HEALTHCARE-ASSOCIATED INFECTIONS REPORT FOR A HEALTHCARE CONSUMER AUDIENCE

2017





Introduction3
Methods and how to use the information in this report 4
Understanding the data6
Results
Statewide summary 8
Summary tables9
Acute care hospitals (ACH)9
Long-term acute care hospitals (LTACH)
Inpatient rehabilitation facilities (IRF)
Outpatient hemodialysis facilities
Infection specific tables 17
ACH <u>18</u>
LTACH34
IRF
Outpatient hemodialysis facilities
Fast facts about HAI
Things to think about when choosing a healthcare facility
What patients can do to prevent infection
List of acronyms



WHAT IS THE PURPOSE OF THE REPORT?

This report is meant to help patients to learn about healthcareassociated infections (HAIs) at the healthcare facility where they may get health care. HAIs are infections patients can get while getting medical care.

Healthcare facilities report numbers (data) about certain HAIs because they want to know how well they are doing in preventing them, and how they compare with other healthcare facilities of similar size and with similar kinds of patients.

Patients can use this information to ask healthcare providers questions before seeking and while receiving medical treatment. Asking the right questions can also help patients learn how to prevent infections.

This report looks at seven 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. Ventilator-associated events (VAE)
- 5. Positive laboratory tests of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria found in the bloodstream
- 6. Positive laboratory tests of *Clostridium difficile* (*C. difficile*) bacteria found in stool (feces)
- 7. Infections in outpatient hemodialysis centers.

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 on the Internet at: http://www.ct.gov/dph/hai

The infections we report are not all the possible infections, but were selected because they are important and give a good sense of how well a healthcare facility is preventing healthcare-associated infections. Many of these infections are preventable when healthcare providers use infection prevention steps recommended by the Centers for Disease Control and Prevention (CDC). The information in this report can help you to think about whether a particular healthcare facility is the best place for you to receive care, though other factors beyond the scope of this report are worth considering.

Click here for more things to think about when it comes to choosing a healthcare facility, and here for things you can do to prevent infections.

Click <u>here</u> for "Fast Facts" about central lines, urinary catheters, and the HAIs discussed in this report.



HOW DO I READ THE REPORT?

This report looks at how healthcare facilities in Connecticut performed in infection prevention by showing how many HAIs they reported in 2016. It shows whether a healthcare facility had more HAIs, fewer HAIs, or about the same number of HAIs compared to similar facilities in the nation and in the state. This comparison takes into account 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 a part of a medical school.

WHAT DO THE NUMBERS MEAN?

It is important to understand that numbers of infections all by themselves will not show how well a healthcare facility is preventing HAIs. This report shows how healthcare facilities did during a single year (2016), and compares each facility's performance to the national baseline and to the state average. This takes into account the size of the healthcare facility and the number of patients.

One of the numbers presented in this report are "predicted infections" (or "predicted events"). This number is based on how many healthcare-associated infections were seen in similar facilities in the past, during a baseline period. In this report the baseline is the year 2015. This number helps us track facilities' progress in fighting HAIs.

If you would like to learn more about how we compared facilities to the national baseline and state average, you can get more information in the Methods section of the Provider report, also available on CT DPH website.

WHERE DO THE NUMBERS COME FROM?

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

More information about NHSN can be found here: http://www.cdc.gov/nhsn/



THINGS TO THINK ABOUT WHEN LOOKING AT THE REPORT

This report covers data from calendar year 2017. It is good to keep the following five things in mind when looking at this report. A complete list can be found in the Provider report.

1. The data quality is checked.

Reported data are self-reported by the healthcare facilities' staff. DPH HAI Program staff look over the data and periodically contact facilities' reporting staff to make sure the reported numbers are correct. However, the reports have not been directly checked by public health staff looking at patient charts, which is the best way to check.

2. There may be differences in reporting practices 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.

- 3. There may be differences between results published by the results in this report and results published elsewhere (e.g., CMS Centers for Medicare and Medicaid Services' *Hospital Compare* website). Results may differ due to using data from different time periods, different facility types, different patient populations, and/or different methods of analysis.
- 4. We do not report some data for individual healthcare facility units, procedures or facilities that are too small, or did not have enough surgeries to meet a reporting threshold for the reporting period. The threshold numbers are based on CDC recommendations for reporting healthcare-associated infection data. For predicted number of infections, this threshold is 1.0. If the number is lower than the threshold, it

means there is not enough information to judge the healthcare facility's performance on this measure. In these situations, the comparison to the nation and the state average is left blank.

5. Laboratory-Identified Events (LabID Events): Clostridium difficile infections (CDI) and methicillin-resistant Staphylococcus aureus (MRSA) bacteremia (blood infection) LabID events rely on laboratory data without requiring clinical information about the patient. Patients did not have to be ill to have a positive result. Only those LabID events that occurred more than three calendar days after admission are shown in this report to avoid counting infections already present on admission to the facility, because those infections come from the community, not the healthcare facility.



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 (Dialysis)

In addition to being reported from the whole facility, HAI are also reported by "unit", such as adult or pediatric ICUs or wards. Because the numbers of infections can vary between different units, it can give you more useful information about a healthcare facility.

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)
- VAE- Ventilator-associated events
- MRSA: methicillin-resistant Staphylococcus aureus infections
- CDI: Clostridium difficile infections

You can find out more about these infections in the appendix.

Some facilities or units in some facilities will not report some of these infections. This is either because they are not required to report the data, or because the surgeries that are tracked are not performed at that facility.

FACILITIES' PERFORMANCE

Facilities' performance in HAI prevention is shown by comparing them to other facilities to account for factors outside their control that may lead to infections. To do this, two key numbers are presented: the number of observed infections, and the number of "predicted infections", which is calculated by the CDC based on numbers of infections in facilities of similar size, patients, etc. Using these two numbers, we can find out how a given facility or its different units are doing compared to both the state and to the national baseline. We used the following graphics to show how a facility is performing in this report:

= compared to other facilities in the state or nationally, the facility is doing better in this HAI

= the facility is doing worse

= the facility is doing about the same

In some cases, the cells in the table for comparison are left empty. This is because in these facilities or units, the predicted number is than 1. This means the number or unit is too small to make a reliable conclusion about how the facility compares.



HAI REPORT 2017: RESULTS

Statewide summary	<u>8</u>
Summary tables	<u>9</u>
Acute care hospitals (ACH)	<u>9</u>
Long-term acute care hospitals (LTACH)	<u>12</u>
Inpatient rehabilitation facilities (IRF)	
Outpatient hemodialysis facilities	
Infection specific tables	<u>17</u>
ACH	18
LTACH	
	38
IRF Outpatient hemodialysis facilities	

STATE HAI REPORT 2017

STATEWIDE HAI SUMMARY

LEGEND



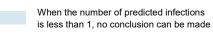
Fewer infections (better) in 2017 than predicted based on national experience with given HAI and type of facility

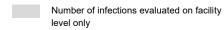


More infections (worse) in 2017 than predicted based on national experience with given HAI and type of facility



About the same number of infections in 2017 as predicted based on national experience with given HAI and type of facility





N/A Measure not reported to the DPH

Acute care hospitals	CLABSI	CAUTI	Colon SSI	Abdominal hysterecto- my SSI	MRSA	CDI
All locations	=	=	=	=	*	*
Adult ICU	=	=				
NICU	=	N/A				
Pedi ICU	=	=				
Adult ward	=	=				
Pedi ward	×	N/A				

Long-term acute care hospitals	CLABSI	CAUTI	VAE	MRSA	CDI
All locations	*	×	*	*	*
Adult ICU	*	=	=		
Adult Ward	*	×	*		
Pedi Ward					

Inpatient rehabilitation facilities	CAUTI				
All IRF	×				
Outpatient hemodialysis centers	BSI	LASI			
All centers	=	×			

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

N/A The facility does not perform this procedure

More infections (worse) in 2017 than predicted based on statewide or national experience

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		

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS

LEGEND



Fewer infections (better) in 2016 than predicted based on statewide or national experience



About the same number of infections in 2016 as predicted based on statewide or national experience

N/A The facility does not perform this procedure

V	More infections (worse) in 2016 than predicted
	based on statewide or national experience

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	=	=	=	=	=	=

ASSOCIATED **INFECTIONS PROGRESS**

FACILITY NAME

Stamford Hospital

St. Vincent's Medical Center

The Charlotte Hungerford Hospital

The Hospital of Central Connecticut

University of Connecticut Health Center

The William W. Backus Hospital

Waterbury Hospital Health Center

Windham Hospital

Yale-New Haven Hospital

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

When the number of predicted infections is less

N/A The facility does not perform this procedure

More infections (worse) in 2017 than predicted based on statewide or national experience

Bloodstream

Infections

(CLABSI)

than 1, no conclusion can be made Methicillin-Surgical Site Resistant **Urinary Tract** Colon Surgical Site Infections from C. difficile Events Staphylococcus Infections (CAUTI) Infections (SSI) Abdominal aureus (MRSA) Hysterectomies **Events**

X



LONG-TERM ACUTE CARE HOSPITALS

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

FACILITY NAME	Bloodstream infections (CLABSI)	Urinary tract infec- tions (CAUTI)	Ventilator-associated events (VAE)	C. difficile Events	Methicillin-Resistant Staphylococcus aure- us (MRSA) Events
Gaylord Hospital	*	=	*	=	*
Healthcare Center at the CT Veterans' Home, Rocky Hill		=		*	*
Hospital for Special Care	*	×	*	*	*



INPATIENT REHABILITATION FACILITIES

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

FACILITY NAME	Urinary Tract Infections (CAUTI)	C. difficile Events	Methicillin-Resistant Staphylococcus aureus (MRSA) Events
Danbury Hospital	×		
Lawrence & Memorial Hospital			
Mount Sinai Rehabilitation Hospital		*	
St. Vincent's Medical Center			
Stamford Hospital			
Yale-New Haven Hospital—Saint Raphael Campus			
Yale-New Haven Hospital			

STATE HAI REPORT 2017

OUTPATIENT HEMODIALYSIS FACILITIES

LEGEND



Fewer infections (better) in 2016 than predicted based on statewide or national experience



About the same number of infections in 2016 as predicted based on statewide or national experience



More infections (worse) in 2016 than predicted based on statewide or national experience

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	=	=



OUTPATIENT HEMODIALYSIS FACILITIES

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 201]7 as predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

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	=	=



OUTPATIENT HEMODIALYSIS FACILITIES

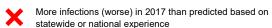
LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



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	=	=



HAI Report 2017: Infection-specific tables

Acute care hospitals	
CLABSI	18
CAUTI	
Colon SSI	26
Abdominal hysterectomy SSI	28
MRSA	
C. difficile infections	32
O. dimene intections	<u>02</u>
Long-term acute care hospitals	
CLABSI	3/1
CAUTI	
VAE	
MRSA C. difficile infections	
C. difficile infections	<u>37</u>
Innations valuabilitation facilities	
Inpatient rehabilitation facilities	0.0
CAUTI	
MRSA	
C. difficile infections	<u>39</u>
Outrotions have a district for district	
Outpatient hemodialysis facilities	40
BSI	
LASI	<u>43</u>



ACUTE CARE HOSPITALS: CLABSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

FACILITY NAME	Unit type	Observed infections	Predicted infections	How does this facility compare?	
	Onit type	Observed infections	Tredicted infections	State	National baseline
Bridgeport Hospital	Adult ICUs	0	4.24	=	*
Bridgeport Hospital	Adult Wards	8	10.61	=	=
Bristol Hospital	Adult ICUs	0	Less than 1.0		
Distoi nospitai	Adult Wards	0	1.30	=	=
	Pediatric ICUs	5	3.52	=	=
Connecticut Children's Medical Center	Neonatal ICUs	1	5.76	=	*
	Pediatric Wards	6	2.35	=	×
	Adult ICUs	2	3.05	=	=
Danbury Hospital	Neonatal ICUs	0	Less than 1.0		
Бапригу по ѕрітаі	Adult Wards	2	2.92	=	=
	Pediatric Wards	0	0.00		
Day Kimball Hospital	Adult ICUs	0	Less than 1.0		
Day Killibali nospital	Adult Wards	0	Less than 1.0		
F4 04:4 H14h	Adult ICUs	1	1.24	=	=
Eastern Connecticut Health Network—Manchester Memorial Hospital	Neonatal ICUs	0	Less than 1.0		
	Adult Wards	3	1.00	=	=
Eastern Connecticut Health Network—Rockville General	Adult ICUs	0	Less than 1.0		
Hospital	Adult Wards	1	Less than 1.0		



ACUTE CARE HOSPITALS: CLABSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



FACILITY NAME	Unit tumo	Observed infections	Predicted infections	How does this facility compare?	
FACILITY NAME	Unit type	Observed infections		State	National baseline
	Adult ICUs	0	Less than 1.0		
Greenwich Hospital	Neonatal ICUs	0	Less than 1.0		
Greenwich nospital	Adult Wards	2	2.57	=	=
	Pediatric Wards	0	Less than 1.0		
Griffin Hospital	Adult ICUs	0	Less than 1.0		
Gillili nospital	Adult Wards	1	Less than 1.0		
Handfamil Hannidal	Adult ICUs	14	16.34	=	=
Hartford Hospital	Adult Wards	13	9.39	=	=
Hospital at Hebrew Care	Adult Wards	0	Less than 1.0		
Johnson Memorial Hospital	Adult ICUs	0	Less than 1.0		
Johnson Memorial Hospital	Adult Wards	1	Less than 1.0		
	Adult ICUs	2	1.67	=	=
Lawrence & Memorial Hospital	Neonatal ICUs	0	Less than 1.0		
	Adult Wards	6	4.18	=	=
Masonicare Health Center	Adult Wards	0	Less than 1.0		
Middlesex Hospital	Adult ICUs	0	1.02	=	=
	Adult Wards	3	1.77	=	=
MidCtate Medical Contan	Adult ICUs	0	Less than 1.0		
MidState Medical Center	Adult Wards	2	1.35	=	=



ACUTE CARE HOSPITALS: CLABSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



FACILITY NAME	Unit tumo	Observed infections	Predicted infections	How does this facility compare?	
	Unit type	Observed injections	Predicted infections	State	National baseline
Milford Hospital	Adult ICUs	0	Less than 1.0		
	Adult Wards	0	Less than 1.0		
New Milford Hospital	Adult Wards	0	Less than 1.0		
	Adult ICUs	3	1.40	=	=
Norwalk Hospital	Neonatal ICUs	0	Less than 1.0		
	Adult Wards	3	2.68	=	=
Sharon Hospital	Adult ICUs	0	Less than 1.0		
onaron nospitai	Adult Wards	0	Less than 1.0		
	Adult ICUs	2	8.07	=	*
St. Francis Hospital and Medical Center	Neonatal ICUs	1	Less than 1.0		
	Adult Wards	5	5.73	=	=
	Adult ICUs	1	2.29	=	=
St. Mary's Hospital	Neonatal ICUs	0	Less than 1.0		
	Adult Wards	1	1.50	=	=
24 Vissas 41- Marking I Company	Adult ICUs	5	2.11	=	=
St. Vincent's Medical Center	Adult Wards	3	3.60	=	=
	Adult ICUs	1	2.06	=	=
	Neonatal ICUs	1	Less than 1.0		
Stamford Hospital	Adult Wards	2	4.45	=	=
	Pediatric Wards	0	Less than 1.0		



ACUTE CARE HOSPITALS: CLABSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

FACILITY NAME	Unit type	Observed infections	Predicted infections	How does this fa	acility compare?
FACILITY NAME	Offic type	Observed infections	Fredicted infections	State	National baseline
The Charlotte Hungerford Hospital	Adult ICUs	1	Less than 1.0		
The Chanotte nungerioru nospital	Adult Wards	1	2.08	=	=
	Adult ICUs	4	3.27	=	=
The Hospital of Central Connecticut	Neonatal ICUs	1	Less than 1.0		
	Adult Wards	6	3.20	=	=
The William W. Donlard Hoovital	Adult ICUs	0	1.20	=	=
The William W. Backus Hospital	Adult Wards	2	3.66	=	=
University of Connecticut Health	Adult ICUs	3	1.98	=	=
Center	Adult Wards	2	1.36	=	=
Metaularum Hannital Hankla Camtau	Adult ICUs	1	2.88	=	=
Waterbury Hospital Health Center	Adult Wards	4	2.76	=	=
Windham Hospital	Adult Wards	1	Less than 1.0		
	Adult ICUs	25	20.80	=	=
Yale-New Haven Hospital	Pediatric ICUs	2	2.18	=	=
	Neonatal ICUs	3	4.83	=	=
	Adult Wards	22	20.84	=	=
	Pediatric Wards	3	1.31	=	=

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS: CAUTI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



FACILITY NAME	Half form	Observed infections	Due diede diede die e	How does this facility compare?	
	Unit type	Observed injections	Predicted infections	State	National baseline
Bridgeport Hospital	Adult ICUs	5	7.56	=	=
Bridgeport Hospital	Adult Wards	9	10.38	=	=
Bristol Hospital	Adult ICUs	0	1.14	=	=
DIISTOI NOSPITAI	Adult Wards	0	1.38	=	=
Connecticut Children's Medical Cen-	Pediatric ICUs	2	1.20	=	=
ter	Pediatric Wards	0	Less than 1.0		
	Adult ICUs	1	5.02	*	*
Danbury Hospital	Adult Wards	6	5.39	=	=
	Pediatric Wards	0	Less than 1.0		
Day Kimball Hospital	Adult ICUs	0	Less than 1.0		
Day Killibali Flospital	Adult Wards	0	Less than 1.0		
Eastern Connecticut Health Net-	Adult ICUs	0	2.21	=	=
work—Manchester Memorial Hospital	Adult Wards	2	1.66	=	=
Eastern Connecticut Health Net-	Adult ICUs	1	Less than 1.0		
work—Rockville General Hospital	Adult Wards	0	Less than 1.0		



ACUTE CARE HOSPITALS: CAUTI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

				How does this fa	acility compare?
FACILITY NAME	Unit type	Observed infections	Predicted infections	State	National baseline
	Adult ICUs	2	1.29	=	=
Greenwich Hospital	Adult Wards	3	2.95	=	=
	Pediatric Wards	0	Less than 1.0		
Cuiffin Haanital	Adult ICUs	2	1.38	=	=
Griffin Hospital	Pediatric ICUs	0	1.61	=	=
Hautford Hannital	Adult ICUs	52	32.22	=	×
Hartford Hospital	Adult Wards	18	16.59	=	=
Hospital at Hebrew Care	Adult Wards	0	Less than 1.0		
Jahnaan Mamarial Haanital	Adult ICUs	0	Less than 1.0		
Johnson Memorial Hospital	Adult Wards	0	Less than 1.0		
Lawrence & Memorial Hospital	Adult ICUs	5	3.42	=	=
Lawrence & Memorial Hospital	Adult Wards	16	3.81	×	×
Masonicare Health Center	Adult Wards	0	Less than 1.0		
Middlesex Hospital	Adult ICUs	1	1.15	=	=
	Adult Wards	4	1.30	=	=
MidState Medical Center	Adult ICUs	1	1.15	=	=
MidState Medical Center	Adult Wards	1	1.53	=	=



ACUTE CARE HOSPITALS: CAUTI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



FACILITY NAME				How does this facility compare?	
	Unit type	Observed infections	Predicted infections	State	National baseline
	Adult ICUs	1	Less than 1.0		
Milford Hospital	Adult Wards	1	Less than 1.0		
New Milford Hospital	Adult Wards	0	Less than 1.0		
Namualk Haanital	Adult ICUs	2	1.73	=	=
Norwalk Hospital	Adult Wards	5	2.55	=	=
Sharon Hospital	Adult ICUs	0	Less than 1.0		
onaron nospitai	Adult Wards	0	Less than 1.0		
St. Francis Hospital and Medical	Adult ICUs	10	10.45	=	=
Center	Adult Wards	2	6.85	*	*
NA Manuda Haanital	Adult ICUs	4	2.73	=	=
St. Mary's Hospital	Adult Wards	0	2.09	=	=
24 Vincentia Madical Center	Adult ICUs	2	2.56	=	=
St. Vincent's Medical Center	Adult Wards	2	2.53	=	=
Stamford Hospital	Adult ICUs	4	1.54	=	=
	Adult Wards	4	2.96	=	=
	Pediatric Wards	0	0.01		

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS: CAUTI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

About the same number of infections in 2017 as predicted based on statewide or national experience

EACH ITY NAME	Linit trung	Oh a a mared in factions		How does this facility compare?	
FACILITY NAME	Unit type	Observed infections	Predicted infections	State	National baseline
The Charlotte Hungerford Hospital	Adult ICUs	2	1.31	=	=
The Chanotte nungerioru nospitai	Adult Wards	1	2.38	=	=
	Adult ICUs	3	5.57	=	=
The Hospital of Central Connecticut	Adult Wards	4	5.16	=	=
The William W. Beekus Heenitel	Adult ICUs	1	1.91	=	=
The William W. Backus Hospital	Adult Wards	6	3.55	=	=
University of Connecticut Health	Adult ICUs	7	2.08	×	×
Center	Adult Wards	4	1.71	=	=
Mataubum, Hannital Haalth Contag	Adult ICUs	1	2.86	=	=
Waterbury Hospital Health Center	Adult Wards	3	2.73	=	=
Windham Hospital	Adult Wards	3	Less than 1.0		
Yale-New Haven Hospital	Adult ICUs	45	42.81	=	=
	Pediatric ICUs				
	Adult Wards	17	18.52	=	=
	Pediatric Wards	0	Less than 1.0		

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS: COLON SSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

N/A The facility does not perform this procedure

V	More infections (worse) in 2017 than predicte
	based on statewide or national experience

	Number of proce-			How does this facility compare?	
FACILITY NAME	dures	Observed infections	Predicted infections	State	National baseline
Bridgeport Hospital	146	1	3.72	=	=
Bristol Hospital	58	0	1.56	=	=
Connecticut Children's Medical Center	5	0	Less than 1.0		
Danbury Hospital	196	4	4.87	=	=
Day Kimball Hospital	52	4	1.50	=	=
Eastern Connecticut Health Network— Manchester Memorial Hospital	83	3	2.18	=	=
Eastern Connecticut Health Network— Rockville General Hospital	5	0	Less than 1.0		
Greenwich Hospital	159	1	3.80	=	=
Griffin Hospital	43	0	1.19	=	=
Hartford Hospital	538	15	14.45	=	=
Hospital at Hebrew Care	N/A				
Johnson Memorial Hospital	6	0	Less than 1.0		
Lawrence & Memorial Hospital	94	1	2.58	=	=
Masonicare Health Center	N/A				
Middlesex Hospital	156	1	3.92	=	=
MidState Medical Center	120	6	3.01	=	=

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS: COLON SSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

N/A The facility does not perform this procedure

	Number		Predicted infections	How does this facility compare?	
FACILITY NAME	of procedures	Observed infections		State	National baseline
Milford Hospital	16	0	Less than 1.0		
New Milford Hospital	0	0	Less than 1.0		
Norwalk Hospital	142	3	3.46	=	=
Sharon Hospital	9	1	Less than 1.0		
St. Francis Hospital and Medical Center	288	4	7.72	=	=
St. Mary's Hospital	82	2	2.33	=	=
St. Vincent's Medical Center	94	1	2.44	=	=
Stamford Hospital	103	3	2.79	=	=
The Charlotte Hungerford Hospital	59	0	1.56	=	=
The Hospital of Central Connecticut	181	4	4.61	=	=
The William W. Backus Hospital	172	1	4.57	=	=
University of Connecticut Health Center	101	4	2.61	=	=
Waterbury Hospital Health Center	144	2	3.82	=	=
Windham Hospital	16	2	Less than 1.0		
Yale-New Haven Hospital	712	22	18.96	=	=

ASSOCIATED INFECTIONS PROGRESS

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS: ABDOMINAL HYSTERECTOMY SSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

When the number of predicted infections is less

than 1, no conclusion can be made

N/A The facility does not perform this procedure

More infections (worse) in 2017 than predicted based on statewide or national experience

EAOU ITV NAME	Number of proce-	Observed infections		How does this facility compare?			
FACILITY NAME	dures		Predicted infections	State	National baseline		
Bridgeport Hospital	304	2	2.41	=	=		
Bristol Hospital	116	0	Less than 1.00				
Connecticut Children's Medical Center	0	0	Less than 1.00				
Danbury Hospital	156	0	1.28	=	=		
Day Kimball Hospital	45	0	Less than 1.00				
Eastern Connecticut Health Network— Manchester Memorial Hospital	140	2	1.14	=	=		
Eastern Connecticut Health Network— Rockville General Hospital	1	0	Less than 1.00				
Greenwich Hospital	133	0	Less than 1.00				
Griffin Hospital	45	0	Less than 1.00				
Hartford Hospital	502	2	3.72	=	=		
Hospital at Hebrew Care	N/A						
Johnson Memorial Hospital	16	0	Less than 1.00				
Lawrence & Memorial Hospital	44	0	Less than 1.00				
Masonicare Health Center	N/A						
Middlesex Hospital	72	1	Less than 1.00				
MidState Medical Center	104	3	Less than 1.00				



ACUTE CARE HOSPITALS: ABDOMINAL HYSTERECTOMY SSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

N/A The facility does not perform this procedure

More infections (worse) in 2017 than predicted based on statewide or national experience

	Number			How does this fa	acility compare?
FACILITY NAME	of procedures	Observed infections	Predicted infections	State	National baseline
Milford Hospital	18	0	Less than 1.00		
New Milford Hospital	6	0	Less than 1.00		
Norwalk Hospital	39	1	Less than 1.00		
Sharon Hospital	5	0	Less than 1.00		
St. Francis Hospital and Medical Center	304	1	2.38	=	=
St. Mary's Hospital	140	0	1.21	=	=
St. Vincent's Medical Center	29	0	Less than 1.00		
Stamford Hospital	193	3	1.43	=	=
The Charlotte Hungerford Hospital	10	0	Less than 1.00		
The Hospital of Central Connecticut	192	1	1.52	=	=
The William W. Backus Hospital	51	0	Less than 1.00		
University of Connecticut Health Center	112	4	Less than 1.00		
Waterbury Hospital Health Center	23	0	Less than 1.00		
Windham Hospital	15	0	Less than 1.00		
Yale-New Haven Hospital	650	2	5.47	=	=

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS: MRSA EVENTS

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

About the same number of infections in 2017 as predicted based on statewide or national experience

FACILITY NAME	Observed events	Predicted events	How does this facility compare?		
FACILITY NAME	Observed events	Predicted events	State	National baseline	
Bridgeport Hospital	5	5.99	=	=	
Bristol Hospital	0	Less than 1.00			
Connecticut Children's Medical Center	0	1.44	=	=	
Danbury Hospital	0	4.77	*	*	
Day Kimball Hospital	0	Less than 1.00			
Eastern Connecticut Health Network— Manchester Memorial Hospital	0	1.75	=	=	
Eastern Connecticut Health Network— Rockville General Hospital	0	Less than 1.00			
Greenwich Hospital	0	1.93	=	=	
Griffin Hospital	2	1.02	=	=	
Hartford Hospital	17	18.88	=	=	
Hospital at Hebrew Care	0	Less than 1.00			
Johnson Memorial Hospital	2	Less than 1.00			
Lawrence & Memorial Hospital	0	1.88	=	=	
Masonicare Health Center	0	Less than 1.00			
Middlesex Hospital	1	1.96	=	=	
MidState Medical Center	2	1.31	=	=	

STATE HAI REPORT 2017

ACUTE CARE HOSPITALS: MRSA EVENTS

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

			How does this f	acility compare?
FACILITY NAME	Observed events	Predicted events	State	National baseline
Milford Hospital	0	Less than 1.00		
New Milford Hospital	0	Less than 1.00		
Norwalk Hospital	2	2.81	=	=
Sharon Hospital	0	Less than 1.00		
St. Francis Hospital and Medical Center	6	9.15	=	=
St. Mary's Hospital	0	1.76	=	=
St. Vincent's Medical Center	2	1.98	=	=
Stamford Hospital	1	2.77	=	=
The Charlotte Hungerford Hospital	3	Less than 1.00		
The Hospital of Central Connecticut	3	3.50	=	=
The William W. Backus Hospital	2	1.79	=	=
University of Connecticut Health Center	3	1.70	=	=
Waterbury Hospital Health Center	3	2.47	=	=
Windham Hospital	0	Less than 1.00		
Yale-New Haven Hospital	19	18.91	=	=



ACUTE CARE HOSPITALS: C. DIFFICILE EVENTS

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

		5	How does this facility compare?		
FACILITY NAME	Observed events	Predicted events	State	National baseline	
Bridgeport Hospital	69	61.29	=	=	
Bristol Hospital	10	16.06	=	=	
Connecticut Children's Medical Center	13	11.68	=	=	
Danbury Hospital	15	54.41	*	*	
Day Kimball Hospital	1	5.81	*	*	
Eastern Connecticut Health Network— Manchester Memorial Hospital	15	20.70	=	=	
Eastern Connecticut Health Network— Rockville General Hospital	5	5.83	=	=	
Greenwich Hospital	29	30.25	=	=	
Griffin Hospital	6	12.32	=	=	
Hartford Hospital	190	171.88	×	=	
Hospital at Hebrew Care	0	Less than 1.00			
Johnson Memorial Hospital	3	3.08	=	=	
Lawrence & Memorial Hospital	25	33.52	=	=	
Masonicare Health Center	0	1.14	=	=	
Middlesex Hospital	31	28.06	=	=	
MidState Medical Center	24	14.25	×	×	



ACUTE CARE HOSPITALS: C. DIFFICILE EVENTS

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

About the same number of infections in 2017 as predicted based on statewide or national experience

			How does this fa	acility compare?
FACILITY NAME	Observed events	Predicted events	State	National baseline
Milford Hospital	2	5.69	=	=
New Milford Hospital	1	1.57	=	=
Norwalk Hospital	21	34.02	=	*
Sharon Hospital	1	2.93	=	=
St. Francis Hospital and Medical Center	89	109.07	=	=
St. Mary's Hospital	26	27.68	=	=
St. Vincent's Medical Center	58	39.51	×	×
Stamford Hospital	55	40.63	×	×
The Charlotte Hungerford Hospital	16	12.76	=	=
The Hospital of Central Connecticut	19	35.02	*	*
The William W. Backus Hospital	20	29.18	=	=
University of Connecticut Health Center	16	22.90	=	=
Waterbury Hospital Health Center	23	25.71	=	=
Windham Hospital	5	3.24	=	=
Yale-New Haven Hospital	198	244.93	=	*



LONG-TERM ACUTE CARE HOSPITALS: CLABSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2016 as predicted based on statewide or national experience



FACILITY NAME	Unit type	Observed infections	Predicted infections	How does this facility compare?	
				State	National baseline
Gaylord Hospital	Adult ICUs	3	9.03	=	*
	Adult Wards	0	4.16	=	*
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	0	Less than 1.00		
	Adult ICUs	0	2.90	=	=
Hospital for Special Care	Adult Wards	8	19.21	=	*
	Pediatric Wards	0	Less than 1.00		



LONG-TERM ACUTE CARE HOSPITALS: CAUTI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



FACILITY NAME	Unit type Obs			How does this facility compare?	
		Observed infections	Predicted infections	State	National baseline
Gaylord Hospital	Adult ICUs	5	7.25	=	=
	Adult Wards	9	3.79	=	×
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	1	2.38	*	=
	Adult ICUs	3	Less than 1.00		
Hospital for Special Care	Adult Wards	10	2.60	=	×
	Pediatric Wards	0	Less than 1.00		



LONG-TERM ACUTE CARE HOSPITALS: VAE

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



		Observed infections	Predicted infections	How does this facility compare?	
FACILITY NAME	Unit type			State	National baseline
0.1.11	Adult ICUs	2	4.28	=	*
Gaylord Hospital	Adult Wards				
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	0	Less than 1.00		
Hospital for Special Care	Adult ICUs	2	2.63	=	=
	Adult Wards	3	27.44	=	*



LONG-TERM ACUTE CARE HOSPITALS: MRSA EVENTS

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

About the same number of infections in 2017 as predicted based on statewide or national experience

When the number of predicted infections is less than 1, no conclusion can be made

FACILITY NAME	Patient days	Observed events	Predicted events	How does this f	acility compare?
		Section of the sectio		State	National baseline
Gaylord Hospital	40,152	0	4.10	=	*
Healthcare Center at the CT Veterans' Home, Rocky Hill	41,981	0	3.80	=	*
Hospital for Special Care	75,931	2	7.60	=	*

STATE HAI REPORT 2017

LONG-TERM ACUTE CARE HOSPITALS: C. DIFFICILE EVENTS

FACILITY NAME	Patient days	Observed events	Predicted events	How does this facility compare?	
	Tunent days	, , , , , , , , , , , , , , , , , , , ,	State National baseline	National baseline	
Gaylord Hospital	40,152	31	37.87	×	=
Healthcare Center at the CT Veterans' Home, Rocky Hill	41,981	3	34.10	=	*
Hospital for Special Care	75,931	5	78.32	*	*



INPATIENT REHABILITATION FACILITIES: CAUTI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



When the number of predicted infections is less than 1, no conclusion can be made

FACILITY NAME	Observed infections	How does this facility compare Predicted infections		acility compare ?
PACILIT NAME		Fredicted infections	State	National baseline
Danbury Hospital	4	1.10	=	×
Lawrence & Memorial Hospital	1	Less than 1.00		
Mount Sinai Rehabilitation Hospital	5	Less than 1.00		
St. Vincent's Medical Center	0	Less than 1.00		
Stamford Hospital	0	Less than 1.00		
Yale-New Haven Hospital\	1	Less than 1.00		

STATE HAI REPORT 2017

INPATIENT REHABILITATION FACILITIES: MRSA EVENTS*

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



When the number of predicted infections is less than 1, no conclusion can be made

FACILITY NAME	Patient days	Observed events Predicted events		How does this facility compare?	
TASILITY NAME				State	National baseline
Mount Sinai Rehab Hospital	10,470	0	Less than 1.00		

STATE HAI REPORT 2017

INPATIENT REHABILITATION FACILITIES: C. DIFFICILE EVENTS*

ACILITY NAME Patient days		Observed events	Predicted events	How does this facility compare?	
- A.O. E. 11 - 11 - 11 - 11 - 11 - 11 - 11 -	,			State National baseline	
Mount Sinai Rehab Hospital	8,405	0	4.08	*	*

Multiple CT facilities can be classified as both an acute care hospital and inpatient rehabilitation facility. The MRSA and CDI SIR for these dual facilities is shown on pages 32-35 since MRSA and CDI LabID events are for all inpatient locations. Mt, Sinai Rehab Hospital is classified as only an IRF so the data for that facility is presented here.



OUTPATIENT HEMODIALYSIS CENTERS: BSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

FACILITY NAME	Observed infections	Predicted infections	How does this facility compare?		
I ACIEIT I NAIME	Observed infections	r redicted infections	State	National baseline	
Black Rock Dialysis	5	4.58	=	=	
Bloomfield Dialysis	1	3.30	=	=	
Branford Dialysis	4	3.09	=	=	
Bridgeport Dialysis	14	13.38	=	=	
Central Connecticut Dialysis Center	4	2.86	=	=	
Comprehensive Dialysis Care, LLC	2	2.76	=	=	
Danbury Dialysis Center	3	6.80	=	=	
DaVita Waterbury Heights Dialysis	5	4.27	=	=	
Dialysis Center Of Newington	1	3.89	=	=	
East Hartford Dialysis Center	1	8.20	*	*	
Enfield Dialysis Center	3	2.07	=	=	
Farmington Dialysis	0	Less than 1.00			
FMC Dialysis Services Forestville	2	4.75	=	=	
FMC of Fairfield	6	2.87	=	=	
FMC of Southington	2	2.50	=	=	



OUTPATIENT HEMODIALYSIS CENTERS: BSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience



More infections (worse) in 2017 than predicted based on statewide or national experience

FACILITY NAME	Observed infections	Predicted infections	How does this fa	acility compare?
TACIENT NAME	Observed infections	Tredicted infections	State	National baseline
FMC of Western Hartford	4	3.58	=	=
FMC Shoreline	4	5.55	=	=
FMC Windsor	2	3.18	=	=
Greater Waterbury DaVita Dialysis	6	6.62	=	=
Hamden Dialysis	1	3.77	=	=
Hartford Dialysis	16	8.46	×	×
Hartford Hospital	31	8.99	×	×
Housatonic Dialysis	0	2.02	=	=
Manchester Dialysis Center	2	3.70	=	=
Middlesex Dialysis Center, LLC.	1	3.89	=	=
Milford Dialysis	4	5.74	=	=
New Britain General Hospital	0	6.70	*	*
New Haven Dialysis	11	7.80	=	=
New London Dialysis	1	5.72	*	*
North Haven Dialysis	5	6.11	=	=
Norwich Dialysis	1	4.72	=	=



OUTPATIENT HEMODIALYSIS CENTERS: BSI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

More infections (worse) in 2017 than predicted based on statewide or national experience

EACH ITY MANE	01 1: 6 1:		How does this f	acility compare?
FACILITY NAME	Observed infections	Predicted infections	State	National baseline
Palomba Drive Dialysis	0	1.58	=	=
Physicians Dialysis Inc. Rocky Hill	2	3.12	=	=
Shelton Dialysis	7	7.05	=	=
South Norwalk Dialysis	13	6.49	×	×
St. Raphael Dialysis Center	16	11.29	=	=
Stamford Dialysis	12	10.40	=	=
Torrington Dialysis	8	5.36	=	=
U.S. Renal Care Branford Dialysis	2	2.32	=	=
U.S. Renal Care North Haven Dialysis	9	4.14	×	×
U.S. Renal Care Orange Dialysis	11	7.14	=	=
UCONN Dialysis Center	1	4.66	=	=
Vernon Dialysis Center	1	4.42	=	=
Wallingford Dialysis Care, LLC.	0	1.51	=	=
Willard Avenue Dialysis	4	2.08	=	=
Windham Dialysis Center	3	2.28	=	=

STATE HAI REPORT 2017

OUTPATIENT HEMODIALYSIS CENTERS: LASI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience More infections (worse) in 2017 than predicted

based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

NOTE: A rate is calculated for local access site infection as the total number of infections reported during 2017, divided by the total number of months that patients were receiving care at the center and at risk for the infection.

FACILITY NAME	Observed infections	Rate (observed events per	How does this fa	acility compare?
1 AOILIT NAME	Observed infections	100 patient-months)	State	Nation
Black Rock Dialysis	8	0.81	=	=
Bloomfield Dialysis	5	0.82	=	=
Branford Dialysis	3	0.56	=	=
Bridgeport Dialysis	33	1.22	×	×
Central Connecticut Dialysis Center	5	1.05	=	=
Comprehensive Dialysis Care, LLC	1	0.17	=	=
Danbury Dialysis Center	8	0.66	=	=
DaVita Waterbury Heights Dialysis	7	0.85	=	=
Dialysis Center Of Newington	3	0.57	=	=
East Hartford Dialysis Center	12	0.98	×	×
Enfield Dialysis Center	3	0.82	=	=
Farmington Dialysis	0	0.00	=	=
FMC Dialysis Services Forestville	5	0.71	=	=
FMC of Fairfield	1	0.21	=	=
FMC of Southington	2	0.46	=	=

STATE HAI REPORT 2017

OUTPATIENT HEMODIALYSIS CENTERS: LASI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience More infections (worse) in 2017 than predicted

based on statewide or national experience



About the same number of infections in 2017 as predicted based on statewide or national experience

NOTE: A rate is calculated for local access site infection as7the total number of infections reported during 2016, divided by the total number of months that patients were receiving care at the center and at risk for the infection.

FACILITY NAME	Observed infections	Rate (observed events per	How does this f	acility compare?
TAGETT NAME	Observed infections	100 patient-months)	State	Nation
FMC of Western Hartford	1	0.14	=	=
FMC Shoreline	2	0.31	=	=
FMC Windsor	1	0.21	=	=
Greater Waterbury DaVita Dialysis	15	1.04	×	×
Hamden Dialysis	5	0.88	=	=
Hartford Dialysis	22	1.50	×	×
Hartford Hospital	13	0.78	=	=
Housatonic Dialysis	0	0.00	=	=
Manchester Dialysis Center	4	0.60	=	=
Middlesex Dialysis Center, LLC.	3	0.33	=	=
Milford Dialysis	8	0.66	=	=
New Britain General Hospital	4	0.40	=	=
New Haven Dialysis	15	1.33	×	×
New London Dialysis	5	0.42	=	=
North Haven Dialysis	4	0.45	=	=
Norwich Dialysis	9	0.88	=	=

STATE HAI REPORT 2017

OUTPATIENT HEMODIALYSIS CENTERS: LASI

LEGEND



Fewer infections (better) in 2017 than predicted based on statewide or national experience More infections (worse) in 2017 than predicted

based on statewide or national experience



About the same number of infections in 2016 as predicted based on statewide or national experience

NOTE: A rate is calculated for local access site infection as the total number of infections reported during 2016, divided by the total number of months that patients were receiving care at the center and at risk for the infection.

FACILITY NAME	Observed infections	Rate (observed events per	How does this f	acility compare?
FACILITY NAME	Observed injections	100 patient-months)	State	Nation
Palomba Drive Dialysis	1	0.41	=	=
Physicians Dialysis Inc. Rocky Hill	3	0.56	=	=
Shelton Dialysis	5	0.40	=	=
South Norwalk Dialysis	15	1.07	×	×
St. Raphael Dialysis Center	27	1.62	×	×
Stamford Dialysis	11	0.57	=	=
Torrington Dialysis	6	0.81	=	=
U.S. Renal Care Branford Dialysis	2	0.65	=	=
U.S. Renal Care North Haven Dialysis	2	0.31	=	=
U.S. Renal Care Orange Dialysis	7	0.63	=	=
UCONN Dialysis Center	7	1.05	=	=
Vernon Dialysis Center	5	0.68	=	=
Wallingford Dialysis Care, LLC.	4	1.38	=	=
Willard Avenue Dialysis	3	0.71	=	=
Windham Dialysis Center	4	0.85	=	=

FAST FACTS: What you need to know about healthcare-associated infections

Invasive devices. Sometimes patients have medical devices inserted into their bodies to provide necessary medical care. These devices are called "invasive devices" and patients with these devices have a higher chance of getting an infection. Here is what you need to know about invasive devices and what kinds of infections they can be associated with:

- A central line is a tube placed in a large vein to allow access to the bloodstream and provide the patient with important medicine. A central line-associated bloodstream infection (CLABSI) can occur when bacteria or other germs travel along a central line and enter the blood. When not put in correctly or kept clean, central lines can become a pathway for germs to enter the body and cause serious infections in the blood.
- A urinary catheter is a tube placed in the bladder to drain urine. A catheter-associated urinary tract infection (CAUTI) can occur when bacteria or other germs travel along a urinary catheter, resulting in an infection in the bladder or the kidney.
- A ventilator is a device used to support, assist or control respiration and it is delivered via an artificial airway such as inserting a tube through the trachea (windpipe). A Ventilator associated event is the complications that arise in patients that receive mechanical ventilation.

A surgical site infection (SSI). These happen after surgery in the part of the body where the surgery took place. These infections may involve only the skin or may be more serious and involve tissue under the skin or organs. SSIs sometimes take days or months after surgery to develop.

Symptoms may include fever, redness or pain around the surgical site, or drainage of fluid from the wound.

Methicillin-resistant *Staphylococcus aureus* (MRSA) infections are caused by bacteria that are resistant to certain types of drugs. MRSA can cause skin or wound infections. Sometimes, MRSA can infect the blood and cause serious illness and even death. Bloodstream infections with MRSA are the kind of infection are shown in this report.

Clostridium difficile (C. difficile) is a type of bacteria that causes severe diarrhea and can be deadly. *C. difficile* infections most commonly occur in people who have recently taken antibiotics.



Things to think about when choosing a healthcare provider or facility

- Do you know your doctor's or healthcare provider's qualifications? Is he or she licensed and board-certified? Consult the DPH website for information on licensure and disciplinary actions that may have been taken.
- Does your doctor recommend the facility? Why or why not?
- Is your healthcare facility accredited by a nonprofit organization that seeks to improve the quality and safety of healthcare (e.g., The Joint Commission or DNV-GL)?
- What infection prevention resources are at your healthcare facility? If you have questions, find out how you can get in touch with someone in infection prevention before you visit the facility.
- Does your healthcare facility have a patient advocate? If so, the advocate may be able to provide additional information and help before, during, and after your medical treatment.

If you are planning to have surgery:

- Does the facility do a lot of the procedures that you will be having? Research shows that patients who have surgery at hospitals that do more surgical procedures may have better outcomes.
- Does the facility have a floor or unit that only does the type of surgery you are having? For example, for hip replacement surgery, does the facility have a floor or unit that is used only for joint replacement surgeries?
- Does the facility have one or more operating rooms that are used only for your type of surgery?
- Does the facility follow specific guidelines so that everyone

who has your type of surgery receives consistent care?

For more information:

- The federal government reports other quality information about healthcare facilities, in addition to healthcare associated-infections. Find this information online at: www.medicare.gov/hospitalcompare/search.html? www.medicare.gov/dialysisfacilitycompare/
- The Centers for Medicare and Medicaid Services has a guide available to help patients select a hospital. Find it at: www.medicare.gov/pubs/pdf/10181-Guide-Choosing-Hospital.pdf

PROGRESS

What patients can do to prevent infection

To prevent any type of healthcare associated infection:

- If you do not see your healthcare providers clean their hands before caring for you, don't be shy about asking them. You have a right to speak up.
- Make sure you and your family members and friends keep their hands clean too!
- Ask your healthcare provider what specific steps they take to prevent infections as well as what you as a patient can do to prevent infections.

To prevent central line-associated bloodstream infections (CLABSI) and catheter associated urinary tract infections (CAUTI):

- If you have a central line or urinary catheter put in place, ask your doctors and nurses to explain why you need it and how long you will have it.
- Ask your healthcare providers each day if you still need it.
- If the bandage covering your central line becomes wet or dirty, tell your nurse or doctor immediately.
- Tell your nurse or doctor if the area around your central line or catheter is sore or red, or you feel feverish.
- Follow your healthcare providers' instructions for the care of the central line or urinary catheter to keep it working as it should and keep it clean and free of germs.
- Do not let family and friends touch the central line tubing or bandage.

To prevent surgical site infections (SSI):

AFTER YOUR SURGERY AND DURING RECOVERY:

- Avoid touching your incision area and follow all instructions from your doctor about how to take care of your incision.
- Before and after taking care of your incision area, wash your hands or use an alcohol-based hand sanitizer and have any family member helping with your care do the same.
- If you have any infection signs/symptoms like redness, pain, fever, or drainage, call your doctor as soon as possible.
- Until the incision (cut) is completely healed, always use a different washcloth for the incision area than the one used for the rest of your body.

- Keep clean sheets on your bed and make sure the clothes that come in contact with your incision are clean.
- Keep pets away from the incision (cut) until healed.

BEFORE YOU LEAVE THE HOSPITAL OR AMBULATORY SURGERY CENTER:

- Make sure you understand how to take care of your wound and ask questions when you are unsure.
- Know who to contact if you have questions or problems after you get home.
- Keep all appointments scheduled at the time of discharge.

To prevent Clostridium difficile infections:

- Take antibiotics only as prescribed by your doctor and complete the course of treatment.
- Tell your doctor if you have recently been on antibiotics if you get diarrhea within a few months of taking the antibiotics.
- Wash your hands with soap and water before eating and after using the bathroom.

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

- Clean your hands often, especially before and after changing wound dressings or bandages.
- Keep wounds clean and change bandages as instructed until healed.
- Avoid sharing personal hygiene items such as towels or razors.
- Take antibiotics only as prescribed by your doctor and complete the course of treatment.

To prevent influenza or the "flu":

 Get vaccinated against the flu each year, clean your hands often, and cover your cough with your sleeve.



List of acronyms used in the report

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	Clostridium difficile infection
CLABSI	Central line-associated bloodstream infection
CMS	Centers for Medicaid and Medicare Services
DPH	Connecticut Department of Public Health
HAI	Healthcare associated infection
ICU	Intensive care unit
IRF	Inpatient rehabilitation facility
LASI	Local access site infection (dialysis)
LTACH	Long-term acute care hospital
MRSA	Methicillin-resistant Staphylococcus aureus
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive care unit
PICU	Pediatric intensive care unit
SSI	Surgical site infection
VAE	Ventilator associated event
	10





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/

Acknowledgements

This report was created using tools provided by the CSTE Healthcare-Associated Infection Data Analysis and Presentation Standardization (DAPS) Workgroup and the Centers for Disease Control and Prevention.

The HAI Program would like to thank the Infection Prevention, Quality, and Information Technology staff at Connecticut healthcare facilities for collaborating to provide the data presented in this report.