

## Healthcare-Associated Infection (HAI) Report Fact Sheet – Pennsylvania, 2015

### All HAI types (Section 4.2)

- There are 23,623 HAIs among 9,774,027 patient days reported.
- The rate of HAIs per 1,000 patient days is 2.4 (4 percent increase from the 2014 rate, likely the result of case definition changes implemented by the CDC; and 3 percent less than in 2009).
- An estimated 9,971 infections have been prevented since 2009; using conservative estimates, this translates to minimum savings of \$150 million.

### Methicillin-Resistant *Staphylococcus aureus* (MRSA; Section 4.2.1)

- The absolute number of reported HAIs caused by MRSA has steadily declined 35 percent, from 2,117 infections in 2009 to 1,258 infections in 2015.
- The proportion of HAIs attributable to MRSA has also decreased substantially. In 2009, hospitals isolated MRSA in 8 percent of HAIs; in 2015, hospitals isolated MRSA in 5 percent of HAIs.

### Catheter Associated Urinary Tract Infections (CAUTI; Section 4.3.1)

- Urinary tract infections (UTIs) are the third most commonly reported category of HAIs in Pennsylvania (Table 4.2.2).
- There were 4,478 total UTIs reported.
- There were 1,797 or 40.13 percent of UTIs associated with the use of a catheter.
- Hospitals are using urinary catheters less frequently (22 percent less than 2009).
- When catheters are used, the CAUTI rate per 1,000 device days is 1.23 (32.46 percent less than 2014, likely due to the definition changes implemented between 2014 and 2015).
- This translates to 3,157 CAUTIs prevented since 2009 if the 2009 rate persisted into 2014.

### Central Line Bloodstream Infections (CLABSI; Section 4.4.1)

- There were 1,703 total CLABSIs among 1,539,281 central line days reported.
- Hospitals are using central lines less frequently (1.7 percent less than 2014 and 7 percent less than 2009).
- The rate of CLABSIs per 1,000 patient days is 1.11 (51.5 percent more than 2014 and 10.28 percent less than 2009).
- This translates to 3,242 CLABSIs prevented since 2009 if the 2009 rate persisted into 2015.

### Surgical Site Infections (SSI; Section 4.5.1)

- There were 1,828 SSIs among 115,975 procedures reported.
- The unadjusted crude rate of SSIs per 100 procedures is 1.58 (3 percent more than 2014).
- Table 4.5.3 provides a summary of SSIs and crude infection rates by the 7 benchmarked procedures and risk index. Tables 4.5.8–4.5.15 provide facility-specific and procedure-specific standardized infection ratios (SIRs).
- Since 2009, the rate of infection after hip prosthesis, abdominal hysterectomy, knee prosthesis and cardiac surgery has decreased 10.4, 20.4, 36.3, and 46.6 percent, respectively.

### 2015-2016 Influenza Vaccination of Health Care Personnel (HCP; Section 4.6.1)

- The Healthy People 2020 goal is a facility vaccination rate of 90 percent or better.
- Among 254 facilities, 152 (60 percent) reported employee vaccination rates above 90 percent (245 percent increase since the 2011-2012 influenza season); 71 facilities (28 percent) reported vaccination rates at goal for employees, licensed independent practitioners, and students, trainees and volunteers.

- Among the 152 facilities with employee vaccination rates of 90 percent or better, the median employee vaccination rate was 97 percent, whereas the median employee vaccination rate among facilities not yet at goal was 72 percent.

**Please note:** Unlike SIRs calculated by CDC, the SIRs in this report are indexed relative to the performance of facilities with similar attributes for the same year. SIRs in this report should not be compared to national SIRs or ratios reported from other states.

It is important to note that several NHSN case definitions changed between 2014 and 2015, resulting in significant swings in several HAI types. These changes affected the classification of bloodstream infections (BSI; including CLABSI) and secondary BSI. These changes also affected the classification of urinary tract infections (UTIs). As a result, year-to-year comparisons of 2014 and 2015 data for all-cause HAIs, BSIs (inclusive of CLABSI and secondary BSIs) and UTIs (inclusive of CAUTIs) are extremely problematic and may not be valid.