How to Use the TAP Strategy to Prevent HAIs

New Tools Available

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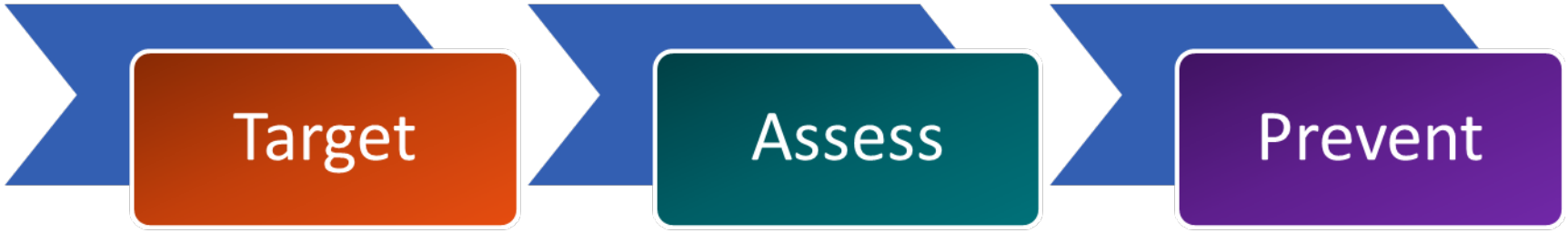
What is the TAP Strategy?

- Framework for quality improvement that uses data for action to prevent 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 the TAP Strategy?

- Many partners utilize the TAP Strategy
  - Individual facilities and health systems
    - Led by IPs, DONs, Quality, HAI Workgroups
  - State and local health departments
  - Hospital Improvement Innovation Networks (HIINs)
  - Hospital Associations
- TAP Tools are available for:
  - CAUTI
  - CLABSI
  - CDI
  - MRSA (TAP Reports available only)

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

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

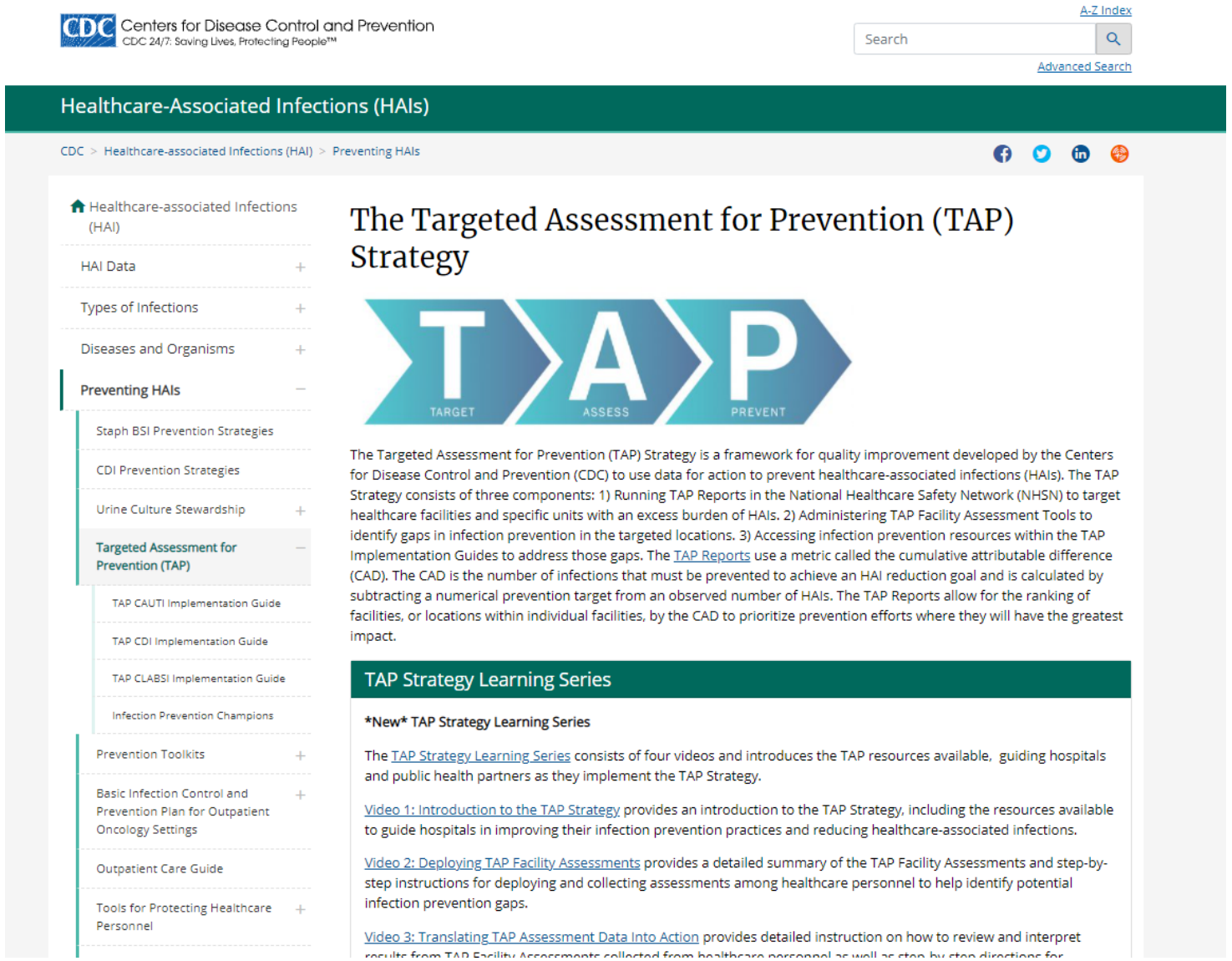
Assess for gaps in infection prevention practices within identified locations using standardized TAP Assessments

Implement interventions and strategies to address gaps and prevent infections

Tools and Resources

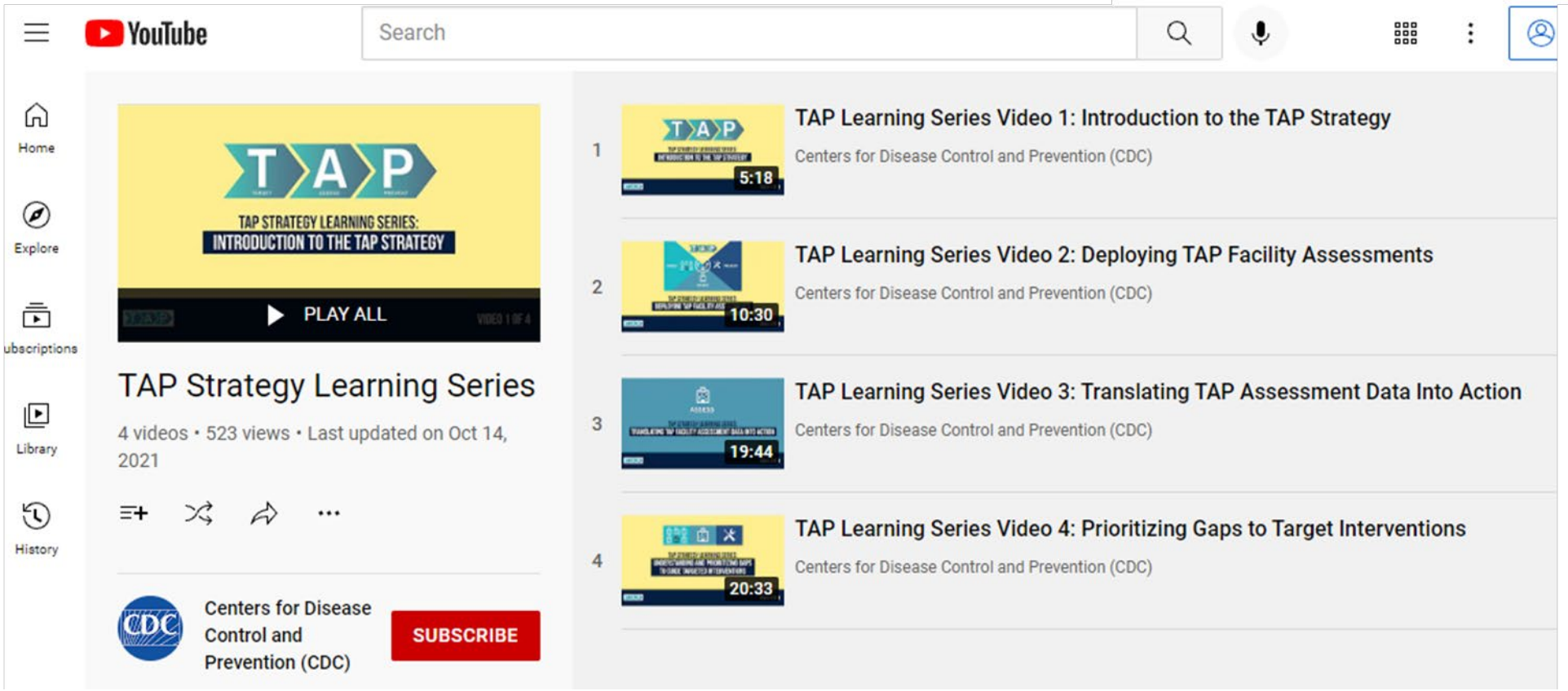
TAP Website:
www.cdc.gov/hai/prevent/tap.html

CDC is available to provide technical assistance for all components of the TAP Strategy for CAUTI, CLABSI, and CDI



TAP Strategy Learning Series Videos

NEW

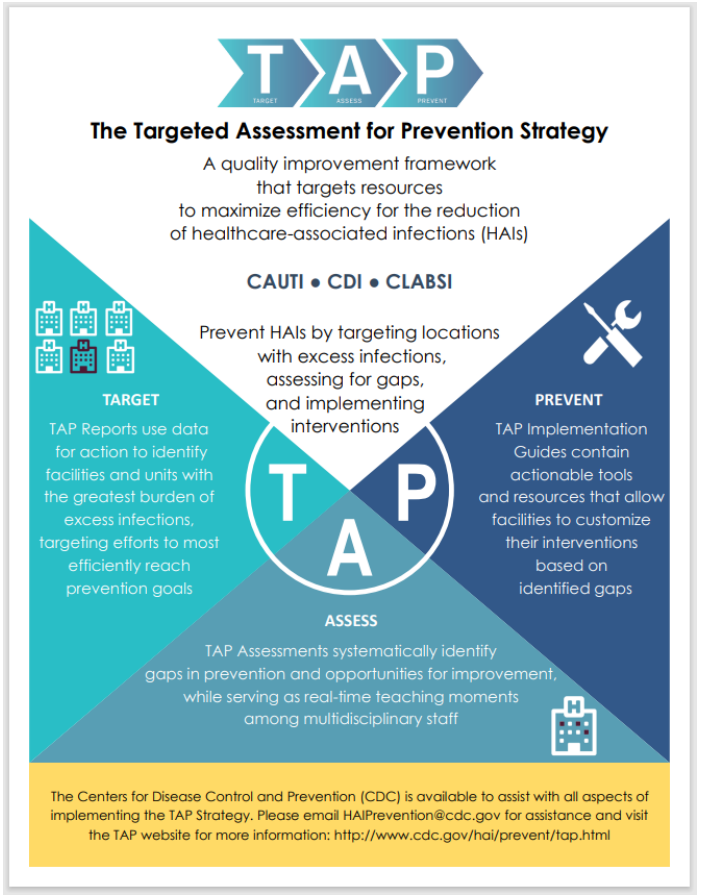


Tools: TAP Introduction & Overview

[Video 1: Introduction to the TAP Strategy]

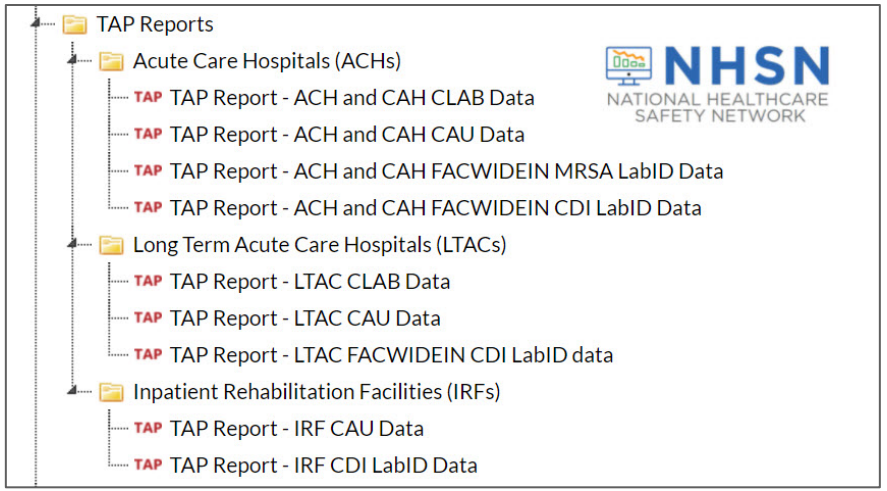
[Facility User 'How To' Guide]

[Group User 'How To' Guide]

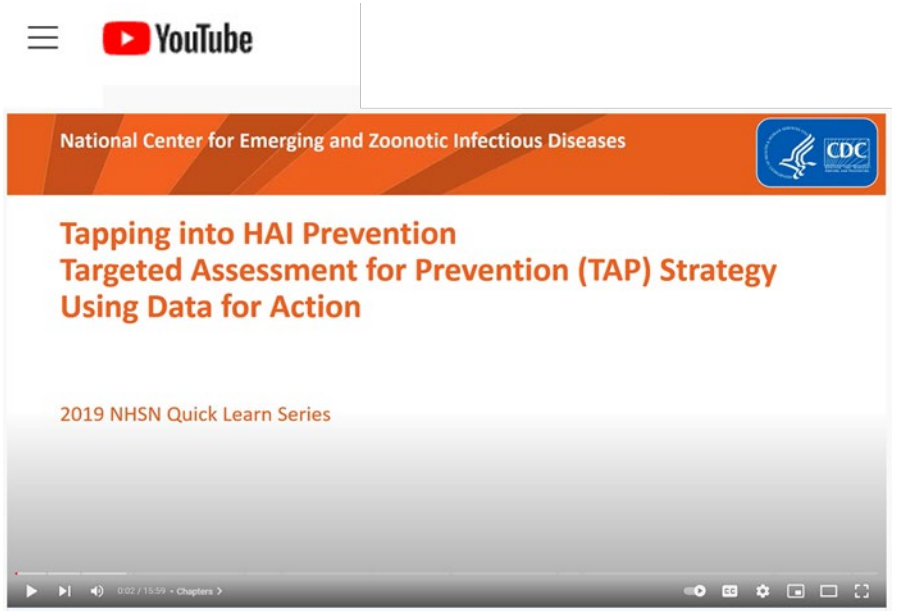


[TAP Infographic]

Tools: Target

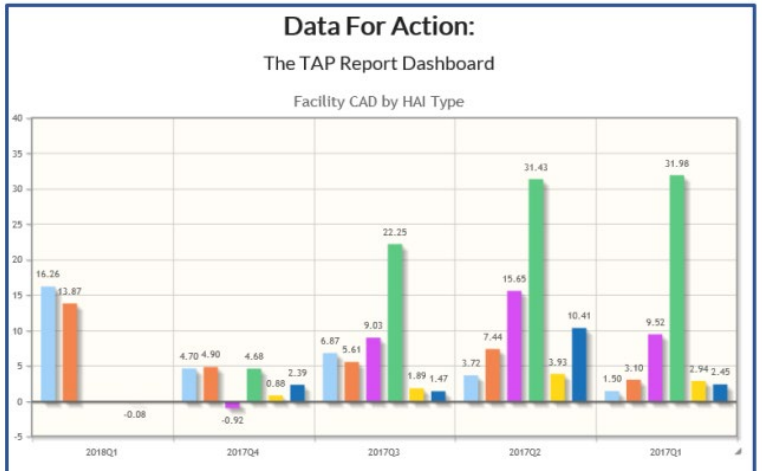


[NHSN TAP Reports]



[NHSN TAP Report Instructional Video]

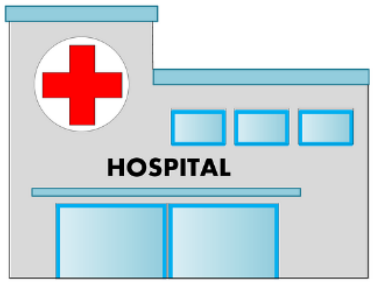
TAP Dashboard Report



[TAP Report Dashboard]

TAP Report Metrics

- The standardized infection ratio (SIR) is a summary measure used to track HAIs at a national, state, or local level over time
  - Adjusts for various facility and/or patient-level factors that contribute to HAI risk within each facility
- The cumulative attributable difference (CAD) is used to identify facilities and units with a higher burden of HAIs
  - Allows specific gaps in infection prevention to be identified and addressed



Standardized Infection Ratio (SIR)

- The SIR is a measure that compares the number of HAIs reported to NHSN to the number of infections that would be predicted based on national baseline data:

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

- SIR interpretation:
  - 1.0 = same number of infections reported as would be predicted given the US baseline data
  - Greater than 1.0 = more infections reported than what would be predicted given the US baseline data
  - Less than 1.0 = fewer infections reported than what would be predicted given the US baseline data

Cumulative Attributable Difference (CAD)

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

- SIR_{goal} = Target or goal defined by the User when running TAP Reports
- CAD is the # of infections needed to prevent to reach an HAI reduction goal (SIR_{goal})

  Positive CAD = more infections than predicted (“excess”) based on goal

  Negative CAD = fewer infections than predicted based on goal

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

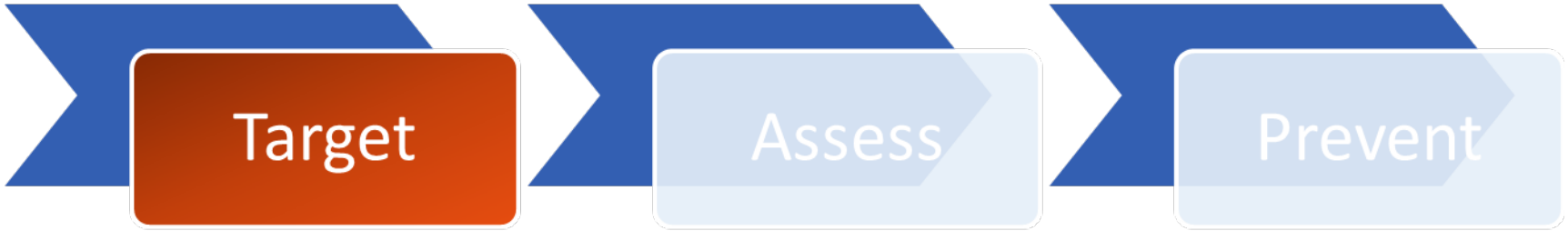
*Custom SIR goal = 0.50

CAD versus SIR

- CAD is not a comparison metric for performance measurement like SIR
  - CAD detects burden of infection

	Facility A	Facility B	Facility C
Observed no.	**30**	**3**	**10**
Predicted no.	10	1	1
SIR	3	3	10
CAD [Observed – (Predictedx1.0)]	**20**	2	9

Soe MM, et al. *Infect. Control Hosp. Epidemiol*. 2015;36(12) :1379–1384

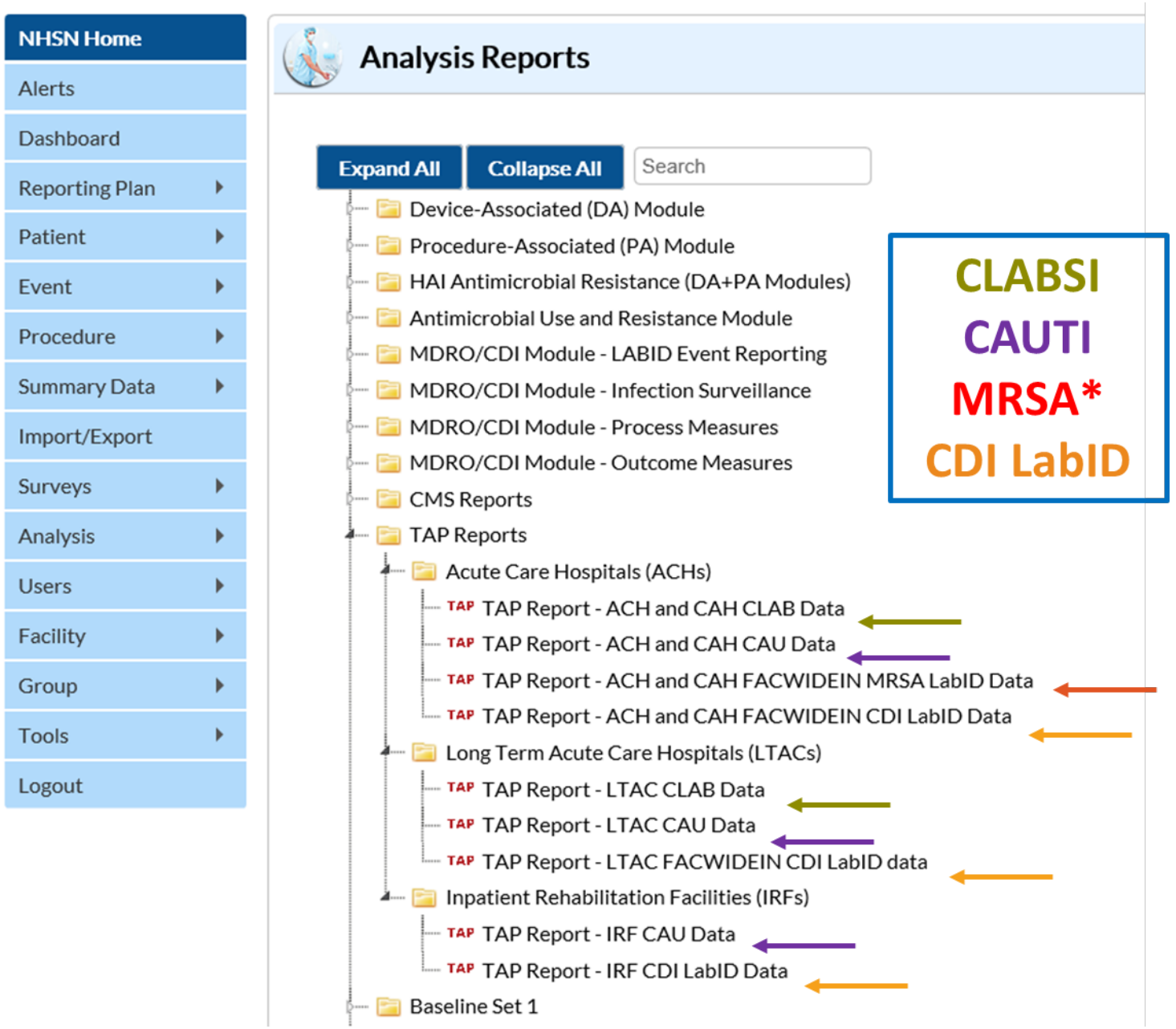


TAP Reports are available within the Patient Safety Component of NHSN for the following facilities and HAIs:

Facility Type	CLABSI	CAUTI	CDI LabID	MRSA LabID
Acute Care Hospital	✓	✓	✓	✓
Long Term Acute Care Hospital	✓	✓	✓	
Inpatient Rehab Facility		✓	✓	

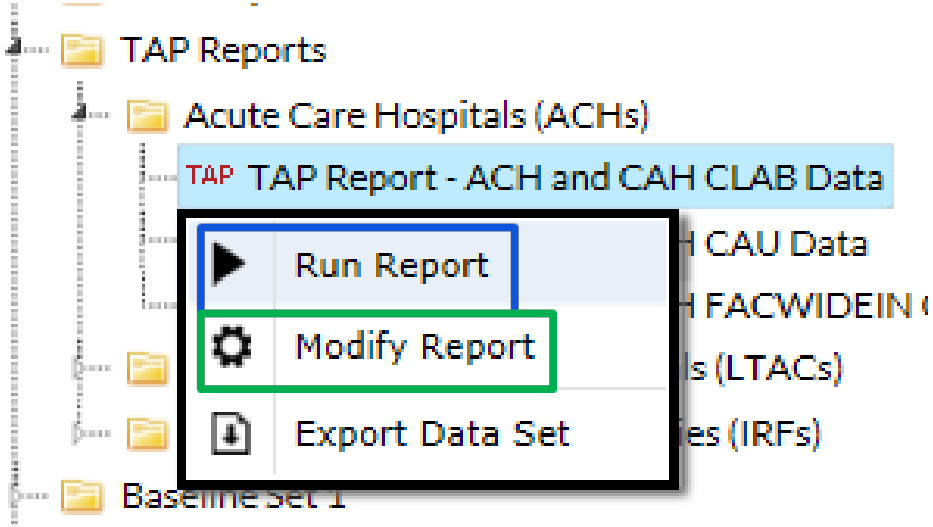
TAP Reports

- TAP Reports are available in the Analysis Reports list within the Patient Safety Component of NHSN



Running TAP Reports

- For each facility type, choose to either Run or Modify a TAP Report for the available HAI type:
  - **Select Run** to create the default TAP Report
    - Includes all data available (as far back as 2015)
    - Uses the HHS 2020 Goals for the SIR Goals
      (CAUTI: 0.75, CLABSI: 0.50, CDI: 0.70, MRSA: 0.50)
  - **Select Modify** to customize TAP Report
    - Title/Format
    - Time period of interest (e.g., 6-12mths)
    - Display Options: SIR Goal



Helpful Hints for Running TAP Reports

- TAP reports are built on the rules that influence SIRs
- 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

Facility TAP Report – CLABSI or CAUTI

Units ranked by CAD within a facility.

FACILITY			LOCATION									
Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	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	.		

The Facility CAD indicates how many infections this hospital would have had to prevent to reach its goal.

- Reducing infections in units with the highest CADs can help the facility reach their goal SIR more efficiently

Facility TAP Report – CDI LabID or MRSA

National Healthcare Safety Network
TAP Report for FACWIDEIN CDI LabID data for Acute Care and Critical Access Hospitals (2015 Baseline)
Facilities Ranked by CAD 'Cumulative Attributable Difference'
SIR Goal: HHS Goal = 0.7
As of February 16, 2017 at 2:00 PM
Date Range: BS2_CDI_TAP summaryYr2016 to 2016

Facility CAD

Facility Org ID	Facility Name	State	Type of Facility	Type of Affiliation	Number of Beds	Patient Days	COHCFA Prevalence	CDIF Facility Incident HO LabID Event Count	CDIF Facility Incident HO LabID Number Expected	Facility CAD	SIR	SIR Test
10401	DHQP Memorial Hospital	GA	HOSP-GEN	M	354	60059	0.14	61	55.034	22.48	1.108	

SIR is set to '.' when expected number of events is <1.0.
Facility Rank = Priority ranking for Targeted Assessment of Prevention by CAD in descending order
COHCFA PREVALENCE RATE = Community-onset healthcare facility-associated CDI prevalence rate per 100 admissions
CAD = Observed - Expected*SELECTED CAD MULTIPLIER
SIR TEST = 'SIG' means SIR > SIR Goal significantly
Data contained in this report were last generated on February 16, 2017 at 12:22 PM.

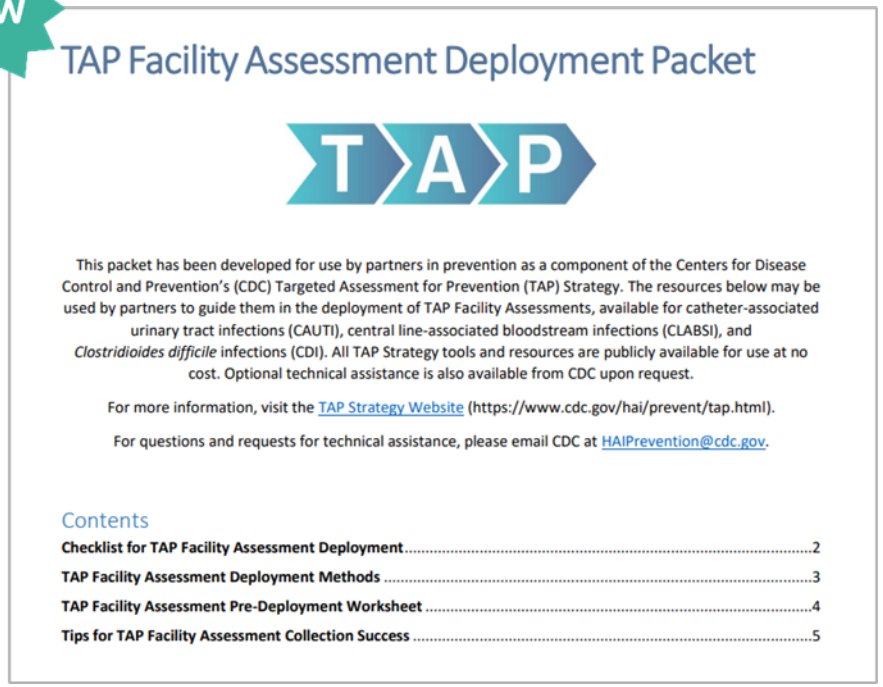
- Data are only applicable at the FACWIDEIN level
- CDI and MRSA TAP Reports will also include an NHSN Line Listing that displays the number of infections by unit (note that these are counts, not adjusted rates or SIRs)

Tools: Assess

NEW

[Video 2: Deploying TAP Facility Assessments]

NEW



TAP Facility Assessment Deployment Packet

TAP

This packet has been developed for use by partners in prevention as a component of the Centers for Disease Control and Prevention's (CDC) Targeted Assessment for Prevention (TAP) Strategy. The resources below may be used by partners to guide them in the deployment of TAP Facility Assessments, available for catheter-associated urinary tract infections (CAUTI), central line-associated bloodstream infections (CLABSI), and *Clostridioides difficile* infections (CDI). All TAP Strategy tools and resources are publicly available for use at no cost. Optional technical assistance is also available from CDC upon request.

For more information, visit the TAP Strategy Website (https://www.cdc.gov/hai/prevent/tap.html).

For questions and requests for technical assistance, please email CDC at HAIPrevention@cdc.gov.

Contents

[TAP Facility Assessment Deployment Packet]

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]

Also available in SurveyMonkey and REDCap by emailing [CDC] at [HAIPrevention@cdc.gov]

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

Facility Assessment Tool

I. General Infrastructure, Capacity, and Processes (Continued)

Feedback	
Does your facility routinely provide feedback data to healthcare personnel on:	
21. CLABSI rates and/or standardized infection ratios (SIR)?	☐ Yes ☐ No ☐ Unknown
22. Central line device utilization ratios (DUR)?	☐ Yes ☐ No ☐ Unknown

Divergent responses

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

On-the-floor practices from view of frontline personnel

V. Environmental Cleaning	Response					
	Never	Rarely	Sometimes	Often	Always	Unknown
1. Are high-touch environmental surfaces (e.g., bed rails/controls, tray table) in patient rooms cleaned:						
A. On a daily basis?	○	○	○	○	○	○
B. Upon discharge?	○	○	○	○	○	○
2. Is shared medical equipment cleaned between patient uses?	○	○	○	○	○	○
3. Is there a clear delineation between items cleaned by Environmental Services personnel versus unit-level personnel (e.g., nurses, nursing assistants, clerks)?	○	○	○	○	○	○
4. Is an EPA-registered product that is effective against C. *difficile* spores used for daily disinfection in the rooms of patients with CDI?	○	○	○	○	○	○
5. Is an EPA-registered product that is effective against C. *difficile* spores used for post-discharge (terminal) disinfection in the rooms of patients with CDI?	○	○	○	○	○	○
6. Is adequate time provided for post-discharge (terminal) cleaning of patient rooms?	○	○	○	○	○	○
7. Are manufacturer instructions followed for use of disinfectants (e.g., appropriate contact time, pre-cleaning)?	○	○	○	○	○	○

Tools: Assess

Facility Name

Clostridium difficile Infection (CDI) Facility Assessment Tool—Feedback Report

Date Range:	54.00	55.67	15.03	0.97	0.92	0.89
2016	Number of healthcare facility-onset CDIs	Number of predicted healthcare facility-onset CDIs	Facility Cumulative Attributable Difference (CAD), or the number of infections the facility would have needed to prevent to achieve an HAI reduction	Healthcare facility-onset CDI Standardized Infection Ratio (SIR)	2014 National healthcare facility-onset CDI SIR	2014 State healthcare facility-onset CDI SIR
			goal SIR of 0.7	SIR >1.0 indicates more infections than predicted		

Assessment Overview

Collected: 53

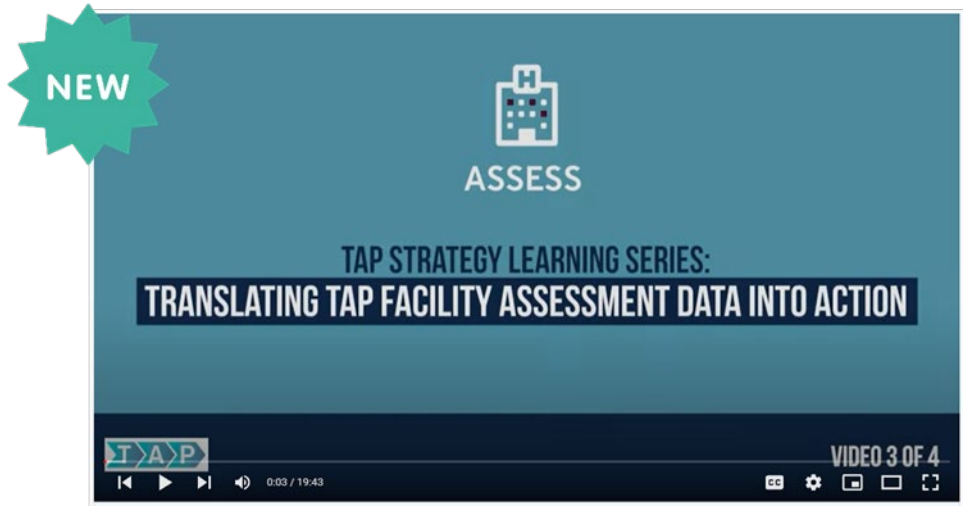
Analyzed: 53

Overall Mean Score: 51.8 out of 80, or 65%

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.

Top Opportunities for Improvement: ‡

Leading*	Lagging†
Leadership involvement in CDI prevention and Training, Competency Assessments, Audits, and Feedback of Performance for Hand Hygiene	Provider & patient/family education about risk of CDI with antibiotics
Preemptive placement on Contact Precautions, prompt collection, and prompt reporting of results when Cdiff tests are ordered	Monitor & Reduce use of Fluoroquinolones & Cephalosporins
Housing of CDI patients separately from patients without CDI and use of Contact Precautions signs	Environmental Cleaning including use of appropriate products, adequate time provided, and delineation of tasks
Cleaning of shared medical equipment between patient uses	Appropriate and prompt ordering of Cdiff tests



TAP Feedback Report:
CDC is available to summarize assessments and create customized Feedback Reports

Partners may also use available Excel templates to independently create the Feedback Reports. Email CDC at HAIPrevention@cdc.gov to receive these Excel files.

Video 3: Translating TAP Assessment Data Into Action

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)

TAP Feedback Report

Summarizes facility infection data

Facility Name

Clostridium difficile Infection (CDI) Facility Assessment Tool—Feedback Report

Date Range:	54.00	55.67	15.03	0.97	0.92	0.89
2016	Number of healthcare facility-onset CDIs	Number of predicted healthcare facility-onset CDIs	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 0.7	Healthcare facility-onset CDI Standardized Infection Ratio (SIR) SIR >1.0 indicates more infections than predicted	2014 National healthcare facility-onset CDI SIR	2014 State healthcare facility-onset CDI SIR

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Leading*	Lagging†
Leadership involvement in CDI prevention and Training, Competency Assessments, Audits, and Feedback of Performance for Hand Hygiene	Provider & patient/family education about risk of CDI with antibiotics
Preemptive placement on Contact Precautions, prompt collection, and prompt reporting of results when Cdiff tests are ordered	Monitor & Reduce use of Fluoroquinolones & Cephalosporins
Housing of CDI patients separately from patients without CDI and use of Contact Precautions signs	Environmental Cleaning including use of appropriate products, adequate time provided, and delineation of tasks
Cleaning of shared medical equipment between patient uses	Appropriate and prompt ordering of Cdiff tests

Summarizes overall 'Leading' and 'Lagging' items

Top Opportunities for Improvement: ‡

Identifies specific gaps by domain

I. General Infrastructure 63%	II. Antibiotic Stewardship 42%	III. Early Detection, Appropriate Testing 62%	IV. Contact Precautions 75%	V. Environmental Cleaning 60%
Nurse champion for CDI prevention activities	Provider and Patient/Family education about risk of CDI with antibiotics	C. difficile tests ordered for appropriate indications: Diarrhea with no other known cause	Use of dedicated medical items for patients with confirmed or suspected CDI	Cleaning of high-touch surfaces in patient rooms: On a daily basis
Physician champion for CDI prevention activities	Monitor use of Fluoroquinolones (antibiotic that is high-risk for CDI)	C. difficile tests ordered for appropriate indications: Testing for diagnosis of CDI	Adherence to use of gowns/gloves: Families/Visitors	Delineation of items cleaned by Environmental Services and unit-level personnel
Routine audits of personnel adherence to use of PPE	Monitor use of 3rd/4th Gen. Cephalosporins (antibiotic that is high-risk for CDI)	Promptness of C. difficile tests ordered	Adherence to hand hygiene policies: Families/Visitors	EPA product effective against Cdiff spores for Daily disinfection in CDI rooms
Feedback of performance to personnel on Use of PPE	Reduce use of Fluoroquinolones (antibiotic that is high-risk for CDI)			Adequate time provided for Terminal cleaning of patient rooms
Feedback of performance to personnel on Contact Precautions Protocols	Reduce use of 3rd/4th Gen. Cephalosporins (antibiotic that is high-risk for CDI)			Manufacturer's instructions followed for use of disinfectants

* Items displayed are based on questions with a frequency of >75% Yes or >75% for the sum of Often + Always

† Items displayed are based on questions with a frequency of >33% Unknown, >50% No, or >50% for the sum of Never + Rarely + Sometimes + Unknown

‡ Items displayed are based on questions within each domain with a frequency of >33% Unknown, >50% No, or >50% for the sum of Never + Rarely + Sometimes + Unknown

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% No, >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			
Question	Yes	No	Unknown
1. Does your facility's senior leadership actively promote CDI prevention activities?	75%	13%	11%
2. Is unit-level leadership involved in CDI prevention activities?	62%	17%	21%
3. Does your facility have a team/work group focusing on CDI prevention?	85%	2%	13%
4. Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?	60%	13%	26%
5. Does your facility have a nurse champion for CDI prevention activities?	29%	51%	20%
6. Does your facility have a physician champion for CDI prevention activities?	43%	43%	14%
Training	**Yes**	**No**	**Unknown**
7. Does your facility provide training on hand hygiene to all healthcare personnel: A. Upon hire?	77%	13%	9%
7. Does your facility provide training on hand hygiene to all healthcare personnel: B. At least annually?	71%	17%	12%
8. Does your facility provide training on use of personal protective equipment (PPE) to all personnel who use PPE, including proper PPE selection and donning/doffing: A. Upon Hire?	79%	9%	11%
8. Does your facility provide training on use of personal protective equipment (PPE) to all personnel who use PPE, including proper PPE selection and donning/doffing: B. At least annually?	87%	4%	9%

Displays response frequencies per question and highlights potential gaps

Tools: Prevent

NEW

[Video 4: Prioritizing Gaps to Target Interventions]

NEW

Facility Name:

Please Note: Not all gaps that were highlighted in the TAP Feedback Report need to be included below. This worksheet is intended for gaps that your facility has determined as priority items to help guide immediate next steps. The worksheet may also include additional gaps that were not highlighted in the TAP Feedback Report. You know your facilities best and may be aware of other areas of improvement that were not identified with the TAP Facility Assessments.

Potential gap identified	Interpretation of gap in context of current facility policies and practices	Categorize as *high, medium,* or *low* priority for your facility	Has your facility implemented anything within the last 2 years that may have addressed this item? If YES, please describe	*Optional*: Initial ideas for potential interventions and/or questions to be addressed?

[Gap Prioritization Worksheet]

Links to Example Resources

- TAP CAUTI Implementation Guide
- TAP CDI Implementation Guide
- TAP CLABSI Implementation Guide

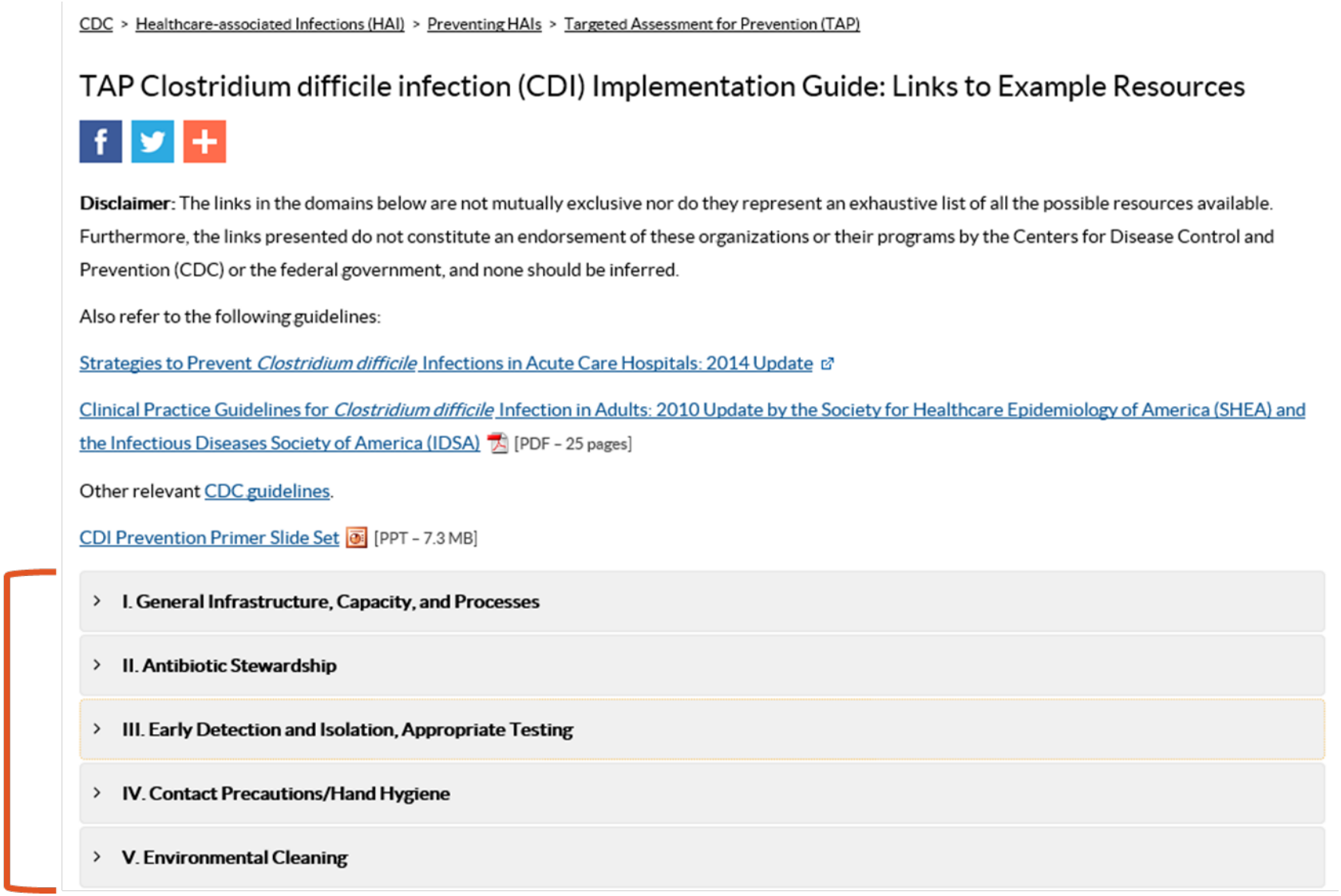
TAP Implementation Guides:

[CAUTI]
[CLABSI]
[CDI]

Gap Prioritization Worksheet

- As facilities identify their priority items, they may use this worksheet internally and/or submit it to CDC at HAIPrevention@cdc.gov
- CDC can then provide example tools, strategies, and resources to help address the gaps identified
- This worksheet helps facilities interpret and prioritize gaps based on:
  - Individual facility contextual factors
  - Current policies and practices
  - Previous and ongoing prevention activities

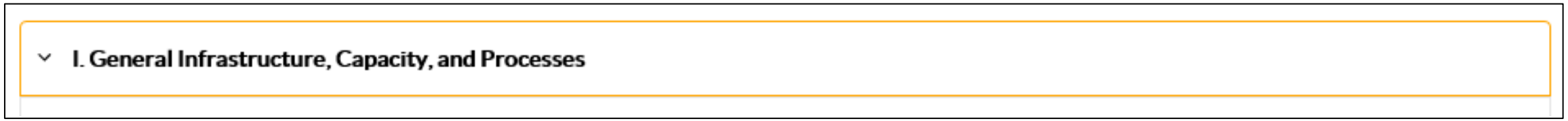
TAP Implementation Guides



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.

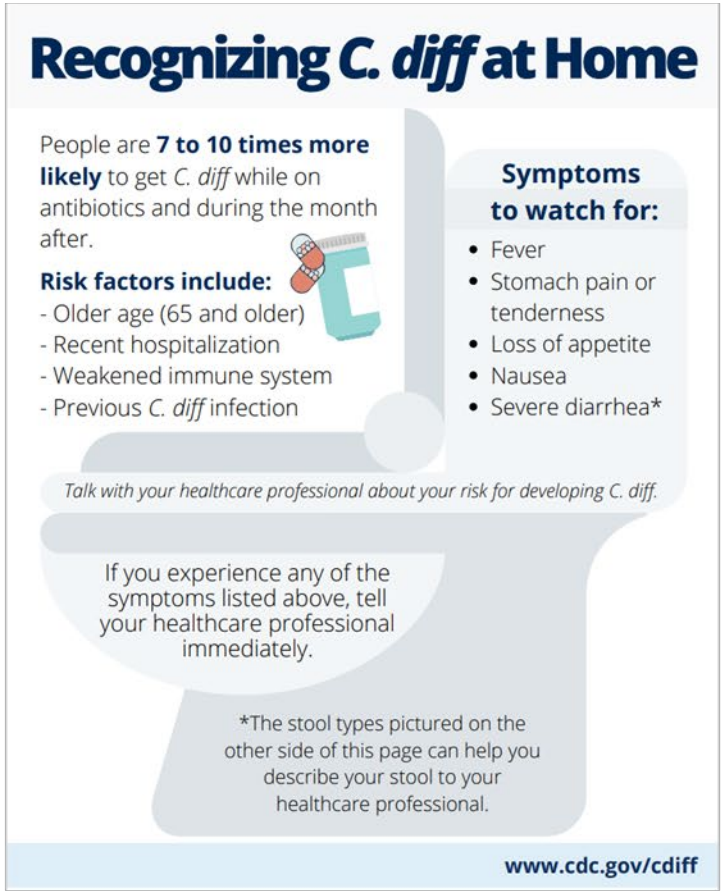
- Try to use a separate bathroom if you have diarrhea.
- If you have to share a bathroom, be sure the area has been cleaned well with bleach products before others use it.
- When cleaning, pay special attention to areas like toilet flushers, lids and seats, sink handles, and doorknobs.

- 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

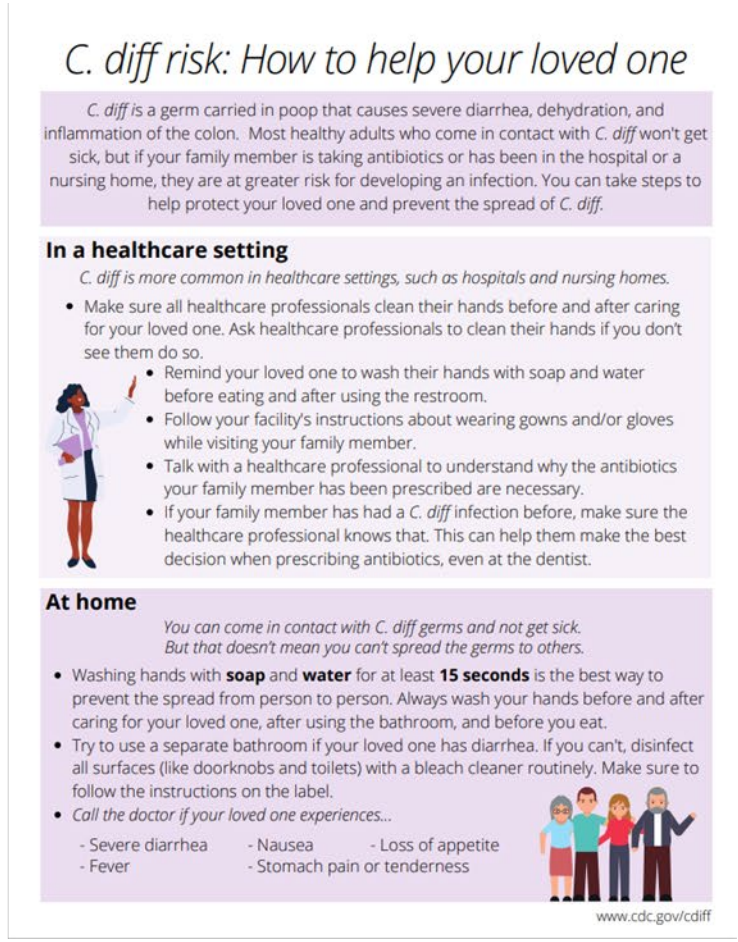
Symptoms to watch for:
- Fever
- Stomach pain or tenderness
- Loss of appetite
- Nausea
- Severe diarrhea*

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

1 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)

2 Implementation Guide

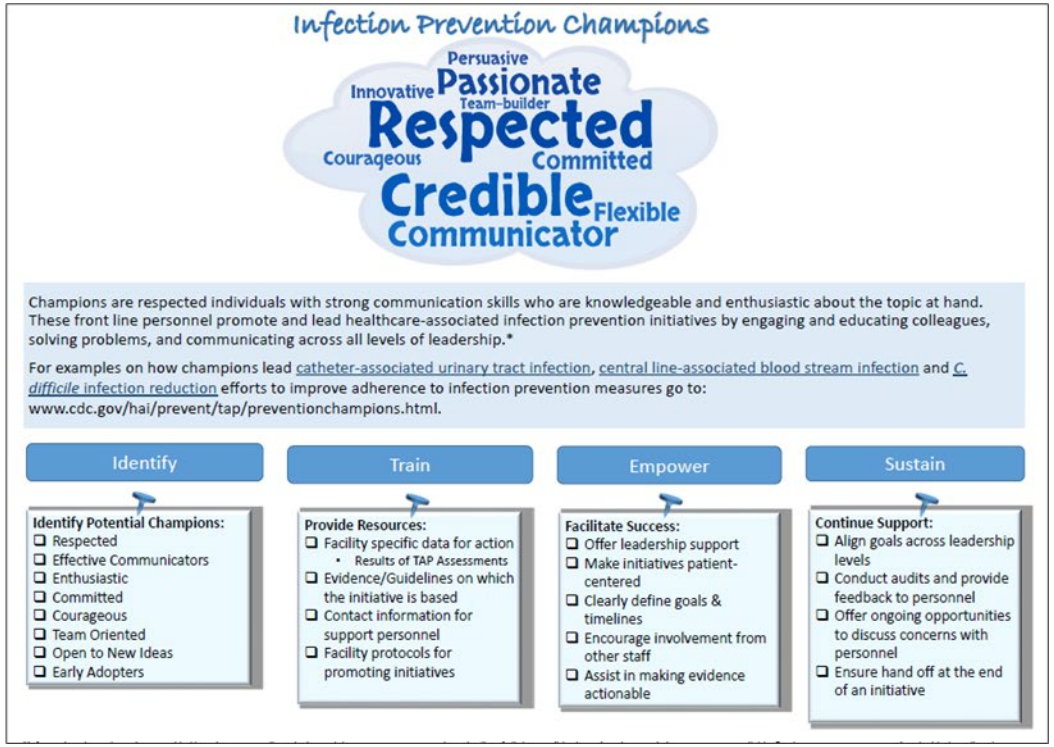
I. General Infrastructure, Capacity, and Processes

Engagement of Leadership, Champions, and Healthcare Personnel

- Infection Prevention Champion

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

3 Prevention Resource



How CDC can help

- CDC is available to provide technical assistance for all aspects of the TAP Strategy
  - Assisting hospitals and health systems directly
  - Coordinating with health departments and prevention partners

- 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!

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