Understanding your TAP Report

Section I: Facility Data

EXAMPLE DATA:

HAI	Unit/Type	Observed	Predicted	SIR	95% CI	Interpretation
CAUTI	ICU	5	9.2	**0.54**	**0.01, 0.65**	**SIG L**
	WARD	10	11.7	0.85	0.71, 1.98	NOT SIG
CLABSI	ICU	15	10.4	**1.44**	**1.21, 5.46**	**SIG H**
	NICU	-	-	-	-	N/A
	WARD	20	7.8	**2.56**	**1.99, 3.78**	**SIG H**
LabID Events	CDI	30	45.6	**0.66**	**0.57, 0.98**	**SIG L**
	MRSA	35	34.1	**1.03**	**1.01, 1.56**	**SIG H**
SSI	COLO	1	<1	-	-	NO SIR
	HYST	0	3.5	0.00	0.00, 1.52	NOT SIG

HAI and Unit/Type

Facilities participating in CMS Quality Reporting programs are required to certain types of healthcare-associated infections and events via NHSN. These HAI include:

- Catheter-associated urinary tract infections (CAUTI) from intensive care units (ICU) and inpatient wards (WARD)
- Central line-associated bloodstream infections (CLABSI) from ICU, neonatal ICU (NICU), and WARD
- Laboratory-identified (LabID) *Clostridium difficile* (CDI) and methicillin-resistant *Staphylococcus aureus* (MRSA)
- Surgical site infections (SSI) following colon surgery (COLO) and abdominal hysterectomy (HYST)

Observed

This is the number of infections your facility reported during the time period.

Predicted

This is the number of infections that was predicted for your facility by NHSN using the new 2015 baseline data.

95% CI

The 95% confidence interval (CI) is a range of values in which the true SIR is thought to lie. If the confidence interval contains the value 1, then the SIR is not significant—meaning the observed number of infections is not significantly different from the predicted number.

SIR

The standardized infection ratio is the ratio of your observed and predicted infections. An SIR > 1 indicates your facility reported more infections than predicted. An SIR < 1 indicates your facility reported fewer infections than predicted.

Interpretation

This is the interpretation of the 95% confidence interval.

- SIG L indicates the number of observed infections was significantly lower than the number predicted.
- SIG H indicates the number of observed infections was significantly higher than the number predicted.
- NOT SIG indicates the number of observed infections was not significantly different from the number predicted.
- No SIR indicates the number of predicted infections was less than 1 and no SIR could be calculated.
- N/A indicates your facility does not report this HAI or from this location. It might also be an error in conferring rights.

Section II: Comparison and Cost Data Section

EXAMPLE DATA:

Comparison Data

HHS Goal	NNTP for HHS Goal	Georgia Rank	Georgia ACH SIR
0.75	10	5 of 24	0.90
0.75	10	1 of 32	0.88
0.50	30	2 of 32	1.12
0.50	5	2 of 16	0.80
0.50	15	1 of 40	0.86
0.70	3	26 of 37	0.75
0.50	11	3 of 45	0.99
0.70	5	3 of 28	0.84
0.70	-	12 of 12	0.90

HHS Goal

The 2020 Health and Human Services (HHS) sets target goals for reduction of HAI for the National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination. These goals are:

- 50% reduction in CLABSI and MRSA
- 30% reduction in CDI, COLO, and HYST
- 25% reduction in CAUTI

NNTP for HHS Goal

The number of infections needed to be prevented (NNTP) is the number of infections your facility would need to prevent in order to reach the HHS goals. NNTP = observed – (predicted*HHS goal)

Georgia Rank

Facilities are ranked by the NNTP. Facilities with the highest NNTP will rank highest, with 1 being the highest. This is not meant to be an indicator of quality or performance, but rather an indicator of where to prioritize infection prevention activities.

Georgia SIR

This is the state SIR calculated using the total observed and predicted infections.

Estimated Cost per Event

Cost data are presented as a range of attributable costs per case adjusted to 2012 dollars.

Zimlichman E, Henderson D, Tamir O, et al. Health Care–Associated Infections: A Meta-analysis of Costs and Financial Impact on the US Health Care System. *JAMA Intern Med*. 2013;173(22):2039-2046. doi:10.1001/jamainternmed.2013.9763.