

# Targeted Assessment for Prevention (TAP)

On any given day in the United States, 1 in 25 patients is affected by a healthcare-associated infection (HAI).<sup>\*</sup> Yet most HAIs can be prevented.

To help reduce the occurrences of HAIs, the Iowa Department of Health and Human Services (Iowa HHS) offers free assistance to hospitals with an excess burden of HAIs and to all others wanting technical assistance in meeting their goals for reducing HAIs.

## What Are TAP Assessments?

The Targeted Assessment for Prevention (TAP) Strategy is a framework for quality improvement developed by the Centers for Disease Control and Prevention (CDC). With data collected through TAP Assessments, hospitals can gauge staff awareness and compliance, educational needs, policy gaps and opportunities for improvement.

Three specialized TAP Assessments are designed to evaluate a hospital's policies and staff knowledge for managing CLABSIs, CAUTIs and CDIs.<sup>\*\*</sup>

Designed to help you strengthen your facility's infection control program, TAP Assessments are in no way punitive or regulatory. Once scheduled, here's how the process works:



## Surveys

Each assessment is a multiple-choice survey sent to staff throughout the facility. Surveys will have questions about facility policies and procedures to gauge staff members' understanding.



## Report and Feedback

The Iowa HHS HAI team analyses the survey results. It then completes a Facility Assessment Feedback Report, which summarizes National Healthcare Safety Network (NHSN) data, key leading and lagging areas and top opportunities for improvement. (See example on back.)



## Implementation

Using the results and feedback provided, the healthcare facility chooses priorities and actions to take.

Contact the Iowa HHS HAI team for a TAP Assessment at

hai-ar@hhs.iowa.gov or visit HHS.iowa.gov/hai-prevention for more information.

<sup>\*</sup>Centers for Disease Control and Prevention

<sup>\*\*</sup>CAUTI = Catheter-associated urinary tract infection;  
CLABSI = Central line-associated bloodstream infection;  
CDI = Clostridioides difficile infection

# Targeted Assessment for Prevention Strategy (TAP)

The TAP Strategy helps prevent HAIs by targeting locations with excess infections, assessing for gaps and implementing interventions.

**Example**  
Catheter-associated Urinary Tract Infection (CAUTI) Facility Assessment Tool—Feedback Report

<b>Date Range:</b> 19 Q2 2015 - Q2 2016	15 Number of healthcare facility- onset CAUTIs	8.0 Number of predicted healthcare facility- onset CAUTIs	3.0 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 0.75	1.02 Healthcare facility- onset CAUTI Standardized Infection Ratio (SIR)	1.00 2014 National healthcare facility- onset CAUTI SIR	0.85 2014 State healthcare facility-onset CAUTI SIR
<b>Assessment Overview</b> # Collected: 66 # Analyzed: 66 Overall Mean Score: 38.0 out of 52, or 73%		<b>Leading*</b> Senior leadership, unit-level leadership, and team/workgroup involvement in CAUTI prevention activities Training, competency assessments, and routine audits of proper insertion and maintenance procedures Ordering of urinary catheters for appropriate indications, use of alternative strategies, and use of bladder scanners prior to insertion Timely removal of catheters including documentation of removal date, and identification and daily review of patients with urinary catheters		<b>Lagging†</b> Physician and Nurse Champions for CAUTI prevention activities Confirm indwelling urinary catheter policies in ED; personnel should be aware of ED practices when receiving patients for admission Requirement of at least two personnel present for urinary catheter insertion Presence of facility leader responsible for antimicrobial stewardship activities		
<b>Note:</b> 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.						
<b>Selected Deep Dives – Top Opportunities for Improvement<sup>‡</sup></b>						
<b>I. General Infrastructure</b>	<b>II. Appropriate Indications for Insertion</b>	<b>III. Aseptic Insertion</b>	<b>IV. Proper Catheter Maintenance</b>	<b>V. Timely Removal</b>	<b>VI. Appropriate Urine Culturing Practices</b>	
Nurse champion for CAUTI prevention activities	Order provided in ED prior to insertion of an indwelling urinary catheter	Requirement of at least two personnel present for urinary catheter insertion	Use of pre-connected, sealed urinary catheter drainage systems	Daily review of patients with urinary catheters for continued need	Ordering of urine cultures only on patients with signs or symptoms of a urinary tract infection	
Feedback of CAUTI rates and/or standardized infection ratios (SIR)	Documentation of an indication when urinary catheters are ordered by ED providers		Personnel keep the urinary drainage system closed to maintain sterility	Use of alerts, reminders, or stop orders for urinary catheter removal		
	Ordering of urinary catheters for appropriate indications by ED providers			Removal of urinary catheters by nurses, if nurse-directed protocol in place		

Summarizes facility infection data

Summarizes overall “Leading” and “Lagging” items

Identifies specific gaps by domain

## T Target

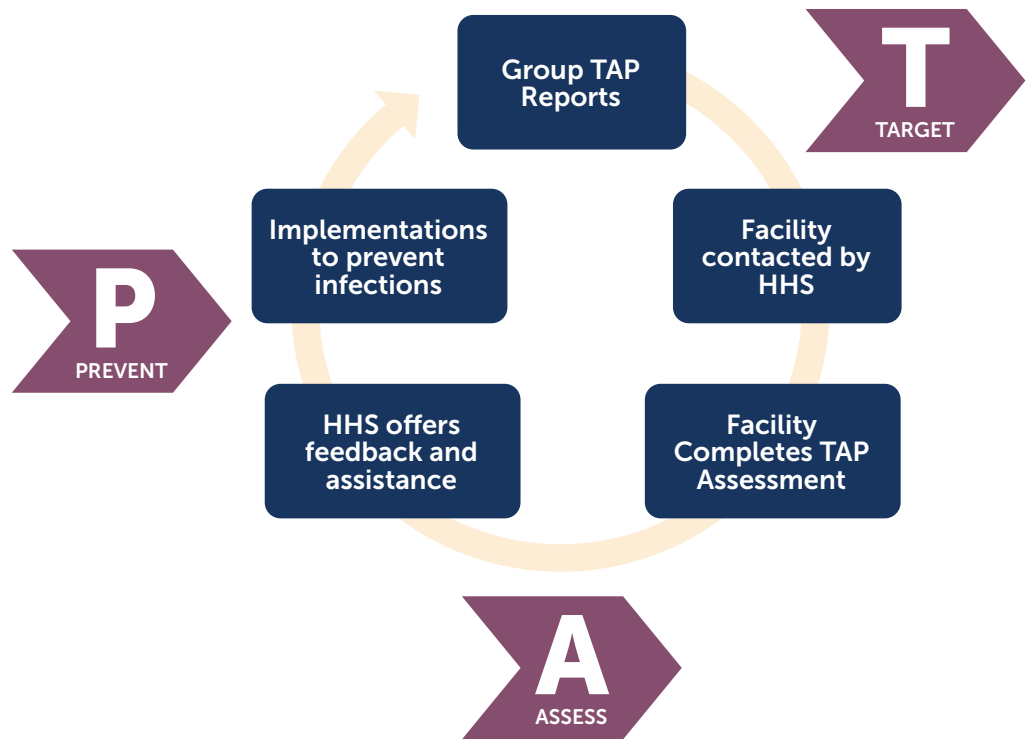
Finding hospitals and specific units with an excess burden of HAIs to target using data from TAP Reports.

## A Assess

Identifying gaps in infection prevention and supporting real-time teaching moments among multidisciplinary staff with TAP Assessments.

## P Prevent

Finding infection prevention resources in TAP Implementation Guides to help customize interventions based on the gaps identified during the assessment.



Find a list of additional resources at [HHS.iowa.gov/hai-prevention](https://HHS.iowa.gov/hai-prevention)



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