



Healthcare-associated infections (HAIs) are infections patients can get while receiving medical treatment in a healthcare facility. Working toward the elimination of HAIs is a CDC and Connecticut Department of Public Health priority. The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time; lower SIRs are better. The infection data are reported to NHSN and analyzed by the CT DPH.

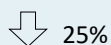
This report is based on 2017 data.

CLABSIs

SIR = 0.23

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

When a tube is placed in a large vein and not put in correctly or kept clean, it can become a way for germs to enter the body and cause deadly infections in the blood.



25%

Facility SIR was lower than the statewide 2017 SIR of 0.30 (not statistically significant)



77%

Facility SIR was statistically significantly lower than the national baseline SIR of 1.0

CAUTIs

SIR = 1.27

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

When a urinary catheter is not put in correctly, not kept clean, or left in a patient for too long, germs can travel through the catheter and infect the bladder and kidneys.



20%

Facility SIR was lower than the statewide 2017 SIR of 1.58 (but not statistically significant)



27%

Facility SIR was higher than the national baseline SIR of 1.0 (but not statistically significant)

MRSA Bacteremia

SIR = 0.00

LABORATORY IDENTIFIED HOSPITAL-ONSET BLOODSTREAM INFECTIONS

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a bacterium usually spread by contaminated hands. In a healthcare setting, such as a hospital, MRSA can cause serious bloodstream infections



100%

Facility SIR was lower than the statewide 2017 SIR of 0.13 (but not statistically significant)



100%

Facility SIR was statistically significantly lower than the national baseline SIR of 1.0

VAEs

SIR = 0.47

VENTILATOR-ASSOCIATED EVENTS

Mechanical ventilation saves lives but it can lead to serious health complications, which may result in longer mechanical ventilation periods, and longer ICU and hospital stays. Ventilator-associated pneumonia (VAE) is one of the most common ventilator associated event.



129%

Facility SIR was higher than the statewide 2017 SIR of 0.20 (but not statistically significant)



53%

Facility SIR was lower than the national baseline SIR of 1.0 (but not statistically significant)

C. difficile Infections

SIR = 0.82

LABORATORY IDENTIFIED HOSPITAL-ONSET C. DIFFICILE INFECTIONS

When a person takes antibiotics, good bacteria that protect against infection are damaged for up to months. During this time, patients can get sick from *Clostridium difficile*, bacteria that cause potentially deadly diarrhea, which can be spread in healthcare settings.



215%

Facility SIR was statistically significantly higher than the statewide 2017 SIR of 0.26



18%

Facility SIR was lower than the national baseline SIR of 1.0 (but not statistically significant)

HEALTHCARE
ASSOCIATED
INFECTIONS
PROGRESS



WHAT IS THE STANDARDIZED INFECTION RATIO?

The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time; lower SIRs are better. The SIR for a facility or state is adjusted to account for factors that might cause infection rates to be higher or lower, such as hospital size, teaching status, the type of patients a hospital serves, and surgery and patient characteristics.

WHAT DO THE PERCENTAGES MEAN?

The percentage next to each arrow shows the percent change of the facility's SIR from the national baseline SIR of 1.0, or the change from the statewide SIR for that HAI in given type of unit in 2017.

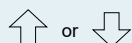
LEGEND



2017 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2017 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



2017 facility SIR is not statistically significantly different from comparison group; arrow direction indicates if SIR is more or less than comparison group



2017 facility SIR cannot be calculated

HAI type	Unit type	Device days, number of procedures, or patient days	Observed infections	Predicted infections	SIR	95%CI	How does this facility compare?	
							State	National baseline
CLABSI	Adult ICUs	4,548	3	9.03	0.33	(0.09, 0.90)	↑ 33%	↓ 67%
	Adult Wards	4,106	0	4.16	0.00	(, 0.72)	↓ 100%	↓ 100%
CAUTI	Adult ICUs	3,248	5	7.25	0.69	(0.25, 1.53)	↓ 54%	↓ 31%
	Adult Wards	2,330	9	3.79	2.37	(1.16, 4.35)	↑ 4%	↑ 137%
MRSA events		40,152	0	4.10	0.00	(, 0.73)	↓ 100%	↓ 100%
CDI events		40,152	31	37.87	0.82	(0.57, 1.15)	↑ 215%	↓ 18%
VAE	Adult ICUs	2,574	2	4.28	0.47	(0.08, 1.54)	↓ 19%	↓ 53%
	Adult Wards	0	0	0.00				

Statewide 2017 SIRs

CLABSI	0.30
Adult ICUs	0.25
Adult Wards	0.34
Pediatric Wards	—
CAUTI	1.58
Adult ICUs	1.50
Adult Wards	2.28
VAE	0.20
Adult ICUs	0.58
Adult Wards	0.11
MRSA	0.13
CDI	0.26

FACILITY PROFILE

Number of staffed beds	Full time infection preventionists (40hr/wk)	Beds/full-time IP
137	1.5	91.33