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Public Health Services
Department of Health and Human Services

STATE OF NEW HAMPSHIRE
HEALTHCARE-ASSOCIATED INFECTIONS
2023 AMBULATORY SURGERY CENTER REPORT

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ABBREVIATIONS USED IN THIS DOCUMENT

APIC	Association for Professionals in Infection Control and Epidemiology
ASA Score	American Society of Anesthesiologists (ASA) Classification of Physical Status, a scale used by an anesthesiologist to classify the patient's physical condition prior to surgery
ASC	Ambulatory surgery center(s)
BRST	NHSN operative code for breast procedure(s)
BSI	Bloodstream infection(s)
CCN	CMS Certification Number
CDC	U.S. Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
DH	Dartmouth-Hitchcock
DHHS	New Hampshire Department of Health and Human Services
FX	NHSN operative code for open reduction of fracture procedure(s)
HAI	Healthcare-associated infection(s)
HCP	Healthcare personnel
HER	NHSN operative code for hernia procedure(s)
HICPAC	Healthcare Infection Control Practices Advisory Committee
HHS	U.S. Department of Health and Human Services
IV	Intravenous
NH	New Hampshire
NHHCQAC	New Hampshire Health Care Quality Assurance Commission
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
PCC	Paincare Centers
RSA	Revised Statutes Annotated
SIR	Standardized infection ratio(s)
SSI	Surgical site infection(s)
TAW	Healthcare-Associated Infections Technical Advisory Workgroup

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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 facilities reported in accordance with (RSA) 151:32-35. This report represents the twelfth 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. There was a statistically significant lower number of infections in NH as predicted based on national data. Thirty-four ASC were licensed for the 2023 calendar year, of these eight ASC performed reportable procedures. There were six surgical site infections (SSI), which was 0.51% more than predicted based on national data. Six ASC with sufficiently robust data to present procedure-specific rate data had a similar rate as predicted based on national data.

Surgical Site Infections

Six ASC reported SSI data for three surgical procedures.

- Breast Procedures (BRST): Six ASC performed breast procedures; four had sufficiently robust data to present a facility-specific rates for SSI following breast procedures. Overall, five SSI following breast procedures were reported. Overall, SSI rates were similar compared to national data.
- Hernia Procedures (HER): Four ASC performed hernia procedures; two had sufficiently robust data to present a facility specific rate. Zero SSI following hernia procedures were reported. Overall, SSI rates were similar to national data.
- Open Reduction of Fracture Procedures (FX): Six ASC performed open reduction of fracture procedures; three had sufficiently robust data to present a facility specific rate. Zero SSI following open reduction of fracture procedures were reported. Overall, SSI rates were similar to national data.

Surgical Intravenous Antimicrobial Prophylaxis Administration

Thirty-four ASC that administer intravenous (IV) surgical antimicrobial prophylaxis were licensed for the entire 2023 calendar year and therefore required to report IV surgical antimicrobial prophylaxis timing administration data. This prophylaxis was provided within the appropriate timeframe for 96.4% of reported orders. Adherence to reporting was low at only 82.1%. This could be a result of many different circumstances such as: reopening after COVID-19 related restrictions, turnover of staff, along with other factors. Four ASC observed lower adherence, eight ASC observed higher adherence, and six observed similar adherence compared to the state adherence percentage. Auburn Surgery Center, Center for Outpatient Care, Centers for Pain

Solutions, Coastal Surgical Center, Concord Endoscopy Center, Concord Eye Surgery, Granite State SurgiCenter- Somersworth, Lighthouse Surgical Suites, Minimally Invasive Surgery Center, Nashua Eye Surgery Center, New England Center for Orthopaedic Surgery, North Country Endoscopy, Northridge Surgical Suites, and Rye Surgical Center either failed to report or reported some data but not for all four quarters, therefore the data was omitted from the report.

In response to the data findings from the 2022 reporting year, the data can be considered to be skewed in favor of those reporting. Historically, New Hampshire has had robust adherence to reporting all measures under 151:32-35. In 2025, the HAI Program will actively engage facilities to improve reporting and work to alleviate barriers that ASC may be experiencing.

Influenza Vaccination Coverage in Ambulatory Surgery Center Healthcare Personnel

Thirty-four ASC licensed at any point during the 2023-24 influenza season were required to report healthcare personnel (HCP) influenza vaccination percentages. Vaccination coverage by Ambulatory Surgical Center ranged from 42.9% to 97.4%, and the Ambulatory Surgical Center State percentage was 80.1%. In the 2021-22 Flu season, due to the COVID-19 global pandemic not all ASC reported their vaccination percentages, as a result the HAI Program told facilities to prioritize COVID-19 prevention activities over reporting influenza data. While this was not explicitly repeated for the 2023-24 flu season, it is possible that ASC were primarily focused on these efforts or staff transition may have attributed to missing facility data. Twenty-four percent of facilities did not report this measure.

COVID-19 Limitations

In response to the COVID-19 pandemic, many state and local health resources were reassigned to support COVID-19 containment and mitigation. The NH HAI program was also redirected and remains heavily involved with outbreak response in healthcare settings due to staff expertise in conducing infection control assessments. Many healthcare facilities statewide had to prioritize and reduce surveillance activities that were not related to COVID-19. Due to these factors and prioritizing COVID-19 activities, many of the standard data collection and validation activities for this report were limited, unable to be completed, or delayed. Though the COVID-19 public health emergency has ended, there is still potential for incomplete data in some areas and potential reporting errors.

National Healthcare Safety Network (NHSN) ASC Module

NHSN implemented a module for ambulatory surgical centers (ASCs) called the Outpatient Procedure Component (OPC). The OPC allows ASCs to report mandated, as well as optional measures, by using one web-based secure reporting system. This system contains two distinct modules: Same Day Outcome Measures (OPC-SDOM) and Surgical Site Infection (OPC-SSI) surveillance.

The OPC module has some limitations when comparing data to the Patient Safety Module, which was previously used for ASC data. Only facilities with a CMS number can submit data into NHSN, this prohibits any non-CMS registered healthcare facilities from submitting data into the OPC module. There is only one ASC in New Hampshire that is a non-CMS certified healthcare facility, which could impact that facilities ability to report data in the future years. The OPC module no longer calculates a SIR or risk-adjusted rates. All ASC-specific rates and corresponding p-values in this report were generated directly by NHSN using Poisson statistical methods. State-level rates and corresponding p-values were calculated by DHHS using exact methods.

Conclusion

This is the twelfth report of NH ASC data and it 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.

I. INTRODUCTION

Purpose

This report represents the twelfth summary of healthcare-associated infection (HAI)-related data reported by ambulatory surgery centers (ASC) in New Hampshire (NH) during calendar year 2023. This report 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.

Audience

The intended audience may include, but is not limited to: healthcare personnel (HCP), infection control and prevention staff, facility leadership and management, clinicians, and healthcare consumers.

How to Use This Document

This document includes aggregate data reported by all licensed ASC in NH. This report also includes individual ASC reports on page 42. The document consists of six sections:

I) Introduction
Surveillance methods
Statewide data
a. Overall NH data in ASC
b. Surgical site infection (SSI) standardized infection ratios and rates following breast, hernia, and open reduction of fracture procedures
c. Surgical intravenous (IV) antimicrobial prophylaxis administration
d. Percentage of HCP receiving influenza vaccination
Conclusions
Individual hospital reports
Appendices
e. Technical notes
f. Influenza vaccination survey questions, 2023-2024 season
g. Understanding the relationship between HAI comparison metrics
h. Map of NH ASC

Please contact the NH Department of Health and Human Services (DHHS) HAI Program (603-271-4496) with any questions about the content or how to use this document.

Background on Healthcare-Associated Infections

A 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.[ii] This may represent a decreasing trend because previous studies depict higher numbers of HAI; 1.7 million infections

and 99,000 deaths each year.[iii] By these estimates, HAI are among the top 10 leading causes of death in the U.S., and 5–10% of all hospital admissions are complicated by HAI.[iv] The economic burden of HAI is substantial and increasing. The total cost of HAI has been estimated at $33 billion per year in U.S. hospitals.[v] The most common HAI are pneumonia, gastrointestinal illness, primary bloodstream infections (BSI), and SSI.[ii] SSI are estimated to cause 244,385 infections and cost between 3.45 and 10.07 billion dollars annually.[ii,iv]

ASC are a growing and important healthcare setting, and patients are potentially, susceptible to HAI as more procedure types become available. In recent decades, healthcare delivery has shifted from acute care hospitals to a variety of outpatient and ambulatory settings. More than three quarters of all operations in the U.S. are performed on an outpatient basis.[vi] ASC provide approximately 40% of all Centers for Medicare and Medicaid Services (CMS) outpatient surgeries and perform more than 25 million procedures a year. There are more than 5,300 CMS-certified ASC in the U.S. which commonly perform cataract surgery, gastrointestinal endoscopies and pain management.[vii]

Past outbreak investigations by the Centers for Disease Control and Prevention (CDC) and other state health jurisdictions have identified poor infection control prevention practices at some ASC, including problems with injection safety, instrument reprocessing, sterilization, and disinfection.[vii] ASC often have limited numbers of dedicated infection preventionists with specialized training, no standard method for identifying infections in the 90 days following a procedure, and varying degrees of electronic medical records and information technology support. With ASC playing such an important role in the current healthcare delivery system, it is critical that they follow guidelines and take measures to minimize the risk of HAI.

New Hampshire Healthcare-Associated Infections Program

DHHS has been developing and improving a HAI surveillance program since 2007. During the 2006 legislative season, the NH Legislature passed a bill creating NH Revised Statutes Annotated (RSA) 151:32-35, which requires hospitals to identify, track, and report HAI to DHHS. The intent of the bill is to provide HAI data by hospital or ASC in a publicly accessible forum. Because the bill did not identify funding to carry out these activities, mandatory reporting was not fully implemented until January 2009.

During the 2010 legislative season, the NH Legislature passed House Bill 1548 (2010) amending RSA 151:32-35 to also require all licensed ASC to report HAI to DHHS beginning July 1, 2011.

DHHS, with consideration of the law, required that eligible ASC report the following measures:

- SSI following breast, hernia, and open reduction of fracture procedures (via National Healthcare Safety Network [NHSN]). Only those ASC that perform the selected surgical procedures enroll and report data to NHSN.
- Surgical IV antimicrobial prophylaxis administration (via DHHS template). Only those ASC that administer IV surgical antimicrobial prophylaxis report administration data.
- Influenza vaccination in HCP (via DHHS web survey). All ASC report influenza vaccination in HCP.

All ASC required to report SSI successfully enrolled in NHSN and began reporting the required data in July 2011. See Figure 1 on page 15 regarding types of HAI reported to NH DHHS.

State of New Hampshire Healthcare-Associated Infections Plan

In response to increasing concerns about the public health impact of HAI, the U.S. Department of Health and Human Services (HHS) developed its "Action Plan to Prevent Healthcare-Associated Infections" (HHS Action Plan) in 2009. The HHS Action Plan includes recommendations for surveillance, research, communication, and metrics for measuring progress toward national goals. In a concurrent development, the 2009 Omnibus Appropriations Act required states receiving Preventive Health and Health Services Block Grant funds to certify that they would submit a plan to reduce HAI to the Secretary of HHS not later than January 1, 2010. In order to assist states in responding within the short timeline required by that language and to facilitate coordination with national HAI prevention efforts, CDC provided a template to assist state planning efforts in the prevention of HAI. The template targeted four areas: 1) Development or Enhancement of HAI Program Infrastructure; 2) Surveillance, Detection, Reporting, and Response; 3) Prevention; and 4) Evaluation, Oversight, and Communication. In 2009, DHHS drafted a State HAI Plan and submitted it to HHS.

Overview of Healthcare-Associated Infections Prevention Efforts

DHHS participates in statewide prevention activities through the NH Health Care Quality Assurance Commission (NHHCQAC), on which the Division of Public Health Services Director serves. DHHS is active in various projects coordinated by the NHHCQAC and the CMS Quality Innovation Network-Quality Improvement Organization (QIN-QIO). Major statewide initiatives through these organizations have included hand hygiene campaigns, patient safety checklists, and programs to prevent bloodstream infections, antimicrobial resistance, and *Clostridium difficile*. Additionally, the Foundation for Healthy Communities received a large grant through the Partnership for Patients program to conduct additional large, statewide prevention initiatives. For additional information on these various efforts, the following websites may be helpful:

New Hampshire Health Care Quality & Patient Safety Commission:
NH Health Care Quality and Patient Safety Commission - FHC (healthynh.org)

CMS QIN-QIO for Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont:
https://ipro.org

Foundation for Healthy Communities Partnership for Patients:
http://www.healthynh.org/

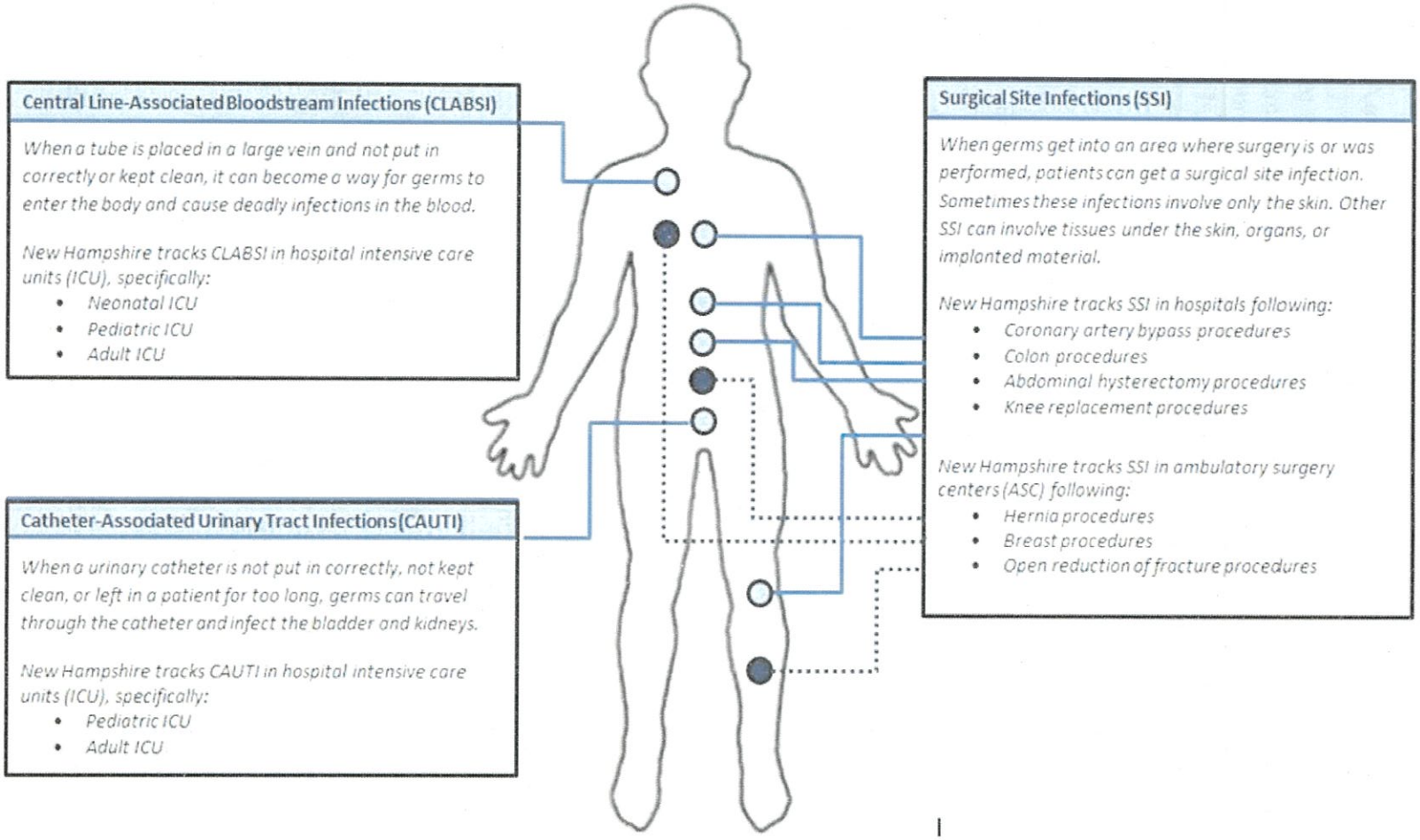
In addition to supporting and engaging in prevention activities with patient safety groups, the HAI Program provides educational opportunities to healthcare facilities across the state in order

to share best practices for infection prevention and ultimately reduce HAI and facilitates the NH Antimicrobial Resistance Advisory Workgroup (NH ARAW).

Healthcare-Associated Infections Technical Advisory Workgroup

In the spring of 2009, DHHS formed an HAI Technical Advisory Workgroup (TAW). The purpose of the TAW is to provide scientific and infection prevention expertise to the HAI Program. The TAW meets quarterly, and as a forum for stakeholder participation in decision-making around the HAI Program. The TAW is currently a 25-member group that includes representation from stakeholders across NH and includes representatives from various sizes and types of hospitals and ASC, infection control associations, a consumer advocate, the NH Hospital Association, the New Hampshire Healthcare Quality Assurance Commission, the New Hampshire Ambulatory Surgery Association, and the Northeast Health Care Quality Foundation. TAW was unable to meet in recent years due to increased responsibilities as a result of the COVID-19 pandemic. TAW is expected to reconvene starting in 2025.

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



II. SURVEILLANCE METHODS

2023 Healthcare-Associated Infections Reporting Requirements for New Hampshire ASC

Reporting requirements are governed by RSA 151:33 with authority given to DHHS to develop administrative rules to provide specific reporting instructions and methodology. Administrative rules, "He-P 309 Healthcare Associated Infections," were drafted in 2010 with stakeholder input and approved January 14, 2011 by the Joint Legislative Committee on Administrative Rules. Reporting requirements for 2012-2023 included the following required measures for ASC:

- SSI following breast, hernia, and open reduction of fracture procedures
- Surgical IV antimicrobial prophylaxis administration
- Influenza vaccination in HCP

While all licensed ASC are required to report the selected measures under RSA 151:33, some ASC (endoscopy, ophthalmology, and pain centers) that do not perform the selected surgeries or provide IV antibiotic prophylaxis do not report SSI or antibiotic prophylaxis measures.

Selection of Reporting Requirements

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

In 2005, CDC released a report titled "Guidance on Public Reporting of Healthcare-Associated Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee" (HICPAC).[viii] The group recommended selecting outcome measures for reporting based on the frequency, severity, and preventability of the outcomes and the likelihood that they can be detected and reported accurately.

In 2008, the HAI Working Group[2] of the Joint Public Policy Committee released "Essentials of Public Reporting of Healthcare-Associated Infections: A Tool Kit."[ix] The HAI Working Group agreed with most of the CDC/HICPAC document, "Guidance on Public Reporting of Healthcare-Associated Infections" (referenced above). The toolkit recommends monitoring the following measures applicable to ASC:

- Surgical procedures that are performed with adequate frequency to permit meaningful comparisons among institutions
- HCP influenza vaccination coverage

[2]The HAI Working Group of the Joint Public Policy Committee is a multi-organizational group represented by APIC, CDC, Council of State and Territorial Epidemiologists, and Society for Healthcare Epidemiology of America.

Within the context of RSA 151:33, DHHS surveyed ASC and reviewed national guidelines, including National Quality Forum (NQF)-endorsed measures and capabilities of NHSN in selecting outcome and process measures. It is expected that these reporting requirements may change in the future as we learn from public reporting, as HAI epidemiology evolves, and as new surveillance methods and reporting technologies become available.

Accuracy of Reported Healthcare-Associated Infections Surveillance Data

DHHS conducted a validation study of 2017 hospital data to assess the degree of under- and over-reporting and to provide additional training to address any common or systematic errors in reporting processes. DHHS could not validate ASC data due to limited resources, including lack of nationally-developed guidance toward validating outpatient surgery data. The 2022 and 2023 data presented in this report must therefore be interpreted with the understanding that, in general, there is potential for both under- and over-reporting of infections. The HAI Program is currently exploring options to validate ASC data on a rolling basis.

Despite lack of external data validation, several processes were implemented to ensure that the data are as accurate as possible. First, DHHS selected NHSN for mandatory reporting, which requires the use of standardized infection definitions and reporting methods. Second, DHHS analyzed and reviewed all data reported for 2022 and 2023 for each ASC. This review identified any obvious reporting errors or internal inconsistencies that suggested errors. Third, DHHS provided data reports to each ASC asking the facility to confirm that the data reported to DHHS was accurate. This reconciliation process was iterative until all ASC made corrections and agreed to the reported data.

While definitions for classifying an infection as healthcare-associated are standardized through the use of NHSN, methods to identify the infection in each ASC are not. Identifying patients who develop SSI after discharge from the ASC can be difficult, and each ASC may use a different method of post-discharge surveillance (e.g., letters to surgeons, chart reviews for surgical patients, post-operative office visits, etc.). These different approaches vary in sensitivity.

National Healthcare Safety Network

NHSN is a voluntary, secure, internet-based surveillance system for healthcare facilities to monitor patient safety and infection prevention measures. Enrollment is open to all types of healthcare facilities in the U.S. DHHS selected NHSN because it is widely used across the U.S., offers already developed and accepted surveillance definitions and methods, provides national comparison data, and there is no cost to use or join the system.

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

Comparisons with National Data

All SSI comparisons with national data use 2006-2008 NHSN data published in the "National Healthcare Safety Network (NHSN) report: Data summary for 2006 through 2008, issued December 2009."[x] This report is available at:
http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.PDF

Surgical Site Infections Surveillance

A SSI is an infection that develops at the site of a surgical procedure. There are different ways to classify a SSI, such as whether it is superficial, in deep tissue, or in the organ/space. Monitoring for a SSI may continue for as little as 30 days after the procedure or as long as 90 days based on depth and procedure type. In 2023, ASC were required to monitor and report SSI for three procedures:

- Breast procedures (excision of lesion or tissue of breast including radical, modified, or quadrant resection, lumpectomy, incisional biopsy, or mammoplasty)
    - NHSN Operative Procedure BRST
- Hernia procedures (repair of inguinal, femoral, umbilical, or anterior abdominal wall hernia; does not include repair of diaphragmatic or hiatal hernia or hernias at other body sites)
    - NHSN Operative Procedure HER
- Open reduction of fracture procedures (open reduction of fracture or dislocation of long bones with internal or external fixation; does not include placement of joint prosthesis)
    - NHSN Operative Procedure FX

The Current Procedural Terminology (CPT) operative procedure codes are listed with the accompanying operative procedure code descriptions at:
https://www.cdc.gov/nhsn/xls/opc/opc-cpt-pcm-nhsn.xlsx

SSI monitoring includes total counts as well as patient-level information for all patients undergoing the same procedure. This allows for appropriate risk adjustment, because risk for development of an SSI can be influenced by patient- and procedure-specific factors. NSHN did not offer capacity for DHHS to calculate the standardized infection ratio (SIR) for ASC, allowing for more robust risk factor adjustment. Instead, DHHS used more limited risk categories (SSI risk index) to manually calculate SSI SIR by ASC. The basic SSI risk index assigns surgical patients into categories based on the presence of three major risk factors:

- Operation lasting more than the duration of cut point hours[3]
- Contaminated (Class III) or Dirty/infected (Class IV) surgical wound class
- American Society of Anesthesiologists (ASA) Classification of Physical Status score of 3, 4, or 5 (see below)

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

[3]Cut points are assigned based upon the time that the majority (75%) of a specific procedure takes to perform. The duration cut point is measured in minutes and is the time between the skin incision and skin closure. For example: The duration cut point for an abdominal hysterectomy is two hours and twenty-three minutes.

Class I/Clean: An uninfected operation body site is encountered and the respiratory, digestive, genital, or uninfected urinary tracts are not entered.
Class II/Clean-Contaminated: Operation body sites in which the respiratory, digestive, genital, or urinary tracts are entered under controlled conditions and without unusual contamination.
Class III/Contaminated: Operation body sites that have recently undergone trauma, operations with major breaks in sterile technique (e.g., open cardiac massage), or gross spillage from the gastrointestinal tract.
Class IV/Dirty or Infected: Includes old traumatic wounds with retained dead tissue and those that involve existing infection or perforated intestines.

The ASA score is a scale used by the anesthesiologist to classify the patient's physical condition prior to surgery. It is one of the factors that help determine a patient's risk of possibly developing an SSI.

The ASA score scale is:

1. Normally healthy patient
2. Patient with mild systemic disease
3. Patient with severe systemic disease
4. Patient with an incapacitating systemic disease that is a constant threat to life
5. A patient who is not predicted to survive with or without the operation
6. A patient declared braindead whose organs are being removed for donor purposes)

All SSI metrics are monitored following NHSN protocols and definitions and reported in NHSN. The NHSN SSI protocols are available at:
http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf

Limitations of SSI surveillance:

- ASC do not use a standard method of post-discharge surveillance to identify infections. This may make data interpretation difficult because a higher SSI rate (for example) at an ASC could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting only includes a subset of procedures. DHHS elected this subset based on national recommendations because it would not be feasible for ASC to report information on every patient receiving any surgical procedure due to the burden of reporting through NHSN.
- Some procedures require monitoring for SSI for 90 days after the procedure depending on the depth of infection (in NH, this includes breast, hernia, and open reduction of fracture procedures). This is challenging in the outpatient setting when ASC rely on post-discharge surveillance.

- The SSI data presented in this report include all types of infections, including superficial SSI, which can occur as a result of care in the ASC but also as a result of the patient's care of the surgical site once discharged.
- Some procedures may be excluded from SIR analysis due to incomplete information.
- NHSN implemented a new module for ambulatory surgical centers called Outpatient Procedure Component (OPC). This module went live on November 1, 2018. The OPC contains two distinct modules: Same Day Outcome Measures (OPC-SDOM) and Surgical Site Infection (OPC-SSI) surveillance.
- The OPC module no longer uses the SSI risk index.
- The OPC module no longer calculates a SIR. DHHS calculated rates. For more information on DHHS rate calculation, please see the technical notes below, page 71.
- The SSI data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections. For example, bilateral procedures, such as breast or open reduction of fracture procedures, should be reported as two separate procedures, however it is likely that some facilities under-reported procedures by reporting bilateral procedures as only one procedure. This could potentially increase or decrease the rate and/or SIR.

Surgical Intravenous Antimicrobial Prophylaxis Administration

New Hampshire ASC reported surgical IV antimicrobial prophylaxis data following NQF-endorsed protocols to DHHS, specifically:

- Procedure type, date and time of procedure, time of antibiotic administration, and antibiotic administered for all pre-operative orders of selected IV antibiotics intended for the prevention of SSI.

An antibiotic is considered administered on time when antibiotic infusion is initiated within one hour prior to the time of the initial surgical incision or the beginning of a procedure, or two hours prior if vancomycin or selected fluoroquinolones are administered.
This process measure shows an ASC adherence rate to best practices designed to reduce SSI.
ASC follow the NQF specification manual located at: NQF: NQF Provides Guidance to Help Reduce Variation in Healthcare Quality Measures (qualityforum.org).

Limitations for surgical intravenous antimicrobial prophylaxis administration:

- Data collection and documentation techniques at ASC vary, which may affect how necessary data elements are reported (e.g., antibiotic administration or procedure start time) and ultimately impact facilities' overall adherence percentage.
- Surgical IV antimicrobial prophylaxis data are reported using time from infusion to start of procedure. There are some rare instances when administrations of surgical antimicrobial prophylaxis are recorded as having an interval of 00:00 and/or 1:00 between administration and procedure start time, or, alternatively, of 00:00 and/or 2:00 for antibiotics that may be administered up to two hours prior to the procedure start. These cases were excluded from analysis.

Influenza Vaccination Percentage Monitoring

HCP can become infected with the influenza virus through contact with infected patients and can transmit influenza to patients and other HCP. Despite documented benefits of HCP influenza vaccination on patient outcomes and HCP absenteeism, vaccination coverage among HCP remains low nationally. In a CDC survey, influenza vaccination coverage in HCP nationally was 78.8% during the 2017-18 influenza season.[xi] Because HCP provide care to patients at high risk for complications of influenza, they should be offered influenza vaccine each year. Currently there are no regulations requiring vaccination in NH, and HCP are free to decline vaccination for any reason. However, some ASC do have policies requiring mandatory HCP vaccination.

All ASC are required to report HCP vaccination aggregate data directly to DHHS via an online survey that is provided to facilities. See Appendix 2 for the 2021-2022 survey questions regarding influenza vaccination. Submission of these data meets the requirements of both the HAI law (RSA 151:32-35) and the healthcare immunization law (RSA 151:9-b).

HCP influenza vaccination percentages were calculated by dividing the total number of HCP that worked or volunteered in each facility for at least one working day between October 1, 2022 and March 31, 2023 by the total number of HCP immunized against influenza for the 2021-22 influenza season.

Limitations for influenza vaccination monitoring:

- The survey asks for the total number of HCP vaccinated. This may not reflect the number of HCP to whom the vaccine was offered. ASC may vary in the refusal rate for vaccination among HCP and the reasons for such refusal. Additionally, some HCP may not be eligible to receive the vaccine. The survey attempted to assess why unvaccinated HCP did not receive the vaccine, however, not all ASC were able to report this information.
- Because the survey did not include options for facilities to report unknown vaccination status, patients and HCP with unknown vaccination status were analyzed as though they were not vaccinated. This results in a conservative estimate of vaccination status (e.g., lower than in reality).
- Vaccination status is not available by location where the vaccination was received (e.g., at the reporting facility or elsewhere).
- Data collection techniques at ASC may vary from season to season, potentially affecting comparison of data. DHHS continues to work towards improving the validity and utility of this measure in order to eliminate issues that pose problems for such comparison.
- Some ASC have very few HCP and may never be able to achieve a vaccination percentage significantly higher than the State percentage due to sparse data.
- For the 2021-22 influenza season, CMS required all facilities sharing the same CMS Certification Number (CCN) to report this measure in aggregate via NHSN. Because some ASC and hospitals may share the same CCN, it is possible that HCP influenza vaccination data contain more duplicate data than in prior influenza seasons.

III. STATEWIDE DATA

HAI data are presented throughout this report as both SIR and rates as appropriate. Presenting data as a SIR allows for aggregating data across risk group, procedure, and healthcare facility to gain a better understanding of the incidence of HAI while still adjusting for underlying patient or healthcare facility factors that may affect the occurrence of infections. The SIR allows comparison between how many infections actually occurred and how many were predicted to occur based on national data. Specific rate information is also provided where possible, which represents the number of infections that occurred, taking into account the number of procedures that were performed. Rate data are limited by the requirement to only calculate rates that are broken down by certain factors. See technical notes for additional information on rates and the SIR.

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

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

☐ SIR: fewer than predicted ☐ SIR: similar to predicted ☐ SIR: more than predicted

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

☐ higher than State ☐ similar to State ☐ lower than State

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

Statewide Standardized Infection Ratios

Table 1 below shows the number of SSI following the three monitored procedures reported by ASC in NH. In 2023, there were six SSI reported by the eight ASC in NH licensed for the entire 2023 calendar year and were required to report these data. The infections represent SSI following breast, hernia, and open reduction of fracture procedures. Based on national data, 5.44 infections were predicted. The overall observed number of SSI was 0.51% more than predicted based on national data. Looking individually at the specific procedures, there were 1.44% more breast infections, 100% fewer hernia infections, and 100% fewer than predicted open reduction of fracture infections. The observed number of infections following breast procedures, hernia procedures, and open reduction of fracture procedures were not statistically significant and are considered similar to national data.

Table 1. Statewide ambulatory surgery center standardized infection ratios, Jan 1–Dec 31, 2023

	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted Number of Infections
Overall SSI SIR	6	5.44	1.10	0.00 , 0.88	Lower
	The overall observed number of SSI in New Hampshire ASC was 0.51% more than predicted based on national data. This difference is statistically significant, which means the overall number of SSI in the state is LOWER to the number seen nationally.				
BRST SIR	6	3.58	1.68	0.00 , 1.57	Similar
	The overall observed number of BRST infections in New Hampshire ASC was 1.44% more than predicted based on national data. This difference is not statistically significant, which means the overall number of BRST infections in the state is SIMILAR to the number seen nationally.				
HER SIR	0	1.10	0.00	- , 3.35	Similar
	The overall observed number of HER infections in New Hampshire ASC was 100% fewer than predicted based on national data. This difference is not statistically significant, which means the overall number of HER infections in the state is SIMILAR to the number seen nationally.				
FX SIR	0	0.77	0.00	- , 4.76	Similar
	The overall observed number of FX infections in New Hampshire ASC was 100% fewer than predicated based on national data. This difference is not statistically significant, which means the overall number of FX infections in the state is SIMILAR to the number seen nationally.				

HAI: Healthcare-associated infection
SSI: Surgical site infections
BRST: Surgical site infections associated with breast procedures
HER: Surgical site infections associated with hernia procedures
FX: Surgical site infections associated with open reduction of fracture procedures

Overall Statewide Standardized Infection Ratios: Comparison to 2022 Data

The statewide SIR in 2023 is similar compared to 2022, this difference was not statistically significant. Between 2022 and 2023 a total of six SSI were reported. See table 2 below.

Table 2. Overall surgical site infection standardized infection ratios, comparison between 2022 and 2023

ASC	Standardized Infection Ratio (SIR) 2022	95% Confidence Interval 2022	Standardized Infection Ratio (SIR) 2023	95% Confidence Interval 2023	2022 Comparison to 2023
Overall SSI SIR	0.00	- , 0.45	1.10	0.00 , 0.88	Similar
BRST SIR	0.00	- , 0.64	1.68	0.00 , 1.57	Similar
HER SIR	0.00	- , 3.20	0.00	- , 3.35	Similar
FX SIR	0.00	- , 2.98	0.00	- , 4.76	Similar

Surgical Site Infection Rates

The statewide rate for infections following breast procedures, hernia procedures, and open reduction of fracture procedures for patients were similar to national rates (Table 3). Tables 3 through 6 provide rates of SSI per 100 procedures by ASC. Six ASC had a rate similar to national data for all procedure categories selected. Note that rates are calculated individually for type of procedure.

Table 3. Statewide ambulatory surgery center rates by procedure, Jan 1–Dec 31, 2023

	Observed Infections	Total Procedures	Rate by Procedure*	P-Value	State Rate Compared to National Rate
Overall SSI SIR	6	1,067	0.56	0.78	Similar
	The overall rate of SSI in New Hampshire ASC was 0.56 per 100 procedures. This difference is not statistically significant, which means the overall number of SSI in the state is SIMILAR when compared to the number seen nationally.				
BRST SIR	6	577	1.04	0.33	Similar
	The overall rate of BRST in New Hampshire ASC was 1.04 per 100 procedures. This difference is not statistically significant, which means the overall number of BRST infections in the state is SIMILAR when compared to the number seen nationally.				
HER SIR	0	215	0.00	0.34	Similar
	The overall rate of HER in New Hampshire ASC was 0.00 per 100 procedures. This difference is not statistically significant, which means the overall number of HER infections in the state is SIMILAR to the number seen nationally.				
FX SIR	0	275	0.00	0.52	Similar
	The overall rate of FX in New Hampshire ASC was 0.00 per 100 procedures. This difference is not statistically significant, which means the overall number of FX infections in the state is SIMILAR to the number seen nationally.				

*rates shown are per 100 procedures performed.
HAI: Healthcare-associated infection
SSI: Surgical site infections
BRST: Surgical site infections associated with breast procedures
HER: Surgical site infections associated with hernia procedures
FX: Surgical site infections associated with open reduction of fracture procedures

Table 4. Overall surgical infection rates by ASC, Jan 1–Dec 31, 2023

ASC	Infections	Procedures	ASC Rate*	National Rate*	P-Value	ASC Rate Compared to the National Rate
Ambulatory Surgery Center (Manchester)	1	185	0.54	0.51	0.86	Similar
Atlantic Plastic Surgery	0	48	0.00	0.51	0.78	Similar
Elliot 1-Day Surgery Center	3	364	0.82	0.51	0.41	Similar
Orchard Surgery Center	1	279	0.36	0.51	0.82	Similar
Orthopaedic Surgery Center	0	158	0.00	0.51	0.45	Similar
Orthopaedic Surgery Center Derry	†	†	†	†	†	†
Portsmouth Regional Ambulatory Surgery Center	0	27	0.00	0.51	0.87	Similar
Stratham Ambulatory Surgery Center	†	†	†	†	†	†
State Total	**6**	**1,067**	**0.56**	**0.51**	**0.78**	**Similar**

*rates shown are per 100 procedures performed.

Note: Facilities that did not perform breast, hernia and fracture procedures in 2022 are not included in this table.

† Data are not shown for ASC with less than 20 procedures performed.

Table 5. Breast procedure-associated surgical site infection rates by ASC, Jan 1– Dec 31, 2023

ASC	Infections	Procedures	ASC Rate*	National Rate*	P-Value	ASC Rate Compared to the National Rate
Elliot 1-Day Surgery Center	3	243	1.23	0.62	0.32	Similar
Portsmouth Regional Ambulatory Surgery Center	†	†	†	†	†	†
Stratham Ambulatory Surgery Center	†	†	†	†	†	†
Ambulatory Surgery Center (Manchester)	1	61	1.64	0.62	0.40	Similar
Atlantic Plastic Surgery	0	48	0.00	0.62	0.74	Similar
Orchard Surgery Center	1	206	0.49	0.62	0.90	Similar
State Total	**6**	**577**	**1.04**	**0.62**	**0.33**	**Similar**

*rates shown are per 100 procedures performed.
Note: Facilities that did not perform breast, hernia and fracture procedures in 2022 are not included in this table.
† Data are not shown for ASC with less than 20 procedures performed.

Table 6. Hernia procedure-associated surgical site infection rates by ASC, Jan 1– Dec 31, 2023

ASC	Infections	Procedures	ASC Rate*	National Rate*	P-Value	ASC Rate Compared to the National Rate
Elliot 1-Day Surgery Center	0	94	0.00	0.51	0.62	Similar
Portsmouth Regional Ambulatory Surgery Center	†	†	†	†	†	†
Ambulatory Surgery Center (Manchester)	0	115	0.00	0.51	0.56	Similar
Orchard Surgery Center	†	†	†	†	†	†
State Total	**0**	**215**	**0.00**	**0.51**	**0.34**	**Similar**

*rates shown are per 100 procedures performed.
Note: Facilities that did not perform breast, hernia and fracture procedures in 2022 are not included in this table.
† Data are not shown for ASC with less than 20 procedures performed.

Table 7. Open reduction of fracture procedure-associated surgical site infection rates by ASC, Jan 1– Dec 31, 2023

ASC	Infections	Procedures	ASC Rate*	National Rate*	P-Value	ASC Rate Compared to the National Rate
Orthopaedic Surgery Center	0	158	0.00	0.28	0.67	Similar
Elliot 1-Day Surgery Center	0	27	0.00	0.28	0.93	Similar
Portsmouth Regional Ambulatory Surgery Center	†	†	†	†	†	†
Ambulatory Surgery Center (Manchester)	†	†	†	†	†	†
Orthopaedic Surgery Center Derry	†	†	†	†	†	†
Orchard Surgery Center	0	71	0.00	0.28	0.83	Similar
State Total	**0**	**275**	**0.00**	**0.28**	**0.52**	**Similar**

*rates shown are per 100 procedures performed.
Note: Facilities that did not perform breast, hernia and fracture procedures in 2022 are not included in this table.
† Data are not shown for ASC with less than 20 procedures performed.

Surgical Intravenous Antimicrobial Prophylaxis Administration

Thirty-four ASC were eligible to report surgical IV antimicrobial administration data. In NH ASC, 96.4% of 11,901 preoperative orders for IV antibiotics prescribed for the purpose of preventing SSI were administered in 2023 on time. The analysis presented in Table 8 shows that, of the eighteen facilities with sufficiently robust data to present, four ASC observed lower adherence, eight ASC observed higher adherence, and six ASC observed similar adherence compared to the state adherence percentage.

Table 8. Performance of surgical IV antimicrobial prophylaxis by ASC, Jan 1-Dec 31, 2023

ASC	Number of Patients that Received IV Antibiotic on Time*	Total Number of Patients that Received IV Antibiotics	% Adherence	95% Confidence Interval	ASC % Compared to State %
Ambulatory Surgery Center (Manchester)	751	785	95.7	94.24 , 97.09	Similar
Atlantic Coast Surgical Suites	372	372	100.0	100.00 , 100.00	Higher
Atlantic Plastic Surgery	32	39	82.1	70.01 , 94.10	Lower
Auburn Surgery Center	-	-	-	-	-
Barrington Surgical Care	21	21	100.0	100.00 , 100.00	Higher
Bedford Ambulatory Surgical Center	1,408	1,414	99.6	99.24 , 99.91	Higher
Center for Outpatient Care	-	-	-	-	-
Centers for Pain Solutions	-	-	-	-	-
Coastal Surgical Center	-	-	-	-	-
Concord Endoscopy Center	-	-	-	-	-
Concord Eye Surgery	-	-	-	-	-
Dartmouth-Hitchcock Nashua Endoscopy Center	-	-	-	-	-
Elliot 1-Day Surgery Center	1,665	1,768	94.2	93.08 , 95.27	Lower
Granite State SurgiCenter, Merrimack	†	†	†	†	†
Granite State SurgiCenter, Somersworth	-	-	-	-	-
Lighthouse Surgical Suites	-	-	-	-	-
Mass General Brigham Amsurg	189	190	99.5	98.44 , 100.50	Higher
Minimally Invasive Surgery Center	-	-	-	-	-
Nashua Ambulatory Surgical Center	888	902	98.4	97.64 , 99.25	Higher
Nashua Eye Surgery Center	-	-	-	-	-
New England Center for Orthopaedic Surgery	-	-	-	-	-
North Atlantic Coast Surgical Suites	945	1,029	91.8	90.16 , 93.51	Lower

ASC	Number of Patients that Received IV Antibiotic on Time*	Total Number of Patients that Received IV Antibiotics	% Adherence	95% Confidence Interval	ASC % Compared to State %
North Country Endoscopy	-	-	-	-	-
Northridge Surgical Suites	-	-	-	-	-
Orchard Surgery Center	1,486	1,486	100.0	100.00 , 100.00	Higher
Orthopaedic Surgery Center	3,101	3,257	95.2	94.48 , 95.94	Lower
Orthopaedic Surgery Center Derry	358	375	95.5	93.36 , 97.57	Similar
Parkland Endoscopy Center	33	34	97.1	91.38 , 102.74	Similar
Portsmouth Regional Ambulatory Surgery Center	223	227	98.2	96.53 , 99.95	Similar
Rye Surgical Center	-	-	-	-	-
Stratham Ambulatory Surgery Center	352	357	98.6	97.38 , 99.82	Higher
Surgery Center of Greater Nashua	26	26	100.0	100.00 , 100.00	Higher
Surgical Center of New Hampshire at Derry	156	167	93.4	89.65 , 97.18	Similar
Wentworth Surgery Center	499	513	97.3	95.86 , 98.68	Similar
State Total	**11,474**	**11,901**	**96.4**	**96.08 , 96.75**	

* Antibiotic administered on time: Antibiotic infusion is initiated within one hour prior to; the time of the initial surgical incision, or the start of a procedure, or two hours prior if vancomycin or selected fluoroquinolones are ordered.

\- Facility closed within the 2023 calendar year, facility failed to report data, or data that was reported was incomplete.

† Data are not shown when fewer than 20 preoperative IV antibiotics were ordered.

Surgical Intravenous Antimicrobial Prophylaxis Administration: Comparison to 2022 Data

The statewide ASC adherence to surgical antimicrobial prophylaxis administration has remained above 95.0% since these data were first collected (Figure 2). Overall, in 2023 ASC adherence to surgical antimicrobial prophylaxis administration was lower when compared to 2022 for those that reported. Analysis showed that during 2023 four facilities had lower adherence, six facilities had similar adherence and eight facilities had higher adherence when compared to the state overall adherence (Table 8). Further analysis showed that, of the ten ASC with sufficiently robust data to present, seven had similar adherence, two had lower adherence and one had higher adherence in 2023 when compared with 2022 (Table 9).

Figure 2. Statewide performance of surgical IV antimicrobial prophylaxis by year, 2012-2023

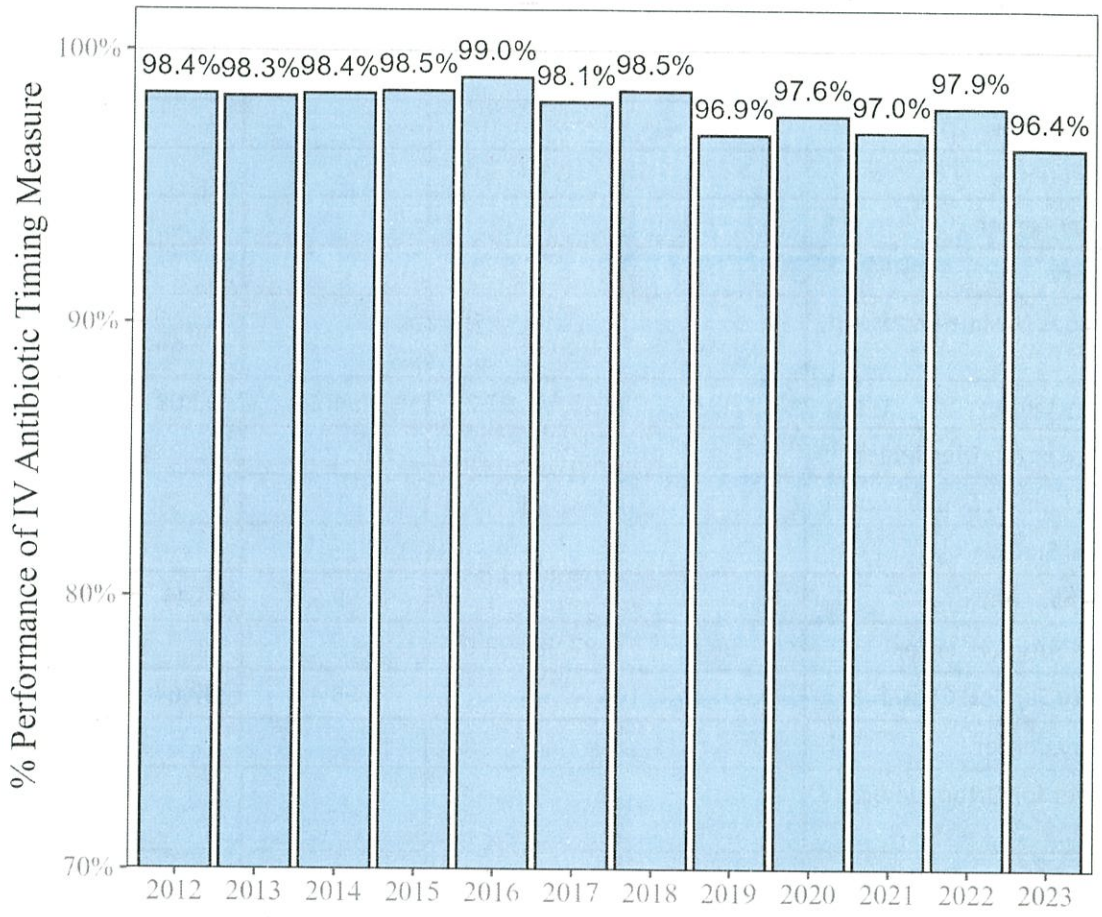


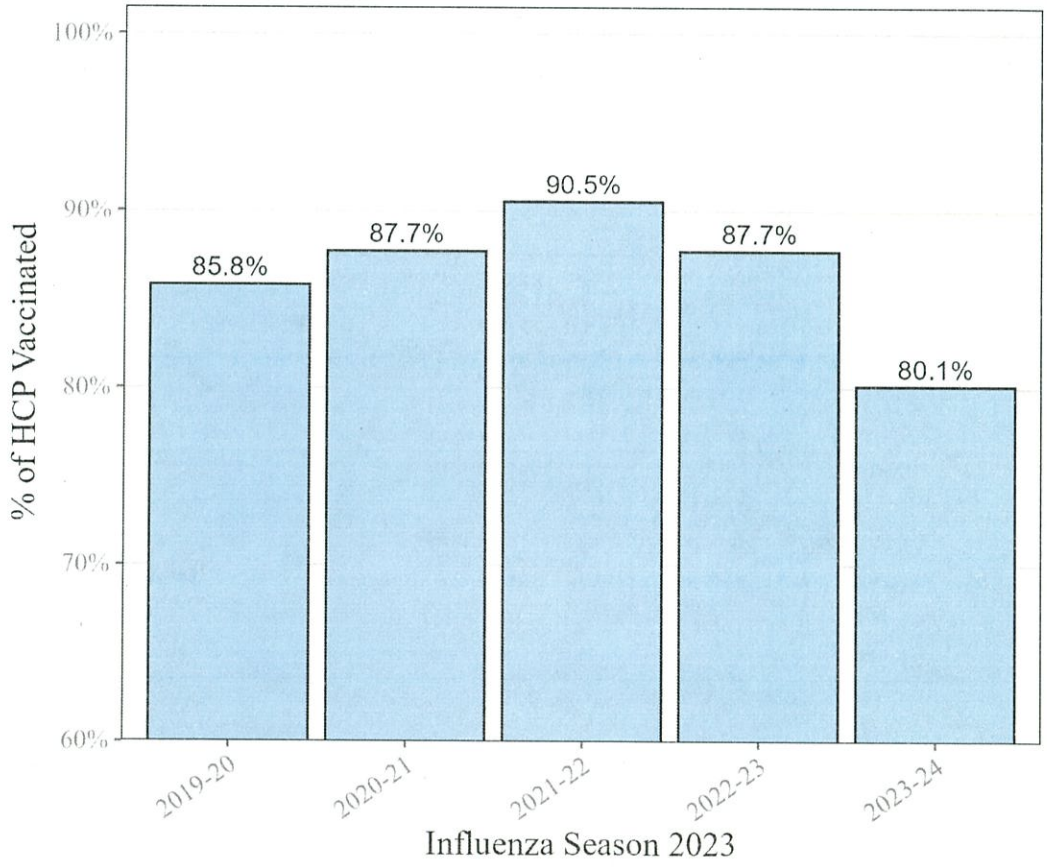
Table 9. Performance of surgical IV antimicrobial prophylaxis by ASC, comparison to 2022 data

ASC	% Adherence 2022	95% Confidence Interval 2022	% Adherence 2023	95% Confidence Interval 2023	2023 Compared to 2022
Ambulatory Surgery Center (Manchester)	91.8	90.03 , 93.49	95.7	94.24 , 97.09	Higher
Atlantic Coast Surgical Suites	-	-	100.0	100.00 , 100.00	N/A
Atlantic Plastic Surgery	98.3	96.46 , 100.20	82.1	70.01 , 94.10	Lower
Auburn Surgery Center	-	-	-	-	N/A
Barrington Surgical Care	-	-	100.0	100.00 , 100.00	N/A
Bedford Ambulatory Surgical Center	99.7	99.42 , 99.94	99.6	99.24 , 99.91	Similar
Center for Outpatient Care	-	-	-	-	N/A
Centers for Pain Solutions	-	-	-	-	N/A
Coastal Surgical Center	-	-	-	-	N/A
Concord Endoscopy Center	-	-	-	-	N/A
Concord Eye Surgery	-	-	-	-	N/A
Dartmouth-Hitchcock Nashua Endoscopy Center	†	†	-	-	N/A
Elliot 1-Day Surgery Center	95.4	93.54 , 97.22	94.2	93.08 , 95.27	Similar
Granite State SurgiCenter, Merrimack	†	†	†	†	N/A
Granite State SurgiCenter, Somersworth	†	†	-	-	N/A
Lighthouse Surgical Suites	-	-	-	-	N/A
Mass General Brigham Amsurg	-	-	99.5	98.44 , 100.50	N/A
Minimally Invasive Surgery Center	98.8	97.98 , 99.69	-	-	N/A
Nashua Ambulatory Surgical Center	-	-	98.4	97.64 , 99.25	N/A
Nashua Eye Surgery Center	-	-	-	-	N/A
New England Center for Orthopaedic Surgery	-	-	-	-	N/A
North Atlantic Coast Surgical Suites	-	-	91.8	90.16 , 93.51	N/A
North Country Endoscopy	-	-	-	-	N/A
Northridge Surgical Suites	-	-	-	-	N/A
Orchard Surgery Center	99.9	99.76 , 100.04	100.0	100.00 , 100.00	Similar
Orthopaedic Surgery Center	97.4	96.76 , 97.94	95.2	94.48 , 95.94	Lower
Orthopaedic Surgery Center Derry	97.3	95.91 , 98.76	95.5	93.36 , 97.57	Similar
Parkland Endoscopy Center	-	-	97.1	91.38 , 102.74	N/A

ASC	% Adherence 2022	95% Confidence Interval 2022	% Adherence 2023	95% Confidence Interval 2023	2023 Compared to 2022
Portsmouth Regional Ambulatory Surgery Center	98.8	97.93 , 99.69	98.2	96.53 , 99.95	Similar
Rye Surgical Center	†	†	-	-	N/A
Stratham Ambulatory Surgery Center	96.2	94.42 , 97.90	98.6	97.38 , 99.82	Similar
Surgery Center of Greater Nashua	-	-	100.0	100.00 , 100.00	N/A
Surgical Center of New Hampshire at Derry	-	-	93.4	89.65 , 97.18	N/A
Wentworth Surgery Center	99.1	98.48 , 99.72	97.3	95.86 , 98.68	Similar
State Total	**97.8**	**97.55 , 98.12**	**96.4**	**96.08 , 96.75**	**Lower**

† Data are not shown when fewer than 20 preoperative IV antibiotics were ordered.
N/A or not applicable: Comparison between two years of data at a given facility is not applicable if no data were reported by that facility and/or if data must be censored for one or more of the years presented.
- Facility was either closed, recently open, or did not administer any IV antibiotics during 2023.

Figure 3. Statewide influenza vaccination percentages for ASC HCP by influenza season 2014-15 through 2023-24



Note: Influenza season represents data for HCP between October 1st and March 31st the following calendar year.

Influenza Vaccination Percentages

Figure 3 above depicts HCP influenza vaccination percentages since fall 2014. ASC coverage has varied since 2011-12 when these data were first reported to NH DHHS. Table 10 below shows the total number of HCP and the number of HCP vaccinated against seasonal influenza at each ASC during the 2023-24 influenza season. Vaccination coverage by ASC ranged from 42.9% to 97.4%, and the overall State vaccination percentage was 80.1% (Table 10). The analysis presented in Table 10 shows that four ASC reported vaccination percentages that were significantly lower than the overall state vaccination percentage, eleven reported vaccination percentages that were significantly higher than the overall state vaccination percentage, and eleven ASC reported vaccination percentages similar to the overall state vaccination percentage. Eight ASC did not report their influenza vaccination percentages.

Table 10. Influenza vaccination percentages for HCP by ASC, 2023-24 influenza season, Oct 1, 2023–Mar 31, 2024

ASC	HCP Vaccinated	Total HCP	% HCP Vaccinated	95% Confidence Interval	ASC % Compared to State %
Ambulatory Surgery Center (Manchester)	130	135	96.3	92.0 , 98.6	Higher
Atlantic Coast Surgical Suites	-	-	-	-	-
Atlantic Plastic Surgery	-	-	-	-	-
Auburn Surgery Center	63	68	92.6	84.5 , 97.3	Higher
Barrington Surgical Care	7	9	77.8	43.8 , 96.1	Similar
Bedford Ambulatory Surgical Center	204	217	94.0	90.2 , 96.6	Higher
Center for Outpatient Care	-	-	-	-	-
Centers for Pain Solutions	13	14	92.9	69.5 , 99.6	Similar
Coastal Surgical Center	49	52	94.2	85.1 , 98.5	Higher
Concord Endoscopy Center	42	44	95.5	85.8 , 99.2	Higher
Concord Eye Surgery	26	51	51.0	37.4 , 64.5	Lower
Dartmouth-Hitchcock Nashua Endoscopy Center	38	39	97.4	88.0 , 99.9	Higher
Elliot 1-Day Surgery Center	291	308	94.5	91.5 , 96.6	Higher
Granite State SurgiCenter, Merrimack	-	-	-	-	-
Granite State SurgiCenter, Somersworth	-	-	-	-	-
Lighthouse Surgical Suites	-	-	-	-	-
Mass General Brigham Amsurg	95	102	93.1	86.9 , 97.0	Higher
Minimally Invasive Surgery Center	47	58	81.0	69.4 , 89.6	Similar
Nashua Ambulatory Surgical Center	93	108	86.1	78.6 , 91.7	Similar
Nashua Eye Surgery Center	29	39	74.4	59.0 , 86.2	Similar
New England Center for Orthopaedic Surgery	55	77	71.4	60.6 , 80.7	Similar
North Atlantic Coast Surgical Suites	64	68	94.1	86.4 , 98.1	Higher
North Country Endoscopy	3	7	42.9	12.3 , 78.4	Lower
Northridge Surgical Suites	-	-	-	-	-
Orchard Surgery Center	141	158	89.2	83.7 , 93.4	Higher
Orthopaedic Surgery Center	207	250	82.8	77.7 , 87.1	Similar
Orthopaedic Surgery Center Derry	55	69	79.7	69.0 , 88.0	Similar
Parkland Endoscopy Center	558	883	63.2	60.0 , 66.3	Lower
Portsmouth Regional Ambulatory Surgery Center	-	-	-	-	-

ASC	HCP Vaccinated	Total HCP	% HCP Vaccinated	95% Confidence Interval	ASC % Compared to State %
Rye Surgical Center	7	9	77.8	43.8 , 96.1	Similar
Stratham Ambulatory Surgery Center	39	57	68.4	55.6 , 79.5	Similar
Surgery Center of Greater Nashua	55	58	94.8	86.6 , 98.7	Higher
Surgical Center of New Hampshire at Derry	17	32	53.1	35.9 , 69.8	Lower
Wentworth Surgery Center	76	88	86.4	78.0 , 92.4	Similar
State Total	**2,404**	**3,000**	**80.1**	**78.7 , 81.5**	

-Facility data unavailable during this influenza season.
*GSPS is Granite State Pain Solutions

Influenza Vaccination Percentages: Comparison to 2022-23 Data

The overall statewide ASC HCP vaccination percentage was lower between the 2022-23 and 2023-24 influenza seasons (see Table 11). The analysis presented in Table 11 shows that, overall, all nine ASC had similar HCP influenza vaccination rate in the 2023-24 influenza season compared to the 2022-23 influenza season. Twenty-five ASC could not be compared to previous seasons due to having no data reported in one of the years of comparison or closure of the facility.

Table 11. Influenza vaccination percentages for ASC HCP by ASC, comparison between 2022-23 and 2023-24 influenza seasons

Dialysis Name	% HCP Vaccinated 2022-23	95% Confidence Interval 2022-23	% HCP Vaccinated 2023-24	95% Confidence Interval 2023-24	2022-23 Compared to 2023-24
Ambulatory Surgery Center (Manchester)	90.0	83.6 , 94.5	96.3	92.0 , 98.6	Similar
Atlantic Coast Surgical Suites	-	-	-	-	N/A
Atlantic Plastic Surgery	52.4	31.4 , 72.7	-	-	N/A
Auburn Surgery Center	-	-	92.6	84.5 , 97.3	N/A
Barrington Surgical Care	-	-	77.8	43.8 , 96.1	N/A
Bedford Ambulatory Surgical Center	93.2	89.7 , 95.8	94.0	90.2 , 96.6	Similar
Center for Outpatient Care	-	-	-	-	N/A
Centers for Pain Solutions	-	-	92.9	69.5 , 99.6	N/A
Coastal Surgical Center	-	-	94.2	85.1 , 98.5	N/A
Concord Endoscopy Center	-	-	95.5	85.8 , 99.2	N/A
Concord Eye Surgery	-	-	51.0	37.4 , 64.5	N/A
Dartmouth-Hitchcock Nashua Endoscopy Center	-	-	97.4	88.0 , 99.9	N/A
Elliot 1-Day Surgery Center	97.9	95.6 , 99.1	94.5	91.5 , 96.6	Similar
Granite State SurgiCenter, Merrimack	-	-	-	-	N/A
Granite State SurgiCenter, Somersworth	-	-	-	-	N/A
Lighthouse Surgical Suites	-	-	-	-	N/A
Mass General Brigham Amsurg	-	-	93.1	86.9 , 97.0	N/A
Minimally Invasive Surgery Center	-	-	81.0	69.4 , 89.6	N/A
Nashua Ambulatory Surgical Center	79.5	71.2 , 86.2	86.1	78.6 , 91.7	Similar
Nashua Eye Surgery Center	91.4	78.4 , 97.8	74.4	59.0 , 86.2	Similar
New England Center for Orthopaedic Surgery	-	-	71.4	60.6 , 80.7	N/A
North Atlantic Coast Surgical Suites	-	-	94.1	86.4 , 98.1	N/A
North Country Endoscopy	-	-	42.9	12.3 , 78.4	N/A
Northridge Surgical Suites	-	-	-	-	N/A
Orchard Surgery Center	-	-	89.2	83.7 , 93.4	N/A
Orthopaedic Surgery Center	85.6	80.2 , 89.9	82.8	77.7 , 87.1	Similar
Orthopaedic Surgery Center Derry	81.4	71.0 , 89.3	79.7	69.0 , 88.0	Similar
Parkland Endoscopy Center	-	-	63.2	60.0 , 66.3	N/A

Dialysis Name	% HCP Vaccinated 2022-23	95% Confidence Interval 2022-23	% HCP Vaccinated 2023-24	95% Confidence Interval 2023-24	2022-23 Compared to 2023-24
Portsmouth Regional Ambulatory Surgery Center	63.6	54.8 , 71.8	-	-	N/A
Rye Surgical Center	-	-	77.8	43.8 , 96.1	N/A
Stratham Ambulatory Surgery Center	89.3	79.0 , 95.5	68.4	55.6 , 79.5	Similar
Surgery Center of Greater Nashua	100.0	96.0 , 100.0	94.8	86.6 , 98.7	Similar
Surgical Center of New Hampshire at Derry	-	-	53.1	35.9 , 69.8	N/A
Wentworth Surgery Center	-	-	86.4	78.0 , 92.4	N/A
State Total	**87.9**	**86.1 , 89.6**	**80.1**	**78.7 , 81.5**	**Lower**

N/A or not applicable: Comparison between two years of data at a given facility is not applicable if no data were reported by that facility and/or if data must be censored for one or more of the years presented.
- Facility closed or data unavailable during this influenza season

Influenza Vaccination Policies for Healthcare Personnel

During the 2023-24 influenza season, 34 of 36 facilities reported vaccination policies. 14 (77.8%) of 18 ASC had a HCP vaccination policy in place, and 4 (22.2%) did not have a policy in place (Table 12). Among the 14 ASC with a policy, 7 (50%) allowed for only medical and religious exemptions, and 6 (42.9%) allowed for medical, religious, and personal/philosophical exemptions, and 0 (0%) allowed for medical only exemption. 10 (71.4%) ASC required unvaccinated HCP with an approved exemption to wear a mask, 5 (35.7%) stated that unvaccinated HCP without an acceptable reason for exemption would be subject to progressive discipline, potentially including termination, 6 (42.9%) receive verbal or written education, and 0 (0%) have no consequences for unvaccinated HCP. ASC with vaccination policies had significantly lower percentages of influenza vaccination as a whole (79.2%) than ASC without policies (90.8%).

Figure 4. Influenza vaccination percentages for ASC with and without vaccination policies, 2023-24 influenza season

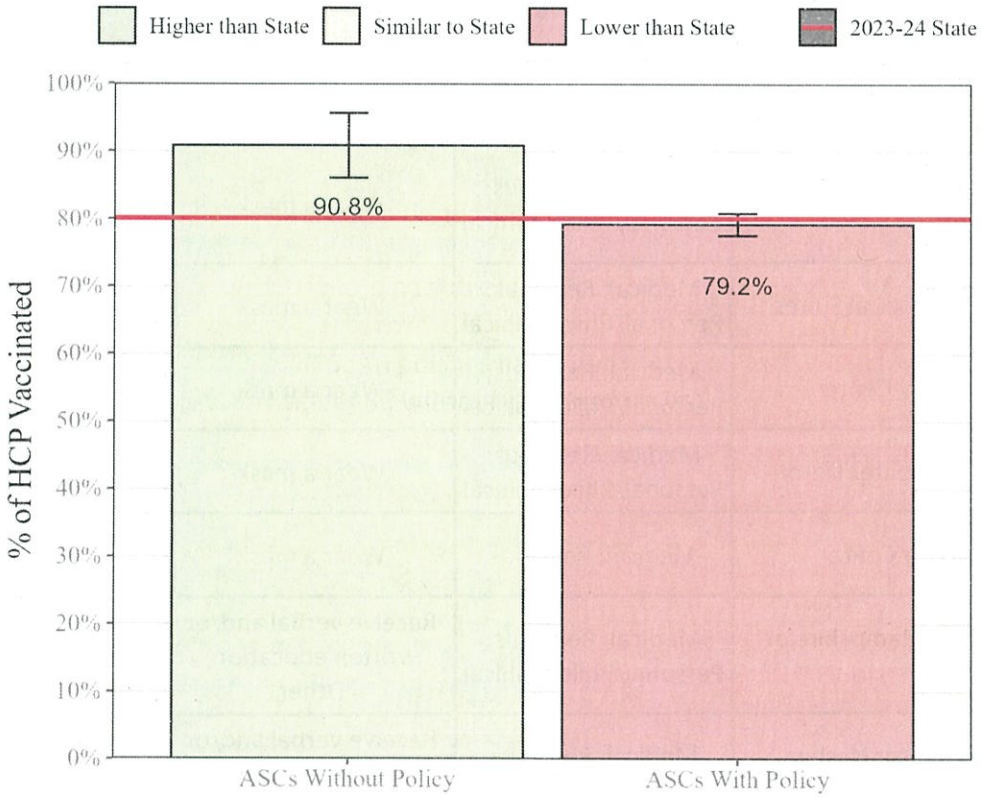


Table 12. Influenza vaccination policies and consequences for HCP by ASC, 2023-2024 influenza season

ASC	Exemptions Allowed in Policy*	Requirements for Unvaccinated HCP with Accepted Exemption	Consequences for Unvaccinated HCP without Accepted Exemption
Ambulatory Surgery Center (Manchester)	Medical; Religious	Wear a mask	Wear a mask
Bedford Ambulatory Surgical Center	Medical; Religious	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education
Dartmouth-Hitchcock Nashua Endoscopy Center	Medical; Religious	Wear a mask	Wear a mask; Progressive discipline, potentially including termination
Elliot 1-Day Surgery Center	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination
Mass General Brigham Amsurg	Medical; Religious	Wear a mask; Receive verbal and/or written education	Progressive discipline, potentially including termination; Receive verbal and/or written education
Nashua Eye Surgery Center	Medical; Religious; Personal/Philosophical	Receive verbal and/or written education	Receive verbal and/or written education
New England Center for Orthopaedic Surgery	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask; Progressive discipline, potentially including termination
North Atlantic Coast Surgical Suites	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask; Receive verbal and/or written education
Orthopaedic Surgery Center	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Orthopaedic Surgery Center Derry	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Parkland Endoscopy Center	Medical; Religious	Wear a mask	Wear a mask; Receive verbal and/or written education
Surgical Center of New Hampshire at Derry	Medical; Religious; Personal/Philosophical	Receive verbal and/or written education; Other	Wear a mask; Receive verbal and/or written education; Other
Surgery Center of Greater Nashua	Medical; Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination
Ambulatory Surgery Center (Manchester)	Medical; Religious	Wear a mask	Wear a mask
Bedford Ambulatory Surgical Center	Medical; Religious	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education

ASC	Exemptions Allowed in Policy*	Requirements for Unvaccinated HCP with Accepted Exemption	Consequences for Unvaccinated HCP without Accepted Exemption
Dartmouth-Hitchcock Nashua Endoscopy Center	Medical; Religious	Wear a mask	Wear a mask; Progressive discipline, potentially including termination
Elliot 1-Day Surgery Center	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination
Mass General Brigham Amsurg	Medical; Religious	Wear a mask; Receive verbal and/or written education	Progressive discipline, potentially including termination; Receive verbal and/or written education
Nashua Eye Surgery Center	Medical; Religious; Personal/Philosophical	Receive verbal and/or written education	Receive verbal and/or written education
New England Center for Orthopaedic Surgery	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask; Progressive discipline, potentially including termination
North Atlantic Coast Surgical Suites	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask; Receive verbal and/or written education
Orthopaedic Surgery Center	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Orthopaedic Surgery Center Derry	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Parkland Endoscopy Center	Medical; Religious	Wear a mask	Wear a mask; Receive verbal and/or written education
Surgical Center of New Hampshire at Derry	Medical; Religious; Personal/Philosophical	Receive verbal and/or written education; Other	Wear a mask; Receive verbal and/or written education; Other
Surgery Center of Greater Nashua	Medical; Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination

* Exemptions include Medical, Religious, Personal/philosophical, and Other.

Note: Auburn Surgery Center, Centers for Pain Solutions, Coastal Surgical Center, and North Country Endoscopy did not have mandatory vaccination policies during 2023-24 Influenza season.

Ambulatory Surgical Centers not listed did not report Influenza Vaccination Policy Data for the 2023-24 Influenza season.

IV. CONCLUSIONS

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

Key findings described in this report include the following:

- Compliance in reporting in accordance with (RSA) 151:32-35 was lower than previous reporting years.
- NH ASC reported lower infection rates following selected surgeries (breast, hernia, and open reduction of fracture procedures) as predicted based on national data.
- All 6 ASC reporting SSI with sufficiently robust data to present have rates that are similar to national data and are maintaining a goal of zero infections.
- Among the facilities that provided data to the state the overall state rate of infection was significantly lower than the national rate.
- The percentage of orders for surgical IV antibiotic prophylaxis administered for the prevention of SSI that were delivered within the appropriate timeframe prior to surgery was 96.4%. Eight ASC had a significantly higher adherence rate for this measure than the State adherence percentage, with rates ranging from 82.1% to 100%.
- Vaccination coverage by ASC during the 2023-24 influenza season ranged from 42.9% to 97.4%. The overall State percentage was 80.1%, which is lower than the 2022-23 influenza season when the statewide vaccination rate was 87.9%.
- Of those that reported, fourteen NH ASC had mandatory influenza vaccination policies for HCP during the 2023-24 season. Overall, ASC with vaccination policies had significantly lower percentage of influenza vaccination as a whole (79.2%) than ASC without mandatory policies (90.8%).

While this report only includes information on a subset of HAI, the information provided can be used as an important indicator of healthcare quality and infection prevention efforts in NH ASC.

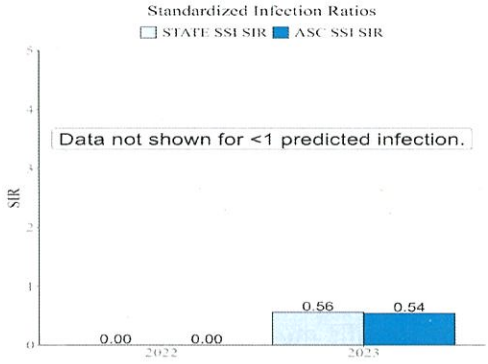
V. AMBULATORY SURGERY CENTER INDIVIDUAL REPORTS

Because data must be broken down into categories for risk adjustment and because rates must be suppressed if data are too sparse, data that can be presented for NH facilities may be limited. Due to restrictions on presenting data, there are several ASC for which facility-specific infections data for specific measures cannot be presented. See technical notes for additional information on data restriction and presentation.



AMBULATORY SURGERY CENTER (MANCHESTER)
Manchester, NH
Not-for-profit
Free-standing
# of Admissions: 6403

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	1	185	0.54	0.51	0.86	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

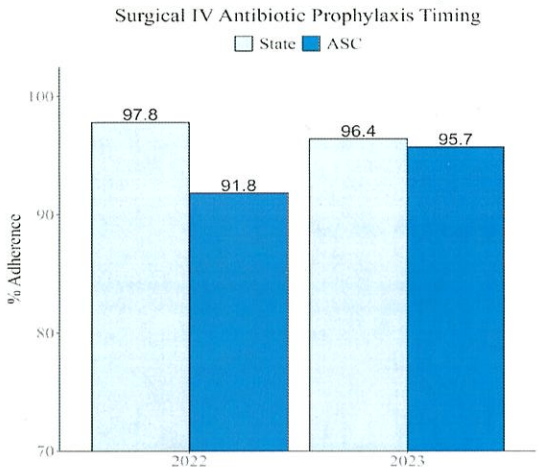
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	1	61	1.64	0.62	0.396	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	0	115	0	0.51	0.558	Similar
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	†	†	†	†	†	†

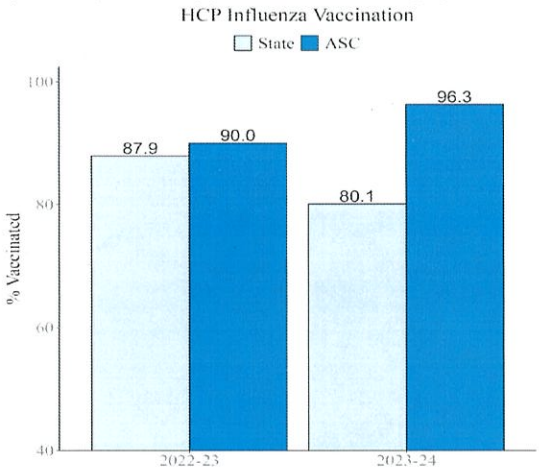
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	95.7	96.4	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	96.3	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



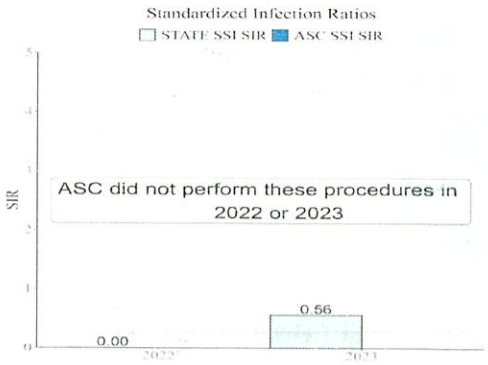


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



ATLANTIC COAST SURGICAL SUITES
Seabrook, NH
For-profit
Medical Group
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

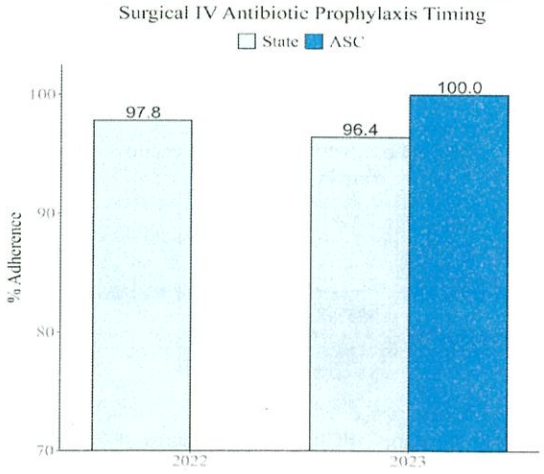
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

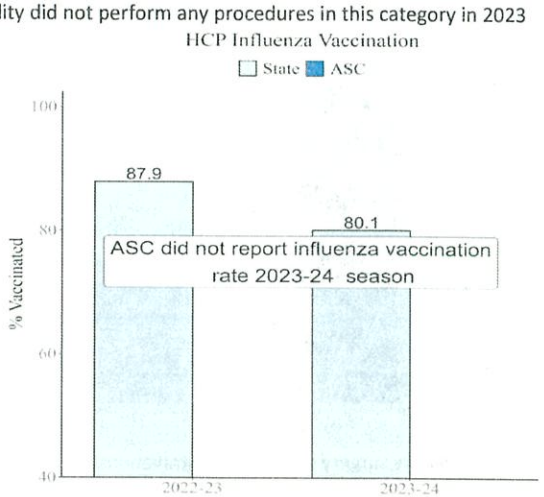
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	96.4	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	80.1	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



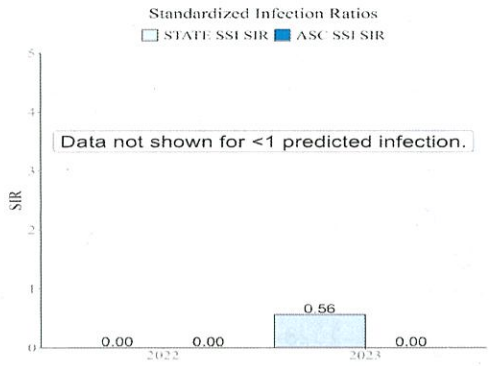


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



ATLANTIC PLASTIC SURGERY
Portsmouth, NH
For-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	0	48	0.00	0.51	0.78	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

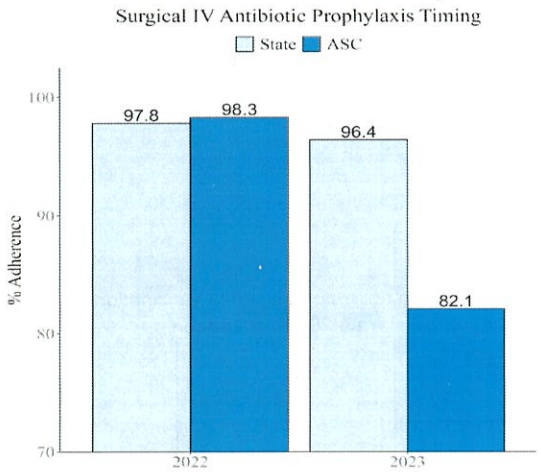
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	0	48	0	0.62	0.744	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

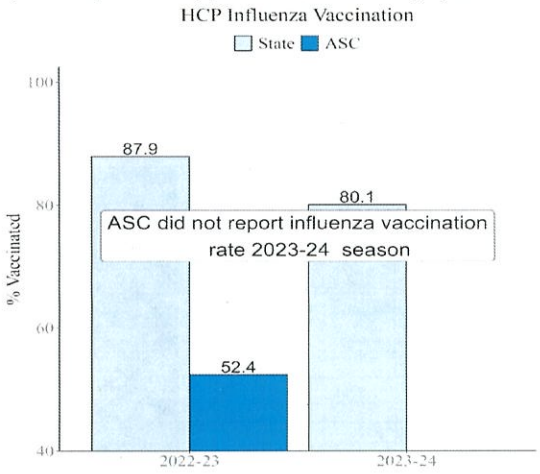
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	82.1	96.4	Lower
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	80.1	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



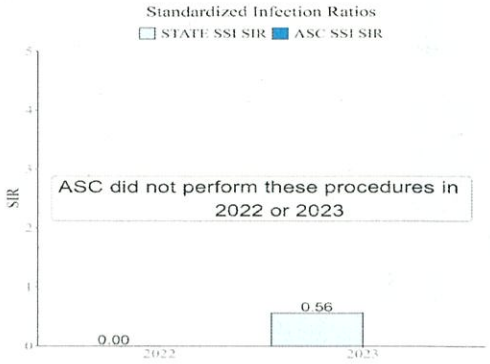


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



AUBURN SURGERY CENTER
Auburn, NH
For-profit
Medical Group
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

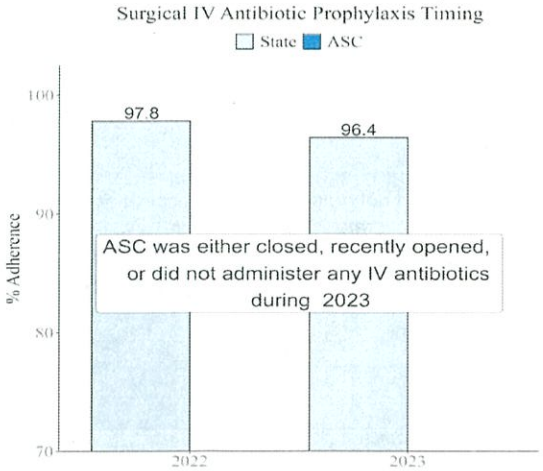
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

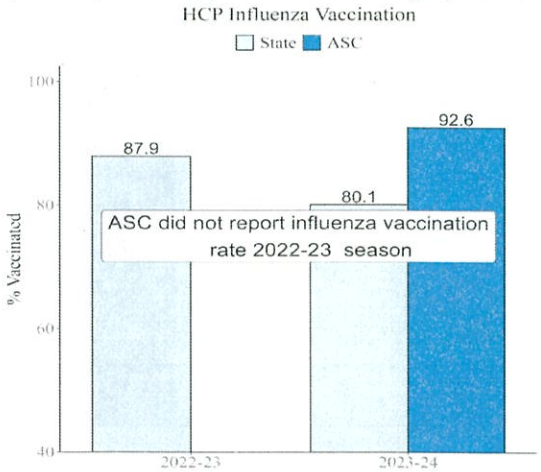
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	92.6	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



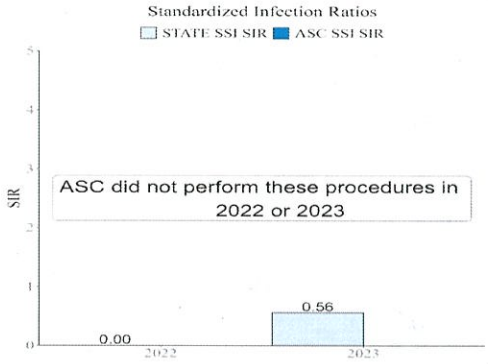


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



BARRINGTON SURGICAL CARE
Barrington, NH
Private
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

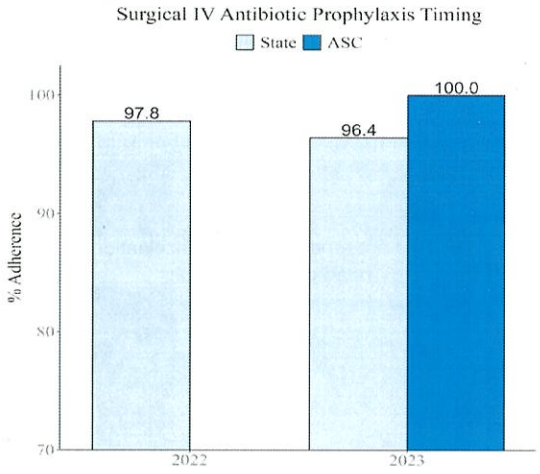
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

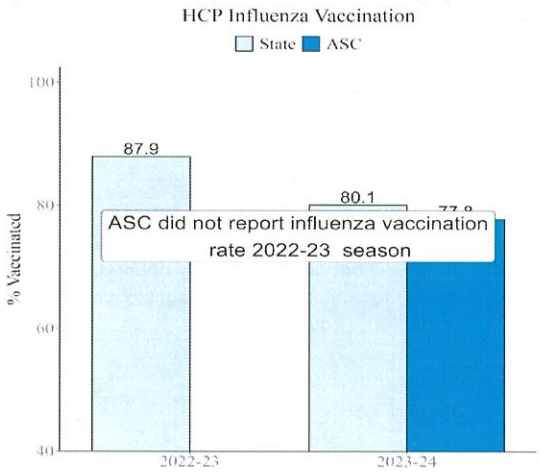
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	96.4	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	77.8	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



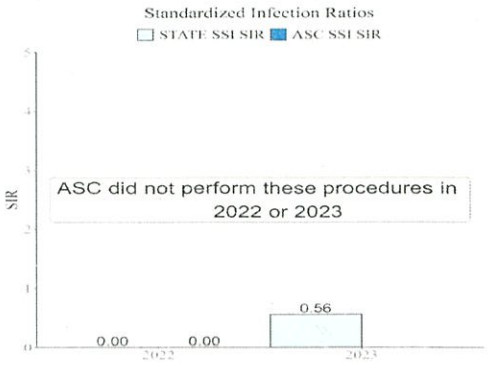


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



BEDFORD AMBULATORY SURGICAL CENTER
Bedford, NH
Physician-owned
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

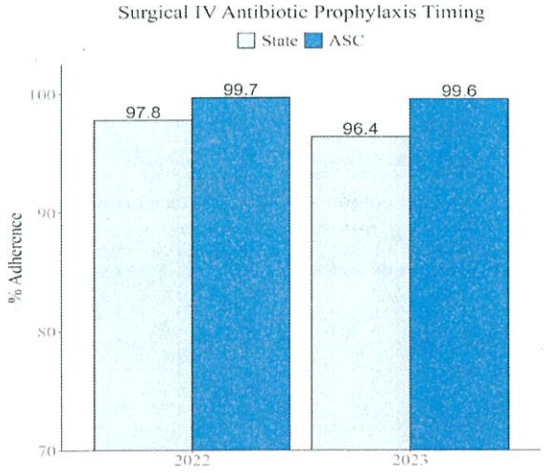
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

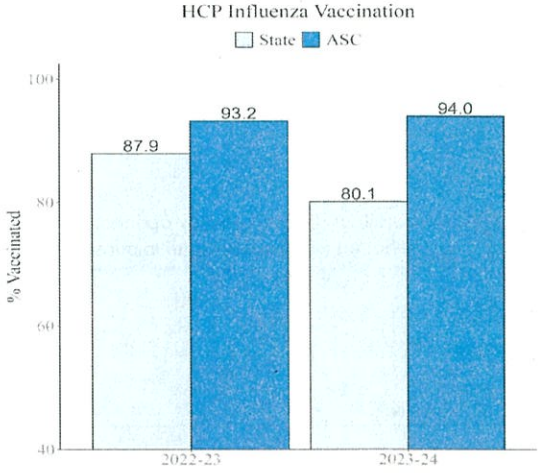
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

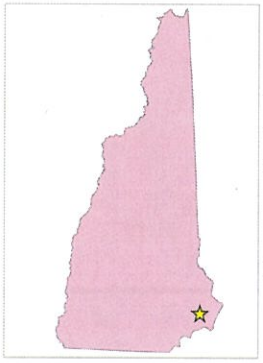
Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	99.6	96.4	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	94.0	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



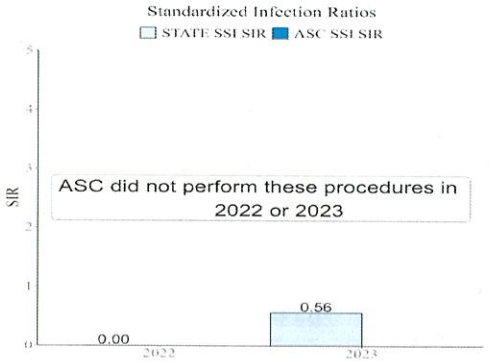


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



CENTER FOR OUTPATIENT CARE
Exeter, NH
-
-
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

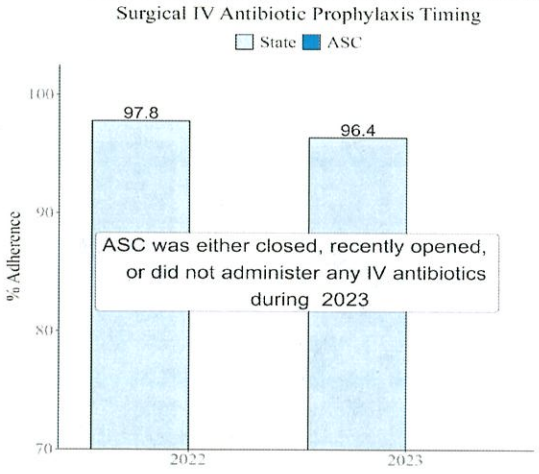
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

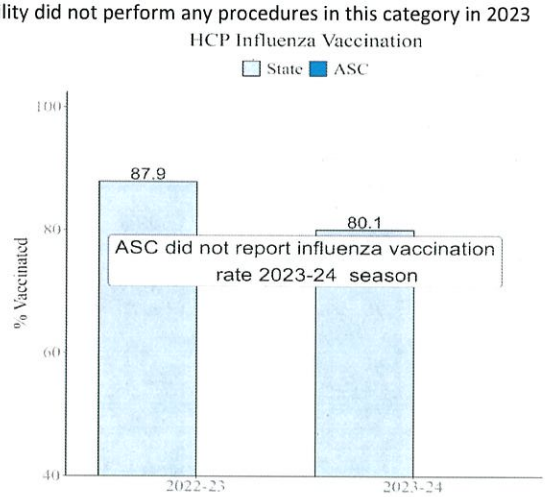
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	80.1	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



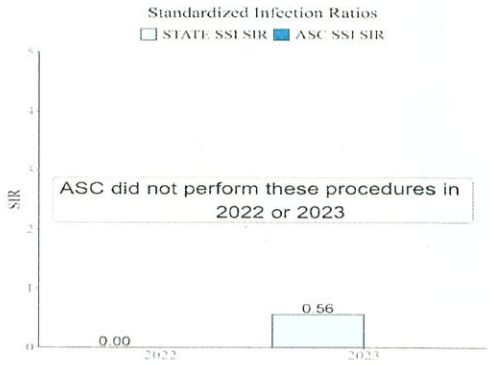


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



CENTERS FOR PAIN SOLUTIONS
Nashua, NH
Physician-owned
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

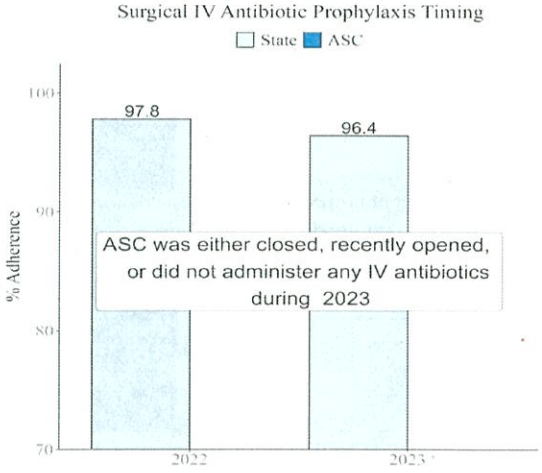
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

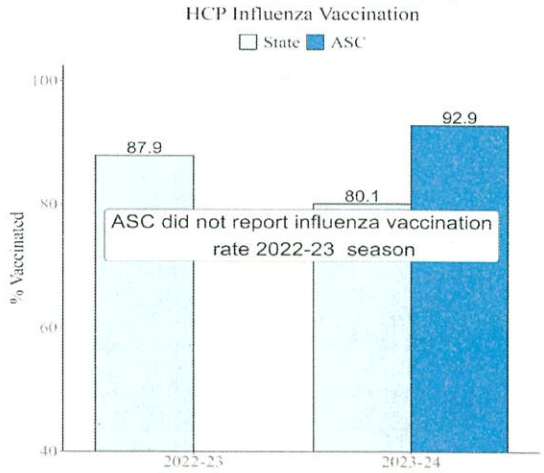
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	92.9	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



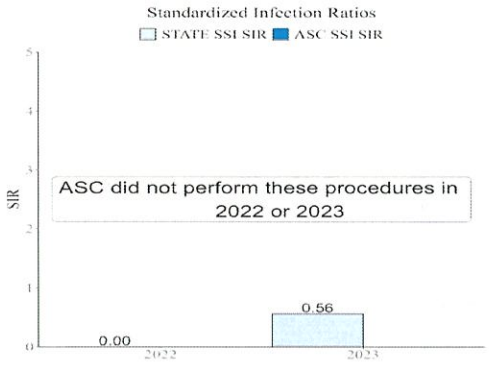


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



COASTAL SURGICAL CENTER
Newington, NH
-
-
# of Admissions: 1827

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

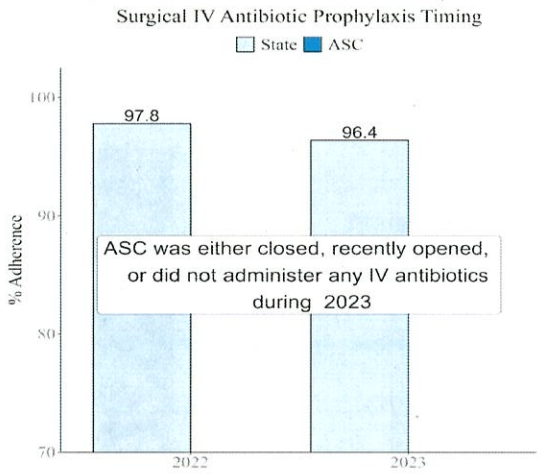
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

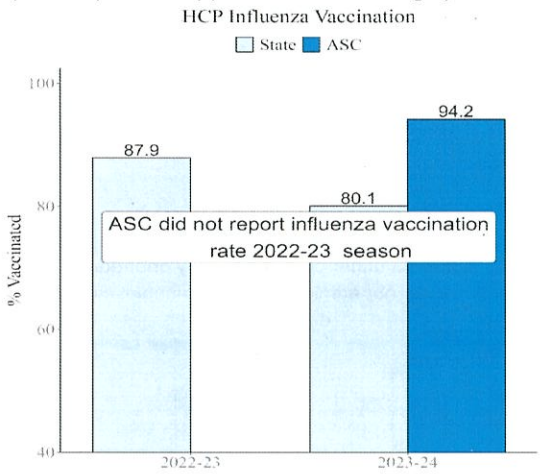
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	94.2	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



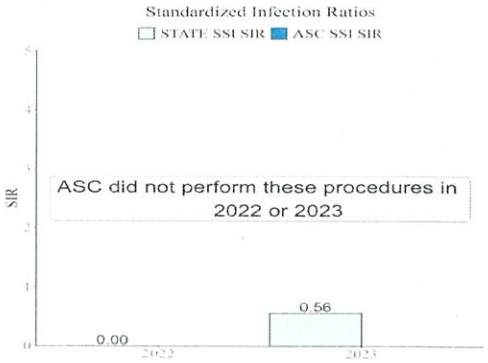


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



CONCORD ENDOSCOPY CENTER
Concord, NH
Joint venture
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

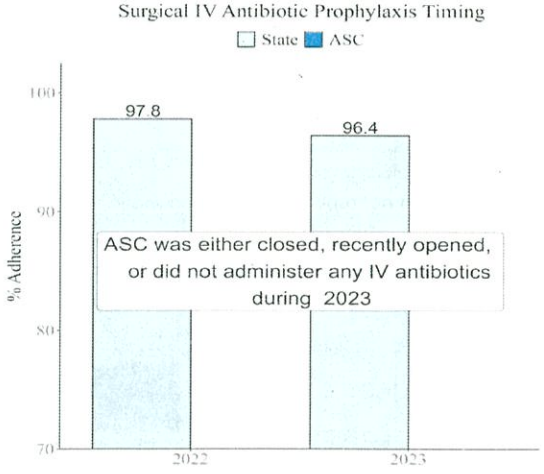
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

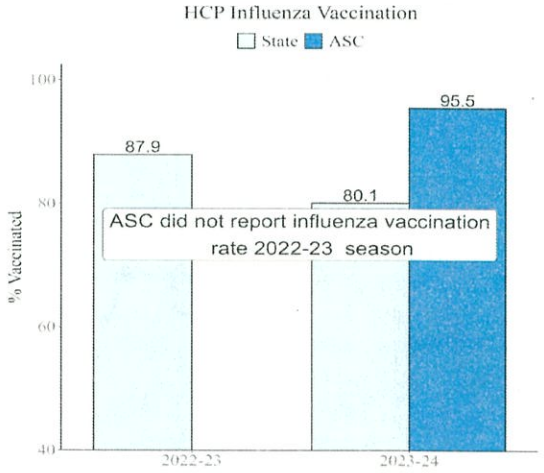
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	95.5	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



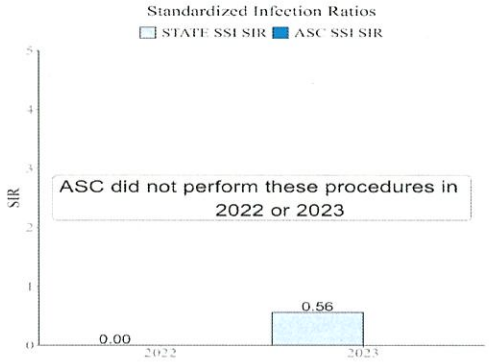


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



CONCORD EYE SURGERY
Concord, NH
Medical group
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

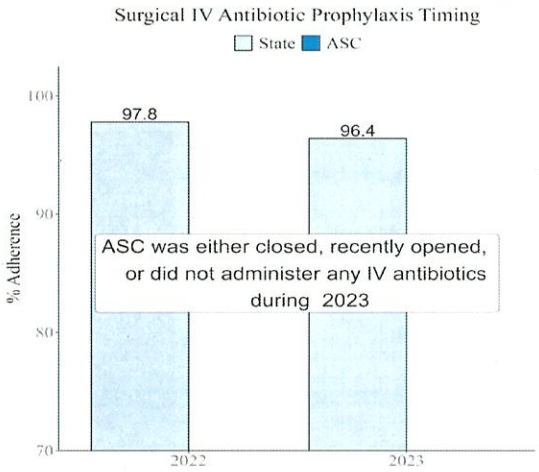
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

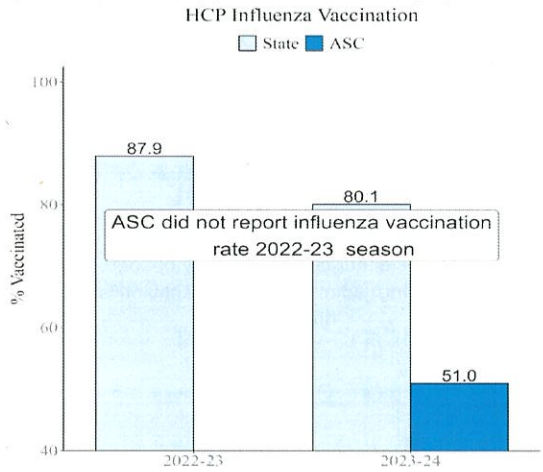
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	51.0	80.1	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



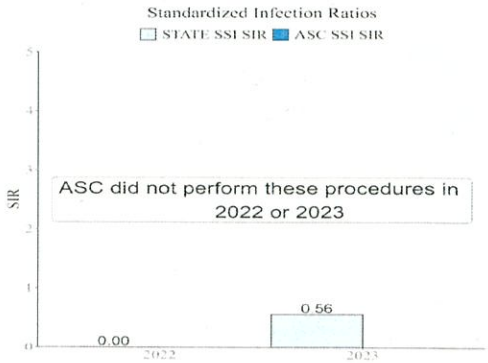


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



DARTMOUTH-HITCHCOCK NASHUA ENDOSCOPY CENTER
Nashua, NH
Not-for-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

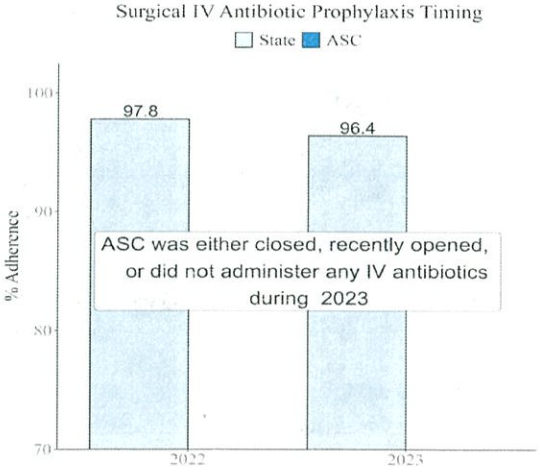
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

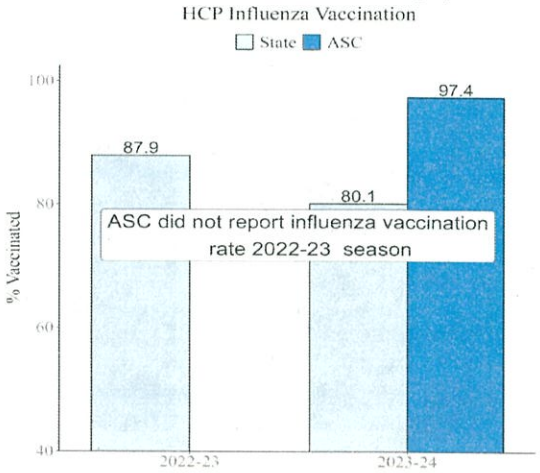
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	97.4	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



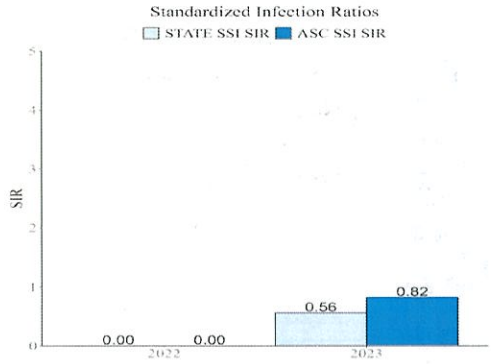


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



ELLIOT 1-DAY SURGERY CENTER
Manchester, NH
For-profit
Free-standing
# of Admissions: 8442

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	3	364	0.82	0.51	0.41	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

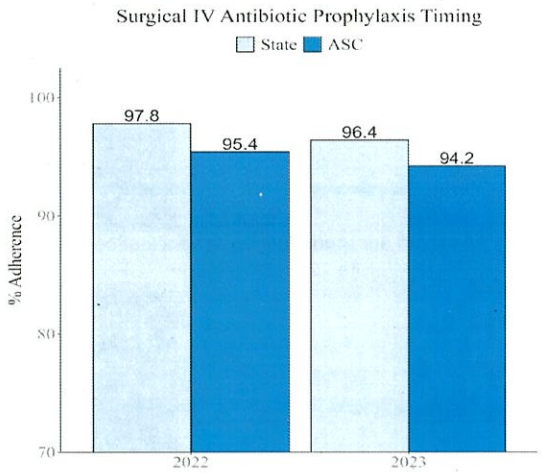
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	3	243	1.23	0.62	0.32	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	0	94	0	0.51	0.621	Similar
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	0	27	0	0.28	0.929	Similar

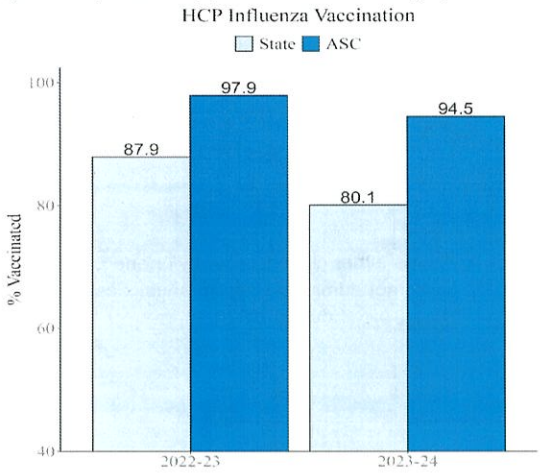
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	94.2	96.4	Lower
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	94.5	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



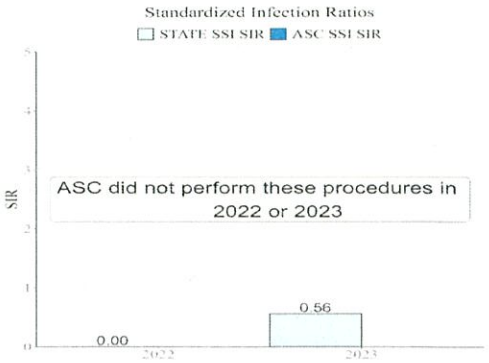


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



GRANITE STATE SURGICENTER, MERRIMACK
Merrimack, NH
For-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

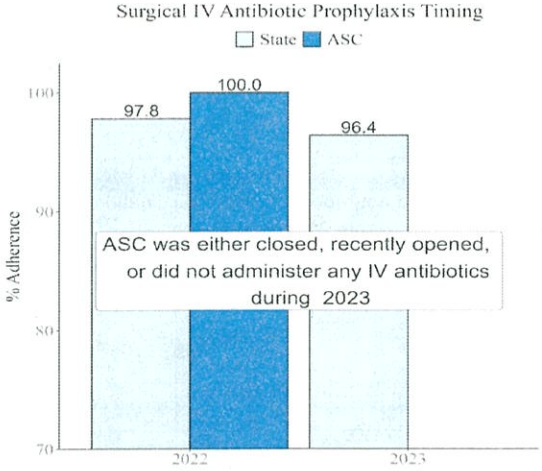
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

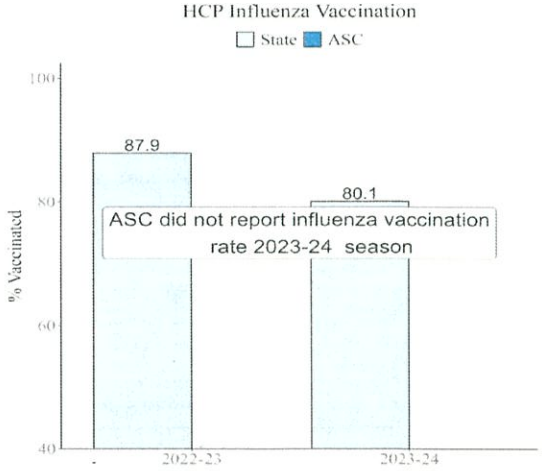
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	†	96.4	†
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	80.1	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



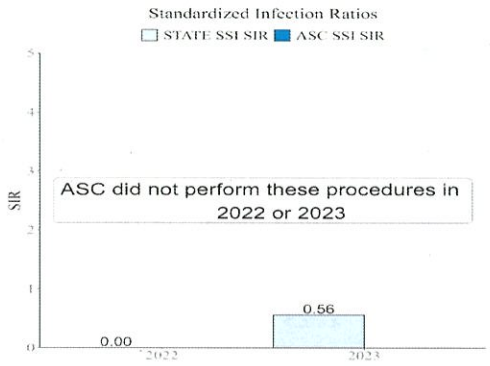


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



GRANITE STATE SURGICENTER, SOMERSWORTH
Somersworth, NH
For-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

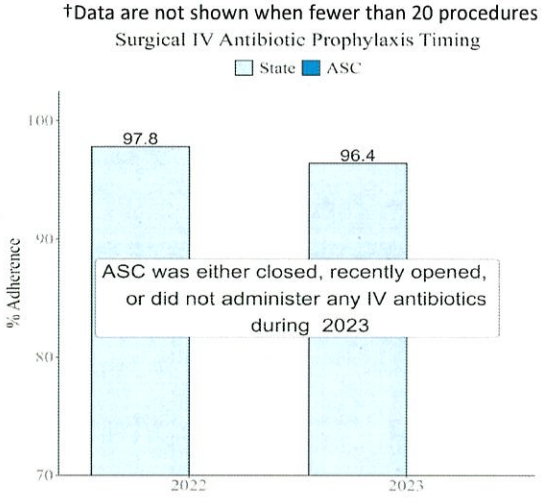
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

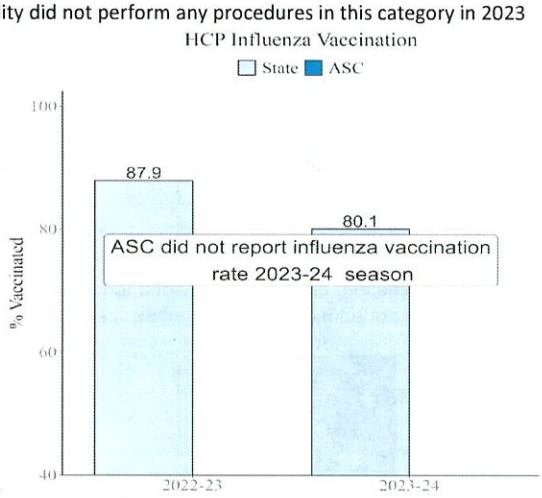
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

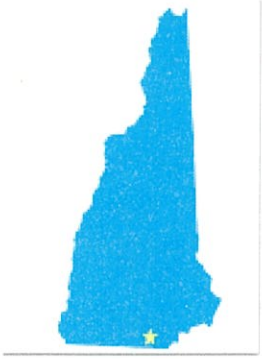
Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	80.1	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



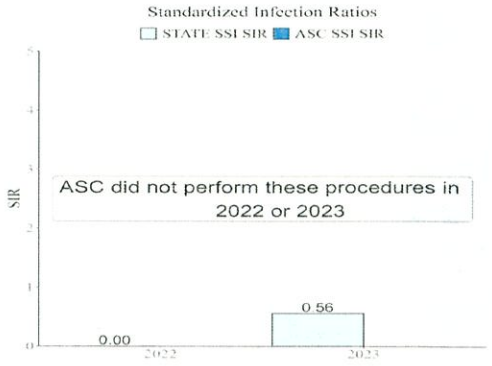


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



LIGHTHOUSE SURGICAL SUITES
Hollis, NH
-
-
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

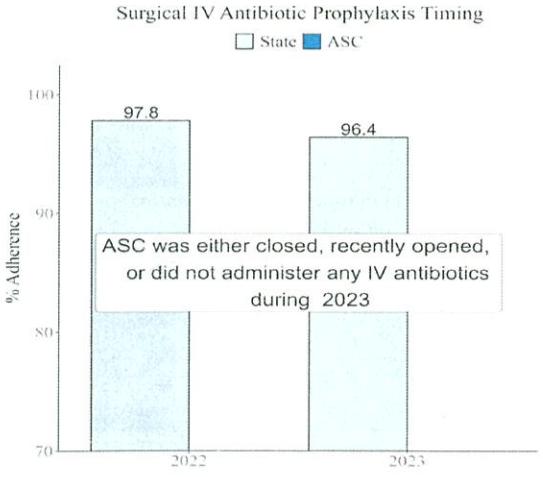
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

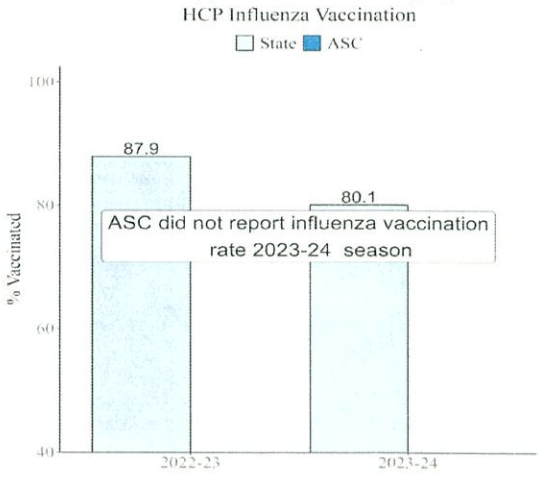
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	80.1	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



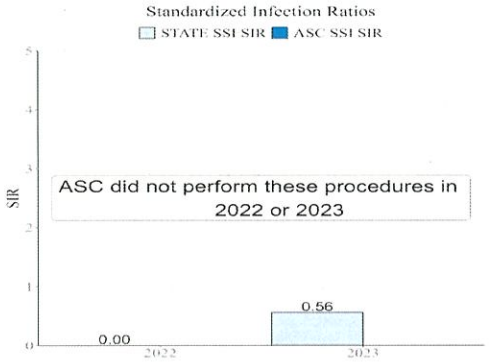


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



MASS GENERAL BRIGHAM AMSURG
Salem, NH
-
-
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

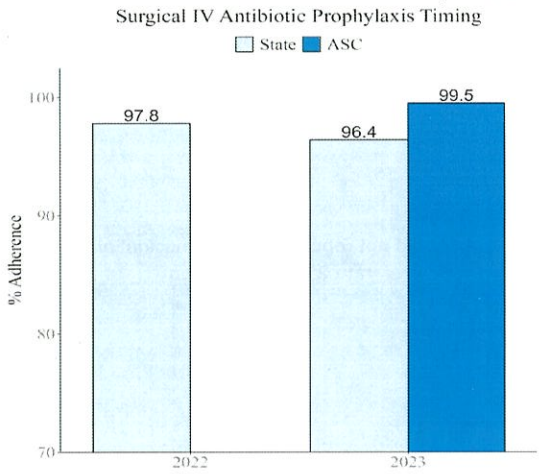
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

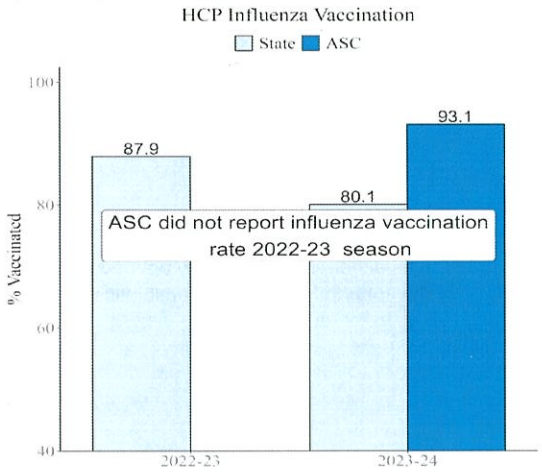
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	99.5	96.4	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	93.1	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



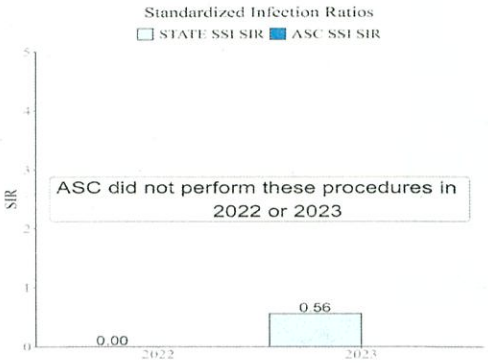


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



MINIMALLY INVASIVE SURGERY CENTER
Bedford, NH
For-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

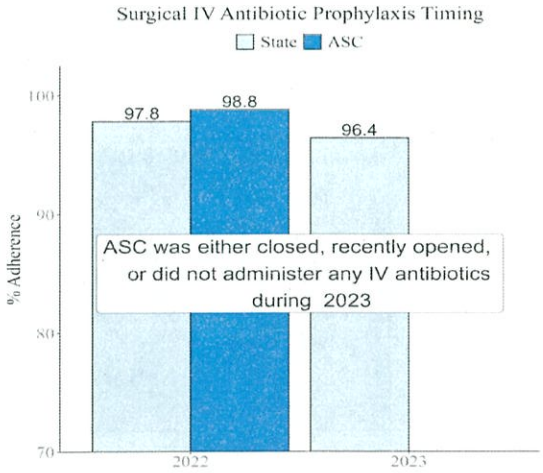
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

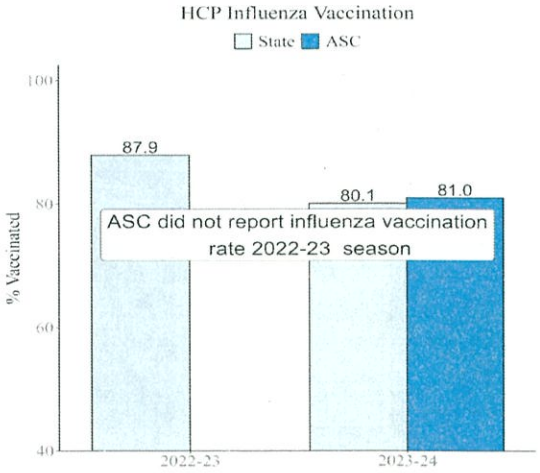
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	81.0	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



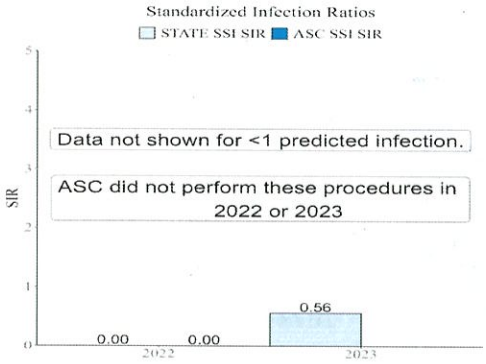


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



NASHUA AMBULATORY SURGICAL CENTER
Nashua, NH
Physician-owned
Free-standing
# of Admissions: 1746

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

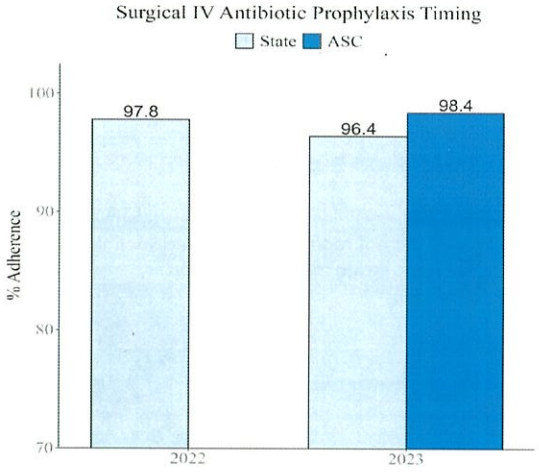
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

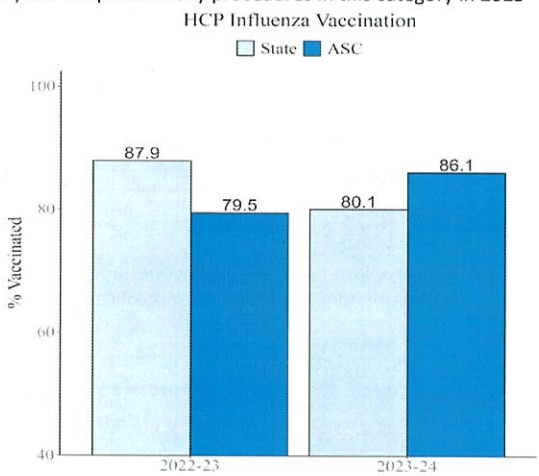
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	98.4	96.4	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	86.1	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



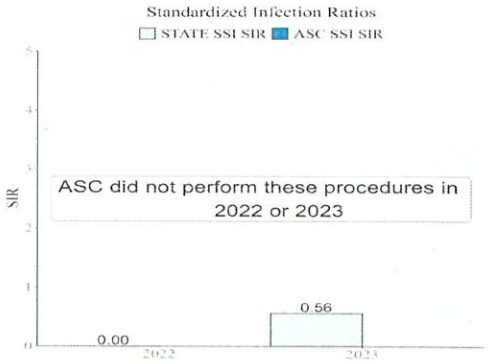


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



NASHUA EYE SURGERY CENTER
Nashua, NH
Corporate/Physician-owned
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

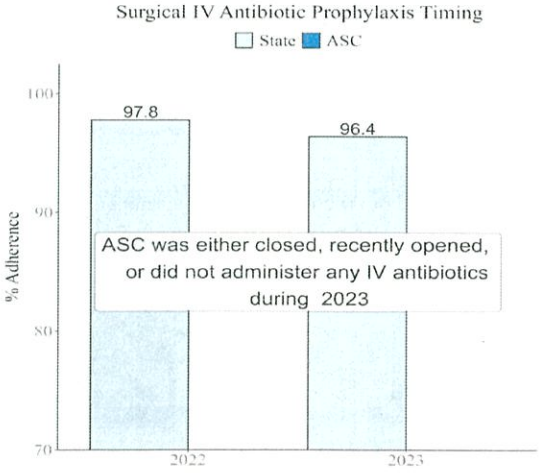
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

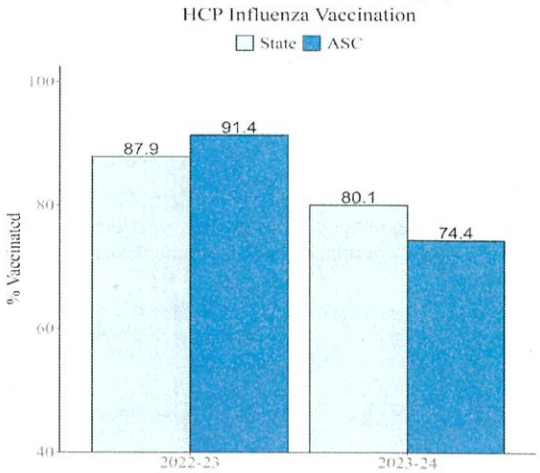
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

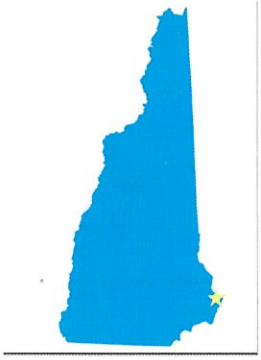
Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	74.4	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



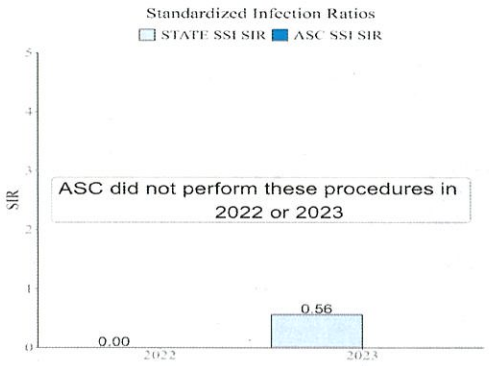


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



NEW ENGLAND CENTER FOR ORTHOPAEDIC SURGERY
Portsmouth, NH
-
-
# of Admissions: 1925

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

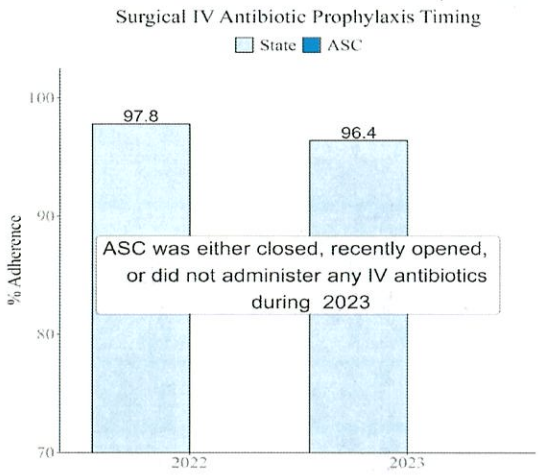
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

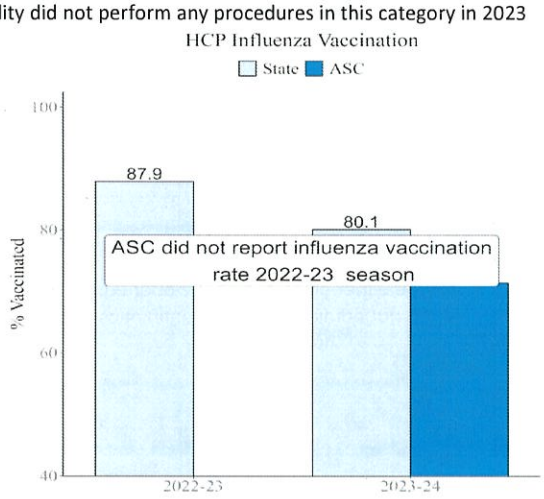
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

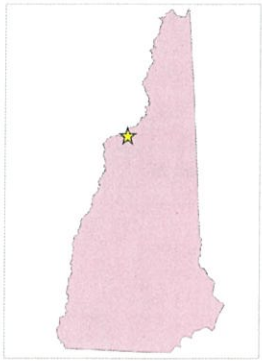
Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	71.4	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



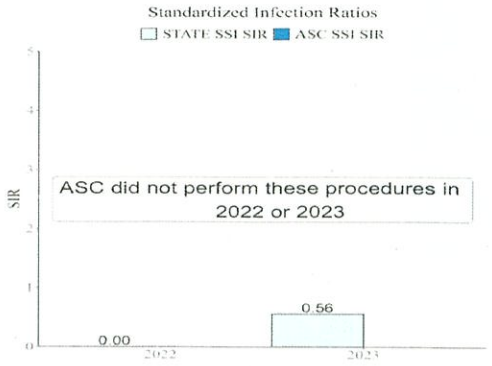


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



NORTH COUNTRY ENDOSCOPY
Littleton, NH
-
-
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

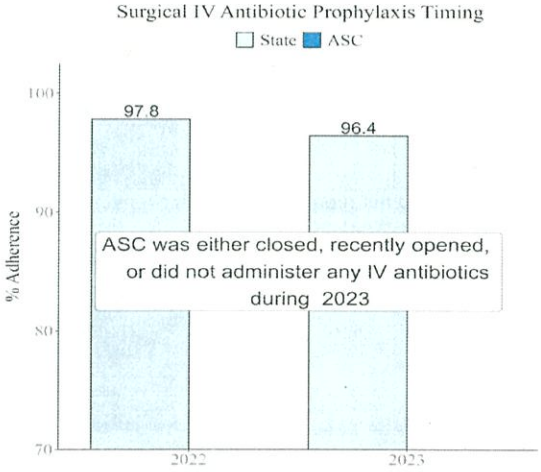
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

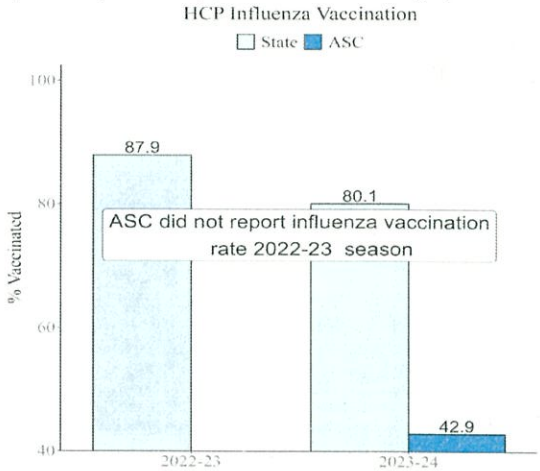
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	42.9	80.1	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



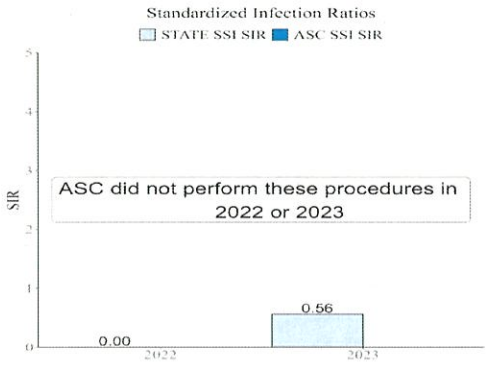


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



NORTH ATLANTIC COAST SURGICAL SUITES
Salem, NH
For-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

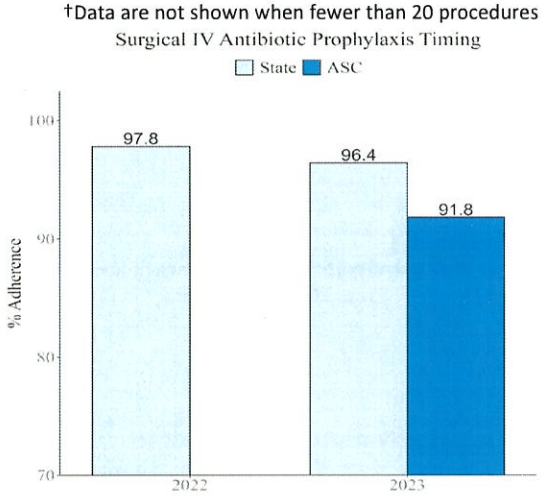
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

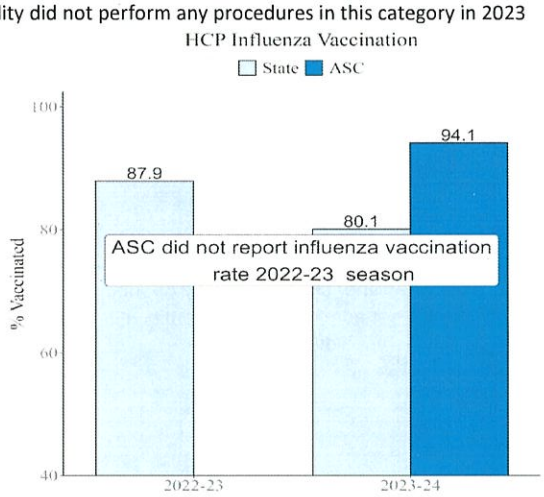
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	91.8	96.4	Lower
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	94.1	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



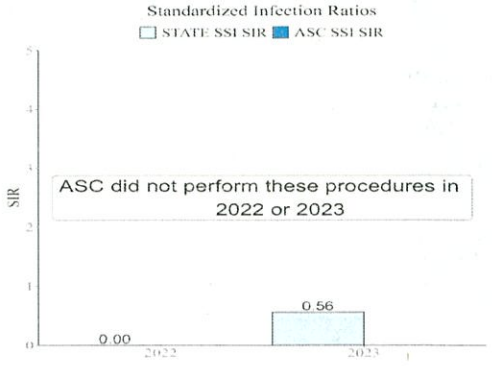


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



NORTHRIDGE SURGICAL SUITES
Nashua, NH
-
-
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

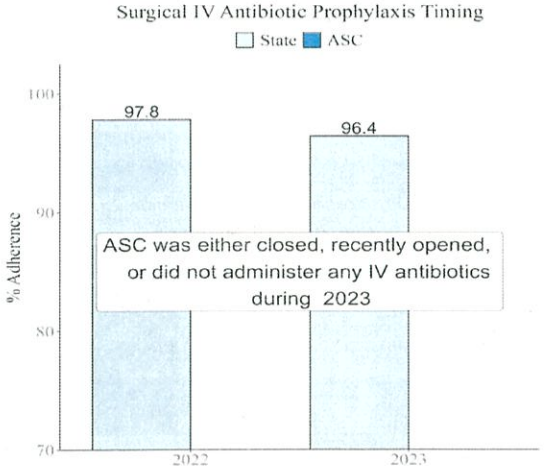
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

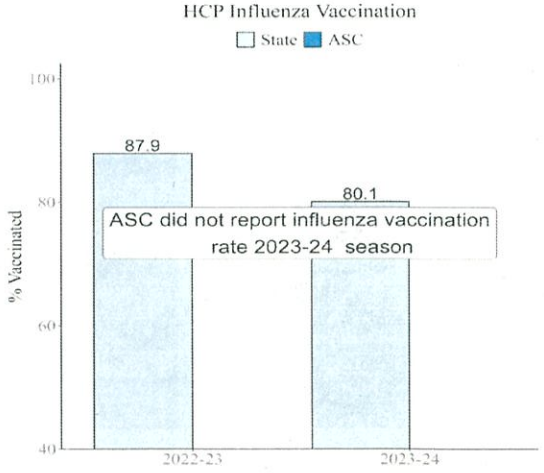
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	80.1	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



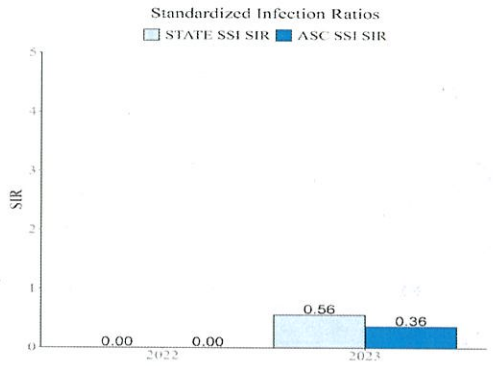


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



ORCHARD SURGICAL CENTER
Salem, NH
For-profit
Free-standing
# of Admissions: 6333

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	1	279	0.36	0.51	0.82	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

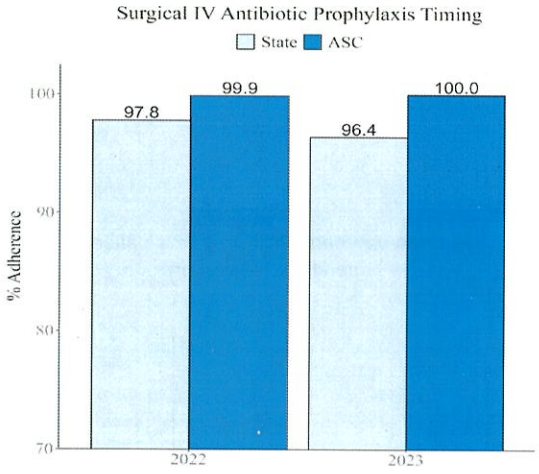
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	1	206	0.49	0.62	0.903	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	†	†	†	†	†	†
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	0	71	0	0.28	0.827	Similar

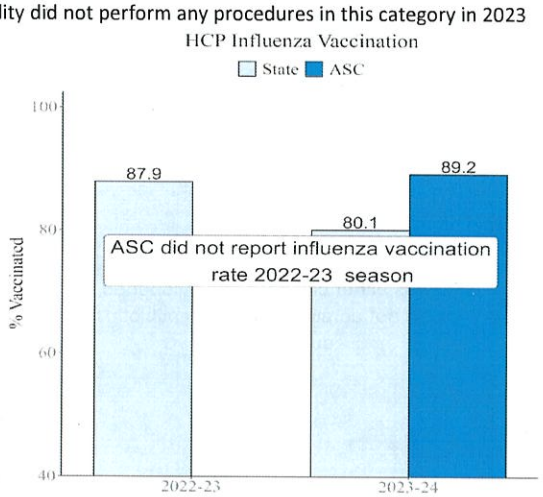
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	96.4	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	89.2	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



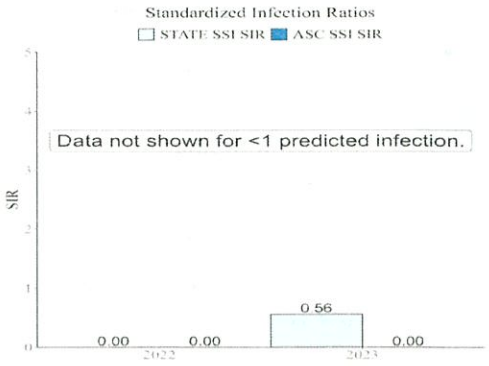


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



ORTHOPAEDIC SURGERY CENTER
Concord, NH
Not-for-profit
Free-standing
# of Admissions: 6612

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	0	158	0.00	0.51	0.45	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

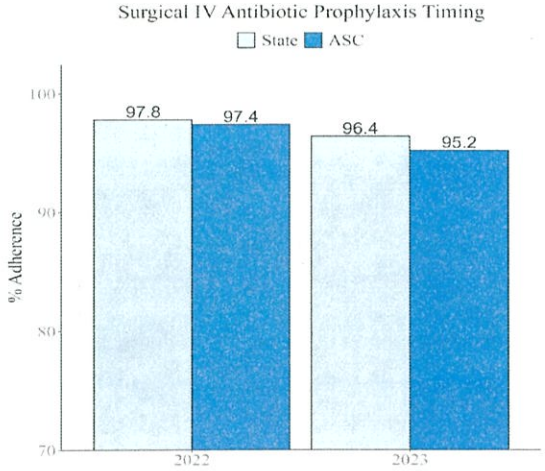
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	0	158	0	0.28	0.671	Similar

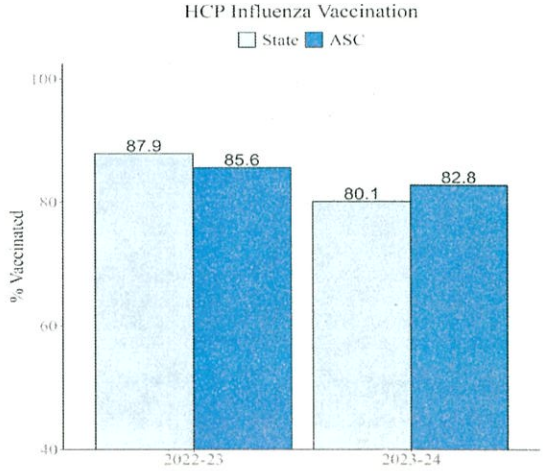
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	95.2	96.4	Lower
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	82.8	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



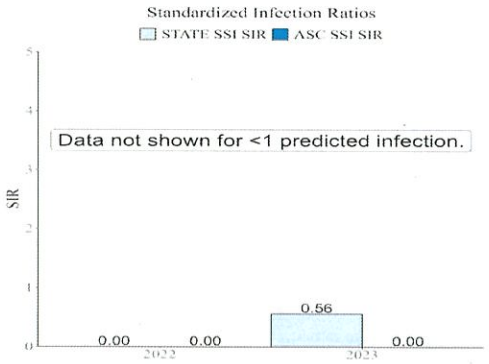


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



ORTHOPAEDIC SURGERY CENTER DERRY
Derry, NH
Not-for-profit
Free-standing
# of Admissions: 1082

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	†	†	†	†	†	†

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

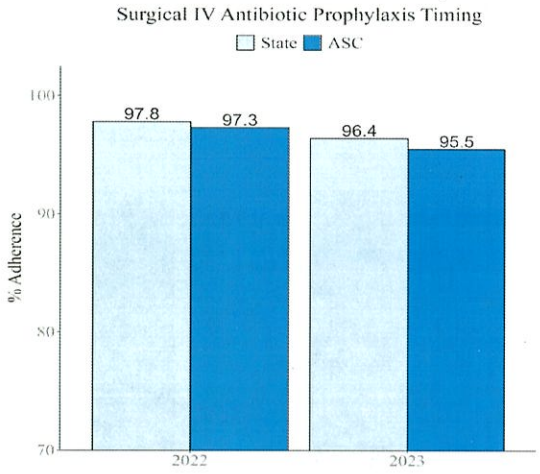
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	†	†	†	†	†	†

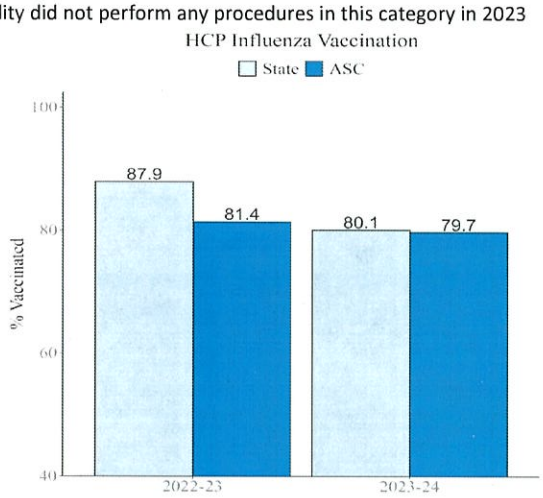
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	95.5	96.4	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	79.7	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



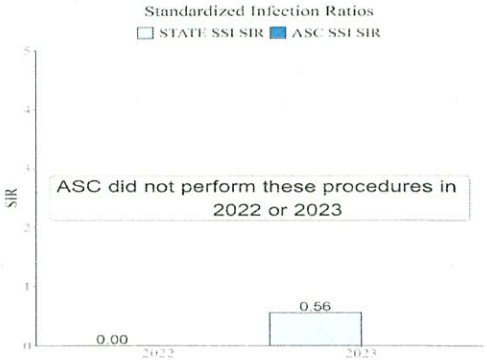


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



PARKLAND ENDOSCOPY CENTER
Derry, NH
For-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

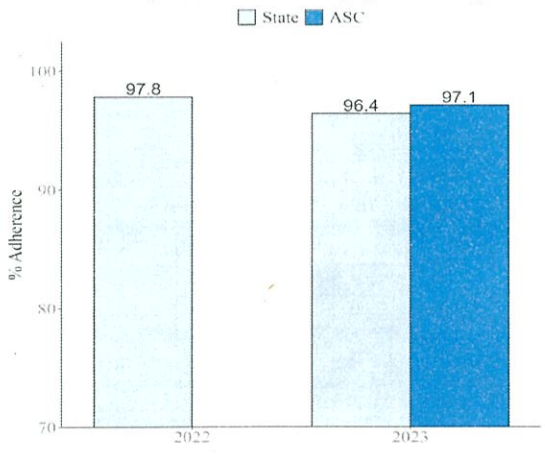
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

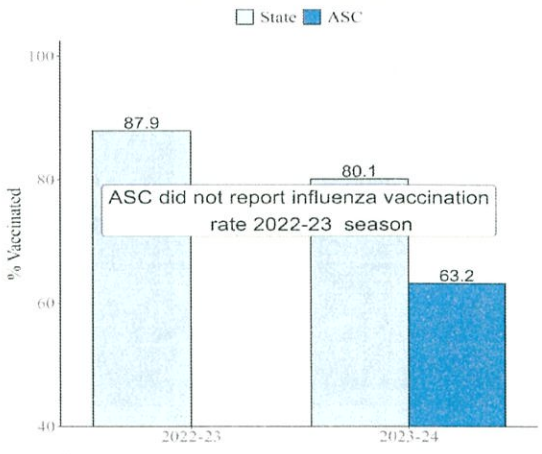
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	97.1	96.4	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	63.2	80.1	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



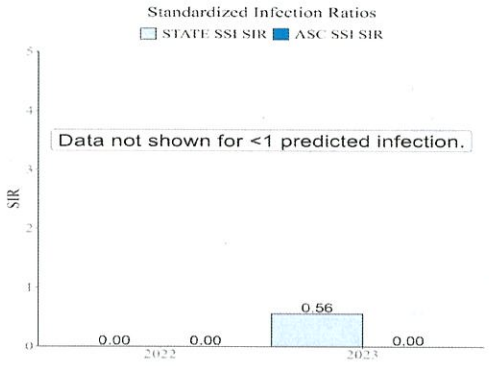


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



PORTSMOUTH REGIONAL AMBULATORY SURGERY CENTER
Portsmouth, NH
Physician-owned
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	0	27	0.00	0.51	0.87	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

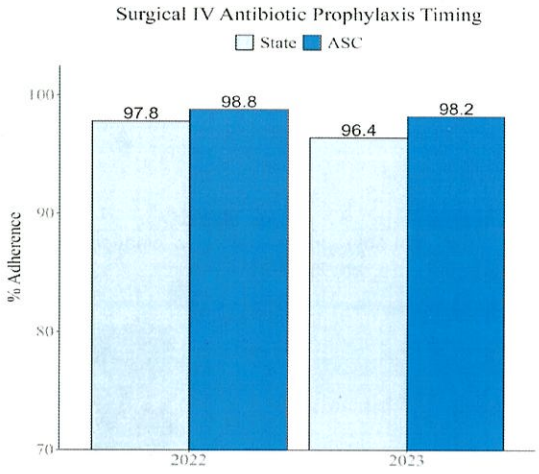
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	†	†	†	†	†	†
Hernia Procedures (HER)						
Risk Category 0,1,2,3	†	†	†	†	†	†
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	†	†	†	†	†	†

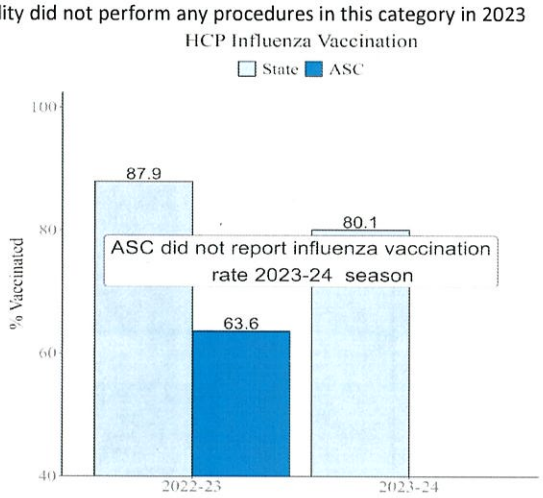
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	98.2	96.4	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	80.1	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



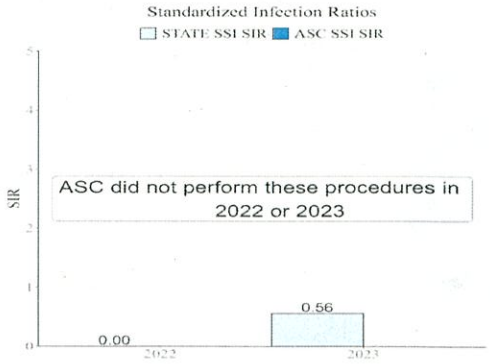


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



RYE SURGICAL CENTER
Rye, NH
For-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

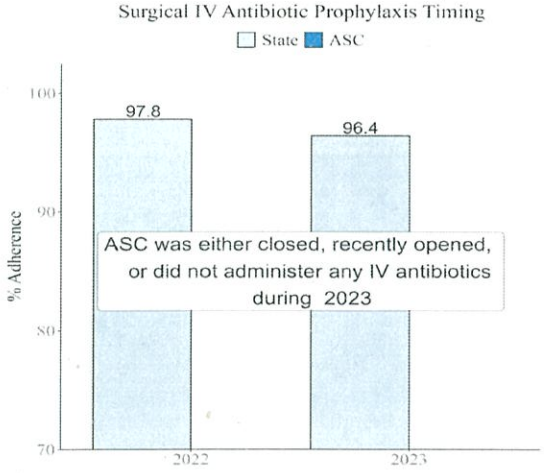
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

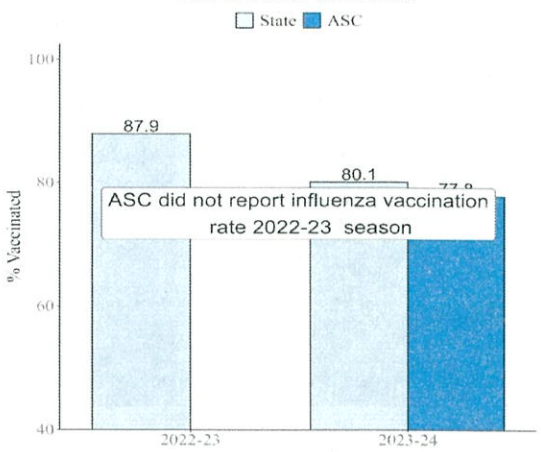
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	96.4	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	77.8	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



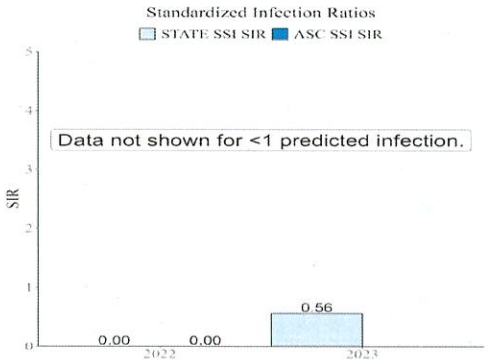


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



STRATHAM AMBULATORY SURGERY CENTER
Stratham, NH
Physician-owned
Free-standing
# of Admissions: 3976

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	†	†	†	†	†	†

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

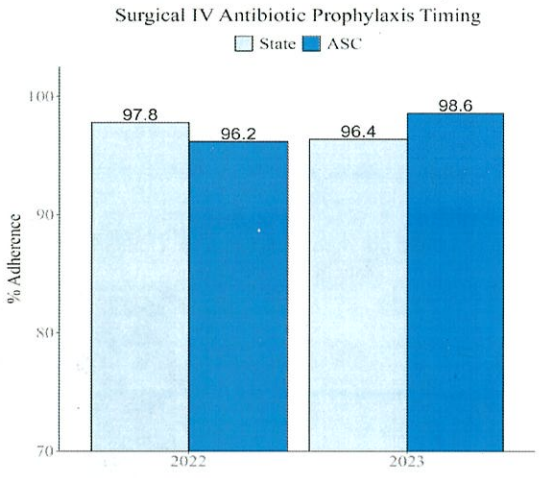
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	†	†	†	†	†	†
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

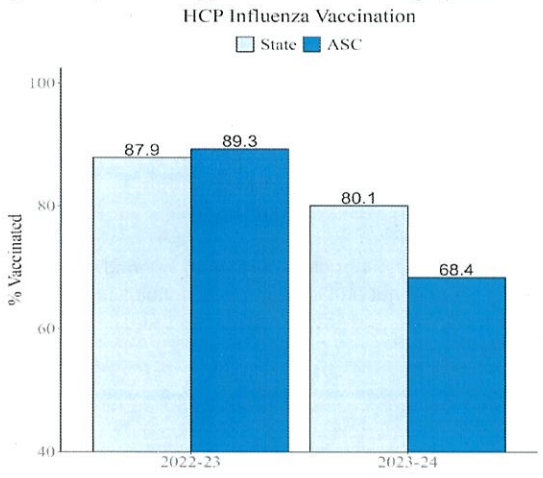
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	98.6	96.4	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	68.4	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



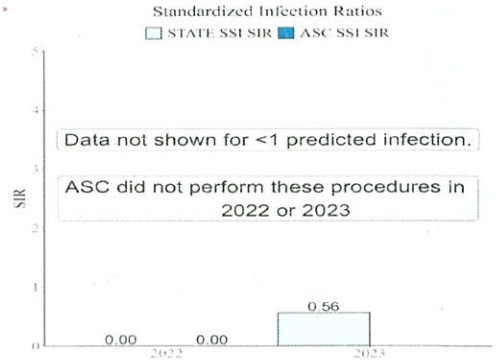


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



SURGERY CENTER OF GREATER NASHUA
Nashua, NH
Not-for-profit
Free-standing
# of Admissions: 422

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

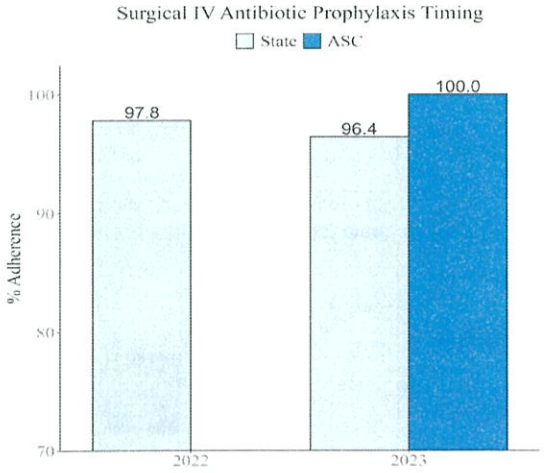
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

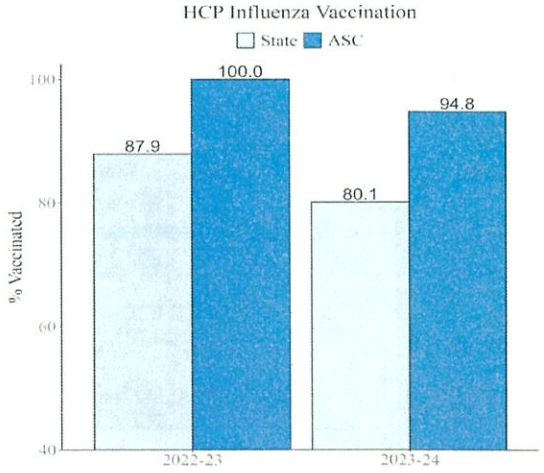
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	96.4	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	94.8	80.1	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



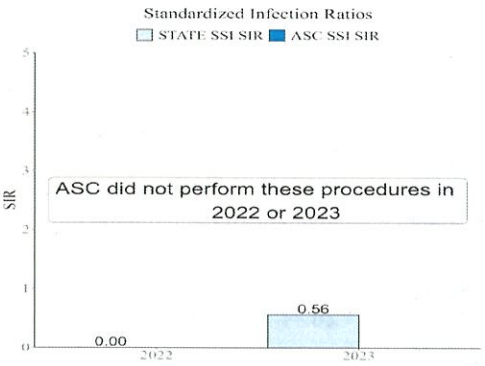


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



SURGICAL CENTER OF NEW HAMPSHIRE AT DERRY
Derry, NH
-
-
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

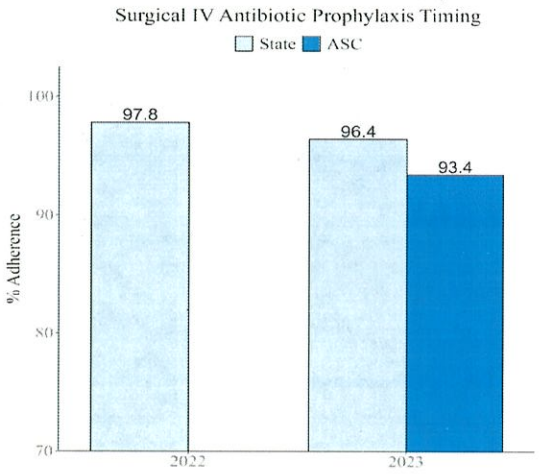
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

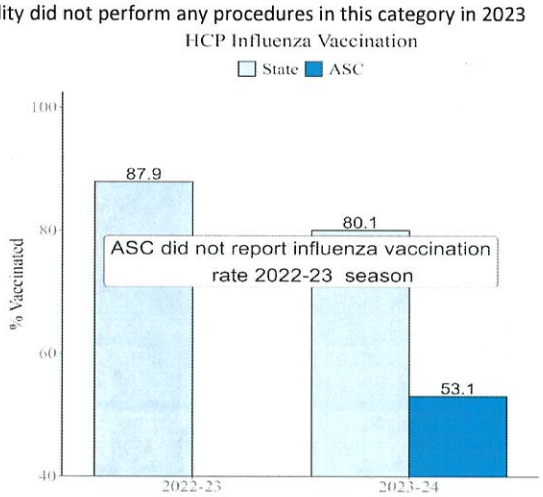
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	93.4	96.4	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	53.1	80.1	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023



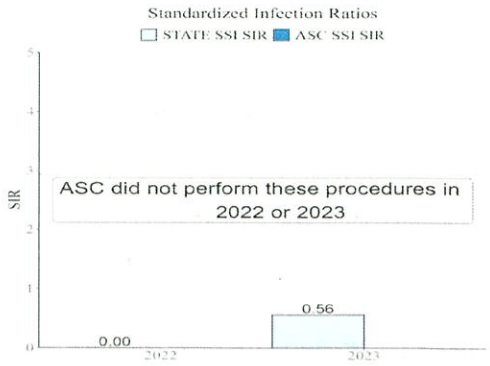


ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures



WENTWORTH SURGERY CENTER
Somersworth, NH
For-profit
Free-standing
# of Admissions: Data Unavailable

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	Facility did not perform any of these procedures in 2023					

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

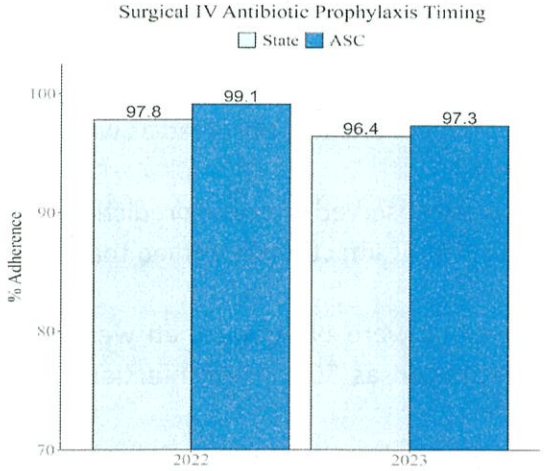
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to National Rate
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

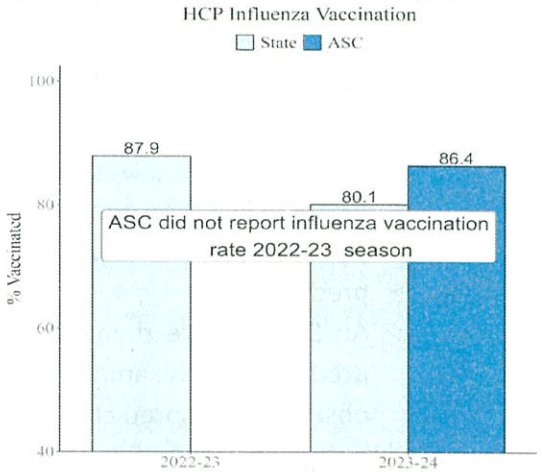
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	97.3	96.4	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	86.4	80.1	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2023





ASC: Ambulatory surgery center IV: Intravenous SSI: Surgical site infection BRST: Breast procedures HER: Hernia procedures FX: Open reduction of fracture procedures

APPENDIX 1: Technical Notes

1. The majority of data in this report were extracted from NHSN on 5/5/2024; influenza vaccination data and surgical antimicrobial prophylaxis data were extracted from other data sources on the same date. Changes or new infections reported by ASC after this date are not reflected in this report.
2. The SSI national comparison data used in this report come from the 2009 NHSN Report. The 2009 NHSN report summarizes data reported to NHSN from 2006-2008. This report is available at: http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf.
3. Rates for any grouping were not presented if data were insufficient to generate a stable rate.
    a. SSI: There must be at least 20 procedures in the denominator to present a rate.
4. SIR for any grouping were not presented if less than one infection was predicted.
5. All confidence intervals presented in this report are 95% confidence intervals. A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Because we can never obtain a facility's true "population" data (e.g., all patients for all time), we use statistical procedures to estimate various measurements using "sample" data. Since estimates are variable, we use 95% confidence limits to describe the variability around the estimate. The confidence interval gives us the range within which the TRUE value will fall 95% of the time, assuming that the sample data are reflective of the true population. If the confidence intervals for the two rates overlap, then it is reasonably possible that the REAL rates are not different from one another.
6. Statistical significance is affected by sample size. Small sample sizes are more prone to fluctuations in the data.

Standardized Infection Ratios

7. Calculating a SIR: The SIR is the number of observed infections divided by the number of predicted infections based on most recent national data. In order to calculate an SIR, it is recommended that there be at least one predicted infection. See Appendix 3 for more information on the SIR.
8. Interpreting a SIR: The resulting SIR is a comparison between the number of observed infections and the number predicted.
    a. An SIR of 1.0 means that exactly the same number of infections was observed as was predicted.
    b. An SIR of less than one means that fewer infections were observed than was predicted (for example, SIR = 0.70 would be interpreted as 30% fewer infections observed than predicted).
    c. An SIR of more than one means that fewer infections were observed than were predicted (for example, SIR = 1.30 would be interpreted as 30% more infections observed than predicted).
9. Calculating a corresponding confidence interval for a SIR: All hospital-specific SIR and corresponding confidence intervals in this report were generated directly by NHSN using

statistical methods similar to those described in Liddell FD. Simple exact analysis of the standardized mortality ratio. *Journal of Epidemiology and Community Health*, 1984; 38:85-88.[xii]

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

Infection Rates

11. Calculating a SSI rate and associated p-value: SSI rates are presented as the number of infections per 100 procedures.

    SSI rate = (number of infections / number of procedures) x 100

12. Interpreting a p-value: All ASC-specific rates and corresponding p-values in this report were generated directly by NHSN using Poisson statistical methods. State-level rates and corresponding p-values were calculated by DHHS using exact methods. A p-value provides a statistical comparison of two values in order to determine whether those values are statistically different or similar. In this report, p-values are used to assess whether ASC infection rates are similar or different to national infection rates. A p-value of <0.05 would indicate the ASC rate is significantly different than the national rate.
    a. If the p-value is ≥0.05, then the ASC rate would be considered statistically "Similar" to the national rate.
    b. If the ASC rate is lower than the national rate and the p-value is <0.05, then the ASC would be considered significantly "Lower" than the national rate.
    c. If the ASC rate is higher than the national rate and the p-value is <0.05, then the ASC rate would be considered significantly "Higher" than the national rate.

Process Measure Percentages

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

    Influenza vaccination (%) = (number of HCP vaccinated / total number of HCP) x 100

14. Calculating a surgical IV antimicrobial prophylaxis adherence percentage: Surgical IV antimicrobial prophylaxis adherence percentages are presented as the number of orders for which administration adhered to the measure divided by the total number of orders expressed as a percent.

    Surgical antimicrobial prophylaxis adherence (%) = (number of orders administered on time / total number of orders) x 100

    Note: Administrations of surgical antimicrobial prophylaxis recorded as having an interval of 0:00, 1:00, or 2:00 (for select antibiotics) between administration and procedure start were excluded from the analysis. This is because time in minutes, not seconds, from administration to procedure start are documented and it is impossible to determine if antibiotic was administered exactly within one or two hours (depending on the antibiotic).

15. Calculating a corresponding confidence interval for an influenza vaccination percentage: Confidence intervals for influenza vaccination data presented in this report are mid-p exact 95% confidence intervals, which were calculated using a statistical software program.
16. Calculating a corresponding confidence interval for a surgical IV antimicrobial prophylaxis adherence percentage: Confidence intervals calculated for IV antimicrobial prophylaxis data presented in this report are mid-p exact 95% confidence intervals, which were calculated using a statistical software program.
17. Interpreting a proportion confidence interval for vaccination data: A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Confidence intervals can be used to assess whether differences in the percentages observed for each group (for example, ASC vs. State) are statistically significant.
    a. Confidence intervals that overlap the State confidence interval are considered "Similar" to the overall State percentage.
    b. Confidence intervals that are lower than and do not overlap the State confidence interval are considered "Lower" than the overall State percentage.
    c. Confidence intervals that are higher than and do not overlap the State confidence interval are considered "Higher" than the overall State percentage.

APPENDIX 2: Influenza Vaccination Survey Questions, 2023-2024 Season

1. Background information (facility and survey respondent)
2. How many HCP worked or volunteered in your facility for at least one working day between October 1, 2022 and March 31, 2023?
3. How many HCP received a seasonal influenza vaccination (at your facility or elsewhere) for the 2023-24 season? Influenza vaccine for a given influenza season may be available as early as July or August. Include all immunized HCP that received the 2023-24 vaccine product, even if administered prior to October 1, 2023.
   3a. Total number of HCP immunized against influenza for the 2023-24 season:
   3b. Total number of HCP not immunized against influenza for the 2023-24 season:
4. Of the HCP not immunized against influenza for the 2023-24 influenza season, how many HCP did not receive the seasonal influenza vaccine for each of the following reasons (medical contraindications, religious, other (e.g., personal/philosophical), unknown)?
5. Does your facility have a seasonal influenza vaccination policy? Such a policy means that the facility requires all or some portion of HCP working at that facility to receive a seasonal influenza vaccine. If NO, skip to item 10.
   5a. Yes, there is a policy currently in place
   5b. No, but we are considering a policy
   5c. No, and we are not considering a policy
   5d. Other
6. If your facility has a seasonal influenza vaccination policy, what reasons for exemption are acceptable (medical, religious, personal/philosophical, other)? Check all that apply.
7. If your facility has a seasonal influenza vaccination policy, what do you require of unvaccinated HCP with an acceptable reason for exemption (wear a mask, receive verbal and/or written education, other)? Check all that apply.
8. If your facility has a seasonal influenza vaccination policy, what are the potential consequences for unvaccinated HCP without an acceptable reason for exemption (wear a mask, progressive discipline, potentially including termination, receive verbal and/or written education, other)? Check all that apply.
9. If your facility has a seasonal influenza vaccination policy, how many people were terminated, suspended, resigned, or dismissed as a result of noncompliance with the policy during the 2023-24 influenza season?
   9a. Terminated:
   9b. Temporarily suspended:
   9c. Resigned:
   9d. Dismissed permanently:
10. Please enter any comments you would like to share.

APPENDIX 3: Understanding the Relationship between Healthcare-Associated Infection Rates and Standardized Infection Ratio Comparison Metrics

HAI Elimination Metrics are very useful for performing evaluations.[xiii] Several metrics are based on the science employed in NHSN. While national aggregate SSI data are published in the annual NHSN reports, these rates must be stratified by types of risk category and procedure-specific factors. This scientifically sound risk-adjustment strategy creates a practical challenge to summarizing this information nationally, regionally, or even for an individual healthcare facility.

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

Risk Group Stratifier	Observed SSI Rates			NHSN SSI Rates for Outpatient Breast Procedures (Standard Population)		
Procedure Risk Category	#SSI	#Breast Procedures	SSI Rate*	#SSI	#Breast Procedures	SSI Rate*
Risk Category 0	8	6,589	0.1	3	944	0.32
Risk Category 1-3	21	7,652	0.3	7	659	1.06

$$SIR = \frac{observed}{predicted} = \frac{8+21}{6{,}589 \times \left(\frac{0.32}{100}\right) + 7{,}652 \times \left(\frac{1.06}{100}\right)} = \frac{29}{21+81} = \frac{29}{102} = 0.28$$

95% CI = (0.190 , 0.408)

*Defined as the number of SSI per 100 associated procedures

In the table above, there are two strata to illustrate risk-adjustment by risk category for which national data exist from NHSN. The SIR calculation is based on dividing the total number of observed SSI events by a "predicted" number using the SSI rates from the outpatient breast procedures. This "predicted" number is calculated by multiplying the national SSI rate from the standard population by the observed number of procedures for each stratum, which can also be understood as a prediction or projection. If the observed data represented a follow-up period, such as 2017, one would state that an SIR of 0.28 indicates that there were 72% fewer infections for the facility than were predicted.

The SIR concept and calculation is completely based on the underlying rate data that exist across a potentially large group of strata. Thus, the SIR provides a single metric for performing comparisons rather than attempting to perform multiple comparisons across many strata which makes the task cumbersome. The SIR concept and calculation can be applied equitably to other HAI metrics. This is especially true for HAI metrics for which national data are available and reasonably precise using a measurement system such as NHSN. The SIR calculation methods differ in the risk group stratification only. See the following example data and SIR calculation.

Risk Group Stratifiers		Observed SSI Rates			NHSN SSI Rates for 2008 (Standard Population)		
Procedure Code	Risk Index Category	#SSI†	#Procedures	SSI Rate*	#SSI†	#Procedures	SSI Rate*
CBGB	1	315	12,600	2.5	2100	70,000	3.0
CBGB	2,3	210	7,000	3.0	1000	20,000	5.0
HPRO	1	111	7,400	1.5	1020	60,000	1.7

$$SIR = \frac{\text{observed}}{\text{expected}} = \frac{315+210+111}{12600\times\left(\frac{3.0}{100}\right)+7000\times\left(\frac{5.0}{100}\right)+7400\left(\frac{1.7}{100}\right)} = \frac{636}{378+350+125.8} = \frac{636}{853.8} = 0.74$$

95% CI = (0.649 , 0.851)

* † SSI: Surgical site infection * Defined as the number of deep incisional or organ/space SSI per 100 procedures
HPRO: Arthroplasty of hip CBGB: Coronary artery bypass graft

This example uses SSI rate data stratified by procedure and risk index category. The SIR for this set of observed data is 0.74, which indicates there is a 26% reduction in the number of SSI events based on the baseline NHSN SSI rates as representing the standard population.

APPENDIX 4: Preventing Healthcare-Associated Infections

What You Can Do to Prevent Healthcare-Associated Infections

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

18. Clean your hands.
    - Use soap and warm water. Rub your hands for at least 20 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
    - If your hands do not look dirty, you can clean them with alcohol-based hand rub. Rub the gel all over your hands, especially under your nails and between your fingers, until your hands are dry.
    - Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.
19. Make sure healthcare providers clean their hands first, even if they wear gloves, before touching you or performing a procedure.
    - Doctors, nurses, dentists, and other healthcare providers come into contact with many bacteria and viruses. If you do not see your healthcare provider wash their hands or use an alcohol-based hand rub before they treat you, ask them if they have cleaned their hands.
    - Healthcare providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, while suctioning tubes, and examining your mouth or genetalia. Don't be afraid to ask if they should wear gloves.
20. Cover your mouth and nose.
    - Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel three feet or more. Cover your mouth and nose to prevent the spread of infection to others.
    - Use a tissue. Keep tissues handy at home, at work, and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
    - If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.
21. If you are sick, avoid close contact with others.
    - If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
    - When you go for medical treatment, call ahead and ask if there is anything you can do to avoid infecting people in the waiting room.
22. Get shots to avoid disease and fight the spread of infection.
    - Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need.
23. If you are prescribed an antibiotic for an illness, take them exactly as directed by your doctor.

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

What You Can Do to Help Prevent Surgical Site Infections

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- You may have some of your hair removed immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur, however you should not be shaved with a razor. Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.
- After your surgery, make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings and prevent pets from coming into contact with your wound.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to do so.
- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital. If you do develop an infection at the hospital, be sure to ask what type of infection you have, whether you need antibiotics for it, what steps you should take to prevent it from spreading and make plans for follow up care for the infection.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

What Healthcare Facilities Can Do to Prevent Surgical Site Infections

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

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

This information was adapted from materials developed by the Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology (APIC), the Joint Commission, and Society of Healthcare Epidemiology of America (SHEA).

Other useful resources

Access the New Hampshire Healthcare-Associated Infections (HAI) Program website for public reports, guidelines, and other materials at: Healthcare-Associated Infections | New Hampshire Department of Health and Human Services (nh.gov)

For more information about HAI nationally and patient safety, visit the Centers for Disease Control and Prevention (CDC) website at: http://www.cdc.gov/HAI/ and http://www.cdc.gov/HAI/patientSafety/patient-safety.html

The Agency for Healthcare Quality and Research (AHRQ) has information for patients including care planning, diagnosis and treatment, and patient engagement. Visit their website at: http://www.ahrq.gov/patients-consumers/index.html

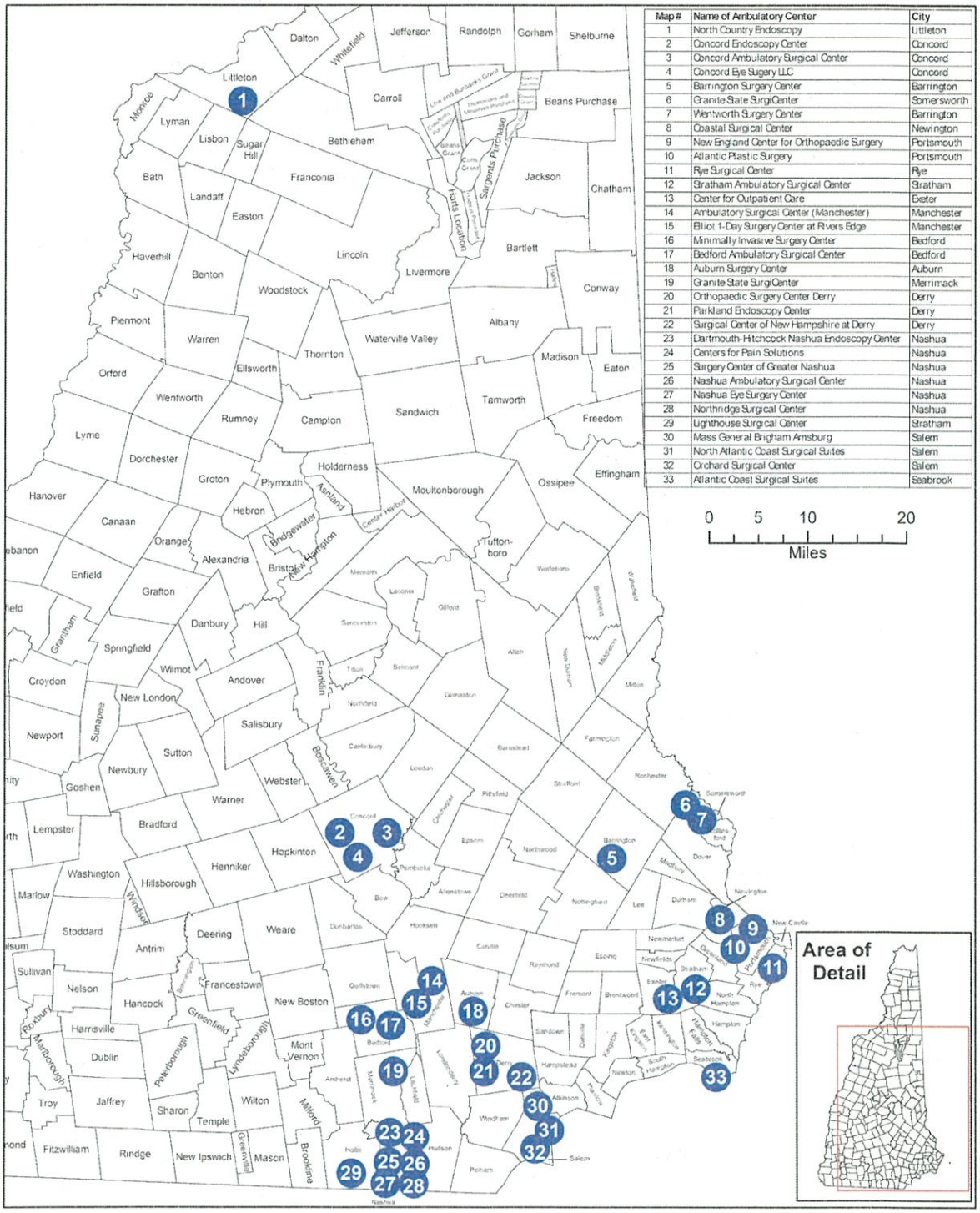
The Society for Healthcare Epidemiology of America (SHEA) has several patient resources and guides. Visit their website at: SHEA (shea-online.org)

The Association of Professionals in Infection Control and Epidemiology (APIC) have infection prevention updates, materials for healthcare facilities, and information about HAI. Visit their website to learn more: https://apic.org/consumers/patient-safety-resources/

To learn more about accreditation, certification and standards, visit the Joint Commission Website at: http://www.jointcommission.org/

APPENDIX 5: Map of New Hampshire Ambulatory Surgery Centers 2023

Ambulatory Surgery Centers (ASC) in New Hampshire


Littleton
Dalton
Whitefield
Jefferson
Randolph
Gorham
Shelburne
Carroll
Beans Purchase
Bethlehem
Sugar Hill
Lisbon
Lyman
Monroe
Bath
Landaff
Easton
Franconia
Sargents Purchase
Jackson
Chatham
Harts Location
Bartlett
Haverhill
Benton
Woodstock
Lincoln
Livermore
Conway
Albany
Piermont
Warren
Waterville Valley
Thornton
Madison
Eaton
Orford
Ellsworth
Wentworth
Rumney
Campton
Sandwich
Tamworth
Freedom
Lyme
Dorchester
Groton
Holderness
Plymouth
Ashland
Moultonborough
Ossipee
Effingham
Hanover
Hebron
Canaan
Orange
Alexandria
Bridgewater
Center Harbor
Tuftonboro
Enfield
Grafton
Danbury
Hill
Springfield
Wilmot
Andover
Croydon
New London
Newport
Sunapee
Salisbury
Sutton
Newbury
Goshen
Webster
Boscawen
Warner
Lempster
Bradford
Hopkinton
Washington
Henniker
Hillsborough
Marlow
Stoddard
Deering
Weare
Antrim
Sullivan
Nelson
Francestown
Hancock
New Boston
Harrisville
Dublin
Peterborough
Greenfield
Lyndeborough
Mont Vernon
Troy
Jaffrey
Sharon
Temple
Wilton
Milford
Fitzwilliam
Rindge
New Ipswich
Mason
Brookline
Hollis
Hudson
Pelham
Salem
Windham
Atkinson
Hampstead
Danville
Kingston
Newton
East Kingston
South Hampton
Seabrook
Hampton
Hampton Falls
North Hampton
Rye
New Castle
Portsmouth
Greenland
Newington
Dover
Somersworth
Rochester
Barrington
Strafford
Farmington
Milton
Middleton
Wakefield
Brookfield
New Durham
Alton
Gilmanton
Belmont
Tilton
Northfield
Franklin
Canterbury
Loudon
Pittsfield
Chichester
Epsom
Northwood
Nottingham
Lee
Durham
Madbury
Newmarket
Newfields
Stratham
Exeter
Fremont
Brentwood
Epping
Raymond
Candia
Deerfield
Allenstown
Pembroke
Bow
Concord
Dunbarton
Hooksett
Auburn
Chester
Derry
Londonderry
Litchfield
Merrimack
Amherst
Bedford
Goffstown
Lempster
Acworth
Grantham
Sunapee
Ashuelot
Claremont
Newport
Unity
Charlestown
Walpole
Alstead
Surry
Gilsum
Marlow
Stoddard
Roxbury
Marlborough
Swanzey
Keene
Winchester
Hinsdale
Chesterfield
Westmoreland
Richmond
Fitzwilliam
Troy
Jaffrey
Rindge
Nashua
Merrimack

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