HEALTHCARE-ASSOCIATED INFECTIONS REPORT FOR A HEALTHCARE PROVIDER AUDIENCE

2017

Keeping Connecticut Healthy

DPH

Connecticut Department of Public Health

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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.

Connecticut healthcare facilities are required to track and report HAIs in Connecticut to the state health department. They also track HAIs for their own quality improvement initiatives, and 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 nine types of HAIs:

1. Central line-associated bloodstream infections (CLABSI)
2. Catheter-associated urinary tract infections (CAUTI)
3. Ventilator-associated events (VAE)
4. Surgical site infections (SSI) following colon surgeries.
5. Surgical site infections (SSI) following abdominal hysterectomies
6. Positive laboratory results with methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria found in the bloodstream
7. Positive laboratory results with *Clostridium difficile* (*C. difficile*) in stool
8. 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 nine types of HAIs. More information about Connecticut's mandatory reporting can be found at the CT DPH HAI website.

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).

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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 2017. 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 infections 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 2017, divided by the total number of days or months that patients were at risk for that infection or event.

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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 (2017), 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 2017 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 2017 and were downloaded from NHSN for acute care hospitals was on August 29, 2018 and for inpatient rehabilitation facilities, long-term acute care hospital and dialysis facilities on September 5, 2018; any changes made to the data after these dates are not reflected in this report. More information about NHSN can be found at the CDC website.

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LABORATORY-IDENTIFIED (LABID) EVENT ANALYSES

Clostridium difficile infection (CDI) and methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia 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 CLABSIs 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

The SIRs for VAEs are adjusted for:

- Facility bed size
- Proportion of admissions on hemodialysis
- Proportion of admissions on ventilators
- Type of patient care location
- Average length of stay

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.

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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 2017 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.

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

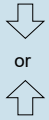
Not all of these infections are presented for each facility or each unit within the facility. This is either because they are not required to report the data to DPH, or because relevant procedures are not performed at that facility or unit.

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

 = 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.

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STATEWIDE HAI SUMMARY

LEGEND

- 2017 statewide SIR for given HAI and facility type is significantly lower (better) than national baseline
- 2017 statewide SIR for given HAI and facility type is significantly higher (worse) than national baseline
- ⇧ or ⇩ 2017 statewide SIR for given HAI and facility type is not statistically significantly different from national baseline. If arrow points up, 2017 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.
- 2017 SIR cannot is not 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	0.95	(0.82, 1.10)	⇩	1.12	(0.99, 1.26)	⇧	0.86	(0.69, 1.06)	⇩	0.80	(0.52, 1.19)	⇩	0.78	(0.62, 0.98)	⇩	0.89	(0.84, 0.95)	⇩
Adult ICU	0.82	(0.64, 1.04)	⇩	1.13	(0.96, 1.32)	⇧												
NICU	0.54	(0.24, 1.07)	⇩			N/A												
Pedi ICU	1.23	(0.54, 2.43)	⇧	1.67	(0.28, 5.52)	⇧												
Adult ward	1.05	(0.85, 1.28)	⇧	1.09	(0.90, 1.31)	⇧												
Pedi ward	2.42	(1.18, 4,44)	⇧															

Long-term acute care hospitals	CLABSI			CAUTI			VAE			MRSA			CDI		
	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare	SIR	95% CI	compare
All locations	0.30	(0.16 , 0.53	⇩	1.58	(1.07, 2.26)	⇧	0.20	(0.09, 0.40)	⇩	0.13	(0.02, 0.43)	⇩	0.26	(0.18, 0.35)	⇩
Adult ICU	0.25	(0.06, 0.68)	⇩	1.00	(0.46, 1.89)	⇧	0.58	(0.18, 1.40)	⇧						
Adult Ward	0.34	(0.16, 0.64)	⇩	2.28	(1.43, 3.46)	⇧	0.11	(0.03. 0.30)	⇩						
Pedi Ward									N/A						

Inpatient rehabilitation facilities	CAUTI		
	SIR	95% CI	compare
All IRF	2.76	(1.45, 4.80)	⇧

Outpatient hemodialysis center	BSI			LASI		
	SIR	95% CI	compare	Rate (per 100 patient-months)	P-value	compare
All centers	1.02	(0.90, 1.16)	⇧	0.78	0.00	⇧

LEGEND

- 2017 facility SIR is significantly lower (better) than national baseline
- 2017 facility SIR is significantly higher (worse) than national baseline
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not 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		

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- 2017 facility SIR cannot is not 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	⇩	⇩	⇩	⇩	⇩	⇩

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- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

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	⇧	⇧	⇧	⇩	↓	⇧

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

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- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

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

INPATIENT REHABILITATION FACILITIES

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

- 2017 facility SIR is significantly lower (better) than national baseline
- 2017 facility SIR is significantly higher (worse) than national baseline
- or — 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

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			

LEGEND

- ⇩ 2017 facility SIR or rate is significantly lower (better) than national baseline
- ⇧ 2017 facility SIR or rate is significantly higher (worse) than national baseline
- ⇧ or ⇩ 2017 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).

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

- 2017 facility SIR or rate is significantly lower (better) than national baseline
- 2017 facility SIR or rate is significantly higher (worse) than national baseline
- ⇧ or ⇩ 2017 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).

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

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

- ⇩ 2017 facility SIR or rate is significantly lower (better) than national baseline
- ⇧ 2017 facility SIR or rate is significantly higher (worse) than national baseline
- ⇧ or ⇩ 2017 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).

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	⇧	⇧

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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STATE HAI REPORT 2017

ACUTE CARE HOSPITALS: CLABSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

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Statewide ACH 2017 CLABSI SIRs	
Adult ICUs	**0.82** (0.64, 1.04
Neonatal ICUs	**0.54** (0.24 1.07
Pediatric ICUs	**1.23** 0.54, 2.43)
Adult Wards	**1.05** (0.85, 1.28)
Pediatric Wards	**2.42** (1.18, 4.44)

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	3,505	0	4.24	0.00	(, 0.71)	⇩	⇩
	Adult Wards	10,885	8	10.61	0.75	(0.35, 1.43)	⇩	⇩
Bristol Hospital	Adult ICUs	1,036	0	0.78				
	Adult Wards	2,004	0	1.30	0.00	(, 2.30)	⇩	⇩
Connecticut Children's Medical Center	Pediatric ICUs	2,438	5	3.52	1.42	(0.52, 3.15)	⇧	⇧
	Neonatal ICUs	4,009	1	5.76	0.17	(0.01, 0.86)	⇩	⇩
	Pediatric Wards	2,374	6	2.35	2.56	(1.04, 5.32)	⇧	⇧
Danbury Hospital	Adult ICUs	2,699	2	3.05	0.66	(0.11, 2.17)	⇩	⇩
	Neonatal ICUs	387	0	0.55				
	Adult Wards	2,996	2	2.92	0.68	(0.12, 2.26)	⇩	⇩
	Pediatric Wards	1	0	0.00				
Day Kimball Hospital	Adult ICUs	284	0	0.19				
	Adult Wards	529	0	0.31				
Eastern Connecticut Health Network—Manchester Memorial Hospital	Adult ICUs	1,266	1	1.24	0.81	(0.04, 3.98)	⇩	⇩
	Neonatal ICUs	24	0	0.02				
	Adult Wards	1,185	3	1.00	2.99	(0.76, 8.14)	⇧	⇧
Eastern Connecticut Health Network—Rockville General Hospital	Adult ICUs	318	0	0.28				
	Adult Wards	352	1	0.27				

ACUTE CARE HOSPITALS: CLABSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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Statewide ACH 2017 CLABSI SIRs	
Adult ICUs	**0.82** (0.64, 1.04
Neonatal ICUs	**0.54** (0.24 1.07
Pediatric ICUs	**1.23** 0.54, 2.43)
Adult Wards	**1.05** (0.85, 1.28)
Pediatric Wards	**2.42** (1.18, 4.44)

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	819	0	0.80				
	Neonatal ICUs	250	0	0.27				
	Adult Wards	3,001	2	2.54	0.79	(0.13, 2.60)	⇩	⇩
	Pediatric Wards	33	0	0.03				
Griffin Hospital	Adult ICUs	997	0	0.87				
	Adult Wards	883	1	0.67				
Hartford Hospital	Adult ICUs	14,484	14	16.34	0.86	(0.49, 1.40)	⇧	⇩
	Adult Wards	9,635	13	9.39	1.38	(0.77, 2.31)	⇧	⇧
Hospital at Hebrew Care	Adult Wards	108	0	0.06				
Johnson Memorial Hospital	Adult ICUs	248	0	0.17				
	Adult Wards	494	1	0.29				
Lawrence & Memorial Hospital	Adult ICUs	1,924	2	1.67	1.20	(0.20, 3.96)	⇧	⇧
	Neonatal ICUs	105	0	0.08				
	Adult Wards	5,577	6	4.18	1.44	(0.58, 2.98)	⇧	⇧
Masonicare Health Center	Adult Wards	404	0	0.23				
Middlesex Hospital	Adult ICUs	1,168	0	1.02	0.00	(, 2.93)	⇩	⇩
	Adult Wards	2,347	3	1.77	1.69	(0.43, 4.60)	⇧	⇧
MidState Medical Center	Adult ICUs	1,114	0	0.84				
	Adult Wards	2,072	2	1.35	1.48	(0.25, 4.90)	⇧	⇧

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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Statewide ACH 2017 CLABSI SIRs	
Adult ICUs	**0.82** (0.64, 1.04
Neonatal ICUs	**0.54** (0.24 1.07
Pediatric ICUs	**1.23** 0.54, 2.43)
Adult Wards	**1.05** (0.85, 1.28)
Pediatric Wards	**2.42** (1.18, 4.44)

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	765	0	0.51				
	Adult Wards	658	0	0.38				
New Milford Hospital	Adult Wards	289	0	0.17				
Norwalk Hospital	Adult ICUs	1,430	3	1.40	2.14	(0.55, 5.83)	⇧	⇧
	Neonatal ICUs	118	0	0.14				
	Adult Wards	3,170	3	2.68	1.12	(0.28, 3.04)	⇧	⇧
Sharon Hospital	Adult ICUs	101	0	0.07				
	Adult Wards	166	0	0.10				
St. Francis Hospital and Medical Center	Adult ICUs	7,152	2	8.07	0.25	(0.04, 0.82)	⇩	⇩
	Neonatal ICUs	411	1	0.63				
	Adult Wards	5,874	5	5.73	0.87	(0.32, 1.94)	⇩	⇩
St. Mary's Hospital	Adult ICUs	2,617	1	2.29	0.44	(0.02, 2.15)	⇩	⇩
	Neonatal ICUs	80	0	0.11				
	Adult Wards	1,981	1	1.50	0.67	(0.03, 3.29)	⇩	⇩
St. Vincent's Medical Center	Adult ICUs	1,874	5	2.11	2.37	(0.87, 5.24)	⇧	⇧
	Adult Wards	3,697	3	3.60	0.83	(0.21, 2.27)	⇩	⇩
Stamford Hospital	Adult ICUs	1,829	1	2.06	0.49	(0.02, 2.39)	⇩	⇩
	Neonatal ICUs	251	1	0.33				
	Adult Wards	4,527	2	4.41	0.45	(0.08, 1.50)	⇩	⇩
	Pediatric Wards	36	0	0.04				

ACUTE CARE HOSPITALS: CLABSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

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Statewide ACH 2017 CLABSI SIRs	
Adult ICUs	**0.82** (0.64, 1.04)
Neonatal ICUs	**0.54** (0.24 1.07)
Pediatric ICUs	**1.23** 0.54, 2.43)
Adult Wards	**1.05** (0.85, 1.28)
Pediatric Wards	**2.42** (1.18, 4.44)

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	1,264	1	0.95				
	Adult Wards	3,195	1	2.08	0.48	(0.02, 2.37)	⇩	⇩
The Hospital of Central Connecticut	Adult ICUs	2,895	4	3.27	1.23	(0.39, 2.95)	⇧	⇧
	Neonatal ICUs	226	1	0.20				
	Adult Wards	3,280	6	3.20	1.88	(0.76, 3.90)	⇧	⇧
The William W. Backus Hospital	Adult ICUs	1,596	0	1.20	0.00	(, 2.49)	⇩	⇩
	Adult Wards	5,618	2	3.66	0.55	(0.09, 1.81)	⇩	⇩
University of Connecticut Health Center	Adult ICUs	2,020	3	1.98	1.52	(0.39, 4.13)	⇧	⇧
	Adult Wards	1,612	2	1.36	1.47	(0.25, 4.84)	⇧	⇧
Waterbury Hospital Health Center	Adult ICUs	2,944	1	2.88	0.35	(0.02, 1.71)	⇩	⇩
	Adult Wards	3,266	4	2.76	1.45	(0.46, 3.49)	⇧	⇧
Windham Hospital	Adult Wards	727	1	0.42				
Yale-New Haven Hospital	Adult ICUs	18,438	25	20.80	1.20	(0.80, 1.75)	⇧	⇧
	Pediatric ICUs	1,511	2	2.18	0.92	(0.15, 3.04)	⇩	⇩
	Neonatal ICUs	3,586	3	4.83	0.62	(0.16, 1.69)	⇧	⇩
	Adult Wards	21,378	22	20.84	1.06	(0.68, 1.57)	⇧	⇧
	Pediatric Wards	1,325	3	1.31	2.29	(0.58, 6.23)	⇩	⇧

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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Statewide ACH 2017 CAUTI SIRs	
Adult ICUs	**1.13** (0.96 1.32)
Pediatric ICUs	**1.67** (0.28, 5.52)
Adult Wards	**1.09** (0.90, 1.31)
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	4,619	5	7.56	0.66	(0.24, 1.47)	⇩	⇩
	Adult Wards	8,461	9	10.38	0.87	(0.42, 1.59)	⇩	⇩
Bristol Hospital	Adult ICUs	1,560	0	1.14	0.00	(, 2.63)	⇩	⇩
	Adult Wards	2,118	0	1.38	0.00	(, 2.17)	⇩	⇩
Connecticut Children's Medical Center	Pediatric ICUs	776	2	1.20	1.67	(0.28, 5.52)	⇩	⇧
	Pediatric Wards	462	0	0.34				
Danbury Hospital	Adult ICUs	3,853	1	5.02	0.20	(0.01, 0.98)	⇩	⇩
	Adult Wards	4,283	6	5.39	1.11	(0.45, 2.32)	⇧	⇧
	Pediatric Wards	3	0	0.00				
Day Kimball Hospital	Adult ICUs	628	0	0.34				
	Adult Wards	835	0	0.41				
Eastern Connecticut Health Network—Manchester Memorial Hospital	Adult ICUs	2,076	0	2.21	0.00	(, 1.36)	⇩	⇩
	Adult Wards	1,662	2	1.66	1.21	(0.20, 3.99)	⇧	⇧
Eastern Connecticut Health Network—Rockville General Hospital	Adult ICUs	636	1	0.51				
	Adult Wards	570	0	0.41				

ACUTE CARE HOSPITALS: CAUTI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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Statewide ACH 2017 CAUTI SIRs	
Adult ICUs	**1.13** (0.96 1.32)
Pediatric ICUs	**1.67** (0.28, 5.52)
Adult Wards	**1.09** (0.90, 1.31)
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	1,216	2	1.29	1.55	(0.26, 5.11)	⇧	⇧
	Adult Wards	2,947	3	2.95	1.02	(0.26, 2.77)	⇩	⇧
	Pediatric Wards	29	0	0.02				
Griffin Hospital	Adult ICUs	1,630	2	1.38	1.45	(0.24, 4.78)	⇧	⇧
	Adult Wards	1,945	0	1.61	0.00	(, 1.86)	⇩	⇩
Hartford Hospital	Adult ICUs	16,359	52	32.22	1.61	(1.22, 2.10)	⇧	↑
	Adult Wards	13,427	18	16.59	1.09	(0.66, 1.68)	⇩	⇧
Hospital at Hebrew Care	Adult Wards	74	0	0.04				
Johnson Memorial Hospital	Adult ICUs	741	0	0.41				
	Adult Wards	715	0	0.35				
Lawrence & Memorial Hospital	Adult ICUs	3,464	5	3.42	1.46	(0.54, 3.24)	⇧	⇧
	Adult Wards	4,489	16	3.81	4.21	(2.49, 6.68)	↑	↑
Masonicare Health Center	Adult Wards	1,575	0	0.86				
Middlesex Hospital	Adult ICUs	1,383	1	1.15	0.87	(0.04, 4.28)	⇩	⇩
	Adult Wards	1,633	4	1.30	3.08	(0.98, 7.44)	⇧	⇧
MidState Medical Center	Adult ICUs	1,548	1	1.15	0.87	(0.04, 4.28)	⇩	⇩
	Adult Wards	2,258	1	1.53	0.66	(0.03, 3.23)	⇩	⇩

ACUTE CARE HOSPITALS: CAUTI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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Statewide ACH 2017 CAUTI SIRs	
Adult ICUs	**1.13** (0.96 1.32)
Pediatric ICUs	**1.67** (0.28, 5.52)
Adult Wards	**1.09** (0.90, 1.31)
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	1,286	1	0.72				
	Adult Wards	1,379	1	0.68				
New Milford Hospital	Adult Wards	365	0	0.20				
Norwalk Hospital	Adult ICUs	1,631	2	1.73	1.15	(0.19, 3.81)	⇧	⇧
	Adult Wards	2,565	5	2.55	1.96	(0.72, 4.34)	⇧	⇧
Sharon Hospital	Adult ICUs	257	0	0.14				
	Adult Wards	260	0	0.13				
St. Francis Hospital and Medical Center	Adult ICUs	8,019	10	10.45	0.96	(0.49, 1.71)	⇩	⇧
	Adult Wards	5,578	2	6.85	0.29	(0.05, 0.97)	⇩	⇩
St. Mary's Hospital	Adult ICUs	3,277	4	2.73	1.46	(0.47, 3.53)	⇧	⇧
	Adult Wards	2,673	0	2.09	0.00	(, 1.44)	⇩	⇩
St. Vincent's Medical Center	Adult ICUs	1,965	2	2.56	0.78	(0.13, 2.58)	⇩	⇩
	Adult Wards	2,029	2	2.53	0.79	(0.13, 2.61)	⇩	⇩
Stamford Hospital	Adult ICUs	1,165	4	1.54	2.59	(0.82, 6.25)	⇧	⇧
	Adult Wards	2,401	4	2.96	1.35	(0.43, 3.25)	⇧	⇧
	Pediatric Wards	11	0	0.01				

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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Statewide ACH 2017 CAUTI SIRs	
Adult ICUs	**1.13** (0.96 1.32)
Pediatric ICUs	**1.67** (0.28, 5.52)
Adult Wards	**1.09** (0.90, 1.31)
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	1,792	2	1.31	1.53	(0.26, 5.04)	⇧	⇧
	Adult Wards	3,301	1	2.38	0.42	(0.02, 2.07)	⇩	⇩
The Hospital of Central Connecticut	Adult ICUs	4,273	3	5.57	0.54	(0.14, 1.48)	⇩	⇩
	Adult Wards	4,121	4	5.16	0.78	(0.25, 1.87)	⇩	⇩
The William W. Backus Hospital	Adult ICUs	2,130	1	1.91	0.52	(0.03, 2.59)	⇩	⇩
	Adult Wards	4,163	6	3.55	1.69	(0.69, 3.52)	⇧	⇧
University of Connecticut Health Center	Adult ICUs	1,954	7	2.08	3.37	(1.47, 6.67)	▲	▲
	Adult Wards	1,724	4	1.71	2.34	(0.74, 5.65)	⇧	⇧
Waterbury Hospital Health Center	Adult ICUs	2,568	1	2.86	0.35	(0.02, 1.72)	⇩	⇩
	Adult Wards	2,718	3	2.73	1.10	(0.28, 2.99)	⇧	⇧
Windham Hospital	Adult Wards	1,591	3	0.78				
Yale-New Haven Hospital	Adult ICUs	23,801	45	42.81	1.05	(0.78, 1.39)	⇩	⇧
	Pediatric ICUs							
	Adult Wards	15,022	17	18.52	0.92	(0.55, 1.44)	⇩	⇩
	Pediatric Wards	284	0	0.23				

ACUTE CARE HOSPITALS: COLON SSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

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- 2017 facility SIR cannot is not 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 2017 SSI SIR	
Colon SSI	**0.86** (0.69, 1.06)

FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	146	1	3.72	0.27	(0.01, 1.33)	⇩	⇩
Bristol Hospital	58	0	1.56	0.00	(, 1.92)	⇩	⇩
Connecticut Children's Medical Center	5	0	0.21				
Danbury Hospital	196	4	4.87	0.82	(0.26, 1.98)	⇩	⇩
Day Kimball Hospital	52	4	1.50	2.67	(0.85, 6.43)	⇧	⇧
Eastern Connecticut Health Network—Manchester Memorial Hospital	83	3	2.18	1.38	(0.35, 3.75)	⇧	⇧
Eastern Connecticut Health Network—Rockville General Hospital	5	0	0.13				
Greenwich Hospital	159	1	3.80	0.26	(0.01, 1.30)	⇩	⇩
Griffin Hospital	43	0	1.19	0.00	(, 2.51)	⇩	⇩
Hartford Hospital	538	15	14.45	1.04	(0.60, 1.67)	⇧	⇧
Hospital at Hebrew Care	N/A						
Johnson Memorial Hospital	6	0	0.14				
Lawrence & Memorial Hospital	94	1	2.58	0.39	(0.01, 1.91)	⇩	⇩
Masonicare Health Center	N/A						
Middlesex Hospital	156	1	3.92	0.26	(0.01, 1.26)	⇩	⇩
MidState Medical Center	120	6	3.01	2.00	(0.81, 4.15)	⇧	⇧

ACUTE CARE HOSPITALS: COLON SSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not 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 2017 SSI SIR	
Colon SSI	**0.86** (0.69, 1.06)

FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	16	0	0.38				
New Milford Hospital	0	0	0.00				
Norwalk Hospital	142	3	3.46	0.87	(0.22, 2.36)	⇧	⇩
Sharon Hospital	9	1	0.25				
St. Francis Hospital and Medical Center	288	4	7.72	0.52	(0.17, 1.25)	⇩	⇩
St. Mary's Hospital	82	2	2.33	0.86	(0.14, 2.83)	⇩	⇩
St. Vincent's Medical Center	94	1	2.44	0.41	(0.02, 2.02)	⇩	⇩
Stamford Hospital	103	3	2.79	1.07	(0.27, 2.92)	⇧	⇧
The Charlotte Hungerford Hospital	59	0	1.56	0.00	(, 1.92)	⇩	⇩
The Hospital of Central Connecticut	181	4	4.61	0.87	(0.28, 2.09)	⇧	⇩
The William W. Backus Hospital	172	1	4.57	0.22	(0.01, 1.08)	⇩	⇩
University of Connecticut Health Center	101	4	2.61	1.53	(0.49, 3.70)	⇧	⇧
Waterbury Hospital Health Center	144	2	3.82	0.52	(0.09, 1.73)	⇩	⇩
Windham Hospital	16	2	0.39				
Yale-New Haven Hospital	712	22	18.96	1.16	(0.75, 1.73)	⇧	⇧

ACUTE CARE HOSPITALS: ABDOMINAL HYSTERECTOMY SSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not 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 2017 SSI SIR	
Abdominal Hysterectomy	**0.80** (0.52, 1.19)

FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	304	2	2.41	0.83	(0.14, 2.74)	⇧	⇩
Bristol Hospital	116	0	0.99				
Connecticut Children's Medical Center	0	0	0.00				
Danbury Hospital	156	0	1.28	0	(, 2.34)	⇩	⇩
Day Kimball Hospital	45	0	0.36				
Eastern Connecticut Health Network—Manchester Memorial Hospital	140	2	1.14	1.76	(0.30, 5.81)	⇧	⇧
Eastern Connecticut Health Network—Rockville General Hospital	1	0	0.01				
Greenwich Hospital	133	0	0.93				
Griffin Hospital	45	0	0.42				
Hartford Hospital	502	2	3.72	0.54	(0.09, 1.78)	⇩	⇩
Hospital at Hebrew Care	N/A						
Johnson Memorial Hospital	16	0	0.14				
Lawrence & Memorial Hospital	44	0	0.36				
Masonicare Health Center	N/A						
Middlesex Hospital	72	1	0.52				
MidState Medical Center	104	3	0.80				

ACUTE CARE HOSPITALS: ABDOMINAL HYSTERECTOMY SSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not 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 2017 SSI SIR	
Abdominal Hysterectomy	**0.80** (0.52, 1.19

FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	18	0	0.14				
New Milford Hospital	6	0	0.05				
Norwalk Hospital	39	1	0.28				
Sharon Hospital	5	0	0.04				
St. Francis Hospital and Medical Center	304	1	2.38	0.42	(0.02, 2.07)	⇩	⇩
St. Mary's Hospital	140	0	1.21	0.00	(, 2.48)	⇩	⇩
St. Vincent's Medical Center	29	0	0.25				
Stamford Hospital	193	3	1.43	2.09	(0.53, 5.69)	⇧	⇧
The Charlotte Hungerford Hospital	10	0	0.07				
The Hospital of Central Connecticut	192	1	1.52	0.66	(0.03, 3.24)	⇩	⇩
The William W. Backus Hospital	51	0	0.40				
University of Connecticut Health Center	112	4	0.86				
Waterbury Hospital Health Center	23	0	0.19				
Windham Hospital	15	0	0.10				
Yale-New Haven Hospital	650	2	5.47	0.37	(0.06, 1.21)	⇩	⇩

ACUTE CARE HOSPITALS: MRSA EVENTS

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol.

Statewide ACH 2017 SIRs	
MRSA events	**0.78** (0.62, 0.98)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	98,759	5	5.99	0.84	(0.31, 1.85)	⇧	⇩
Bristol Hospital	25,911	0	0.93				
Connecticut Children's Medical Center	49,938	0	1.44	0.00	(, 2.09)	⇩	⇩
Danbury Hospital	88,107	0	4.77	0.00	(, 0.63)	⇩	⇩
Day Kimball Hospital	16,820	0	0.41				
Eastern Connecticut Health Network—Manchester Memorial Hospital	31,613	0	1.75	0.00	(, 1.71)	⇩	⇩
Eastern Connecticut Health Network—Rockville General Hospital	13,059	0	0.77				
Greenwich Hospital	55,142	0	1.93	0.00	(, 1.55)	⇩	⇩
Griffin Hospital	25,384	2	1.02	1.96	(0.33, 6.46)	⇧	⇧
Hartford Hospital	205,057	17	18.88	0.90	(0.54, 1.41)	⇧	⇩
Hospital at Hebrew Care	462	0	0.01				
Johnson Memorial Hospital	8,917	2	0.23				
Lawrence & Memorial Hospital	61,791	0	1.88	0.00	(, 1.60)	⇩	⇩
Masonicare Health Center	4,159	0	0.12				
Middlesex Hospital	55,270	1	1.96	0.51	(0.03, 2.52)	⇩	⇩
MidState Medical Center	32,568	2	1.31	0.77	(0.04, 3.78)	⇩	⇩

ACUTE CARE HOSPITALS: MRSA EVENTS

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2017 SIRs	
MRSA events	**0.78** (0.62,0.98)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	10,026	0	0.38				
New Milford Hospital	4,904	0	0.09				
Norwalk Hospital	48,745	2	2.81	0.71	(0.12, 2.35)	⇩	⇩
Sharon Hospital	5,833	0	0.23				
St. Francis Hospital and Medical Center	137,214	6	9.15	0.66	(0.27, 1.36)	⇩	⇩
St. Mary's Hospital	44,098	0	1.76	0.00	(, 1.70)	⇩	⇩
St. Vincent's Medical Center	55,327	2	1.98	1.01	(0.17, 3.34)	⇧	⇧
Stamford Hospital	68,588	2	2.77	0.36	(0.02, 1.78)	⇩	⇩
The Charlotte Hungerford Hospital	23,357	3	0.87				
The Hospital of Central Connecticut	60,536	3	3.50	0.86	(0.22, 2.33)	⇧	⇩
The William W. Backus Hospital	46,726	2	1.79	1.12	(0.19, 3.70)	⇧	⇧
University of Connecticut Health Center	35,567	3	1.70	1.76	(0.45, 4.80)	⇧	⇧
Waterbury Hospital Health Center	44,801	3	2.47	1.22	(0.31, 3.31)	⇧	⇧
Windham Hospital	10,311	0	0.24				
Yale-New Haven Hospital	380,121	19	18.91	1.01	(0.62, 1.54)	⇧	⇧

ACUTE CARE HOSPITALS: *C. DIFFICILE* EVENTS

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2017 SIRs	
C. difficile events	**0.89** (0.84, 0.95)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	93,609	69	61.29	1.13	(0.88, 1.42)	⇧	⇧
Bristol Hospital	24,394	10	16.06	0.62	(0.32, 1.11)	⇩	⇩
Connecticut Children's Medical Center	31,571	13	11.68	1.11	(0.62, 1.86)	⇧	⇧
Danbury Hospital	78,922	15	54.41	0.28	(0.16, 0.44)	↓	↓
Day Kimball Hospital	15,769	1	5.81	0.17	(0.01, 0.85)	↓	↓
Eastern Connecticut Health Network—Manchester Memorial Hospital	27,423	15	20.70	0.72	(0.42, 1.17)	⇩	⇩
Eastern Connecticut Health Network—Rockville General Hospital	13,059	5	5.83	0.86	(0.31, 1.90)	⇩	⇩
Greenwich Hospital	46,179	29	30.25	0.96	(0.65, 1.36)	⇧	⇩
Griffin Hospital	12,106	6	12.32	0.49	(0.20, 1.01)	⇩	⇩
Hartford Hospital	196,717	190	171.88	1.11	(0.96, 1.27)	↑	⇧
Hospital at Hebrew Care	462	0	0.10				
Johnson Memorial Hospital	8,527	3	3.08	0.97	(0.25, 2.65)	⇧	⇩
Lawrence & Memorial Hospital	54,885	25	33.52	0.75	(0.49, 1.09)	⇩	⇩
Masonicare Health Center	3,812	0	1.14	0.00	(, 2.63)	⇩	⇩
Middlesex Hospital	52,712	31	28.06	1.11	(0.76, 1.55)	⇧	⇧
MidState Medical Center	30,634	24	14.25	1.68	(1.10, 2.47)	↑	↑

ACUTE CARE HOSPITALS: *C. DIFFICILE* EVENTS

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide ACH 2017 SIRs	
C. difficile events	**0.89** (0.84, 0.95)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	10,026	2	5.69	0.35	(0.06, 1.16)	⇩	⇩
New Milford Hospital	4,904	1	1.57	0.64	(0.03, 3.14)	⇩	⇩
Norwalk Hospital	44,769	21	34.02	0.62	(0.39, 0.93)	⇩	↓
Sharon Hospital	5,262	1	2.93	0.34	(0.02, 1.68)	⇩	⇩
St. Francis Hospital and Medical Center	127,234	89	109.07	0.82	(0.66, 1.00)	⇩	⇩
St. Mary's Hospital	40,823	26	27.68	0.94	(0.63, 1.36)	⇧	⇩
St. Vincent's Medical Center	52,720	58	39.51	1.47	(1.13, 1.88)	↑	↑
Stamford Hospital	59,983	55	40.63	1.35	(1.03, 1.75)	↑	↑
The Charlotte Hungerford Hospital	22,331	16	12.76	1.25	(0.74, 1.99)	⇧	⇧
The Hospital of Central Connecticut	53,896	19	35.02	0.54	(0.34, 0.83)	↓	↓
The William W. Backus Hospital	44,585	20	29.18	0.69	(0.43, 1.04)	⇩	⇩
University of Connecticut Health Center	34,188	16	22.90	0.70	(0.41, 1.11)	⇩	⇩
Waterbury Hospital Health Center	41,464	23	25.71	0.90	(0.58, 1.32)	⇧	⇩
Windham Hospital	10,023	5	3.24	1.54	(0.57, 3.42)	⇧	⇧
Yale-New Haven Hospital	369,342	198	244.93	0.81	(0.70, 0.92)	⇩	↓

LONG-TERM ACUTE CARE HOSPITALS: CLABSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide LTACH 2017 CLABSI SIRs	
Adult ICUs	**0.25** (0.06, 0.68)
Adult Wards	**0.34** (0.16, 0.64)
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	4,548	3	9.03	0.33	(0.09, 0.90)	⇧	⇩
	Adult Wards	4,106	0	4.16	0.00	(, 0.72)	⇧	⇩
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	365	0	0.37				
Hospital for Special Care	Adult ICUs	1,463	0	2.90	0.00	(, 1.03)	⇩	⇩
	Adult Wards	18,941	8	19.21	0.42	(0.19, 0.79)	⇧	⇩
	Pediatric Wards	651	0	0.66				

LONG-TERM ACUTE CARE HOSPITALS: CAUTI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- or 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide LTACH 2017 CAUTI SIRs	
Adult ICUs	1.50 (0.79,2.61)
Adult Wards	2.28 (1.43, 3.46)
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	3,248	5	7.25	0.69	(0.25, 1.53)	⇩	⇩
	Adult Wards	2,330	9	3.79	2.37	(1.16, 4.35)	⇧	↑
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	1,126	1	2.38	0.42	(0.02, 2.07)	↓	⇩
Hospital for Special Care	Adult ICUs	273	3	0.79				
	Adult Wards	1,233	10	2.60	3.84	(1.95, 6.85)	⇧	↑
	Pediatric Wards	417	0	0.88				

LONG-TERM ACUTE CARE HOSPITALS: VAE

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide LTACH 2017 VAE SIRs	
Adult ICUs	0.58 (0.18, 1.40)
Adult Wards	0.11 (0.03, 0.30)

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	2,574	2	4.28	0.47	(0.08, 1.54)	⇩	⇩
	Adult Wards	0	0	0.00				
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	0	0	0.00				
Hospital for Special Care	Adult ICUs	1,582	2	2.63	0.76	(0.13, 2.51)	⇧	⇩
	Adult Wards	24,894	3	27.44	0.11	(0.03, 0.30)	⇩	⇩

LONG-TERM ACUTE CARE HOSPITALS: MRSA EVENTS

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)
- ⇧ or ⇩ 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide LTACH 2017 SIR	
MRSA	**0.13** (0.02, 0.43)
CDI	**0.26** (0.19, 0.35)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Gaylord Hospital	40,152	0	4.10	0.00	(, 0.73)	⇩	↓
Healthcare Center at the CT Veterans' Home, Rocky Hill	41,981	0	3.80	0.00	(, 0.79)	⇩	↓
Hospital for Special Care	75,931	2	7.60	0.26	(0.04, 0.87)	⇧	↓

LONG-TERM ACUTE CARE HOSPITALS: *C. DIFFICILE* EVENTS

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Gaylord Hospital	40,152	31	37.87	0.82	(0.57, 1.15)	↑	⇩
Healthcare Center at the CT Veterans' Home, Rocky Hill	41,981	3	34.10	0.09	(0.02, 0.24)	⇩	↓
Hospital for Special Care	75,931	5	78.32	0.06	(0.02, 0.14)	↓	↓

INPATIENT REHABILITATION FACILITIES: CAUTI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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).
- 201 7 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide IRF 2017 SIR	
CAUTI	2.76 (1.45, 4.80)

FACILITY NAME	Device days	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare ?	
						State	National baseline
Danbury Hospital	404	4	1.10	3.63	(1.16, 8.77)	⇧	↑
Lawrence & Memorial Hospital	162	1	0.44				
Mount Sinai Rehabilitation Hospital	398	5	0.81				
St. Vincent's Medical Center	194	0	0.53				
Stamford Hospital	80	0	0.15				
Yale-New Haven Hospital\	349	1	0.95				

INPATIENT REHABILITATION FACILITIES: MRSA EVENTS*

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)
- or 2017 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).
- 2017 facility SIR cannot is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide IRF 2017 SIR	
MRSA	**0.78** (0.62, 0.98)
CDI	**0.89** (0.84, 0.95)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Mount Sinai Rehab Hospital	10,470	0	0.20				

INPATIENT REHABILITATION FACILITIES: *C. DIFFICILE* EVENTS*

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Mount Sinai Rehab Hospital	8,405	0	4.08	0	(, 0.74)	↓	↓

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

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- or 2017 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 2017 SIRs	
BSI events	**1.02** (0.90, 1.16)

FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Black Rock Dialysis	984	5	4.58	1.09	(0.40, 2.42)	⇧	⇧
Bloomfield Dialysis	607	1	3.30	0.30	(0.02, 1.50)	⇩	⇩
Branford Dialysis	535	4	3.09	1.30	(0.41, 3.13)	⇧	⇧
Bridgeport Dialysis	2,716	14	13.38	1.05	(0.60, 1.71)	⇧	⇧
Central Connecticut Dialysis Center	474	4	2.86	1.40	(0.45, 3.38)	⇧	⇧
Comprehensive Dialysis Care, LLC	603	2	2.76	0.73	(0.12, 2.40)	⇩	⇩
Danbury Dialysis Center	1,207	3	6.80	0.44	(0.11, 1.20)	⇩	⇩
DaVita Waterbury Heights Dialysis	826	5	4.27	1.17	(0.43, 2.59)	⇧	⇧
Dialysis Center Of Newington	526	1	3.89	0.26	(0.01, 1.27)	⇩	⇩
East Hartford Dialysis Center	1,227	1	8.20	0.12	(0.01, 0.60)	⇩	⇩
Enfield Dialysis Center	365	3	2.07	1.45	(0.37, 3.94)	⇧	⇧
Farmington Dialysis	211	0	0.73				
FMC Dialysis Services Forestville	702	2	4.75	0.42	(0.07, 1.39)	⇩	⇩
FMC of Fairfield	486	6	2.87	2.09	(0.85, 4.35)	⇧	⇧
FMC of Southington	439	2	2.50	0.80	(0.13, 2.64)	⇩	⇩

OUTPATIENT HEMODIALYSIS CENTERS: BSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- or 2017 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 2017 SIRs	
BSI events	**1.02** (0.90, 1.16)

FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
FMC of Western Hartford	697	4	3.58	1.12	(0.36, 2.69)	⇧	⇧
FMC Shoreline	650	4	5.55	0.72	(0.23, 1.74)	⇩	⇩
FMC Windsor	472	2	3.18	0.63	(0.11, 2.08)	⇩	⇩
Greater Waterbury DaVita Dialysis	1,437	6	6.62	0.91	(0.37, 1.89)	⇩	⇩
Hamden Dialysis	571	1	3.77	0.27	(0.01, 1.31)	⇩	⇩
Hartford Dialysis	1,471	16	8.46	1.89	(1.12, 3.01)	↑	↑
Hartford Hospital	1,675	31	8.99	3.45	(2.39, 4.84)	↑	↑
Housatonic Dialysis	372	0	2.02	0.00	(, 1.48)	⇩	⇩
Manchester Dialysis Center	672	2	3.70	0.54	(0.09, 1.79)	⇩	⇩
Middlesex Dialysis Center, LLC.	919	1	3.89	0.26	(0.01, 1.27)	⇩	⇩
Milford Dialysis	1,204	4	5.74	0.70	(0.22, 1.68)	⇩	⇩
New Britain General Hospital	992	0	6.70	0.00	(, 0.45)	↓	↓
New Haven Dialysis	1,127	11	7.80	1.41	(0.74, 2.45)	⇧	⇧
New London Dialysis	1,192	1	5.72	0.18	(0.01, 0.86)	↓	↓
North Haven Dialysis	892	5	6.11	0.82	(0.30, 1.81)	⇩	⇩
Norwich Dialysis	1,028	1	4.72	0.21	(0.01, 1.05)	⇩	⇩

OUTPATIENT HEMODIALYSIS CENTERS: BSI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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)
- ⇧ or ⇩ 2017 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 2017 SIRs	
BSI events	**1.02** (0.90, 1.16)

FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Palomba Drive Dialysis	242	0	1.58	0.00	(, 1.89)	⇩	⇩
Physicians Dialysis Inc. Rocky Hill	534	2	3.12	0.64	(0.11, 2.12)	⇩	⇩
Shelton Dialysis	1,255	7	7.05	0.99	(0.43, 1.96)	⇩	⇩
South Norwalk Dialysis	1,403	13	6.49	2.00	(1.11, 3.34)	↑	↑
St. Raphael Dialysis Center	1,664	16	11.29	1.42	(0.84, 2.25)	⇧	⇧
Stamford Dialysis	1,932	12	10.40	1.15	(0.63, 1.96)	⇧	⇧
Torrington Dialysis	745	8	5.36	1.49	(0.69, 2.83)	⇧	⇧
U.S. Renal Care Branford Dialysis	306	2	2.32	0.86	(0.14, 2.85)	⇩	⇩
U.S. Renal Care North Haven Dialysis	642	9	4.14	2.18	(1.06, 3.99)	↑	↑
U.S. Renal Care Orange Dialysis	1,120	11	7.14	1.54	(0.81, 2.68)	⇧	⇧
UCONN Dialysis Center	667	1	4.66	0.21	(0.01, 1.06)	⇩	⇩
Vernon Dialysis Center	738	1	4.42	0.23	(0.01, 1.16)	⇩	⇩
Wallingford Dialysis Care, LLC.	289	0	1.51	0.00	(, 1.99)	⇩	⇩
Willard Avenue Dialysis	421	4	2.08	1.93	(0.61, 4.64)	⇧	⇧
Windham Dialysis Center	471	3	2.28	1.31	(0.33, 3.57)	⇧	⇧

OUTPATIENT HEMODIALYSIS CENTERS: LASI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

- ⇩ 2017 facility rate is significantly lower (better) than comparison group rate (state or national)
- ⇧ 2017 facility rate is significantly higher (worse) than comparison group rate (state or national)
- ⇧ or ⇩ 2017 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 2017, divided by the total number of months that patients were at risk for that infection.

Hemodialysis LASI 2017 rate	
State	0.78/100 patient-months
National	0.51/100 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	984	8	0.81	⇧	⇧
Bloomfield Dialysis	607	5	0.82	⇧	⇧
Branford Dialysis	535	3	0.56	⇩	⇧
Bridgeport Dialysis	2,716	33	1.22	⇧	⇧
Central Connecticut Dialysis Center	474	5	1.05	⇧	⇧
Comprehensive Dialysis Care, LLC	603	1	0.17	⇩	⇩
Danbury Dialysis Center	1,207	8	0.66	⇩	⇧
DaVita Waterbury Heights Dialysis	826	7	0.85	⇧	⇧
Dialysis Center Of Newington	526	3	0.57	⇩	⇧
East Hartford Dialysis Center	1,227	12	0.98	⇧	⇧
Enfield Dialysis Center	365	3	0.82	⇧	⇧
Farmington Dialysis	211	0	0.00	⇩	⇩
FMC Dialysis Services Forestville	702	5	0.71	⇩	⇧
FMC of Fairfield	486	1	0.21	⇩	⇩
FMC of Southington	439	2	0.46	⇩	⇩

OUTPATIENT HEMODIALYSIS CENTERS: LASI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

- 2017 facility rate is significantly lower (better) than comparison group (state or national baseline)
- 2017 facility rate is significantly higher (worse) than comparison group (state or national baseline)
- ⇧ or ⇩ 2017 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 2017, divided by the total number of months that patients were at risk for that infection.

Hemodialysis LASI 2017 rate	
State	0.78/100 patient-months
National	0.51/100 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	697	1	0.14	⇩	⇩
FMC Shoreline	650	2	0.31	⇩	⇩
FMC Windsor	472	1	0.21	⇩	⇩
Greater Waterbury DaVita Dialysis	1,437	15	1.04	↑	↑
Hamden Dialysis	571	5	0.88	⇧	⇧
Hartford Dialysis	1,471	22	1.50	↑	↑
Hartford Hospital	1,675	13	0.78	⇩	⇧
Housatonic Dialysis	372	0	0.00	⇩	⇩
Manchester Dialysis Center	672	4	0.60	⇩	⇧
Middlesex Dialysis Center, LLC.	919	3	0.33	⇩	⇩
Milford Dialysis	1,204	8	0.66	⇩	⇧
New Britain General Hospital	992	4	0.40	⇩	⇩
New Haven Dialysis	1,127	15	1.33	↑	↑
New London Dialysis	1,192	5	0.42	⇩	⇩
North Haven Dialysis	892	4	0.45	⇩	⇩
Norwich Dialysis	1,028	9	0.88	⇧	⇧

OUTPATIENT HEMODIALYSIS CENTERS: LASI

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

LEGEND

- 2017 facility rate is significantly lower (better) than comparison group (state or national baseline)
- 2017 facility rate is significantly higher (worse) than comparison group (state or national baseline)
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Note: A rate is calculated for each infection type in dialysis facilities as the total number of infections reported during 2017, divided by the total number of months that patients were at risk for that infection.

Hemodialysis LASI 2017 rate	
State	0.78/100 patient-months
National	0.51/100 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	242	1	0.41	⇩	⇩
Physicians Dialysis Inc. Rocky Hill	534	3	0.56	⇩	⇧
Shelton Dialysis	1,255	5	0.40	⇩	⇩
South Norwalk Dialysis	1,403	15	1.07	↑	↑
St. Raphael Dialysis Center	1,664	27	1.62	↑	↑
Stamford Dialysis	1,932	11	0.57	⇩	⇧
Torrington Dialysis	745	6	0.81	⇧	⇧
U.S. Renal Care Branford Dialysis	306	2	0.65	⇩	⇧
U.S. Renal Care North Haven Dialysis	642	2	0.31	⇩	⇩
U.S. Renal Care Orange Dialysis	1,120	7	0.63	⇩	⇧
UCONN Dialysis Center	667	7	1.05	⇧	⇧
Vernon Dialysis Center	738	5	0.68	⇩	⇧
Wallingford Dialysis Care, LLC.	289	4	1.38	⇧	⇧
Willard Avenue Dialysis	421	3	0.71	⇩	⇧
Windham Dialysis Center	471	4	0.85	⇧	⇧

HEALTHCARE ASSOCIATED INFECTIONS PROGRESS

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	*Clostridium difficile* 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
HAI	Healthcare associated infection

ABBREVIATION	DEFINITION
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 *Staphylococcus aureus*
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
VAE	Ventilator associated event

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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