STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF INFECTIOUS DISEASE CONTROL

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

September 7, 2017

The Honorable Frank Kotowski, Chairman
Health and Human Services Oversight Committee
Legislative Office Building, Room 205
Concord NH 03301

Dear Representative Kotowski:

This letter is to inform you that the New Hampshire Division of Public Health Services has released healthcare-associated infections (HAI) reports for hospitals and Ambulatory Surgery Centers (ASC) in accordance with RSA 151:34. These reports are available to the public on our website (http://www.dhhs.nh.gov/dphs/cdcs/hai/publications.htm) and the Division issued a press release highlighting key findings, September 5, 2017.

The hospital 2016 report shows that overall, New Hampshire has fewer HAIs than are predicted based on national data. A total of 202 HAI were reported by hospitals in 2016, compared to 200 in 2015. There was a statistically significant increase for overall HAI between the first year of data presented in this report, 2010, and the most recent reporting period, 2016. However, this pattern was not seen between each individual year from 2010 to 2016. Many factors may have contributed to this pattern, including the addition of new and expanded reporting requirements in 2012. New Hampshire hospitals started reporting two additional categories of infections in 2012, which explains the higher number of infections seen in 2012-2016. The overall observed number of HAIs in New Hampshire hospitals was 28% lower than predicted based on national data; there were 61% fewer central line-associated bloodstream infections, 28% fewer surgical site infections and 1% higher catheter-associated urinary tract infections. Statewide adherence to four infection prevention practices during central line insertions was 98.4% (a slight increase from 2015) and the overall healthcare personnel influenza vaccination rate was 94.2%, which has been significantly improving since 2008 and exceeds the Healthy People 2020 goal of 90%.

The ambulatory surgery center 2016 report shows that New Hampshire ASCs have a similar number of HAIs to what was predicted based on national data. A total of four surgical site infections were reported by ASCs for 2016, compared to three for 2015. The overall observed number of surgical site infections in New Hampshire ASCs was 39% fewer than predicted based on national data; however, this difference is not significant and is considered similar to national data. Statewide ASC adherence to intravenous antibiotic prophylaxis timing guidelines to prevent surgical site infection was 90.0% (similar to the adherence rate seen in 2015) and the overall healthcare personnel influenza vaccination rate was 83.3% (compared with 76.3 during the 2015-16 influenza season).

Per RSA 151:34, IV, the Department is also required to report on HAI program costs to the Health and Human Services Committee and the House and Senate Ways and Means Committee, regarding the amount of federal funding received for the program, and the amount of fees paid by hospitals and ambulatory surgical centers to support the program. The approved HAI Program operating budget for SFY 2017 was $227,019; of which $94,965 was funded through the Epidemiology and Laboratory Capacity (ELC) federal grant and $132,054 in fees assessed to healthcare facilities in July 2017. In addition, the HAI Program received additional federal funds to support non-HAI reporting activities such as high threat infectious disease preparedness and antimicrobial resistance initiatives.

The Department continues to work with hospitals and ASCs to collect and report these important data on HAIs and respond timely and effectively to infectious disease threats to assure the health of the citizens of New Hampshire. Thank you for your commitment to this issue. If you have any questions or concerns, please contact me at (603) 271-0895.

Sincerely,

Lisa Morris, MSSW, Director
New Hampshire Division of Public Health Services
Department of Health and Human Services

NH Department of Health and Human Services
129 Pleasant Street – Hugh Gallen State Office Park
Concord, NH 03301

PRESS RELEASE
FOR IMMEDIATE RELEASE
September 1, 2017

CONTACT
Jake Leon, Communications Director
603-271-9290
Twitter: NHDHHSPIO
Facebook: NHDepartmentOfHealthAndHumanServices

Annual Hospital and Ambulatory Surgery Center Healthcare-Associated Infections Reports Released

Concord, NH – The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) has released the *2016 Healthcare-Associated Infections (HAI) Hospital Report* and the *2016 Healthcare-Associated Infections (HAI) Ambulatory Surgery Center (ASC) Report*. The reports, as mandated by law, report data on the occurrence of specific HAIs based on data from the 34 hospitals and 29 ASCs licensed in the State. For hospitals, central line-associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections following certain heart, colon, abdominal hysterectomy, and knee surgical procedures are reported. For ASCs, surgical site infections following certain breast, hernia, and open reduction of fracture surgical procedures are reported.

The reports also provide data on hospital and ASC compliance with measures that help protect patients from healthcare-associated infections. These data include adherence to infection prevention practices during central line insertions in hospitals, the appropriate use of antimicrobials during surgical procedures in ASC, and influenza vaccination coverage among hospital and ASC healthcare personnel.

"The data helps the Department, hospitals and ambulatory surgical centers track progress and identify areas that require special attention, see where improvements can be made, and inform consumers," said Lisa Morris.

Hospitals:

Overall, there were fewer observed infections than predicted in New Hampshire hospitals compared with national data. A total of 202 HAI were reported by hospitals in 2016, compared to 200 in 2015. The overall observed number of HAI in hospitals in New Hampshire in 2016 was 28% lower than predicted based on national data; there were also 61% fewer central line-associated bloodstream infections and 28% fewer surgical site infections than predicted.

Statewide hospital adherence to four infection prevention practices during central line insertions was 98.4%, a slight but insignificant decrease from 2015 (98.2%). The overall healthcare personnel influenza vaccination coverage in hospitals was 94.2%, which has been significantly improving since 2008 and exceeds the Healthy People 2020 goal of 90%.

Ambulatory Surgery Centers:

Overall, statewide infection rates in ASCs are similar in comparison with national data. A total of four surgical site infections were reported by ASC for 2016, compared with three in 2015. The overall observed number of surgical site infections in New Hampshire ASCs was 39% less than predicted based on national data; however, this difference is not significant and is considered similar to national data. Statewide, ASC adherence to intravenous antibiotic prophylaxis timing guidelines to prevent surgical site infection was 99.0% (similar to 2015), and the overall healthcare personnel influenza vaccination rate was 83.3% (significant increase from last year, during which the rate was 76.3%).

The 2016 HAI report and past reports can be accessed at: http://www.dhhs.nh.gov/dphs/cdcs/hai/publications.htm. For more information about the Healthcare-Associated Infections (HAI) Program, please call 603-271-4496 or email haiprogram@dhhs.nh.gov.

###



NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health and Human Services



STATE OF NEW HAMPSHIRE
HEALTHCARE-ASSOCIATED INFECTIONS
2016 HOSPITAL REPORT

September 1, 2017

New Hampshire Department of Health and Human Services
Division of Public Health Services

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. An estimated 722,000 HAI and 75,000 associated deaths occurred in United States (U.S.) acute care hospitals in 2011.[i] During the 2006 legislative season, the New Hampshire (NH) Legislature passed a bill creating NH Revised Statutes Annotated (RSA) 151:32-35, which requires hospitals to identify, track, and report selected HAI to the NH Department of Health and Human Services (DHHS). All 26 of NH's acute care hospitals began reporting data to DHHS on two infections and three process measures in January 2009, and eight specialty hospitals reported influenza vaccination coverage. This report represents the seventh summary of HAI-related data reported by hospitals in NH.

Healthcare-Associated Infections in New Hampshire Hospitals

There were fewer infections than predicted in NH based on national data. A total of 202 HAI were reported, representing 124 surgical site infections (SSI), 19 central line-associated bloodstream infections (CLABSI), and 59 catheter-associated urinary tract infections (CAUTI). The observed number of HAI in NH hospitals was 28% fewer than predicted based on national data. There were 61% fewer CLABSI, 1% more CAUTI, and 28% fewer SSI than predicted. Twenty-two hospitals had sufficiently robust data[1] to present hospital-specific data for overall HAI. Of these, three hospitals had an overall number of infections that was lower than predicted based on national data. The remaining 19 all observed a similar number of infections as predicted based on national data. The total number of infections occurring increased in 2016 in comparison to 2015; however, this difference was not statistically significant.

Central Line-Associated Bloodstream Infections

Twenty-four hospitals[2] with intensive care units (ICU) reported CLABSI data from their ICU. Data were robust enough for hospitals to present data for 23 individual ICU in this report. All 23 ICU experienced similar rates of CLABSI when compared with national data. The total number of CLABSI reported increased in 2016 compared to 2015; however, this difference was not statistically significant.

Central Line Insertion Practices

The hospitals[2] with ICU reported information on central line insertion practices (CLIP) for central lines inserted in their ICU. Statewide adherence to the four infection prevention practices during central line insertions was 98.4%. Compared with attending physicians, medical residents more frequently adhered to the four infection prevention practices during central line insertions (99.8% versus 96.2%). Data were sufficiently robust for 11 hospitals to present hospital-specific data in this report. Seven hospitals reported CLIP adherence percentages that were similar to the State percentage. One hospital reported CLIP adherence percentage that

[1] Data are not shown for facilities with less than one predicted infection, fewer than 50 central lines or catheter days, and fewer than 20 central line insertions performed.

[2] Of the 34 hospitals licensed in 2016, only 21 hospitals had ICU in which to monitor CAUTI, CLABSI, and CLIP.

were higher than the State percentage and three hospitals reported an adherence percentage that was lower than the State percentage. In 2016, the statewide adherence percentage for CLIP increased from 2016 (98.4%); however, this decrease was not statistically significant. Of the 11 hospitals for which availability of data allowed a comparison between the two years, 7 hospitals' CLIP adherence was similar in 2016 compared to 2015, three hospital's CLIP adherence was lower than in 2015 and one hospital's CLIP adherence was higher than in 2015.

Catheter-Associated Urinary Tract Infections

Data were sufficiently robust enough for hospitals to present CAUTI data for 14 individual ICU in this report. Twelve ICU experienced similar rates of CAUTI in comparison with national rates, while one hospital ICU experienced a higher rate of CAUTI compared with national data. The total number of CAUTI reported in 2016 was similar when compared to 2015.

Surgical Site Infections

Twenty-six[3] acute care hospitals reported SSI data for four surgical procedures.

- Coronary Artery Bypass Graft (CABG) procedures: Four acute care hospitals performed CABG, and data were sufficiently robust for all four hospitals to present hospital-specific data in this report. Three hospitals reported a similar number of CABG procedure-associated SSI compared with national data, and one hospital reported fewer SSI than predicted based on national data. Overall, there were a similar number of CABG SSI than predicted based on national data.
- Colon (COLO) procedures: Twenty-three acute care hospitals performed the procedure, and data were sufficiently robust for 13 hospitals to present hospital-specific data in this report. All thirteen hospitals reported a similar number of colon procedure-associated SSI when compared to national data. Overall, there were a similar number of colon procedure-associated SSI as predicted based on national data.
- Abdominal Hysterectomy (HYST) procedures: Twenty-two acute care hospitals performed the procedure, and data were sufficiently robust for seven hospitals to present hospital-specific data in this report. All seven hospitals reported a similar number of abdominal hysterectomy procedure-associated SSI compared with national data. Overall, there were a similar number of abdominal hysterectomy procedure-associated SSI as predicted based on national data.
- Knee Arthroplasty (KPRO) procedures: Twenty-three acute care hospitals performed the procedure, and data were sufficiently robust for 14 hospitals to present hospital-specific data in this report. Thirteen hospitals reported a similar number of knee arthroplasty procedure-associated SSI compared with national data, and one hospitals reported fewer SSI than predicted based on national data. Overall, there were fewer knee arthroplasty-related SSI than predicted based on national data.

Surgical Antimicrobial Prophylaxis Administration

Surgical antimicrobial prophylaxis data is reported to the Centers for Medicare and Medicaid Services (CMS) through the Surgical Care Improvement Project (SCIP). In previous years, DHHS

[3] Of the 34 hospitals licensed in 2016, only 26 hospitals performed procedures in which to monitor SSI.

accessed these data and presented it in this report. At the time of this report's publication, 2014-2016 data was unavailable and consequently is not included in this report.

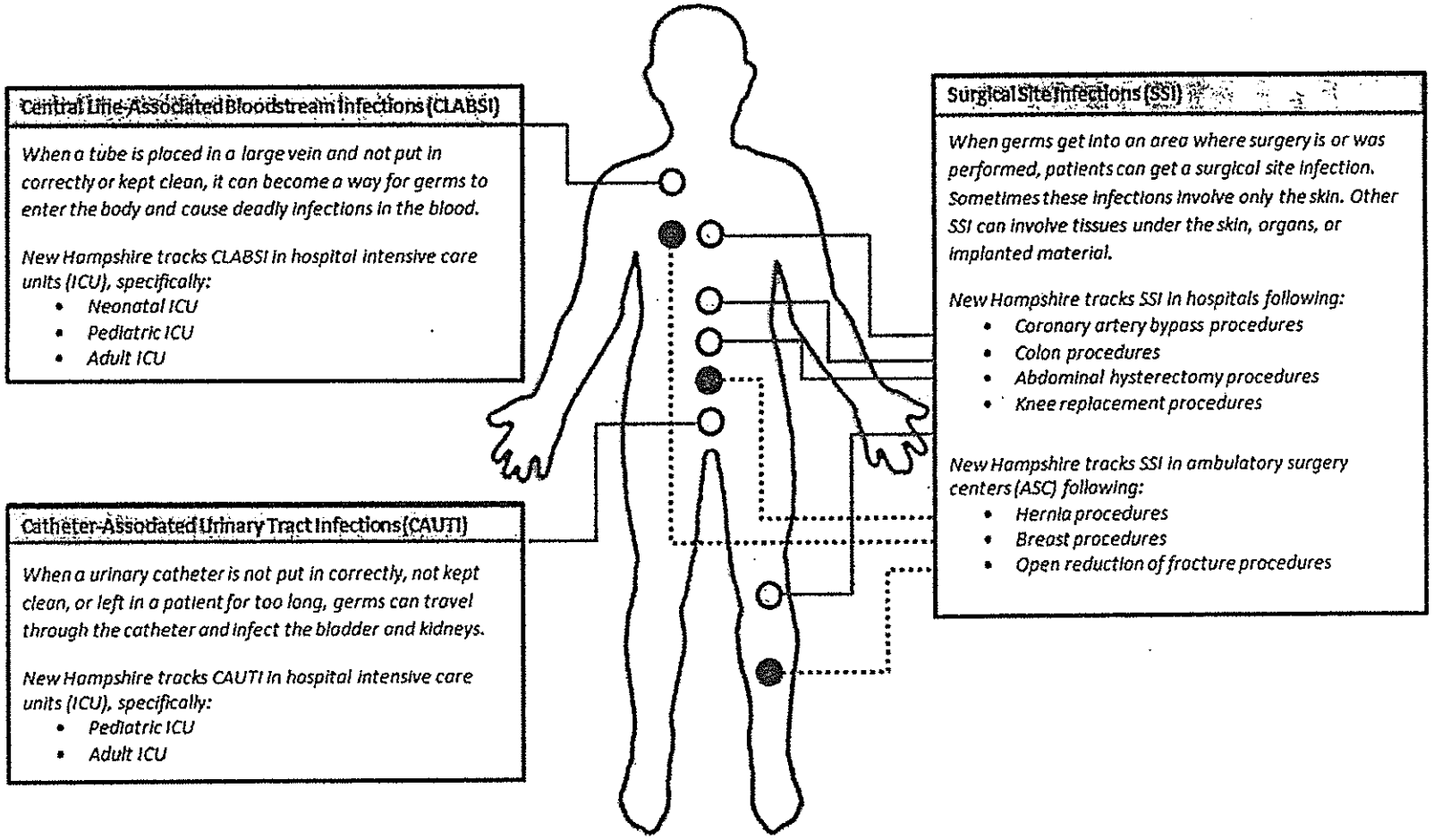
Influenza Vaccination Coverage in Hospital Healthcare Personnel

All 34 acute care, psychiatric, and rehabilitation hospitals reported healthcare personnel (HCP) influenza vaccination percentages. Vaccination coverage by hospital ranged from 62.4% to 100%, and the hospital State percentage was 94.2%. Ten hospitals had vaccination percentages similar to the overall State vaccination percentage, 13 hospitals reported vaccination percentages that were significantly higher than the overall State vaccination percentage, and eleven hospitals reported vaccination percentages that were significantly lower than the overall State vaccination percentage. The statewide hospital HCP vaccination percentage increased from the 2015-16 influenza season (93.7%) to the 2016-17 influenza season (94.2%); this was not statistically significant. Specifically, three hospitals increased HCP influenza vaccination coverage in 2016-17 compared to the 2015-16 influenza season, 26 hospitals had similar vaccination coverage, and five hospitals decreased vaccination coverage.

Conclusion

This eighth report of hospital HAI data displays continuous progress toward the goal of eliminating HAI in NH. 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.

Figure 1. Types of healthcare-associated infections reported to NH Department of Health and Human Services





NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health and Human Services

STATE OF NEW HAMPSHIRE
HEALTHCARE-ASSOCIATED INFECTIONS
2016 AMBULATORY SURGERY CENTER REPORT

September 1, 2017

New Hampshire Department of Health and Human Services
Division of Public Health Services

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. An estimated 722,000 HAI and 75,000 associated deaths occurred in United States (U.S.) acute care hospitals in 2011.[i] During the 2011 legislative season, the New Hampshire (NH) Legislature passed a bill amending NH Revised Statutes Annotated (RSA) 151:32-35, requiring ambulatory surgery centers (ASC) to identify, track, and report selected HAI to the NH Department of Health and Human Services (DHHS). All licensed ASC began reporting data to DHHS on one infection and two process measures in July 2011. All but one facility reported in accordance to (RSA) 151:32-35. This report represents the fourth summary of HAI-related data reported by ASC in NH.

Healthcare-Associated Infections in New Hampshire Ambulatory Surgery Centers

All ambulatory surgical centers reported accordance to RSA 151:32-35, except for one facility who did not comply. There was a similar number of infections in NH as predicted based on national data. The 13 ASC that were licensed for the full 2016 calendar year reported three surgical site infections (SSI), which was 33% fewer than predicted based on national data. All two ASC which had sufficiently robust data to present ASC-specific standardized infection ratios (SIR) for SSI reported SIR similar to predicted based on national data. All 11 ASC with sufficiently robust data to present procedure-specific rate data had a similar rate as predicted based on national data.

Surgical Site Infections

Thirteen ASC reported SSI data for three surgical procedures.

- Breast Procedures (BRST): Eight ASC performed breast procedures. One had sufficiently robust data[1] to present a facility-specific SIR for SSI following breast procedures. This facility observed a similar number of SSI as predicted based on national data. Overall, three SSI following breast procedures were reported, a number considered similar to the predicted number of infections based on national data.
- Hernia Procedures (HER): Eight ASC performed hernia procedures; none had sufficiently robust data to present a SIR. No SSI following hernia procedures were reported. Overall, SSI rates were similar to national data.
- Open Reduction of Fracture Procedures (FX): Ten ASC performed open reduction of fracture procedures; none had sufficiently robust data to present a SIR. No SSI following open reduction of fracture procedures were reported. Overall, SSI rates were similar to national data.

[1] Data are not shown for facilities with less than one predicted infection or fewer than 20 procedures performed.

Surgical Intravenous Antimicrobial Prophylaxis Administration

Twenty-one ASC that administer intravenous (IV) surgical antimicrobial prophylaxis were licensed for the entire 2016 calendar year and therefore required to report IV surgical antimicrobial prophylaxis timing administration data. This prophylaxis was provided within the appropriate timeframe for 99.1% of reported orders. One ASC observed lower adherence, two ASC observed higher adherence, and eleven observed similar adherence compared to the State adherence percentage.

Influenza Vaccination Coverage in Ambulatory Surgery Center Healthcare Personnel

Thirty ASC licensed at any point during the 2016-17 influenza season were required to report healthcare personnel (HCP) influenza vaccination percentages. Vaccination coverage by ASC ranged from 53.1% to 100%, and the overall State percentage among ASC was 83.3%. Fourteen ASC had vaccination percentages similar to the overall State ASC vaccination percentage, eight ASC reported vaccination percentages that were significantly higher than the overall State ASC vaccination percentage, and six ASC reported vaccination percentages that were significantly lower than the overall State ASC vaccination percentage.

Conclusion

This fifth report of NH ASC HAI data is an important part of continuing progress toward the goal of eliminating HAI in NH. This report provides selected HAI data that can be used by healthcare facilities in the state to identify areas for improvement as well as by healthcare consumers to make informed healthcare decisions.

Figure 1. Types of healthcare-associated infections reported to NH Department of Health and Human Services

