

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. Where the predicted number is not available from CDC's National Healthcare Safety network (NHSN), rates per 100,000 patient days are given.

This report is based on 2015 data.

CLABSI_s

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.



Facility had about the same number of infections in 2015 as predicted based on statewide experience.



Facility had less infections (better) in 2015 than predicted based on statewide experience.

CAUTI_s

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 2015 as predicted based on statewide experience.



Facility had more infections (worse) in 2015 than predicted based on statewide 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

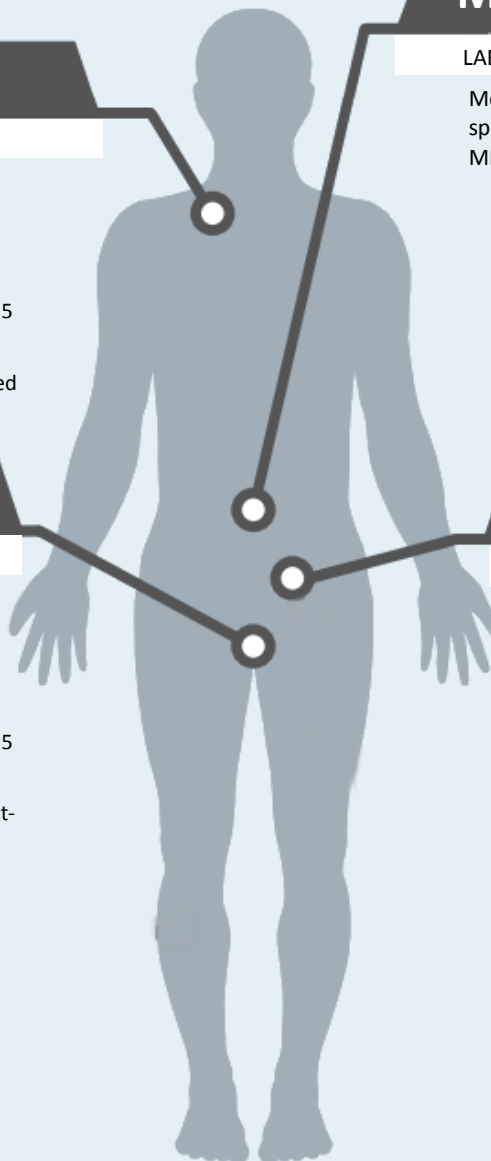
Rate = 0.83/10,000 patient days

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.

Rate = 0.69/10,000 patient days





HAI REPORT 2015

HOSPITAL FOR SPECIAL CARE



LEGEND



Fewer infections (better) in 2015 than predicted based on statewide or national experience



More infections (worse) in 2015 than predicted based on statewide or national experience



About the same number of infections in 2015 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 (2015) | National baseline |
| CLABSI | Adult ICUs | 1 | 2.73 | = | = |
| | Adult Wards | 1 | 7.10 | = | ★ |
| | Pediatric Wards | 0 | 0.05 | | |
| CAUTI | Adult ICUs | 9 | 2.17 | = | × |
| | Adult Wards | 17 | 7.81 | = | × |

| HAI type | Patient days | Observed events | Rate (observed events per 10,000 patient days) |
|-------------|--------------|-----------------|--|
| MRSA events | 72,507 | 6 | 0.83 |
| CDI events | 72,597 | 5 | 0.69 |

* A rate is calculated for each infection type (MRSA, C. difficile) as the total number of infections or events reported during 2015, divided by the total number of days that patients were in the hospital/location and at risk for that infection or event.

FACILITY PROFILE

| Number of staffed beds | Full time infection preventionists (40hr/wk) | Beds/full-time IP |
|------------------------|--|-------------------|
| 228 | 1.0 | 228 |