

For your reference

## Glossary of terms

This glossary includes terms (with the accompanying acronyms) that you will see referenced throughout the States Targeting Reduction in Infections via Engagement (STRIVE) program supplement. Some of these terms may or may not be familiar to you. We hope you find this helpful as you make your way through the publication's content.

- **Targeted Assessment for Prevention (TAP) strategy:** This is a program developed by the Centers for Disease Control and Prevention (CDC) that uses data from the National Healthcare Safety Network to plan actions to prevent healthcare-associated infections (HAIs). It uses the TAP report to prioritize and focus infection prevention efforts to decrease HAIs in facilities that have higher numbers of HAIs.
- **Targeted Assessment for Prevention (TAP) report:** The TAP report provides data about the number of infections that need to be prevented in a facility or a location within a facility to achieve a goal. It is calculated using the Cumulative Attributable Difference metric.
- **Cumulative Attributable Difference (CAD):** The CAD is a metric that provides the number of infections that must be prevented to achieve an HAI reduction goal, and is calculated by subtracting a numerical prevention target from an observed number of HAIs. The CAD is used to rank facilities (or locations within individual facilities) to prioritize prevention efforts where they will have the greatest impact.
- **State Partners:** This refers to the partners in the program who are working with the CDC and the National Project Team to focus quality and infection prevention efforts across the acute care and long-term acute care hospital settings. The partner structure includes entities like state hospital associations, state health departments, and the quality innovation network/quality improvement organizations.
- **Quality Innovation Network (QIN)/Quality Improvement Organization (QIO):** QIN/QIOs are groups of health quality experts, clinicians, and consumers organized to improve the care delivered to people with Medicare. QIN/QIOs are mandated to improve healthcare services through education, outreach, and sharing of practices that have worked in other areas. QIN/QIOs also work to improve the quality of healthcare for targeted health conditions and priority populations, and to reduce the incidence of healthcare-acquired conditions to meet national and local priorities.
- **State Health Department (SHD) and State HAI Coordinators:** The HAI coordinators at state health departments are experts in epidemiology and infectious disease. They conduct statewide activities to target HAI prevention. They also work with targeted hospitals to complete the full, onsite Infection Control Assessment and Response tool. They share lessons learned from HAI prevention projects at all hospitals, and work with other state partners to help coach and facilitate improvement efforts.
- **State Hospital Association (SHA):** The state hospital associations play a key role in supporting facility engagement. They support hospital administrators, physicians, nursing leadership, and quality/patient safety. They serve as the primary contact for such projects and work with other state partners to lead coaching efforts, conduct site visits, and reach out to support the hospitals. The SHAs know the facility's needs and help tailor the tools to their specific needs while meeting the state's HAI prevention goals.
- **Infection Control Assessment and Response (ICAR) Tool:** CDC developed these tools for use in acute care/long-term acute care hospitals, outpatient facilities, long-term care, and hemodialysis. The ICAR tool assists health departments in assessing infection prevention practices and guides quality improvement activities by identifying gaps in practice. Healthcare facilities can also use these tools to conduct internal quality improvement audits.
- **Uber-Adaptive:** These are strategies that can be used to decrease infections. These strategies include the socioadaptive elements that must be considered along with infection prevention interventions for quality improvement projects. These strategies also take into account the culture of the organization, the microculture of specific units, and the context in which the intervention is being implemented.
- **Foundational Elements:** These are basic infection prevention strategies. The eight foundational elements of the STRIVE program are: 1) hand hygiene, 2) use of personal protective equipment, 3) environmental cleaning, 4) antibiotic stewardship, 5) competency-based training, audit and feedback, 6) business case for infection prevention, 7) patient and family engagement, and 8) uber-adaptive.
- **Comprehensive Unit-based Safety Program (CUSP):** CUSP is a quality improvement process that uses clinical best practices and the science of safety to improve the foundation of how physicians, nurses, and other clinical team members work together. The process can increase patient safety by reviewing and evaluating the technical aspects of the care that is provided, and the culture of safety in the facility. It also helps facilities plan for sustaining positive changes, as well as spreading the changes to all areas of the facility.