

State of New Hampshire
HEALTHCARE-ASSOCIATED INFECTIONS
2012 HOSPITAL REPORT

Prepared by

New Hampshire Department of Health and Human Services
Division of Public Health Services
Infectious Disease Surveillance Section

August 15th, 2013

TABLE OF CONTENTS

| | |
|---|-----|
| LIST OF DATA TABLES AND FIGURES | 4 |
| ABBREVIATIONS USED | 7 |
| CONTRIBUTORS AND ACKNOWLEDGEMENTS | 8 |
| EXECUTIVE SUMMARY | 9 |
| INTRODUCTION | 12 |
| Background on Healthcare-Associated Infections | 12 |
| New Hampshire Healthcare-Associated Infections Program | 12 |
| State of New Hampshire Healthcare-Associated Infections Plan | 13 |
| Overview of Healthcare-Associated Infections Prevention Efforts | 13 |
| Healthcare-Associated Infections Technical Advisory Workgroup | 14 |
| SURVEILLANCE METHODS | 16 |
| Healthcare-Associated Infections Reporting Requirements | 16 |
| Selection of Reporting Requirements | 16 |
| Accuracy of Reported Healthcare-Associated Infections Surveillance Data | 18 |
| National Healthcare Safety Network | 19 |
| Comparisons with National Data | 19 |
| Central Line–Associated Bloodstream Infections Surveillance | 19 |
| Central Line Insertion Practices Monitoring | 20 |
| Catheter-Associated Urinary Tract Infections Surveillance | 20 |
| Surgical Site Infections Surveillance | 21 |
| Surgical Antimicrobial Prophylaxis Administration Monitoring | 23 |
| Influenza Vaccination Rate Monitoring | 24 |
| STATEWIDE DATA | 26 |
| Statewide Standardized Infection Ratios | 26 |
| Overall Standardized Infection Ratios by Hospital | 29 |
| Central Line–Associated Bloodstream Infections | 34 |
| Central Line Insertion Practices | 42 |
| Catheter-Associated Urinary Tract Infections | 47 |
| Surgical Site Infections | 52 |
| Surgical Antimicrobial Prophylaxis Administration | 66 |
| Influenza Vaccination Rates | 71 |
| Mandatory Vaccination Policies for Healthcare Personnel | 76 |
| CONCLUSIONS | 78 |
| ACUTE CARE HOSPITAL REPORTS | 80 |
| APPENDIX 1: Technical Notes | 138 |

| | |
|---|-----|
| APPENDIX 2: Understanding the Healthcare-Associated Infections Rate and Standardized Infection Ratio Comparison Metrics | 141 |
| APPENDIX 3: Prevention Healthcare-Associated Infections | 143 |
| APPENDIX 4: Map of NH Hospitals and Respective Service Areas | 148 |

LIST OF DATA TABLES

| | |
|---|----|
| TABLE 1: Statewide standardized infection ratios | 28 |
| TABLE 2: Overall healthcare-associated infections standardized infection ratios | 30 |
| TABLE 3: Statewide standardized infection ratios, 2011 & 2012 | 32 |
| TABLE 4: Overall healthcare-associated infections standardized infection ratios, 2011 & 2012 | 33 |
| TABLE 5: Statewide central line-associated bloodstream infection rates | 34 |
| TABLE 6: Statewide central line-associated bloodstream infection rates in neonatal intensive care units by birthweight category | 34 |
| TABLE 7: Central line-associated bloodstream infection rates | 36 |
| TABLE 8: Central line-associated bloodstream infection rates in neonatal intensive care units by birthweight category | 37 |
| TABLE 9: Central line-associated bloodstream infections standardized infection ratios | 38 |
| TABLE 10: Central line-associated bloodstream infections standardized infection ratios, 2011 & 2012 | 40 |
| TABLE 11: Central line insertion practices adherence percentages by occupation of inserter | 42 |
| TABLE 12: Central line insertion practices adherence percentages by hospital | 43 |
| TABLE 13: Central line insertion practices adherence percentages by occupation of inserter, 2011 & 2012 | 45 |
| TABLE 14: Central line insertion practices adherence percentages by hospital, 2011 & 2012 | 46 |
| TABLE 15: Statewide catheter-associated urinary tract infection rates | 47 |
| TABLE 16: Catheter-associated urinary tract infection rates | 49 |
| TABLE 17: Catheter-associated urinary tract infections standardized infection ratios | 50 |
| TABLE 18: Surgical site infections standardized infection ratios | 53 |
| TABLE 19: Surgical site infections standardized infection ratios, 2011 & 2012 | 56 |
| TABLE 20: Coronary artery bypass graft procedure-associated surgical site infections standardized infection ratios | 57 |
| TABLE 21: Colon procedure-associated surgical site infections standardized infection ratios | 58 |
| TABLE 22: Abdominal hysterectomy procedure-associated surgical site infections standardized infection ratios | 60 |
| TABLE 23: Knee arthroplasty procedure-associated surgical site infections standardized infection ratios | 62 |
| TABLE 24: Methods and percent of SSIs detected post-discharge by NH hospitals, 2011 & 2012 | 65 |
| TABLE 25: Surgical antimicrobial prophylaxis by hospital SCIP-1 | 67 |
| TABLE 26: Surgical antimicrobial prophylaxis by hospital SCIP-2 | 68 |
| TABLE 27: Surgical antimicrobial prophylaxis by hospital SCIP-3 | 69 |
| TABLE 28: Statewide surgical antimicrobial prophylaxis, 2011 & 2012 | 70 |
| TABLE 29: Influenza vaccination rates | 72 |
| TABLE 30: Influenza vaccination rates by hospital, 2011 & 2012 | 75 |
| TABLE 31: Influenza vaccination policies and consequences for healthcare personnel | 77 |

LIST OF FIGURES

| | |
|---|----|
| FIGURE 1: Statewide standardized infection ratios | 29 |
| FIGURE 2: Overall healthcare-associated infections standardized infection ratios | 31 |
| FIGURE 3: Statewide standardized infection ratios (SIR), comparison between 2011 and 2012 | 32 |
| FIGURE 4: Statewide rates for central line-associated bloodstream infections | 35 |
| FIGURE 5: Statewide rates for central line-associated bloodstream infections in neonatal intensive care units | 35 |
| FIGURE 6: Central line-associated bloodstream infections standardized infection ratios | 39 |
| FIGURE 7: Overall central line-associated bloodstream infections (CLABSI) standardized infection ratios by year, 2009-2012. | 41 |
| FIGURE 8: Central line insertion practices adherence percentages by hospital | 44 |
| FIGURE 9: Statewide rates for catheter-associated urinary tract infections | 48 |
| FIGURE 10: Catheter-associated urinary tract infections standardized infection ratios | 51 |
| FIGURE 11: Surgical site infections standardized infection ratios | 54 |
| FIGURE 12: Overall surgical site infections (SSI) standardized infection ratios by year, 2009-2012 | 55 |
| FIGURE 13: Coronary artery bypass graft procedure-associated surgical site infections standardized infection ratios | 57 |
| FIGURE 14: Colon procedure-associated surgical site infections standardized infection ratios | 59 |
| FIGURE 15: Abdominal hysterectomy procedure-associated surgical site infections standardized infection ratios | 61 |
| FIGURE 16: Knee arthroplasty procedure-associated surgical site infections standardized infection ratios | 63 |
| FIGURE 17: Overall coronary artery bypass graft procedure (CABG) standardized infection ratios by year, 2009-2012. | 64 |
| FIGURE 18: Overall colon procedure (COLO) standardized infection ratios by year, 2009- 2012. | 64 |
| FIGURE 19: Overall knee arthroplasty (KPRO) standardized infection ratios by year, 2009-2012. | 64 |
| FIGURE 20: Surgical antimicrobial prophylaxis administration | 66 |
| FIGURE 21: Statewide Performance of Surgical Care Improvement Project measures, 2005-2012 | 70 |
| FIGURE 22: Statewide influenza vaccination rates by season; 2008-2009, 2009-2010, 2010-2011, 2011-2012, and 2012-2013 | 71 |
| FIGURE 23: Influenza vaccination rates by hospital for 2012-2013 influenza season | 73 |
| FIGURE 24: Influenza vaccination rates for 2011-2012 and 2012-2013 influenza seasons | 74 |
| FIGURE 25: Influenza vaccination rates for hospital with and without vaccination policies | 76 |

INDIVIDUAL HOSPITAL REPORTS

| | |
|---------------------------------------|-----|
| Alice Peck Day Memorial Hospital | 81 |
| Androscoggin Valley Hospital | 83 |
| Catholic Medical Center | 85 |
| Cheshire Medical Center | 87 |
| Concord Hospital | 89 |
| Cottage Hospital | 91 |
| Dartmouth-Hitchcock Medical Center | 93 |
| Elliot Hospital | 95 |
| Exeter Hospital | 97 |
| Franklin Regional Hospital | 99 |
| Frisbie Memorial Hospital | 101 |
| Huggins Hospital | 103 |
| Lakes Region General Hospital | 105 |
| Littleton Regional Hospital | 107 |
| Monadnock Community Hospital | 109 |
| New London Hospital | 111 |
| Parkland Medical Center | 113 |
| Portsmouth Regional Hospital | 115 |
| Southern New Hampshire Medical Center | 117 |
| Speare Memorial Hospital | 119 |
| St. Joseph Hospital | 121 |
| The Memorial Hospital | 123 |
| Upper Connecticut Valley Hospital | 125 |
| Valley Regional Hospital | 127 |
| Weeks Medical Center | 129 |
| Wentworth-Douglass Hospital | 131 |
| Crotched Moutain Speciality Hospital | 133 |
| Healthsouth Rehabilitation Hospital | 134 |
| Northeast Rehabilitation Hospital | 135 |
| Hampstead Hospital | 136 |
| New Hampshire Hospital | 137 |

ABBREVIATIONS USED IN THIS DOCUMENT

| | |
|-----------|--|
| ASA Score | American Society of Anesthesiologists (ASA) Classification of Physical Status, a scale used by an anesthesiologist to classify the patient's physical condition prior to surgery |
| ASC | Ambulatory surgical center |
| CABG | Coronary Artery Bypass Graft procedure |
| CAUTI | Catheter-associated urinary tract infection |
| CBGB | NHSN operative code for coronary artery bypass graft procedures with both a chest and donor site incision |
| CBGC | NHSN operative code for coronary artery bypass graft procedures with chest incision site only |
| CDC | U.S. Centers for Disease Control and Prevention |
| CLABSI | Central line-associated bloodstream infection |
| CLIP | Central line insertion practices |
| CMS | Centers for Medicare and Medicaid Services |
| COLO | NHSN operative code for colon procedures |
| CSTE | Council of State and Territorial Epidemiologists |
| CAUTI | Catheter associated urinary tract infections |
| DHHS | New Hampshire Department of Health and Human Services |
| DHMC | Dartmouth Hitchcock Medical Center (Mary Hitchcock Memorial Hospital) |
| HAI | Healthcare-associated infection |
| HICPAC | Healthcare Infection Control Practices Advisory Committee |
| HHS | U.S. Department of Health and Human Services |
| HYST | NHSN operative code for abdominal hysterectomy procedures |
| ICU | Intensive care unit |
| IV | Intravenous |
| KPRO | NHSN operative code for knee arthroplasty procedures |
| NH | New Hampshire |
| NHSN | National Healthcare Safety Network |
| SAP | Surgical antimicrobial prophylaxis |
| SCIP | Surgical Care Improvement Project |
| SIR | Standardized infection ratio |
| SSI | Surgical site infection |
| TAW | Healthcare-Associated Infections Technical Advisory Workgroup |
| VAP | Ventilator-associated pneumonia |
| PICC | Peripheral Intravenous Catheter Insertion |

Note: In order to increase readability of tables and figures, hospital names have been provided in an abbreviated format. In all tables and figures, DHMC refers to Dartmouth-Hitchcock Medical Center (Mary Hitchcock Memorial Hospital).

CONTRIBUTORS AND ACKNOWLEDGEMENTS

The following individuals contributed to analysis of data and other content provided in this report:

Christine Adamski, MS, Chief, Bureau of Infectious Disease Control

Sharon Alroy-Preis, MD, MPH, State Epidemiologist in 2012

Steffany J. Cavallo, MPH, Infectious Disease Epidemiologist

Elizabeth R. Daly, MPH, Chief, Infectious Disease Surveillance Section

Erin Metcalf, MPH, HIV/AIDS Surveillance Coordinator

Jodie Dionne-Odom, MD, Deputy State Epidemiologist in 2012

Katrina E. Hansen, MPH, Healthcare-Associated Infections Program Manager

Tylor Young, GIS Analyst, Infectious Disease Surveillance Section

The HAI Program would also like to thank the Infection Prevention, Quality, and Information Technology staff at New Hampshire hospitals for collaborating to provide the data presented in this report. Finally, the HAI Program acknowledges the review, comments, input, and other program contributions provided by the members of the HAI Technical Advisory Workgroup as listed on page 12.

For questions about this report, please contact:

NH Healthcare-Associated Infections Program

Infectious Disease Surveillance Section

Division of Public Health Services

NH Department of Health and Human Services

29 Hazen Drive, Concord, NH 03301-6504

Phone: (603) 271-4496

Email: haiprogram@dhhs.state.nh.us

Website: <http://www.dhhs.nh.gov/dphs/cdcs/hai/index.htm>

EXECUTIVE SUMMARY

A healthcare-associated infection (HAI) is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. HAIs cause an estimated 1.7 million infections and 99,000 deaths each year in the United States, resulting in over \$30 billion in excess healthcare costs. During the 2006 legislative season, the New Hampshire Legislature passed a bill creating NH RSA 151:32-35, which requires hospitals to identify, track, and report selected HAIs to the New Hampshire Department of Health and Human Services (DHHS). All 26 acute care hospitals began reporting data to DHHS on two infections and three process measures in January 2009, and five specialty hospitals reported influenza vaccination rates. For 2012, hospitals also began reporting one new infection-type (catheter-associated urinary tract infections) and surgical site infections following an additional type of surgery (abdominal hysterectomy). This report represents the fourth summary of HAI-related data reported by hospitals in New Hampshire.

Healthcare-Associated Infections

Overall, statewide infection rates were lower than expected based on national data. A total of 198 HAIs were reported, representing 116 surgical site infections, 21 central line–associated bloodstream infections, and 61 catheter associated urinary tract infections. The overall observed number of HAIs in New Hampshire hospitals was 25% fewer than expected based on national data. There were 54% fewer central line–associated bloodstream infections, 11% more catheter associated urinary tract infections, and 29% fewer surgical site infections. Twenty-one hospitals had robust enough data to present hospital-specific data in this report. Of these 21, three hospitals had an overall number of infections that was lower than expected based on national data. The remaining 18 all observed a similar number of infections as expected based on national data. None of the hospitals observed more infections than were expected. Overall the total number of infections reported increased in 2012 compared to 2011, this difference was not statistically significant and due to new reporting requirements that were implemented in 2012.

Central Line–Associated Bloodstream Infections

Twenty-five hospitals reported central line–associated bloodstream infections data from intensive care units (ICUs) (one hospital did not have an intensive care unit). Data were robust enough for 21 hospitals to present hospital-specific data in this report. All 21 hospitals experienced rates of central line–associated bloodstream infections that were similar to national rates. While the total number of infections reported decreased in 2012 compared to 2011, this difference was not statistically significant.

Central Line Insertion Practices

Twenty-five hospitals reported information on central line insertion practices for central lines inserted in ICUs (one hospital did not have an intensive care unit). Overall, statewide adherence to all four infection-prevention practices during central line insertions was 96.2%. Registered nurses more frequently adhered to all four infection-prevention practices during central line insertions (98.2%). Data were robust enough for 12 hospitals to present hospital-specific data in this report. Eight hospitals reported central line insertion practices (CLIP) adherence rates that were similar to the State average, one hospital reported an adherence rate that was lower than the State average, and three hospitals reported adherence rates that were higher than the State average. In 2012, the statewide adherence percentage for CLIP increased from 2011 (95.7%), this was not statistically significant. All twelve hospitals' CLIP adherence was similar in 2012 compared to 2011.

Catheter Associated Urinary Tract Infections

Twenty-five hospitals reported catheter associated urinary tract infections data from intensive care units (ICUs) (one hospital did not have an intensive care unit). Data were robust enough for 24 hospitals to present hospital-specific data in this report. Of these 24, one hospital experienced higher rates and one hospital experienced lower rates of catheter-associated urinary tract infections (CAUTI). The remaining 22 all observed a similar number of infections as expected based on national data.

Surgical Site Infections

Twenty-six hospitals reported surgical site infections data for four surgical procedures.

- **Coronary Artery Bypass Surgery (CABG):** Four hospitals performed CABG. All four hospitals reported CABG surgical site infection rates that were similar to national data.
- **Colon Procedures:** 26 hospitals performed the procedure, and data were robust enough for 14 hospitals to present hospital-specific data in this report. Thirteen hospitals reported colon procedure-associated surgical site infection rates that were similar to national data and one hospital reported rates that were lower than expected based on national data.
- **Abdominal Hysterectomy:** 24 hospitals performed the procedure and data were robust enough for seven hospitals to present hospital-specific data in this report. All seven hospitals reported abdominal hysterectomy procedure-associated surgical site infection rates that were similar to national data.
- **Knee Arthroplasty:** 25 hospitals performed the procedure and data were robust enough for 10 hospitals to present hospital-specific data in this report. Eight hospitals reported knee arthroplasty-associated surgical site infection rates that were similar to national data and two hospitals reported rates that were lower than expected based on national data.

Surgical Antimicrobial Prophylaxis Administration

All 26 acute care hospitals reported surgical antimicrobial prophylaxis data and other measures to the Centers for Medicare and Medicaid Services (CMS) through the Surgical Care Improvement Project (SCIP). Overall, New Hampshire hospitals performed surgical antimicrobial prophylaxis appropriately more often or similar to the national average. For SCIP measure 1, 98.9% of patients in New Hampshire received prophylactic antibiotic within one hour prior to surgery compared with 98.5% nationally. For SCIP measure 2, 98.8% of patients in New Hampshire received the appropriate prophylactic antibiotic compared with 98.9% nationally. For SCIP measure 3, 97.6% of patients in New Hampshire had his or her prophylactic antibiotic discontinued within 24 hours after surgery compared with 97.6% nationally. In 2011 the statewide adherences to SCIP-1, SCIP-2, and SCIP-3 was similar to 2011.

Influenza Vaccination Rates in Hospital Staff

All 31 acute care, psychiatric, and rehabilitation hospitals reported staff influenza vaccination rates. Vaccination rates by hospital ranged from 69.6% to 99.0%, and the overall State rate was 91.2%. Nine hospitals had vaccination rates similar to the overall State vaccination rate, 11 hospitals reported vaccination rates that were significantly higher than the overall State vaccination rate, and 11 hospitals reported vaccination rates that were significantly lower than the overall State vaccination rate. The overall statewide hospital staff vaccination rate increased significantly from 2011–2012 (88.5%) to 2012-2013 (91.2%). Specifically, nine hospitals increased staff influenza vaccination rates in 2012-2013 compared to 2011-2012 and 22 hospitals had similar vaccination rates.

This fourth report of the HAI Program displays continuous progress moving toward the goal of eliminating HAIs in New Hampshire. This report provides a picture of selected HAI data, which can be used by healthcare facilities in the State to identify areas for improvement and prevention as well as healthcare consumers to make informed healthcare decisions.

INTRODUCTION

Background on Healthcare-Associated Infections

A healthcare associated infection (HAI) is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. HAIs cause an estimated 1.7 million infections and 99,000 deaths each year in the United States¹. By these estimates, HAIs are among the top 10 leading causes of death in the United States, and 5–10% of all hospital admissions are complicated by HAI.² The economic burden of HAIs is substantial and increasing. The total cost of HAIs has been estimated at \$33 billion per year in US hospitals. The most common HAIs are catheter-associated urinary tract infections, surgical site infections, central line-associated bloodstream infections, and ventilator-associated pneumonia.³

New Hampshire Healthcare-Associated Infections Program

The New Hampshire Department of Health and Human Services (DHHS) has been actively engaged in developing an HAI surveillance program since 2007. During the 2006 legislative season, the New Hampshire Legislature passed a bill creating NH RSA 151:32-35, which requires hospitals to identify, track, and report HAIs to DHHS. RSA 151:33 specifically requires reporting of central line-associated bloodstream infections (CLABSI), surgical site infections (SSIs), ventilator-associated pneumonia, central line insertion practices (CLIP), surgical antimicrobial prophylaxis (SAP), and influenza vaccination rates. The intent of the law is to provide HAI data by hospital in a publicly accessible forum for hospital comparison. The passage of the 2006 bill did not include funding to carry out these activities, and therefore, mandatory reporting was not fully implemented until January 2009.

In September 2008, DHHS notified the 26 acute care hospitals in New Hampshire that they would be required to enroll in NHSN and report the mandated HAI data beginning January 1, 2009. DHHS, with consideration of the law, required that hospitals initially report the following measures:

- Central line-associated bloodstream infections in adult intensive care units (via NHSN)
- Central line insertion practices in all adult intensive care units (via NHSN)
- Surgical site infections following coronary artery bypass graft, colon, and knee arthroplasty procedures (via NHSN).
- Surgical antimicrobial prophylaxis (via Centers for Medicare and Medicaid Services)
- Influenza vaccination in patients and staff (via DHHS web survey)

All 26 acute care hospitals successfully enrolled in NHSN and began reporting the required data in January 2009. Specialty hospitals (rehabilitation and psychiatric) did not enroll in NHSN because they were required to report only influenza vaccination rates.

¹ Klevens, RM, Edwards RJ, Richards CL, Jr, et al. Estimating health care-associated infections and deaths in U.S. Hospitals, 2002. *Public Health Rep* 2007;122(2):160-166.
http://www.cdc.gov/ncidod/dhqp/pdf/hicpac/infections_deaths.pdf

² Humphreys, H, Newcombe RG, Enstone J et al. Four country healthcare associated infection prevalence survey 2006: risk factor analysis. *J Hosp Infect* 2008; 69(3) 249-257.

³ Scott R, Douglas. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. March 2009. http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf

During the 2010 legislative season, the New Hampshire Legislature passed HB 1548 (2010) amending RSA 151:32-35 to require all licensed ambulatory surgical centers (ASCs) to report healthcare-associated infections to DHHS. HAI data reported by ASCs is published in a separate report.

The administrative rules related to HAI reporting were revised in 2011 to include additional hospital reporting measures. Starting January 2012, hospitals were also required to report:

- Central line–associated bloodstream infections in all intensive care units (via NHSN)
- Central line insertion practices in all intensive care units (via NHSN)
- Catheter-associated urinary tract infections (CAUTI) in all pediatric and adult intensive care units (via NHSN)
- Surgical site infections following abdominal hysterectomy (HYST) procedures (via NHSN).

Data for these new measures are included in this report.

State of New Hampshire Healthcare-Associated Infections Plan

In response to increasing concerns about the public health impact of HAIs, the US Department of Health and Human Services (HHS) developed an Action Plan to Prevent Healthcare-Associated Infections (HHS Action Plan) in 2009. The HHS Action Plan includes recommendations for surveillance, research, communication, and metrics for measuring progress toward national goals.

In a concurrent development, the 2009 Omnibus bill required states receiving Preventive Health and Health Services Block Grant funds to certify that they would submit a plan to reduce HAIs to the Secretary of Health and Human Services not later than January 1, 2010. In order to assist states in responding within the short timeline required by that language and to facilitate coordination with national HAI prevention efforts, the CDC provided a template to assist state planning efforts in the prevention of HAI. The template targeted four areas: 1) Development or Enhancement of HAI Program Infrastructure, 2) Surveillance, Detection, Reporting, and Response, 3) Prevention, and 4) Evaluation, Oversight, and Communication. In 2009, DHHS drafted a State HAI plan and submitted it to HHS. New Hampshire's State HAI Plan is available on the DHHS HAI website at:

<http://www.dhhs.nh.gov/dphs/cdcs/hai/index.htm>.

Overview of Healthcare-Associated Infections Prevention Efforts

DHHS participates in statewide prevention activities through the New Hampshire Health Care Quality Assurance Commission (NHHCQAC), on which the DHHS State Epidemiologist serves. Currently there are no specific prevention activities being coordinated directly by DHHS, however, DHHS remains active in various projects coordinated by the NHHCQAC and the Northeast Health Care Quality Foundation. Major statewide initiatives through these organizations have included hand hygiene campaigns, patient safety checklists, and programs to prevent bloodstream infections, antimicrobial resistance, and *Clostridium difficile*. Additionally, the Foundation for Healthy Communities received a large grant through the Partnership for Patients program to conduct additional large, statewide prevention initiatives. For additional information on these various efforts, the following websites may be helpful:

New Hampshire Health Care Quality Assurance Commission
<http://www.healthynh.com/fhc-initiatives/nh-health-care-quality-assurance-commission.html>

Foundation for Healthy Communities Partnership for Patients
<http://www.healthynh.com/partnership-for-patients.html>

Northeast Health Care Quality Foundation
<http://www.nhcqf.org/>

In addition to supporting and engaging in prevention activities with patient safety groups, the state HAI program provides many educational opportunities to healthcare facilities across the state in order to share best practices for infection prevention and ultimately reduce HAI. The program is involved in many infection prevention initiatives and continues to work with partners to improve healthcare quality across the continuum of care.

Healthcare-Associated Infections Technical Advisory Workgroup

In the spring of 2009, DHHS formed an HAI Technical Advisory Workgroup. The purpose of the Technical Advisory Workgroup (TAW) is to provide scientific and infection prevention expertise to the DHHS HAI Program. The TAW is not intended to be an oversight group, but instead a forum for stakeholder participation in decision making around the New Hampshire HAI Program. The TAW is an 18-member group that includes representation from stakeholders across New Hampshire and includes representatives from various sizes and types of hospitals and ASCs, infection control associations, the consumer organization ‘New Hampshire Patient Voices’, the New Hampshire Hospital Association, the New Hampshire Healthcare Quality Assurance Commission, and the Northeast Health Care Quality Foundation (see page 15 for a list of TAW members during the 2012 reporting year). The TAW currently meets quarterly.

New Hampshire Healthcare-Associated Infections Technical Advisory Workgroup, 2012

| Members | Organization Representation |
|----------------------------------|---|
| Beth Daly, MPH | DHHS, Infectious Disease Surveillance Section Chief |
| Sharon Alroy-Preis, MD, MPH | DHHS, State Epidemiologist |
| Katrina Hansen, MPH | DHHS, HAI Program Coordinator |
| Michael E. Fleming, RN | DHHS, Bureau Chief of Certification, Health Facilities Administration |
| Joe Conley, COO | Concord Hospital (New Hampshire Hospital Association) |
| Anne Diefendorf, MS, RD, LD | New Hampshire Health Care Quality Assurance Commission |
| Lynda Caine, RN, MPH, CIC | Concord Hospital (New Hampshire Infection Control and Epidemiology Professionals) |
| Kathy Kirkland, MD | Dartmouth-Hitchcock Medical Center (Society for Healthcare Epidemiology of America) |
| Jan Larmouth, MS, CIC | Southern New Hampshire Medical Center (Acute Care) |
| Elissa Malcolm, MS | Dartmouth-Hitchcock Medical Center (Acute Care) |
| Darlene Burrows, RN, BSN, CIC | Franklin Regional Hospital (Critical Access) |
| Charlie White, COO | Upper Connecticut Valley Hospital (Critical Access) |
| Cathy Martin, CPRN | Northeast Rehabilitation (Rehabilitation) |
| Terri Kangas-Feller, BS, RN, CIC | New Hampshire Hospital (Psychiatric) |
| Lori Nerbonne, RN, BSN | New Hampshire Patient Voices (Consumer) |
| Donna Quinn, RN, BSN, MBA | Orthopaedic Surgery Center (Ambulatory Surgical Center) |
| Robin Sheppard, RN | Bedford Ambulatory Surgical Center (Ambulatory Surgical Center) |
| Margaret Crowley, RN, PHD | Northeast Health Care Quality Foundation (QIO) |

SURVEILLANCE METHODS

2012 Healthcare-Associated Infections Reporting Requirements

Reporting requirements are governed by RSA 151:33 with authority given to DHHS to develop administrative rules to provide specific reporting instructions and methodology. Administrative rules, He-P 309 Healthcare Associated Infections, were drafted in 2010 with stakeholder input and approved January 14, 2011 by the Joint Legislative Committee on Administrative Rules. Reporting requirements for 2009-2011 included the following required measures for hospitals:

- Central line–associated bloodstream infections in adult intensive care units
- Central line insertion practices in adult intensive care units
- Surgical site infections following coronary artery bypass graft, colon, and knee arthroplasty procedures.
- Surgical antimicrobial prophylaxis
- Influenza vaccination in patients and staff

The rules were updated in 2012 and now also include the following required measures for hospitals:

- Central line–associated bloodstream infections in all intensive care units
- Central line insertion practices in all intensive care units
- Catheter-associated urinary tract infections in all adult and pediatric intensive care units
- Surgical site infections following coronary artery bypass graft, colon, knee arthroplasty, and abdominal hysterectomy procedures
- Surgical antimicrobial prophylaxis
- Influenza vaccination in patients and staff

While all licensed hospitals including acute care and specialty hospitals are required to report the selected measures under RSA 151:33, specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CAUTI, CLABSI and CLIP, because they do not have ICUs, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries. The three rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

Selection of Reporting Requirements

RSA 151:33 broadly requires reporting of all SSI and CLABSI; however, it is not feasible to do surveillance for all of these infections using NHSN. In order to generate infection rates for hospitals and compare them with national data, infection reporting needed to be limited to the capabilities of NHSN and were selected in accordance with national recommendations for HAI surveillance in the context of public reporting.

In 2005, the CDC released a report titled “Guidance on Public Reporting of Healthcare-Associated Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee”

(HICPAC).⁴ The group recommended selecting outcome measures for reporting based on the frequency, severity, and preventability of the outcomes and the likelihood that they can be detected and reported accurately. Specifically, the group recommended monitoring the following outcome measures:

- Central line–associated bloodstream infections in intensive care units
- Surgical site infections following selected operations
- Catheter-associated urinary tract infections (CAUTI) and ventilator-associated pneumonia (VAP) were not recommended because of lower morbidity and mortality resulting in less prevention effectiveness relative to the burden of data collection and reporting (in the case of CAUTI), and difficulty in detecting infections accurately resulting in invalid and misleading comparisons of infection rates for consumers (in the case of VAP).

Additionally, the group recommended monitoring the following process measures:

- Central line insertion practices
- Surgical antimicrobial prophylaxis
- Influenza vaccination of patients and healthcare personnel

In 2008, the Healthcare-Associated Infection Working Group of the Joint Public Policy Committee released “Essentials of Public Reporting of Healthcare-Associated Infections: A Tool Kit.”⁵ The Healthcare-Associated Infection Working Group of the Joint Public Policy Committee is a multi-organizational group represented by the Association for Professionals in Infection Control and Epidemiology, CDC, Council of State and Territorial Epidemiologists, and Society for Healthcare Epidemiology of America. The toolkit recommends monitoring the following outcome measures:

- Central line-associated bloodstream infection in intensive care units
- Surgical site infections that are performed with adequate frequency to permit meaningful comparisons among institutions. Specific reasonable options listed were: 1) coronary artery bypass surgery, 2) colon resection, 3) total hip arthroplasty, 4) total knee arthroplasty, 5) laminectomy, and 6) total abdominal hysterectomy
- The working group agreed with the CDC/HICPAC document, “Guidance on Public Reporting of Healthcare-Associated Infections” (referenced above) and recommended exclusion of outcome measures related to VAP and CAUTI because the existing surveillance criteria are difficult to apply consistently, making case counts unreliable.

The only process measure the group recommended monitoring was healthcare worker influenza vaccination rates.

⁴ Linda McKibben, MD,^a Teresa Horan, MPH,^b Jerome I. Tokars. Guidance on Public Reporting of Healthcare-Associated Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee (Am J Infect Control 2005;33:217-26.) <http://www.cdc.gov/ncidod/dhqp/pdf/hicpac/PublicReportingGuide.pdf>

⁵ Essentials of Public Reporting of Healthcare-Associated Infections: A Tool Kit. Prepared by the Healthcare-Associated Infection Working Group of the Joint Public Policy Committee http://www.cdc.gov/ncidod/dhqp/pdf/ar/06_107498_Essentials_Tool_Kit.pdf

Within the context of RSA 151:33, DHHS reviewed the national guidelines and capabilities of NHSN in selecting infection and process measures. It is expected that these reporting requirements may change in the future as we learn from public reporting, as HAI epidemiology changes, and as new surveillance methods and reporting technologies become available.

Accuracy of Reported Healthcare-Associated Infections Surveillance Data

DHHS conducted a validation study of 2009-2010 data to assess the degree of under and over reporting and to provide additional training to address any common or systematic errors in reporting processes. DHHS contracted with an independent external agency to perform the validation study and HAI program staff participated in activities, which included: NHSN data review, medical record review, data analysis, corrections, and follow up for deficiencies. Overall, validation of 2009-2010 data showed that there was approximately 33% under-reporting of CLABSI and SSI across all New Hampshire hospitals. This under-reporting was mostly due to misunderstandings about the NHSN definitions for HAI. In addition to under-reporting, the validation studies also found 12% of over-reporting (ie. reporting an infection that was not truly a CLABSI or SSI). The 2012 CLABSI data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

The 2012 data presented in this report have not been validated. Despite this fact, there are several processes that are implemented to ensure that the data are as accurate as possible within the current resources and reporting processes available. First, DHHS selected NHSN for mandatory reporting, which requires the use of standardized infection definitions and reporting methodologies. Second, DHHS analyzed and reviewed all data reported for 2012 from each hospital. This review identified any obvious reporting errors or internal inconsistencies that suggested errors. Third, DHHS provided data reports to each hospital asking hospitals to confirm that the data reported to DHHS was accurate. This reconciliation process was iterative until all hospitals made corrections and agreed to the reported data. Lastly, 2009-2010 data validation was performed, reducing systematic errors that may have occurred during the reporting process and likely resulted in improved quality of 2011 and 2012 data. Despite these measures, there are several limitations to the reporting methods that then limit comparison of data across hospitals.

While definitions for classifying an infection as healthcare-associated are standardized through the use of NHSN, methods to identify the infection in each hospital are not. For example, hospitals may use different methods to identify CLABSI (reviewing laboratory records, reviewing intensive care unit records, etc.) or may have different approaches to diagnosing and managing suspect CLABSI in the ICU. For SSI, identifying patients who develop infections after discharge from the hospital can be difficult, and each hospital may use a different method of post-discharge surveillance (e.g., letters to surgeons, conducting chart reviews for surgical patients, calling surgeon offices, etc.). These different approaches may result in more comprehensive detection of SSI. Therefore, a higher SSI rate at a hospital may not be a reflection of poorer infection prevention activities, but rather a more comprehensive system of identifying such infections after the patient is discharged. See page 52 for more details about how hospitals identify SSI.

National Healthcare Safety Network

NHSN is a voluntary, secure, internet-based surveillance system for healthcare facilities to monitor patient safety and infection prevention measures. Enrollment is open to all types of healthcare facilities in the United States. DHHS has selected the use of NHSN as the method for New Hampshire hospitals and ASCs to report healthcare-associated infections surveillance data. NHSN was selected because it is widely used across the entire United States, it offers already developed and accepted surveillance definitions and methods, it provides national comparison data, and there is no cost to use or join the system.

More information about NHSN is available at: <http://www.cdc.gov/nhsn/index.html>

Comparisons with National Data

All surgical site infections comparisons with national data use 2006–2008 NHSN data published in the “National Healthcare Safety Network (NHSN) report: Data summary for 2006 through 2008, issued December 2009.”⁶ This report is available at:

<http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.PDF>

All central line-associated bloodstream infections comparisons with national data use 2011 data published in the “National Healthcare Safety Network (NHSN) report: Data summary for 2011, Device-Associated Module issued April 2013.”⁷ This report is available at:

<http://www.cdc.gov/nhsn/PDFs/dataStat/NHSN-Report-2011-Data-Summary.pdf>

Central Line–Associated Bloodstream Infections Surveillance

In general terms, a CLABSI is a laboratory-confirmed bloodstream infection that develops after insertion of a central line and is not secondary to an infection at another body site. Hospitals are required to monitor and report CLABSI in adult ICUs. This monitoring includes reporting the number of infections identified as well as the total number of central line days in the unit. These metrics are monitored following NHSN protocols and definitions and reported in NHSN.

A central line is an intravascular catheter that terminates at or close to the heart or in one of the great vessels and is used for infusion, withdrawal of blood, or hemodynamic monitoring.

Central line days are the number of patients with one or more central lines of any type, which is counted at the same time each day and aggregated over the reporting period. For example, a patient with a central line in place for five days would be counted as five central line days.

Detailed descriptions of the NHSN CLABSI surveillance protocols are available at:

http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf.

⁶ Edwards JR, Peterson KD, Mu Y, et al. National Healthcare Safety Network (NHSN) report: Data summary for 2006 through 2008, issued December 2009. *Am J Infect Control* 2009; 37:783-805.

<http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf>

⁷ Dudeck MA, Horan TC, Peterson KD, et al. National Healthcare Safety Network (NHSN) report: Data summary for 2011, issued April 2013.

<http://www.cdc.gov/nhsn/PDFs/dataStat/NHSN-Report-2011-Data-Summary.pdf>

Limitations for CLABSI surveillance:

- NHSN only allows for monitoring CLABSI in inpatient units. In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations.
- Validation of 2009-2010 data showed that there was approximately 43% under-reporting of CLABSI across all New Hampshire hospitals. This under-reporting was mostly due to misunderstandings about the NHSN definition for CLABSI. In addition to under-reporting, the validation studies also found 11% of over-reporting (ie. reporting an infection that was not truly a CLABSI). The 2012 CLABSI data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

Central Line Insertion Practices Monitoring

CLIP monitoring assesses key infection prevention practices that occur during the insertion of a central line. A central line is any intravascular catheter used for infusion, blood withdrawal, or hemodynamic monitoring that terminates at or close to the heart or in one of the great vessels. In order to comply with all infection prevention practices during the insertion, the inserter must 1) perform hand hygiene prior to insertion, 2) use all five barriers (gloves, gown, cap, mask, and drape), 3) use an appropriate skin preparation agent, and 4) ensure skin is dry prior to insertion.

Hospitals monitor and report CLIP data through NHSN using all NHSN protocols and definitions. In 2011, hospitals were required to monitor all central line insertions that were placed in adult intensive care units (which excludes pediatric, neonatal, and step down units). The NHSN CLIP protocols are available at:

http://www.cdc.gov/nhsn/PDFs/pscManual/5psc_CLIPcurrent.pdf.

Limitations for central line insertion practices monitoring:

- In New Hampshire, CLIPs were monitored in all ICUs (including pediatric and neonatal units) and not in other settings where central lines may be inserted (operating room, procedure rooms, emergency room, dialysis centers, etc).
- The person recording the insertion practices may differ in each hospital. In some cases it may be an observer or the person doing the insertion, which may impact quality of data on adherence reported.

Catheter-Associated Urinary Tract Infections

In general terms, a CAUTI is an urinary tract infection that develops after insertion of an indwelling urinary catheter and is not secondary to an infection at another body site. Hospitals are required to monitor and report CAUTI in all ICUs (excluding neonatal or other step down units). This monitoring includes reporting the number of infections identified as well as the total number of catheter days in the unit. These metrics are monitored following NHSN protocols and definitions and reported in NHSN.

An indwelling urinary catheter is a drainage tube that is inserted into the urinary bladder through the urethra and left in place, and is connected to a drainage bag. They are sometimes called Foley catheters and are used for intermittent or continuous irrigation or urine drainage.

Catheter days are the number of patients with one or more indwelling catheters of any type, which is counted at the same time each day and aggregated over the reporting period. For example, a patient with a catheter in place for five days would be counted as five catheter days.

Detailed descriptions of the NHSN CLABSI surveillance protocols are available at:
<http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf>

Limitations for CAUTI surveillance:

- NHSN only allows for monitoring CAUTI in inpatient units. In New Hampshire in 2012, CAUTI were monitored in all intensive care units (including pediatric units) and not in other inpatient locations.
- Hospitals started reporting this measure in 2012 and facilities are still becoming familiarized with the NHSN protocol and definitions.
- The 2012 CLABSI data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

Surgical Site Infections Surveillance

In general terms, a SSI is an infection that develops at the site of a surgical procedure. There are different ways to classify an SSI, such as whether they develop superficially, in deep tissue, or in the organ/space. The infection must develop within 30 days of the procedure; however, if the procedure involved an implant or transplant, monitoring for an SSI must occur for a year following the procedure (e.g., knee arthroplasty, CABG). In 2011, hospitals were required to monitor and report SSI for three procedures:

- Coronary Artery Bypass Graft (chest incision and donor site)
 - NHSN Operative Procedure CBGC and CBGB (ICD-9: 36.10-36.17, 36.19, 36.2)
- Colon Surgery (incision, resection, or anastomosis of the large intestine)
 - NHSN Operative Procedure COLO (ICD-9: 17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94)
- Abdominal Hysterectomy (Abdominal hysterectomy; includes that by laparoscope)
 - NHSN Operative Procedure HYST (ICD-9: 68.31, 68.39, 68.41, 68.49, 68.61, 68.69)
- Knee Arthroplasty
 - NHSN Operative Procedure KPRO (ICD-9: 00.80-00.84, 81.54-81.55)

SSI monitoring includes reporting information on each infection identified as well as patient-level information for all patients undergoing the same procedure. This allows for appropriate risk adjustment, because risk for development of an SSI can be influenced by patient- and procedure-specific factors. Patient and procedure risk factors that are considered when assessing SSI standardized infection ratios by hospital vary by type of procedure but include factors such as:

- a. Operation lasting more than the duration of cut point hours
- b. Contaminated or dirty/infected wound class
- c. ASA classification of 3, 4, or 5 (see below)
- d. Age of the patient
- e. Gender of the patient
- f. Hospital bed size
- g. Hospital's medical school affiliation
- h. Whether the surgery was the result of trauma

The wound class is a way of determining how clean or dirty the operation body site was at the time of the operation. Operation body sites are divided into four classes:

Clean: An uninfected operation body site is encountered and the respiratory, digestive, genital, or uninfected urinary tracts are not entered.

Clean-Contaminated: Operation body sites in which the respiratory, digestive, genital, or urinary tracts are entered under controlled conditions and without unusual contamination.

Contaminated: Operation body sites that have recently undergone trauma, operations with major breaks in sterile technique (e.g., open cardiac massage), or gross spillage from the gastrointestinal tract.

Dirty or Infected: Includes old traumatic wounds with retained dead tissue and those that involve existing infection or perforated intestines.

The ASA classification is the American Society of Anesthesiologists (ASA) Classification of Physical Status, a scale used by the anesthesiologist to classify the patient's physical condition prior to surgery. It is one of the factors that help determine a patient's risk of possibly developing an SSI.

The ASA scale is:

1. Normally healthy patient
2. Patient with mild systemic disease
3. Patient with severe systemic disease
4. Patient with an incapacitating systemic disease that is a constant threat to life
5. A patient who is not expected to survive with or without the operation

All SSI metrics are monitored following NHSN protocols and definitions and reported in NHSN. The NHSN SSI protocols are available at:

<http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf>

Limitations for SSI surveillance:

- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections. Post-discharge surveillance

methods were analyzed to better understand these differences between facilities and are presented in this report on page 52.

- SSI reporting in NHSN requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. This allows for risk adjustment. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.
- Some procedures require monitoring for SSI for one year after the procedure (in New Hampshire, this includes CABG and knee arthroplasty). Due to the timeline required by law for producing a data report, a full year has not elapsed for surgeries performed at the end of 2012. As such, this report may not account for all SSI that developed as a result of procedures performed in 2012. Most infections, however, occur within 30 days of the procedure.
- The SSI data presented in this report include all types of infections, including superficial surgical site infections, which can occur as a result of care in the hospital but also as a result of the patient's care of the wound site once discharged.
- Validation of 2009-2010 data showed that there was approximately 31% under-reporting of SSI across all New Hampshire hospitals. This under-reporting was mostly due to misunderstandings about the NHSN definition for SSI. In addition to under-reporting, the validation studies also found 12% of over-reporting (ie. reporting an infection that was not truly a SSI). The 2012 SSI data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

Surgical Antimicrobial Prophylaxis Administration Monitoring

All New Hampshire hospitals report surgical antimicrobial prophylaxis data and other measures to the Centers for Medicare and Medicaid Services (CMS) through the Surgical Care Improvement Project (SCIP). For this reason, DHHS does not collect surgical antimicrobial prophylaxis data directly from hospitals. In addition to other measures required by CMS, measures relative to NH RSA 151:33 include the following:

- SCIP 1: Number and percentage of patients who received prophylactic antibiotic within one hour prior to surgery
- SCIP 2: Number and percentage of patients who received the appropriate prophylactic antibiotic
- SCIP 3: Number and percentage of patients whose prophylactic antibiotic was discontinued within 24 hours after surgery

These process measures show a hospital's adherence rate to best practices designed to reduce surgical complications. Hospitals follow the CMS specification manual appropriate to the date of discharge found at:

<http://qualitynet.org/dcs/ContentServer?cid=1141662756099&pagename=QnetPublic%2FPage%2FQnetTier2&c=Page>

DHHS accesses hospital data on surgical antimicrobial prophylaxis administration from the New Hampshire Quality Care website at: <http://www.nhqualitycare.org/>

Influenza Vaccination Rate Monitoring

All hospitals are required to report staff and resident/patient vaccination rates directly to DHHS via online survey. Data for the 2011–2012 influenza season were reported by hospitals on or before April 30, 2012. Submission of these data meets the requirements of both the HAI law (RSA 151:32-35) and the healthcare immunization law (RSA 151:9-b). The 2011–2012 survey asked the following 12 questions regarding influenza vaccination:

1. Hospital demographics
2. How many patients were admitted to your hospital between 10/01/2012 and 03/31/ 2013?
3. How many patients were immunized against seasonal influenza by your facility between 10/01/2012 and 03/31/ 2013?
4. How many patients were immunized against pneumococcal disease by your facility between 10/01/2012 and 03/31/ 2013?
5. How many healthcare personnel (HCP) worked or volunteered in your hospital at any time between 10/01/2012 and 03/31/ 2013?
6. How many HCP were immunized against seasonal influenza between 10/01/2012 and 03/31/ 2013? This includes healthcare workers (HCW) immunized at your facility or elsewhere.
7. How many HCP did not receive the seasonal influenza vaccine for the following reasons: medical contraindications/exemptions, declinations or refusal, or unknown?
8. Does your facility have a mandatory employee vaccination policy? Mandatory vaccination policy means that the institution requires vaccination of employees or else there is some consequence.
9. If YES, what exemptions (reasons not to be vaccinated) are accepted (medical, personal/philosophical, religious, any reason)?
10. If YES, what is the consequence for an employee that is not vaccinated and does not have an exemption (unvaccinated employees must wear a mask or unvaccinated employees are terminated)?
11. If YES, what is the alternative precaution for an employee that is not vaccinated and does have an accepted exemption (unvaccinated employees must wear a mask or unvaccinated employees are terminated)?
12. Please enter any comments or questions.

Staff influenza vaccination rates were then calculated by adding the number of staff vaccinated at the facility and the number of staff vaccinated elsewhere and dividing by the total number of staff.

Limitations for influenza vaccination monitoring:

- The survey asks for the total number of staff vaccinated. This may not reflect the number of staff to whom the vaccine was offered. Hospitals may vary in the refusal rate for vaccination among staff and the reasons for such refusal. Additionally, some staff may not be eligible to receive the vaccine. The survey attempted to assess why unvaccinated staff did not receive the vaccine, however, not all hospitals can report this information.

- Reporting of patient vaccination rates is limited by availability of vaccine and by the hospital's ability to track why patients did not receive the vaccine. For example, some patients may be offered vaccine but may have already received it in another setting. Additionally, the survey asks for the total number of admissions, but some of these may be readmissions, in which case the patient would not again receive vaccine. Finally, the survey asks for admissions through March 31, 2013, by which time many hospitals have used their vaccine supply and are unable to order more. This would result in a lower vaccination rate because the survey counts all patients through March, even though there was no opportunity to vaccinate these patients due to supply. DHHS has elected not to report patient vaccination rates until a better way to collect the information is identified so that results are reliable, accurate, and informative.
- Data collection techniques at hospitals may vary from year-to-year which may affect comparison of data from year-to-year. DHHS continues to work each year on improving the validity and utility of this measure.

STATEWIDE DATA

HAI data are presented throughout this report as both standardized infection ratios and rates as appropriate. Presenting data as a standardized infection ratio (SIR) allows for aggregating data across risk group, procedures, and hospitals to gain a better understanding of the incidence of HAI while still adjusting for underlying patient or hospital factors that may affect the occurrence of infections. The SIR does not give the infection rate, but rather a comparison between how many infections actually occurred and how many were expected to occur based on national data. Specific rate information is also provided where possible, which represents the number of infections that occurred. Rate data are limited by the requirement to only calculate rates that are broken down by certain factors, such as location. See technical notes for additional information on rates and the SIR.

Because an SIR is a comparison of the number of actual observed infections to the number expected based on national data, an SIR of 1.0 means that exactly the same number of infections were observed as were expected. An SIR of less than one means that fewer infections were observed than were expected (for example, SIR = 0.70 would be interpreted as 30% fewer infections observed than expected). An SIR of more than one means that more infections were observed than were expected (for example, SIR = 1.30 would be interpreted as 30% more infections observed than expected). A confidence interval is calculated to determine whether the difference between observed and expected infections is statistically significant. If the difference is not statistically significant, the observed and expected numbers of infections are considered similar. See technical notes for additional information on confidence intervals.

This report provides comparisons with national and state data where appropriate. Comparisons are color coded consistently throughout. For infections, yellow represents infection rates that are similar to national data, red represents infection rates that are significantly higher than national rates, and green represents infection rates that are significantly lower than national rates.

 fewer than expected  similar to expected  more than expected

For process measures, yellow represents rates that are similar to the state average, red represents rates that are significantly lower than the state average, and green represents rates that are significantly higher than the state average.

 higher than state  similar to state  lower than state

Statistical significance is affected by sample size. If a value is almost or just barely significant, just a few additional observations can push significance one way or the other (i.e., not significant or significant).

Statewide Standardized Infection Ratios

There were 198 healthcare-associated infections reported across all 26 hospitals in New Hampshire in 2012. These infections represent CLABSI and CAUTI in ICUs and SSI following colon, knee, abdominal hysterectomy, and coronary artery bypass procedures. Based on national data, we expected to observe 264 infections. The overall observed number of healthcare-associated infections was 25% fewer than expected based on national data. More specifically, there were 54% fewer CLABSI and 29% fewer SSI. There were 11% more CAUTI but this difference is not statistically significant and the number of infections observed is considered similar to national data. Looking individually at the specific procedures, there were 49% fewer coronary artery bypass infections, 25% fewer colon infections, 12% fewer abdominal hysterectomy infections, and 38% fewer knee arthroplasty infections than expected; however, the difference for abdominal

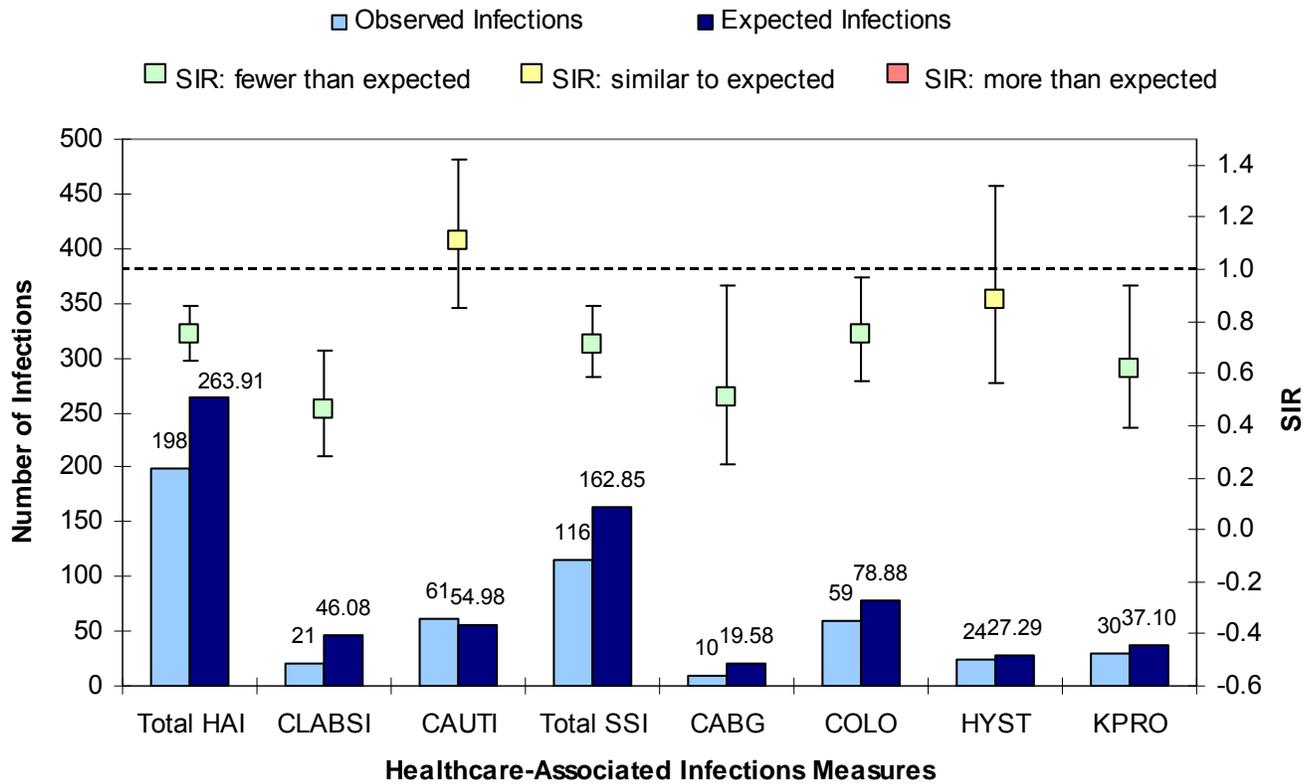
hysterectomy procedures is not statistically significant and the number of infections observed is considered similar to national data.

TABLE 1: Statewide standardized infection ratios (SIR), Jan 1–Dec 31, 2012

| | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|------------------------|--|----------------------------|---|--------------------------------|--|
| Overall HAI SIR | 198 | 263.91 | 0.75 | 0.65 , 0.86 | Lower |
| | The overall observed number of HAI in New Hampshire hospitals was 25% fewer than expected based on national data. This difference is statistically significant, which means the overall number of HAI in the state is LOWER than the number seen nationally. | | | | |
| CLABSI SIR | 21 | 46.08 | 0.46 | 0.28 , 0.69 | Lower |
| | The overall observed number of CLABSI in New Hampshire hospitals was 54% fewer than expected based on national data. This difference is statistically significant, which means the overall number of CLABSI in the state is LOWER than the number seen nationally. | | | | |
| CAUTI SIR | 61 | 54.98 | 1.11 | 0.85 , 1.42 | Similar |
| | The overall observed number of CAUTI in New Hampshire hospitals was 11% more than expected based on national data. This difference is not statistically significant, which means the overall number of CAUTI in the state is SIMILAR to the number seen nationally. | | | | |
| Overall SSI SIR | 116 | 162.85 | 0.71 | 0.59 , 0.86 | Lower |
| | The overall observed number of SSI in New Hampshire hospitals was 29% fewer than expected based on national data. This difference is statistically significant, which means the overall number of SSI in the state is LOWER than the number seen nationally. | | | | |
| CABG SIR | 10 | 19.58 | 0.51 | 0.25 , 0.94 | Lower |
| | The overall observed number of CABG infections in New Hampshire hospitals was 49% fewer than expected based on national data. This difference is statistically significant, which means the overall number of CABG infections in the state is LOWER than the number seen nationally. | | | | |
| COLO SIR | 59 | 78.88 | 0.75 | 0.57 , 0.97 | Lower |
| | The overall observed number of COLO infections in New Hampshire hospitals was 25% fewer than expected based on national data. This difference is statistically significant, which means the overall number of COLO infections in the state is LOWER than the number seen nationally. | | | | |
| HYST SIR | 24 | 27.29 | 0.88 | 0.56 , 1.32 | Similar |
| | The overall observed number of HYST infections in New Hampshire hospitals was 12% fewer than expected based on national data. This difference is not statistically significant, which means the overall number of HYST infections in the state is SIMILAR to the number seen nationally. | | | | |
| KPRO SIR | 23 | 37.10 | 0.62 | 0.39 , 0.94 | Lower |
| | The overall observed number of KPRO infections in New Hampshire hospitals was 38% fewer than expected based on national data. This difference is statistically significant, which means the overall number of KPRO infections in the state is LOWER than the number seen nationally. | | | | |

HAI: Healthcare-associated infection, **CLABSI:** Central line-associated blood stream infections, **CAUTI:** Catheter-associated urinary tract infections, **SSI:** Surgical site infections, **CABG:** Surgical site infections associated with coronary artery bypass graft procedures, **COLO:** Surgical site infections associated with colon procedures, **HYST:** Surgical site infections associated with abdominal hysterectomy procedures, **KPRO:** Surgical site infections associated with knee arthroplasty procedures

FIGURE 1: Statewide standardized infection ratios (SIR), Jan 1–Dec 31, 2012



HAI: Healthcare-associated infection
 CLABSI: Central line-associated blood stream infections
 CAUTI: Catheter-associated urinary tract infections
 SSI: Surgical site infections
 CABG: Surgical site infections associated with coronary artery bypass graft procedures
 COLO: Surgical site infections associated with colon procedures
 HYST: Surgical site infections associated with abdominal hysterectomy procedures
 KPRO: Surgical site infections associated with knee arthroplasty procedures

Overall Standardized Infection Ratios by Hospital

The table below shows the total number of HAI reported by each hospital. These infections represent CLABSI and CAUTI in ICUs and SSI following colon, abdominal hysterectomy, knee, and coronary artery bypass procedures. Twenty-one hospitals had robust enough data to provide in the table. Of these 21, three hospitals had an overall number of infections that was lower than expected based on national data. None of the hospitals observed more infections than was expected. The remaining 18 observed a similar number of infections as were expected based on national data.

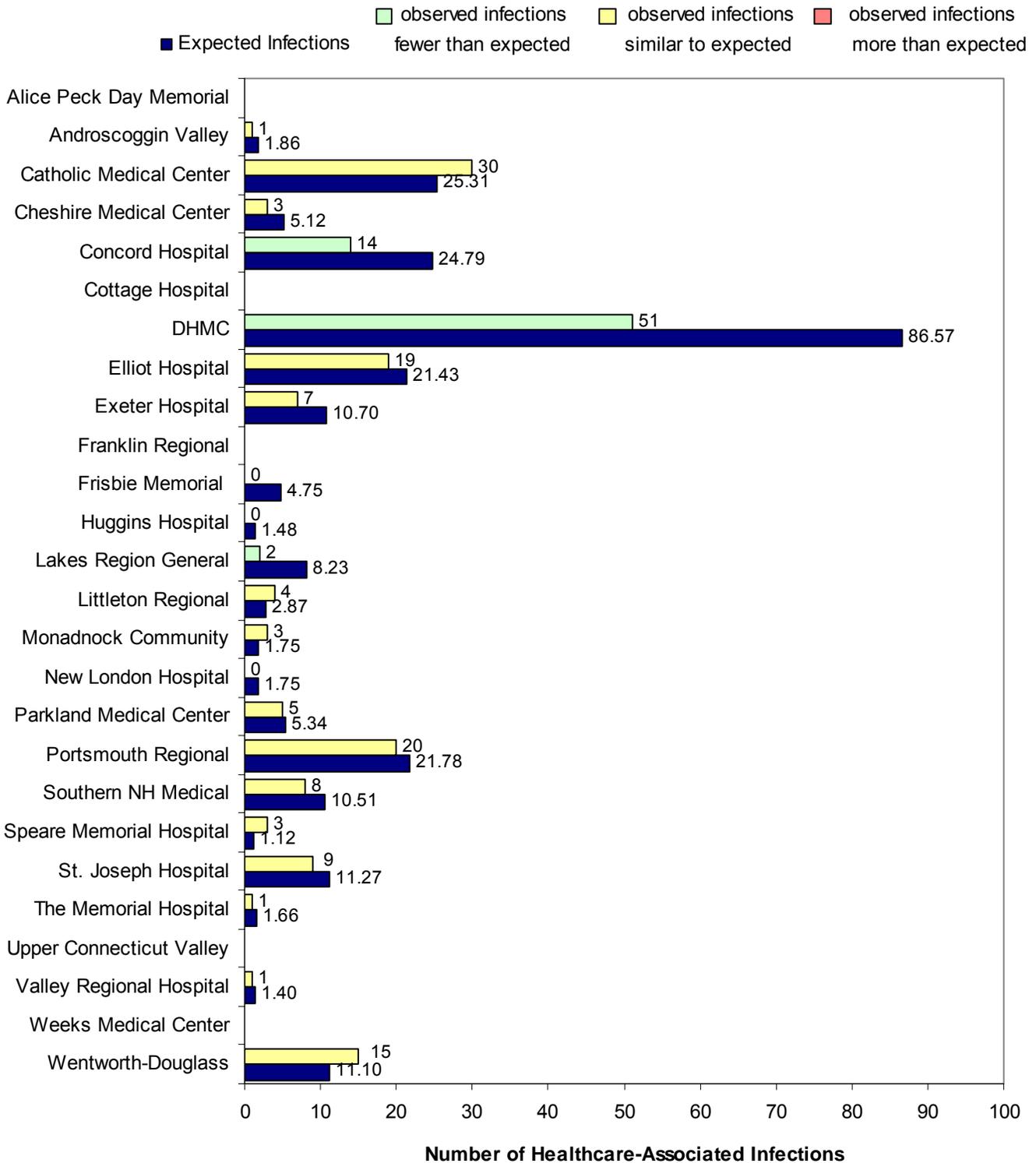
TABLE 2: Overall healthcare-associated infections standardized infection ratios, Jan 1–Dec 31, 2012

| Hospital | Observed Infections* | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|--------------------------|----------------------|---------------------|------------------------------------|-------------------------|---|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | 1 | 1.86 | 0.54 | 0.01 , 2.99 | Similar |
| Catholic Medical Center | 30 | 25.31 | 1.19 | 0.80 , 1.69 | Similar |
| Cheshire Medical Center | 3 | 5.12 | 0.59 | 0.12 , 1.71 | Similar |
| Concord Hospital | 14 | 24.79 | 0.56 | 0.31 , 0.95 | Lower |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 51 | 86.57 | 0.59 | 0.44 , 0.78 | Lower |
| Elliot Hospital | 19 | 21.43 | 0.89 | 0.53 , 1.38 | Similar |
| Exeter Hospital | 7 | 10.70 | 0.65 | 0.26 , 1.35 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | 0 | 4.75 | 0.00 | - , 0.77 | Similar |
| Huggins Hospital | 0 | 1.48 | 0.00 | - , 2.49 | Similar |
| Lakes Region General | 2 | 8.23 | 0.24 | 0.03 , 0.88 | Lower |
| Littleton Regional | 4 | 2.87 | 1.39 | 0.37 , 3.56 | Similar |
| Monadnock Community | 3 | 1.75 | 1.72 | 0.35 , 5.02 | Similar |
| New London Hospital | 0 | 1.75 | 0.00 | - , 2.09 | Similar |
| Parkland Medical Center | 5 | 5.34 | 0.94 | 0.30 , 2.19 | Similar |
| Portsmouth Regional | 20 | 21.78 | 0.92 | 0.56 , 1.42 | Similar |
| Southern NH Medical | 8 | 10.51 | 0.76 | 0.33 , 1.50 | Similar |
| Speare Memorial Hospital | 3 | 1.12 | 2.67 | 0.54 , 7.80 | Similar |
| St. Joseph Hospital | 9 | 11.27 | 0.80 | 0.36 , 1.52 | Similar |
| The Memorial Hospital | 1 | 1.66 | 0.60 | 0.01 , 3.36 | Similar |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | 1 | 1.40 | 0.72 | 0.01 , 3.98 | Similar |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 15 | 11.10 | 1.35 | 0.76 , 2.23 | Similar |
| State Total | 198 | 263.91 | 0.75 | 0.65 , 0.86 | Lower |

† Data are not shown for hospitals with less than one expected infection.

* Observed number of infections includes all infections that are required to be reported (central line–associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections following coronary artery bypass, colon, abdominal hysterectomy, and knee arthroplasty procedures).

FIGURE 2: Overall healthcare-associated infections standardized infection ratios, Jan 1–Dec 31, 2012



Note: Data are not shown for hospitals with less than one expected infection. Observed number of infections includes all infections that are required to be reported (central line–associated bloodstream infections, catheter-associated urinary tract infections and surgical site infections following coronary artery bypass, colon, abdominal hysterectomy, and knee arthroplasty procedures).

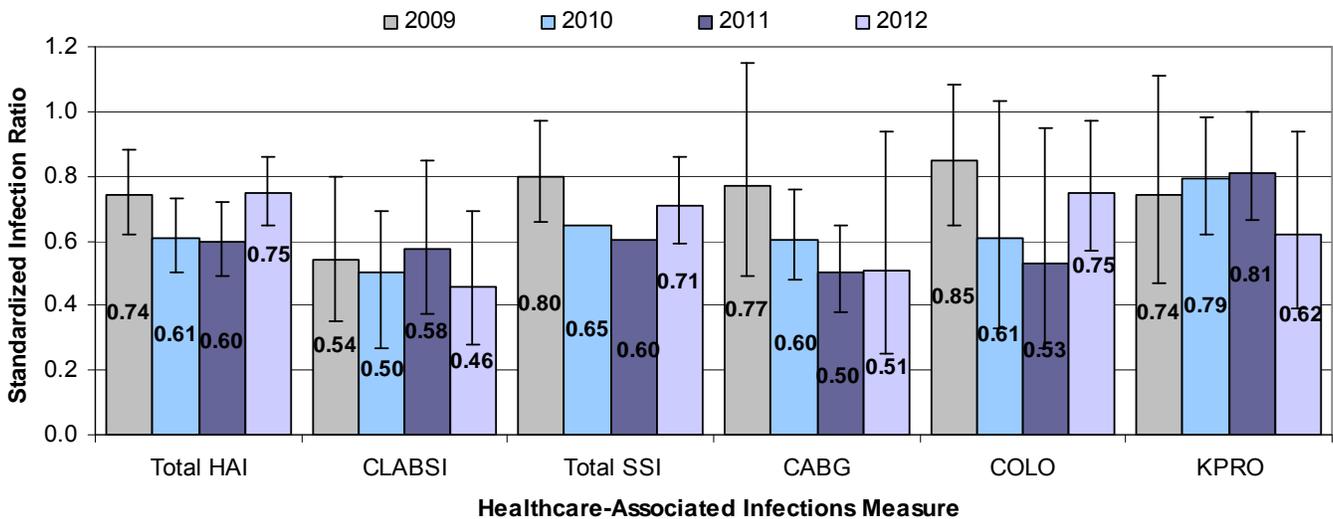
Overall statewide standardized infection ratios: Comparison to 2011 Data

Overall, the statewide SIR in 2012 decreased compared to 2011, however, this difference was not statistically significant. In 2012, a total of 198 HAIs were reported, representing 116 SSI, 21 CLABSI, and 61 CAUTI compared to 110 HAI (25 SSI and 85 CLABSI) in 2011. CAUTI and infections following abdominal hysterectomy procedures were not reportable until 2012 and account for the additional HAIs. Twenty-one hospitals had robust enough data to provide overall HAI SIR in table 4. While the overall SIR decreased in many hospitals, these decreases were not statistically significant.

TABLE 3: Overall healthcare-associated infections standardized infection ratios, comparison between 2011 and 2012

| Hospital | Standardized Infection Ratio (SIR) 2012 | 95% Confidence Interval 2012 | Standardized Infection Ratio (SIR) 2011 | 95% Confidence Interval 2011 | 2011 Compared to 2012 |
|------------------------|---|------------------------------|---|------------------------------|-----------------------|
| Overall HAI SIR | 0.75 | 0.65 , 0.86 | 0.60 | 0.49 , 0.72 | Similar |
| CLABSI SIR | 0.46 | 0.28 , 0.69 | 0.58 | 0.37 , 0.85 | Similar |
| CAUTI SIR | 1.11 | 0.85 , 1.42 | - | - | - |
| Overall SSI SIR | 0.71 | 0.59 , 0.86 | 0.60 | 0.48 , 0.75 | Similar |
| CABG SIR | 0.51 | 0.25 , 0.94 | 0.50 | 0.24 , 0.92 | Similar |
| COLO SIR | 0.75 | 0.57 , 0.97 | 0.53 | 0.39 , 0.72 | Similar |
| HYST SIR | 0.88 | 0.56 , 1.32 | - | - | - |
| KPRO SIR | 0.62 | 0.39 , 0.94 | 0.81 | 0.54 , 1.17 | Similar |

FIGURE 3: Statewide standardized infection ratios (SIR), comparison between 2009- 2012



HAI: Healthcare-associated infection, CLABSI: Central line-associated blood stream infections, CAUTI: Catheter-associated urinary tract infections, SSI: Surgical site infections, CABG: SSI associated with coronary artery bypass graft procedures, COLO: SSI associated with colon procedures, HYST: SSI associated with abdominal hysterectomy procedures, KPRO: SSI associated with knee arthroplasty procedures

Note: CAUTI and HYST are not included because these measures were not reportable from 2009 to 2011.

TABLE 4: Overall healthcare-associated infections standardized infection ratios by hospital, comparison between 2011 and 2012

| Hospital | Standardized Infection Ratio (SIR) 2012 | 95% Confidence Interval 2012 | Standardized Infection Ratio (SIR) 2011 | 95% Confidence Interval 2011 | 2012 Compared to 2011 |
|--------------------------|---|------------------------------|---|------------------------------|-----------------------|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | 0.54 | 0.01 , 2.99 | 0.00 | - , 3.12 | Similar |
| Catholic Medical Center | 1.19 | 0.80 , 1.69 | 0.45 | 0.22 , 0.83 | Similar |
| Cheshire Medical Center | 0.59 | 0.12 , 1.71 | 1.01 | 0.20 , 2.95 | Similar |
| Concord Hospital | 0.56 | 0.31 , 0.95 | 0.43 | 0.17 , 0.89 | Similar |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 0.59 | 0.44 , 0.78 | 0.54 | 0.37 , 0.77 | Similar |
| Elliot Hospital | 0.89 | 0.53 , 1.38 | 0.48 | 0.19 , 0.98 | Similar |
| Exeter Hospital | 0.65 | 0.26 , 1.35 | 0.73 | 0.24 , 1.71 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | 0.00 | - , 0.77 | 0.00 | - , 1.68 | Similar |
| Huggins Hospital | 0.00 | - , 2.49 | 0.00 | - , 1.60 | Similar |
| Lakes Region General | 0.24 | 0.03 , 0.88 | 0.63 | 0.17 , 1.61 | Similar |
| Littleton Regional | 1.39 | 0.37 , 3.56 | 1.18 | 0.24 , 3.45 | Similar |
| Monadnock Community | 1.72 | 0.35 , 5.02 | 0.51 | 0.01 , 2.81 | Similar |
| New London Hospital | 0.00 | - , 2.09 | 0.00 | - , 3.58 | Similar |
| Parkland Medical Center | 0.94 | 0.30 , 2.19 | 0.70 | 0.08 , 2.53 | Similar |
| Portsmouth Regional | 0.92 | 0.56 , 1.42 | 1.03 | 0.58 , 1.70 | Similar |
| Southern NH Medical | 0.76 | 0.33 , 1.50 | 0.74 | 0.27 , 1.61 | Similar |
| Spears Memorial Hospital | 2.67 | 0.54 , 7.80 | † | † | † |
| St. Joseph Hospital | 0.80 | 0.36 , 1.52 | 0.44 | 0.09 , 1.29 | Similar |
| The Memorial Hospital | 0.60 | 0.01 , 3.36 | 1.39 | 0.16 , 5.03 | Similar |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | 0.72 | 0.01 , 3.98 | 0.77 | 0.01 , 4.27 | Similar |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 1.35 | 0.76 , 2.23 | 0.43 | 0.09 , 1.26 | Similar |
| State Total | 0.75 | 0.65 , 0.86 | 0.60 | 0.49 , 0.72 | Similar |

† Data are not shown for hospitals with less than one expected infection.

Central Line–Associated Bloodstream Infections

CLABSI is a laboratory-confirmed bloodstream infection that develops after insertion of a central line and is not secondary to an infection at another body site. The following tables show the number of infections that were identified in adult intensive care units at each hospital in NH. The analyses presented in the tables below show that among hospitals that had robust enough data to report, one hospital observed fewer infections than expected and the rest of the hospitals observed a similar number of infections as expected based on national data in all ICUs. See methods for additional information on data collection.

Statewide CLABSI Rates

The statewide rates for CLABSI reported in NH ICUs were similar to the national rate.

TABLE 5: Statewide rates for central line–associated bloodstream infections, Jan 1–Dec 31, 2012

| CLABSI Rates | Infections | Central line days | State Rate* | National Rate | p-value | State Rate Compared to National Rate |
|---|------------|-------------------|-------------|---------------|---------|--------------------------------------|
| Medical/Surgical ICU >15 bed (n=3) | 5 | 6735 | 0.7 | 0.9 | 0.435 | Similar |
| Medical/Surgical ICU ≤15 beds (n=18) | 0 | 5529 | 0.0 | 0.9 | 0.008 | Lower |
| Medical/Surgical ICU- Major Teaching Hospital (n=1) | 5 | 5535 | 0.9 | 1.4 | 0.244 | Similar |
| Medical ICU (n=2) | 2 | 246 | 8.1 | 1.1 | 0.033 | Higher |
| Medical Cardiac ICU (n=2) | 1 | 3104 | 0.3 | 1.1 | 0.141 | Similar |
| Cardiothoracic ICU (n=1) | 4 | 2351 | 1.7 | 0.8 | 0.130 | Similar |
| Pediatric ICU (n=1) | 0 | 706 | 0.0 | 1.8 | 0.285 | Similar |

Note: For CLABSI, denominator is number of central line days. CLABSI rate is the number of infections per 1,000 central line days.

TABLE 6: Statewide rates for central line–associated bloodstream infections in neonatal intensive care units by birth weight category, Jan 1–Dec 31, 2012

| Birthweight Category | Infections | Central line days | State Rate* | National Rate | p-value | State Rate Compared to National Rate |
|----------------------------|------------|-------------------|-------------|---------------|---------|--------------------------------------|
| BW Category A ≤750 g | 2 | 265 | 0.8 | 2.7 | 0.159 | Similar |
| BW Category B =751-1000 g | 2 | 337 | 0.6 | 1.9 | 0.136 | Similar |
| BW Category C =1001-1500 g | 0 | 480 | 0.0 | 1.2 | 0.573 | Similar |
| BW Category D =1501-2500 g | 0 | 403 | 0.0 | 0.7 | 0.742 | Similar |
| BW Category E >2500 g | 0 | 391 | 0.0 | 0.7 | 0.760 | Similar |

BW Category A: Equal or less than 750 grams

BW Category B: Equal and between 751 and 1,000 grams

BW Category C: Equal and between 1,001 and 1,500 grams

BW Category D: Equal and between 1,501 and 2,500 grams

BW Category E: More than 2,500 grams

FIGURE 4: Statewide rates for central line–associated bloodstream infections, Jan 1–Dec 31, 2012

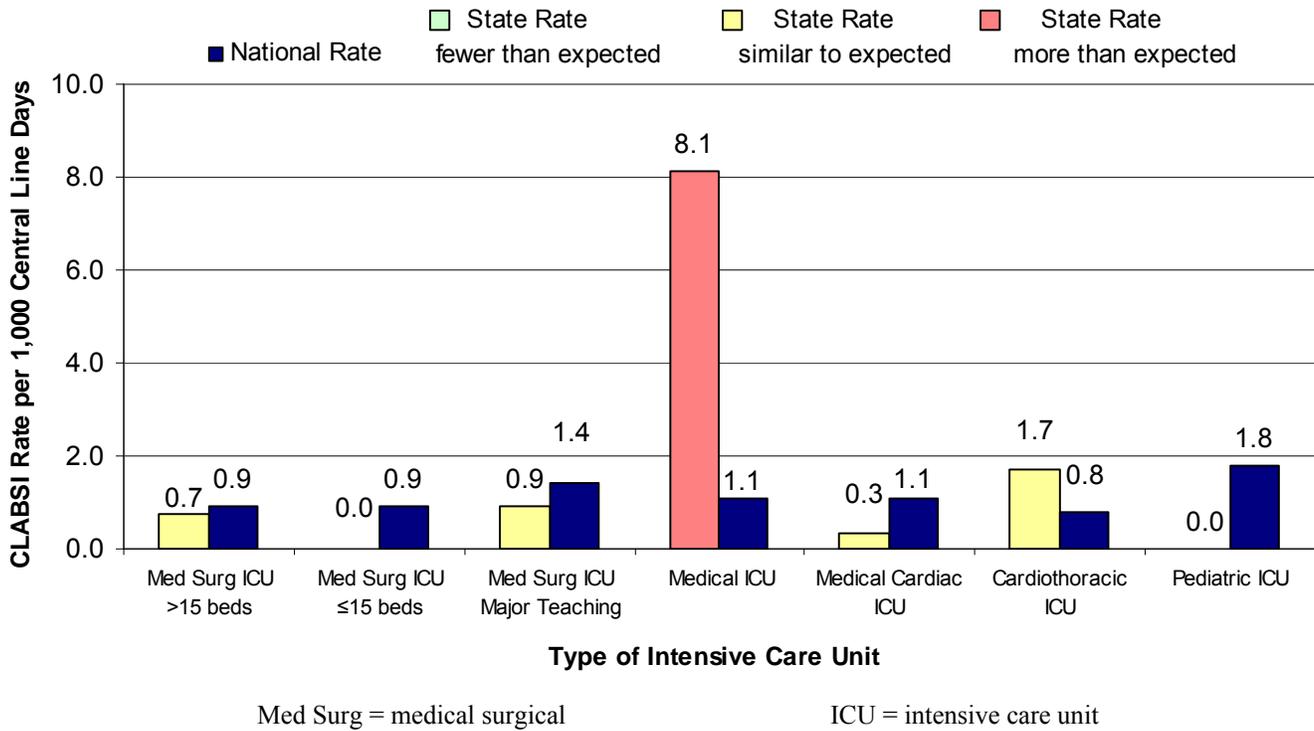
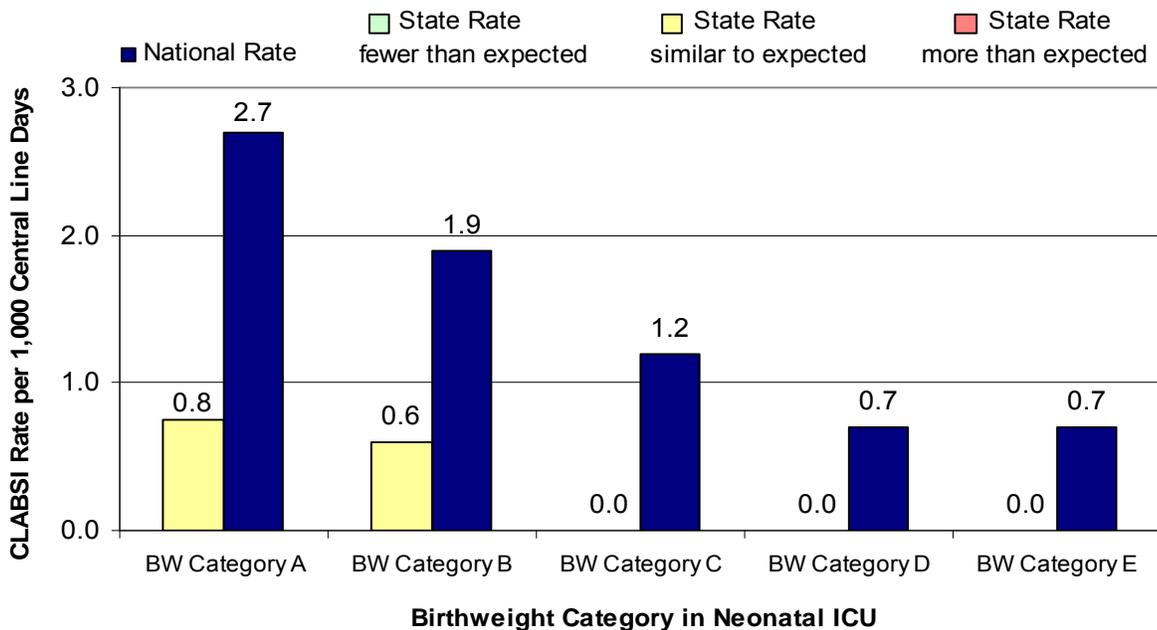


FIGURE 5: Statewide rates for central line–associated bloodstream infections in neonatal intensive care units by birthweight category, Jan 1–Dec 31, 2012



BW Category A= Equal or less than 750 grams
 BW Category B= Equal and between 751 and 1,000 grams
 BW Category C= Equal and between 1,001 and 1,500 grams
 BW Category D= Equal and between 1,501 and 2,500 grams
 BW Category E= More than 2,500 grams

TABLE 7: Central line–associated bloodstream infections rates, Jan 1–Dec 31, 2012

| | Unit Type | Infections | Central line days | Hospital Rate | National Rate | P-value | Hospital Rate Compared to National Rate |
|--------------------------|--------------------|------------|-------------------|---------------|---------------|---------|---|
| Androscoggin Valley | Med/Surg ICU | 0 | 79 | 0.0 | 0.9 | 0.93 | Similar |
| Catholic Medical | Med/Surg ICU | 2 | 3218 | 0.6 | 0.9 | 0.45 | Similar |
| Cheshire Medical | Medical ICU | 1 | 195 | 5.1 | 1.1 | 0.20 | Similar |
| Concord Hospital | Med/Surg ICU | 2 | 2041 | 1.0 | 0.9 | 0.55 | Similar |
| Cottage Hospital | Med/Surg ICU | † | † | † | † | † | † |
| DHMC | Med Cardiac ICU | 1 | 2421 | 0.4 | 1.1 | 0.25 | Similar |
| | Med/Surg ICU | 5 | 5535 | 0.9 | 1.4 | 0.24 | Similar |
| | Pediatric ICU | 0 | 706 | 0.0 | 1.8 | 0.29 | Similar |
| Elliot Hospital | Med Cardiac ICU | 0 | 683 | 0.0 | 1.1 | 0.47 | Similar |
| | Med/Surg ICU | 1 | 1476 | 0.7 | 0.9 | 0.62 | Similar |
| Exeter Hospital | Med/Surg ICU | 0 | 1291 | 0.0 | 0.9 | 0.32 | Similar |
| Franklin Regional | Med/Surg ICU | 0 | 60 | 0.0 | 0.9 | 0.95 | Similar |
| Frisbie Memorial | Med/Surg ICU | 0 | 293 | 0.0 | 0.9 | 0.77 | Similar |
| Huggins Hospital | Med/Surg ICU | 0 | 118 | 0.0 | 0.9 | 0.90 | Similar |
| Lakes Region General | Med/Surg ICU | 0 | 324 | 0.0 | 0.9 | 0.75 | Similar |
| Littleton Regional | Med/Surg ICU | 0 | 178 | 0.0 | 0.9 | 0.86 | Similar |
| Monadnock Hospital | Med/Surg ICU | † | † | † | † | † | † |
| New London Hospital | Med/Surg ICU | 0 | 51 | 0.0 | 0.9 | 0.96 | Similar |
| Parkland Medical | Med/Surg ICU | 0 | 538 | 0.0 | 0.9 | 0.62 | Similar |
| Portsmouth Regional | Cardiothoracic ICU | 4 | 2351 | 1.7 | 0.8 | 0.13 | Similar |
| Southern NH Medical | Med/Surg ICU | 0 | 1060 | 0.0 | 0.9 | 0.39 | Similar |
| Speare Memorial | Med/Surg ICU | † | † | † | † | † | † |
| St. Joseph Hospital | Med/Surg ICU | 0 | 619 | 0.0 | 0.9 | 0.58 | Similar |
| The Memorial Hospital | Medical ICU | 1 | 51 | 19.6 | 1.1 | 0.06 | Similar |
| Upper Connecticut Valley | Med/Surg ICU | † | † | † | † | † | † |
| Valley Regional | Med/Surg ICU | † | † | † | † | † | † |
| Weeks Medical Center | Med/Surg ICU | † | † | † | † | † | † |
| Wentworth Douglass | Med/Surg ICU | 0 | 817 | 0.0 | 0.9 | 0.49 | Similar |

Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor infections and as such, had no data to report.

† Data are not shown for hospitals with fewer than 50 central line days.

Med/Surg = medical surgical ICU = intensive care unit

TABLE 8: Central line–associated bloodstream infections rates in neonatal intensive care units by birthweight category, Jan 1–Dec 31, 2012

| | Birthweight Category | Infections | Central line days | Hospital Rate | National Rate | P-value | Hospital Rate Compared to National Rate |
|---------------------|-----------------------------|-------------------|--------------------------|----------------------|----------------------|----------------|--|
| DHMC | BW Category A | 2 | 235 | 8.5 | 2.7 | 0.13 | Similar |
| | BW Category B | 2 | 264 | 7.6 | 1.9 | 0.09 | Similar |
| | BW Category C | 0 | 264 | 0.0 | 1.2 | 0.74 | Similar |
| | BW Category D | 0 | 200 | 0.0 | 0.7 | 0.86 | Similar |
| | BW Category E | 0 | 146 | 0.0 | 0.7 | 0.90 | Similar |
| Elliot Hospital | BW Category A | † | † | † | † | † | † |
| | BW Category B | † | † | † | † | † | † |
| | BW Category C | † | † | † | † | † | † |
| | BW Category D | † | † | † | † | † | † |
| | BW Category E | † | † | † | † | † | † |
| Southern NH Medical | BW Category A | † | † | † | † | † | † |
| | BW Category B | 0 | 65 | 0.0 | 1.9 | 0.88 | Similar |
| | BW Category C | 0 | 207 | 0.0 | 1.2 | 0.79 | Similar |
| | BW Category D | 0 | 192 | 0.0 | 0.7 | 0.87 | Similar |
| | BW Category E | 0 | 241 | 0.0 | 0.7 | 0.84 | Similar |

Note: DHMC, Elliot, and Southern NH Medical have neonatal intensive care units. All other hospitals do not and as such, had no data to report.

† Data are not shown for hospitals with fewer than 50 central line days for each birthweight category.

BW Category A: Equal or less than 750 grams

BW Category B: Equal and between 751 and 1,000 grams

BW Category C: Equal and between 1,001 and 1,500 grams

BW Category D: Equal and between 1,501 and 2,500 grams

BW Category E: More than 2,500 grams

CLABSI standardized infection ratios

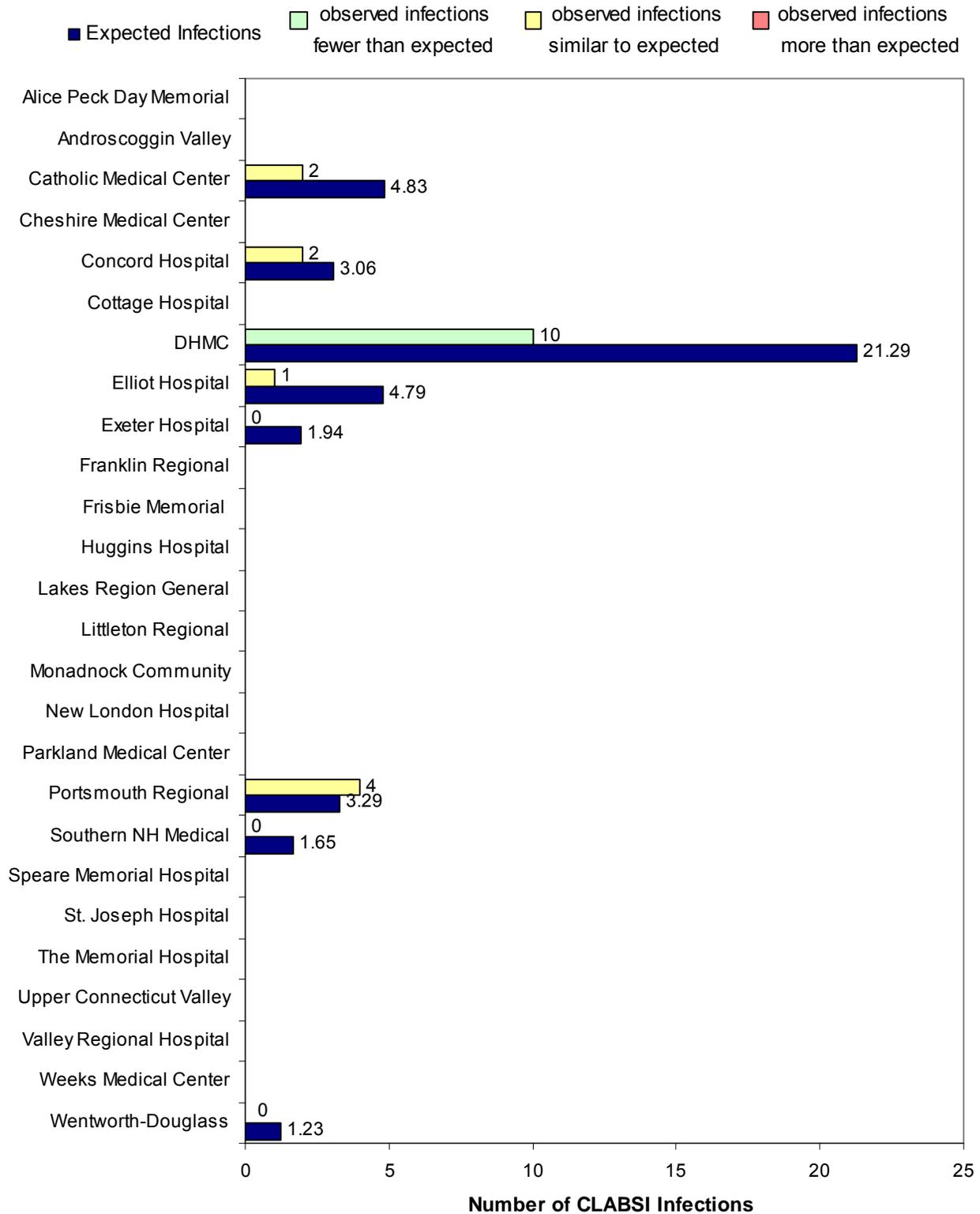
Overall, the observed number of CLABSI was 54% fewer than expected based on national data. The analysis presented in Table 9 shows that overall seven hospitals observed a similar number of infections as expected, one hospital observed fewer infections than expected, and none of the hospitals observed more infections than expected based on national data.

TABLE 9: Central line–associated bloodstream infections standardized infection ratios, Jan 1–Dec 31, 2012

| | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|--------------------------|---------------------|---------------------|------------------------------------|-------------------------|---|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | † | † | † | † | † |
| Catholic Medical Center | 2 | 4.83 | 0.41 | 0.05, 1.50 | Similar |
| Cheshire Medical Center | † | † | † | † | † |
| Concord Hospital | 2 | 3.06 | 0.65 | 0.08, 2.36 | Similar |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 10 | 21.29 | 0.47 | 0.23, 0.86 | Lower |
| Elliot Hospital | 1 | 4.79 | 0.21 | 0.01, 1.16 | Similar |
| Exeter Hospital | 0 | 1.94 | 0.00 | -, 1.90 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | † | † | † | † | † |
| Huggins Hospital | † | † | † | † | † |
| Lakes Region General | † | † | † | † | † |
| Littleton Regional | † | † | † | † | † |
| Monadnock Community | † | † | † | † | † |
| New London Hospital | † | † | † | † | † |
| Parkland Medical Center | † | † | † | † | † |
| Portsmouth Regional | 4 | 3.29 | 1.22 | 0.33, 3.11 | Similar |
| Southern NH Medical | 0 | 1.65 | 0.00 | -, 2.24 | Similar |
| Spere Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | † | † | † | † | † |
| The Memorial Hospital | † | † | † | † | † |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | † | † | † | † | † |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 0 | 1.23 | 0.00 | -, 3.01 | Similar |
| State Total | 21 | 46.08 | 0.46 | 0.28, 0.70 | Lower |

Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor infections.
 † Data are not shown for hospitals with less than one expected infection.

FIGURE 6: Central line–associated bloodstream infections (CLABSI) standardized infection ratios, Jan 1–Dec 31, 2012



Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor infections. Data are not shown for hospitals with less than one expected infection.

Central line-associated bloodstream infections: Comparison to 2011 Data

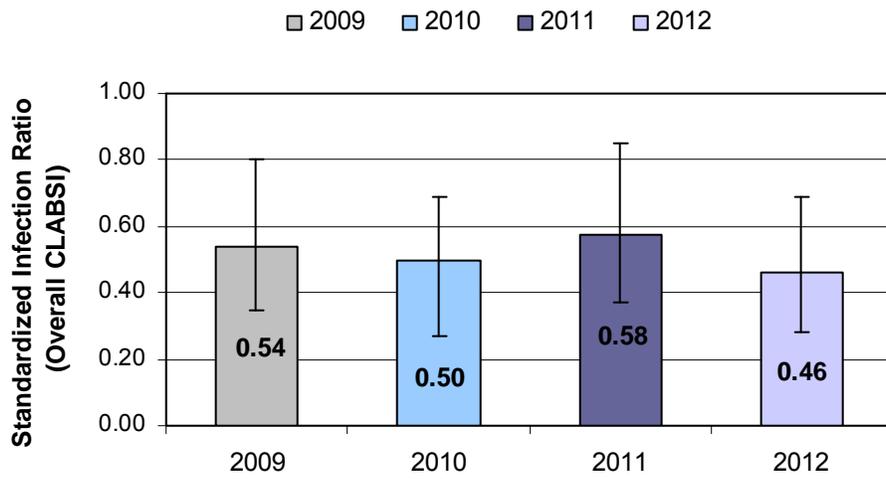
Overall, in 2012 the statewide CLABSI SIR was similar to 2011. The analysis presented in Table 10 shows that all eight hospitals for which data are shown observed a similar number of infections in 2012 and 2011.

TABLE 10: Central line-associated bloodstream infections standardized infection ratios, comparison between 2011 and 2012.

| Hospital | Standardized Infection Ratio (SIR) 2012 | 95% Confidence Interval 2012 | Standardized Infection Ratio (SIR) 2011 | 95% Confidence Interval 2011 | 2012 Compared to 2011 |
|--------------------------|---|------------------------------|---|------------------------------|-----------------------|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | † | † | † | † | † |
| Catholic Medical Center | 0.41 | 0.05, 1.50 | 0.56 | 0.12, 1.65 | Similar |
| Cheshire Medical Center | † | † | † | † | † |
| Concord Hospital | 0.65 | 0.08, 2.36 | 0.35 | 0.01, 1.93 | Similar |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 0.47 | 0.23, 0.86 | 0.73 | 0.39, 1.24 | Similar |
| Elliot Hospital | 0.21 | 0.01, 1.16 | 0.48 | 0.06, 1.75 | Similar |
| Exeter Hospital | 0.00 | - , 1.90 | 0.88 | 0.11, 3.18 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | † | † | † | † | † |
| Huggins Hospital | † | † | † | † | † |
| Lakes Region General | † | † | † | † | † |
| Littleton Regional | † | † | † | † | † |
| Monadnock Community | † | † | † | † | † |
| New London Hospital | † | † | † | † | † |
| Parkland Medical Center | † | † | † | † | † |
| Portsmouth Regional | 1.22 | 0.33 , 3.11 | 0.67 | 0.08, 2.41 | Similar |
| Southern NH Medical | 0.00 | - , 2.24 | 1.21 | 0.15, 4.37 | Similar |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | † | † | † | † | † |
| The Memorial Hospital | † | † | † | † | † |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | † | † | † | † | † |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 0.00 | - , 3.01 | 0.00 | 0 , 2.02 | Similar |
| State Total | 0.46 | 0.28 , 0.70 | 0.58 | 0.37, 0.85 | Similar |

Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor infections.
 † Data are not shown for hospitals with less than one expected infection.

FIGURE 7: Overall central line-associated bloodstream infections (CLABSI) standardized infection ratios by year, 2009-2012.



Central Line Insertion Practices

Central line insertion practices (CLIP) monitoring assesses key infection prevention practices that occur during the insertion of a central line. In order to comply with all infection prevention practices during the insertion, the inserter must: 1) perform hand hygiene prior to insertion, 2) use all five barriers (gloves, gown, cap, mask, and drape), 3) use an appropriate skin preparation agent, and 4) ensure skin was dry prior to insertion. See methods section for information on monitoring CLIP.

The tables below show the number of insertions during which all four infection-prevention practices were appropriately followed, which is referred to as bundle adherence. A confidence interval is provided to assess any statistically significant differences in bundle adherence between groups. Groups are compared with the overall State compliance percentage since there are no national data for comparison. Groups with a confidence interval that overlaps the State's confidence interval are considered to be similar to the State adherence percentage. Any occupation or hospital with a confidence interval that is higher than the State's confidence interval is considered to have a significantly higher percentage than the State adherence percentage. Groups with a confidence interval that is lower than the State's confidence interval are considered to have a significantly lower percentage than the State adherence percentage. The analysis presented in Table 11 suggests that registered nurses more frequently adhere and Interns, Residents, and Fellows less frequently adhere to all four practices during central line insertions. The analysis presented in Table 12 shows that three hospitals had higher adherence, seven hospitals had similar adherence, and one hospital had lower adherence compared with the State adherence percentage.

TABLE 11: Central line insertion practices adherence percentages by occupation of inserter, Jan 1– Dec 31, 2012

| Occupation of Inserter | Insertions that Adhered to Bundle* | Total Number of Insertions | % Adherence | 95% Confidence Interval | Occupation % Compared to State % |
|-------------------------|------------------------------------|----------------------------|-------------|-------------------------|----------------------------------|
| Advanced Practice Nurse | 150 | 156 | 96.2 | 92.2 , 98.4 | Similar |
| Attending Physician | 624 | 642 | 97.2 | 95.7 , 98.3 | Similar |
| Fellow | 189 | 202 | 93.6 | 89.5 , 96.4 | Similar |
| Intern/Resident | 326 | 358 | 91.1 | 87.8 , 93.7 | Lower |
| IV Team | † | † | † | † | † |
| Other | 168 | 171 | 98.2 | 95.3 , 99.6 | Similar |
| Other Medical Staff | 137 | 145 | 94.5 | 89.8 , 97.4 | Similar |
| Physician Assistant | 92 | 93 | 98.9 | 94.8 , - | Similar |
| PICC Team | † | † | † | † | † |
| Registered Nurse | 615 | 626 | 98.2 | 97.0 , 99.1 | Higher |
| Student, Other | † | † | † | † | † |
| State Total | 2305 | 2397 | 96.2 | 95.3 , 96.9 | |

Note: An IV Team and PICC team is a specially trained group of practitioners (most often nurses or phlebotomists) who are dedicated to assessing, maintaining, and inserting intravascular devices or peripheral intravenous central catheters, respectively. Other Medical Staff represents other (non-attending) physicians.

† Data are not shown when fewer than 20 insertions were performed.

* Bundle adherence refers to performing all four infection-prevention practices during central line insertion.

TABLE 12: Central line insertion practices adherence percentages by hospital, Jan 1–Dec 31, 2012

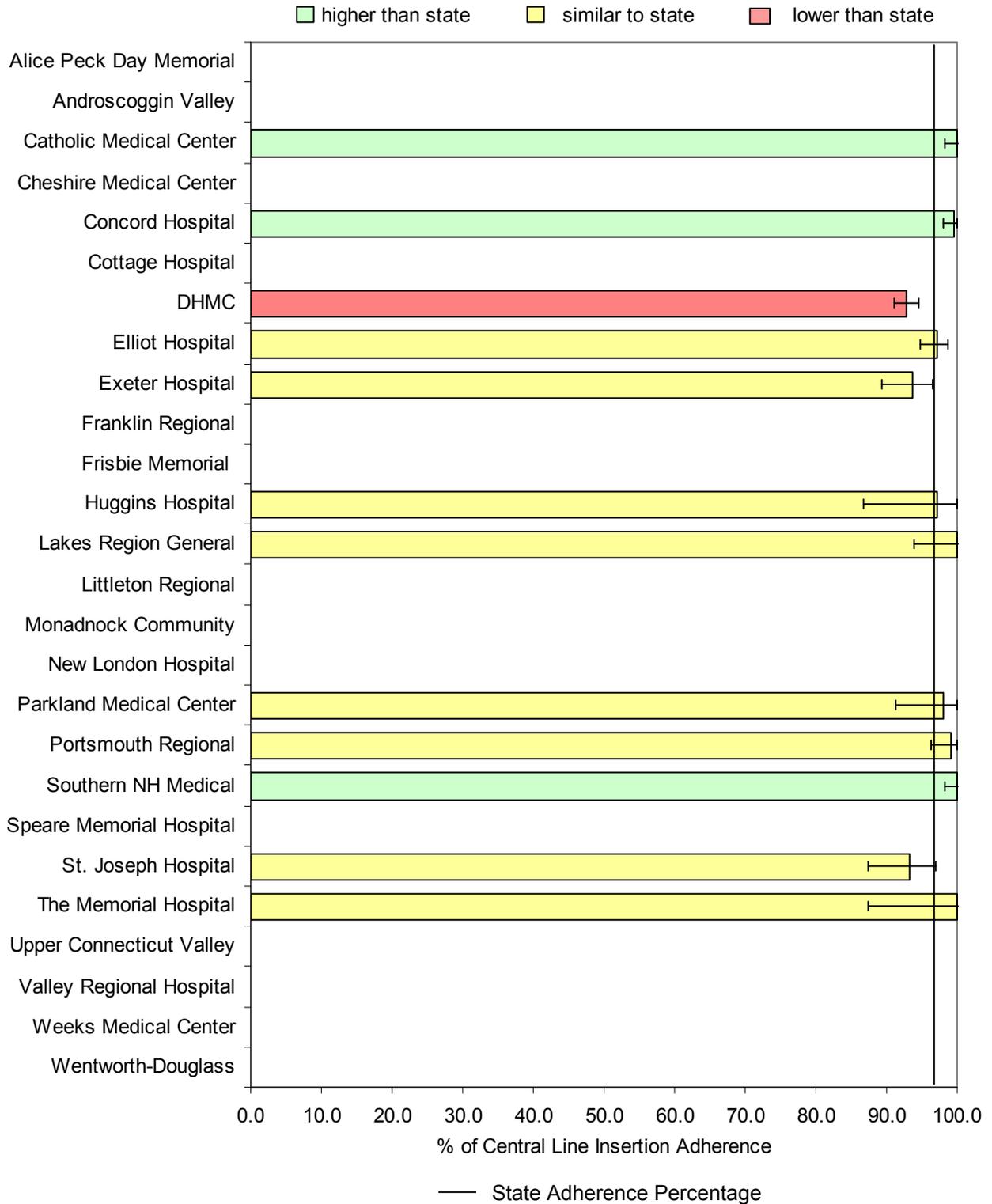
| Hospital | Insertions that Adhered to Bundle* | Total Number of Insertions | % Adherence | 95% Confidence Interval | Hospital % Compared to State % |
|--------------------------|------------------------------------|----------------------------|-------------|-------------------------|--------------------------------|
| Alice Peck Day Memorial | - | - | - | - | - |
| Androscoggin Valley | † | † | † | † | † |
| Catholic Medical Center | 177 | 177 | 100.0 | 98.3 , - | Higher |
| Cheshire Medical Center | † | † | † | † | † |
| Concord Hospital | 243 | 244 | 99.6 | 98.0 , - | Higher |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 800 | 861 | 92.9 | 91.1 , 94.5 | Lower |
| Elliot Hospital | 274 | 282 | 97.2 | 94.7 , 98.7 | Similar |
| Exeter Hospital | 163 | 174 | 93.7 | 89.3 , 96.6 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | † | † | † | † | † |
| Huggins Hospital | 34 | 35 | 97.1 | 86.7 , 99.9 | Similar |
| Lakes Region General | 48 | 48 | 100.0 | 94.0 , - | Similar |
| Littleton Regional | † | † | † | † | † |
| Monadnock Community | † | † | † | † | † |
| New London Hospital | † | † | † | † | † |
| Parkland Medical Center | 53 | 54 | 98.1 | 91.2 , 99.9 | Similar |
| Portsmouth Regional | 125 | 126 | 99.2 | 96.2 , - | Similar |
| Southern NH Medical | 162 | 162 | 100.0 | 98.2 , - | Higher |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | 98 | 105 | 93.3 | 87.3 , 97.0 | Similar |
| The Memorial Hospital | 22 | 22 | 100.0 | 87.3 , - | Similar |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | † | † | † | † | † |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | † | † | † | † | † |
| State Total | 2305 | 2397 | 96.2 | 95.3 , 96.9 | |

Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor insertion practices. Upper Connecticut Valley Hospital did not perform any insertions in the intensive care unit for 2012.

† Data are not shown when fewer than 20 insertions were performed.

* Bundle adherence refers to performing all four infection-prevention practices during central line insertion.

FIGURE 8: Central line insertion practices adherence percentages by hospital, Jan 1–Dec 31, 2012



Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor insertion practices. Upper Connecticut Valley did not perform any insertions in the intensive care unit in 2012.

Data are not shown when fewer than 20 insertions were performed.

* Bundle adherence refers to performing all four infection-prevention practices during central line insertion.

Central line insertion practices: Comparison to 2011 Data

Overall, in 2011 the statewide adherence percentage for CLIP increased from 2011, however this was not significant. The analysis presented in Table 13 shows that CLIP adherence in 2011 was similar for insertions performed by all occupations in 2012. Specifically by hospital, the analysis presented in Table 13 shows that all hospitals had similar CLIP adherence in 2012 compared to 2011.

TABLE 13: Central line insertion practices adherence percentages by occupation of inserter, comparison between 2011 and 2012

| Occupation of Inserter | % Adherence* 2012 | 95% Confidence Interval 2012 | % Adherence* 2011 | 95% Confidence Interval 2011 | 2012 Compared to 2011 |
|-------------------------|-------------------|------------------------------|-------------------|------------------------------|-----------------------|
| Advanced Practice Nurse | 96.2 | 92.2 , 98.4 | † | † | † |
| Attending Physician | 97.2 | 95.7 , 98.3 | 95.8 | 94.2 , 97.1 | Similar |
| Fellow | 93.6 | 89.5 , 96.4 | 88.7 | 84.1 , 92.3 | Similar |
| Intern/Resident | 91.1 | 87.8 , 93.7 | 89.7 | 85.7 , 92.9 | Similar |
| IV Team | † | † | 100.0 | 99.4 , - | † |
| Other | 98.2 | 95.3 , 99.6 | 99.3 | 86.6 . - | Similar |
| Other Medical Staff | 94.5 | 89.8 , 97.4 | 98.7 | 95.7 , 99.8 | Similar |
| Physician Assistant | 98.9 | 94.8 , - | 92.0 | 81.8 , 97.4 | Similar |
| PICC Team | † | † | 97.2 | 92.5 , 99.3 | Similar |
| Registered Nurse | 98.2 | 97.0 , 99.1 | 100.0 | 88.7 , - | Similar |
| Student, other | † | † | † | † | † |
| State Total | 96.2 | 95.3 , 96.9 | 95.7 | 94.8 , 96.5 | Similar |

Note: An IV Team is a specially trained group of practitioners (most often nurses or phlebotomists) who are dedicated to assessing, maintaining, and inserting intravascular devices. Other Medical Staff represents other (non-attending) physicians.

† Data are not shown when fewer than 20 insertions were performed.

* Bundle adherence refers to performing all four infection-prevention practices during central line insertion.

TABLE 14: Central line insertion practices adherence percentages by hospital, comparison between 2011 and 2012

| Hospital | % Adherence* 2012 | 95% Confidence Interval 2012 | % Adherence* 2011 | 95% Confidence Interval 2011 | 2012 Compared to 2011 |
|--------------------------|-------------------|------------------------------|-------------------|------------------------------|-----------------------|
| Alice Peck Day Memorial | - | - | - | - | - |
| Androscoggin Valley | † | † | † | † | † |
| Catholic Medical Center | 100.0 | 98.3 , - | 100.0 | 98.7 , - | Similar |
| Cheshire Medical Center | † | † | 100.0 | 86.7 , - | † |
| Concord Hospital | 99.6 | 98.0 , - | 99.5 | 97.7 , - | Similar |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 92.9 | 91.1 , 94.5 | 90.1 | 87.5 , 92.3 | Similar |
| Elliot Hospital | 97.2 | 94.7 , 98.7 | 100.0 | 98.6 , - | Similar |
| Exeter Hospital | 93.7 | 89.3 , 96.6 | 86.8 | 81.1 , 91.2 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | † | † | † | † | † |
| Huggins Hospital | 97.1 | 86.7 , 99.9 | 100.0 | 93.0 , - | Similar |
| Lakes Region General | 100.0 | 94.0 , - | 100.0 | 92.0 , - | Similar |
| Littleton Regional | † | † | † | † | † |
| Monadnock Community | † | † | † | † | † |
| New London Hospital | † | † | † | † | † |
| Parkland Medical Center | 98.1 | 91.2 , 99.9 | 97.8 | 89.7 , 99.9 | Similar |
| Portsmouth Regional | 99.2 | 96.2 , - | 99.4 | 97.2 , - | Similar |
| Southern NH Medical | 100.0 | 98.2 , - | 100.0 | 98.3 , - | Similar |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | 93.3 | 87.3 , 97.0 | 98.3 | 94.4 , 99.7 | Similar |
| The Memorial Hospital | 100.0 | 87.3 , - | 90.9 | 73.1 , 98.5 | Similar |
| Upper Connecticut Valley | † | † | - | - | - |
| Valley Regional Hospital | † | † | † | † | † |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | † | † | 88.9 | 72.7 , 97.1 | † |
| State Total | 96.2 | 95.3 , 96.9 | 95.7 | 94.8 , 96.5 | Similar |

Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor insertion practices. Upper Connecticut Valley Hospital did not perform any insertions in the intensive care unit in 2011 and 2012.

† Data are not shown when fewer than 20 insertions were performed.

* Bundle adherence refers to performing all four infection-prevention practices during central line insertion.

Catheter-Associated Urinary Tract Infections

CAUTI is a urinary tract infection that develops after insertion of an indwelling urinary catheter. The following tables show the number of infections that were identified in adult and pediatric ICUs at each hospital in NH. The analyses presented in the tables below show that among hospitals that had robust enough data to report, one hospital observed more infections, ten hospitals observed a similar number of infections, and one hospital observed fewer infections than expected based on national data. See methods for additional information on data collection.

Statewide CAUTI Rates

The statewide rates for CAUTI reported in NH ICUs were similar to the national rate with the exception of two hospitals that reported both higher and lower rates.

TABLE 15: Statewide rates for catheter-associated urinary tract infections, Jan 1–Dec 31, 2012

| CAUTI Rates | Infections | Catheter days | State Rate* | National Rate | p-value | State Rate Compared to National Rate |
|--|------------|---------------|-------------|---------------|---------|--------------------------------------|
| Medical/Surgical ICU >15 bed (n=3) | 25 | 8,346 | 3.0 | 1.4 | <0.01 | Higher |
| Medical/Surgical ICU ≤15 beds (n=18) | 14 | 10,306 | 1.4 | 1.2 | 0.39 | Similar |
| Medical/Surgical ICU-Major Teaching Hospital (n=1) | 12 | 7,131 | 1.7 | 2.2 | 0.23 | Similar |
| Medical ICU (n=2) | 1 | 739 | 1.4 | 1.6 | 0.68 | Similar |
| Medical Cardiac ICU (n=2) | 4 | 3,704 | 1.1 | 2.0 | 0.15 | Similar |
| Cardiothoracic ICU (n=1) | 4 | 2,825 | 1.4 | 1.6 | 0.54 | Similar |
| Pediatric ICU (n=1) | 1 | 528 | 1.9 | 3.1 | 0.52 | Similar |

Note: For CAUTI, denominator is number of catheter days. CAUTI rate is the number of infections per 1,000 catheter days.

TABLE 16: Catheter-associated urinary tract infection rates, Jan 1–Dec 31, 2012

| | Unit Type | Infections | Catheter days | Hospital Rate | National Rate | P-value | Hospital Rate Compared to National Rate |
|--------------------------|--------------------|------------|---------------|---------------|---------------|---------|---|
| Androscoggin Valley | Med/Surg ICU | 0 | 277 | 0.0 | 1.2 | 0.71 | Similar |
| Catholic Medical | Med/Surg ICU | 15 | 3301 | 4.5 | 1.4 | <0.01 | Higher |
| Cheshire Medical | Medical ICU | 1 | 576 | 1.7 | 1.6 | 0.60 | Similar |
| Concord Hospital | Med/Surg ICU | 8 | 3097 | 2.6 | 1.4 | 0.08 | Similar |
| Cottage Hospital | Med/Surg ICU | 0 | 53 | 0.0 | 1.2 | 0.94 | Similar |
| DHMC | Med Cardiac ICU | 0 | 2437 | 0.0 | 2.0 | 0.01 | Lower |
| | Med/Surg ICU | 12 | 7131 | 1.7 | 2.2 | 0.23 | Similar |
| | Pediatric ICU | 1 | 528 | 1.9 | 3.1 | 0.52 | Similar |
| Elliot Hospital | Med Cardiac ICU | 4 | 1267 | 3.2 | 2.0 | 0.24 | Similar |
| | Med/Surg ICU | 2 | 1948 | 1.0 | 1.4 | 0.47 | Similar |
| Exeter Hospital | Med/Surg ICU | 2 | 1485 | 1.3 | 1.2 | 0.54 | Similar |
| Franklin Regional | Med/Surg ICU | 0 | 390 | 0.0 | 1.2 | 0.62 | Similar |
| Frisbie Memorial | Med/Surg ICU | 0 | 381 | 0.0 | 1.2 | 0.63 | Similar |
| Huggins Hospital | Med/Surg ICU | 0 | 399 | 0.0 | 1.2 | 0.61 | Similar |
| Lakes Region General | Med/Surg ICU | 0 | 1378 | 0.0 | 1.2 | 0.18 | Similar |
| Littleton Regional | Med/Surg ICU | 0 | 199 | 0.0 | 1.2 | 0.78 | Similar |
| Monadnock Hospital | Med/Surg ICU | 1 | 130 | 7.7 | 1.2 | 0.15 | Similar |
| New London Hospital | Med/Surg ICU | 0 | 155 | 0.0 | 1.2 | 0.83 | Similar |
| Parkland Medical | Med/Surg ICU | 2 | 852 | 2.3 | 1.2 | 0.28 | Similar |
| Portsmouth Regional | Cardiothoracic ICU | 4 | 2825 | 1.4 | 1.6 | 0.54 | Similar |
| Southern NH Medical | Med/Surg ICU | 3 | 1587 | 1.9 | 1.2 | 0.31 | Similar |
| Spears Memorial | Med/Surg ICU | 1 | 253 | 4.0 | 1.2 | 0.27 | Similar |
| St. Joseph Hospital | Med/Surg ICU | 3 | 1083 | 2.8 | 1.2 | 0.15 | Similar |
| The Memorial Hospital | Medical ICU | 0 | 163 | 0.0 | 1.6 | 0.77 | Similar |
| Upper Connecticut Valley | Med/Surg ICU | † | † | † | † | † | † |
| Valley Regional | Med/Surg ICU | 1 | 153 | 6.5 | 1.2 | 0.17 | Similar |
| Weeks Medical Center | Med/Surg ICU | † | † | † | † | † | † |
| Wentworth Douglass | Med/Surg ICU | 1 | 1490 | 0.7 | 1.2 | 0.45 | Similar |

Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor infections and as such, had no data to report.

† Data are not shown for hospitals with fewer than 50 catheter days.

Med/Surg = medical surgical ICU = intensive care unit

CAUTI standardized infection ratios

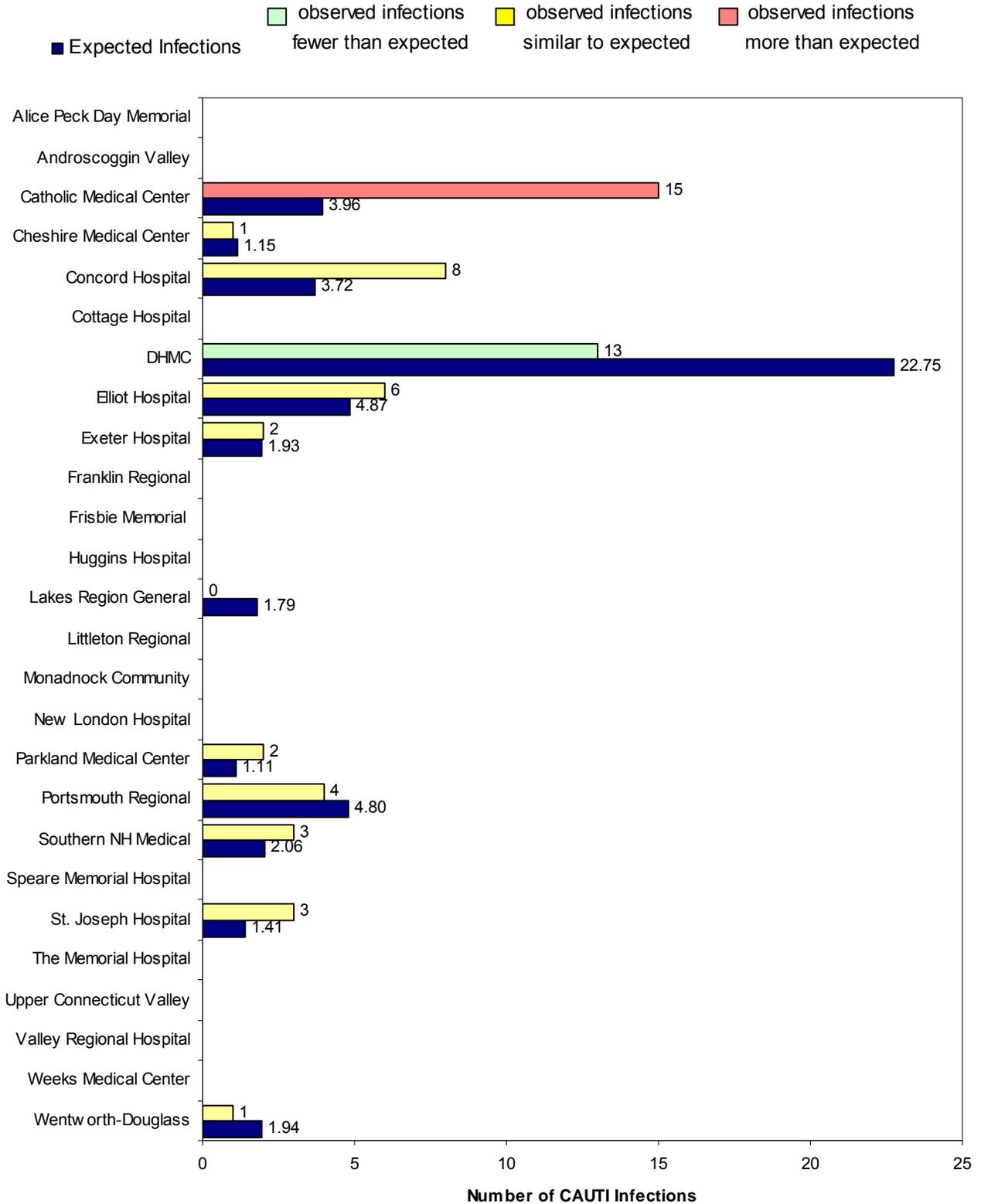
Overall, the observed number of CAUTI was 11% more than expected based on national data, though is not statistically significant and is considered similar to national data. The analysis presented in Table 17 shows that ten hospitals observed a similar number of infections as expected, one hospital observed more infections than expected, and one hospital observed fewer infections than expected based on national data.

TABLE 17: Catheter-associated urinary tract infections standardized infection ratios, Jan 1–Dec 31, 2012

| | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|--------------------------|---------------------|---------------------|------------------------------------|-------------------------|---|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | † | † | † | † | † |
| Catholic Medical Center | 15 | 3.96 | 3.79 | 2.12 , 6.25 | Higher |
| Cheshire Medical Center | 1 | 1.15 | 0.87 | 0.02 , 4.84 | Similar |
| Concord Hospital | 8 | 3.72 | 2.15 | 0.93 , 4.24 | Similar |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 13 | 22.75 | 0.57 | 0.30 , 0.98 | Lower |
| Elliot Hospital | 6 | 4.87 | 1.23 | 0.45 , 2.68 | Similar |
| Exeter Hospital | 2 | 1.93 | 1.04 | 0.13 , 3.74 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | † | † | † | † | † |
| Huggins Hospital | † | † | † | † | † |
| Lakes Region General | 0 | 1.79 | 0.00 | - , 2.06 | Similar |
| Littleton Regional | † | † | † | † | † |
| Monadnock Community | † | † | † | † | † |
| New London Hospital | † | † | † | † | † |
| Parkland Medical Center | 2 | 1.11 | 1.81 | 0.22 , 6.52 | Similar |
| Portsmouth Regional | 4 | 4.80 | 0.83 | 0.23 , 2.13 | Similar |
| Southern NH Medical | 3 | 2.06 | 1.45 | 0.30 , 4.25 | Similar |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | 3 | 1.41 | 2.13 | 0.44 , 6.23 | Similar |
| The Memorial Hospital | † | † | † | † | † |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | † | † | † | † | † |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 1 | 1.94 | 0.52 | 0.01 , 2.88 | Similar |
| State Total | 61 | 54.98 | 1.11 | 0.85 , 1.43 | Similar |

Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor infections.
 † Data are not shown for hospitals with less than one expected infection.

FIGURE 10: Catheter-associated urinary tract infections standardized infection ratios, Jan 1–Dec 31, 2012



Note: Alice Peck Day Memorial Hospital did not have an intensive care unit in which to monitor infections. Data are not shown for hospitals with less than one expected infection.

Surgical Site Infections

In general terms, a SSI is an infection that develops at the site of a surgical procedure. The tables below show the number of infections that were identified following the three monitored procedures at each acute care hospital in New Hampshire. Overall, the observed number of surgical site infections was 29% fewer than expected based on national data. The analysis presented in Table 18 shows that three hospitals observed fewer infections than expected and sixteen hospitals observed a similar number of infections as expected. For coronary artery bypass graft procedures (Table 20), all four hospitals observed a similar number of infections as expected. For colon procedures (Table 21), one hospital observed fewer infections than expected and 13 hospitals observed a similar number of infections as expected. For abdominal hysterectomy (Table 22), all seven hospitals observed a similar number of infections as expected based on national data. For knee arthroplasty (Table 23), two hospitals observed fewer infections and eight hospitals observed a similar number of infections as expected based on national data. None of the hospitals observed more surgical site infections for coronary artery bypass graft, colon, abdominal hysterectomy or knee arthroplasty procedures than expected based on national data.

This 2012 report does not display SSI rates due to a change in NHSN analysis features, as CDC transitions from risk adjusted rates to SIRs. SSI data are presented throughout this report as standardized infection ratios (SIRs). This allows more robust adjustment for underlying patient or hospital factors. The new SSI SIR is a result of logistic regression modeling, providing better risk adjustment and comparisons. See Appendix 1 for technical notes for more detail regarding the SIR.

Post Discharge Surveillance for Surgical Site Infections

Hospitals do not use a standard method to identify infections once a patient has been discharged (known as “post-discharge surveillance”). This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or a more comprehensive system for identifying infections. SSI data detected through post-discharge surveillance were analyzed for 2011-2012 and infection control staff were interviewed regarding methods of SSI surveillance in 2011. The percent of SSIs detected post-discharge were calculated for each hospital and compared to a moving state average (hospital vs. all other hospitals). Statistical significance was calculated by Wald normal approximation.

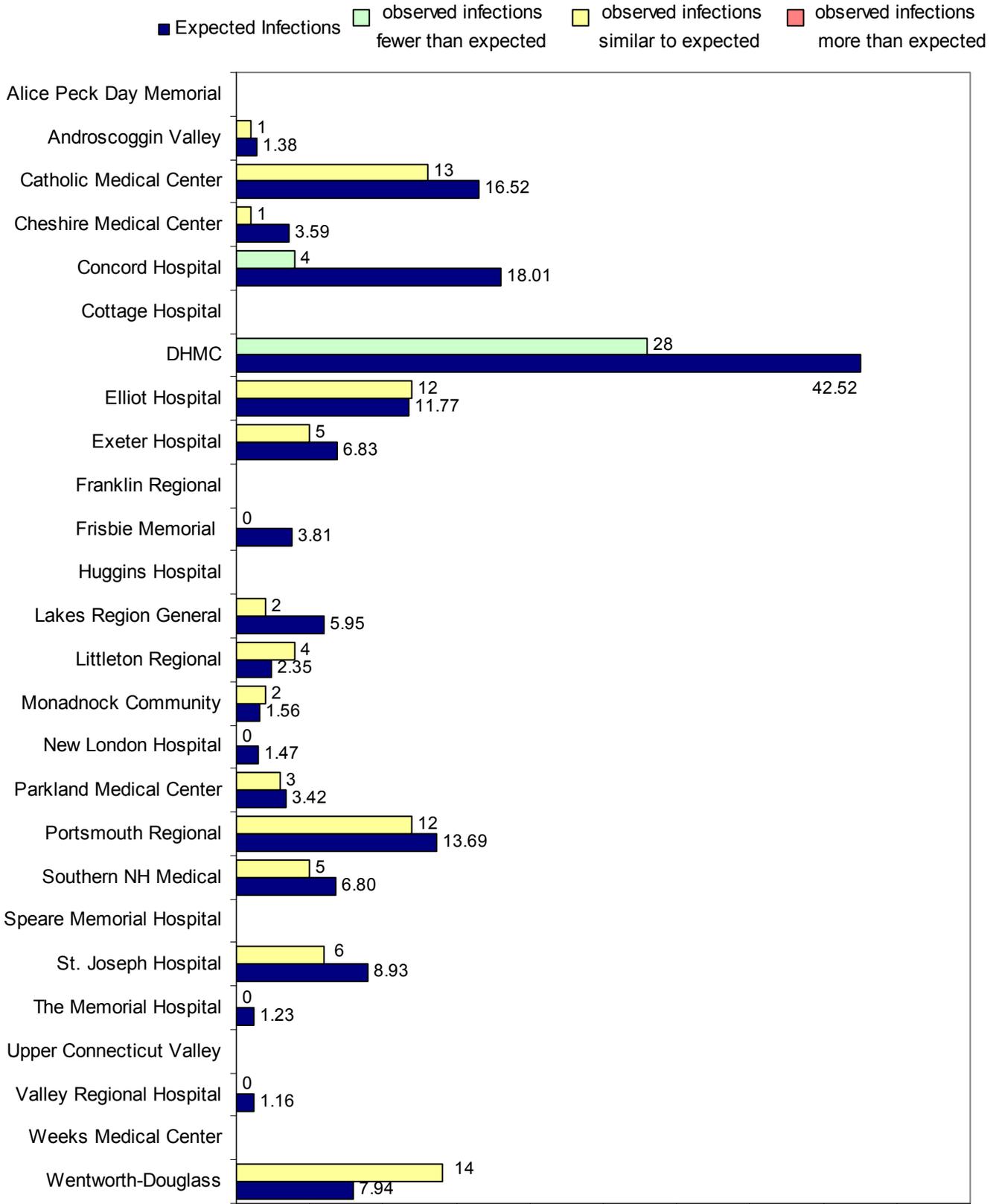
Table 24 shows the percentage of surgical site infections identified through post-discharge surveillance at each acute care hospital in New Hampshire. Of the 20 hospitals with robust enough data, two hospitals identified more SSIs through post-discharge surveillance, 15 hospitals identified similar infections through post-discharge surveillance, and three hospitals identified fewer infectious through post-discharge surveillance when compared to the state rolling average. Out of 216 SSIs reported 2011-2012, 25% (54) were detected during admission, 37% (80) were detected during readmission, and 38% (82) were detected post-discharge. Most of the infections detected post-discharge were superficial infections (67%). Of the 82 infections detected post-discharge, 39% were colon procedures, 16% were coronary artery bypass graft procedures, 27% were abdominal hysterectomy procedures, and 18% were knee arthroplasty procedures. NH hospital infection prevention staff rely primarily on follow-up letters to surgeons, culture reports, and outpatient clinic notes as forms of post-discharge surveillance. Other methods include patient letters, and/or communication with other healthcare facilities.

TABLE 18: Surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012

| Hospital | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|--------------------------|---------------------|---------------------|------------------------------------|-------------------------|---|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | 1 | 1.38 | 0.72 | 0.02 , 4.03 | Similar |
| Catholic Medical Center | 13 | 16.52 | 0.79 | 0.42 , 1.35 | Similar |
| Cheshire Medical Center | 1 | 3.59 | 0.28 | 0.01 , 1.55 | Similar |
| Concord Hospital | 4 | 18.01 | 0.22 | 0.06 , 0.57 | Lower |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 28 | 42.52 | 0.66 | 0.44 , 0.95 | Lower |
| Elliot Hospital | 12 | 11.77 | 1.02 | 0.53 , 1.78 | Similar |
| Exeter Hospital | 5 | 6.83 | 0.73 | 0.24 , 1.71 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | 0 | 3.81 | 0.00 | - , 0.97 | Lower |
| Huggins Hospital | † | † | † | † | † |
| Lakes Region General | 2 | 5.95 | 0.34 | 0.04 , 1.21 | Similar |
| Littleton Regional | 4 | 2.35 | 1.70 | 0.46 , 4.36 | Similar |
| Monadnock Community | 2 | 1.56 | 1.28 | 0.16 , 4.63 | Similar |
| New London Hospital | 0 | 1.47 | 0.00 | - , 2.50 | Similar |
| Parkland Medical Center | 3 | 3.42 | 0.88 | 0.18 , 2.56 | Similar |
| Portsmouth Regional | 12 | 13.69 | 0.88 | 0.45 , 1.53 | Similar |
| Southern NH Medical | 5 | 6.80 | 0.74 | 0.24 , 1.72 | Similar |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | 6 | 8.93 | 0.67 | 0.25 , 1.46 | Similar |
| The Memorial Hospital | 0 | 1.23 | 0.00 | - , 2.99 | Similar |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | 0 | 1.16 | 0.00 | - , 3.18 | Similar |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 14 | 7.94 | 1.76 | 0.96 , 2.96 | Similar |
| State Total | 116 | 162.85 | 0.71 | 0.59 , 0.86 | Lower |

† Data are not shown for hospitals with less than one expected infection.

FIGURE 11: Surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012



Note: Data are not shown for hospitals with less than one expected infection.

Overall surgical site infections: Comparison to 2011 Data

Overall, in 2012 the statewide SSI SIR was similar to 2011. The analysis presented in Table 19 shows that all 18 hospitals for which data are shown observed similar numbers of infections in 2011 and 2012.

Figures 17, 18, and 19 (pg. 66) show the standardized infection ratio for each procedure that was reportable from 2009-2012. There was a decrease in the SIR for knee arthroplasty procedures (Figure 19) and a slight increase in the SIR for coronary artery bypass graft (Figure 17) and colon procedures (Figure 18) from 2011-2012. These differences are not statistically significant. From 2009-2012, NH had lower SSI SIRs when compared to national data and no significant change across reporting years.

FIGURE 12: Overall surgical site infection standardized infection ratios (SIR) by year, 2009-2012

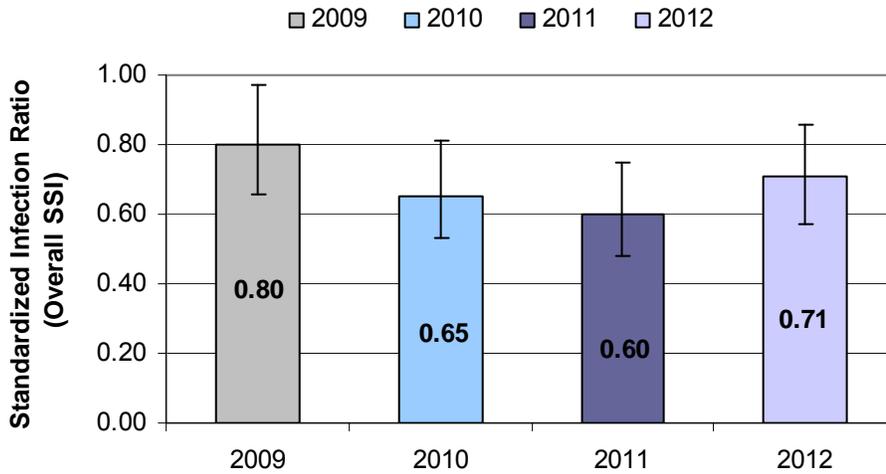


TABLE 19: Surgical site infections standardized infection ratios, comparison between 2011 and 2012

| Hospital | Standardized Infection Ratio (SIR) 2011 | 95% Confidence Interval 2011 | Standardized Infection Ratio (SIR) 2012 | 95% Confidence Interval 2012 | 2012 Compared to 2011 |
|--------------------------|---|------------------------------|---|------------------------------|-----------------------|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | 0.72 | 0.02 , 4.03 | 0.00 | - , 3.50 | Similar |
| Catholic Medical Center | 0.79 | 0.42 , 1.35 | 0.42 | 0.17 , 0.86 | Similar |
| Cheshire Medical Center | 0.28 | 0.01 , 1.55 | 1.10 | 0.23 , 3.22 | Similar |
| Concord Hospital | 0.22 | 0.06 , 0.57 | 0.45 | 0.17 , 0.99 | Similar |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 0.66 | 0.44 , 0.95 | 0.46 | 0.28 , 0.72 | Similar |
| Elliot Hospital | 1.02 | 0.53 , 1.78 | 0.47 | 0.15 , 1.11 | Similar |
| Exeter Hospital | 0.73 | 0.24 , 1.71 | 0.66 | 0.14 , 1.93 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | 0.00 | - , 0.97 | 0.00 | - , 2.11 | Similar |
| Huggins Hospital | † | † | 0.00 | - , 1.84 | † |
| Lakes Region General | 0.34 | 0.04 , 1.21 | 0.72 | 0.20 , 1.83 | Similar |
| Littleton Regional | 1.70 | 0.46 , 4.36 | 1.40 | 0.29 , 4.08 | Similar |
| Monadnock Community | 1.28 | 0.16 , 4.63 | 0.53 | 0.01 , 2.93 | Similar |
| New London Hospital | 0.00 | - , 2.50 | † | † | † |
| Parkland Medical Center | 0.88 | 0.18 , 2.56 | 0.94 | 0.11 , 3.39 | Similar |
| Portsmouth Regional | 0.88 | 0.45 , 1.53 | 1.12 | 0.60 , 1.92 | Similar |
| Southern NH Medical | 0.74 | 0.24 , 1.72 | 0.62 | 0.17 , 1.59 | Similar |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | 0.67 | 0.25 , 1.46 | 0.51 | 0.11 , 1.48 | Similar |
| The Memorial Hospital | 0.00 | - , 2.99 | 1.50 | 0.18 , 5.42 | Similar |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | 0.00 | - , 3.18 | 0.79 | 0.02 , 4.39 | Similar |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 1.76 | 0.96 , 2.96 | 0.59 | 0.12 , 1.71 | Similar |
| State Total | 0.71 | 0.59 , 0.86 | 0.60 | 0.48 , 0.75 | Similar |

† Data are not shown for hospitals with less than one expected infection.

TABLE 20: Coronary artery bypass graft procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2011

| Hospital | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|---------------------|---------------------|---------------------|------------------------------------|-------------------------|---|
| Catholic Medical | 3 | 6.43 | 0.47 | 0.10 , 1.36 | Similar |
| Concord Hospital | 0 | 2.27 | 0.00 | - , 1.63 | Similar |
| DHMC | 4 | 5.36 | 0.75 | 0.20 , 1.91 | Similar |
| Portsmouth Regional | 3 | 5.51 | 0.54 | 0.11 , 1.59 | Similar |
| State Total | 10 | 19.58 | 0.51 | 0.25 , 0.94 | Lower |

*Secondary infections at the donor site (where the vessel was taken from) are not included in the SIR. DHMC and Catholic Medical Center observed two secondary infections, which are not included in the table above.

FIGURE 13: Coronary artery bypass graft procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012

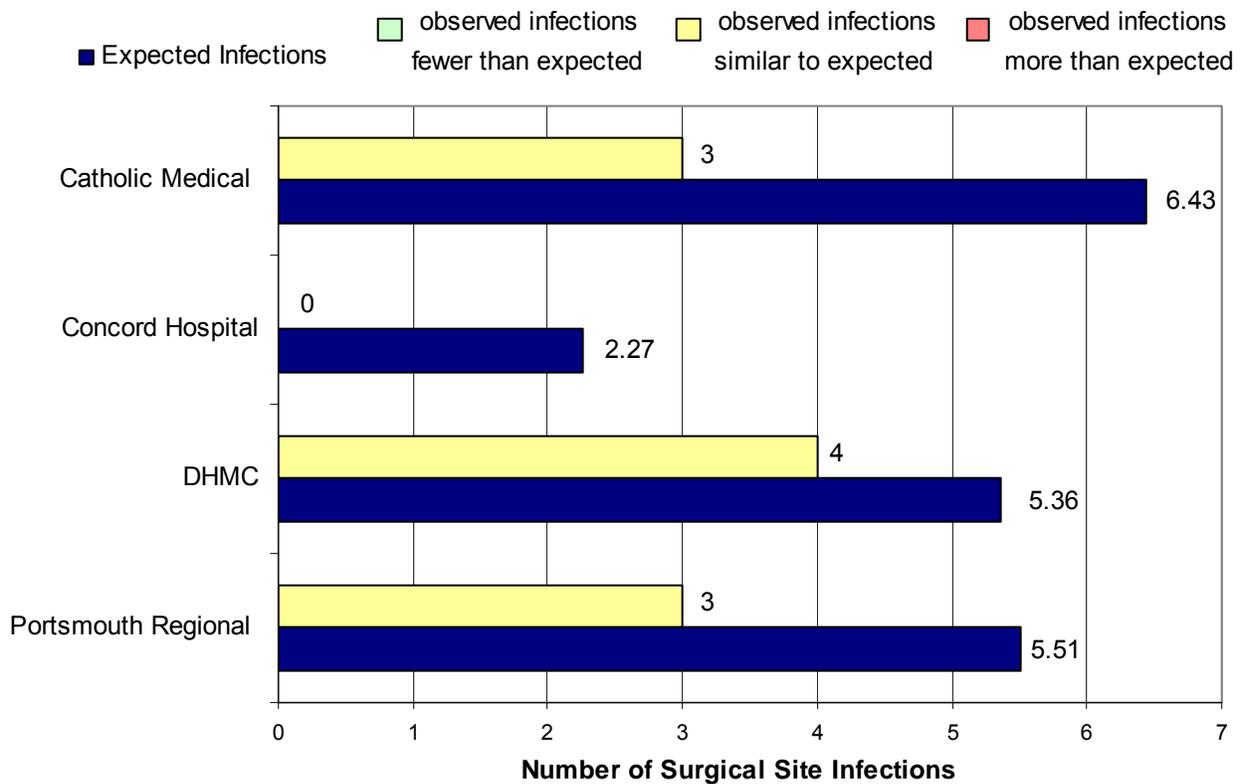
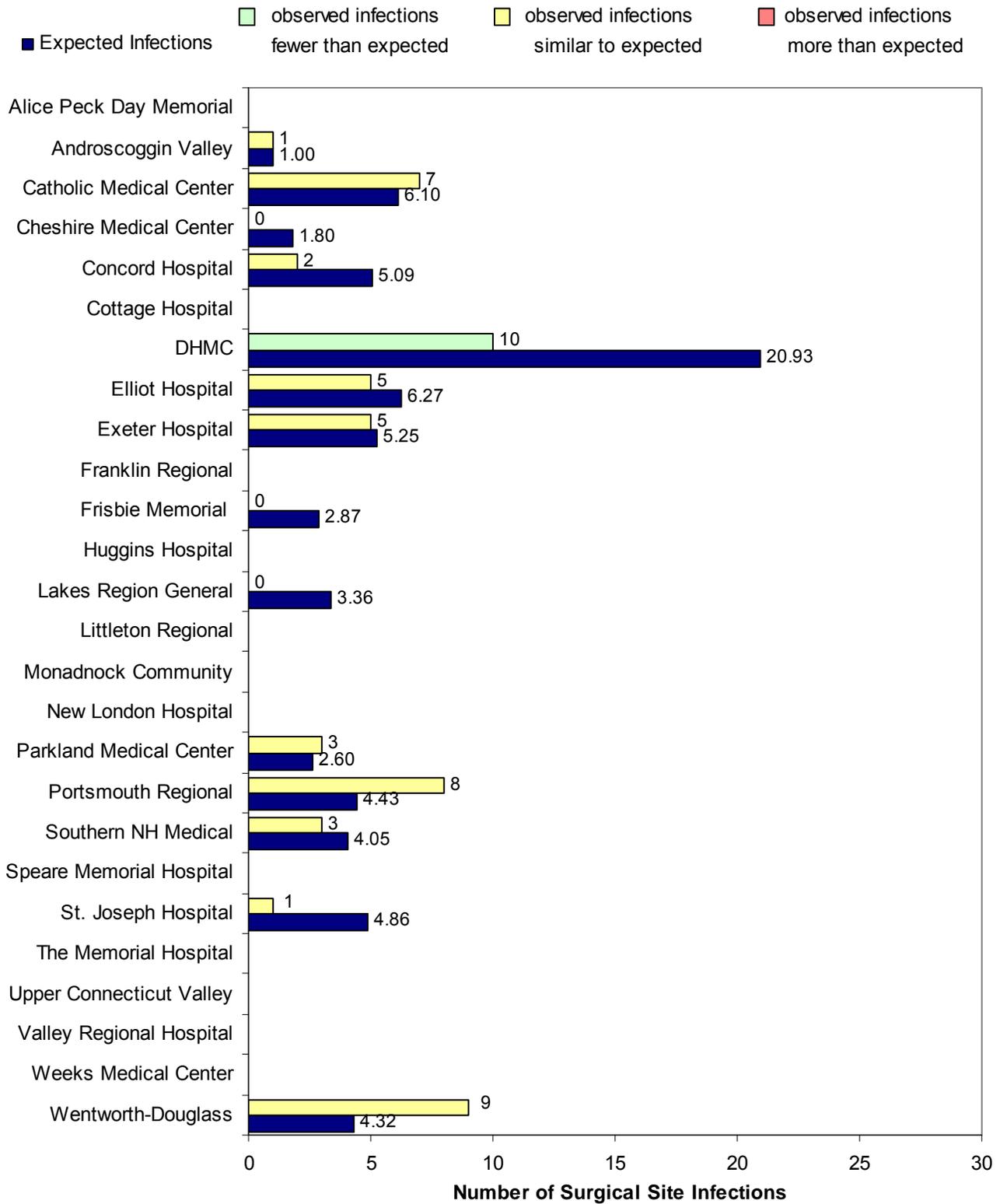


TABLE 21: Colon procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012

| Hospital | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|--------------------------|---------------------|---------------------|------------------------------------|-------------------------|---|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | 1 | 1.03 | 0.97 | 0.03 , 5.40 | Similar |
| Catholic Medical Center | 7 | 6.10 | 1.15 | 0.46 , 2.36 | Similar |
| Cheshire Medical Center | 0 | 1.80 | 0.00 | - , 2.05 | Similar |
| Concord Hospital | 2 | 5.09 | 0.39 | 0.05 , 1.42 | Similar |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 10 | 20.93 | 0.48 | 0.23 , 0.88 | Lower |
| Elliot Hospital | 5 | 6.27 | 0.80 | 0.26 , 1.86 | Similar |
| Exeter Hospital | 5 | 5.25 | 0.95 | 0.31 , 2.22 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | 0 | 2.87 | 0.00 | - , 1.28 | Similar |
| Huggins Hospital | † | † | † | † | † |
| Lakes Region General | 0 | 3.36 | 0.00 | - , 1.10 | Similar |
| Littleton Regional | † | † | † | † | † |
| Monadnock Community | † | † | † | † | † |
| New London Hospital | † | † | † | † | † |
| Parkland Medical Center | 3 | 2.60 | 1.16 | 0.24 , 3.38 | Similar |
| Portsmouth Regional | 8 | 4.43 | 1.81 | 0.78 , 3.56 | Similar |
| Southern NH Medical | 3 | 4.05 | 0.74 | 0.15 , 2.16 | Similar |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | 1 | 4.86 | 0.21 | 0.01 , 1.15 | Similar |
| The Memorial Hospital | † | † | † | † | † |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | † | † | † | † | † |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 9 | 4.32 | 2.08 | 0.95 , 3.95 | Similar |
| State Total | 59 | 78.88 | 0.75 | 0.57 , 0.97 | Lower |

† Data are not shown for hospitals with less than one expected infection.

FIGURE 14: Colon procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012



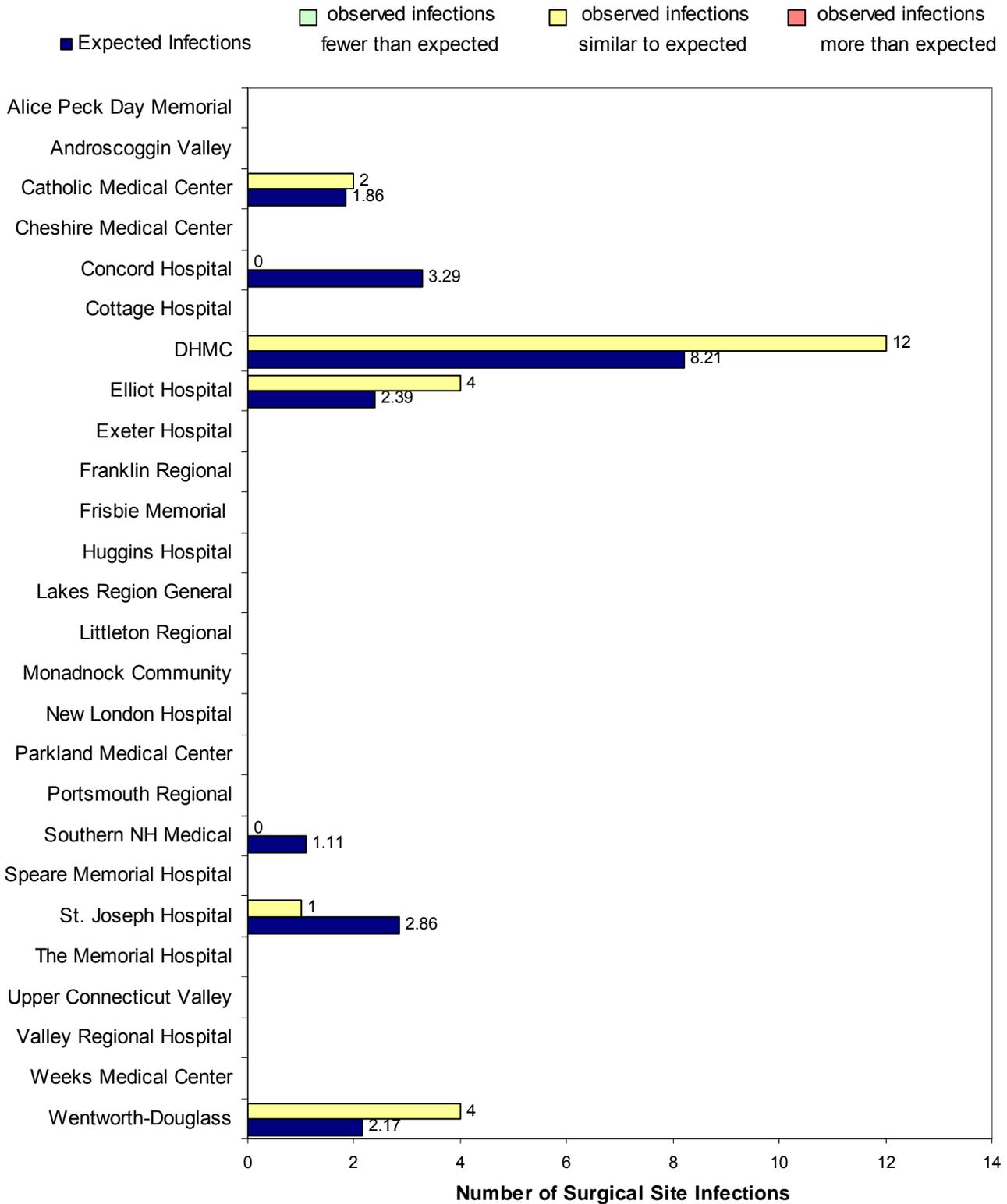
Note: Data are not shown for hospitals with less than one expected infection.

TABLE 22: Abdominal hysterectomy procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012

| Hospital | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|--------------------------|---------------------|---------------------|------------------------------------|-------------------------|---|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | † | † | † | † | † |
| Catholic Medical Center | 2 | 1.86 | 1.08 | 0.13 , 3.89 | Similar |
| Cheshire Medical Center | † | † | † | † | † |
| Concord Hospital | 0 | 3.29 | 0.00 | - , 1.12 | Similar |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 12 | 8.21 | 1.46 | 0.76 , 2.55 | Similar |
| Elliot Hospital | 4 | 2.39 | 1.67 | 0.46 , 4.28 | Similar |
| Exeter Hospital | † | † | † | † | † |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | † | † | † | † | † |
| Huggins Hospital | † | † | † | † | † |
| Lakes Region General | † | † | † | † | † |
| Littleton Regional | † | † | † | † | † |
| Monadnock Community | † | † | † | † | † |
| New London Hospital | † | † | † | † | † |
| Parkland Medical Center | † | † | † | † | † |
| Portsmouth Regional | † | † | † | † | † |
| Southern NH Medical | 0 | 1.11 | 0.00 | - , 3.33 | Similar |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | 1 | 2.86 | 0.35 | 0.01 , 1.95 | Similar |
| The Memorial Hospital | † | † | † | † | † |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | † | † | † | † | † |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 4 | 2.17 | 1.84 | 0.50 , 4.72 | Similar |
| State Total | 24 | 27.30 | 0.88 | 0.56 , 1.32 | Similar |

† Data are not shown for hospitals with less than one expected infection.

FIGURE 15: Abdominal hysterectomy procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012



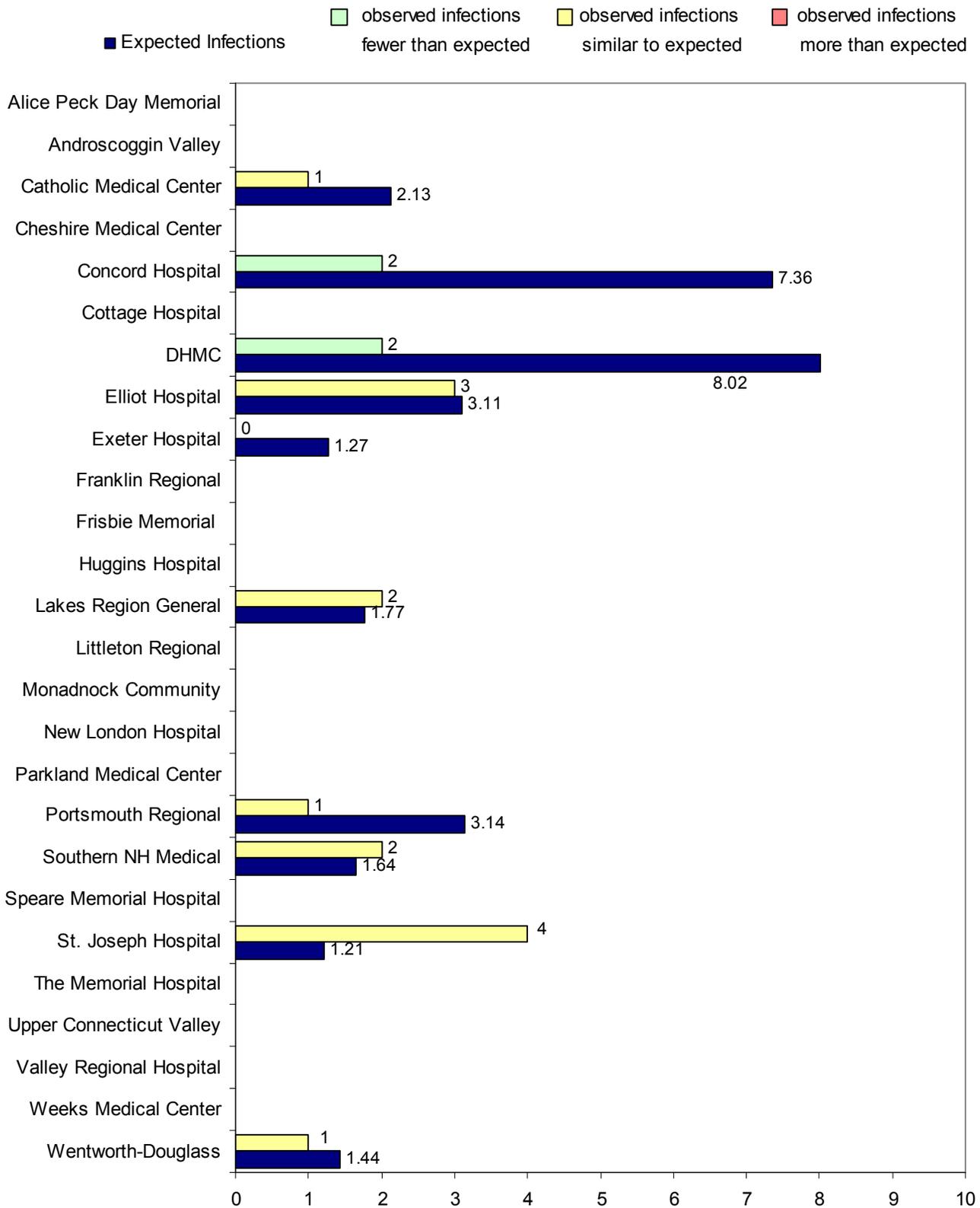
Note: Data are not shown for hospitals with less than one expected infection

TABLE 23: Knee arthroplasty procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012

| Hospital | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected Number of Infections |
|--------------------------|---------------------|---------------------|------------------------------------|-------------------------|---|
| Alice Peck Day Memorial | † | † | † | † | † |
| Androscoggin Valley | † | † | † | † | † |
| Catholic Medical Center | 1 | 2.13 | 0.47 | 0.01 , 2.62 | Similar |
| Cheshire Medical Center | † | † | † | † | † |
| Concord Hospital | 2 | 7.36 | 0.27 | 0.03 , 0.98 | Lower |
| Cottage Hospital | † | † | † | † | † |
| DHMC | 2 | 8.02 | 0.25 | 0.03 , 0.90 | Lower |
| Elliot Hospital | 3 | 3.11 | 0.97 | 0.20 , 2.82 | Similar |
| Exeter Hospital | 0 | 1.27 | 0.00 | - , 2.91 | Similar |
| Franklin Regional | † | † | † | † | † |
| Frisbie Memorial | † | † | † | † | † |
| Huggins Hospital | † | † | † | † | † |
| Lakes Region General | 2 | 1.77 | 1.13 | 0.14, 4.08 | Similar |
| Littleton Regional | † | † | † | † | † |
| Monadnock Community | † | † | † | † | † |
| New London Hospital | † | † | † | † | † |
| Parkland Medical Center | † | † | † | † | † |
| Portsmouth Regional | 1 | 3.14 | 0.32 | 0.01 , 1.78 | Similar |
| Southern NH Medical | 2 | 1.64 | 1.22 | 0.15 , 4.40 | Similar |
| Speare Memorial Hospital | † | † | † | † | † |
| St. Joseph Hospital | 4 | 1.21 | 3.31 | 0.90 , 8.46 | Similar |
| The Memorial Hospital | † | † | † | † | † |
| Upper Connecticut Valley | † | † | † | † | † |
| Valley Regional Hospital | † | † | † | † | † |
| Weeks Medical Center | † | † | † | † | † |
| Wentworth-Douglass | 1 | 1.44 | 0.69 | 0.02 , 3.87 | Similar |
| State Total | 23 | 37.10 | 0.62 | 0.39 , 0.94 | Lower |

† Data are not shown for hospitals with less than one expected infection.

FIGURE 16: Knee arthroplasty procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2012



Note: Data are not shown for hospitals with less than one expected infection

FIGURE 17: Overall coronary artery bypass graft procedure standardized infection ratios (SIR) by year, 2009- 2012

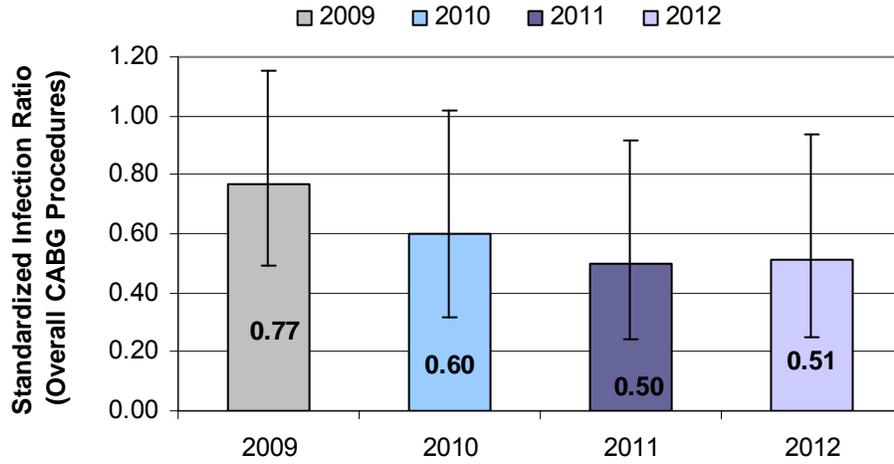


FIGURE 18: Overall colon procedure standardized infection ratios (SIR) by year, 2009- 2012

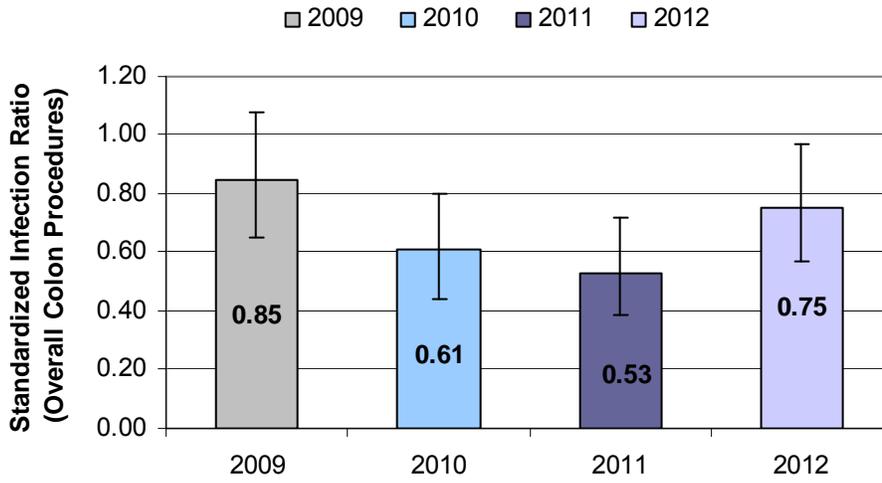


FIGURE 19: Overall knee arthroplasty standardized infection ratios (SIR) by year, 2009- 2012

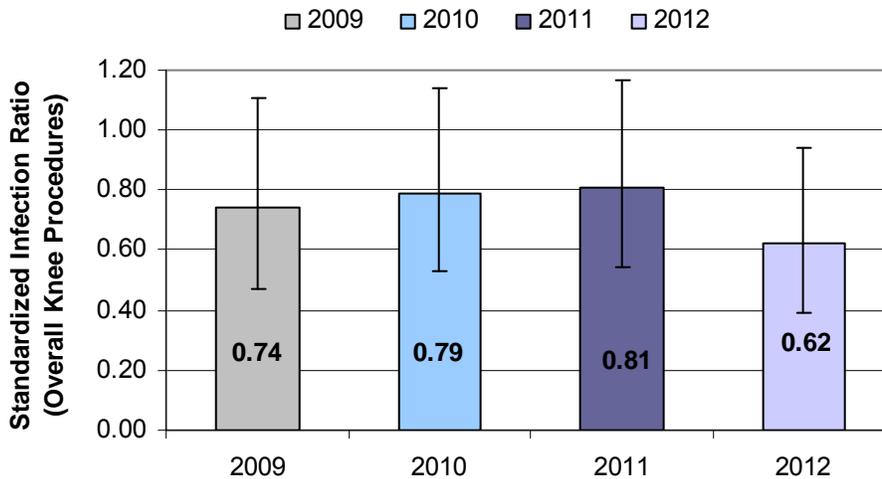


TABLE 24: Post-discharge surveillance methods and percentage of SSIs detected post-discharge in NH hospitals, 2011-2012.

| Hospital | Post-Discharge Surveillance Methods | % SSIs Identified Post-Discharge | Compared to State |
|--------------------------|---|----------------------------------|-------------------|
| Alice Peck Day Memorial | Surgeon Letters | 0.0 % | Similar |
| Androscoggin Valley | Surgeon Letters, Culture Reports, Outpatient Clinic | 50.0 % | Similar |
| Catholic Medical Center | Surgeon Letters, Culture Reports | 38.1 % | Similar |
| Cheshire Medical Center | Culture Reports, Outpatient Clinic | 100.0 % | Higher |
| Concord Hospital | Culture Reports, Surgeon Letters (started in 2012) | 0.0 % | Lower |
| Cottage Hospital | Surgeon Letters, Culture Reports, Outpatient Clinic | 0.0 % | Similar |
| DHMC | Surgeon Letters, Culture Reports, Outpatient Clinic | 71.7 % | Higher |
| Elliot Hospital | Surgeon Letters, Culture Reports | 25.0 % | Similar |
| Exeter Hospital | Surgeon Letters | 62.5 % | Similar |
| Franklin Regional | Surgeon Letters, Culture Reports | † | † |
| Frisbie Memorial | Surgeon Letters, Outpatient Clinic | † | † |
| Huggins Hospital | Surgeon Letters, Culture Reports, Patient Follow-up | † | † |
| Lakes Region General | Surgeon Letters, Culture Reports | 16.7 % | Similar |
| Littleton Regional | Surgeon Letters, Culture Reports, Outpatient Clinic | 42.9 % | Similar |
| Monadnock Community | Surgeon Letters, Culture Reports | 33.3 % | Similar |
| New London Hospital | Surgeon Letters, Culture Reports, Outpatient Clinic | † | † |
| Parkland Medical Center | Surgeon Letters, Culture Reports | 40.0 % | Similar |
| Portsmouth Regional | Surgeon Letters | 8.0 % | Lower |
| Southern NH Medical | Surgeon Letters, Culture Reports | 33.3 % | Similar |
| Speare Memorial Hospital | Surgeon Letters, Culture Reports, Outpatient Clinic | 0.0 % | Similar |
| St. Joseph Hospital | Surgeon Letters, Culture Reports, Outpatient Clinic | 0.0 % | Lower |
| The Memorial Hospital | Surgeon Letters, Culture Reports | 50.0 % | Similar |
| Upper Connecticut Valley | Surgeon Letters, Culture Reports, Patient Follow-up | † | † |
| Valley Regional Hospital | Surgeon Letters, Culture Reports, Outpatient Clinic | 0.0 % | Similar |
| Weeks Medical Center | Surgeon Letters, Culture Reports, Outpatient Clinic | † | † |
| Wentworth-Douglass | Surgeon Letters, Culture Reports | 41.2 % | Similar |

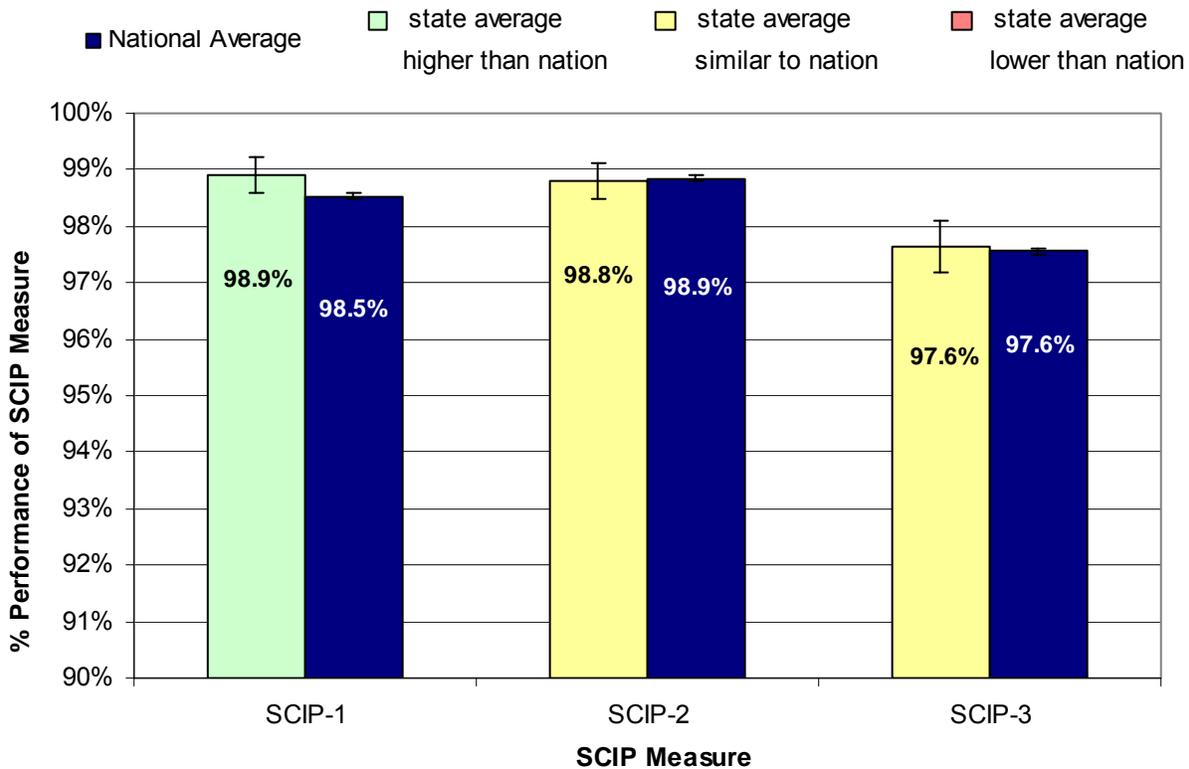
†No SSIs reported or expected number of infections is less than one during this time period.

Note: Post-discharge surveillance methods were collected during data validation and may have changed since 2011. These data are for 2011-2012 and are not directly comparable to the rest of the data in this report. These data are shown to assess the effectiveness of the post-discharge surveillance system implemented at each facility. Two years of data are used since the number of reported infections at many facilities are small.

Surgical Antimicrobial Prophylaxis Administration

Overall, New Hampshire hospitals perform surgical antimicrobial prophylaxis correctly more often or similar to the national adherence percentage. For SCIP measure 1, 98.9% of patients in New Hampshire received prophylactic antibiotic within one hour prior to surgery compared with 98.5% nationally. For SCIP measure 2, 98.8% of patients in New Hampshire received the appropriate prophylactic antibiotic compared with 98.9% nationally. For SCIP measure 3, 97.6% of patients in New Hampshire had his or her prophylactic antibiotic discontinued within 24 hours after surgery compared with 97.6% nationally. The analysis presented in Table 25 shows that one hospital observed lower SCIP-1 adherence and the other 24 observed similar SCIP-1 adherence compared to the state percentage. Table 26 (SCIP-2) shows that one hospital observed lower adherence and the other 24 observed similar adherence as the state adherence percentage. Table 27 (SCIP-3) displays that three hospitals observed lower adherence, 21 hospitals observed similar adherence, and one hospital observed higher adherence than the state adherence percentage. See methods section for additional information on how this information is collected.

FIGURE 20: Statewide Performance of Surgical Care Improvement Project (SCIP) measures, Jan 1–Dec 31, 2012



SCIP-1: Percentage of patients who received prophylactic antibiotic within one hour prior to surgery

SCIP-2: Percentage of patients who received the appropriate prophylactic antibiotic

SCIP-3: Percentage of patients whose prophylactic antibiotic was discontinued within 24 hours after surgery

Additional surgical antimicrobial prophylaxis data by hospital with state and national comparison data through December 2012 are available at: <http://www.nhqualitycare.org/reports.php?id=sip>.

Surgical Antimicrobial prophylaxis data by hospital for January 1–December 31, 2012 are reproduced in the following tables with comparisons to the state average.

TABLE 25: Performance of Surgical Care Improvement Project (SCIP) measure 1 by hospital, Jan 1–Dec 31, 2012

| Hospital | Number of Patients Prophylaxed | Total Number of Patients | % Adherence | 95% Confidence Interval | Hospital % Compared to State % |
|--------------------------|--------------------------------|--------------------------|-------------|-------------------------|--------------------------------|
| Alice Peck Day Memorial | 41 | 41 | 100.0 | 93.0 , - | Similar |
| Androscoggin Valley | 46 | 46 | 100.0 | 93.7 , - | Similar |
| Catholic Medical Center | 321 | 323 | 99.4 | 98.0 , 99.9 | Similar |
| Cheshire Medical Center | 157 | 157 | 100.0 | 98.1 , - | Similar |
| Concord Hospital | 325 | 327 | 99.4 | 98.0 , 99.9 | Similar |
| Cottage Hospital | 23 | 25 | 92.0 | 76.0 , 98.6 | Similar |
| DHMC | 617 | 621 | 99.4 | 98.5 , 99.8 | Similar |
| Elliot Hospital | 253 | 258 | 98.1 | 95.8 , 99.2 | Similar |
| Exeter Hospital | 326 | 329 | 99.1 | 97.5 , 99.8 | Similar |
| Franklin Regional | 2 | 2 | 100.0 | 22.4 , - | Similar |
| Frisbie Memorial | 167 | 173 | 96.5 | 93.3 , - | Similar |
| Huggins Hospital | 43 | 43 | 100.0 | 93.7 , - | Similar |
| Lakes Region General | 245 | 256 | 95.7 | 92.7 , 97.7 | Lower |
| Littleton Regional | 163 | 164 | 99.4 | 97.0 , - | Similar |
| Monadnock Community | 60 | 60 | 100.0 | 95.1 , - | Similar |
| New London Hospital | 79 | 79 | 100.0 | 96.3 , - | Similar |
| Parkland Medical Center | 42 | 43 | 97.7 | 89.1 , 99.9 | Similar |
| Portsmouth Regional | 420 | 422 | 99.5 | 98.4 , 99.9 | Similar |
| Southern NH Medical | 286 | 288 | 99.3 | 97.7 , 99.9 | Similar |
| Speare Memorial Hospital | 56 | 56 | 100.0 | 94.8 , - | Similar |
| St. Joseph Hospital | 192 | 194 | 99.0 | 96.6 , 99.8 | Similar |
| The Memorial Hospital | 64 | 66 | 97.0 | 90.4 , 99.5 | Similar |
| Upper Connecticut Valley | 0 | 0 | - | - | - |
| Valley Regional Hospital | 39 | 39 | 100.0 | 92.6 , - | Similar |
| Weeks Medical Center | 35 | 36 | 97.2 | 87.1 , 99.9 | Similar |
| Wentworth-Douglass | 266 | 267 | 99.6 | 98.2 , - | Similar |
| State Total | 4,268 | 4,315 | 98.9 | 98.6 , 99.2 | |

SCIP-1: Percentage of patients who received prophylactic antibiotic within one hour prior to surgery
 Note: Statistics cannot be calculated for hospitals with 0 number of patients given prophylaxis.

TABLE 26: Performance of Surgical Care Improvement Project (SCIP) measure 2 by hospital, Jan 1–Dec 31, 2012

| Hospital | Number of Patients Prophylaxed | Total Number of Patients | % Adherence | 95% Confidence Interval | Hospital % Compared to State % |
|--------------------------|--------------------------------|--------------------------|-------------|-------------------------|--------------------------------|
| Alice Peck Day Memorial | 41 | 41 | 100.0 | 93.0 , - | Similar |
| Androscoggin Valley | 45 | 46 | 97.8 | 89.7 , 99.9 | Similar |
| Catholic Medical Center | 328 | 328 | 100.0 | 99.1 , - | Similar |
| Cheshire Medical Center | 156 | 156 | 100.0 | 98.1 , - | Similar |
| Concord Hospital | 320 | 327 | 97.9 | 95.8 , 99.1 | Similar |
| Cottage Hospital | 24 | 25 | 96.0 | 81.8 , 99.8 | Similar |
| DHMC | 606 | 623 | 97.3 | 95.8 , 98.4 | Lower |
| Elliot Hospital | 257 | 261 | 98.5 | 96.4 , 99.5 | Similar |
| Exeter Hospital | 324 | 329 | 98.5 | 96.7 , 99.4 | Similar |
| Franklin Regional | 2 | 2 | 100.0 | 22.4 , - | Similar |
| Frisbie Memorial | 172 | 172 | 100.0 | 98.3 , - | Similar |
| Huggins Hospital | 43 | 43 | 100.0 | 93.3 , - | Similar |
| Lakes Region General | 249 | 256 | 97.3 | 94.7 , 98.8 | Similar |
| Littleton Regional | 164 | 164 | 100.0 | 98.2 , - | Similar |
| Monadnock Community | 61 | 61 | 100.0 | 95.2 , - | Similar |
| New London Hospital | 79 | 79 | 100.0 | 96.3 , - | Similar |
| Parkland Medical Center | 43 | 43 | 100.0 | 93.3 , - | Similar |
| Portsmouth Regional | 424 | 426 | 99.5 | 98.5 , 99.9 | Similar |
| Southern NH Medical | 287 | 288 | 99.7 | 98.3 , - | Similar |
| Speare Memorial Hospital | 57 | 57 | 100.0 | 94.9 , - | Similar |
| St. Joseph Hospital | 192 | 195 | 98.5 | 95.9 , 99.6 | Similar |
| The Memorial Hospital | 66 | 66 | 100.0 | 95.6 , - | Similar |
| Upper Connecticut Valley | 0 | 0 | - | - | - |
| Valley Regional Hospital | 39 | 39 | 100.0 | 92.6 , - | Similar |
| Weeks Medical Center | 35 | 36 | 97.2 | 87.1 , 99.9 | Similar |
| Wentworth-Douglass | 264 | 267 | 98.9 | 97.0 , 99.7 | Similar |
| State Total | 4,278 | 4,330 | 98.8 | 98.5 , 99.1 | |

SCIP-2: Percentage of patients who received the correct prophylactic antibiotic.

Note: Statistics cannot be calculated for hospitals with 0 number of patients given prophylaxis.

TABLE 27: Performance of Surgical Care Improvement Project (SCIP) measure 3 by hospital, Jan 1–Dec 31, 2012

| Hospital | Number of Patients Prophylaxed | Total Number of Patients | % Adherence | 95% Confidence Interval | Hospital % Compared to State % |
|--------------------------|--------------------------------|--------------------------|-------------|-------------------------|--------------------------------|
| Alice Peck Day Memorial | 41 | 41 | 100.0 | 93.0 , - | Similar |
| Androscoggin Valley | 42 | 44 | 95.5 | 85.8 , 99.2 | Similar |
| Catholic Medical Center | 310 | 315 | 98.4 | 96.5 , 99.4 | Similar |
| Cheshire Medical Center | 143 | 152 | 94.1 | 89.4 , 97.1 | Lower |
| Concord Hospital | 316 | 319 | 99.1 | 97.5 , 99.8 | Similar |
| Cottage Hospital | 23 | 25 | 92.0 | 76.0 , 98.6 | Similar |
| DHMC | 579 | 608 | 95.2 | 93.3 , 96.7 | Lower |
| Elliot Hospital | 244 | 253 | 96.4 | 93.6 , 98.3 | Similar |
| Exeter Hospital | 322 | 327 | 98.5 | 96.6 , 99.4 | Similar |
| Franklin Regional | 2 | 2 | 100.0 | 22.4 , - | Similar |
| Frisbie Memorial | 170 | 171 | 99.4 | 97.2 , - | Similar |
| Huggins Hospital | 43 | 43 | 100.0 | 93.3 , - | Similar |
| Lakes Region General | 244 | 250 | 97.6 | 95.1 , 99.0 | Similar |
| Littleton Regional | 156 | 162 | 96.3 | 92.5 , 98.5 | Similar |
| Monadnock Community | 52 | 58 | 89.7 | 79.7 , 95.7 | Lower |
| New London Hospital | 77 | 77 | 100.0 | 96.2 , - | Similar |
| Parkland Medical Center | 38 | 41 | 92.7 | 81.4 , 98.1 | Similar |
| Portsmouth Regional | 392 | 396 | 99.0 | 97.6 , 99.7 | Similar |
| Southern NH Medical | 276 | 280 | 98.6 | 96.6 , 99.5 | Similar |
| Speare Memorial Hospital | 56 | 56 | 100.0 | 94.8 , - | Similar |
| St. Joseph Hospital | 186 | 188 | 98.9 | 96.5 , 99.8 | Similar |
| The Memorial Hospital | 66 | 66 | 100.0 | 95.6 , - | Similar |
| Upper Connecticut Valley | 0 | 0 | - | - | - |
| Valley Regional Hospital | 38 | 38 | 100.0 | 92.4 , - | Similar |
| Weeks Medical Center | 30 | 33 | 90.9 | 77.2 , 97.6 | Similar |
| Wentworth-Douglass | 263 | 263 | 100.0 | 98.9 , - | Higher |
| State Total | 4,109 | 4,208 | 97.6 | 97.2 , 98.1 | |

SCIP-3: Percentage of patients whose prophylactic antibiotic was discontinued within 24 hours after surgery.
 Note: Statistics cannot be calculated for hospitals with 0 number of patients given prophylaxis.

Surgical antimicrobial prophylaxis: Comparison to 2011 Data

Overall, in 2012 the statewide adherences to SCIP-1, SCIP-2, and SCIP-3 measures was similar when compared to 2011. Further analysis showed that all hospitals had similar SCIP-1, SCIP-2, and SCIP-3 adherence in 2012 when compared to 2011. Overall, statewide adherence to SCIP measures in New Hampshire hospitals has improved significantly since 2005.

TABLE 28: Performance of Surgical Care Improvement Project (SCIP) measures, comparison between 2011 and 2012

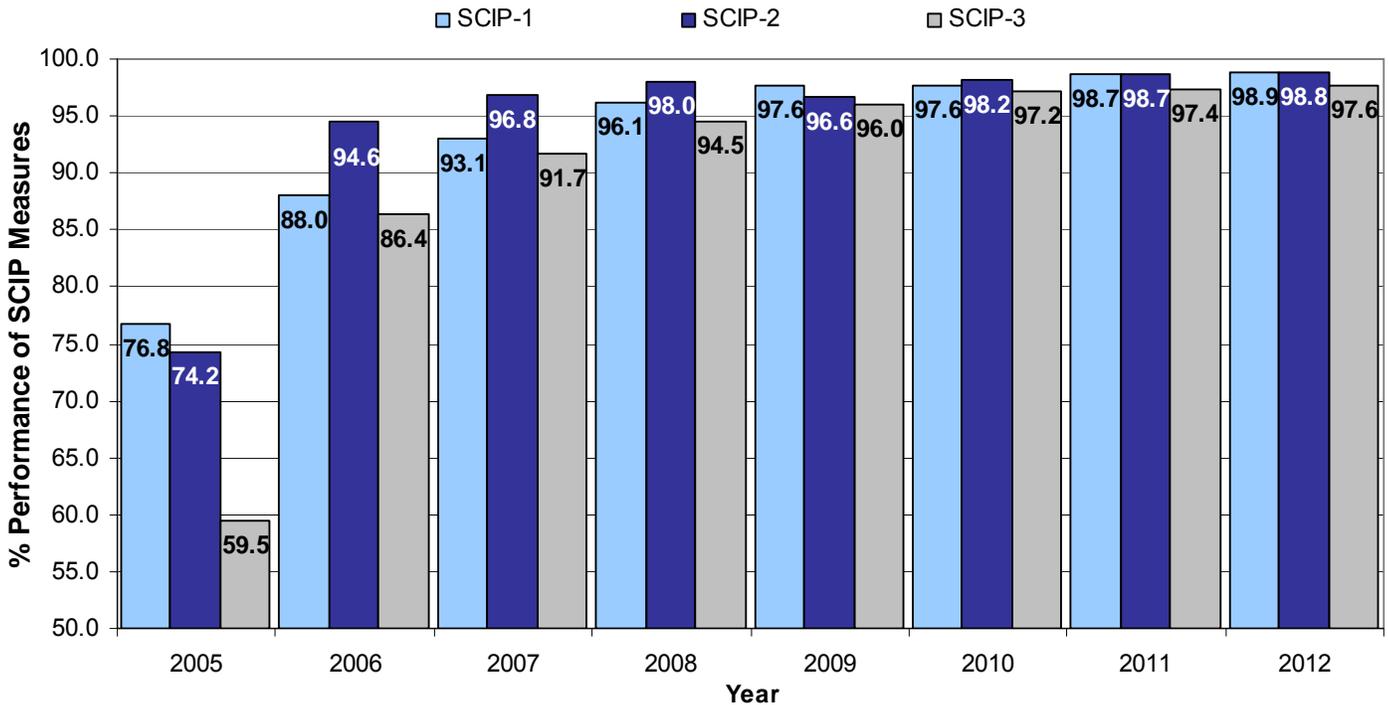
| SCIP Measure | % Adherence 2012 | 95% Confidence Interval 2012 | % Adherence 2011 | 95% Confidence Interval 2011 | 2012 Compared to 2011 |
|--------------|------------------|------------------------------|------------------|------------------------------|-----------------------|
| SCIP-1 | 98.9 | 98.6 , 99.2 | 98.7 | 98.4 , 99.0 | Similar |
| SCIP-2 | 98.8 | 98.5 , 99.1 | 98.7 | 98.4 , 99.0 | Similar |
| SCIP-3 | 97.6 | 97.2 , 98.1 | 97.4 | 96.9 , 97.8 | Similar |

SCIP-1: Percentage of patients who received prophylactic antibiotic within one hour prior to surgery

SCIP-2: Percentage of patients who received the appropriate prophylactic antibiotic

SCIP-3: Percentage of patients whose prophylactic antibiotic was discontinued within 24 hours after surgery

FIGURE 21: Statewide Performance of Surgical Care Improvement Project (SCIP) measures, 2005 - 2012



SCIP-1: Percentage of patients who received prophylactic antibiotic within one hour prior to surgery

SCIP-2: Percentage of patients who received the appropriate prophylactic antibiotic

SCIP-3: Percentage of patients whose prophylactic antibiotic was discontinued within 24 hours after surgery

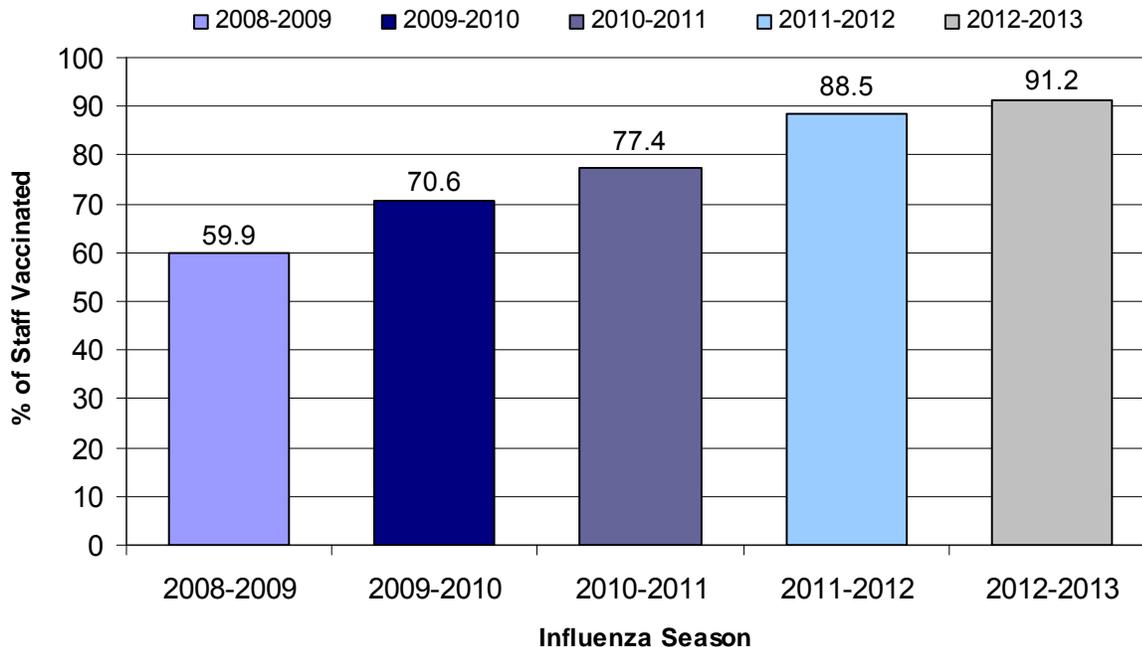
Additional surgical antimicrobial prophylaxis data by hospital with state and national comparison data through December 2012 are available at: <http://www.nhqualitycare.org/reports.php?id=sip>.

Influenza Vaccination Rates

Healthcare workers can become infected with the influenza virus through contact with infected patients and can transmit influenza to patients and other staff. Despite documented benefits of healthcare worker influenza vaccination on patient outcomes and healthcare worker absenteeism nationally, vaccination coverage among healthcare workers remains low. In a CDC survey, influenza vaccination coverage in healthcare workers nationally was 67% during the 2011-2012 influenza season.⁸ Because healthcare workers provide care to patients at high risk for complications of influenza, they should be offered influenza vaccine each year. Currently there are no regulations requiring vaccination in New Hampshire, and healthcare workers are free to decline vaccination for any reason. However, some hospitals do have policies requiring mandatory staff vaccination. Vaccination rates in hospital staff have been monitored in New Hampshire for several years. See methods section for additional information on data collection.

Table 29 below shows the total number of staff and the number of staff vaccinated against seasonal influenza at each hospital during the 2012–2013 influenza season. Vaccination rates by hospital ranged from 69.6% to 99.0%, and the overall State rate was 91.2%. A confidence interval is provided to assess any statistically significant differences in staff vaccination between hospitals. The analysis presented in Table 29 shows that nine hospitals had vaccination percentages similar to the overall State vaccination percentage, 11 hospitals reported vaccination percentages that were significantly higher than the overall State vaccination percentage, and 11 hospitals reported vaccination percentages that were significantly lower than the overall State vaccination percentage.

FIGURE 22: Statewide influenza vaccination rates for hospital staff by influenza season



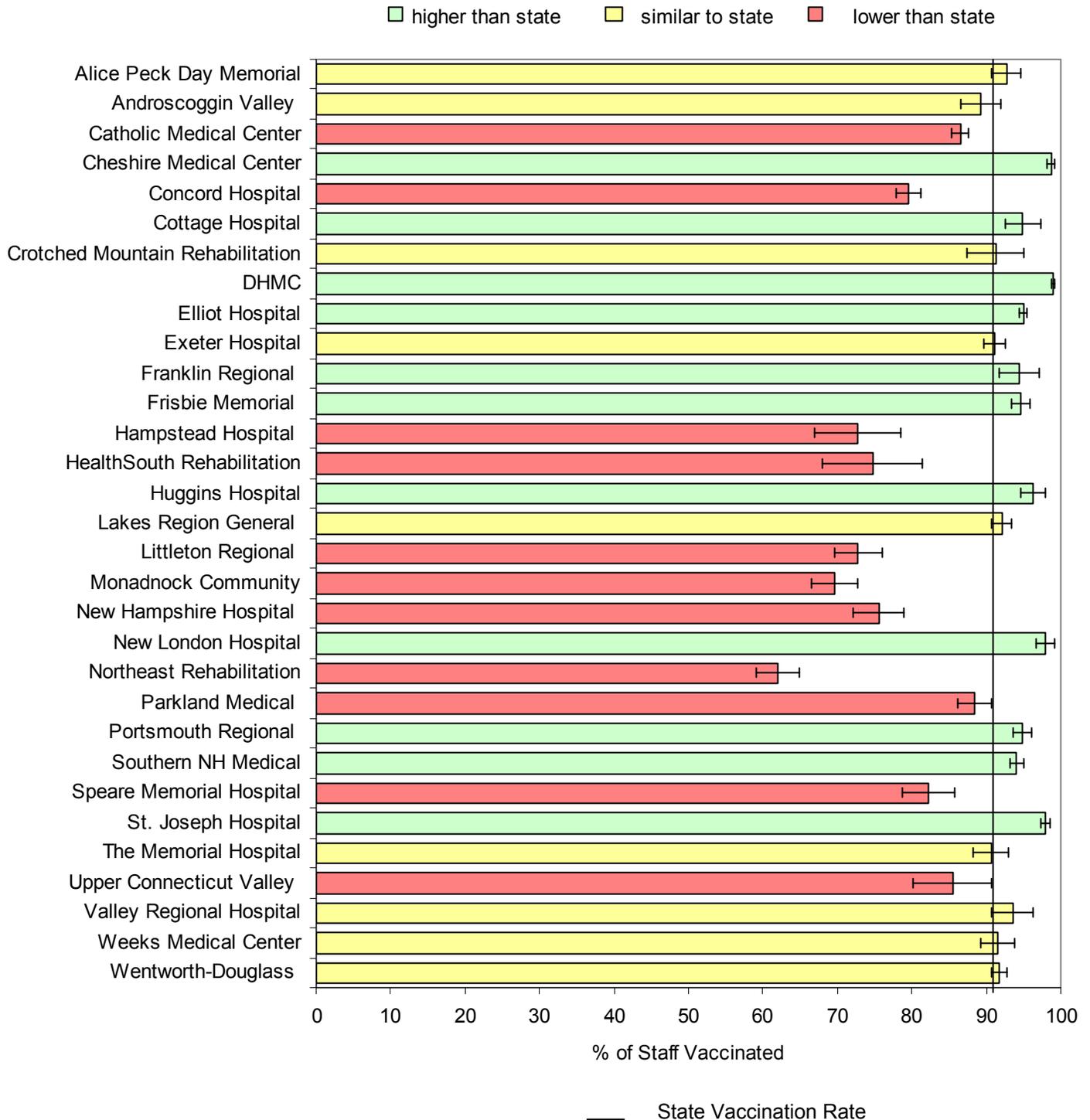
Note: Each influenza season reports on staff between October 1st and March 31st the following calendar year

⁸ CDC. Influenza Vaccination Coverage Among Health-Care Personnel — 2011–12 Influenza Season, United States. Morbidity and Mortality Weekly Report; 61(38);753-757. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6138a1.htm>

TABLE 29: Influenza vaccination rates for hospital staff by hospital, 2012–2013 influenza season, October 1, 2012–March 31, 2013)

| Hospital | Staff Vaccinated | Total Staff | % Vaccinated | 95% Confidence Interval | Hospital % Compared to State % |
|----------------------------------|------------------|---------------|--------------|-------------------------|--------------------------------|
| Alice Peck Day Memorial | 599 | 646 | 92.7 | 90.7 , 94.7 | Similar |
| Androscoggin Valley | 435 | 487 | 89.3 | 86.6 , 92.0 | Similar |
| Catholic Medical Center | 2795 | 3233 | 86.5 | 85.3 , 87.7 | Lower |
| Cheshire Medical Center | 1615 | 1637 | 98.7 | 98.2 , 99.2 | Higher |
| Concord Hospital | 1789 | 2243 | 79.8 | 78.1 , 81.5 | Lower |
| Cottage Hospital | 315 | 332 | 94.9 | 92.5 , 97.3 | Higher |
| DHMC | 6169 | 6234 | 99.0 | 98.8 , 99.2 | Higher |
| Elliot Hospital | 5660 | 5960 | 95.0 | 94.4 , 95.6 | Higher |
| Exeter Hospital | 1481 | 1625 | 91.1 | 89.7 , 92.5 | Similar |
| Franklin Regional | 254 | 269 | 94.4 | 91.7 , 97.1 | Higher |
| Frisbie Memorial | 1272 | 1344 | 94.6 | 93.4 , 95.8 | Higher |
| Huggins Hospital | 514 | 534 | 96.3 | 94.7 , 97.9 | Higher |
| Lakes Region General | 1492 | 1620 | 92.1 | 90.8 , 93.4 | Similar |
| Littleton Regional | 528 | 725 | 72.8 | 69.6 , 76.0 | Lower |
| Monadnock Community | 582 | 836 | 69.6 | 66.5 , 72.7 | Lower |
| New London Hospital | 548 | 560 | 97.9 | 96.7 , 99.1 | Higher |
| Parkland Medical Center | 685 | 775 | 88.4 | 86.1 , 90.7 | Lower |
| Portsmouth Regional | 1116 | 1177 | 94.8 | 93.5 , 96.1 | Higher |
| Southern NH Medical | 2644 | 2809 | 94.1 | 93.2 , 95.0 | Higher |
| Speare Memorial Hospital | 370 | 450 | 82.2 | 78.7 , 85.7 | Lower |
| St. Joseph Hospital | 2098 | 2144 | 97.9 | 97.3 , 98.5 | Higher |
| The Memorial Hospital | 522 | 576 | 90.6 | 88.2 , 93.0 | Similar |
| Upper Connecticut Valley | 148 | 173 | 85.5 | 80.3 , 90.7 | Lower |
| Valley Regional Hospital | 290 | 310 | 93.5 | 90.8 , 96.2 | Similar |
| Weeks Medical Center | 503 | 550 | 91.5 | 89.2 , 93.8 | Similar |
| Wentworth-Douglass | 2276 | 2481 | 91.7 | 90.6 , 92.8 | Similar |
| Crotched Mountain Rehabilitation | 190 | 208 | 91.3 | 87.5 , 95.1 | Similar |
| HealthSouth Rehabilitation | 121 | 162 | 74.7 | 68.0 , 81.4 | Lower |
| Northeast Rehabilitation | 651 | 1050 | 62.0 | 59.1 , 64.9 | Lower |
| Hampstead Hospital | 165 | 227 | 72.7 | 66.9 , 78.5 | Lower |
| New Hampshire Hospital | 465 | 615 | 75.6 | 72.2 , 79.0 | Lower |
| State Total | 38,292 | 41,992 | 91.2 | 90.9 , 91.5 | |

FIGURE 23: Influenza vaccination rates for hospital staff by hospital, 2011–2012 influenza season, (October 1, 2012–March 31, 2013)



Influenza vaccination rates: Comparison to 2011-2012 Data

The overall statewide hospital staff vaccination rate increased significantly from 2008–2009 to 2009–2010, which may have been explained by overall increased interest in influenza vaccination as a result of the 2009 H1N1 pandemic. However, the influenza vaccination rate continued to increase between the 2009-2010 and 2012-2013 seasons suggesting other influences, such as the public reporting of influenza vaccination rates and mandatory vaccination policies. The analysis presented in Table 30 shows that overall, nine hospitals increased staff influenza vaccination in 2012-2013 compared to 2011-2012 and 22 hospitals had similar vaccination rates, and none of the hospitals decreased influenza vaccination rates.

FIGURE 24: Influenza vaccination rates for hospital staff by hospital, 2011–2012 and 2012–2013 influenza seasons

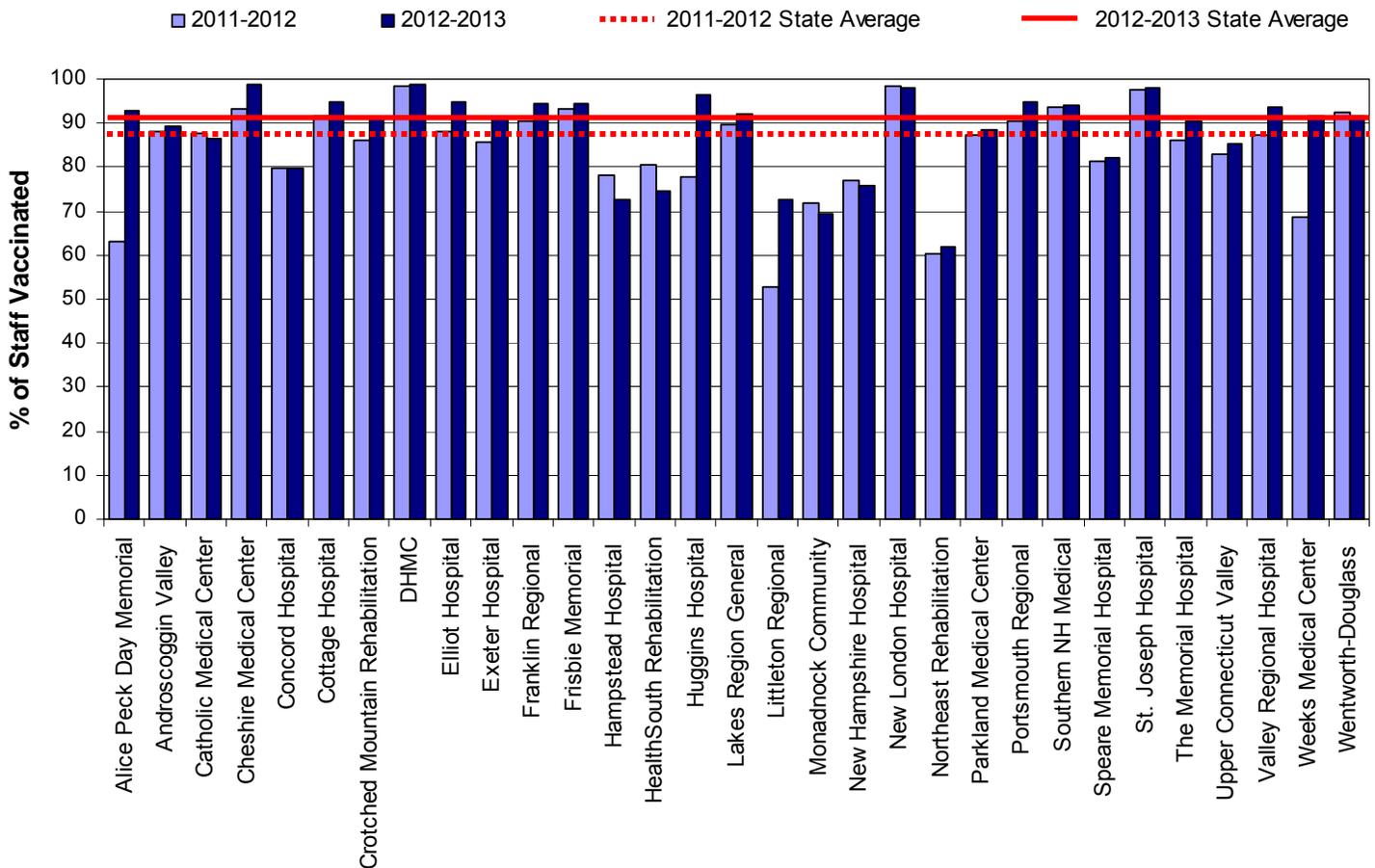


TABLE 30: Influenza vaccination rates for hospital staff by hospital, comparison between 2011-2012 and 2012-2013 influenza seasons

| Hospital | % Vaccinated 2012 | 95% Confidence Interval 2012 | % Vaccinated 2011 | 95% Confidence Interval 2011 | 2012 Compared to 2011 |
|----------------------------------|-------------------|------------------------------|-------------------|------------------------------|-----------------------|
| Alice Peck Day Memorial | 92.7 | 90.7 , 94.7 | 62.9 | 59.2 , 66.6 | Higher |
| Androscoggin Valley | 89.3 | 86.6 , 92.0 | 88.1 | 85.3 , 90.9 | Similar |
| Catholic Medical Center | 86.5 | 85.3 , 87.7 | 87.8 | 86.5 , 89.1 | Similar |
| Cheshire Medical Center | 98.7 | 98.2 , 99.2 | 93.2 | 92.0 , 94.4 | Higher |
| Concord Hospital | 79.8 | 78.1 , 81.5 | 79.6 | 77.9 , 81.3 | Similar |
| Cottage Hospital | 94.9 | 92.5 , 97.3 | 91.8 | 88.9 , 94.7 | Similar |
| DHMC | 99.0 | 98.8 , 99.2 | 98.5 | 98.2 , 98.8 | Similar |
| Elliot Hospital | 95.0 | 94.4 , 95.6 | 87.9 | 86.8 , 89.0 | Higher |
| Exeter Hospital | 91.1 | 89.7 , 92.5 | 85.9 | 84.2 , 87.6 | Higher |
| Franklin Regional | 94.4 | 91.7 , 97.1 | 90.6 | 87.1 , 94.1 | Similar |
| Frisbie Memorial | 94.6 | 93.4 , 95.8 | 93.2 | 91.8 , 94.6 | Similar |
| Huggins Hospital | 96.3 | 94.7 , 97.9 | 77.0 | 74.1 , 81.3 | Higher |
| Lakes Region General | 92.1 | 90.8 , 93.4 | 89.6 | 88.1 , 91.1 | Similar |
| Littleton Regional | 72.8 | 69.6 , 76.0 | 52.8 | 48.0 , 57.6 | Higher |
| Monadnock Community | 69.6 | 66.5 , 72.7 | 71.9 | 68.5 , 75.3 | Similar |
| New London Hospital | 97.9 | 96.7 , 99.1 | 98.4 | 97.4 , 99.4 | Similar |
| Parkland Medical Center | 88.4 | 86.1 , 90.7 | 87.5 | 84.7 , 90.3 | Similar |
| Portsmouth Regional | 94.8 | 93.5 , 96.1 | 90.5 | 89.0 , 92.0 | Higher |
| Southern NH Medical | 94.1 | 93.2 , 95.0 | 93.6 | 92.5 , 94.7 | Similar |
| Speare Memorial Hospital | 82.2 | 78.7 , 85.7 | 81.3 | 77.8 , 84.8 | Similar |
| St. Joseph Hospital | 97.9 | 97.3 , 98.5 | 97.7 | 97.0 , 98.4 | Similar |
| The Memorial Hospital | 90.6 | 88.2 , 93.0 | 86.1 | 83.1 , 89.1 | Similar |
| Upper Connecticut Valley | 85.5 | 80.3 , 90.7 | 82.8 | 77.5 , 88.1 | Similar |
| Valley Regional Hospital | 93.5 | 90.8 , 96.2 | 87.4 | 84.7 , 90.1 | Higher |
| Weeks Medical Center | 91.5 | 89.2 , 93.8 | 68.7 | 64.8 , 72.6 | Higher |
| Wentworth-Douglass | 91.7 | 90.6 , 92.8 | 92.4 | 91.4 , 93.4 | Similar |
| Crotched Mountain Rehabilitation | 91.3 | 87.5 , 95.1 | 86.1 | 81.6 , 90.6 | Similar |
| HealthSouth Rehabilitation | 74.7 | 68.0 , 81.4 | 80.6 | 74.6 , 86.6 | Similar |
| Northeast Rehabilitation | 62.0 | 59.1 , 64.9 | 60.4 | 56.9 , 63.9 | Similar |
| Hampstead Hospital | 72.7 | 66.9 , 78.5 | 78.0 | 72.3 , 83.7 | Similar |
| New Hampshire Hospital | 75.6 | 72.2 , 79.0 | 76.8 | 73.4 , 80.2 | Similar |
| State Total | 91.2 | 90.9 , 91.5 | 88.5 | 88.2 , 88.8 | Higher |

Mandatory Influenza Vaccination Policies for Healthcare Personnel

During the 2012-2013 influenza season, 25 (81%) of 31 hospitals had a healthcare personnel (HCP) vaccination policy in place, 5 (16%) did not have one, and 1 (3%) was considering one. Among 25 hospitals with a policy, 6 (24%) allowed for only medical and religious exemptions and six additional hospitals also accepted philosophical exemptions; the remaining 13 (56%) allowed an exemption for any reason. All 25 (100%) hospitals required unvaccinated HCP with an approved exemption to wear a mask and 5 (20%) terminated unvaccinated HCP without an approved medical or religious exemption. Hospitals with vaccination policies had significantly higher rates of influenza vaccination as a whole (93%) than hospitals without mandatory policies (78%). Hospitals that terminated unvaccinated employees without an exemption had a significantly higher vaccination rate (97%) than hospitals that required unvaccinated employees to wear a mask (87%) .

FIGURE 25: Influenza vaccination rates for hospital with and without vaccination policies, 2011-2012 influenza season

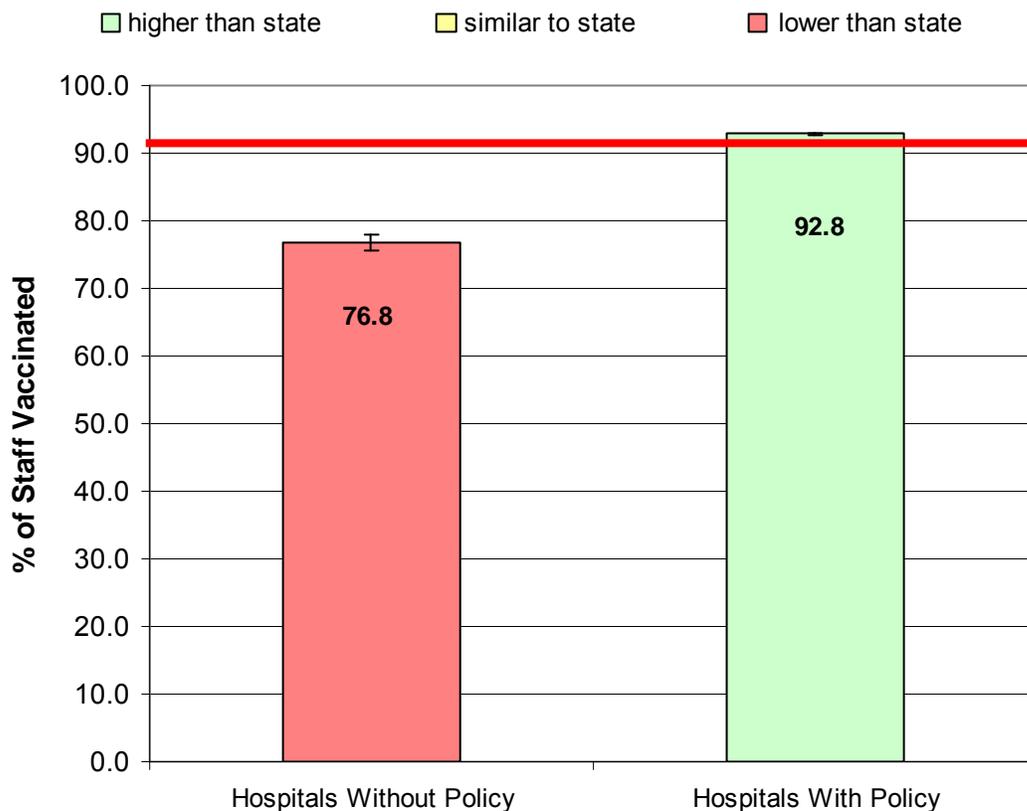


TABLE 31: Influenza vaccination policies and consequences for healthcare personnel (HCP) by hospital, 2012-2013 influenza season

| Hospital | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP <u>Without Accepted Exemption</u> | Precautions for Unvaccinated HCP <u>With Accepted Exemption</u> |
|------------------------------|-----------------------------------|--|--|
| Alice Peck Day | Any reason | Wear a Mask | Wear a Mask |
| Androscoggin Valley Hospital | Any reason | Wear a Mask | Wear a Mask |
| Catholic Medical Center | Any reason | Wear a Mask | Wear a Mask |
| Cheshire Medical Center | Medical, Religious | Terminated | Wear a Mask |
| Cottage Hospital | Any reason | Wear a Mask | Wear a Mask |
| DHMC | Medical, Religious | Terminated | Wear a Mask |
| Elliot Hospital | Medical, Religious | Terminated | Wear a Mask |
| Exeter Hospital | Medical, Religious, Philosophical | Wear a Mask | Wear a Mask |
| Franklin Regional Hospital | Medical, Religious, Philosophical | Wear a Mask | Wear a Mask |
| Frisbie Memorial Hospital | Any reason | Wear a Mask | Wear a Mask |
| Huggins Hospital | Any reason | Wear a Mask | Wear a Mask |
| Lakes Regional General | Medical, Religious, Philosophical | Wear a Mask | Wear a Mask |
| Littleton Regional Hospital | Medical, Religious, Philosophical | Wear a Mask | Wear a Mask |
| New London Hospital | Medical, Religious | Terminated | Wear a Mask |
| Parkland Medical Center | Medical, Religious | Wear a Mask, Education | Wear a Mask |
| Portsmouth Regional Hospital | Any reason | Wear a Mask | Wear a Mask |
| Southern NH Medical | Any reason | Wear a Mask | Wear a Mask |
| Speare Memorial Hospital | Any reason | Wear a Mask | Wear a Mask |
| St. Joseph Hospital | Medical, Religious | Terminated | Wear a Mask |
| The Memorial Hospital | Any reason | Wear a Mask, Education | Wear a Mask |
| Valley Regional Hospital | Any reason | Wear a Mask | Wear a Mask |
| Weeks Medical Center | Any reason | Wear a Mask | Wear a Mask |
| Wentworth-Douglass Hospital | Any reason | Wear a Mask | Wear a Mask |
| Crotched Mountain Rehab | Medical, Religious, Philosophical | Wear a Mask | Wear a Mask |
| Northeast Rehab Hospital | Medical, Religious, Philosophical | Wear a Mask | Wear a Mask |

*Exemptions include Medical, Religious, Philosophical, or Any Reason.

Note: One hospital (Healthsouth Rehabilitation) did not have mandatory vaccination policies during the 2012-2013 influenza season but was considering one at the time of the survey. Five hospitals (Concord Hospital, Monadnock Community Hospital, New Hampshire Hospital, Upper Connecticut Valley Hospital, Hampstead Hospital) did not have mandatory vaccination policies during 2012-2013 season or were considering policies at the time of the survey.

CONCLUSIONS

This fourth report on HAI surveillance data displays continued progress toward the goal of eliminating HAIs in New Hampshire. This report provides a picture of selected HAI data that can be used by healthcare facilities to identify areas for improvement and prevention, as well as healthcare consumers to make informed healthcare decisions.

Key findings described in this report include the following:

- All 31 licensed hospitals in New Hampshire complied with the HAI mandatory reporting law in 2012.
- Overall, New Hampshire hospitals reported fewer HAIs associated with central lines and selected surgeries than expected based on national data, this difference was statistically significant.
- The majority of hospitals have infection rates that are lower or similar to national rates. While all hospitals should continue to work to eliminate HAIs, this report highlights a few hospitals that have higher infection rates for certain procedures, which may warrant changes to current infection prevention practices in order to reduce infections. Also, infection rates are higher or similar for the new reported measures (catheter-associated urinary tract infections and surgical site infections following abdominal hysterectomy procedures), suggesting that current hospital practices or data collection methods should be reviewed.
- Overall statewide adherence to all four infection-prevention practices during central line insertions was 96.2%, which represents a slight insignificant increase from 2011 (95.7%). Hospitals have made improvement and should continue to work toward the goal of 100% adherence.
- Overall, New Hampshire hospitals performed surgical antimicrobial prophylaxis correctly more often or similar to the national average. Compared to 2011, the percentage of patients who received prophylactic antibiotic within one hour prior to surgery (SCIP-1), who received the appropriate prophylactic antibiotic (SCIP-2), and whose prophylactic antibiotic was discontinued within 24 hours after surgery (SCIP-3) did not significantly increase or decrease.
- Vaccination rates by hospital during the 2012–2013 influenza season ranged from 69.6% to 99.0%. The overall State rate was 91.2%, which represents a significant increase from the 2011–2012 influenza season when the statewide vaccination rate was 88.5% (in 2008-2009 the vaccination rate was 59.9%).
- Twenty-five NH hospitals had mandatory influenza vaccination policies for healthcare personnel during the 2012-2013 season. This increased from 2011-2012 season when 18 hospitals had policies. Overall, hospitals with vaccination policies had significantly higher rates of influenza vaccination as a whole (92.8%) than hospitals without mandatory policies (76.8%).

While this report only includes information on a subset of HAIs, the information provided can be used as an important indicator of healthcare quality and infection prevention efforts in New Hampshire hospitals. Although data in this report have not been independently validated to assess reporting accuracy, this process is ongoing and will be the subject of a future report.

Healthcare consumers can discuss the information provided in this report with their healthcare provider and should review Appendix 3 for information on what individual patients can do to prevent healthcare-associated infections.

ACUTE CARE HOSPITAL REPORTS

Because data must be broken down into categories for risk adjustment and because rates must be suppressed if data are too sparse, data that can be presented for New Hampshire facilities may be limited. Due to restrictions on presenting data if not enough central line days or procedures were performed, there are several hospitals for which hospital-specific infections data cannot be presented. See technical notes for additional information on data restriction and presentation.



ALICE PECK DAY MEMORIAL

Lebanon, NH

Not-for-profit

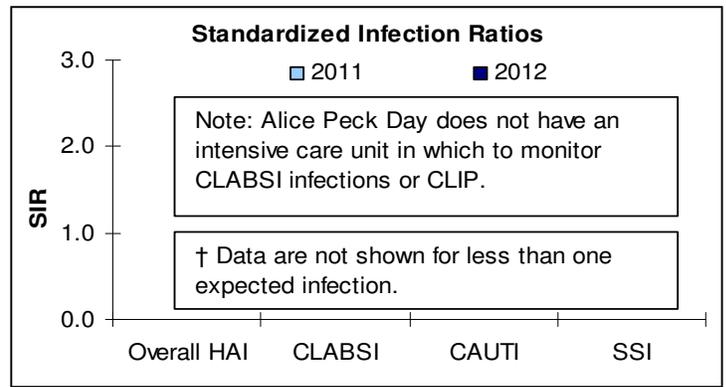
of Admissions: 1,247

of Beds: 25

of ICU Beds: 0

of Patient-days: 5,813

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | † | † | † | † | † |
| CLABSI | | | | | |
| CAUTI | | | | | |
| SSI | † | † | † | † | † |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of | Number of | Rate per 100,000 | National | Comparison to |
|----------------------|-----------|-----------|------------------|----------|---------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

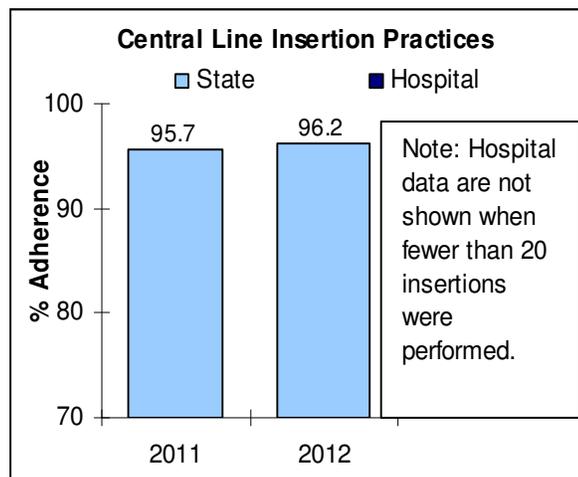
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

ALICE PECK DAY MEMORIAL 2012 DATA REPORT

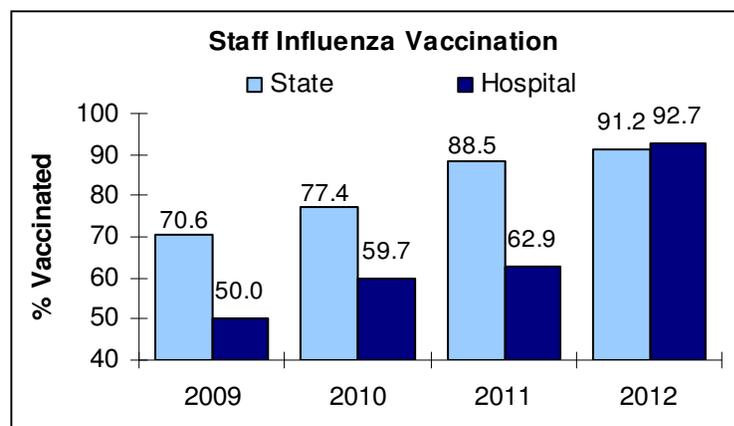
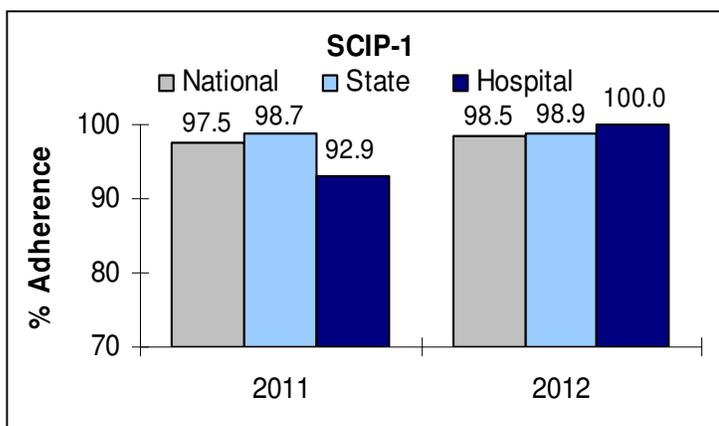
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | | 96.2 | |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 100.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 92.7 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



ANDROSCOGGIN VALLEY

Berlin, NH

Not-for-profit

of Admissions: 1,291

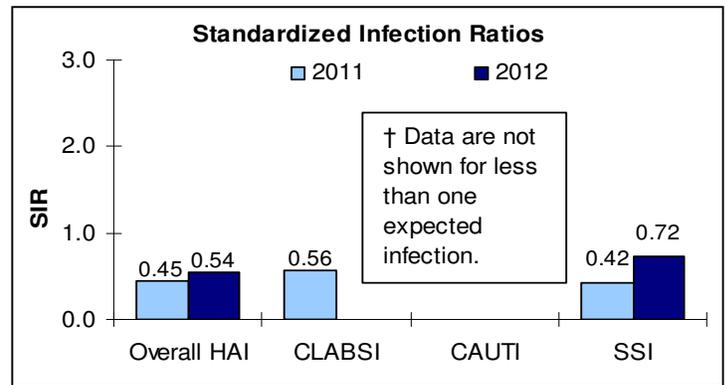
of Beds: 25

of ICU Beds: 5

of Patient-days: 5,540

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 1 | 1.86 | 0.54 | 0.01 , 2.99 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | 1 | 1.38 | 0.72 | 0.02 , 4.03 | Similar |
| CABG | | | | | |
| COLO | 1 | 1.03 | 0.97 | 0.03 , 5.40 | Similar |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 79 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 277 | 0.0 | 1.2 | Similar |

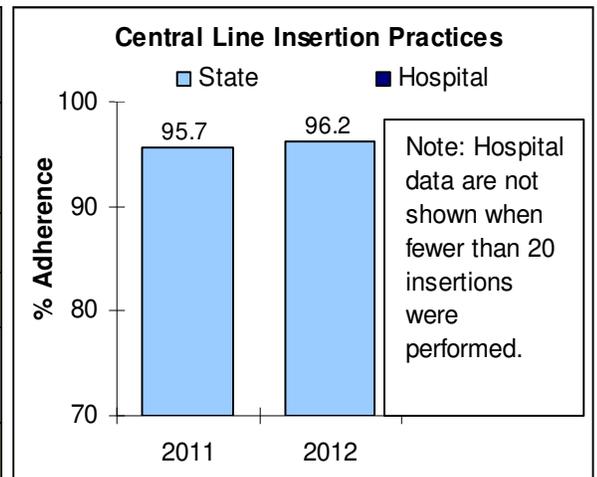
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

ANDROSCOGGIN VALLEY 2012 DATA REPORT

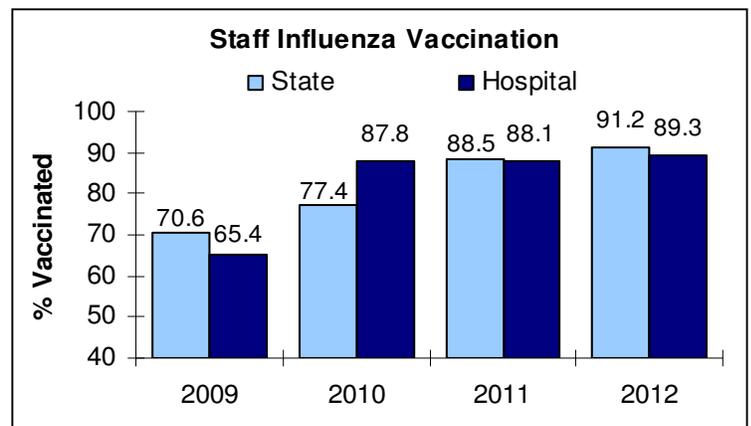
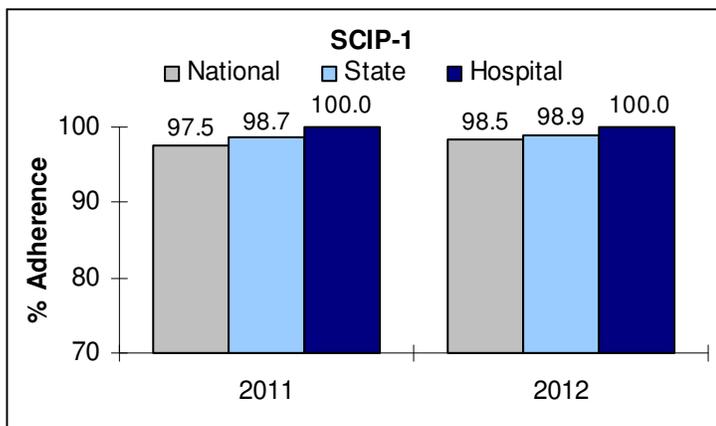
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 97.8 | 98.8 | Similar |
| SCIP-3 | 95.5 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 89.3 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



CATHOLIC MEDICAL CENTER

Manchester, NH

Not-for-profit

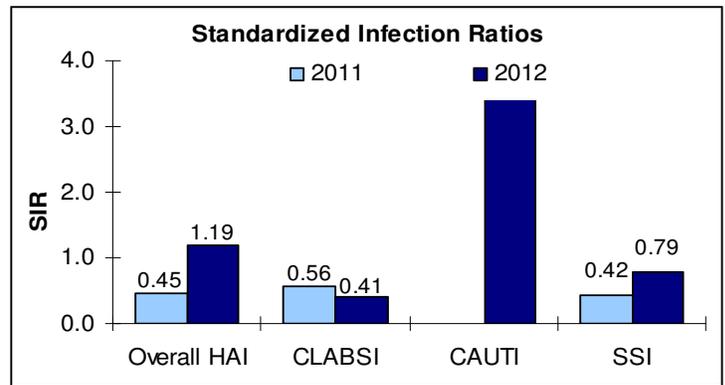
of Admissions: 9,583

of Beds: 235

of ICU Beds: 20

of Patient-days: 48,151

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 30 | 25.31 | 1.19 | 0.80 , 1.69 | Similar |
| CLABSI | 2 | 4.83 | 0.41 | 0.05, 1.50 | Similar |
| CAUTI | 15 | 3.96 | 3.79 | 2.12 , 6.25 | Higher |
| SSI | 13 | 16.52 | 0.79 | 0.42 , 1.35 | Similar |
| CABG | 3 | 6.43 | 0.47 | 0.10 , 1.36 | Similar |
| COLO | 7 | 6.10 | 1.15 | 0.46 , 2.36 | Similar |
| HYST | 2 | 1.86 | 1.08 | 0.13 , 3.89 | Similar |
| KPRO | 1 | 2.13 | 0.47 | 0.01 , 2.62 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 2 | 3,218 | 0.6 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 15 | 3,301 | 4.5 | 1.4 | Higher |

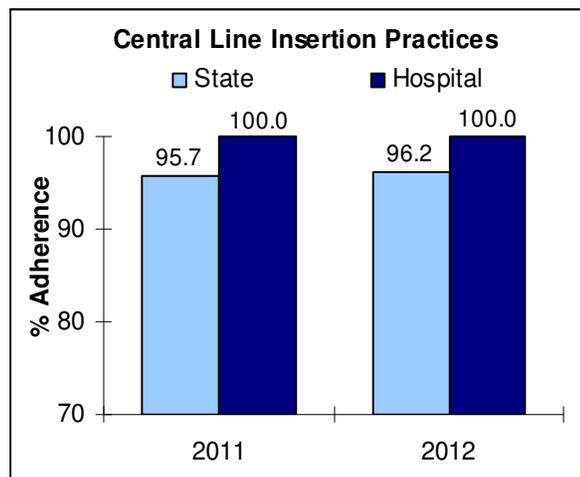
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

CATHOLIC MEDICAL CENTER 2012 DATA REPORT

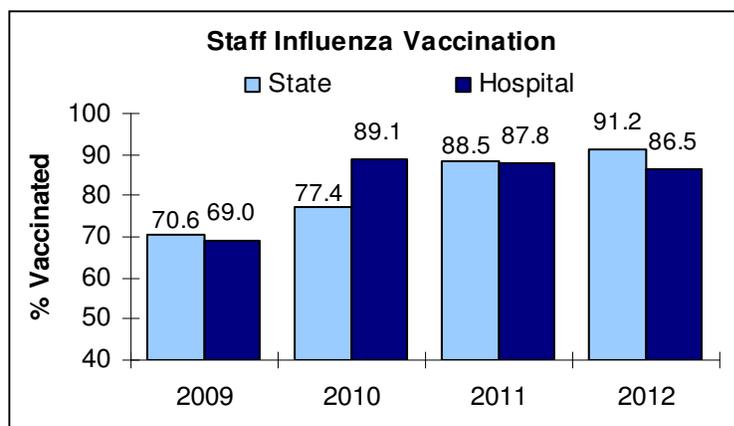
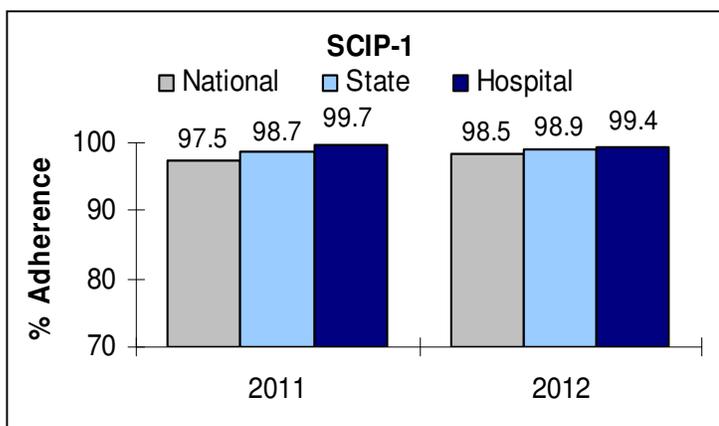
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 100.0 | 96.2 | Higher |
| SCIP-1 | 99.4 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 98.4 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 86.5 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

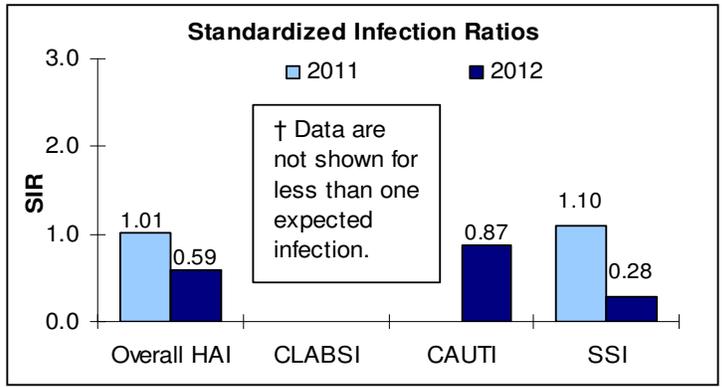
- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



CHESHIRE MEDICAL CENTER

Keene, NH
 Not-for-profit
 # of Admissions: 3,973
 # of Beds: 118
 # of ICU Beds: 10
 # of Patient-days: 19,697

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 3 | 5.12 | 0.59 | 0.12 , 1.71 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | 1 | 1.15 | 0.87 | 0.02 , 4.84 | Similar |
| SSI | 1 | 3.59 | 0.28 | 0.01 , 1.55 | Similar |
| CABG | | | | | |
| COLO | 0 | 1.80 | 0.00 | - , 2.05 | Similar |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|--------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical ICU | 1 | 195 | 5.1 | 1.1 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|--------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical ICU | 1 | 576 | 1.7 | 1.6 | Similar |

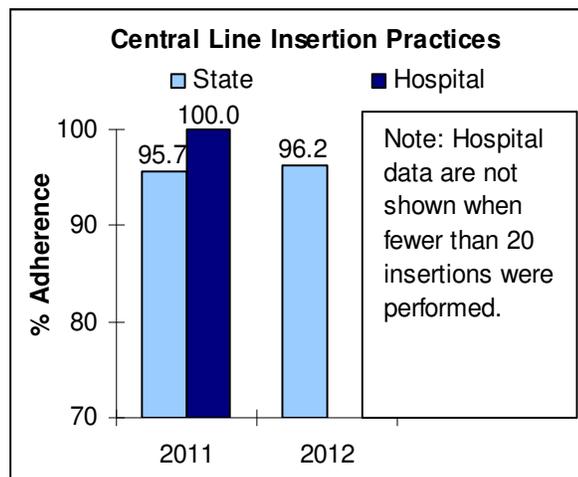
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

CHESHIRE MEDICAL CENTER 2012 DATA REPORT

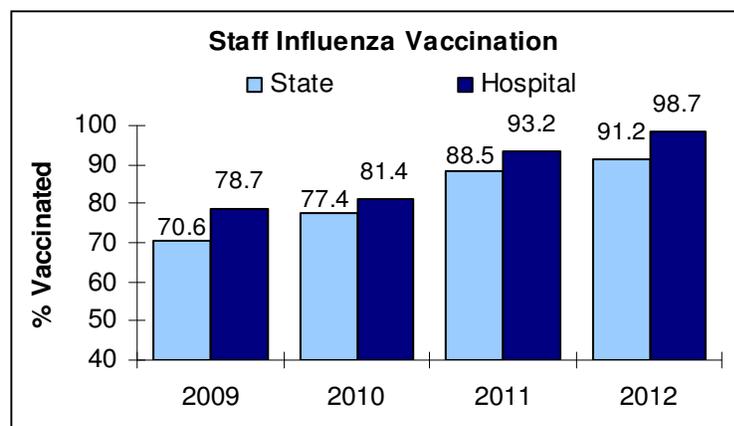
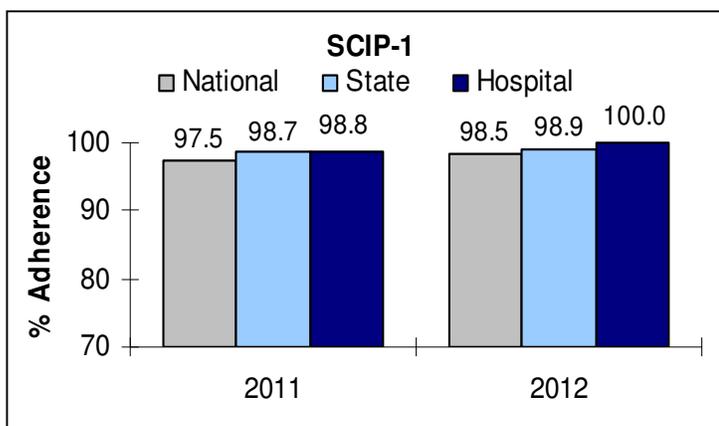
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 94.1 | 97.6 | Lower |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 98.7 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious | Terminated | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



CONCORD HOSPITAL

Concord, NH

Not-for-profit

of Admissions: 16,192

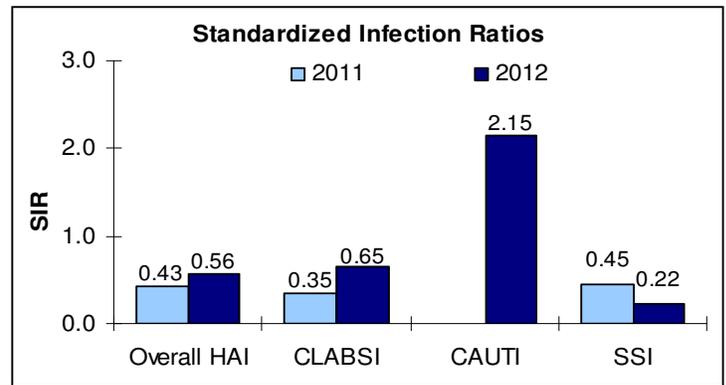
of Beds: 238

of ICU Beds: 18

of Patient-days: 56,619

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 14 | 24.79 | 0.56 | 0.31 , 0.95 | Lower |
| CLABSI | 2 | 3.06 | 0.65 | 0.08, 2.36 | Similar |
| CAUTI | 8 | 3.72 | 2.15 | 0.93 , 4.24 | Similar |
| SSI | 4 | 18.01 | 0.22 | 0.06 , 0.57 | Lower |
| CABG | 0 | 2.27 | 0.00 | - , 1.63 | Similar |
| COLO | 2 | 5.09 | 0.39 | 0.05 , 1.42 | Similar |
| HYST | 0 | 3.29 | 0.00 | - , 1.12 | Similar |
| KPRO | 2 | 7.36 | 0.27 | 0.03 , 0.98 | Lower |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 2 | 2,041 | 1.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 8 | 3,097 | 2.6 | 1.4 | Similar |

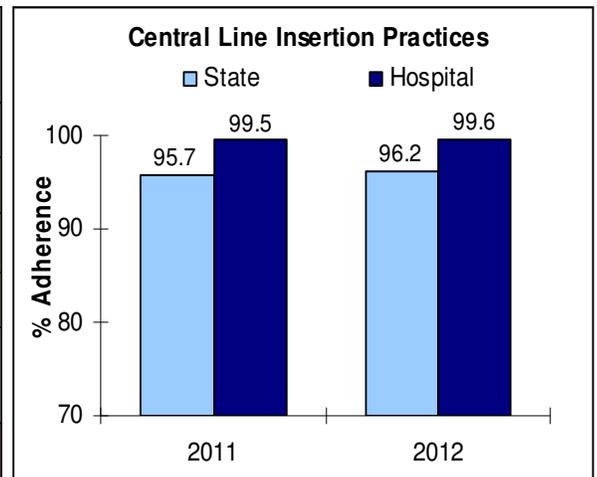
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

CONCORD HOSPITAL 2012 DATA REPORT

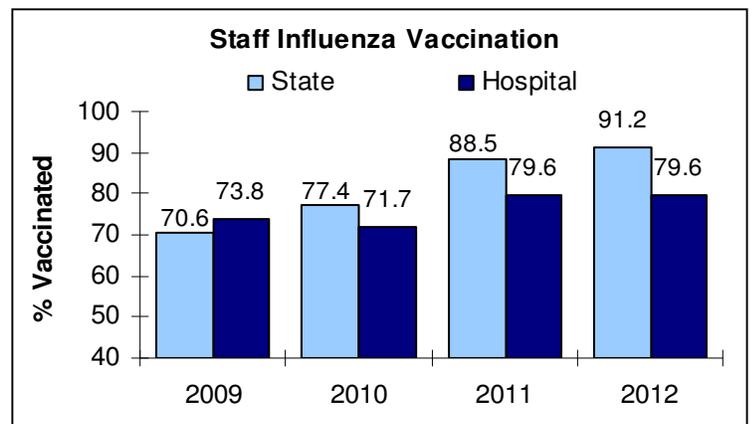
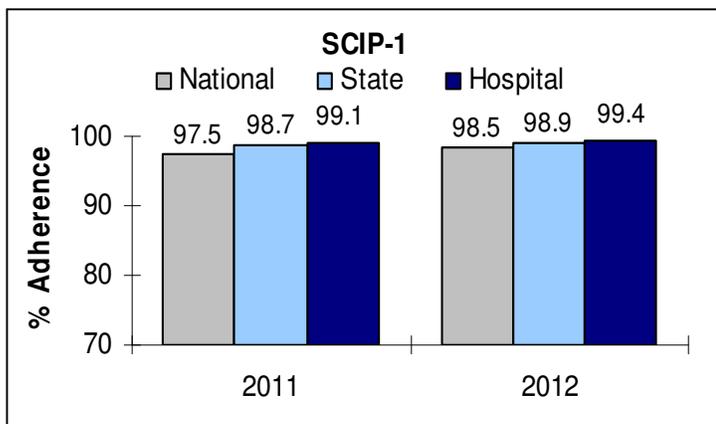
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 99.6 | 96.2 | Higher |
| SCIP-1 | 99.4 | 98.9 | Similar |
| SCIP-2 | 97.9 | 98.8 | Similar |
| SCIP-3 | 99.1 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 79.6 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| NO | | | |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



COTTAGE HOSPITAL

Woodsville, NH

Not-for-profit

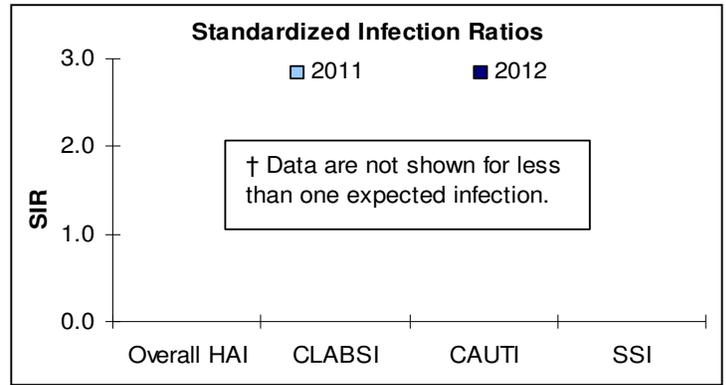
of Admissions: 1,337

of Beds: 25

of ICU Beds: 3

of Patient-days: 5,404

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | † | † | † | † | † |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | † | † | † | † | † |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 53 | 0.0 | 1.2 | Similar |

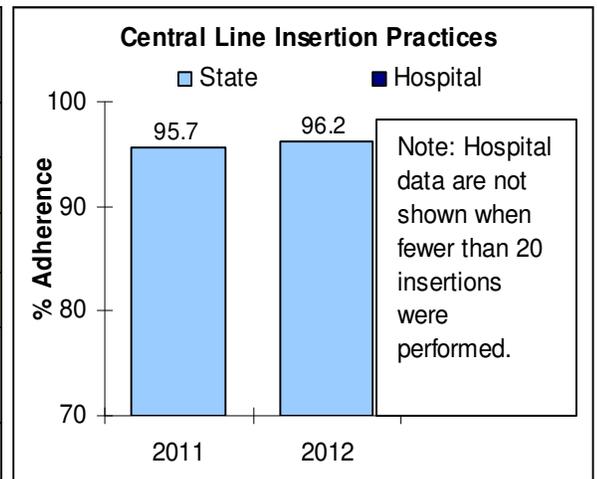
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

COTTAGE HOSPITAL 2012 DATA REPORT

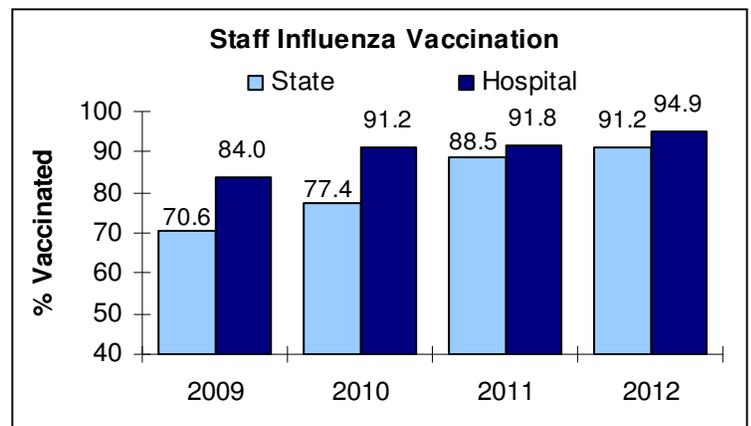
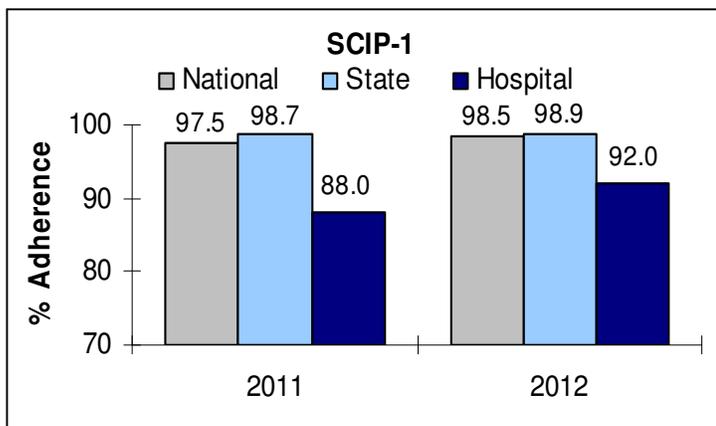
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 92.0 | 98.9 | Similar |
| SCIP-2 | 96.0 | 98.8 | Similar |
| SCIP-3 | 92.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 94.9 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



DHMC

Lebanon, NH

Not-for-profit

of Admissions: 25,726

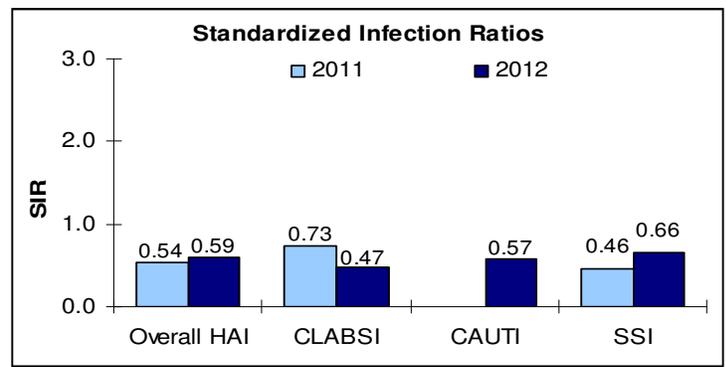
of Beds: 406

of ICU Beds: 80

of Patient-days: 119,237

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 51 | 86.57 | 0.59 | 0.44 , 0.78 | Lower |
| CLABSI | 10 | 21.29 | 0.47 | 0.23, 0.86 | Lower |
| CAUTI | 13 | 22.75 | 0.57 | 0.30 , 0.98 | Lower |
| SSI | 28 | 42.52 | 0.66 | 0.44 , 0.95 | Lower |
| CABG | 4 | 5.36 | 0.75 | 0.20 , 1.91 | Similar |
| COLO | 10 | 20.93 | 0.48 | 0.23 , 0.88 | Lower |
| HYST | 12 | 8.21 | 1.46 | 0.76 , 2.55 | Similar |
| KPRO | 2 | 8.02 | 0.25 | 0.03 , 0.90 | Lower |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Med Cardiac ICU | 1 | 2,421 | 0.4 | 1.1 | Similar |
| Medical/Surgical ICU | 5 | 5,535 | 0.9 | 1.4 | Similar |
| Pediatric ICU | 0 | 706 | 0.0 | 1.8 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | 2 | 235 | 8.5 | 2.7 | Similar |
| BW Category B | 2 | 264 | 7.6 | 1.9 | Similar |
| BW Category C | 0 | 264 | 0.0 | 1.2 | Similar |
| BW Category D | 0 | 200 | 0.0 | 0.7 | Similar |
| BW Category E | 0 | 146 | 0.0 | 0.7 | Similar |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Med Cardiac ICU | 0 | 2,437 | 0.0 | 2.0 | Lower |
| Medical/Surgical ICU | 12 | 7,131 | 1.7 | 2.2 | Similar |
| Pediatric ICU | 1 | 528 | 1.9 | 3.1 | Similar |

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

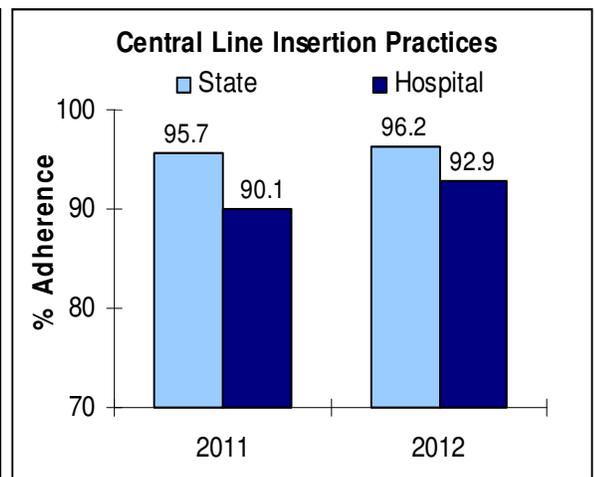
HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections

SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

DHMC 2012 DATA REPORT

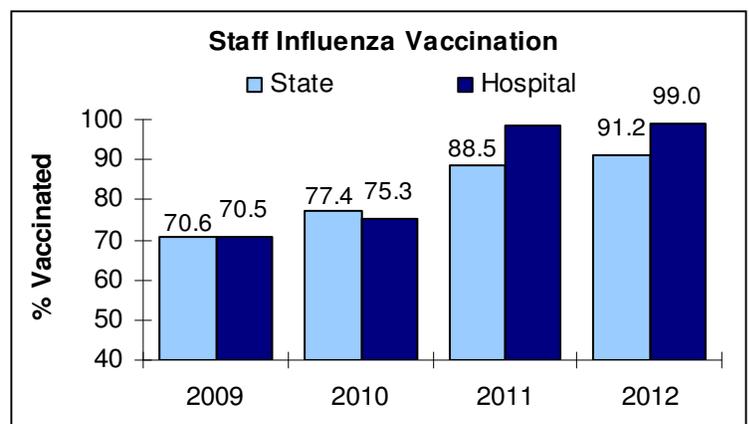
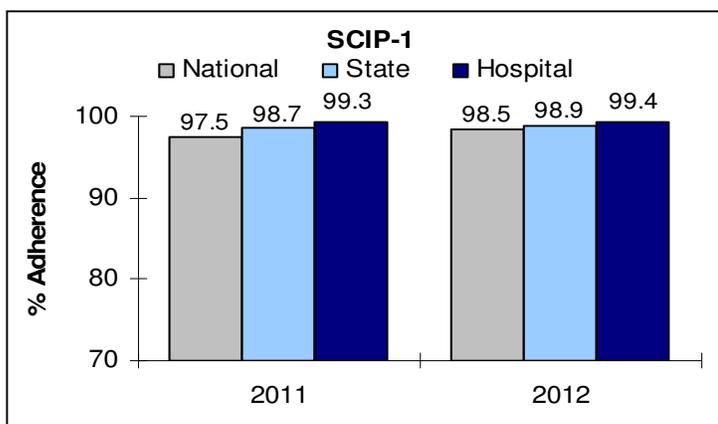
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 92.9 | 96.2 | Lower |
| SCIP-1 | 99.4 | 98.9 | Similar |
| SCIP-2 | 97.3 | 98.8 | Lower |
| SCIP-3 | 95.2 | 97.6 | Lower |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 99.0 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious | Terminated | Wear a Mask |



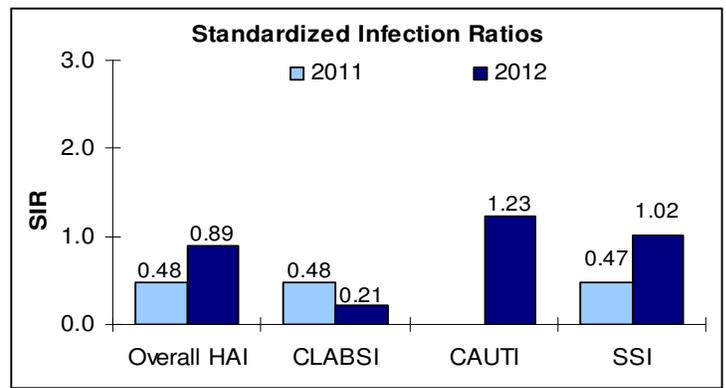
SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



ELLIOT HOSPITAL
 Manchester, NH
 Not-for-profit
 # of Admissions: 14,165
 # of Beds: 281
 # of ICU Beds: 40
 # of Patient-days: 62,497
2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 19 | 21.43 | 0.89 | 0.53 , 1.38 | Similar |
| CLABSI | 1 | 4.79 | 0.21 | 0.01, 1.16 | Similar |
| CAUTI | 6 | 4.87 | 1.23 | 0.45 , 2.68 | Similar |
| SSI | 12 | 11.77 | 1.02 | 0.53 , 1.78 | Similar |
| CABG | | | | | |
| COLO | 5 | 6.27 | 0.80 | 0.26 , 1.86 | Similar |
| HYST | 4 | 2.39 | 1.67 | 0.46 , 4.28 | Similar |
| KPRO | 3 | 3.11 | 0.97 | 0.20 , 2.82 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|-----------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Med Cardiac ICU | 0 | 683 | 0.0 | 1.1 | Similar |
| Med/Surg ICU | 1 | 1,476 | 0.7 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | † | † | † | 2.7 | † |
| BW Category B | † | † | † | 1.9 | † |
| BW Category C | † | † | † | 1.2 | † |
| BW Category D | † | † | † | 0.7 | † |
| BW Category E | † | † | † | 0.7 | † |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|-----------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Med Cardiac ICU | 4 | 1,267 | 3.2 | 2.0 | Similar |
| Med/Surg ICU | 2 | 1,948 | 1.0 | 1.4 | Similar |

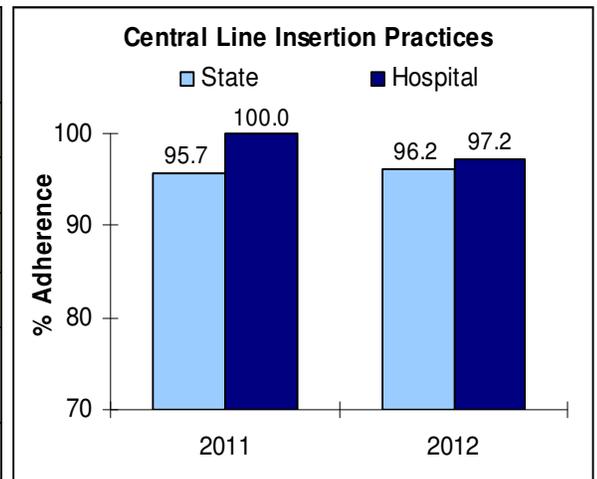
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

ELLIOT HOSPITAL 2012 DATA REPORT

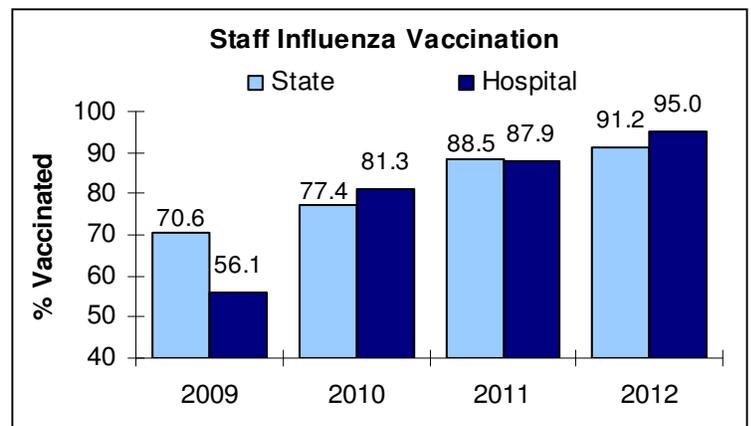
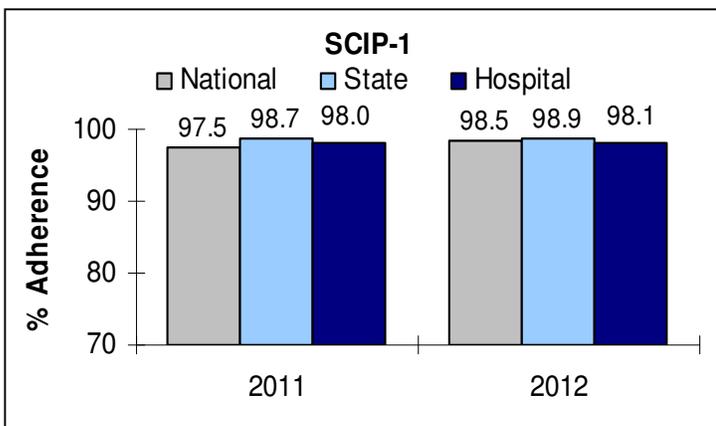
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 97.2 | 96.2 | Similar |
| SCIP-1 | 98.1 | 98.9 | Similar |
| SCIP-2 | 98.5 | 98.8 | Similar |
| SCIP-3 | 96.4 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 95.0 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious | Terminated | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

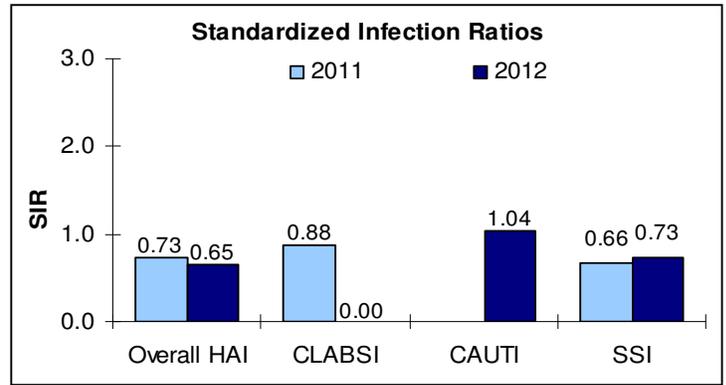
- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



EXETER HOSPITAL

Exeter, NH
 Not-for-profit
 # of Admissions: 5,512
 # of Beds: 100
 # of ICU Beds: 10
 # of Patient-days: 22,845

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 7 | 10.70 | 0.65 | 0.26 , 1.35 | Similar |
| CLABSI | 0 | 1.94 | 0.00 | - , 1.90 | Similar |
| CAUTI | 2 | 1.93 | 1.04 | 0.13 , 3.74 | Similar |
| SSI | 5 | 6.83 | 0.73 | 0.24 , 1.71 | Similar |
| CABG | | | | | |
| COLO | 5 | 5.25 | 0.95 | 0.31 , 2.22 | Similar |
| HYST | † | † | † | † | † |
| KPRO | 0 | 1.27 | 0.00 | - , 2.91 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 1,291 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 2 | 1,485 | 1.3 | 1.2 | Similar |

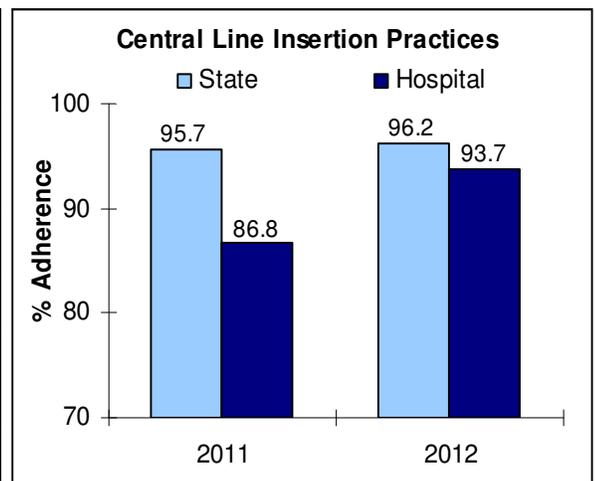
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

EXETER HOSPITAL 2012 DATA REPORT

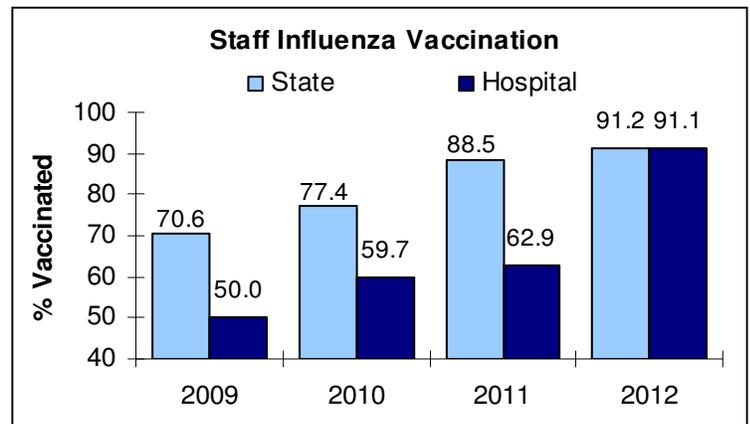
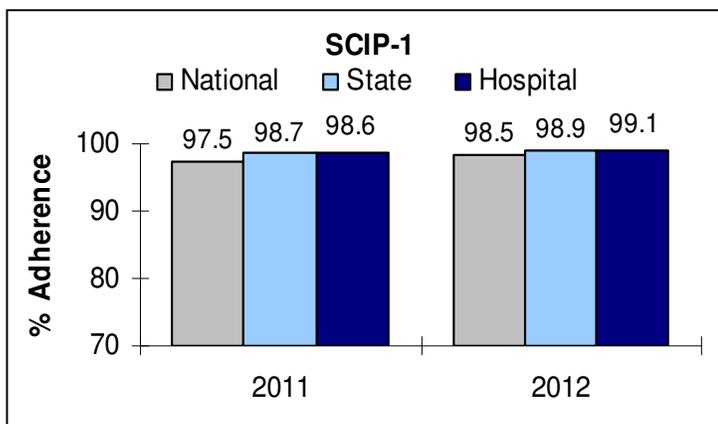
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 93.7 | 96.2 | Similar |
| SCIP-1 | 99.1 | 98.9 | Similar |
| SCIP-2 | 98.5 | 98.8 | Similar |
| SCIP-3 | 98.5 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 91.2 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious, | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



FRANKLIN REGIONAL

Franklin, NH

Not-for-profit

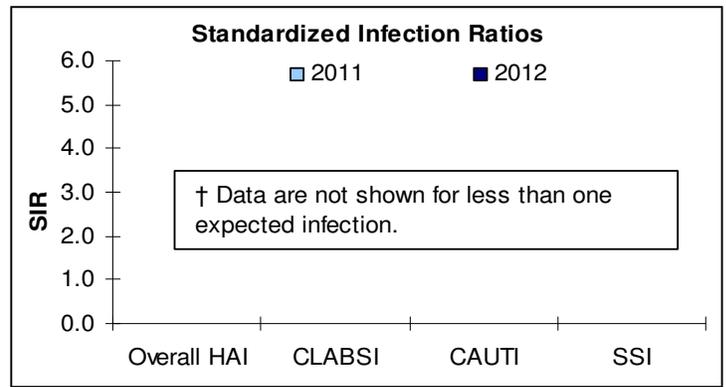
of Admissions: 554

of Beds: 25

of ICU Beds: 5

of Patient-days: 1,738

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | † | † | † | † | † |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | † | † | † | † | † |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 60 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 390 | 0.0 | 1.2 | Similar |

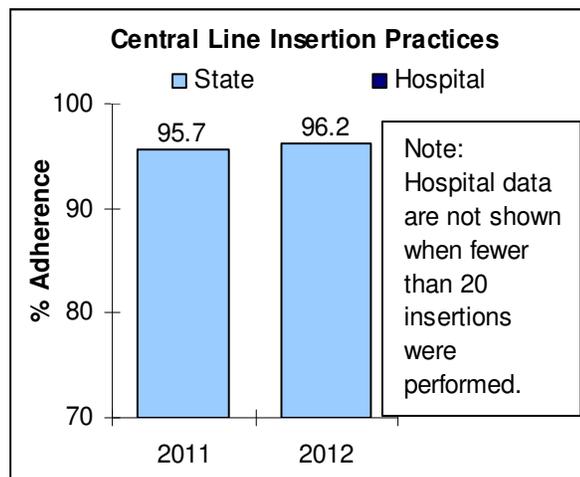
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

FRANKLIN REGIONAL 2012 DATA REPORT

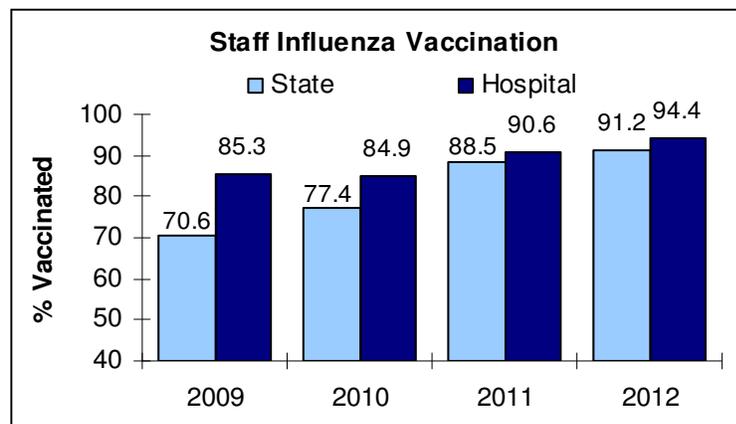
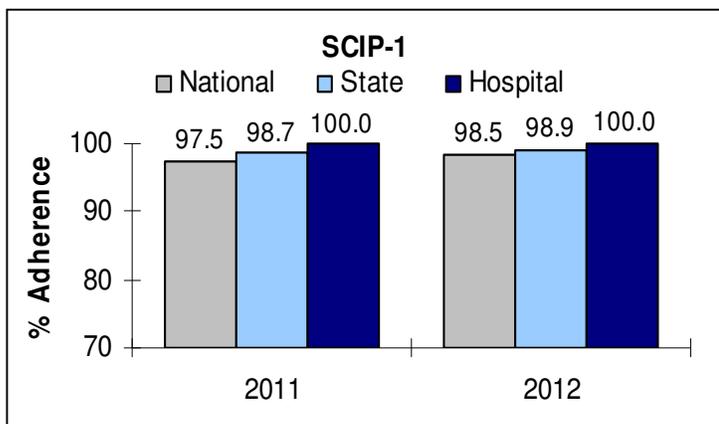
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 100.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 94.4 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious, | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



FRISBIE MEMORIAL HOSPITAL

Rochester, NH

Not-for-profit

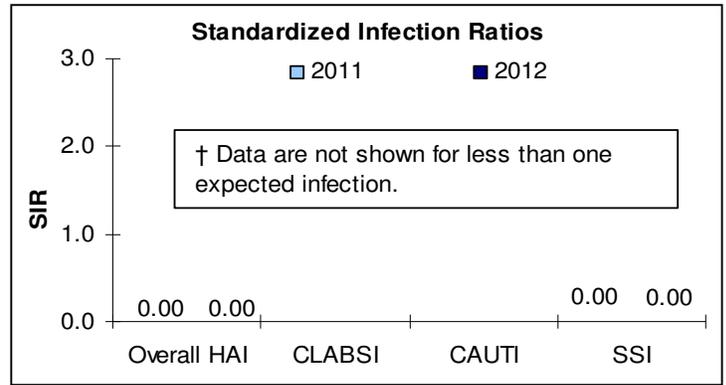
of Admissions: 3,586

of Beds: 50

of ICU Beds: 6

of Patient-days: 14,927

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 0 | 4.75 | 0.00 | - , 0.77 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | 0 | 3.81 | 0.00 | - , 0.97 | Lower |
| CABG | | | | | |
| COLO | 0 | 2.87 | 0.00 | - , 1.28 | Similar |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 293 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 381 | 0.0 | 1.2 | Similar |

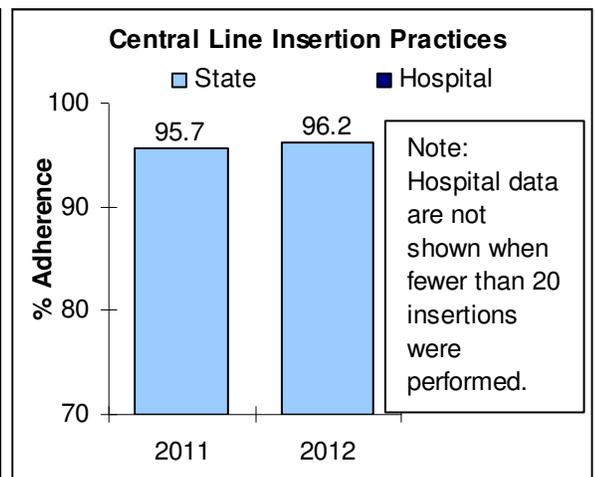
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

FRISBIE MEMORIAL HOSPITAL 2012 DATA REPORT

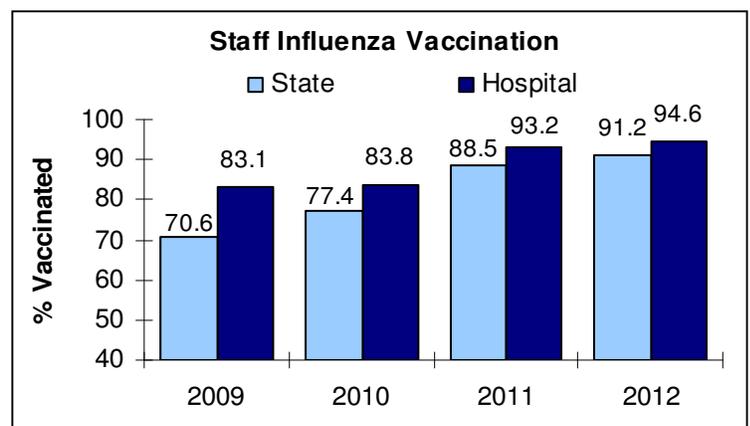
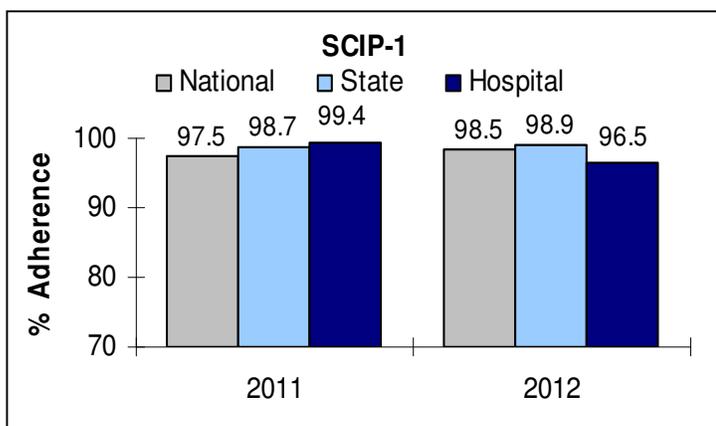
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 96.5 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 99.4 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 94.6 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



HUGGINS HOSPITAL

Wolfeboro, NH

Not-for-profit

of Admissions: 999

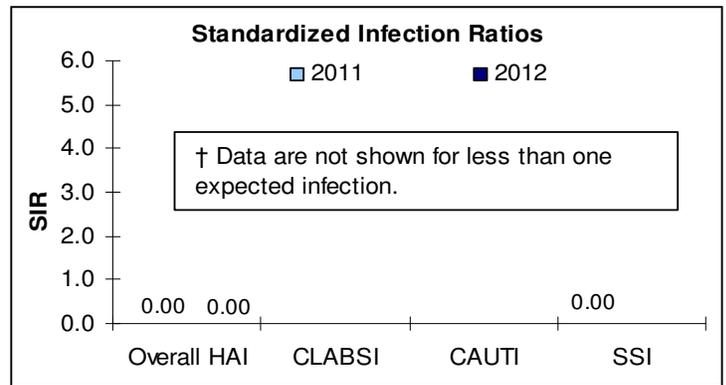
of Beds: 25

of ICU Beds: 4

of Patient-days: 5,800

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 0 | 1.48 | 0.00 | - , 2.49 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | † | † | † | † | † |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 118 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 399 | 0.0 | 1.2 | Similar |

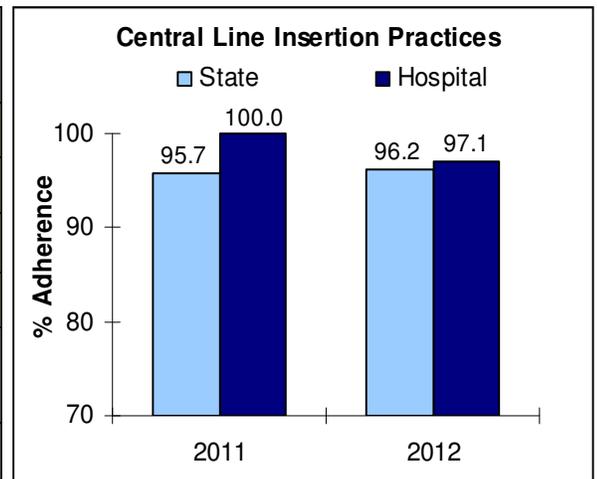
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

HUGGINS HOSPITAL 2012 DATA REPORT

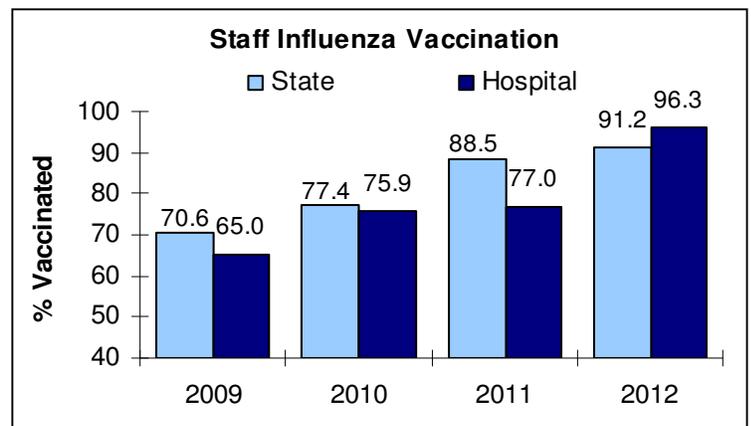
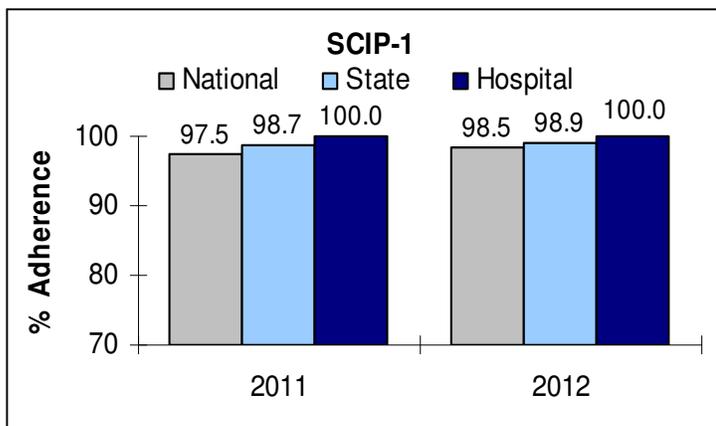
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 97.1 | 96.2 | Similar |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 100.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 96.3 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



LAKES REGION GENERAL

Laconia, NH

Not-for-profit

of Admissions: 4,071

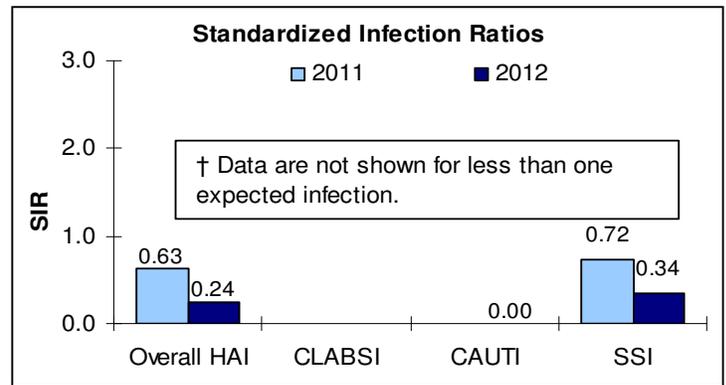
of Beds: 88

of ICU Beds: 10

of Patient-days: 18,960

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 2 | 8.23 | 0.24 | 0.03 , 0.88 | Lower |
| CLABSI | † | † | † | † | † |
| CAUTI | 0 | 1.79 | 0.00 | - , 2.06 | Similar |
| SSI | 2 | 5.95 | 0.34 | 0.04 , 1.21 | Similar |
| CABG | | | | | |
| COLO | 0 | 3.36 | 0.00 | - , 1.10 | Similar |
| HYST | † | † | † | † | † |
| KPRO | 2 | 1.77 | 1.13 | 0.14, 4.08 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 324 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 1378 | 0.0 | 1.2 | Similar |

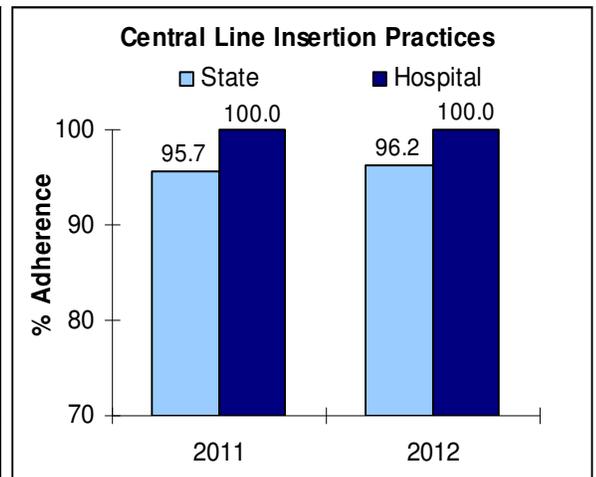
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

LAKES REGION GENERAL 2012 DATA REPORT

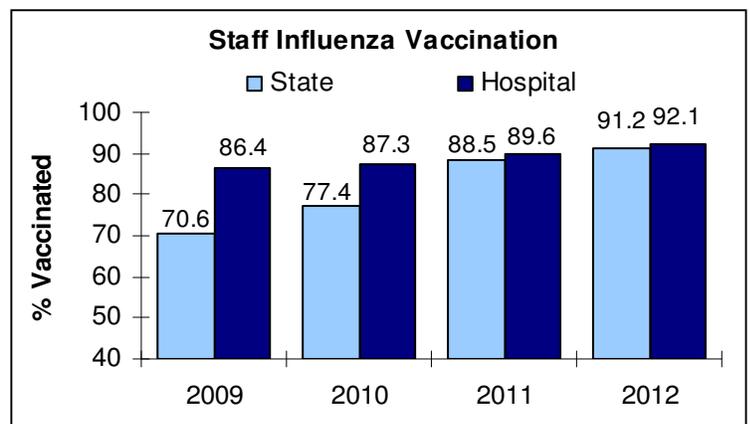
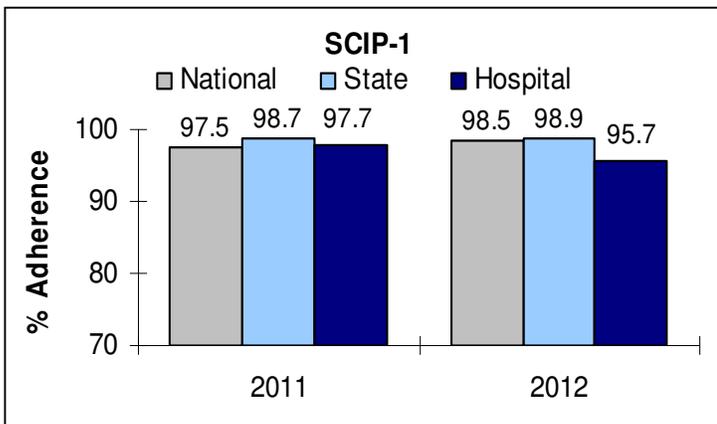
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 100.0 | 96.2 | Similar |
| SCIP-1 | 95.7 | 98.9 | Lower |
| SCIP-2 | 97.3 | 98.8 | Similar |
| SCIP-3 | 97.6 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 92.1 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious, | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



LITTLETON REGIONAL

Littleton, NH

Not-for-profit

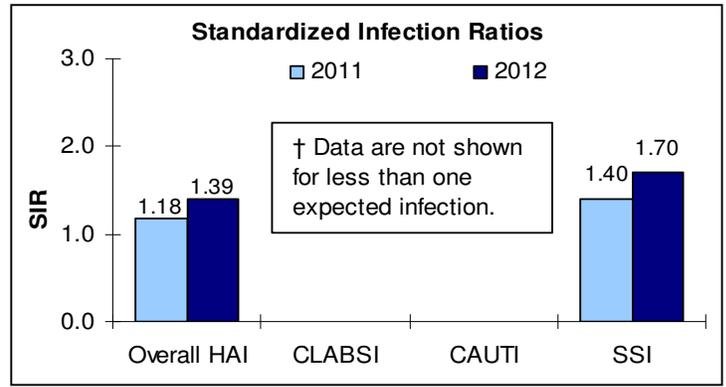
of Admissions: 1,749

of Beds: 29

of ICU Beds: 4

of Patient-days: 6,238

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 4 | 2.87 | 1.39 | 0.37 , 3.56 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | 4 | 2.35 | 1.70 | 0.46 , 4.36 | Similar |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 178 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 199 | 0.0 | 1.2 | Similar |

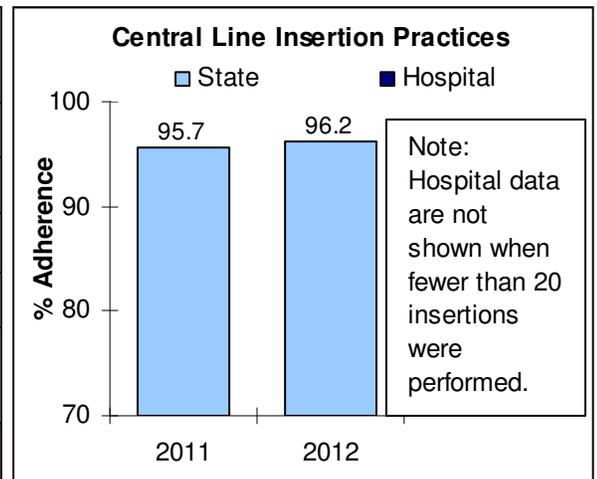
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

LITTLETON REGIONAL 2012 DATA REPORT

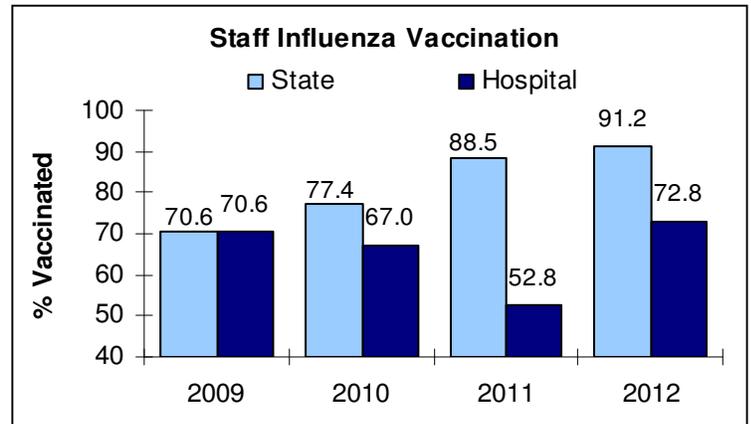
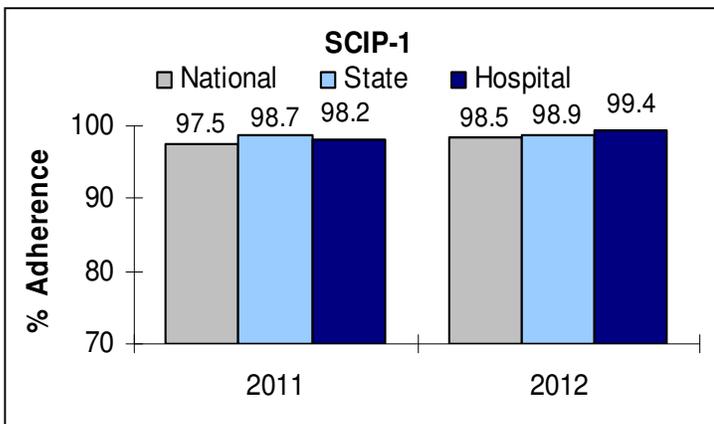
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 99.4 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 96.3 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 72.8 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious, | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



MONADNOCK COMMUNITY

Peterborough, NH

Not-for-profit

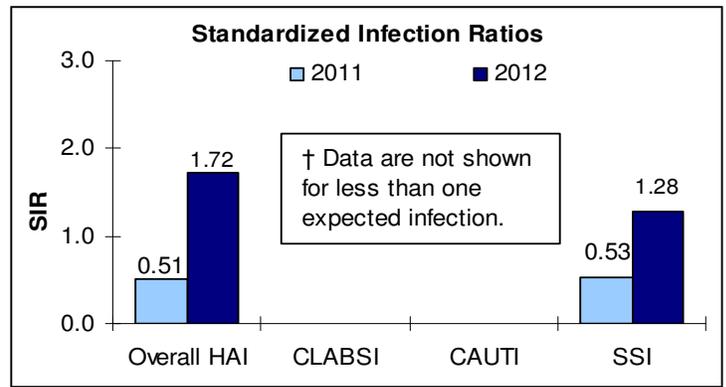
of Admissions: 2,030

of Beds: 25

of ICU Beds: 2

of Patient-days: 5,270

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 3 | 1.75 | 1.72 | 0.35 , 5.02 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | 2 | 1.56 | 1.28 | 0.16 , 4.63 | Similar |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 1 | 130 | 7.7 | 1.2 | Similar |

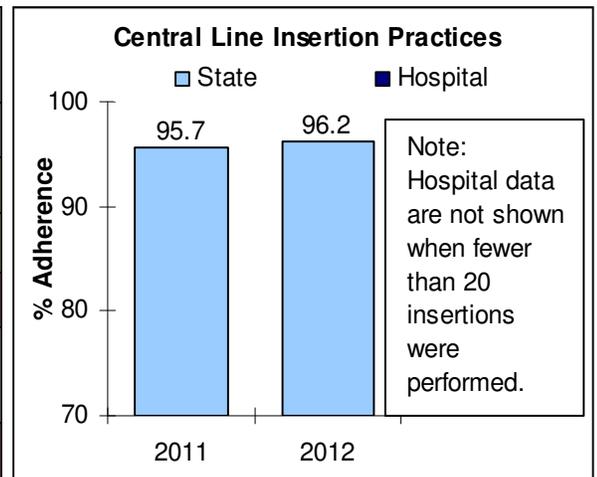
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

MONADNOCK COMMUNITY 2012 DATA REPORT

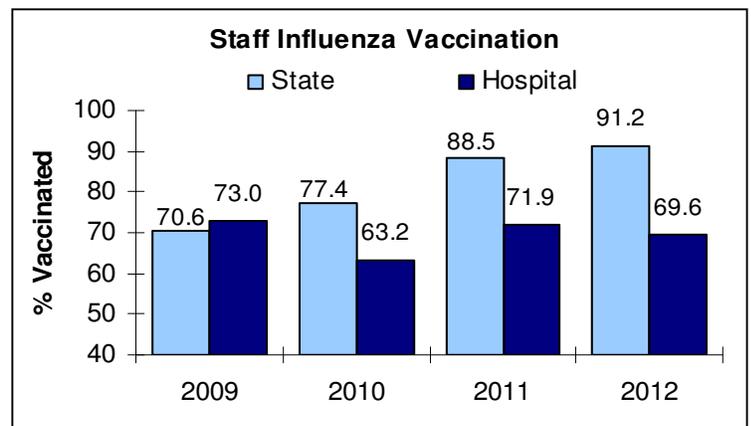
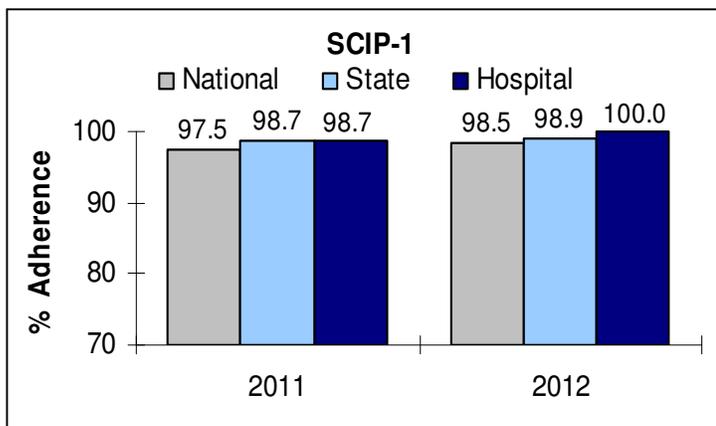
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 89.7 | 97.6 | Lower |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 69.6 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| NO | | | |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



NEW LONDON HOSPITAL

New London, NH

For-profit

of Admissions: 1,155

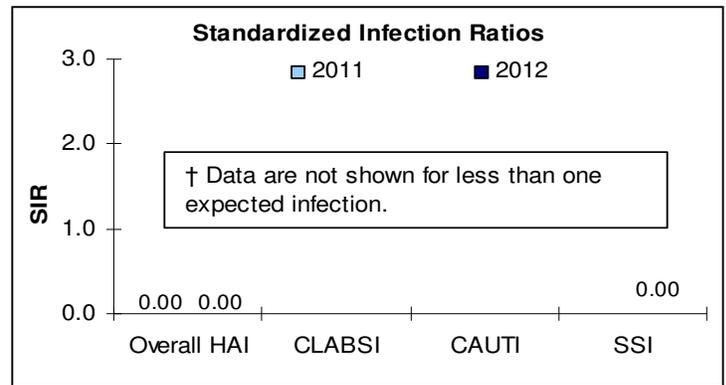
of Beds: 25

of ICU Beds: 4

of Patient-days: 6,068

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 0 | 1.75 | 0.00 | - , 2.09 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | 0 | 1.47 | 0.00 | - , 2.50 | Similar |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 51 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 155 | 0.0 | 1.2 | Similar |

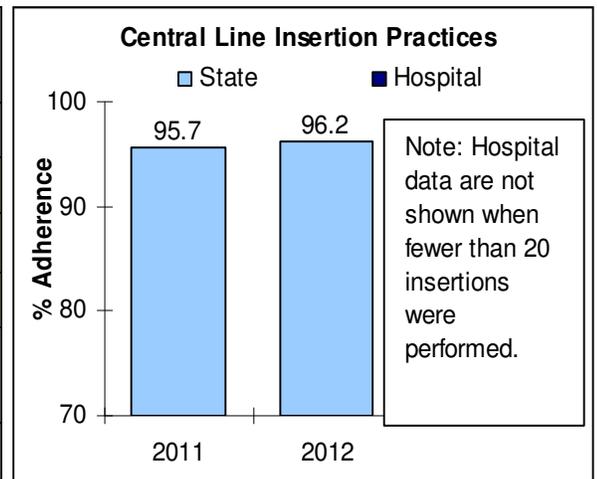
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

NEW LONDON HOSPITAL 2012 DATA REPORT

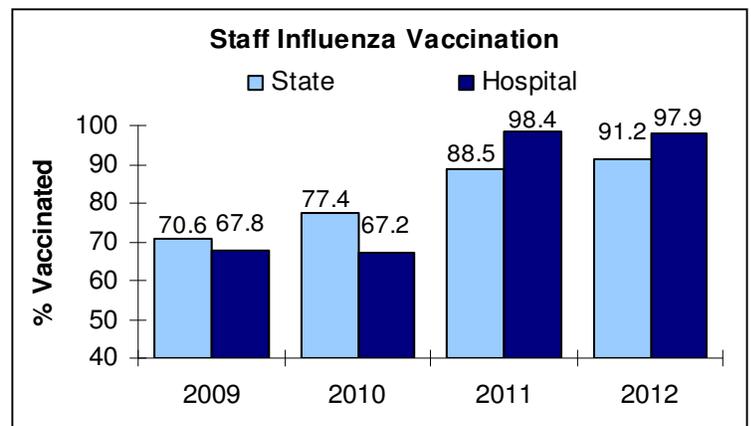
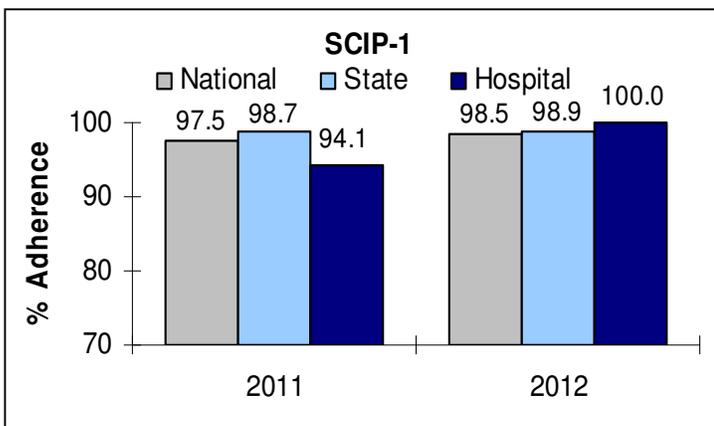
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 100.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 97.9 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious | Terminated | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



PARKLAND MEDICAL CENTER

Derry, NH

For-profit

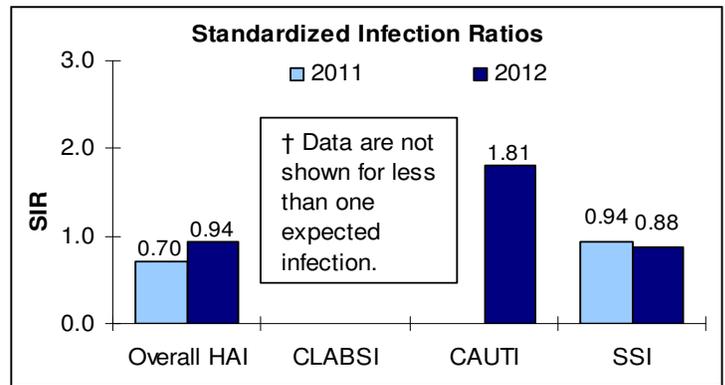
of Admissions: 3,452

of Beds: 82

of ICU Beds: 8

of Patient-days: 11,924

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 5 | 5.34 | 0.94 | 0.30 , 2.19 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | 2 | 1.11 | 1.81 | 0.22 , 6.52 | Similar |
| SSI | 3 | 3.42 | 0.88 | 0.18 , 2.56 | Similar |
| CABG | | | | | |
| COLO | 3 | 2.60 | 1.16 | 0.24 , 3.38 | Similar |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 538 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 2 | 852 | 2.3 | 1.2 | Similar |

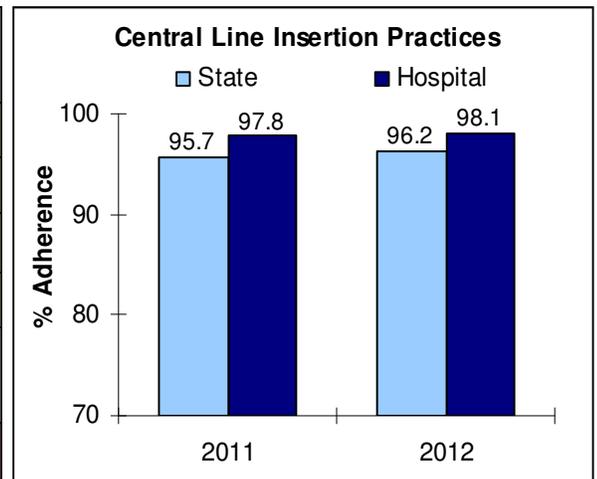
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

PARKLAND MEDICAL CENTER 2012 DATA REPORT

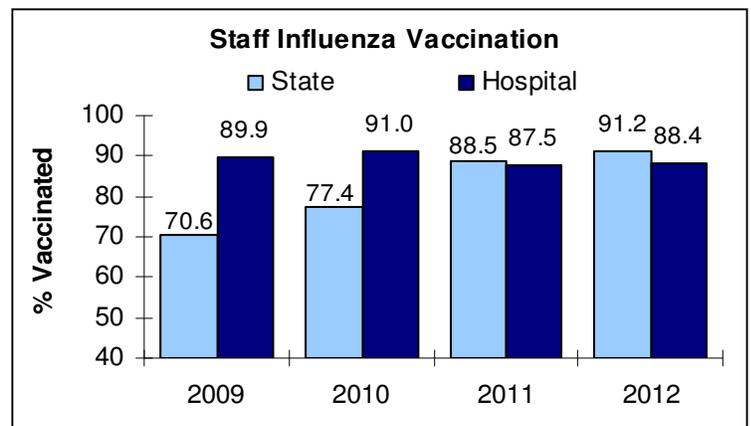
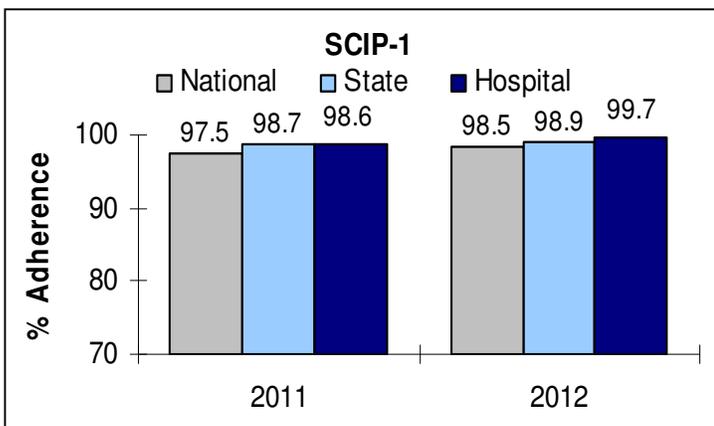
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 98.1 | 96.2 | Similar |
| SCIP-1 | 99.7 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 92.7 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 88.4 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious | Wear a Mask, Education | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



PORTSMOUTH REGIONAL

Portsmouth, NH

For-profit

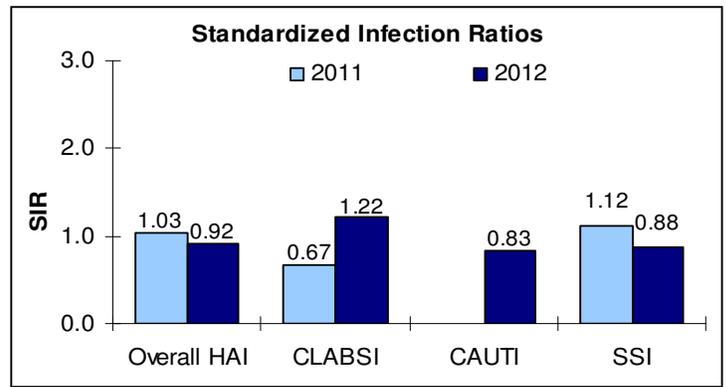
of Admissions: 7,721

of Beds: 254

of ICU Beds: 14

of Patient-days: 37,987

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 20 | 21.78 | 0.92 | 0.56 , 1.42 | Similar |
| CLABSI | 4 | 3.29 | 1.22 | 0.33 , 3.11 | Similar |
| CAUTI | 4 | 4.80 | 0.83 | 0.23 , 2.13 | Similar |
| SSI | 12 | 13.69 | 0.88 | 0.45 , 1.53 | Similar |
| CABG | 3 | 5.51 | 0.54 | 0.11 , 1.59 | Similar |
| COLO | 8 | 4.43 | 1.81 | 0.78 , 3.56 | Similar |
| HYST | † | † | † | † | † |
| KPRO | 1 | 3.14 | 0.32 | 0.01 , 1.78 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|--------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Cardiothoracic ICU | 4 | 2,351 | 1.7 | 0.8 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|--------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Cardiothoracic ICU | 4 | 2,825 | 1.4 | 1.6 | Similar |

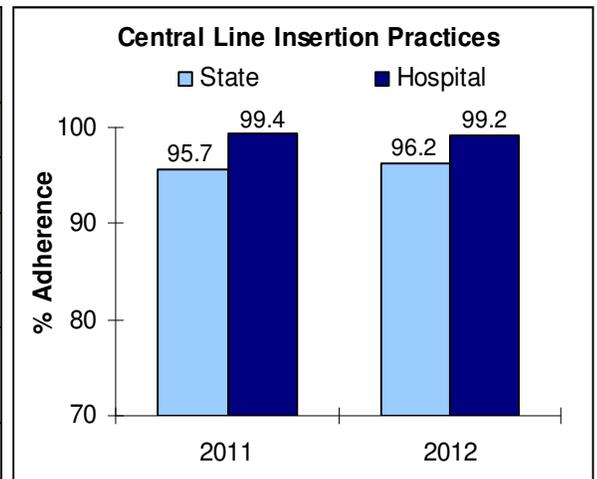
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

PORTSMOUTH REGIONAL 2012 DATA REPORT

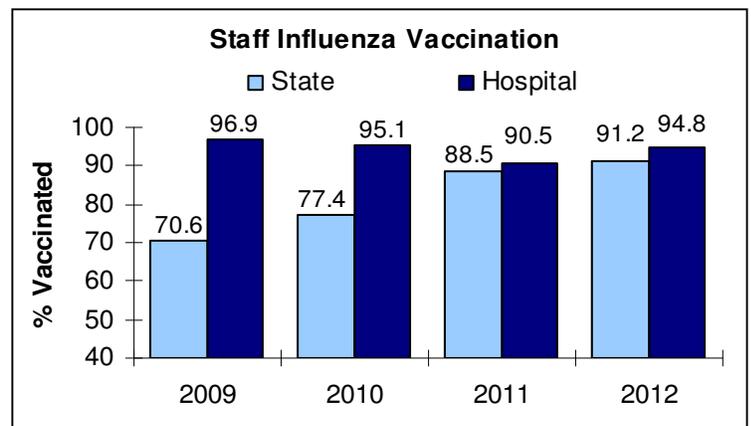
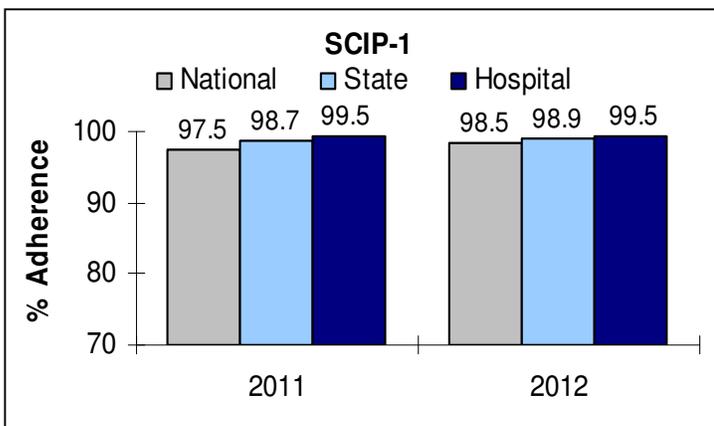
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 99.2 | 96.2 | Similar |
| SCIP-1 | 99.5 | 98.9 | Similar |
| SCIP-2 | 99.5 | 98.8 | Similar |
| SCIP-3 | 99.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 94.8 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



SOUTHERN NH MEDICAL

Nashua, NH

Not-for-profit

of Admissions: 8,865

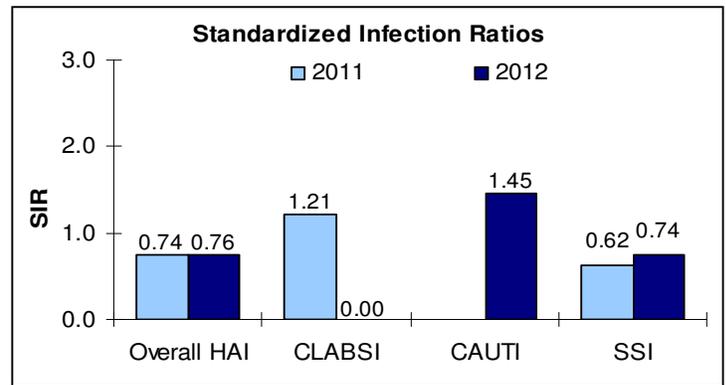
of Beds: 148

of ICU Beds: 20

of Patient-days: 34,687

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 8 | 10.51 | 0.76 | 0.33 , 1.50 | Similar |
| CLABSI | 0 | 1.65 | 0.00 | - , 2.24 | Similar |
| CAUTI | 3 | 2.06 | 1.45 | 0.30 , 4.25 | Similar |
| SSI | 5 | 6.80 | 0.74 | 0.24 , 1.72 | Similar |
| CABG | | | | | |
| COLO | 3 | 4.05 | 0.74 | 0.15 , 2.16 | Similar |
| HYST | 0 | 1.11 | 0.00 | - , 3.33 | Similar |
| KPRO | 2 | 1.64 | 1.22 | 0.15 , 4.40 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 1,060 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | † | † | † | 2.7 | † |
| BW Category B | 0 | 65 | 0.0 | 1.9 | Similar |
| BW Category C | 0 | 207 | 0.0 | 1.2 | Similar |
| BW Category D | 0 | 192 | 0.0 | 0.7 | Similar |
| BW Category E | 0 | 241 | 0.0 | 0.7 | Similar |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 3 | 1,587 | 1.9 | 1.2 | Similar |

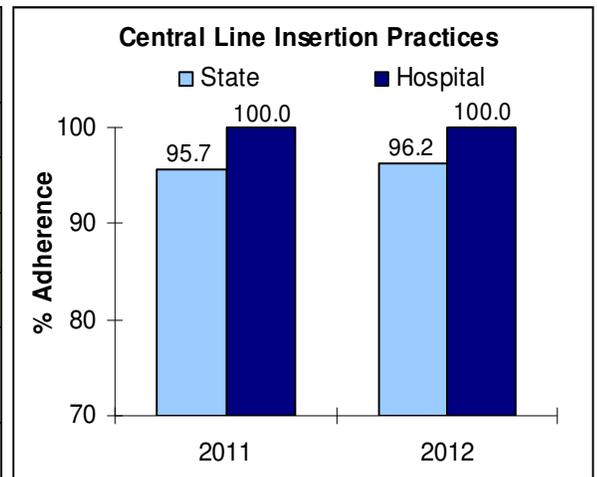
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

SOUTHERN NH MEDICAL 2012 DATA REPORT

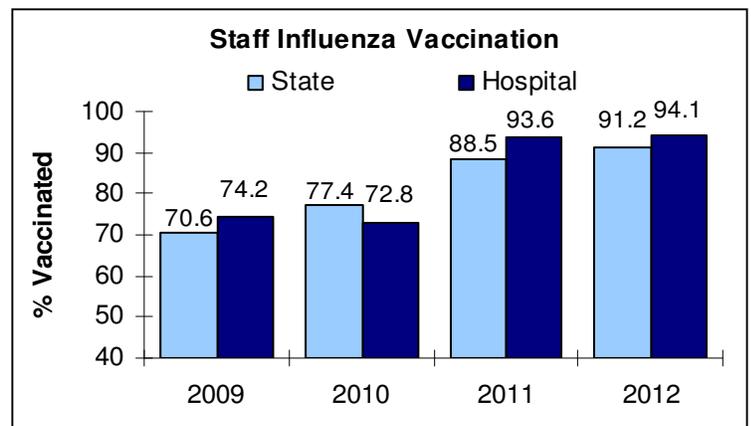
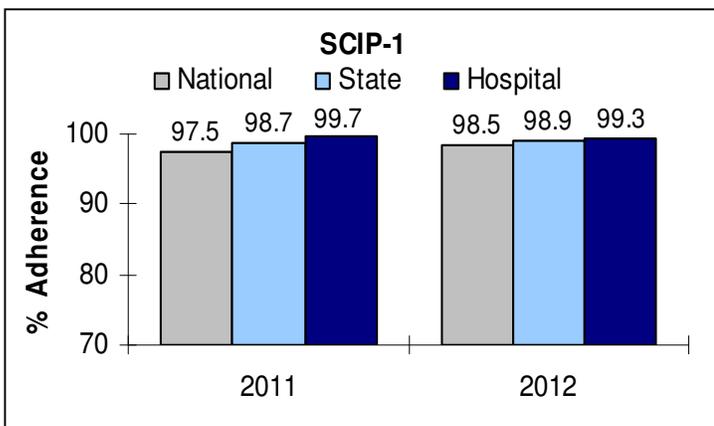
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 100.0 | 96.2 | Higher |
| SCIP-1 | 99.3 | 98.9 | Similar |
| SCIP-2 | 99.7 | 98.8 | Similar |
| SCIP-3 | 98.6 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 94.1 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



SPEARE MEMORIAL HOSPITAL

Plymouth, NH

Not-for-profit

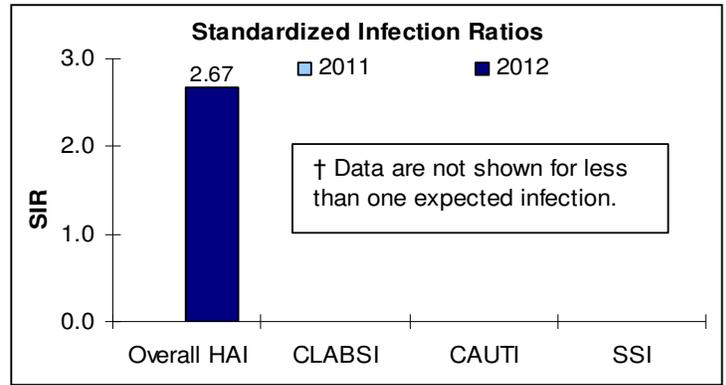
of Admissions: 1,399

of Beds: 25

of ICU Beds: 4

of Patient-days: 4,515

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 3 | 1.12 | 2.67 | 0.54 , 7.80 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | † | † | † | † | † |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 1 | 253 | 4.0 | 1.2 | Similar |

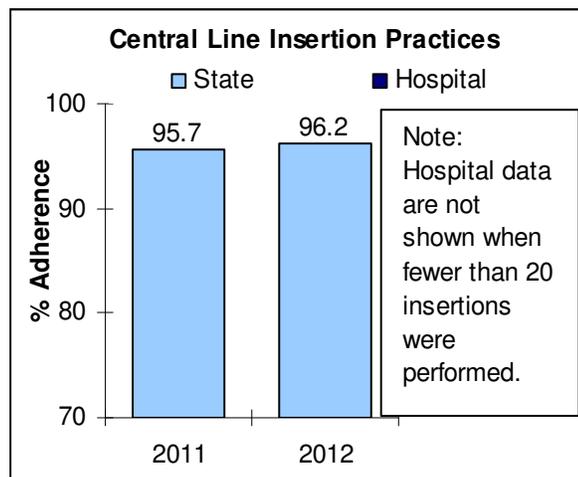
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

SPEARE MEMORIAL HOSPITAL 2012 DATA REPORT

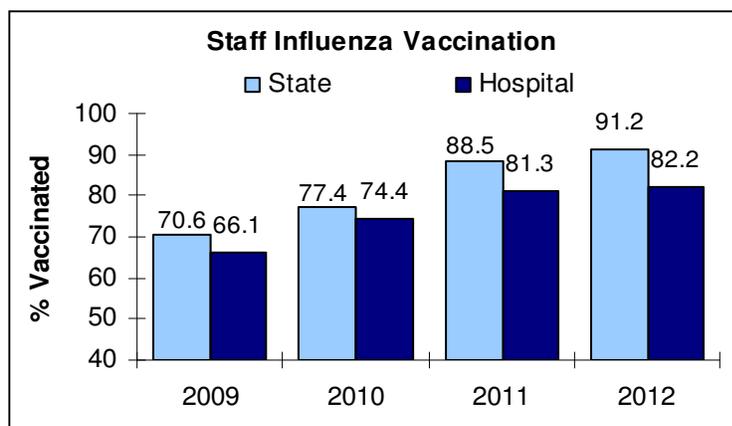
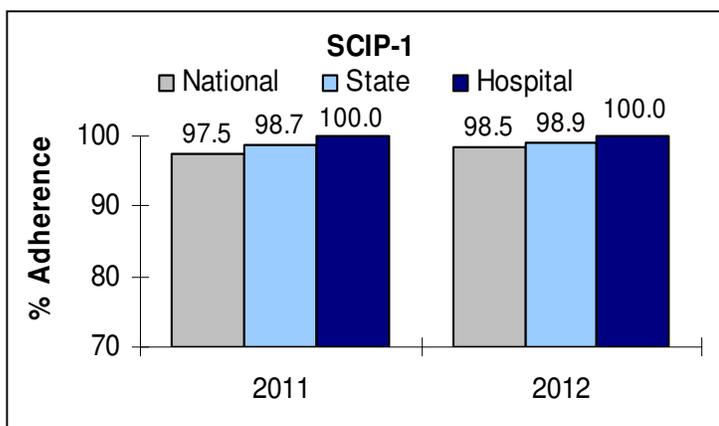
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 100.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 82.2 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



ST JOSEPH HOSPITAL

Nashua, NH

Not-for-profit

of Admissions: 6,641

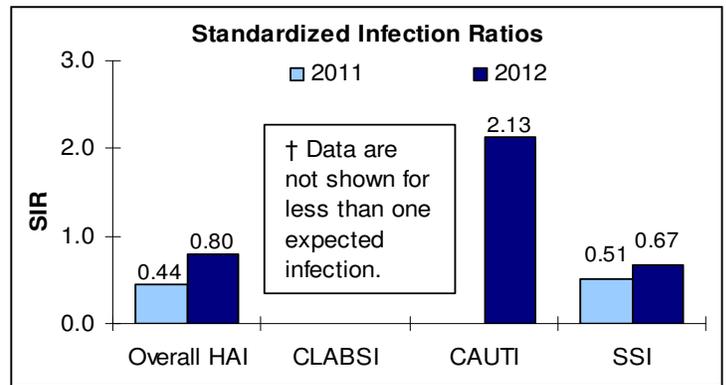
of Beds: 208

of ICU Beds: 11

of Patient-days: 37,136

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 9 | 11.27 | 0.80 | 0.36 , 1.52 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | 3 | 1.41 | 2.13 | 0.44 , 6.23 | Similar |
| SSI | 6 | 8.93 | 0.67 | 0.25 , 1.46 | Similar |
| CABG | | | | | |
| COLO | 1 | 4.86 | 0.21 | 0.01 , 1.15 | Similar |
| HYST | 1 | 2.86 | 0.35 | 0.01 , 1.95 | Similar |
| KPRO | 4 | 1.21 | 3.31 | 0.90 , 8.46 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 619 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 3 | 1,083 | 2.8 | 1.2 | Similar |

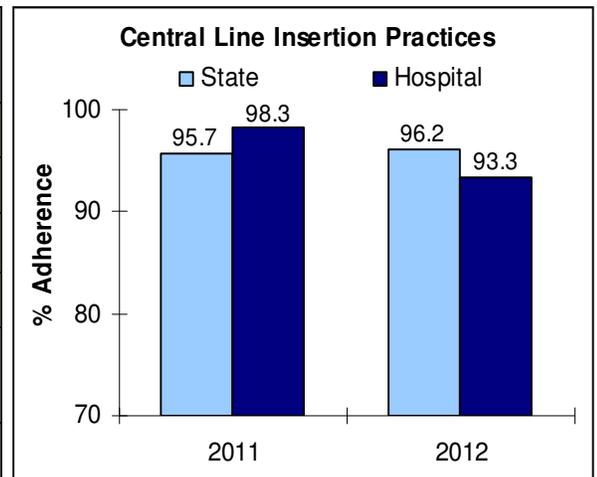
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

ST JOSEPH HOSPITAL 2012 DATA REPORT

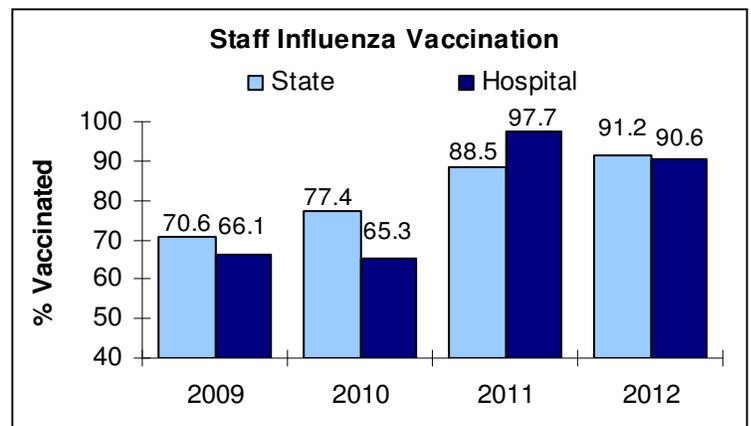
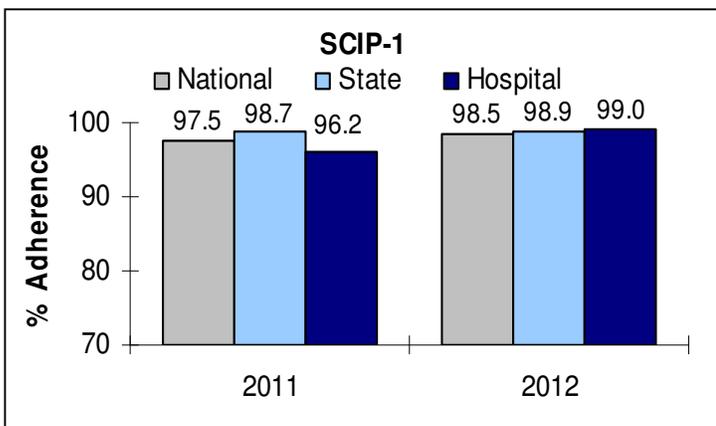
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 93.3 | 96.2 | Similar |
| SCIP-1 | 99.0 | 98.9 | Similar |
| SCIP-2 | 98.5 | 98.8 | Similar |
| SCIP-3 | 98.9 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 97.9 | 91.2 | Higher |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Medical, Religious | Terminated | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



THE MEMORIAL HOSPITAL

North Conway, NH

Not-for-profit

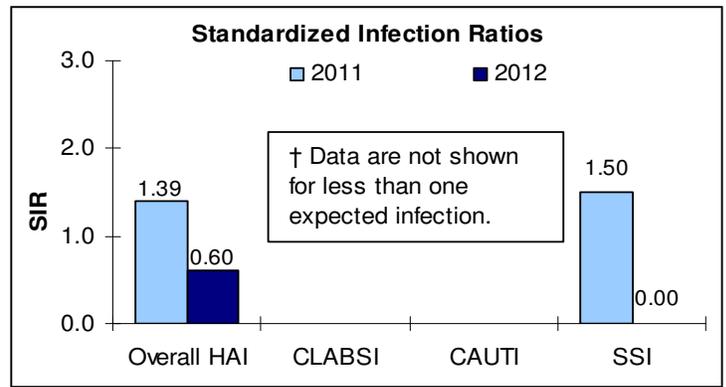
of Admissions: 1,652

of Beds: 25

of ICU Beds: 3

of Patient-days: 5,803

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 1 | 1.66 | 0.60 | 0.01 , 3.36 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | 0 | 1.23 | 0.00 | - , 2.99 | Similar |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|--------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical ICU | 1 | 51 | 19.6 | 1.1 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|--------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical ICU | 0 | 163 | 0.0 | 1.6 | Similar |

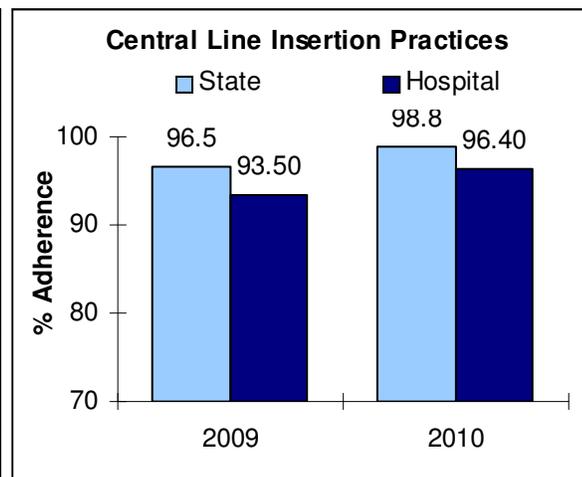
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

THE MEMORIAL HOSPITAL 2012 DATA REPORT

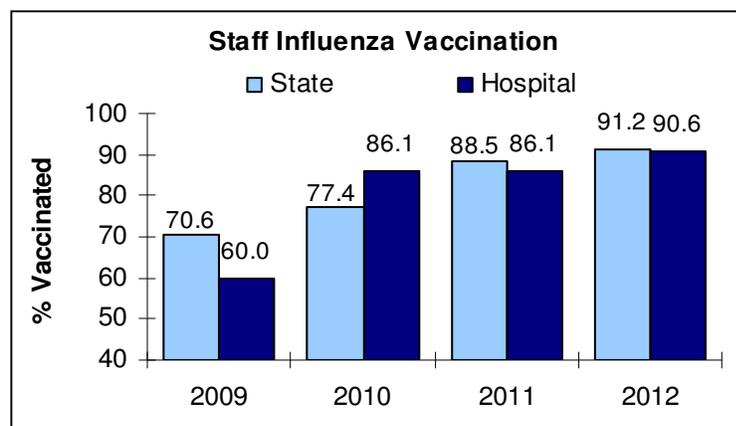
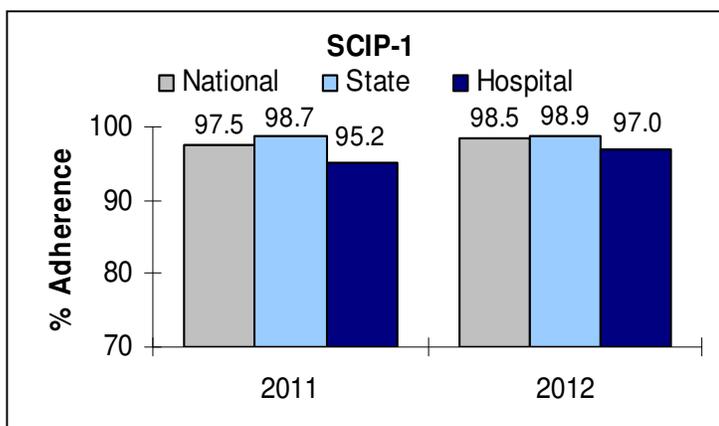
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | 100.0 | 96.2 | Similar |
| SCIP-1 | 97.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 100.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 90.6 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask, Education | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



UPPER CONNECTICUT VALLEY

Colebrook, NH

Not-for-profit

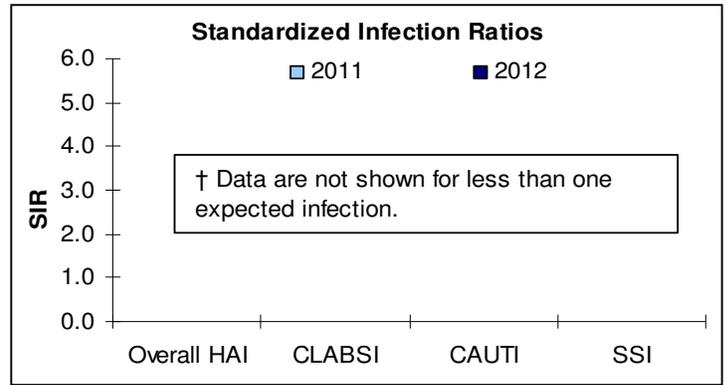
of Admissions: 334

of Beds: 16

of ICU Beds: 0

of Patient-days: 1,694

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | † | † | † | † | † |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | † | † | † | † | † |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

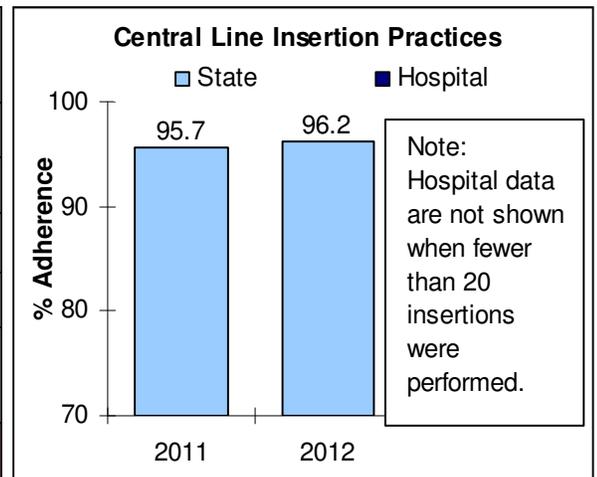
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

UPPER CONNECTICUT VALLEY 2012 DATA REPORT

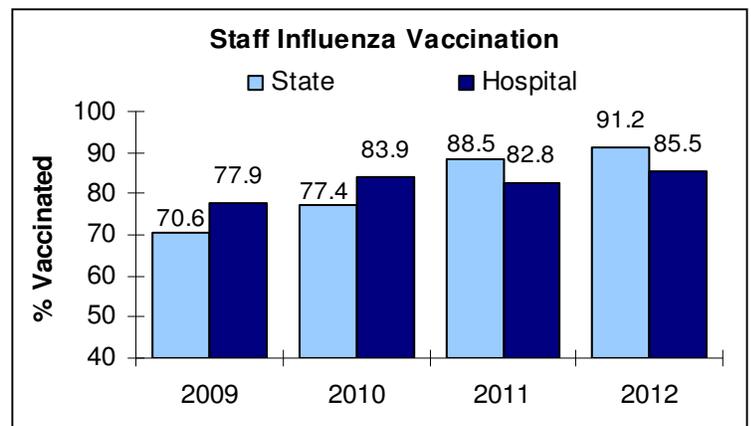
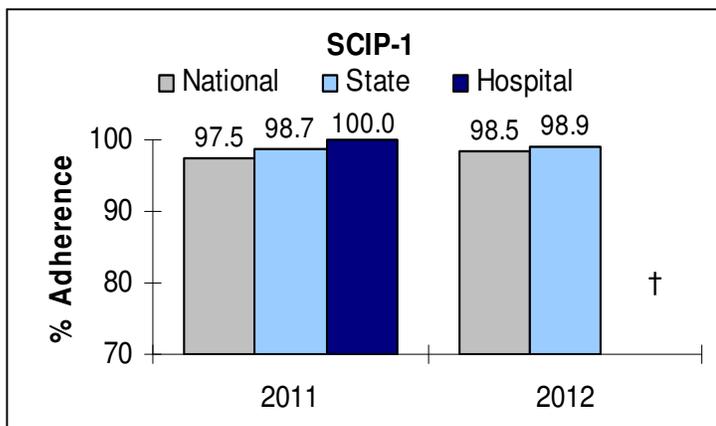
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | † | 98.9 | † |
| SCIP-2 | † | 98.8 | † |
| SCIP-3 | † | 97.6 | † |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 85.5 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| NO | | | |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



VALLEY REGIONAL HOSPITAL

Claremont, NH

Not-for-profit

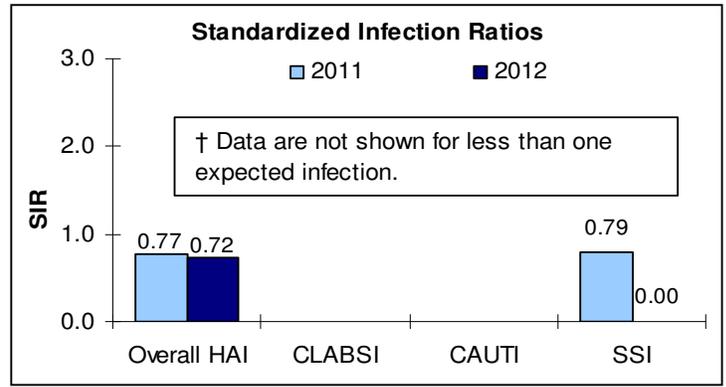
of Admissions: 1,082

of Beds: 21

of ICU Beds: 5

of Patient-days: 4,629

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 1 | 1.40 | 0.72 | 0.01 , 3.98 | Similar |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | 0 | 1.16 | 0.00 | - , 3.18 | Similar |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 1 | 153 | 6.5 | 1.2 | Similar |

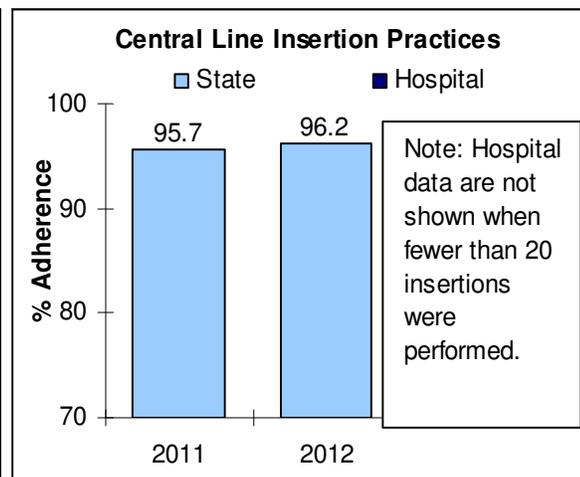
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

VALLEY REGIONAL HOSPITAL 2012 DATA REPORT

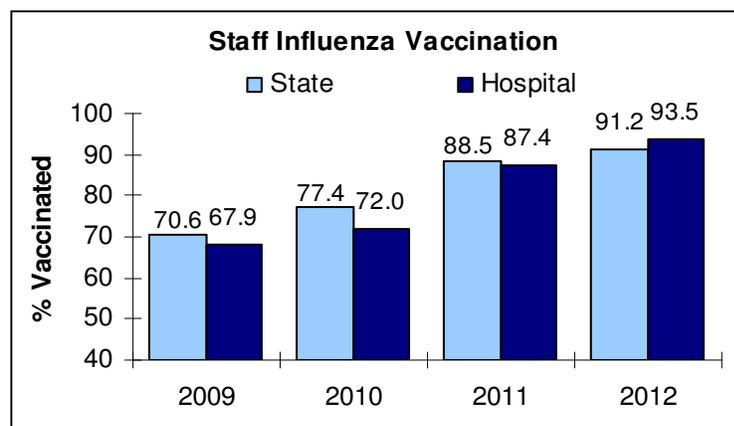
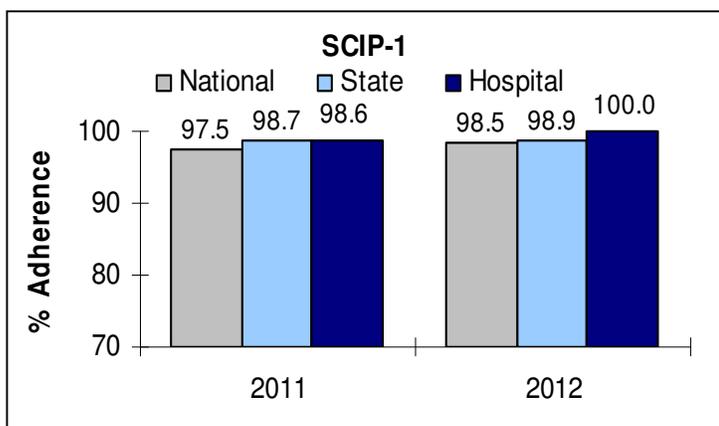
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 100.0 | 98.9 | Similar |
| SCIP-2 | 100.0 | 98.8 | Similar |
| SCIP-3 | 100.0 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 93.5 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



WEEKS MEDICAL CENTER

Lancaster, NH

Not-for-profit

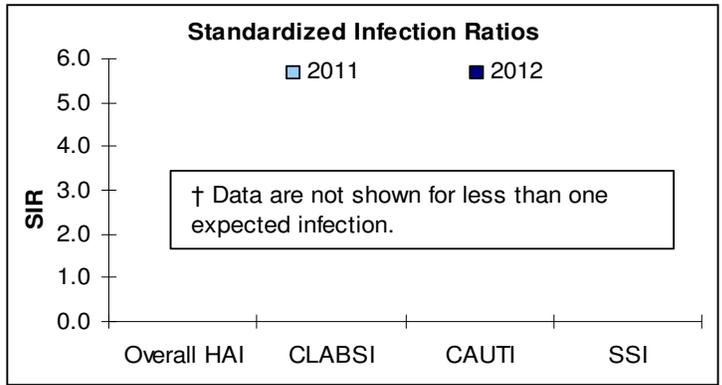
of Admissions: 825

of Beds: 25

of ICU Beds: 3

of Patient-days: 3,803

2012 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | † | † | † | † | † |
| CLABSI | † | † | † | † | † |
| CAUTI | † | † | † | † | † |
| SSI | † | † | † | † | † |
| CABG | | | | | |
| COLO | † | † | † | † | † |
| HYST | † | † | † | † | † |
| KPRO | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | † | † | † | † | † |

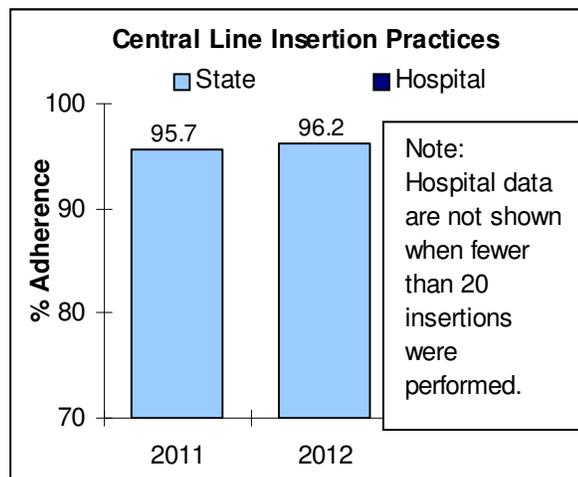
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

WEEKS MEDICAL CENTER 2012 DATA REPORT

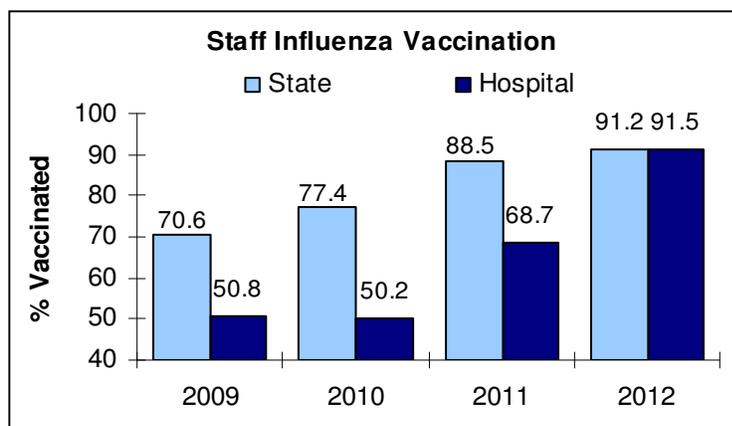
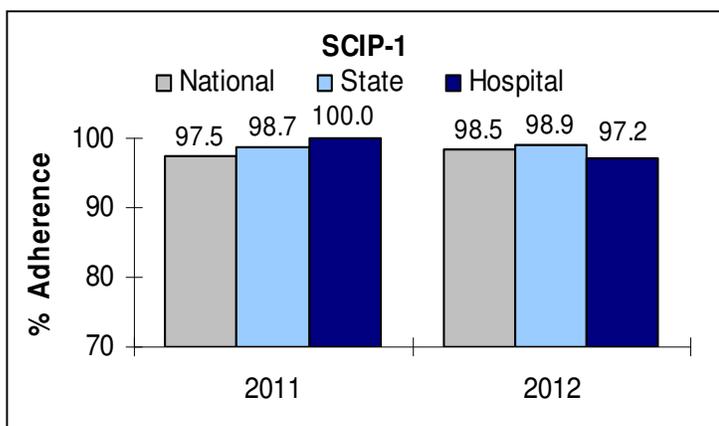
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 97.2 | 98.9 | Similar |
| SCIP-2 | 97.2 | 98.8 | Similar |
| SCIP-3 | 90.9 | 97.6 | Similar |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 91.5 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.



WENTWORTH-DOUGLAS

Dover, NH

Not-for-profit

of Admissions: 7,644

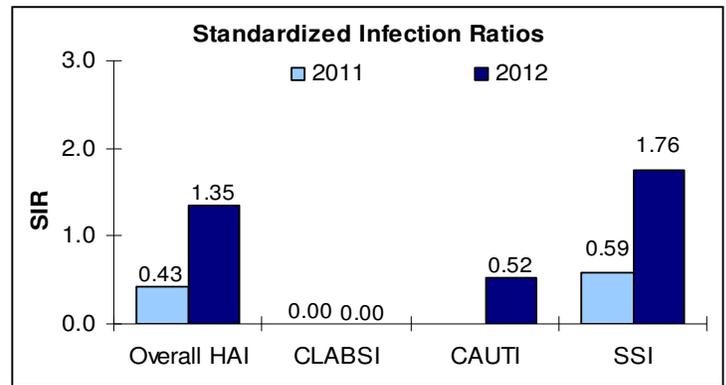
of Beds: 142

of ICU Beds: 11

of Patient-days: 32,753

2012 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)



| Measure | Observed Infections | Expected Infections | Standardized Infection Ratio (SIR) | 95% Confidence Interval | Comparison to Expected |
|-------------|---------------------|---------------------|------------------------------------|-------------------------|------------------------|
| Overall HAI | 15 | 11.10 | 1.35 | 0.76 , 2.23 | Similar |
| CLABSI | 0 | 1.23 | 0.00 | - , 3.01 | Similar |
| CAUTI | 1 | 1.94 | 0.52 | 0.01 , 2.88 | Similar |
| SSI | 14 | 7.94 | 1.76 | 0.96 , 2.96 | Similar |
| CABG | | | | | |
| COLO | 9 | 4.32 | 2.08 | 0.95 , 3.95 | Similar |
| HYST | 4 | 2.17 | 1.84 | 0.50 , 4.72 | Similar |
| KPRO | 1 | 1.44 | 0.69 | 0.02 , 3.87 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 0 | 817 | 0.0 | 0.9 | Similar |

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

| Birthweight Category | Number of Infections | Number of Central-line Days | Rate per 100,000 Central-line days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-----------------------------|------------------------------------|---------------|-----------------------------|
| BW Category A | | | | | |
| BW Category B | | | | | |
| BW Category C | | | | | |
| BW Category D | | | | | |
| BW Category E | | | | | |

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS RATES

| Type of Unit | Number of Infections | Number of Catheter Days | Rate per 100,000 Catheter days | National Rate | Comparison to National Rate |
|----------------------|----------------------|-------------------------|--------------------------------|---------------|-----------------------------|
| Medical/Surgical ICU | 1 | 1,490 | 0.7 | 1.2 | Similar |

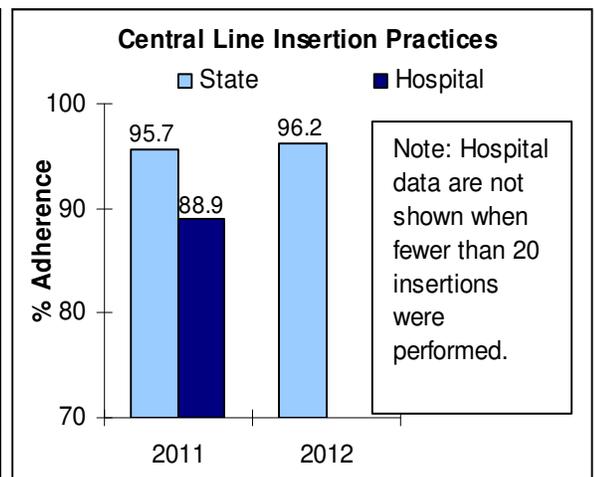
BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty

WENTWORTH-DOUGLASS 2012 DATA REPORT

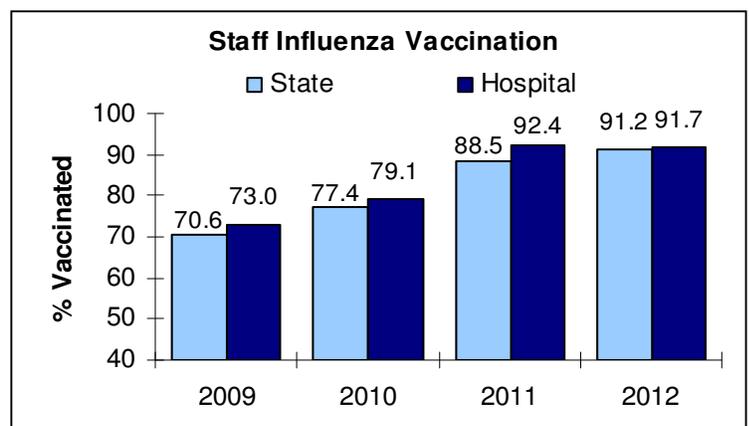
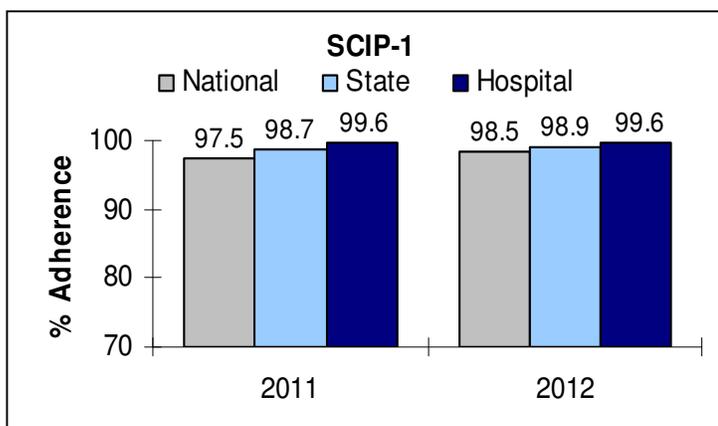
PROCESS MEASURES

| Measure | Percent Adherence | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| CLIP | † | 96.2 | † |
| SCIP-1 | 99.6 | 98.9 | Similar |
| SCIP-2 | 98.8 | 98.8 | Similar |
| SCIP-3 | 100.0 | 97.6 | Higher |
| Measure | Percent Vaccinated | State Average | Comparison to State Average |
| Staff Influenza Vaccination | 91.7 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| YES | Any reason | Wear a Mask | Wear a Mask |



SCIP: Surgical care Improvement project CLIP: Central line insertion practices

DATA NOTES:

- The 2012 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2012, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This may make data interpretation difficult because a higher SSI rate at a hospital could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

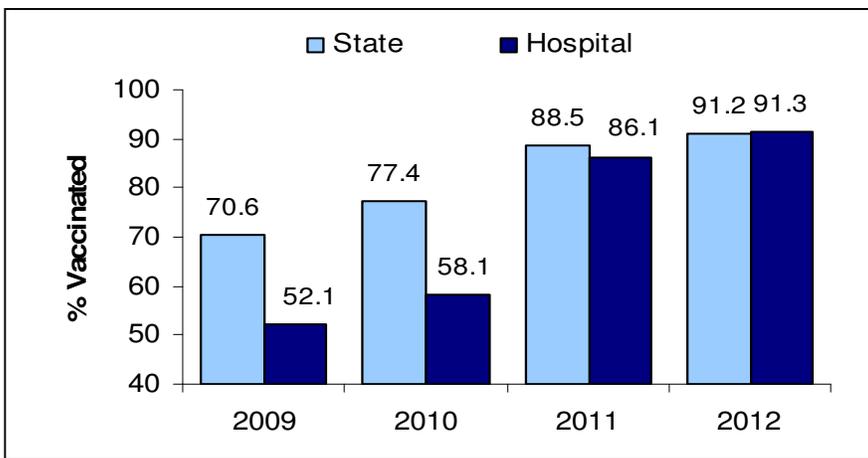


CROTCHED MOUNTAIN SPECIALITY HOSPITAL
 Greenfield, NH
 Not-for-profit
 # of Beds: 62

2012 HAI DATA REPORT

PROCESS MEASURES

| Measure | Percent Vaccinated | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| Staff Influenza Vaccination | 91.3 | 91.2 | Similar |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-----------------------------------|--|--|
| YES | Medical, Religious, Philosophical | Wear a Mask | Wear a Mask |

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI and CLIP, because they do not have ICUs, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
- The three rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections
 SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty
 SCIP: Surgical care Improvement project CLIP: Central line insertion practices

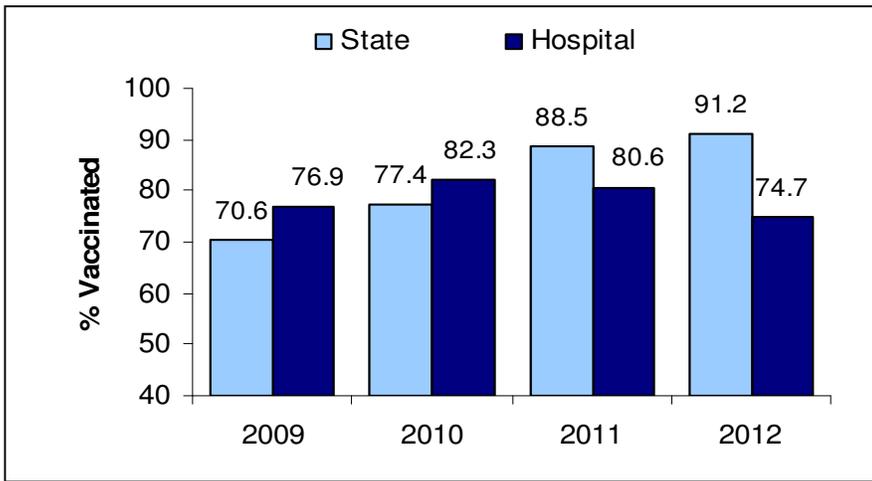


HEALTHSOUTH REHABILITATION HOSPITAL
 Concord, NH
 Corporate
 # of Beds: 50

2012 HAI DATA REPORT

PROCESS MEASURES

| Measure | Percent Vaccinated | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| Staff Influenza Vaccination | 74.7 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|-------------|-------------------------------|--|--|
| CONSIDERING | | | |

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI and CLIP, because they do not have ICUs, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
- The three rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections
 SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty
 SCIP: Surgical care Improvement project CLIP: Central line insertion practices

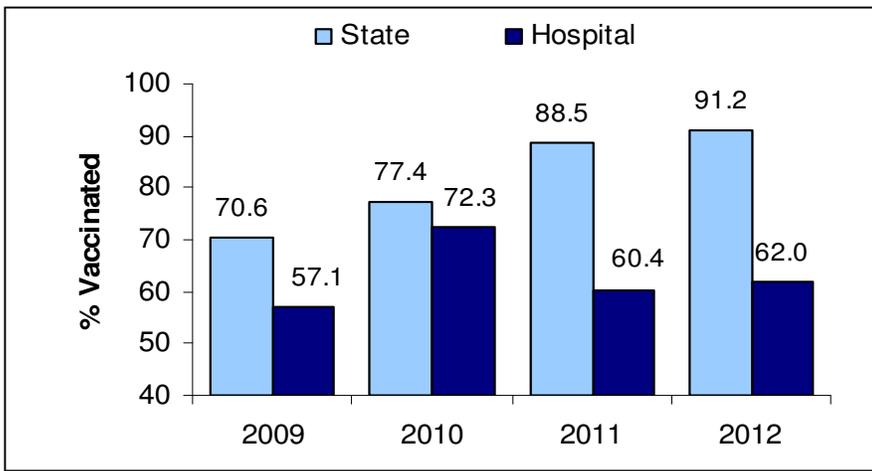


NORTHEAST REHABILITATION HOSPITAL
 Salem, NH
 Network
 # of Beds: 82

2012 HAI DATA REPORT

PROCESS MEASURES

| Measure | Percent Vaccinated | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| Staff Influenza Vaccination | 62.0 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-----------------------------------|--|--|
| YES | Medical, Religious, Philosophical | Wear a Mask | Wear a Mask |

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI and CLIP, because they do not have ICUs, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
- The three rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections
 SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty
 SCIP: Surgical care Improvement project CLIP: Central line insertion practices



HAMPSTEAD HOSPITAL

Hampstead, NH

Private

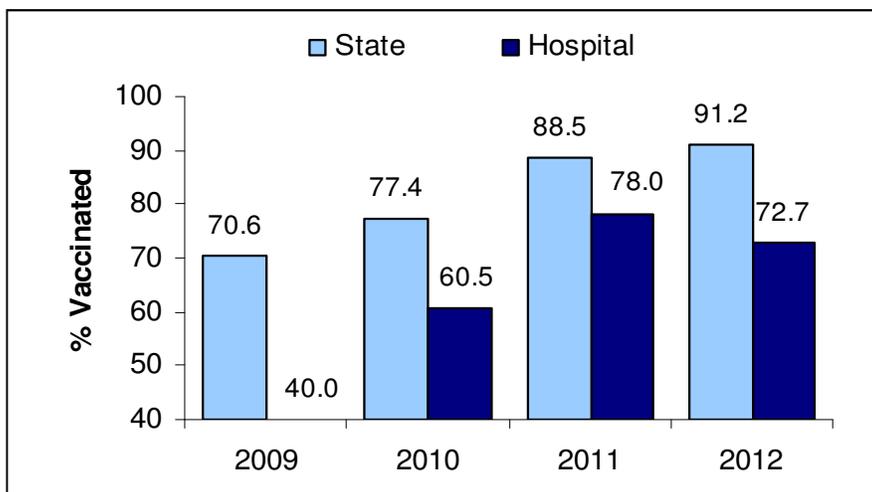
of Admissions: 1,522

of Beds: 111

2012 HAI DATA REPORT

PROCESS MEASURES

| Measure | Percent Vaccinated | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| Staff Influenza Vaccination | 72.7 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| NO | | | |

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI and CLIP, because they do not have ICUs, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
- The three rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections
 SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty
 SCIP: Surgical care Improvement project CLIP: Central line insertion practices



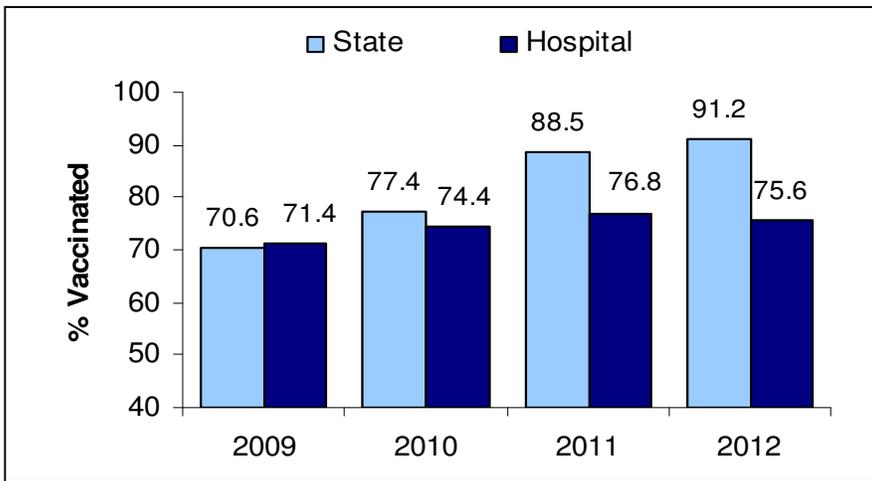
NEW HAMPSHIRE HOSPITAL

Concord, NH
 State operated
 # of Beds: 176

2012 HAI DATA REPORT

PROCESS MEASURES

| Measure | Percent Vaccinated | State Average | Comparison to State Average |
|-----------------------------|--------------------|---------------|-----------------------------|
| Staff Influenza Vaccination | 75.6 | 91.2 | Lower |



INFLUENZA VACCINATION POLICIES, 2012-2013 INFLUENZA SEASON

| Policy | Exemptions Allowed in Policy* | Consequences for Unvaccinated HCP Without Accepted Exemption | Precautions for Unvaccinated HCP With Accepted Exemption |
|--------|-------------------------------|--|--|
| NO | | | |

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI and CLIP, because they do not have ICUs, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
- The three rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-Associated Infections CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infections
 SSI: Surgical site infection COLO: Colon procedures HYST: Abdominal hysterectomy CABG: Coronary artery bypass KPRO: Knee arthroplasty
 SCIP: Surgical care Improvement project CLIP: Central line insertion practices

APPENDIX 1: Technical Notes

1. Data in this report were extracted from NHSN on 09/25/2012. Changes or new infections reported by hospitals after this date are not reflected in this report.
2. The SSI and CLABSI national comparison data used in this report come from the 2009 NHSN Report and 2010 NHSN report, respectively. The 2009 NHSN report summarizes data reported to NHSN from 2006–2008. The 2011 NHSN report summarizes device-associated data reported to NHSN January- December 2011. These reports are available at:
 - a. <http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf>
 - b. <http://www.cdc.gov/nhsn/PDFs/dataStat/NHSN-Report-2011-Data-Summary.pdf>
3. Rate data were appropriately risk-adjusted according to standard NHSN recommendations. Rates were only presented if appropriately risk-adjusted as follows:
 - a. CLABSI: rate data must be broken down and aggregated only by the same type of unit.
 - b. CAUTI: rate data must be broken down and aggregated only by the same type of unit
 - c. CLIP: currently there are no CDC recommendations for risk-adjusting CLIP data.
 - d. SSI: beginning in 2010, rates are no longer presented in accordance with CDC recommendations and changes to NHSN methodology.
4. Rates for any grouping were not presented if data were insufficient to generate a stable rate.
 - a. CLABSI: there must be at least 50 central line days in the denominator to present a rate.
 - b. CAUTI: there must be at least 50 catheter days in the denominator to present a rate.
 - c. CLIP: there must be at least 20 insertions in the denominator to present a rate.
 - d. SSI: beginning in 2010, rates are no longer presented in accordance with CDC recommendations and changes to NHSN methodology.
5. Standardized Infection Ratios for any grouping were not presented if less than one infection was expected.
6. All confidence intervals presented in this report are 95% confidence intervals. A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Because we can never obtain a hospital's true "population" data (e.g., all patients for all time), we use statistical procedures to "estimate" various measurements using "sample" data. Since estimates have "variability" we use 95% confidence limits to describe the variability around the estimate. The confidence interval (CI) gives us the range within which the TRUE value will fall 95% of the time, assuming that the sample data are reflective of the true population. If the confidence intervals for the two rates overlap, then it is reasonably possible that the REAL rates are not different from one another.
7. Statistical significance is affected by sample size. If a value is almost or just barely significant, just a few additional observations can push significance one-way or the other (i.e., not significant or significant).

Standardized Infection Ratios

8. Calculating a standardized infection ratio (SIR): The standardized infection ratio is the number of observed infections divided by the number of expected infections based on most recent national data. In order to calculate an SIR, it is recommended that there be at least one expected number of infections. See Appendix 2 for more information on the SIR.

9. Interpreting a standardized infection ratio (SIR): The resulting SIR is a comparison between the number of observed infections and the number expected.
 - a. An SIR of 1.0 means that exactly the same number of infections was observed as was expected.
 - b. An SIR of less than one means that fewer infections were observed than was expected (for example, SIR = 0.70 would be interpreted as 30% fewer infections observed than expected).
 - c. An SIR of more than one means that fewer infections were observed than was expected (for example, SIR = 1.30 would be interpreted as 30% more infections observed than expected).

10. Calculating a corresponding confidence interval for a standardized infection ratio: All hospital-specific SIRs and corresponding confidence intervals in this report were generated directly by NHSN using statistical methods similar to those described in Liddell FD. Simple exact analysis of the standardised mortality ratio. *Journal of Epidemiology and Community Health*, 1984; 38:85-88.⁹

11. Interpreting a standardized infection ratio confidence interval (CI): A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a Standardized Infection Ratio). Confidence intervals can be used to assess whether differences in the number of observed and expected infections is statistically significant (or significantly different).
 - a. For CIs that contain the value 1.0, the observed number of infections will be considered "Similar" to the expected number of infections based on national data (e.g., 0.27–1.49).
 - b. For CIs that are lower than and do not contain the value 1.0, the observed number of infections will be considered "Lower" than the expected number of infections based on national data (e.g., 0.13–0.74).
 - c. For CIs that are higher than and do not contain the value 1.0, the observed number of infections will be considered "Higher" than the expected number of infections based on national data (e.g., 1.09–2.63).

Infection Rates

12. Calculating a central line-associated bloodstream infection rate: CLABSI rates are presented as the number of infections per 1,000 central line days.

$$\text{CLABSI rate} = (\text{number of infections} / \text{number of central line days}) \times 1,000$$

13. Calculating a catheter-associated urinary tract infection rate: CAUTI rates are presented as the number of infections per 1,000 catheter days.

$$\text{CAUTI rate} = (\text{number of infections} / \text{number of catheter days}) \times 1,000$$

14. Interpreting a p-value: All hospital-specific rates and corresponding p-values in this report were generated directly by NHSN using Poisson statistical methods. State level rates and corresponding p-values were calculated by DHHS using exact methods. A p-value provides a statistical comparison of two values in order to determine whether those values are statistically

⁹ Liddell FD. Simple exact analysis of the standardised mortality ratio. *Journal of Epidemiology and Community Health*, 1984; 38:85-88.

different or similar. In this report, p-values are used to assess whether hospital infection rates are similar or different to national infection rates. A p-value of <0.05 would indicate the hospital rate is significantly different than the national rate.

- a. If the p-value is ≥ 0.05 , then the hospital rate would be considered statistically “Similar” to the national rate.
- b. If the hospital rate is lower than the national rate and the p-value is <0.05, then the hospital rate would be considered significantly “Lower” than the national rate.
- c. If the hospital rate is higher than the national rate and the p-value is <0.05, then the hospital rate would be considered significantly “Higher” than the national rate.

Process Measure Percentages

15. Calculating a central line insertion practices adherence percentage: CLIP adherence percentages are presented as the number of insertions that met the adherence criteria divided by the total number of insertions expressed as a percent.

CLIP Adherence (%) = (number of insertions that met adherence criteria / total number of insertions) x 100

16. Calculating an influenza vaccination percentage: Influenza vaccination percentages are presented as the number of persons vaccinated divided by the total number of persons expressed as a percent.

Influenza Vaccination (%) = (number of persons vaccinated / total number of persons) x 100

17. Calculating a corresponding confidence interval (CI) for a central line insertion practices adherence percentage: Confidence intervals calculated for central line insertion practices data presented in this report are mid-p exact 95% confidence intervals, which were calculated using a statistical software program.

18. Calculating a corresponding confidence interval (CI) for an influenza vaccination percentage: Confidence intervals calculated for influenza vaccination data presented in this report are Wald normal approximation 95% confidence intervals, which were calculated using the following equation:

95% CI = $\pm 1.96[(p \times 1-p)/n]^{0.5}$ where p = the percentage and n = the total number of staff

19. Interpreting a proportion confidence interval (CI) for central line insertion and vaccination data: A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Confidence intervals can be used to assess whether differences in the percentages observed for each group (for example, hospital vs. state) is statistically significant (or significantly different).

- a. CIs that overlap the state confidence interval are considered "Similar" to the overall state percentage.
- b. CIs that are lower than and do not overlap the state confidence interval are considered "Lower" than the overall state percentage.
- c. CIs that are higher than and do not overlap the state confidence interval are considered "Higher" than the overall state percentage.

APPENDIX 2: Understanding the Relationship between Healthcare-Associated Infection Rates and Standardized Infection Ratio Comparison Metrics

HAI Elimination Metrics are very useful for performing evaluations. Several metrics are based on the science employed in the NHSN. While national aggregate CLABSI data are published in the annual NHSN Reports, these rates must be stratified by types of locations to be risk-adjusted. This scientifically sound risk-adjustment strategy creates a practical challenge to summarizing this information nationally, regionally, or even for an individual healthcare facility. For instance, when comparing CLABSI rates, there may be quite a number of different types of locations for which a CLABSI rate could be reported. This raises the need for a way to combine CLABSI rate data across locations.

A standardized infection ratio (SIR) can be used as an indirect standardization method for summarizing HAI experience across any number of stratified groups of data. To illustrate the method for using an SIR as an HAI comparison metric, the following example data are displayed below:

| Risk Group Stratifier | Observed CLABSI Rates | | | NHSN CLABSI Rates for 2008 (Standard Population) | | |
|---|------------------------------|---------------------------|---------------------|---|---------------------------|---------------------|
| Location Type | #CLABSI | #Central line-days | CLABSI rate* | #CLABSI | #Central line-days | CLABSI rate* |
| ICU | 170 | 100,000 | 1.7 | 1200 | 600,000 | 2.0 |
| WARD | 58 | 58,000 | 1.0 | 600 | 400,000 | 1.5 |
| $\text{SIR} = \frac{\text{observed}}{\text{expected}} = \frac{170 + 58}{100000 \times \left(\frac{2}{1000}\right) + 58,000 \times \left(\frac{1.5}{1000}\right)} = \frac{228}{200 + 87} = \frac{228}{287} = 0.79 \quad 95\% \text{CI} = (0.628, 0.989)$ | | | | | | |

*Defined as the number of CLABSIs per 1000 central line-days

In the table above, there are two strata to illustrate risk-adjustment by location type for which national data exist from NHSN. The SIR calculation is based on dividing the total number of observed CLABSI events by an “expected” number using the CLABSI rates from the standard population. This “expected” number is calculated by multiplying the national CLABSI rate from the standard population by the observed number of central line-days for each stratum, which can also be understood as a prediction or projection. If the observed data represented a follow-up period, such as 2009, one would state that an SIR of 0.79 implies that there was a 21% reduction in CLABSIs overall for the nation, region, or facility.

The SIR concept and calculation is completely based on the underlying CLABSI rate data that exist across a potentially large group of strata. Thus, the SIR provides a single metric for performing comparisons rather than attempting to perform multiple comparisons across many strata which makes the task cumbersome.

The SIR concept and calculation can be applied equitably to other HAI metrics. This is especially true for HAI metrics for which national data are available and reasonably precise using a measurement system such as the NHSN. The SIR calculation methods differ in the risk group stratification only.

The SSI SIR uses improved risk adjustment calculated through logistic modeling. This allows for all available risk factors to be procedure specific. See the following logistic equation and SSI predictive risk factors that are used for calculating SSI SIRs, respectively.

$$\text{logit}(p) = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 = -5.448 + 0.520 (\text{Age} \leq 44^*) + 0.425 (\text{ASA } 3/4/5^*) + 0.501 (\text{Duration} > 100^*) + 1.069 (\text{Med school affiliation}^*)$$

**For these risk factors, if present = 1; if not = 0*

| Procedure Code | SSI Predictive Risk Factors From SSI Logistic Models |
|----------------|---|
| CABG and CBGC | Age, ASA, Duration, Gender, Hospital Bed Size |
| COLO | Age, Anesthesia, ASA, Duration, Endoscope, Medical School Affiliation, Hospital Bed Size, Wound Class |
| HYST | Age, Anesthesia, ASA, Duration, Endoscope, Hospital Bed Size |
| KPRO | Age, Anesthesia, ASA, Duration, Gender, Revision, Hospital Bed Size, Trauma |

Detailed descriptions of the new SIR in NHSN are available at: http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf

There are clear advantages to reporting and comparing a single number for prevention assessment. In addition to the simplicity of the SIR concept and the advantages listed above, it is important to note another benefit of using an SIR comparison metric for HAI data. If there was need at any level of aggregation (national, regional, facility-wide, etc.) to combine the SIR values across mutually exclusive data one could do so. The below table demonstrates how the example data from the previous two metric settings could be summarized.

| HAI Metric | Observed HAIs | | | Expected HAIs | | |
|--|---------------|-------------------|-----------------|---------------|-------------------|--------------------|
| | #CLABSI | #SSI [†] | #Combined HAI | #CLABSI | #SSI [†] | #Combined HAI |
| CLABSI 1 | 228 | | | 287 | | |
| SSI 1 | | 636 | | | 853.8 | |
| Combined HAI | | | 228 + 636 = 864 | | | 287+853.8 = 1140.8 |
| $\text{SIR} = \frac{\text{observed}}{\text{expected}} = \frac{228 + 636}{287 + 853.8} = \frac{864}{1140.8} = 0.76 \quad 95\% \text{CI} = (0.673, 0.849)$ | | | | | | |

[†] SSI, surgical site infection

APPENDIX 3: Preventing Healthcare-Associated Infections

What You Can Do to Prevent Healthcare-Associated Infections

There are several prevention tips you can follow all the time to reduce your chance of getting an infection or spreading your infection to others.

1. Clean your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- If your hands do not look dirty, you can clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

2. Make sure healthcare providers clean their hands first, even if they wear gloves for a procedure.

- Doctors, nurses, dentists, and other healthcare providers come into contact with many bacteria and viruses. So if you do not see your healthcare provider wash their hands or use an alcohol-based hand sanitizer before they treat you, ask them if they have cleaned their hands.
- Healthcare providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, while suctioning tubes, and examining your mouth or private parts. Don't be afraid to ask if they should wear gloves.

3. Cover your mouth and nose.

- Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more. Cover your mouth and nose to prevent the spread of infection to others.
- Use a tissue. Keep tissues handy at home, at work, and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.

4. If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there is anything you can do to avoid infecting people in the waiting room.

5. Get shots to avoid disease and fight the spread of infection.

- Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need.

6. If you are prescribed an antibiotic for an illness, take them exactly as directed by your doctor.

- Don't take half-doses or stop before you complete your prescribed course even if you feel better. Not taking them as directed can lead to infections that become resistant to antibiotics, making them more difficult to treat.

What You Can Do to Help Prevent a Catheter-Associated Bloodstream Infection

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses what infection prevention methods they will use during the catheter insertion.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you. If you do not see your providers clean their hands, please ask them to do so.
- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.
- Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.
 - Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
 - Make sure you know who to contact if you have questions after you get home.
 - Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
 - Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

What Hospitals Do to Prevent Catheter-Associated Bloodstream Infections

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where risk for infection is small.
- Clean hands with soap and water or alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.

What You Can Do to Help Prevent Catheter-Associated Urinary Tract Infections

- Ask doctors to explain why you need the catheter and how long you will have it.
- Make sure that your doctors and nurses caring for you clean their hands and use sterile gloves for catheter insertion.
- Make sure the tubing or bag is not on the floor. If it drops or is on the floor, ask for new tubing or a bag.
- Ask doctors and nurses what infection prevention methods they will use during the catheter insertion.
- Ask your doctors and nurses if you still need the catheter each day.
- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.

What Hospitals Do to Prevent Catheter-Associated Urinary Tract Infections

To prevent catheter-associated urinary tract infections doctors and nurses will:

- Put in catheters only when necessary and are removed as soon as possible.
- Clean hands with soap and water or alcohol-based hand rub and put on sterile gloves before putting in the catheter.
- Clean the skin where the catheter will be inserted.
- Clean their hands before and after touching your catheter. If you do not see your providers clean their hands, please ask them to do so.
- Avoid disconnecting the catheter and drain tube.
- The catheter is secured to the leg to prevent pulling on the catheter.
- Avoid twisting or kinking the catheter.
- Keep the bag lower than the bladder.
- Empty the bag regularly.

What You Can Do to Help Prevent Surgical Site Infections

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- You may have some of your hair removed immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur, however you should not be shaved with a razor. Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.

- Ask if you will get antibiotics before surgery.
- After your surgery, make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings and prevent pets from coming into contact with your wound.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to do so.
- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital. If you do develop an infection at the hospital, be sure to ask what type of bacteria you have, whether you need antibiotics for it, what steps you should take to prevent it from spreading, and make plans for follow up care for the infection.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

What Hospitals Do to Prevent Surgical Site Infections

To prevent surgical site infections, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

This prevention information was adapted from materials developed by the Centers for Disease Control and Prevention, the Association for Professionals in Infection Control and Epidemiology, the Joint Commission, and Society of Healthcare Epidemiology of America. This information can be accessed at the following websites:

http://www.cdc.gov/ncidod/dhqp/HAI_shea_idsa.html

http://www.jointcommission.org/PatientSafety/SpeakUp/speak_up_ic.htm

http://www.apic.org/AM/Template.cfm?Section=Education_Resources&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=91&ContentID=8738

<http://www.shea-online.org/ForPatients.aspx>

Other useful resources:

<http://www.dhhs.nh.gov/dphs/cdcs/hai/index.htm>

<http://www.nhqualitycare.org/index.php>

<http://www.cdc.gov/HAI/>

<http://www.cdc.gov/HAI/patientSafety/patient-safety.html>

<http://www.qualityforum.org/Home.aspx>

<http://www.ahrq.gov/>

<http://www.shea-online.org/about/patientguides.cfm>

<http://www.jointcommission.org/>

APPENDIX 4: Map of NH Hospitals and Respective Service Areas

