

HEALTHCARE-ASSOCIATED INFECTIONS REPORT FOR A HEALTHCARE PROVIDER AUDIENCE

2016





Introduction	<u>3</u>
Methods and how to use the information in this report	<u>4</u>
Data interpretation	<u>8</u>
Results	<u>9</u>
Statewide summary	<u>10</u>
Summary tables	<u>11</u>
Acute care hospitals	<u>11</u>
Long-term acute care hospitals	<u>14</u>
Inpatient rehabilitation facilities	<u>15</u>
Outpatient hemodialysis facilities	<u>16</u>
Infection specific tables	<u>19</u>
ACH	<u>20</u>
LTACH	<u>36</u>
IRF	<u>39</u>
Outpatient hemodialysis facilities	<u>40</u>
What healthcare providers can do to prevent infection	<u>46</u>
List of acronyms	<u>47</u>



WHAT IS THE PURPOSE OF THE REPORT?

This report is meant to provide healthcare-associated infection (HAI) information in an understandable way to enable readers to view facility-specific HAI performance, evaluate interventions to drive change within a facility, understand the state's HAI performance as a whole, and/or to compare a facility's HAI performance to others in the state and the rest of the country.

In addition to tracking and reporting HAIs for their own quality improvement initiatives, Connecticut healthcare facilities are required to track and report HAIs in Connecticut to the state health department, and most also do so to fulfill requirements of the federal Centers for Medicare and Medicaid Services (CMS) or other payors. Such tracking and reporting can greatly improve the care patients receive. Healthcare facilities report data about HAIs because they want to know how well they are doing in preventing them. They also can compare themselves with facilities of similar size and with similar kinds of patients to help interpret the data and focus efforts on the most important HAIs to the greatest benefit.

Patients and their family members can also use this information to ask healthcare providers questions before seeking and while receiving medical treatment. A consumer-oriented version of this report is also available.

This report looks at six types of HAIs:

1. Central line-associated bloodstream infections (CLABSI)
2. Catheter-associated urinary tract infections (CAUTI)
3. Surgical site infections (SSI) following colon surgeries and abdominal hysterectomies
4. Positive laboratory results with methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria found in the bloodstream
5. Positive laboratory results with *Clostridium difficile* (*C. difficile*) in stool
6. Dialysis events in hemodialysis centers. In this report data is presented on local access site infections (LASI), and bloodstream infections (BSI).

Healthcare facilities are required by the Connecticut Department of Public Health (DPH) to report these six types of HAIs. More information about Connecticut's mandatory reporting can be found here: <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=557832>

These measures do not represent all possible infections, but were selected by CMS and the DPH to give an overview of how a healthcare facility is doing in preventing healthcare-associated infections. These infections are largely preventable when healthcare providers use infection prevention steps recommended by the Centers for Disease Control and Prevention (CDC) and by the Connecticut Department of Public Health (CT DPH).



HOW DO I READ THE REPORT?

Standardized Infection Ratio

Using a measure called the *standardized infection ratio* (SIR), this report looks at the HAI performance of healthcare facilities in this state by displaying the number of certain HAI types they reported during 2016. The SIR shows whether a healthcare facility had significantly more HAIs, fewer HAIs, or about the same number of HAIs compared to the number predicted for that healthcare facility based on national baseline data and state data.

The SIR is a summary measure that can be used to track HAIs over time and can be calculated on a variety of levels, including unit, facility, state, and nation. It adjusts for differences between healthcare facilities such as types of patients and procedures, as well as other factors such as the facility's size and whether it is affiliated with a medical school (see page 6 for more information about risk adjustment). It compares the number of infections reported in a given time period to the number of infections that were predicted using data from a baseline time period. Lower SIRs indicate better performance.

When the SIR is calculated, there are three possible results:

- The SIR is **less than 1.0** – this indicates that there were fewer infections reported during the surveillance period than would have been predicted given the baseline data.
- The SIR is **equal to 1.0** – the value of 1 indicates that the numerator and denominator are equal. In this case, the number of infections reported during the surveillance period is the same as the number of infections predicted given the baseline data.
- The SIR is **greater than 1.0** – this indicates that there were more infections reported during the surveillance period than would have been predicted given the baseline data.

Rates

Local access site infection in outpatient hemodialysis centers, one of the HAI measures, were calculated using rates rather than the SIR. An infection rate measures the number of new infections seen in a healthcare facility during a given time period for those patients at risk for infection.

A rate is calculated for each infection/event type (i.e., local access site infections in dialysis) as the total number of infections or events reported during 2016, divided by the total number of days or months that patients were at risk for that infection or event.



WHAT DO THE NUMBERS MEAN?

The number of infections alone will not show how well a healthcare facility is doing in preventing HAIs, more information and analysis is needed—that is what the SIR or rates provide. This report shows how healthcare facilities performed during a single year (2016), and compares each facility's performance to the national baseline and to the statewide SIR. The statewide SIR or rates for a given year are specified in the data section of this report. For the purposes of comparison to the nation, **the national baseline SIR is always 1.0**.

Infection rates and SIRs are calculated using a numerator (number of infections) and a denominator (population at risk). Readers should evaluate the numerator and denominator as well as the SIR or rate in order to obtain an accurate picture of the facility's infection experience. Larger facilities that see more patients or do more surgeries may have more infections compared to smaller facilities. Therefore, it is important not only to consider the number of infections for each facility, but to also look at size of the facility and the total number of procedures performed in that time period.

Although HAIs are a significant patient safety and public health concern, they are not the only available quality metric, and other quality measures should be considered in assessing the overall quality of care.

WHERE DO THE NUMBERS COME FROM?

Healthcare facility staff self-report their HAI data to the CDC and the DPH using a free, web-based software system called the National Healthcare Safety Network (NHSN). CDC and the DPH HAI program provides training to hospital staff on the use of this system and provides guidance on how to track infections with standard methods.

Efforts are made through education and training to improve the standardization and understanding of NHSN surveillance guidelines,

case definitions, other definitions relevant to risk adjustment and case classification, and case finding methods. However, there can be variability in interpretation of the case definitions and application of the reporting protocols, leading to differences in reporting practices among facilities. Furthermore, facilities with more resources and/or a robust HAI surveillance program may be able to identify and report more infections compared to a facility with fewer resources.

The SIR calculation compares the number of reported HAIs from a facility or location (ward or ICU) to reports from similar facilities or locations during a baseline period. The initial baselines for the various HAIs (e.g., CLABSI, CAUTI) were developed at different times during 2006-2013. To standardize and update SIR reports, new baselines collected during one recent year were needed. New baselines were developed in 2015; this process is called "rebaselining." The SIRs in this report of 2016 HAI data in Connecticut uses the new 2015 baselines. The effect of rebaselining is to set the SIR for facilities and locations generally back to or close to 1, and then track progress from the new baseline period. This can make tracking of trends before the rebaselining difficult. When NHSN rebaselined, they also revised the mathematical formulas that calculate the expected number of infections needed to calculate the SIR.

These reports cover data that were collected during 2016 and were downloaded from NHSN on May 25, 2017; except for CLABSI, which were downloaded on July 11, and CAUTI, downloaded on July 21, after NHSN model revisions; any changes made to the data after this date are not reflected in this report. More information about NHSN can be found here: <http://www.cdc.gov/nhsn/>



LABORATORY-IDENTIFIED (LABID) EVENT ANALYSES

Clostridium difficile infection (CDI) and methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia LabID events rely on laboratory data. Patients do not have to meet clinical criteria for their events to be reported to NHSN, which allows for a much less labor-intensive means to track CDI and MRSA infections. LabID events that occurred more than three calendar days after admission are considered healthcare associated and counted.

LabID event counts tend to be higher than definitions based on clinical criteria. This may be due to differences in how individual facilities define and classify clinical disease, when specimens are obtained, and variations in hospital laboratory testing methods and practices. LabID events should be considered a 'proxy' measure to estimate the number of CDI and MRSA infections actually occurring.

Despite these caveats, there are benefits to using LabID data. LabID events do not depend on clinical interpretation by providers and thus offer a more standardized and consistent method of collecting and reporting CDI and MRSA surveillance data.

Moreover, LabID events are currently being used by CMS for quality reporting programs. Improving prevention practices as described in existing clinical guidelines should result in a decrease in the number of observed CDI and MRSA LabID events as well as a decrease in the number of clinically-defined infections.

HAI RISK ADJUSTMENT

SIRs are adjusted for risk factors that may affect the number of infections reported by a healthcare facility, such as type of patient care location, bed size of a hospital, patient age, and other factors. The SIR is adjusted differently depending on the type of infection measured.

The SIRs for CLABSI and CAUTIs are adjusted for:

- Type of patient care location
- Hospital affiliation with a medical school (for some units)
- Bed size of the patient care location (for some units)

The SIRs for hospital-onset *C. difficile* and MRSA bloodstream LabID events are adjusted using slightly different risk factors:

- Facility bed size
- Hospital affiliation with a medical school
- The number of patients admitted to the hospital who already have a *C. difficile* or an MRSA bloodstream LabID event ("community-onset" cases)
- For hospital-onset *C. difficile*, the SIR also adjusts for the type of test the hospital laboratory uses to identify *C. difficile* from patient specimens

The SSI SIRs are presented using CDC's Complex Admission/Readmission (A/R) model, which takes into account patient differences and procedure-related risk factors within each type of surgery. These risk factors include:

- Duration of surgery
- Surgical wound class
- Use of endoscopes
- Re-operation status for orthopedic surgeries (e.g., knee replacement, hip replacement)
- Patient age
- Patient assessment at time of anesthesiology

When rates are used, the data have a limited risk-adjustment that may not take into account patient or facility differences that could contribute to the incidence of HAIs.



STATISTICAL SIGNIFICANCE

The p-value and 95% confidence interval are statistical measures that describe the likelihood that what is observed might be explained by random chance.

HAI measures

For HAIs and LabID events, the p-value and confidence interval show whether or not a facility's SIR is significantly different from 1.0 (the value we would expect if the facility performed exactly the same as what was predicted based on the national data). If the p-value is less than or equal to 0.05 (1/20th), one can conclude that the number of observed infections is *significantly different* from the number of predicted infections (i.e., the facility's SIR is significantly different from 1.0). If the p-value is greater than 0.05, one should conclude that the number of observed infections in a facility is *not significantly different* from the number predicted (i.e., not significantly different than 1.0).

The 95% confidence interval is a range of values. One can have a high degree of confidence (in this case, 95%) that the true SIR lies within this range. The upper and lower limits are used to determine the significance and accuracy (or precision) of the SIR. For national comparison, if 1.0 falls within the confidence interval, then the SIR is *not significant* (i.e., the number of observed events is not significantly different from the number predicted). If 1.0 falls outside the confidence interval, then the SIR is *significant*. For state comparison, the statewide SIR is substituted for 1.0. When the SIR is zero, the lower bound of the 95% confidence interval cannot be calculated. However, for ease of interpretation, it can be considered zero. In data presentation, statisticians show this with a blank space followed by a comma, for instance, (, 0.94).

QUALITY ASSURANCE AND DATA VALIDATION

As noted earlier, there may be differences in reporting practices and the

efficacy of surveillance among healthcare facilities. For example, healthcare facilities with more infection control staff to count infections may be able to identify and report more infections compared to a healthcare facility with fewer infection control staff.

Reported data collected by NHSN in this report are self-reported by staff of healthcare facilities. The 2016 data have not been independently verified by public health staff through review of patient charts. However, DPH HAI Program staff check the data for outliers and unexpected results, and periodically checks in with facilities' reporting staff to make sure the reported numbers are correct., including just before freezing the data for this report.

OTHER DATA CAVEATS AND LIMITATIONS

There may be small variations between results published by the CT DPH HAI Program and results published elsewhere (e.g., CMS Hospital Compare). This is expected and can be due for various reasons. Healthcare facilities have the ability to modify their data to update it in NHSN at any time once entered, and as such, results may appear to vary if other sources use different data collection periods or report cutoff dates than Connecticut's reports. Alternatively, the same data may be analyzed and reported using slightly different criteria for analysis of reporting. For example, SSIs can be reported using different length of follow-up.

The CT DPH HAI Program does not calculate an SIR when the number of predicted infections is less than 1.0. In these situations, the SIR cannot be calculated in accordance with the threshold based on CDC recommendations. If the number is lower than the threshold, it means there is too little data and the effect of chance is comparatively too great to judge the facility's performance on this measure. In these situations, the comparison to the nation and the statewide SIR is left blank.



DATA PRESENTED IN THIS REPORT

The following tables summarize findings about HAI in Connecticut's healthcare facilities. Included are the following:

- Acute care hospitals (ACH)
- Long-term acute care hospitals (LTACH)
- Inpatient rehabilitation facilities (IRF)
- Outpatient hemodialysis facilities

CMS assigns each Connecticut facility to one of these facility types. For facility classification in this report, we are using the CMS assignments.

In addition to being presented on facility level, the various HAI are also tracked on unit level: in adult or pediatric ICUs or wards, for example. Because levels of infections can vary between these different units, this more detailed information is important, as it can provide information more relevant for specific infection control measures.

Types of HAI presented in this report:

- CLABSI: Central line-associated blood stream infections
- CAUTI: Catheter-associated urinary tract infections
- SSI: Surgical site infections (colon surgeries and abdominal hysterectomies)
- MRSA: methicillin-resistant *Staphylococcus aureus* bacteraemia
- CDI: *Clostridium difficile* infections

Not all of these infections are presented for each facility or each unit within the facility. This is either because they are not required to report the data to DPH, or because relevant procedures are not performed at that facility or unit.

FACILITIES' PERFORMANCE

Facilities' performance in HAI prevention is shown by comparing them to other facilities adjusting for their risk for HAIs to both the state and to the national baseline. Using the SIR, two values are reported: the number of observed infections, and the number of predicted infections, which is calculated by the CDC based on risk adjustment measures described earlier in this report.

Using these two values, we can find out how a given facility or unit is performing compared to both the state average and the national baseline. We used the following graphics in this report to show how a facility is performing :

 = compared to the state or national SIR, the facility's SIR is statistically significantly better for this HAI

 or
 = the facility's SIR is not statistically significantly different from the national or state SIR; the direction of the arrow indicates whether the SIR is likely lower or higher

 = the facility is doing statistically significantly worse

In some cases, the cells for comparison are left empty. This is because in these facilities or units, the predicted number was determined to be less than 1. In accordance with CDC protocol, the SIR for these facilities cannot be calculated, and so we cannot draw a conclusion about how the facility compares.



HAI REPORT 2016: RESULTS

Statewide summary	10
Summary tables	11
Acute care hospitals	11
Long-term acute care hospitals	14
Inpatient rehabilitation facilities	15
Outpatient hemodialysis facilities	16
 Infection specific tables	 19
ACH	20
LTACH	36
IRF	39
Outpatient hemodialysis facilities	40



STATE HAI REPORT 2016

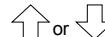
STATEWIDE HAI SUMMARY

HEALTHCARE
ASSOCIATED
INFECTIONS
PROGRESS



LEGEND

2016 statewide SIR for given HAI and facility type is significantly lower (better) than national baseline



2016 statewide SIR for given HAI and facility type is not statistically significantly different from national baseline. If arrow points up, 2016 statewide SIR for given HAI and facility type is worse, but not significantly different from national baseline. If the arrow points down, the facility's SIR is better than the baseline, but not significantly so.

2016 statewide SIR for given HAI and facility type is significantly higher (worse) than national baseline

2016 SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

SIR is calculated on facility level only

N/A Measure not reported to the DPH

Acute care hospitals	CLABSI			CAUTI			Colon SSI			Abdominal hysterectomy SSI			MRSA			CDI		
	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare
All locations	1.03	(0.89, 1.18)		0.93	(0.83, 1.09)		1.16	(0.96, 1.39)		0.96	(0.65, 1.36)		1.06	(0.86, 1.29)		1.01	(0.95, 1.07)	
Adult ICU	0.99	(0.79, 1.23)		0.83	(0.68, 1.00)													
NICU	0.71	(0.37, 1.24)		N/A	N/A	N/A												
Pedi ICU	1.60	(0.78, 2.93)		2.33	(0.85, 5.16)													
Adult ward	1.02	(0.83, 1.24)		1.06	(0.87, 1.27)													
Pedi ward	2.56	(1.25, 4.70)																

Long-term acute care hospitals	CLABSI			CAUTI			MRSA			CDI		
	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare
All locations	0.31	(0.16, 0.54)		1.25	(0.80, 1.86)		0.07	(0.00, 0.67)		0.24	(0.17, 0.33)	
Adult ICU	0.09	(0.01, 0.45)		1.50	(0.79, 2.61)							
Adult Ward	0.41	(0.21, 0.74)		1.12	(0.59, 1.95)							
Pedi Ward												

Inpatient rehabilitation facilities	CAUTI					
	SIR		95% CI		compare	
All IRF	2.34		(0.74, 5.64)			

Outpatient hemodialysis center	BSI			LASI		
	SIR	95% CI	compare	Rate (per 100 patient-months)	P-value	compare
All centers	1.14	(1.01, 1.29)		0.88	0.0003	

LEGEND

2016 facility SIR is significantly lower (better) than national baseline

or

2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

N/A

The facility does not perform this procedure

FACILITY NAME	Bloodstream Infections (CLABSI)	Urinary Tract Infections (CAUTI)	Colon Surgical Site Infections (SSI)	Surgical Site Infections from Abdominal Hysterectomies	C. difficile Events	Methicillin-Resistant Staphylococcus aureus (MRSA) Events
Bridgeport Hospital						
Bristol Hospital						
Connecticut Children's Medical Center						
Danbury Hospital						
Day Kimball Hospital						
Eastern Connecticut Health Network—Manchester Memorial Hospital						
Eastern Connecticut Health Network—Rockville General Hospital						
Greenwich Hospital						
Griffin Hospital						
Hartford Hospital						
Hospital at Hebrew Care			N/A	N/A		

LEGEND

2016 facility SIR is significantly lower (better) than national baseline

or

2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

N/A

The facility does not perform this procedure

FACILITY NAME	Bloodstream Infections (CLABSI)	Urinary Tract Infections (CAUTI)	Colon Surgical Site Infections (SSI)	Surgical Site Infections from Abdominal Hysterectomies	C. difficile Events	Methicillin-Resistant Staphylococcus aureus (MRSA) Events
Johnson Memorial Hospital						
Lawrence & Memorial Hospital						
Masonicare Health Center			N/A	N/A		
Middlesex Hospital						
MidState Medical Center						
Milford Hospital						
New Milford Hospital						
Norwalk Hospital						
Sharon Hospital						
St. Francis Hospital and Medical Center						
St. Mary's Hospital						

LEGEND

2016 facility SIR is significantly lower (better) than national baseline

or 2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

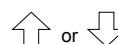
2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

2016 facility SIR is significantly higher (worse) than national baseline

FACILITY NAME	Bloodstream Infections (CLABSI)	Urinary Tract Infections (CAUTI)	Colon Surgical Site Infections (SSI)	Surgical Site Infections from Abdominal Hysterectomies	C. difficile Events	Methicillin-Resistant Staphylococcus aureus (MRSA) Events
St. Vincent's Medical Center						
Stamford Hospital						
The Charlotte Hungerford Hospital						
The Hospital of Central Connecticut						
The William W. Backus Hospital						
University of Connecticut Health Center						
Waterbury Hospital Health Center						
Windham Hospital						
Yale-New Haven Hospital						
Yale-New Haven Hospital —St. Raphael Campus						

LEGEND

2016 facility SIR is significantly lower (better) than national baseline



2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

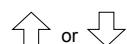


2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol



2016 facility SIR is significantly higher (worse) than national baseline

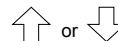
FACILITY NAME	Bloodstream infections (CLABSI)	Urinary tract infections (CAUTI)	C. difficile Events	Methicillin-Resistant Staphylococcus aureus (MRSA) Events
Gaylord Hospital	⬇	⬆	⬇	⬇
Healthcare Center at the CT Veterans' Home, Rocky Hill		⬇	⬇	⬇
Hospital for Special Care	⬇	⬆	⬇	⬇

LEGEND2016 facility SIR is significantly lower
(better) than national baseline2016 facility SIR is not statistically significantly
different from national baseline. If arrow points up,
the SIR is worse than baseline (but not significant-
ly so), if it points down, the facility's SIR is better
than the baseline (but not significantly so).2016 facility SIR cannot be calculated be-
cause the predicted number of infections is less
than one, in accordance with CDC protocol

FACILITY NAME	Urinary Tract Infections (CAUTI)
Danbury Hospital	
Lawrence & Memorial Hospital	
Mount Sinai Rehabilitation Hospital	
St. Vincent's Medical Center	
Stamford Hospital	
Yale-New Haven Hospital	

LEGEND

2016 facility SIR or rate is significantly lower (better) than national baseline



2016 facility SIR or rate is not statistically significantly different from national baseline. If arrow points up, the SIR or rate is worse than baseline (but not significantly so), if it points down, the facility's SIR or rate is better than the baseline (but not significantly so).

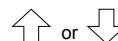


2016 facility SIR or rate is significantly higher (worse) than national baseline

FACILITY NAME	Bloodstream infections (BSI) SIR	Local access associated infections (LASI) rate
Black Rock Dialysis	↓	↑
Bloomfield Dialysis	↓	↓
Branford Dialysis	↓	↓
Bridgeport Dialysis	↑	↑
Central Connecticut Dialysis Center	↓	↓
Comprehensive Dialysis Care, LLC	↑	↑
Danbury Dialysis Center	↑	↑
DaVita Waterbury Heights Dialysis	↑	↑
Dialysis Center Of Newington	↓	↓
East Hartford Dialysis Center	↓	↓
Enfield Dialysis Center	↓	↑
Farmington Dialysis	↓	↑
FMC Dialysis Services Forestville	↓	↓
FMC of Fairfield	↑	↓
FMC of Hartford	↓	↓
FMC of Southington	↑	↓

LEGEND

2016 facility SIR or rate is significantly lower (better) than national baseline



2016 facility SIR or rate is not statistically significantly different from national baseline. If arrow points up, the SIR or rate is worse than baseline (but not significantly so), if it points down, the facility's SIR or rate is better than the baseline (but not significantly so).



2016 facility SIR or rate is significantly higher (worse) than national baseline

FACILITY NAME	Bloodstream infections (BSI) SRI	Local access associated infections (LASI) rate
FMC of Western Hartford	↑	↓
FMC Shoreline	↓	↓
FMC Windsor	↑	↓
Greater Waterbury DaVita Dialysis	↑	↑
Hamden Dialysis	↑	↑
Hartford Dialysis	↑	↑
Hartford Hospital	↑	↓
Housatonic Dialysis	↓	↓
Manchester Dialysis Center	↑	↑
Middlesex Dialysis Center, LLC.	↓	↓
Milford Dialysis	↑	↓
New Britain General Hospital	↓	↑
New Haven Dialysis	↑	↑
New London Dialysis	↓	↓
North Haven Dialysis	↓	↓
Norwich Dialysis	↑	↓

LEGEND

2016 facility SIR or rate is significantly lower (better) than national baseline

or 2016 facility SIR or rate is not statistically significantly different from national baseline. If arrow points up, the SIR or rate is worse than baseline (but not significantly so), if it points down, the facility's SIR or rate is better than the baseline (but not significantly so).

2016 facility SIR or rate is significantly higher (worse) than national baseline

FACILITY NAME	Bloodstream infections (BSI) SRI	Local access associated infections (LASI) rate
Palomba Drive Dialysis		
Physicians Dialysis Inc. Rocky Hill		
Shelton Dialysis		
South Norwalk Dialysis		
St. Raphael Dialysis Center		
Stamford Dialysis		
Torrington Dialysis		
U.S. Renal Care Branford Dialysis		
U.S. Renal Care North Haven Dialysis		
U.S. Renal Care Orange Dialysis		
UCONN Dialysis Center		
Vernon Dialysis Center		
Wallingford Dialysis Care, LLC.		
Willard Avenue Dialysis		
Windham Dialysis Center		



Infection-specific tables

Acute care hospitals

CLABSI.....	20
CAUTI.....	24
Colon SSI	28
Abdominal hysterectomy SSI.....	30
MRSA	32
<i>C. difficile</i> infections	33

Long-term acute care hospitals

CLABSI.....	36
CAUTI.....	37
MRSA	38
<i>C. difficile</i> infections	38

Inpatient rehabilitation facilities

CAUTI.....	39
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Outpatient hemodialysis facilities

BSI.....	40
LASI.....	43



STATE HAI REPORT 2016

ACUTE CARE HOSPITALS: CLABSI

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)

2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)

or

2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2016 CLABSI SIRs

Adult ICUs	0.99 (0.79, 1.23)
Neonatal ICUs	0.71 (0.37, 1.24)
Pediatric ICUs	1.60 (0.78, 2.93)
Adult Wards	1.02 (0.83, 1.24)
Pediatric Wards	2.56 (1.25, 4.70)

FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95%CI	How does this facility compare?	
							State	National baseline
Bridgeport Hospital	Adult ICUs	4,304	3	5.22	0.58	(0.15, 1.57)		
	Adult Wards	11,904	10	11.61	0.86	(0.44, 1.54)		
Bristol Hospital	Adult ICUs	879	1	0.66				
	Adult Wards	1,321	0	0.86				
Connecticut Children's Medical Center	Pediatric ICUs	2,051	4	2.96	1.35	(0.43, 3.26)		
	Neonatal ICUs	3,923	1	5.56	0.18	(0.01, 0.89)		
	Pediatric Wards	2,227	6	2.20	2.73	(1.11, 5.67)		
Danbury Hospital	Adult ICUs	2,221	2	2.51	0.80	(0.13, 2.64)		
	Neonatal ICUs	307	0	0.39				
	Adult Wards	2,751	1	2.68	0.37	(0.02, 1.84)		
	Pediatric Wards	1	0	0.00				
Day Kimball Hospital	Adult ICUs	337	0	0.23				
	Adult Wards	439	0	0.25				
Eastern Connecticut Health Network—Manchester Memorial Hospital	Adult ICUs	1,173	2	1.15	1.74	(0.29, 5.75)		
	Neonatal ICUs	32	0	0.02				
	Adult Wards	1,182	1	1.00	1.00	(0.05, 4.93)		
Eastern Connecticut Health Network—Rockville General Hospital	Adult ICUs	394	2	0.34				
	Adult Wards	259	0	0.20				

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)

2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)

or

2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2016 CLABSI SIRs

Adult ICUs	0.99 (0.79, 1.23)
Neonatal ICUs	0.71 (0.37, 1.24)
Pediatric ICUs	1.60 (0.78, 2.93)
Adult Wards	1.02 (0.83, 1.24)
Pediatric Wards	2.56 (1.25, 4.70)

FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95%CI	How does this facility compare?	
							State	National baseline
Greenwich Hospital	Adult ICUs	685	2	0.67				
	Neonatal ICUs	164	0	0.19				
	Adult Wards	3,081	2	2.61	0.77	(0.13, 2.53)		
	Pediatric Wards	25	0	0.02				
Griffin Hospital	Adult ICUs	768	0	0.58				
	Adult Wards	1,004	0	0.65				
Hartford Hospital	Adult ICUs	14,004	9	15.80	0.57	(0.28, 1.05)		
	Adult Wards	10,197	19	9.94	1.91	(1.19, 2.93)		
Hospital at Hebrew Care	Adult Wards	109	0	0.06				
Johnson Memorial Hospital	Adult ICUs	287	0	0.19				
	Adult Wards	574	0	0.33				
Lawrence & Memorial Hospital	Adult ICUs	1,957	0	1.70	0.00	(, 2.10)		
	Neonatal ICUs	155	0	0.13				
	Adult Wards	3,482	1	2.61	0.38	(0.02, 2.18)		
Masonicare Health Center	Adult Wards	522	0	0.30				
Middlesex Hospital	Adult ICUs	1,022	1	0.89				
	Adult Wards	2,367	1	1.79	0.56	(0.03, 2.76)		
MidState Medical Center	Adult ICUs	1,018	2	0.77				
	Adult Wards	1,903	2	1.24	1.61	(0.27, 5.33)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)

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or

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2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2016 CLABSI SIRs

Adult ICUs	0.99 (0.79, 1.23)
Neonatal ICUs	0.71 (0.37, 1.24)
Pediatric ICUs	1.60 (0.78, 2.93)
Adult Wards	1.02 (0.83, 1.24)
Pediatric Wards	2.56 (1.25, 4.70)

FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
							State	National baseline
Milford Hospital	Adult ICUs	1,031	0	0.69				
	Adult Wards	1,062	0	0.62				
New Milford Hospital	Adult Wards	485	1	0.28				
Norwalk Hospital	Adult ICUs	1,521	0	1.49	0.00	(, 2.01)		
	Neonatal ICUs	87	0	0.11				
	Adult Wards	2,992	0	2.53	0.00	(, 1.18)		
Sharon Hospital	Adult ICUs	107	0	0.07				
	Adult Wards	154	0	0.09				
St. Francis Hospital and Medical Center	Adult ICUs	6,649	4	7.50	0.53	(0.17, 1.29)		
	Neonatal ICUs	554	5	0.86				
	Adult Wards	5,836	4	5.69	0.70	(0.22, 1.70)		
St. Mary's Hospital	Adult ICUs	2,235	5	1.96	2.56	(0.94, 5.67)		
	Neonatal ICUs	68	0	0.06				
	Adult Wards	2,278	3	1.72	1.74	(0.44, 4.74)		
St. Vincent's Medical Center	Adult ICUs	2,044	2	2.06	0.97	(0.16, 3.21)		
	Adult Wards	2,525	2	2.20	0.91	(0.15, 3.01)		
Stamford Hospital	Adult ICUs	1,921	4	1.88	2.13	(0.68, 5.13)		
	Neonatal ICUs	270	0	0.34				
	Adult Wards	4,290	0	3.63	0.00	(, 0.83)		
	Pediatric Wards	9	0	0.01				



LEGEND

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↑ or ↓

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2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2016 CLABSI SIRs	
Adult ICUs	0.99 (0.79, 1.23)
Neonatal ICUs	0.71 (0.37, 1.24)
Pediatric ICUs	1.60 (0.78, 2.93)
Adult Wards	1.02 (0.83, 1.24)
Pediatric Wards	2.56 (1.25, 4.70)

FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
							State	National baseline
The Charlotte Hungerford Hospital	Adult ICUs	1,172	3	0.88				
	Adult Wards	2,715	0	1.77	0.00	(, 1.70)		
The Hospital of Central Connecticut	Adult ICUs	3,504	6	3.95	1.52	(0.62, 3.16)		
	Neonatal ICUs	172	0	0.15				
	Adult Wards	4,156	4	4.05	0.99	(0.31, 2.38)		
The William W. Backus Hospital	Adult ICUs	1,302	2	0.98				
	Adult Wards	5,365	1	3.49	0.29	(0.01, 1.41)		
University of Connecticut Health Center	Adult ICUs	1,978	5	1.94	2.58	(0.95, 5.72)		
	Adult Wards	1,873	4	1.59	2.52	(0.80, 6.09)		
Waterbury Hospital Health Center	Adult ICUs	3,101	5	3.04	1.65	(0.60, 3.65)		
	Adult Wards	3,838	7	3.25	2.15	(0.94, 4.26)		
Windham Hospital	Adult Wards	363	0	0.21				
Yale-New Haven Hospital—St. Raphael Campus	Adult ICUs	1,592	0	1.80	0.00	(, 1.67)		
	Adult Wards	3,769	3	3.67	0.82	(0.21, 2.22)		
Yale-New Haven Hospital	Adult ICUs	15,295	16	17.26	0.93	(0.55, 1.47)		
	Pediatric ICUs	1,863	5	2.68	1.86	(0.68, 4.13)		
	Neonatal ICUs	5,122	5	7.65	0.65	(0.24, 1.45)		
	Adult Wards	21,444	27	20.91	1.29	(0.87, 1.85)		
	Pediatric Wards	1,299	3	1.28	2.34	(0.60, 6.37)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



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Statewide ACH 2016 CAUTI SIRs

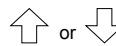
Adult ICUs	0.83 (0.68, 1.00)
Pediatric ICUs	2.33 (0.85, 5.16)
Adult Wards	1.06 (0.87, 1.27)
Pediatric Wards	<1

FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95%CI	How does this facility compare?	
							State	National baseline
Bridgeport Hospital	Adult ICUs	5,511	6	8.97	0.67	(0.27, 1.39)		
	Adult Wards	9,371	5	11.60	0.43	(0.16, 0.96)		
Bristol Hospital	Adult ICUs	1,627	0	1.19	0	(, 2.52)		
	Adult Wards	2,118	0	1.38	0	(, 2.17)		
Connecticut Children's Medical Center	Pediatric ICUs	612	0	0.94				
	Pediatric Wards	527	1	0.38				
Danbury Hospital	Adult ICUs	3,497	2	4.56	0.44	(0.07, 1.45)		
	Adult Wards	3,939	6	4.93	1.22	(0.49, 2.53)		
	Pediatric Wards	-	0					
Day Kimball Hospital	Adult ICUs	735	0	0.40				
	Adult Wards	941	0	0.46				
Eastern Connecticut Health Network—Manchester Memorial Hospital	Adult ICUs	1,884	0	2.00	0	(, 1.50)		
	Adult Wards	1,704	3	1.70	1.77	(0.45, 4.81)		
Eastern Connecticut Health Network—Rockville General Hospital	Adult ICUs	640	0	0.51				
	Adult Wards	906	0	0.65				

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)

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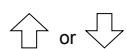
Statewide ACH 2016 CAUTI SIRs	
Adult ICUs	0.83 (0.68, 1.00)
Pediatric ICUs	2.33 (0.85, 5.16)
Adult Wards	1.06 (0.87, 1.27)
Pediatric Wards	<1

FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95%CI	How does this facility compare?	
							State	National baseline
Greenwich Hospital	Adult ICUs	1,215	0	1.29	0	(, 2.32)		
	Adult Wards	3,187	4	3.19	1.25	(0.40, 3.02)		
	Pediatric Wards	13	0	0.01				
Griffin Hospital	Adult ICUs	1,451	0	1.08	0	(, 2.78)		
	Adult Wards	1,749	2	1.27	1.58	(0.26, 5.21)		
Hartford Hospital	Adult ICUs	16,067	34	30.96	1.10	(0.77, 1.52)		
	Adult Wards	12,666	19	15.59	1.22	(0.76, 1.87)		
Hospital at Hebrew Care	Adult Wards	128	0	0.07				
Johnson Memorial Hospital	Adult ICUs	711	0	0.39				
	Adult Wards	973	1	0.48				
Lawrence & Memorial Hospital	Adult ICUs	3,607	5	3.56	1.40	(0.51, 3.11)		
	Adult Wards	4,040	3	3.45	0.87	(0.22, 2.36)		
Masonicare Health Center	Adult Wards	1,471	1	0.80				
Middlesex Hospital	Adult ICUs	1,312	0	1.09	0	(, 2.74)		
	Adult Wards	1,671	2	1.33	1.50	(0.25, 4.97)		
MidState Medical Center	Adult ICUs	1,530	1	1.14	0.88	(0.04, 4.33)		
	Adult Wards	2,718	1	1.84	0.55	(0.03, 2.69)		

LEGEND

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Statewide ACH 2016 CAUTI SIRs

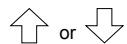
Adult ICUs	0.83 (0.68, 1.00)
Pediatric ICUs	2.33 (0.85, 5.16)
Adult Wards	1.06 (0.87, 1.27)
Pediatric Wards	<1

FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
							State	National baseline
Milford Hospital	Adult ICUs	1,503	0	0.84				
	Adult Wards	1,332	1	0.65				
New Milford Hospital	Adult Wards	762	0	0.42				
Norwalk Hospital	Adult ICUs	1,434	1	1.53	0.66	(0.03, 3.24)		
	Adult Wards	1,983	3	1.97	1.53	(0.39, 4.15)		
Sharon Hospital	Adult ICUs	330	0	0.18				
	Adult Wards	429	0	0.21				
St. Francis Hospital and Medical Center	Adult ICUs	7,257	4	9.45	0.42	(0.13, 1.02)		
	Adult Wards	5,420	10	6.63	1.51	(0.77, 2.69)		
St. Mary's Hospital	Adult ICUs	2,926	6	2.44	2.46	(1.00, 5.12)		
	Adult Wards	2,669	5	2.08	2.40	(0.88, 5.33)		
St. Vincent's Medical Center	Adult ICUs	2,084	3	2.13	1.41	(0.36, 3.84)		
	Adult Wards	1,716	3	1.67	1.80	(0.46, 4.89)		
Stamford Hospital	Adult ICUs	1,434	3	1.55	1.93	(0.49, 5.26)		
	Adult Wards	1,844	2	1.83	1.09	(0.18, 3.61)		
	Pediatric Wards	27	0	0.02				

LEGEND

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Statewide ACH 2016 CAUTI SIRs

Adult ICUs	0.83 (0.68, 1.00)
Pediatric ICUs	2.33 (0.85, 5.16)
Adult Wards	1.06 (0.87, 1.27)
Pediatric Wards	<1

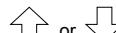
FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
							State	National baseline
The Charlotte Hungerford Hospital	Adult ICUs	1,687	2	1.23	1.62	(0.27, 5.36)		
	Adult Wards	3,451	2	2.49	0.80	(0.14, 2.66)		
The Hospital of Central Connecticut	Adult ICUs	4,956	6	6.46	0.93	(0.38, 1.93)		
	Adult Wards	4,817	5	6.03	0.72	(0.30, 1.84)		
The William W. Backus Hospital	Adult ICUs	2,052	1	1.84	0.54	(0.03, 2.68)		
	Adult Wards	4,560	4	3.86	1.04	(0.33, 2.50)		
University of Connecticut Health Center	Adult ICUs	1,797	2	1.91	1.05	(0.18, 3.46)		
	Adult Wards	1,919	1	1.90	0.53	(0.03, 2.60)		
Waterbury Hospital Health Center	Adult ICUs	2,347	5	2.64	1.90	(0.69, 4.20)		
	Adult Wards	2,737	6	2.75	2.18	(0.88, 4.53)		
Windham Hospital	Adult Wards	1,701	3	0.83				
Yale-New Haven Hospital—St. Raphael Campus	Adult ICUs	2,926	4	4.30	0.93	(0.30, 2.25)		
	Adult Wards	3,988	5	4.91	1.02	(0.37, 2.26)		
Yale-New Haven Hospital	Adult ICUs	18,076	23	33.11	0.70	(0.45, 1.03)		
	Pediatric ICUs	702	4	1.21	3.32	(1.06, 8.01)		
	Adult Wards	12,612	11	15.33	0.72	(0.38, 1.25)		
	Pediatric Wards	358	0	0.29				

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



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or
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2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

N/A

The facility does not perform this procedure

Statewide ACH 2016 SSI SIR

Colon SSI

1.16 (0.96, 1.39)

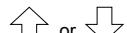
FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	176	8	4.59	1.75	(0.81, 3.31)		
Bristol Hospital	61	1	1.71	0.58	(0.03, 2.88)		
Connecticut Children's Medical Center	5	1	0.20				
Danbury Hospital	208	3	5.48	0.55	(0.14, 1.49)		
Day Kimball Hospital	30	3	0.77				
Eastern Connecticut Health Network—Manchester Memorial Hospital	82	6	2.14	2.81	(1.14, 5.84)		
Eastern Connecticut Health Network—Rockville General Hospital	8	0	0.22				
Greenwich Hospital	178	10	4.18	2.39	(1.21, 4.26)		
Griffin Hospital	55	0	1.42	0.00	(, 2.11)		
Hartford Hospital	476	7	12.05	0.58	(0.25, 1.15)		
Hospital at Hebrew Care	N/A						
Johnson Memorial Hospital	14	0	0.35				
Lawrence & Memorial Hospital	78	0	1.99	0.00	(, 1.51)		
Masonicare Health Center	N/A						
Middlesex Hospital	155	5	3.81	1.31	(0.48, 2.91)		
MidState Medical Center	110	5	2.78	1.80	(0.66, 3.99)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



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2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

N/A

The facility does not perform this procedure

Statewide ACH 2016 SSI SIR

Colon SSI

1.16 (0.96, 1.39)

FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	24	0	0.65				
New Milford Hospital	3	0	0.08				
Norwalk Hospital	113	2	2.73	0.73	(0.12, 2.43)		
Sharon Hospital	13	0	0.36				
St. Francis Hospital and Medical Center	302	7	7.79	0.90	(0.39, 1.79)		
St. Mary's Hospital	112	3	3.05	0.98	(0.25, 2.67)		
St. Vincent's Medical Center	73	3	1.90	1.58	(0.40, 4.30)		
Stamford Hospital	128	4	3.37	1.19	(0.38, 2.86)		
The Charlotte Hungerford Hospital	57	1	1.41	0.71	(0.04, 3.50)		
The Hospital of Central Connecticut	234	4	5.81	0.69	(0.22, 1.66)		
The William W. Backus Hospital	132	5	3.33	1.50	(0.55, 3.33)		
University of Connecticut Health Center	86	3	2.30	1.30	(0.33, 3.55)		
Waterbury Hospital Health Center	134	4	3.61	1.11	(0.35, 2.67)		
Windham Hospital	12	0	0.30				
Yale-New Haven Hospital—St. Raphael Campus	168	7	4.18	1.67	(0.73, 3.31)		
Yale-New Haven Hospital	480	19	13.56	1.40	(0.87, 2.15)		

LEGEND

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or

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N/A

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

The facility does not perform this procedure

Statewide ACH 2016 SSI SIR

Abdominal Hysterectomy **0.96** (0.65, 1.36)

FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	246	4	1.95	2.06	(0.65, 4.96)		
Bristol Hospital	98	0	0.83				
Connecticut Children's Medical Center	0	0	0				
Danbury Hospital	163	3	1.34	2.24	(0.57, 6.08)		
Day Kimball Hospital	35	0	0.30				
Eastern Connecticut Health Network—Manchester Memorial Hospital	154	1	1.27	0.79	(0.04, 3.89)		
Eastern Connecticut Health Network—Rockville General Hospital	1	0	0.01				
Greenwich Hospital	122	1	0.83				
Griffin Hospital	50	0	0.42				
Hartford Hospital	665	4	4.88	0.82	(0.26, 1.98)		
Hospital at Hebrew Care	N/A						
Johnson Memorial Hospital	15	0	0.12				
Lawrence & Memorial Hospital	73	1	0.57				
Masonicare Health Center	N/A						
Middlesex Hospital	89	0	0.66				
MidState Medical Center	98	0	0.79				

LEGEND

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or

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N/A

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

The facility does not perform this procedure

Statewide ACH 2016 SSI SIR

Abdominal Hysterectomy **0.96** (0.65, 1.36)

FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	13	0	0.10				
New Milford Hospital	9	0	0.07				
Norwalk Hospital	67	0	0.44				
Sharon Hospital	6	0	0.07				
St. Francis Hospital and Medical Center	328	3	2.58	1.17	(0.30, 3.17)		
St. Mary's Hospital	147	2	1.28	1.56	(0.26, 5.16)		
St. Vincent's Medical Center	76	0	0.66				
Stamford Hospital	201	3	1.50	2.00	(0.51, 5.44)		
The Charlotte Hungerford Hospital	16	0	0.11				
The Hospital of Central Connecticut	206	3	1.62	1.85	(0.47, 5.03)		
The William W. Backus Hospital	24	0	0.25				
University of Connecticut Health Center	162	2	1.30	1.54	(0.26, 5.09)		
Waterbury Hospital Health Center	28	0	0.21				
Windham Hospital	7	0	0.05				
Yale-New Haven Hospital—St. Raphael Campus	16	0	0.13				
Yale-New Haven Hospital	698	2	5.92	0.34	(0.06, 1.12)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)

2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)

or

2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol.

Statewide ACH 2016 SIRs

MRSA events	1.06 (0.86, 1.29)
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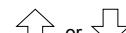
FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	98,409	8	6.20	1.29	(0.60, 2.45)		
Bristol Hospital	26,578	0	0.88				
Connecticut Children's Medical Center	49,484	0	1.42	0.00	(, 2.11)		
Danbury Hospital	89,757	3	3.89	0.77	(0.20, 2.10)		
Day Kimball Hospital	14,603	0	0.42				
Eastern Connecticut Health Network—Manchester Memorial Hospital	30,367	0	1.28	0.00	(, 2.34)		
Eastern Connecticut Health Network—Rockville General Hospital	9,129	1	0.39				
Greenwich Hospital	56,019	1	2.46	0.41	(0.02, 2.01)		
Griffin Hospital	24,177	2	1.00				
Hartford Hospital	205,703	16	19.46	0.82	(0.49, 1.31)		
Hospital at Hebrew Care	1,034	0	0.04				
Johnson Memorial Hospital	9,676	2	0.23				
Lawrence & Memorial Hospital	51,982	2	2.11	0.95	(0.16, 3.13)		
Masonicare Health Center	4,051	0	0.10				
Middlesex Hospital	52,887	0	1.88	0.00	(, 1.60)		
MidState Medical Center	33,595	3	1.30	2.30	(0.59, 6.26)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



or



2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).



2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2016 SIRs

MRSA events	1.06 (0.86, 1.29)
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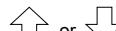
FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	11,290	1	0.44				
New Milford Hospital	6,000	0	0.13				
Norwalk Hospital	49,081	2	2.61	0.77	(0.13, 2.53)		
Sharon Hospital	6,009	0	0.26				
St. Francis Hospital and Medical Center	138,815	6	7.46	0.80	(0.33, 1.67)		
St. Mary's Hospital	43,191	2	1.77	1.13	(0.19, 3.73)		
St. Vincent's Medical Center	77,764	6	4.78	1.25	(0.51, 2.61)		
Stamford Hospital	65,566	0	2.58	0.00	(, 1.16)		
The Charlotte Hungerford Hospital	21,875	2	0.90				
The Hospital of Central Connecticut	65,785	6	2.92	2.05	(0.83, 4.27)		
The William W. Backus Hospital	46,326	1	2.03	0.49	(0.03, 2.43)		
University of Connecticut Health Center	34,608	0	1.41	0.00	(, 2.12)		
Waterbury Hospital Health Center	46,076	3	2.31	1.30	(0.33, 3.53)		
Windham Hospital	8,770	1	0.22				
Yale-New Haven Hospital—St. Raphael Campus	75,119	1	3.77	0.27	(0.01, 1.31)		
Yale-New Haven Hospital	304,612	28	15.04	1.86	(1.26, 2.65)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)

or
2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2016 SIRs

C. difficile events | 1.01 (0.95, 1.07)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	93,333	68	58.13	1.17	(0.92, 1.47)		
Bristol Hospital	25,125	7	16.32	0.43	(0.19, 0.85)		
Connecticut Children's Medical Center	31,109	6	10.53	0.57	(0.23, 1.19)		
Danbury Hospital	80,751	29	56.78	0.51	(0.35, 0.72)		
Day Kimball Hospital	13,395	6	7.17	0.84	(0.34, 1.74)		
Eastern Connecticut Health Network—Manchester Memorial Hospital	26,080	17	17.44	0.98	(0.59, 1.53)		
Eastern Connecticut Health Network—Rockville General Hospital	9,129	8	4.31	1.86	(0.86, 3.52)		
Greenwich Hospital	47,299	39	34.88	1.12	(0.81, 1.51)		
Griffin Hospital	24,177	17	10.26	1.66	(1.00, 2.60)		
Hartford Hospital	196,963	191	173.07	1.10	(0.96, 1.27)		
Hospital at Hebrew Care	1,034	0	0.45				
Johnson Memorial Hospital	9,214	6	4.34	1.38	(0.56, 2.88)		
Lawrence & Memorial Hospital	46,933	54	37.54	1.44	(1.09, 1.86)		
Masonicare Health Center	4,051	2	1.05	1.91	(0.32, 6.30)		
Middlesex Hospital	50,130	19	25.64	0.74	(0.46, 1.14)		
MidState Medical Center	31,426	36	18.29	1.97	(1.40, 2.70)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)

2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)

or

2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2016 SIRs

C. difficile events	1.01 (0.95, 1.07)
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FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	11,290	7	6.57	1.07	(0.47, 2.11)		
New Milford Hospital	6,000	2	2.00	1.00	(0.17, 3.31)		
Norwalk Hospital	43,904	25	40.02	0.63	(0.41, 0.91)		
Sharon Hospital	5,379	0	2.23	0.00	(, 1.35)		
St. Francis Hospital and Medical Center	132,980	88	91.96	0.96	(0.77, 1.17)		
St. Mary's Hospital	39,983	26	27.37	0.95	(0.63, 1.37)		
St. Vincent's Medical Center	74,427	71	52.36	1.36	(1.07, 1.70)		
Stamford Hospital	56,885	45	38.04	1.18	(0.87, 1.57)		
The Charlotte Hungerford Hospital	20,789	15	13.40	1.12	(0.65, 1.81)		
The Hospital of Central Connecticut	60,565	34	35.71	0.95	(0.67, 1.32)		
The William W. Backus Hospital	44,194	21	30.17	0.70	(0.44, 1.05)		
University of Connecticut Health Center	33,353	33	21.78	1.52	(1.06, 2.10)		
Waterbury Hospital Health Center	42,444	22	28.41	0.77	(0.50, 1.15)		
Windham Hospital	8,473	5	3.25	1.54	(0.56, 3.41)		
Yale-New Haven Hospital—St. Raphael Campus	73,447	38	36.16	1.05	(0.75, 1.43)		
Yale-New Haven Hospital	272,368	154	179.41	0.86	(0.73, 1.00)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).



2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide LTACH 2016 CLABSI SIRs

Adult ICUs	0.09 (0.01, 0.45)
Adult Wards	0.41 (0.21, 0.74)
Pediatric Wards	-

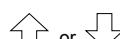
FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95%CI	How does this facility compare?	
							State	National baseline
Gaylord Hospital	Adult ICUs	4,288	0	7.34	0	(, 0.41)		
	Adult Wards	4,538	0	3.97	0	(, 0.76)		
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	715	1	0.73				
Hospital for Special Care	Adult ICUs	1,818	1	3.61	0.28	(0.01, 1.37)		
	Adult Wards	19,230	9	19.50	0.46	(0.23, 0.85)		
	Pediatric Wards	536	0	0.54				

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).



2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide LTACH 2016 CAUTI SIRs

Adult ICUs	1.50 (0.79,2.61)
Adult Wards	1.12 (0.59, 1.95)
Pediatric Wards	<1

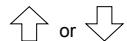
FACILITY NAME	Unit type	Device days	Observed infections	Predicted infections	SIR	95%CI	How does this facility compare?	
							State	National baseline
Gaylord Hospital	Adult ICUs	3,028	10	6.76	1.48	(0.75, 2.64)		
	Adult Wards	2,236	5	3.64	1.37	(0.50, 3.04)		
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	1,568	2	3.31	0.60	(0.10, 2.00)		
Hospital for Special Care	Adult ICUs	197	1	0.57				
	Adult Wards	1,364	4	2.88	1.39	(0.44, 3.35)		
	Pediatric Wards	366	0	0.77				

LEGEND

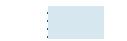
2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).



2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide LTACH 2016 SIR	
MRSA	0.07 (0.00, 0.33)
CDI	0.24 (0.17, 0.33)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Gaylord Hospital	38,548	0	3.93	0.00	(, 0.76)		
Healthcare Center at the CT Veterans' Home, Rocky Hill	41,613	0	3.77	0.00	(, 0.80)		
Hospital for Special Care	74,072	1	7.36	0.14	(0.01, 0.67)		

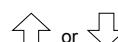
FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Gaylord Hospital	38,548	29	29.14	1.00	(0.68, 1.41)		
Healthcare Center at the CT Veterans' Home, Rocky Hill	41,613	0	39.01	0.00	(, 0.08)		
Hospital for Special Care	74,072	7	83.26	0.08	(0.04, 0.17)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



or



2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

2016 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide IRF 2016 SIR

CAUTI

2.34 (0.74, 5.64)

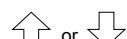
FACILITY NAME	Device days	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare ?	
						State	National baseline
Danbury Hospital	326	1	0.47				
Lawrence & Memorial Hospital	276	1	0.40				
Mount Sinai Rehabilitation Hospital	330	0	0.67				
St. Vincent's Medical Center	188	1	0.27				
Stamford Hospital	67	0	0.97				
Yale-New Haven Hospital	231	1	0.33				

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

Statewide Hemodialysis 2016 SIRs

BSI events **1.14 (1.01, 1.29)**

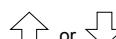
FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Black Rock Dialysis	951	3	5.12	0.59	(0.15, 1.59)		
Bloomfield Dialysis	639	2	3.37	0.59	(0.10, 1.96)		
Branford Dialysis	527	3	3.06	0.98	(0.25, 2.67)		
Bridgeport Dialysis	2,484	13	11.73	1.11	(0.62, 1.84)		
Central Connecticut Dialysis Center	498	2	3.61	0.56	(0.09, 1.83)		
Comprehensive Dialysis Care, LLC	599	3	2.92	1.03	(0.26, 2.80)		
Danbury Dialysis Center	1,278	10	6.32	1.58	(0.80, 2.82)		
DaVita Waterbury Heights Dialysis	728	11	3.54	3.10	(1.63, 5.40)		
Dialysis Center Of Newington	538	4	4.02	1.00	(0.32, 2.40)		
East Hartford Dialysis Center	1,053	1	8.05	0.12	(0.01, 0.61)		
Enfield Dialysis Center	461	1	2.47	0.41	(0.02, 2.00)		
Farmington Dialysis	240	1	1.72	0.58	(0.03, 2.87)		
FMC Dialysis Services Forestville	634	4	5.04	0.79	(0.25, 1.91)		
FMC of Fairfield	470	4	3.10	1.29	(0.41, 3.11)		
FMC of Hartford	567	2	3.49	0.57	(0.10, 1.89)		
FMC of Southington	453	8	2.84	2.82	(1.31, 5.35)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

Statewide Hemodialysis 2016 SIRs

BSI events **1.14 (1.01, 1.29)**

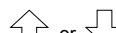
FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
FMC of Western Hartford	556	3	2.57	1.17	(0.30, 3.17)		
FMC Shoreline	741	5	6.58	0.76	(0.28, 1.69)		
FMC Windsor	79	1	0.62	1.62	(0.08, 7.99)		
Greater Waterbury DaVita Dialysis	1,409	9	6.89	1.31	(0.64, 2.40)		
Hamden Dialysis	532	3	2.96	1.02	(0.26, 2.76)		
Hartford Dialysis	1,489	17	7.52	2.26	(1.36, 3.55)		
Hartford Hospital	1,755	27	8.73	3.09	(2.08, 4.44)		
Housatonic Dialysis	238	0	1.50	0.00	(, 1.99)		
Manchester Dialysis Center	657	4	3.63	1.10	(0.35, 2.66)		
Middlesex Dialysis Center, LLC.	999	3	4.70	0.64	(0.16, 1.74)		
Milford Dialysis	1,090	6	5.24	1.15	(0.46, 2.38)		
New Britain General Hospital	1,099	4	9.67	0.41	(0.13, 1.00)		
New Haven Dialysis	1,101	16	7.56	2.12	(1.25, 3.36)		
New London Dialysis	1,153	1	5.13	0.20	(0.01, 0.96)		
North Haven Dialysis	913	4	5.84	0.69	(0.22, 1.65)		
Norwich Dialysis	990	5	4.96	1.01	(0.37, 2.23)		

LEGEND

2016 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2016 facility SIR is significantly higher (worse) than comparison group (state or national baseline)

or
2016 facility SIR is not statistically significantly different from national baseline. If arrow points up, the SIR is worse than baseline (but not significantly so), if it points down, the facility's SIR is better than the baseline (but not significantly so).

Statewide Hemodialysis 2016 SIRs

BSI events

1.14 (1.01, 1.29)

FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Palomba Drive Dialysis	190	1	1.44	0.70	(0.04, 3.43)		
Physicians Dialysis Inc. Rocky Hill	528	2	3.38	0.59	(0.10, 1.95)		
Shelton Dialysis	1,144	8	6.73	1.19	(0.55, 2.26)		
South Norwalk Dialysis	1,411	8	5.84	1.37	(0.64, 2.60)		
St. Raphael Dialysis Center	1,779	19	13.22	1.44	(0.89, 2.20)		
Stamford Dialysis	1,721	6	9.40	0.64	(0.26, 1.33)		
Torrington Dialysis	681	9	4.90	1.84	(0.90, 3.37)		
U.S. Renal Care Branford Dialysis	265	4	1.51	2.65	(0.84, 6.38)		
U.S. Renal Care North Haven Dialysis	673	5	4.77	1.05	(0.38, 2.32)		
U.S. Renal Care Orange Dialysis	1,097	14	8.31	1.68	(0.96, 2.76)		
UCONN Dialysis Center	757	3	5.17	0.58	(0.15, 1.58)		
Vernon Dialysis Center	824	1	5.19	0.19	(0.01, 0.95)		
Wallingford Dialysis Care, LLC.	135	0	0.82				
Willard Avenue Dialysis	392	2	2.15	0.93	(0.16, 3.08)		
Windham Dialysis Center	494	1	3.08	0.33	(0.02, 1.60)		

LEGEND

2016 facility rate is significantly lower (better) than comparison group rate (state or national)

2016 facility rate is significantly higher (worse) than comparison group rate (state or national)

or

2016 facility rate is not statistically significantly different from the comparison group (state or national) rate. If arrow points up, the rate is worse (but not significantly so), if it points down, it is better (but not significantly so).

Note: A rate is calculated for each infection type in dialysis facilities as the total number of infections reported during 2016, divided by the total number of months that patients were at risk for that infection.

Hemodialysis LASI 2016 rate

State	0.88/100 patient-months
National	0.72/100 patient-months

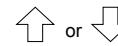
FACILITY NAME	Patient months	Observed infections	Rate (observed events per 100 patient-months)	How does this facility compare?	
				State	Nation
Black Rock Dialysis	951	7	0.74		
Bloomfield Dialysis	639	2	0.31		
Branford Dialysis	527	3	0.57		
Bridgeport Dialysis	2,484	39	1.57		
Central Connecticut Dialysis Center	498	3	0.60		
Comprehensive Dialysis Care, LLC	599	6	1.00		
Danbury Dialysis Center	1,278	12	0.94		
DaVita Waterbury Heights Dialysis	728	10	1.37		
Dialysis Center Of Newington	538	1	0.19		
East Hartford Dialysis Center	1,053	0	0.00		
Enfield Dialysis Center	461	5	1.08		
Farmington Dialysis	240	2	0.83		
FMC Dialysis Services Forestville	634	0	0.00		
FMC of Fairfield	470	1	0.21		
FMC of Hartford	567	2	0.35		
FMC of Southington	453	0	0.00		

LEGEND

2016 facility rate is significantly lower (better) than comparison group (state or national baseline)



2016 facility rate is significantly higher (worse) than comparison group (state or national baseline)



2016 facility rate is not statistically significantly different from national baseline. If arrow points up, the rate is worse than baseline (but not significantly so), if it points down, the facility's rate is better than the baseline (but not significantly so).

Note: A rate is calculated for each infection type in dialysis facilities as the total number of infections reported during 2016, divided by the total number of months that patients were at risk for that infection.

Hemodialysis LASI 2016 rate

State	0.88/100 patient-months
National	0.72/100 patient-months

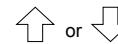
FACILITY NAME	Patient months	Observed infections	Rate (observed events per 100 patient-months)	How does this facility compare?	
				State	Nation
FMC of Western Hartford	556	0	0.00		
FMC Shoreline	741	2	0.27		
FMC Windsor	79	0	0.00		
Greater Waterbury DaVita Dialysis	1,409	15	1.06		
Hamden Dialysis	532	4	0.75		
Hartford Dialysis	1,489	26	1.75		
Hartford Hospital	1,755	10	0.57		
Housatonic Dialysis	238	0	0.00		
Manchester Dialysis Center	657	8	1.22		
Middlesex Dialysis Center, LLC.	999	1	0.10		
Milford Dialysis	1,090	7	0.64		
New Britain General Hospital	1,099	13	1.18		
New Haven Dialysis	1,101	24	2.18		
New London Dialysis	1,153	5	0.43		
North Haven Dialysis	913	4	0.44		
Norwich Dialysis	990	3	0.30		

LEGEND

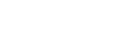
2016 facility rate is significantly lower (better) than comparison group (state or national baseline)



2016 facility rate is significantly higher (worse) than comparison group (state or national baseline)



or



2016 facility rate is not statistically significantly different from national baseline. If arrow points up, the rate is worse than baseline (but not significantly so), if it points down, the facility's rate is better than the baseline (but not significantly so).

Note: A rate is calculated for each infection type in dialysis facilities as the total number of infections reported during 2016, divided by the total number of months that patients were at risk for that infection.

Hemodialysis LASI 2016 rate

State	0.88/100 patient-months
National	0.72/100 patient-months

FACILITY NAME	Patient months	Observed infections	Rate (observed events per 100 patient-months)	How does this facility compare?	
				State	Nation
Palomba Drive Dialysis	190	1	0.53		
Physicians Dialysis Inc. Rocky Hill	528	3	0.57		
Shelton Dialysis	1,144	6	0.52		
South Norwalk Dialysis	1,411	25	1.77		
St. Raphael Dialysis Center	1,779	26	1.46		
Stamford Dialysis	1,721	9	0.52		
Torrington Dialysis	681	6	0.88		
U.S. Renal Care Branford Dialysis	265	2	0.76		
U.S. Renal Care North Haven Dialysis	673	5	0.74		
U.S. Renal Care Orange Dialysis	1,097	5	0.46		
UCONN Dialysis Center	757	25	3.30		
Vernon Dialysis Center	824	12	1.46		
Wallingford Dialysis Care, LLC.	135	3	2.22		
Willard Avenue Dialysis	392	2	0.51		
Windham Dialysis Center	494	0	0.00		



What healthcare providers can do to prevent infection

To prevent any type of infection:

- Follow standard and transmission-based precautions meticulously, use appropriate personal protective equipment, and perform hand hygiene as indicated.
- Ensure that all medical devices and equipment are cleaned, disinfected, sterilized, and/or discarded appropriately.
- Ensure the environment of care is maintained appropriately.
- Speak up if you see co-workers who are not following appropriate infection prevention measures.
- Ensure that information about infection and colonization is communicated during transitions of care.

To prevent central line-associated bloodstream infections (CLABSIs) and catheter-associated urinary tract infections (CAUTIs):

- Follow recommended device insertion practices.
- Follow recommended device maintenance practices.
- Every day, evaluate whether the device is still needed. Ensure it is removed as soon as it is no longer needed.

To prevent surgical site infections:

- Follow a safe surgery checklist before, during, and after surgery.
- When indicated, give an antibiotic before surgery. Make sure the dose is appropriate and the drug is discontinued in a timely manner.
- Follow recommendations for hand hygiene, personal protective equipment, and antiseptic skin preparation.
- Post-discharge, provide the patient with wound care instructions and education on symptoms of infection.

To prevent *Clostridium difficile* infections:

- Use antibiotics judiciously.
- Implement contact precautions for patients with known or suspected *C. difficile* infection.
- Ensure proper cleaning and disinfection of the environment.

To prevent methicillin-resistant *Staphylococcus aureus* (MRSA) infections:

- Ensure compliance with contact precautions for MRSA-colonized and infected patients.
- Ensure proper cleaning and disinfection of the environment.
- Implement an alert system to enable prompt notification of laboratory-identified or readmitted patients with MRSA to allow timely initiation of control measures.

To prevent influenza infections:

- Get vaccinated against the flu each year.
- Promote good respiratory hygiene practices.
- Encourage people in common areas who have respiratory symptoms to distance themselves from others or wear a surgical mask, if they are able to tolerate it.
- Implement droplet precautions for patients with influenza.
- Administer antiviral treatment and chemoprophylaxis to patients and healthcare personnel when appropriate.
- If sick with flu-like illness, stay home for at least 24 hours after fever subsides and limit contact with other people.

For more information on HAI prevention strategies, see: <http://www.ct.gov/dph/hai> and www.cdc.gov/hai



List of acronyms

ABBREVIATION	DEFINITION
ACH	Acute care hospital (short-term)
BSI	Bloodstream infection
CAUTI	Catheter-associated urinary tract infection
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i> infection
CHA	Connecticut Hospital Association
CI	Confidence Interval
CLABSI	Central line-associated bloodstream infection
CMS	Centers for Medicare and Medicaid Services
COLO	NHSN code for surgical site infection following colon surgical procedures
CUSP	Comprehensive Unit-based Safety Program
DE	Dialysis event
DHHS	Department of Health and Human Services
DPH	Connecticut Department of Public Health
DU	Device utilization
FacWideIN	Facility-wide inpatient

ABBREVIATION	DEFINITION
HAI	Healthcare associated infection
HO	Hospital-onset
HYST	NHSN code for surgical site infection following abdominal hysterectomies
ICU	Intensive care unit
IP	Infection Preventionist
IPPS	Inpatient Prospective Payment System
IRF	Inpatient rehabilitation facility
LTACH	Long-term acute care hospital
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive care unit
PICU	Pediatric intensive care unit
QI	Quality improvement
QIP	Quality Incentive Program
SIR	Standardized infection ratio
SSI	Surgical site infection



For More Information

1. *CDC's National and State Healthcare Associated Infections Progress Report*: <https://www.cdc.gov/HAI/pdfs/progress-report/hai-progress-report.pdf>
3. *Hospital Compare*: <https://www.medicare.gov/hospitalcompare/search.html>
4. *Dialysis Facility Compare*: <https://www.medicare.gov/dialysisfacilitycompare/>

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