

Healthcare-associated infections (HAIs) are infections patients can get while receiving medical care. Facilities' performance in HAI control is shown by comparing them to other facilities of the same type both in the state and the national baseline. To do this, two main figures are presented: the number of observed infections, and the number of "predicted infections", which is calculated by the CDC based on numbers of infections in facilities of similar size, patients, etc. Using these two numbers, we can find out how a given facility is performing.

This report is based on 2018 data.

CLABSI

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

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

Because the number of predicted infections is less than 1, no comparison can be made.

CAUTI

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

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

- Facility had about the same number of infections in 2018 as predicted based on statewide experience.
- Facility had about the same number of infections in 2018 as predicted based on national experience.

MRSA Bacteremia

LABORATORY IDENTIFIED HOSPITAL-ONSET BLOODSTREAM INFECTIONS

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

Because the number of predicted infections is less than 1, no comparison can be made.

SSIs

SURGICAL SITE INFECTIONS

When germs get into an area where surgery is or was performed, patients can get a surgical site infection. Sometimes these infections involve only the skin. Other SSIs can involve tissues under the skin, organs, or implanted material.

SSI: Abdominal Hysterectomy

Because the number of predicted infections is less than 1, no comparison can be made.

SSI: Colon Surgery

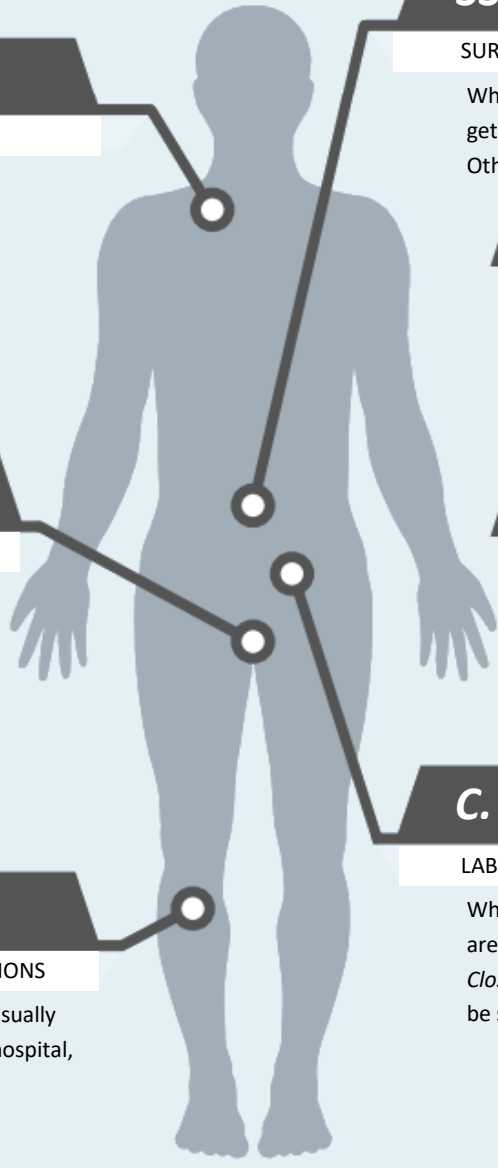
Because the number of predicted infections is less than 1, no comparison can be made.

C. difficile Infections



LABORATORY IDENTIFIED HOSPITAL-ONSET C. DIFFICILE INFECTIONS



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

- Facility had about the same number of infections in 2018 as predicted based on statewide experience.
- Facility had about the same number of infections in 2018 as predicted based on national experience.



LEGEND

-  Fewer infections (better) in 2018 than predicted based on statewide or national experience
-  More infections (worse) in 2018 than predicted based on statewide or national experience

-  About the same number of infections in 2018 as predicted based on statewide or national experience
-  When the number of predicted infections is less than 1, no conclusion can be made

HAI type	Unit type	Observed infections	Predicted infections	How does this facility compare?	
				State (2018)	National baseline
CLABSI	Adult ICUs	0	Less than 1.00		
	Adult Wards	2	Less than 1.00		
CAUTI	Adult ICUs	1	Less than 1.00		
	Adult Wards	0	Less than 1.00		
Colon procedures SSI		0	Less than 1.00		
Abdominal hysterectomy SSI		0	Less than 1.00		
MRSA events		0	Less than 1.00		
CDI events		8	8.39	=	=

FACILITY PROFILE

Number of staffed beds	Full time infection preventionists (40hr/wk)	Beds/full-time IP	CDC AMS Core elements fulfillment (max 7)
71	0.4	173	7