Department of HEALTH & HUMAN SERVICES | Division of Public Health

STATE OF NEW HAMPSHIRE HEALTHCARE-ASSOCIATED INFECTIONS 2024 AMBULATORY SURGERY CENTER REPORT

March 2026

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

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ABBREVIATIONS USED IN THIS DOCUMENT

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

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EXECUTIVE SUMMARY

A healthcare-associated infection (HAI) is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. Each day, approximately 1 in 31 U.S. patients and 1 in 43 nursing home residents contracts at least one infection in association with their healthcare, underscoring the need for improvements in patient care practices in U.S. healthcare facilities. While much progress has been made, more needs to be done to prevent healthcare-associated infections in a variety of settings.

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 facilities reported in accordance with (RSA) 151:32-35. This report represents the twelfth summary of HAI-related data reported by Ambulatory Surgical Centers (ASCs) in NH.

Healthcare-Associated Infections in New Hampshire Ambulatory Surgery Centers

All ambulatory surgical centers reported in accordance with RSA 151:32-35. Thirty-seven ASC were licensed for the 2024 calendar year, of these nine ASC performed reportable procedures. There were eleven surgical site infections (SSI), only eight SSI met the criteria to be included in the "All SSI SIR Model". Seven ASC with sufficiently robust data to present procedure-specific rate data had a similar rate as compared to the national procedure rate.

Surgical Site Infections

Nine ASC reported SSI data for three surgical procedures.

- Breast Procedures (BRST): Six ASC performed breast procedures; five had sufficiently robust data to present facility-specific rates for SSI following breast procedures. Overall, eight SSI following breast procedures were reported. Overall, SSI rates were similar compared to national data.
- Hernia Procedures (HER): All HER procedures were excluded from the SSI SIR model due to incomplete data in the model.
- Open Reduction of Fracture Procedures (FX): Eight ASC performed open reduction of fracture procedures; six had sufficiently robust data to present a facility specific rate. Three SSI following open reduction of fracture procedures were reported. Overall, SSI rates were similar to national data.

Surgical Intravenous Antimicrobial Prophylaxis Administration

Thirty-seven ASC that administer intravenous (IV) surgical antimicrobial prophylaxis were licensed for the entire 2024 calendar year and therefore required to report IV surgical antimicrobial prophylaxis timing administration data. This prophylaxis was provided within the appropriate time frame for 98.3% of reported orders. Adherence to reporting was low at only 48.6%. This could be a result of many different circumstances such as staff turnover and confusion about reporting requirements. Two ASC observed lower adherence, four ASC observed higher adherence, and eight observed similar adherences compared to the state adherence percentage. Facility data was omitted from the IV surgical antimicrobial prophylaxis table if facilities either

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failed to report or reported some data but not for all four quarters.

In response to the data findings from the 2024 reporting year, the data can be considered to be skewed in favor of those reporting. Historically, New Hampshire has had robust adherence to reporting all measures under 151:32-35. In 2026 the HAI Program will actively engage facilities to improve reporting and work to alleviate barriers that ASC may be experiencing.

Influenza Vaccination Coverage in Ambulatory Surgery Center Healthcare Personnel

Thirty-seven ASCs licensed at any point during the 2024-25 influenza season were required to report healthcare personnel (HCP) influenza vaccination percentages. Vaccination coverage by ASCs ranged from 47.1% to 100%, and the ASC State percentage was 85.7%. Thirty-five percent of facilities did not report this measure in the 2024-25 season.

National Healthcare Safety Network (NHSN) ASC Module

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

The OPC module has some limitations when comparing data to the Patient Safety Module, which was previously used for ASC data. Only facilities with a CMS number can submit data into NHSN, this prohibits any non-CMS registered healthcare facilities from submitting data into the OPC module. All ASC-specific rates and corresponding p-values in this report were generated directly by NHSN using Poisson statistical methods. State-level rates and corresponding p-values were calculated by using the NHSN Statistical Calculator.

Conclusion

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

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I. INTRODUCTION

Purpose

This report represents the thirteenth summary of healthcare-associated infection (HAI)-related data reported by ASCs in New Hampshire (NH) during calendar year 2024. This report can be used by healthcare facilities in the state to identify areas for improvement as well as by healthcare consumers to make informed healthcare decisions.

Audience

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

How to Use This Document

This document includes aggregate data reported by all licensed ASC in NH. This report also includes individual ASC reports on page 43. The document consists of six sections:

I) Introduction
II) Surveillance methods
III) Statewide data
   a. Overall NH data in ASC
   b. Surgical site infection (SSI) standardized infection ratios and rates following breast, hernia, and open reduction of fracture procedures
   c. Surgical intravenous (IV) antimicrobial prophylaxis administration
   d. Percentage of HCP receiving influenza vaccination
IV) Conclusions
V) Individual ASC reports
VI) Appendices
   e. Technical notes
   f. Influenza vaccination survey questions, 2024-2025 season
   g. Understanding the relationship between HAI comparison metrics
   h. Map of NH ASC

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

Background on Healthcare-Associated Infections

A HAI is an infection that a patient acquires while receiving treatment for another condition within a healthcare setting. An estimated 722,000 HAI and 75,000 associated deaths occurred in United States (U.S.) acute care hospitals in 2011.[ii] This may represent a decreasing trend because previous studies depict higher numbers of HAI; 1.7 million infections and 99,000 deaths each

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

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

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

New Hampshire Healthcare-Associated Infections Program

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

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

DHHS, in accordance with RSA 151:32-35, required that eligible ASC report the following measures:

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

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

Overview of Healthcare-Associated Infections Prevention Efforts

NH DHHS participates in statewide prevention initiatives through collaboration with external stakeholders across New Hampshire as well as national partners. Previous major statewide initiatives implemented through these partnerships have included hand hygiene campaigns and patient safety checklists. In addition to these initiatives, the HAI Program coordinated with healthcare settings to support programs focused on preventing bloodstream infections (BSIs), antimicrobial resistance, and promoted antibiotic stewardship. In 2024, the NH DHHS Healthcare-Associated Infections (HAI) Program met regularly with the New Hampshire Hospital Association and the Quality Innovation Network–Quality Improvement Organization (QIN/QIO) to develop actionable initiatives based on current data and to support ongoing collaborative efforts.

The HAI Program provides assessment resources to all healthcare settings as well as training for HCP related to: Antimicrobial Stewardship, Infection Prevention, and NHSN Technical Assistance. Training programs for healthcare facilities are tailored to meet their needs and utilize Project Firstline. Project Firstline national initiative created by the CDC in 2021 to provide infection prevention training for healthcare workers. Infection prevention training is provided across the state to share best practices for infection prevention and ultimately reduce HAI.

For additional information regarding these initiatives and related activities, 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/

Project Firstline
https://www.cdc.gov/project-firstline/programs/index.html

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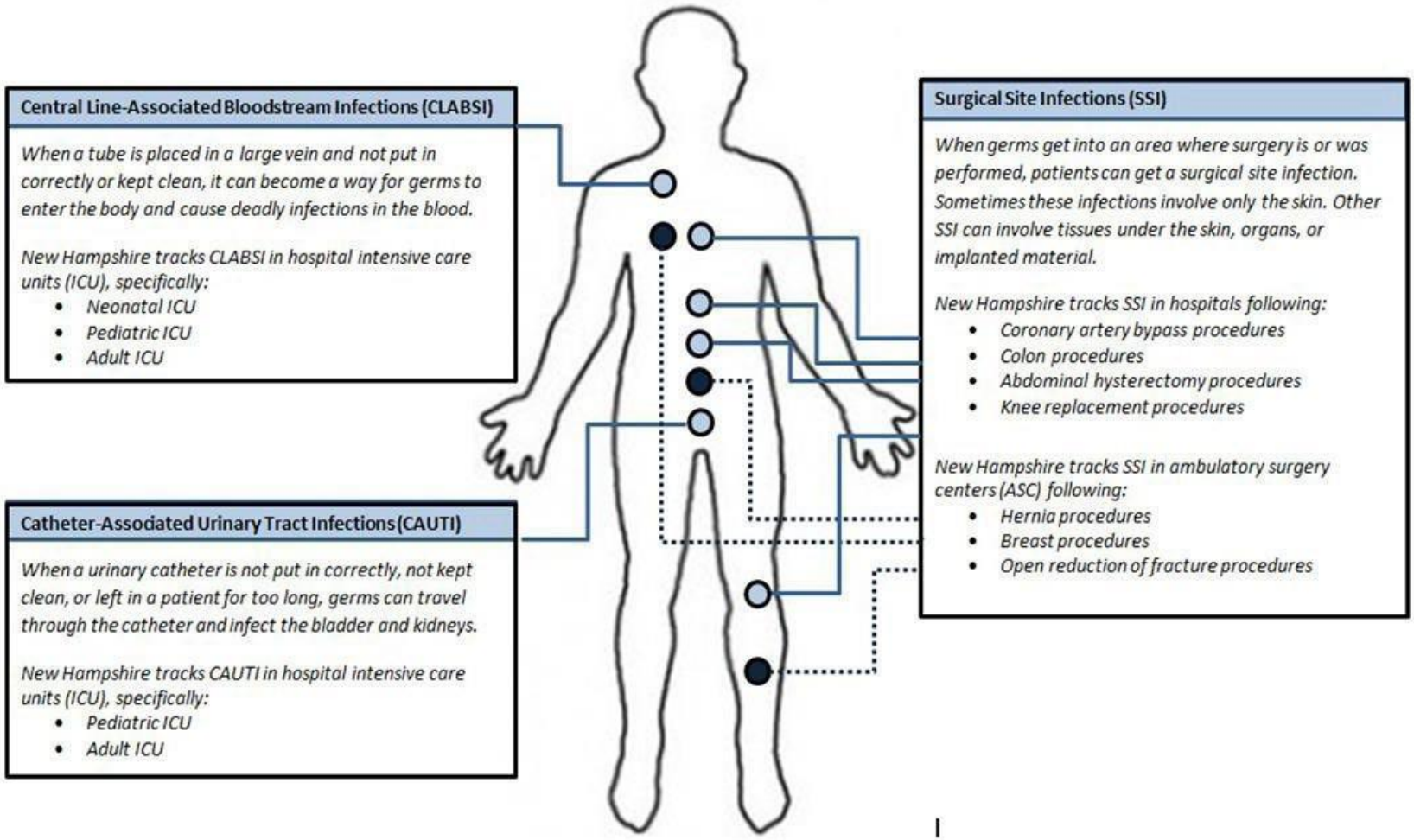
Figure 1. **Types of healthcare-associated infections reported to NH Department of Health and Human Services**



II. SURVEILLANCE METHODS

2024 Healthcare-Associated Infections Reporting Requirements for New Hampshire ASC

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

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

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

Selection of Reporting Requirements

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

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

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

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Accuracy of Reported Healthcare-Associated Infections Surveillance Data

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

Despite lack of external data validation, several processes were implemented to ensure that the data are as accurate as possible. First, DHHS selected NHSN for mandatory reporting, which requires the use of standardized infection definitions and reporting methods. Second, DHHS analyzed and reviewed all data reported in this report for each ASC. This review identified any obvious reporting errors or internal inconsistencies that suggested errors. Third, DHHS provided data reports to each ASC asking the facility to confirm that the data reported to DHHS was accurate. Forty-six percent of ASC did not respond to DHHS attempts to have the provided data reconciled.

Although definitions for classifying infections as healthcare-associated are standardized through NHSN, the methods used by each ASC to identify these infections are not. Detecting patients who develop surgical site infections (SSIs) after discharge can be particularly challenging. ASCs may rely on a variety of post-discharge surveillance methods—such as surgeon follow-up letters, chart reviews, or post-operative office visits—which differ in their sensitivity and ability to capture cases

National Healthcare Safety Network

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

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

Comparisons with National Data

All SSI comparisons with national data use 2006-2008 NHSN data published in the "National Healthcare Safety Network (NHSN) report: Data summary for 2006 through 2008, issued December 2009."[x] The HAI Program utilized 2006-2008 data for comparison due to more recent years being significantly affected by the COVID-19 pandemic. During that time, hospitalization rates and healthcare-associated infection (HAI) rates were unusually high. As a result, using data from those years would not provide an accurate comparison for 2024. Additionally, the COVID-19 public health emergency was lifted in May 2023, making the healthcare environment in 2024 substantially different from the pandemic years. The HAI

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program anticipates using more recent data for comparison in upcoming annual reports. This report is available at: http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.PDF

Surgical Site Infections Surveillance

A SSI is an infection that develops at the site of a surgical procedure. There are different ways to classify a SSI, such as whether it is superficial, in deep tissue, or in the organ/space. Monitoring for a SSI may continue for as little as 30 days after the procedure or as long as 90 days based on depth and procedure type. In 2024, ASC were required to monitor and report SSI for three procedures:

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

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

SSI monitoring includes total counts as well as patient-level information for all patients undergoing the same procedure. This allows for appropriate risk adjustment, because risk for development of an SSI can be influenced by patient- and procedure-specific factors. NHSN allows certain procedure categories to be used to calculate a Standardized Infection Ratio (SIR). According to the 2015 rebaseline, these categories include BRST, HER, KPRO, and LAM. For New Hampshire reporting, only BRST, HER, and FX are required; however, NHSN does not calculate an SIR for FX under the 2015 rebaseline. The basic SSI risk index assigns surgical patients into categories based on the presence of three major risk factors:

- BRST: Age, Anesthesia and BMI
- HER: Age, BMI and Procedure Duration[3]

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

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

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Limitations of SSI surveillance:

- ASC do not use a standard method of post-discharge surveillance to identify infections. This may make data interpretation difficult because a higher SSI rate (for example) at an ASC could be a reflection of poor infection prevention practices or perhaps a more comprehensive system for identifying infections.
- SSI reporting only includes a subset of procedures. DHHS elected this subset based on national recommendations because it would not be feasible for ASC to report information on every patient receiving any surgical procedure due to the burden of reporting through NHSN.
- Some procedures require monitoring for SSI for 90 days after the procedure depending on the depth of infection (in NH, this includes breast, hernia, and open reduction of fracture procedures). Monitoring for these infections is challenging in the outpatient setting, as most ASC rely on post-discharge surveillance through survey.
- The SSI data presented in this report include all types of infections, including superficial SSI, which can occur as a result of care in the ASC but also as a result of the patient's care of the surgical site once discharged.
- Some procedures may be excluded from SIR analysis due to incomplete information.
- NHSN implemented a module for ambulatory surgical centers called Outpatient Procedure Component (OPC). This module went live on November 1, 2018. The OPC contains two distinct modules: Same Day Outcome Measures (OPC-SDOM) and Surgical Site Infection (OPC-SSI) surveillance.
- Hernia procedures were excluded due to general exclusion criteria or potential data quality issues or concerns. Potential data quality issues include procedures in which the patient's age at the time of the procedure is greater than 109 years, sex is missing or not reported, or, for adult patients aged 18 years or older, body mass index (BMI) is less than 12 or greater than 60.
- The SSI data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections. For example, bilateral procedures, such as breast or open reduction of fracture procedures, should be reported as two separate procedures, however it is likely that some facilities under-reported procedures by reporting bilateral procedures as only one procedure. This could potentially increase or decrease the rate and/or SIR.

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Surgical Intravenous Antimicrobial Prophylaxis Administration

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

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

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

Limitations for surgical intravenous antimicrobial prophylaxis administration:

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

Influenza Vaccination Percentage Monitoring

HCP can become infected with the influenza virus through contact with infected patients and ca n 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 75.4% during the 2023-24 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 ASC do have policies requiring mandatory HCP vaccination.

All ASC are required to report HCP vaccination aggregate data directly to DHHS via an online survey that is provided to facilities. See Appendix 2 for the 2024-2025 survey questions regarding influenza vaccination. Submission of these data meets the requirements of both the HAI law (RSA 151:32-35) and the healthcare immunization law (RSA 151:9-b).

HCP influenza vaccination percentages were calculated by dividing the total number of HCP that worked or volunteered in each facility for at least one working day between October 1, 2024 and March 31, 2025 by the total number of HCP immunized against influenza for the 2024-25 influenza season.

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Limitations for influenza vaccination monitoring:

- The survey asks for the total number of HCP vaccinated. This may not reflect the number of HCP to whom the vaccine was offered. ASC may vary in the refusal rate for vaccination among HCP and the reasons for such refusal. Additionally, some HCP may not be eligible to receive the vaccine. The survey attempted to assess why unvaccinated HCP did not receive the vaccine, however, not all ASC were able to report this information.
- Because the survey did not include options for facilities to report unknown vaccination status, HCP with unknown vaccination status were analyzed as though they were not vaccinated. This results in a conservative estimate of vaccination status (e.g., lower than in reality).
- Vaccination status is not available by location where the vaccination was received (e.g., at the reporting facility or elsewhere).
- Data collection techniques at ASC may vary from season to season, potentially affecting comparison of data. DHHS continues to work towards improving the validity and utility of this measure in order to eliminate issues that pose problems for such comparison.
- Some ASC have very few HCP and may never be able to achieve a vaccination percentage significantly higher than the state percentage due to sparse data.
- For the 2024-25 influenza season, CMS required all facilities sharing the same CMS Certification Number (CCN) to report this measure in aggregate via NHSN. Because some ASC and hospitals may share the same CCN, it is possible that HCP influenza vaccination data contain more duplicate data than in prior influenza seasons.

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III. STATEWIDE DATA

HAI data in this report are presented as rates. The standardized infection ratio (SIR) could not be calculated because fewer than one infection was predicted; therefore, comparison to the national SIR is not possible. Where available, specific rate information is provided, representing the number of infections relative to the number of procedures performed. Rate data are limited to calculations that can be stratified by certain required factors. See the technical notes for additional details on rate calculations. For process measures, yellow represents rates that are similar to the state percentage, red represents rates that are significantly lower than the state percentage, and green represents rates that are significantly higher than the state percentage.



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).

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Surgical Site Infection Rates

The statewide rate for infections following breast procedures and open reduction of fracture procedures for patients were similar to national rates (Table 1). Hernia procedures were excluded due to general exclusion criteria or potential data quality issues or concerns. Tables 1 through 4 provide rates of SSI per 100 procedures by ASC. Seven ASC had a rate similar to national data for all procedure categories selected. Note that rates are calculated individually for type of procedure.

Table 1. Statewide ambulatory surgery center rates by procedure, Jan 1–Dec 31, 2024

	Observed Infections	Total Procedures	Rates by Procedure*	P-Value	State Rate Compared to National Rate
Overall SSI SIR	11	1,101	1.00	0.04	Higher
	The overall rate of SSI in New Hampshire ASC was 1.00 per 100 procedures. This difference is statistically significant, which means the overall number of SSI in the state is HIGHER when compared to the number seen nationally.				
BRST SIR	8	643	1.24	0.07	Similar
	The overall rate of BRST in New Hampshire ASC was 1.24 per 100 procedures. This difference is not statistically significant, which means the overall number of BRST infections in the state is SIMILAR when compared to the number seen nationally.				
HER SIR	-	-	-	-	-
	All HER procedures were excluded due to data quality issues hence the rate was not calculated.				
FX SIR	3	458	0.66	0.18	Similar
	The overall rate of FX in New Hampshire ASC was 0.66 per 100 procedures. This difference is not statistically significant, which means the overall number of FX infections in the state is SIMILAR to the number seen nationally.				

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

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Table 2. Overall surgical infection rates by ASC, Jan 1–Dec 31, 2024

ASC	Infections	Procedures	ASC Rate*	National Rate*	P-Value	ASC Rate Compared to the National Rate
Ambulatory Surgery Center (Manchester)	1	155	0.7	0.5	0.75	Similar
Elliot 1 Day Surgery Center	4	322	1.2	0.5	0.12	Similar
Mass General Brigham Amsurg	1	53	1.9	0.5	0.27	Similar
Nashua Ambulatory Surgery Center	1	64	1.6	0.5	0.33	Similar
New England Center for Orthopaedic Surgery	1	109	0.9	0.5	0.54	Similar
Orchard Surgical Center	0	231	0.0	0.5	0.30	Similar
Orthopaedic Surgery Center	1	157	0.6	0.5	0.76	Similar
Orthopaedic Surgery Center Derry	†	†	†	†	†	†
Stratham Ambulatory Surgery Center	†	†	†	†	†	†
State Total	**11**	**1,101**	**1.0**	**0.5**	**0.04**	**Higher**

*rates shown are per 100 procedures performed.
Note: Facilities that did not perform breast, hernia and fracture procedures in 2024 are not included in this table.
† Data are not shown for ASC with less than 20 procedures performed.

Table 3. Breast procedure-associated surgical site infection rates by ASC, Jan 1– Dec 31, 2024

ASC	Infections	Procedures	ASC Rate*	National Rate*	P-Value	ASC Rate Compared to the National Rate
Ambulatory Surgery Center (Manchester)	1	145	0.7	0.6	0.82	Similar
Elliot 1 Day Surgery Center	4	272	1.5	0.6	0.12	Similar
Mass General Brigham Amsurg	1	28	3.6	0.6	0.17	Similar
Nashua Ambulatory Surgery Center	0	30	0.0	0.6	0.83	Similar
Orchard Surgical Center	0	166	0.0	0.6	0.36	Similar
Stratham Ambulatory Surgery Center	†	†	†	†	†	†
State Total	**8**	**643**	**1.2**	**0.6**	**0.07**	**Similar**

*rates shown are per 100 procedures performed.
Note: Facilities that did not perform breast, hernia and fracture procedures in 2024 are not included in this table.
† Data are not shown for ASC with less than 20 procedures performed.

Table 4. Hernia procedure-associated surgical site infection rates by ASC, Jan 1– Dec 31, 2024

ASC	Infections	Procedures	ASC Rate	National Rate	P-Value	ASC Rate Compared to the National Rate
All HER procedures were excluded due to data quality issues.						

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Table 5. Open reduction of fracture procedure-associated surgical site infection rates by ASC, Jan 1– Dec 31, 2024

ASC	Infections	Procedures	ASC Rate*	National Rate*	P-Value	ASC Rate Compared to the National Rate
Ambulatory Surgery Center (Manchester)	†	†	†	†	†	†
Elliot 1 Day Surgery Center	0	50	0.0	0.3	0.87	Similar
Mass General Brigham Amsurg	0	25	0.0	0.3	0.93	Similar
Nashua Ambulatory Surgery Center	1	34	2.9	0.3	0.10	Similar
New England Center for Orthopaedic Surgery	1	109	0.9	0.3	0.30	Similar
Orchard Surgical Center	0	65	0.0	0.3	0.83	Similar
Orthopaedic Surgery Center	1	157	0.6	0.3	0.43	Similar
Orthopaedic Surgery Center Derry	†	†	†	†	†	†
State Total	**3**	**458**	**0.7**	**0.3**	**0.18**	**Similar**

*rates shown are per 100 procedures performed.
Note: Facilities that did not perform breast, hernia and fracture procedures in 2024 are not included in this table.
† Data are not shown for ASC with less than 20 procedures performed.

Surgical Intravenous Antimicrobial Prophylaxis Administration

Thirty-seven ASC were eligible to report surgical IV antimicrobial administration data. In NH ASC, 98.3% of 15,431 preoperative orders for IV antibiotics prescribed for the purpose of preventing SSI were administered in 2024 on time. The analysis presented in Table 6 shows that, of the fourteen facilities with sufficiently robust data to present, two ASC observed lower adherence, four ASC observed higher adherence, and eight ASC observed similar adherence compared to the state adherence percentage.

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Table 6. Performance of surgical IV antimicrobial prophylaxis by ASC, Jan 1-Dec 31, 2024

ASC	Number of Patients that Received IV Antibiotics on Time*	Total Number of Patients that Received IV Antibiotics	% Adherence	P-Value	ASC % Compared to State %
Ambulatory Surgery Center (Manchester)	1,015	1,031	98.4	0.74	Similar
Atlantic Coast Surgical Suites	-	-	-	-	-
Atlantic Plastic Surgery Center	-	-	-	-	-
Auburn Surgery Center	635	635	100.0	0.00	Higher
Barrington Surgical Care	22	22	100.0	0.69	Similar
Bedford Ambulatory Surgery Center	-	-	-	-	-
Center for Outpatient Care	-	-	-	-	-
Center for Pain Solutions	†	†	†	†	†
Coastal Surgical Center	-	-	-	-	-
Concord Ambulatory Surgical Center	-	-	-	-	-
Concord Endoscopy Center	No procedures with an order of antibiotics were performed				
Concord Eye Surgery	-	-	-	-	-
Dartmouth-Hitchcock Nashua Endoscopy Center	No procedures with an order of antibiotics were performed				
Elliot 1 Day Surgery Center	1,890	1,929	98.0	0.28	Similar
Granite State SurgiCenter	-	-	-	-	-
Hillside Surgery Center	-	-	-	-	-
Lighthouse Surgical Suites	-	-	-	-	-
Mass General Brigham Amsurg	745	745	100.0	0.00	Higher
Minimally Invasive Surgery Center of New England	455	460	98.9	0.31	Similar
Nashua Ambulatory Surgical Center	850	868	97.9	0.39	Similar
Nashua Eye Surgery Center	-	-	-	-	-
New England Center for Orthopaedic Surgery	1,890	1,890	100.0	0.00	Higher
North Atlantic Surgical Suites	-	-	-	-	-
North Country Endoscopy	-	-	-	-	-
Northeast Surgical Care	-	-	-	-	-
Northridge Surgical Suites	-	-	-	-	-
Orchard Surgical Center	2,160	2,161	100.0	0.00	Higher
Orthopaedic Surgery Center	3,449	3,590	96.1	0.00	Lower
Orthopaedic Surgery Center Derry	-	-	-	-	-
Pain Surgery Center	-	-	-	-	-
Parkland Endoscopy Center	-	-	-	-	-
PMC Medical Group	-	-	-	-	-
Rye Surgical Center	No procedures with an order of antibiotics were performed				

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ASC	Number of Patients that Received IV Antibiotics on Time*	Total Number of Patients that Received IV Antibiotics	% Adherence	P-Value	ASC % Compared to State %
Stratham Ambulatory Surgery Center	668	683	97.8	0.32	Similar
Surgery Center of Greater Nashua	62	63	98.4	1.00	Similar
Surgical Center of New Hampshire at Derry	275	287	95.8	0.01	Lower
Wentworth Surgery Center	1,051	1,062	99.0	0.08	Similar
State Total	**15,171**	**15,431**	**98.3**	-	

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

-Facility closed within the 2024 calendar year, facility failed to report data, or data that was reported was incomplete.

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

Surgical Intravenous Antimicrobial Prophylaxis Administration: Comparison to 2023 Data

The statewide ASC adherence to surgical antimicrobial prophylaxis administration has remained above 95.0% since these data were first collected (Figure 2). Overall, in 2024 ASC adherence to surgical antimicrobial prophylaxis administration was higher when compared to 2023 for those that reported. Analysis showed that during 2024, two ASC observed lower adherence, four ASC observed higher adherence, and eight ASC observed similar adherence compared to the state adherence percentage (Table 6). Further analysis showed that, of the five ASC with sufficiently robust data to present, two had similar adherence, zero had lower adherence and three had higher adherence in 2024 when compared with 2023 (Table 7).

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Figure 2. Statewide performance of surgical IV antimicrobial prophylaxis by year, 2012-2024

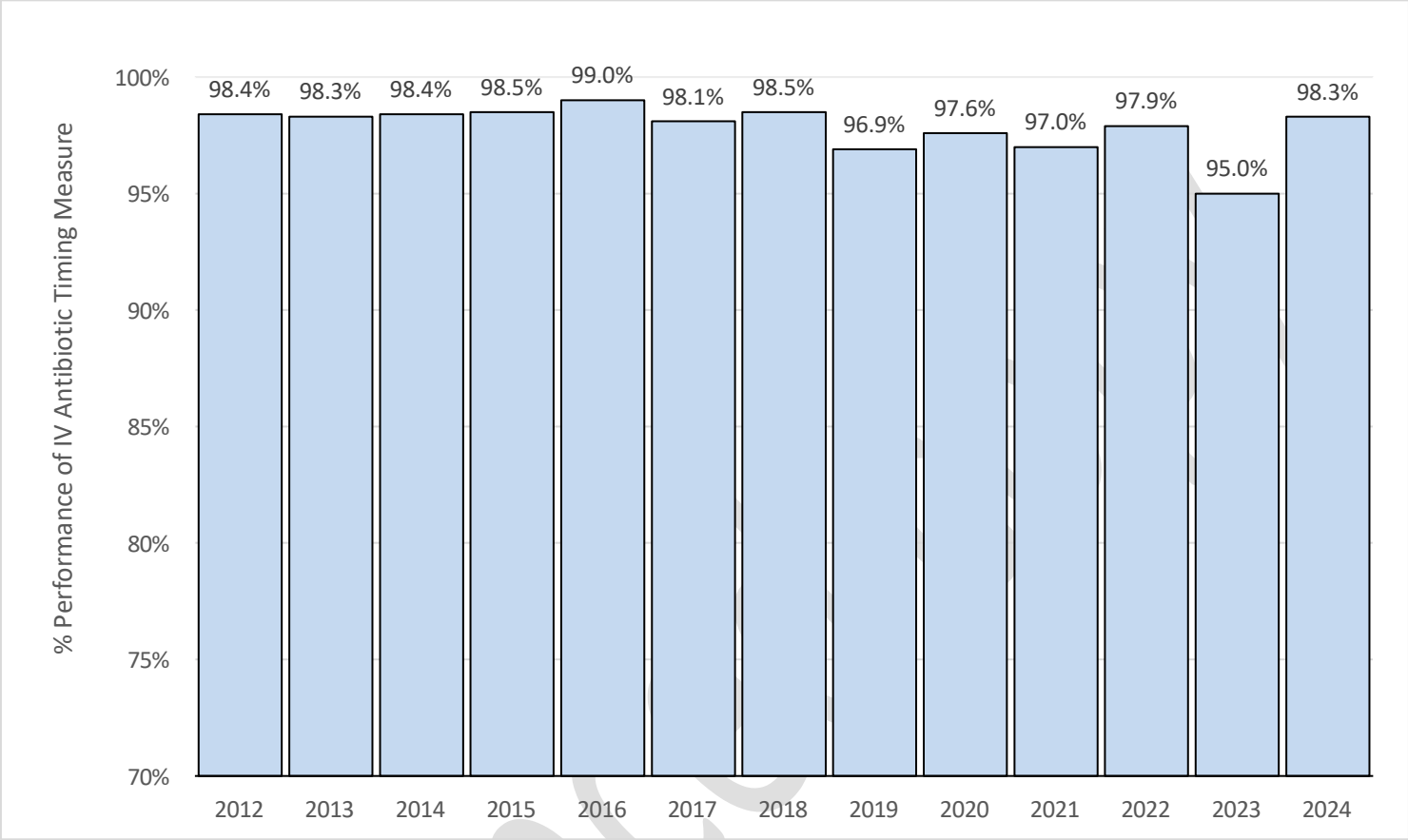

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Table 7. Performance of surgical IV antimicrobial prophylaxis by ASC, comparison to 2023 data

ASC	% Adherence 2023	% Adherence 2024	P-Value	2024 Compared to 2023
Ambulatory Surgery Center (Manchester)	95.7	98.4	0.00	Higher
Atlantic Coast Surgical Suites	-	-	-	N/A
Atlantic Plastic Surgery Center	-	-	-	-
Auburn Surgery Center	-	100.0	-	N/A
Barrington Surgical Care	100.0	100.0	1.00	Similar
Bedford Ambulatory Surgery Center	-	-	-	N/A
Center for Outpatient Care	-	-	-	-
Center for Pain Solutions	-	†	†	N/A
Coastal Surgical Center	-	-	-	-
Concord Ambulatory Surgical Center	-	-	-	-
Concord Endoscopy Center	-	-	-	-
Concord Eye Surgery	-	-	-	-
Dartmouth-Hitchcock Nashua Endoscopy Center	-	-	-	-
Elliot 1 Day Surgery Center	94.2	98.0	0.00	Higher
Granite State SurgiCenter	-	-	-	-
Hillside Surgery Center	-	-	-	-
Lighthouse Surgical Suites	-	-	-	-
Mass General Brigham Amsurg	-	100.0	-	N/A
Minimally Invasive Surgery Center of New England	-	98.9	-	N/A
Nashua Ambulatory Surgical Center	98.4	97.9	0.27	Similar
Nashua Eye Surgery Center	-	-	-	-
New England Center for Orthopedic Surgery	-	100.0	-	N/A
North Atlantic Surgical Suites	91.8	-	-	N/A
North Country Endoscopy	-	-	-	-
Northeast Surgical Care	-	-	-	-
Northridge Surgical Suites	-	-	-	-
Orchard Surgical Center	-	100.0	-	N/A
Orthopedic Surgery Center	95.2	96.1	0.01	Higher
Orthopedic Surgery Center Derry	95.5	-	-	N/A
Pain Surgery Center	-	-	-	-
Parkland Endoscopy Center	97.1	-	-	N/A
PMC Medical Group	-	-	-	-
Rye Surgical Center	-	-	-	N/A
Stratham Ambulatory Surgery Center	-	97.8	-	N/A

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ASC	% Adherence 2023	% Adherence 2024	P-Value	2024 Compared to 2023
Surgery Center of Greater Nashua	-	98.4	-	N/A
Surgical Center of New Hampshire at Derry	-	95.8	-	N/A
Wentworth Surgery Center	-	99.0	-	N/A
State Total	**95.0**	**98.3**	**0.00**	**Higher**

† Data are not shown when fewer than 20 preoperative IV antibiotics were ordered.
N/A or not applicable: Comparison between two years of data at a given facility is not applicable if no data were reported by that facility and/or if data must be censored for one or more of the years presented.
-Facility was either closed, recently open, or did not administer any IV antibiotics during 2024.

Influenza Vaccination Percentages

Figure 3 below depicts HCP influenza vaccination percentages since 2020-21. Table 8 below shows the total number of HCP and the number of HCP vaccinated against seasonal influenza at each ASC during the 2024-25 influenza season. Vaccination coverage by ASC ranged from 47.1% to 100%, and the overall state vaccination percentage was 85.7% (Table 8). The analysis presented in Table 8 shows that seven ASC reported vaccination percentages that were significantly lower than the overall state vaccination percentage, six reported vaccination percentages that were significantly higher than the overall state vaccination percentage, and eight ASC reported vaccination percentages similar to the overall state vaccination percentage. Thirteen ASC did not report their influenza vaccination percentages.

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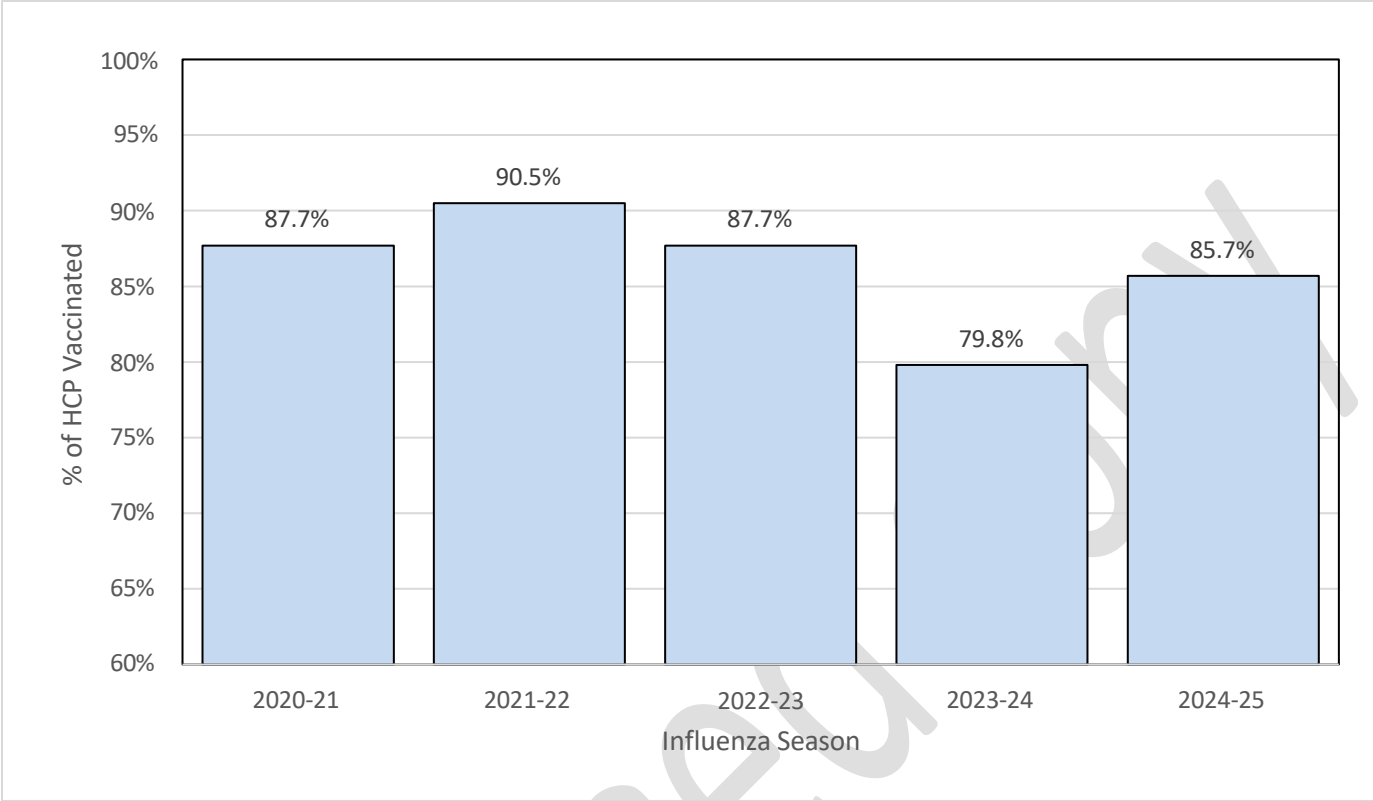
Figure 3. Statewide influenza vaccination percentages for ASC HCP by influenza season 2020-21 through 2024-25



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

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Table 8. Influenza vaccination percentages for HCP by ASC, 2024-25 influenza season, Oct 1, 2024–Mar 31, 2025

ASC	HCP Vaccinated	Total HCP	% HCP Vaccinated	P-Value	ASC % Compared to State %
Ambulatory Surgery Center (Manchester)	118	123	95.9%	0.00	Higher
Atlantic Coast Surgical Suites	-	-	-	-	-
Atlantic Plastic Surgery Center	-	-	-	-	-
Auburn Surgery Center	36	42	85.7%	1.00	Similar
Barrington Surgical Care	15	23	65.2%	0.02	Lower
Bedford Ambulatory Surgery Center	212	230	92.2%	0.00	Higher
Center for Outpatient Care	-	-	-	-	-
Center for Pain Solutions	†	†	†	†	†
Coastal Surgical Center	-	-	-	-	-
Concord Ambulatory Surgical Center	-	-	-	-	-
Concord Endoscopy Center	41	45	91.1%	0.31	Similar
Concord Eye Surgery	21	29	72.4%	0.06	Similar
Dartmouth-Hitchcock Nashua Endoscopy Center	25	27	92.6%	0.32	Similar
Elliot 1 Day Surgery Center	302	317	95.3%	0.00	Higher
Granite State SurgiCenter	-	-	-	-	-
Hillside Surgery Center	-	-	-	-	-
Lighthouse Surgical Suites	-	-	-	-	-
Mass General Brigham Amsurg	78	80	97.5%	0.00	Higher
Minimally Invasive Surgery Center of New England	62	65	95.4%	0.02	Higher
Nashua Ambulatory Surgical Center	84	93	90.3%	0.20	Similar
Nashua Eye Surgery Center	28	35	80.0%	0.34	Similar
New England Center for Orthopaedic Surgery	62	80	77.5%	0.05	Lower
North Atlantic Surgical Suites	75	79	94.9%	0.01	Higher
North Country Endoscopy	-	-	-	-	-
Northeast Surgical Care	-	-	-	-	-
Northridge Surgical Suites	-	-	-	-	-
Orchard Surgical Center	143	161	88.8%	0.26	Similar
Orthopaedic Surgery Center	138	204	67.6%	0.00	Lower
Orthopaedic Surgery Center Derry	50	69	72.5%	0.00	Lower
Pain Surgery Center	-	-	-	-	-
Parkland Endoscopy Center	†	†	†	†	†
PMC Medical Group	-	-	-	-	-
Rye Surgical Center	15	23	65.2%	0.01	Lower

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ASC	HCP Vaccinated	Total HCP	% HCP Vaccinated	P-Value	ASC % Compared to State %
Stratham Ambulatory Surgery Center	40	58	69.0%	0.00	Lower
Surgery Center of Greater Nashua	†	†	†	†	†
Surgical Center of New Hampshire at Derry	16	34	47.1%	0.00	Lower
Wentworth Surgery Center	65	75	86.7%	0.84	Similar
State Total	**1,646**	**1,921**	**85.7%**	**-**	

-Facility data unavailable during this influenza season.

Influenza Vaccination Percentages: Comparison to 2023-24 Data

The overall statewide ASC HCP vaccination percentage was higher during the 2024-25 than during the 2023-24 influenza seasons (see Table 9). The analysis presented in Table 9 shows that overall, sixteen ASC had similar HCP influenza vaccination rate in the 2024-25 influenza season compared to the 2023-24 influenza season, one ASC had significantly lower HCP influenza vaccination rate in the 2024-25 influenza season compared to the 2023-24 influenza season and two ASC had significantly higher HCP influenza vaccination rate in the 2024-25 influenza season compared to the 2023-24 influenza season. Eighteen ASC could not be compared to previous seasons due to having no data reported in one of the years of comparison, data suppressed for one or both years, or closure of the facility.

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Table 9. Influenza vaccination percentages for ASC HCP by ASC, comparison between 2023-24 and 2024-25 influenza seasons

ASC	% HCP Vaccinated 2023-24	% HCP Vaccinated 2024-25	P-Value	2023-24 Compared to 2024-25
Ambulatory Surgery Center (Manchester)	96.3%	95.9%	0.78	Similar
Atlantic Coast Surgical Suites	-	-	-	-
Atlantic Plastic Surgery Center	-	-	-	-
Auburn Surgery Center	92.6%	85.7%	0.12	Similar
Barrington Surgical Care	†	65.2%	†	N/A
Bedford Ambulatory Surgery Center	94.0%	92.2%		Similar
Center for Outpatient Care	-	-	-	-
Center for Pain Solutions	†	†	†	N/A
Coastal Surgical Center	80.8%	-	-	N/A
Concord Ambulatory Surgical Center	-	-	-	-
Concord Endoscopy Center	95.5%	91.1%	0.19	Similar
Concord Eye Surgery	51.0%	72.4%	0.02	Higher
Dartmouth-Hitchcock Nashua Endoscopy Center	97.4%	92.6%	0.19	Similar
Elliot 1 Day Surgery Center	94.4%	95.3%	0.51	Similar
Granite State SurgiCenter	-	-	-	-
Hillside Surgery Center	-	-	-	-
Lighthouse Surgical Suites	-	-	-	-
Mass General Brigham Amsurg	93.1%	97.5%	0.10	Similar
Minimally Invasive Surgery Center of New England	81.0%	95.4%	0.00	Higher
Nashua Ambulatory Surgical Center	86.1%	90.3%	0.24	Similar
Nashua Eye Surgery Center	74.4%	80.0%	046	Similar
New England Center for Orthopaedic Surgery	71.4%	77.5%	0.23	Similar
North Atlantic Surgical Suites	94.1%	94.9%	0.81	Similar
North Country Endoscopy	-	-	-	-
Northeast Surgical Care	-	-	-	-
Northridge Surgical Suites	-	-	-	-
Orchard Surgical Center	89.2%	88.8%	0.85	Similar
Orthopaedic Surgery Center	82.8%	67.6%	0.00	Lower
Orthopaedic Surgery Center Derry	79.7%	72.5%	0.15	Similar
Pain Surgery Center	-	-	-	-
Parkland Endoscopy Center	63.2%	†	†	N/A
PMC Medical Group	-	-	-	-
Rye Surgical Center	†	65.2%	†	N/A
Stratham Ambulatory Surgery Center	68.4%	69.0%	0.94	Similar

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ASC	% HCP Vaccinated 2023-24	% HCP Vaccinated 2024-25	P-Value	2023-24 Compared to 2024-25
Surgery Center of Greater Nashua	94.9%	†	†	N/A
Surgical Center of New Hampshire at Derry	53.1%	47.1%	0.49	Similar
Wentworth Surgery Center	90.9%	86.7%	0.22	Similar
State Total	**79.8%**	**85.7%**	**0.00**	**Higher**

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

Influenza Vaccination Policies for Healthcare Personnel

During the 2024-25 influenza season, 20 of 37 ASC had a HCP vaccination policy in place (54.1%). Zero (0.0%) facilities reported that there was no policy in place. Among the 20 ASC with a policy, 3 (15.0%) allowed for only medical and religious exemptions, and 16 (80.0%) allowed for medical, religious, and personal/philosophical exemptions, and 0 (0%) allowed for medical only exemption (Table 10). Fourteen [14 (70.0%)] ASC required unvaccinated HCP with an approved exemption to wear a mask, 3 (15.0%) stated that unvaccinated HCP without an acceptable reason for exemption would be subject to progressive discipline, potentially including termination, 4 (20.0%) receive verbal or written education, and 0 (0%) have no consequences for unvaccinated HCP. ASC with vaccination policies had a higher percentage of influenza vaccination as a whole (84.5%) than ASC without policies (0.0%) but this was not statistically significant.

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Figure 4. Comparison of healthcare personnel influenza vaccination rates in ASC with and without influenza policies, 2024-2025 influenza season

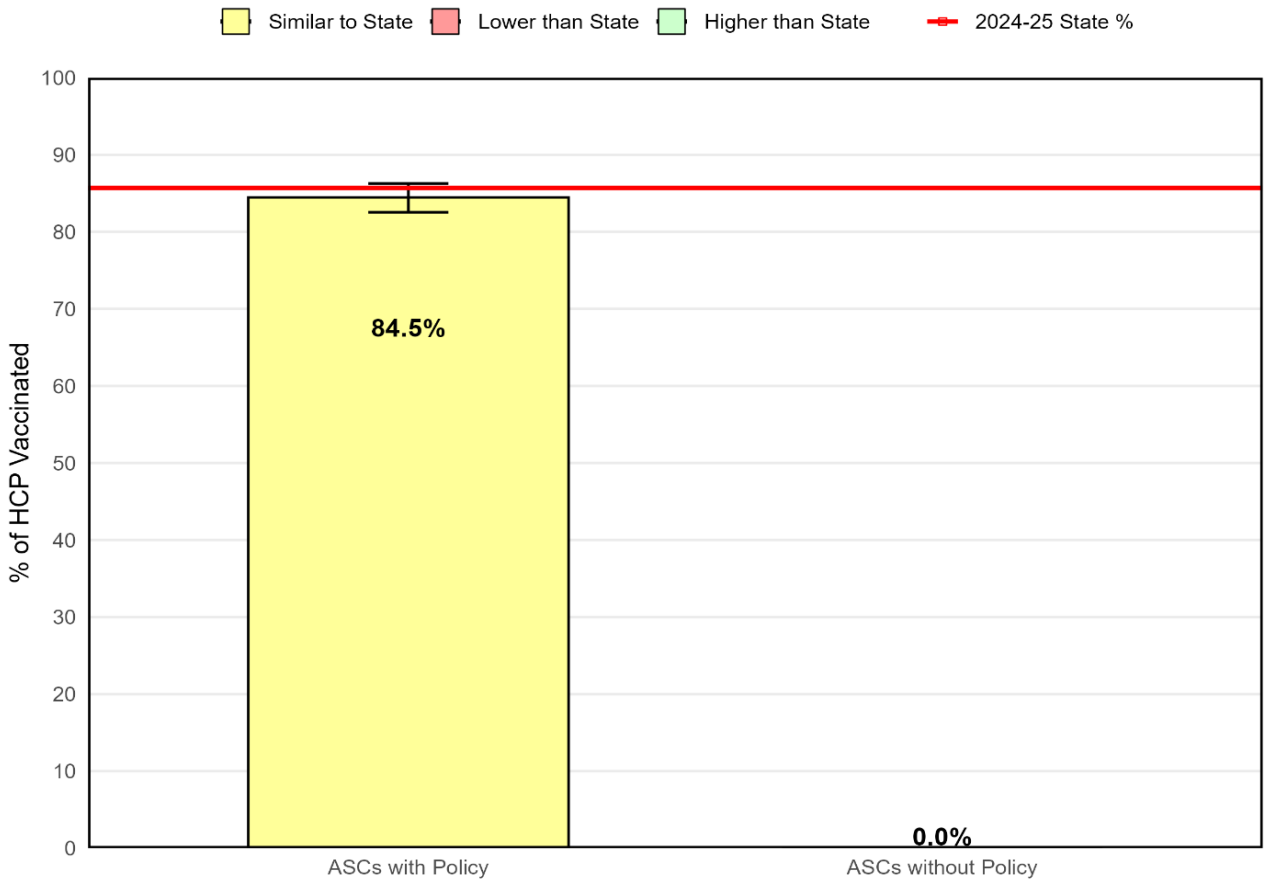

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Table 10. Influenza vaccination policies and consequences for HCP by ASC, 2024-2025 influenza season

ASC	Exemptions Allowed in Policy*	Requirements for Unvaccinated HCP with Accepted Exemption	Consequences for Unvaccinated HCP without Accepted Exemption
Ambulatory Surgery Center (Manchester)	Medical; Religious	Wear a mask; Receive verbal and/or written education	Progressive discipline, potentially including termination
Auburn Surgery Center	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Barrington Surgical Care	Medical; Religious; Personal/Philosophical	Other	Question Unanswered
Bedford Ambulatory Surgery Center	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Centers for Pain Solutions	Medical; Religious; Personal/Philosophical	Other	Other
Concord Endoscopy Center	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education
Dartmouth-Hitchcock Nashua Endoscopy Center	Medical; Religious	Wear a mask; Receive verbal and/or written education	Progressive discipline, potentially including termination
Mass General Brigham Amsurg	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination
Minimally Invasive Surgery Center of New England	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Nashua Ambulatory Surgical Center	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Nashua Eye Surgery Center	Medical; Religious; Personal/Philosophical	Receive verbal and/or written education	Receive verbal and/or written education
New England Center for Orthopaedic Surgery	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
North Atlantic Surgical Suites	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Orchard Surgical Center	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education
Orthopaedic Surgery Center	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Orthopaedic Surgery Center Derry	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Parkland Endoscopy Center	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
Rye Surgical Center	Medical; Religious; Personal/Philosophical	Other	Question Unanswered
Surgery Center of Greater Nashua	Question Unanswered	Question Unanswered	Question Unanswered
Surgical Center of New Hampshire at Derry	Medical; Religious; Personal/Philosophical	Receive verbal and/or written education	Receive verbal and/or written education

* Exemptions include Medical, Religious, Personal/philosophical, and Other.
Note: Auburn Surgery Center, and Centers for Pain Solutions did not have mandatory vaccination policies during 2024-25 Influenza season.
Ambulatory Surgical Centers not listed did not report influenza vaccination policy data for the 2024-25 Influenza season.

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IV. CONCLUSIONS

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

Key findings described in this report include the following:

- Compliance in reporting in accordance with (RSA) 151:32-35 was lower than previous reporting years.
- NH ASC reported similar infection rates following selected surgeries (breast, and open reduction of fracture procedures) as predicted based on national data.
- All seven ASCs with sufficiently robust data reported infection rates similar to the national infection rate.
- Among the facilities that provided data to the state, the overall state rate of infection was significantly higher, statistically, than the national rate.
- The percentage of orders for surgical IV antibiotic prophylaxis administered for the prevention of SSI that were delivered within the appropriate timeframe prior to surgery was 98.3%. Four ASC had a significantly higher adherence rate for this measure than the state adherence percentage, with rates ranging from 95.8% to 100%.
- Vaccination coverage by ASC during the 2024-25 influenza season ranged from 47.1% to 100%. The overall state percentage was 85.7%, which is higher than the 2023-24 influenza season when the statewide vaccination rate was 79.8%.
- Of those that reported, twenty NH ASC had mandatory influenza vaccination policies for HCP during the 2024-25 season. Overall, ASC with vaccination policies had significantly (84.5%) than ASC without mandatory policies (0%).

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

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V. AMBULATORY SURGERY CENTER INDIVIDUAL REPORTS

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

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AMBULATORY SURGERY CENTER (MANCHESTER)
Manchester, NH
Not-for-Profit
# of Admissions: 7,080

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	1	155	0.7	0.5	0.75	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

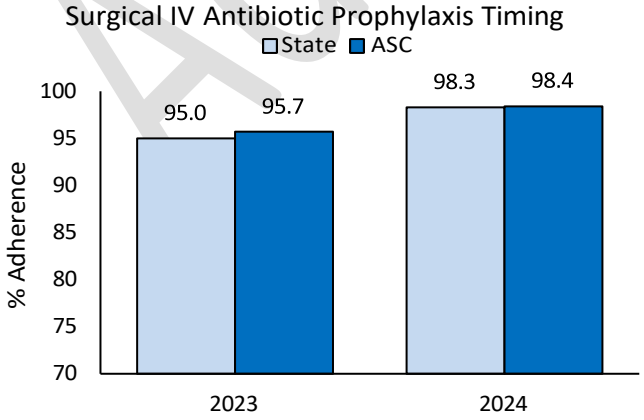
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	1	145	0.7	0.6	0.82	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	†	†	†	†	†	†

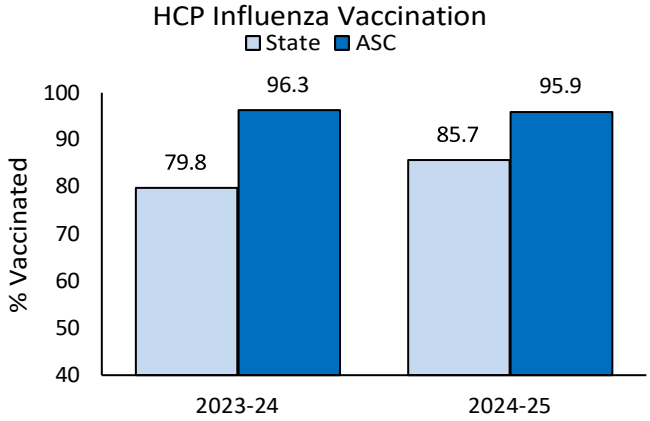
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	98.4	98.3	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	95.9	85.7	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



ATLANTIC COAST SURGICAL SUITES
Seabrook, NH
For-Profit
Medical Group
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

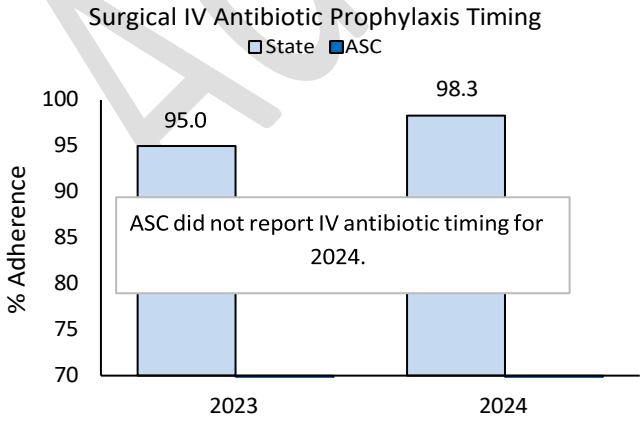
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

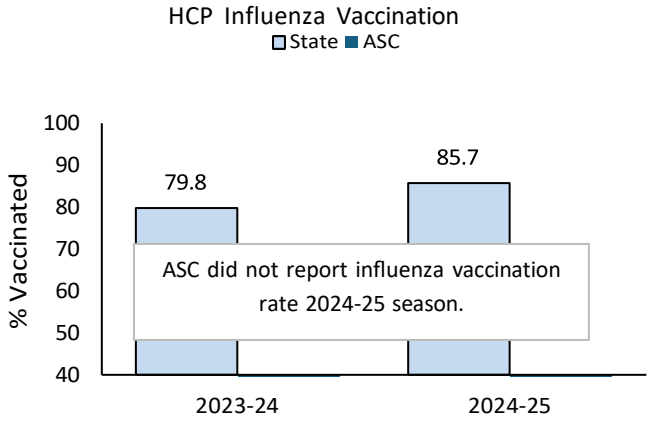
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



ATLANTIC PLASTIC SURGERY
Portsmouth, NH
For-Profit
Free-standing
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

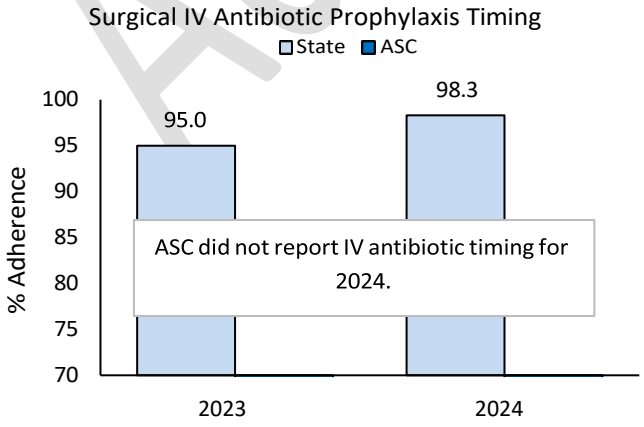
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

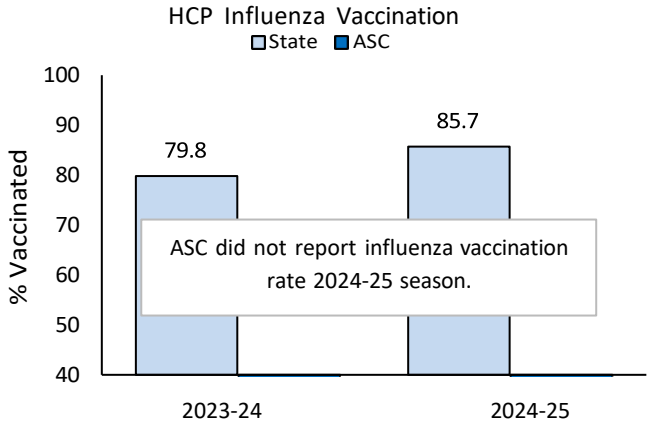
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



AUBURN SURGERY CENTER
Auburn, NH
For-Profit
Free-standing
# of Admissions: 978

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

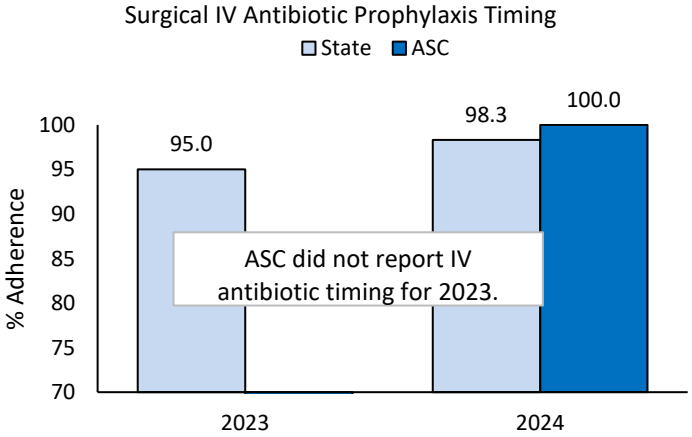
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

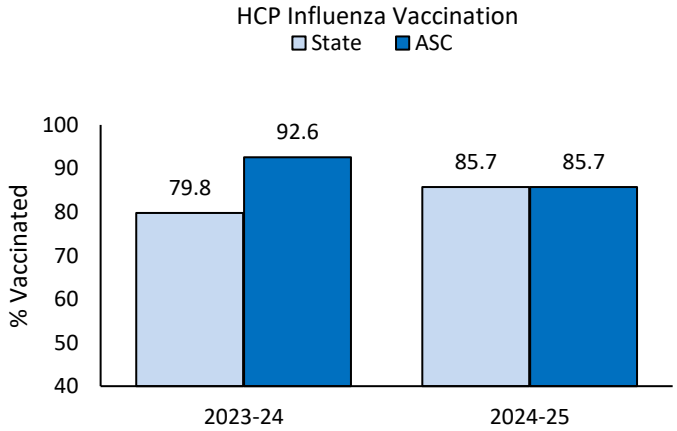
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	98.3	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	85.7	85.7	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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



BARRINGTON SURGICAL CARE
Barrington, NH
Private
Free-standing
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

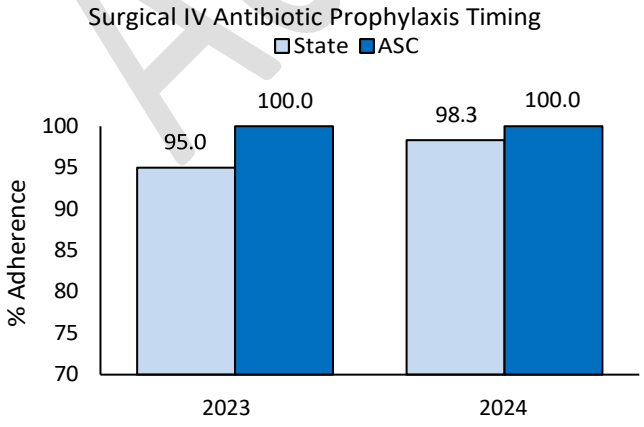
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

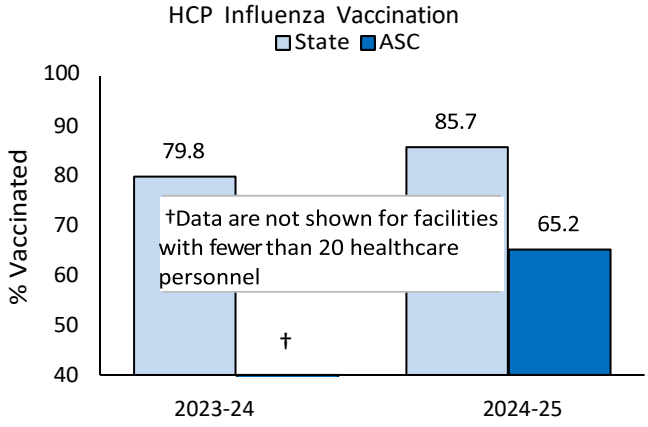
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	98.3	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	65.2	85.7	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



BEDFORD AMBULATORY SURGICAL CENTER
Bedford, NH
For-Profit
# of Admissions: 11,353

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

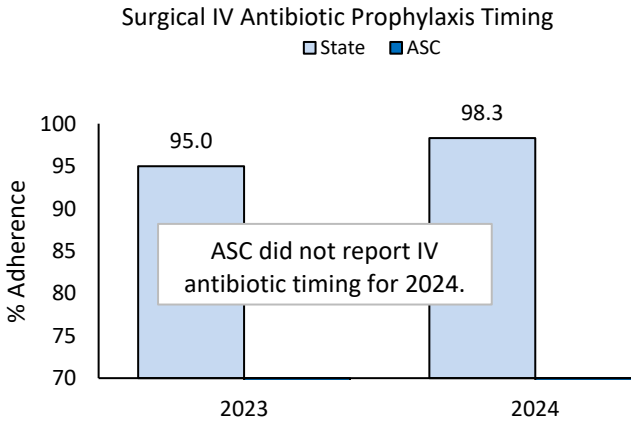
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

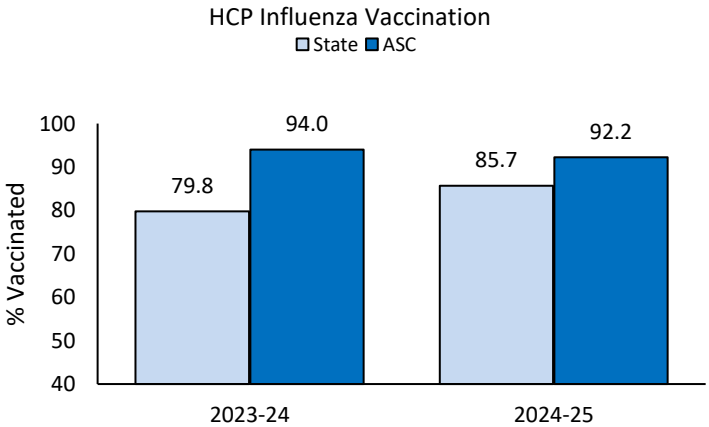
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	92.2	85.7	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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



CENTER FOR OUTPATIENT CARE
Exeter, NH
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

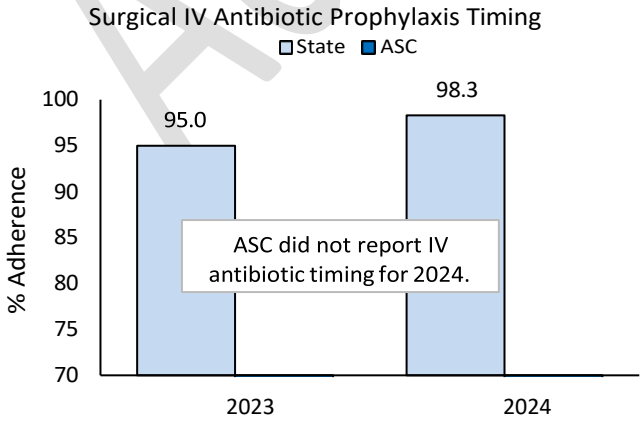
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

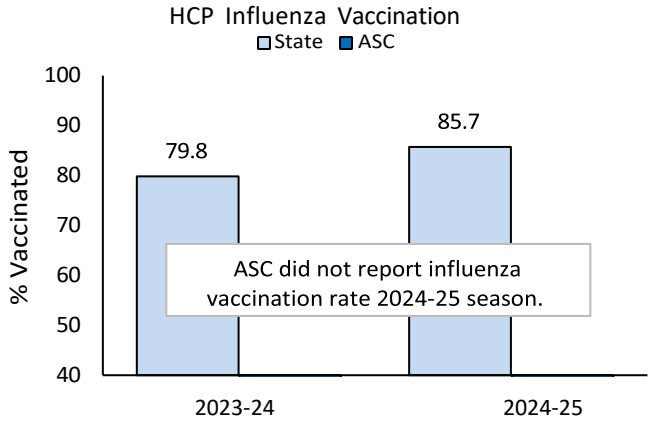
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



CENTER FOR PAIN SOLUTIONS
Nashua, NH
For-Profit
Private
# of Admissions: 2,252

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

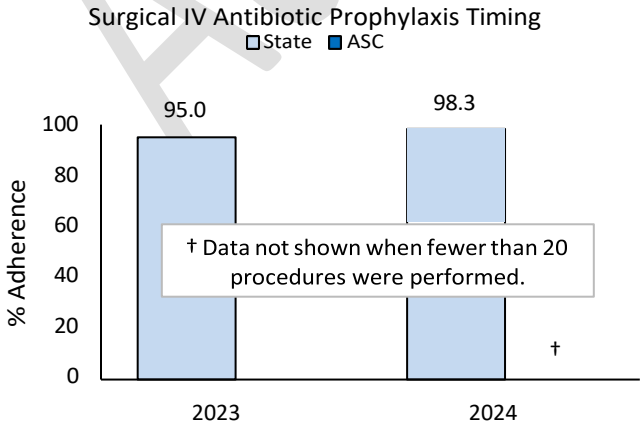
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

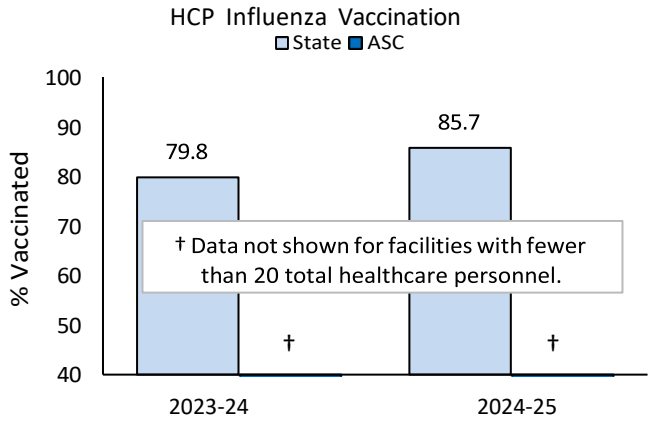
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	†	98.3	†
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	†	85.7	†

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



COASTAL SURGICAL CENTER
Newington, NH
Physician owned
# of Admissions: 4,745

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

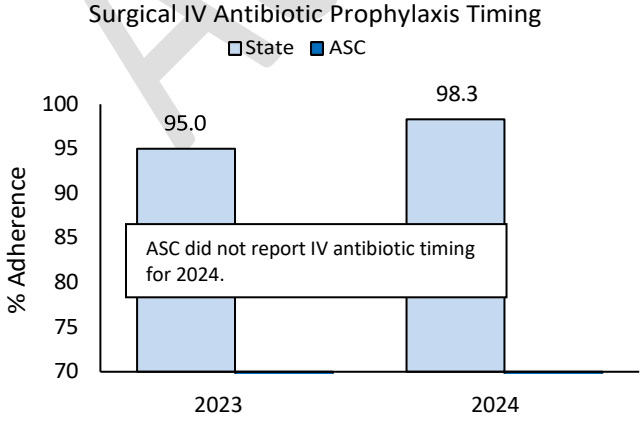
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

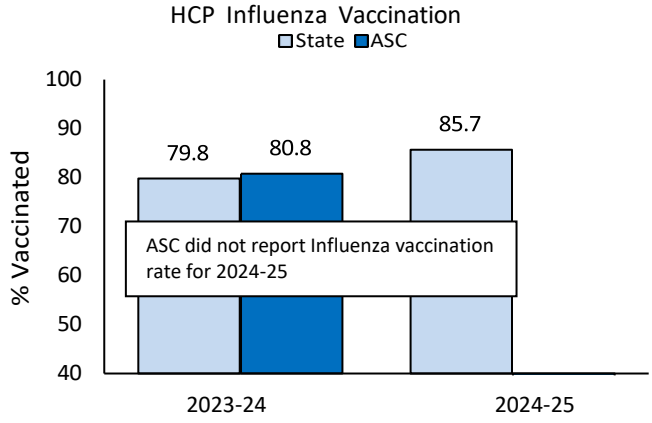
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



CONCORD AMBULATORY SURGICAL CENTER
Concord, NH
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

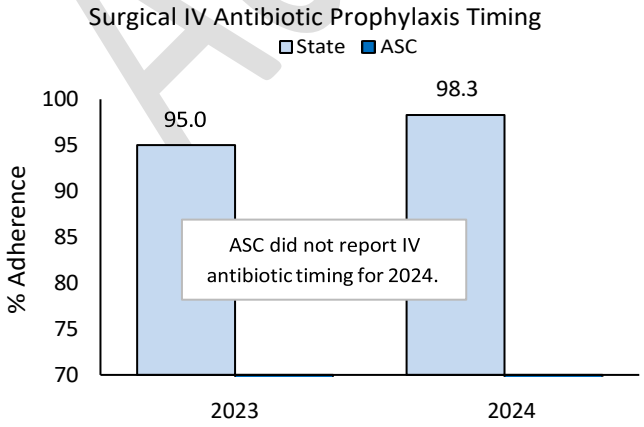
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

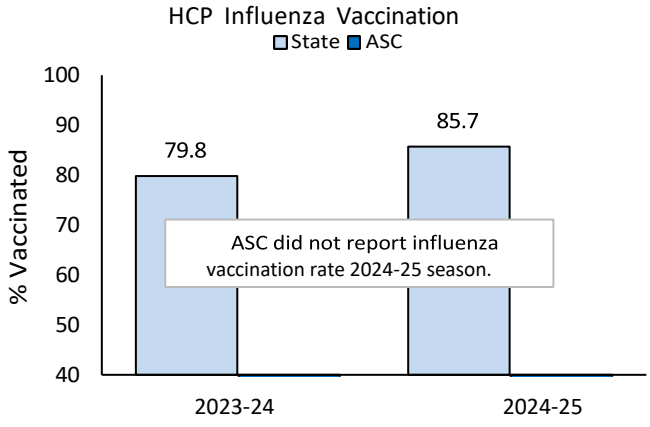
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



CONCORD ENDOSCOPY CENTER
Concord, NH
For-Profit
Medical Group
# of Admissions: 7,275

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

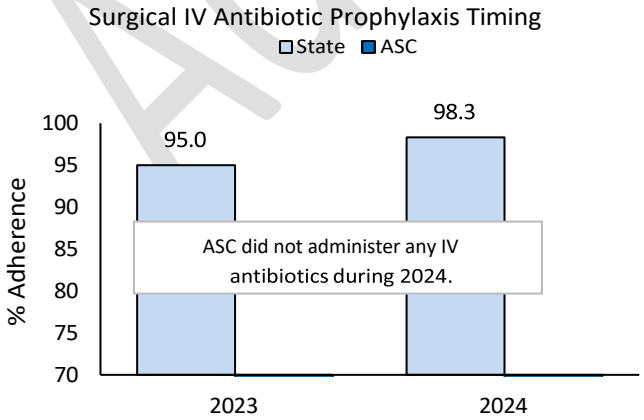
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

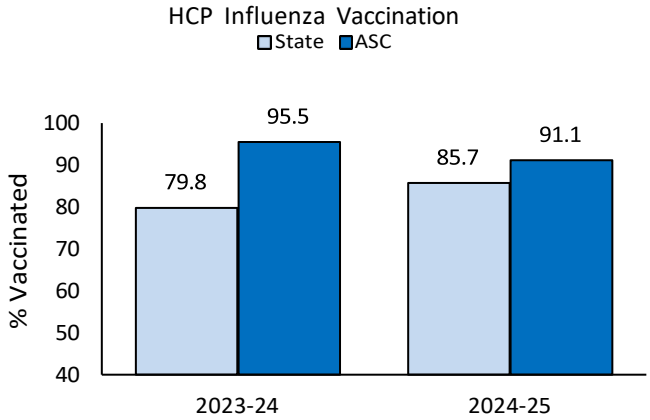
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	91.1	85.7	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advanced copy



CONCORD EYE SURGERY
Concord, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

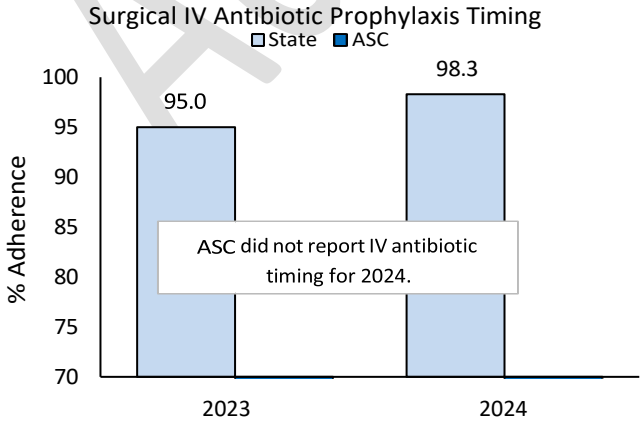
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

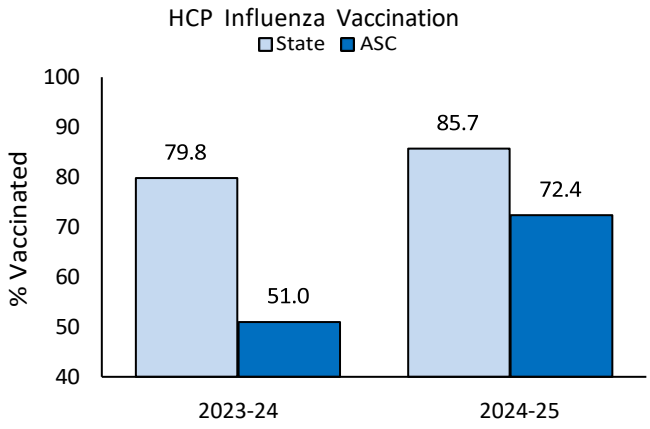
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	72.4	85.7	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



DARTMOUTH-HITCHCOCK
NASHUA ENDOSCOPY CENTER
Nashua, NH
Not-for-Profit
-
# of Admissions: 4,262

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

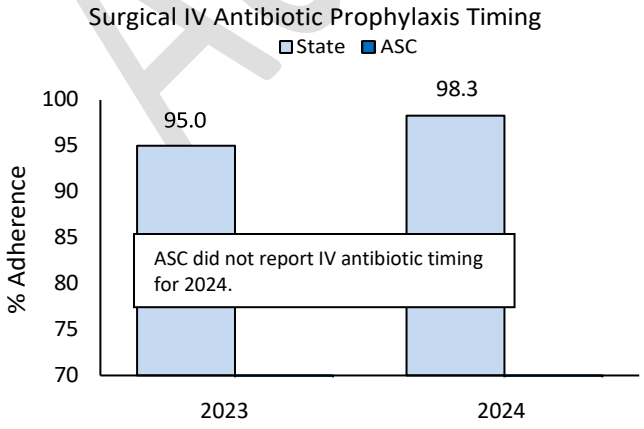
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

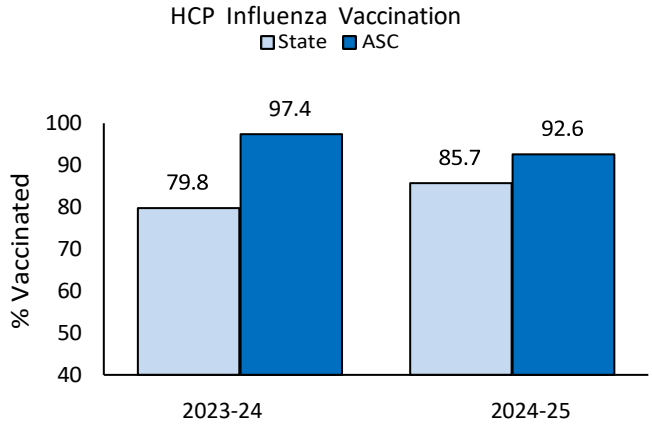
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	92.6	85.7	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



ELLIOT 1-DAY SURGERY CENTER
Manchester, NH
For-Profit
# of Admissions: 8,451

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	4	322	1.2	0.5	0.12	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

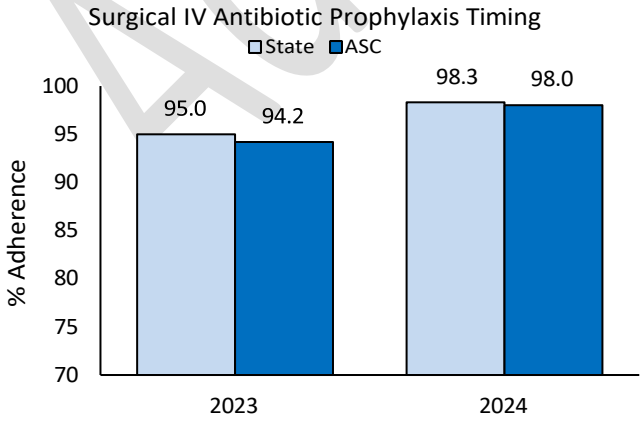
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	4	272	1.5	0.6	0.12	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	0	50	0.0	0.3	0.87	Similar

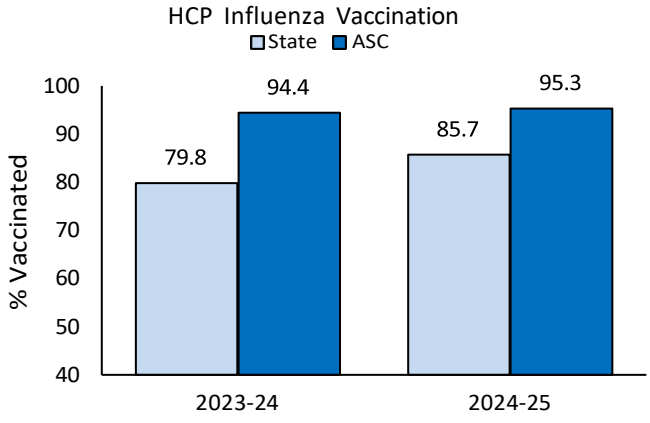
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	98.0	98.3	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	95.3	85.7	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



GRANITE STATE SURGICENTER
Somersworth, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

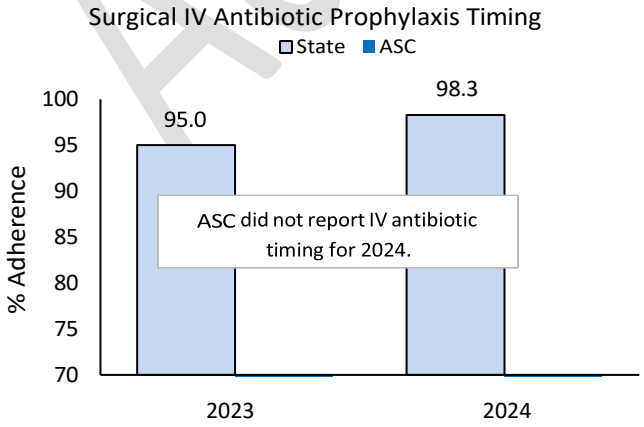
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

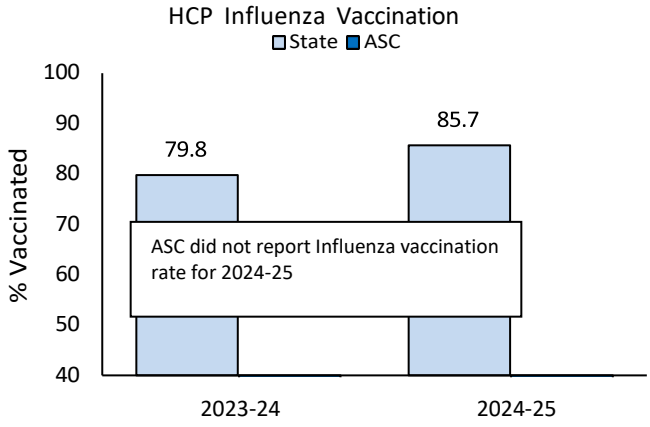
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



HILLSIDE SURGERY CENTER
Gilford, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

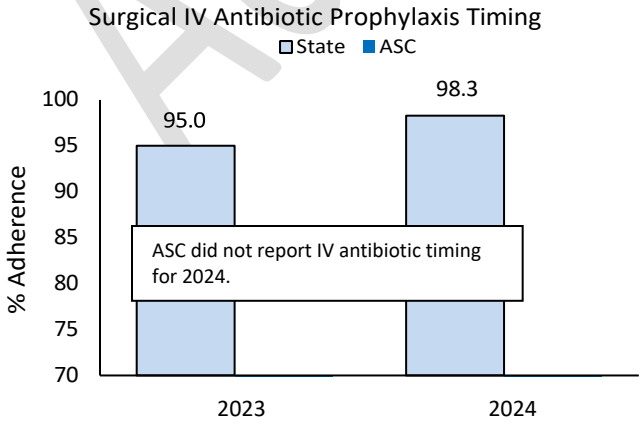
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

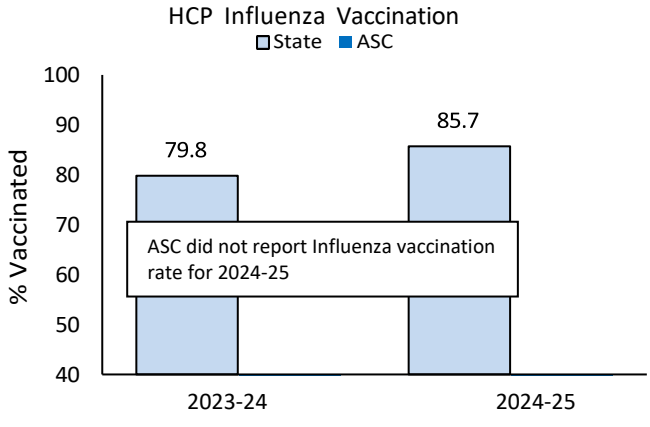
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



LIGHTHOUSE SURGICAL SUITES
Hollis, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

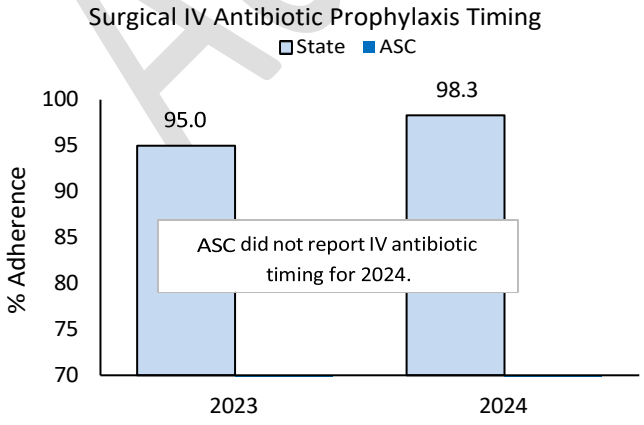
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

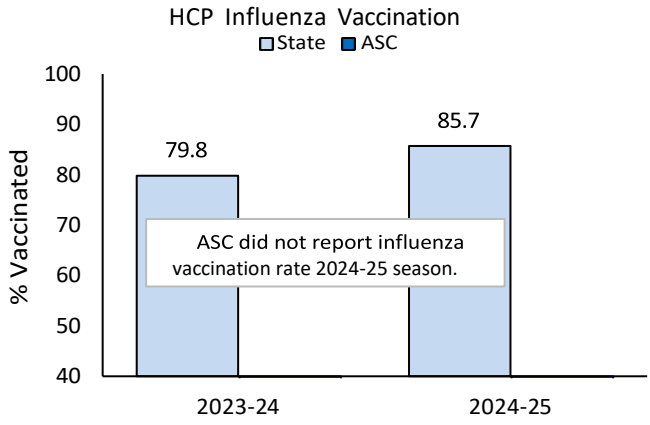
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



MASS GENERAL BRIGHAM AMSURG
Salem, NH
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	1	53	1.9	0.5	0.27	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

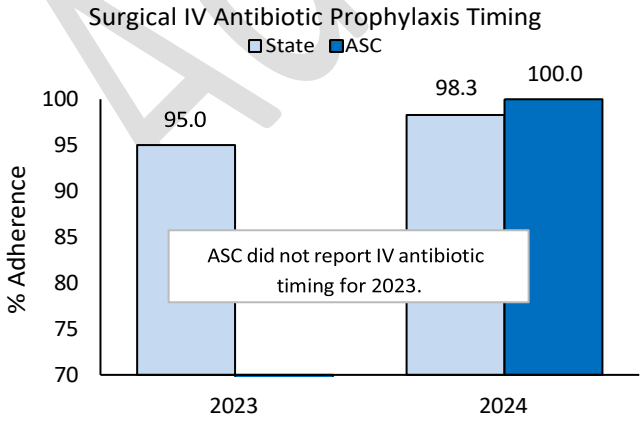
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	1	28	3.6	0.6	0.17	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	0	25	0.0	0.3	0.93	Similar

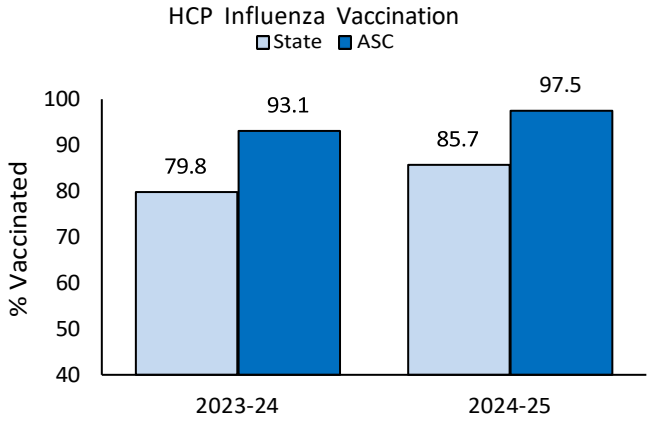
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	98.3	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	97.5	85.7	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advanced MD



MINIMALLY INVASIVE SURGERY CENTER
Bedford, NH
For-Profit
Free Standing
# of Admissions: 6,383

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

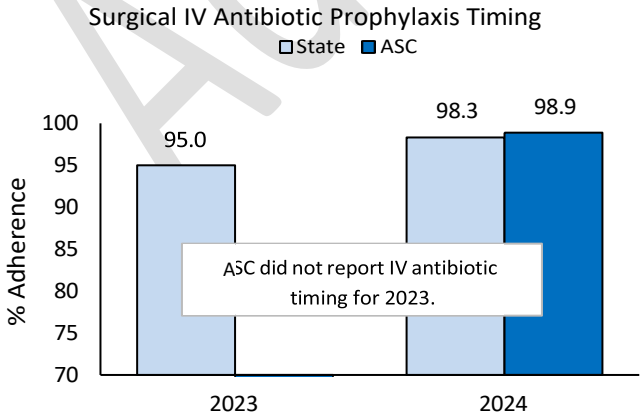
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

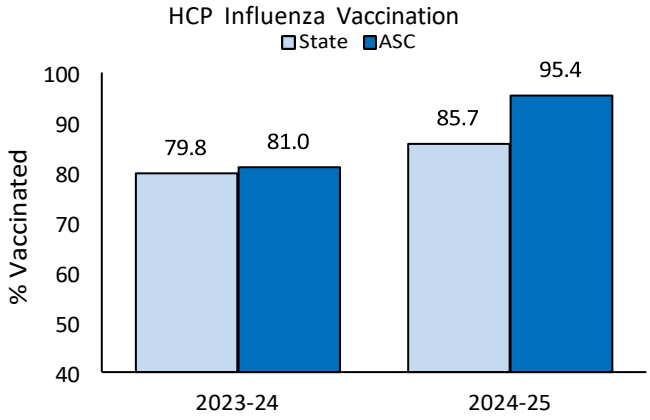
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	98.9	98.3	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	95.4	85.7	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



NASHUA AMBULATORY SURGICAL CENTER
Nashua, NH
Physician-owned
# of Admissions: 1,855

2024 HAI DATA REPORT

Awarded copy

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	1	64	1.6	0.5	0.33	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

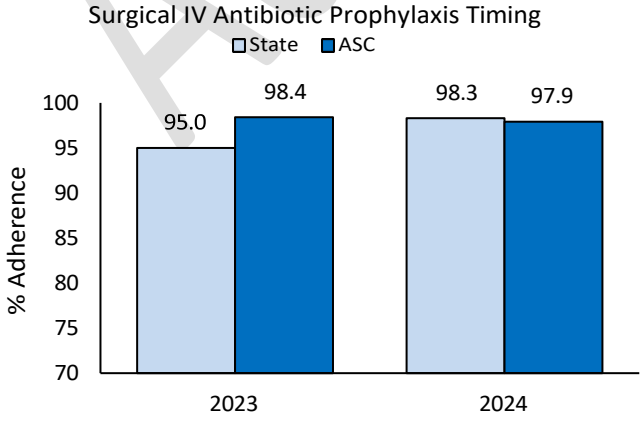
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	0	30	0.0	0.6	0.83	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	1	34	2.9	0.3	0.10	Similar

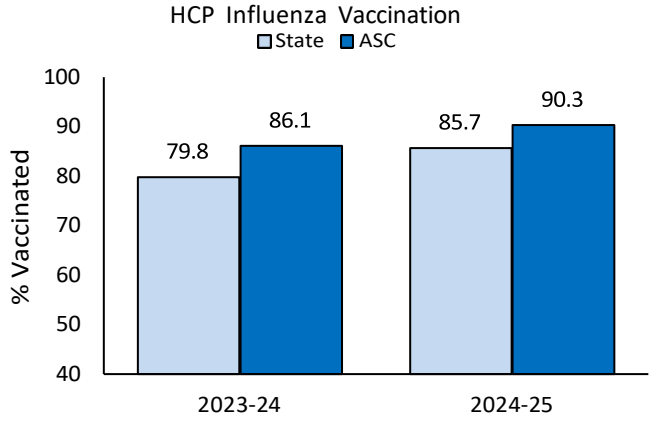
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	97.9	98.3	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	90.3	85.7	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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



NASHUA EYE SURGERY
Nashua, NH
Physician-owned
-
# of Admissions: 5,423

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

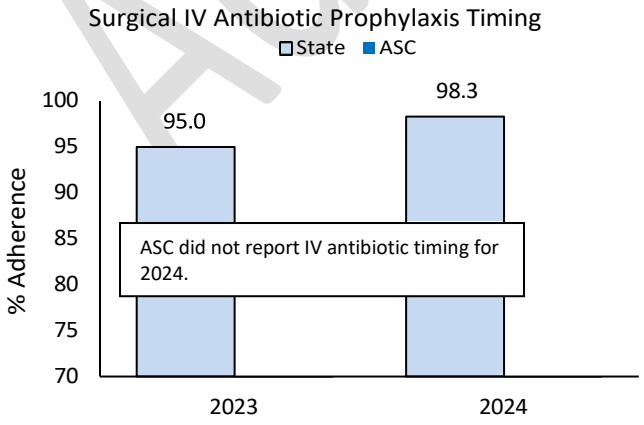
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

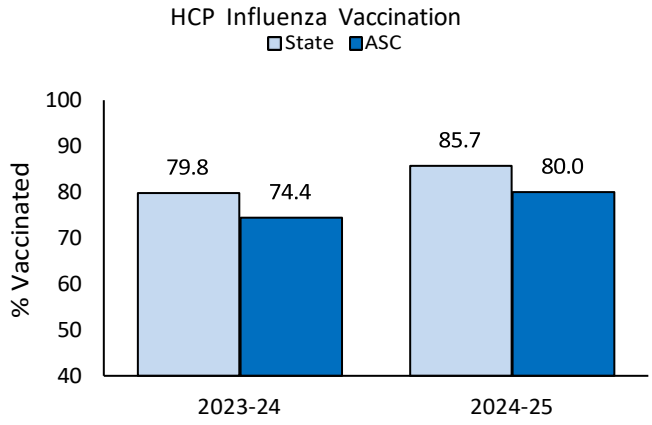
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	80.0	85.7	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advanced copy



NEW ENGLAND CENTER FOR ORTHOPAEDIC SURGERY
Portsmouth, NH
Management Company
# of Admissions: 2,017

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	1	109	0.9	0.5	0.54	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

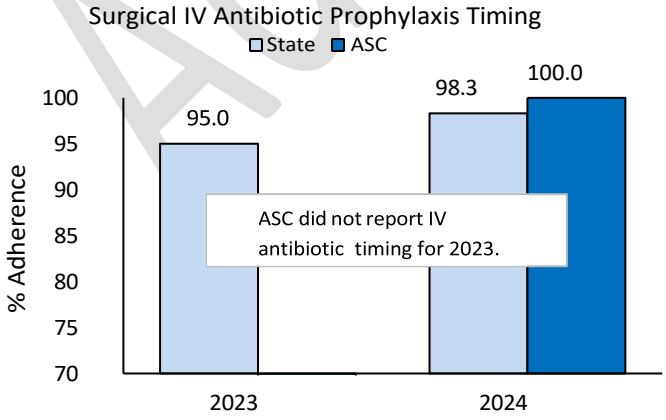
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	1	109	0.9	0.3	0.30	Similar

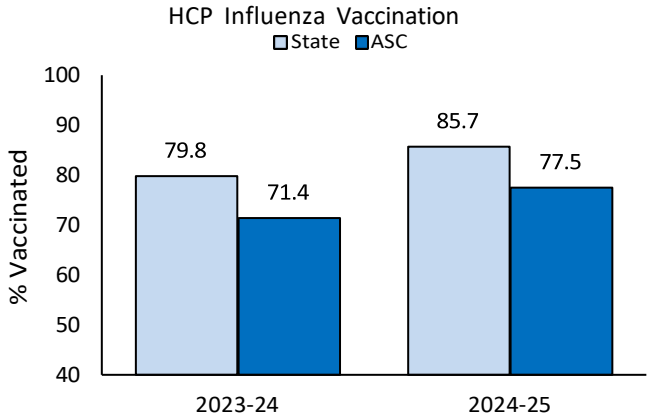
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	98.3	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	77.5	85.7	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



NORTH ATLANTIC COAST SURGICAL SUITES
Salem, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

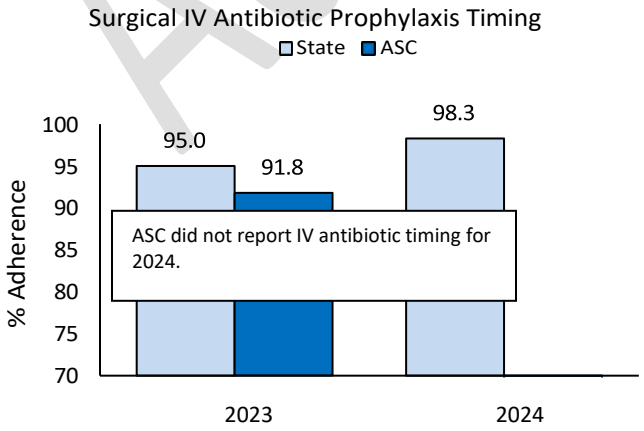
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

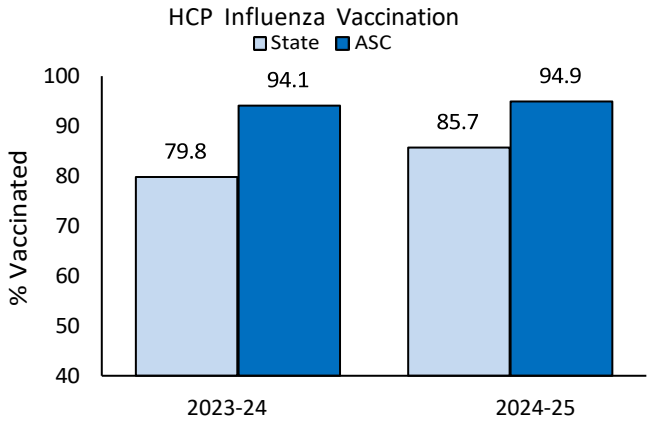
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	94.9	85.7	Higher

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



NORTH COUNTRY ENDOSCOPY
Littleton, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

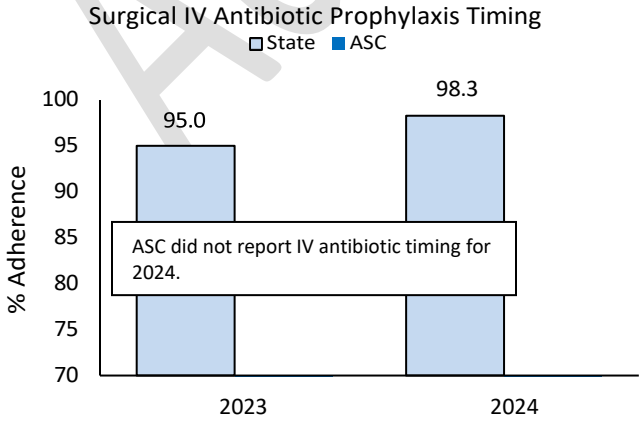
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

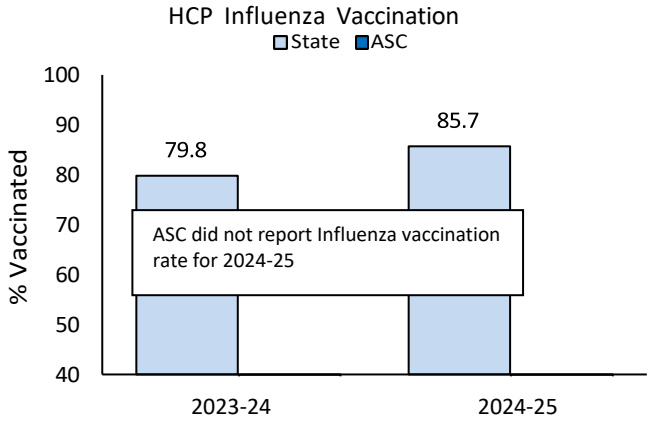
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



NORTHEAST SURGICAL CARE
Newington, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

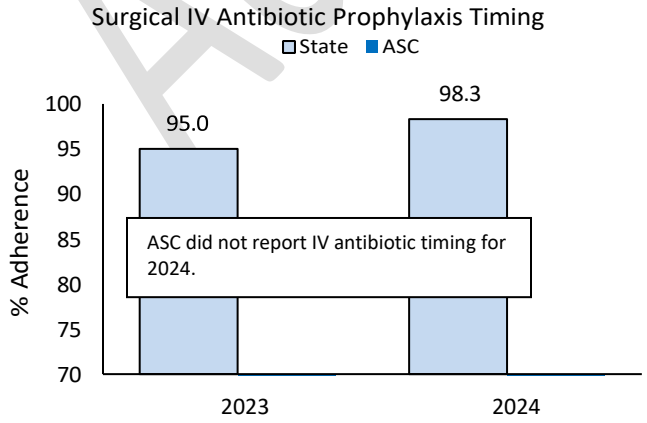
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

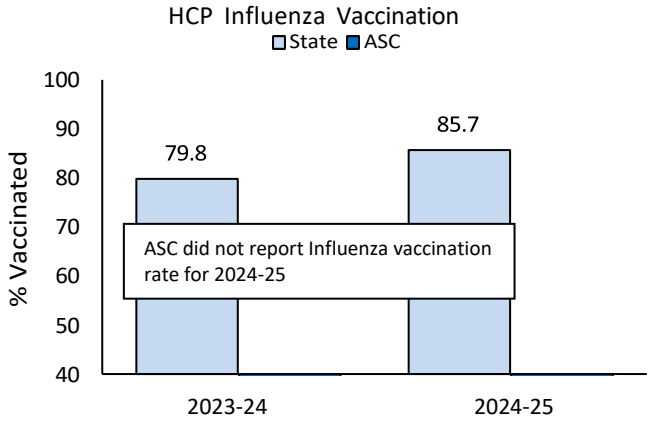
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



NORTHRIDGE SURGICAL SUITES
Nashua, NH
Physician-owned
-
# of Admissions: 1,035

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

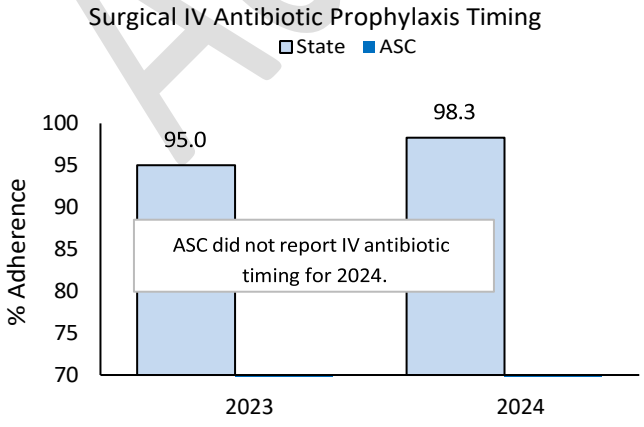
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

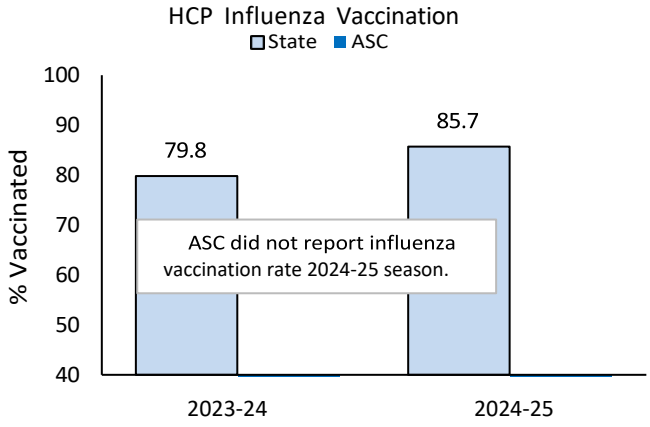
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



ORCHARD SURGICAL CENTER
Salem, NH
Physician-owned
# of Admissions: 6,505

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	0	231	0.0	0.5	0.30	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

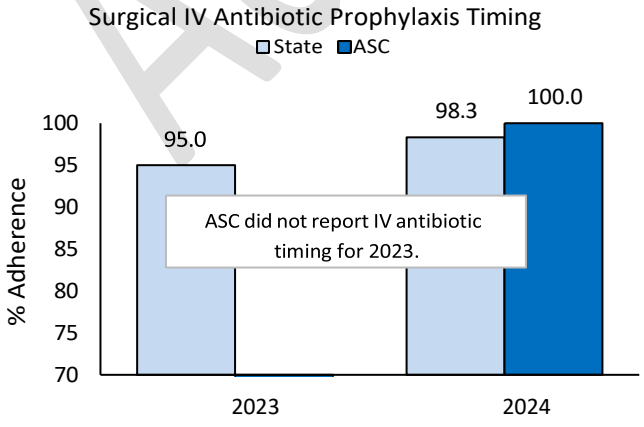
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	0	166	0.0	0.6	0.36	Similar
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	0	65	0.0	0.3	0.83	Similar

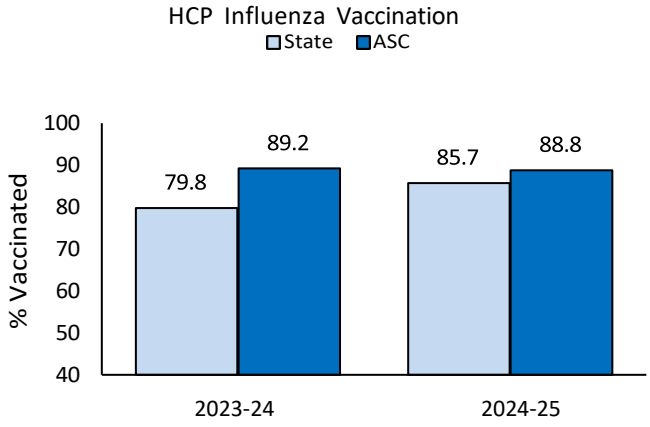
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	100.0	98.3	Higher
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	88.8	85.7	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



ORTHOPAEDIC SURGERY CENTER DERRY
Derry, NH
Not-for-Profit
# of Admissions: 1,256

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

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

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

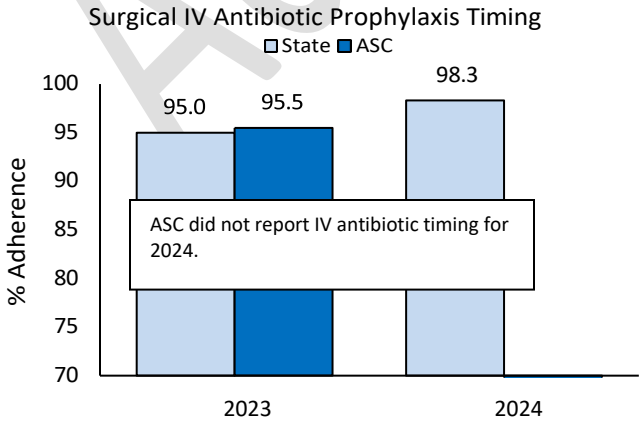
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	†	†	†	†	†	†

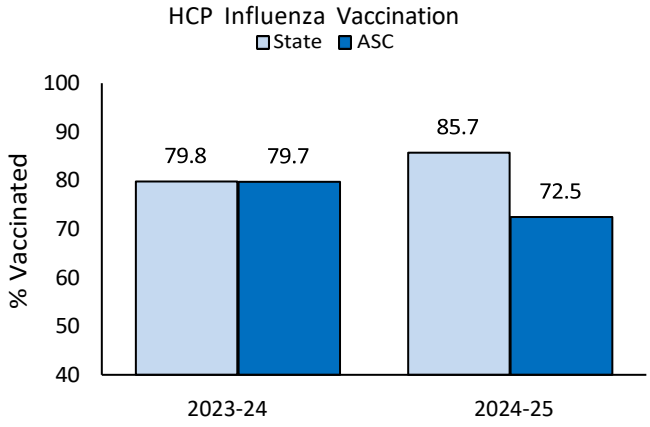
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	72.5	85.7	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



ORTHOPAEDIC SURGERY CENTER
Concord, NH
Not-for-Profit
# of Admissions: 7,054

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Overall SSI	1	157	0.6	0.5	0.76	Similar

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

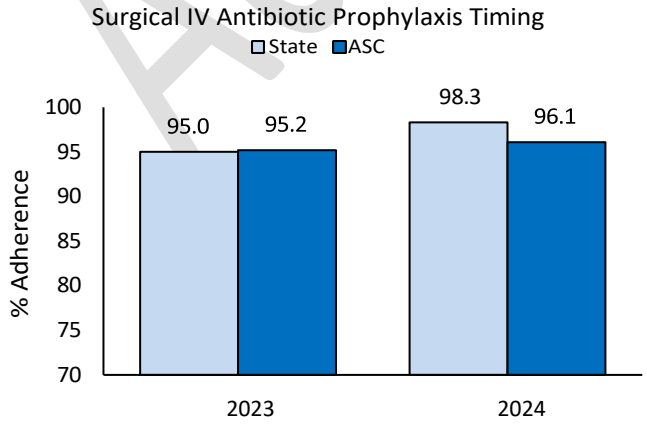
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	1	157	0.6	0.3	0.43	Similar

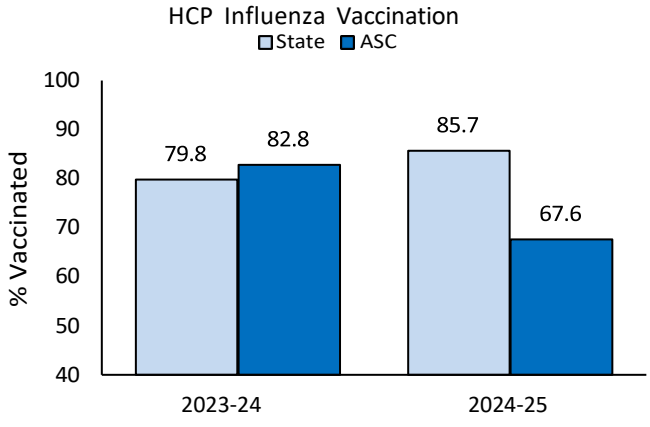
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	96.1	98.3	Lower
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	67.6	85.7	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



PAIN SURGERY CENTER
Newington, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

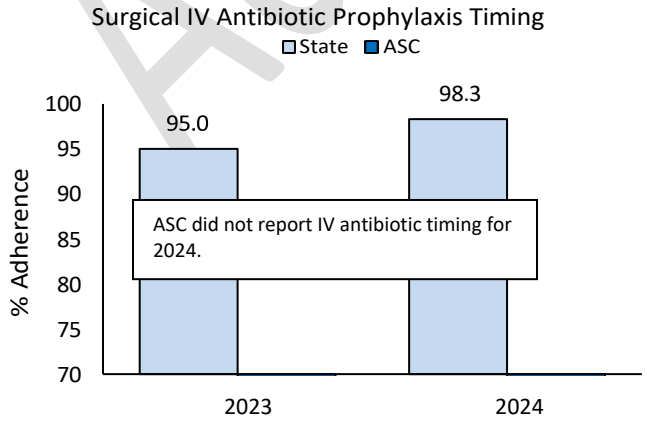
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

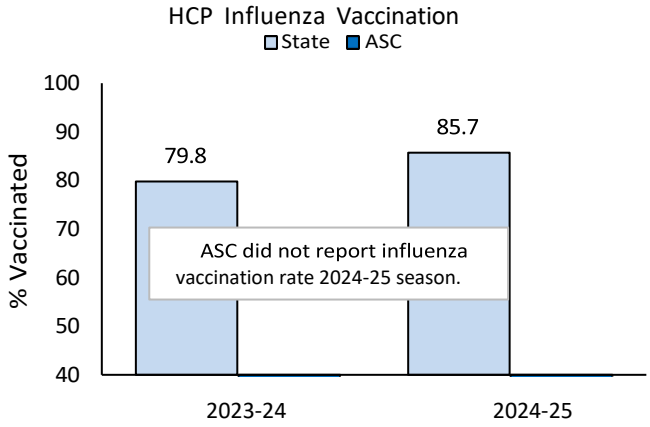
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



PARKLAND ENDOSCOPY CENTER
Derry, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

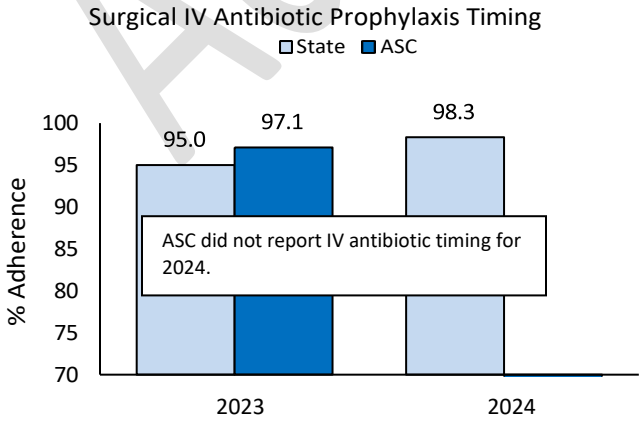
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

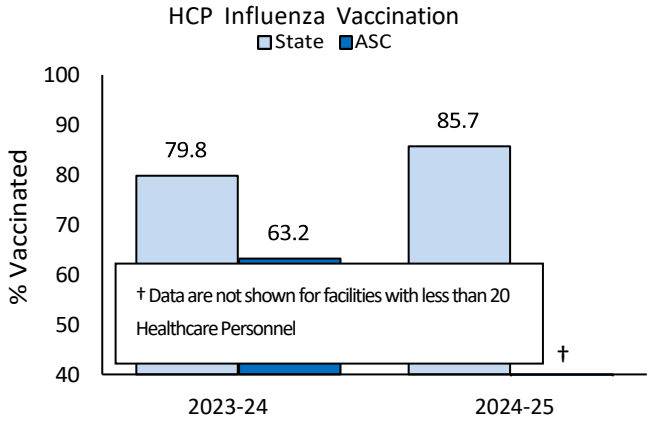
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	†	85.7	†

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance Copy



PMC MEDICAL GROUP
Merrimack, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

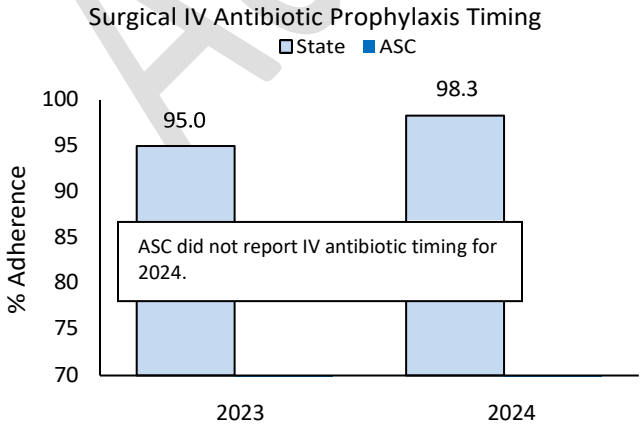
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

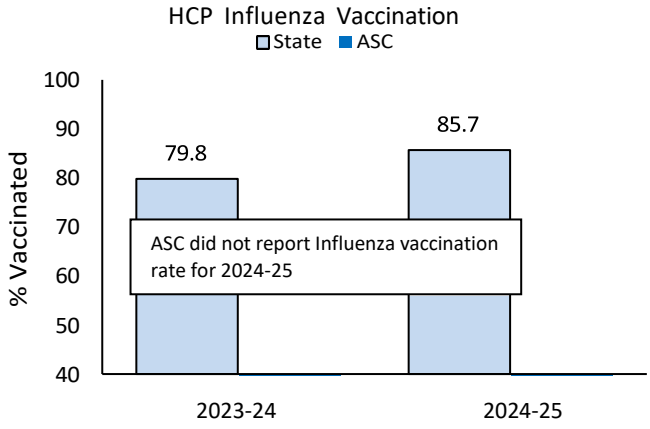
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	-	85.7	-

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



RYE SURGICAL CENTER
Rye, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

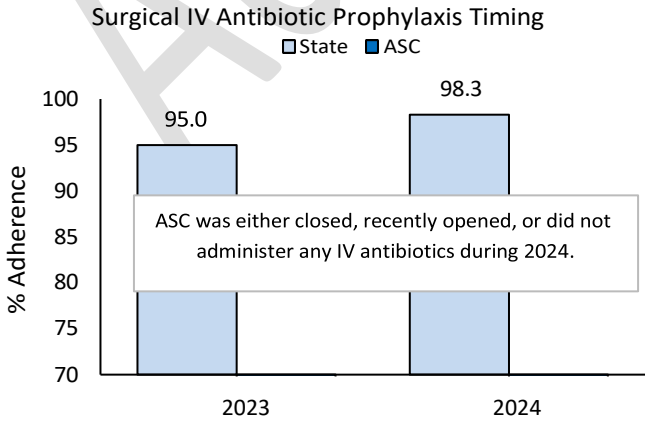
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

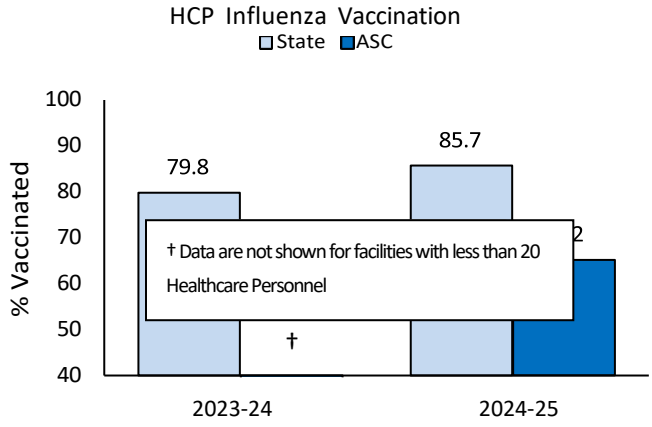
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	-	98.3	-
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	65.2	85.7	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



STRATHAM AMBULATORY SURGERY CENTER
Stratham, NH
Physician-owned
# of Admissions: 5,145

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

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

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

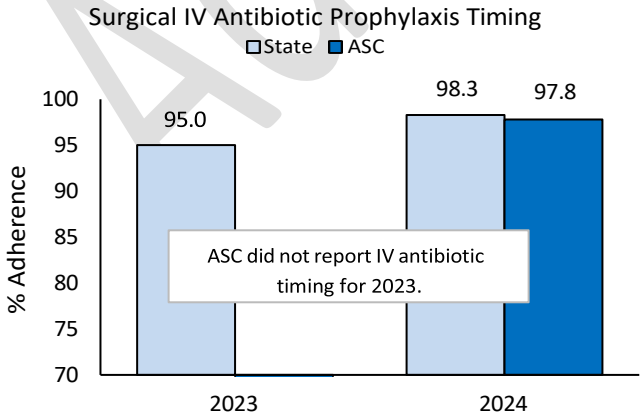
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	†	†	†	†	†	†
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

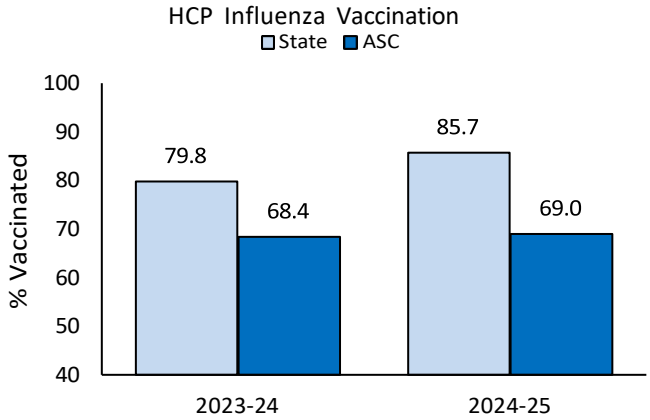
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	97.8	98.3	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	69.0	85.7	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advance copy



SURGICAL CENTER OF NEW HAMPSHIRE AT DERRY
Derry, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

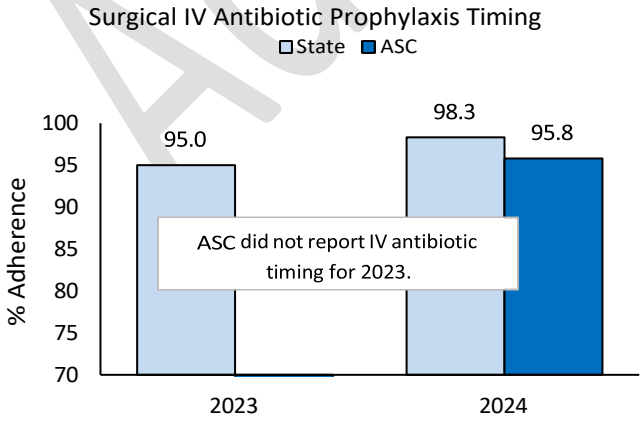
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

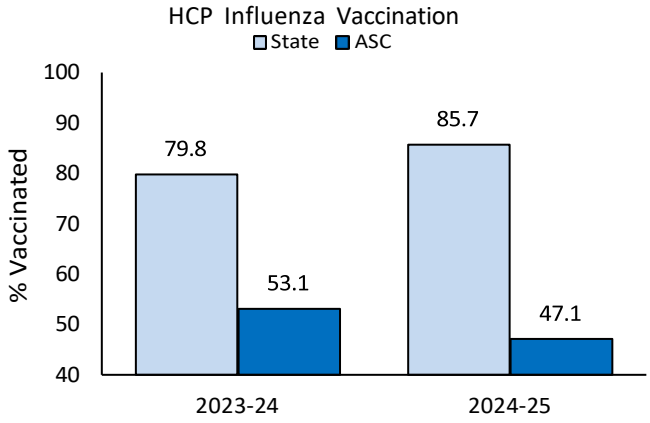
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	95.8	98.3	Lower
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	47.1	85.7	Lower

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advanced copy



THE SURGERY CENTER OF GREATER NASHUA
Nashua, NH
Not-for-Profit
-
# of Admissions: 504

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

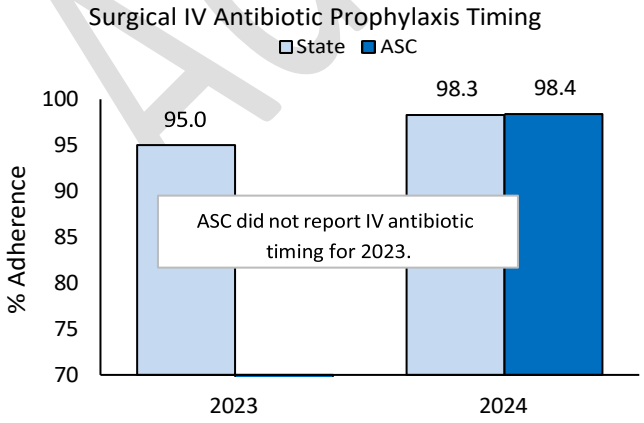
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

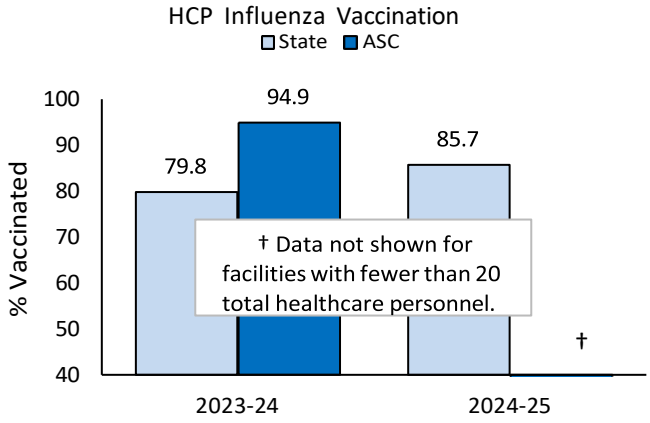
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	98.4	98.3	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	†	85.7	†

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

Advanced copy



WENTWORTH SURGERY CENTER
Somersworth, NH
-
-
# of Admissions: Did not report

2024 HAI DATA REPORT

OVERALL PROCEDURE RATE

Measure	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Facility did not perform any of these procedures in 2024.						

PROCEDURE-SPECIFIC RATES BY RISK CATEGORY

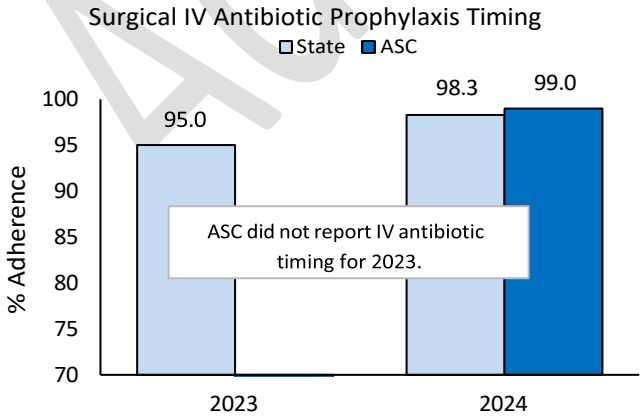
Risk Category	Infections	Procedures	ASC Rate	National Rate	P-Value	Comparison to Expected
Breast Procedures (BRST)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Hernia Procedures (HER)						
Risk Category 0,1,2,3	-	-	-	-	-	-
Open Reduction of Fracture Procedures (FX)						
Risk Category 0,1,2,3	-	-	-	-	-	-

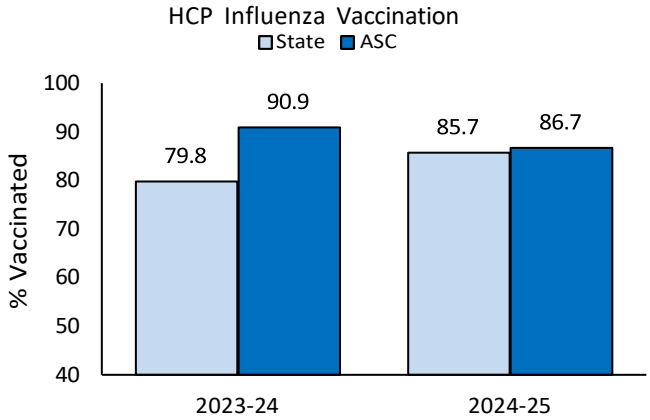
†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category or procedure was excluded in 2024

PROCESS MEASURES

Measure	Percent Adherence	State Percentage	Comparison to State Percentage
IV Antibiotic Prophylaxis Timing	99.0	98.3	Similar
	Percent Vaccinated	**State Percentage**	**Comparison to State Percentage**
HCP Influenza Vaccination	86.7	85.7	Similar

†Data are not shown when fewer than 20 procedures were performed - Facility did not perform any procedures in this category in 2024





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

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APPENDIX 1: Technical Notes

1. The majority of data in this report were extracted from NHSN on 09/16/2025; influenza vaccination data and surgical antimicrobial prophylaxis data were extracted from other data sources on the same date. Changes or new infections reported by ASC after this date are not reflected in this report.
2. The SSI national comparison data used in this report comes from the 2009 NHSN Report. The 2009 NHSN report summarizes data reported to NHSN from 2006-2008. This report is available at: http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf.
3. Rates for any grouping were not presented if data were insufficient to generate a stable rate.
    a. SSI: There must be at least 20 procedures in the denominator to present a rate.
4. SIR for any grouping were not presented if less than one infection was predicted.
5. All confidence intervals presented in this report are 95% confidence intervals. A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Because we can never obtain a facility's true "population" data (e.g., all patients for all time), we use statistical procedures to estimate various measurements using "sample" data. Since estimates are variable, we use 95% confidence limits to describe the variability around the estimate. The confidence interval gives us the range within which the TRUE value will fall 95% of the time, assuming that the sample data are reflective of the true population. If the confidence intervals for the two rates overlap, then it is reasonably possible that the REAL rates are not different from one another.
6. Statistical significance is affected by sample size. Small sample sizes are more prone to fluctuations in the data.

Standardized Infection Ratios

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

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

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

Infection Rates

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

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

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

Process Measure Percentages

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

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

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

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

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

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

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APPENDIX 2: Influenza Vaccination Survey Questions, 2024-2025 Season

1. Background information (facility and survey respondent)
2. How many HCP worked or volunteered in your facility for at least one working day between October 1, 2024 and March 31, 2025?
3. How many HCP received a seasonal influenza vaccination (at your facility or elsewhere) for the 2024-25 season? Influenza vaccine for a given influenza season may be available as early as July or August. Include all immunized HCP that received the 2024-25 vaccine product, even if administered prior to October 1, 2024.
   3a. Total number of HCP immunized against influenza for the 2024-25 season:
   3b. Total number of HCP not immunized against influenza for the 2024-25 season:
4. Of the HCP not immunized against influenza for the 2024-25 influenza season, how many HCP did not receive the seasonal influenza vaccine for each of the following reasons (medical contraindications, religious, other (e.g., personal/philosophical), unknown)?
5. Does your facility have a seasonal influenza vaccination policy? Such a policy means that the facility requires all or some portion of HCP working at that facility to receive a seasonal influenza vaccine. If NO, skip to item 10.
   5a. Yes, there is a policy currently in place
   5b. No, but we are considering a policy
   5c. No, and we are not considering a policy
   5d. Other
6. If your facility has a seasonal influenza vaccination policy, what reasons for exemption are acceptable (medical, religious, personal/philosophical, other)? Check all that apply.
7. If your facility has a seasonal influenza vaccination policy, what do you require of unvaccinated HCP with an acceptable reason for exemption (wear a mask, receive verbal and/or written education, other)? Check all that apply.
8. If your facility has a seasonal influenza vaccination policy, what are the potential consequences for unvaccinated HCP without an acceptable reason for exemption (wear a mask, progressive discipline, potentially including termination, receive verbal and/or written education, other)? Check all that apply.
9. If your facility has a seasonal influenza vaccination policy, how many people were terminated, suspended, resigned, or dismissed as a result of noncompliance with the policy during the 2024-25 influenza season?
   9a. Terminated:
   9b. Temporarily suspended:
   9c. Resigned:
   9d. Dismissed permanently:
10. Please enter any comments you would like to share.

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

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

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

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

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

95% CI = (0.190 , 0.408)

*Defined as the number of SSI per 100 associated procedures

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

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

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

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

95% CI = (0.649 , 0.851)

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

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

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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.

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. If you are prescribed an antibiotic for an illness, take them exactly as directed by your doctor.

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

What You Can Do to Help Prevent Surgical Site Infections

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

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What Healthcare Facilities Can Do to Prevent Surgical Site Infections

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

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

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

Other useful resources

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

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

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

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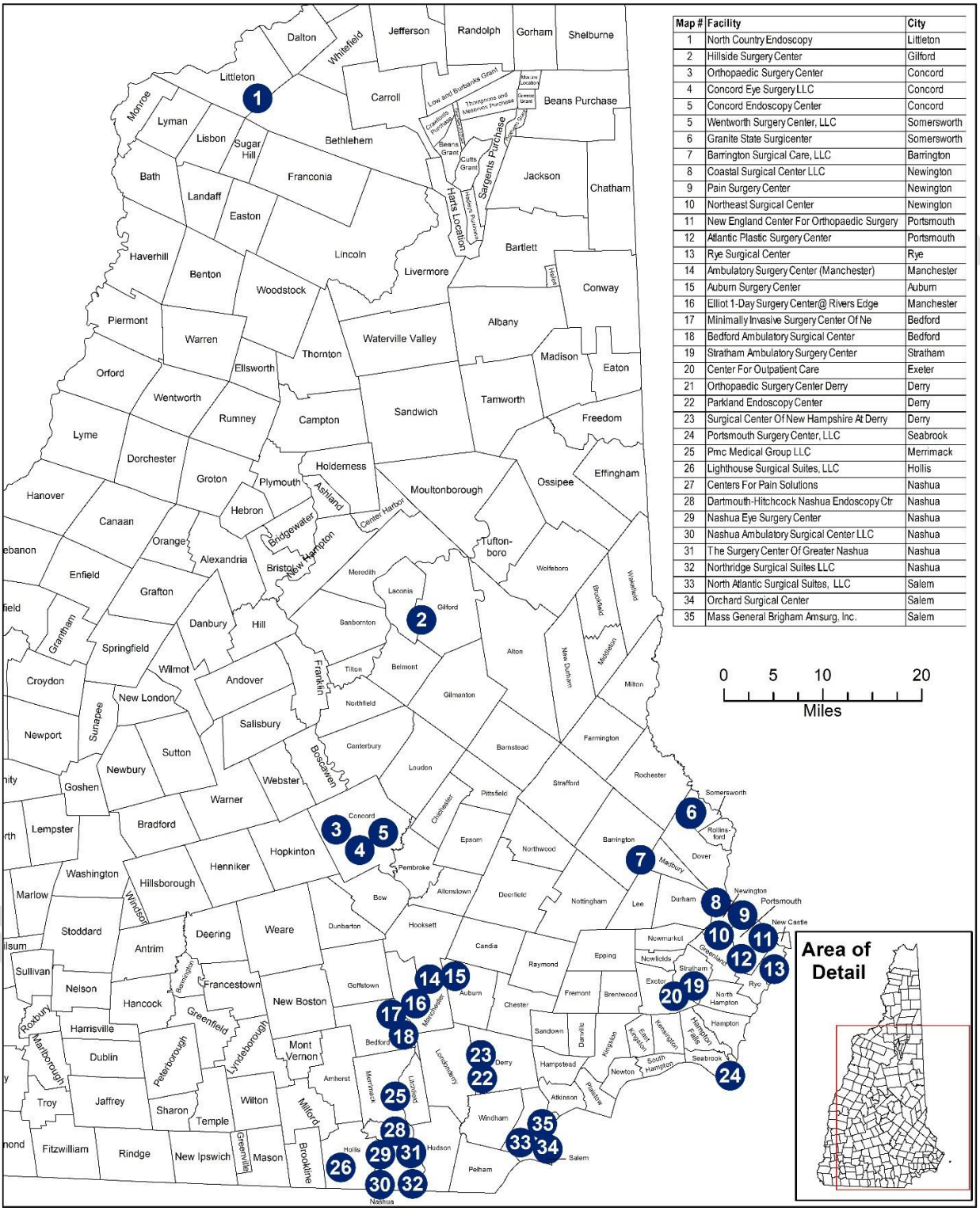
APPENDIX 5: Map of New Hampshire Ambulatory Surgery Centers 2024

Ambulatory Surgery Centers (ASC) in New Hampshire



Map #	Facility	City
1	North Country Endoscopy	Littleton
2	Hillside Surgery Center	Gilford
3	Orthopaedic Surgery Center	Concord
4	Concord Eye Surgery LLC	Concord
5	Concord Endoscopy Center	Concord
5	Wentworth Surgery Center, LLC	Somersworth
6	Granite State Surgicenter	Somersworth
7	Barrington Surgical Care, LLC	Barrington
8	Coastal Surgical Center LLC	Newington
9	Pain Surgery Center	Newington
10	Northeast Surgical Center	Newington
11	New England Center For Orthopaedic Surgery	Portsmouth
12	Atlantic Plastic Surgery Center	Portsmouth
13	Rye Surgical Center	Rye
14	Ambulatory Surgery Center (Manchester)	Manchester
15	Auburn Surgery Center	Auburn
16	Elliot 1-Day Surgery Center@ Rivers Edge	Manchester
17	Minimally Invasive Surgery Center Of Ne	Bedford
18	Bedford Ambulatory Surgical Center	Bedford
19	Stratham Ambulatory Surgery Center	Stratham
20	Center For Outpatient Care	Exeter
21	Orthopaedic Surgery Center Derry	Derry
22	Parkland Endoscopy Center	Derry
23	Surgical Center Of New Hampshire At Derry	Derry
24	Portsmouth Surgery Center, LLC	Seabrook
25	Pmc Medical Group LLC	Merrimack
26	Lighthouse Surgical Suites, LLC	Hollis
27	Centers For Pain Solutions	Nashua
28	Dartmouth-Hitchcock Nashua Endoscopy Ctr	Nashua
29	Nashua Eye Surgery Center	Nashua
30	Nashua Ambulatory Surgical Center LLC	Nashua
31	The Surgery Center Of Greater Nashua	Nashua
32	Northridge Surgical Suites LLC	Nashua
33	North Atlantic Surgical Suites, LLC	Salem
34	Orchard Surgical Center	Salem
35	Mass General Brigham Amsurg, Inc.	Salem

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

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