What is a TAP Report?
Critical Access Hospitals

Indiana Department of Health

What is a TAP Report?

Targeted Assessment for Prevention (TAP) reports give information on healthcare-associated infections as well as other information needed to assess infection prevention goals in a facility.

If you have questions on this topic, please read this entire document before contacting IDOH with any remaining questions.

Statewide Central Line-Associated Bloodstream Infection

A — General		B — Device Utilization		C — Improvement Measures		
Location	Infections	Central Line Days	Predicted	SUR	P-value	95% CI
Statewide	1	1493	1722	0.867	0.000	0.824, 0.912
CC	1	157	210	0.749	0.000	0.639, 0.873
OTHER	0	141	169	0.834	0.030	0.705, 0.980
WARD	0	1195	1343	0.890	0.000	0.840, 0.941

Facility-Level Central Line-Associated Bloodstream Infection

General		Device Utilization		Improvement Measures		
Location	Infections	Central Line Days	Predicted	SUR	P-value	95% CI
All	0	33	40.5	0.815	0.236	0.570, 1.131
CC	0	10	7.70	1.299	0.402	0.660, 2.316
WARD	0	23	32.8	0.701	0.077	0.455, 1.036

What's in Each Section?

The table above is an example of what is found in a TAP report. Breaking it down into its components makes it easier to understand:

A. General—This column gives the location the data in the row corresponds to. It also lists the number of observed infections within the specified timeframe.

B. Device Utilization—The number of days that the device in question was used. For this example, it's central lines. The predicted column is the number of device utilization days that are predicted to occur within the specified timeframe.

C. Improvement Measures—

SUR: Standardized Utilization Ratio—Summary measure used to track device use at a national, state, or facility level over time. SUR= Observed Device Days Predicted Device Days ⬚

P-value: A statistical measure that indicates whether the number of observed device days is statistically significantly different from the number of predicted device days.

95% Confidence Interval: A statistical range of values in which we have a high degree of confidence that the true SUR lies.

Interpreting the Improvement Measures

Interpreting the SUR:

If the SUR < 1.0, then fewer device days were observed than predicted.

If the SUR > 1.0, then more device days were observed than predicted.

If the SUR = 1.0, then the same number of device days were observed as predicted.

If your SUR value is blank, SURs are not calculated when the number of predicted infections is less than 1. This rule was instituted to avoid the calculation and interpretation of statistically imprecise SURs, which typically have extreme values.

If your SUR is shaded RED, then your SUR is higher than the national baseline of 1.0.

Interpreting the p-values:

If the p-value ≤ 0.05, we can conclude that the number of observed device days is statistically significantly different from the number predicted.

If the p-value > 0.05, then we can conclude that the number of observed device days is not statistically significantly different from the number predicted.

Interpreting the Confidence Interval:

For a ratio (i.e., the SUR), if the confidence interval does not include the value of 1, then the SUR is significantly different from 1 (i.e., the number of observed device days is significantly different from the number predicted).

For a ratio, if the confidence interval includes the value of 1, then the SUR is not significantly different from 1 (i.e., the number of observed device days is not significantly different from the number predicted).

If the SUR is 0.000 (specifically, the number of device days is 0 and the number of predicted device days is ≥ 1.0), the lower bound of the 95% confidence interval will not be calculated.