No ◯Unk
3. Does your facility currently have a team/work group focusing on CAUTI prevention?	◯Yes ◯No ◯Unk
4. Does your facility have a staff person with dedicated time to coordinate CAUTI prevention activities?	◯Yes ◯No ◯Unk
5. Does your facility have a nurse champion for CAUTI prevention activities?	◯Yes ◯No ◯Unk

TAP Facility Assessments:

CAUTI

CLABSI

CDI

TAP Facility Assessment Tools

- Aim to capture *awareness and perceptions* among facility staff and healthcare personnel related to prevention policies and practices
  - Using evidence-based guidance and recommendations
- Should be administered to a variety of staff and healthcare personnel
  - Frontline providers
  - Mid-level staff
  - Facility's senior leadership
- The greater the number of assessments completed, the greater the ability to identify gaps and target prevention

TAP Facility Assessment Tools

- Provide a unique data source to help identify gaps and target prevention
  - Particularly helpful for CAHs that may have limited HAI data available

- Can be used to guide infection prevention activities
  - Training and education
  - New policies and procedures
  - Modifying workflow or current practices

- Helpful in engaging frontline personnel in infection prevention efforts

Facility Assessment Tool

Teaching tool

II. Appropriate Indications for Indwelling Urinary Catheter Insertion	Response Choices					
	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do ordering providers document an indication for indwelling urinary catheters?	○	○	○	○	○	○
2. Do ordering providers use indwelling urinary catheters for appropriate indications?	○	○	○	○	○	○
3. Do personnel use alternative strategies for management of urinary incontinence (e.g., external catheters, bedside commodes, scheduled toileting, garments/pads)?	○	○	○	○	○	○
4. Do personnel use bladder scanners to confirm urinary retention before placing or replacing urinary catheters?	○	○	○	○	○	○

Facility Assessment Tool

IV. Contact Precautions/Hand Hygiene	Response					
	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do patients with CDI remain on Contact Precautions for the duration of diarrhea at your facility?	○	○	○	○	○	○
2. Do patients with CDI remain on Contact Precautions beyond the duration of diarrhea at your facility?	○	○	○	○	○	○
3. Are patients with CDI housed separately from patients without CDI (i.e., in private rooms or placed with other CDI patients ['cohorted']) at your facility?	○	○	○	○	○	○
4. Are dedicated or disposable noncritical medical items (e.g., blood pressure cuffs, stethoscopes, thermometers) used for patients with confirmed or suspected CDI?	○	○	○	○	○	○
5. Are Contact Precautions signs used for rooms to designate patients with confirmed or suspected CDI?	○	○	○	○	○	○

Useful 'Unknowns'

Facility Assessment Tool

I. General Infrastructure, Capacity, and Processes	Response
1. Does your facility's senior leadership actively promote CAUTI prevention activities?	◯Yes ◯No ◯Unk
2. Is unit-level leadership involved in CAUTI prevention activities?	◯Yes ◯No ◯Unk
3. Does your facility currently have a team/work group focusing on CAUTI prevention?	◯Yes ◯No ◯Unk
4. Does your facility have a staff person with dedicated time to coordinate CAUTI prevention activities?	◯Yes ◯No ◯Unk
5. Does your facility have a nurse champion for CAUTI prevention activities?	◯Yes ◯No ◯Unk
6. Does your facility have a physician champion for CAUTI prevention activities?	◯Yes ◯No ◯Unk

Divergent responses

Facility Assessment Tool

IV. Proper Maintenance Practices for Central Venous Catheters ("Central Lines") (Continued)

	Never	Rarely	Sometimes	Often	Always	Unknown
11. Are insertion sites routinely monitored for tenderness/other signs of infection visually during dressing changes or by palpation through intact dressing?	☐	☐	☐	☐	☐	☐
12. Are administration sets that are used continuously (in patients not receiving blood, blood products, or fat emulsions), replaced every 4 days to 7 days?	☐	☐	☐	☐	☐	☐
13. Is tubing used to administer blood, blood products, or fat emulsions replaced within 24 hours of initiating infusion?	☐	☐	☐	☐	☐	☐

On-the-floor practices from view of frontline personnel

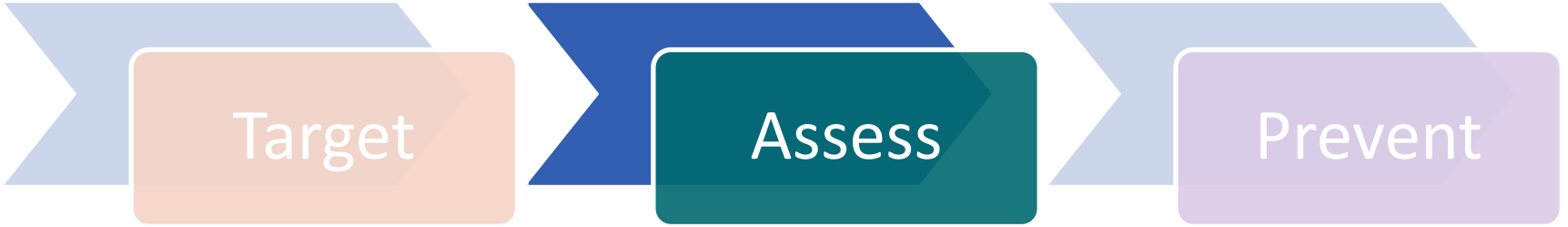
Facility Assessment Tool - Methods for Collection

- Paper form
- SurveyMonkey
- REDCap

Deployment may include a combination of methods

Options for Customizing Assessments

- Review the existing TAP Assessments available at the links here
- Add or edit respondent demographic information (units, roles, shifts, etc.)
- Remove, add, or edit select Assessment questions as applicable to best fit your facility



- AIM: Collect TAP Facility Assessments
  - The more Assessments collected, the greater the ability to identify gaps
  - Identify champions/cheerleaders to encourage completion
  - Unit and facility leadership support may improve participation
  - If possible, coordinate staff completion during meetings or trainings
  - Provide relevant information to staff
    - Assessments are anonymous
    - ~10 minutes to complete
    - Interested in awareness and perceptions, no special skills or knowledge required to complete

Tips for Assessment Collection

Focus on a shared mission for patient safety and HAI prevention

- Communicate how important all staff input is for success
- In addition to reminders, tell staff why you are asking them to complete the Assessments
- Gain leadership and CEO buy-in
- Actively engage leaders within each unit
- Show appreciation to staff for completing Assessments

Spread the word about Assessments multiple ways. Persistence pays off!

- Send reminders to leadership
- Discuss with leadership at daily safety huddles
- Give 5-minute session to explain Assessments at staff forum meetings
- Use different Assessment methods for different groups, multimodal is often best (e.g., offering both paper and SurveyMonkey)

Additional tips for success and example language to include in messaging to staff available within the TAP Facility Assessment Deployment Packet (page 5)

TAP Feedback Reports

- Report created for each facility, summarizing TAP Facility Assessment results and identifying opportunities for improvement
  - Allows facilities to customize prevention efforts to areas of greatest need

- Facilities can further target prevention by identifying gaps that may be unique to select groups
  - Can review results and tailor interventions to specific units and/or roles (e.g., Nurses, Physicians, Environmental Services)

Sample CLABSI Feedback Report

Central Line-associated Blood Stream Infection (CLABSI) Facility Assessment Tool—Feedback Report

Date Range:	11	10	6.1	1.12	0.81	0.93
2018	Number of facility CLABSIs	Number of predicted facility CLABSIs	Facility Cumulative Attributable Difference (CAD), or the number of infections the facility would have needed to prevent to achieve an HAI reduction goal SIR of 0.50	Facility CLABSI Standardized Infection Ratio (SIR)	2017 National CLABSI SIR	2017 State CLABSI SIR
				SIR >1.0 indicates more infections than predicted		

Assessment Overview

# Collected:	53	% Respondents	
# Analyzed:	53	Providing CVC Care:	85%

Overall Score: 60%

Note: If this report represents **fewer than 30 assessments**, results may not be fully representative of the awareness and perceptions of infection prevention practices among healthcare personnel. Scoring and results are for the purpose of internal quality improvement and should not be used as a method to benchmark against other units or facilities.

Leading*	Lagging†
Facility leadership promotion of CLABSI prevention activities	Training and routine audits on proper insertion of central lines; Training on technique for disinfecting hub/connector
Routine audits of documentation of insertion and daily assessment of need for CVC; Prompt removal of central lines that are no longer needed	Documentation of indication for central lines; Empowerment of personnel to stop non-emergent insertion if proper procedures are not followed
Catheters inserted by credentialed providers, following aseptic technique, and use of maximal sterile barrier precautions	Use of ultrasound guidance, suture-less securement devices, and sterile coverings when inserting central lines
Replacement of tubing for blood, blood products, or fat emulsions within 24hrs of initiating infusion	Use of aseptic technique & preparation of skin during dressing changes; Use of peripheral sites before central line for blood culture collection

Top Opportunities for Improvement ‡

I. General Infrastructure, Capacity, and Processes	II. Appropriate Use of Central Venous Catheters	III. Proper Insertion Practices for Central Venous Catheters	IV. Proper Maintenance Practices for Central Venous Catheters
Physician champion for CLABSI prevention activities	Documentation of indication for central lines	Use of ultrasound guidance for insertion	Use of aseptic technique while changing dressings
Training on proper insertion of central lines for all healthcare personnel with this responsibility		Empowerment of personnel to stop non-emergent line insertion if proper procedures are not followed	Preparation of clean skin with >0.5% chlorhexidine with alcohol during dressing changes
Training on maintenance includes: Technique for disinfecting hub/connector (scrub the hub)		Use of suture-less securement devices to hold central lines in place	Replacement of tubing used to administer propofol infusions every 6-12hrs
Routine audits of proper central line insertion practices		Use of sterile gauze or dressing to cover central line insertion sites	Attempt to use peripheral sites before using the central line for blood culture collection
Routinely provide feedback data to healthcare personnel on central line device utilization ratios (DUR)			

Identifies specific gaps by domain

TAP Feedback Report

Responses Per Question

Please note: Selected LEADING results are highlighted in green (>75% Yes, or >75% for sum of Often+Always). Selected LAGGING results are highlighted in red (>33% Unknown, >50% for sum of No+Unknown, or >50% for sum of Never+Rarely+Sometimes+Unknown). It is strongly encouraged that each unit and facility review all of the data available to target other potential opportunities for improvement, aligning to ongoing and/or planned areas for intervention where possible. Data may not be representative of actual practices , as these are self-reported respondent perceptions.

I. General Infrastructure, Capacity, and Processes N = 53

Question	Yes	No	Unknown
1. Does your facility's senior leadership actively promote CLABSI prevention activities?	83%	9%	8%
2. Is unit-level leadership involved in CLABSI prevention activities?	83%	11%	6%
3. Does your facility currently have a team/work group focusing on CLABSI prevention?	79%	13%	8%
4. Does your facility have a staff person with dedicated time to coordinate CLABSI prevention activities?	64%	21%	15%
5. Does your facility have a nurse champion for CLABSI prevention activities?	51%	17%	32%
6. Does your facility have a physician champion for CLABSI prevention activities?	53%	4%	43%
7. Does your facility have a central line insertion bundle?	73%	2%	25%
8. Does your facility conduct an assessment to identify potential gaps when a CLABSI occurs?	63%	20%	18%

Displays response frequencies per question and highlights potential gaps

- AIM: Prioritize gaps and implement interventions
  - Review Assessment results and determine which items are priorities for your facility
  - CDC will provide example tools and resources that align with the priority areas your facility identified
  - 1:1 calls available to discuss strategies and questions

TAP Implementation Guides

CDC > Healthcare-associated Infections (HAI) > Preventing HAIs > Targeted Assessment for Prevention (TAP)

TAP Clostridium difficile infection (CDI) Implementation Guide: Links to Example Resources

Disclaimer: The links in the domains below are not mutually exclusive nor do they represent an exhaustive list of all the possible resources available. Furthermore, the links presented do not constitute an endorsement of these organizations or their programs by the Centers for Disease Control and Prevention (CDC) or the federal government, and none should be inferred.

Also refer to the following guidelines:

Strategies to Prevent *Clostridium difficile* Infections in Acute Care Hospitals: 2014 Update

Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) [PDF – 25 pages]

Other relevant CDC guidelines.

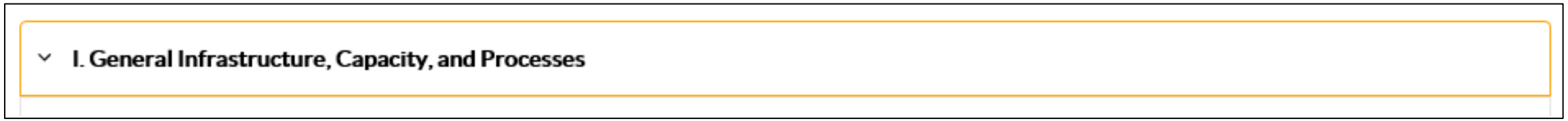
CDI Prevention Primer Slide Set [PPT – 7.3 MB]

- I. General Infrastructure, Capacity, and Processes
- II. Antibiotic Stewardship
- III. Early Detection and Isolation, Appropriate Testing
- IV. Contact Precautions/Hand Hygiene
- V. Environmental Cleaning

Domains align with TAP Assessments

TAP Implementation Guides

- Each Domain provides actionable partner resources that can be used to address gaps and prevent infections



Patient Education

- Prescribed an Antibiotic in the Hospital for an Infection [PDF – 2 pages]
  A factsheet for patients or caregivers about antibiotics prescribed in the hospital, from the CDC
- Preventing the Spread of *C. diff* at Home [PDF – 1 page]
  Handout summarizing helpful tips for patients on how to prevent the spread of *C. difficile* when at home, from the CDC
- *C. diff* Risk: How to Help Your Loved One [PDF – 1 page]
  Handout for family members of patients at risk for developing CDI, including tips on how to prevent infection in a healthcare setting and at home, from the CDC
- Recognizing *C. diff* at Home (Flyer 8.5×11) [PDF – 2 pages]
  Printable flyer that lists CDI risk factors and symptoms to watch for at home, including a Bristol Stool Chart to help patients and family members identify stool types, from the CDC

TAP Implementation Guides

- Example patient education resources

Preventing the spread of *C. diff* at home

Take these precautions to prevent getting it or spreading it!

- *C. diff* is a germ carried in poop and can cause severe diarrhea.
- Most cases of *C. diff* infection occur while you're taking antibiotics or not long after you've finished taking antibiotics.
- Make sure you understand why the antibiotics you have been prescribed are necessary.

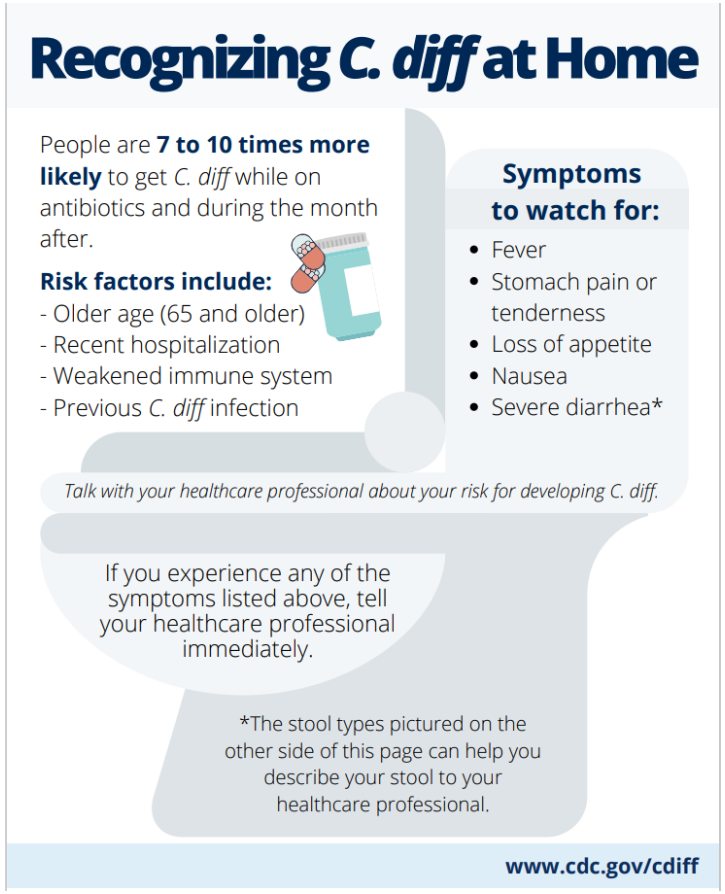
- Try to use a separate bathroom if you have diarrhea.
- If you have to share a bathroom, be sure the area has been cleaned well with bleach products before others use it.
- When cleaning, pay special attention to areas like toilet flushers, lids and seats, sink handles, and doorknobs.

- Washing hands with soap and water for at least 15 seconds is the best way to prevent the spread from person to person.
- Wash hands with soap and water every time you use the bathroom and always before you eat. Remind relatives and friends taking care of you to do the same.

- Take showers, if able, and wash with soap to remove any *C. diff* germs you could be carrying on your body.
- It's better to shower than to sit in a tub or take a sponge bath because showering washes *C. diff* down the drain as you clean.
- Wash your skin in a circular motion and use a fresh washcloth.

- Use bleach products to clean. If you're mixing your own bleach cleaner, follow the instructions on the bottle for use.
- Focus on items that are touched by hands like doorknobs, electronics, refrigerator handles, and any shared items.
- Wash all linens on the hottest setting safe for those items.

www.cdc.gov/cdiff



Recognizing *C. diff* at Home

People are **7 to 10 times more likely** to get *C. diff* while on antibiotics and during the month after.

Risk factors include:
- Older age (65 and older)
- Recent hospitalization
- Weakened immune system
- Previous *C. diff* infection

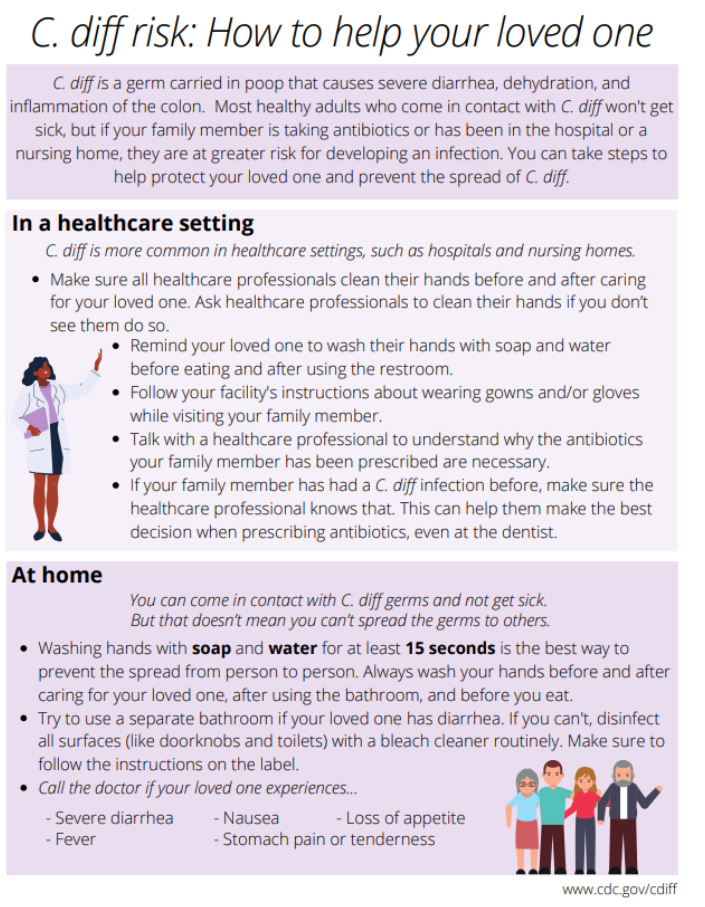
Symptoms to watch for:
- Fever
- Stomach pain or tenderness
- Loss of appetite
- Nausea
- Severe diarrhea*

Talk with your healthcare professional about your risk for developing C. diff.

If you experience any of the symptoms listed above, tell your healthcare professional immediately.

*The stool types pictured on the other side of this page can help you describe your stool to your healthcare professional.

www.cdc.gov/cdiff



C. diff risk: How to help your loved one

C. diff is a germ carried in poop that causes severe diarrhea, dehydration, and inflammation of the colon. Most healthy adults who come in contact with *C. diff* won't get sick, but if your family member is taking antibiotics or has been in the hospital or a nursing home, they are at greater risk for developing an infection. You can take steps to help protect your loved one and prevent the spread of *C. diff*.

In a healthcare setting

C. diff is more common in healthcare settings, such as hospitals and nursing homes.

- Make sure all healthcare professionals clean their hands before and after caring for your loved one. Ask healthcare professionals to clean their hands if you don't see them do so.
- Remind your loved one to wash their hands with soap and water before eating and after using the restroom.
- Follow your facility's instructions about wearing gowns and/or gloves while visiting your family member.
- Talk with a healthcare professional to understand why the antibiotics your family member has been prescribed are necessary.
- If your family member has had a *C. diff* infection before, make sure the healthcare professional knows that. This can help them make the best decision when prescribing antibiotics, even at the dentist.

At home

You can come in contact with C. diff germs and not get sick.
But that doesn't mean you can't spread the germs to others.

- Washing hands with **soap** and **water** for at least **15 seconds** is the best way to prevent the spread from person to person. Always wash your hands before and after caring for your loved one, after using the bathroom, and before you eat.
- Try to use a separate bathroom if your loved one has diarrhea. If you can't, disinfect all surfaces (like doorknobs and toilets) with a bleach cleaner routinely. Make sure to follow the instructions on the label.
- *Call the doctor if your loved one experiences...*
  - Severe diarrhea
  - Fever
  - Nausea
  - Stomach pain or tenderness
  - Loss of appetite

www.cdc.gov/cdiff

Prevention Resources

❶ Feedback Report

I. General Infrastructure, Capacity, and Processes
Nurse or Physician champion for CLABSI prevention activities
Appropriate nursing staff levels in ICUs to reduce risk of CLABSI
Training of ultrasound guidance for central line insertion
Competency assessments of ultrasound guidance for central line insertion: Upon Hire and Annually
Feedback of central line device utilization ratios (DUR)

❷ Implementation Guide

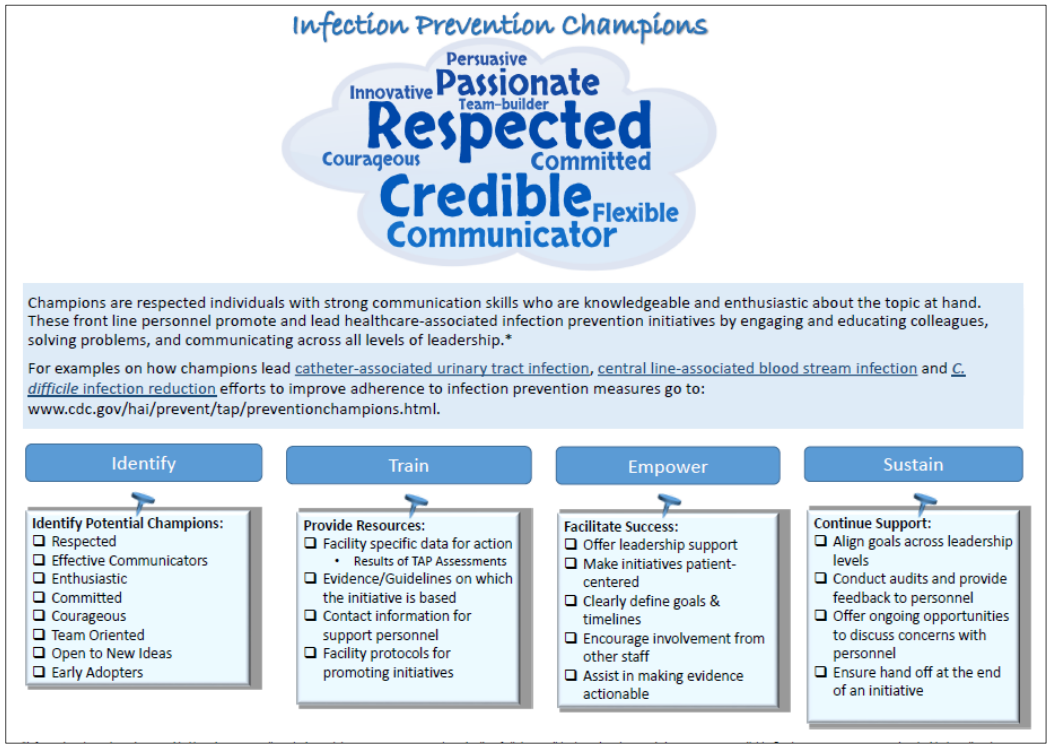
I. General Infrastructure, Capacity, and Processes

Engagement of Leadership, Champions, and Healthcare Personnel

- Infection Prevention Champion

  Informational webpage on characteristics of champions with (print only) PDF, from CDC

❸ Prevention Resource



Infection Prevention Champions

Persuasive Innovative Passionate Team-builder Respected Courageous Committed Credible Flexible Communicator

Champions are respected individuals with strong communication skills who are knowledgeable and enthusiastic about the topic at hand. These front line personnel promote and lead healthcare-associated infection prevention initiatives by engaging and educating colleagues, solving problems, and communicating across all levels of leadership.*

For examples on how champions lead catheter-associated urinary tract infection, central line-associated blood stream infection and *C. difficile* infection reduction efforts to improve adherence to infection prevention measures go to: www.cdc.gov/hai/prevent/tap/preventionchampions.html.

Identify

Identify Potential Champions:
- ❑ Respected
- ❑ Effective Communicators
- ❑ Enthusiastic
- ❑ Committed
- ❑ Courageous
- ❑ Team Oriented
- ❑ Open to New Ideas
- ❑ Early Adopters

Train

Provide Resources:
- ❑ Facility specific data for action
  - Results of TAP Assessments
- ❑ Evidence/Guidelines on which the initiative is based
- ❑ Contact information for support personnel
- ❑ Facility protocols for promoting initiatives

Empower

Facilitate Success:
- ❑ Offer leadership support
- ❑ Make initiatives patient-centered
- ❑ Clearly define goals & timelines
- ❑ Encourage involvement from other staff
- ❑ Assist in making evidence actionable

Sustain

Continue Support:
- ❑ Align goals across leadership levels
- ❑ Conduct audits and provide feedback to personnel
- ❑ Offer ongoing opportunities to discuss concerns with personnel
- ❑ Ensure hand off at the end of an initiative

Tips for Success

Tips for Success

- Leadership support
  - Engage senior leadership and ‘Champions’
  - Encourage leaders to communicate intent and importance of TAP Facility Assessments
  - Share Sample Feedback Report as example of end result
- Collaborate with partners
  - Work with your member organizations and technical advisors, who will connect with us at CDC

Tips for Success

- Explore Assessment deployment options (paper, SurveyMonkey, REDCap)
  - Use method(s) that best fits facility's needs to optimize participation and completion
- Align prevention efforts
  - Integrate TAP Strategy with new and ongoing efforts to enhance prevention
  - Deploy Assessments during audits and/or training

Tap Strategy *Partner Testimonials*

"TAP Facility Assessments allow frontline staff to become engaged in quality improvement efforts to alleviate infections in their facilities.

The TAP Strategy is the best friend leadership and frontline staff have in reducing infections and enhancing staff education.

It continues to be a "game changer" if widely employed! "

– Health Services Advisory Group, Florida

Tap Strategy *Partner Testimonials*

"The TAP Facility Assessment pinpointed housekeeping services as an opportunity for improvement.

As a result, our team was able to bring housekeeping into our improvement processes and provide much needed education on their importance in preventing the spread of CDI. "

–Chinle Comprehensive Health Care Facility, AZ

How CDC can help

- CDC is available to provide technical assistance for all aspects of the TAP Strategy

- CDC can:
  - Assist with running and interpreting TAP Reports
  - Customize TAP Facility Assessments
  - Create tailored Feedback Reports summarizing assessment results
  - Help review and interpret assessment results to prioritize gaps
  - Provide example tools and strategies to address gaps identified
  - Provide subject matter expert feedback and guidance for HAI prevention

Intro	TAP Video 1: Introduction to TAP	Introduces the TAP resources available to guide hospitals in reducing HAIs
	TAP 'How To' Guides	Guidance and tips to facilitate TAP implementation, available for Facility and Group level users
	TAP Infographic	Infographic describing TAP Strategy to engage leadership and encourage facility participation
Target	TAP Reports	TAP Reports use NHSN data to identify facilities and units with the highest burden of excess infections, helping to target prevention resources
	TAP Report Dashboard	Located within NHSN, providing a summary of TAP Report data
	TAP Report Instructional Video	Step-by-step instructions for generating and interpreting TAP Reports
Assess	TAP Video 2: Deploying Assessments	Provides detailed summary of TAP Assessments and instructions for deploying and collecting assessments among healthcare personnel
	TAP Assessment Deployment Packet	Guides partners in preparing to deploy TAP Assessments
	TAP Facility Assessments	Standardized assessments completed by frontline personnel to identify opportunities for improvement; available for CAUTI, CLABSI, and CDI. Email CDC at HAIPrevention@cdc.gov for customizations to Assessments and for use with SurveyMonkey or REDCap
	TAP Feedback Reports	Summary of TAP Assessments helping partners identify gaps; Email CDC at HAIPrevention@cdc.gov to receive customized Feedback Reports or the Excel files to create them
	TAP Video 3: Assessment Data	Provides instruction on how to review and interpret results from TAP Assessments
Prevent	TAP Video 4: Prioritizing Gaps	Explores illustrative examples to help understand and prioritize gaps identified from the TAP Assessments and next steps for implementing interventions
	Gap Prioritization Worksheet	Guides facilities in prioritizing gaps; may be used internally and/or sent to CDC to receive tailored feedback including example tools and strategies
	TAP Implementation Guides	Compilation of partner example tools and resources for CAUTI, CLABSI, and CDI

Thank You!

HAIPrevention@cdc.gov

TAP Website: *www.cdc.gov/hai/prevent/tap.html*

Questions to Run On

- Are there any surprises in your data? Repeatable cycles?
- What is being done well?
- What can be done better?
- Who needs to champion the improvement?
- What tools/resources are needed?
  - Root Cause/Gap Analysis
  - Assessment Current State
  - Observation/Process Discovery
  - Policy/procedure
  - Electronic Record
  - Education

Next Steps

- Huddle with your IPRO HQIC Technical advisor to review HAI data
- Use QI methodology to identify opportunities/gaps
- Review NHSN data, SIR and CAD to focus resource allocation
- Liaison with IPRO HQIC Technical Advisor and CDC to develop and refine action plan

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