

Hospital-Acquired Infections in New York State, 2015

Part 1: Summary for Consumers



March 29, 2017

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Acknowledgements:

Cover Images (from left to right): Acinetobacter, Methicillin-resistant Staphylococcus aureus, Carbapenem-resistant Enterobacteriaceae, Candida. From the Centers for Disease Control and Prevention Newsroom Image Library, <u>http://www.cdc.gov/media/subtopic/images.htm</u>.

Introduction

What is the purpose of this report?

Hospital-acquired infections (HAIs) are infections that patients can get as a result of receiving treatment in a hospital. New York State (NYS) monitors HAI rates to ensure patient safety and provide the public with data to compare hospital infection rates. This report describes the HAIs that occurred in NYS hospitals in 2015.

This report provides information on six types of HAIs:

- 1. Surgical site infections (SSIs) following colon, coronary artery bypass graft, hip replacement, and hysterectomy procedures
- 2. Central line-associated bloodstream infections (CLABSIs)
- 3. Catheter-associated urinary tract infections (CAUTIs)
- 4. Clostridium difficile infections (CDIs)
- 5. Carbapenem-resistant Enterobacteriaceae infections (CREs)
- 6. Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSIs)

These HAIs do not represent all possible HAIs, but they were selected because they are common, may have severe complications, can be compared between facilities, and are largely preventable when healthcare providers use infection prevention steps recommended by the Centers for Disease Control and Prevention (CDC).

Where do the numbers come from?

Hospitals report to the NYS Department of Health (DOH) using the CDC's National Healthcare Safety Network (NHSN). This online system allows hospitals in NYS and CDC to concurrently monitor the same data. All hospitals follow the same surveillance methods. Additional information about the NHSN can be found at <u>http://www.cdc.gov/nhsn/</u>.

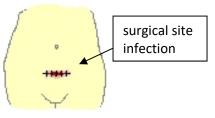
In accordance with NYS Public Health Law 2819, NYS hospitals have been reporting HAIs since 2007. In 2015, NYS required hospitals to report SSIs, CLABSIs, CDIs, and CRE infections. In addition, hospitals report data to NHSN to participate in programs offered by the Centers for Medicare and Medicaid Services (CMS). Data on CAUTIs and MRSA-BSIs are available as a result of a data use agreement (DUA) that allows NYS HAI staff to see NHSN data and use it for surveillance or prevention purposes. NYS measures are reported by specific hospital, while DUA measures are only summarized at the state level because the DUA prohibits the use of the data for public reporting of facility-specific data.

Surgical Site Infections (SSIs)

SSIs are infections that occur after surgery in the part of the body where the surgery took place. They may only involve the skin, or they may be more serious and involve tissue and organs. NYS requires hospitals to report SSIs associated with four types of surgery:

- Colon: Colon surgery is a procedure performed on the lower part of the digestive tract, called the large intestine or colon.
- Hip: Hip replacement or revision surgery involves removing damaged cartilage and bone from the hip joint and replacing or resurfacing them with new parts.
- Abdominal hysterectomy: Abdominal hysterectomy is the surgical removal of a woman's uterus through an incision in the abdominal wall.
- Coronary artery bypass graft (CABG): CABG surgery is a procedure performed for heart disease in which a vein or artery from the chest or another part of the body (termed the "donor site") is used to create an alternate path for blood to flow to the heart, bypassing a blocked artery.

SSIs can occur if bacteria enter the body at the incision site. Symptoms may include fever, pain, redness, and drainage.



The infection rate is the number of SSIs divided by the number of procedures. Results from 2015 for all NYS hospitals are summarized below. SSIs were most frequent after colon surgery. Colon SSIs may be more difficult to prevent because the colon naturally contains a lot of bacteria.

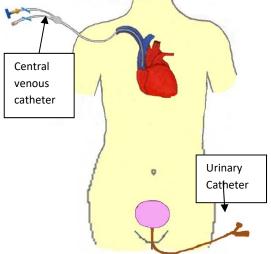
Type of Surgery	Number of	Number of	Infection
	Infections	Procedures	Rate
Colon	1,381	18,845	7.3/100 procedures
Hip	359	33,288	1.1/100 procedures
Abdominal hysterectomy	324	19,222	1.7/100 procedures
Coronary artery bypass graft			
Chest site SSIs	205	10,694	1.9/100 procedures
Donor site SSIs	55	9,548	0.6/100 procedures

2015 New York State data downloaded August 5, 2016.

Catheter-Associated Infections

A central venous catheter (CVC) is a tube that is placed into a large vein, usually in the neck, chest, arm, or groin, that is used to give fluids and medications, withdraw blood, and monitor the patient's condition. A CVC is different from a standard intravenous (IV) line because it goes farther into the body, ending near the heart, and because it may be used for weeks or even months.

A urinary catheter is a thin tube that is inserted into the bladder through the urethra to drain urine when a patient cannot urinate on his/her own.



Infections can sometimes occur when bacteria travel around or through the tube and enter the urinary tract or blood stream.

NYS monitors blood stream infections associated with CVC use. In addition, CMS monitors urinary tract infections associated with urinary catheter use. These infections are monitored in intensive care units and a few other medical/surgical units with less critical patients.

The risk of infection increases with the number of days a catheter is used. For this reason, infection rates are based on the total number of days catheters are used, rather than simply the number of patients. To calculate "catheter days" a daily count of patients with each type of catheter is performed at the same time each day. The daily counts are added up for the entire year to give the catheter days for that year.

Type of Catheter	Number of Infections	Number of Catheter Days	Infection Rate
Central venous	1,644	1,402,218	1.2/1,000 CVC days
Urinary	1,890	1,443,735	1.3/1,000 UC days

2015 NYS data downloaded from NHSN on August 1, 2016.

Laboratory-identified (LabID) infections

LabID infections are identified based on laboratory testing and hospital admission and discharge data, rather than by clinical chart review. LabID cases are separated into reporting categories based on the time between hospital admission and specimen collection.

Admis	sion Preva	ent	Hospital onset							
Day 1 (Admission)	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7+				

- Cases termed "admission prevalent", or "community onset" are cases in which the specimen was obtained during the first three days of the patient's inpatient stay. These cases are presumed to be unrelated to the patient's stay in that hospital.
- Cases termed "hospital-onset (HO)" are cases in which the specimen was obtained on day four or later during the hospital stay.

HO rates are the primary focus for this report because HO cases can be prevented or reduced in the hospital by appropriate antibiotic prescribing and following infection prevention guidelines for hand washing, use of gowns and gloves, and equipment/environmental cleaning.

NYS requires that hospitals report two types of LabID infections: *Clostridium difficile* infections (CDIs) and carbapenem-resistant Enterobacteriaceae infections (CREs). Hospitals report methicillin-resistant Staphylococcus aureus (MRSA) BSIs to participate in CMS reporting programs. These infections are described on the following pages.

Clostridium difficile Infections (CDI)

Clostridium difficile is a type of bacteria that can cause diarrhea and intestinal damage. The elderly and those who have recently taken antibiotics are at the greatest risk for developing CDI. When people take antibiotics, good bacteria that protect against infection may be destroyed along with the bad bacteria. The types of bacteria in the intestines might be altered for several months. During this time, patients can get sick from *Clostridium difficile* acquired from contaminated surfaces or health care providers' hands.



Colon infected by *Clostridium difficile*, ©Samir 2009, https://commons.wikimedia.org/wiki/File:Pseudomembranous_colitis_1.jpg.

CDI is the most common HAI of all indicators in this report. In 2015, 7,855 cases were detected after the third day of hospitalization, implying that the infection was the result of medical interventions occurring during that hospital visit. Over 10,000 more cases were detected in the emergency department or early in the hospital stay; these cases are likely related to previous healthcare exposures.

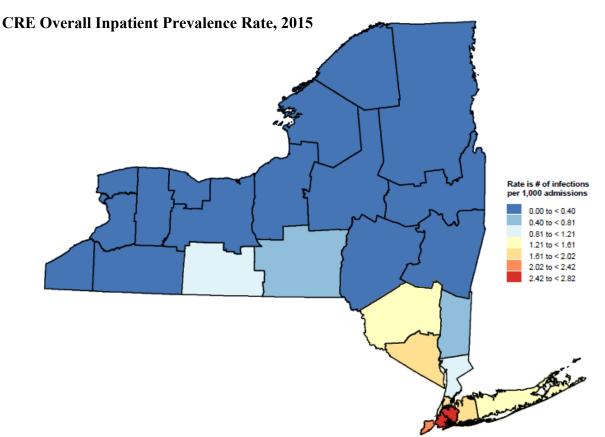
The longer a person stays in the hospital, the higher the total risk of acquiring an infection in the hospital, so the HO rate is reported using a denominator of patient days. To calculate "patient days" a daily count of patients is performed at the same time each day. The daily counts are added up for the entire year to give the patient days for that year. The HO rate is defined as the number of new infections identified more than three days after hospital admission, per 10,000 patient days.

Clostridium difficile rate	Number of	Number of Patient	Infection		
	Infections	Days	Rate		
Hospital Onset	7,855	10,628,375	7.4/10,000 patient days		

2015 NYS data downloaded from NHSN October 7, 2016.

Carbapenem-resistant Enterobacteriaceae (CRE) Infections

Enterobacteriaceae are a family of bacteria that are normally found in the intestines. They cause infections if they spread to other locations in the body (e.g. through surgery or trauma), or are introduced into other body sites by contact with an infected person or contaminated surfaces. They are called carbapenem-resistant Enterobacteriaceae (CRE) when they become highly resistant to most antibiotics, including a type of antibiotics called carbapenems. Infections with CRE are difficult to treat because most antibiotics do not work against them. Healthy people usually do not get CRE infections. CRE are more likely to affect patients with compromised immune systems and those who use invasive devices like ventilators and catheters. CRE is a newly emerging pathogen, and it is currently most common in the New York City area.



CRE is most deadly when it enters the bloodstream. Rates of new bloodstream infections and the overall new infection rate at all body sites are summarized below.

Carbapenem resistant Enterobacteriaceae rates	Number of New Infections	Number of Patient Days	Infection Rate
Hospital onset – bloodstream infections	222	11,522,638	0.19/10,000 patient days
Hospital onset – all sites	1,310	11,522,638	1.14 /10,000 patient days

NYS data downloaded from NHSN October 7, 2016.

Methicillin-resistant *Staphylococcus aureus* (MRSA) Infections

Staphylococcus aureus (*SA*) is a common bacteria normally found on the skin or in the nose of 20 to 30 percent of healthy individuals. When *SA* is resistant to the antibiotics oxacillin, cefoxitin, or methicillin, it is called MRSA. MRSA infections can cause a broad range of symptoms depending on the patient's health and the part of the body that is infected. The most serious type of infection occurs in the blood, called a bloodstream infection (MRSA-BSI).

MRSA has been present in NYS and the rest of the country for many years. A higher percentage of cases are classified as community-onset (65%) than hospital onset (35%). Rates of new hospital onset infections are summarized below.

	Number of New Bloodstream	Number of Patient	Infection
MRSA Infection rate	Infections	Days	Rate
Hospital Onset	775	11,541,712	0.67/10,000 patient days

NYS data downloaded from NHSN September 29, 2016.

Hospital Performance

To evaluate hospital performance, NYS asks the question,

"How did each hospital perform in 2015 compared to the NYS 2015 average?"

This comparison is performed separately by type of HAI (i.e. SSI, CLABSI, CDI). The comparison takes into account differences in patient populations related to severity of illness and other factors that may affect the risk of developing an HAI. A hospital that performs a large number of complex procedures on very sick patients would be expected to have a higher infection rate than a hospital that performs more routine procedures on healthier patients. Therefore, before comparing the infection rates of hospitals, it is important to adjust for the proportion of high and low risk patients. DOH predicts the number of infections that would occur if the hospital had the same risk as the state as a whole, then divide the number of observed infections by the number of predicted infections. This is called the standardized infection ratio (SIR).

- A SIR above 1.0 means that the infection rate at the hospital is worse than the state average, even after adjusting for differences in that hospital's patient population. The difference above 1.0 is the percentage by which the infection rate exceeds that of the state average. If the SIR is significantly higher than 1, the result is highlighted in red.
- A SIR below 1.0 means that the infection rate is better than the state average after adjusting for differences in that hospital's patient population. The difference below 1.0 is the percentage by which the infection rate is lower than that experienced by the standard population. If the SIR is significantly lower than 1, the result is highlighted in blue.
- A SIR of 1.0 means the observed number of infections is equal to the number of predicted infections. If the SIR is not significantly different from the state average, the result in highlighted in grey.
- No SIR was calculated when there was not enough data for a hospital.

More detailed information on the risk adjustment method and hospital performance is available in Part 2: Technical Report.

		Sur	rgical Site In	fection	s (SSI)	Central Line Associated Blood Stream Infections (CLABSI)				Hospital Onset Clostridium difficile Infections (CDI)			
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
AO Fox Memorial	2014	1	2.2	0.45	Same				No Data	5	6.8	0.74	Same
	2015	1	1.5	0.66	Same	2	1.6	1.28	Same	4	3.3	1.23	Same
Adirondack Medical	2014	4	6.8	0.59	Same				No Data	5	7.1	0.71	Same
	2015	5	3.3	1.51	Same	0	1.0	0.00	Same	6	4.4	1.37	Same
Albany Med Ctr	2014	60	45.4	1.32	^ Worse	15	21.0	0.71	Same	190	138.2	1.37	^ Worse
	2015	36	40.9	0.88	Same	48	56.0	0.86	Same	182	144.7	1.26	^ Worse
Albany Memorial	2014	0	4.6	0.00	**Better	0	0.6	0.00	Same	2	11.6	0.17	**Better
	2015	0	2.2	0.00	Same	4	2.6	1.52	Same	5	4.6	1.09	Same
Alice Hyde Med Ctr	2014	1	2.8	0.36	Same	0	0.1	0.00	Same	0	2.6	0.00	Same
	2015	0	1.8	0.00	Same	0	0.3	0.00	Same	0	1.8	0.00	Same
Arnot Ogden Med Ctr	2014	11	12.0	0.92	Same	10	4.7	2.13	^ Worse	44	40.9	1.08	Same
	2015	13	10.3	1.26	Same	11	10.9	1.01	Same	50	47.1	1.06	Same
Auburn Memorial	2014	6	3.8	1.59	Same	2	0.7	3.04	Same	15	15.0	1.00	Same
	2015	2	2.6	0.77	Same	1	1.8	0.57	Same	17	12.0	1.42	Same
Bellevue Hospital	2014	13	13.6	0.96	Same	6	7.5	0.80	Same	111	122.3	0.91	Same
Bellevue Hospital	2014	21	12.5	1.68	^ Worse	14	14.7	0.80	Same	89	96.6	0.91	Same
Bertrand Chaffee	2014 2015				Not calculated No Data				No Data Not calculated	2	2.5	0.81	Same
					NO Data				NOT CALCULATED				Salle
Blythedale Childrens	2014				No Data				No Data	6	13.4	0.45	Same
	2015				No Data				No Data				Not calculated
Bon Secours	2014	0	1.1	0.00	Same	1	0.3	3.03	Same	12		1.41	Same
	2015	0	1.0	0.00	Same	0	1.0	0.00	Same	6	10.0	0.60	Same

		Sui	rgical Site In	fection	s (SSI)	Central Line Associated Blood Stream Infections (CLABSI)				Hospital Onset Clostridium difficile Infections (CDI)			
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Bronx-Lebanon	2014	9	7.9	1.14	Same	7	5.4	1.29	Same	79	129.6	0.61	**Better
	2015	16	7.3	2.19	^ Worse	24	14.8	1.62	^ Worse	79	75.2	1.05	Same
Brookdale Hospital	2014	12	7.6	1.57	Same	4	4.5	0.89	Same	21	50.6	0.41	**Better
	2015	17	6.1	2.78	^ Worse	25	9.6	2.60	^ Worse	24	22.8	1.05	Same
Brookhaven Memorial	2014	9	7.0	1.29	Same	4	4.7	0.86	Same	122	83.9	1.45	^ Worse
	2015	2	5.0	0.40	Same	28	12.5	2.24	^ Worse	83	55.9	1.49	^ Worse
Brooklyn Hosp Ctr	2014	9	11.2	0.80	Same	16	4.3	3.69	^ Worse	61	64.5	0.95	Same
,	2015	8	8.7	0.92	Same	31	12.5	2.47	^ Worse	42	52.0	0.81	Same
Brooks Memorial	2014	1	1.8	0.57	Same	0	0.3	0.00	Same	3	7.6	0.39	Same
BIOOKS MEMORIAL	2014	4	2.3	1.70	Same	3	0.6	5.30	^ Worse	5	3.7	1.37	Same
Buffalo General	2014	31	32.8	0.95	Same	19	12.3	1.55	Same	133	113.0	1.18	Same
	2015	32	30.7	1.04	Same	39	32.0	1.22	Same	111	91.6	1.21	Same
Burdett Care Center	2014				No Data				No Data	0	0.2	0.00	Same
	2015				No Data				No Data				Not calculated
Burke Rehab Hosp	2014				No Data				No Data	20	13.4	1.49	Same
	2015				No Data				No Data				Not calculated
Calvary Hospital	2014				No Data				No Data	18	73.6	0.24	**Better
	2015				No Data				No Data				Not calculated
Canton-Potsdam	2014	5	5.2	0.96	Same	0	0.1	0.00	Same	6	6.3	0.95	Same
	2015	5	4.7	1.07	Same	2	1.7	1.19	Same	10	12.3	0.81	Same
Catskill Regional	2014	0	4.2	0.00	**Better	2	0.8	2.45	Same	7	10.6	0.66	Same
	2015	7	1.8	3.90	^ Worse	2	1.5	1.37	Same	14	8.2	1.71	Same

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 2 of 16)

		Sur	gical Site In	s (SSI)	Central	Line Associ Infections			Hospital Onset Clostridium difficile Infections (CDI)				
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Cayuga Medical Ctr	2014	6	5.1	1.17	Same	0	1.1	0.00	Same	19	16.9	1.13	Same
	2015	2	4.8	0.41	Same	1	4.2	0.24	Same	15	17.2	0.87	Same
Champlain Valley	2014	9	10.3	0.87	Same	2	1.5	1.33	Same	22	43.1	0.51	**Better
	2015	4	6.6	0.61	Same	4	12.2	0.33	**Better	12	44.4	0.27	**Better
Claxton-Hepburn	2014	4	1.4	2.89	Same	0	0.2	0.00	Same	7	10.3	0.68	Same
	2015	1	1.2	0.80	Same	2	1.9	1.06	Same	5	7.0	0.71	Same
	0014			4 54	0				0			0.70	0
Clifton Springs	2014 2015	2	1.3	1.51 2.15	Same	0	0.3	0.00	Same	5	1.9 8.5	2.70	Same
	2013	5	1.4	2.15	Jame	1	1.0	0.02	Salle	2	0.5	0.25	Jaine
Cobleskill Regional	2014				No Data				No Data	0	4.5	0.00	Same
	2015				No Data	0	0.1	0.00	Same	2	2.5	0.79	Same
Columbia Memorial	2014	5	4.9	1.02	Same	1	0.7	1.53	Same	17	12.5	1.35	Same
	2015	4	4.0	1.01	Same	3	2.1	1.44	Same	15	28.8	0.52	**Better
Coney Island Hosp	2014	2	4.1	0.49	Same	6	3.9	1.54	Same	64	86.1	0.74	Same
	2015	2	4.2	0.47	Same	21	15.4	1.36	Same	92	76.5	1.20	Same
Corning Hospital	2014	2	3.8	0.53	Same	1	0.3	3.74	Same	12	11.7	1.03	Same
	2015	2	3.2	0.63	Same	0	1.5	0.00	Same	9	15.6	0.58	Same
Cortland Reg Med	2014	4	2.4	1.65	Same	1	0.5	1.84	Same	4	15.1	0.26	**Better
COLLENG NEG	2014	3	2.4	1.38	Same	0	1.6	0.00	Same	10	6.0	1.68	Same
Crouse Hospital	2014	46 32	31.5	1.46	^ Worse	11	6.2	1.78	Same	49 37	60.0	0.82	Same
	2015	32	24.3	1.32	Same	18	20.9	0.86	Same	37	72.9	0.51	**Better
DeGraff Memorial	2014	0	1.5	0.00	Same				No Data	9	7.0	1.28	Same
	2015	0	1.0	0.00	Same	0	0.8	0.00	Same	5	5.7	0.88	Same

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 3 of 16)

		Su	gical Site In	s (SSI)	Central	Line Associ Infections			Hospital Onset Clostridium difficile Infections (CDI)				
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
East. Niag. Lockport	2014	2	3.2	0.63	Same	0	0.4	0.00	Same	8	8.6	0.93	Same
	2015	0	2.1	0.00	Same	3	0.9	3.40	Same	3	9.8	0.31	Same
Eastern Long Island	2014	0	0.7	0.00	Same	0	0.1	0.00	Same	1	7.1	0.14	Same
	2015	0	0.6	0.00	Same	0	0.3	0.00	Same	4	5.8	0.69	Same
Ellis Hospital	2014	7	18.8	0.37	**Better	1	4.5	0.22	Same	83	60.8	1.37	^ Worse
	2015	12	17.0	0.70	Same	2	11.2	0.18	**Better	52	53.1	0.98	Same
Elmhurst Hospital	2014	18	8.0	2.24	^ Worse	1	3.0	0.33	Same	53	41.7	1.27	Same
	2015	15	5.8	2.60	^ Worse	16	10.3	1.55	Same	28	59.4	0.47	**Better
Erie County Med Ctr	2014	11	9.5	1.16	Same	3	2.8	1.06	Same	72	62.0	1.16	Same
,	2015	16	8.9	1.80	^ Worse	17	16.0	1.07	Same	67	67.6	0.99	Same
FF Thompson	2014	5	4.9	1.01	Same	0	0.5	0.00	Same	11	16.2	0.68	Same
	2015	3	5.3	0.57	Same	2	2.8	0.72	Same	13	14.4	0.91	Same
Faxton St. Lukes	2014	12	8.5	1.41	Same	1	2.0	0.51	Same	73	59.5	1.23	Same
	2014	11	6.4	1.71	Same	8	10.3	0.78	Same	62	58.6	1.06	Same
Flushing Hospital	2014	9	6.3	1.42	Same	11	4.3	2.56	^ Worse	49	62.7	0.78	Same
Tushing hospitar	2014	8	5.5	1.46	Same	18	7.7	2.30	^ Worse	39	40.9	0.95	Same
	2014	8	4.0	1 07	Como	1	1.0	0.96	Como		10.0	0.58	Came
Geneva General	2014	8	4.3	1.87	Same	2	2.7	0.96	Same	6	10.3 9.3	0.58	Same
Glen Cove Hospital	2014 2015	0	3.5	0.00	**Better Same	3	0.5	5.65 0.00	^ Worse Same	19	18.8	1.01	Same
					Jaile				Jaille				
Glens Falls Hospital	2014	10	10.0	1.00	Same	0	1.6	0.00	Same	39	62.5	0.62	**Better
	2015	5	9.0	0.55	Same	0	7.1	0.00	**Better	35	43.7	0.80	Same

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 4 of 16)

		Sur	gical Site In	fection	is (SSI)	Central	Line Associ Infections			Hospit	al Onset Clo Infection		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Good Samar. Suffern	2014	17	13.3	1.28	Same	5	2.7	1.83	Same	55	42.1	1.31	Same
	2015	2	10.2	0.20	**Better	25	9.6	2.61	^ Worse	48	55.5	0.87	Same
Good Samar. W Islip	2014	16	26.6	0.60	**Better	7	5.6	1.25	Same	125	111.7	1.12	Same
	2015	37	25.1	1.48	^ Worse	17	20.2	0.84	Same	135	90.5	1.49	^ Worse
Harlem Hospital	2014	3	3.7	0.80	Same	0	3.2	0.00	**Better	24	30.1	0.80	Same
	2015	3	3.2	0.93	Same	11	6.0	1.82	Same	22	25.8	0.85	Same
HealthAlli Broadway	2014	0	4.9	0.00	**Better	1	1.4	0.70	Same	25	21.4	1.17	Same
	2015	1	3.9	0.26	Same	0	6.0	0.00	**Better	33	14.1	2.34	^ Worse
HealthAlli MarysAve	2014	0	2.3	0.00	Same				Not calculated	3	6.3	0.47	Same
	2015	1	1.7	0.61	Same	0	0.5	0.00	Same	0	3.0	0.00	Same
Helen Hayes Hospital	2014				No Data				No Data	15	26.2	0.57	Same
	2015				No Data				Not calculated				Not calculated
Henry J. Carter	2014				No Data				No Data	63	64.1	0.98	Same
	2015				No Data				No Data				Not calculated
Highland Hospital	2014	17	23.8	0.71	Same	0	2.0	0.00	Same	54	76.4	0.71	**Better
	2015	25	21.4	1.17	Same	7	18.2	0.38	**Better	55	51.3	1.07	Same
Hospital for Spec	2014	20	36.2	0.55	**Better	2	0.2	10.82	^ Worse	26	26.3	0.99	Same
Surg	2015	11	35.8	0.31	**Better	1	2.9	0.34	Same				Not calculated
Huntington Hospital	2014	15	15.0	1.00	Same	1	1.5	0.66	Same	47	53.6	0.88	Same
	2015	13	11.0	1.19	Same	3	3.8	0.78	Same	33	42.5	0.78	Same
Interfaith Med Ctr	2014	0	1.8	0.00	Same	2	1.8	1.09	Same	15	22.1	0.68	Same
	2015	0	1.5	0.00	Same	5	2.7	1.83	Same	11	9.6	1.15	Same
Ira Davenport	2014				Not calculated				No Data	2	1.6	1.24	Same
	2015				Not calculated				Not calculated	1	0.8	1.22	Same

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 5 of 16)

		Su	gical Site In	fection	s (SSI)	Central	Line Associ Infections			Hospit	al Onset Clo Infectior		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
JT Mather Hospital	2014	16	8.5	1.88	^ Worse	0	1.9	0.00	Same	65	39.0	1.67	^ Worse
	2015	12	7.4	1.61	Same	4	7.5	0.53	Same	44	29.2	1.50	Same
Jacobi Med Ctr	2014	16	11.8	1.36	Same	3	3.6	0.84	Same	61	68.3	0.89	Same
	2015	11	10.3	1.07	Same	7	7.3	0.96	Same	59	62.9	0.94	Same
Jamaica Hospital	2014	9	9.7	0.93	Same	2	3.5	0.57	Same	52	43.3	1.20	Same
	2015	12	8.3	1.44	Same	10	10.5	0.95	Same	55	53.8	1.02	Same
Jones Memorial	2014	0	1.2	0.00	Same	0	0.3	0.00	Same	5	4.4	1.15	Same
	2015	1	1.0	1.04	Same	0	1.2	0.00	Same	3	1.9	1.58	Same
Kenmore Mercy	2014	14	13.7	1.03	Same	0	1.3	0.00	Same	23	32.8	0.70	Same
	2015	16	11.6	1.38	Same	2	3.6	0.55	Same	19	24.2	0.79	Same
Kings County Hosp	2014	18	12.6	1.43	Same	13	6.6	1.96	^ Worse	15	36.6	0.41	**Better
KINGS COUNTY HOSP	2014	5	12.0	0.45	Same	18	13.6	1.33	Same	48	44.9	1.07	Same
Kingsbrook Jewish MC	2014 2015	5	5.1	0.98	Same	5	2.3	2.14	Same	30 37	36.0 25.3	0.83	Same
	2015		3.5	0.29	Salle		5.9		Salle	57	25.5	1.40	Salle
LIJ at Forest Hills	2014	12	11.2	1.07	Same	0	2.3	0.00	Same	85	72.5	1.17	Same
	2015	3	6.9	0.44	Same	6	6.4	0.94	Same	62	44.7	1.39	Same
LIJ at Valley Stream	2014	5	5.4	0.92	Same	1	1.1	0.87	Same	21	36.3	0.58	**Better
	2015	1	3.8	0.26	Same	2	3.5	0.57	Same	11	24.5	0.45	**Better
Lenox Hill Hospital	2014	29	29.7	0.98	Same	3	6.6	0.46	Same	114	76.1	1.50	^ Worse
	2015	25	30.3	0.83	Same	13	15.3	0.85	Same	67	69.9	0.96	Same
Lincoln Med Ctr	2014	1	6.6	0.15	**Better	9	4.3	2.08	Same	24	32.8	0.73	Same
(Continued)	2015	6	5.8	1.03	Same	23	11.9	1.94	^ Worse	21	25.7	0.82	Same

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 6 of 16)

		Su	rgical Site In	fection	s (SSI)	Central	Line Associ Infections			Hospit	al Onset Clo Infectior		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Long Isl Jewish(LIJ)	2014	50	39.0	1.28	Same	6	9.4	0.64	Same	196	100.8	1.95	^ Worse
	2015	24	32.6	0.74	Same	18	26.4	0.68	Same	131	145.1	0.90	Same
Maimonides Med Ctr	2014	33	31.1	1.06	Same	1	8.3	0.12	**Better	52	109.2	0.48	**Better
	2015	35	27.3	1.28	Same	25	22.4	1.11	Same	56	67.7	0.83	Same
Mary Imogene Bassett	2014	17	18.9	0.90	Same	4	1.9	2.12	Same	25	34.2	0.73	Same
	2015	16	14.2	1.13	Same	2	6.2	0.32	Same	22	30.8	0.71	Same
Massena Memorial	2014	2	1.7	1.21	Same				Not calculated	3	3.2	0.95	Same
	2015	0	0.7	0.00	Same	0	0.2	0.00	Same	3	3.2	0.95	Same
Memor SloanKettering	2014	71	70.9	1.00	Same				No Data	257	162.8	1.58	^ Worse
Memor Sibankettering	2014	64	70.9	0.88	Same				No Data	257	102.8	1.56	Not calculated
Mercy Hosp Buffalo	2014	46	29.9	1.54	^ Worse	3	6.7	0.45	Same	79	86.1	0.92	Same
	2015	33	25.4	1.30	Same	13	13.8	0.94	Same	57	54.1	1.05	Same
Mercy Med Ctr	2014	8	7.2	1.12	Same	1	1.5	0.66	Same	51	25.9	1.97	^ Worse
	2015	4	6.1	0.65	Same	7	5.1	1.38	Same	43	33.3	1.29	Same
Metropolitan Hosp	2014	7	3.1	2.29	Same	3	2.3	1.31	Same	10	28.1	0.36	**Better
	2015	10	2.8	3.55	^ Worse	3	2.2	1.34	Same	11	20.0	0.55	Same
MidHudson Reg of WMC	2014	3	6.6	0.45	Same	0	1.5	0.00	Same	19	14.0	1.35	Same
	2015	4	4.5	0.89	Same	4	5.5	0.72	Same	11	9.7	1.13	Same
Millard Fill. Suburb	2014	29	30.0	0.97	Same	6	3.6	1.65	Same	67	62.7	1.07	Same
	2015	22	23.1	0.95	Same	19	12.6	1.51	Same	63	58.0	1.09	Same
Monroe Community	2014				No Data				No Data	1	0.1	8.04	Same
	2015				No Data				No Data				Not calculated

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		Sui	rgical Site In	fection	is (SSI)	Central	Line Associ Infections		ood Stream SI)	Hospit	al Onset Clo Infectior		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Montefiore-Einstein	2014	29	25.1	1.15	Same	10	7.4	1.35	Same	130	124.4	1.04	Same
	2015	33	22.2	1.48	^ Worse	22	18.2	1.21	Same	123	88.4	1.39	^ Worse
Montefiore-Moses	2014	32	25.9	1.23	Same	3	11.2	0.27	**Better	254	265.4	0.96	Same
	2015	16	22.3	0.72	Same	40	45.3	0.88	Same	199	188.8	1.05	Same
Montefiore-Mt Vernon	2014	1	1.3	0.80	Same	1	0.4	2.54	Same	9	14.1	0.64	Same
	2015	1	1.7	0.59	Same	1	1.6	0.63	Same	6	8.1	0.74	Same
Montefiore-NewRochl	2014	7	6.5	1.08	Same	1	1.0	1.02	Same	21	30.2	0.69	Same
	2015	6	5.2	1.16	Same	3	3.3	0.90	Same	27	22.6	1.19	Same
Montefiore-Wakefield	2014	14	7.9	1.76	Same	4	3.7	1.08	Same	70	74.8	0.94	Same
	2015	15	9.2	1.62	Same	5	7.9	0.64	Same	49	48.7	1.01	Same
Mount St. Marys	2014	4	4.6	0.86	Same	0	0.4	0.00	Same	10	11.4	0.88	Same
	2015	3	3.4	0.88	Same	0	2.6	0.00	Same	5	10.1	0.49	Same
Mt Sinai	2014	108	78.5	1.38	^ Worse	10	18.4	0.54	**Better	296	229.5	1.29	^ Worse
	2015	95	72.0	1.32	^ Worse	54	55.2	0.98	Same	286	192.9	1.48	^ Worse
Mt Sinai Beth Israel	2014	16	26.4	0.61	**Better	2	6.0	0.33	Same	104	109.5	0.95	Same
me offici been forder	2014	18	23.2	0.78	Same	12	18.3	0.66	Same	66	78.1	0.85	Same
Mt Sinai Brooklyn	2014	3	4.8	0.63	Same	1	0.9	1.10	Same	37	70.1	0.53	**Better
ME STHAT DE OKLYN	2014	3	5.2	0.63	Same	3	5.2	0.57	Same	37	48.2	0.53	**Better
Mt Sinai Queens	2014 2015	2	7.1 5.8	0.28	Same	0	0.9	0.00	Same	32	51.2 27.3	0.63	**Better Same
Mt Sinai St Lukes	2014	9	10.1	0.89	Same	3	4.3	0.69	Same	32	76.3	0.42	**Better
(Continued)	2015	7	10.5	0.67	Same	4	8.3	0.48	Same	45	52.7	0.85	Same

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		Su	gical Site In	fection	s (SSI)	Central	Line Associ Infections			Hospit	al Onset Clo Infectior		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Mt Sinai West	2014	11	17.9	0.61	Same	2	2.2	0.89	Same	36	50.9	0.71	Same
	2015	12	16.1	0.75	Same	4	5.2	0.77	Same	44	60.1	0.73	Same
NY Community Hosp	2014	4	2.7	1.50	Same	0	0.7	0.00	Same	33	34.8	0.95	Same
	2015	0	1.8	0.00	Same	4	1.5	2.66	Same	41	29.9	1.37	Same
NY Eye-Ear Mt Sinai	2014				No Data				No Data	0	0.2	0.00	Same
	2015				No Data				Not calculated				Not calculated
NY Methodist	2014	15	24.9	0.60	**Better	6	7.6	0.79	Same	139	159.5	0.87	Same
	2015	15	24.9	0.60	**Better	26	19.3	1.35	Same	140	116.0	1.21	Same
NYP-Allen	2014	2	2.0	1.00	Same	2	0.6	3.19	Same	28	34.2	0.82	Same
	2015	3	2.3	1.31	Same	2	2.3	0.87	Same	23	40.9	0.56	**Better
NYP-Columbia-Morgan	2014	33	44.0	0.75	Same	34	30.4	1.12	Same	259	247.6	1.05	Same
NYP-Columbia	2015	31	45.4	0.68	**Better	72	51.8	1.39	^ Worse	235	234.9	1.00	Same
NYP-Hudson Valley	2014	5	8.5	0.59	Same	0	0.6	0.00	Same	16	20.3	0.79	Same
	2015	4	5.7	0.70	Same	0	2.0	0.00	Same	17	12.9	1.32	Same
NYP-Lawrence	2014	5	6.5	0.76	Same	1	1.6	0.63	Same	31	40.0	0.78	Same
	2015	5	5.1	0.98	Same	7	6.0	1.17	Same	40	31.9	1.25	Same
NYP-Lower Manhattan	2014	4	6.4	0.62	Same	2	2.0	0.99	Same	17	20.7	0.82	Same
WIT-LOwer Mannactan	2014	4	5.9	0.68	Same	1	4.1	0.24	Same	22	20.7	1.07	Same
NYP-Morgan Stanley	2015	0	2.9	0.00	Same	28	20.9	1.34	Same			<u> </u>	Not calculated
NYP-Queens	2014	27	25.6	1.05	Same	6	5.4	1.11	Same	226	167.3	1.35	^ Worse
	2015	17	19.2	0.89	Same	23	15.0	1.53	Same	153	135.3	1.13	Same
NYP-Weill Cornell	2014	39	50.4	0.77	Same	20	17.7	1.13	Same	244	243.5	1.00	Same
	2015	39	42.8	0.91	Same	62	50.9	1.22	Same	217	191.3	1.13	Same

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		Su	rgical Site In	fection	s (SSI)	Central	Line Associ Infections		ood Stream SI)	Hospit	al Onset Cl Infection		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
NYU Joint Diseases	2014	23	12.3	1.87	^ Worse				No Data	12	17.1	0.70	Same
	2015	19	15.0	1.27	Same	0	0.4	0.00	Same				Not calculated
NYU Langone Med Ctr	2014	33	32.7	1.01	Same	8	10.0	0.80	Same	140	131.8	1.06	Same
	2015	27	34.4	0.78	Same	28	31.8	0.88	Same	119	107.3	1.11	Same
NYU Lutheran	2014	14	14.4	0.97	Same	3	3.8	0.79	Same	93	87.8	1.06	Same
	2015	5	12.7	0.39	**Better	15	12.4	1.21	Same	111	75.6	1.47	^ Worse
Nassau University	2014	8	6.2	1.29	Same	0	3.3	0.00	**Better	15	36.1	0.42	**Better
	2015	6	5.2	1.16	Same	0	5.9	0.00	**Better	12	26.2	0.46	**Better
Nathan Littauer	2014	2	1.3	1.57	Same	0	0.2	0.00	Same	4	5.3	0.75	Same
	2015	1	1.8	0.54	Same	0	0.7	0.00	Same	3	2.8	1.07	Same
Newark Wayne	2014	4	3.2	1.27	Same	0	1.0	0.00	Same	18	17.4	1.03	Same
	2015	3	2.8	1.07	Same	1	1.6	0.62	Same	13	26.4	0.49	**Better
Niagara Falls	2014	6	2.8	2.11	Same	0	0.7	0.00	Same	3	9.6	0.31	Same
	2015	2	1.9	1.06	Same	3	3.3	0.90	Same	19	14.5	1.31	Same
North Central Bronx	2014				Not calculated	0	0.3	0.00	Same	7	17.5	0.40	**Better
North Gentral Bronx	2014	0	1.1	0.00	Same	2	1.3	1.51	Same	5	14.8	0.34	**Better
North Shore	2014	64	62.4	1.03	Same	4	10.1	0.40	Same	235	209.0	1.12	Same
NOTET SHOPE	2014	57	58.2	0.98	Same	11	26.1	0.40	**Better	150	178.4	0.84	Same
Northern Dutchess	2014 2015	2	3.5	0.58	Same	3	0.4	8.39	^ Worse Same	9	9.7	0.93	Same ^ Worse
						I							
Northern Westchester	2014	10	9.1	1.10	Same	0	0.9	0.00	Same	42	25.4	1.66	^ Worse
(C f 1)	2015	11	8.7	1.26	Same	2	4.0	0.51	Same	35	27.6	1.27	Same

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		Su	rgical Site In	fection	s (SSI)	Central	Line Associ Infections		ood Stream SI)	Hospit	al Onset Clo Infectior		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Noyes Memorial	2014	2	2.7	0.74	Same	0	0.2	0.00	Same	2	3.4	0.59	Same
	2015	2	1.8	1.12	Same	0	0.5	0.00	Same	3	3.8	0.78	Same
Nyack Hospital	2014	7	6.3	1.12	Same	0	1.4	0.00	Same	48	49.7	0.97	Same
	2015	6	5.7	1.06	Same	5	5.3	0.93	Same	30	52.3	0.57	**Better
Olean General	2014	7	7.3	0.96	Same	0	1.0	0.00	Same	23	36.5	0.63	Same
	2015	1	4.4	0.23	Same	5	4.0	1.26	Same	18	20.0	0.90	Same
Oneida Healthcare	2014	8	5.3	1.51	Same	0	0.3	0.00	Same	6	8.2	0.73	Same
	2015	5	4.0	1.26	Same	0	0.9	0.00	Same	5	5.4	0.92	Same
OrangeReg Goshen-Mid	2014	9	13.2	0.68	Same	4	1.9	2.12	Same	90	73.5	1.22	Same
or angeneg doonen mid	2015	8	12.4	0.64	Same	12	12.2	0.98	Same	114	69.0	1.65	^ Worse
	0014	5	0.5		0	0			0	10	40.0	0.04	
Oswego Hospital	2014 2015	2	3.5	1.41 0.56	Same	0	0.5	0.00	Same	12	18.8	0.64	Same **Better
Our Lady of Lourdes	2014	9	10.3	0.87	Same	2	1.0	2.06	Same	51	48.9	1.04	Same
	2015	12	9.6	1.25	Same	5	6.9	0.72	Same	43	43.6	0.99	Same
Peconic Bay Medical	2014	7	10.9	0.64	Same	1	0.5	2.08	Same	26	22.3	1.16	Same
	2015	7	10.2	0.69	Same	3	1.6	1.85	Same	34	21.0	1.62	Same
Phelps Memorial	2014	2	4.3	0.47	Same	0	0.6	0.00	Same	32	17.7	1.81	^ Worse
	2015	0	3.8	0.00	**Better	2	2.9	0.69	Same	22	33.9	0.65	Same
Plainview Hospital	2014	15	11.5	1.30	Same	0	1.8	0.00	Same	33	43.5	0.76	Same
	2015	10	8.8	1.13	Same	3	3.7	0.81	Same	35	29.6	1.18	Same
Putnam Hospital	2014	5	8.2	0.61	Same	0	0.5	0.00	Same	24	20.1	1.20	Same
	2015	6	7.0	0.86	Same	4	1.9	2.10	Same	23	23.0	1.00	Same

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		Su	rgical Site In	fection	s (SSI)	Central	Line Associ Infections			Hospit	al Onset Clo Infectior		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Queens Hospital	2014	10	6.1	1.63	Same	8	2.9	2.76	^ Worse	24	44.0	0.55	**Better
	2015	4	5.2	0.77	Same	7	6.0	1.16	Same	18	27.2	0.66	Same
Richmond Univ MC	2014	10	11.3	0.88	Same	6	5.7	1.06	Same	75	60.0	1.25	Same
	2015	13	9.2	1.41	Same	14	11.2	1.25	Same	52	45.8	1.13	Same
Rochester General	2014	46	42.8	1.08	Same	5	7.3	0.68	Same	146	210.2	0.69	**Better
	2015	46	44.2	1.04	Same	30	26.4	1.14	Same	128	167.2	0.77	**Better
Rome Memorial	2014	2	3.6	0.55	Same	0	0.6	0.00	Same	9	10.6	0.85	Same
	2015	0	1.9	0.00	Same	1	1.5	0.65	Same	20	10.0	2.00	^ Worse
Roswell Park	2014	15	12.0	1.26	Same				No Data	26	35.3	0.74	Same
	2015	20	12.4	1.61	Same				No Data				Not calculated
SUNY Downstate MedCr	2014	6	10.2	0.59	Same	9	3.7	2.46	^ Worse	52	51.2	1.02	Same
	2015	8	6.6	1.20	Same	44	12.8	3.43	^ Worse	61	48.4	1.26	Same
Samaritan- Troy	2014	9	8.3	1.09	Same	0	1.0	0.00	Same	8	17.5	0.46	Same
	2015	4	6.7	0.60	Same	3	5.2	0.57	Same	7	11.2	0.63	Same
Samaritan- Watertown	2014	7	8.1	0.86	Same	0	0.8	0.00	Same	23	17.1	1.35	Same
	2015	7	5.8	1.22	Same	6	4.3	1.40	Same	18	32.9	0.55	**Better
Saratoga Hospital	2014	6	8.5	0.70	Same	0	1.2	0.00	Same	22	41.8	0.53	**Better
Sai atoga nospitar	2014	9	8.4	1.07	Same	1	6.9	0.00	**Better	43	31.4	1.37	Same
Sisters of Charity	2014 2015	16	13.7	1.17	Same	0	2.5 8.3	0.00	Same	35	39.4 30.2	0.89	Same
Sisters- St Joseph	2014	17	6.7	2.53	^ Worse	2	1.1	1.79	Same	23	26.6	0.86	Same
(Continued)	2015	13	4.6	2.80	^ Worse	3	4.3	0.70	Same	22	21.8	1.01	Same

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		Su	gical Site In	fection	s (SSI)	Central	Line Associ Infections			Hospit	al Onset Clo Infection		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
South Nassau Comm.	2014	19	23.6	0.81	Same	1	3.6	0.28	Same	128	89.7	1.43	^ Worse
	2015	22	18.9	1.17	Same	6	18.1	0.33	**Better	114	99.6	1.14	Same
Southampton	2014	2	3.8	0.52	Same	0	0.7	0.00	Same	18	14.8	1.22	Same
	2015	5	3.2	1.54	Same	4	2.7	1.50	Same	15	12.5	1.20	Same
Southside	2014	41	21.1	1.94	^ Worse	0	3.1	0.00	**Better	63	60.9	1.03	Same
	2015	16	22.6	0.71	Same	7	6.2	1.12	Same	44	47.0	0.94	Same
St Anthony	2014	0	1.9	0.00	Same	0	0.4	0.00	Same	7	10.8	0.65	Same
	2015	0	1.6	0.00	Same	1	1.1	0.92	Same	7	5.9	1.18	Same
St Barnabas	2014	12	5.7	2.09	^ Worse	2	2.8	0.72	Same	65	28.2	2.31	^ Worse
	2015	5	4.3	1.17	Same	12	5.7	2.11	^ Worse	37	29.6	1.25	Same
St Catherine Siena	2014	3	5.8	0.51	Same	2	1.8	1.13	Same	71	51.6	1.37	Same
	2015	5	5.6	0.90	Same	5	6.4	0.79	Same	49	46.3	1.06	Same
St Charles Hospital	2014	10	5.9	1.70	Same	3	2.1	1.44	Same	42	31.9	1.32	Same
	2015	6	6.0	1.00	Same	6	4.5	1.34	Same	25	35.4	0.71	Same
St Elizabeth Medical	2014	11	13.3	0.83	Same	3	3.2	0.95	Same	61	41.3	1.48	^ Worse
	2015	8	11.4	0.70	Same	4	9.7	0.41	Same	51	34.7	1.47	Same
St Francis- Roslyn	2014	23	26.2	0.88	Same	8	8.2	0.98	Same	107	107.4	1.00	Same
	2015	22	27.4	0.80	Same	14	19.4	0.72	Same	103	83.8	1.23	Same
St James Mercy	2014	1	1.1	0.89	Same	0	0.3	0.00	Same	1	2.5	0.41	Same
	2015				Not calculated	0	0.3	0.00	Same	0	0.8	0.00	Same

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 13 of 16)

		Su	gical Site In	fection	s (SSI)	Central	Line Associ Infections			Hospit	al Onset Clo Infectior		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
St Johns Episcopal	2014	3	3.3	0.90	Same	2	2.0	1.00	Same	13	49.1	0.26	**Better
	2015	5	2.6	1.92	Same	12	6.1	1.98	^ Worse	13	24.6	0.53	Same
St Johns Riverside	2014	13	6.1	2.12	^ Worse	2	1.1	1.89	Same	16	35.7	0.45	**Better
	2015	8	4.7	1.71	Same	2	4.7	0.42	Same	23	17.3	1.33	Same
St Joseph -Bethpage	2014	4	4.0	1.00	Same	1	1.6	0.63	Same	39	39.4	0.99	Same
	2015	8	3.2	2.50	^ Worse	6	3.7	1.62	Same	33	27.7	1.19	Same
St Josephs- Elmira	2014				No Data				No Data	4	4.8	0.83	Same
	2015				No Data	0	0.3	0.00	Same	3	5.3	0.57	Same
St Josephs- Syracuse	2014	51	38.7	1.32	Same	15	9.7	1.55	Same	116	120.1	0.97	Same
	2015	38	37.3	1.02	Same	41	31.6	1.30	Same	121	93.7	1.29	^ Worse
St Josephs- Yonkers	2014	3	1.7	1.72	Same	1	0.8	1.20	Same	7	16.2	0.43	Same
	2015	0	1.6	0.00	Same	2	2.5	0.81	Same	11	8.2	1.33	Same
St LukesNewburgh-Cor	2014	7	7.1	0.98	Same	0	0.9	0.00	Same	34	34.0	1.00	Same
	2015	4	4.2	0.96	Same	1	3.5	0.29	Same	45	32.8	1.37	Same
St Marys Amsterdam	2014	2	3.3	0.60	Same	0	0.1	0.00	Same	6	14.1	0.42	Same
	2015	1	2.2	0.45	Same	0	2.7	0.00	Same	9	12.3	0.73	Same
St Marys Troy	2014	3	2.3	1.30	Same	1	0.8	1.26	Same	1	7.5	0.13	**Better
	2015	1	1.0	0.98	Same	3	2.3	1.28	Same	7	4.1	1.71	Same
St Peters Hospital	2014	49	51.6	0.95	Same	5	5.3	0.94	Same	61	92.7	0.66	**Better
	2015	43	45.7	0.94	Same	21	32.1	0.66	Same	74	87.4	0.85	Same
Staten Island U N	2014	23	26.3	0.88	Same	8	7.7	1.04	Same	139	144.3	0.96	Same
	2015	17	25.2	0.68	Same	9	19.4	0.46	**Better	103	120.8	0.97	Same

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 14 of 16)

Central Line Associated Blood Stream Hospital Onset Clostridium difficile Surgical Site Infections (SSI) Infections (CLABSI) Infections (CDI) How does How does How does this hospital this hospital this hospital compare to compare to compare to Observed Predicted the state Observed Predicted the state Observed Predicted the state Ratio Ratio average? Hospital Year infections infections average? infections infections Ratio average? infections infection Strong Memorial 2014 37 38.0 0.97 Same 26 19.5 1.33 Same 247 220.9 1.12 Same 2015 29 33.7 0.86 Same 39 53.8 0.72 **Better 217 240.5 0.90 Same Sunnyview Rehab Hosp 2014 No Data No Data 15 16.2 0.92 Same 2015 0 0.2 0.00 Not calculated No Data Same Syosset Hospital 2014 2 4.1 0.49 Same 0 0.5 0.00 Same 5 9.7 0.51 Same 2015 4 4.4 0.92 Same 1 1.2 0.85 Same 6 5.7 1.05 Same 2014 0 0.00 3 TLC Lake Shore 0.6 Same No Data 0.7 4.39 Same 2015 0 0.3 0.00 Same Not calculated 1 0.9 1.15 Same 0 0 UHS Chenango Memor 2014 1.3 0.00 Same 0 0.1 0.00 Same 3.6 0.00 Same 2015 4 3.83 ^ Worse 3.22 Same 2 0.82 1.0 1 0.3 2.4 Same 3 UHS Wilson/Bingh 2014 13 16.2 0.80 0.83 81 1.50 ^ Worse Same 3.6 Same 54.1 9 2015 15 0.69 65 76.8 0.85 14.4 1.04 Same 13.0 Same Same United Memorial 2014 4 1.34 0 0.00 15 1.19 3.0 Same 0.4 Same 12.6 Same 0 0 2015 2.7 0.00 0.00 Same 15 1.09 Same Same 1.0 13.8 Unity Hosp Rochester 2014 17 20.2 0.84 Same 4 3.3 1.23 Same 42 59.5 0.71 Same 6 2015 20 18.8 1.07 Same 14.6 0.41 **Better 29 51.6 0.56 **Better Univ Hosp SUNY Upst 2014 8 16.6 0.48 **Better 5 13.0 0.39 **Better 113 107.3 1.05 Same 2015 22 12.9 1.70 ^ Worse 26 36.3 0.72 Same 94 89.6 1.05 Same Univ Hosp StonyBrook 2014 27 39.6 0.68 **Better 10 10.8 0.93 227 143.7 1.58 ^ Worse Same 2015 33 33.4 0.99 Same 22 27.2 0.81 Same 194 155.6 1.25 ^ Worse 9 2014 1.33 1 1.13 22 Upst. Community Gen 6.8 Same 0.9 Same 22.3 0.99 Same 2015 17 2.07 0 0.00 16 8.2 ^ Worse 2.7 Same 24.8 0.65 Same Vassar Brothers 2014 8 23.1 0.35 **Better 8 2.00 106 4.0 Same 66.1 1.60 Worse

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 15 of 16)

(Continued)

2015

14

20.6

0.68

9

15.2

0.59

Same

122

129.0

0.95

Same

Same

		Su	rgical Site In	fection	is (SSI)	Central	Line Associ Infections		ood Stream SI)	Hospit	al Onset Clo Infectior		
Hospital	Year	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infections	Ratio	How does this hospital compare to the state average?	Observed infections	Predicted infection	Ratio	How does this hospital compare to the state average?
Westchester Medical	2014	25	20.1	1.24	Same	23	18.5	1.24	Same	115	124.9	0.92	Same
	2015	23	16.8	1.37	Same	34	41.5	0.82	Same	100	102.7	0.97	Same
White Plains Hosp	2014	14	12.2	1.15	Same	2	2.6	0.76	Same	42	62.1	0.68	**Better
	2015	15	10.8	1.39	Same	12	12.3	0.97	Same	45	46.3	0.97	Same
Winthrop University	2014	27	36.6	0.74	Same	5	10.6	0.47	Same	173	140.5	1.23	^ Worse
	2015	37	30.8	1.20	Same	19	25.9	0.73	Same	129	119.6	1.08	Same
Woman and Childrens	2014	1	2.2	0.45	Same	10	4.9	2.04	Same	8	12.0	0.67	Same
	2015	6	2.0	2.98	^ Worse	14	9.2	1.53	Same				Not calculated
Womans Christian	2014	3	4.7	0.64	Same	0	0.8	0.00	Same	17	17.5	0.97	Same
	2015	0	3.5	0.00	**Better	0	3.8	0.00	**Better	22	18.4	1.19	Same
Woodhull Med Ctr	2014	6	4.7	1.28	Same	7	3.2	2.21	Same	51	34.1	1.50	^ Worse
	2015	1	3.1	0.32	Same	17	7.2	2.37	^ Worse	33	37.0	0.89	Same
Wyckoff Heights	2014	6	5.9	1.01	Same	6	2.1	2.84	^ Worse	23	39.0	0.59	**Better
	2015	8	4.6	1.74	Same	14	7.0	2.00	^ Worse	22	17.9	1.23	Same
Wyoming County Comm.	2014	0	1.0	0.00	Same				Not calculated	0	3.9	0.00	Same
	2015	1	1.1	0.93	Same	0	0.7	0.00	Same	0	2.2	0.00	Same

Summary of Hospital-Acquired Infection Data, 2015 New York State (Page 16 of 16)

Each hospital's 2015 data was compared to the NYS 2015 data. See Technical Report for details on risk adjustment methods.

Significantly better than the NYS average. Significantly worse than the NYS average. Same: not significantly different from the NYS average.

No data: The hospital did not perform the procedures being monitored, or did not use any central lines.

Not calculated: The hospital performed fewer than 20 procedures, used fewer than 50 central line days, or was a specialty hospital that was excluded from CDI risk adjustment.

Summary of hospital performance.

In 2015, 52 hospitals were flagged red for having an HAI rate significantly higher than the state average in one of the 21 indicators (i.e. colon SSI, CABG chest SSI, CABG donor SSI, hip SSI, hysterectomy SSI, overall SSI SIR, CLABSIs in eight types of ICUs and five types of wards, overall CLABSI SIR, and CDI). Hospital Infection Preventionists were required to submit improvement plans to NYSDOH to address each red flag. The details of the response and NYS involvement increase based on the number of consecutive years flagged high, following the NYSDOH HAI Reporting Program's "Policy for Facilities with Consecutive Years of High HAI Rates"

(http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/2015/docs/po licy_repeat_high_hai_rates.pdf).

What should I do with this information?

It's important to understand that numbers alone won't show how well a hospital is doing in preventing HAIs. This report shows how hospitals performed during a single year, 2015, based on a selected set of HAIs and with limited adjustment for differences between patient populations. Consumers should consult with doctors, healthcare facilities, health insurance carriers, and reputable healthcare websites before deciding where to receive care. Decisions regarding healthcare quality should not be based on these data alone.

Role of the State Health Department

The NYSDOH collaborates with federal agencies, healthcare facilities, and the public with the common goal of reducing HAIs and antibiotic resistance. Some specific achievements in 2015 are listed below.

- DOH continued to audit the hospitals to ensure that public reporting fairly reflects what is actually occurring in each hospital.
- DOH continued to monitor the improvement plans of hospitals flagged with high HAI rates to encourage improvement and provide assistance as requested.
- DOH continued leading a NYS CDI prevention collaborative. In 2015 DOH focused on improving communication of infection control information when patients are transferred between hospitals and nursing homes. Through use of webinar presentations, DOH educated participants on evidence-based infection prevention and control practices.
- DOH visited facilities with high CRE rates, discussing a variety of topics including facility-wide CRE surveillance and prevention practices, barriers to implementation, antibiotic stewardship activities, and other strategies intended to reduce facility incidence rates.
- DOH continued to provide grant funding to health care organizations to develop, implement, and evaluate strategies to reduce targeted HAIs.
- DOH continued to act as a central resource for up-to-date, evidence-based information on HAI prevention, and DOH continued to assist facilities in responding to outbreaks.

Additional information on these topics is available in Part 2: Technical Report.

What Patients Can do to Prevent Infections

1. Keep hands clean.

Be sure everyone cleans their hands before touching you. If you do not see your healthcare providers clean their hands before caring for you, don't be shy about asking them to do so. Keep your own hands clean to avoid contaminating yourself.

2. Talk to you doctors about all your questions and concerns.

Clear communication is very important. Ask your doctor what specific steps he or she takes to prevent infections, as well as what you can do to help prevent infections.

- **3.** Take antibiotics only if necessary and exactly as your doctor prescribes. Ask if tests will be done to make sure the right antibiotic is prescribed.
- 4. Know the signs and symptoms of infection so you can seek medical care quickly. Diarrhea while taking an antibiotic could be a sign of Clostridium difficile infection. Carefully follow your doctor's instructions for post-operative care of your wounds. Watch for fever, as well as redness, pain, or discharge near a surgery or catheter site.

5. If you have a central line or urinary catheter, ask each day if it is necessary.

Invasive devices provide a way for bacteria to enter the body. Carefully follow instructions for care of these devices when they are necessary.

Additional information on HAIs is available from CDC at http://www.cdc.gov/hai/.