

HEALTHCARE-ASSOCIATED INFECTIONS REPORT FOR A HEALTHCARE PROVIDER AUDIENCE

2018



Connecticut Department
of Public Health



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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 eight 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 DPH to give an overview of how a healthcare facility is doing in preventing healthcare-associated infections. These infections are largely preventable when healthcare providers use infection prevention steps recommended by the Centers for Disease Control and Prevention (CDC) and by the Connecticut Department of Public Health (CT DPH).



HOW DO I READ THE REPORT?

Standardized Infection Ratio

Using a measure called the *standardized infection ratio* (SIR), this report looks at the HAI performance of healthcare facilities in this state by displaying the number of certain HAI types they reported during 2018. 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 2018, divided by the total number of days or months that patients were at risk for that infection or event.



WHAT DO THE NUMBERS MEAN?

The number of infections alone will not show how well a healthcare facility is doing in preventing HAIs, more information and analysis is needed—that is what the SIR or rates provide. This report shows how healthcare facilities performed during a single year (2018), 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 2018 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 2018 and were downloaded from NHSN for acute care hospitals was on May 16, 2019 and for inpatient rehabilitation facilities, long-term acute care hospital and dialysis facilities on May 16, 2019; 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](#).



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.



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 2018 data have not been independently verified by public health staff through review of patient charts. However, DPH HAI Program staff check the data for outliers and unexpected results, and periodically checks in with facilities' reporting staff to make sure the reported numbers are correct., including just before freezing the data for this report.

OTHER DATA CAVEATS AND LIMITATIONS

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

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



DATA PRESENTED IN THIS REPORT

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

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

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

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

Types of HAI presented in this report:


- CLABSI: Central line-associated blood stream infections
- CAUTI: Catheter-associated urinary tract infections
- SSI: Surgical site infections (colon surgeries and abdominal hysterectomies)
- 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
or
 whether the SIR is likely lower or higher

 = the facility is doing statistically significantly worse

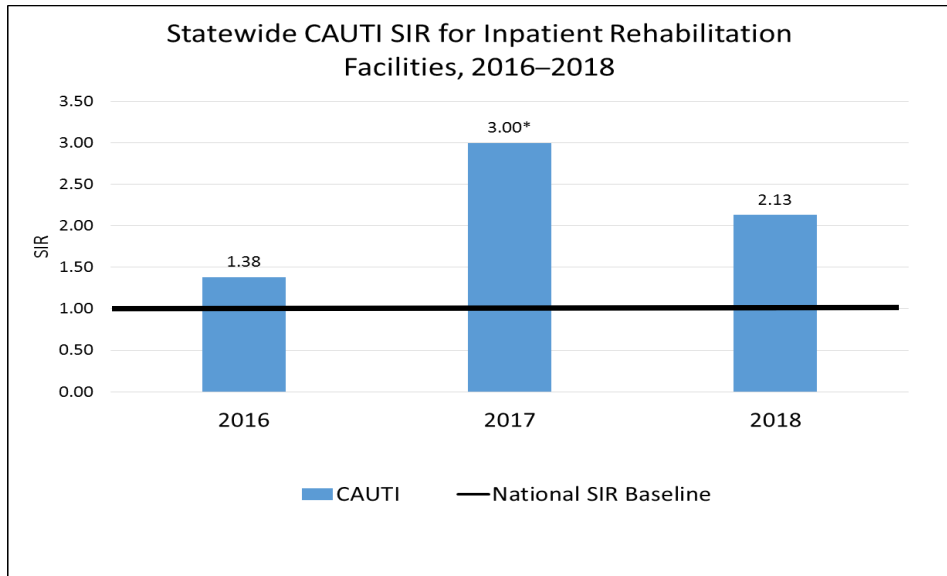
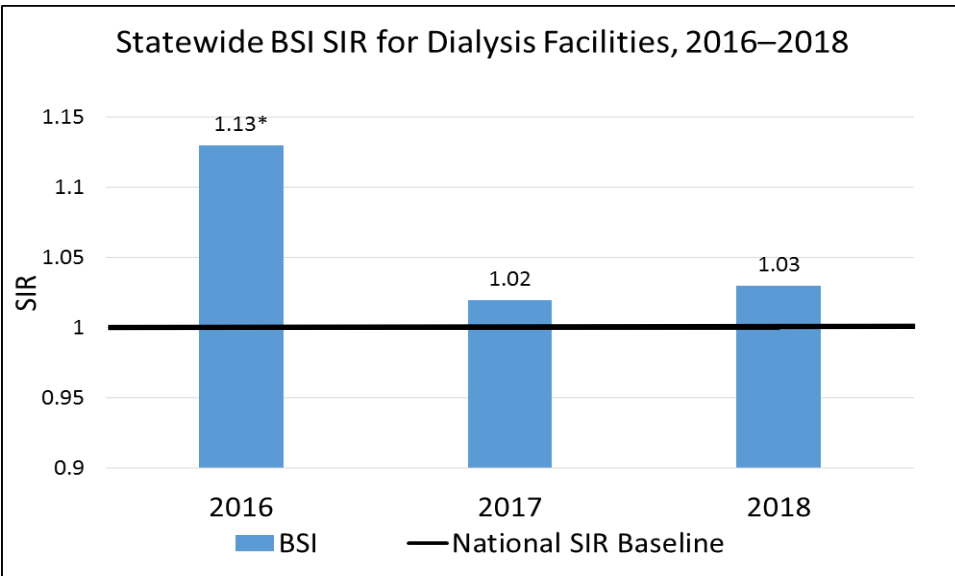
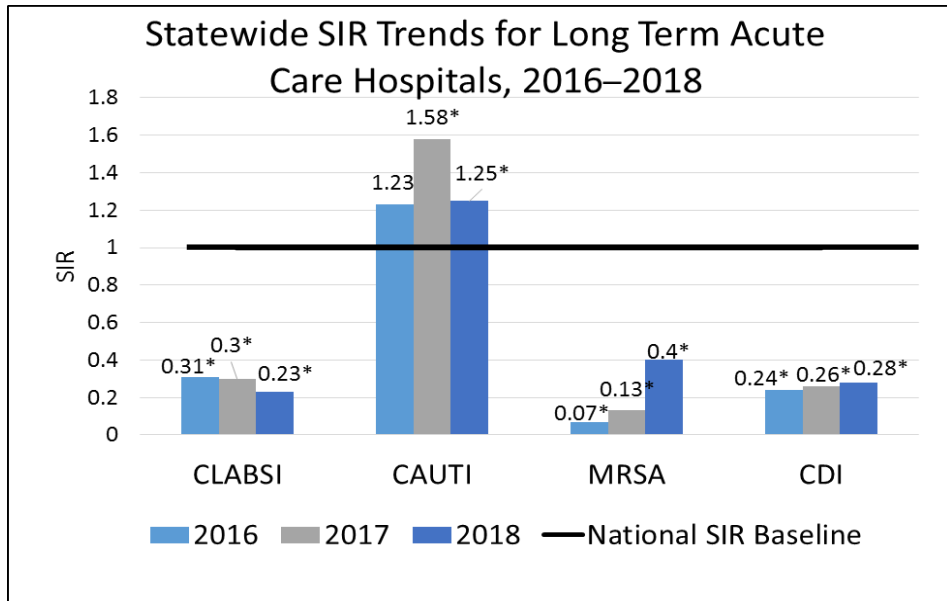
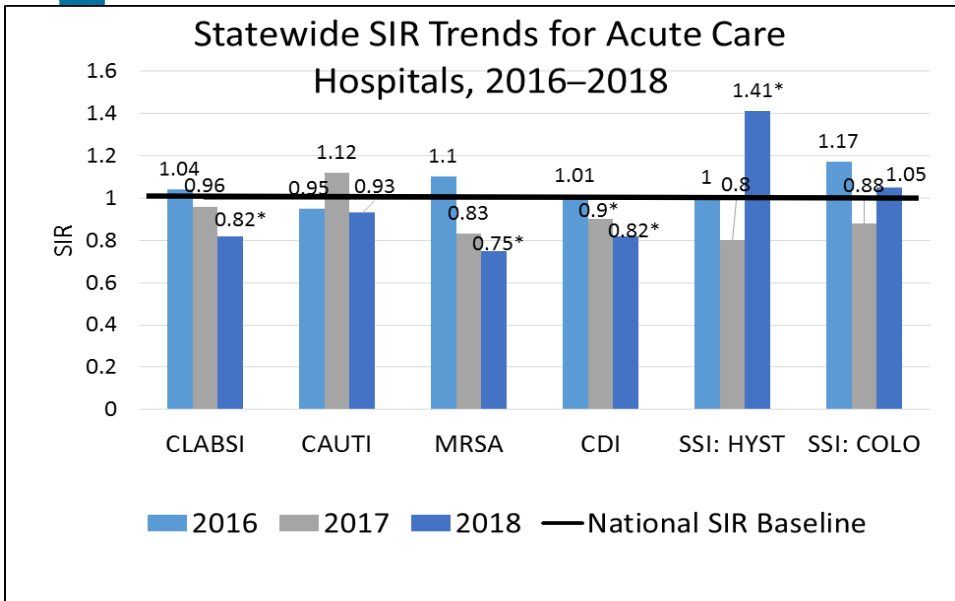
In some cases, the cells for comparison are left empty. This is because in these facilities or units, the predicted number was determined to be less than 1. In accordance with CDC protocol, the SIR for these facilities cannot be calculated, and so we cannot draw a conclusion about how the facility compares.

HAI REPORT 2018: RESULTS

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The Standardized Infection Ratio (SIR) is the primary measure to track healthcare associated infections by the Connecticut Department of Public Health. The ratio is the number of observed infections that occur in a given time divided by the number predicted. A SIR less than 1.0 means that the state is performing better than predicted and a SIR above 1.0 means that the state is performing worse than predicted. Trend data, like these below, show that healthcare facilities in Connecticut have made significant progress in reducing HAIs in their facilities and any SIRs that are higher than the national goal (1.0) indicate the need for further assessment and enhanced prevention actions. *(Statistical significance between statewide SIR and national SIR baseline are indicated with an asterisk*)*

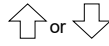




LEGEND



2018 statewide SIR for given HAI and facility type is significantly lower (better) than national baseline



2018 statewide SIR for given HAI and facility type is not statistically significantly different from national baseline. If arrow points up, 2018 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.

2018 SIR 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



Measure not reported to the DPH

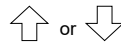
N/A The facility does not perform this procedure

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	0.82	(0.70, 0.96)	↓	0.93	(0.81, 1.06)	↓	1.05	(0.86, 1.26)	↑	1.41	(1.01, 1.92)	↑	0.74	(0.59, 0.93)	↓	0.82	(0.77, 0.87)	↓
Adult ICU	0.67	(0.51, 0.87)	↓	0.80	(0.66, 0.97)	↓												
NICU	0.47	(0.19, 0.97)	↓															
Pedi ICU	1.71	(0.87, 3.06)	↑	0.61	(0.03, 3.00)	↓												
Adult ward	0.92	(0.74, 1.13)	↓	1.10	(0.90, 1.32)	↑												
Pedi ward	1.36	(0.50, 3.01)	↑			N/A												
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	0.23	(0.11, 0.44)	↓	1.25	(0.78, 1.92)	↑	0.23	(0.09, 0.48)	↓	0.46	(0.17, 1.02)	↓	0.28	(0.20, 0.38)	↓			
Adult ICU	0.67	(0.31, 1.28)	↓	0.95	(0.39, 1.98)	↓	0.55	(0.14, 1.51)	↓									
Adult Ward	0.00	(, 0.14)	↓	1.47	(0.82, 2.44)	↑	0.15	(0.04, 0.40)	↓									
Pedi Ward																		
Inpatient rehabilitation facilities	CAUTI																	
	SIR		95% CI		compare													
All IRF	1.93		(0.90, 3.66)		↑													
Outpatient hemodialysis center	BSI			LASI														
	SIR	95% CI	compare	Rate (per 100 patient-months)	P-value	compare												
All centers	1.06	(0.93, 1.19)	↑	0.64	0	↑												




LEGEND

-  2018 facility SIR is significantly lower (better) than national baseline
-  2018 facility SIR is significantly higher (worse) than national baseline



2018 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).

-  2018 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol
- N/A The facility does not perform this procedure

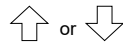
FACILITY NAME	Bloodstream Infections (CLABSI)	Urinary Tract Infections (CAUTI)	Colon Surgical Site Infections (SSI)	Surgical Site Infections from Abdominal Hysterectomies	<i>C. difficile</i> Events	Methicillin-Resistant Staphylococcus aureus (MRSA) Events
Bridgeport Hospital	↓	↑	↓	↑	↑	↓
Bristol Hospital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



LEGEND



2018 facility SIR is significantly lower (better) than national baseline



2018 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).



2018 facility SIR is significantly higher (worse) than national baseline



2018 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

N/A

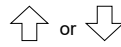
The facility does not perform this procedure

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



LEGEND

- 2018 facility SIR is significantly lower (better) than national baseline
- 2018 facility SIR is significantly higher (worse) than national baseline



2018 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).

- 2018 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol
- N/A The facility does not perform this procedure

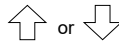
FACILITY NAME	Bloodstream Infections (CLABSI)	Urinary Tract Infections (CAUTI)	Colon Surgical Site Infections (SSI)	Surgical Site Infections from Abdominal Hysterectomies	<i>C. difficile</i> Events	Methicillin-Resistant Staphylococcus aureus (MRSA) Events
St. Vincent's Medical Center						
Stamford Hospital						
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						



LEGEND



2018 facility SIR is significantly lower (better) than national baseline



2018 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).



2018 facility SIR is significantly higher (worse) than national baseline







2018 facility SIR cannot be 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)	<i>C. difficile</i> Events	Methicillin-Resistant Staphylococcus aureus (MRSA) Events
Gaylord Hospital					
Healthcare Center at the CT Veterans' Home, Rocky Hill					
Hospital for Special Care					





LEGEND

-  2018 facility SIR is significantly lower (better) than national baseline
-  2018 facility SIR is significantly higher (worse) than national baseline

-  or  2018 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).

-  2018 facility SIR cannot be calculated because the predicted number of infections is less than one, in accordance with CDC protocol

FACILITY NAME	Urinary Tract Infections (CAUTI)	<i>C. difficile</i> 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			

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, the data for that facility is presented here.



HEALTHCARE ASSOCIATED INFECTIONS

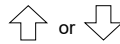
PROGRESS



LEGEND



2018 facility SIR or rate is significantly lower (better) than national baseline



2018 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).



2018 facility SIR or rate is significantly higher (worse) than national baseline

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



HEALTHCARE ASSOCIATED INFECTIONS

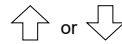
PROGRESS



LEGEND



2018 facility SIR or rate is significantly lower (better) than national baseline



2018 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).



2018 facility SIR or rate is significantly higher (worse) than national baseline

FACILITY NAME	Bloodstream infections (BSI) SIR	Local access associated infections (LASI) rate
FMC of Western Hartford	↓	↓
FMC Shoreline	↑	↓
FMC Windsor- Kimberly Hall South	↓	↓
Greater Waterbury DaVita Dialysis	↓	↑
Hamden Dialysis	↓	↑
Hartford Dialysis	↑	↑
Hartford Downtown Dialysis (formerly Hartford Hospital Outpatient Dialysis)	↑	↓
Herald Square Dialysis Center	↓	↑
Housatonic Dialysis	↓	↓
Manchester Dialysis Center	↑	↑
Middlesex Dialysis Center, LLC.	↓	↓
Milford Dialysis	↓	↓
New Britain Dialysis (formerly New Britain General Hospital)	↓	↓
New Haven Dialysis	↑	↑
New London Dialysis	↑	↑
North Haven Dialysis	↓	↓



HEALTHCARE ASSOCIATED INFECTIONS

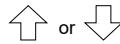
PROGRESS



LEGEND



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2018 facility SIR or rate is significantly higher (worse) than national baseline

FACILITY NAME	Bloodstream infections (BSI) SIR	Local access associated infections (LASI) rate
Norwich Dialysis	↓	↓
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	↓	↓

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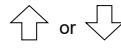
LEGEND



2018 facility SIR is significantly lower (better) than comparison group (state or national baseline)



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Statewide ACH 2018 CLABSI SIRs

Adult ICUs	0.67 (0.51, 0.87)
Neonatal ICUs	0.47 (0.19, 0.97)
Pediatric ICUs	1.71 (0.87, 3.06)
Adult Wards	0.92 (0.74, 1.13)
Pediatric Wards	1.36 (0.50, 3.01)

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	2,906	4	3.28	1.22	(0.39, 2.94)	↑	↑
	Adult Wards	6,977	5	6.80	0.74	(0.27, 1.63)	↓	↓
Bristol Hospital	Adult ICUs	1,408	0	1.06	0.00	(, 2.82)	↓	↓
	Adult Wards	2,390	1	1.56	0.64	(0.03, 3.17)	↓	↓
Connecticut Children's Medical Center	Pediatric ICUs	2,811	9	4.05	2.22	(1.08, 4.07)	↑	↑
	Neonatal ICUs	4,198	2	5.76	0.35	(0.06, 1.15)	↓	↓
	Pediatric Wards	2,139	5	2.11	2.37	(0.87, 5.24)	↑	↑
Danbury Hospital	Adult ICUs	2,634	3	2.97	1.01	(0.26, 2.75)	↑	↑
	Neonatal ICUs	376	0	0.60				
	Adult Wards	3,247	5	3.17	1.58	(0.58, 3.50)	↑	↑
	Pediatric Wards	0	0	0.00				
Day Kimball Hospital	Adult ICUs	268	0	0.18				
	Adult Wards	604	0	0.35				
Eastern Connecticut Health Network—Manchester Memorial Hospital	Adult ICUs	1,014	1	0.99				
	Neonatal ICUs	56	0	0.06				
	Adult Wards	903	0	0.76				
Eastern Connecticut Health Network—Rockville General Hospital	Adult ICUs	486	0	0.42				
	Adult Wards	322	2	0.24				



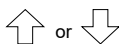
LEGEND



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Neonatal ICUs	0.47 (0.19, 0.97)
Pediatric ICUs	1.71 (0.87, 3.06)
Adult Wards	0.92 (0.74, 1.13)
Pediatric Wards	1.36 (0.50, 3.01)

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	562	1	0.55				
	Neonatal ICUs	267	0	0.29				
	Adult Wards	3,289	0	2.79	0.00	(, 1.07)	↓	↓
	Pediatric Wards	12	0	0.01				
Griffin Hospital	Adult ICUs	739	0	0.72				
	Adult Wards	610	0	0.52				
Hartford Hospital	Adult ICUs	14,428	15	16.28	0.92	(0.54, 1.49)	↑	↓
	Adult Wards	9,634	19	9.39	2.02	(1.25, 3.10)	↑	↑
Hospital at Hebrew Care	Adult Wards	21	0	0.01				
Johnson Memorial Hospital	Adult ICUs	195	0	0.13				
	Adult Wards	296	0	0.17				
Lawrence & Memorial Hospital	Adult ICUs	1,887	1	1.64	0.61	(0.03, 3.01)	↓	↓
	Neonatal ICUs	62	0	0.05				
	Adult Wards	5,078	3	3.81	0.79	(0.20, 2.14)	↓	↓
Masonicare Health Center	Adult Wards	488	0	0.82				
Middlesex Hospital	Adult ICUs	1,056	0	1.03	0.00	(, 2.90)	↓	↓
	Adult Wards	2,740	1	2.32	0.43	(0.64, 4.84)	↓	↓
MidState Medical Center	Adult ICUs	1,108	0	1.09	0.00	(, 2.76)	↓	↓
	Adult Wards	2,356	4	2.00	2.01	(0.64, 4.84)	↑	↑



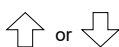
LEGEND



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Statewide ACH 2018 CLABSI SIRs

Adult ICUs	0.67 (0.51, 0.87)
Neonatal ICUs	0.47 (0.19, 0.97)
Pediatric ICUs	1.71 (0.87, 3.06)
Adult Wards	0.92 (0.74, 1.13)
Pediatric Wards	1.36 (0.50, 3.01)

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	436	0	0.29				
	Adult Wards	525	0	0.30				
New Milford Hospital	Adult Wards	302	0	0.18				
Norwalk Hospital	Adult ICUs	926	0	0.91				
	Neonatal ICUs	95	0	0.11				
	Adult Wards	3,271	1	2.77	0.36	(0.02, 1.78)	↓	↓
Sharon Hospital	Adult ICUs	175	0	0.12				
	Adult Wards	264	0	0.15				
St. Francis Hospital and Medical Center	Adult ICUs	6,819	4	7.69	0.52	(0.17, 1.25)	↓	↓
	Neonatal ICUs	460	2	0.72				
	Adult Wards	5,818	2	5.67	0.35	(0.06, 1.17)	↓	↓
St. Mary's Hospital	Adult ICUs	2,653	0	2.60	0.00	(, 1.15)	↓	↓
	Neonatal ICUs	43	0	0.06				
	Adult Wards	2,204	0	1.87	0.00	(, 1.61)	↓	↓
St. Vincent's Medical Center	Adult ICUs	1,689	1	1.91	0.53	(0.03, 2.59)	↓	↓
	Adult Wards	5,841	4	5.70	0.70	(0.22, 1.69)	↓	↓
Stamford Hospital	Adult ICUs	1,499	0	1.69	0.00	(, 1.78)	↓	↓
	Neonatal ICUs	172	0	0.17				
	Adult Wards	4,328	3	4.22	0.70	(0.18, 1.91)	↓	↓
	Pediatric Wards	46	0	0.05				



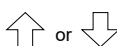
LEGEND



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Statewide ACH 2018 CLABSI SIRs

Adult ICUs	0.67 (0.51, 0.87)
Neonatal ICUs	0.47 (0.19, 0.97)
Pediatric ICUs	1.71 (0.87, 3.06)
Adult Wards	0.92 (0.74, 1.13)
Pediatric Wards	1.36 (0.50, 3.01)

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	1,163	0	1.14	0.00	(, 2.63)	↓	↓
	Adult Wards	2,479	1	2.10	0.48	(0.02, 2.35)	↓	↓
The Hospital of Central Connecticut	Adult ICUs	4,212	5	4.75	1.05	(0.39, 2.33)	↑	↑
	Neonatal ICUs	155	1	0.14				
	Adult Wards	4,391	7	4.28	1.64	(0.72, 3.23)	↑	↑
The William W. Backus Hospital	Adult ICUs	1,655	0	1.25	0.00	(, 2.40)	↓	↓
	Adult Wards	6,364	5	4.14	1.21	(0.44, 2.68)	↑	↑
University of Connecticut Health Center	Adult ICUs	2,185	1	2.47	0.41	(0.02, 2.00)	↓	↓
	Adult Wards	1,990	2	1.94	1.03	(0.17, 3.41)	↑	↑
Waterbury Hospital Health Center	Adult ICUs	3,035	3	3.97	1.01	(0.26, 2.75)	↑	↑
	Adult Wards	3,328	1	2.82	0.36	(0.02, 1.75)	↓	↓
Windham Hospital	Adult Wards	479	1	0.28				
Yale-New Haven Hospital	Adult ICUs	18,652	14	21.05	0.67	(0.38, 1.09)	↓	↓
	Pediatric ICUs	1,235	1	1.78	0.56	(0.03, 2.77)	↓	↓
	Neonatal ICUs	3,714	1	4.93	0.20	(0.01, 1.00)	↓	↓
	Adult Wards	25,788	21	25.15	0.84	(0.53, 1.26)	↓	↓
	Pediatric Wards	1,533	0	1.51	0.00	(, 1.98)	↓	↓



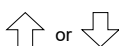
LEGEND



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Statewide ACH 2018 CAUTI SIRs

Adult ICUs	0.80 (0.66, 0.97)
Pediatric ICUs	0.61 (0.03, 3.00)
Adult Wards	1.10 (0.90, 1.32)
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	3,177	2	4.90	0.41	(0.07, 1.35)	↓	↓
	Adult Wards	5,768	10	7.08	1.41	(0.72, 2.52)	↑	↑
Bristol Hospital	Adult ICUs	1,757	0	1.28	0.00	(, 2.33)	↓	↓
	Adult Wards	2,223	0	1.45	0.00	(, 2.06)	↓	↓
Connecticut Children's Medical Center	Pediatric ICUs	555	0	0.86				
	Pediatric Wards	363	0	0.26				
Danbury Hospital	Adult ICUs	3,764	2	4.90	0.41	(0.07, 1.35)	↓	↓
	Adult Wards	4,611	6	5.84	1.03	(0.42, 2.14)	↓	↑
	Pediatric Wards	0	0	0.00				
Day Kimball Hospital	Adult ICUs	582	0	0.32				
	Adult Wards	783	1	0.38				
Eastern Connecticut Health Network—Manchester Memorial Hospital	Adult ICUs	1,755	1	1.87	0.54	(0.03, 2.64)	↓	↓
	Adult Wards	1,389	0	1.39	0.00	(, 2.15)	↓	↓
Eastern Connecticut Health Network—Rockville General Hospital	Adult ICUs	932	1	0.74				
	Adult Wards	604	0	0.43				



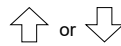
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Statewide ACH 2018 CAUTI SIRs

Adult ICUs	0.80 (0.66, 0.97)
Pediatric ICUs	0.61 (0.03, 3.00)
Adult Wards	1.10 (0.90, 1.32)
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	875	2	0.93				
	Adult Wards	2,566	5	2.55	1.96	(0.72, 4.35)	↑	↑
	Pediatric Wards	18	0	0.01				
Griffin Hospital	Adult ICUs	1,391	1	1.50	0.67	(0.03, 3.28)	↓	↓
	Adult Wards	1,789	1	1.87	0.53	(0.03, 2.64)	↓	↓
Hartford Hospital	Adult ICUs	15,957	30	31.04	0.97	(0.66, 1.36)	↑	↓
	Adult Wards	11,193	14	13.75	1.02	(0.58, 1.67)	↓	↑
Hospital at Hebrew Care	Adult Wards	20	0	0.01				
Johnson Memorial Hospital	Adult ICUs	473	1	0.26				
	Adult Wards	516	2	0.25				
Lawrence & Memorial Hospital	Adult ICUs	3,556	5	3.51	1.43	(0.05, 3.16)	↑	↑
	Adult Wards	3,982	9	3.36	2.68	(1.31, 4.92)	↑	↑
Masonicare Health Center	Adult Wards	958	0	0.52				
Middlesex Hospital	Adult ICUs	1,409	1	1.50	0.67	(0.03, 3.29)	↓	↓
	Adult Wards	1,675	1	1.78	0.56	(0.03, 2.77)	↓	↓
MidState Medical Center	Adult ICUs	1,711	0	1.85	0.00	(, 2.88)	↓	↓
	Adult Wards	2,600	1	2.59	0.39	(0.02, 1.91)	↓	↓



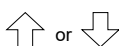
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Statewide ACH 2018 CAUTI SIRs

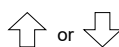
Adult ICUs	0.80 (0.66, 0.97)
Pediatric ICUs	0.61 (0.03, 3.00)
Adult Wards	1.10 (0.90, 1.32)
Pediatric Wards	<1

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	851	1	0.48				
	Adult Wards	1,141	0	0.56				
New Milford Hospital	Adult Wards	463	1	0.25				
Norwalk Hospital	Adult ICUs	977	0	1.04	0.00	(, 2.88)	↓	↓
	Adult Wards	2,299	3	2.28	1.32	(0.33, 3.58)	↑	↑
Sharon Hospital	Adult ICUs	313	1	0.17				
	Adult Wards	416	0	0.20				
St. Francis Hospital and Medical Center	Adult ICUs	7,595	12	9.89	1.21	(0.66, 2.06)	↑	↑
	Adult Wards	5,887	7	7.22	0.97	(0.42, 1.92)	↓	↓
St. Mary's Hospital	Adult ICUs	3,269	6	3.48	1.73	(0.70, 3.59)	↑	↑
	Adult Wards	2,754	2	2.74	0.73	(0.12, 2.41)	↓	↓
St. Vincent's Medical Center	Adult ICUs	1,829	0	2.38	0.00	(, 1.26)	↓	↓
	Adult Wards	2,459	7	3.06	2.29	(1.00, 4.53)	↑	↑
Stamford Hospital	Adult ICUs	1,031	3	1.37	2.20	(0.56, 5.98)	↑	↑
	Adult Wards	2,318	1	2.85	0.35	(0.02, 1.73)	↓	↓
	Pediatric Wards	30	0	0.02				



LEGEND

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Statewide ACH 2018 CAUTI SIRs



Adult ICUs	0.80 (0.66, 0.97)
Pediatric ICUs	0.61 (0.03, 3.00)
Adult Wards	1.10 (0.90, 1.32)
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	1,547	0	1.64	0.00	(, 1.82)	↓	↓
	Adult Wards	2,440	2	2.56	0.78	(0.13, 2.59)	↓	↓
The Hospital of Central Connecticut	Adult ICUs	5,136	7	6.69	1.05	(0.46, 2.07)	↑	↑
	Adult Wards	4,487	2	5.60	0.36	(0.06, 1.18)	↓	↓
The William W. Backus Hospital	Adult ICUs	2,491	0	1.82	0.00	(, 1.65)	↓	↓
	Adult Wards	4,204	4	2.94	1.36	(0.43, 3.28)	↑	↑
University of Connecticut Health Center	Adult ICUs	1,825	5	2.38	2.10	(0.77, 4.66)	↑	↑
	Adult Wards	1,777	3	2.17	1.39	(0.35, 3.77)	↑	↑
Waterbury Hospital Health Center	Adult ICUs	2,561	1	2.85	0.35	(0.02, 1.73)	↓	↓
	Adult Wards	2,841	2	2.86	0.70	(0.18, 2.31)	↓	↓
Windham Hospital	Adult Wards	1,410	2	0.69				
Yale-New Haven Hospital	Adult ICUs	22,197	21	39.21	0.54	(0.34, 0.81)	↓	↓
	Pediatric ICUs	459	1	0.79				
	Adult Wards	14,355	20	17.52	1.14	(0.72, 1.73)	↑	↑
	Pediatric Wards	260	0	0.21				



LEGEND





















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Statewide ACH 2018 SSI SIR



Colon SSI **1.05 (0.86, 1.26)**


FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	169	3	4.51	0.67	(0.17, 1.81)		
Bristol Hospital	63	1	1.73	0.58	(0.03, 2.86)		
Connecticut Children's Medical Center	5	0	0.20				
Danbury Hospital	197	2	4.94	0.41	(0.07, 1.34)		
Day Kimball Hospital	31	0	0.84				
Eastern Connecticut Health Network—Manchester Memorial Hospital	52	2	1.28	1.56	(0.26, 5.16)		
Eastern Connecticut Health Network—Rockville General Hospital	8	0	0.19				
Greenwich Hospital	140	6	3.20	1.88	(0.76, 3.90)		
Griffin Hospital	86	1	2.31	0.43	(0.02, 2.14)		
Hartford Hospital	504	20	13.99	1.43	(0.90, 2.17)		
Hospital at Hebrew Care	N/A						
Johnson Memorial Hospital	10	0	0.28				
Lawrence & Memorial Hospital	85	7	2.28	3.07	(1.34, 6.07)		
Masonicare Health Center	N/A						
Middlesex Hospital	180	6	4.44	1.35	(0.55, 2.81)		
MidState Medical Center	122	6	3.45	1.74	(0.70, 3.61)		



LEGEND

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Statewide ACH 2018 SSI SIR



Colon SSI **1.05** (0.86, 1.26)


FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	15	0	0.36				
New Milford Hospital	0	0	0.00				
Norwalk Hospital	138	2	3.22	0.62	(0.10, 2.05)	↓	↓
Sharon Hospital	14	0	0.32				
St. Francis Hospital and Medical Center	304	5	8.03	0.62	(0.23, 1.38)	↓	↓
St. Mary's Hospital	110	4	2.92	1.37	(0.44, 3.31)	↑	↑
St. Vincent's Medical Center	98	0	2.60	0.00	(, 1.15)	↓	↓
Stamford Hospital	117	5	3.19	1.57	(0.58, 3.48)	↑	↑
The Charlotte Hungerford Hospital	57	1	1.61	0.62	(0.03, 3.06)	↓	↓
The Hospital of Central Connecticut	194	4	4.79	0.84	(0.27, 2.02)	↓	↓
The William W. Backus Hospital	159	1	4.54	0.22	(0.01, 1.09)	↓	↓
University of Connecticut Health Center	79	1	2.03	0.49	(0.03, 2.43)	↓	↓
Waterbury Hospital Health Center	135	2	3.59	0.56	(0.09, 1.84)	↓	↓
Windham Hospital	10	0	0.24				
Yale-New Haven Hospital	670	25	18.30	1.37	(0.90, 1.99)	↑	↑



LEGEND









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N/A The facility does not perform this procedure



Statewide ACH 2018 SSI SIR	
Abdominal Hysterectomy	1.41 (1.01, 1.92)


FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	268	4	2.16	1.85	(0.59, 4.46)		
Bristol Hospital	97	0	0.82				
Connecticut Children's Medical Center	0	0	0.00				
Danbury Hospital	158	0	1.24	0.00	(, 2.42)		
Day Kimball Hospital	22	0	0.18				
Eastern Connecticut Health Network—Manchester Memorial Hospital	142	0	1.12	0.00	(, 2.68)		
Eastern Connecticut Health Network—Rockville General Hospital	0	0	0.00				
Greenwich Hospital	128	2	0.86				
Griffin Hospital	29	0	0.25				
Hartford Hospital	476	3	3.68	0.82	(0.21, 2.22)		
Hospital at Hebrew Care	N/A						
Johnson Memorial Hospital	19	1	0.18				
Lawrence & Memorial Hospital	47	1	0.45				
Masonicare Health Center	N/A						
Middlesex Hospital	65	0	0.46				
MidState Medical Center	90	2	0.66				



LEGEND









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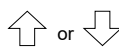
Statewide ACH 2018 SSI SIR	
Abdominal Hysterectomy	1.41 (1.01, 1.92)

FACILITY NAME	Number of procedures	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	0	0	0.00				
New Milford Hospital	4	0	0.04				
Norwalk Hospital	59	2	0.41				
Sharon Hospital	2	0	0.03				
St. Francis Hospital and Medical Center	332	4	2.64	1.51	(0.48, 3.65)		
St. Mary's Hospital	88	0	0.68				
St. Vincent's Medical Center	69	1	0.57				
Stamford Hospital	186	5	1.40	3.58	(1.31, 7.94)		
The Charlotte Hungerford Hospital	6	0	0.05				
The Hospital of Central Connecticut	192	1	1.45	0.69	(0.04, 3.40)		
The William W. Backus Hospital	112	0	0.99				
University of Connecticut Health Center	85	2	0.70				
Waterbury Hospital Health Center	19	1	0.15				
Windham Hospital	13	0	0.10				
Yale-New Haven Hospital	660	9	5.70	1.58	(0.77, 2.90)		



LEGEND

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
Statewide ACH 2018 SIRs	
MRSA events	0.74 (0.59, 0.93)


FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	95,585	2	5.10	0.39	(0.07, 1.30)	↓	↓
Bristol Hospital	28,849	0	1.17	0	(, 2.56)	↓	↓
Connecticut Children's Medical Center	49,309	1	1.42	0.71	(0.04, 3.48)	↓	↓
Danbury Hospital	92,027	1	3.97	0.25	(0.01, 1.24)	↓	↓
Day Kimball Hospital	16,677	1	0.53				
Eastern Connecticut Health Network—Manchester Memorial Hospital	30,162	1	1.71	0.59	(0.03, 2.89)	↓	↓
Eastern Connecticut Health Network—Rockville General Hospital	15,320	0	0.75				
Greenwich Hospital	53,172	0	1.99	0	(, 1.51)	↓	↓
Griffin Hospital	26,126	1	1.33	0.75	(0.04, 3.72)	↑	↓
Hartford Hospital	213,889	16	19.66	0.81	(0.48, 1.29)	↑	↓
Hospital at Hebrew Care	468	0	0.01				
Johnson Memorial Hospital	8,092	0	0.20				
Lawrence & Memorial Hospital	64,111	2	2.25	0.89	(0.15, 2.94)	↑	↓
Masonicare Health Center	2,984	0	0.07				
Middlesex Hospital	55,359	1	2.26	0.44	(0.02, 2.18)	↓	↓
MidState Medical Center	36,022	1	1.98	0.51	(0.03, 2.49)	↓	↓

























LEGEND

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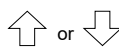
Statewide ACH 2018 SIRs	
MRSA events	0.74 (0.59, 0.93)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	8,583	0	0.29				
New Milford Hospital	5,087	0	0.10				
Norwalk Hospital	45,154	0	2.10	0	(, 1.43)		
Sharon Hospital	6,012	0	0.23				
St. Francis Hospital and Medical Center	133,323	5	8.39	0.60	(0.22, 1.32)		
St. Mary's Hospital	41,305	3	2.33	1.29	(0.33, 3.50)		
St. Vincent's Medical Center	54,694	3	3.12	0.96	(0.25, 2.62)		
Stamford Hospital	69,907	0	3.15	0	(, 0.95)		
The Charlotte Hungerford Hospital	20,014	0	1.48	0.00	(, 2.03)		
The Hospital of Central Connecticut	56,765	3	2.52	1.19	(0.30, 3.24)		
The William W. Backus Hospital	50,306	1	2.49	0.40	(0.02, 1.98)		
University of Connecticut Health Center	40,624	1	2.28	0.44	(0.02, 2.16)		
Waterbury Hospital Health Center	47,538	4	3.16	1.27	(0.40, 3.05)		
Windham Hospital	11,775	0	0.30				
Yale-New Haven Hospital	384,533	25	20.77	1.20	(0.80, 1.75)		



LEGEND




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
Statewide ACH 2018 SIRs	
C. difficile events	0.82 (0.77, 0.87)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Bridgeport Hospital	90,106	68	60.29	1.13	(0.88, 1.42)		
Bristol Hospital	27,483	12	17.87	0.67	(0.36, 1.14)		
Connecticut Children's Medical Center	31,319	7	11.89	0.59	(0.26, 1.16)		
Danbury Hospital	84,682	13	57.31	0.23	(0.13, 0.38)		
Day Kimball Hospital	15,712	0	5.54	0.00	(, 0.54)		
Eastern Connecticut Health Network—Manchester Memorial Hospital	25,811	19	17.48	1.09	(0.67, 1.67)		
Eastern Connecticut Health Network—Rockville General Hospital	15,320	8	8.39	0.95	(0.44, 1.81)		
Greenwich Hospital	43,780	26	29.64	0.88	(0.59, 1.27)		
Griffin Hospital	18,598	7	12.25	0.57	(0.25, 1.13)		
Hartford Hospital	204,938	144	174.09	0.83	(0.70, 0.97)		
Hospital at Hebrew Care	468	0	0.10				
Johnson Memorial Hospital	7,367	1	3.60	0.28	(0.01, 1.37)		
Lawrence & Memorial Hospital	59,581	27	38.77	0.70	(0.47, 1.00)		
Masonicare Health Center	2,984	0	0.64				
Middlesex Hospital	52,747	35	29.79	1.18	(0.83, 1.62)		
MidState Medical Center	34,092	20	17.36	1.15	(0.72, 1.75)		

































LEGEND

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
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Statewide ACH 2018 SIRs	
C. difficile events	0.82 (0.77, 0.87)


FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95% CI	How does this facility compare?	
						State	National baseline
Milford Hospital	8,583	4	4.46	0.90	(0.29, 2.17)		
New Milford Hospital	5,087	0	1.54	0.00	(, 1.94)		
Norwalk Hospital	41,620	8	28.62	0.28	(0.13, 0.53)		
Sharon Hospital	5,494	0	2.97	0.00	(, 1.01)		
St. Francis Hospital and Medical Center	123,120	75	103.12	0.73	(0.58, 0.91)		
St. Mary's Hospital	39,262	16	21.89	0.73	(0.43, 1.16)		
St. Vincent's Medical Center	51,769	41	29.77	1.38	(1.00, 1.85)		
Stamford Hospital	62,242	34	42.51	0.80	(0.56, 1.11)		
The Charlotte Hungerford Hospital	19,191	8	16.28	0.49	(0.23, 0.93)		
The Hospital of Central Connecticut	49,896	9	30.51	0.30	(0.14, 0.54)		
The William W. Backus Hospital	48,377	15	29.10	0.52	(0.30, 0.83)		
University of Connecticut Health Center	39,101	12	23.93	0.50	(0.27, 0.85)		
Waterbury Hospital Health Center	43,729	48	31.34	1.53	(1.14, 2.01)		
Windham Hospital	11,532	3	3.33	0.90	(0.23, 2.45)		
Yale-New Haven Hospital	353,341	233	237.64	0.98	(0.86, 1.11)		

LEGEND









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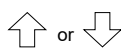
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Statewide LTACH 2018 CLABSI SIRs	
Adult ICUs	0.67 (0.31, 1.28)
Adult Wards	0.00 (, 0.14)
Pediatric Wards	-

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	4,666	2	7.99	0.25	(0.04, 0.83)		
	Adult Wards	3,231	0	2.83	0.00	(, 1.06)		
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	402	0	0.25				
Hospital for Special Care	Adult ICUs	1,961	6	3.89	1.54	(0.62, 3.21)		
	Adult Wards	18,617	0	18.88	0.00	(, 0.16)		
	Pediatric Wards	606	0	0.61				

LEGEND

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










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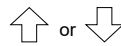
Statewide LTACH 2018 CAUTI SIRs	
Adult ICUs	0.95 (0.38, 1.98)
Adult Wards	1.47 (0.82, 2.44)
Pediatric Wards	-

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	2,304	6	5.14	1.17	(0.47, 2.43)		
	Adult Wards	2,602	9	3.36	2.68	(1.31, 4.92)		
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	1,203	0	2.54	0.00	(, 1.18)		
Hospital for Special Care	Adult ICUs	397	0	1.15	0.00	(, 2.61)		
	Adult Wards	1,222	4	2.58	1.55	(0.49, 3.74)		
	Pediatric Wards	187	0	0.39				



LEGEND

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





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Statewide LTACH 2018 VAE SIRs	
Adult ICUs	0.55 (0.14, 1.51)
Adult Wards	0.15 (0.04, 0.40)


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	1,981	3	3.30	0.91	(0.23, 2.48)		
	Adult Wards							
Healthcare Center at the CT Veterans' Home, Rocky Hill	Adult Wards	0	0	0.00				
Hospital for Special Care	Adult ICUs	1,279	0	2.13	0.0	(, 1.41)		
	Adult Wards	18,486	3	20.38	0.15	(0.04, 0.40)		



LEGEND







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-  or  2018 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).

 2018 facility SIR is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide LTACH 2018 SIR

MRSA	0.46 (0.17, 1.02)
CDI	0.28 (0.20, 0.38)

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Gaylord Hospital	26,373	2	2.59	0.77	(0.13, 2.55)		
Healthcare Center at the CT Veterans' Home, Rocky Hill	27,891	0	2.53	0.00	(, 1.19)		
Hospital for Special Care	58,234	3	5.75	0.52	(0.13, 1.42)		

FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Gaylord Hospital	39,289	30	33.92	0.89	(0.61, 1.25)		
Healthcare Center at the CT Veterans' Home, Rocky Hill	36,418	2	30.73	0.07	(0.01, 0.22)		
Hospital for Special Care	78,000	6	73.16	0.08	(0.03, 0.17)		



LEGEND

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2018 facility SIR is not calculated because the predicted number of infections is less than one, in accordance with CDC protocol

Statewide IRF 2018 SIR	
CAUTI	1.93 (0.90, 3.66)

FACILITY NAME	Device days	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare ?	
						State	National baseline
Danbury Hospital	402	2	1.10	1.83	(0.31, 6.03)		
Lawrence & Memorial Hospital	268	1	0.73				
Mount Sinai Rehabilitation Hospital	441	1	0.90				
St. Vincent's Medical Center	190	4	0.52				
Stamford Hospital	67	0	0.13				
Yale-New Haven Hospital	287	0	0.78				



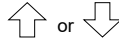
LEGEND



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Statewide IRF 2018 SIR

MRSA	0.74 (0.59, 0.93)
CDI	0.82 (0.77, 0.87)



FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Mount Sinai Rehab Hospital	9,640	0	0.18				



FACILITY NAME	Patient days	Observed events	Predicted events	SIR	95%CI	How does this facility compare?	
						State	National baseline
Mount Sinai Rehab Hospital	12,563	0	5.21	0.00	(, 0.58)		

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.

































LEGEND

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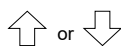
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Statewide Hemodialysis 2018 SIRs	
BSI events	1.03 (0.91, 1.16)

FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Black Rock Dialysis	976	3	4.70	0.64	(0.16, 1.74)		
Bloomfield Dialysis	634	6	3.85	1.56	(0.63, 3.25)		
Branford Dialysis	505	6	2.61	2.30	(0.93, 4.77)		
Bridgeport Dialysis	2,655	19	13.04	1.46	(0.90, 2.23)		
Central Connecticut Dialysis Center	450	3	2.93	1.03	(0.26, 2.79)		
Comprehensive Dialysis Care, LLC	604	1	2.86	0.35	(0.02, 1.73)		
Danbury Dialysis Center	1,219	1	6.07	0.17	(0.01, 0.81)		
DaVita Waterbury Heights Dialysis	853	1	4.56	0.22	(0.01, 1.08)		
Dialysis Center Of Newington	470	5	3.46	1.45	(0.53, 3.20)		
East Hartford Dialysis Center	1,220	7	8.53	0.82	(0.36, 1.62)		
Enfield Dialysis Center	356	0	2.62	0.00	(, 1.14)		
Farmington Dialysis	289	0	1.43	0.00	(, 2.10)		
FMC Dialysis Services Forestville	744	2	4.04	0.50	(0.08, 1.64)		
FMC of Fairfield	550	12	3.40	3.53	(1.91, 5.99)		
FMC of Southington	486	2	3.33	0.60	(0.10, 1.97)		

**LEGEND**

2018 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2018 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).



2018 facility SIR is significantly higher (worse) than comparison group (state or national baseline)

Statewide Hemodialysis 2018 SIRs

BSI events

1.03 (0.91, 1.16)

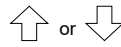
FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
FMC of Western Hartford	773	3	3.97	0.76	(0.19, 2.06)	↓	↓
FMC Shoreline	656	8	6.09	1.31	(0.61, 2.50)	↑	↑
FMC Windsor-Kimberly Hall South	573	2	4.08	0.49	(0.08, 1.62)	↓	↓
Greater Waterbury DaVita Dialysis	1,417	7	7.59	0.92	(0.40, 1.83)	↓	↓
Hamden Dialysis	579	2	4.16	0.48	(0.08, 1.59)	↓	↓
Hartford Dialysis	1,437	10	8.93	1.12	(0.57, 2.00)	↑	↑
Hartford Downtown Dialysis (formerly Hartford Hospital Outpatient Dialysis)	1,567	15	9.18	1.64	(0.95, 2.64)	↑	↑
Housatonic Dialysis	487	0	2.21	0.00	(, 1.358)	↓	↓
Herald Square Dialysis Center	648	1	5.46	0.18	(0.01, 0.90)	↓	↓
Manchester Dialysis Center	625	6	3.55	1.69	(0.68, 3.51)	↑	↑
Middlesex Dialysis Center, LLC.	844	3	4.38	0.69	(0.17, 1.86)	↓	↓
Milford Dialysis	1,286	5	6.80	0.74	(0.27, 1.63)	↓	↓
New Britain Dialysis (formerly New Britain General Hospital)	656	3	4.27	0.70	(0.18, 1.91)	↓	↓
New Haven Dialysis	1,120	9	8.43	1.07	(0.52, 1.96)	↑	↑
New London Dialysis	1,228	7	6.15	1.14	(0.50, 2.25)	↑	↑
North Haven Dialysis	927	3	7.00	0.43	(0.11, 1.17)	↓	↓
Norwich Dialysis	1,043	2	4.20	0.48	(0.08, 1.57)	↓	↓

**LEGEND**

2018 facility SIR is significantly lower (better) than comparison group (state or national baseline)



2018 facility SIR is significantly higher (worse) than comparison group (state or national baseline)



2018 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 2018 SIRs

BSI events

1.03 (0.91, 1.16)

FACILITY NAME	Patient months	Observed infections	Predicted infections	SIR	95% CI	How does this facility compare?	
						State	National baseline
Palomba Drive Dialysis	299	1	2.03	0.49	(0.03, 2.43)	↓	↓
Physicians Dialysis Inc. Rocky Hill	621	3	3.70	0.81	(0.21, 2.21)	↓	↓
Shelton Dialysis	1,378	6	8.31	0.72	(0.29, 1.50)	↓	↓
South Norwalk Dialysis	1,423	2	6.88	0.29	(0.05, 0.96)	↓	↓
St. Raphael Dialysis Center	1,605	20	11.19	1.79	(1.12, 2.71)	↑	↑
Stamford Dialysis	2,157	11	12.03	0.92	(0.48, 1.59)	↓	↓
Torrington Dialysis	706	6	4.20	1.43	(0.58, 2.97)	↑	↑
U.S. Renal Care Branford Dialysis	364	6	2.71	2.22	(0.90, 4.61)	↑	↑
U.S. Renal Care North Haven Dialysis	640	7	4.66	1.50	(0.66, 2.97)	↑	↑
U.S. Renal Care Orange Dialysis	1,162	20	8.40	2.38	(1.50, 3.61)	↑	↑
UCONN Dialysis Center	709	7	4.89	1.43	(0.63, 2.83)	↑	↑
Vernon Dialysis Center	686	4	4.59	0.87	(0.28, 2.10)	↓	↓
Wallingford Dialysis Care, LLC.	318	3	1.94	1.54	(0.39, 4.20)	↑	↑
Willard Avenue Dialysis	483	1	2.61	0.38	(0.02, 1.89)	↓	↓
Windham Dialysis Center	480	1	2.53	0.40	(0.02, 1.95)	↓	↓



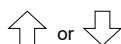
LEGEND



2018 facility rate is significantly lower (better) than comparison group rate (state or national)



2018 facility rate is significantly higher (worse) than comparison group rate (state or national)



2018 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 2018, divided by the total number of months that patients were at risk for that infection.

Hemodialysis LASI 2018 rate	
State	0.65/100 patient-months
National	0.47/100 patient-months

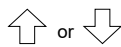
FACILITY NAME	Patient months	Observed infections	Rate (observed events per 100 patient-months)	How does this facility compare?	
				State	Nation
Black Rock Dialysis	976	2	0.20	↓	↓
Bloomfield Dialysis	634	2	0.32	↓	↓
Branford Dialysis	505	6	1.19	↑	↑
Bridgeport Dialysis	2,655	14	0.53	↓	↑
Central Connecticut Dialysis Center	450	6	1.33	↑	↑
Comprehensive Dialysis Care, LLC	604	2	0.33	↓	↓
Danbury Dialysis Center	1,219	3	0.25	↓	↓
DaVita Waterbury Heights Dialysis	853	8	0.94	↑	↑
Dialysis Center Of Newington	470	0	0	↓	↓
East Hartford Dialysis Center	1,220	6	0.49	↓	↑
Enfield Dialysis Center	356	4	1.12	↑	↑
Farmington Dialysis	289	3	1.04	↑	↑
FMC Dialysis Services Forestville	744	5	0.67	↑	↑
FMC of Fairfield	550	1	0.18	↓	↓
FMC of Southington	486	5	1.03	↑	↑

**LEGEND**

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National	0.47/100 patient-months

FACILITY NAME	Patient months	Observed infections	Rate (observed events per 100 patient-months)	How does this facility compare?	
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FMC Shoreline	656	1	0.15	↓	↓
FMC Windsor Kimberly Hall South	573	2	0.35	↓	↓
Greater Waterbury DaVita Dialysis	1,417	11	0.78	↑	↑
Hamden Dialysis	579	5	0.86	↑	↑
Hartford Dialysis	1,437	10	0.7	↑	↑
Hartford Downtown Dialysis (formerly Hartford Hospital Outpatient Dialysis)	1567	9	0.57	↓	↓
Herald Square Dialysis Center	648	7	1.08	↑	↑
Housatonic Dialysis	487	0	0	↓	↓
Manchester Dialysis Center	625	11	1.76	↑	↑
Middlesex Dialysis Center, LLC.	844	1	0.12	↓	↓
Milford Dialysis	1,286	5	0.39	↓	↓
New Britain Dialysis (formerly New Britain General Hospital)	656	4	0.61	↓	↑
New Haven Dialysis	1,120	8	0.71	↑	↑
New London Dialysis	1,228	7	0.57	↓	↑
North Haven Dialysis	927	0	0	↓	↓
Norwich Dialysis	1,043	2	0.19	↓	↓



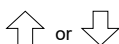
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Note: A rate is calculated for each infection type in dialysis facilities as the total number of infections reported during 2018, divided by the total number of months that patients were at risk for that infection.

Hemodialysis LASI 2018 rate	
State	0.65/100 patient-months
National	0.47/100 patient-months

FACILITY NAME	Patient months	Observed infections	Rate (observed events per 100 patient-months)	How does this facility compare?	
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Physicians Dialysis Inc. Rocky Hill	621	15	2.42	↑	↑
Shelton Dialysis	1,378	16	1.16	↑	↑
South Norwalk Dialysis	1,423	6	0.42	↓	↓
St. Raphael Dialysis Center	1,605	17	1.06	↑	↑
Stamford Dialysis	2,157	7	0.32	↓	↓
Torrington Dialysis	706	6	0.85	↑	↑
U.S. Renal Care Branford Dialysis	364	3	0.82	↑	↑
U.S. Renal Care North Haven Dialysis	640	6	0.94	↑	↑
U.S. Renal Care Orange Dialysis	1,162	7	0.6	↓	↑
UCONN Dialysis Center	709	6	0.85	↑	↑
Vernon Dialysis Center	686	4	0.58	↓	↑
Wallingford Dialysis Care, LLC.	318	7	2.2	↑	↑
Willard Avenue Dialysis	483	4	0.83	↑	↑
Windham Dialysis Center	480	2	0.42	↓	↓



What healthcare providers can do to prevent infection

To prevent any type of infection:

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

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

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

To prevent surgical site infections:

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

To prevent *Clostridium difficile* infections:

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

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

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

To prevent influenza infections:

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

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

List of acronyms

ABBREVIATION	DEFINITION
ACH	Acute care hospital (short-term)
BSI	Bloodstream infection
CAUTI	Catheter-associated urinary tract infection
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i> infection
CHA	Connecticut Hospital Association
CI	Confidence Interval
CLABSI	Central line-associated bloodstream infection
CMS	Centers for Medicare and Medicaid Services
COLO	NHSN code for surgical site infection following colon surgical procedures
CUSP	Comprehensive Unit-based Safety Program
DE	Dialysis event
DHHS	Department of Health and Human Services
DPH	Connecticut Department of Public Health
DU	Device utilization
FacWideIN	Facility-wide inpatient
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 <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive care unit
PICU	Pediatric intensive care unit
QI	Quality improvement
QIP	Quality Incentive Program
SIR	Standardized infection ratio
SSI	Surgical site infection
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/>

Acknowledgements

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The DPH 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.