Successes

September, 2023 | Volume 2, Issue 2

- "In 2020, we met our goal for C. diff SIR for all four facilities in our system. The other facilities benefitted from the work we did with the TAP Strategy."
 Facility D
- ▶ "Based on our TAP Facility Assessment results, we implemented a 2 step *C. diff* testing protocol. And the lab is starting to have stronger protocol for what they reject, and what they test. We did some audits and realized that it could have been stronger. So, they're much better at that."

> "We implemented a morning list that comes to the Nurse Managers and infection prevention that lists everyone that has been tested for *C. diff* and whether it is negative or positive, so we can double check and make sure we've done appropriate testing. So that was another thing that we actually took from the TAP Strategy."

- Facility F

Benefits

> "We are a system, so now other hospitals are going to implement what we have implemented here. They are having problems with *C. diff* as well, so they are working on it too. They wanted to watch how we are doing, waited a year, and are now working on adapting our practices from here to their hospitals."

- Facility G

"As a CMS hospital contractor, HANYS was thrilled to be able to partner again with the CDC on their TAP Strategy. In this iteration we focused on our hospitals who had the greatest opportunity for improvement with CLABSIs. The CDC TAP program provided a package of tools and resources our hospitals needed, along with direct technical assistance."

- Healthcare Association of New York State (HANYS), NY

"We looked at the TAP Facility Assessment and the TAP Feedback Report to help us prioritize what we were going to focus on. The results helped us reduce true disease – with our cleaning and disinfection, and our antibiotic stewardship. It helps us with those strategies."

- Facility H

Lessons Learned

> "Having these tight partnerships with CDC really does improve engagement and awareness in facilities and allows for a strong and special type of bond and accountability. Having that ongoing relationship and connection with CDC with was so valuable."

- Facility I

"There are three of us in infection prevention, a lead and two coordinators and what we did during COVID was split up our tasks. One handled COVID, one coordinator stayed the primary for *C. diff*, and the second led other HAI investigations. So, we split it up and didn't lose sight of it. Leadership was supportive of us doing that. We did that with CLABSI prevention too. If we didn't do it that way, then we probably couldn't have kept up with it."

- Facility E

"Having someone who is passionate and the point person to help keep things organized and keep things moving forward was the key to our success. We also had support of administration, our nursing administrators, and today we have a monthly HAI investigation meeting where the nurse managers take accountability for the HAIs that have occurred on their unit and accountability for the prevention measures."

- Facility H

August, 2023 | Volume 2, Issue 1

Successes

"We utilized the CDC's NHSN TAP reports to identify hospital outliers in CLABSI rates and SIRs. Of the hospitals identified, 15 "finished" the TAP Strategy, which we defined as completing the process of the TAP Facility Assessment and executing their hospital-specific PDSA cycles. We evaluated these hospitals' outcomes and found that more than half of the hospitals maintained zero events or showed improvement in the most recent comparison period. Hospitals thought the TAP Strategy was helpful in identifying root cause issues in their performance."

- Healthcare Association of New York State (HANYS), NY

"Our facility was able to collect 50 CLABSI TAP Facility Assessments and 28 CAUTI TAP Facility Assessments by engaging unit staff "

- Facility A

> "We used to get 30 *C. diff* infections per year in a small community hospital. Now after we implemented this all, we've had 2 cases since then. Everyone is blown away."

- Facility B

Benefits

> "At the contractor level, our CLABSI rates have improved significantly. This is reflected in the individual hospitals who are investing the time and energy to improve their patients' safety. We were thankful for the CDC's support."

- Healthcare Association of New York State (HANYS), NY

- 🖿 "The TAP Facility Assessment identified the need for physician champions in our facility. We have appointed a CLABSI physician champion and a CAUTI physician champion." - Facility A
- 声 "It's always good to say we have CDC as our backup. It was really great to report to counsel and the quality board to say that our activities align with CDC recommendations, tools, and knowledge. Using the TAP Strategy is really eye opening for many people; when you explain what it is and how many infections we could have prevented, that is eye opening and makes people more alert and aware. The TAP Facility Assessment was so great and in-depth, specific, and detailed."

- Facility C

Lessons Learned

- 声 "In order for change to happen, we cannot simply identify the problem. We must continually strive for improvement with a goal of making our processes highly reliable."
 - Healthcare Association of New York State (HANYS), NY
- 革 "The TAP Strategy is a useful framework for identifying gaps in practices and policies and prioritizing prevention efforts in units with a higher burden of HAIs." - Facility A
- D "Having an IP dedicated to this effort helped a lot. And leadership support that allowed me to dedicate time to it was very helpful. Having top-down leadership support of this initiative completely made this possible. The approach our team took to teach and be a less authoritarian organization made it more effective and allows for more creativity."

- Facility C

TAP Strategy Partner Testimonials

May 2019 | Volume 1, Issue 2

Successes

As a CMS Hospital Improvement Innovation Network (HIIN), the TAP Strategy for CAUTI, CLABSI and CDI were in total alignment with our approach to improve safety across the board. To help drive action at a more granular level, our HIIN regularly uses TAP reports to identify hospitals and units that demonstrate opportunities for improvement and those that exhibit exemplary performance. For our TAP collaborative, a cohort of 17 hospitals collected more than 800 TAP Facility Assessments for CAUTI, CLABSI, and CDI. The leading and lagging indicators identified from these assessments will serve to drive our HIIN's continued improvement efforts.

— New Jersey Hospital Association

The group TAP Reports help us focus our efforts on units/facilities in Ohio with the most opportunity for improvement. Utilizing a combination of the CAD, SIR, and a targeted approach to outreach has improved engagement. While we still have opportunities in the state, we feel that the TAP tools, resources, and approach has been a valuable component of the support we provide.

— Health Services Advisory Group, Ohio

Benefits

As a quality improvement organization that works to synergize patient safety efforts across our state, the TAP Strategy has provided an opportunity to create a forum for stakeholders in New Jersey HAI prevention activities. Working collaboratively with the New Jersey Department of Health Infection Control Antimicrobial Resistance (ICAR) team, we partnered our teams to leverage the joint experience and resources to support healthcare organizations. By collectively using the TAP tools in our New Jersey Antimicrobial Stewardship and HAI Prevention Collaboratives, we have seen a statewide reduction in *C. difficile*, CAUTI and CLABSI rates of greater than 20 percent.

— New Jersey Hospital Association

The TAP Strategy has allowed us to take deeper dives into factors that drive infections... and working with facilities helped us understand the impact on personnel with driving organizational changes.

— Louisiana Department of Health

Lessons Learned

A piece of advice for other organizations as they begin to use the TAP Strategy is to encourage an interdisciplinary approach with engaged and active nurse and physician champions to help deploy their program. As a state, our greatest improvement opportunities as identified by the TAP Facility Assessments were focused around lack of nurse and physician champions in CAUTI, CLABSI and CDI prevention. By bringing strong champions onboard early, facilities can engage them in the improvement process from the start.

— New Jersey Hospital Association

Use data for action. The CAD, SIR, and DUR are powerful tools that Infection Prevention staff should be using to drive change.

– Health Services Advisory Group, Ohio



TAP Strategy Partner Testimonials

March 2019 | Volume 1, Issue 1

Successes

TAP brings unit-based leaders at the hospital to the table...helping to collect Assessments so that we could identify gaps in prevention efforts.

- Louisiana Department of Health

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

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.

-Facility J

Benefits

Facilities have verbalized that TAP allows teams to focus on where the issues are. It provides a complete model for assessing individual units or hospitals and provides evidence-based practices that have a direct impact on patient care. Nursing leadership can quickly identify educational opportunities by utilizing the TAP Facility Assessment Tool.

— Health Services Advisory Group, Florida

Utilizing the TAP Strategy, we were able to engage the largest health system in the state. We worked together to create a CDI testing strategy for several target locations that has since been adapted and implemented throughout the organization.

— Health Services Advisory Group, Ohio

Our facility saw a 60% reduction in the median number of CDI cases/month in 2018 compared with 2016-2017, culminating in reaching zero CDI cases for December 2018. This is the first time our facility has observed zero CDI cases in any month since tracking began.

–Facility J

Lessons Learned

The greatest piece of advice is to make the TAP Strategy driven by the facilities themselves. While the TAP Strategy is a quality improvement program led by our HAI/AR Program, we brand all materials as coming from the facility itself. We also recommended that TAP unit-based leaders not be IPs.

This further reinforced the need for shared infection control responsibilities.

— Louisiana Department of Health

A facility champion is a must; healthcare professionals that truly get TAP will be the biggest supporters. Utilize the value-based purchasing (VBP) SIR thresholds (SIR goal) when generating TAP Reports to engage senior leadership. TAP is perfect for providing an understandable metric (CAD) for senior leadership to appreciate the number of infections above or below the VBP threshold.

— Health Services Advisory Group, Florida

We would recommend targeting specific disciplines involved in processes that affect the transmission of CDI to complete the Assessment, then review the results together as a multidisciplinary team.

—Facility J

