2015 National F

Inpatien F

Introduction: Welcome to the 2015 National and State HAI Data Report using the new 2015 baseline a by comparing the number of observed infections to the number of predicted infections. The This report is created by CDC staff with the National Healthcare Safety Network (NHSN).

This workbook includes national and state-specific SIR data for inpatient rehabilitation fac

Scope of report:

HAI Type	IR
	National
Central line-associated bloodstream infections (CLABSI) by locations	\square
Catheter-associated urinary tract infections (CAUTI) by locations	Ø
Hospital-onset methicillin-resistant Staphylococcus aureus (MRSA)	
bacteremia by facility-wide reporting	\square
Hospital-onset Clostridium difficile (CDI) by facility wide reporting	\checkmark

and State HAI Data Report

t Rehabilitation ⁻acilities

Ind risk adjustment calculations. Standardized infection ratios (SIRs) are used to describe different HAI types nis year's report will not compare 2015 SIRs to those from the prior year.

ilities (IRFs).

۲F	
State	
\checkmark	
\checkmark	
\square	
\checkmark	

2015 Annual National and State HAI Data Report

Inpatient Rehabilitation Facilities: Full series of tables for all national and state-specific data

Table 1	Central line Catheter-as Hospital-on	andardized infection ratios (SIRs) for the following HAIs from Inpatient Rehabilita -associated bloodstream infections (CLABSI) -associated urinary tract infections (CAUTI) set Clostridium difficile (CDI) set methicillin-resistant Staphylococcus aureus (MRSA) bacteremia
Table 2	State-speci	fic SIRs for CLABSI from IRFs, all locations combined
Table 3	State-speci	fic SIRs for CAUTI from IRFs, all locations combined
Table 4	State-speci	fic SIRs for Hospital-onset Clostridium difficile (CDI) from IRFs
Table 5	State-speci	fic SIRs for hospital-onset MRSA bacteremia from IRFs
Appendix A	Factors use	d in NHSN risk adjustment of the device-associated HAIs (CLABSI, CAUTI) net
Appendix B	Factors use	d in NHSN risk adjustment of the CDI and MRSA Bacteremia negative binomial
Additional Re		SIR Guide Technical Appendix HAI Progress Report Home Page

NOTE: Tables contain data from Inpatient Rehabilitation Facilities (IRFs); as such, they exclude dat

tion Facilities (IRFs)

gative binomial regression models from IRFs

regression models from IRFs

ta from Long-term Acute Care Hospitals (LTACHs), Critical Access Hospitals (CAHs) and Acute Care Hospitals (At

CHs).

HAI Type	No. of Facilities	No. of Infections (Events)		
	Reporting ¹	Observed	Predicted	
Inpatient Rehabilitation Facilities (IRFs)				
CLABSI, all⁴	662	171	173.588	
CAUTI, all⁴	1,171	1,183	1,206.226	
Hospital-onset MRSA bacteremia, facility-wide⁵	1151	164	166.323	
		0.000	0 750 077	
Hospital-onset <i>Clostridium difficile</i> (CDI), facility-wide⁵	1,145	3,868	3,752.077	

1. The number of reporting facilities included in the SIR calculation.

2. Percent of facilities with at least one predicted infection that had an SIR significantly greater than or less than th

3. Facility-specific percentiles are only calculated if at least 20 facilities had ≥1.0 predicted HAI in 2015. If a facility

4. Data from all IRF locations (or facilities). Risk factors used in the calculation of the number of predicted CLABS

5. Hospital-onset is defined as event detected on the 4th day (or later) after admission to a free-standing inpatient Alternatively, this measure includes events detected on the 4th day (or later) after transfer to an IRF unit within ε

Table 1. National standardized infection ratios (SIRs) and facility-spec Central line-associated bloodstream infections (CLABSIs), catheter-associated urinary trac

	95% CI	for SIR	Facility-specific SIRs							
SIR	Lower	Upper	No. Facilities with ≥1	No. Facilitie	es with SIR	No. Faciliti				
			Predicted Infection	Significantly >	National SIR	Significantly <				
				N	%²	Ν				
0.985	0.846	1.141	20	1	5%	0				
0.981	0.926	1.038	401	17	4%	7				
0.986	0.844	1.146	2							
1.031	0.999	1.064	933	60	6%	59				

ne nominal value of the national SIR for the given HAI type. This is only calculated if at least 10 facilities had : 's predicted number of HAIs was <1.0, a facility-specific SIR was neither calculated nor included in the distrib I and CAUTI are listed in Appendix A.

rehabilitation facility.

a hospital. Risk factors used in the calculation of the number of predicted CDI and MRSA bacteremia are liste

cific summary SIRs using HAI data reported to NHSN during 2015 by HAI type: t infections (CAUTIs), *Clostridium difficile* (CDI), and methicillin-resistant *Staphylococcus aureus* (M

								Percent
es with SIR < National SIR	5%	10%	15%	20%	25%	30%	35%	40%
0%	0.000	0.000	0.000	0.622	0.638	0.689	0.750	0.772
2%	0.000	0.000	0.000	0.000	0.000	0.000	0.418	0.544
6%	0.000	0.000	0.000	0.258	0.390	0.469	0.561	0.638

 \geq 1.0 predicted HAI in 2015. ution of facility-specific SIRs.

d in Appendix B.

RSA) bacteremia.

le Distribut	Distribution of Facility-specific SIRs ³ Median													
45%	50%	55%	60%	65%	70%	75%	80%	85%	90%					
0.787	0.811	0.874	0.891	0.893	0.893	0.956	1.407	1.517	1.732					
0.613	0.708	0.814	0.914	1.029	1.168	1.362	1.539	1.735	2.091					
0.725	0.808	0.896	0.987	1.116	1.220	1.320	1.504	1.709	1.977					

95%	
2.390	
2.559	
2.543	

=

				No. of In	fections		<u>95% C</u>
	State		No. of				
State	NHSN Mandate ²	Any Validation ³	IRFs Bonorting ⁴	Observed	Dradiated	SIR	Lower
Alaska	No	No	Reporting ^₄ 2	Observed	Predicted	SIR	Lower
Alabama	No	No	5	5	2.734	1.829	0.670
Arkansas	Yes	Yes	13		2.734	1.195	0.304
Arizona	No	No	13		2.167	0.923	0.304
California	Yes	Yes ^A	72	15	16.909	0.923	0.155
							0.010
Colorado	Yes	Yes	19		5.042	0.397	0.067
Connecticut	Yes	No	3		-		
D.C.	No	No	2 3	· ·	•	•	
Delaware	Yes	No					
Florida	No	No	20		6.347	1.260	0.585
Georgia	Yes	No	17	12	4.991	2.404	1.303
Guam	No	No	0				
Hawaii	No	No	0				
owa	No	No	10	1	1.180	0.848	0.042
daho	No	No	1				
llinois	No	No	32	8	9.433	0.848	0.394
ndiana	No	No	24	5	5.296	0.944	0.346
Kansas	No	No	9		1.707	2.929	1.073
Kentucky	М	No	9		2.910	0.687	0.115
_ouisiana	No	No	18		2.892	1.037	0.264
Massachusetts	No	No	3				
Maryland	No	No	2				
Maine	No	No	4				
Vichigan	No	No	18	4	6.782	0.590	0.187
Vinnesota	No	No	4				
Missouri	No	No	15	5	2.998	1.668	0.611
Vississippi	Yes	No	8		1.564	0.000	
Vontana	No	No	5		0.387		
North Carolina	No	No	12		7.028	1.992	1.134
North Dakota	No	No	3				
Nebraska	No	No	4				
New Hampshire	No	No	1				
New Jersey	No	No	4				
New Mexico	No	No	3				
Nevada	No	No	13		5.810	0.688	0.219
New York	No	No	43		8.867	0.902	0.419
Ohio	No	No	43 27		6.328	0.302	0.413
Oklahoma	No	No	12		3.213	0.474	0.12
Oregon	No	No	6		0.530	0.304	0.230
Pennsylvania	Yes	Yes			22.763	0.879	0.552
Puerto Rico	No	No	79 0		22.103	0.079	0.052

Rhode Island	No	No	4				
South Carolina	Yes	Yes	17	1	6.455	0.155	0.008
South Dakota	No	No	2				
Tennessee	No	No	11	0	2.616	0.000	
Texas	No	No	42	13	11.774	1.104	0.614
Utah	М	No	3				
Virginia	No	No	9	7	3.325	2.105	0.921
Virgin Islands	No	No	0				
Vermont	No	No	1				
Washington	Yes	Yes	15	3	3.071	0.977	0.248
Wisconsin	No	No	18	5	3.827	1.307	0.479
West Virginia	No	No	2				
Wyoming	No	No	0				
All US			662	171	173.588	0.985	0.846

1. Includes data reported from all locations (i.e., adult and pediatric rehabilitation wards) within free-standing IRFs.

2. Yes indicates the presence of a state mandate to report facility-wide CLABSI data to NHSN at the beginning of 2 No indicates that a state mandate did not exist during 2015.

3. Yes indicates that the state health department reported the completion of all of the following validation activities: assessment of missing or implausible values on at least six months of 2015 NHSN data prior to July 1, 2016, an

Yes^A indicates that the state also conducted an audit of facility medical or laboratory records prior to July 1, 2016 varies by state). Information on validation efforts was requested from all states, regardless of the presence of a reporting of a given HAI to the state health department have performed validation on NHSN data that is voluntar

- 4. The number of IRFs that reported 2015 CLABSI data and are included in the SIR calculation. SIRs and accomp from at least one location in 2015.
- 5. Percent of facilities with ≥1.0 predicted CLABSI that had an SIR significantly greater or less than the nominal val ≥ 1.0 predicted CLABSI in 2015.
- 6. Facility-specific key percentiles were only calculated if at least 20 facilities had ≥1.0 predicted CLABSI in 2015. I nor included in the distribution of facility-specific SIRs.

nd facility-specific SIR summary measures, Fs) reporting during 2015 (CLABSIs) in IRFs, all locations¹

for SIR	Faci	lity-specific SI	<u>Rs</u>	Facility-specific SIRs at Key Percer			
Upper	No. of facs with at least 1 predicted CLABSI	% of facs with SIR sig higher than national SIR⁵	% of facs with SIR sig lower than national SIR⁵	10%	25%	Median (50%)	75%
4.053							
3.251							·
3.049 1.430							
1.430	0		•			• •	·
1.311	0		•			• •	·
	•	-	•				•
	•	-	•				•
2.393	. 1						
4.088							
1.000	Ŭ	•	•				·
		•	•				•
4.181	0						
1.611	0						
2.092							
6.493							
2.271	1						
2.823	0						
	·						
1.423	2						
3.696							
1.915	0						
	0						
3.263	2						
							•
							·
1.661	0						•
1.713							
1.290	0						
2.541	1						
1.333	3						•
1.000	3		•				
•		-		I ·			•

 1.141	20	5%	0%	0.000	0.638	0.811	0.956
		-					
2.896	1						
2.659	1						
4.164	0						
1.841	2						
1.145	0						
0.764	1						

.

Also includes data from CMS-certified IRF units within a hosptial.

2015. M indicates midyear implementation of a mandate.

.

state health department had access to 2015 NHSN data, state health department performed an id state health department contacted identified facilities.

6 to confirm proper case ascertainment (although intensity of auditing activities

legislative mandate for the particular HAI type. Some states without mandatory

ily shared with them by facilities in their jurisdiction.

anying statistics are only calculated for states in which at least 5 IRFs reported CLABSI data

lue of the 2015 national IRF CLABSI SIR of 1.435. This is only calculated if at least 10 facilities had

f a facility's predicted number of CLABSI was <1.0, a facility-specific SIR was neither calculated

	I
<u>ntiles</u> 6	
90%	
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•	l

1.732

		3. Catheter-associated urinar						
				No. of Events				
State				Observed	Predicted	SIR		
Alaska	No	No	2					
Alabama	No	No	14	9	18.595	0.484		
Arkansas	Yes	Yes	25	12	19.371	0.619		
Arizona	No	No	23	15	22.147	0.677		
California	No	No	74	67	82.651	0.811		
Colorado	No	No	19	20	18.187	1.100		
Connecticut	Yes	No	9	5	4.753	1.052		
D.C.	No	No	2					
Delaware	Yes	No	3					
Florida	No	No	53	52	80.860	0.643		
Georgia	Yes	No	30	18	29.865	0.603		
Guam	No	No	0					
Hawaii	Yes	Yes	1					
lowa	No	No	15	14	10.563	1.325		
Idaho	No	No	6	5	4.202	1.190		
Illinois	No	No	48	56	53.756	1.042		
Indiana	No	No	38		34.004	1.206		
Kansas	No	Yes	20		13.567	2.211		
Kentucky	M	No	17	18	16.778	1.073		
Louisiana	No	No	48	40	38.630	1.035		
Massachusetts	No	No	40 10		23.211	0.905		
Maryland	No	No	3	21	20.211	0.303		
Maine	No	Yes	5	7	4.334	1.615		
Michigan	No	No	41	39		1.013		
Minnesota	No	No	14	13	11.549	1.126		
Miniesota Missouri	No	No				1.364		
	Yes	No	30 11	10				
Mississippi Montana	No	No				0.943		
North Carolina	Yes		6	1	1.946	0.514		
		Yes	28			1.122		
North Dakota	No	No	7	3		1.018		
Nebraska	No	No	9	12		1.016		
New Hampshire	No	No	8	7	7.411	0.945		
New Jersey	No	No	17	47	37.818	1.243		
New Mexico	No	No	8	7	6.924	1.011		
Nevada	No	No	13			1.012		
New York	No	No	59			0.946		
Ohio	No	No	50		48.972	0.898		
Oklahoma	No	No	23		16.140	1.673		
Oregon	Yes	Yes	8	4		0.801		
Pennsylvania	Yes	Yes	80	114	80.316	1.419		

Table 3. State-specific standardized infection NHSN Inpatient Rehabilitati 3. Catheter-associated urinary t

Puerto Rico	No	No	4			
Rhode Island	No	No	6	3	2.841	1.056
South Carolina	No	No	19	13	12.587	1.033
South Dakota	No	No	3			
Tennessee	Yes	Yes	32	39	27.586	1.414
Texas	No	No	139	133	169.750	0.784
Utah	Yes	Yes	11	14	8.979	1.559
Virginia	No	No	26	28	29.614	0.945
Virgin Island	No	No	0			
Vermont	No	No	2			
Washington	No	No	17	16	21.794	0.734
Wisconsin	No	Yes	25	19	14.603	1.301
West Virginia	Yes	Yes	8	2	6.604	0.303
Wyoming	No	No	2			
All US			1,171	1,183	1,206.226	0.981

1. Includes data reported from all locations (i.e., adult and pediatric rehabilitation wards) within free-

2. Yes indicates the presence of a state mandate to report facility-wide CAUTI data to NHSN at the I No indicates that a state mandate did not exist during 2015.

3. Yes indicates that the state health department reported the completion of all of the following valida assessment of missing or implausible values on at least six months of 2015 NHSN data prior to Ju

varies by state). Information on validation efforts was requested from all states, regardless of the reporting of a given HAI to the state health department have performed validation on NHSN data

4. The number of IRFs that reported 2015 CAUTI data and are included in the SIR calculation. SIRs from at least one location in 2015.

5. Percent of facilities with ≥1.0 predicted CAUTI that had an SIR significantly greater or less than th ≥ 1.0 predicted CAUTI in 2015.

6. Facility-specific key percentiles were only calculated if at least 20 facilities had ≥1.0 predicted CAI nor included in the distribution of facility-specific SIRs.

ratios (SIRs) and facility-specific SIR summary measures, ion Facilities (IRFs) reporting during 2015 ract infections (CAUTIs) in IRFs, all locations¹

	l for SIR		ility-specific SIRs			
Lower	Upper	No. of facs with at least 1 predicted CAUTI			10%	25%
0.236	6 0.888	8				
0.336		7				
0.394		10	10%	0%		
0.633		30	0%	3%	0.000	0.000
0.691		8				
0.385	5 2.332	1				
						-
0.485		32	3%	0%	0.000	0.000
0.368	3 0.934	16	0%	0%		-
						-
0.754		3				-
0.436		2	•		•	
0.794		14	0%	0%		-
0.877		11	9%	0%		-
1.519		4				-
0.656		3				-
0.750		9				-
0.575	5 1.359	6			•	
					•	•
0.706		2			•	•
0.738		12	0%	0%	•	
0.626		4			•	•
0.983		8			•	•
0.479		2			•	•
0.026		0			•	•
0.794		10	0%	0%		
0.259		1			•	•
0.550		2			•	•
0.413		3			•	
0.924		13	0%	0%	•	•
0.442		3			•	•
0.618		9				
0.710		16	6%	6%		
0.661		18	6%	0%		
1.125		5				
0.254		0				
1.176	6 1.699	23	9%	0%	0.000	0.501

0.269	2.874	0	•		•	•
0.574	1.722	3				
· .						
1.019	1.913	12	0%	0%		
0.659	0.925	56	4%	5%	0.000	0.000
0.888	2.554	5				
0.641	1.348	11	0%	0%		
· .		·				
0.435	1.167	5				
0.807	1.994	3				
0.051	1.001	3				
0.926	1.038	401	4%	2%	0.000	0.000

standing IRFs. Also includes data from CMS-certified IRF units within a hosptial. beginning of 2015. M indicates midyear implementation of a mandate.

ation activities: state health department had access to 2015 NHSN data, state health department perforn uly 1, 2016, and state health department contacted identified facilities.

presence of a legislative mandate for the particular HAI type. Some states without mandatory that is voluntarily shared with them by facilities in their jurisdiction. and accompanying statistics are only calculated for states in which at least 5 IRFs reported CAUTI data

e nominal value of the 2015 national IRF CAUTI SIR of 0.910. This is only calculated if at least 10 faciliti

UTI in 2015. If a facility's predicted number of CAUTI was <1.0, a facility-specific SIR was neither calcula

	75%	90%
0.515	1.069	2.119
·	·	
0.366	0.701	1.604
·	•	
	•	
	•	
•		
	•	
•	•	
1.331	1.923	2.224

1.068	1.777
•	
•	
•	
	1.068

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ies had

ıted

			Table 3. Sta	-	Inpatient F	Rehabilitatio	ratios (SIRs) an on Facilities (IR		
						onset Closti	idium difficile		
				<u>No. of</u>	<u>Events</u>		<u>95% C</u>		
State	_			Observed	Predicted	SIR	Lower		
Alaska	No	No	2						
Alabama	No	No	14	89	80.144	1.111	0.897		
Arkansas	Yes	Yes	23		64.207	0.903	0.692		
Arizona	No	No	23		75.401	1.273	1.037		
California	Yes	Yes	70		227.275	0.906	0.789		
Colorado	No	No	18	31	47.370	0.654	0.453		
Connecticut	Yes	No	9	16	14.244	1.123	0.665		
D.C.	No	No	2	-					
Delaware	Yes	No	3	-		-			
Florida	No	No	52	293	255.641	1.146	1.020		
Georgia	Yes	No	30	79	75.282	1.049	0.836		
Guam	No	No	0	-	-	-			
Hawaii	Yes	Yes	1	-					
lowa	No	No	15	29	24.708	1.174	0.801		
Idaho	No	No	6	6	10.625	0.565	0.229		
Illinois	Yes	Yes ^A	47	222	201.164	1.104	0.965		
Indiana	No	No	38	108	110.785	0.975	0.804		
Kansas	No	Yes	20			1.035	0.793		
Kentucky	М	No	16			0.904	0.686		
Louisiana	No	No	47		72.826	1.112	0.889		
Massachusetts	No	No	10			1.006	0.781		
Maryland	No	No	3						
Maine	No	Yes	5		19.856	0.453	0.221		
Michigan	No	No	40			1.054	0.884		
Minnesota	No	No	13			1.146	0.819		
Missouri	No	No	30		96.749	1.251	1.042		
Mississippi	Yes	No	11			0.937	0.630		
Montana	No	No	6				0.331		
North Carolina	Yes	Yes	27				0.747		
North Dakota	No	No	5				0.518		
Nebraska	Yes	Yes	9			0.732	0.447		
New Hampshire	No	No	8			1.461	1.044		
New Jersey	No	No	17			1.031	0.871		
New Mexico	No	No	8				2.048		
Nevada	No	No	13			2.000	1.788		
New York	Yes	TNU	59			0.959	0.828		
Ohio	No	No	49				0.668		
Ohlo Oklahoma	No	No				1.070	0.803		
		Yes	23						
Oregon	Yes	Yes Yes	7			0.639	0.312		
Pennsylvania	Yes		79		282.783	0.884	0.779		
Puerto Rico Rhada Island	No	No	4		0.545	4 000			
Rhode Island	No	No	6			1.892	1.156		
South Carolina	Yes	Yes	19		66.642	0.780	0.589		
South Dakota	No	No	2						

Tennessee	Yes	Yes	31	75	96.996	0.773	0.613
Texas	No	No	134	475	437.272	1.086	0.992
Utah	Yes	Yes	11	26	26.690	0.974	0.650
Virginia	No	No	27	101	111.010	0.910	0.745
Virgin Island	No	No	0				
Vermont	No	No	1				
Washington	Yes	Yes	17	28	40.216	0.696	0.472
Wisconsin	No	Yes	25	48	54.888	0.875	0.652
West Virginia	Yes	Yes	8	33	25.983	1.270	0.889
Wyoming	No	No	2				
All US			1,145	3,868	3,752.077	1.031	0.999

- 1. Includes data reported from all locations (i.e., adult and pediatric rehabilitation wards) within free-standing IRFs. Hospital-onset is defined as event detected on the 4th day (or later) after admission to a free-standing inpatient i Alternatively, this measure includes events detected on the 4th day (or later) after transfer to an IRF unit within a
- 2. Yes indicates the presence of a state mandate to report facility-wide CDI data to NHSN at the beginning of 2015 No indicates that a state mandate did not exist during 2015.
- 3. Yes indicates that the state health department reported the completion of all of the following validation activities: assessment of missing or implausible values on at least six months of 2015 NHSN data prior to July 1, 2016, an

varies by state). Information on validation efforts was requested from all states, regardless of the presence of a reporting of a given HAI to the state health department have performed validation on NHSN data that is voluntar

- 4. The number of IRFs that reported 2015 CDI data and are included in the SIR calculation. SIRs and accompanyir data in 2015.
- 5. Percent of facilities with ≥1.0 predicted CDI that had an SIR significantly greater or less than the nominal value c ≥ 1.0 predicted CDI in 2015.
- 6. Facility-specific key percentiles were only calculated if at least 20 facilities had ≥1.0 predicted CDI in 2015. If a fa was neither calculated nor included in the distribution of facility-specific SIRs.

nd facility-specific SIR summary measures, ¿Fs) reporting during 2015 (CDI), facility-wide¹

for SIR	Facility	-specific SIRs					
Upper	No. of facs with at least 1 predicted CDI			10%	25%		75%
Opper				10 /0	23/0		1370
1.360	14	0%	21%	•	•	•	
1.160		0%	25%	•		•	
1.548		5%	15%	0.000	0.152	0.549	0.781
1.037		0%	25%	0.000	0.082	0.399	0.783
0.918		0%	25%				
1.785							
	2						
	3						
1.283		0%	25%	0.110	0.299	0.594	0.862
1.301		0%	12%	0.000	0.244	0.497	0.767
	1						
1.664	10	0%	10%				
1.175	4						
1.256	41	2%	20%	0.160	0.337	0.564	1.065
1.172	31	3%	29%	0.000	0.000	0.502	0.760
1.329	14	0%	7%				
1.171	14	0%	36%				
1.375	28	7%	4%	0.000	0.000	0.384	0.781
1.276	10	20%	60%				
	3						
0.832	4						
1.248	33	0%	15%	0.000	0.282	0.493	0.773
1.563	12	0%	17%				
1.489	25	4%	8%	0.000	0.401	0.670	0.914
1.345		0%	20%				
1.697							
1.117		0%	24%	0.000	0.000	0.406	0.717
2.343					•		
1.134						•	
1.993		•				•	
1.213		0%	38%			•	
3.233							
2.510		9%	9%				•
1.105		0%	28%	0.000	0.201	0.535	0.743
0.969		0%	34%	0.000	0.198	0.436	0.665
1.400		0%	33%	•	•	•	
1.173							
0.999		2%	32%	0.000	0.000	0.312	0.637
	4			•	·	•	
2.932				•	•	•	
1.015		0%	38%			•	
·	2						•

0.964	21	5%	38%	0.000	0.000	0.368	0.669
1.187	121	3%	26%	0.000	0.136	0.474	0.861
1.407	9						
1.101	23	0%	30%	0.000	0.099	0.332	0.932
	1					-	
0.993	12	0%	33%				
1.150	17	0%	24%				
1.763	5						
	2						
1.064	933	6%	6%	0.000	0.390	0.808	1.320

Also includes data from CMS-certified IRF units within a hospital.

rehabilitation facility.

hospital.

. M indicates midyear implementation of a mandate.

state health department had access to 2015 NHSN data, state health department performed an d state health department contacted identified facilities.

legislative mandate for the particular HAI type. Some states without mandatory ily shared with them by facilities in their jurisdiction.

ng statistics are only calculated for states in which at least 5 IRFs reported CDI

of the 2015 national IRF CDI SIR of 1.031. This is only calculated if at least 10 facilities had

acility's predicted number of CDI was <1.0, a facility-specific SIR

90%	
1.242 1.122	
1.101	
1.289	
1.381	
1.113	
1.592	
1.362	
1.379	
1.124	
•	
0.939	
1.002	
0.880	
	-

1.977	
1.073	
1.000	
1.077 1.355	

		Tal		NHSN	I Inpatient R	ehabilitatior	atios (SIRs) a n Facilities (IF
			4. Hosp			sistant Stap	hylococcus a
				<u>No. of I</u>	<u>=vents</u>		<u>95% CI</u>
State				Observed	Predicted	SIR	Lower
Alaska	No	No	2				
Alabama	No	No	14		3.680	1.359	0.498
Arkansas	Yes	Yes	24		3.072	1.302	0.414
Arizona	No	No	23		3.690	0.542	0.091
California	Yes	Yes	70	7	9.358	0.748	0.327
Colorado	No	No	18	1	2.026	0.494	0.025
Connecticut	Yes	No	9	0	0.630		
D.C.	No	No	2	-			
Delaware	Yes	No	3				
Florida	No	No	52	17	12.007	1.416	0.852
Georgia	Yes	No	30	5	3.252	1.538	0.563
Guam	No	No	0				
Hawaii	Yes	Yes	1				
lowa	No	No	15	0	0.944		
Idaho	No	No	6		0.463		
Illinois	Yes	Yes	47	10	7.525	1.329	0.675
Indiana	No	No	38		4.387	0.684	0.174
Kansas	No	Yes	20		2.267	0.441	0.022
Kentucky	M	No	16		2.873	1.392	0.442
Louisiana	No	No	46		3.602	1.388	0.509
Massachusetts	No	No	10		3.592	0	0.000
Maryland	No	No	3		5.552	0	
Maine	No	Yes	5		0.842	· ·	•
Michigan	No	No	40		4.433	1.579	0.691
			14		1.254	1.594	
Minnesota	No	No					0.267
Missouri	No	No	30		4.133	1.452	0.588
Mississippi	Yes	No	11		1.399	1.43	0.24
Montana	No	No	6		0.288		0.007
North Carolina	Yes	Yes	27		4.286	0.933	0.297
North Dakota	No	No	5		0.272		· ·
Nebraska	Yes	Yes	9		1.071	0	
New Hampshire	No	No	8		1.322	0.757	0.038
New Jersey	No	No	17		5.793	0.345	0.058
New Mexico	No	No	8		1.234	0.81	0.041
Nevada	No	No	13		2.676	0.374	0.019
New York	No	No	59		8.017	0.998	0.463
Ohio	No	No	50		5.938	0.505	0.129
Oklahoma	No	No	23		2.137	1.872	0.595
Oregon	Yes	Yes	7	0	0.527		
Pennsylvania	Yes	Yes	79	14	12.953	1.081	0.615
Puerto Rico	No	No	4				
Rhode Island	No	No	6	0	0.437		
South Carolina	Yes	Yes	19	5	3.409	1.467	0.537
South Dakota	No	No	2				

All US			1,151	164	166.323	0.986	0.844
Wyoming	No	No	2				
West Virginia	Yes	Yes	8	1	1.420	0.704	0.035
Wisconsin	No	Yes	25	1	2.327	0.43	0.021
Washington	No	No	17	1	1.609	0.622	0.031
Vermont	No	No	2		-		
Virgin Island	No	No	0				
Virginia	No	No	27	5	4.683	1.068	0.391
Utah	Yes	Yes	11	0	1.224	0	-
Texas	No	No	136	23	21.012	1.095	0.711
Tennessee	Yes	Yes	32	8	4.331	1.847	0.858

- 1. Includes data reported from all locations (i.e., adult and pediatric rehabilitation wards) within free-standing IRFs. Hospital-onset is defined as event detected on the 4th day (or later) after admission to a free-standing inpatient r Alternatively, this measure includes events detected on the 4th day (or later) after transfer to an IRF unit within a
- 2. Yes indicates the presence of a state mandate to report facility-wide MRSA bacteremia data to NHSN at the beg No indicates that a state mandate did not exist during 2015.
- 3. Yes indicates that the state health department reported the completion of all of the following validation activities: assessment of missing or implausible values on at least six months of 2015 NHSN data prior to July 1, 2016, and

varies by state). Information on validation efforts was requested from all states, regardless of the presence of a reporting of a given HAI to the state health department have performed validation on NHSN data that is voluntari

- 4. The number of IRFs that reported 2015 MRSA bacteremia data and are included in the SIR calculation. SIRs an bacteremia data from at least one location in 2015.
- 5. Percent of facilities with ≥1.0 predicted MRSA bacteremia that had an SIR significantly greater or less than the n ≥ 1.0 predicted MRSA bacteremia in 2015.
- 6. Facility-specific key percentiles were only calculated if at least 20 facilities had ≥1.0 predicted MRSA bacteremia was neither calculated nor included in the distribution of facility-specific SIRs.

nd facility-specific SIR summary measures, RFs) reporting during 2015 Aureus (MRSA) bacteremia, facility-wide¹

for SIR	<u>Facility-wic</u>	pecific SIRs				
Upper	No. of facs with at least 1 predicted MRSA		10%	25%	75%	/0
3.011	0					·
3.141	0					
1.791	0					
1.48						
2.434						
	0					
2.221	0					
3.408	0					
		•				
	0					•
	0					•
2.369						•
1.861	0		•			•
2.175		•	•		•	•
3.358		•	•		•	•
3.077 0.834	0 0					•
0.034	0		•		•	•
	0				•	•
3.124						•
5.268				· ·	•	•
3.02						
4.724						
	0					
2.251	0					
	0					
2.797	0					
3.732	0					
1.141	1					
3.996						
1.843						
1.895	0					-
1.375						
4.515						
	0				•	•
1.771	0		•		•	•
· · ·		•	•			
	0		•			•
3.251	0		•		·	•
· ·	· ·		·I			•

1.146	2				
			-		
3.473	0				
2.119	0				-
3.066	0				
	0				
2.367					
2.448	0				
1.616	0				
3.507	0				

Also includes data from CMS-certified IRF units within a hospital.

ehabilitation facility.

hospital.

inning of 2015. M indicates midyear implementation of a mandate.

state health department had access to 2015 NHSN data, state health department performed an d state health department contacted identified facilities.

legislative mandate for the particular HAI type. Some states without mandatory

ly shared with them by facilities in their jurisdiction.

d accompanying statistics are only calculated for states in which at least 5 IRFs reported MRSA

ominal value of the 2015 national IRF MRSA SIR of 0.986. This is only calculated if at least 10 facilities had

in 2015. If a facility's predicted number of MRSA bacteremia was <1.0, a facility-specific SIR

90%



Appendix A Factors used in NHSN risk adjustment of the device-associated HAIs (CLABSI, CAUTI) negative binomial regression models¹ from Inpatient Rehabilitation Facilities

HAI Type	Validated Parameters for Risk Model
CLABSI	Intercept*
CAUTI	Intercept Setting [‡] Proportion of Admissions- Traumatic and Non-Traumatic Spinal Cord Dysfunction combined** Proportion of Admissions- Stroke**

1. SIR Guide: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

* None of the variables investigated were statistically significantly associated with CLABSI in IRFs. Free-standing IRFs and CMS-certified IRF units within a hospital will have the predicted number of events calculated using the 2015 national IRF CLABSI pooled mean (i.e., intercept-only model). ** Proportion of annual admissions with primary diagnoses are taken from the Annual IRF Survey and are calculated as : # of admissions with the primary diagnosis (traumatic or non-traumatic spinal cord dysfunct

[‡]IRF Setting is taken from the Annual IRF Survey and NHSN enrollment/location mapping data.

ion) / total # of annual admissions

Appendix B. Factors user regression models¹ from

HAI Type

CDI

MRSA bacteremia

* None of the variables inve units within a hospital will d in NHSN risk adjustment of the CDI and MRSA Bacteremia negative binomial Inpatient Rehabilitation Facilities

Validated Parameters for Risk Model	
Intercept	CDI Test
Туре	Type of IRF (free-
standing or unit)	
Community Onset CDI events	
Percentage of Admissions- Orthopedic Conditions	
Percentage of Admissions- Stroke	
Percentage of Admissions- Traumatic and Non-Traumatic Spinal C	Cord Dysfunction
Intercept*	

estigated were statistically significantly associated with hospital-onset MRSA bacteremia in IRFs. Free-standing have the predicted number of events calculated using the 2015 national IRF MRSA bacteremia incidence rate (i

IRFs and CMS-certified IRF .e., Intercept-only model).

Additional Resources

SIR Guide: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

Technical Appendix (2015 Report): http://www.cdc.gov/hai/progress-report/index.html *Explains the methodology used to produce the Report.*

HAI Progress Report Home Page: http://www.cdc.gov/hai/progress-report/index.html The complete HAI Report, including Executive Summary and previous reports, can be found at the above we bsite.