

Sample Hospital,
2014 Report

Letter ?? on 2014 Aggregate Annual TAP Report
Michigan Department of Health and Human Services
Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit



The Michigan Department of Health and Human Services (MDHHS) Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit will include the new targeted assessment for prevention (TAP) reports in the 2014 annual statewide aggregate report and subsequent 2015 quarterly aggregate reports. Below, you will see your facility's 2014 annual TAP report. Beginning in 2015, individual TAP reports will be provided quarterly.

This report shows modules and locations where your facility either needs to focus additional prevention efforts, or where your facility is excelling in infection prevention. The table presents a cumulative attributable difference (CAD) determined using the HHS target standardized infection ratios (SIRs) for each module. Numbers in red show how many infections your facility needs to prevent annually in order to reach the HHS target SIR. Numbers in green show the number of infections prevented beyond what was expected for your facility according to the HHS target SIR. Your facility's corresponding SIR for each module and location are provided as well.

A bar graph containing CAD values from all letter-coded SHARP-participating hospitals by module and location will be available in the 2014 Annual Report (in process). This graph will allow each facility to view their rank within each module and location compared to all other SHARP-participating facilities.

2014 Annual Targeted Assessment for Prevention Report					
NHSN Module	Location	SIR ¹	Significant (Y/N) ²	CAD ³	Prevented or Need to Prevent
CAUTI	All	0.8	N	0.8	Need to Prevent
	ICU	0.7	----	1.1	Prevented
	Ward	0.9	----	2.1	Need to Prevent
CLABSI	All	0.2	Y	6.8	Prevented
	ICU	0.5	----	0.4	Prevented
	Ward	.	----	0.1	Prevented
	NICU	0.1	----	3.8	Prevented
CDI	Facility-wide	1.3	Y	51.8	Need to Prevent
MRSA Bac	Facility-wide	0.8	Y	4.5	Prevented
SSI COLO	----	0.9	N	1.2	Need to Prevent
SSI HYST	----	0.6	Y	0.3	Prevented

¹SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or other variables. An SIR of 1 can be interpreted as having the same number of events as predicted. An SIR that is between 0 and 1 represents fewer events than predicted, while an SIR of greater than 1 represents more events than predicted.

²Significant (Y/N). A Y indicates that, based on the p-value and 95% Confidence Interval (CI), the SIR is statistically significantly different than 1. An N indicates that, based on the p-value and 95% CI, the SIR is not statistically significantly different than 1 (expected). P-values and 95% CI will be included in the 2014 Individual Hospital Report.

³CAD=Cumulative Attributable Difference. The number of infections that your hospital either needs to prevent to meet the HHS target or has prevented beyond the HHS target.

HHS CAUTI Target SIR = 0.75, HHS CLABSI Target SIR = 0.5, HHS CDI Target SIR = 0.7, HHS MRSA bacteremia Target SIR = 0.75, HHS SSI Target SIR = 0.75

Please contact Allie Murad at murada@michigan.gov with questions, comments, or suggestions. Aggregate reports are posted at www.michigan.gov/hai.