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Public Health Services
Department of Health and Human Services

STATE OF NEW HAMPSHIRE
HEALTHCARE-ASSOCIATED INFECTIONS
2023 HOSPITAL REPORT

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Note: DHMC refers to Dartmouth-Hitchcock Medical Center (Mary Hitchcock Memorial Hospital). NE Rehab refers to Northeast Rehabilitation Hospital and is presented as four facilities with specified locations.

ABBREVIATIONS USED IN THIS DOCUMENT

ASA Score	American Society of Anesthesiologists (ASA) Classification of Physical Status
ASC	Ambulatory surgical center(s)
BSI	Bloodstream infection(s)
CABG	Coronary artery bypass graft procedure(s)
CAUTI	Catheter-associated urinary tract infection(s)
CBGB	NHSN operative code for coronary artery bypass graft procedure(s) with both a chest and donor site incision
CBGC	NHSN operative code for coronary artery bypass graft procedure(s) with chest incision site only
CCN	CMS Certification Number
CDC	U.S. Centers for Disease Control and Prevention
CLABSI	Central line-associated bloodstream infection(s)
CLIP	Central line insertion practices
CMS	Centers for Medicare and Medicaid Services
COLO	NHSN operative code for colon procedure(s)
DHMC	Dartmouth-Hitchcock Medical Center (Mary Hitchcock Memorial Hospital)
DHHS	New Hampshire Department of Health and Human Services
HAI	Healthcare-associated infection(s)
HCP	Healthcare personnel
HICPAC	Healthcare Infection Control Practices Advisory Committee
HHS	U.S. Department of Health and Human Services
HYST	NHSN operative code for abdominal hysterectomy procedure(s)
ICU	Intensive care unit(s)
KPRO	NHSN operative code for knee arthroplasty procedure(s)
NE Rehab	Northeast Rehabilitation Hospital
NH	New Hampshire
NHHCQAC	New Hampshire Healthcare Quality Assurance Commission
NHSN	National Healthcare Safety Network
RSA	Revised Statutes Annotated
SCIP	Surgical Care Improvement Project
SIR	Standardized infection ratio(s)
SSI	Surgical site infection(s)
TAW	Healthcare-Associated Infections Technical Advisory Workgroup
VAP	Ventilator-associated pneumonia(s)

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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. During the 2006 legislative season, the New Hampshire (NH) Legislature passed a bill creating NH Revised Statutes Annotated (RSA) 151:32-35, which requires hospitals to identify, track, and report selected HAI to the NH Department of Health and Human Services (DHHS). All 26 of NH's acute care hospitals began reporting data to DHHS on two infections and one process measure in January 2009, and eight specialty hospitals reported influenza vaccination coverage. This report represents the fifteenth summary of HAI-related data reported by hospitals in NH.

Healthcare-Associated Infections in New Hampshire Hospitals

There were fewer infections than predicted in NH based on national data, these data were statistically significant. A total of 135 HAI were reported, representing 95 surgical site infections (SSI), 12 central line-associated bloodstream infections (CLABSI), and 28 catheter-associated urinary tract infections (CAUTI). The observed number of HAI in NH hospitals was 68.90% fewer than predicted based on national data. There were 24.04% fewer CLABSI, 24.14% fewer CAUTI, and 28.19% fewer SSI than predicted. There are fourteen hospital(s) which had sufficiently robust data to present hospital-specific data for overall HAI. There were ten hospitals that observed similar, no hospitals that observed higher and four hospitals observed lower number of infections based on national data. The total number of infections decreased in 2023 when compared to 2022; this difference was not statistically significant.

Central Line-Associated Bloodstream Infections

Nineteen hospitals[1] with intensive care units (ICU) reported CLABSI data from their ICU. Data were robust enough for 16 hospitals to present data for 22 individual ICU in this report. There were 22 ICU which experienced similar, 0 ICU which observed lower, and 0 ICU which observed higher of CLABSI when compared with national data. The total number of CLABSI reported decreased in 2023 Compared to 2022; however, this difference was not statistically significant.

Central Line Insertion Practices

Since 2013, adherence to central line insertion practices (CLIP) has remained over 98.0%. During the 2021 legislative season, the New Hampshire Legislature passed a bill to remove central line insertion practices from Revised Statutes Annotated (RSA) 151:32-35. Hospitals are no longer required to identify, track and report adherence rates of central line insertion practices to the NH Department of Health and Human Services.

[1]Of the 33 hospitals licensed in 2023, only 22 hospitals had ICU in which to monitor CAUTI, CLABSI, and CLIP.

Catheter-Associated Urinary Tract Infections

Data were sufficiently robust enough for 19 hospitals to present CAUTI data for 25 individual ICU in this report. Nineteen ICUs experienced similar rates of CAUTI and six ICUs were lower in comparison with national rates. The total number of CAUTI reported in 2023 was higher when compared to 2022; however, this increase was not statistically significant.

Surgical Site Infections

Twenty-four[2] acute care hospitals reported SSI data for four surgical procedures.

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

Surgical Antimicrobial Prophylaxis Administration

During the 2021 legislative season, the New Hampshire Legislature passed a bill to remove surgical care improvement project (SCIP) from Revised Statues Annotated (RSA) 151:32-35. Hospitals are no longer required to identify, track and report SCIP to the NH Department of Health and Human Services.

[2]Of the 33 hospitals licensed in 2023, only 24 hospitals performed procedures in which to monitor SSI.

Influenza Vaccination Coverage in Hospital Healthcare Personnel

Thirty-two of the 33 acute care, psychiatric, and rehabilitation hospitals reported healthcare personnel (HCP) influenza vaccination percentages. Vaccination coverage by hospital ranged from 8.3% to 99.2%, and the hospital State percentage was 89.9%. Five hospitals had vaccination percentages similar to the overall State vaccination percentage, fifteen hospitals reported vaccination percentages that were significantly higher than the overall State vaccination percentage, and twelve hospitals reported vaccination percentages that were significantly lower than the overall State vaccination percentage. The statewide hospital HCP vaccination percentage increased from the 2022-23 influenza season (90.4%) to the 2023-24 influenza season (89.9%); this was statistically significantly lower. Specifically, eight hospitals increased HCP influenza vaccination coverage in 2022-23 compared to the 2023-24 influenza season, thirteen hospitals had similar vaccination coverage, and eight hospitals decreased vaccination coverage.

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.

Conclusion

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

I. INTRODUCTION

A. Purpose

This report represents the fifteenth summary of healthcare-associated infection (HAI)-related data reported by hospitals 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 by healthcare consumers to make informed healthcare decisions.

B. 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.

C. How to Use this Document

This document includes aggregate data reported by all 33 acute care, critical access, and specialty hospitals in NH. This report also includes individual hospital reports on page 75. The document consists of six sections:

I) Introduction
II) Surveillance methods
III) Statewide data
   a. Statewide Standardized Infection Ratios
   b. Overall Standardized Infection Ratios
   c. Central Line-Associated Bloodstream Infections
   d. Catheter-Associated Urinary Tract Infections
   e. Surgical Site Infections
   f. Influenza Vaccination Percentages
IV) Conclusions
V) Individual hospital reports
VI) Appendices
   a. Technical notes
   b. Influenza vaccination survey questions, 2023-24 season
   c. Understanding the relationship between HAI rates and standardized infection ratio (SIR) comparison metrics
   d. Preventing HAI
   e. Map of NH hospitals

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

D. Background on Healthcare-Associated Infections

An HAI is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. Every year in the United States, more than half-million people get healthcare-associated infections (HAIs).[i] An estimated 633,300 individual patients with an HAI infection and 687,200 HAI infections occurred in United States (U.S.) hospitals in 2015.[ii] This may represent a decreasing tend because previous studies depict higher numbers of HAI; 1.7 million infections and 99,000 deaths each year.[iii] By these estimates, 5–10% of all hospital admissions are complicated by HAI.[iv] The economic burden of HAI is substantial. 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]

E. New Hampshire Healthcare-Associated Infections Program

The NH 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, subsequently updated in 2021 which requires hospitals to identify, track, and report HAI to DHHS. RSA 151:33 specifically requires reporting of CLABSI, SSI, ventilator-associated pneumonia (VAP), and influenza vaccination coverage. Since 2019 the bill also includes Antibiotic usage data (AU) and *Clostridioides difficile* (CDI) data if available. The intent of the bill is to provide HAI data by hospital in a publicly accessible forum.

All 26 acute care hospitals successfully enrolled in NHSN and began reporting the required data in January 2009. During the 2010 legislative season, the NH Legislature passed House Bill 1548 (2010) amending RSA 151:32-35 to require all licensed ambulatory surgery centers (ASCs) to report HAI to DHHS. HAI data reported by ASC is published in a separate report and posted to the HAI Program publications website: Healthcare-Associated Infections | New Hampshire Department of Health and Human Services (nh.gov).

The administrative rules related to HAI reporting were revised in 2011 to include additional reporting measures for eligible hospitals. Starting January 2012, hospitals were also required to report:

- CLABSI in all ICU (via NHSN)
- Catheter-associated urinary tract infections (CAUTI) in all pediatric and adult ICU (via NHSN)
- SSI following abdominal hysterectomy (HYST) procedures (via NHSN)

The administrative rules were revised again in 2021 to remove central line insertion practices (CLIP) and surgical improvement project (SCIP) measures around antibiotic prophylaxis timing.

F. 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, the Centers for Disease Control and Prevention (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.

G. 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 BSI, antimicrobial resistance, and *Clostridioides 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:

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

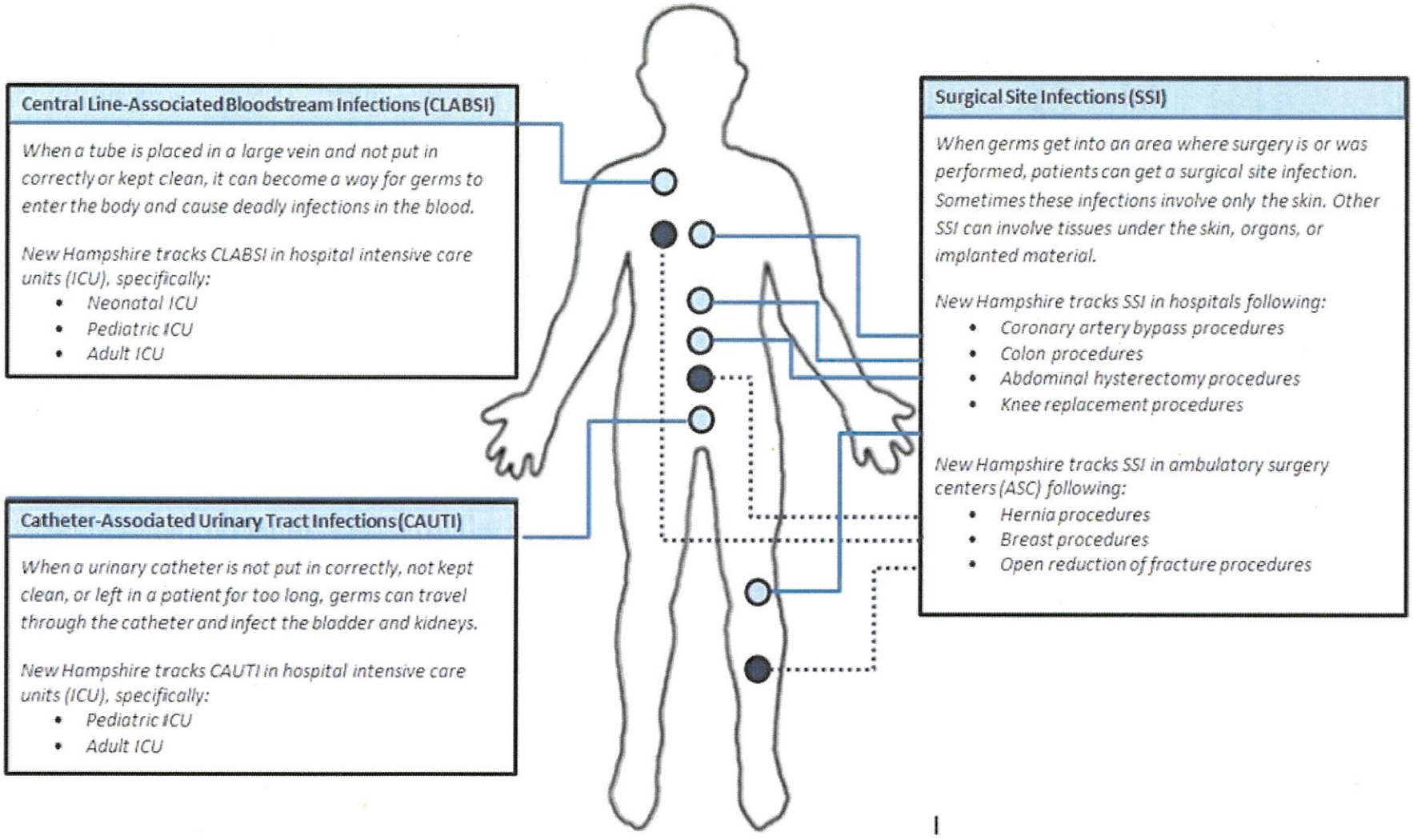
Foundation for Healthy Communities Partnership for Patients:
http://www.healthynh.org/

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).

H. Healthcare-Associated Infections Technical Advisory Workgroup

In the spring of 2009, DHHS formed an HAI Technical Advisory Workgroup (TAW). The purpose of the TAW was to provide scientific and infection prevention expertise to the HAI Program. The TAW would meet quarterly, and as a forum for stakeholder participation in decision-making around the HAI Program. The TAW was a 25-member group that included representation from stakeholders across NH and included 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 (see page 16 for a list of TAW members during the 2018 reporting year). 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

A. 2023 Healthcare-Associated Infections Reporting Requirements for New Hampshire Hospitals

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 2009-2019 included the following required measures for hospitals:

- CLABSI in adult ICU
- SSI following CABG, colon, and knee arthroplasty procedures
- Surgical antimicrobial prophylaxis
- Influenza vaccination in patients and HCP

DHHS, with consideration of the law, updated RSA 151:33 to require eligible hospitals report the following measures in 2021:

- CLABSI in adult intensive care units (ICU) (via NHSN). Only those hospitals with ICU enroll and report data to NHSN.
- SSI following CABG, colon, and knee arthroplasty procedures (via NHSN). Only those hospitals that perform the selected procedures enroll and report data to NHSN.
- Antibiotic Usage (AU) data and *Clostridioides difficile* infection (via NHSN). Only those hospitals that report their data into NHSN.
- Influenza vaccination in patients and HCP (via DHHS web-based survey). All hospitals (including rehabilitation and psychiatric) report influenza vaccination in HCP.

While all licensed hospitals including acute care and specialty hospitals are required to report the selected measures under RSA 151:33, specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CAUTI and CLABSI, because they do not have ICU, nor SSI, because they do not perform surgical procedures. The five rehabilitation and two psychiatric hospitals in NH are only required to report influenza vaccination coverage for patients and HCP.

B. Selection of Reporting Requirements

RSA 151:33 broadly requires reporting of all SSI and CLABSI; however, it is not feasible to perform surveillance for all of these infections using NHSN. In order to generate infection measures for hospitals 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, the CDC released a report titled "Guidance on Public Reporting of Healthcare-Associated Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC)."[vi] 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. Specifically, the group recommended monitoring the following outcome measures:

- CLABSI in ICU
- SSI following selected operations
- CAUTI and VAP were not recommended because of lower morbidity and mortality resulting in less prevention effectiveness relative to the burden of data collection and reporting (in the case of CAUTI), and difficulty in detecting infections accurately resulting in invalid and misleading comparisons of infection rates for consumers (in the case of VAP)

Additionally, the group recommended monitoring the following process measures:

- Surgical antimicrobial prophylaxis
- Influenza vaccination of patients and HCP

In 2008, the Healthcare-Associated Infections Working Group[3] of the Joint Public Policy Committee released "Essentials of Public Reporting of Healthcare-Associated Infections: A Tool Kit."[vii] The working group agreed with the CDC/HICPAC document, "Guidance on Public Reporting of Healthcare-Associated Infections" (referenced above) and recommended exclusion of outcome measures related to VAP and CAUTI because the existing surveillance criteria are difficult to apply consistently, making case counts unreliable. The toolkit recommends monitoring the following outcome measures:

- CLABSI in ICU
- Surgical procedures that are performed with adequate frequency to permit meaningful comparisons among institutions. Specific reasonable options listed were: 1) CABG; 2) colon resection; 3) total hip arthroplasty; 4) total knee arthroplasty; 5) laminectomy; and 6) total abdominal hysterectomy

The only process measure the group recommended monitoring was HCP influenza vaccination coverage. In 2021, the New Hampshire Legislature passed a bill to remove CLIP and SCIP from Revised Statutes Annotated (RSA) 151:32-35. Hospitals are no longer required to identify, track and report CLIP and SCIP data to the NH Department of Health and Human Services.

Within the context of RSA 151:33, DHHS reviewed the national guidelines and capabilities of NHSN in selecting infection 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.

[3]The Healthcare-Associated Infection Working Group of the Joint Public Policy Committee is a multi-organizational group represented by the Association for Professionals in Infection Control and Epidemiology, CDC, Council of State and Territorial Epidemiologists, and Society for Healthcare Epidemiology of America.

C. Accuracy of Reported Healthcare-Associated Infections Surveillance Data

DHHS conducted a validation study of 2017 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 contracted with an independent, external agency to perform the validation study and HAI Program staff participated in activities including NHSN data review, medical record review, data analysis, corrections, and follow-up for deficiencies. Overall, validation of 2017 data showed that there was approximately 22% under-reporting of CAUTI and SSI combined across all NH hospitals. This under-reporting was mostly due to misunderstandings of the NHSN definitions for HAI along with electronic reporting validation into NHSN. In addition to under-reporting, the validation studies also found 1% of CAUTI and SSI were over reported or not classified accurately (i.e., reporting an infection that was not truly a CAUTI or SSI). The 2017 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 HAI. However, the HAI Program is currently in the process of validating data on a rolling basis.

Several processes are used to ensure that these 2023 data are as accurate as possible. First, DHHS selected NHSN for mandatory reporting, which requires the use of standardized infection definitions and reporting methods. Secondly, DHHS provided one preliminary data report to each hospital with the request to confirm accuracy. This validation process was within a specific time frame in order for all facilities to make corrections and agreed to the reported data. Lastly, 2009-2010, 2014-2015, 2017, and 2020-2023 data validation was performed, reducing systematic errors that may have occurred during the reporting process; this has likely resulted in a lasting improvement to data quality, even in years when validation does not take place.

Despite the above measures, there are several limitations to the reporting methods that may limit comparison of data across hospitals. Definitions for classifying an infection as healthcare-associated are standardized through the use of NHSN; however, methods to identify the infection in each hospital are not. For example, hospitals may use different methods to identify CLABSI (e.g., reviewing laboratory records, reviewing ICU records) or may have different approaches to diagnosing and managing suspect CLABSI in the ICU. For SSI, identifying patients who develop infections after discharge from the hospital can be difficult, and each hospital may use a different method of post-discharge surveillance (e.g., letters to surgeons, conducting chart reviews for surgical patients, calling surgeon offices). These different approaches vary in sensitivity. See page 24 for more details about how hospitals identify SSI.

D. 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 entire U.S., it offers already developed and accepted surveillance definitions and methods, it provides national comparison data, and there is no cost to use or join the system.

NHSN collects and analyzes healthcare-associated infections (HAI) data reported from healthcare-facilities across the U.S. to track HAI incidence, identify opportunities to eliminate HAIs, and measure the progress of HAI prevention efforts. Progress is measured using a summary statistic called the standardized infection ratio (SIR). This comparative metric is calculated after risk adjusting the data reported into NHSN. Risk adjusting is a statistical process used to account for differences in patient characteristics that may influence health care outcomes. The SIR compares the number of infections in a facility or state to the number of infections that were "predicted", or would be expected, to have occurred based on previous years of reported data (i.e., baseline data). The number of predicted infections is an estimate based on aggregated data reported to CDC's NHSN during a specific baseline period. The current risk adjustment methods and baseline periods vary by HAI type and/or healthcare facility type.

January 2017, NHSN updated both the source of aggregate data and the risk adjustment methodology used to create the original baseline. This update is known as "2015 rebaseline". HAI prevention progress will be measured in comparison to infection data reported to NHSN using updated risk-adjustment models.

Previously calculated SIRs have different baseline years for each infection type and facility type. Starting with 2017 data, SIRs will only be calculated under the new risk models. The 2016 Annual HAI report was the last year data was analyzed using the original baseline in NH. The 2017 Annual HAI report includes 2016 and 2017 data analyzed using the 2015 baseline.

Starting 2018, NH DHHS annual HAI reports will be measured using the new 2015 baseline from 2015. The data analyzed in this report utilized the new national baseline based on 2015 data, which includes new risk adjustments methodology. Therefore, the data in this report cannot be compared to previous New Hampshire State HAI reports. Of note, facility SIRs have increased and shifted closer to 1 with the new baseline (click here for more information about the updated NHSN baseline: https://www.cdc.gov/nhsn/2015rebaseline/index.html). The higher SIRs observed in the report may partially be a reflection of using the new 2015 baseline.



Additional NH HAI Reports are available at:
Healthcare-Associated Infections (HAI) for Healthcare Providers | New Hampshire Department of Health and Human Services (nh.gov)

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

E. Comparisons with National Data

All SSI comparisons with national data use 2013 NHSN data published in the "National Healthcare Safety Network (NHSN) report: Data summary for 2013, Device Associated Module, issued December 2015."[viii] All device-associated infection (CLABSI and CAUTI) comparisons with national data use 2013 data.

These reports are available at: https://www.cdc.gov/nhsn/datastat/index.html.

F. Central Line-Associated Bloodstream Infections Surveillance

A CLABSI is a laboratory-confirmed BSI that develops after insertion of a central line and is not secondary to an infection at another body site. A central line is an intravascular catheter that terminates at or close to the heart or in one of the great vessels and is used for infusion, withdrawal of blood, or hemodynamic monitoring. Hospitals are required to monitor and report CLABSI in adult ICU. This monitoring includes reporting the number of infections identified as well as the total number of central line days in the unit. These metrics are monitored following NHSN protocols and definitions and reported in NHSN.

Central line days are the number of patients with one or more central lines of any type, which are counted at the same time each day and aggregated over the reporting period. For example, a patient with a central line in place for five days would be counted as five central line days.

Detailed descriptions of the NHSN CLABSI surveillance protocols are available at:
http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf

Limitations for CLABSI surveillance:

- NHSN only allows for monitoring CLABSI in inpatient units. In NH in 2017, CLABSI were monitored in all ICU (including pediatric and neonatal ICU) and not in other inpatient locations.
- Validation of 2014-2015 data showed that there was approximately 19% under-reporting of CLABSI across all NH hospitals. This under-reporting was mostly due to misunderstandings about the NHSN definition for CLABSI. In addition to under-reporting, the validation studies also found 3% of over-reporting (i.e., reporting an infection that was not truly a CLABSI). The 2020 CLABSI data presented in this report for comparison have not been validated and must be interpreted with the understanding that in general there are both under-and-overreporting of infections.

G. Central Line Insertion Practices Monitoring

As of 2021 CLIP monitoring and reporting has been removed from the RSA 151:33 and excluded from this report.

H. Catheter-Associated Urinary Tract Infections Surveillance

A CAUTI is a urinary tract infection that develops after insertion of an indwelling urinary catheter and is not secondary to an infection at another body site. An indwelling urinary catheter is a drainage tube that is inserted into the urinary bladder through the urethra and left in place and is connected to a drainage bag. They are sometimes referred to as Foley catheters and are used for intermittent or continuous irrigation or urine drainage. Hospitals are required to monitor and report CAUTI in all ICU (excluding neonatal ICU and step-down units). This monitoring includes reporting the number of infections identified as well as the total number of catheter days in the unit. These metrics are monitored following NHSN protocols and definitions and reported in NHSN.

Catheter days represent the number of patients with one or more indwelling urinary catheters of any type, counted at the same time each day and aggregated over the reporting period. For example, a patient with a catheter in place for five days would be counted as five catheter days; one patient with a catheter for one day and another with a catheter for four days are also counted as five catheter days.

Detailed descriptions of the NHSN CAUTI surveillance protocols are available at:
http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf

Limitations for CAUTI surveillance:

- NHSN only allows for monitoring CAUTI in inpatient units. In NH in 2019, CAUTI were monitored in all ICU (excluding neonatal ICU) and not in other inpatient locations.
- Validation of 2017 data showed that there was approximately 15% under-reporting of CAUTI across all NH hospitals. This under-reporting was mostly due to misunderstandings

about the NHSN definition for CAUTI. In addition to under-reporting, the validation studies found no over-reporting (i.e., reporting an infection that was not truly a CAUTI).

I. Surgical Site Infections Surveillance

An SSI is an infection that develops at the site of a surgical procedure. There are different ways to classify an SSI, such as whether it is superficial, in deep tissue, or in the organ/space. Monitoring for an SSI may continue for as little as 30 days or as long as 90 days based on depth and procedure type (e.g., knee arthroplasty, CABG). In 2023, hospitals were required to monitor and report SSI for four procedures:

- Coronary Artery Bypass Graft (chest incision and donor site)
  - NHSN Operative Procedures CBGC (coronary artery bypass graft procedures with chest incision site only) and CBGB (coronary artery bypass graft procedures with both a chest and donor site incision)
- Colon Surgery (incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations)
  - NHSN Operative Procedure COLO
- Abdominal Hysterectomy (includes that by laparoscope)
  - NHSN Operative Procedure HYST
- Knee Arthroplasty
  - NHSN Operative Procedure KPRO

Specific ICD-10 codes can be found at:
https://www.cdc.gov/nhsn/xls/2017-icd-10-pcs-code-mapping-opc.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. Patient and procedure risk factors that are considered when assessing SSI SIR by hospital vary by type of procedure but include factors such as:

- Operation lasting more than the duration of cut point hours[4]
- 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)
- Age of the patient
- Gender of the patient
- Hospital bed size
- Hospital's medical school affiliation
- Whether the surgery was the result of trauma

[4]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.

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:

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 SSI.

The ASA 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

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

In general, most SSI identified during the initial hospital encounter or those that require readmission are thought to be well-represented in HAI surveillance data. However, the infections that develop after the patient is discharged home that do not require readmission are thought to be less well-represented, as inclusion in surveillance requires the healthcare facility to proactively seek out these infections, a process known as post-discharge surveillance.

The proportion of infections detected through post-discharge surveillance in comparison to the state average may provide an indicator of how well the facility is able to identify these infections, which ultimately can impact the facility's SSI SIR (better surveillance may result in a higher SIR). SSI data detected through post-discharge surveillance were analyzed for 2013-2014 and infection control staff were interviewed regarding methods of SSI surveillance in 2011. The percent of SSI detected post-discharge was calculated for each hospital and compared to a moving state average (hospital vs. all other hospitals). Statistical significance was calculated using the NHSN Statistics Calculator.

Limitations for SSI surveillance:

- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections. Post-discharge surveillance methods were analyzed to better understand these differences between facilities and are presented in this report on page 63.
- SSI reporting in NHSN requires not only reporting of infections but also detailed information on each patient undergoing the procedure being monitored. This allows for risk adjustment. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.
- Some procedures require monitoring for SSI for up to 90 days after the procedure depending on the depth of infection (in NH, this includes CABG and knee arthroplasty). Per the NSHN exclusion criteria, Superficial Incisional Secondary (SIS) and Deep Incisional Second (DIS) were not included when looking at SSI data from each facility. These types of incisions are also not included in the total SSI count.
- The SSI data presented in this report includes all types of infections, including superficial SSI, which can occur as a result of care in the hospital but also as a result of the patient's care of the wound site once discharged.
- Validation of 2017 data showed that there was approximately 24% under-reporting of SSI across all NH hospitals. This under-reporting was mostly due to misunderstandings about the NHSN definition for SSI. In addition to under-reporting, the validation studies found 1% over-reporting (i.e., reporting an infection that was not truly a SSI).

J. Surgical Antimicrobial Prophylaxis Administration Monitoring

Since 2021 SCIP data has been removed as reportable to the NH HAI Program. The need to monitor the progress is no longer necessary due to the surgical care improvement plan being implemented as a standard of care.

K. 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 nationally, vaccination coverage among HCP remains low. In a CDC survey, influenza vaccination coverage in HCP nationally was 90.0% during the 2018-19 influenza season.[ix] 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 hospitals do have policies requiring mandatory HCP vaccination. Vaccination coverage in hospital HCP have been monitored in NH for several years.

All hospitals are required to report HCP and patient vaccination data directly to DHHS. This reporting occurs either solely via a web-based survey provided to facilities, or via NHSN in combination with an abbreviated web-based survey, newly for the 2023-24 influenza season and according to facility discretion. See Appendix 2 for the 2023-24 survey questions regarding influenza vaccination. Data for the 2023-24 influenza season were reported by all hospitals. 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, 2023 and March 31, 2024 by the total number of HCP immunized against influenza for the 2023-24 influenza season.

Limitations for influenza vaccination monitoring:

- The data collection tools ask for the total number of HCP vaccinated. This may not reflect the number of HCP to whom the vaccine was offered. Hospitals may vary in the refusal percentage for vaccination among HCP and the reasons for such refusal. Additionally, some HCP may not be eligible to receive the vaccine. DHHS attempted to assess why unvaccinated HCP did not receive the vaccine; however, not all hospitals were able to report this information.
- Because the web-based 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 uniformly available by location where the vaccination was received (e.g., at the reporting facility or elsewhere).
- Data collection techniques at hospitals 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.
- Reporting patient vaccination percentages is limited by availability of vaccine and by hospitals' ability to track why patients did not receive the vaccine. For example, the survey asks for admissions through March 31, 2023, by which time some hospitals may have used their vaccine supply and are unable to order more. This scenario would result in a lower vaccination percentage because the survey counts all admissions through March, even though there was no opportunity to vaccinate these patients due to supply. DHHS has elected not to report patient vaccination percentages until a better way to collect the information is identified so that results are reliable, accurate, and informative.
- Since the 2014-15 influenza season, CMS began requiring 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 contains more duplicate data than in prior influenza seasons.

III. STATEWIDE DATA

HAI data are presented throughout this report as both a standardized infection ratio (SIR) and rates as appropriate. Presenting data as an SIR allows for aggregating data across risk groups, procedures, and hospitals to gain a better understanding of the incidence of HAI while still adjusting for underlying patient or hospital 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 annual rate information is also provided where possible, which represents the number of infections that occurred. Rate data are limited in that they must be stratified by certain factors, such as hospital and type of ICU; they cannot be aggregated over these categories for the purpose of analysis. See technical notes for additional information on rates and the SIR.

Because an SIR is a comparison of the number of actual observed infections to the number predicted based on national data, an SIR of 1.0 means that exactly the same number of infections was observed as was predicted. An 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). An 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 percentages that are similar to the State percentage, red represents percentages that are significantly lower than the State percentage, and green represents percentages 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).

A. Statewide Standardized Infection Ratios

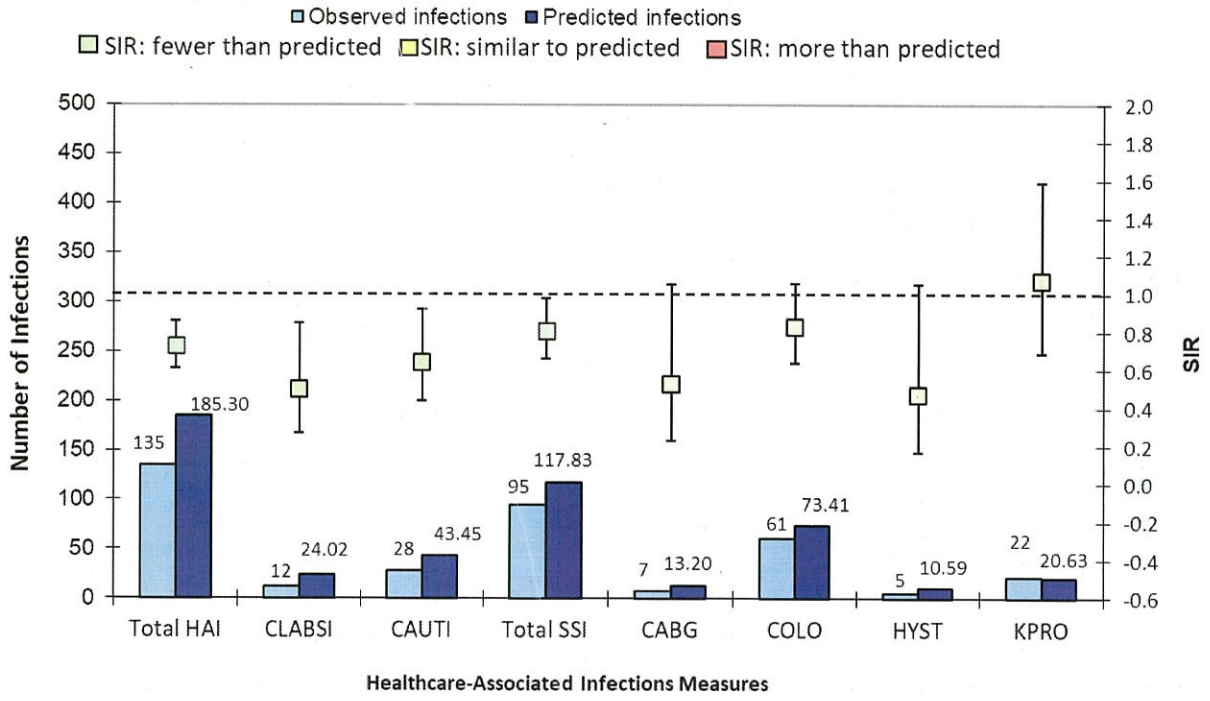
In 2023, 135 HAI were reported by all 26 acute care hospitals in NH. These infections represent central line bloodstream infections and catheter associated urinary tract infections in ICU and SSI following colon, knee arthroplasty, abdominal hysterectomy, and coronary artery bypass graft procedures. A total of 185.30 infections were predicted based on national data; the overall observed number of HAI was 68.90% fewer than predicted. More specifically, there were 24.04% fewer CLABSI, 24.14% fewer CAUTI and 28.19% fewer SSI. Looking individually at the specific procedures tracked for SSI by NH hospitals, there were 11.70% fewer infections following CABG procedures, 14.95% fewer infections following colon procedures, 11.89% fewer infections following abdominal hysterectomy procedures, and 1.28% more infections following knee arthroplasty procedures. However, the differences for coronary artery bypass, colon, abdominal hysterectomy, and knee arthroplasty procedures were considered similar when compared to the number of infections observed in national data. These data are shown in Table 1 and Figure 2.

Table 1. Statewide 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 HAI SIR	135	185.30	0.73	0.61 , 0.86	Lower
	The overall observed number of HAI in New Hampshire hospitals was 68.90% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of HAI in the state is LOWER than the number seen nationally.				
CLABSI SIR	12	24.02	0.50	0.27 , 0.85	Lower
	The overall observed number of CLABSI in New Hampshire hospitals was 24.04% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of CLABSI in the state is LOWER than the number seen nationally.				
CAUTI SIR	28	43.45	0.64	0.44 , 0.92	Lower
	The overall observed number of CAUTI in New Hampshire hospitals was 24.14% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of CAUTI in the state is LOWER to the number seen nationally.				
Overall SSI SIR	95	117.83	0.81	0.66 , 0.98	Lower
	The overall observed number of SSI in New Hampshire hospitals was 28.19% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of SSI in the state is LOWER than the number seen nationally.				
CABG SIR	7	13.20	0.53	0.23 , 1.05	Similar
	The overall observed number of CABG infections in New Hampshire hospitals was 11.70% fewer than predicted based on national data. This difference is not statistically significant, which means the overall number of CABG infections in the state is SIMILAR than the number seen nationally.				
COLO SIR	61	73.41	0.83	0.64 , 1.06	Similar
	The overall observed number of COLO infections in New Hampshire hospitals was 14.95% fewer than predicted based on national data. This difference is not statistically significant, which means the overall number of COLO infections in the state is SIMILAR than the number seen nationally.				
HYST SIR	5	10.59	0.47	0.17 , 1.05	Similar
	The overall observed number of HYST infections in New Hampshire hospitals was 11.89% fewer than predicted based on national data. This difference is not statistically significant, which means the overall number of HYST infections in the state is SIMILAR to the number seen nationally.				
KPRO SIR	22	20.63	1.07	0.69 , 1.59	Similar
	The overall observed number of KPRO infections in New Hampshire hospitals was 1.28% more than predicted based on national data. This difference is not statistically significant, which means the overall number of KPRO infections in the state is SIMILAR to the number seen nationally.				

HAI: Healthcare-associated infection, CLABSI: Central line-associated blood stream infections, CAUTI: Catheter-associated urinary tract infections, SSI: Surgical site infections, CABG: Surgical site infections associated with coronary artery bypass graft procedures, COLO: Surgical site infections associated with colon procedures, HYST: Surgical site infections associated with abdominal hysterectomy procedures, KPRO: Surgical site infections associated with knee arthroplasty procedures

Figure 2. Overall statewide standardized infection ratios, Jan 1–Dec 31, 2023



HAI: Healthcare-associated infection
CLABSI: Central line-associated blood stream infections
CAUTI: Catheter-associated urinary tract infections
SSI: Surgical site infections
CABG: Surgical site infections associated with coronary artery bypass graft procedures
COLO: Surgical site infections associated with colon procedures
HYST: Surgical site infections associated with abdominal hysterectomy procedures
KPRO: Surgical site infections associated with knee arthroplasty procedures

B. Overall Standardized Infection Ratios by Hospital

Table 2 and Figure 3 below show the total number of HAI reported by each hospital. These infections represent CLABSI and CAUTI in ICU and SSI following colon, abdominal hysterectomy, knee arthroplasty, and coronary artery bypass graft procedures. Fourteen hospitals had sufficiently robust data to present. Ten hospitals observed a similar number of infections as were predicted based on national data and four hospitals observed lower number of infections than predicated on national data.

Table 2. Overall healthcare-associated infections standardized infection ratios, Jan 1–Dec 31, 2023

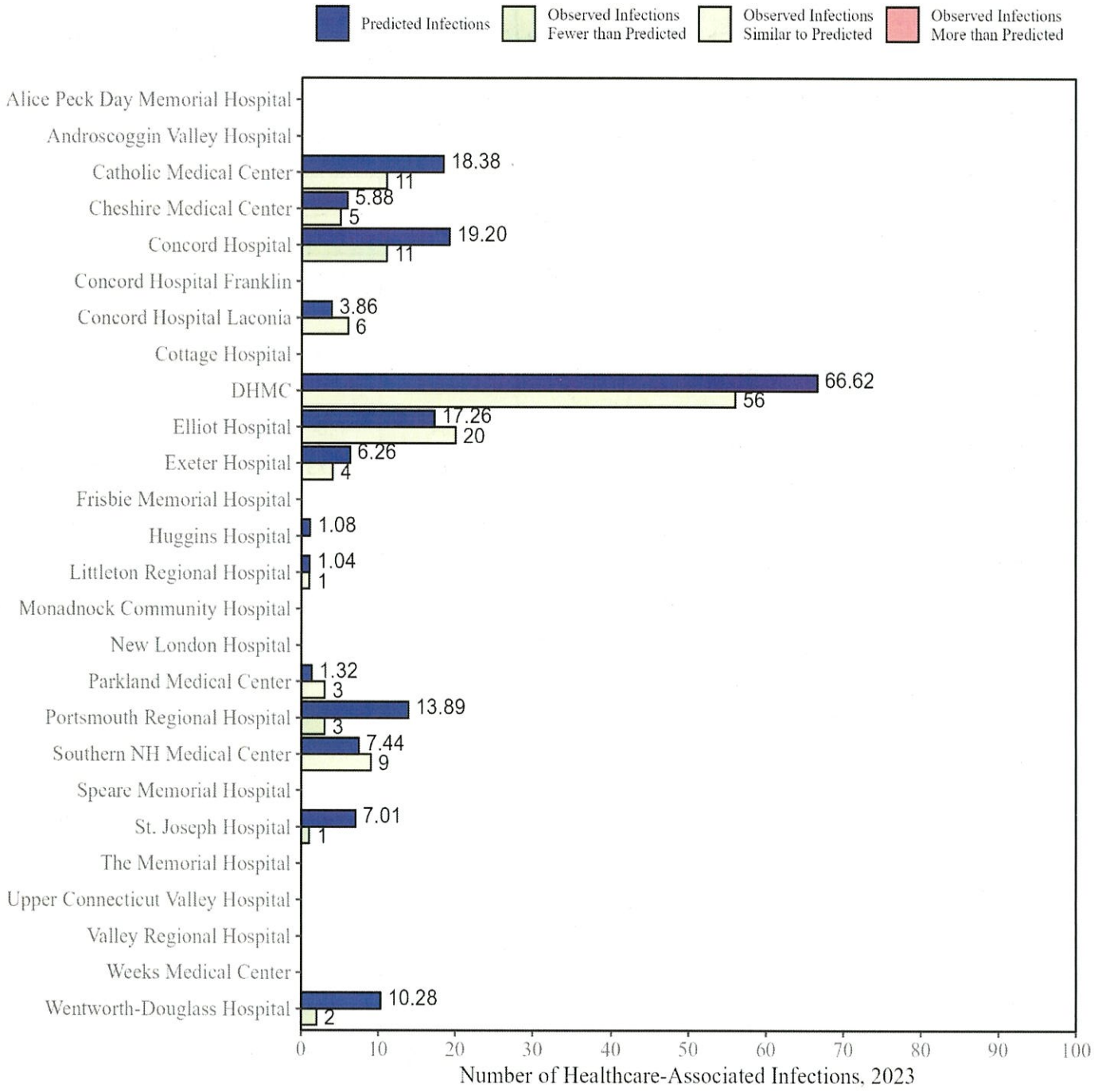
Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Expected Number of Infections
Alice Peck Day Memorial Hospital	†	†	†	†	†
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	11	18.38	0.60	0.31 , 1.04	Similar
Cheshire Medical Center	5	5.88	0.85	0.31 , 1.88	Similar
Concord Hospital	11	19.20	0.57	0.30 , 1.00	Lower
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	6	3.86	1.55	0.63 , 3.23	Similar
Cottage Hospital	†	†	†	†	†
DHMC	56	66.62	0.84	0.64 , 1.08	Similar
Elliot Hospital	20	17.26	1.16	0.73 , 1.76	Similar
Exeter Hospital	4	6.26	0.64	0.20 , 1.54	Similar
Frisbie Memorial Hospital	†	†	†	†	†
Huggins Hospital	0	1.08	0.00	0.00 , 2.77	Similar
Littleton Regional Hospital	1	1.04	0.96	0.05 , 4.74	Similar
Monadnock Community Hospital	†	†	†	†	†
New London Hospital	†	†	†	†	†
Parkland Medical Center	3	1.32	2.27	0.58 , 6.19	Similar
Portsmouth Regional Hospital	3	13.89	0.22	0.05 , 0.59	Lower
Southern NH Medical Center	9	7.44	1.21	0.59 , 2.22	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	1	7.01	0.14	0.01 , 0.70	Lower
The Memorial Hospital	†	†	†	†	†
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	2	10.28	0.19	0.03 , 0.64	Lower
State Total	**135**	**185.30**	**0.73**	**0.61 , 0.86**	**Lower**

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not report any data contributing to a SIR during this time period.

* Observed number of infections includes all infections that are required to be reported (central line-associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections following coronary artery bypass, colon, abdominal hysterectomy, and knee arthroplasty procedures).

Figure 3. Overall healthcare-associated infections standardized infection ratios, Jan 1–Dec 31, 2023



Note: Data are not shown for hospitals with less than one predicted infection. Observed number of infections includes all infections that are required to be reported (central line-associated bloodstream infections, catheter-associated urinary tract infections and surgical site infections following coronary artery bypass, colon, abdominal hysterectomy, and knee arthroplasty procedures).

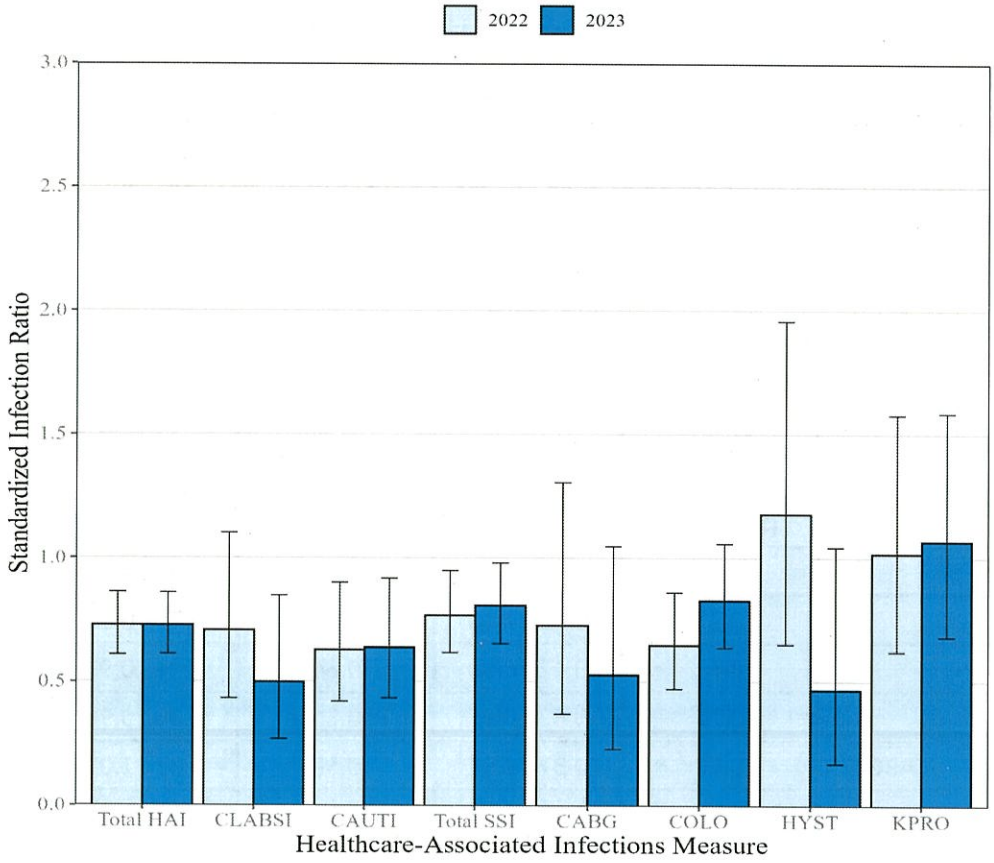
Overall Statewide Standardized Infection Ratios: Comparison to 2022 Data

Table 3 shows that the statewide SIR in 2023 decreased in comparison to 2022; this difference was not statistically significant. In 2023, a total of 135 HAI were reported, representing 95 SSI, 12 CLABSI, and 28 CAUTI compared to 129 HAI (84 SSI, 18 CLABSI, and 27 CAUTI) in 2022. Figure 4 compares the statewide comparison of each SIR category between 2023 and 2022. Table 4 shows overall SIR by hospital between 2023 and 2022 respectively. Fourteen hospitals showed similar rates of overall SIR in 2023 when compared to 2022.

Table 3. Overall healthcare-associated infections standardized infection ratios, comparison between 2022 and 2023

Hospital Name	Standardized Infection Ratio (SIR) 2022	95% Confidence Interval 2022	Standardized Infection Ratio (SIR) 2023	95% Confidence Interval 2023	2022 Compared to 2023
Overall HAI SIR	0.73	0.61 , 0.86	0.73	0.61 , 0.86	Similar
CLABSI SIR	0.71	0.43 , 1.10	0.50	0.27 , 0.85	Similar
CAUTI SIR	0.63	0.42 , 0.90	0.64	0.44 , 0.92	Similar
Overall SSI SIR	0.77	0.62 , 0.95	0.81	0.66 , 0.98	Similar
CABG SIR	0.73	0.37 , 1.31	0.53	0.23 , 1.05	Similar
COLO SIR	0.65	0.47 , 0.86	0.83	0.64 , 1.06	Similar
HYST SIR	1.18	0.65 , 1.96	0.47	0.17 , 1.05	Similar
KPRO SIR	1.02	0.62 , 1.58	1.07	0.69 , 1.59	Similar

Figure 4. Statewide standardized infection ratios, comparison between 2022 and 2023



HAI: Healthcare-associated infection, CLABSI: Central line-associated blood stream infections, CAUTI: Catheter-associated urinary tract infections, SSI: Surgical site infections, CABG: SSI associated with coronary artery bypass graft procedures, COLO: SSI associated with colon procedures, HYST: SSI associated with abdominal hysterectomy procedures, KPRO: SSI associated with knee arthroplasty procedures

Table 4. Overall healthcare-associated infections standardized infection ratios by hospital, comparison between 2022 and 2023

Hospital Name	Standardized Infection Ratio (SIR) 2022	95% Confidence Interval 2022	Standardized Infection Ratio (SIR) 2023	95% Confidence Interval 2023	2022 Comparison to 2023
Alice Peck Day Memorial Hospital	†	†	†	†	†
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	0.69	0.39 , 1.16	0.60	0.31 , 1.04	Similar
Cheshire Medical Center	1.05	0.39 , 2.33	0.85	0.31 , 1.88	Similar
Concord Hospital	0.44	0.21 , 0.80	0.57	0.30 , 1.00	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	0.87	0.22 , 2.37	1.55	0.63 , 3.23	Similar
Cottage Hospital	†	†	†	†	†
DHMC	0.61	0.42 , 0.84	0.84	0.64 , 1.08	Similar
Elliot Hospital	0.73	0.39 , 1.24	1.16	0.73 , 1.76	Similar
Exeter Hospital	0.46	0.12 , 1.25	0.64	0.20 , 1.54	Similar
Frisbie Memorial Hospital	1.66	0.42 , 4.53	†	†	†
Huggins Hospital	1.64	0.28 , 5.43	0.00	0.00 , 2.77	Similar
Littleton Regional Hospital	0.62	0.03 , 3.08	0.96	0.05 , 4.74	Similar
Monadnock Community Hospital	†	†	†	†	†
New London Hospital	†	†	†	†	†
Parkland Medical Center	1.74	0.64 , 3.85	2.27	0.58 , 6.19	Similar
Portsmouth Regional Hospital	0.63	0.32 , 1.13	0.22	0.05 , 0.59	Similar
Southern NH Medical Center	1.57	0.85 , 2.66	1.21	0.59 , 2.22	Similar
Speare Memorial Hospital	0.85	0.04 , 4.18	†	†	†
St. Joseph Hospital	0.45	0.11 , 1.22	0.14	0.01 , 0.70	Similar
The Memorial Hospital	3.96	1.45 , 8.77	†	†	†
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	0.57	0.21 , 1.26	0.19	0.03 , 0.64	Similar
State Total	**0.73**	**0.61 , 0.86**	**0.73**	**0.61 , 0.86**	**Similar**

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not report any data contributing to a SIR during this time period.

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.

C. Central Line-Associated Bloodstream Infections

Table 5 shows the number of CLABSI identified in ICU at each hospital in NH. Among ICU with sufficiently robust data to present, 22 ICU observed similar rates of CLABSI compared to national rates. As shown in Table 6, two hospitals observed similar CLABSI rates, one hospital observed higher rates for all birthweight categories in comparison to the national data for Birthweight categories A, B, C, D, and E[5]. See methods for additional information on data collection.

Table 5. Central line-associated bloodstream infections rates, Jan 1–Dec 31, 2023

Hospital Name	Type of Unit	Observed Infections	Number of Device Days	Hospital Rate	National Rate	P-Value	Hospital Rate Compared to National Rate
Androscoggin Valley Hospital	Medical ICU	0	88	0.0	1.1	0.91	Similar
Catholic Medical Center	Med/Surg ICU	0	1752	0.0	1.1	0.14	Similar
Cheshire Medical Center	Medical ICU	0	648	0.0	1.1	0.50	Similar
Concord Hospital	Med/Surg ICU	1	2764	0.4	0.8	0.44	Similar
Concord Hospital Laconia	Med/Surg ICU	0	435	0.0	0.8	0.70	Similar
Cottage Hospital	Med/Surg ICU	†	†	†	†	†	†
DHMC	Medical ICU	2	2537	0.8	1.2	0.60	Similar
	Medical ICU	2	678	2.9	1.2	0.25	Similar
	Med/Surg Pediatric ICU	1	262	3.8	1.2	0.32	Similar
	Neurological ICU	3	964	3.1	1.1	0.12	Similar
	Neurological ICU	0	144	0.0	1.1	0.85	Similar
	Surg ICU	1	2111	0.5	1.1	0.40	Similar
	Surg ICU	1	2847	0.4	1.1	0.21	Similar
Elliot Hospital	Med/Surg ICU	1	1655	0.6	0.8	0.86	Similar
Exeter Hospital	Med/Surg ICU	0	666	0.0	0.8	0.58	Similar
Frisbie Memorial Hospital	Med/Surg ICU	0	65	0.0	0.8	0.95	Similar
Huggins Hospital	Med/Surg ICU	0	63	0.0	0.8	0.95	Similar
Littleton Regional Hospital	Med/Surg ICU	†	†	†	†	†	†
Parkland Medical Center	Medical ICU	0	370	0.0	1.1	0.67	Similar
Portsmouth Regional Hospital	Med/Surg ICU	0	2625	0.0	1.1	0.05	Similar
Southern NH Medical Center	Med/Surg ICU	0	1096	0.0	0.8	0.41	Similar
Speare Memorial Hospital	Med/Surg ICU	0	72	0.0	0.8	0.94	Similar
St. Joseph Hospital	Med/Surg ICU	0	1106	0.0	0.8	0.41	Similar
Weeks Medical Center	Med/Surg ICU	†	†	†	†	†	†
Wentworth-Douglass Hospital	Med/Surg ICU	0	1441	0.0	0.8	0.31	Similar

Note: Alice Peck Day Memorial, Concord Hospital Franklin, Monadnock Community Hospital, New London Hospital, The Memorial Hospital, Upper Connecticut Valley Hospital and Valley Regional Hospital did not have an intensive care unit in which to monitor infections.

† Data are not shown for hospitals with fewer than 50 central line days. Med/Surg = medical surgical ICU = intensive care unit Ped = pediatric Surg=surgical

Table 6. Central line-associated bloodstream infections rates in neonatal intensive care units by birthweight category, Jan 1–Dec 31, 2023

Hospital Name	Birth Weight Category	Observed Infections	Number of Device Days	Hospital Rate	National Rate	P-Value	Hospital Rate Compared to National Rate
DHMC	BW Category A < 751g	0	99	0.0	2.1	0.81	Similar
	BW Category B = 751-1000g	0	144	0.0	1.3	0.82	Similar
	BW Category C = 1001-1500g	0	246	0.0	0.8	0.82	Similar
	BW Category D = 1501-2500g	2	266	7.5	0.6	0.01	Higher
	BW Category E > 2500g	0	332	0.0	0.7	0.78	Similar
Southern NH Medical Center	BW Category A < 751g	†	†	†	†	†	†
	BW Category B = 751-1000g	†	†	†	†	†	†
	BW Category C = 1001-1500g	†	†	†	†	†	†
	BW Category D = 1501-2500g	†	†	†	†	†	†
	BW Category E > 2500g	†	†	†	†	†	†
Elliot Hospital	BW Category A < 751g	†	†	†	†	†	†
	BW Category B = 751-1000g	0	146	0.0	1.3	0.82	Similar
	BW Category C = 1001-1500g	0	268	0.0	0.8	0.81	Similar
	BW Category D = 1501-2500g	0	366	0.0	0.6	0.81	Similar
	BW Category E > 2500g	0	392	0.0	0.7	0.75	Similar

Note: DHMC, Elliot, and Southern NH Medical have neonatal intensive care units. All other hospitals do not and as such, had no data to report.

† Data are not shown for hospitals with fewer than 50 central line days for each birthweight category.

1 Birthweight Category A ≤750 grams, Birthweight Category B =751-1000 grams, Birthweight Category C =1001-1500 grams, Birthweight Category D =1501-2500 grams, and Birthweight Category E >2500 grams

Central Line-associated Bloodstream Infections Standardized Infection Ratios

Overall, the observed number of CLABSI was 24.04% fewer than predicted based on national data. The analysis presented in Table 7 and Figure 5 shows that 7 hospitals observed a similar number of infections as predicted based on national data.

Table 7. Central line-associated bloodstream infections standardized infection ratios, Jan 1–Dec 31, 2023

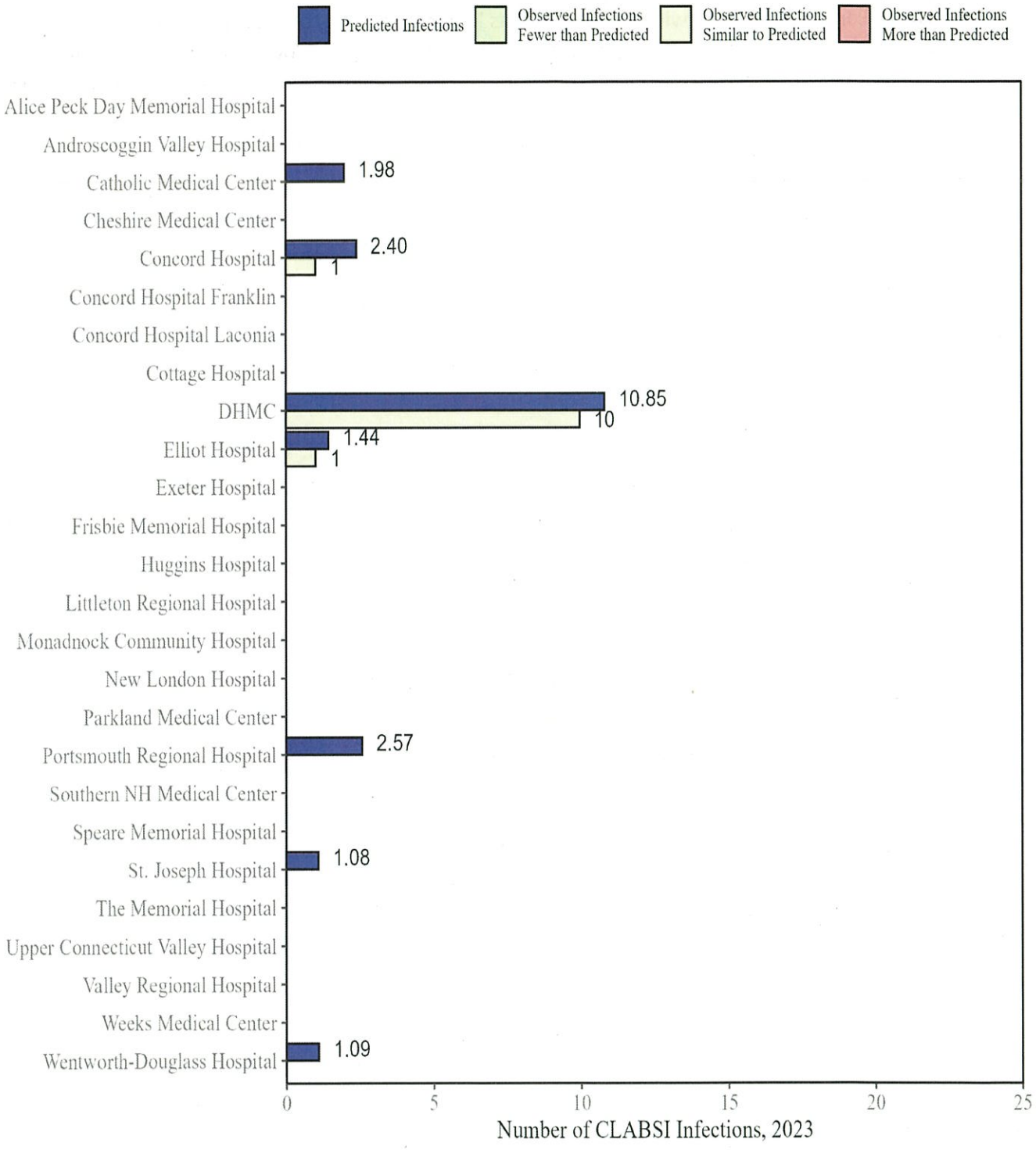
Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio	95% Confidence Interval	Comparison to Predicted Number of Infections
Alice Peck Day Memorial Hospital	-	-	-	-	-
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	0	1.98	0.00	0.00 , 1.52	Similar
Cheshire Medical Center	†	†	†	†	†
Concord Hospital	1	2.40	0.42	0.02 , 2.06	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	†	†	†	†	†
Cottage Hospital	†	†	†	†	†
DHMC	10	10.85	0.92	0.47 , 1.64	Similar
Elliot Hospital	1	1.44	0.70	0.03 , 3.43	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial Hospital	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	†	†	†	†	†
Monadnock Community Hospital	-	-	-	-	-
New London Hospital	-	-	-	-	-
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional Hospital	0	2.57	0.00	0.00 , 1.16	Similar
Southern NH Medical Center	†	†	†	†	†
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	0	1.08	0.00	0.00 , 2.76	Similar
The Memorial Hospital	-	-	-	-	-
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	0	1.09	0.00	0.00 , 2.76	Similar
State Total	**12**	**24.02**	**0.50**	**0.27 , 0.85**	**Lower**

Note: Alice Peck Day Memorial, Concord Hospital Franklin, Monadnock Community Hospital, New London Hospital, The Memorial Hospital, Upper Connecticut Valley Hospital and Valley Regional Hospital did not have an intensive care unit in which to monitor infections.

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not report any data contributing to a SIR during this time period.

Figure 5. Statewide standardized infection ratios, comparison between 2022 and 2023



Note: Data are not shown for hospitals with less than one predicted infection. Alice Peck Day Memorial, Franklin Regional Hospital, Monadnock Community Hospital, New London Hospital, The Memorial Hospital, Upper Connecticut Valley Hospital and Valley Regional Hospital did not have an intensive care unit in which to monitor infections.

Central Line-Associated Bloodstream Infections: Comparison to 2022 Data

Overall, in 2023 the statewide CLABSI SIR was lower compared to 2022. The analysis presented in Table 8 shows that of the hospitals for which data are shown 8 hospitals observed a similar number of infections in 2023 when compared to 2022. Figure 6 shows the CLABSI SIR between 2023 and 2022.

Table 8. Central line-associated bloodstream infections standardized infection ratios, comparison between 2022 and 2023

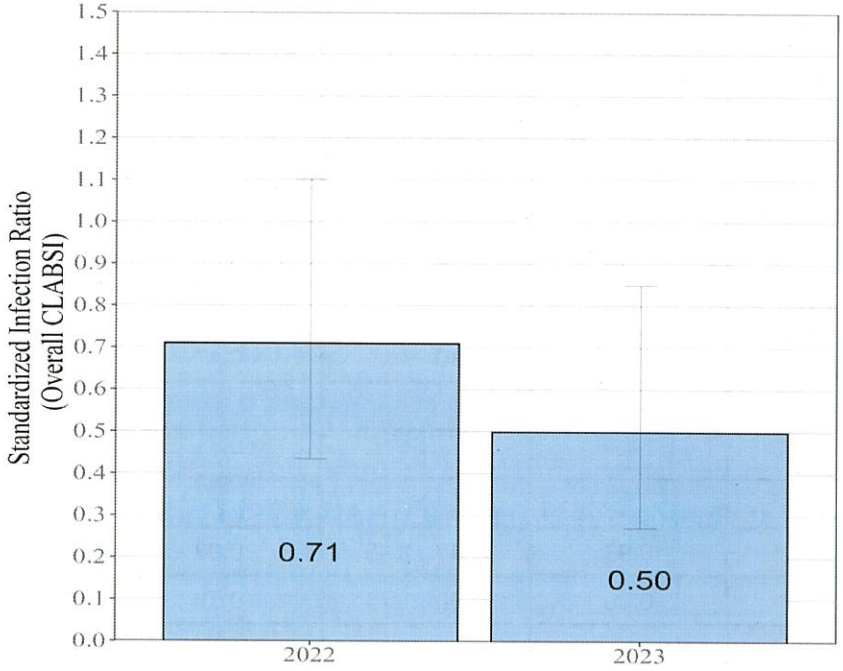
Hospital	Standardized Infection Ratio (SIR) 2022	95% Confidence Interval 2022	Standardized Infection Ratio (SIR) 2023	95% Confidence Interval 2023	2022 Compared to 2023
Alice Peck Day Memorial Hospital	-	-	-	-	-
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	1.34	0.34 , 3.64	0.00	0.00 , 1.52	Similar
Cheshire Medical Center	†	†	†	†	†
Concord Hospital	1.17	0.30 , 3.19	0.42	0.02 , 2.06	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	†	†	†	†	†
Cottage Hospital	†	†	†	†	†
DHMC	0.93	0.47 , 1.65	0.92	0.47 , 1.64	Similar
Elliot Hospital	0.00	0.00 , 1.74	0.70	0.03 , 3.43	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial Hospital	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	†	†	†	†	†
Monadnock Community Hospital	-	-	-	-	-
New London Hospital	†	†	-	-	Similar
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional Hospital	0.00	0.00 , 1.11	0.00	0.00 , 1.16	Similar
Southern NH Medical Center	†	†	†	†	†
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	†	†	0.00	0.00 , 2.76	Similar
The Memorial Hospital	-	-	-	-	-
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	0.00	0.00 , 2.68	0.00	0.00 , 2.76	Similar
State Total	**0.71**	**0.43 , 1.10**	**0.50**	**0.27 , 0.85**	**Similar**

Note: Alice Peck Day Memorial, Concord Hospital Franklin, Monadnock Community Hospital, New London Hospital, The Memorial Hospital, Upper Connecticut Valley Hospital and Valley Regional Hospital did not have an intensive care unit in which to monitor infections.

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not report any data contributing to a SIR during this time period.

Figure 6. Overall central line-associated bloodstream infections standardized infection ratios by year, 2022 and 2023



D. Catheter-Associated Urinary Tract Infections

Tables 9 through 11 and Figure 7 show the number of infections that were identified in adult ICU at NH hospitals. The analysis presented in Table 9 shows the number of CAUTI identified in individual ICU by hospitals in NH. Among ICU with sufficiently robust data to present, 19 individual ICU observed similar rates and 6 observed lower CAUTI rates compared to national data. See methods for additional information on data collection.

Table 9. Catheter-associated urinary tract infection rates, Jan 1–Dec 31, 2023

Hospital Name	Unit Type	Infections	Catheter Days	Hospital Rate	National Rate	P-Value	Hospital Rate Compared to National Rate
Androscoggin Valley Hospital	Medical ICU	0	282	0.0	2.0	0.56	Similar
Catholic Medical Center	Med/Surg ICU	2	3007	0.7	2.7	0.02	Lower
Cheshire Medical Center	Medical ICU	1	1181	0.8	2.0	0.40	Similar
Concord Hospital	Med/Surg ICU	2	4993	0.4	1.7	0.01	Lower
Concord Hospital Laconia	Med/Surg ICU	1	1144	0.9	1.3	0.81	Similar
Cottage Hospital	Med/Surg ICU	0	76	0.0	1.3	0.91	Similar
DHMC	Medical ICU	1	2470	0.4	3.5	0.00	Lower
	Medical ICU	0	883	0.0	3.5	0.05	Lower
	Med/Surg Pediatric ICU	1	108	9.3	2.5	0.26	Similar
	Neurological ICU	4	1450	2.8	4.5	0.33	Similar
	Neurological ICU	1	166	6.0	4.5	0.70	Similar
	Surg ICU	2	2310	0.9	3.4	0.02	Lower
	Surg ICU	7	3561	2.0	3.4	0.12	Similar
Elliot Hospital	Med/Surg ICU	1	1984	0.5	1.7	0.19	Similar
Exeter Hospital	Med/Surg ICU	1	974	1.0	1.3	0.94	Similar
Frisbie Memorial Hospital	Med/Surg ICU	0	138	0.0	1.3	0.84	Similar
Huggins Hospital	Med/Surg ICU	0	216	0.0	1.3	0.76	Similar
Littleton Regional Hospital	Med/Surg ICU	0	172	0.0	1.3	0.80	Similar
Parkland Medical Center	Medical ICU	1	599	1.7	2.0	0.95	Similar
Portsmouth Regional Hospital	Med/Surg ICU	0	3853	0.0	2.7	0.00	Lower
Southern NH Medical Center	Med/Surg ICU	2	1510	1.3	1.7	0.81	Similar

Hospital Name	Unit Type	Infections	Catheter Days	Hospital Rate	National Rate	P-Value	Hospital Rate Compared to National Rate
Speare Memorial Hospital	Med/Surg ICU	0	177	0.0	1.3	0.80	Similar
St. Joseph Hospital	Med/Surg ICU	0	1220	0.0	1.3	0.21	Similar
Weeks Medical Center	Med/Surg ICU	0	97	0.0	1.3	0.88	Similar
Wentworth-Douglass Hospital	Med/Surg ICU	1	1614	0.6	1.7	0.31	Similar

Note: Alice Peck Day Memorial, Franklin Regional Hospital, Monadnock Community Hospital, New London Hospital, The Memorial Hospital, Upper Connecticut Valley Hospital and Valley Regional Hospital did not have an intensive care unit in which to monitor infections.

† Data are not shown for hospitals with fewer than 50 catheter days.

Med/Surg = medical surgical ICU = intensive care unit Ped=pediatric Surg=surgical ICU

Catheter-Associated Urinary Tract Infections Standardized Infection Ratios

The observed number of CAUTI was 24.14% lower than predicted based on national data, this was statistically significant. The analysis presented in Table 10 shows that 7 hospitals observed a similar number of infections, and 1 hospital observed a lower number of as predicted based on national data.

Table 10. Catheter-associated urinary tract infections standardized infection ratios, Jan 1–Dec 31, 2023

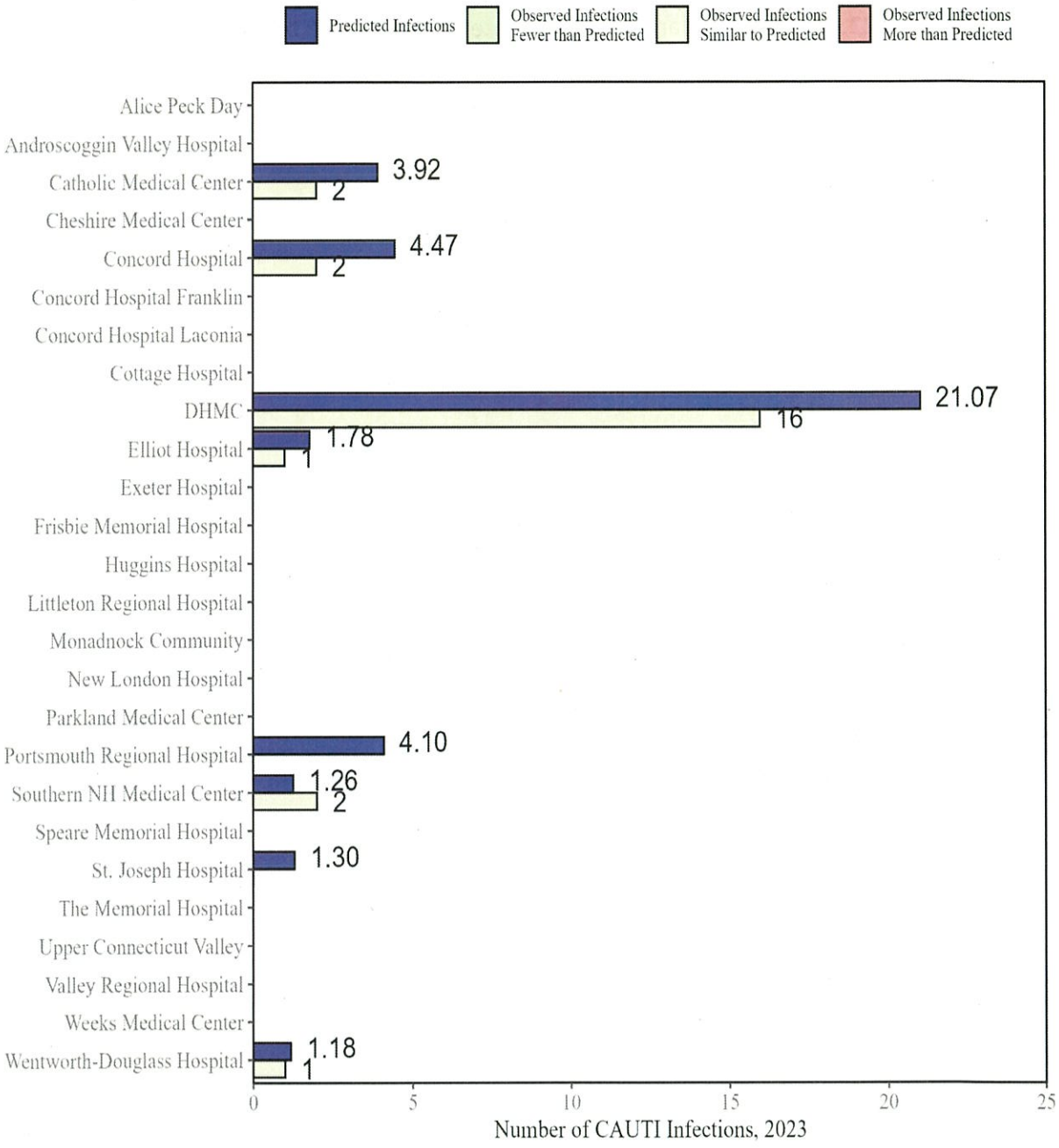
Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted Number of Infections
Alice Peck Day	-	-	-	-	-
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	2	3.92	0.51	0.09 , 1.69	Similar
Cheshire Medical Center	†	†	†	†	†
Concord Hospital	2	4.47	0.45	0.07 , 1.48	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	†	†	†	†	†
Cottage Hospital	†	†	†	†	†
DHMC	16	21.07	0.76	0.45 , 1.21	Similar
Elliot Hospital	1	1.78	0.56	0.03 , 2.77	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial Hospital	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	†	†	†	†	†
Monadnock Community	-	-	-	-	-
New London Hospital	-	-	-	-	-
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional Hospital	0	4.10	0.00	0.00 , 0.73	Lower
Southern NH Medical Center	2	1.26	1.59	0.27 , 5.25	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	0	1.30	0.00	0.00 , 2.31	Similar
The Memorial Hospital	-	-	-	-	-
Upper Connecticut Valley	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	1	1.18	0.85	0.04 , 4.18	Similar
State Total	**28**	**43.45**	**0.64**	**0.44 , 0.92**	**Lower**

Note: Alice Peck Day Memorial, Franklin Regional Hospital, Monadnock Community Hospital, New London Hospital, The Memorial Hospital, Upper Connecticut Valley Hospital and Valley Regional Hospital did not have an intensive care unit in which to monitor infections.

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not report any data contributing to a SIR during this time period.

Figure 7. Catheter-associated urinary tract infections standardized infection ratios, Jan 1–Dec 31, 2023



Note: Data are not shown for hospitals with less than one predicted infection. Alice Peck Day Memorial, Androscoggin Valley Hospital, Franklin Regional Hospital, Monadnock Community Hospital, New London Hospital, The Memorial Hospital, Upper Connecticut Valley Hospital and Valley Regional Hospital did not have an intensive care unit in which to monitor infections.

Catheter-Associated Urinary Tract Infections: Comparison to 2022 Data

Overall, in 2023 the statewide CAUTI SIR was similar compared to 2022. The analysis in Table 11 shows that 9 hospitals with robust data observed similar number of infections in 2023 when compared to 2022. Figure 8 compares the 2023 statewide CAUTI SIR to 2022.

Table 11. Catheter-associated urinary tract infections standardized infection ratios, comparison between 2022 and 2023

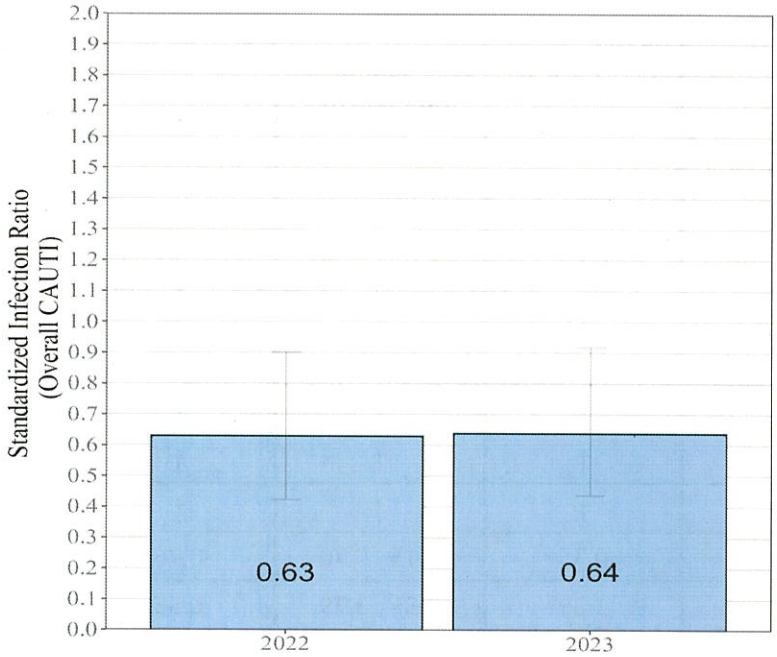
Hospital	Standardized Infection Ratio (SIR) 2022	95% Confidence Interval 2022	Standardized Infection Ratio (SIR) 2023	95% Confidence Interval 2023	2022 Compared to 2023
Alice Peck Day Memorial Hospital	-	-	-	-	-
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	0.52	0.09 , 1.72	0.51	0.09 , 1.69	Similar
Cheshire Medical Center	†	†	†	†	†
Concord Hospital	0.45	0.08 , 1.49	0.45	0.07 , 1.48	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	†	†	†	†	†
Cottage Hospital	†	†	†	†	†
DHMC	0.35	0.15 , 0.70	0.76	0.45 , 1.21	Similar
Elliot Hospital	1.39	0.35 , 3.79	0.56	0.03 , 2.77	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial Hospital	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	†	†	†	†	†
Monadnock Community Hospital	-	-	-	-	-
New London Hospital	†	†	-	-	Similar
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional Hospital	1.13	0.36 , 2.72	0.00	0.00 , 0.73	Similar
Southern NH Medical Center	1.55	0.26 , 5.12	1.59	0.27 , 5.25	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	0.70	0.04 , 3.47	0.00	0.00 , 2.31	Similar
The Memorial Hospital	-	-	-	-	-
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	0.00	0.00 , 2.54	0.85	0.04 , 4.18	Similar
State Total	**0.63**	**0.42 , 0.90**	**0.64**	**0.44 , 0.92**	**Similar**

Note: Alice Peck Day Memorial, Concord Hospital Franklin, Monadnock Community Hospital, New London Hospital, The Memorial Hospital, Upper Connecticut Valley Hospital and Valley Regional Hospital did not have an intensive care unit in which to monitor infections in 2022 and/or 2023.

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not report any data contributing to a SIR during this time period.

Figure 8. Overall catheter-associated urinary tract infections standardized infection ratios by year, 2022 and 2023



E. Surgical Site Infections

Tables 12-17 and Figures 9-13 below show the number of SSI following the four monitored procedures reported by each acute care hospital in NH. Overall, the observed number of SSI was 28.19% lower than predicted based on national data. The analysis presented in Table 12 shows that of eleven hospitals with robust data ten observed similar number of SSI and one showed a lower number of SSI as predicted. For CABG procedures (Table 14), three hospitals observed a similar number of infections and one hospital observed a lower number of infections as predicted. For colon procedures (Table 15), 10 hospitals observed a similar number of infections and one hospital observed a lower number of infections as predicted. For abdominal hysterectomy procedures (Table 16), three hospitals observed a similar number of infections as predicted based on national data. For knee arthroplasty procedures (Table 17), eight hospitals observed a similar number of infections as predicted based on national data.

This report does not display SSI rates due to a change in analysis recommendations. SSI data are presented throughout this report as SIR. This allows more robust adjustment for underlying patient or hospital factors. The SSI SIR is calculated using logistic regression modeling, which provides better risk adjustment and more appropriate comparisons. See Appendix 1 for technical notes and more detail regarding the SIR.

Post-discharge Surveillance for Surgical Site Infections

Hospitals do not use a standard method to identify infections once a patient has been discharged (known as "post-discharge surveillance"). This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention

practices or, conversely, a better system for identifying infections. Table 22 shows the percentage of SSI identified through post-discharge surveillance at each acute care hospital in NH. NH hospitals infection prevention staff rely primarily on follow-up letters to surgeons, culture reports, and outpatient clinic notes as forms of post-discharge surveillance. Other methods include patient letters and communication with other healthcare facilities.

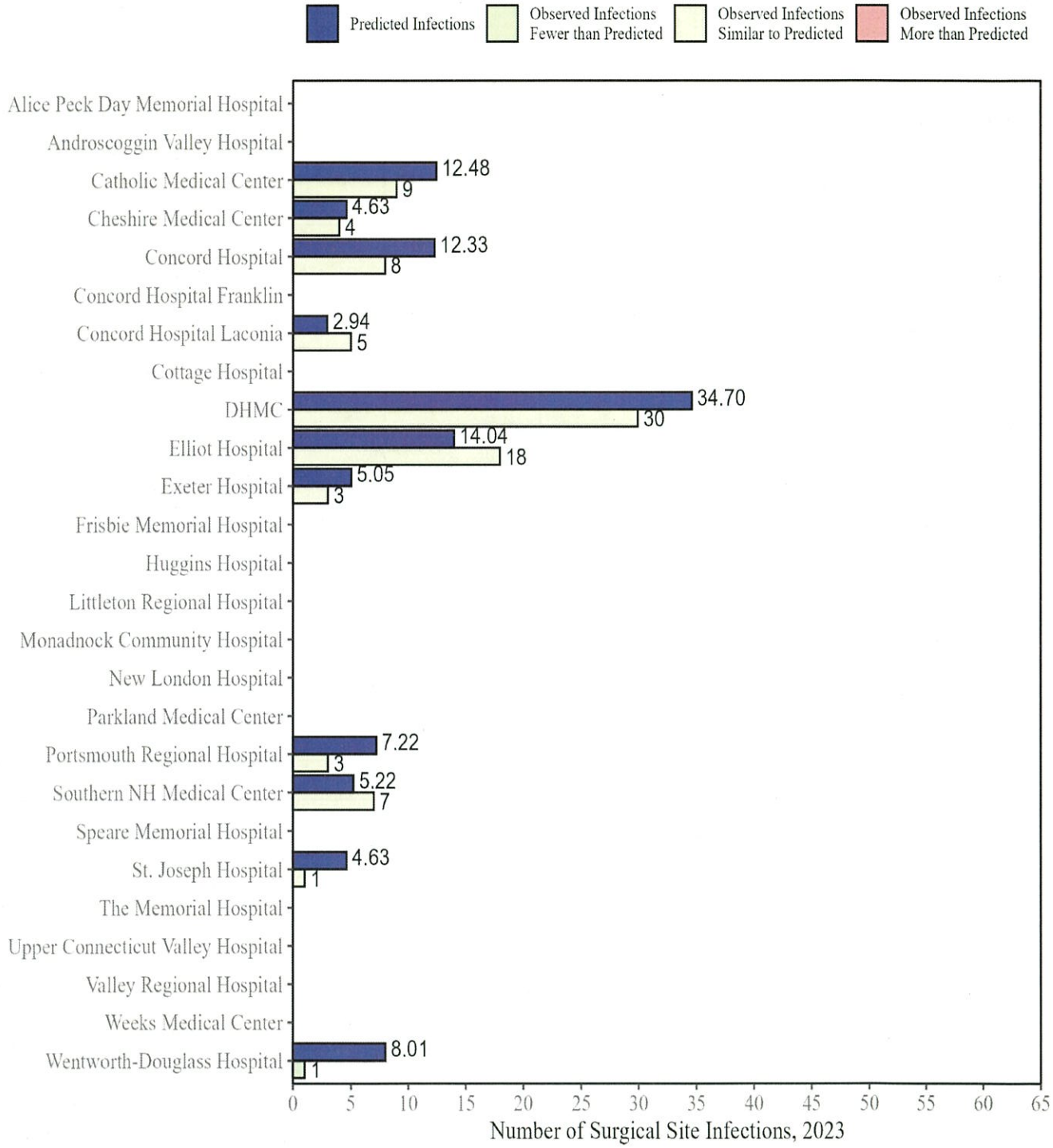
Table 12. Surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted Number of Infections
Alice Peck Day Memorial Hospital	†	†	†	†	†
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	9	12.48	0.72	0.35 , 1.32	Similar
Cheshire Medical Center	4	4.63	0.86	0.27 , 2.08	Similar
Concord Hospital	8	12.33	0.65	0.30 , 1.23	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	5	2.94	1.70	0.62 , 3.77	Similar
Cottage Hospital	†	†	†	†	†
DHMC	30	34.70	0.86	0.59 , 1.22	Similar
Elliot Hospital	18	14.04	1.28	0.78 , 1.99	Similar
Exeter Hospital	3	5.05	0.59	0.15 , 1.62	Similar
Frisbie Memorial Hospital	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	†	†	†	†	†
Monadnock Community Hospital	†	†	†	†	†
New London Hospital	†	†	†	†	†
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional Hospital	3	7.22	0.42	0.11 , 1.13	Similar
Southern NH Medical Center	7	5.22	1.34	0.59 , 2.65	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	1	4.63	0.22	0.01 , 1.07	Similar
The Memorial Hospital	†	†	†	†	†
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	1	8.01	0.12	0.01 , 0.62	Lower
State Total	**95**	**117.83**	**0.81**	**0.66 , 0.98**	**Lower**

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not perform any of the four procedures being monitored during 2023

Figure 9. Surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023



Note: Data are not shown for hospitals with less than one predicted infection.

Table 13. Surgical site infections standardized infection ratios, comparison between 2022 and 2023

Hospital Name	Standardized Infection Ratio (SIR) 2022	95% Confidence Interval 2022	Standardized Infection Ratio (SIR) 2023	95% Confidence Interval 2023	2022 Compared to 2023
Alice Peck Day Memorial Hospital	†	†	†	†	†
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	0.63	0.29 , 1.20	0.72	0.35 , 1.32	Similar
Cheshire Medical Center	0.58	0.10 , 1.92	0.86	0.27 , 2.08	Similar
Concord Hospital	0.29	0.09 , 0.71	0.65	0.30 , 1.23	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	0.87	0.15 , 2.88	1.70	0.62 , 3.77	Similar
Cottage Hospital	†	†	†	†	†
DHMC	0.67	0.40 , 1.07	0.86	0.59 , 1.22	Similar
Elliot Hospital	0.71	0.35 , 1.31	1.28	0.78 , 1.99	Similar
Exeter Hospital	0.40	0.07 , 1.31	0.59	0.15 , 1.62	Similar
Frisbie Memorial Hospital	1.85	0.31 , 6.12	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	0.74	0.04 , 3.67	†	†	†
Monadnock Community Hospital	†	†	†	†	†
New London Hospital	†	†	†	†	†
Parkland Medical Center	2.01	0.64 , 4.85	†	†	†
Portsmouth Regional Hospital	0.63	0.25 , 1.31	0.42	0.11 , 1.13	Similar
Southern NH Medical Center	1.66	0.81 , 3.04	1.34	0.59 , 2.65	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	0.47	0.08 , 1.54	0.22	0.01 , 1.07	Similar
The Memorial Hospital	3.96	1.45 , 8.77	†	†	†
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	0.77	0.28 , 1.71	0.12	0.01 , 0.62	Similar
State Total	**0.77**	**0.62 , 0.95**	**0.81**	**0.66 , 0.98**	**Similar**

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not perform any of the four procedures being monitored during 2023 or 2022

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.

Table 14. Coronary artery bypass graft procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Expected Number of Infections
Catholic Medical Center	6	5.52	1.09	0.44 , 2.26	Similar
Concord Hospital	0	1.93	0.00	0.00 , 1.55	Similar
DHMC	1	2.71	0.37	0.02 , 1.82	Similar
Portsmouth Regional Hospital	0	3.03	0.00	0.00 , 0.99	Lower
Wentworth-Douglass Hospital	†	†	†	†	†
State Total	**7**	**13.20**	**0.53**	**0.23 , 1.05**	**Similar**

Figure 10. Coronary artery bypass graft procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023

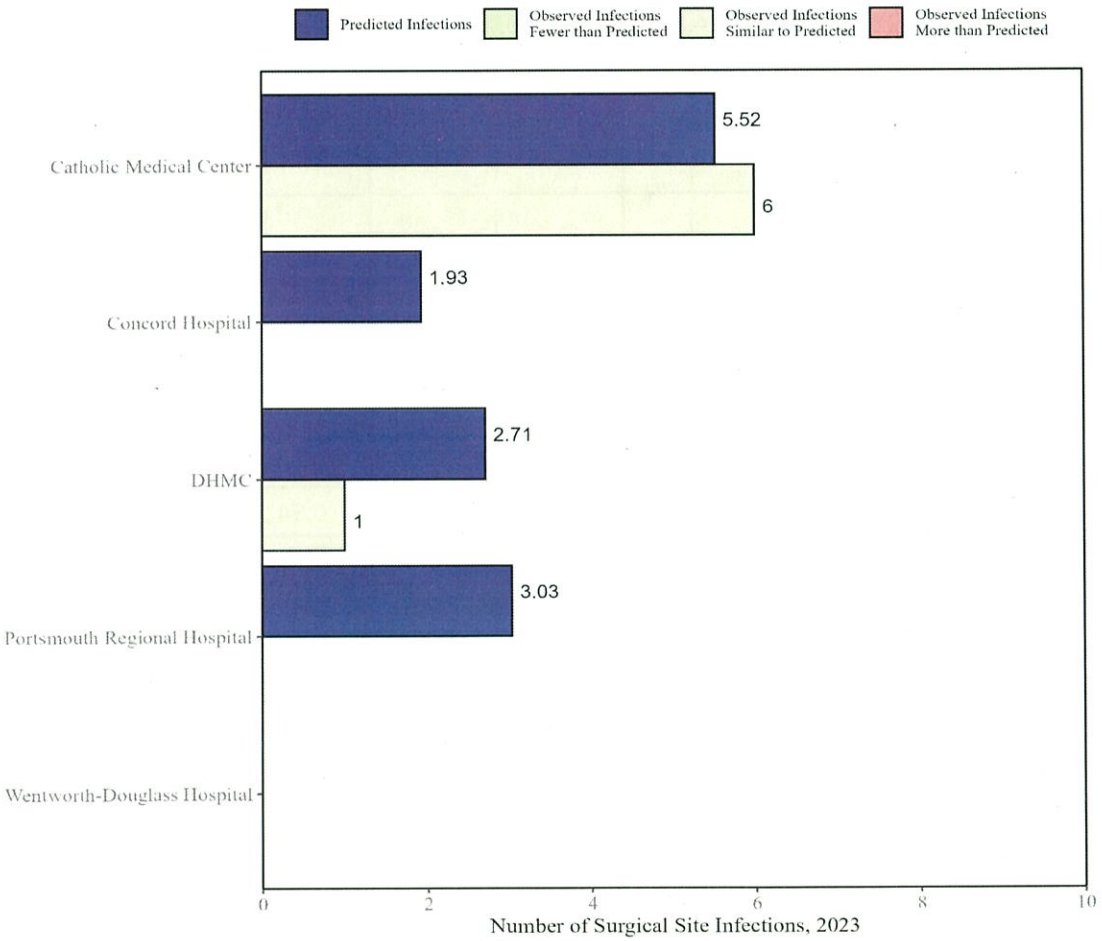


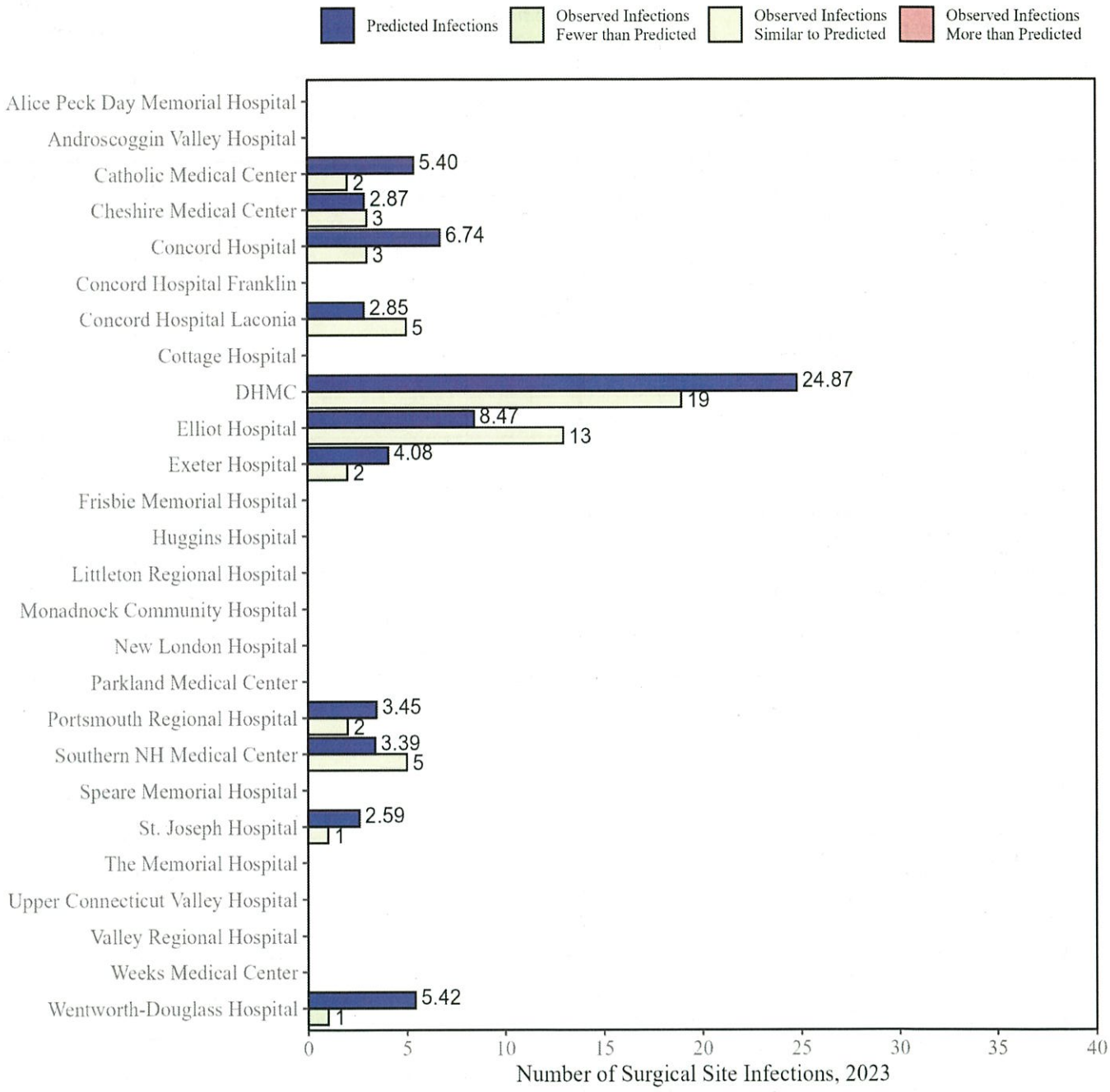
Table 15. Colon procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted Number of Infections
Alice Peck Day Memorial Hospital	-	-	-	-	-
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	2	5.40	0.37	0.06 , 1.22	Similar
Cheshire Medical Center	3	2.87	1.04	0.27 , 2.84	Similar
Concord Hospital	3	6.74	0.44	0.11 , 1.21	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	5	2.85	1.76	0.64 , 3.89	Similar
Cottage Hospital	†	†	†	†	†
DHMC	19	24.87	0.76	0.47 , 1.17	Similar
Elliot Hospital	13	8.47	1.53	0.85 , 2.56	Similar
Exeter Hospital	2	4.08	0.49	0.08 , 1.62	Similar
Frisbie Memorial Hospital	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	†	†	†	†	†
Monadnock Community Hospital	†	†	†	†	†
New London Hospital	†	†	†	†	†
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional Hospital	2	3.45	0.58	0.10 , 1.91	Similar
Southern NH Medical Center	5	3.39	1.48	0.54 , 3.27	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	1	2.59	0.39	0.02 , 1.90	Similar
The Memorial Hospital	†	†	†	†	†
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	-	-	-	-	-
Wentworth-Douglass Hospital	1	5.42	0.18	0.01 , 0.91	Lower
State Total	**61**	**73.41**	**0.83**	**0.64 , 1.06**	**Similar**

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not perform any of the four procedures being monitored during 2023

Figure 11. Colon procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023



Note: Data are not shown for hospitals with less than one predicted infection.

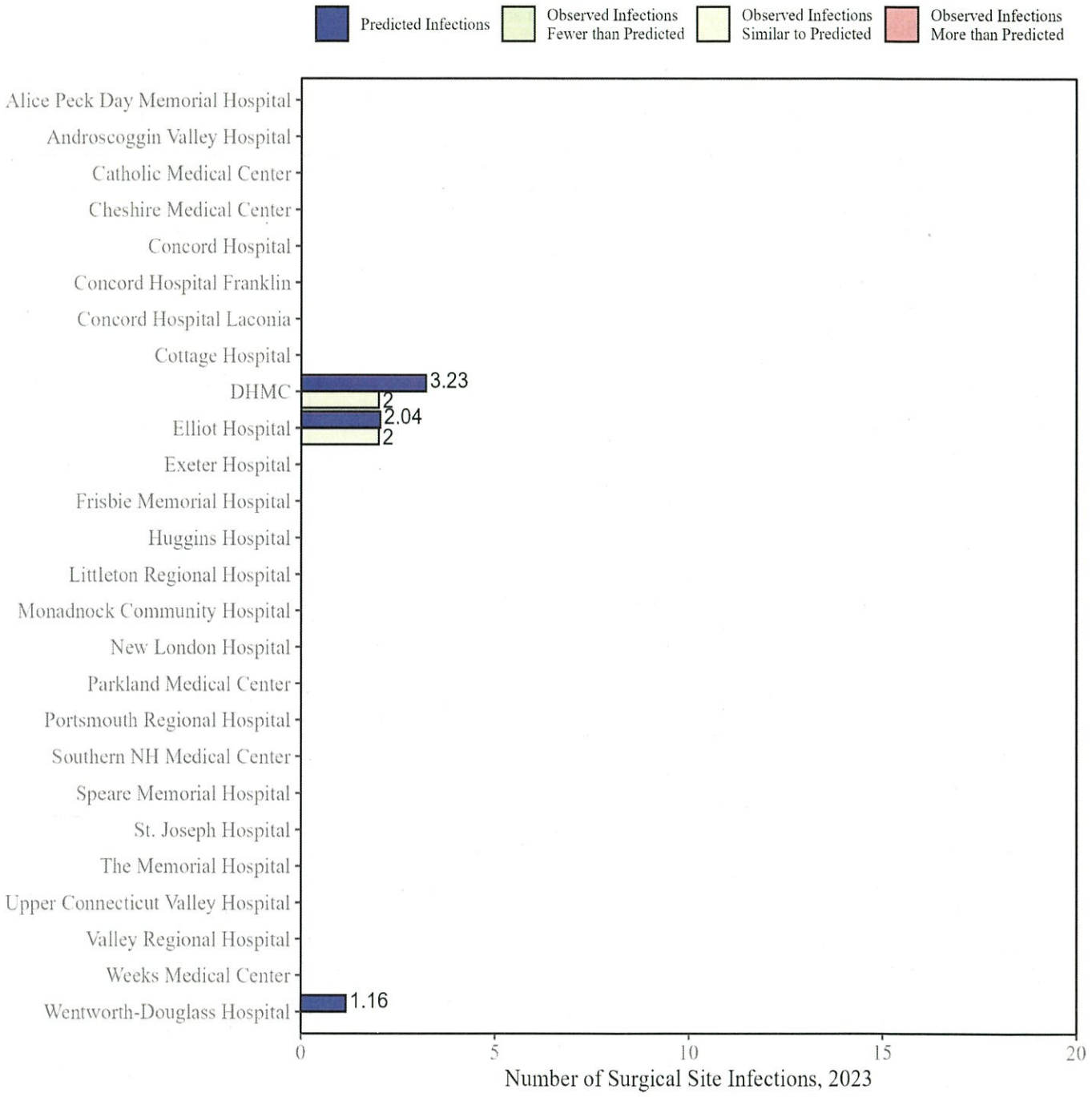
Table 16. Abdominal hysterectomy procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted Number of Infections
Alice Peck Day Memorial Hospital	†	†	†	†	†
Androscoggin Valley Hospital	-	-	-	-	-
Catholic Medical Center	†	†	†	†	†
Cheshire Medical Center	†	†	†	†	†
Concord Hospital	†	†	†	†	†
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	†	†	†	†	†
Cottage Hospital	-	-	-	-	-
DHMC	2	3.23	0.62	0.10 , 2.05	Similar
Elliot Hospital	2	2.04	0.98	0.16 , 3.24	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial Hospital	-	-	-	-	-
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	†	†	†	†	†
Monadnock Community Hospital	†	†	†	†	†
New London Hospital	-	-	-	-	-
Parkland Medical Center	-	-	-	-	-
Portsmouth Regional Hospital	†	†	†	†	†
Southern NH Medical Center	†	†	†	†	†
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	†	†	†	†	†
The Memorial Hospital	†	†	†	†	†
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	-	-	-	-	-
Wentworth-Douglass Hospital	0	1.16	0.00	0.00 , 2.58	Similar
State Total	**5**	**10.59**	**0.47**	**0.17 , 1.05**	**Similar**

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not perform any of the four procedures being monitored during 2023

Figure 12. Knee arthroplasty procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023



Note: Data are not shown for hospitals with less than one predicted infection.

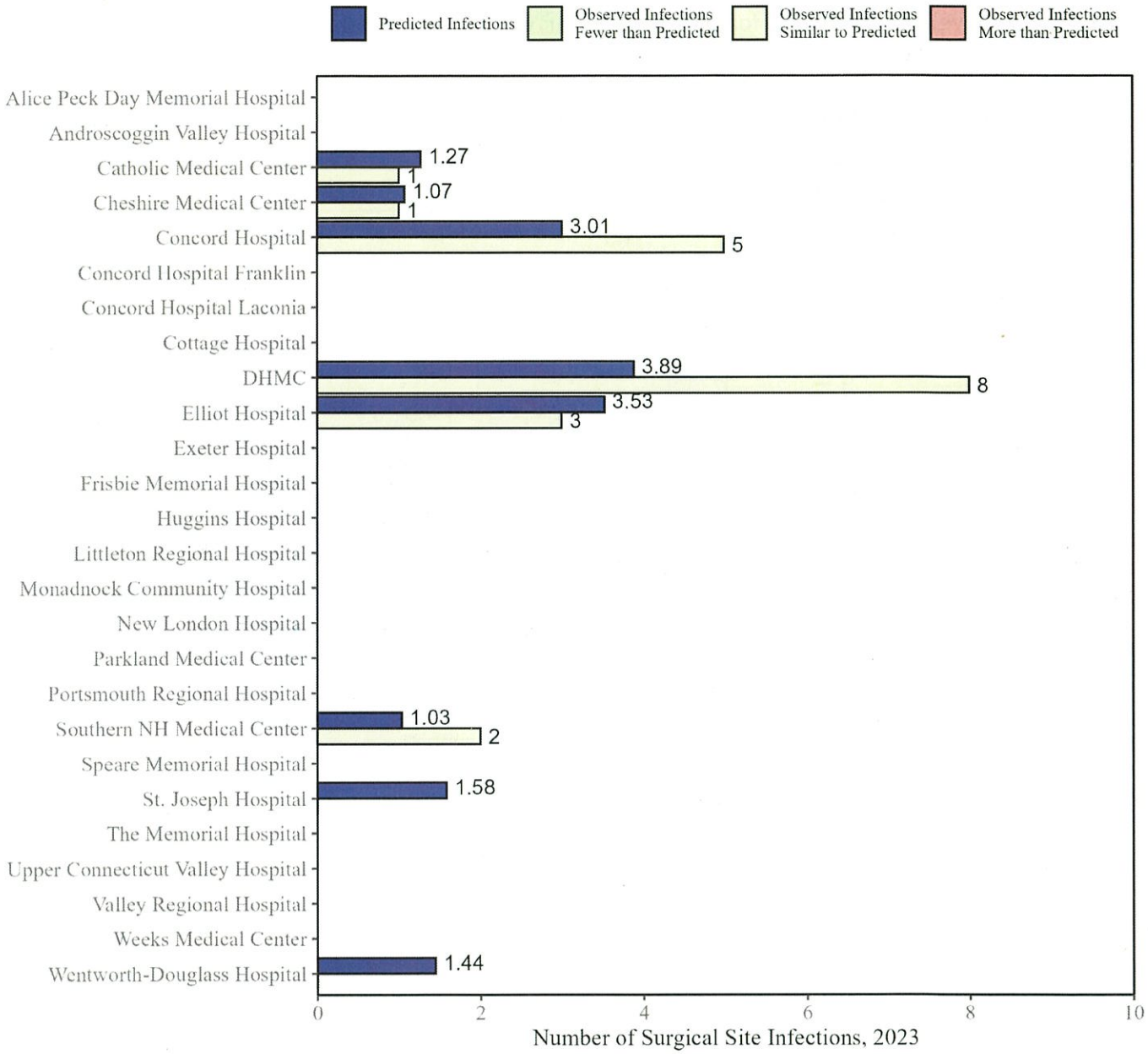
Table 17. Abdominal hysterectomy procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted Number of Infections
Alice Peck Day Memorial Hospital	†	†	†	†	†
Androscoggin Valley Hospital	†	†	†	†	†
Catholic Medical Center	1	1.27	0.78	0.04 , 3.87	Similar
Cheshire Medical Center	1	1.07	0.93	0.05 , 4.60	Similar
Concord Hospital	5	3.01	1.66	0.61 , 3.68	Similar
Concord Hospital Franklin	-	-	-	-	-
Concord Hospital Laconia	†	†	†	†	†
Cottage Hospital	†	†	†	†	†
DHMC	8	3.89	2.06	0.95 , 3.90	Similar
Elliot Hospital	3	3.53	0.85	0.22 , 2.31	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial Hospital	-	-	-	-	-
Huggins Hospital	†	†	†	†	†
Littleton Regional Hospital	†	†	†	†	†
Monadnock Community Hospital	†	†	†	†	†
New London Hospital	†	†	†	†	†
Parkland Medical Center	-	-	-	-	-
Portsmouth Regional Hospital	†	†	†	†	†
Southern NH Medical Center	2	1.03	1.95	0.33 , 6.44	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	0	1.58	0.00	0.00 , 1.89	Similar
The Memorial Hospital	†	†	†	†	†
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	0	1.44	0.00	0.00 , 2.09	Similar
State Total	**22**	**20.63**	**1.07**	**0.69 , 1.59**	**Similar**

† Data are not shown for hospitals with less than one predicted infection.

- Facility did not perform any of the four procedures being monitored during 2023

Figure 13. Knee arthroplasty procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2023



Note: Data are not shown for hospitals with less than one predicted infection.

Overall Surgical Site Infections: Comparison to 2022 Data

Overall, in 2023 the statewide SSI SIR was similar to 2022. The analysis presented in Table 13 (above) indicates that for all hospitals for which data are shown 11 hospitals have similar numbers of infections observed in 2023 and 2022.

Figure 14. Overall surgical site infection standardized infection ratios by year, 2022-2023

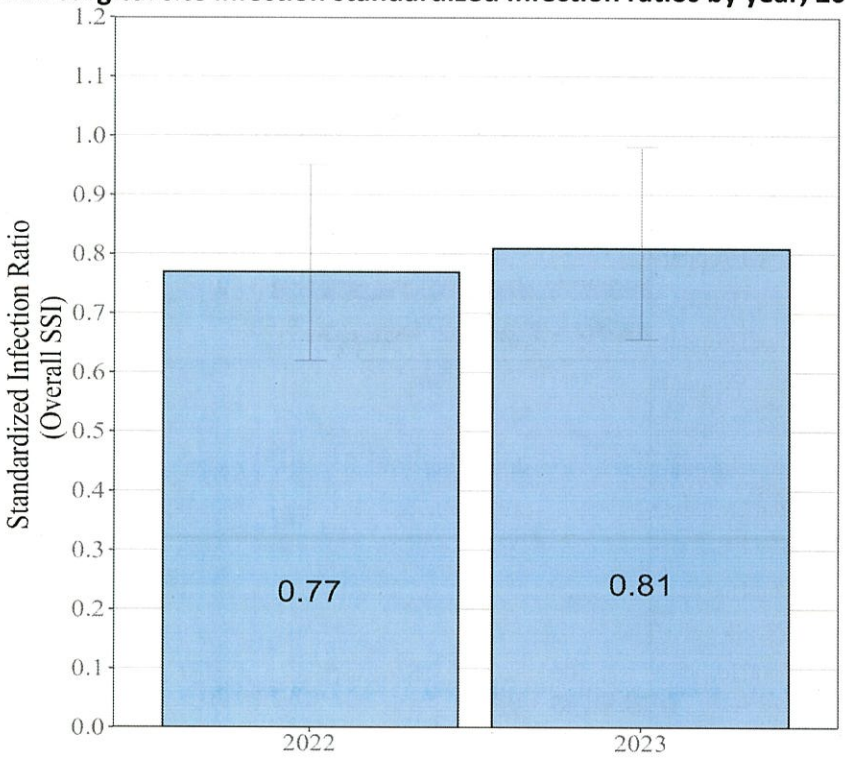


Figure 15. Overall coronary artery bypass graft procedure standardized infection ratios by year, 2022-2023

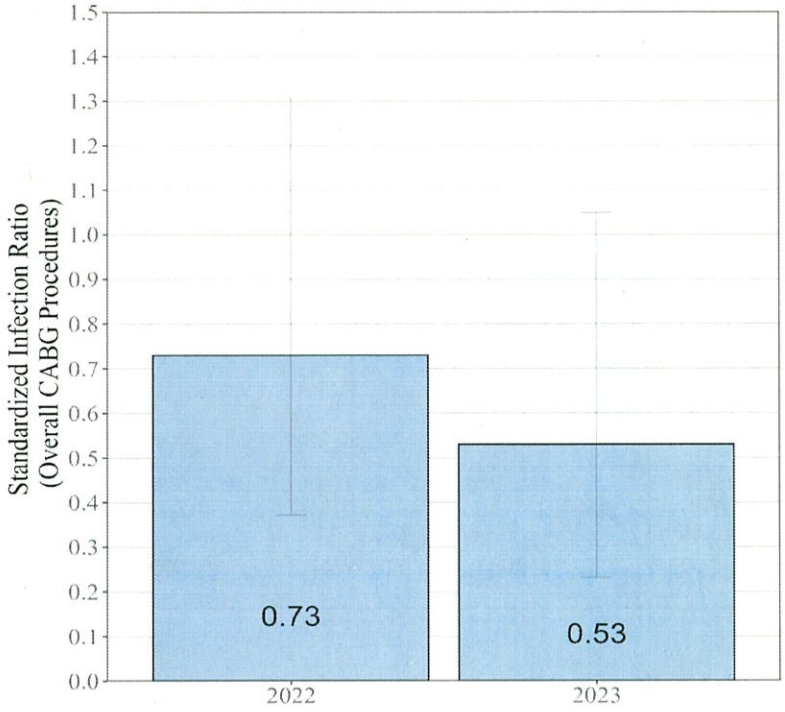


Figure 16. Overall colon procedure standardized infection ratios by year, 2022-2023

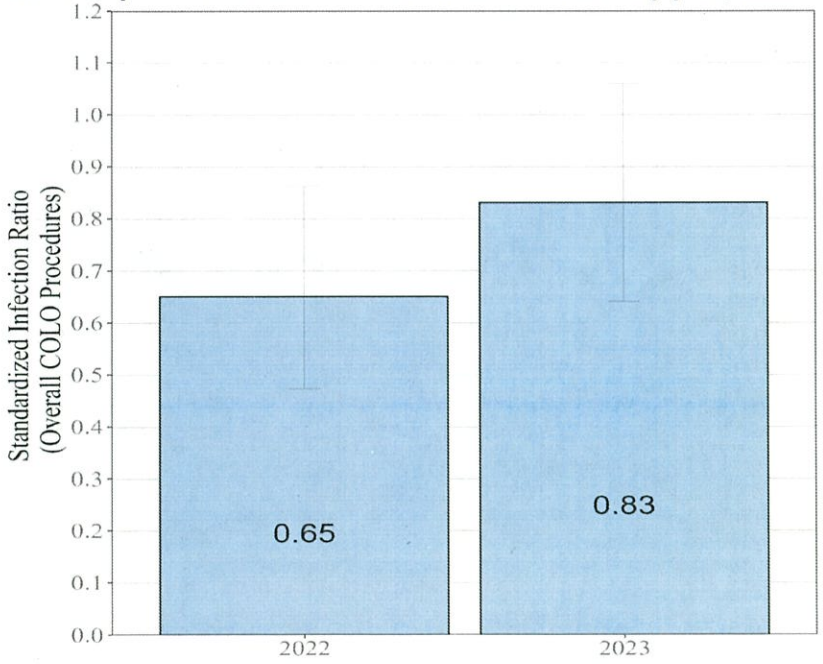


Figure 17. Overall abdominal hysterectomy standardized infection ratios by year, 2022-2023

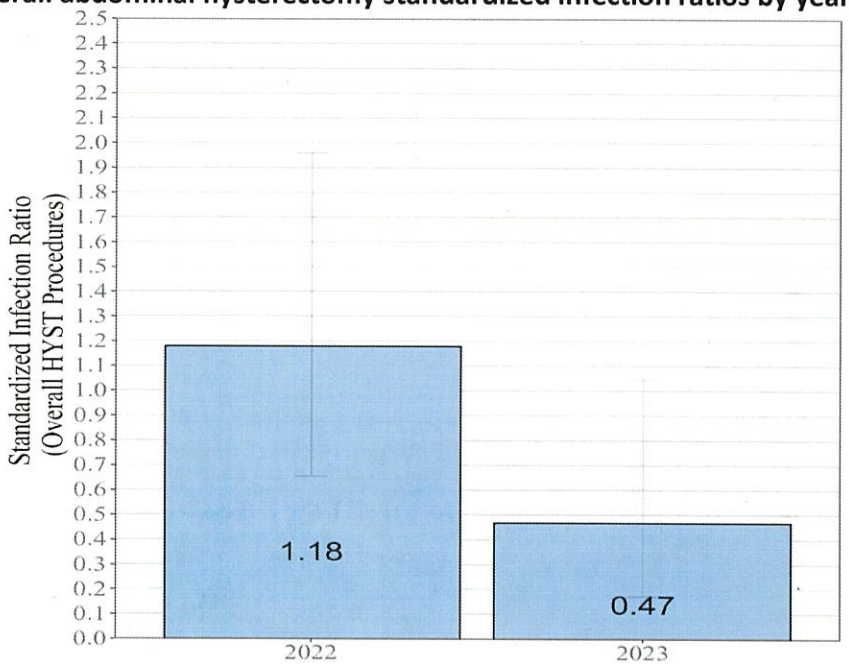


Figure 18. Overall knee arthroplasty standardized infection ratios by year, 2022-2023

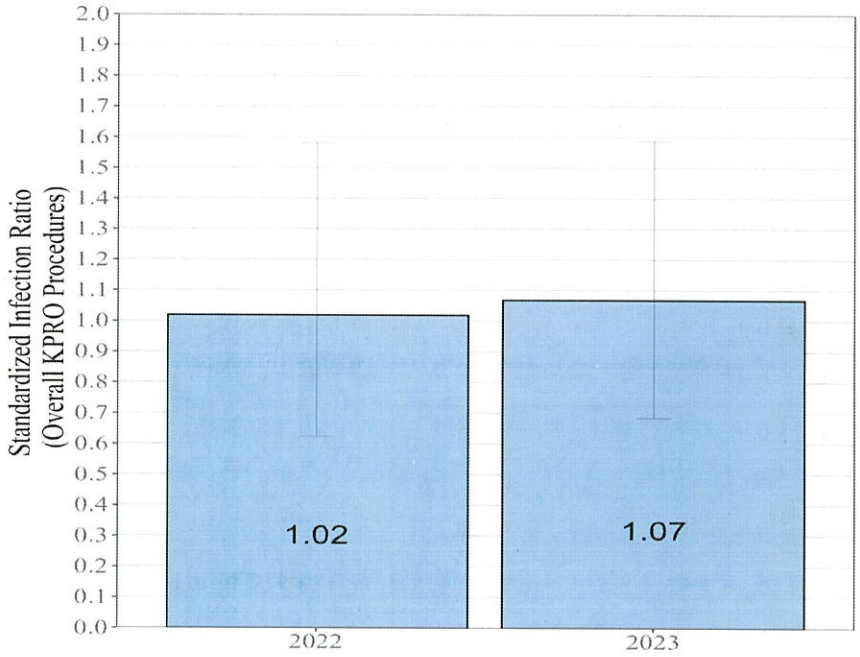


Table 18. Post-discharge surveillance methods and percentage of SSI detected post-discharge in New Hampshire hospitals, 2022-2023

Hospital Name	Post-Discharge Surveillance Methods	% SSIs Identified Post-Discharge	Compared to State
Alice Peck Day Memorial Hospital	Surgeon Letters	25.00 %	Similar
Androscoggin Valley Hospital	Surgeon Letters, Culture Reports, Outpatient Clinic	0.00 %	Similar
Catholic Medical Center	Surgeon Letters, Culture Reports	13.04 %	Similar
Cheshire Medical Center	Culture Reports, Outpatient Clinic	25.00 %	Similar
Concord Hospital	Culture Reports	12.00 %	Similar
Concord Hospital Franklin	Surgeon Letters, Culture Reports	†	†
Concord Hospital Laconia	Surgeon Letters, Culture Reports	38.46 %	Similar
Cottage Hospital	Surgeon Letters, Culture Reports, Outpatient Clinic, other*	0.00 %	Similar
DHMC	Surgeon Letters, Culture Reports, Outpatient Clinic	14.71 %	Similar
Elliot Hospital	Surgeon Letters, Culture Reports	30.91 %	Similar
Exeter Hospital	Surgeon Letters	9.09 %	Similar
Frisbie Memorial Hospital	Surgeon Letters, Outpatient Clinic	50.00 %	Similar
Huggins Hospital	Surgeon Letters, Culture Reports, Patient/Family	0.00 %	Similar
Littleton Regional Hospital	Surgeon Letters, Culture Reports, Outpatient Clinic	33.33 %	Similar
Monadnock Community Hospital	Surgeon Letters, Culture Reports	0.00 %	Similar
New London Hospital	Surgeon Letters, Culture Reports, Outpatient Clinic	100.00 %	Higher
Parkland Medical Center	Surgeon Letters, Culture Reports	20.00 %	Similar
Portsmouth Regional Hospital	Surgeon Letters	6.67 %	Similar
Southern NH Medical Center	Surgeon Letters, Culture Reports	23.08 %	Similar
Speare Memorial Hospital	Surgeon Letters	0.00 %	Similar
St. Joseph Hospital	Surgeon Letters, Culture Reports, Outpatient Clinic	41.67 %	Similar

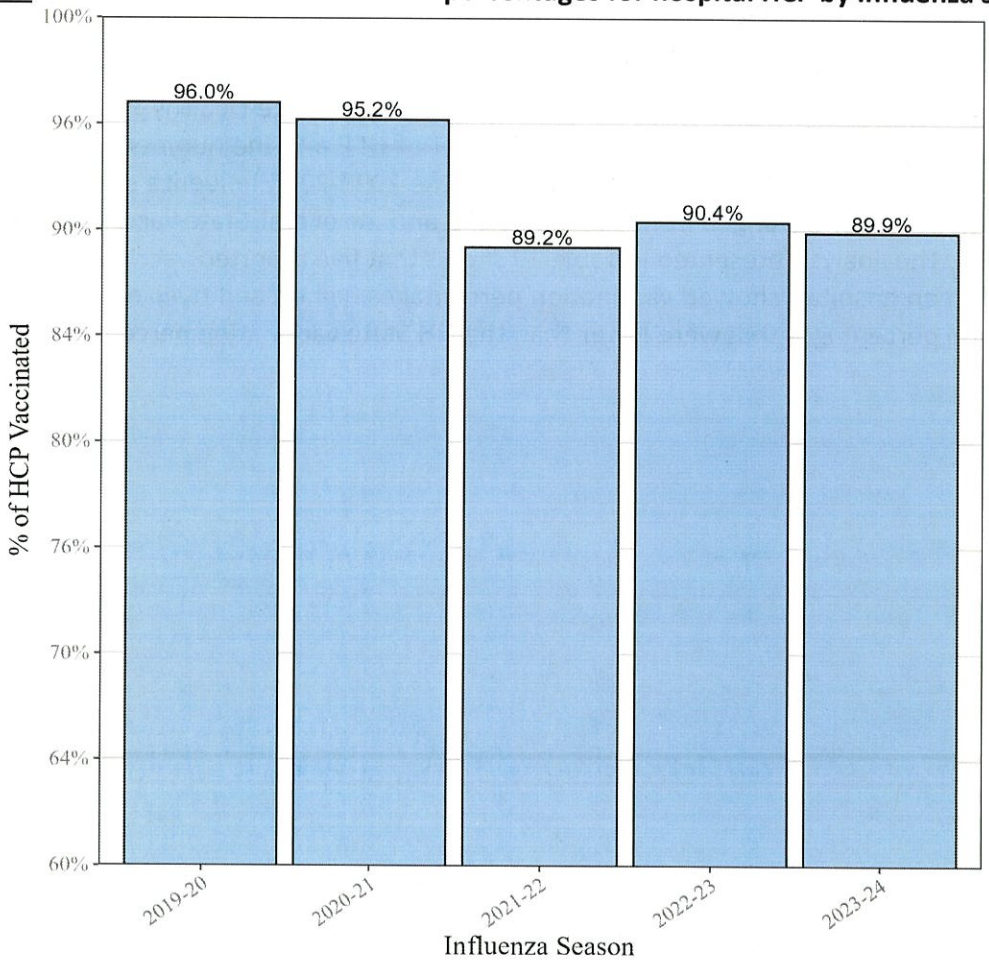
Hospital Name	Post-Discharge Surveillance Methods	% SSIs Identified Post-Discharge	Compared to State
The Memorial Hospital	Surgeon Letters, Culture Reports, Other**	55.56 %	Higher
Upper Connecticut Valley Hospital	Surgeon Letters, Culture Reports, Patient/Family	†	†
Valley Regional Hospital	Surgeon Letters, Culture Reports, Outpatient Clinic	†	†
Weeks Medical Center	Surgeon Letters, Culture Reports, Outpatient Clinic	†	†
Wentworth-Douglass Hospital	Surgeon Letters, Culture Reports	0.00 %	Similar

†No SSIs reported or predicted number of infections is less than one during this time period. Note: Post-discharge surveillance methods may have changed since originally reported. These data are for 2023 and 2024 and are not directly comparable to the rest of the data in this report. These data are shown to assess the effectiveness of the post-discharge surveillance system implemented at each facility. Two years of data are used since the number of reported infections at many facilities is small.

F. Influenza Vaccination Percentages

Figure 19 shows 2023-2024 influenza season, NH State observed an increase in influenza vaccination from the year prior, the vaccination rate is above the Healthy People 2030 goal of 90%. Table 19 and Figure 20 show the total number of HCP and the number of HCP vaccinated against seasonal influenza at each hospital during the 2023-2024 influenza season. Vaccination percentages by hospital ranged from 8.3% to 99.2%, and the overall State vaccination percentage was 89.9%. The analysis presented in Table 19 shows that five reported vaccination percentages similar, fifteen hospitals showed vaccination percentages higher, and twelve hospitals reported vaccination percentages that were lower than the NH State vaccination percentage.

Figure 19. Statewide influenza vaccination percentages for hospital HCP by influenza season



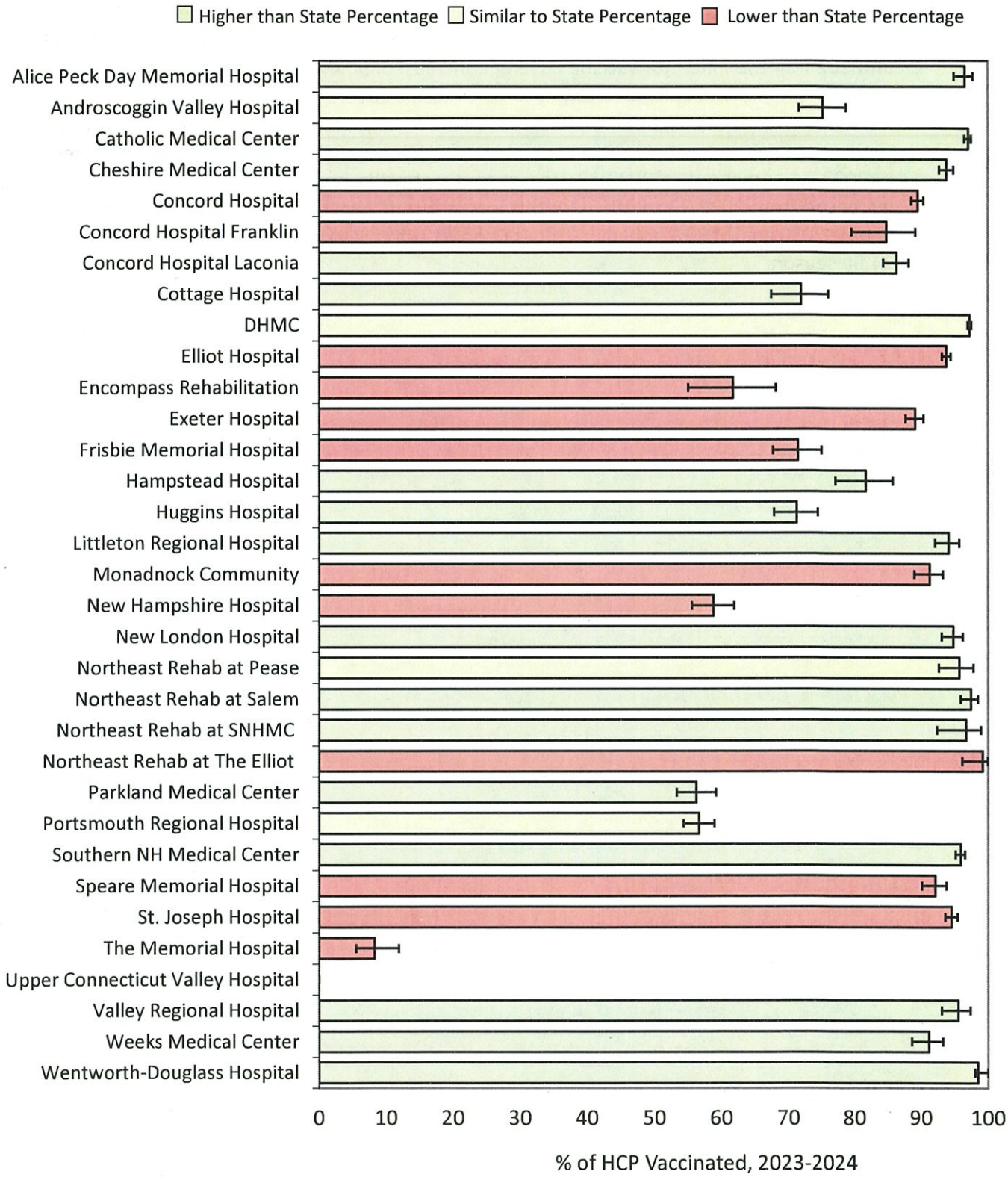
Note: Influenza season represents data for HCP between October 1st and March 31st the following calendar year.

Table 19. Influenza vaccination percentages for hospital HCP by hospital, 2023-24 influenza season, Oct 1, 2023–Mar 31, 2024

Hospital Name	HCP Vaccinated	Total HCP	% HCP Vaccinated	95% Confidence Interval	Hospital % Compared to State %
Alice Peck Day Memorial Hospital	650	673	96.6	95.00 , 97.77	Higher
Androscoggin Valley Hospital	445	589	75.5	71.96 , 78.90	Lower
Catholic Medical Center	4305	4435	97.1	96.54 , 97.53	Higher
Cheshire Medical Center	1870	1991	93.9	92.80 , 94.91	Higher
Concord Hospital	3897	4351	89.6	88.63 , 90.45	Similar
Concord Hospital Franklin	186	219	84.9	79.72 , 89.22	Lower
Concord Hospital Laconia	1083	1253	86.4	84.45 , 88.24	Lower
Cottage Hospital	311	431	72.2	67.78 , 76.24	Lower
DHMC	14281	14676	97.3	97.04 , 97.56	Higher
Elliot Hospital	4946	5267	93.9	93.24 , 94.53	Higher
Encompass Rehabilitation	129	208	62.0	55.28 , 68.43	Lower
Exeter Hospital	1850	2075	89.2	87.76 , 90.44	Similar
Frisbie Memorial Hospital	421	587	71.7	67.97 , 75.25	Lower
Hampstead Hospital	257	314	81.8	77.29 , 85.82	Lower
Huggins Hospital	524	733	71.5	68.14 , 74.67	Lower
Littleton Regional Hospital	632	671	94.2	92.22 , 95.78	Higher
Monadnock Community Hospital	605	662	91.4	89.07 , 93.35	Similar
New Hampshire Hospital	542	919	59.0	55.77 , 62.13	Lower
New London Hospital	725	764	94.9	93.16 , 96.29	Higher
Northeast Rehabilitation at Pease (Portsmouth)	231	241	95.8	92.73 , 97.87	Higher
Northeast Rehabilitation at Salem	614	630	97.5	95.99 , 98.49	Higher
Northeast Rehabilitation at SNHMC (Nashua)	121	125	96.8	92.46 , 98.97	Higher
Northeast Rehabilitation at The Elliot (Manchester)	127	128	99.2	96.21 , 99.96	Higher
Parkland Medical Center	616	1092	56.4	53.45 , 59.33	Lower
Portsmouth Regional Hospital	1009	1777	56.8	54.47 , 59.08	Lower
Southern NH Medical Center	2917	3040	96.0	95.21 , 96.61	Higher
Speare Memorial Hospital	752	816	92.2	90.16 , 93.86	Similar
St. Joseph Hospital	2260	2388	94.6	93.68 , 95.49	Higher
The Memorial Hospital	24	288	8.3	5.54 , 11.96	Lower

Hospital Name	HCP Vaccinated	Total HCP	% HCP Vaccinated	95% Confidence Interval	Hospital % Compared to State %
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	349	365	95.6	93.12 , 97.38	Higher
Weeks Medical Center	517	567	91.2	88.63 , 93.31	Similar
Wentworth-Douglass Hospital	4223	4288	98.5	98.08 , 98.82	Higher
State Total	**53808**	**59829**	**89.9**	**89.69 , 90.17**	

Figure 20. Influenza vaccination percentages for hospital HCP by hospital, 2023-24 influenza season, Oct 1, 2023– Mar 31, 2024



Influenza Vaccination Percentages: Comparison to 2022-23 Data

From 2013-14 influenza season until 2020-21 influenza season the vaccination fluctuated between 93.0% and 95.2%. In 2021-22, the influenza vaccine coverage decreased to 89.2%, and dipped just below the Healthy People 2030 target of 90% vaccine coverage. Between 2022-23 and 2023-24 the influenza vaccine coverage increased, 90.4% and 89.9% respectfully, and was above the Healthy People 2030 target of 90% vaccine coverage. The analysis presented in Table 20 shows that overall, eight hospitals increased HCP influenza vaccination, thirteen hospitals had similar vaccination percentages, and eight hospitals decreased influenza vaccination percentages in 2023-24 compared to 2022-23. The overall statewide hospital HCP vaccination percentage increased from 2022-23 to 2023-24; this increase puts New Hampshire just above the Healthy People 2030 goal of 90% or higher. Upper Connecticut Valley Hospital did not report for the 2023-24 flu season.

Figure 21. Influenza vaccination percentages for hospital healthcare personnel by hospital, 2022-23 and 2023-24 influenza seasons

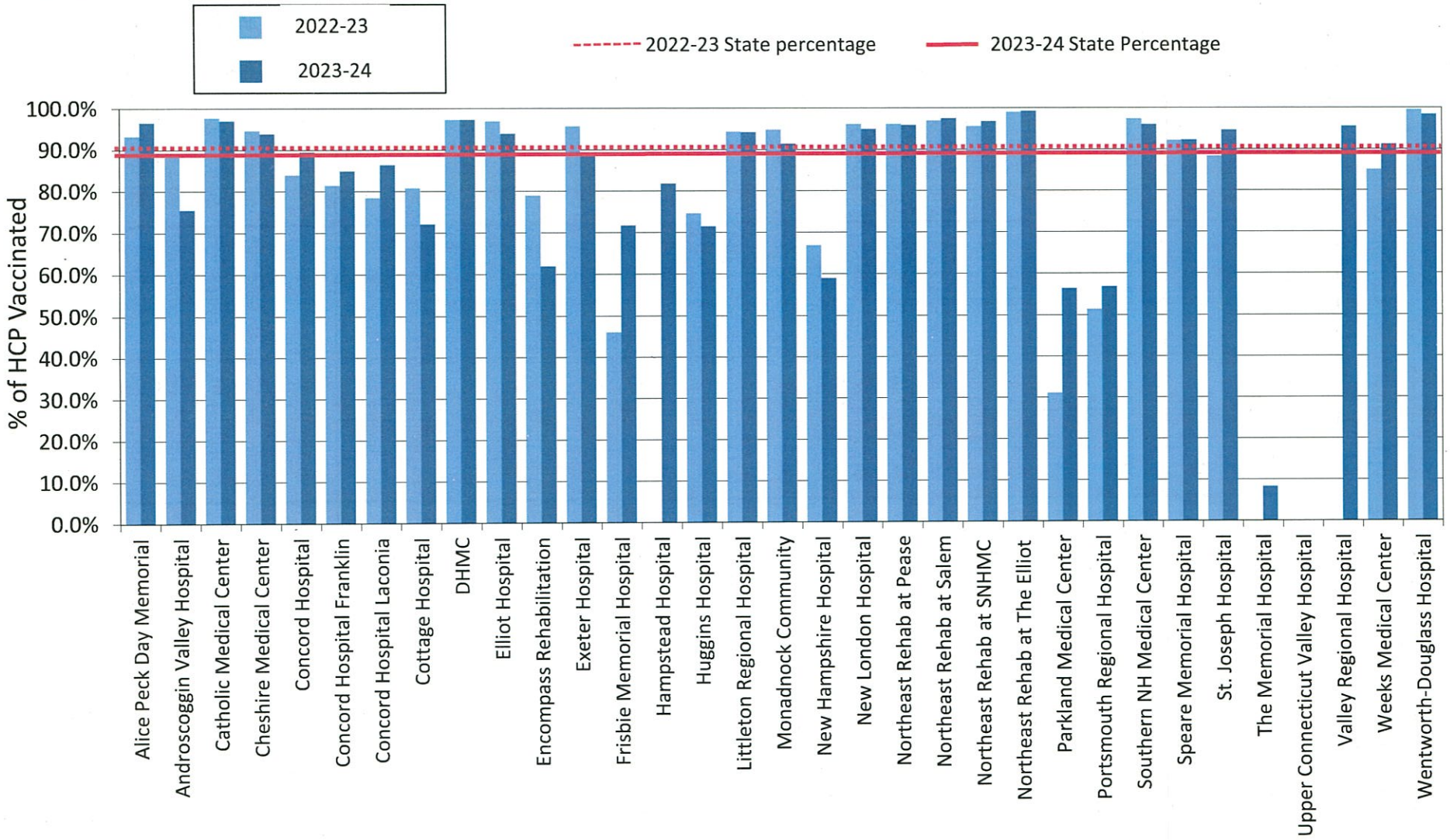


Table 20. Influenza vaccination percentages for hospital healthcare personnel by hospital, comparison between 2022-2023 and 2023-2024 influenza seasons

Hospital Name	% Vaccinated 2022-2023	95% Confidence Interval 2022-2023	% Vaccinated 2023-2024	95% Confidence Interval 2023-2024	2022-2023 Compared to 2023-2024
Alice Peck Day Memorial Hospital	93.3	91.42 , 94.86	96.6	95.00 , 97.77	Higher
Androscoggin Valley Hospital	88.8	85.83 , 91.36	75.6	71.96 , 78.90	Lower
Catholic Medical Center	97.8	97.32 , 98.21	97.1	96.54 , 97.53	Similar
Cheshire Medical Center	94.7	93.65 , 95.57	93.9	92.80 , 94.91	Similar
Concord Hospital	84.0	82.90 , 84.97	89.6	88.63 , 90.45	Higher
Concord Hospital Franklin	81.5	76.38 , 85.85	84.9	79.72 , 89.22	Similar
Concord Hospital Laconia	78.5	76.38 , 80.50	86.4	84.45 , 88.24	Higher
Cottage Hospital	80.9	76.89 , 84.55	72.2	67.78 , 76.24	Lower
DHMC	97.3	97.03 , 97.56	97.3	97.04 , 97.56	Similar
Elliot Hospital	97.0	96.52 , 97.46	93.9	93.24 , 94.53	Lower
Encompass Rehabilitation	79.0	73.41 , 83.94	62.0	55.28 , 68.43	Lower
Exeter Hospital	95.7	94.72 , 96.51	89.2	87.76 , 90.44	Lower
Frisbie Memorial Hospital	46.1	41.83 , 50.43	71.7	67.97 , 75.25	Higher
Hampstead Hospital	-	-	81.8	77.29 , 85.82	-
Huggins Hospital	74.7	71.62 , 77.59	71.5	68.14 , 74.67	Similar
Littleton Regional Hospital	94.3	92.48 , 95.77	94.2	92.22 , 95.78	Similar
Monadnock Community Hospital	94.8	92.98 , 96.26	91.4	89.07 , 93.35	Similar
New Hampshire Hospital	66.9	64.04 , 69.64	59.0	55.77 , 62.13	Lower
New London Hospital	96.2	94.78 , 97.34	94.9	93.16 , 96.29	Similar
Northeast Rehabilitation at Pease (Portsmouth)	96.2	93.48 , 97.98	95.9	92.73 , 97.87	Similar
Northeast Rehabilitation at Salem	97.0	95.56 , 98.10	97.5	95.99 , 98.49	Similar
Northeast Rehabilitation at SNHMC (Nashua)	95.6	91.78 , 97.92	96.8	92.46 , 98.97	Similar
Northeast Rehabilitation at The Elliot (Manchester)	99.0	95.35 , 99.95	99.2	96.21 , 99.96	Similar
Parkland Medical Center	31.1	27.75 , 34.52	56.4	53.45 , 59.33	Higher
Portsmouth Regional Hospital	51.4	48.84 , 54.01	56.8	54.47 , 59.08	Higher
Southern NH Medical Center	97.4	96.79 , 97.88	96.0	95.21 , 96.61	Lower
Speare Memorial Hospital	92.1	90.09 , 93.81	92.2	90.16 , 93.86	Similar

Hospital Name	% Vaccinated 2022-2023	95% Confidence Interval 2022-2023	% Vaccinated 2023-2024	95% Confidence Interval 2023-2024	2022-2023 Compared to 2023-2024
St. Joseph Hospital	88.4	87.12 , 89.50	94.6	93.68 , 95.49	Higher
The Memorial Hospital	-	-	8.3	5.54 , 11.96	-
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	-	-	95.6	93.12 , 97.38	-
Weeks Medical Center	85.1	81.87 , 88.01	91.2	88.63 , 93.31	Higher
Wentworth-Douglass Hospital	99.6	99.37 , 99.75	98.5	98.08 , 98.82	Lower
State Total	**90.4**	**90.21 , 90.68**	**89.9**	**89.69 , 90.17**	**Lower**

Influenza Vaccination Policies for Healthcare Personnel

During the 2023-24 influenza season, 33 (78.6%) of 42 hospitals had an HCP vaccination policy in place and of the 9 (27.3%) which did not have a policy in place one was considering one. Among the 33 hospitals with a policy, 11 (33.3%) allowed an exemption for medical, religious, and personal/philosophical reasons; 19 (`57.6%) allowed only medical and religious exemptions; 0 (0%) allowed medical and personal/philosophical exemptions; and 1 (3%) hospital allowed only medical exemptions. Twenty-seven (81.8%) hospitals with a policy required unvaccinated HCP with an approved exemption to wear a mask, and 20 (60.6%) compelled unvaccinated HCP without an acceptable reason for exemption to progressive discipline, potentially including termination. Hospitals with vaccination policies had significantly higher percentages of influenza vaccination as a whole (91.6%) than hospitals without mandatory policies (59%). Hospitals that utilized progressive discipline potentially including termination as a consequence for unvaccinated HCP without an acceptable exemption had a significantly higher vaccination percentage (95%) than hospitals that did not include potential termination as a consequence (80.1%).

Figure 22. Influenza vaccination percentages for hospitals with and without vaccination policies, 2023-2024 influenza season

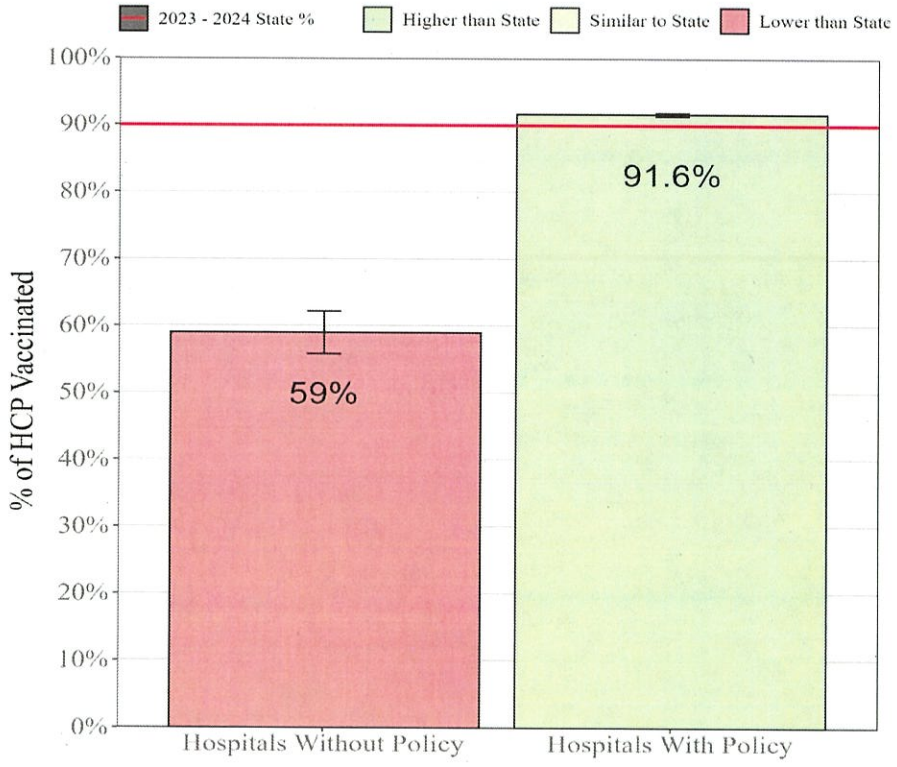


Table 21. Influenza vaccination policies and consequences for healthcare personnel by hospital, 2023-2024 influenza season

Hospital	Exemptions Allowed in Policy*	Requirements for Unvaccinated HCP with Accepted Exemption	Consequences for Unvaccinated HCP without Accepted Exemption
Alice Peck Day Memorial Hospital	Medical, Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination, Receive verbal and/or written education
Androscoggin Valley Hospital	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask, Receive verbal and/or written education
Catholic Medical Center	Medical, Religious	Wear a mask	Progressive discipline, potentially including termination
Cheshire Medical Center	Medical, Religious	(Other) No specific expectations of unvaccinated employees	Progressive discipline, potentially including termination
Concord Hospital	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Progressive discipline, potentially including termination, Receive verbal and/or written education
Concord Hospital Franklin	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Progressive discipline, potentially including termination, Receive verbal and/or written education
Concord Hospital Laconia	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Progressive discipline, potentially including termination, Receive verbal and/or written education
Cottage Hospital	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask
Dartmouth Hitchcock Medical Center	Medical, Religious	Wear a mask	Progressive discipline, potentially including termination, Receive verbal and/or written education
Elliot Hospital	Medical, Religious	Wear a mask	Progressive discipline, potentially including termination
Encompass Health Rehabilitation Hospital of Concord NH	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask
Exeter Hospital	Medical, Religious	Wear a mask, Receive verbal and/or written education	Wear a mask, Progressive discipline, potentially including termination
Frisbie Memorial Hospital	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Receive verbal and/or written education
Hampstead Hosptial	No policy	-	-

Hospital	Exemptions Allowed in Policy*	Requirements for Unvaccinated HCP with Accepted Exemption	Consequences for Unvaccinated HCP without Accepted Exemption
Huggins Hospital	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask
Littleton Regional Healthcare	Medical, Religious	Wear a mask, Receive verbal and/or written education	Progressive discipline, potentially including termination, Receive verbal and/or written education
Memorial Hospital	Medical, Religious	Wear a mask, Receive verbal and/or written education	Progressive discipline, potentially including termination
Monadnock Community Hospital	Medical, Religious	Wear a mask	Wear a mask
NE Rehab, Manchester	Medical, Religious	Wear a mask	Other (Termination)
NE Rehab, Nashua	Medical, Religious	Wear a mask	Other (Termination)
NE Rehab, Pease	Medical, Religious	Wear a mask	Other (Termination)
NE Rehab, Salem	Medical, Religious	Wear a mask	Other (Termination)
New Hampshire Hospital	No policy		
New London Hospital Association	Medical, Religious	Wear a mask, Receive verbal and/or written education	Progressive discipline, potentially including termination
Parkland Medical Center	Medical, Religious	Wear a mask	Wear a mask
Portsmouth Regional Hospital	Medical, Religious, Personal/philosophical	Wear a mask	Wear a mask
Southern New Hampshire Health	Medical, Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination
Speare Memorial Hospital	Medical, Religious	Wear a mask	Wear a mask, Progressive discipline, potentially including termination, Receive verbal and/or written education
St Joseph Hospital	Medical, Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination, Receive verbal and/or written education
Upper Connecticut Valley Hospital	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Receive verbal and/or written education
Valley Regional Hospital	Medical, Religious	Wear a mask, Receive verbal and/or written education	Wear a mask, Receive verbal and/or written education
Weeks Medical Center	Medical	Wear a mask	Wear a mask
Wentworth-Douglass Hospital	Medical, Religious, Personal/philosophical	Wear a mask, Receive verbal and/or written education	Wear a mask, Progressive discipline, potentially including termination, Receive verbal and/or written education

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

G. *Clostridioides difficile* Infections (CDI)

Tables 22 through 24, and Figures 23 and 24 show the number of infections that were identified caused by *Clostridioides difficile* Infections (CDI) at NH hospitals. The analysis presented in Table 23 shows the number of CDI identified by hospitals in NH. Among hospitals with sufficiently robust data to present, 15 individual ICU observed similar rates, 6 observed lower rates, and 3 observed higher rates of CDI rates compared to national data. See methods for additional information on data collection.

Table 22. *Clostridioides difficile* Infection Rates, Jan 1–Dec 31, 2023

Hospital Name	Observed Infections	Number of Patient Days	Hospital Rate	National Rate	P-Value	Hospital Rate Compared to National Rate
Alice Peck Day Memorial Hospital	1	6,285	0.2	0.3	0.64	Similar
Androscoggin Valley Hospital	0	5,096	0.0	0.3	0.24	Similar
Catholic Medical Center	50	61,942	0.8	0.3	0.00	Higher
Cheshire Medical Center	4	20,201	0.2	0.3	0.50	Similar
Concord Hospital	23	65,245	0.4	0.3	0.30	Similar
Concord Hospital Franklin	0	4,097	0.0	0.3	0.31	Similar
Concord Hospital Laconia	3	15,745	0.2	0.3	0.53	Similar
Cottage Hospital	0	4,277	0.0	0.3	0.30	Similar
DHMC	48	124,507	0.4	0.3	0.04	Higher
Elliot Hospital	10	67,743	0.1	0.3	0.02	Lower
Exeter Hospital	4	26,516	0.2	0.3	0.19	Similar
Frisbie Memorial Hospital	1	5,043	0.2	0.3	0.82	Similar
Huggins Hospital	2	3,160	0.6	0.3	0.29	Similar
Littleton Regional Hospital	5	2,860	1.7	0.3	0.00	Higher
Monadnock Community Hospital	2	3,684	0.5	0.3	0.37	Similar
New London Hospital	3	6,631	0.5	0.3	0.41	Similar
Parkland Medical Center	0	14,691	0.0	0.3	0.02	Lower
Portsmouth Regional Hospital	3	46,578	0.1	0.3	0.00	Lower
Southern NH Medical Center	3	39,798	0.1	0.3	0.00	Lower
Speare Memorial Hospital	3	4,980	0.6	0.3	0.22	Similar
St. Joseph Hospital	1	27,561	0.0	0.3	0.00	Lower
The Memorial Hospital	1	7,105	0.1	0.3	0.54	Similar
Upper Connecticut Valley Hospital	-	-	-	-	-	-
Valley Regional Hospital	0	4,925	0.0	0.3	0.25	Similar
Weeks Medical Center	-	-	-	-	-	-
Wentworth-Douglass Hospital	7	51,536	0.1	0.3	0.03	Lower

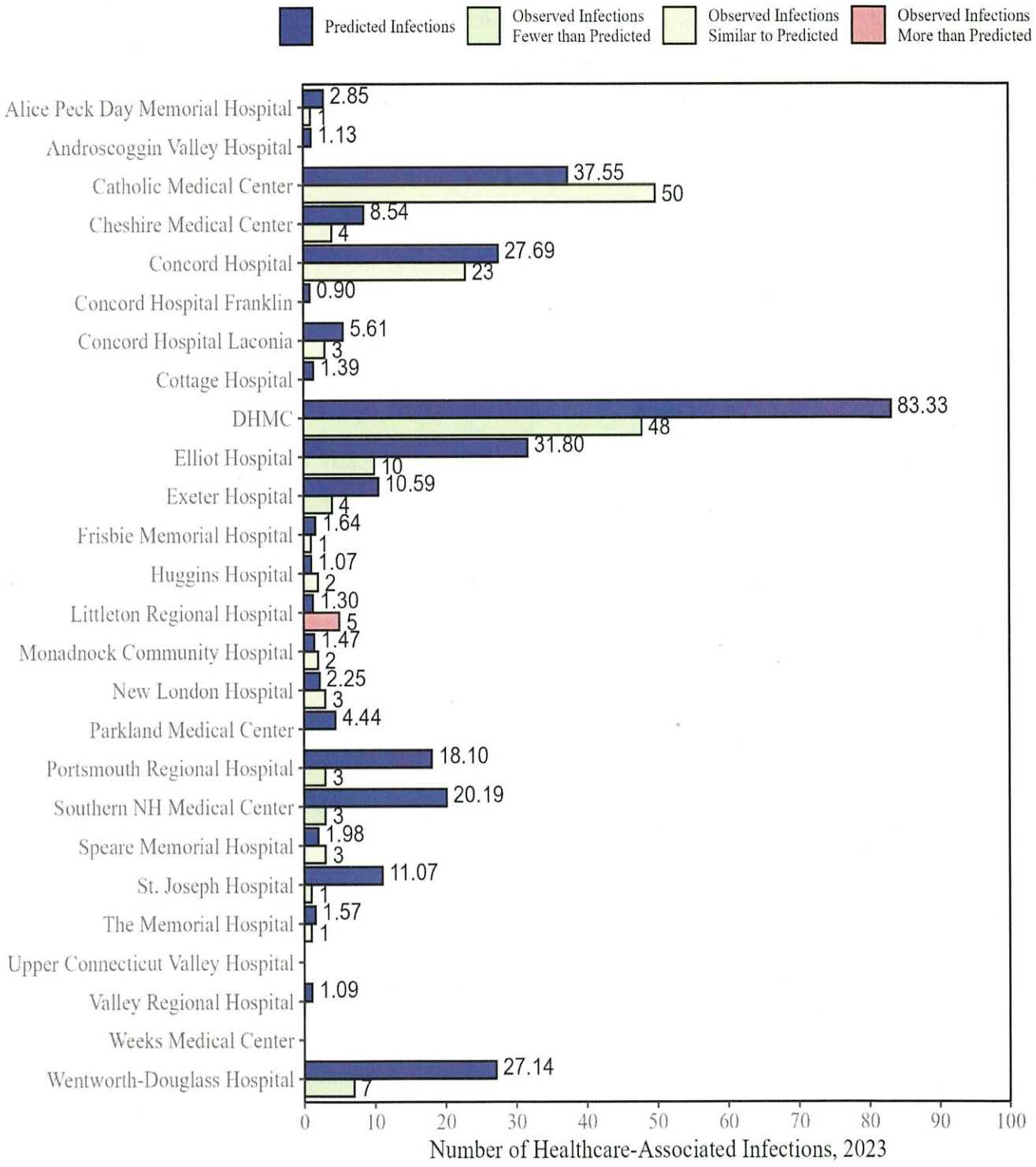
Clostridioides difficile Infections Standardized Infection Ratio

The observed number of CDI was lower than predicted based on national data, this was statistically significant. The analysis presented in Table 23 shows that 15 hospitals observed a similar number of infections, 8 hospitals observed a lower number of infections, and 1 hospital observed a higher number of infections as predicted based on national data.

Table 23. ***Clostridioides difficile*** **Infection standardized infection ratio, Jan 1–Dec 31, 2023**

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Expected Number of Infections
Alice Peck Day Memorial Hospital	1	2.85	0.35	0.02 , 1.73	Similar
Androscoggin Valley Hospital	0	1.13	0.00	0.00 , 2.66	Similar
Catholic Medical Center	50	37.55	1.33	1.00 , 1.74	Similar
Cheshire Medical Center	4	8.54	0.47	0.15 , 1.13	Similar
Concord Hospital	23	27.69	0.83	0.54 , 1.23	Similar
Concord Hospital Franklin	0	0.90	0.00	0.00 , 3.31	Similar
Concord Hospital Laconia	3	5.61	0.54	0.14 , 1.46	Similar
Cottage Hospital	0	1.39	0.00	0.00 , 2.15	Similar
DHMC	48	83.33	0.58	0.43 , 0.76	Lower
Elliot Hospital	10	31.80	0.31	0.16 , 0.56	Lower
Exeter Hospital	4	10.59	0.38	0.12 , 0.91	Lower
Frisbie Memorial Hospital	1	1.64	0.61	0.03 , 3.00	Similar
Huggins Hospital	2	1.07	1.87	0.31 , 6.18	Similar
Littleton Regional Hospital	5	1.30	3.85	1.41 , 8.53	Higher
Monadnock Community Hospital	2	1.47	1.36	0.23 , 4.49	Similar
New London Hospital	3	2.25	1.33	0.34 , 3.63	Similar
Parkland Medical Center	0	4.44	0.00	0.00 , 0.67	Lower
Portsmouth Regional Hospital	3	18.10	0.17	0.04 , 0.45	Lower
Southern NH Medical Center	3	20.19	0.15	0.04 , 0.40	Lower
Speare Memorial Hospital	3	1.98	1.52	0.39 , 4.13	Similar
St. Joseph Hospital	1	11.07	0.09	0.00 , 0.45	Lower
The Memorial Hospital	1	1.57	0.64	0.03 , 3.14	Similar
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	0	1.09	0.00	0.00 , 2.75	Similar
Weeks Medical Center	-	-	-	-	-
Wentworth-Douglass Hospital	7	27.14	0.26	0.11 , 0.51	Lower
State Total	**174**	**304.70**	**0.57**	**0.49 , 0.66**	**Lower**

Figure 23. *Clostridioides difficile* Infection standardized infection ratio, Jan 1–Dec 31, 2023



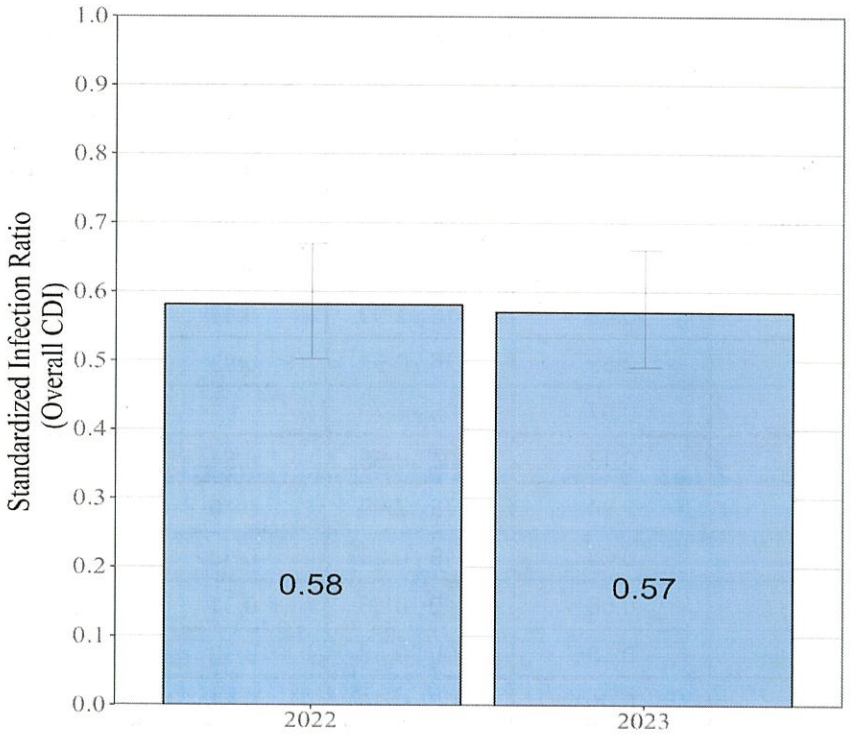
Clostridioides difficile Infections: Comparison to 2022 Data

Overall, in 2023 the statewide CDI SIR was similar compared to 2022. The analysis in Table 24 shows that 22 hospitals with robust data observed similar number of infections and 1 hospital observed higher number of infections in 2023 when compared to 2022. Figure 24 compares the 2023 statewide CAUTI SIR to 2022.

Table 24. *Clostridioides difficile* Infection standardized infection ratio between, 2022-2023

Hospital Name	Standardized Infection Ratio (SIR) 2022	95% Confidence Interval 2022	Standardized Infection Ratio (SIR) 2023	95% Confidence Interval 2023	2022 Comparison to 2023
Alice Peck Day Memorial Hospital	0.77	0.04 , 3.80	0.35	0.02 , 1.73	Similar
Androscoggin Valley Hospital	1.27	0.21 , 4.20	0.00	0.00 , 2.66	Similar
Catholic Medical Center	0.67	0.45 , 0.95	1.33	1.00 , 1.74	Higher
Cheshire Medical Center	0.49	0.18 , 1.09	0.47	0.15 , 1.13	Similar
Concord Hospital	0.59	0.35 , 0.92	0.83	0.54 , 1.23	Similar
Concord Hospital Franklin	0.97	0.05 , 4.79	†	†	†
Concord Hospital Laconia	0.13	0.01 , 0.65	0.54	0.14 , 1.46	Similar
Cottage Hospital	2.94	0.75 , 7.99	0.00	0.00 , 2.15	Similar
DHMC	0.65	0.49 , 0.85	0.58	0.43 , 0.76	Similar
Elliot Hospital	0.60	0.40 , 0.86	0.31	0.16 , 0.56	Similar
Exeter Hospital	0.10	0.00 , 0.48	0.38	0.12 , 0.91	Similar
Frisbie Memorial Hospital	0.00	0.00 , 0.86	0.61	0.03 , 3.00	Similar
Huggins Hospital	1.62	0.41 , 4.42	1.87	0.31 , 6.18	Similar
Littleton Regional Hospital	2.24	0.71 , 5.40	3.85	1.41 , 8.53	Similar
Monadnock Community Hospital	2.21	0.56 , 6.02	1.36	0.23 , 4.49	Similar
New London Hospital	0.43	0.02 , 2.12	1.33	0.34 , 3.63	Similar
Parkland Medical Center	0.39	0.07 , 1.30	0.00	0.00 , 0.67	Similar
Portsmouth Regional Hospital	0.64	0.35 , 1.06	0.17	0.04 , 0.45	Similar
Southern NH Medical Center	0.26	0.09 , 0.57	0.15	0.04 , 0.40	Similar
Speare Memorial Hospital	0.79	0.13 , 2.62	1.52	0.39 , 4.13	Similar
St. Joseph Hospital	0.31	0.08 , 0.84	0.09	0.00 , 0.45	Similar
The Memorial Hospital	2.80	0.89 , 6.76	0.64	0.03 , 3.14	Similar
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	0.00	0.00 , 2.78	0.00	0.00 , 2.75	Similar
Weeks Medical Center	-	-	-	-	-
Wentworth-Douglass Hospital	0.46	0.25 , 0.78	0.26	0.11 , 0.51	Similar
State Total	**0.58**	**0.50 , 0.67**	**0.57**	**0.49 , 0.66**	**Similar**

Figure 24. ***Clostridioides difficile*** **Infection standardized infection ratio between, 2022-2023**



H. Carbapenem-Resistant Enterobacerales (CRE) and Carbapenemase-Producing Organisms (CPO) in 2023

Table 25 and Figure 25 show the number of Carbapenem-Resistant Enterobacerales (CRE) and Carbapenemase-Producing Organisms (CPO) infections that were reported to NH DHHS HAI Program. The analysis presented in Figure 25 is a 5-year look at the investigations conducted for CREs and CPOs by NH DHHS HAI Program. In 2023, a total of 84 investigations were conducted (58 CREs and 26 CPOs). This is an increase of 18.18% from 2022 where a total of 70 investigations were conducted (48 CREs and 22 CPOs). See methods for additional information on data collection.

Figure 25. CRE CPO Five-year graph

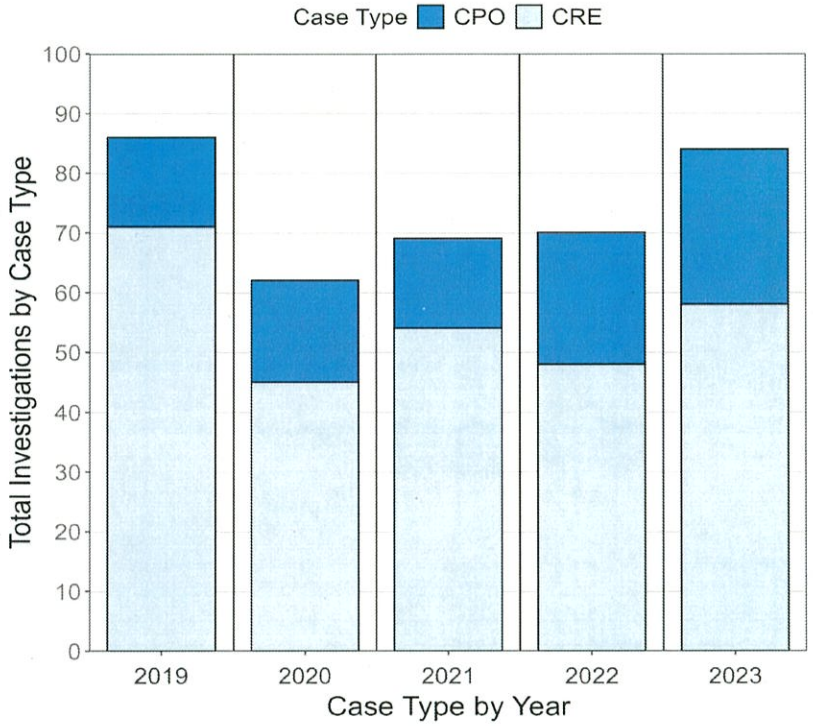


Table 25 shows the total numbers of carbapenemase resistance genes found in various organisms reported to the NH DHHS HAI Program over a five-year period sorted by year and resistance gene found. The total carbapenemase-producing organims (CPOs) over the five-year period from 2019-2023 was 93. The total number of CPOs in 2023 was 26. This is an increase of 26.09% from 2022 when the total number of CPOs was 20.

Table 25. CPO cases in 2023

Resistance	2019	2020	2021	2022	2023	Total
KPC	9	7	7	15	10	**48**
NDM	3	2	5	3	11	**24**
OXA-23	1	0	0	0	2	**3**
OXA-48	1	1	0	1	0	**3**
mCIM+/PCR-	1	4	2	1	2	**10**
mCIM Indeterminate	0	3	0	0	0	**3**
IMI-12	0	0	1	0	0	**1**
POM-1	0	0	0	0	1	**1**
Total	**15**	**17**	**15**	**20**	**26**	**93**

IV. CONCLUSIONS

This fifteenth 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:

- Thirty-two individually licensed hospitals in NH complied with the HAI mandatory reporting law in 2023.
- NH hospitals reported lower HAI associated with central line associated blood stream infections and catheter based on national data; this difference was statistically significant. Coronary artery bypass graft, colon procedures, abdominal hysterectomy procedures, and knee replacements were reported as similar as based on national.
- The majority of hospitals have similar number of infections than predicted based on national data.
- One NH hospitals have less infections following certain procedures, which may reflect changes to previous infection prevention practices in order to reduce infections.
- Since 2013, adherence to central line insertion practices (CLIP) has remained over 98.0%. During the 2021 legislative season, the New Hampshire Legislature passed a bill to remove central line insertion practices from Revised Statutes Annotated (RSA) 151:32-35. Hospitals are no longer required to identify, track and report adherence rates of central line insertion practices to the NH Department of Health and Human Services.
- Medicare and Medicaid suspended Surgical Care Improvement Project (SCIP). NH DHHS has been unable to collect this data since 2014. During the 2021 legislative season, the New Hampshire Legislature passed a bill to remove SCIP from Revised Statutes Annotated (RSA) 151:32-35. Hospitals are no longer required to identify, track and report SCIP adherence rates to the NH Department of Health and Human Services.
- Vaccination coverage by hospitals during the 2023-24 influenza season ranged from 8.3% to 99.2%. The overall State percentage was 89.9%, which represents a statistically significant increase from the 2022-23 influenza season when the statewide vaccination percentage was 90.4%; however, given COVID-19 vaccination efforts, lower rates may have been expected in lieu of COVID-19 vaccine uptake.
- Thirty-three (78.6%) NH hospitals had an HCP vaccination policy in place during the 2023-24 season. This was similar to the 2022-23 season. Overall, hospitals with vaccination policies had significantly higher percentages of influenza vaccination as a whole (95%) than hospitals without mandatory policies (80.1%).

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 hospitals. Although data in this report have not been independently validated to assess reporting accuracy, this process is ongoing. Healthcare consumers can discuss the information provided in this report with their healthcare provider and should review Appendix 4 for information on what individual patients can do to prevent HAI.

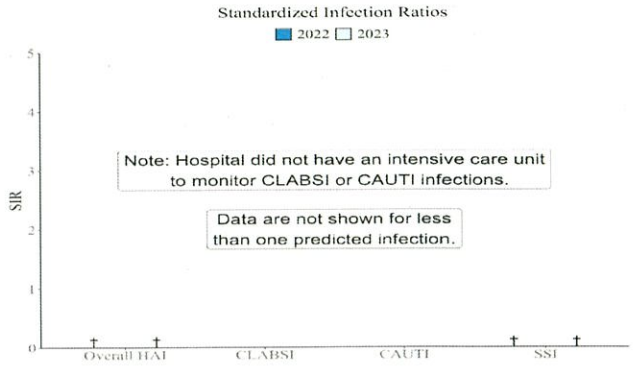
V. ACUTE CARE HOSPITAL REPORTS

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 hospitals for which facility-specific infections data for specific measures cannot be presented. See technical notes for additional information on data restriction and presentation.



ALICE PECK DAY MEMORIAL
Lebanon, NH
Not-for-Profit, Critical Access
# of Admissions: 2,328
# of Beds: 25
# of ICU Beds: 0
# of Patient-days: 6,460

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	No ICU to monitor infections				
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	Facility did not perform this procedure in 2023				
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

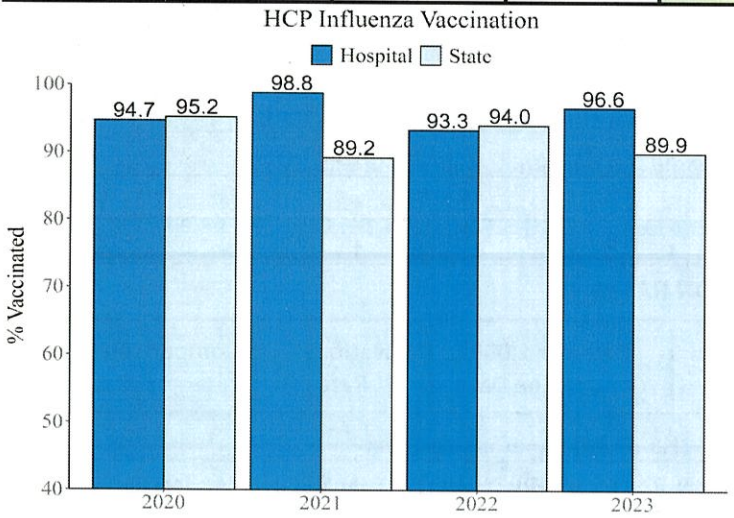


ALICE PECK DAY MEMORIAL
Lebanon, NH
Not-for-Profit, Critical Access
# of Admissions: 2,328
# of Beds: 25
# of ICU Beds: 0
# of Patient-days: 6,460

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	96.6	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

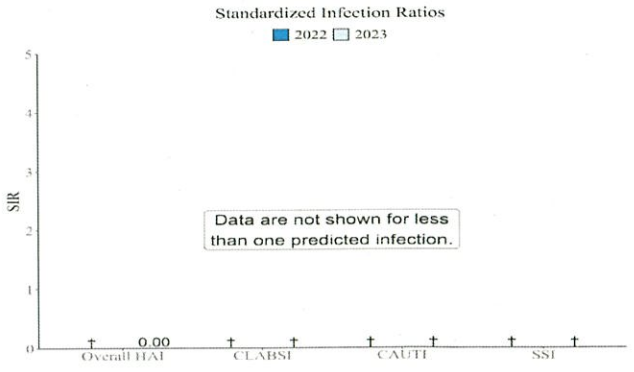
- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2023, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



ANDROSCOGGIN VALLEY
Berlin, NH
Not-for-Profit, Critical Access
# of Admissions: 1,466
# of Beds: 25
# of ICU Beds: 5
# of Patient-days: 4,941

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	0	1.02	0.00	0.00 , 2.94	Similar
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	Facility did not perform this procedure in 2023				
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Medical ICU	0	88	0.0	1.1	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Medical ICU	0	282	0.0	2.0	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

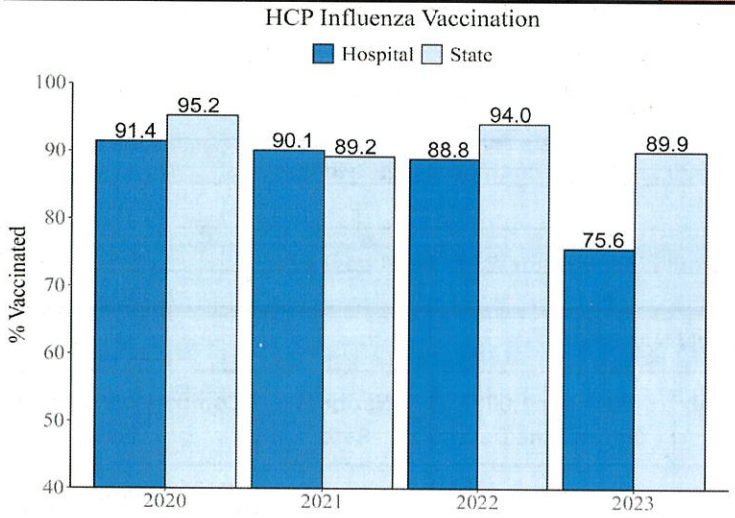


ANDROSCOGGIN VALLEY
Berlin, NH
Not-for-Profit, Critical Access
# of Admissions: 1,466
# of Beds: 25
# of ICU Beds: 5
# of Patient-days: 4,941

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	75.5	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
NONE REPORTED			

DATA NOTES:

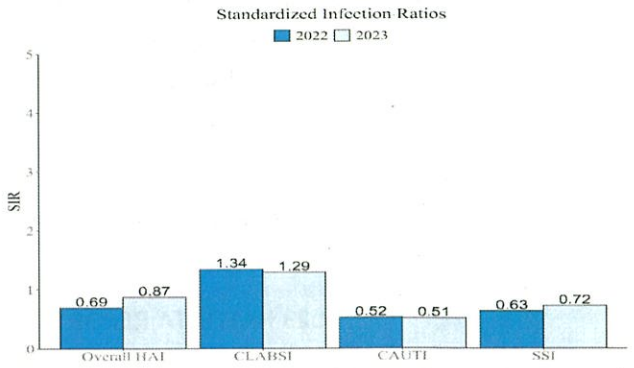
- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2023, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



CATHOLIC MEDICAL CENTER
Manchester, NH
Not-for-Profit, Acute Care
# of Admissions: 21,258
# of Beds: 258
# of ICU Beds: 28
# of Patient-days: 65,455

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	21	24.13	0.87	0.55 , 1.31	Similar
CLABSI	10	7.73	1.29	0.66 , 2.31	Similar
CAUTI	2	3.92	0.51	0.09 , 1.69	Similar
SSI	9	12.48	0.72	0.35 , 1.32	Similar
CABG	6	5.52	1.09	0.44 , 2.26	Similar
COLO	2	5.40	0.37	0.06 , 1.22	Similar
HYST	†	†	†	†	†
KPRO	1	1.27	0.78	0.04 , 3.87	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1752	0.0	1.1	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

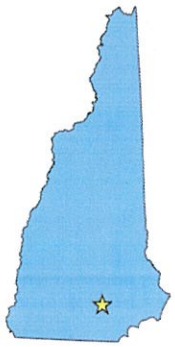
Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	2	3007	0.7	2.7	Lower

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

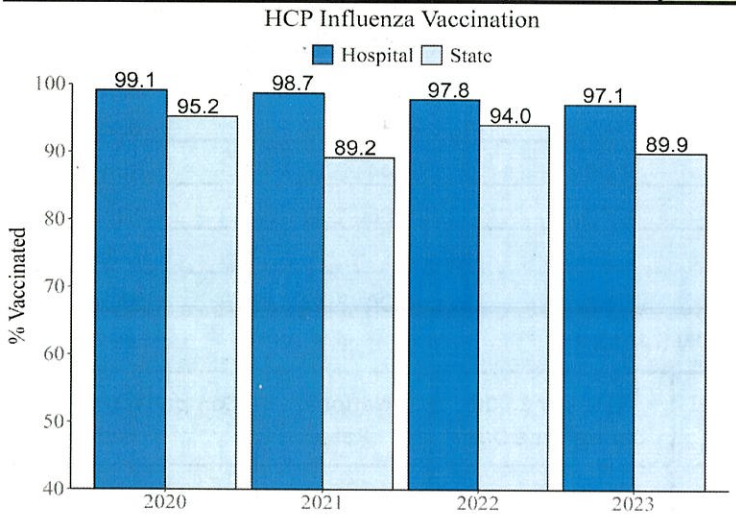


CATHOLIC MEDICAL CENTER
Manchester, NH
Not-for-Profit, Acute Care
# of Admissions: 21,258
# of Beds: 258
# of ICU Beds: 28
# of Patient-days: 65,455

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	97.1	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
- In New Hampshire in 2023, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
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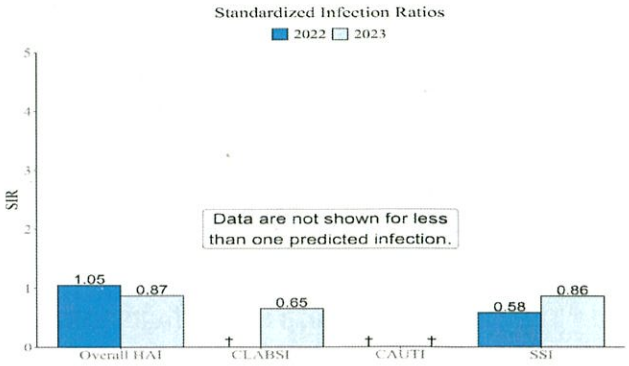
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



CHESHIRE MEDICAL CENTER
Keene, NH
Not-for-Profit, Acute Care
# of Admissions: 5,011
# of Beds: 69
# of ICU Beds: 8
# of Patient-days: 22,017

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	6	6.92	0.87	0.35 , 1.80	Similar
CLABSI	1	1.54	0.65	0.03 , 3.21	Similar
CAUTI	†	†	†	†	†
SSI	4	4.63	0.86	0.27 , 2.08	Similar
CABG	Facility did not perform this procedure in 2023				
COLO	3	2.87	1.04	0.27 , 2.84	Similar
HYST	†	†	†	†	†
KPRO	1	1.07	0.93	0.05 , 4.60	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Medical ICU	0	648	0.0	1.1	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Medical ICU	1	1181	0.8	2.0	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



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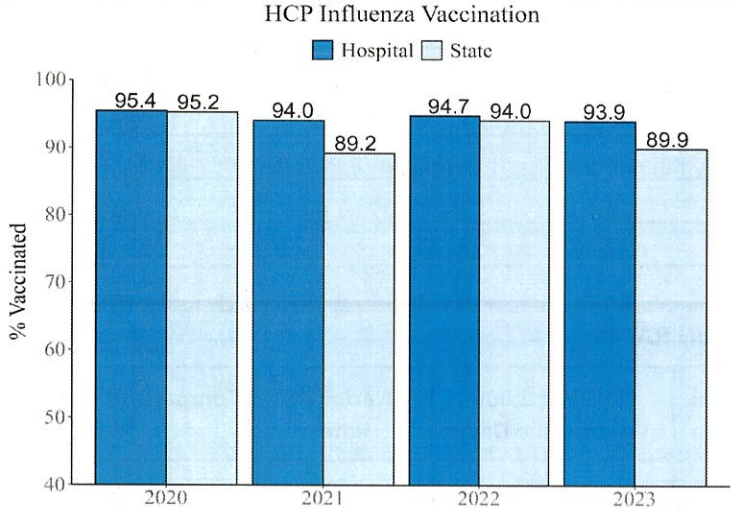
Keene, NH
Not-for-Profit, Acute Care
# of Admissions: 5,011
# of Beds: 69
# of ICU Beds: 8
# of Patient-days: 22,017

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	93.9	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	No specific expectations of unvaccinated employees	Progressive discipline, potentially including termination

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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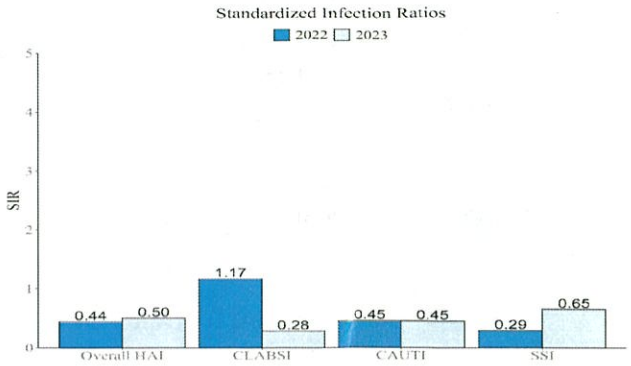
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



CONCORD HOSPITAL
Concord, NH
Not-for-Profit, Acute Care
# of Admissions: 18,983
# of Beds: 240
# of ICU Beds: 20
# of Patient-days: 70,658

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	12	23.86	0.50	0.27 , 0.86	Lower
CLABSI	2	7.06	0.28	0.05 , 0.94	Similar
CAUTI	2	4.47	0.45	0.07 , 1.48	Similar
SSI	8	12.33	0.65	0.30 , 1.23	Similar
CABG	0	1.93	0.00	0.00 , 1.55	Similar
COLO	3	6.74	0.44	0.11 , 1.21	Similar
HYST	†	†	†	†	†
KPRO	5	3.01	1.66	0.61 , 3.68	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	2764	0.4	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	2	4993	0.4	1.7	Lower

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

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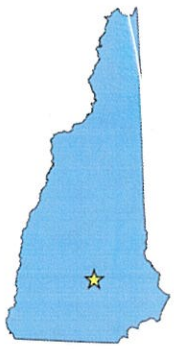
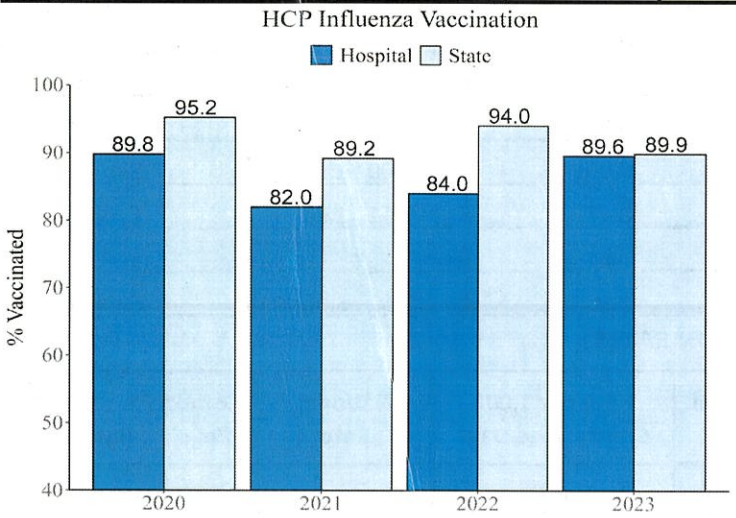


CONCORD HOSPITAL
Concord, NH
Not-for-Profit, Acute Care
# of Admissions: 18,983
# of Beds: 240
# of ICU Beds: 20
# of Patient-days: 70,658

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	89.6	89.9	Similar



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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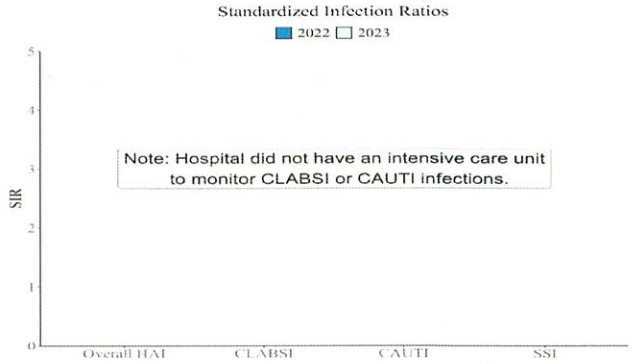
CONCORD HOSPITAL-FRANKLIN
Franklin, NH
Not-for-Profit, Critical Access
# of Admissions: 911
# of Beds: 20
# of ICU Beds: 0
# of Patient-days: 5,989

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	Facility did not report any data contributing to an SIR during this time period				
CLABSI	No ICU to monitor infections				
CAUTI					
SSI	Facility did not perform this procedure in 2023				
CABG					
COLO					
HYST					
KPRO					

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

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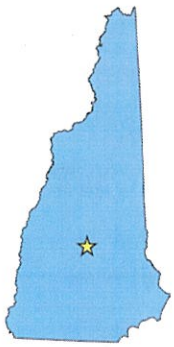
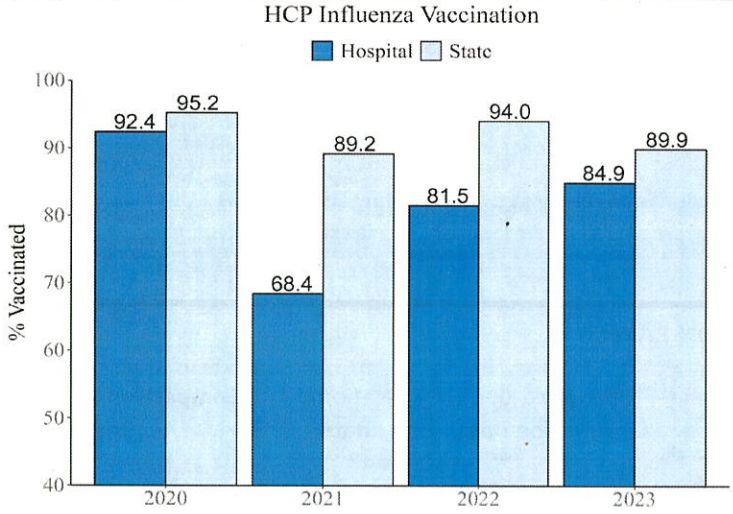


CONCORD HOSPITAL-FRANKLIN
Franklin, NH
Not-for-Profit, Critical Access
# of Admissions: 911
# of Beds: 20
# of ICU Beds: 0
# of Patient-days: 5,989

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	84.9	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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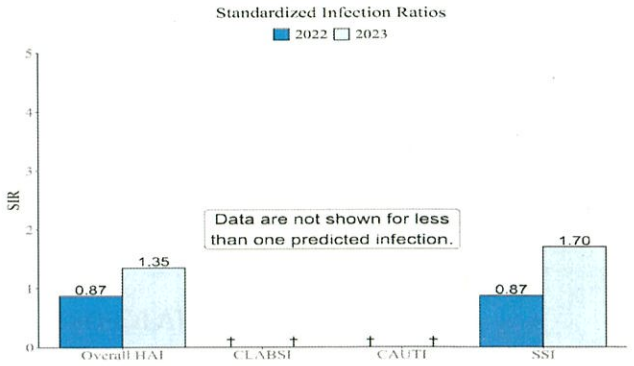
CONCORD HOSPTIAL- LACONIA
Laconia, NH
Not-for-Profit, Acute Care
# of Admissions: 3,512
# of Beds: 53
# of ICU Beds: 8
# of Patient-days: 15,745

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	6	4.46	1.35	0.55 , 2.80	Similar
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	5	2.94	1.70	0.62 , 3.77	Similar
CABG	Facility did not perform this procedure in 2023				
COLO	5	2.85	1.76	0.64 , 3.89	Similar
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	435	0.0	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	1144	0.9	1.3	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

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CONCORD HOSPTIAL- LACONIA
Laconia, NH
Not-for-Profit, Acute Care
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# of Beds: 53
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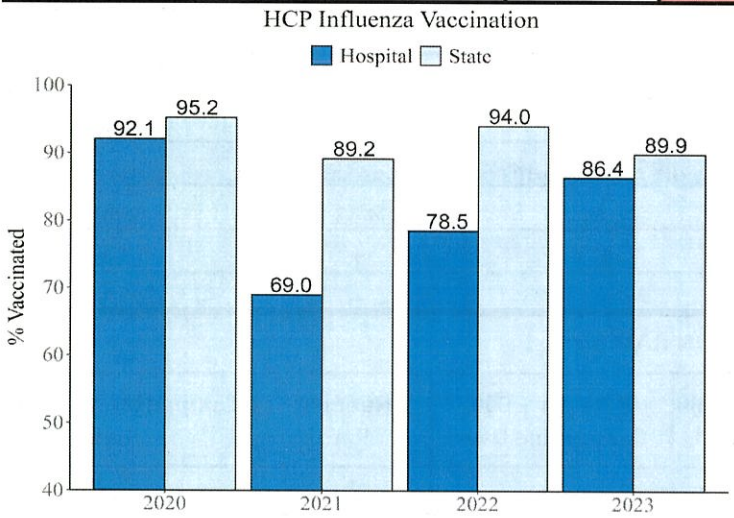
2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	86.4	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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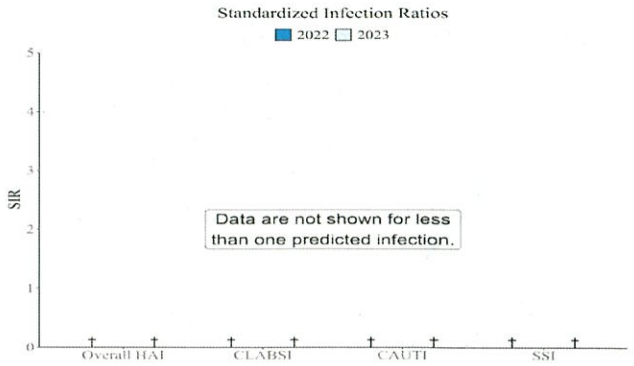
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



COTTAGE HOSPITAL
Woodsville, NH
Not-for-Profit, Critical Access
# of Admissions: 888
# of Beds: 35
# of ICU Beds: 3
# of Patient-days: 7,132

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	Facility did not perform this procedure in 2023				
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	76	0.0	1.3	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



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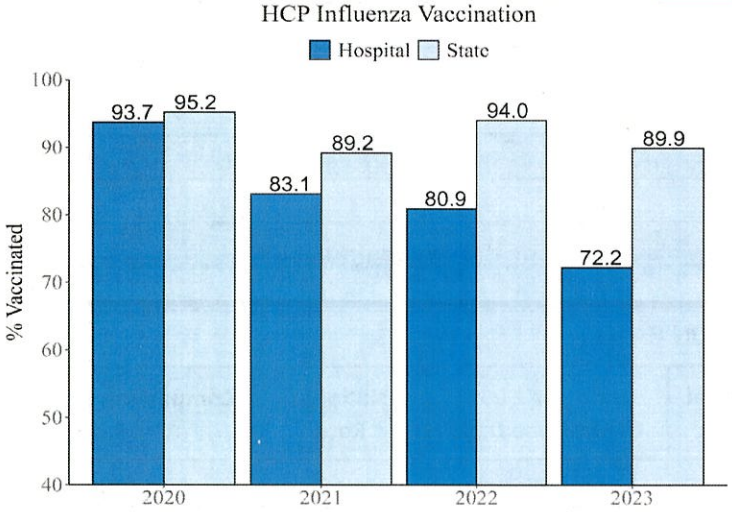
Woodsville, NH
Not-for-Profit, Critical Access
# of Admissions: 888
# of Beds: 35
# of ICU Beds: 3
# of Patient-days: 7,132

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	72.2	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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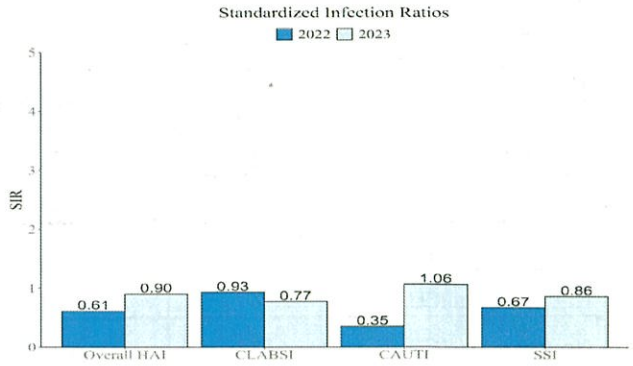
DHMC
Lebanon, NH
Not-for-Profit, Acute Care
# of Admissions: 20,987
# of Beds: 451
# of ICU Beds: 109
# of Patient-days: 134,224

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	96	106.6	0.90	0.73 , 1.09	Similar
CLABSI	27	35.14	0.77	0.52 , 1.10	Similar
CAUTI	39	36.75	1.06	0.77 , 1.44	Similar
SSI	30	34.70	0.86	0.59 , 1.22	Similar
CABG	1	2.71	0.37	0.02 , 1.82	Similar
COLO	19	24.87	0.76	0.47 , 1.17	Similar
HYST	2	3.23	0.62	0.10 , 2.05	Similar
KPRO	8	3.89	2.06	0.95 , 3.90	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Medical ICU	2	2537	0.8	1.2	Similar
Medical ICU	2	678	2.9	1.2	Similar
Med/Surg Pediatric	1	262	3.8	1.2	Similar
Neurological ICU	3	964	3.1	1.1	Similar
Neurological ICU	0	144	0.0	1.1	Similar
Surg ICU	1	2111	0.5	1.1	Similar
Surg ICU	1	2847	0.4	1.1	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	0	99	0.0	2.1	Similar
BW Category B	0	144	0.0	1.3	Similar
BW Category C	0	246	0.0	0.8	Similar
BW Category D	2	266	7.5	0.6	Higher
BW Category E	0	332	0.0	0.7	Similar

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Medical ICU	1	2470	0.4	3.5	Lower
Medical ICU	0	883	0.0	3.5	Lower
Med/Surg Pediatric	1	108	9.3	2.5	Similar
Neurological ICU	4	1450	2.8	4.5	Similar
Neurological ICU	1	166	6.0	4.5	Similar
Surg ICU	2	2310	0.9	3.4	Lower
Surg ICU	7	3561	2.0	3.4	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

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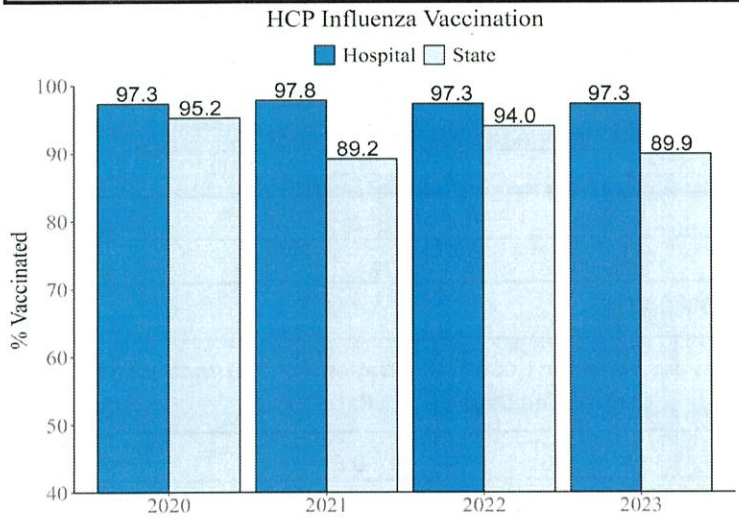
DHMC
Lebanon, NH
Not-for-Profit, Acute Care
# of Admissions: 20,987
# of Beds: 451
# of ICU Beds: 109
# of Patient-days: 134,224

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	97.3	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

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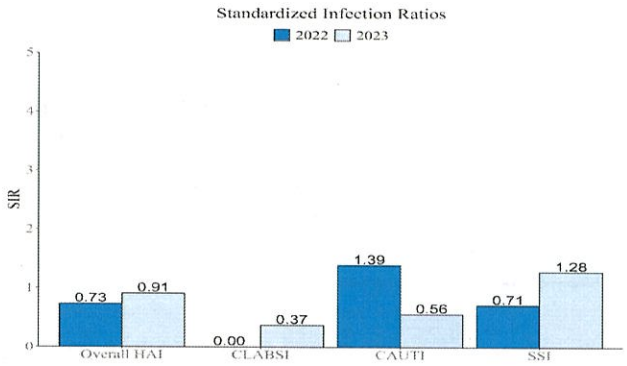
ELLIOT HOSPITAL
Manchester, NH
Not-for-Profit, Acute Care
# of Admissions: 21,447
# of Beds: 298
# of ICU Beds: 42
# of Patient-days: 93,255

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	22	24.05	0.91	0.59 , 1.36	Similar
CLABSI	3	8.23	0.37	0.09 , 0.99	Similar
CAUTI	1	1.78	0.56	0.03 , 2.77	Similar
SSI	18	14.04	1.28	0.78 , 1.99	Similar
CABG	Facility did not perform this procedure in 2023				
COLO	13	8.47	1.53	0.85 , 2.56	Similar
HYST	2	2.04	0.98	0.16 , 3.24	Similar
KPRO	3	3.53	0.85	0.22 , 2.31	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	1655	0.6	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	†	†	†	†	†
BW Category B	0	146	0.0	1.3	Similar
BW Category C	0	268	0.0	0.8	Similar
BW Category D	0	366	0.0	0.6	Similar
BW Category E	0	392	0.0	0.7	Similar

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	1984	0.5	1.7	Similar

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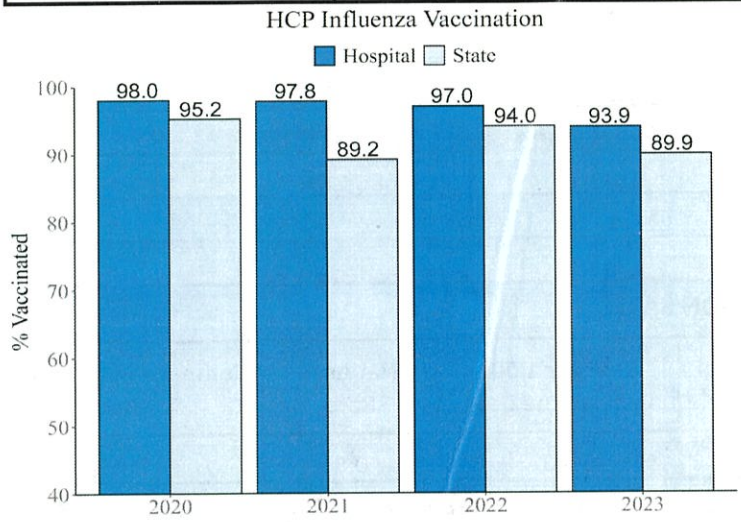
Manchester, NH
Not-for-Profit, Acute Care
# of Admissions: 21,447
# of Beds: 298
# of ICU Beds: 42
# of Patient-days: 93,255

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	93.9	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination

DATA NOTES:

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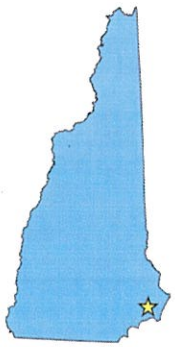
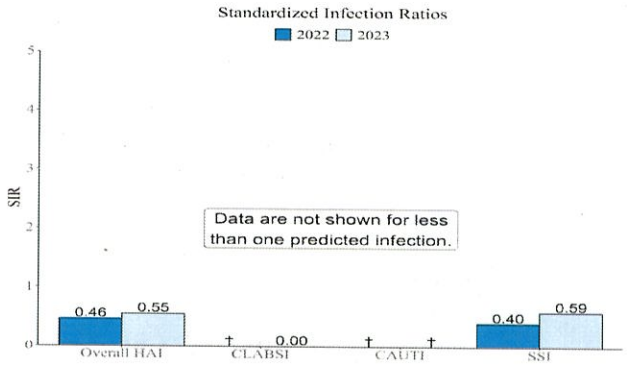


EXETER HOSPITAL
Exeter, NH
Not-for-Profit, Acute Care
# of Admissions: 5,621
# of Beds: 100
# of ICU Beds: 10
# of Patient-days: 27,740

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	4	7.23	0.55	0.18 , 1.33	Similar
CLABSI	0	1.47	0.00	0.00 , 2.04	Similar
CAUTI	†	†	†	†	†
SSI	3	5.05	0.59	0.15 , 1.62	Similar
CABG	Facility did not perform this procedure in 2023				
COLO	2	4.08	0.49	0.08 , 1.62	Similar
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	666	0.0	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	974	1.0	1.3	Similar

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Exeter, NH
Not-for-Profit, Acute Care
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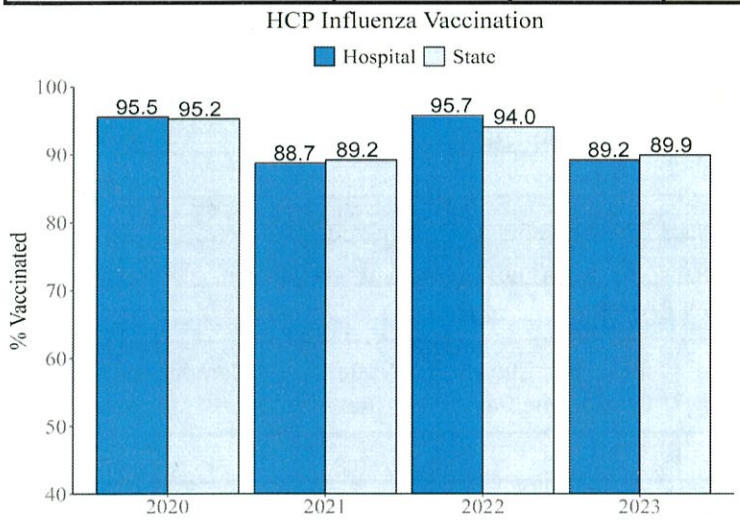
2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	89.2	89.9	Similar



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
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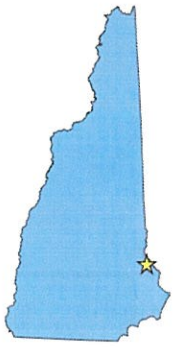
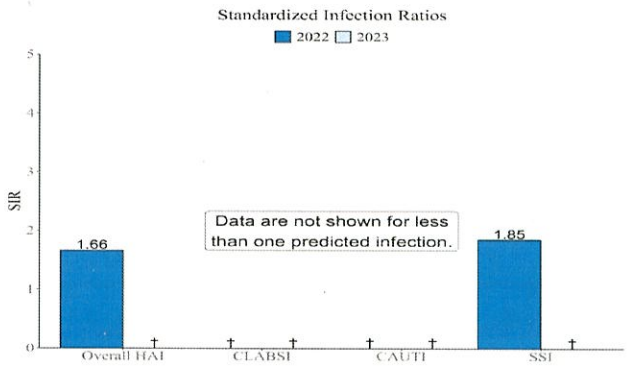


FRISBIE MEMORIAL HOSPITAL
Rochester, NH
For-Profit, Acute Care
# of Admissions: 1,128
# of Beds: 84
# of ICU Beds: 6
# of Patient-days: 7,087

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	Facility did not perform this procedure in 2023				
KPRO	Facility did not perform this procedure in 2023				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	65	0.0	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	138	0.0	1.3	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

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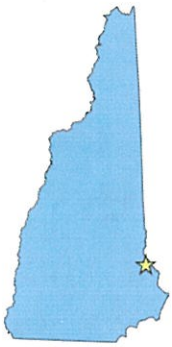

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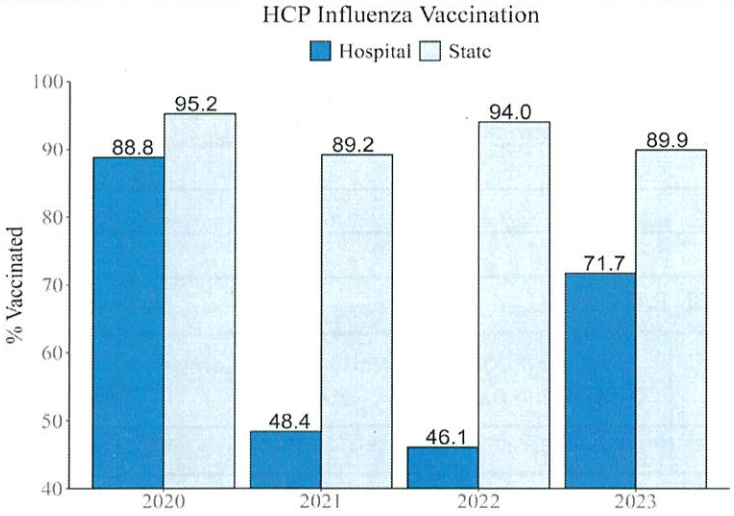
# of ICU Beds: 6
# of Patient-days: 7,087

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	71.7	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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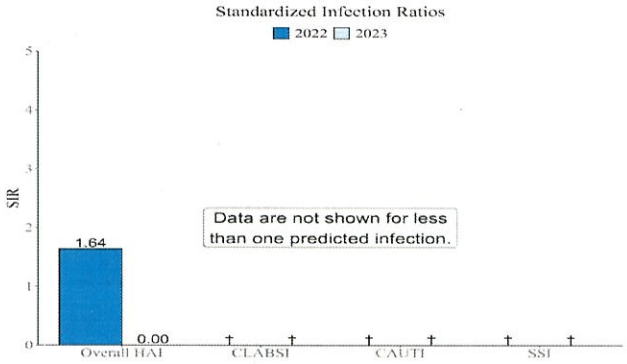
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



HUGGINS HOSPITAL
Wolfeboro, NH
Not-for-Profit, Critical Access
# of Admissions: 821
# of Beds: 25
# of ICU Beds: 4
# of Patient-days: 3,160

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	0	1.18	0.00	0.00 , 2.54	Similar
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	63	0.0	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	216	0.0	1.3	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



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Wolfeboro, NH
Not-for-Profit, Critical Access
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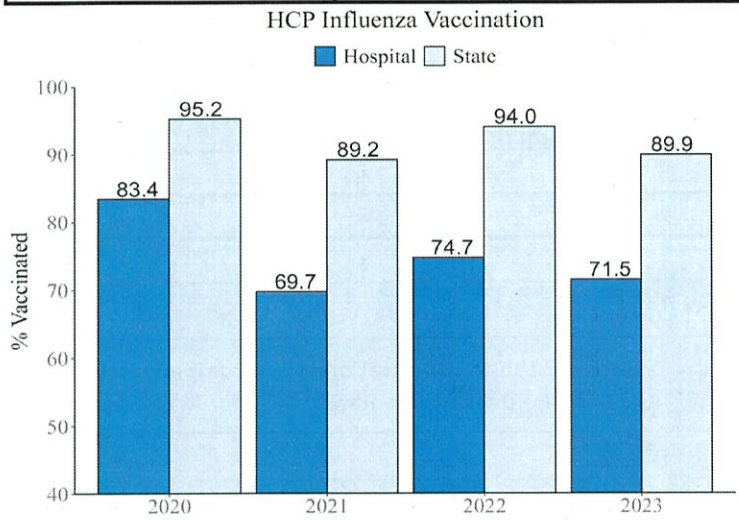
# of Beds: 25
# of ICU Beds: 4
# of Patient-days: 3,160

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	71.5	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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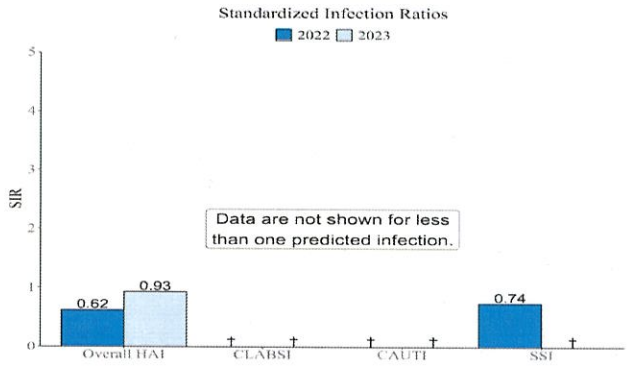
LITTLETON REGIONAL
Littleton, NH
Not-for-Profit, Critical Access
# of Admissions: 1,931
# of Beds: 30
# of ICU Beds: 5
# of Patient-days: 5,552

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	1	1.07	0.93	0.05 , 4.61	Similar
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	172	0.0	1.3	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

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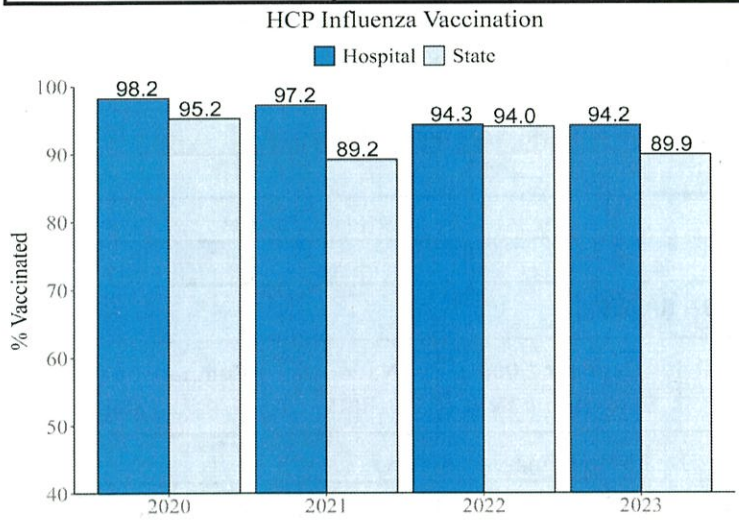
LITTLETON REGIONAL
Littleton, NH
Not-for-Profit, Critical Access
# of Admissions: 1,931
# of Beds: 30
# of ICU Beds: 5
# of Patient-days: 5,552

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	94.2	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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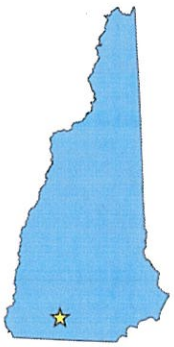
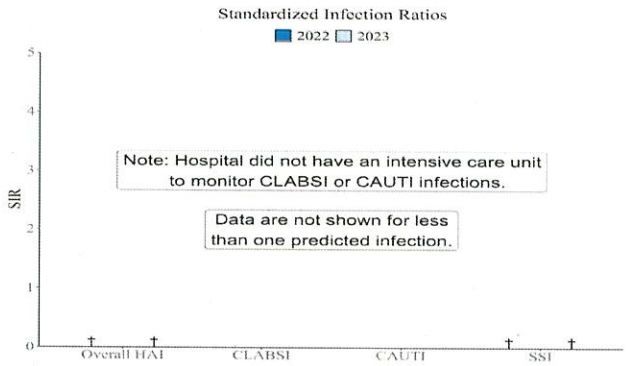


MONADNOCK COMMUNITY HOSPITAL
Peterborough, NH
Not-for-Profit, Critical Access
# of Admissions: 1,111
# of Beds: 25
# of ICU Beds: 0
# of Patient-days: 3,507



2023 HAI DATA REPORT

STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	No ICU to monitor infections				
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

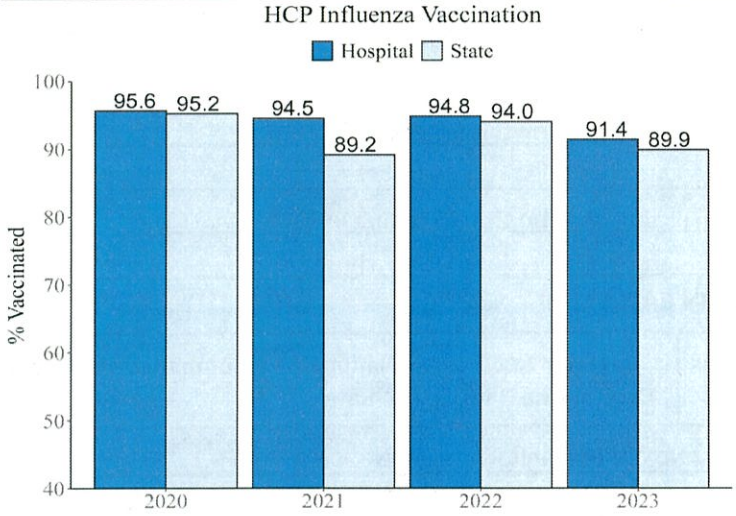


MONADNOCK COMMUNITY HOSPITAL
Peterborough, NH
Not-for-Profit, Critical Access
# of Admissions: 1,111
# of Beds: 25
# of ICU Beds: 0
# of Patient-days: 3,507

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	91.4	89.9	Similar



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Wear a mask

DATA NOTES:

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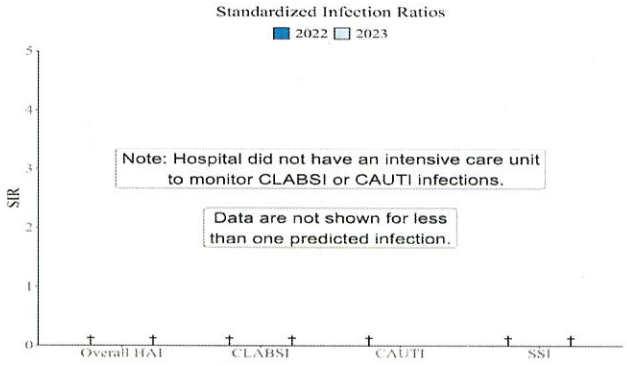
NEW LONDON HOSPITAL
New London, NH
Not-for-Profit, Critical Access
# of Admissions: 906
# of Beds: 25
# of ICU Beds: 0
# of Patient-days: 6,538

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	No ICU to monitor infections				
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	Facility did not perform this procedure in 2023				
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

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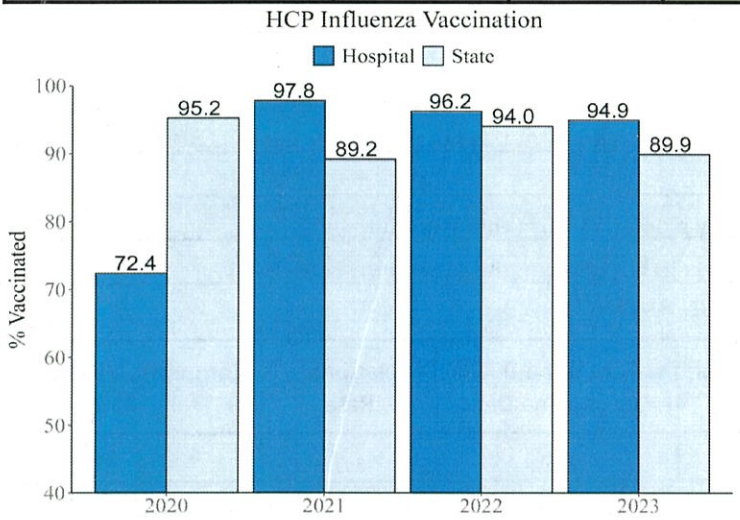
NEW LONDON HOSPITAL
New London, NH
Not-for-Profit, Critical Access
# of Admissions: 906
# of Beds: 25
# of ICU Beds: 0
# of Patient-days: 6,538

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	94.9	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
NONE REPORTED			

DATA NOTES:

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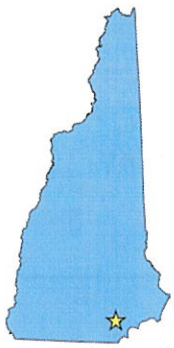
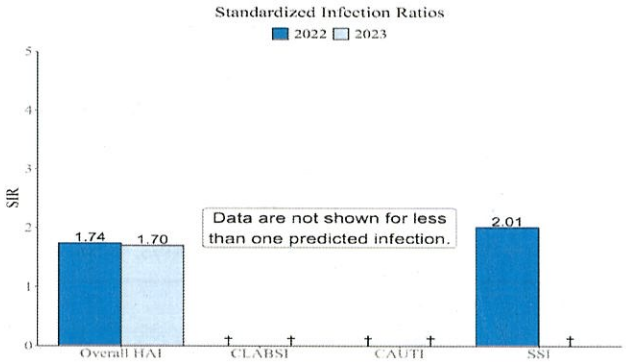


PARKLAND MEDICAL CENTER
Derry, NH
For-Profit, Acute Care
# of Admissions: 4,067
# of Beds: 59
# of ICU Beds: 6
# of Patient-days: 18,316

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	3	1.76	1.70	0.43 , 4.64	Similar
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	Facility did not perform this procedure in 2023				
KPRO	Facility did not perform this procedure in 2023				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Medical ICU	0	370	0.0	1.1	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Medical ICU	1	599	1.7	2.0	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

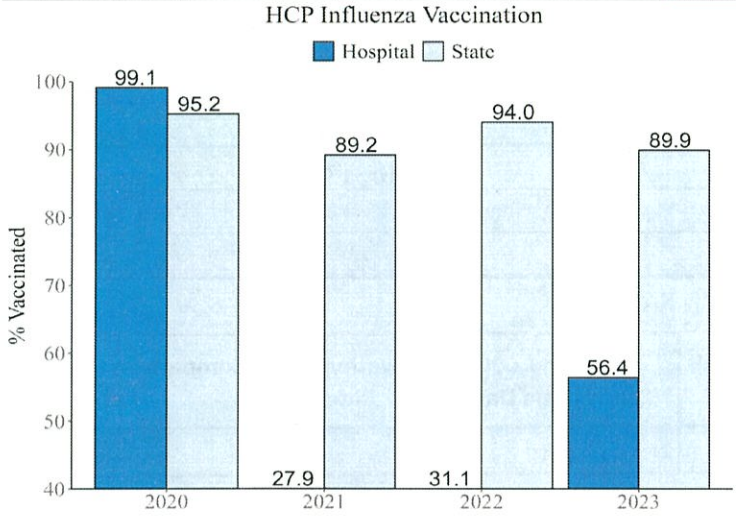


PARKLAND MEDICAL CENTER
Derry, NH
For-Profit, Acute Care
# of Admissions: 4,067
# of Beds: 59
# of ICU Beds: 6
# of Patient-days: 18,316

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	56.4	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Wear a mask

DATA NOTES:

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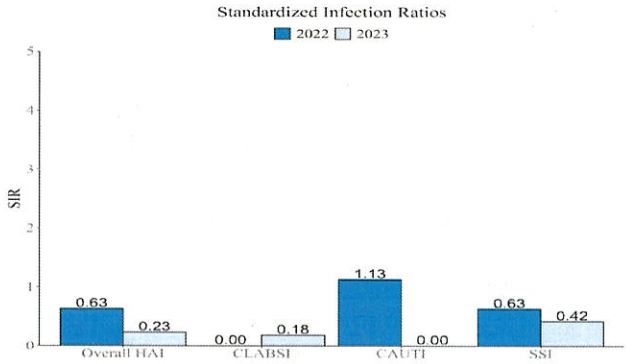
PORTSMOUTH REGIONAL
Portsmouth, NH
For-Profit, Acute Care
# of Admissions: 8,627
# of Beds: 210
# of ICU Beds: 19
# of Patient-days: 56,721

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	4	17.03	0.23	0.07 , 0.57	Lower
CLABSI	1	5.71	0.18	0.01 , 0.86	Similar
CAUTI	0	4.1	0	0.00 , 0.73	Similar
SSI	3	7.22	0.42	0.11 , 1.13	Similar
CABG	0	3.03	0.00	0.00 , 0.99	Lower
COLO	2	3.45	0.58	0.10 , 1.91	Similar
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	2625	0.0	1.1	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	3853	0.0	2.7	Lower

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

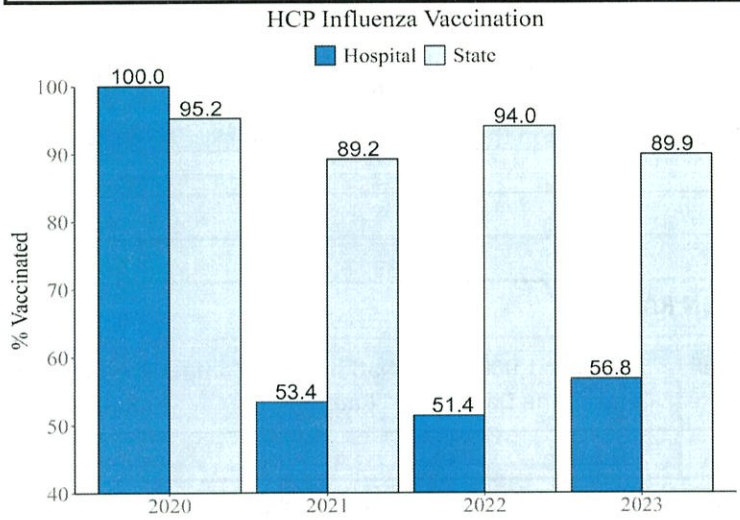


PORTSMOUTH REGIONAL
Portsmouth, NH
For-Profit, Acute Care
# of Admissions: 8,627
# of Beds: 210
# of ICU Beds: 19
# of Patient-days: 56,721

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	56.8	89.9	Lower



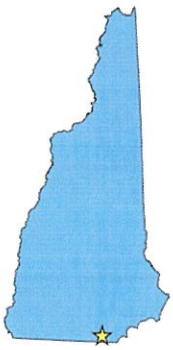
INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask

DATA NOTES:

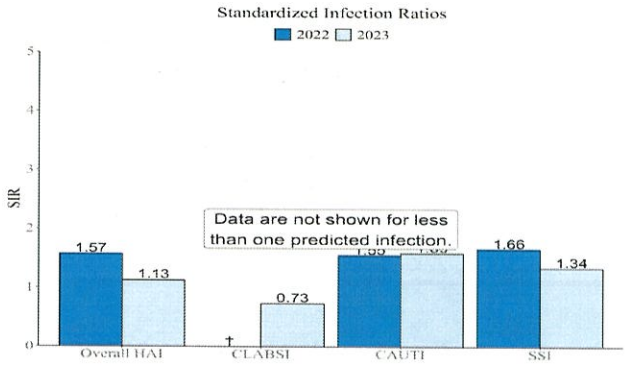
- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2023, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



SOUTHERN NH MEDICAL
Nashua, NH
Not-for-Profit, Acute Care
# of Admissions: 7,890
# of Beds: 188
# of ICU Beds: 17
# of Patient-days: 34,988

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	12	10.59	1.13	0.61 , 1.93	Similar
CLABSI	3	4.11	0.73	0.19 , 1.99	Similar
CAUTI	2	1.26	1.59	0.27 , 5.25	Similar
SSI	7	5.22	1.34	0.59 , 2.65	Similar
CABG	Facility did not perform this procedure in 2023				
COLO	5	3.39	1.48	0.54 , 3.27	Similar
HYST	†	†	†	†	†
KPRO	2	1.03	1.95	0.33 , 6.44	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1096	0.0	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	†	†	†	†	†
BW Category B	†	†	†	†	†
BW Category C	†	†	†	†	†
BW Category D	†	†	†	†	†
BW Category E	†	†	†	†	†

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	2	1510	1.3	1.7	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

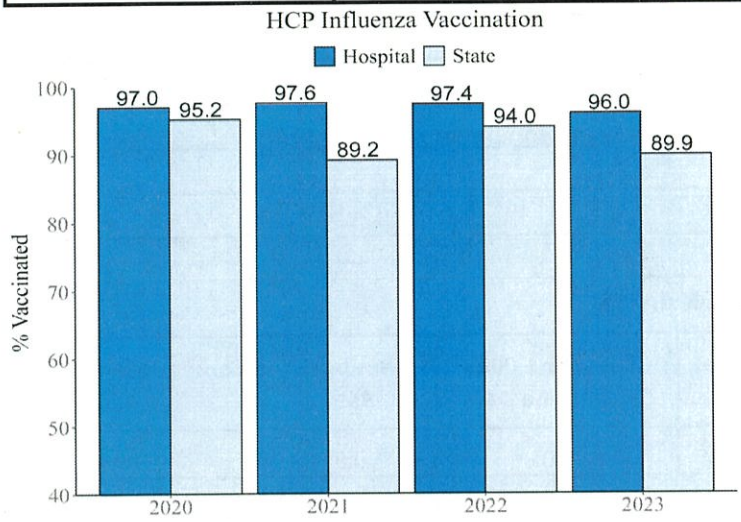


SOUTHERN NH MEDICAL
Nashua, NH
Not-for-Profit, Acute Care
# of Admissions: 7,890
# of Beds: 188
# of ICU Beds: 17
# of Patient-days: 34,988

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	96.0	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
- In New Hampshire in 2023, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
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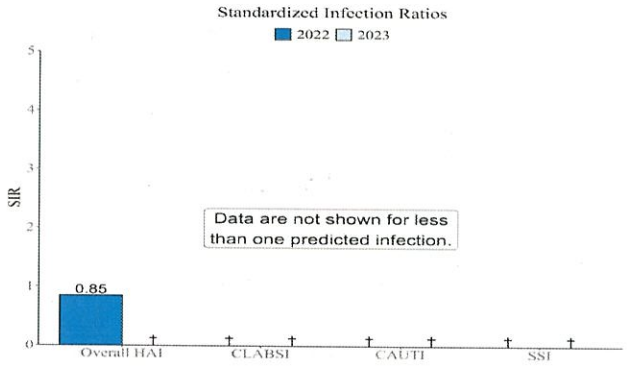
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



SPEARE MEMORIAL HOSPITAL
Plymouth, NH
Not-for-Profit, Critical Access
# of Admissions: 2,337
# of Beds: 25
# of ICU Beds: 4
# of Patient-days: 5,380

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	72	0.0	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	177	0.0	1.3	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

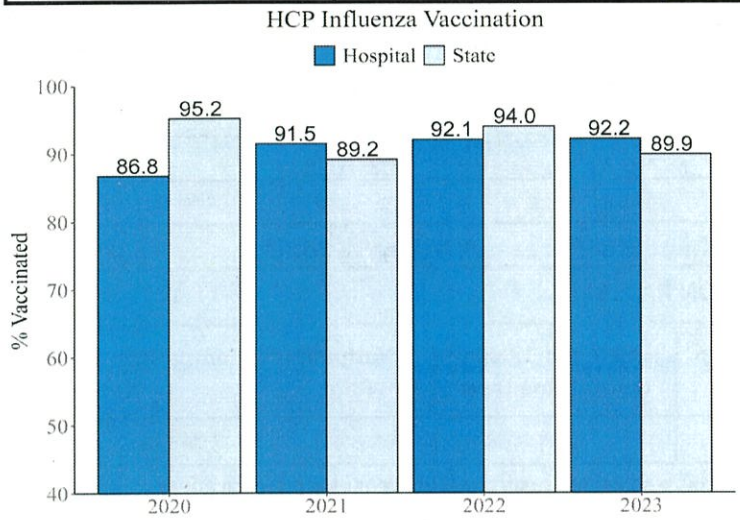


SPEARE MEMORIAL HOSPITAL
Plymouth, NH
Not-for-Profit, Critical Access
# of Admissions: 2,337
# of Beds: 25
# of ICU Beds: 4
# of Patient-days: 5,380

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	92.2	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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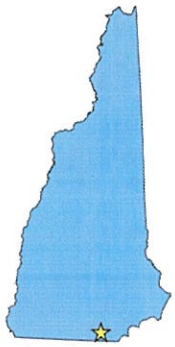
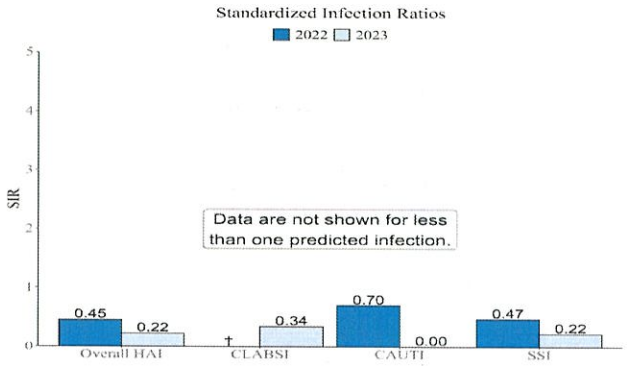


ST JOSEPH HOSPITAL
Nashua, NH
Not-for-Profit, Acute Care
# of Admissions: 6,664
# of Beds: 208
# of ICU Beds: 10
# of Patient-days: 33,879

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	2	8.9	0.22	0.04 , 0.74	Lower
CLABSI	1	2.97	0.34	0.02 , 1.66	Similar
CAUTI	0	1.3	0	0.00 , 2.31	Similar
SSI	1	4.63	0.22	0.01 , 1.07	Similar
CABG	Facility did not perform this procedure in 2023				
COLO	1	2.59	0.39	0.02 , 1.90	Similar
HYST	†	†	†	†	†
KPRO	0	1.58	0.00	0.00 , 1.89	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1106	0.0	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1220	0.0	1.3	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

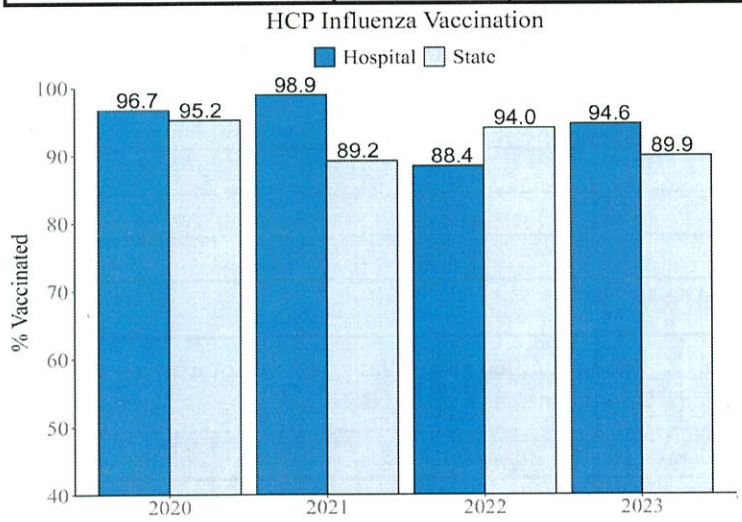


ST JOSEPH HOSPITAL
Nashua, NH
Not-for-Profit, Acute Care
# of Admissions: 6,664
# of Beds: 208
# of ICU Beds: 10
# of Patient-days: 33,879

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	94.6	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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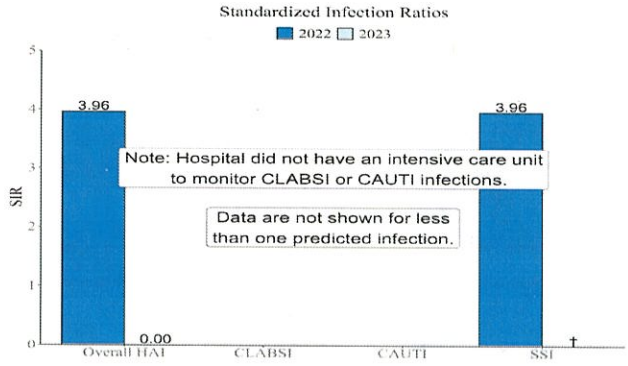
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



THE MEMORIAL HOSPITAL
North Conway, NH
Not-for-Profit, Critical Access
# of Admissions: 1,545
# of Beds: 25
# of ICU Beds: 4
# of Patient-days: 6,291

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	0	1.04	0.00	0.00 , 2.88	Similar
CLABSI	†	†	†	†	†
CAUTI	No ICU to monitor infections				
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

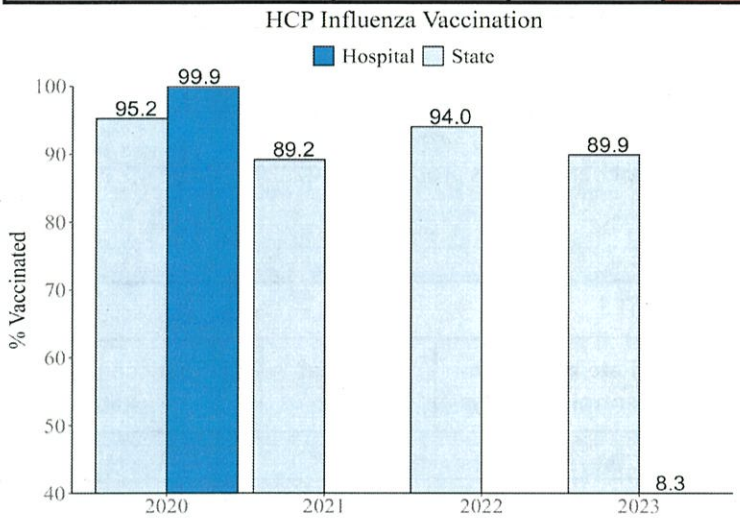


THE MEMORIAL HOSPITAL
North Conway, NH
Not-for-Profit, Critical Access
# of Admissions: 1,545
# of Beds: 25
# of ICU Beds: 4
# of Patient-days: 6,291

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	8.3	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
NONE REPORTED			

DATA NOTES:

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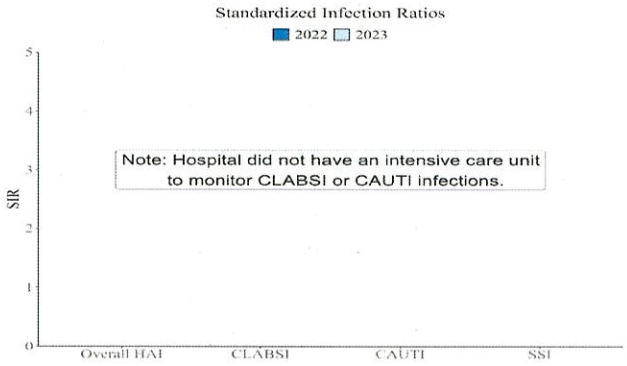
UPPER CONNECTICUT VALLEY
Colebrook, NH
Not-for-Profit, Critical Access
# of Admissions: 283
# of Beds: 12
# of ICU Beds: 0
# of Patient-days: 958

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	Facility did not report any data contributing to an SIR during this time period				
CLABSI	No ICU to monitor infections				
CAUTI					
SSI	Facility did not perform this procedure in 2023				
CABG					
COLO					
HYST					
KPRO					

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

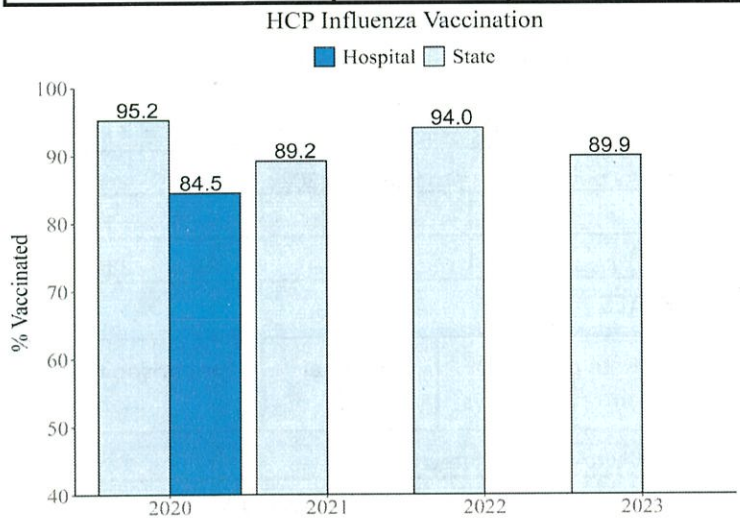


UPPER CONNECTICUT VALLEY
Colebrook, NH
Not-for-Profit, Critical Access
# of Admissions: 283
# of Beds: 12
# of ICU Beds: 0
# of Patient-days: 958

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	-	89.9	-



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
NONE REPORTED			

DATA NOTES:

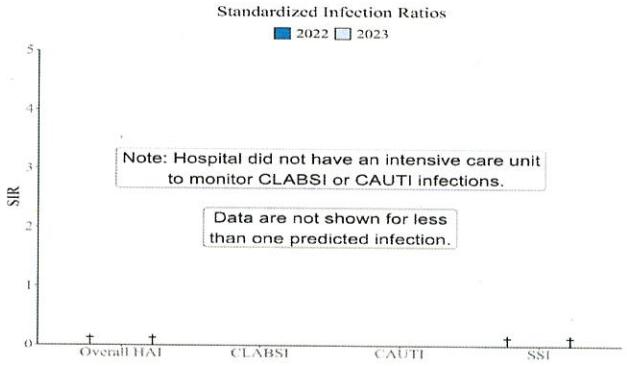
- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2023, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



VALLEY REGIONAL HOSPITAL
Claremont, NH
Not-for-Profit, Critical Access
# of Admissions: 776
# of Beds: 25
# of ICU Beds: 0
# of Patient-days: 4,550

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	No ICU to monitor infections				
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO	Facility did not perform this procedure in 2023				
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
No ICU	No ICU to monitor infections				

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

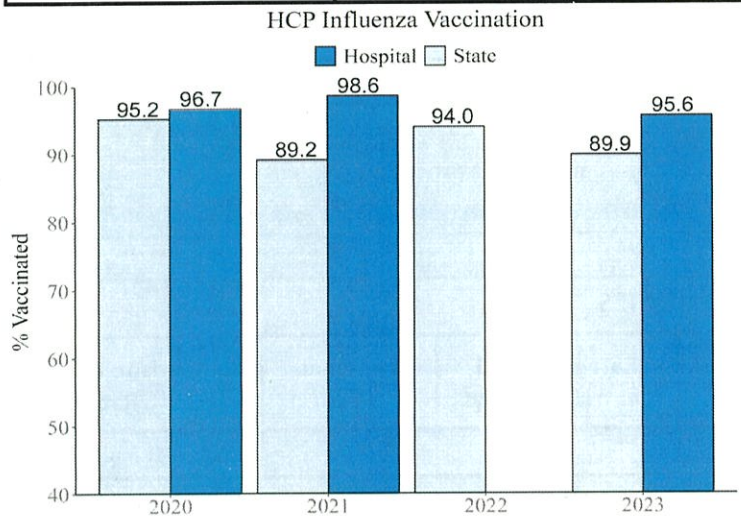


VALLEY REGIONAL HOSPITAL
Claremont, NH
Not-for-Profit, Critical Access
# of Admissions: 776
# of Beds: 25
# of ICU Beds: 0
# of Patient-days: 4,550

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	95.6	89.9	Higher



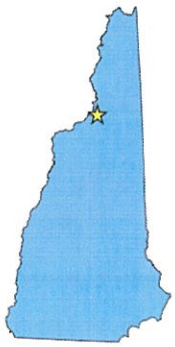
INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education

DATA NOTES:

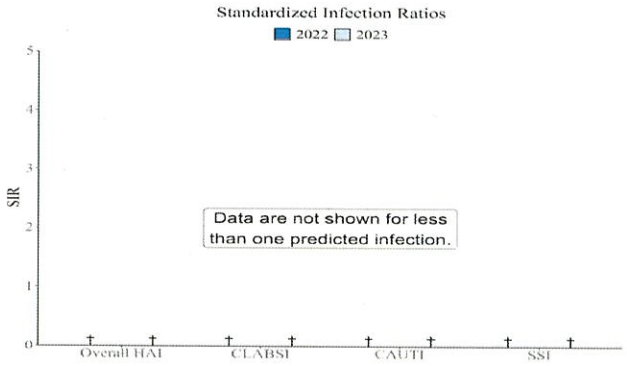
- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2023, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty



WEEKS MEDICAL CENTER
Lancaster, NH
Not-for-Profit, Critical Access
# of Admissions: 428
# of Beds: 25
# of ICU Beds: 3
# of Patient-days: 1,774

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2023				
COLO					
HYST					
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	97	0.0	1.3	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

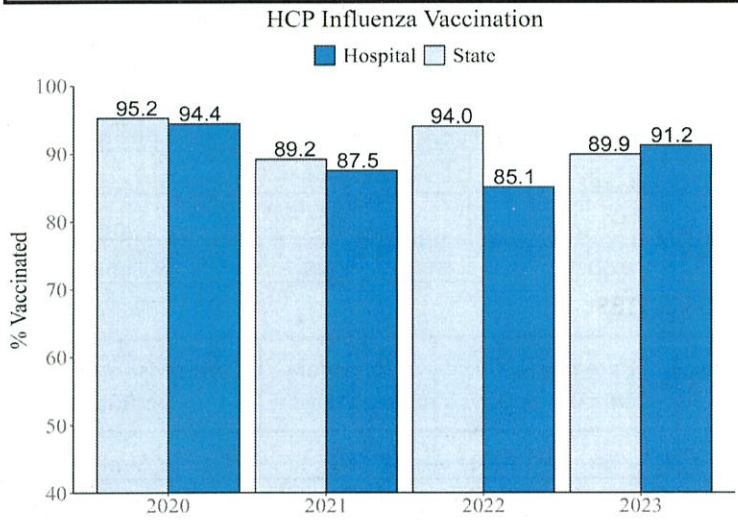


WEEKS MEDICAL CENTER
Lancaster, NH
Not-for-Profit, Critical Access
# of Admissions: 428
# of Beds: 25
# of ICU Beds: 3
# of Patient-days: 1,774

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	91.2	89.9	Similar



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
NONE REPORTED			

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
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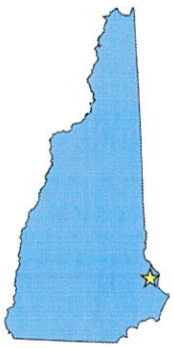
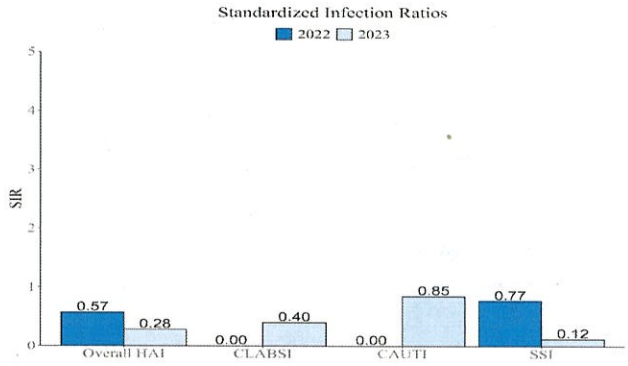


WENTWORTH-DOUGLASS
Dover, NH
Not-for-Profit, Acute Care
# of Admissions: 10,095
# of Beds: 164
# of ICU Beds: 17
# of Patient-days: 42,839

2023 HAI DATA REPORT



STANDARDIZED INFECTION RATIOS (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	4	14.15	0.28	0.09 , 0.68	Lower
CLABSI	2	4.96	0.40	0.07 , 1.33	Similar
CAUTI	1	1.18	0.85	0.04 , 4.18	Similar
SSI	1	8.01	0.12	0.01 , 0.62	Lower
CABG	Facility did not perform this procedure in 2023				
COLO	1	5.42	0.18	0.01 , 0.91	Lower
HYST	0	1.16	0.00	0.00 , 2.58	Similar
KPRO	0	1.44	0.00	0.00 , 2.09	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1441	0.0	0.8	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES BY BIRTHWEIGHT IN NEONATAL INTENSIVE CARE UNITS

Birthweight Category	Number of Infections	Number of Central Line Days	Rate per 1,000 Central Line Days	National Rate	Comparison to National Rate
BW Category A	No Neonatal ICU to monitor infections				
BW Category B					
BW Category C					
BW Category D					
BW Category E					

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	1614	0.6	1.7	Similar

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751 and 1,000 grams BW Category C: Equal and between 1,001 and 1,500 grams BW Category D: Equal and between 1,501 and 2,500 grams BW Category E: More than 2,500 grams

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

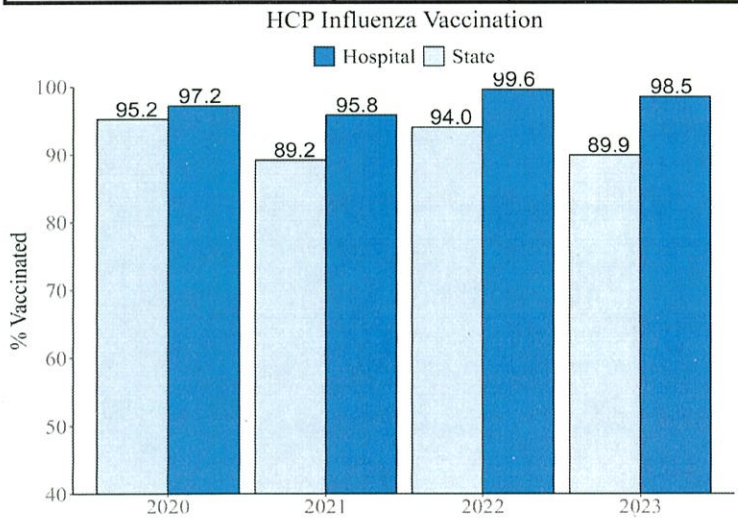


WENTWORTH-DOUGLASS
Dover, NH
Not-for-Profit, Acute Care
# of Admissions: 10,095
# of Beds: 164
# of ICU Beds: 17
# of Patient-days: 42,839

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	98.5	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education

DATA NOTES:

- The 2023 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) 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.
- In New Hampshire in 2023, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
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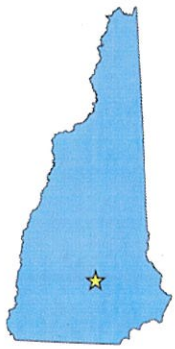
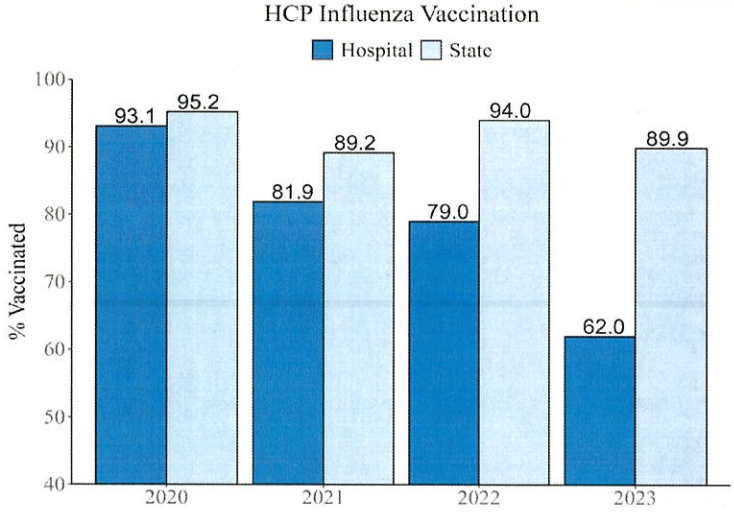


ENCOMPASS REHABILITATION HOSPITAL
Concord, NH
Corporate
# of Admissions: -
# of Beds: 50
# of ICU Beds: -
# of Patient-days: -

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	62.0	89.9	Lower



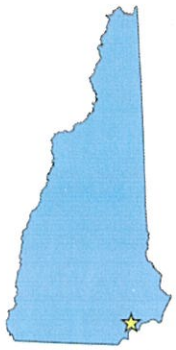
INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
NONE REPORTED			

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI, CAUTI, or CLIP, because they do not have ICU, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
- New Hampshire's five rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

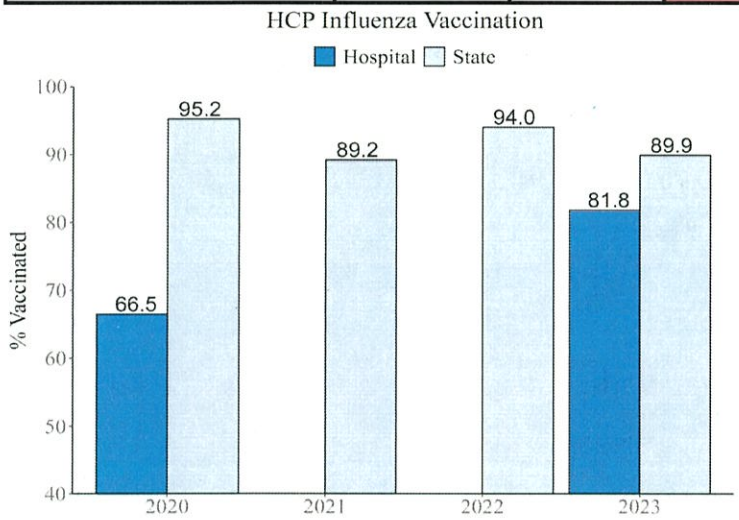


HAMPSTEAD HOSPITAL
Hampstead, NH
Private
# of Admissions: -
# of Beds: 111
# of ICU Beds: -
# of Patient-days: -

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	81.8	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
NONE REPORTED			

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI, CAUTI, or CLIP, because they do not have ICU, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
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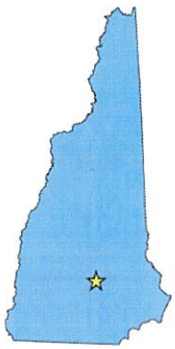
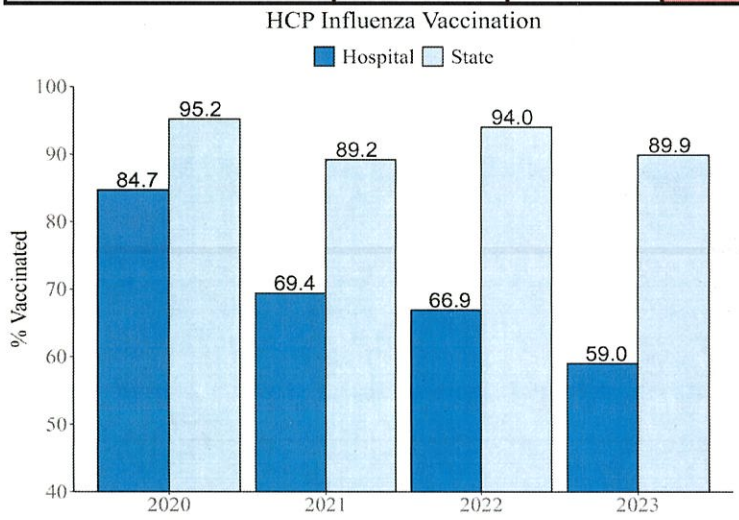


NEW HAMPSHIRE HOSPITAL
Concord, NH
State-operated
# of Admissions: -
# of Beds: 168
# of ICU Beds: -
# of Patient-days: -

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	59.0	89.9	Lower
HCP Influenza Vaccination	59.0	89.9	Lower



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
NO			

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI, CAUTI, or CLIP, because they do not have ICU, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
- New Hampshire's five rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

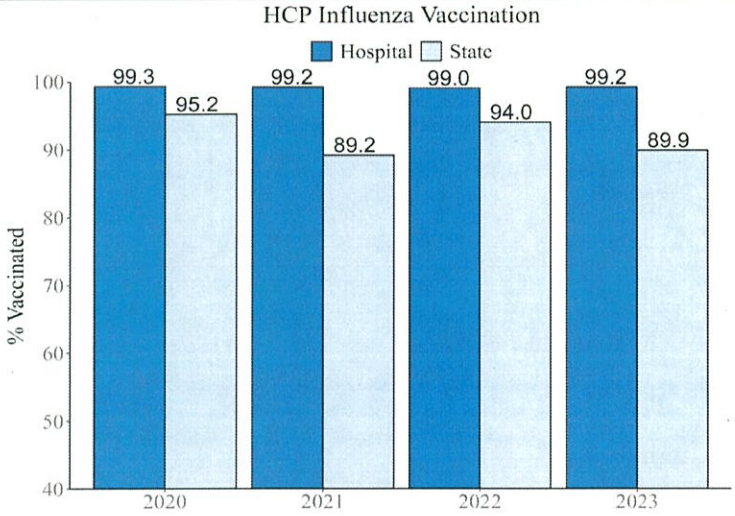


NORTHEAST REHABILITATION HOSPITAL, THE ELLIOT
Manchester, NH
For-Profit
# of Admissions: -
# of Beds: 15
# of ICU Beds: -
# of Patient-days: -

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	99.2	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Termination

DATA NOTES:

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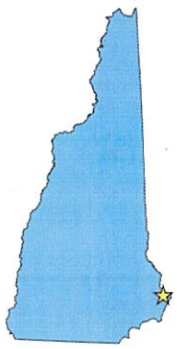
- New Hampshire's five rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

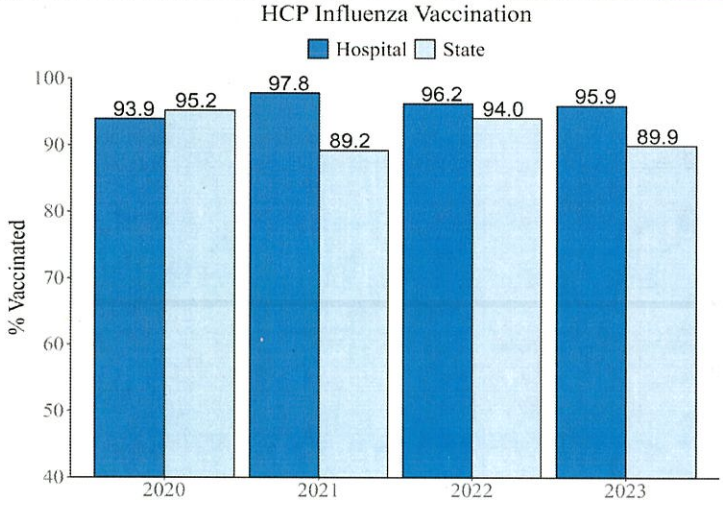


NORTHEAST REHABILITATION HOSPITAL, PEASE
Portsmouth, NH
Network
# of Admissions: -
# of Beds: 33
# of ICU Beds: -
# of Patient-days: -

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	95.8	89.9	Higher



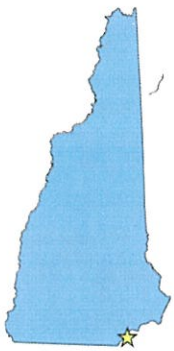
INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Termination

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI, CAUTI, or CLIP, because they do not have ICU, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
- New Hampshire's five rehabilitation and two psychiatric hospitals are only required to report influenza vaccination rates for patients and staff.

HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

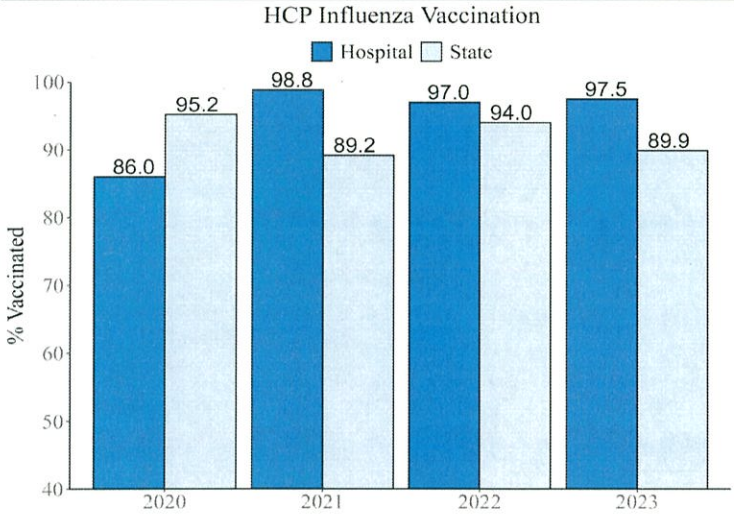


NORTHEAST REHABILITATION HOSPITAL, SALEM
Salem, NH
Network
# of Admissions: -
# of Beds: 67
# of ICU Beds: -
# of Patient-days: -

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	97.5	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
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DATA NOTES:

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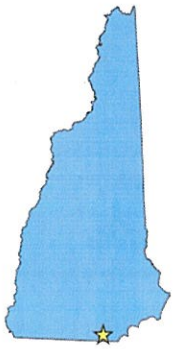
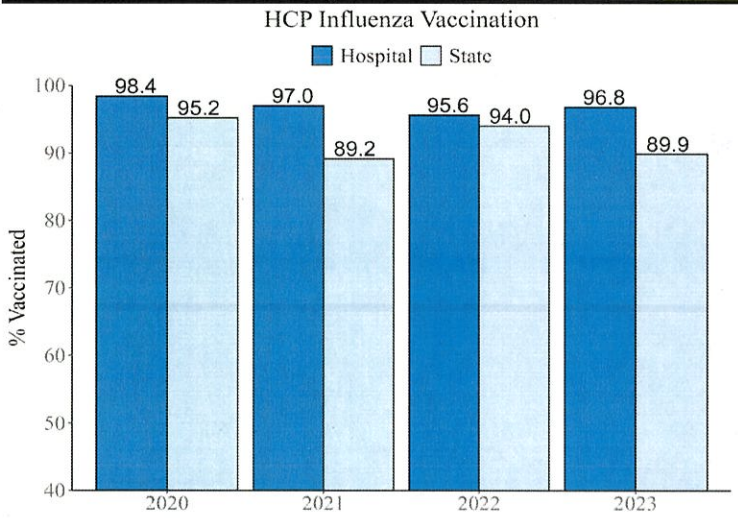


NORTHEAST REHABILITATION HOSPITAL, SNHMC
Nashua, NH
Network
# of Admissions: -
# of Beds: 20
# of ICU Beds: -
# of Patient-days: -

2023 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	96.8	89.9	Higher



INFLUENZA VACCINATION POLICIES, 2023-2024 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
YES	Medical; Religious	Wear a mask	Termination

DATA NOTES:

- Specialty hospitals (rehabilitation and psychiatric hospitals) are not required to report CLABSI, CAUTI, or CLIP, because they do not have ICU, nor SSI and surgical antimicrobial prophylaxis administration data, because they do not perform surgeries.
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HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

APPENDIX 1: Technical Notes

1. The majority of data in this report were extracted from NHSN on 05/10/2024; additional influenza vaccination data were extracted from other data sources on the same date. Changes or new infections reported by hospitals after this date may not be reflected in this report.
2. Rate data were appropriately risk-adjusted according to standard NHSN recommendations. Rates were only presented if appropriately risk-adjusted as follows:
    a. CLABSI: rate data must be broken down and aggregated only by the same type of unit.
    b. CAUTI: rate data must be broken down and aggregated only by the same type of unit.
    c. SSI: In accordance with CDC recommendations and changes to NHSN methodology beginning in 2010, rates are no longer presented.
3. Rates for any grouping were not presented if data were insufficient to generate a stable rate.
    a. CLABSI: there must be at least 50 central line days in the denominator to present a rate.
    b. CAUTI: there must be at least 50 catheter days in the denominator to present a rate.
    c. SSI: in accordance with CDC recommendations and changes to NHSN methodology beginning in 2010, rates are no longer presented.
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 hospital's true "population" data (e.g., all patients for all time), we use statistical procedures to "estimate" various measurements using "sample" data. Since estimates have "variability" 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. If a value is almost or just barely significant, just a few additional observations can push significance one way or the other.

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.[xi]
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 CLABSI rate: CLABSI rates are presented as the number of infections per 1,000 central line days.

    CLABSI rate = (number of infections / number of central line days) x 1,000
12. Calculating a CAUTI rate: CAUTI rates are presented as the number of infections per 1,000 catheter days.

CAUTI rate = (number of infections / number of catheter days) x 1,000

13. Interpreting a p-value: All hospital-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 hospital infection rates are similar or different to national infection rates. A p-value of <0.05 would indicate the hospital rate is significantly different than the national rate.
    a. If the p-value is ≥0.05, then the hospital rate would be considered statistically "Similar" to the national rate.
    b. If the hospital rate is lower than the national rate and the p-value is <0.05, then the hospital rate would be considered significantly "Lower" than the national rate.
    c. If the hospital rate is higher than the national rate and the p-value is <0.05, then the hospital rate would be considered significantly "Higher" than the national rate.

Process Measure Percentages

14. 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

15. Calculating a corresponding confidence interval for an influenza vaccination percentage: Confidence intervals calculated for influenza vaccination data presented in this report are mid-p exact 95% confidence intervals, which were calculated using a statistical software program. In prior reports, confidence intervals for influenza vaccination data were Wald normal approximation 95% confidence intervals, however the method of calculating these confidence intervals were changed due to the addition of several hospitals with small numbers of HCP.

16. Interpreting a proportion confidence interval for central line insertion and 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, hospital versus State) is 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 patients were admitted to your hospital between October 1, 2023 and March 31, 2024? Include all patients that were admitted to your facility during this period, even if they were admitted or moved during the influenza season.
   2a. Total number of patient admissions
   2b. Total number of patient admissions excluding readmissions
3. How many of the patients admitted to your facility between October 1, 2023 and March 31, 2024 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 patients that received the 2023-24 vaccine product, even if administered prior to October 1, 2023.
   3a. Total number of patients immunized against influenza for the 2023-24 season
   3b. Total number of patients not immunized against influenza for the 2023-24 season
4. How many of the patients admitted to your facility between October 1, 2023 and March 31, 2024 had ever received a pneumococcal disease vaccination (at your facility or elsewhere)?
5. How many HCP worked or volunteered in your facility for at least one working day between October 1, 2023 and March 31, 2024?
6. 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.
   6a. Total number of HCP immunized against influenza for the 2023-24 season
   6b. Total number of HCP not immunized against influenza for the 2023-24 season
7. 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 contraindication, religious, other (e.g., personal/philosophical), unknown?
8. Does your facility have a seasonal influenza vaccination policy? Such a policy means that the facility requires all or some portion of HCPs working at that facility to receive a seasonal influenza vaccine. If NO, skip to item 13.
   8a. Yes, there is a policy currently in place
   8b. No, but we are considering a policy
   8c. No, and we are not considering a policy
   8d. Other
9. If your facility has a seasonal influenza vaccination policy, what reasons for exemption are acceptable (medical, religious, personal/philosophical, other)? Check all that apply.
10. 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.

11. 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.
12. 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 (terminated, temporarily suspended, resigned, dismissed permanently)?
13. Does your facility offer the high-dose influenza vaccine?
14. 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.[xi] Several metrics are based on the science employed in NHSN. While national aggregate CLABSI data are published in the annual NHSN reports, these rates must be stratified by types of locations to be risk-adjusted. This scientifically sound risk-adjustment strategy creates a practical challenge to summarizing this information nationally, regionally, or even for an individual healthcare facility. For instance, when comparing CLABSI rates, there may be quite a number of different types of locations for which a CLABSI rate could be reported. This raises the need for a way to combine CLABSI rate data across locations.

A SIR can be used as an indirect standardization method for summarizing HAI experience 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 CLABSI Rates			NHSN CLABSI Rates for 2017 (Standard Population)		
Location Type	#CLABSI	#Central line-days	CLABSI rate*	#CLABSI	#Central line-days	CLABSI rate*
ICU	170	100,000	1.7	1200	600,000	2.0
WARD	58	58,000	1.0	600	400,000	1.5

$$SIR = \frac{observed}{expected} = \frac{170+58}{100000\times\left(\frac{2}{1000}\right)+58{,}000\times\left(\frac{1.5}{1000}\right)} = \frac{228}{200+87} = \frac{228}{287} = 0.79$$

95% CI = (0.628 , 0.989)

*Defined as the number of CLABSI per 1000 central line days

In the table above, there are two strata to illustrate risk-adjustment by location type for which national data exist from NHSN. The SIR calculation is based on dividing the total number of observed CLABSI events by a "predicted" number using the CLABSI rates from the standard population. This "predicted" number is calculated by multiplying the national CLABSI rate from the standard population by the observed number of central line days 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 0.79 indicates that there was a 21% reduction in CLABSI overall for the nation, region, or facility.

The SIR concept and calculation is completely based on the underlying CLABSI 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 the NHSN. The SIR calculation methods differ in the risk group stratification only.

The SSI SIR uses improved risk adjustment calculated through logistic modeling. This allows for all available risk factors to be procedure specific. See the following logistic equation and SSI predictive risk factors that are used for calculating SSI SIR, respectively.

$\text{logit}(p) = \alpha + \beta 1X1 + \beta 2X2 + \beta 3X3 + \beta 4X4 = -5.448 + 0.520\ (\text{Age} \leq 44^*) + 0.425(\text{ASA3/4/5}^*) + 0.501(\text{Duration} > 100^*) + 1.069(\text{Med school affiliation}^*)$ **For these risk factors, if present = 1; if not = 0*

Procedure Code	SSI Predictive Risk Factors From SSI Logistic Models
CABG	Age, ASA, Duration, Gender, Hospital Bed Size
COLO	Age, Anesthesia, ASA, Duration, Endoscope, Medical School Affiliation, Hospital Bed Size, Wound Class
HYST	Age, Anesthesia, ASA, Duration, Endoscope, Hospital Bed Size
KPRO	Age, Anesthesia, ASA, Duration, Gender, Revision, Hospital Bed Size, Trauma

Detailed descriptions of the SIR in NHSN are available at:
http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf.

There are clear advantages to reporting and comparing a single number for prevention assessment. In addition to the simplicity of the SIR concept and the advantages listed above, it is important to note another benefit of using an SIR comparison metric for HAI data. If there was need at any level of aggregation (national, regional, facility-wide, etc.) to combine the SIR values across mutually exclusive data one could do so. The below table demonstrates how the example data from the previous two metric settings could be summarized.

	Observed HAI			Predicted HAI		
HAI Metric	#CLABSI	#SSI†	#Combined HAI	#CLABSI	#SSI†	#Combined HAI
CLABSI 1	228			287		
SSI 1		636			853.8	
Combined HAI			228 + 636 = 864			287 + 853.8 = 1140.8

$$\text{SIR} = \frac{\text{observed}}{\text{expected}} = \frac{228+636}{287+853.8} = \frac{864}{1140.8} = 0.76 \qquad 95\%\ \text{CI} = (0.673\ ,\ 0.849)$$

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.

17. 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.
18. 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.
19. 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.
20. 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.
21. 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.
22. 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 a Catheter-Associated Bloodstream Infection

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses what infection prevention methods they will use during the catheter insertion.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you. If you do not see your providers clean their hands, please ask them to do so.
- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.
- Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.
    - Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
    - Make sure you know who to contact if you have questions after you get home.
    - Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
    - Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

What Hospitals Do to Prevent Catheter-Associated Bloodstream Infections

To prevent catheter-associated bloodstream infections, doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where risk for infection is small.
- Clean hands with soap and water or alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.

What You Can Do to Help Prevent Catheter-Associated Urinary Tract Infections

- Ask doctors to explain why you need the catheter and how long you will have it.
- Make sure that your doctors and nurses caring for you clean their hands and use sterile gloves for catheter insertion.
- Make sure the tubing or bag is not on the floor. If it drops or is on the floor, ask for new tubing or bag.
- Ask doctors and nurses what infection prevention methods they will use during the catheter insertion.
- Ask your doctors and nurses if you still need the catheter each day.
- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.

What Hospitals Do to Prevent Catheter-Associated Urinary Tract Infections

To prevent catheter-associated urinary tract infections, doctors and nurses will:

- Put in catheters only when necessary and are removed as soon as possible.
- Clean hands with soap and water or alcohol-based hand rub and put on sterile gloves before putting in the catheter.
- Clean the skin where the catheter will be inserted.
- Clean their hands before and after touching your catheter. If you do not see your providers clean their hands, please ask them to do so.
- Avoid disconnecting the catheter and drain tube.
- The catheter is secured to the leg to prevent pulling on the catheter.
- Avoid twisting or kinking the catheter.
- Keep the bag lower than the bladder.
- Empty the bag regularly.

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 Hospitals 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

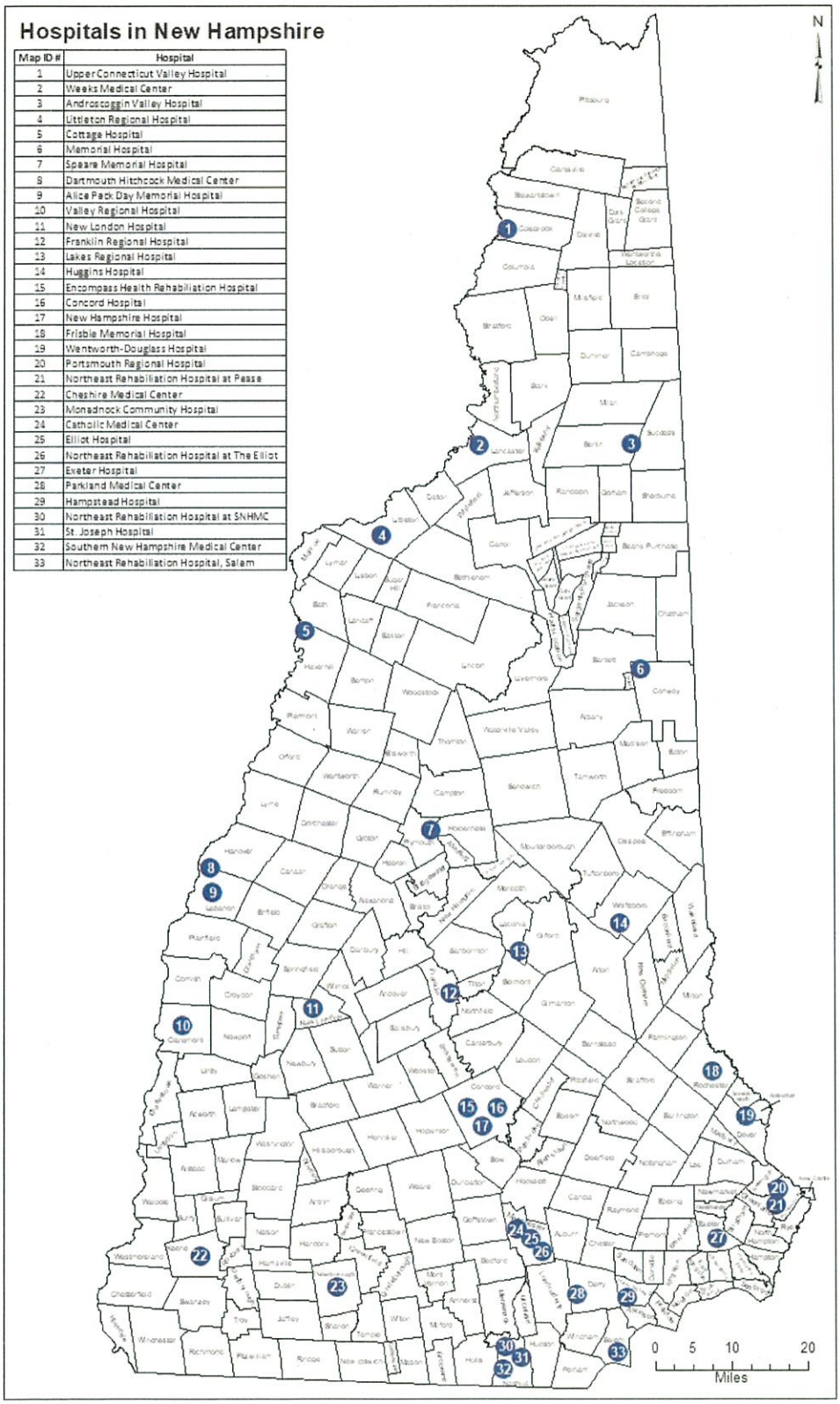
The Agency for Healthcare Quality and Research (AHRQ) has information for patients including care planning, diagnosis and treatment, and patient engagement. Visit their website at: http://www.ahrq.gov/patients-consumers/index.html

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 Hospitals, 2023



Map ID #	Hospital
1	Upper Connecticut Valley Hospital
2	Weeks Medical Center
3	Androscoggin Valley Hospital
4	Littleton Regional Hospital
5	Cottage Hospital
6	Memorial Hospital
7	Speare Memorial Hospital
8	Dartmouth Hitchcock Medical Center
9	Alice Peck Day Memorial Hospital
10	Valley Regional Hospital
11	New London Hospital
12	Franklin Regional Hospital
13	Lakes Regional Hospital
14	Huggins Hospital
15	Encompass Health Rehabiliation Hospital
16	Concord Hospital
17	New Hampshire Hospital
18	Frisbie Memorial Hospital
19	Wentworth-Douglass Hospital
20	Portsmouth Regional Hospital
21	Northeast Rehabiliation Hospital at Pease
22	Cheshire Medical Center
23	Monadnock Community Hospital
24	Catholic Medical Center
25	Elliot Hospital
26	Northeast Rehabiliation Hospital at The Elliot
27	Exeter Hospital
28	Parkland Medical Center
29	Hampstead Hospital
30	Northeast Rehabiliation Hospital at SNHMC
31	St. Joseph Hospital
32	Southern New Hampshire Medical Center
33	Northeast Rehabiliation Hospital, Salem

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Note: referenced according to citation order of appearance within the report.