Department of HEALTH & HUMAN SERVICES | Division of Public Health

STATE OF NEW HAMPSHIRE
HEALTHCARE-ASSOCIATED INFECTIONS
2024 HOSPITAL REPORT

March 2026

New Hampshire Department of Health and Human Services

Division of Public Health

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

ABBREVIATIONS USED IN THIS DOCUMENT

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

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EXECUTIVE SUMMARY

Healthcare-associated infections (HAIs) are infections that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. During the 2006 legislative season, the New Hampshire (NH) Legislature passed a bill creating NH Revised Statutes Annotated (RSA) 151:32-35, which requires hospitals to identify, track, and report selected HAI to the NH Department of Health and Human Services (DHHS). All 26 of NH's acute care hospitals and eight specialty hospitals began reporting data to DHHS in January 2009. This report represents the sixteenth summary of HAI-related data reported by hospitals in NH.

Healthcare-Associated Infections in New Hampshire Hospitals

There were fewer infections than predicted in NH based on national data, these data were statistically significant. A total of 100 HAIs were reported, representing 71 surgical site infections (SSI), 15 central line-associated bloodstream infections (CLABSI), and 14 catheter-associated urinary tract infections (CAUTI). The observed number of HAI in NH hospitals was 48% fewer than predicted based on national data. There were 41% fewer CLABSI, 70% fewer CAUTI, and 41% fewer SSI than predicted. There are sixteen hospitals which had sufficiently robust data to present hospital-specific data for overall HAI. Eight hospitals observed similar numbers of infections, one hospital observed a higher number, and seven hospitals observed lower numbers compared to the predicted number of infections. The total number of infections decreased in 2024 when compared to 2023; this difference was statistically significant.

Central Line-Associated Bloodstream Infections

Twenty hospitals[1] with intensive care units (ICUs) reported CLABSI data from their ICU. Data were robust enough for 14 hospitals to present data for 19 individual ICU in this report. Eighteen ICUs experienced similar CLABSI rates, one (1) ICU observed a lower rate, and no (0) ICUs observed higher rates compared to national data. The total number of CLABSI reported increased in 2024 Compared to 2023; however, this difference was not statistically significant.

Catheter-Associated Urinary Tract Infections

Data was sufficiently robust enough for 18 hospitals to present CAUTI data for 23 individual ICUs in this report. Fourteen ICUs experienced similar rates of CAUTI and nine ICUs were lower in comparison with national rates. The total number of CAUTI reported in 2024 was lower when compared to 2023; this decrease was statistically significant.

Surgical Site Infections

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

- Coronary Artery Bypass Graft (CABG) procedures: Four acute care hospitals performed CABG, and data were sufficiently robust for all four hospitals to present hospital-specific data in this report. All four hospitals reported a similar number of CABG procedure-associated SSI compared with national data. Overall, there were similar number of CABG SSI to predicted based on national data.
- Colon (COLO) procedures: Twenty-one acute care hospitals performed the procedure, and data were sufficiently robust for twelve hospitals to present hospital-specific data in this

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report. Eight hospitals reported a similar number of colon procedure-associated SSI, and four hospitals reported a lower number of colon procedure-associated SSI when compared to national data. Overall, there were a lower number of colon procedure-associated SSI as predicted based on national data.

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

Influenza Vaccination Coverage in Hospital Healthcare Personnel

Thirty-three acute care, psychiatric, and rehabilitation hospitals reported healthcare personnel (HCP) influenza vaccination percentages. Vaccination coverage by hospital ranged from 55.1% to 100%, and the hospital state percentage was 90.4%. Four hospitals had vaccination percentages similar to the overall state vaccination percentage, fifteen hospitals reported vaccination percentages that were significantly higher than the overall state vaccination percentage, and fourteen hospitals reported vaccination percentages that were significantly lower than the overall state vaccination percentage. The statewide hospital HCP vaccination percentage decreased from the 2023-24 influenza season (91.0%) to the 2024-25 influenza season (90.4%); this was statistically significantly lower. Specifically, six hospitals increased HCP influenza vaccination coverage in 2023-24 compared to the 2024-25 influenza season, eighteen hospitals had similar vaccination coverage, and nine hospitals decreased vaccination coverage.

Conclusion

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

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[1]Of the 33 hospitals licensed in 2024, only 22 hospitals had ICUs in which to monitor CAUTI, and CLABSI.

[2]Of the 33 hospitals licensed in 2024, only 24 hospitals performed procedures in which to monitor SSI.

I. INTRODUCTION

A. Purpose

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

B. Audience

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

C. How to Use this Document

This document includes aggregate data reported by all 33 acute care, critical access, and specialty hospitals in NH. This report also includes individual hospital reports on page 81. The document consists of six sections:

I) Introduction
II) Surveillance methods
III) Statewide data
   a. Statewide Standardized Infection Ratios
   b. Overall Standardized Infection Ratios
   c. Central Line-Associated Bloodstream Infections
   d. Catheter-Associated Urinary Tract Infections
   e. Surgical Site Infections
   f. Influenza Vaccination Percentages
IV) Conclusions
V) Individual hospital reports
VI) Appendices
   a. Technical notes
   b. Influenza vaccination survey questions, 2024-25 season
   c. Understanding the relationship between HAI rates and standardized infection ratio (SIR) comparison metrics
   d. Preventing HAI
   e. Map of NH hospitals

Please contact the NH Department of Health and Human Services (DHHS) Healthcare-Associated Infections Program (dhhs.hai.program@dhhs.nh.gov) with any questions about the content or how to use this document.

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D. Background on Healthcare-Associated Infections

An HAI is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting (see figure 1).. Every year in the United States, more than half-million people get healthcare-associated infections (HAIs).[i] An estimated 633,300 individual patients with an HAI infection and 687,200 HAI infections occurred in United States (U.S.) hospitals in 2015.[ii] This may represent a decreasing trend because previous studies depict higher numbers of HAI; 1.7 million infections and 99,000 deaths each year.[iii] According to CDC's 2024 HAI Progress Report, roughly 1 in 31 hospitalized patients and 1 in 43 nursing home residents in the United States acquire at least one healthcare-associated infection each day. These findings highlight the ongoing need to strengthen patient care practices across U.S. healthcare facilities.[xiii] By these estimates, 5–10% of all hospital admissions are complicated by HAI.[iv] The economic burden of HAI is substantial. The total cost of HAI has been estimated at $33 billion per year in U.S. hospitals.[v] The most common HAI are pneumonia, gastrointestinal illness, primary bloodstream infections (BSI), and SSI.[ii]

E. New Hampshire Healthcare-Associated Infections Program

The NH DHHS has been developing and improving a HAI surveillance program since 2007. During the 2006 legislative season, the NH Legislature passed a bill creating NH Revised Statutes Annotated (RSA) 151:32-35, subsequently updated in 2021 which requires hospitals to identify, track, and report HAI to DHHS. RSA 151:33 specifically requires reporting of CLABSI, SSI, CAUTI and influenza vaccination coverage. Since 2019, RSA 151:32-35 also includes antibiotic usage data (AU) and *Clostridioides difficile* (CDI) data if available. The intent of the RSA 151:32-35 is to provide HAI data by hospital in a publicly accessible forum.

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

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

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

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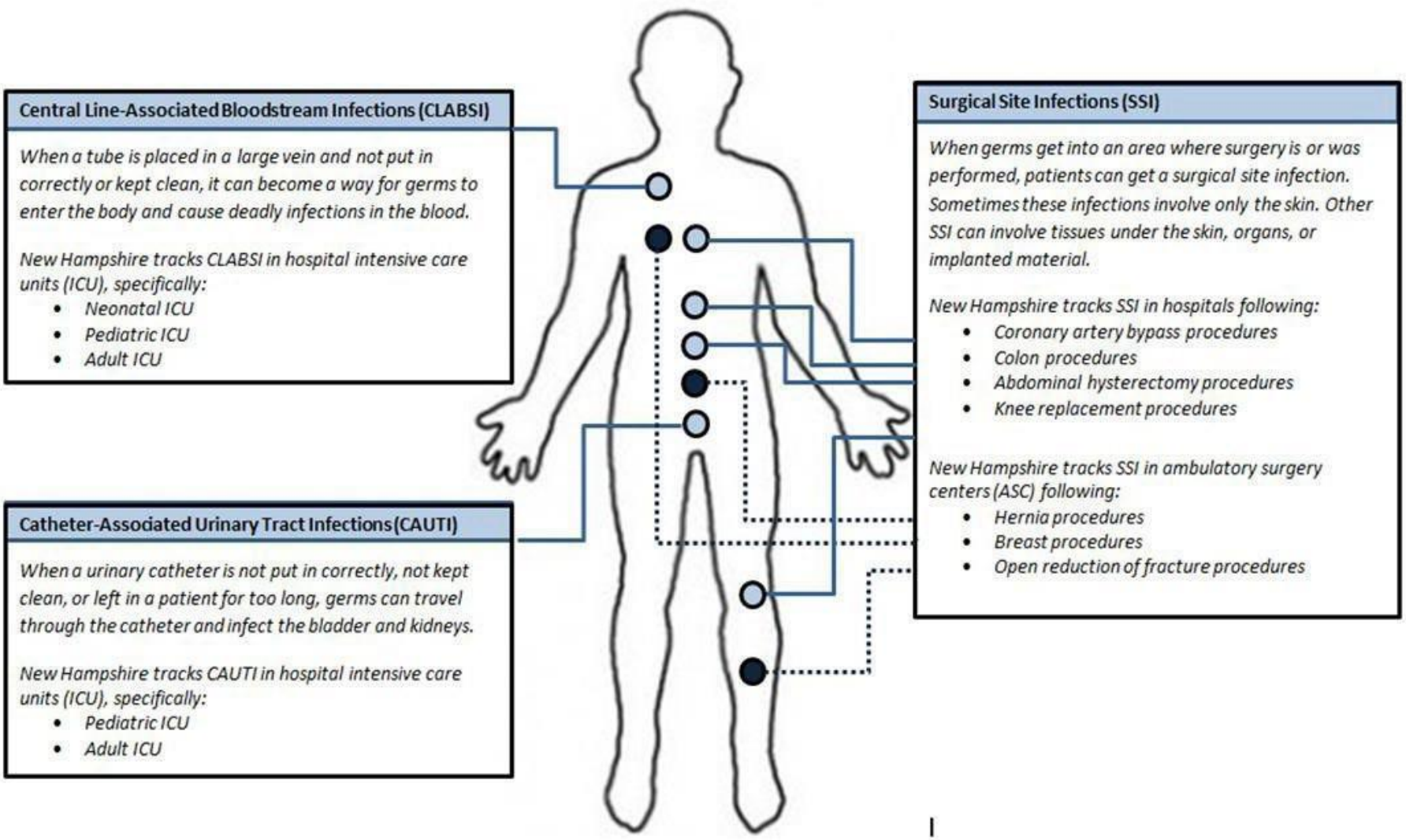
Figure 1. Types of healthcare-associated infections reported to NH Department of Health and Human Services



II. SURVEILLANCE METHODS

A. 2024 Healthcare-Associated Infections Reporting Requirements for New Hampshire Hospitals

Reporting requirements are governed by RSA 151:33 with authority given to DHHS to develop administrative rules to provide specific reporting instructions and methodology. Administrative rules, "He-P 309 Healthcare Associated Infections," were drafted in 2010 with stakeholder input and approved January 14, 2011 by the Joint Legislative Committee on Administrative Rules. DHHS, with consideration of the law, updated RSA 151:33 to require eligible hospitals report the following measures in 2021:

- Central line related bloodstream infections
- Catheter associated urinary tract infections
- Surgical wound infections, also known as surgical site infections
- Antibiotic Usage (AU) data and *Clostridioides difficile* infection (via NHSN). Only those hospitals that report their data into NHSN.
- Influenza vaccination in patients and HCP

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

B. Selection of Reporting Requirements

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

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

In 2005, the CDC released a report titled "Guidance on Public Reporting of Healthcare-Associated

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Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC)."[vi]

Within the context of RSA 151:33, DHHS reviewed the national guidelines and capabilities of NHSN in selecting infection and process measures. It is expected that these reporting requirements may change in the future as we learn from public reporting, as HAI epidemiology evolves, and as new surveillance methods and reporting technologies become available.

C. Accuracy of Reported Healthcare-Associated Infections Surveillance Data

DHHS conducted a validation study of 2017 data to assess the degree of under- and over-reporting and to provide additional training to address any common or systematic errors in reporting processes. DHHS contracted with an independent, external agency to perform the validation study and HAI Program staff participated in activities including NHSN data review, medical record review, data analysis, corrections, and follow-up for deficiencies. Overall, validation of 2017 data showed that there was approximately 22% under-reporting of CAUTI and SSI combined across all NH hospitals. This under-reporting was mostly due to misunderstandings of the NHSN definitions for HAIs along with electronic reporting validation into NHSN. In addition to under-reporting, the validation studies also found 1% of CAUTI and SSI were over reported or not classified accurately (i.e., reporting an infection that was not truly a CAUTI or SSI). have not been validated and must be interpreted with the understanding that in general there are both under- and over reporting of HAIs. The HAI Program is currently in the process of validating data on a rolling basis and will reflect in the 2025 Hospital Report.

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

Despite the above measures, there are several limitations to the reporting methods that may limit comparison of data across hospitals. Definitions for classifying an infection as healthcare-associated are standardized through the use of NHSN; however, methods to identify the infection in each hospital are not. For example, hospitals may use different methods to identify CLABSI (e.g., reviewing laboratory records, reviewing ICU records) or may have different approaches to diagnosing and managing suspect CLABSI in the ICU. For SSI, identifying patients who develop infections after discharge from the hospital can be difficult, and each hospital may use a different method of post-discharge surveillance (e.g., letters to surgeons, conducting chart reviews for surgical patients, calling surgeon offices). These different approaches vary in sensitivity. See page 19 for more details about how hospitals identify SSI.

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D. National Healthcare Safety Network (NHSN)

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

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

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

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



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

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

E. Comparisons with National Data

All SSI comparisons with national data use 2013 NHSN data published in the "National Healthcare Safety Network (NHSN) report: Data summary for 2013, Device Associated Module, issued December 2015."*viii* All device-associated infection (CLABSI and CAUTI) comparisons with national data use 2013 data. The HAI Program utilized 2013 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 program anticipates using more recent data for comparison in upcoming annual reports. These reports are available at: https://www.cdc.gov/nhsn/datastat/index.html.

F. Central Line-Associated Bloodstream Infections Surveillance

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

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

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

Limitations for CLABSI surveillance:

- NHSN only allows for monitoring CLABSI in inpatient units. In 2024, CLABSI were monitored in all ICU (including pediatric and neonatal ICU) and not in other inpatient locations.
- The 2024 CLABSI data presented in this report have not been externally validated and must be interpreted with the understanding that in general there are both under-and-overreporting of infections.

G. Catheter-Associated Urinary Tract Infections Surveillance

A CAUTI is a urinary tract infection that develops after insertion of an indwelling urinary catheter and is not secondary to an infection at another body site. An indwelling urinary catheter is a

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drainage tube that is inserted into the urinary bladder through the urethra and left in place and is connected to a drainage bag. They are sometimes referred to as Foley catheters and are used for intermittent or continuous irrigation or urine drainage. Hospitals are required to monitor and report CAUTI in all ICU (excluding neonatal ICU and step-down units). This monitoring includes reporting the number of infections identified as well as the total number of catheter days in the unit. These metrics are monitored following NHSN protocols and definitions and reported in NHSN.

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

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

Limitations for CAUTI surveillance:

- NHSN only allows for monitoring CAUTI in inpatient units. In 2024, CAUTI were monitored in all ICU (excluding neonatal ICU) and not in other inpatient locations.
- The 2024 CAUTI data presented in this report has not been externally validated and must be interpreted with the understanding that in general there are both under-and-overreporting of infections.

H. Surgical Site Infections Surveillance

An SSI is an infection that develops at the site of a surgical procedure. There are different ways to classify an SSI, such as whether it is superficial, in deep tissue, or in the organ space (e.g. bone). Monitoring for an SSI may continue for as little as 30 days or as long as 90 days based on depth and procedure type (e.g., knee arthroplasty, CABG). In 2024, hospitals were required to monitor and report SSI for four procedures:

I. Coronary Artery Bypass Graft (chest incision and donor site)
    I) NHSN Operative Procedures CBGC (coronary artery bypass graft procedures with chest incision site only) and CBGB (coronary artery bypass graft procedures with both a chest and donor site incision)

J. Colon Surgery (incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations)
    I) NHSN Operative Procedure COLO

K. Abdominal Hysterectomy (includes that by laparoscope)
    I) NHSN Operative Procedure HYST

L. Knee Arthroplasty
    I) NHSN Operative Procedure KPRO

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NHSN Operative Procedure SSI monitoring includes total counts as well as patient-level information for all patients undergoing the same procedure. This allows for appropriate risk adjustment, because risk for development of an SSI can be influenced by patient- and procedure-specific factors. Patient and procedure risk factors that are considered when assessing SSI SIR by hospital vary by type of procedure but include factors such as:

- Operation lasting more than the duration of cut point hours[4]
- Contaminated (Class III) or Dirty/Infected (Class IV) surgical wound class
- American Society of Anesthesiologists (ASA) Classification of Physical Status score of 3, 4, or 5 (see below)
- Age of the patient
- Gender of the patient
- Hospital bed size
- Hospital's medical school affiliation
- Whether the surgery was the result of trauma

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

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

The proportion of infections detected through post-discharge surveillance in comparison to the state average may provide an indicator of how well the facility is able to identify these infections. Post-discharge surveillance analysis for the detection of surgical site infections (SSI) was not conducted for the year 2024. This was due to the inability to determine the specific post-discharge surveillance methods utilized across different facilities. Consequently, a standardized analysis could not be performed.

Limitations for SSI surveillance:

- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections. Post-discharge surveillance methods were analyzed to better understand these differences between facilities and are presented in this report on page 68.
- SSI reporting in NHSN requires not only reporting of infections but also detailed information on each patient undergoing the procedure being monitored. This allows for risk adjustment. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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- Some procedures require monitoring for SSI for up to 90 days after the procedure depending on the depth of infection (in NH, this includes CABG and knee arthroplasty). Per the NSHN exclusion criteria, Superficial Incisional Secondary (SIS) and Deep Incisional Second (DIS) were not included when looking at SSI data from each facility. These types of incisions are also not included in the total SSI count.
- The SSI data presented in this report includes all types of infections, including superficial SSI, which can occur as a result of care in the hospital but also as a result of the patient's care of the wound site once discharged.
- The 2024 SSI data presented in this report have not been externally validated and must be interpreted with the understanding that in general there are both under-and-overreporting of infections.

I. Influenza Vaccination Percentage Monitoring

HCP can become infected with the influenza virus through contact with infected patients and can transmit influenza to patients and other HCP. Despite documented benefits of HCP influenza vaccination on patient outcomes and HCP absenteeism nationally, vaccination coverage among HCP remains low. In a CDC survey, influenza vaccination coverage in HCP nationally was 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 hospitals do have policies requiring mandatory HCP vaccination. Vaccination coverage in hospital HCP has been monitored in NH for several years.

All hospitals are required to report HCP and patient vaccination data directly to DHHS. This reporting occurs either solely via a web-based survey provided to facilities, or via NHSN in combination with an abbreviated web-based survey, newly for the 2024-25 influenza season and according to facility discretion. See Appendix 2 for the 2024-25 survey questions regarding influenza vaccination. Data for the 2024-25 influenza season was reported by all hospitals. Submission of these data meets the requirements of both the HAI law (RSA 151:32-35) and the healthcare immunization law (RSA 151:9-b).

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

<u>Limitations for influenza vaccination monitoring:</u>

a. The data collection tools ask for the total number of HCP vaccinated. This may not reflect the number of HCP to whom the vaccine was offered. Hospitals may vary in the refusal percentage for vaccination among HCP and the reasons for such refusal. Additionally, some HCP may not be eligible to receive the vaccine. DHHS attempted to assess why unvaccinated HCP did not receive the vaccine; however, not all hospitals were able to report this information.

[4]Cut points are assigned based upon the time that the majority (75%) of a specific procedure takes to perform. The duration cut point is measured in minutes and is the time between the skin incision and skin closure.

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b. Because the web-based survey did not include options for facilities to report unknown vaccination status, patients and HCP with unknown vaccination status were analyzed as though they were not vaccinated. This results in a conservative estimate of vaccination status (e.g., lower than in reality).
c. Vaccination status is not uniformly available by location where the vaccination was received (e.g., at the reporting facility or elsewhere).
d. Data collection techniques at hospitals may vary from season to season, potentially affecting comparison of data. DHHS continues to work towards improving the validity and utility of this measure to eliminate issues that pose problems for such comparison.
e. Since the 2014-15 influenza season, CMS began requiring facilities sharing the same CMS Certification Number (CCN) to report this measure in aggregate via NHSN. Because some ASC and hospitals may share the same CCN, it is possible that HCP influenza vaccination data contains more duplicate data than in prior influenza seasons.

J. Clostridioides *difficile* Infection (CDI) Monitoring

Hospitals are required to monitor and report CDI Laboratory event data, if available. This monitoring includes reporting the number of infections identified as well as the total number of patient days. These metrics are monitored following NHSN protocols and definitions and reported in NHSN.

A CDI infection is a positive laboratory test result for *C. difficile* toxin A and/or toxin B or any detection of toxin-producing *C. difficile* organisms by culture or other laboratory means on an unformed stool specimen that conforms to the container. Testing methods include, but are not limited to, molecular assays such as PCR and/or toxin assays such as EIA. Patient days represents the total number of patient days from all inpatient units within the facility, with the exception of NICUs, well-baby units, and CMS-certified rehab and psych units.

Detailed descriptions of the NHSN CDI surveillance protocols are available at:
https://www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf

Limitations for CDI surveillance:

a. The 2024 CDI data presented in this report have not been externally validated and must be interpreted with the understanding that in general there are both under-and-overreporting of infections.

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III. STATEWIDE DATA

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

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

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

SIR: Fewer than predicted SIR: Similar to predicted SIR: More than predicted

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

Higher than State Similar to State Lower than State

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

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A. Statewide Standardized Infection Ratios

In 2024, 100 HAI were reported by all 26 acute care hospitals in NH. These infections represent central line bloodstream infections and catheter associated urinary tract infections in ICU and SSI following colon, knee arthroplasty, abdominal hysterectomy, and coronary artery bypass graft procedures. A total of 192.33 infections were predicted based on national data; the overall observed number of HAI was 48% fewer than predicted. More specifically, there were 41% fewer CLABSI, 70% fewer CAUTI and 41% fewer SSI. Looking individually at the specific procedures tracked for SSI by NH hospitals, there were 50% fewer infections following CABG procedures, 51% fewer infections following colon procedures, 40% fewer infections following abdominal hysterectomy procedures, and 4% fewer infections following knee arthroplasty procedures. However, the differences for coronary artery bypass, abdominal hysterectomy, and knee arthroplasty procedures were considered similar when compared to the number of infections observed in national data whereas the difference for colon procedures was lower when compared to the predicted. These data are shown in Table 1 and Figure 2.

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Table 1. Statewide standardized infection ratios, Jan 1–Dec 31, 2024

	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Overall HAI SIR	100	192.33	0.52	0.00	Lower
	The overall observed number of HAI in New Hampshire hospitals was 48% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of HAI in the state is LOWER than the number seen nationally.				
CLABSI SIR	15	25.43	0.59	0.03	Lower
	The overall observed number of CLABSI in New Hampshire hospitals was 41% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of CLABSI in the state is LOWER than the number seen nationally.				
CAUTI SIR	14	46.13	0.30	0.00	Lower
	The overall observed number of CAUTI in New Hampshire hospitals was 70% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of CAUTI in the state is LOWER to the number seen nationally.				
Overall SSI SIR	71	120.77	0.59	0.00	Lower
	The overall observed number of SSI in New Hampshire hospitals was 41% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of SSI in the state is LOWER than the number seen nationally.				
CABG SIR	6	11.89	0.50	0.07	Similar
	The overall observed number of CABG infections in New Hampshire hospitals was 50% fewer than predicted based on national data. This difference is not statistically significant, which means the overall number of CABG infections in the state is SIMILAR than the number seen nationally.				
COLO SIR	38	77.05	0.49	0.00	Lower
	The overall observed number of COLO infections in New Hampshire hospitals was 51% fewer than predicted based on national data. This difference is statistically significant, which means the overall number of COLO infections in the state is LOWER than the number seen nationally.				
HYST SIR	6	10.03	0.60	0.19	Similar
	The overall observed number of HYST infections in New Hampshire hospitals was 40% fewer than predicted based on national data. This difference is not statistically significant, which means the overall number of HYST infections in the state is SIMILAR to the number seen nationally.				
KPRO SIR	21	21.81	0.96	0.89	Similar
	The overall observed number of KPRO infections in New Hampshire hospitals was 4% more than predicted based on national data. This difference is not statistically significant, which means the overall number of KPRO infections in the state is SIMILAR to the number seen nationally.				

*CDI data is not included in overall total due to differences in data collection methods

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

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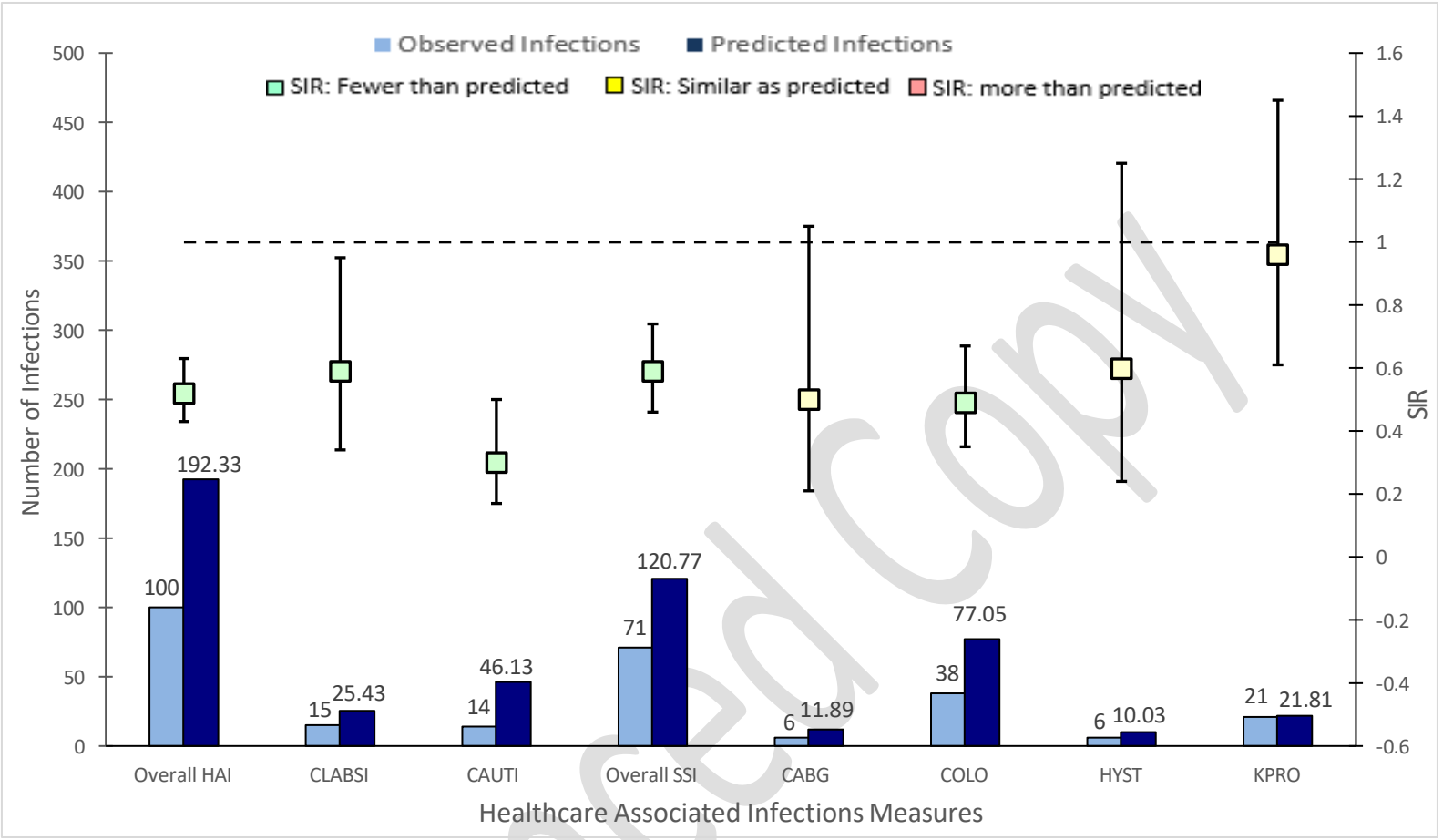
Figure 2. Overall statewide standardized infection ratios, Jan 1–Dec 31, 2024



*CDI data is not included in overall total due to differences in data collection methods
HAI: Healthcare-associated infection
CLABSI: Central line-associated blood stream infections
CAUTI: Catheter-associated urinary tract infections
SSI: Surgical site infections
CABG: Surgical site infections associated with coronary artery bypass graft procedures
COLO: Surgical site infections associated with colon procedures
HYST: Surgical site infections associated with abdominal hysterectomy procedures
KPRO: Surgical site infections associated with knee arthroplasty procedures

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B. Overall Standardized Infection Ratios by Hospital

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

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Table 2. Overall healthcare-associated infections standardized infection ratios, Jan 1–Dec 31, 2024

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Alice Peck Day Memorial	†	†	†	†	†
Androscoggin Valley Hospital	1	1.98	0.50	0.55	Similar
Catholic Medical Center	5	16.23	0.31	0.00	Lower
Cheshire Medical Center	2	4.78	0.42	0.19	Similar
Concord Hospital	8	20.87	0.38	0.00	Lower
Concord Hospital - Franklin	-	-	-	-	-
Concord Hospital - Laconia	9	4.08	2.20	0.03	Higher
Cottage Hospital	0	1.08	0.00	0.34	Similar
Dartmouth Hitchcock Medical Center	39	67.43	0.58	0.00	Lower
Elliot Hospital	11	15.67	0.70	0.23	Similar
Exeter Hospital	1	9.24	0.11	0.00	Lower
Frisbie Memorial Hospital	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional	†	†	†	†	†
Monadnock Community Hospital	0	1.16	0.00	0.31	Similar
New London Hospital	†	†	†	†	†
Parkland Medical Center	1	2.47	0.41	0.38	Similar
Portsmouth Regional Hospital	8	15.72	0.51	0.04	Lower
Southern NH Medical Center	10	7.33	1.36	0.33	Similar
Speare Memorial Hospital	†	†	†	†	†
St Joseph Hospital	2	7.87	0.25	0.02	Lower
The Memorial Hospital	1	1.07	0.93	0.95	Similar
Upper Connecticut Valley Hospital	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass Hospital	0	10.98	0.00	0.00	Lower
State Total	**100**	**192.33**	**0.52**	**0.00**	**Lower**

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

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

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

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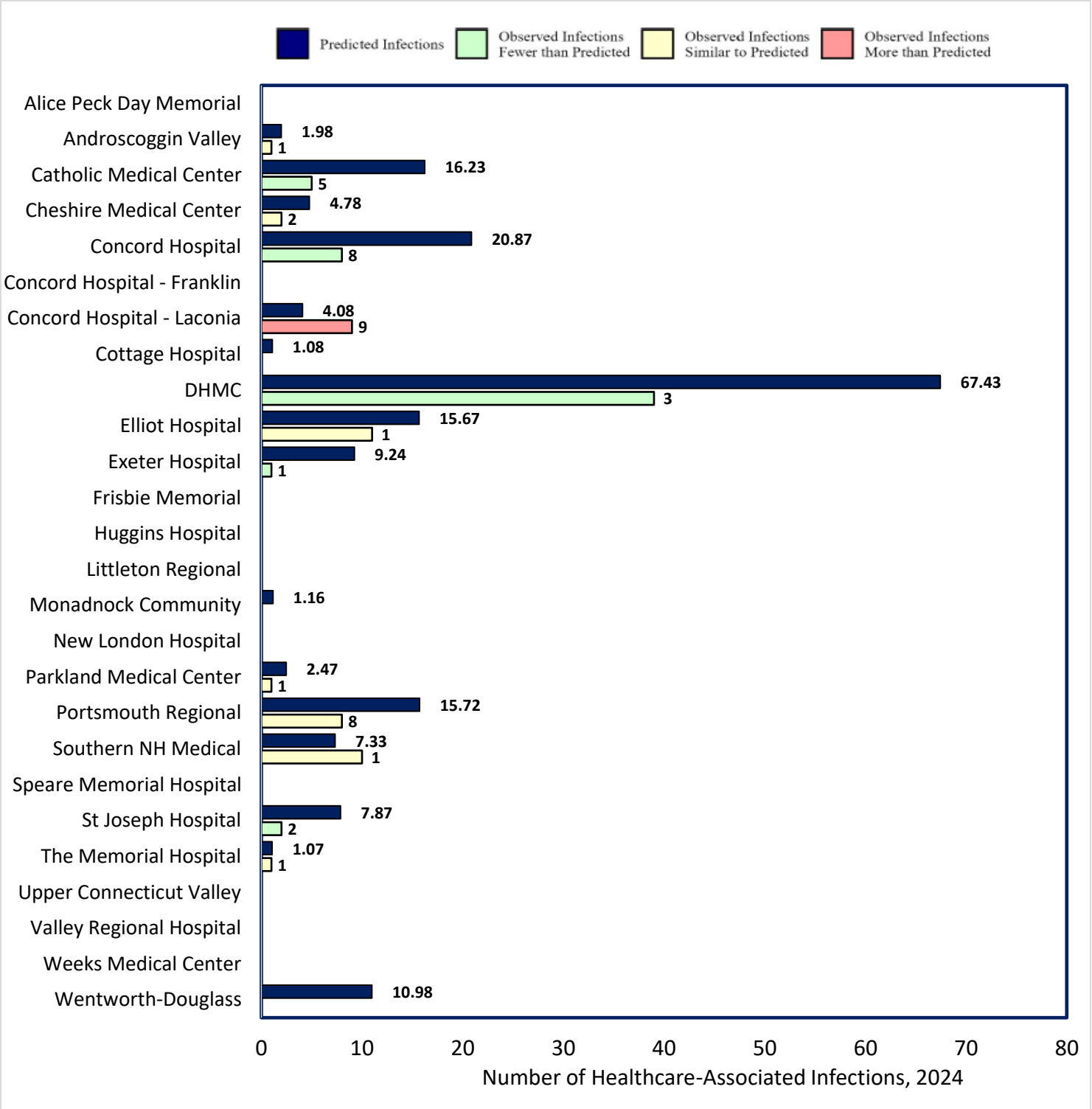
Figure 3. Overall healthcare-associated infections standardized infection ratios, Jan 1–Dec 31, 2024



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

Overall Statewide Standardized Infection Ratios: Comparison to 2023 Data

Table 3 shows that the statewide SIR in 2024 decreased in comparison to 2023; this difference was statistically significant. In 2023, a total of 133 HAI were reported, representing 95 SSI, 11 CLABSI, and 27 CAUTI compared to 100 HAI (71 SSI, 15 CLABSI, and 14 CAUTI) in 2024. Figure 4 compares the statewide comparison of each SIR category between 2023 and 2024. Table 4 shows overall SIR by hospital between 2023 and 2024 respectively. Twelve hospitals showed similar rates of overall SIR in 2023 when compared to 2024.

Table 3. Overall healthcare-associated infections standardized infection ratios, comparison between 2023 and 2024

HAI Measure	Standardized Infection Ratio (SIR) 2023	Standardized Infection Ratio (SIR) 2024	P Value	2024 Compared to 2023
Overall HAI SIR	0.72	0.52	0.01	Lower
CLABSI SIR	0.47	0.59	0.56	Similar
CAUTI SIR	0.62	0.30	0.03	Lower
Overall SSI SIR	0.81	0.59	0.04	Lower
CABG SIR	0.53	0.50	0.94	Similar
COLO SIR	0.83	0.49	0.01	Lower
HYST SIR	0.47	0.60	0.71	Similar
KPRO SIR	1.07	0.96	0.74	Similar

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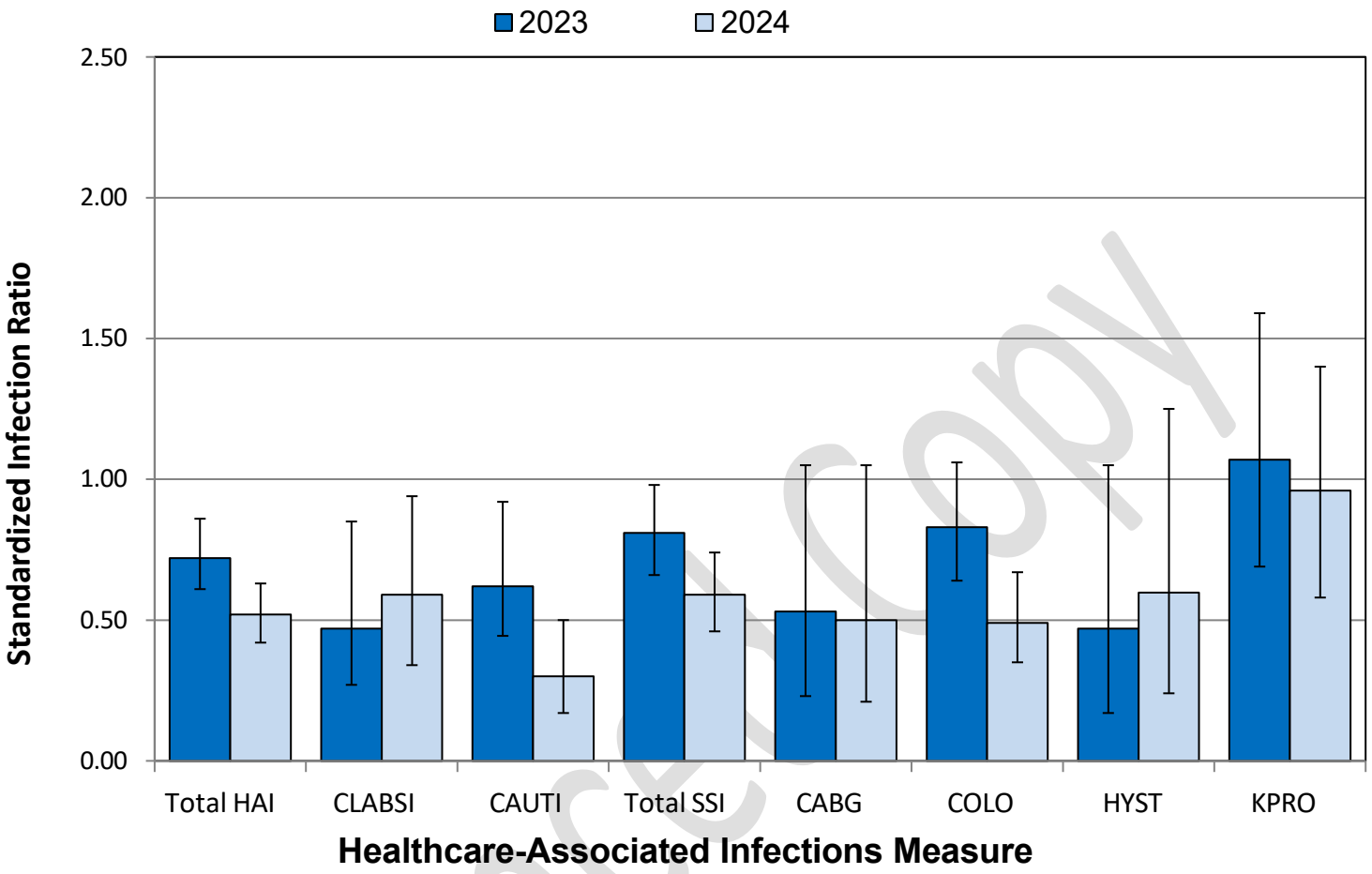
Figure 4. Statewide standardized infection ratios, comparison between 2023 and 2024



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

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Table 4. Overall healthcare-associated infections standardized infection ratios by hospital, comparison between 2024 and 2023

Hospital Name	Standardized Infection Ratio (SIR) 2023	Standardized Infection Ratio (SIR) 2024	P Value	2024 Compared to 2023
Alice Peck Day Memorial	†	†	†	†
Androscoggin Valley	†	0.50	†	†
Catholic Medical Center	0.60	0.31	0.22	Similar
Cheshire Medical Center	0.85	0.42	0.42	Similar
Concord Hospital	0.57	0.38	0.40	Similar
Concord Hospital- Franklin	-	-	-	-
Concord Hospital- Laconia	1.55	2.20	0.52	Similar
Cottage Hospital	†	0.00	†	†
DHMC	0.82	0.58	0.10	Similar
Elliot Hospital	1.16	0.70	0.18	Similar
Exeter Hospital	0.64	0.11	0.10	Similar
Frisbie Memorial	†	†	†	†
Huggins Hospital	0.00	†	†	†
Littleton Regional	0.96	†	†	†
Monadnock Community	†	0.00	†	†
New London Hospital	†	†	†	†
Parkland Medical Center	2.27	0.41	0.14	Similar
Portsmouth Regional	0.22	0.51	0.21	Similar
Southern NH Medical	1.21	1.36	0.80	Similar
Speare Memorial Hospital	†	†	†	†
St. Joseph Hospital	0.14	0.25	0.69	Similar
The Memorial Hospital	†	0.93	†	†
Upper Connecticut Valley	-	-	-	-
Valley Regional Hospital	†	†	†	†
Weeks Medical Center	†	†	†	†
Wentworth-Douglass	0.19	0.00	0.23	Similar
State Total	**0.72**	**0.52**	**0.01**	**Lower**

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

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

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.

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C. Central Line-Associated Bloodstream Infections

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

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Table 5. Central line-associated bloodstream infections rates, Jan 1–Dec 31, 2024

Hospital	Unit Type	Infections	Central Line Days	Hospital Rate	National Rate	P-value	Hospital Rate Compared to National Rate
Androscoggin Valley Hospital	Medical ICU	0	356	0.0	0.5	0.85	Similar
Catholic Medical Center	Med/Surg ICU	0	1,437	0.0	1.1	0.20	Similar
Cheshire Medical center	Medical ICU	0	551	0.0	1.1	0.55	Similar
Concord Hospital	Med/Surg ICU	0	71	0.0	1.1	0.92	Similar
	Med/Surg ICU	1	2,686	0.4	1.1	0.24	Similar
Concord Hospital- Laconia	Med/Surg ICU	0	421	0.0	0.8	0.71	Similar
Cottage Hospital	Med/Surg ICU	†	†	†	†	†	†
DHMC	Medical ICU	0	2,794	0.0	1.2	0.03	Lower
	Medical ICU	0	833	0.0	1.2	0.36	Similar
	Neurological ICU	0	1,094	0.0	1.1	0.29	Similar
	Surgical ICU	3	2,238	1.3	1.1	0.72	Similar
	Surgical ICU	7	2,837	2.5	1.1	0.06	Similar
Elliot Hospital	Med/Surg ICU	0	1,778	0.0	0.8	0.23	Similar
Exeter Hospital	Med/Surg ICU	0	591	0.0	0.8	0.62	Similar
Frisbie Memorial Hospital	Med/Surg ICU	†	†	†	†	†	†
Huggins Hospital	Med/Surg ICU	0	66	0.0	0.5	0.97	Similar
Littleton Regional Healthcare	Med/Surg ICU	†	†	†	†	†	†
New London Hospital	Med/Surg ICU	†	†	†	†	†	†
Parkland Medical Center	Medical ICU	0	462	0.0	1.1	0.61	Similar
Portsmouth Regional Hospital	Med/Surg ICU	2	2,958	0.7	1.1	0.50	Similar
Southern NH Medical Center	Med/Surg ICU	2	1,176	1.7	0.8	0.33	Similar
Speare Memorial Hospital	Med/Surg ICU	†	†	†	†	†	†
St Joseph Hospital	Med/Surg ICU	0	1,189	0.0	1.1	0.26	Similar
Weeks Medical Center	Med/Surg ICU	†	†	†	†	†	†
Wentworth-Douglass Hospital	Med/Surg ICU	0	1,248	0.0	0.8	0.36	Similar

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

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

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Table 6. Central line-associated bloodstream infections rates in neonatal intensive care units by birthweight category, Jan 1–Dec 31, 2024

Hospital Name	Birth Weight Category	Observed Infections	Number of Device Days	Hospital Rate	National Rate	P-Value	Hospital Rate Compared to National Rate
DHMC	BW Category A ≤750 g	1	265	3.8	2.1	0.54	Similar
	BW Category B =751-1000 g	0	101	0.0	1.3	0.87	Similar
	BW Category C =1001-1500 g	0	162	0.0	0.8	0.88	Similar
	BW Category D =1501-2500 g	0	112	0.0	0.6	0.06	Similar
	BW Category E >2500 g	0	213	0.0	0.7	0.86	Similar
Elliot Hospital	BW Category A ≤750 g	0	76	0.0	2.1	0.85	Similar
	BW Category B =751-1000 g	0	149	0.0	1.3	0.82	Similar
	BW Category C =1001-1500 g	0	313	0.0	0.8	0.78	Similar
	BW Category D =1501-2500 g	0	234	0.0	0.6	0.88	Similar
	BW Category E >2500 g	1	371	2.7	0.7	0.27	Similar
Southern NH Medical Center	BW Category A ≤750 g	†	†	†	†	†	†
	BW Category B =751-1000 g	†	†	†	†	†	†
	BW Category C =1001-1500 g	†	†	†	†	†	†
	BW Category D =1501-2500 g	†	†	†	†	†	†
	BW Category E >2500 g	†	†	†	†	†	†

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

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

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

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C. Central Line-associated Bloodstream Infections Standardized Infection Ratios

Overall, the observed number of CLABSI was 41% fewer than predicted based on national data. The analysis presented in Table 7 and Figure 5 shows that seven hospitals observed a similar number of infections as predicted based on national data.

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Table 7. Central line-associated bloodstream infections standardized infection ratios, Jan 1– Dec 31, 2024

Hospital	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Alice Peck Day Memorial	-	-	-	-	-
Androscoggin Valley	†	†	†	†	†
Catholic Medical Center	0	1.62	0.00	0.20	Similar
Cheshire Medical Center	†	†	†	†	†
Concord Hospital	1	3.11	0.32	0.23	Similar
Concord Hospital Franklin	-	-	-	-	†
Concord Hospital Laconia	†	†	†	†	†
Cottage Hospital	†	†	†	†	†
DHMC	10	11.05	0.91	0.79	Similar
Elliot Hospital	0	1.54	0.00	0.21	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional	†	†	†	†	†
Monadnock Community	-	-	-	-	-
New London Hospital	†	†	†	†	†
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional	2	3.34	0.60	0.51	Similar
Southern NH Medical	2	1.03	1.94	0.36	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	0	1.17	0.00	0.31	Similar
The Memorial Hospital	-	-	-	-	-
Upper Connecticut Valley	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass	†	†	†	†	†
State Total	**15**	**25.43**	**0.59**	**0.02**	**Lower**

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

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

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

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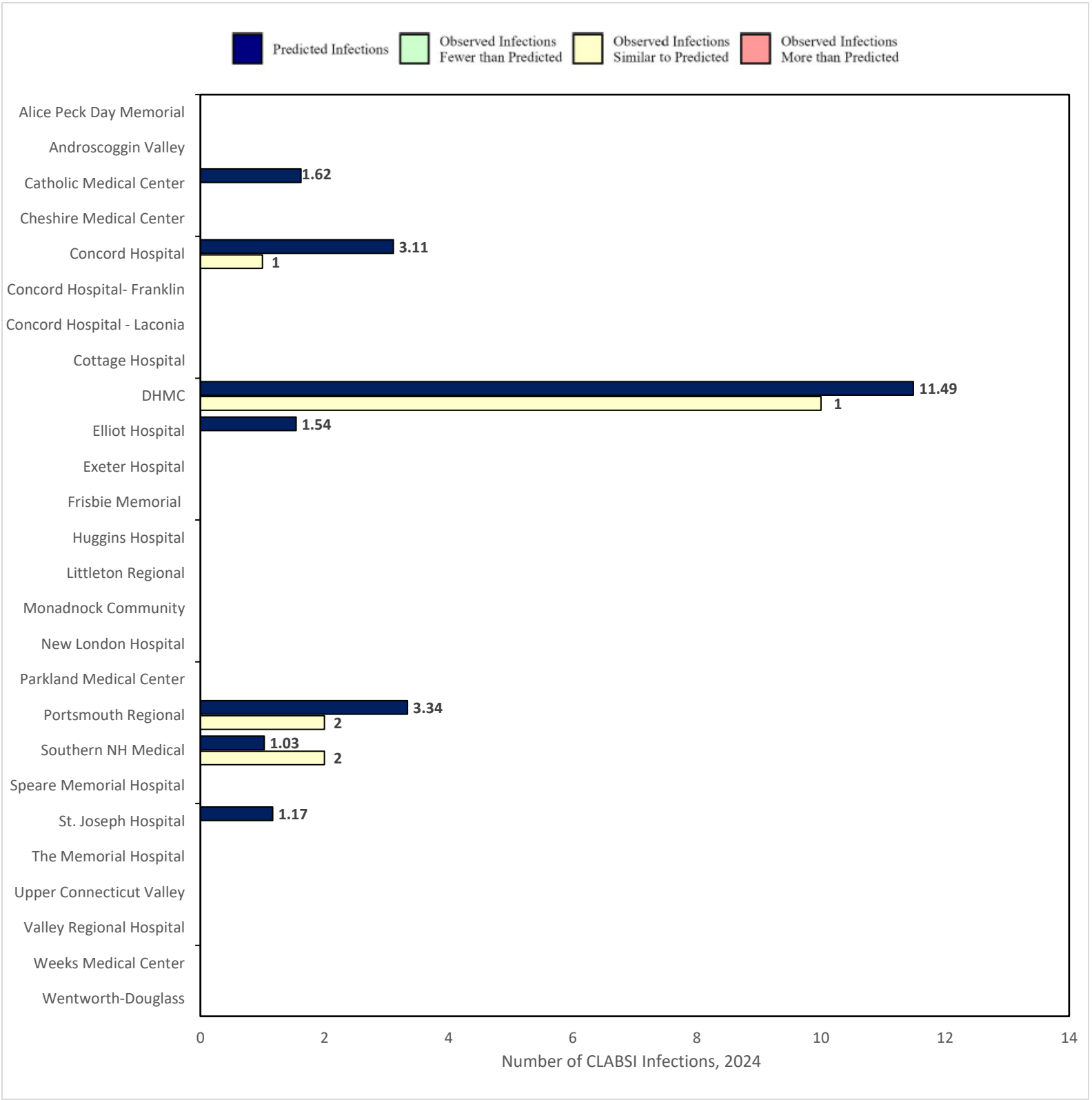
Figure 5. Central line-associated bloodstream infections standardized infection ratios



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

Central Line-Associated Bloodstream Infections: Comparison to 2023 Data

Overall, in 2024 the statewide CLABSI SIR was similar compared to 2023. The analysis presented in Table 8 shows that of the hospitals for which data are shown six hospitals observed a similar number of infections in 2024 when compared to 2023. Figure 6 shows the CLABSI SIR between 2024 and 2023.

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Table 8. Central line-associated bloodstream infections standardized infection ratios, comparison between 2024 and 2023

Hospital	Standardized Infection Ratio (SIR) 2023	Standardized Infection Ratio (SIR) 2024	P Value	2024 Compared to 2023
Alice Peck Day Memorial	-	-	-	-
Androscoggin Valley	†	†	†	†
Catholic Medical Center	0.00	0.00	-	Similar
Cheshire Medical Center	†	†	†	†
Concord Hospital	0.42	0.32	0.87	Similar
Concord Hospital- Franklin	-	-	-	-
Concord Hospital- Laconia	†	†	†	†
Cottage Hospital	†	†	†	†
DHMC	0.86	0.91	0.9	Similar
Elliot Hospital	0.70	0.00	0.48	Similar
Exeter Hospital	†	†	†	†
Frisbie Memorial	†	†	†	†
Huggins Hospital	†	†	†	†
Littleton Regional	†	†	†	†
Monadnock Community	-	-	-	-
New London Hospital	-	†	-	-
Parkland Medical Center	†	†	†	†
Portsmouth Regional	0.00	0.60	0.32	Similar
Southern NH Medical	†	1.94	†	†
Speare Memorial Hospital	†	†	†	†
St. Joseph Hospital	0.00	0.00	-	Similar
The Memorial Hospital	-	-	-	-
Upper Connecticut Valley	-	-	-	-
Valley Regional Hospital	-	-	-	-
Weeks Medical Center	†	†	†	†
Wentworth-Douglass	0.00	†	†	†
State Total	**0.47**	**0.59**	**0.56**	**Similar**

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

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

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

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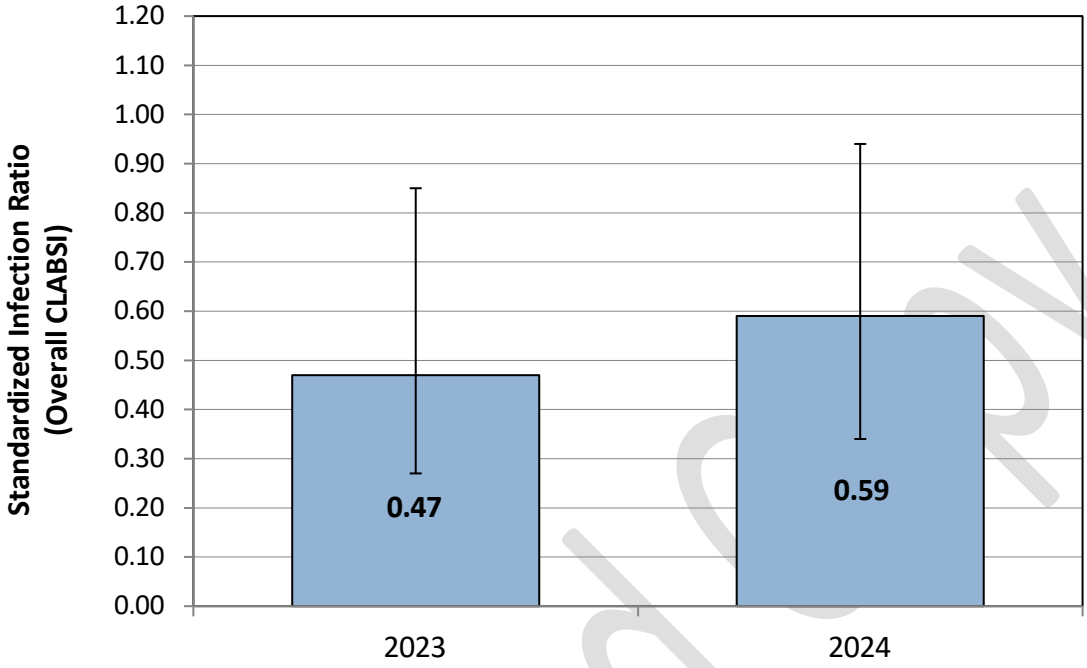
Figure 6. Overall central line-associated bloodstream infections standardized infection ratios by year, 2024 and 2023



Catheter-Associated Urinary Tract Infections

Tables 9 through 11 and Figure 7 show the number of infections that were identified in adult ICUs at NH hospitals. The analysis presented in Table 9 shows the number of CAUTI identified in individual ICUs by hospitals in NH. Among ICUs with sufficiently robust data to present, 14 individual ICUs observed similar rates and 9 observed lower CAUTI rates compared to national data. See methods for additional information on data collection.

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Table 9. Catheter-associated urinary tract infection rates, Jan 1–Dec 31, 2024

Hospital Name	Unit Type	Infections	Catheter Days	Hospital Rate	National Rate	P-value	Hospital Rate Compared to National Rate
Androscoggin Valley Hospital	Medical ICU	0	488	0.0	0.7	0.70	Similar
Catholic Medical Center	Med/Surg ICU	2	2,571	0.8	2.7	0.04	Lower
Cheshire Medical Center	Medical ICU	0	1,158	0.0	2.0	0.09	Similar
Concord Hospital	Med/Surg ICU	0	86	0.0	2.7	0.80	Similar
	Med/Surg ICU	1	4,703	0.2	2.7	0.00	Lower
Concord Hospital- Laconia	Med/Surg ICU	1	978	1.0	1.3	0.94	Similar
Cottage Hospital	Med/Surg ICU	0	52	0.0	0.7	0.96	Similar
DHMC	Surgical ICU	0	2,054	0.0	3.4	0.00	Lower
	Medical ICU	1	2,640	0.4	3.5	0.00	Lower
	Medical ICU	0	939	0.0	3.5	0.04	Lower
	Surgical ICU	1	3,330	0.3	3.4	0.00	Lower
	Neurological ICU	2	1,741	1.2	4.5	0.02	Lower
Elliot Hospital	Med/Surg ICU	1	2,216	0.5	1.7	0.14	Similar
Exeter Hospital	Med/Surg ICU	1	977	1.0	1.3	0.94	Similar
Frisbie Memorial Hospital	Med/Surg ICU	0	107	0.0	1.3	0.87	Similar
Huggins Hospital	Med/Surg ICU	0	124	0.0	0.7	0.91	Similar
Littleton Regional Healthcare	Med/Surg ICU	0	125	0.0	0.7	0.91	Similar
New London Hospital	Med/Surg ICU	†	†	†	†	†	†
Parkland Medical Center	Medical ICU	1	1,065	0.9	2.0	0.47	Similar
Portsmouth Regional Hospital	Med/Surg ICU	2	4,187	0.5	2.7	0.00	Lower
Southern NH Medical Center	Med/Surg ICU	1	1,647	0.6	1.7	0.30	Similar
Speare Memorial Hospital	Med/Surg ICU	0	135	0.0	0.7	0.91	Similar
St Joseph Hospital	Med/Surg ICU	0	1,372	0.0	2.7	0.03	Lower
Weeks Medical Center	Med/Surg ICU	†	†	†	†	†	†
Wentworth-Douglass Hospital	Med/Surg ICU	0	1,276	0.0	1.7	0.12	Similar

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

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

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

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D. Catheter-Associated Urinary Tract Infections Standardized Infection Ratios

The observed number of CAUTI was 70% lower than predicted based on national data, this was statistically significant. The analysis presented in Table 10 shows that six hospitals observed a similar number of infections, and two hospitals observed a lower number of as predicted based on national data.

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Table 10. Catheter-associated urinary tract infections standardized infection ratios, Jan 1–Dec 31, 2024

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Alice Peck Day Memorial	-	-	-	-	-
Androscoggin Valley	0	1.19	0.00	0.30	Similar
Catholic Medical Center	2	3.35	0.60	0.50	Similar
Cheshire Medical Center	†	†	†	†	†
Concord Hospital	1	6.24	0.16	0.02	Lower
Concord Hospital- Franklin	-	-	-	-	†
Concord Hospital- Laconia	†	†	†	†	†
Cottage Hospital	†	†	†	†	†
DHMC	4	20.74	0.19	0.00	Lower
Elliot Hospital	1	1.99	0.50	0.55	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional	†	†	†	†	†
Monadnock Community	-	-	-	-	-
New London Hospital	†	†	†	†	†
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional	2	5.45	0.37	0.12	Similar
Southern NH Medical	1	1.37	0.73	0.86	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	0	1.46	0.00	0.23	Similar
The Memorial Hospital	-	-	-	-	-
Upper Connecticut Valley	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass	†	†	†	†	†
State Total	**14**	**46.13**	**0.30**	**0.00**	**Lower**

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

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

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

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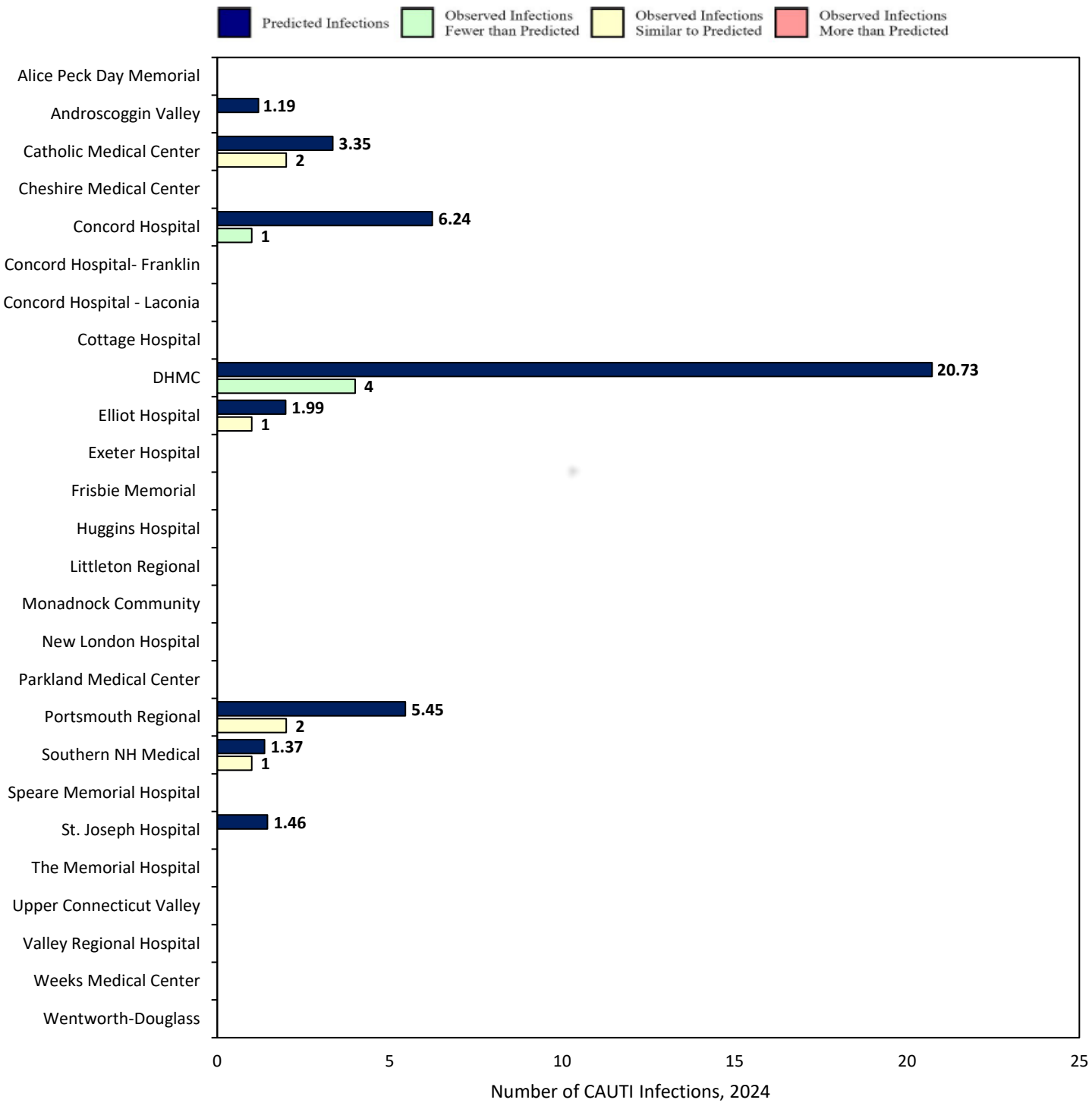
Figure 7. Catheter-associated urinary tract infections standardized infection ratios, Jan 1–Dec 31, 2024



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

Catheter-Associated Urinary Tract Infections: Comparison to 2023 Data

Overall, in 2024 the statewide CAUTI SIR was lower compared to 2023. The analysis in Table 11 shows that 6 hospitals with robust data observed similar number of infections in 2024 when compared to 2023 and 1 hospital with robust data observed lower number of infections in 2024 when compared to 2023. Figure 8 compares the 2024 statewide CAUTI SIR to 2023.

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Table 11. Catheter-associated urinary tract infections standardized infection ratios, comparison between 2024 and 2023

Hospital Name	Standardized Infection Ratio (SIR) 2023	Standardized Infection Ratio (SIR) 2024	P-Value	2024 Compared to 2023
Alice Peck Day Memorial	-	-	-	-
Androscoggin Valley	†	0.30	†	†
Catholic Medical Center	0.51	0.60	0.88	Similar
Cheshire Medical Center	†	†	†	†
Concord Hospital	0.45	0.16	0.45	Similar
Concord Hospital- Franklin	-	-	-	†
Concord Hospital- Laconia	†	†	†	†
Cottage Hospital	†	†	†	†
DHMC	0.76	0.19	0.01	Lower
Elliot Hospital	0.56	0.50	0.94	Similar
Exeter Hospital	†	†	†	†
Frisbie Memorial	†	†	†	†
Huggins Hospital	†	†	†	†
Littleton Regional	†	†	†	†
Monadnock Community	-	-	-	-
New London Hospital	-	†	-	-
Parkland Medical Center	†	†	†	†
Portsmouth Regional	0.00	0.37	0.33	Similar
Southern NH Medical	1.59	0.73	0.58	Similar
Speare Memorial Hospital	†	†	†	†
St. Joseph Hospital	0.00	0.00	-	Similar
The Memorial Hospital	-	-	-	-
Upper Connecticut Valley	-	-	-	-
Valley Regional Hospital	-	-	-	-
Weeks Medical Center	†	†	†	†
Wentworth-Douglass	0.85	†	†	†
State Total	**0.64**	**0.30**	**0.02**	**Lower**

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

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

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

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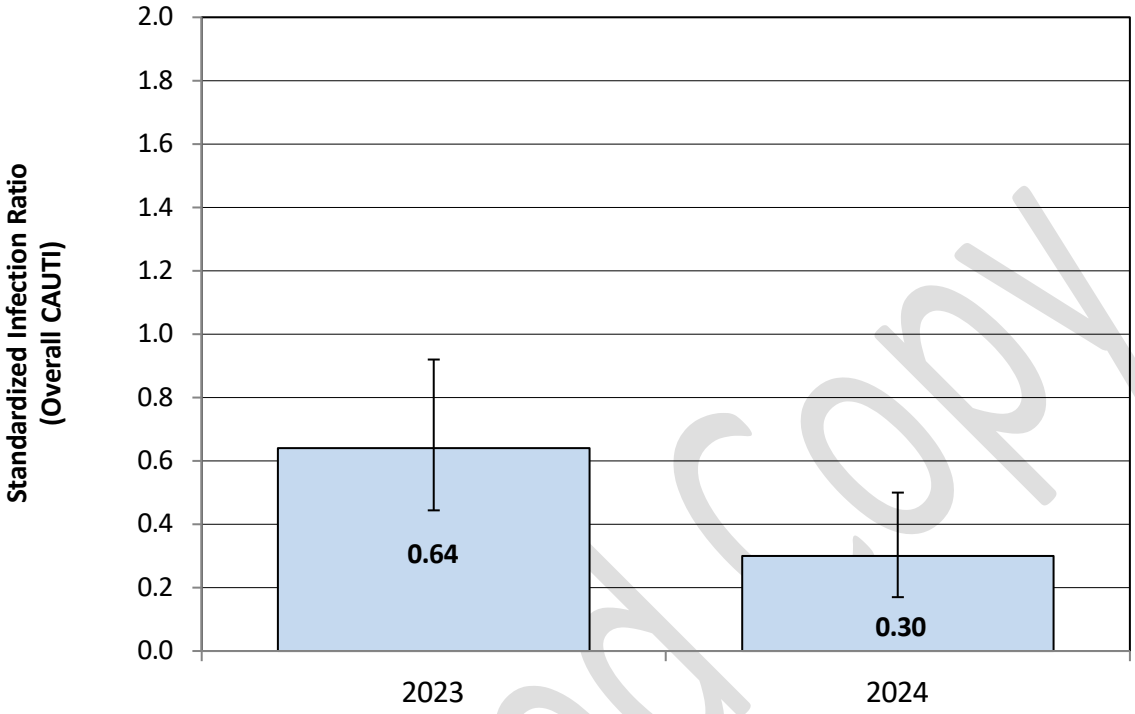
Figure 8. Overall catheter-associated urinary tract infections standardized infection ratios by year, 2024 and 2023



E. Surgical Site Infections

Tables 12-17 and Figures 9-13 below show the number of SSI following the four monitored procedures reported by each acute care hospital in NH. Overall, the observed number of SSI was 41% lower than predicted based on national data. The analysis presented in Table 12 shows that of fifteen hospitals with robust data, eleven observed similar number of SSI, one observed a higher number of SSI, and three showed a lower number of SSI as predicted. For CABG procedures (Table 14), four hospitals observed a similar number of infections. For colon procedures (Table 15), eight hospitals observed a similar number of infections, and four hospitals observed a lower number of infections as predicted. For abdominal hysterectomy procedures (Table 16), three hospitals observed a similar number of infections as predicted based on national data. For knee arthroplasty procedures (Table 17), eight hospitals observed a similar number of infections as predicted based on national data.

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Table 12. Surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Alice Peck Day Memorial	†	†	†	†	†
Androscoggin Valley	†	†	†	†	†
Catholic Medical Center	3	11.26	0.27	0.01	Lower
Cheshire Medical Center	2	3.61	0.55	0.43	Similar
Concord Hospital	6	11.52	0.52	0.09	Similar
Concord Hospital- Franklin	-	-	-	-	-
Concord Hospital- Laconia	8	3.26	2.45	0.03	Higher
Cottage Hospital	0	1.04	0.00	0.35	Similar
DHMC	25	35.64	0.70	0.06	Similar
Elliot Hospital	10	12.14	0.82	0.56	Similar
Exeter Hospital	0	8.08	0.00	0.00	Lower
Frisbie Memorial	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional	†	†	†	†	†
Monadnock Community	0	1.16	0.00	0.31	Similar
New London Hospital	†	†	†	†	†
Parkland Medical Center	0	1.56	0.00	0.21	Similar
Portsmouth Regional	4	6.93	0.58	0.27	Similar
Southern NH Medical	7	4.93	1.42	0.36	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	2	5.25	0.38	0.14	Similar
The Memorial Hospital	1	1.07	0.93	1.00	Similar
Upper Connecticut Valley	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass	0	9.10	0.00	0.00	Lower
State Total	**71**	**120.77**	**0.59**	**0.00**	**Lower**

† Data are not shown for hospitals with less than one predicted infection.
- Facility did not perform any of the four procedures being monitored during 2024

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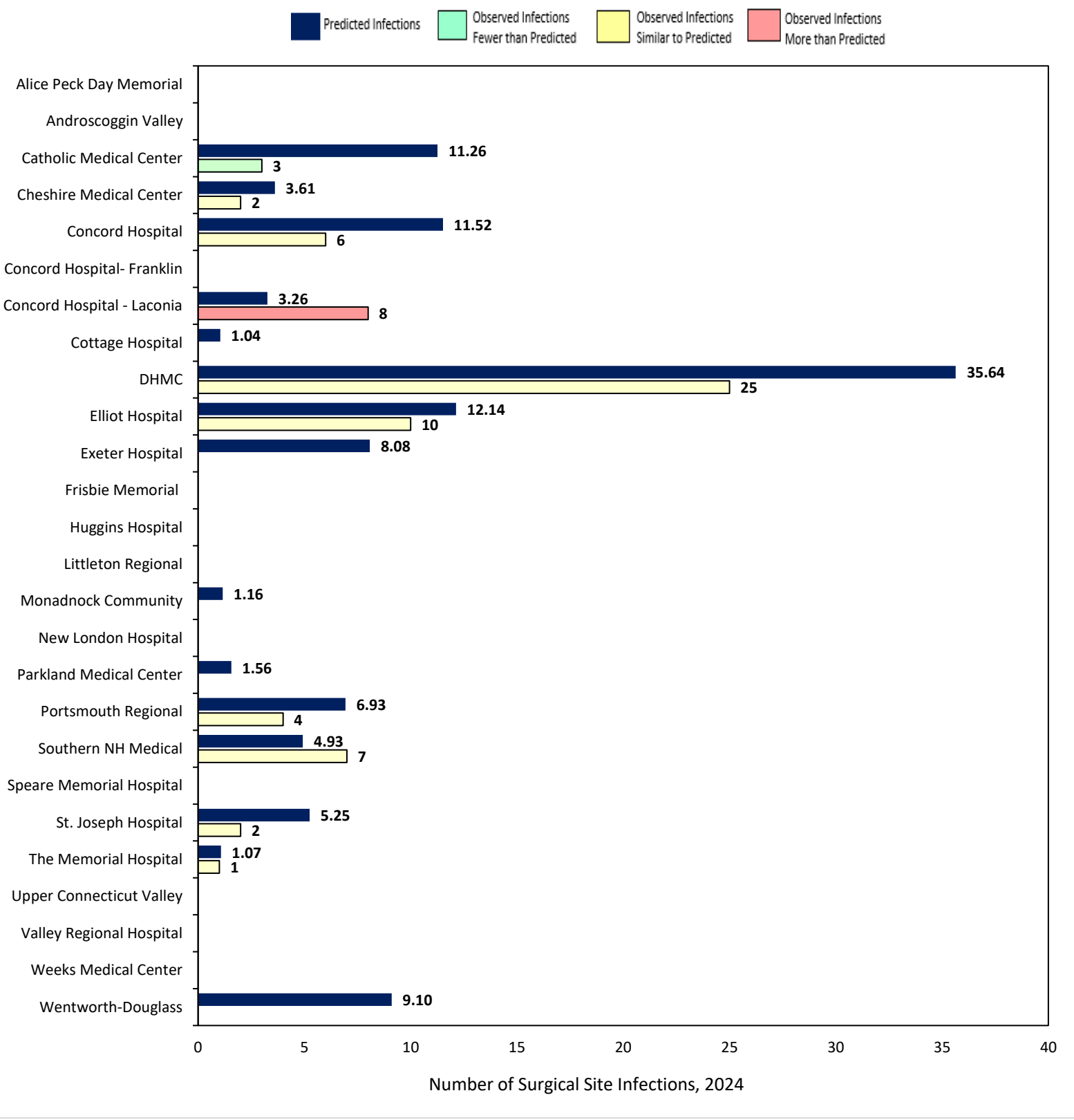
Figure 9. Surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024



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

Table 13. Surgical site infections standardized infection ratios, comparison between 2024 and 2023

Hospital Name	Standardized Infection Ratio (SIR) 2023	Standardized Infection Ratio (SIR) 2024	P-Value	2024 Compared to 2023
Alice Peck Day Memorial	†	†	†	†
Androscoggin Valley	†	†	†	†
Catholic Medical Center	0.72	0.27	0.13	Similar
Cheshire Medical Center	0.86	0.55	0.64	Similar
Concord Hospital	0.65	0.52	0.70	Similar
Concord Hospital- Franklin	-	-	-	-
Concord Hospital- Laconia	1.70	2.45	0.54	Similar
Cottage Hospital	†	0.00	†	†
DHMC	0.86	0.70	0.44	Similar
Elliot Hospital	1.28	0.82	0.27	Similar
Exeter Hospital	0.59	0.00	0.06	Similar
Frisbie Memorial	†	†	†	†
Huggins Hospital	†	†	†	†
Littleton Regional	†	†	†	†
Monadnock Community	†	0.00	†	†
New London Hospital	†	†	†	†
Parkland Medical Center	†	0.00	†	†
Portsmouth Regional	0.42	0.58	0.69	Similar
Southern NH Medical Center	1.34	1.42	0.92	Similar
Speare Memorial Hospital	†	†	†	†
St. Joseph Hospital	0.22	0.38	0.70	Similar
The Memorial Hospital	†	0.93	†	†
Upper Connecticut Valley	-	-	-	-
Valley Regional Hospital	†	†	†	†
Weeks Medical Center	†	†	†	†
Wentworth-Douglass	0.12	0.00	0.47	Similar
State Total	**0.81**	**0.59**	**0.04**	**Lower**

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

- Facility did not perform any of the four procedures being monitored during 2023 or 2024

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.

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Table 14. Coronary artery bypass graft procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024

Hospital	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Catholic Medical Hospital	3	4.83	0.62	0.43	Similar
Concord Hospital	1	1.22	0.82	0.95	Similar
DHMC	1	3.19	0.31	0.21	Similar
Portsmouth Regional Hospital	1	2.65	0.38	0.33	Similar
State Total	**6**	**11.89**	**0.51**	**0.07**	**Similar**

Figure 10. Coronary artery bypass graft procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024

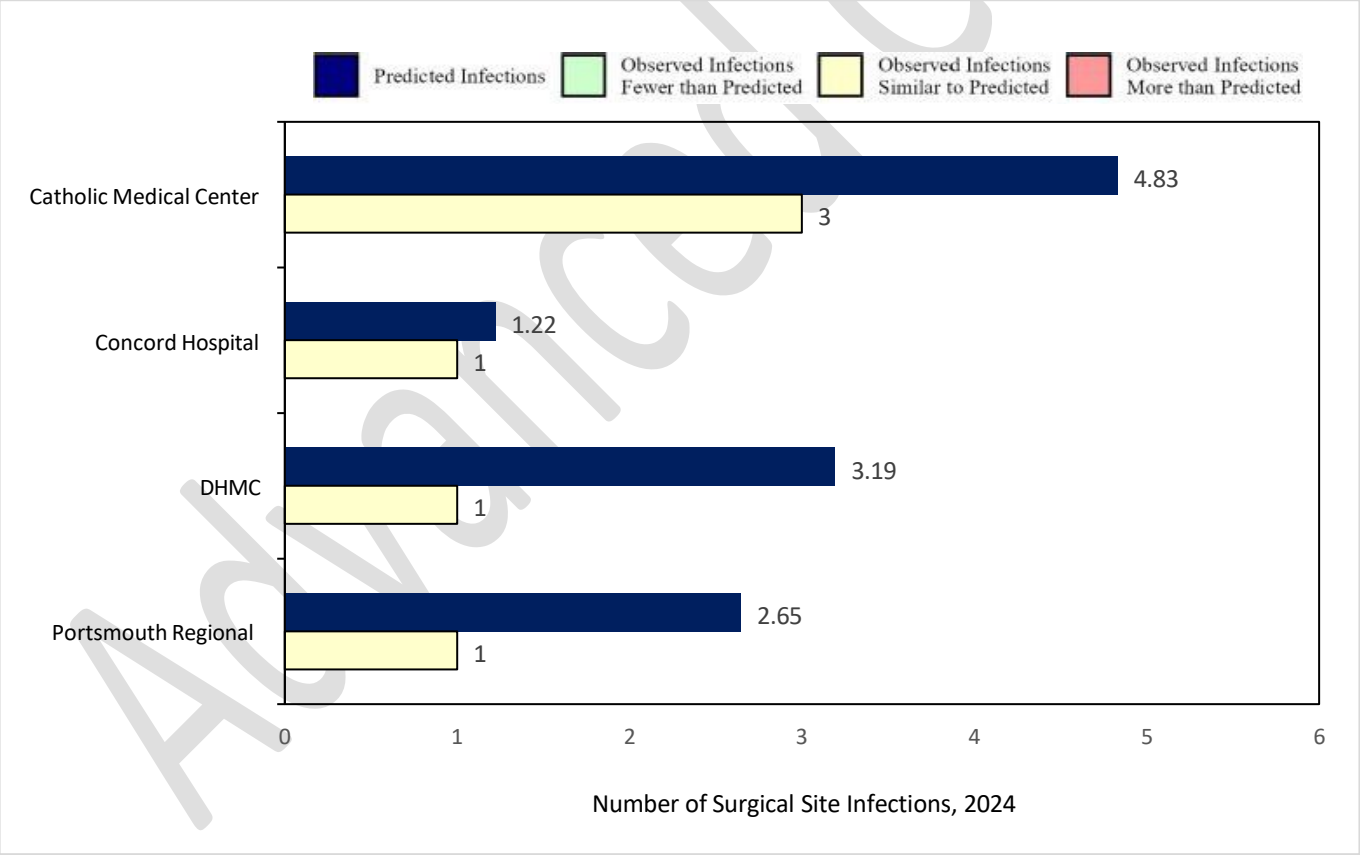

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Table 15. Colon procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Alice Peck Day Memorial	-	-	-	-	-
Androscoggin Valley	†	†	†	†	†
Catholic Medical Center	0	4.95	0.00	0.01	Lower
Cheshire Medical Center	0	2.26	0.00	0.10	Similar
Concord Hospital	3	6.12	0.49	0.20	Similar
Concord Hospital- Franklin	-	-	-		-
Concord Hospital- Laconia	7	3.10	2.26	0.05	Similar
Cottage Hospital	†	†	†	†	†
DHMC	13	25.27	0.51	0.01	Lower
Elliot Hospital	5	6.27	0.80	0.65	Similar
Exeter Hospital	0	6.75	0.00	0.00	Lower
Frisbie Memorial	†	†	†	†	†
Huggins Hospital	†	†	†	†	†
Littleton Regional	†	†	†	†	†
Monadnock Community	†	†	†	†	†
New London Hospital	†	†	†	†	†
Parkland Medical Center	0	1.52	0.00	0.22	Similar
Portsmouth Regional	2	3.65	0.55	0.42	Similar
Southern NH Medical	5	3.27	1.53	0.34	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	1	3.39	0.30	0.18	Similar
The Memorial Hospital	†	†	†	†	†
Upper Connecticut Valley	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	-	-	-	-	-
Wentworth-Douglass	0	6.33	0.00	0.00	Lower
State Total	**38**	**77.05**	**0.49**	**0.00**	**Lower**

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

- Facility did not perform any of the four procedures being monitored during 2024

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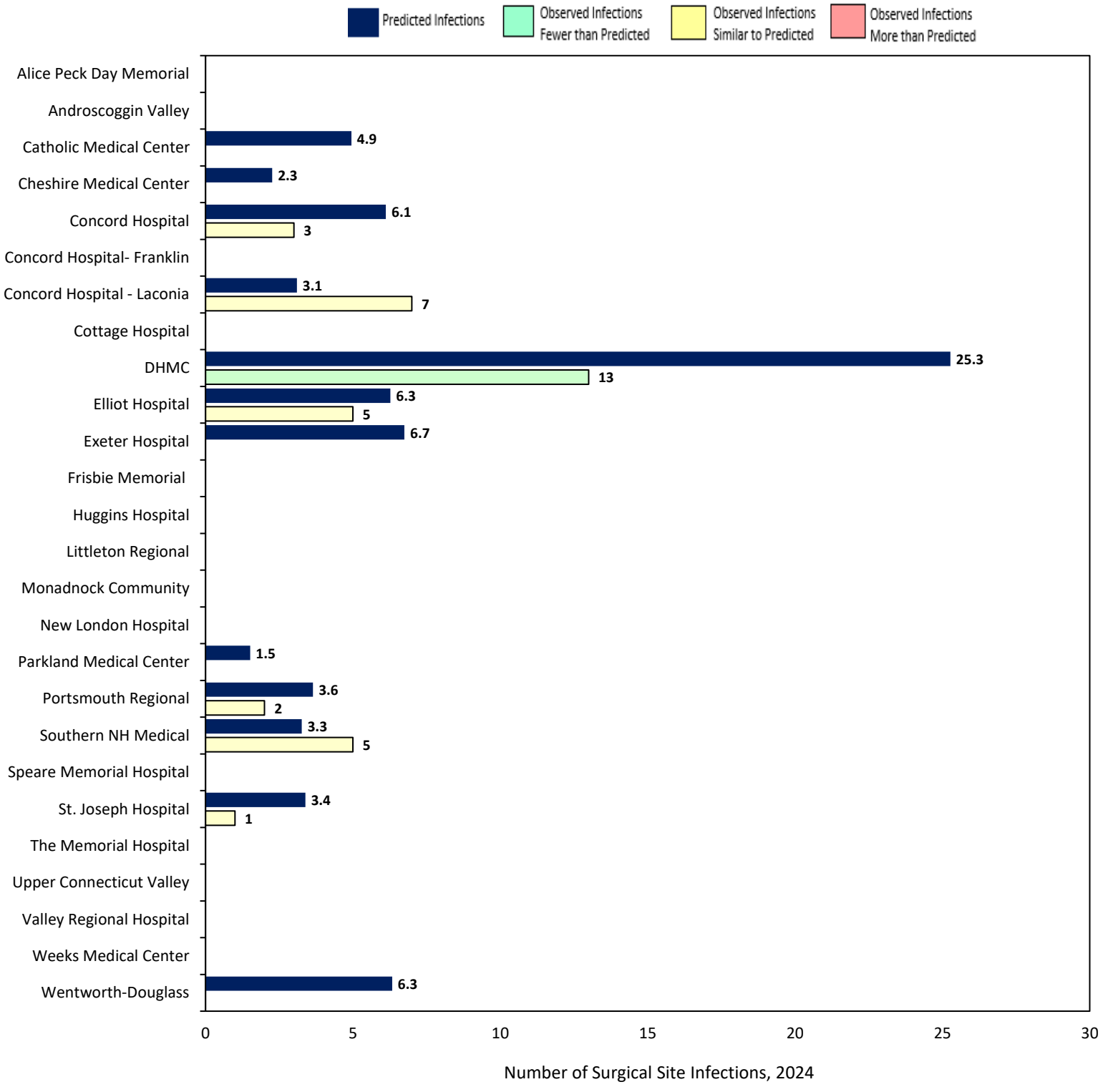
Figure 11. Colon procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024



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

Table 16. Abdominal hysterectomy procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Alice Peck Day Memorial	†	†	†	†	†
Androscoggin Valley	†	†	†	†	†
Catholic Medical Center	†	†	†	†	†
Cheshire Medical Center	†	†	†	†	†
Concord Hospital	†	†	†	†	†
Concord Hospital- Franklin	-	-	-	-	-
Concord Hospital - Laconia	†	†	†	†	†
Cottage Hospital	-	-	-	-	-
DHMC	2	2.77	0.72	0.71	Similar
Elliot Hospital	2	2.37	0.84	0.89	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial	†	†	†	†	†
Huggins Hospital	-	-	-	-	-
Littleton Regional	†	†	†	†	†
Monadnock Community	†	†	†	†	†
New London Hospital	-	-	-	-	-
Parkland Medical Center	-	-	-		-
Portsmouth Regional	†	†	†	†	†
Southern NH Medical	†	†	†	†	†
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	†	†	†	†	†
The Memorial Hospital	†	†	†	†	†
Upper Connecticut Valley	-	-	-	-	-
Valley Regional Hospital	-	-	-	-	-
Weeks Medical Center	-	-	-	-	-
Wentworth-Douglass	0	1.05	0.00	0.35	Similar
State Total	**6**	**10.03**	**0.60**	**0.19**	**Similar**

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

- Facility did not perform any of the four procedures being monitored during 2024

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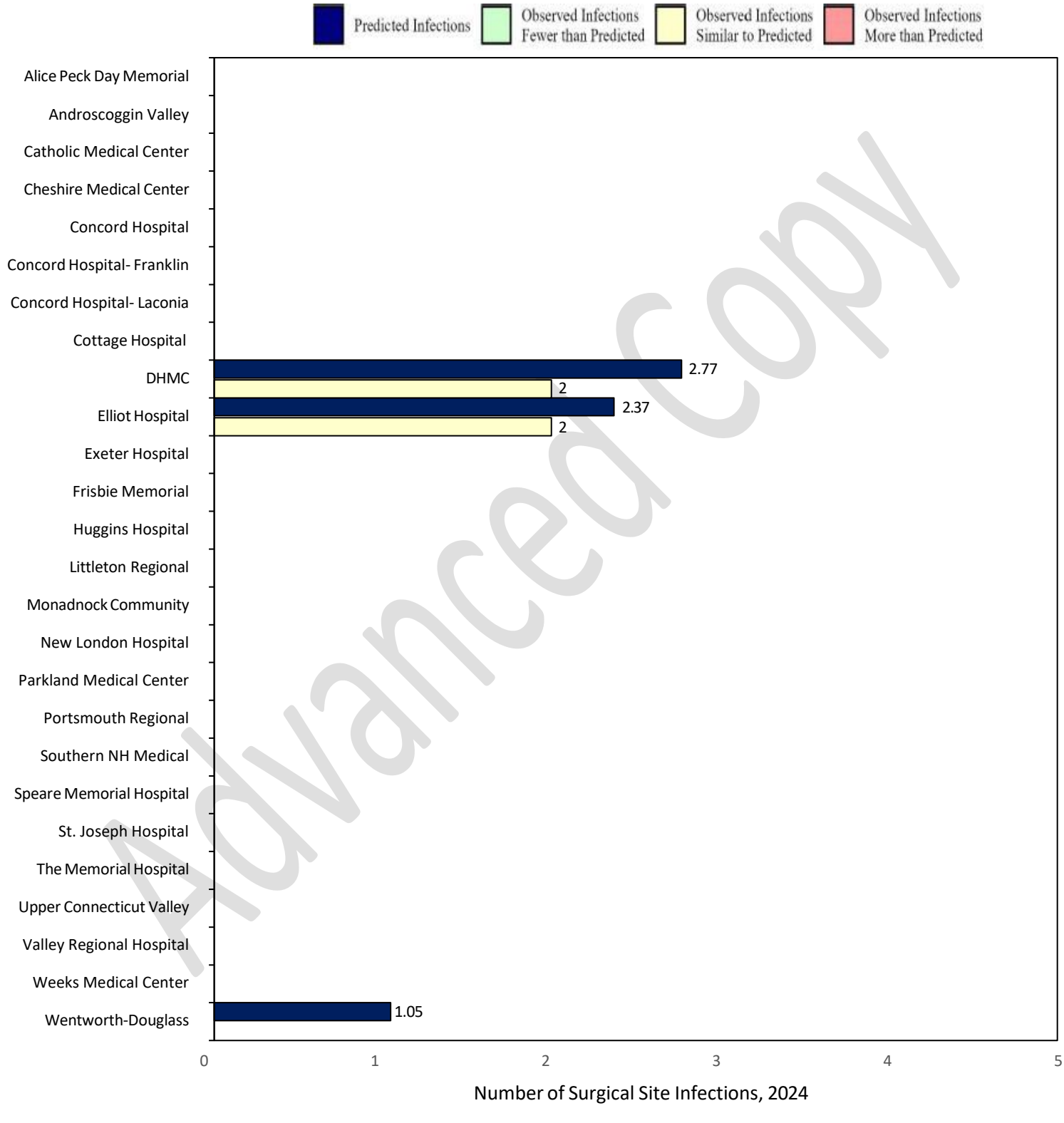
Figure 12. Abdominal hysterectomy procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024



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

Table 17. Knee arthroplasty procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024

Hospital Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted Number of Infections
Alice Peck Day Memorial	†	†	†	†	†
Androscoggin Valley	†	†	†	†	†
Catholic Medical Center	0	1.16	0.00	0.31	Similar
Cheshire Medical Center	2	1.01	1.98	0.35	Similar
Concord Hospital	2	3.57	0.56	0.44	Similar
Concord Hospital- Franklin	-	-	-	-	†
Concord Hospital- Laconia	†	†	†	†	†
Cottage Hospital	†	†	†	†	†
DHMC	9	4.41	2.04	0.05	Similar
Elliot Hospital	3	3.50	0.86	0.86	Similar
Exeter Hospital	†	†	†	†	†
Frisbie Memorial	-	-	-	-	-
Huggins Hospital	†	†	†	†	†
Littleton Regional	†	†	†	†	†
Monadnock Community	†	†	†	†	†
New London Hospital	†	†	†	†	†
Parkland Medical Center	†	†	†	†	†
Portsmouth Regional	†	†	†	†	†
Southern NH Medical	1	1.02	0.98	1	Similar
Speare Memorial Hospital	†	†	†	†	†
St. Joseph Hospital	1	1.42	0.71	0.83	Similar
The Memorial Hospital	†	†	†	†	†
Upper Connecticut Valley	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	†	†	†	†	†
Wentworth-Douglass	0	1.73	0.00	0.18	Similar
State Total	**21**	**21.81**	**0.96**	**0.89**	**Similar**

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

- Facility did not perform any of the four procedures being monitored during 2024

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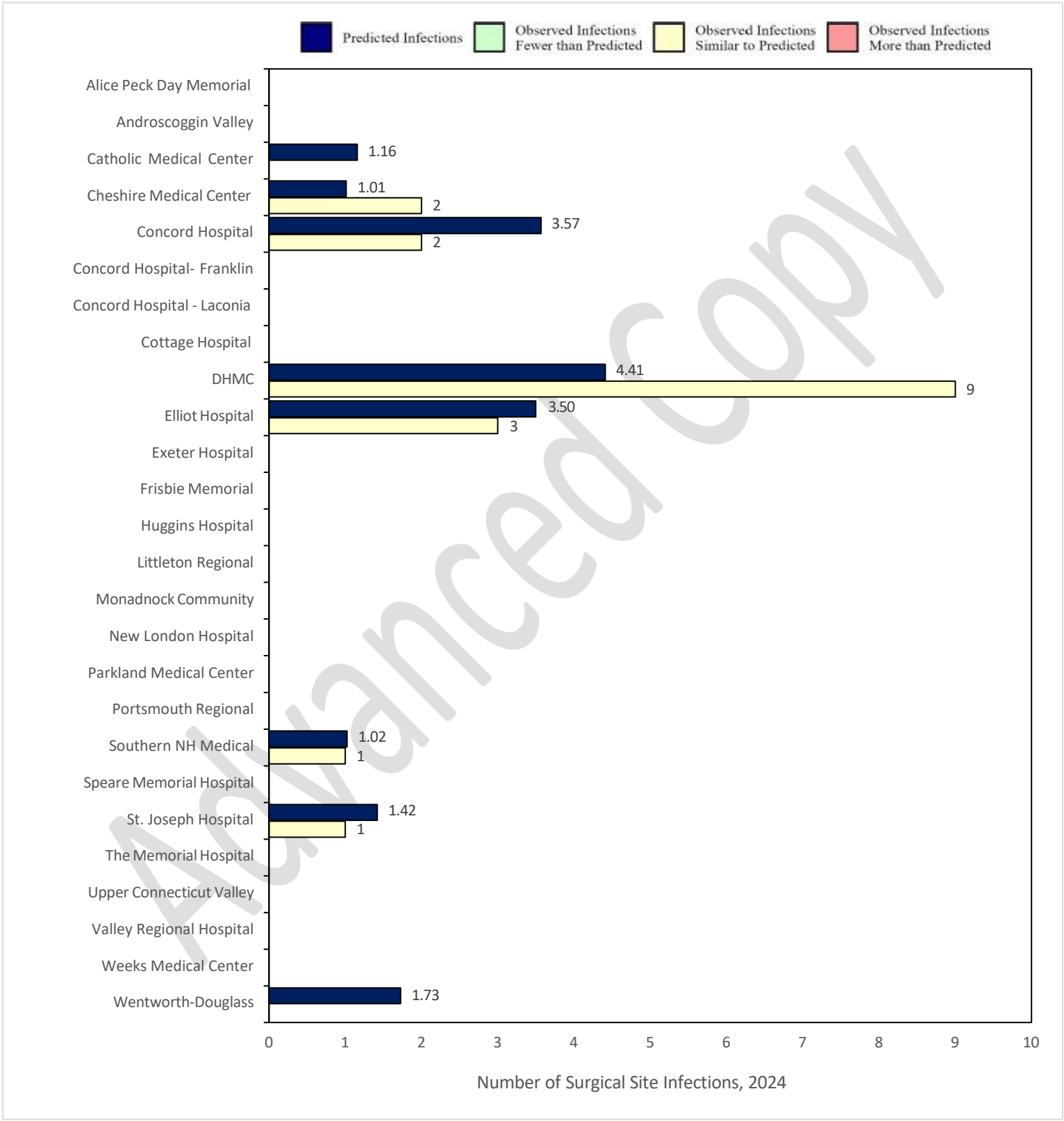
Figure 13. Knee arthroplasty procedure-associated surgical site infections standardized infection ratios, Jan 1–Dec 31, 2024



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

Overall Surgical Site Infections: Comparison to 2023 Data

Overall, in 2024 the statewide SSI SIR was lower than 2023. The analysis presented in Table 13 (above) indicates that for all hospitals for which data are shown 11 hospitals have similar numbers of infections observed in 2024 and 2023.

Figure 14. Overall surgical site infection standardized infection ratios by year, 2024-2023

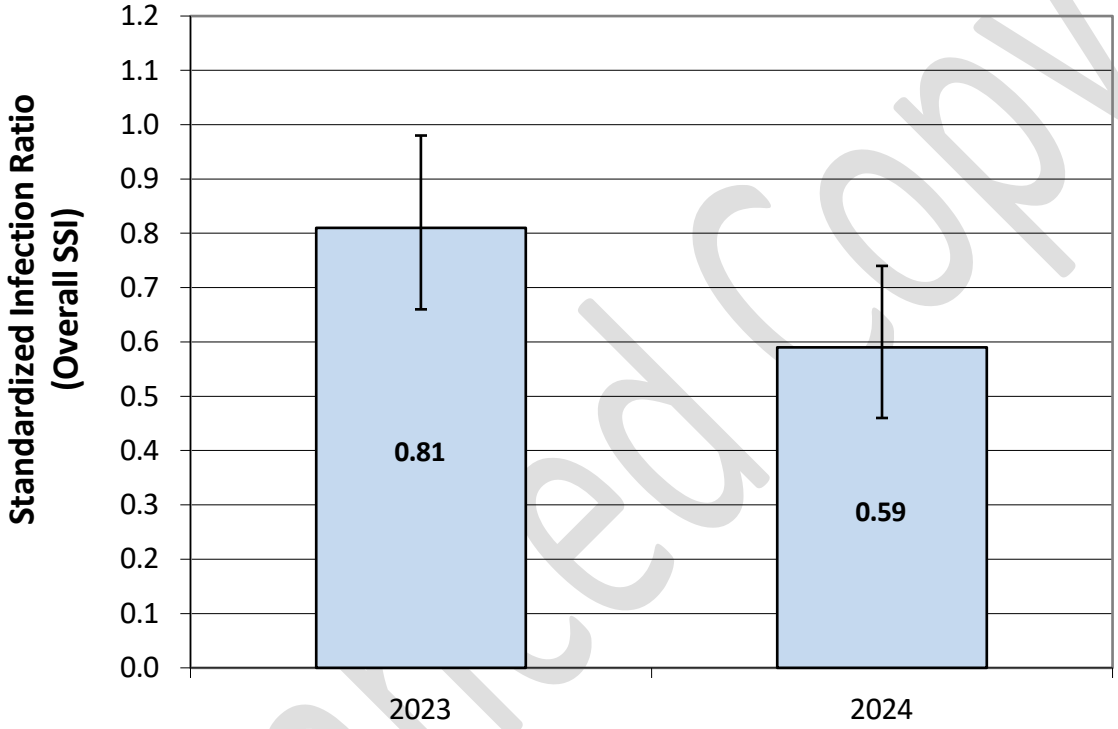

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Figure 15. Overall coronary artery bypass graft procedure standardized infection ratios by year, 2024-2023

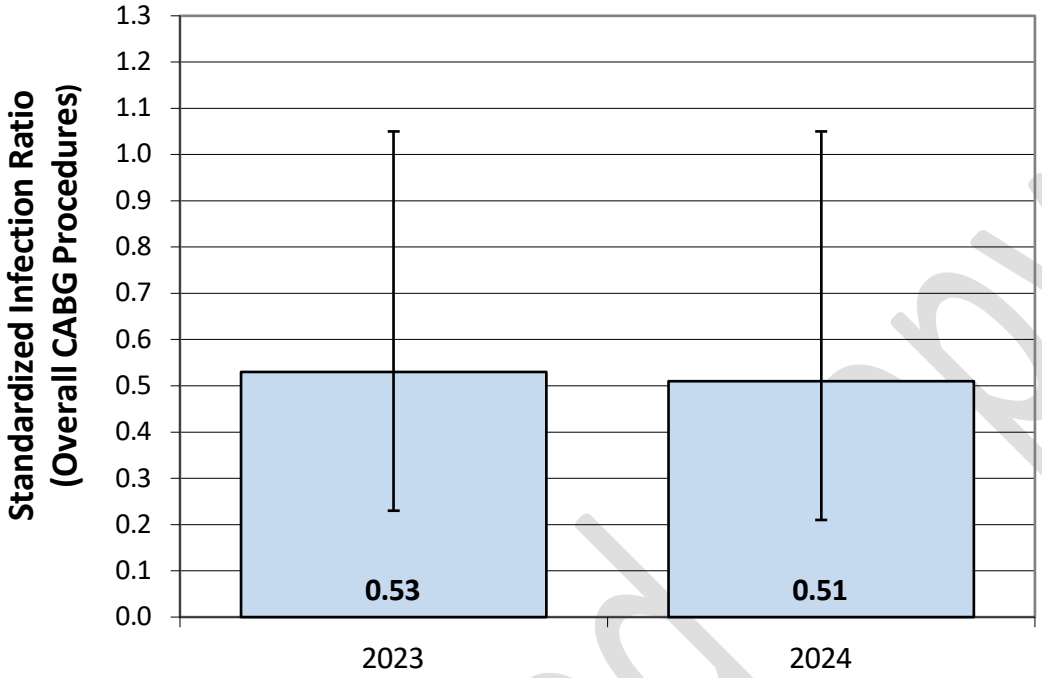

Figure 16. Overall colon procedure standardized infection ratios by year, 2024-2023

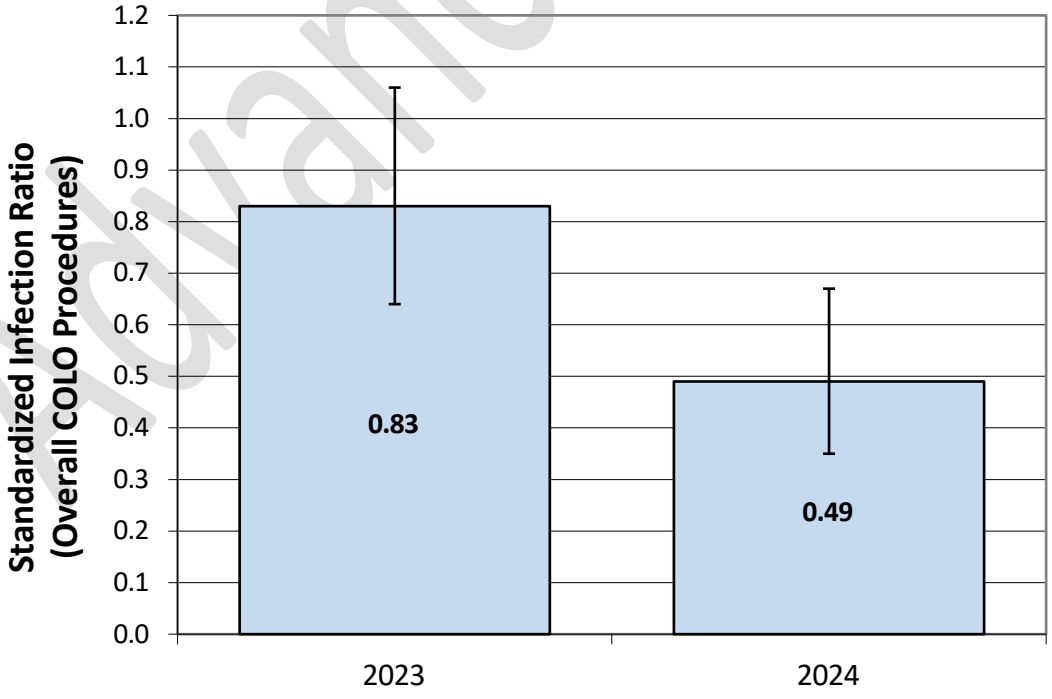

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Figure 17. Overall abdominal hysterectomy standardized infection ratios by year, 2024-2023

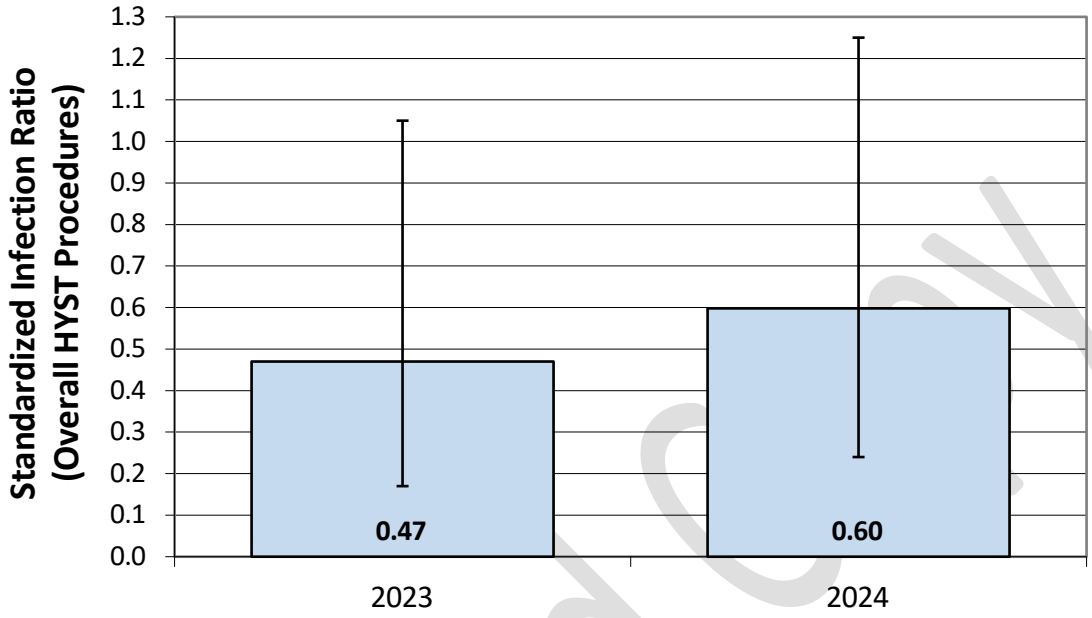
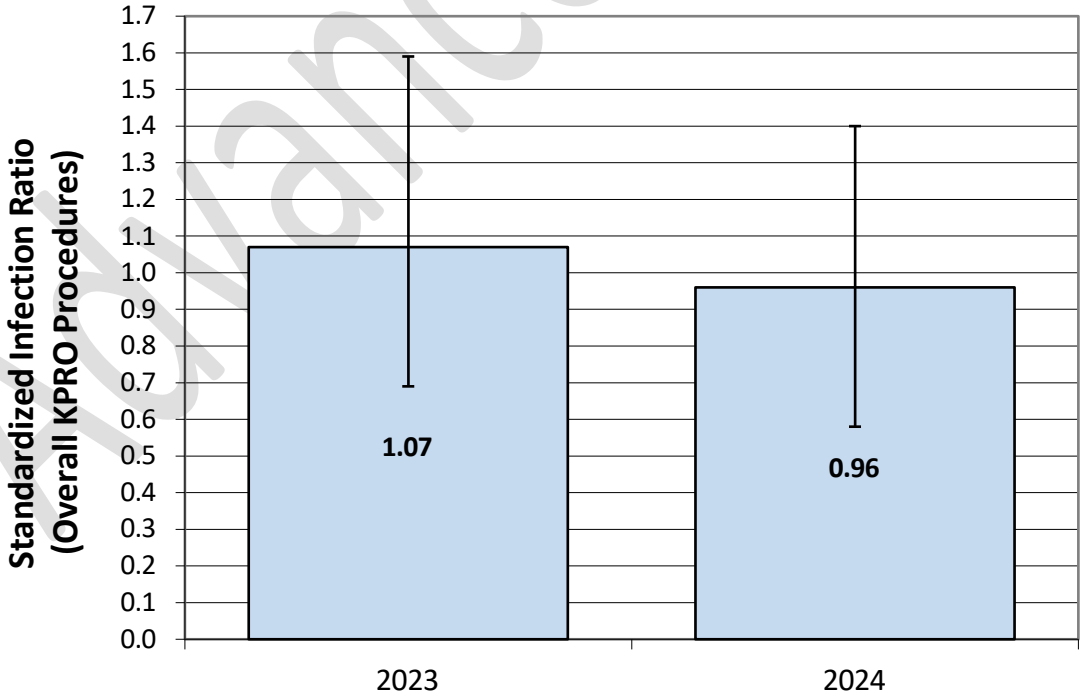


Figure 18. Overall knee arthroplasty standardized infection ratios by year, 2024-2023



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F. Influenza Vaccination Percentages

Figure 19 shows 2024-2025 influenza season. The State of New Hampshire observed a decrease in influenza vaccination from the year prior, this rate is above the Healthy People 2020 goal of 90%. Table 19 and Figure 20 show the total number of HCP and the number of HCP vaccinated against seasonal influenza at each hospital during the 2024-2025 influenza season. Vaccination percentages by hospital ranged from 55.1% to 100.0%, and the overall state vaccination percentage was 90.4%. The analysis presented in Table 19 shows that four reported vaccination percentages similar, fifteen hospitals showed vaccination percentages higher, and fourteen hospitals reported vaccination percentages that were lower than the NH State vaccination percentage.

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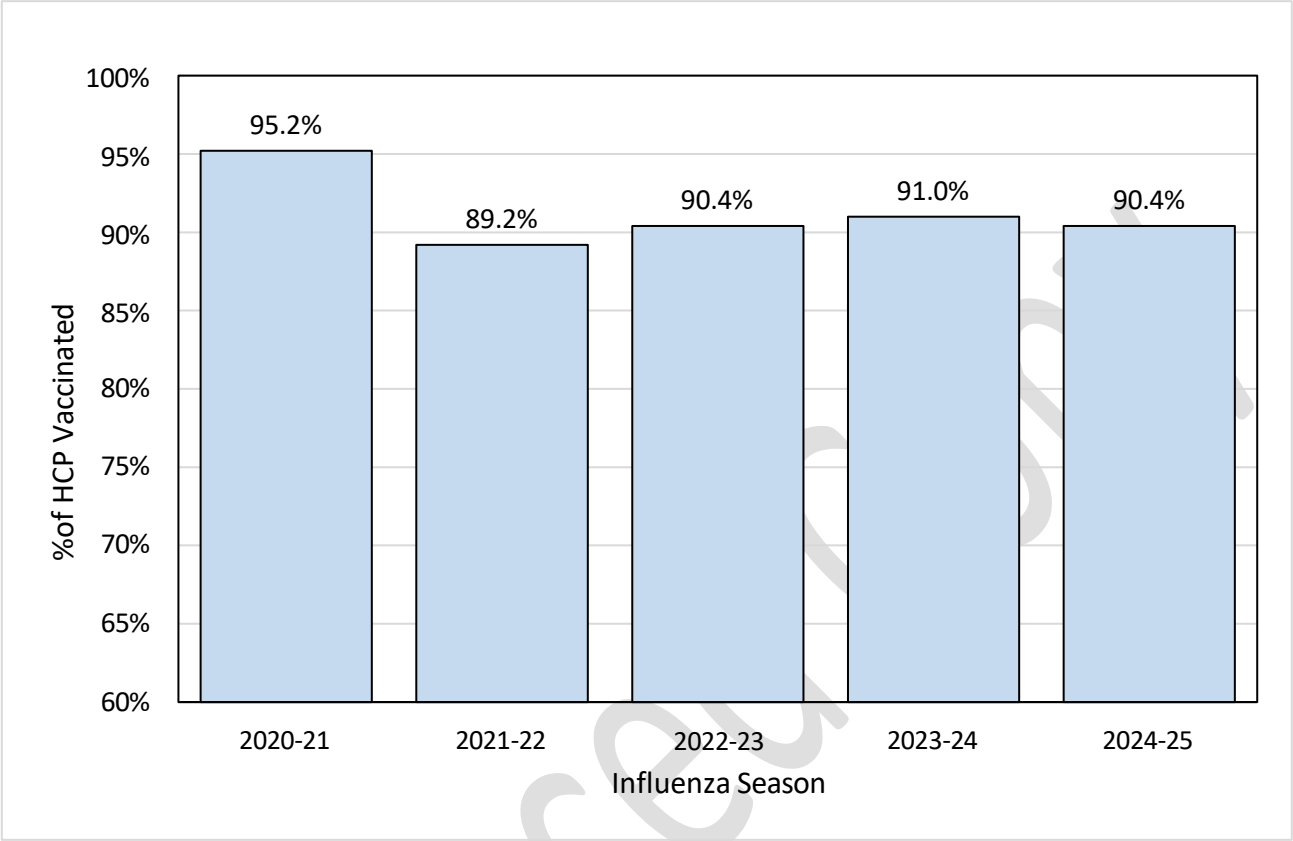
Figure 19. Statewide influenza vaccination percentages for hospital HCP by influenza season



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

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Table 18. Influenza vaccination percentages for hospital HCP by hospital, 2024-25 influenza season, Oct 1, 2024–Mar 31, 2025

Hospital Name	HCP Vaccinated	Total HCP	% HCP Vaccinated	P-Value	Hospital % Compared to State %
Alice Peck Day Memorial	660	688	95.9%	0.00	Higher
Androscoggin Valley	476	629	75.7%	0.00	Lower
Catholic Medical Center	3,792	3,914	96.9%	0.00	Higher
Cheshire Medical Center	1,933	2,057	94.0%	0.00	Higher
Concord Hospital	4,327	5,059	85.5%	0.00	Lower
Concord Hospital - Franklin	208	254	81.9%	0.00	Lower
Concord Hospital - Laconia	995	1,171	85.0%	0.00	Lower
Cottage Hospital	402	472	85.2%	0.00	Lower
DHMC	15,484	16,078	96.3%	0.00	Higher
Elliot Hospital	5,859	6,228	94.1%	0.00	Higher
Encompass Health Rehabilitation Hospital	217	270	80.4%	0.00	Lower
Exeter Hospital	2,254	2,349	96.0%	0.00	Higher
Frisbie Memorial	451	786	57.4%	0.00	Lower
Hampstead Hospital	142	207	68.6%	0.00	Lower
Huggins Hospital	618	875	70.6%	0.00	Lower
Littleton Regional	768	837	91.8%	0.18	Similar
Monadnock Community	818	908	90.1%	0.74	Similar
Northeast Rehab, Elliot	101	101	100.0%	0.00	Higher
Northeast Rehab, Pease	205	216	94.9%	0.02	Higher
Northeast Rehab, Salem	588	606	97.0%	0.00	Higher
Northeast Rehab, SNMH	110	114	96.5%	0.02	Higher
New London Hospital	637	649	98.2%	0.00	Higher
New Hampshire Hospital	754	1,247	60.5%	0.00	Lower
Parkland Medical Center	633	1,076	58.8%	0.00	Lower
Portsmouth Regional	1,054	1,912	55.1%	0.00	Lower
Southern NH Medical	3,155	3,356	94.0%	0.00	Higher
Speare Memorial Hospital	786	879	89.4%	0.32	Similar
St. Joseph Hospital	2,395	2,507	95.5%	0.00	Higher
The Memorial Hospital	564	702	80.3%	0.00	Lower
Upper Connecticut Valley	148	168	88.1%	0.31	Similar
Valley Regional Hospital	417	433	96.3%	0.00	Higher
Weeks Medical Center	410	478	85.8%	0.00	Lower
Wentworth-Douglass	4,543	4,624	98.2%	0.00	Higher
State Total	**55,904**	**61,850**	**90.4%**	-	-

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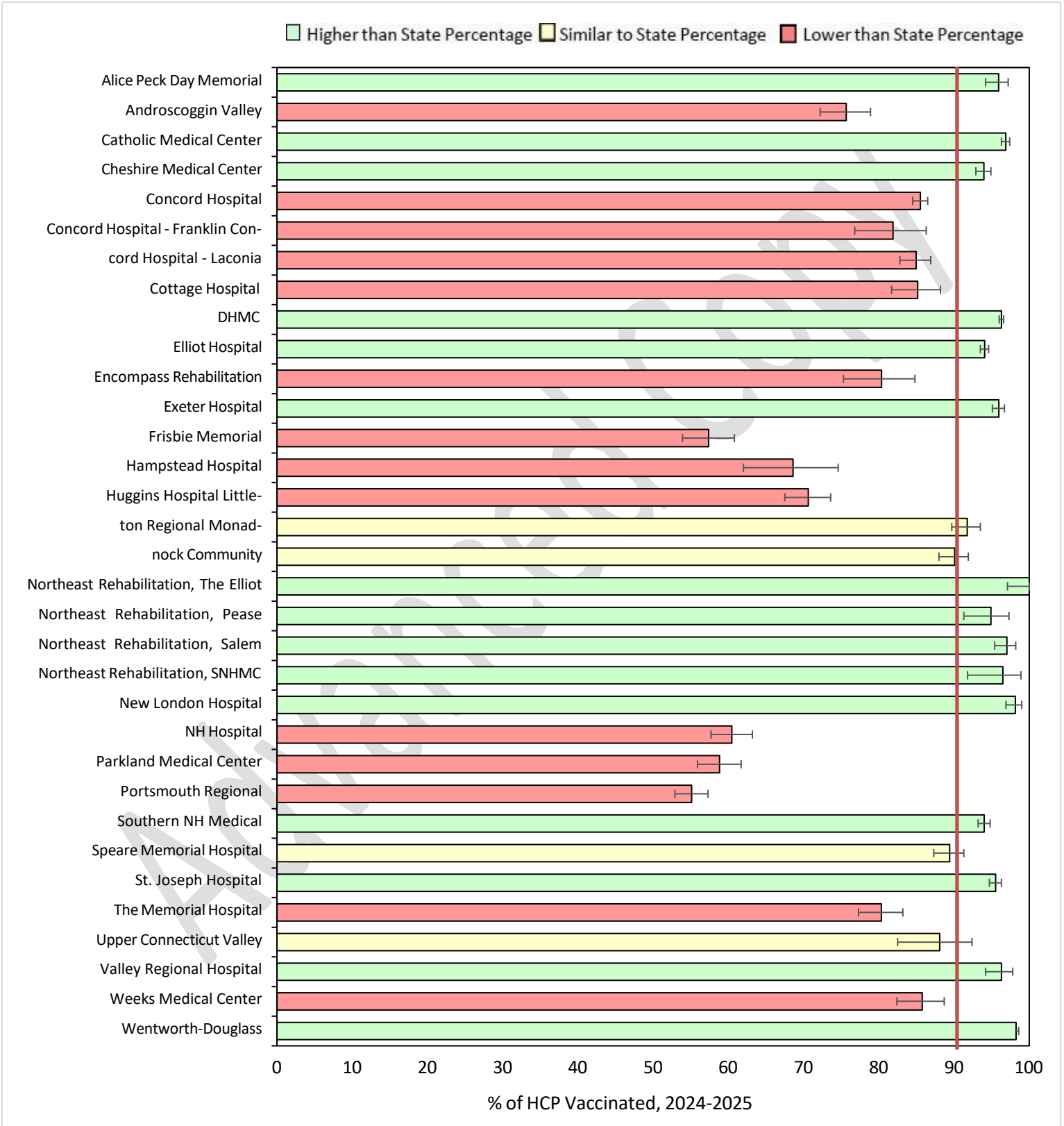
Figure 20. Influenza vaccination percentages for hospital HCP by hospital, 2024-25 influenza season, Oct 1, 2024– Mar 31, 2025



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Influenza Vaccination Percentages: Comparison to 2023-24 Data

From 2013-14 influenza season until 2020-21 influenza season the vaccination fluctuated between 93.0% and 95.2%. In 2022-23, the influenza vaccine coverage decreased to 90.4%, and was just above the Healthy People 2020 target of 90% vaccine coverage. In 2023-24 influenza vaccine coverage increased to 91.0 % and in 2024-25, influenza vaccination coverage decreased to 90.4% and was just above the Healthy People 2020 target of 90% vaccine coverage. The analysis presented in Table 20 shows that overall, six hospitals increased HCP influenza vaccination, eighteen hospitals had similar vaccination percentages, and nine hospitals decreased influenza vaccination percentages in 2024-25 compared to 2023-24. The overall statewide hospital HCP vaccination percentage decreased from 2023-24 to 2024-25; however, this still puts New Hampshire just above the Healthy People 2020 goal of 90% or higher.

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Figure 21. Influenza vaccination percentages for hospital healthcare personnel by hospital, 2023-24 and 2024-25 influenza seasons

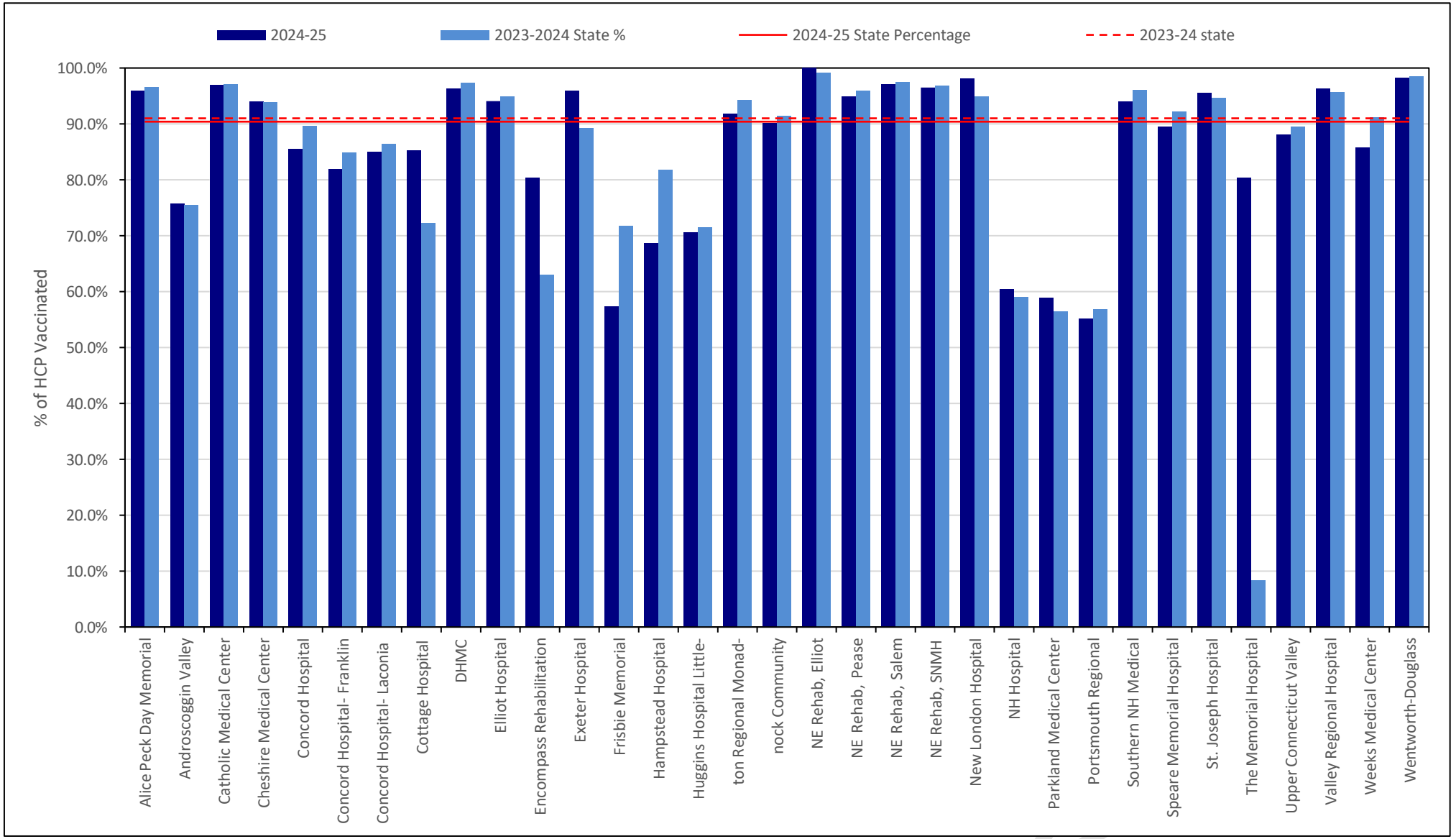

Table 19. Influenza vaccination percentages for hospital healthcare personnel by hospital, comparison between 2024-2025 and 2023-2024 influenza seasons

Hospital Name	% Vaccinated 2023-24	% Vaccinated 2024-25	P-Value	2024-25 Compared to 2023-24
Alice Peck Day Memorial	96.6%	95.9%	0.33	Similar
Androscoggin Valley	75.5%	75.7%	0.93	Similar
Catholic Medical Center	97.1%	96.9%	0.42	Similar
Cheshire Medical Center	93.9%	94.0%	0.90	Similar
Concord Hospital	89.6%	85.5%	0.00	Lower
Concord Hospital - Franklin	84.9%	81.9%	0.19	Similar
Concord Hospital - Laconia	86.4%	85.0%	0.16	Similar
Cottage Hospital	72.2%	85.2%	0.00	Higher
DHMC	97.3%	96.3%	0.00	Lower
Elliot Hospital	94.8%	94.1%	0.02	Lower
Encompass Rehabilitation	63.0%	80.4%	0.00	Higher
Exeter Hospital	89.2%	96.0%	0.00	Higher
Frisbie Memorial	71.7%	57.4%	0.00	Lower
Hampstead Hospital	81.8%	68.6%	0.00	Lower
Huggins Hospital	71.5%	70.6%	0.57	Similar
Littleton Regional	94.2%	91.8%	0.00	Lower
Monadnock Community	91.4%	90.1%	0.16	Similar
NE Rehab, Elliot	99.2%	100.0%	0.44	Similar
NE Rehab, Pease	95.9%	94.9%	0.48	Similar
NE Rehab, Salem	97.5%	97.0%	0.45	Similar
NE Rehab, SNMH	96.8%	96.5%	0.80	Similar
New London Hospital	94.9%	98.2%	0.00	Higher
NH Hospital	59.0%	60.5%	0.29	Similar
Parkland Medical Center	56.4%	58.8%	0.12	Similar
Portsmouth Regional	56.8%	55.1%	0.14	Similar
Southern NH Medical	96.0%	94.0%	0.00	Lower
Speare Memorial Hospital	92.2%	89.4%	0.00	Lower
St. Joseph Hospital	94.6%	95.5%	0.04	Higher
The Memorial Hospital	8.3%	80.3%	0.00	Higher
Upper Connecticut Valley	89.5%	88.1%	0.54	Similar
Valley Regional Hospital	95.6%	96.3%	0.49	Similar
Weeks Medical Center	91.2%	85.8%	0.00	Lower
Wentworth-Douglass	98.5%	98.2%	0.17	Similar
State Total	**91.0%**	**90.4%**	**0.00**	**Lower**

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Influenza Vaccination Policies for Healthcare Personnel

During the 2024-25 influenza season, 28 (84.8%) of 33 hospitals had an HCP vaccination policy in place and 1 (0.03%) hospital did not have a policy in place. Among the 28 hospitals with a policy, 11 (39.3%) allowed an exemption for medical, religious, and personal/ philosophical reasons; 17 (60.7%) allowed only medical and religious exemptions; 0 (0%) allowed medical and personal/philosophical exemptions; and 0 (0%) hospitals allowed only medical exemptions. Twenty-five (89.3%) hospitals with a policy required unvaccinated HCP with an approved exemption to wear a mask, and 21 (75.0%) compelled unvaccinated HCP without an acceptable reason for exemption to progressive discipline, potentially including termination. Hospitals with vaccination policies had significantly higher percentages of influenza vaccination as a whole (91.4%) than hospitals without mandatory policies (60.5%). Hospitals that utilized progressive discipline potentially including termination as a consequence for unvaccinated HCP without an acceptable exemption had a significantly higher vaccination percentage (93.2%) than hospitals that did not include potential termination as a consequence (88.8%).

Figure 22. Comparison of healthcare personnel influenza vaccination rates in hospitals with and without influenza policies, 2024-2025 influenza season

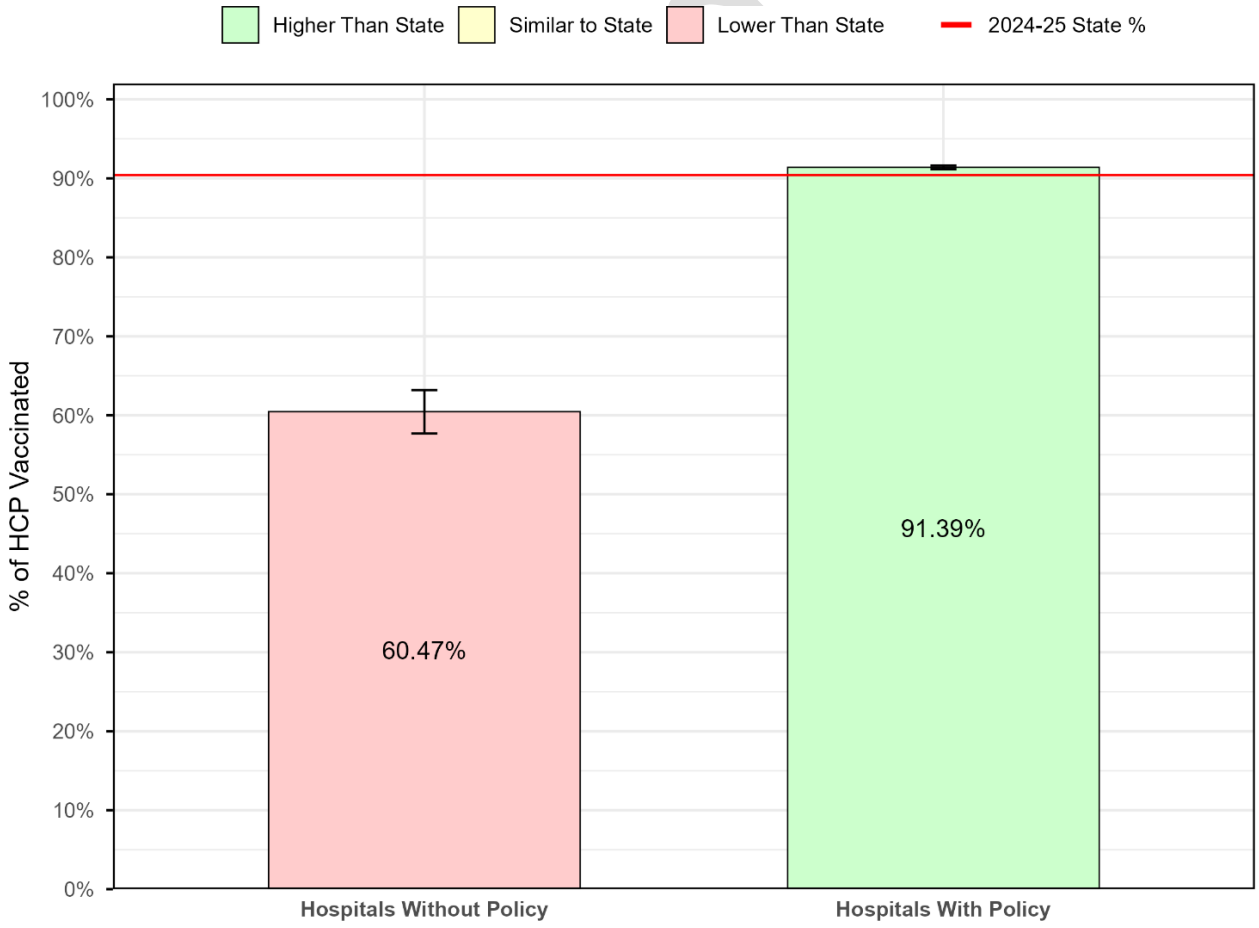

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Table 20. Influenza vaccination policies and consequences for healthcare personnel by hospital, 2024-2025 influenza season

Hospital Name	Exemptions Allowed in Policy*	Requirements for Unvaccinated HCP with Accepted Exemption	Consequence for Unvaccinated HCP without Accepted Exemption
Alice Peck Day Memorial	Medical; Religious	Other	Progressive discipline, potentially including termination
Androscoggin Valley Hospital	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education
Catholic Medical Center	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination
Cheshire Medical center	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination
Concord Hospital	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education
Concord Hospital Franklin	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education
Concord Hospital Laconia	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education
Cottage Hospital	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask
DHMC	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination
Elliot Hospital	Medical; Religious	Receive verbal and/or written education	Progressive discipline, potentially including termination
Exeter Hospital	Medical; Religious	Wear a mask	Wear a mask; Progressive discipline, potentially including termination
Frisbie Memorial Hospital	Medical; Religious; Personal/Philosophical	Wear a mask	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education
Littleton Regional Healthcare	Medical; Religious	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education

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Hospital Name	Exemptions Allowed in Policy*	Requirements for Unvaccinated HCP with Accepted Exemption	Consequence for Unvaccinated HCP without Accepted Exemption
Monadnock Community Hospital	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination
New London Hospital	Medical; Religious	Wear a mask if symptomatic	Progressive discipline, potentially including termination
Northeast Rehab, Pease	Medical; Religious	Wear a mask	Other (Termination)
Northeast Rehab, SNHMC	Medical; Religious	Wear a mask	Other (Termination)
Northeast Rehab Hospital	Medical; Religious	Wear a mask	Other (Termination)
Northeast Rehab, Elliot	Medical; Religious	Wear a mask	Other (Termination)
Parkland Medical Center	Medical; Religious	Wear a mask	Wear a mask
Portsmouth Regional Hospital	Medical; Religious; Personal/Philosophical	Wear a mask	-
Southern NH Medical Center	Medical; Religious	Wear a mask	Progressive discipline, potentially including termination
Speare Memorial Hospital	Medical; Religious	Wear a mask	Wear a mask; Progressive discipline, potentially including termination
St Joseph Hospital	Medical; Religious; Personal/Philosophical	Receive verbal and/or written education	Progressive discipline, potentially including termination; Receive verbal and/or written education
The Memorial Hospital	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Progressive discipline, potentially including termination; Receive verbal and/or written education
Upper Connecticut Valley	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education
Weeks Medical Center	Medical; Religious; Personal/Philosophical	Wear a mask; Receive verbal and/or written education	Wear a mask; Receive verbal and/or written education
Wentworth-Douglass Hospital	Medical; Religious	Wear a mask	Wear a mask

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

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G. *Clostridioides difficile* Infections (CDI)

Tables 22 through 24~~,~~ and Figures 23 and 24 show the number of infections that were identified caused by *Clostridioides difficile* Infections (CDI) at NH hospitals. The analysis presented in Table 22 shows the number of CDI identified by hospitals in NH. Among hospitals with sufficiently robust data to present, 23 hospitals observed similar rates, 4 observed lower rates, and 2 observed higher rates of CDI rates compared to national data. See methods on page 27 for additional information on data collection.

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Table 21. *Clostridioides difficile* Infection Rates, Jan 1–Dec 31, 2024

Hospital Name	Number of Infections	Number of Patient Days	Hospital Rate	National Rate	P-Value	Hospital Rate Compared to National Rate
Alice Peck Day Memorial Hospital	2	6,672	0.3	0.2	0.58	Similar
Androscoggin Valley Hospital	2	5,313	0.4	0.2	0.42	Similar
Catholic Medical Center	27	54,614	0.5	0.3	0.01	Higher
Cheshire Medical Center	2	19,583	0.1	0.3	0.10	Similar
Concord Hospital	25	67,021	0.4	0.3	0.23	Similar
Concord Hospital Franklin	0	4,096	0.0	0.2	0.42	Similar
Concord Hospital Laconia	7	14,760	0.5	0.3	0.22	Similar
Cottage Hospital	1	3,199	0.3	0.2	0.64	Similar
DHMC	62	136,714	0.5	0.3	0.00	Higher
Elliot Hospital	12	66,960	0.2	0.3	0.07	Similar
Encompass Rehab	5	15,707	0.3	0.2	0.37	Similar
Exeter Hospital	4	26,962	0.1	0.3	0.15	Similar
Frisbie Memorial Hospital	0	4,093	0.0	0.3	0.30	Similar
Hampstead Hospital	-	-	-	-	-	-
Huggins Hospital	2	5,622	0.4	0.2	0.45	Similar
Littleton Regional Healthcare	2	2,687	0.7	0.2	0.13	Similar
Monadnock Community Hospital	2	3,309	0.6	0.2	0.19	Similar
New Hampshire Hospital	-	-	-	-	-	-
New London Hospital	4	6,469	0.6	0.2	0.06	Similar
Northeast Rehab, Pease	0	10,721	0.0	0.2	0.10	Similar
Northeast Rehab, SNHMC	0	5,522	0.0	0.2	0.31	Similar
Northeast Rehab Hospital	3	17,244	0.2	0.2	0.79	Similar
Northeast Rehab, Elliot	1	5,220	0.2	0.2	1.00	Similar
Parkland Medical center	0	15,478	0.0	0.3	0.01	Lower
Portsmouth Regional Hospital	4	50,034	0.1	0.3	0.00	Lower
Southern NH Medical Center	7	40,598	0.2	0.3	0.14	Similar
Speare Memorial Hospital	2	4,331	0.5	0.2	0.30	Similar
St Joseph Hospital	3	28,336	0.1	0.3	0.05	Lower
The Memorial Hospital	0	6,744	0.0	0.2	0.24	Similar
Upper CT Valley Hospital	-	-	-	-	-	-
Valley Regional Hospital	0	3,956	0.0	0.2	0.43	Similar
Weeks Medical Center	-	-	-	-	-	-
Wentworth-Douglass Hospital	8	51,614	0.2	0.3	0.05	Lower

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Clostridioides difficile Infections Standardized Infection Ratio

The observed number of CDIs was lower than predicted based on national data; this was statistically significant. The analysis presented in Table 23 shows that 19 hospitals observed a similar number of infections, 9 hospitals observed a lower number of infections, and none of the hospitals observed a higher number of infections as predicted based on national data.

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Table 22. *Clostridioides difficile* Infection standardized infection ratio, Jan 1–Dec 31, 2024

Hospital Name	Number of Infections	Number of Predicted Infections	Standardized Infection Ratio (SIR)	P-value	Comparison to Predicted Number of Infections
Alice Peck Day Memorial Hospital	2	1.47	1.36	0.62	Similar
Androscoggin Valley Hospital	2	1.82	1.10	0.82	Similar
Catholic Medical Center	27	33.10	0.82	0.29	Similar
Cheshire Medical center	2	8.30	0.24	0.01	Lower
Concord Hospital	25	29.27	0.85	0.44	Similar
Concord Hospital Franklin	0	1.15	0.00	0.32	Similar
Concord Hospital Laconia	7	4.97	1.41	0.37	Similar
Cottage Hospital	1	1.27	0.79	0.92	Similar
DHMC	62	78.27	0.79	0.06	Similar
Elliot Hospital	12	27.97	0.43	0.00	Lower
Encompass Rehab	5	5.44	0.92	0.91	Similar
Exeter Hospital	4	10.42	0.38	0.03	Lower
Frisbie Memorial Hospital	0	1.29	0.00	0.28	Similar
Hampstead Hospital	-	-	-	-	-
Huggins Hospital	2	2.55	0.78	0.81	Similar
Littleton Regional Healthcare	2	1.07	1.88	0.38	Similar
Monadnock Community Hospital	2	1.30	1.54	0.52	Similar
New Hampshire Hospital	-	-	-	-	-
New London Hospital	4	2.52	1.59	0.36	Similar
Northeast Rehab, Pease	0	2.30	0.00	0.10	Similar
Northeast Rehab, SNHMC	0	1.84	0.00	0.16	Similar
Northeast Rehab Hospital	3	5.76	0.35	0.10	Similar
Northeast Rehab, Elliot	1	1.82	0.00	0.16	Similar
Parkland Medical Center	0	5.24	0.00	0.01	Lower
Portsmouth Regional Hospital	4	22.16	0.18	0.00	Lower
Southern NH Medical Center	7	20.22	0.35	0.00	Lower
Speare Memorial Hospital	2	1.97	1.02	0.90	Similar
St Joseph Hospital	3	12.39	0.24	0.00	Lower
The Memorial Hospital	0	3.06	0.00	0.05	Lower
Upper CT Valley Hospital	-	-	-	-	-
Valley Regional Hospital	†	†	†	†	†
Weeks Medical Center	-	-	-	-	-
Wentworth-Douglass Hospital	8	20.19	0.40	0.00	Lower
State Total	**187**	**310.01**	**0.60**	**0.00**	**Lower**

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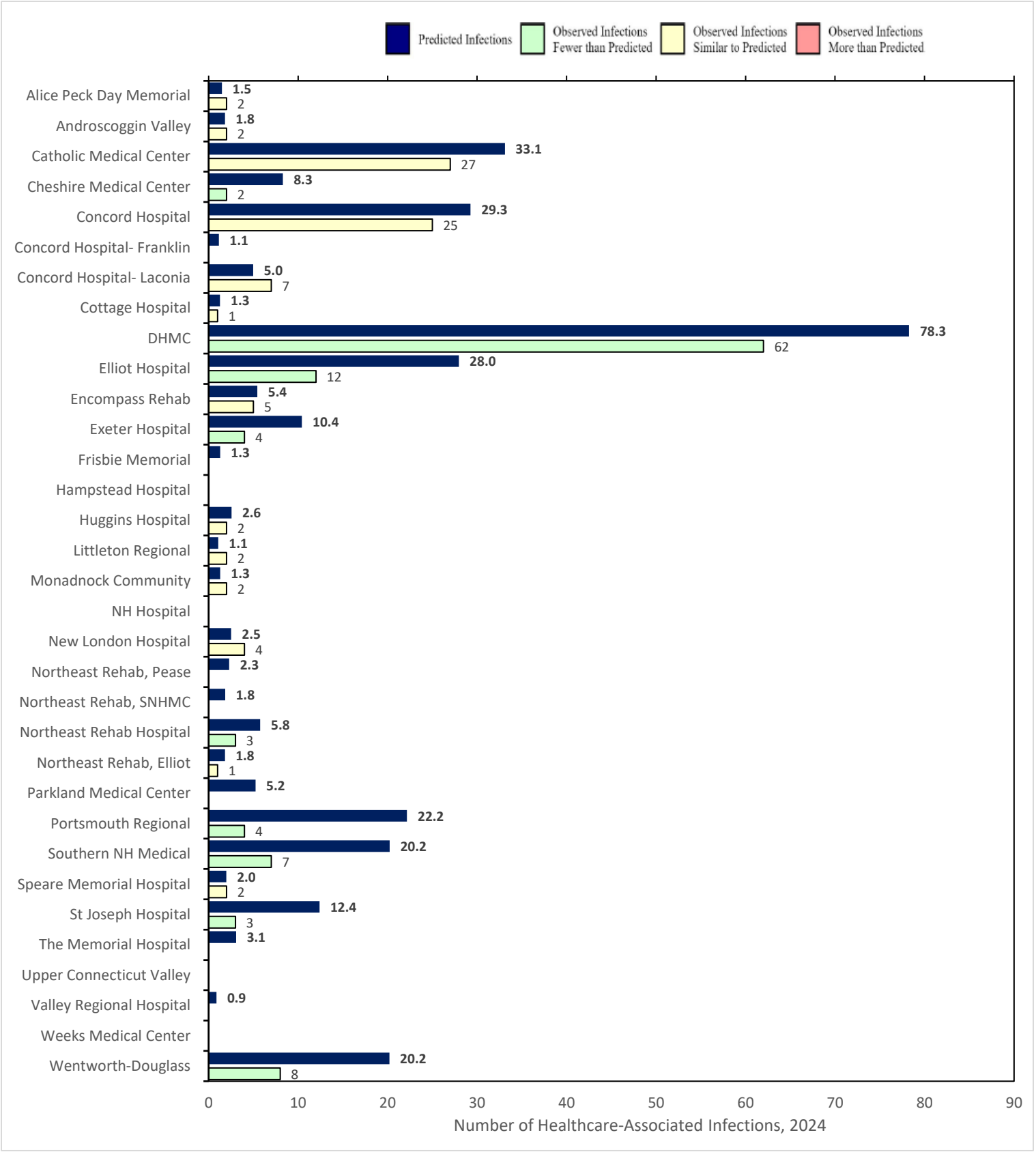
Figure 23. *Clostridioides difficile* Infection standardized infection ratio, Jan 1–Dec 31, 2024



Clostridioides difficile Infections: Comparison to 2023 Data

Overall, in 2024 the statewide CDI SIR was similar compared to 2023. The analysis in Table 24 shows that 20 hospitals with robust data observed similar number of infections and 1 hospital observed lower number of infections in 2024 when compared to 2023. Figure 24 compares 2024 statewide CDI SIR to 2023.

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Table 23. ***Clostridioides difficile*** **Infection standardized infection ratio between, 2023-2024**

Hospital Name	Standardized Infection Ratio (SIR) 2023	Standardized Infection Ratio (SIR) 2024	P-Value	2024 Comparison to 2023
Alice Peck Day Memorial	0.35	1.36	0.31	Similar
Androscoggin Valley Hospital	0.00	1.10	0.38	Similar
Catholic Medical Center	1.33	0.82	0.04	Lower
Cheshire Medical center	0.47	0.24	0.47	Similar
Concord Hospital	0.83	0.85	0.93	Similar
Concord Hospital- Franklin	†	0.00	†	†
Concord Hospital- Laconia	0.54	1.41	0.16	Similar
Cottage Hospital	0.00	0.79	0.48	Similar
DHMC	0.58	0.79	0.10	Similar
Elliot Hospital	0.31	0.43	0.48	Similar
Encompass Rehab	-	0.92	-	-
Exeter Hospital	0.38	0.38	0.98	Similar
Frisbie Memorial Hospital	0.61	0.00	0.56	Similar
Hampstead Hospital	-	-	-	-
Huggins Hospital	1.87	0.78	0.42	Similar
Littleton Regional Healthcare	3.85	1.88	0.41	Similar
Monadnock Community	1.36	1.54	0.91	Similar
New Hampshire Hospital	-	-	-	-
New London Hospital	1.33	1.59	0.84	Similar
Northeast Rehab, Pease	-	0.00	-	-
Northeast Rehab, SNHMC	-	0.00	-	-
Northeast Rehab Hospital	-	0.35	-	-
Northeast Rehab, Elliot	-	0.00	-	-
Parkland Medical Center	0.00	0.00	-	-
Portsmouth Regional	0.17	0.18	0.93	Similar
Southern NH Medical Center	0.15	0.35	0.23	Similar
Speare Memorial Hospital	1.52	1.02	0.69	Similar
St Joseph Hospital	0.09	0.24	0.43	Similar
The Memorial Hospital	0.64	0.00	0.34	Similar
Upper CT Valley Hospital	†	-	†	†
Valley Regional Hospital	0.00	0.00	†	†
Weeks Medical Center	-	-	-	-
Wentworth-Douglass	0.26	0.40	0.42	Similar
State Total	**0.57**	**0.60**	**0.60**	**Similar**

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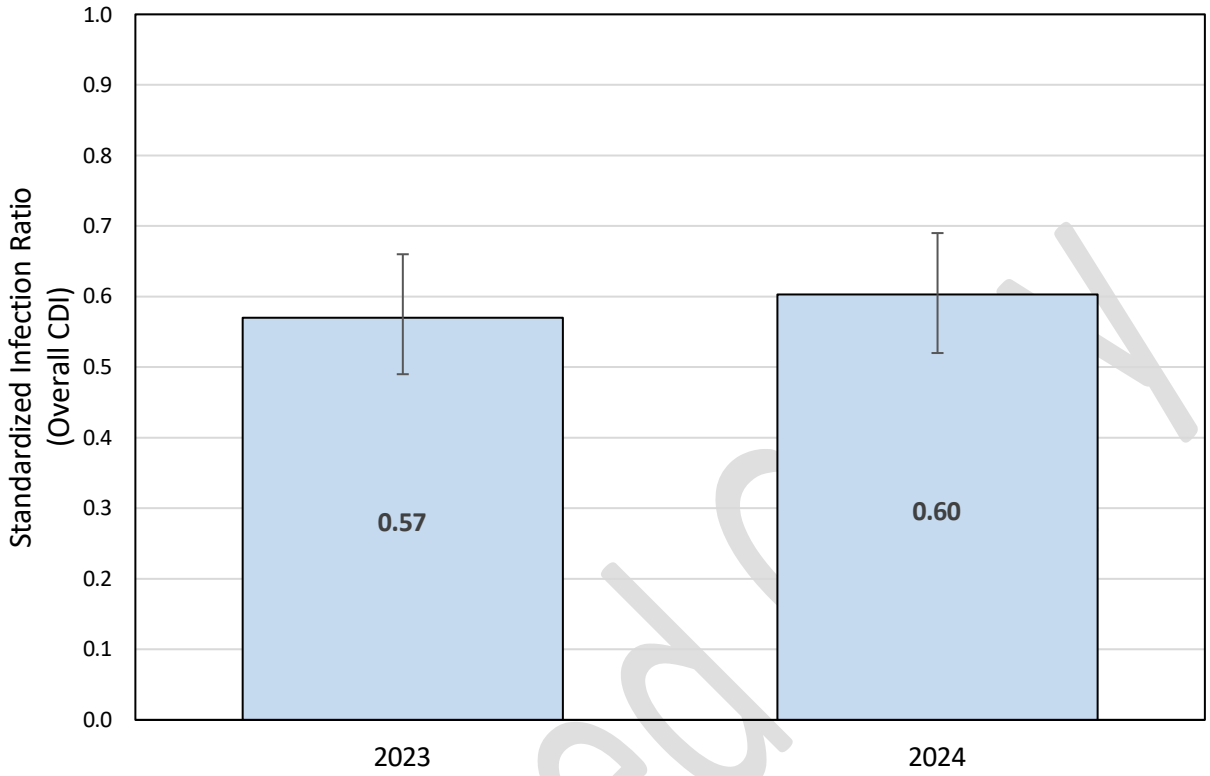
Figure 24. ***Clostridioides difficile*** **Infection standardized infection ratio between, 2023-2024**



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IV. CONCLUSIONS

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

Key findings described in this report include the following:

- Thirty-three individually licensed hospitals in NH complied with the HAI mandatory reporting law in 2024.
- NH hospitals reported lower HAIs associated with central line–associated bloodstream infections and catheter use compared to the predicted number of infections; this difference was statistically significant. Coronary artery bypass graft, abdominal hysterectomy, and knee replacement associated procedure SSIs were reported as similar to the predicted number of infections, whereas colon procedure associated SSIs were reported as lower than predicted.
- The majority of hospitals have similar number of infections than predicted.
- Seven NH hospitals have less infections following certain procedures, which may reflect changes to previous infection prevention practices in order to reduce infections.
- Vaccination coverage by hospitals during the 2024-25 influenza season ranged from 55.1% to 100%. The overall state percentage was 90.4%, which represents a statistically significant decrease from the 2023-24 influenza season when the statewide vaccination percentage was 91.0%.
- Twenty-eight (84.8%) NH hospitals had an HCP vaccination policy in place during the 2024-25 season. This was higher than the 2023-24 season. Overall, hospitals with vaccination policies had significantly higher percentages of influenza vaccination as a whole (91.5%) than hospitals without mandatory policies (60.5%).
- Four NH hospitals reported lower HAI associated with infections of *Clostridioides difficile* based on national data; this difference was statistically significant.

While this report only includes information on a subset of HAIs, the information provided can be used as an important indicator of healthcare quality and infection prevention efforts in NH hospitals. Although data in this report have not been independently validated to assess reporting accuracy, the HAI Program performs data reconciliation with each facility on an annual basis. Healthcare consumers can discuss the information provided in this report with their healthcare provider and should review Appendix 4 for information on what individual patients can do to prevent HAI.

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V. ACUTE CARE HOSPITAL REPORTS

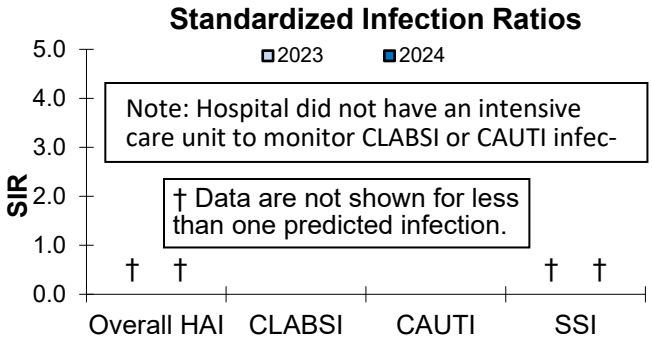
Data is broken down into categories for risk adjustment and to suppress if data are too sparse. Therefore, final data that can be presented for NH facilities may be limited. Due to methods that determine restrictions on presenting data, there are several hospitals for which facility-specific infections data for specific measures cannot be presented. For *Clostridioides difficile* infection data please refer to pages 77-79. See technical notes for additional information on data restriction and presentation.

Advanced copy



ALICE PECK DAY MEMORIAL
Lebanon, NH
Not-for-Profit, Critical Access
# of Admissions: 2,454
# of Beds: 25
# of ICU Beds: 0

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	No ICU to monitor Infections				
CAUTI	No ICU to monitor Infections				
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO	Facility did not perform this procedure in 2024				
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

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

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

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

Annotated



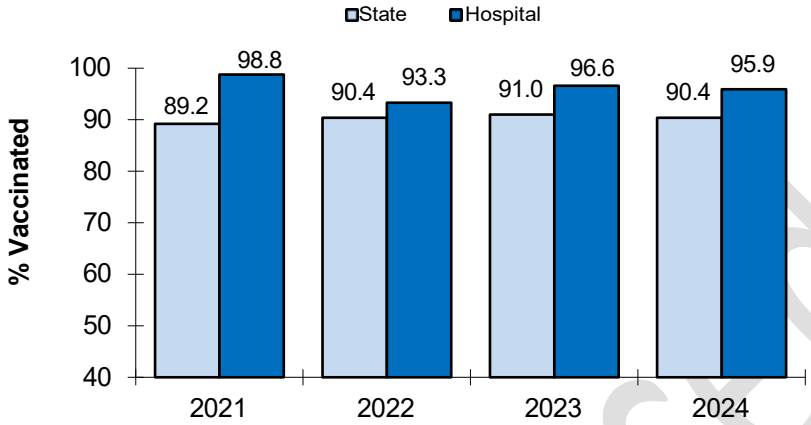
ALICE PECK DAY MEMORIAL
Lebanon, NH
Not-for-Profit, Critical Access
# of Admissions: 2,454
# of Beds: 25
# of ICU Beds: 0
# of Patient Days: 6,926

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	95.9	90.4	Higher

HCP Influenza Vaccination



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
2	1.47	1.36	0.62	Similar

DATA NOTES:

•The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

•In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

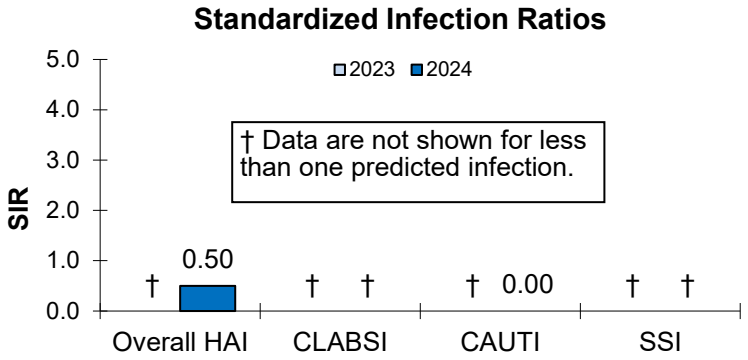
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

Advanced copy



ANDROSCOGGIN VALLEY
Berlin, NH
Not-for-Profit, Critical Access
# of Admissions: 1,572
# of Beds: 25
# of ICU Beds: 5
# of Patient Days: 5,360

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	1	1.98	0.50	0.55	Similar
CLABSI	†	†	†	†	†
CAUTI	0	1.19	0.00	0.30	Similar
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Medical ICU	0	356	0.0	0.5	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter days	National Rate	Comparison to National Rate
Medical ICU	0	488	0.0	0.7	Similar

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

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

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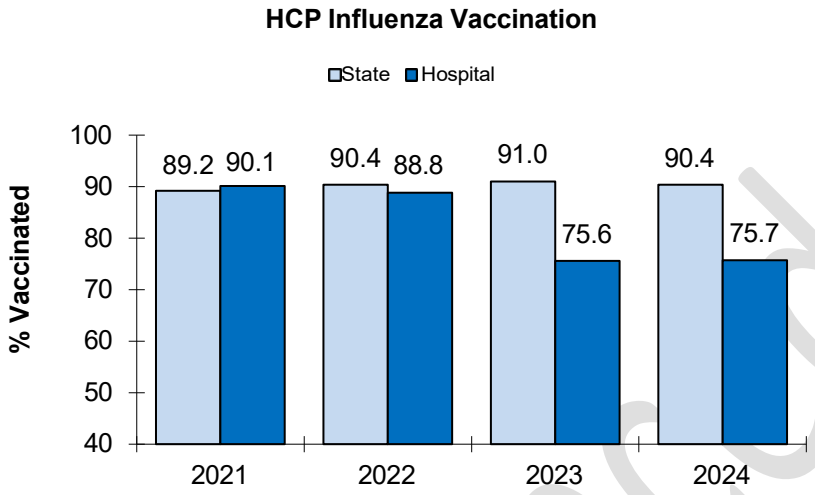
ANDROSCOGGIN VALLEY
Berlin, NH
Not-for-Profit, Critical Access
# of Admissions: 1,572
# of Beds: 25
# of ICU Beds: 5
# of Patient Days: 5,360

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	75.7	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio	P-Value	Comparison to Predicted
2	1.82	1.10	0.82	Similar

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

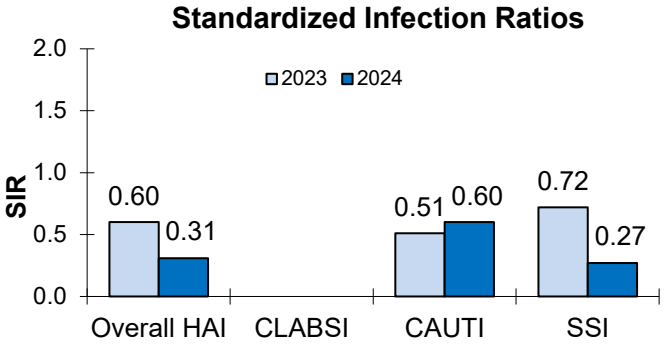
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

Advanced copy



CATHOLIC MEDICAL CENTER
Manchester, NH
Not-for-Profit, Acute Care
# of Admissions: 19,471
# of Beds: 258
# of ICU Beds: 28
# of Patient Days: 57,867

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	5	16.23	0.31	0.00	Lower
CLABSI	0	1.62	0.00	0.20	Similar
CAUTI	2	3.35	0.60	0.50	Similar
SSI	3	11.26	0.27	0.01	Lower
CABG	3	4.83	0.62	0.43	Similar
COLO	0	4.95	0.00	0.01	Lower
HYST	†	†	†	†	†
KPRO	0	1.16	0.00	0.32	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1,437	0.0	1.1	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	2	2,571	0.8	2.7	Lower

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

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

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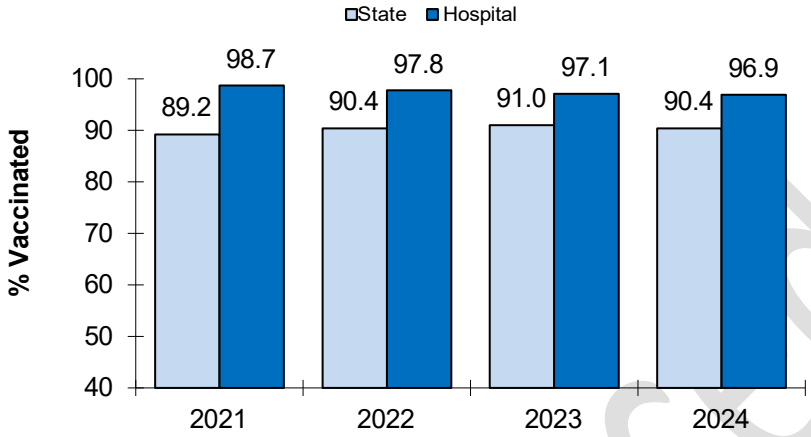
CATHOLIC MEDICAL CENTER
Manchester, NH
Not-for-Profit, Acute Care
# of Admissions: 19,471
# of Beds: 258
# of ICU Beds: 28
# of Patient Days: 57,867

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	96.9	90.4	Higher

HCP Influenza Vaccination



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
27	33.10	0.82	0.29	Similar

DATA NOTES:

•The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

•In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

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

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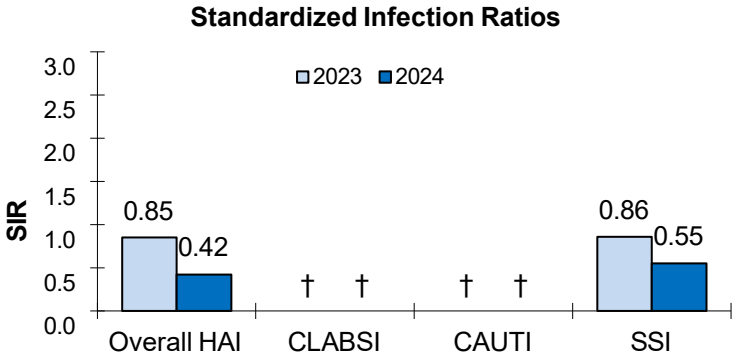
CHESHIRE MEDICAL CENTER
Keene, NH
Not-for-Profit, Acute Care
# of Admissions: 5,054
# of Beds: 69
# of ICU Beds: 8
# of Patient Days: 22,926

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	2	4.78	0.42	0.19	Similar
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	2	3.61	0.55	0.43	Similar
CABG	Facility did not perform this procedure in 2024.				
COLO	0	2.26	0.00	0.10	Similar
HYST	†	†	†	†	†
KPRO	2	1.01	1.98	0.35	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Medical ICU	0	551	0.0	1.1	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Medical ICU	0	1,158	0.0	2.0	Similar

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

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

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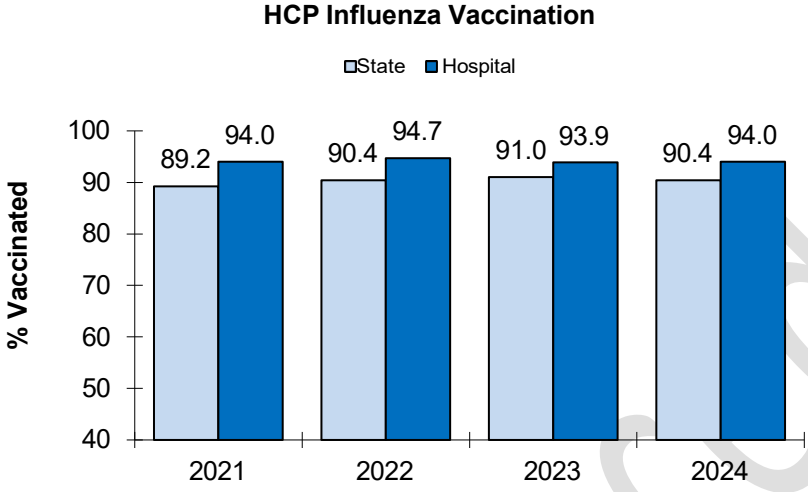
CHESHIRE MEDICAL CENTER
Keene, NH
Not-for-Profit, Acute Care
# of Admissions: 5,054
# of Beds: 69
# of ICU Beds: 8
# of Patient Days: 22,926

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	94.0	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
2	8.30	0.24	0.01	Lower

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

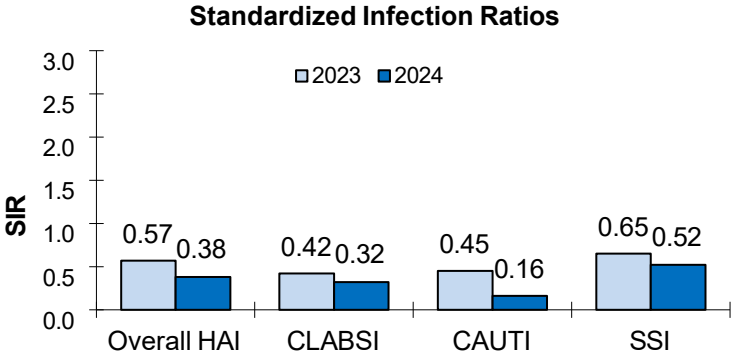
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

Advanced copy



CONCORD HOSPITAL
Concord, NH
Not-for-Profit, Acute Care
# of Admissions: 19,450
# of Beds: 240
# of ICU Beds: 25
# of Patient Days: 72,467

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	8	20.87	0.38	0.00	Lower
CLABSI	1	3.11	0.32	0.23	Similar
CAUTI	1	6.24	0.16	0.02	Lower
SSI	6	11.52	0.52	0.09	Similar
CABG	1	1.22	0.82	0.95	Similar
COLO	3	6.12	0.49	0.20	Similar
HYST	†	†	†	†	†
KPRO	2	3.57	0.56	0.44	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	71	0.0	1.1	Similar
Med/Surg ICU	1	2,686	0.4	1.1	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	86	0.0	2.7	Similar
Med/Surg ICU	1	4,703	0.2	2.7	Lower

BW Category A: Equal or less than 750 grams BW Category B: Equal and between 751- and 1,000-grams BW Category C: Equal and between 1,001- and 1,500-grams BW Category D: Equal and between 1,501- and 2,500-grams BW Category E: More than 2,500 grams.
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

Advanced Copy



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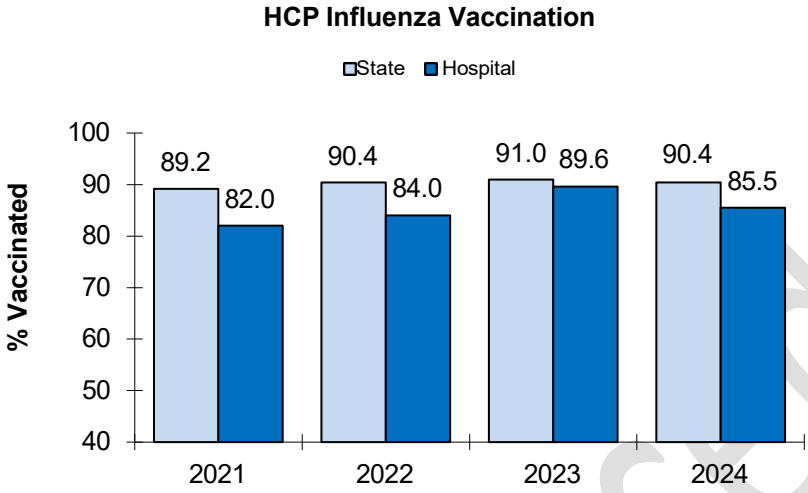
Concord, NH
Not-for-Profit, Acute Care
# of Admissions: 19,450
# of Beds: 240
# of ICU Beds: 25
# of Patient Days: 72,467

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	85.5	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
25	29.27	0.85	0.44	Similar

DATA NOTES:

- The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.
- In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.
- Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.
- SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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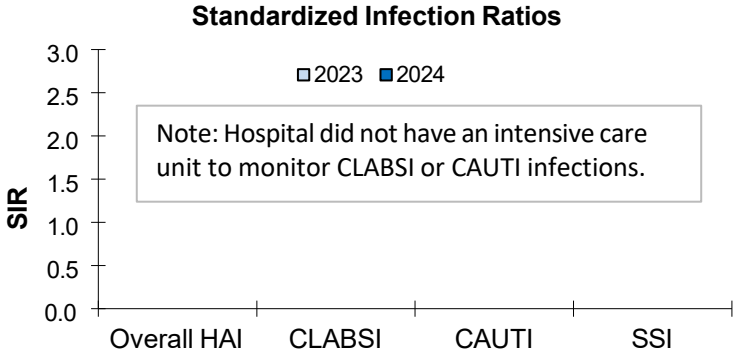
CONCORD HOSPITAL- FRANKLIN
Franklin, NH
Not-for-Profit, Critical Access
# of Admissions: 901
# of Beds: 20
# of ICU Beds: 0
# of Patient Days: 6,184

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	Facility did not report any data contributing to an SIR during this period				
CLABSI	No ICU to monitor infections.				
CAUTI					
SSI	Facility did not perform this procedure in 2024.				
CABG					
COLO					
HYST					
KPRO					

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

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

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

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

Archived

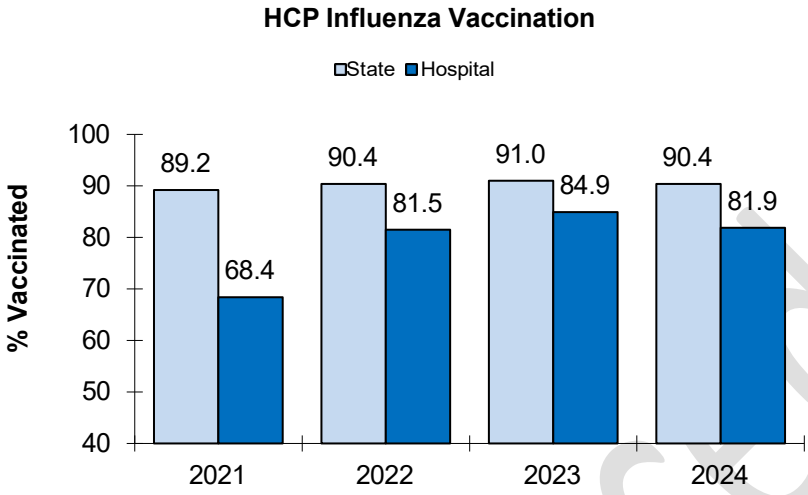


CONCORD HOSPITAL- FRANKLIN
Franklin, NH
Not-for-Profit, Critical Access
# of Admissions: 901
# of Beds: 20
# of ICU Beds: 0
# of Patient Days: 6,184

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	81.9	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
0	1.15	0.00	0.32	Similar

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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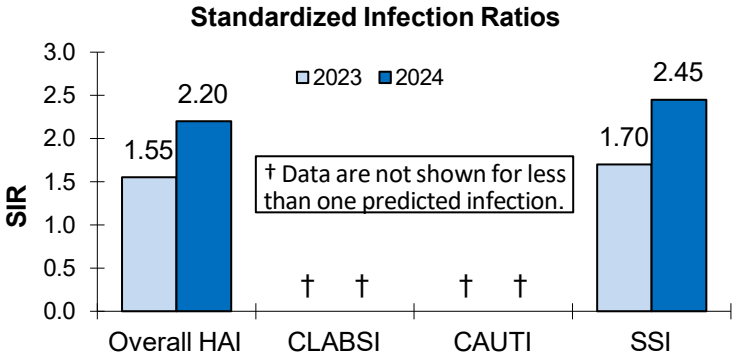
CONCORD HOSPITAL-LACONIA
Laconia, NH
Not-for-Proft, Acute Care
# of Admissions: 3,537
# of Beds: 73
# of ICU Beds: 8

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	9	4.08	2.20	0.33	Higher
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	8	3.26	2.45	0.03	Higher
CABG	Facility did not perform his procedure in 2024				
COLO	7	3.10	2.26	0.05	Similar
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	421	0.0	0.8	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter days	National Rate	Comparison to National Rate
Med/Surg ICU	1	978	1.0	1.3	Similar

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

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

Archived Copy

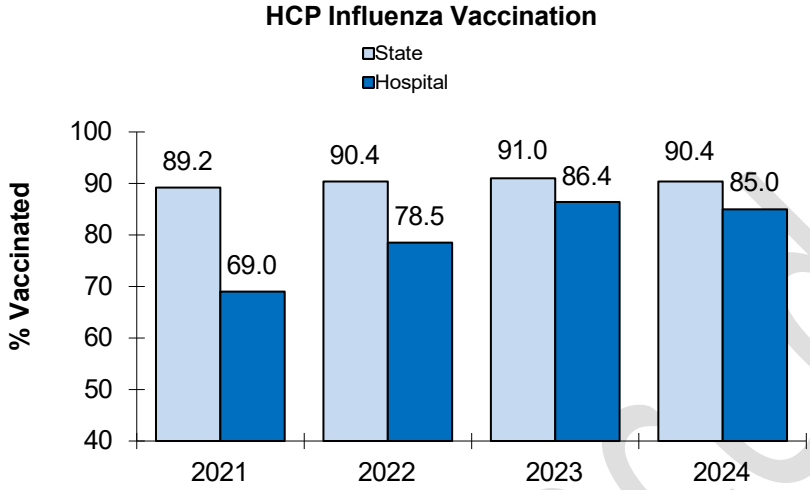


CONCORD HOSPITAL-LACONIA
Laconia, NH
Not-for-Profit, Acute Care
# of Admissions: 3,537
# of Beds: 73
# of ICU Beds: 8
# of Patient Days: 14,760

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	85.0	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
7	4.97	1.41	0.37	Similar

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

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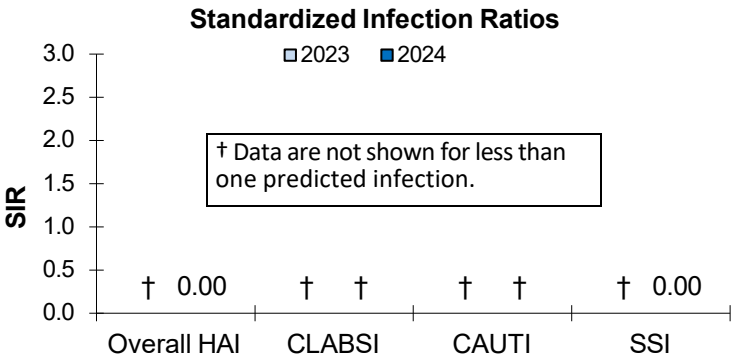
COTTAGE HOSPITAL
Woodsville, NH
Not-for-Profit, Critical Access
# of Admissions: 878
# of Beds: 35
# of ICU Beds: 3
# of Patient Days: 5,854

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	0	1.08	0.00	0.34	Similar
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	0	1.04	0.00	0.35	Similar
CABG	Facility did not perform his procedure in 2024				
COLO	†	†	†	†	†
HYST	Facility did not perform his procedure in 2024				
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	52	0.0	0.7	Similar

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

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

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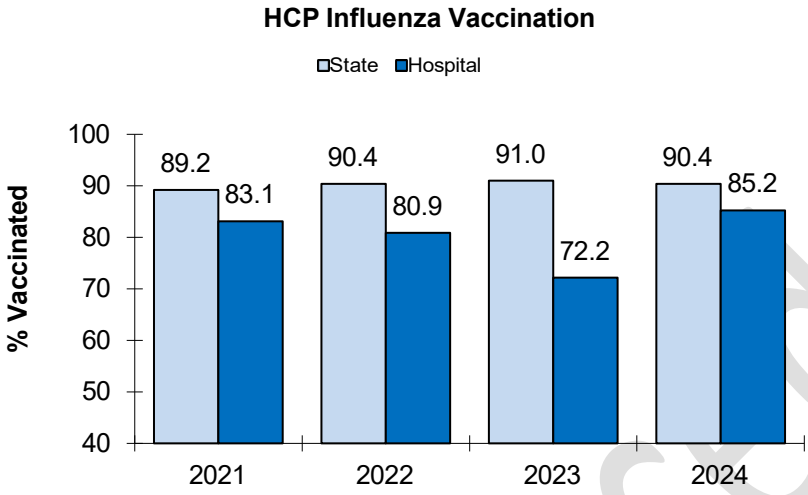
COTTAGE HOSPITAL
Woodsville, NH
Not-for-Profit, Critical Access
# of Admissions: 878
# of Beds: 35
# of ICU Beds: 3
# of Patient Days: 5,854

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	85.2	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
1	1.27	0.79	0.92	Similar

DATA NOTES:

•The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

•In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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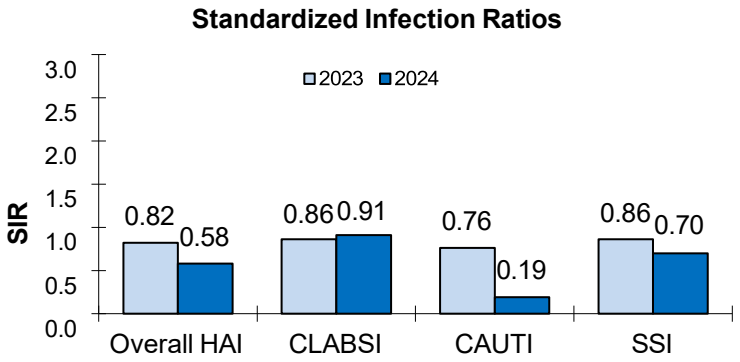
DHMC
Lebanon, NH
Not-for-Profit, Acute Care
# of Admissions: 23,149
# of Beds: 451
# of ICU Beds: 109
# of Patient Days: 145,546

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	39	68.10	0.58	0.00	Lower
CLABSI	10	11.05	0.91	0.69	Similar
CAUTI	4	20.74	0.19	0.00	Lower
SSI	25	35.64	0.70	0.07	Similar
CABG	1	3.19	0.31	0.21	Similar
COLO	13	25.27	0.51	0.01	Lower
HYST	2	2.77	0.72	0.71	Similar
KPRO	9	4.41	2.04	0.05	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Medical ICU	0	2,794	0.0	1.2	Lower
Medical ICU	0	833	0.0	1.2	Similar
Neurological ICU	0	1,094	0.0	1.1	Similar
Surgical ICU	3	2,238	1.3	1.1	Similar
Surgical ICU	7	2,837	2.5	1.1	Similar

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

Birthweight Category	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
BW Category A	1	265	3.8	2.1	Similar
BW Category B	0	101	0.0	1.3	Similar
BW Category C	0	162	0.0	0.8	Similar
BW Category D	0	112	0.0	0.6	Similar
BW Category E	0	213	0.0	0.7	Similar

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CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Medical ICU	1	2,640	0.4	3.5	Lower
Medical ICU	0	939	0.0	3.5	Lower
Neurological ICU	2	1,741	1.1	4.5	Lower
Surgical ICU	0	2,054	0.0	3.4	Lower
Surgical ICU	1	3,330	0.3	3.4	Lower

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

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

Advanced copy

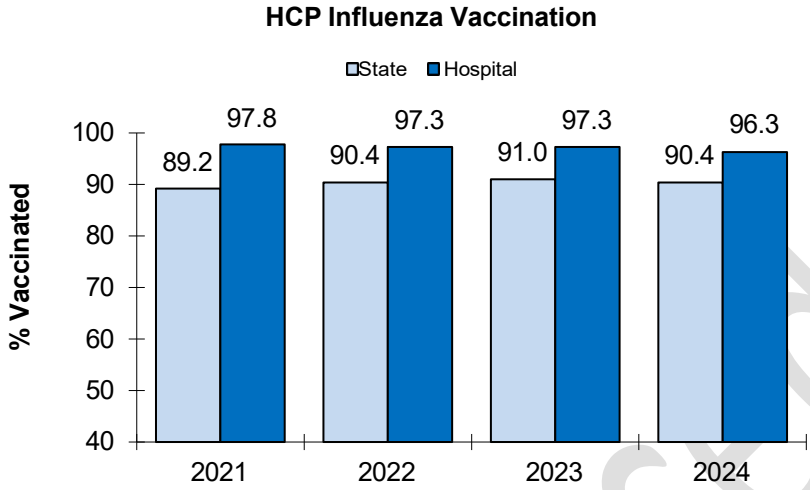


DHMC
Lebanon, NH
Not-for-Profit, Acute Care
# of Admissions: 23,149
# of Beds: 451
# of ICU Beds: 109
# of Patient Days: 145,546

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	96.3	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
62	78.27	0.79	0.06	Similar

DATA NOTES:

•The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

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•SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

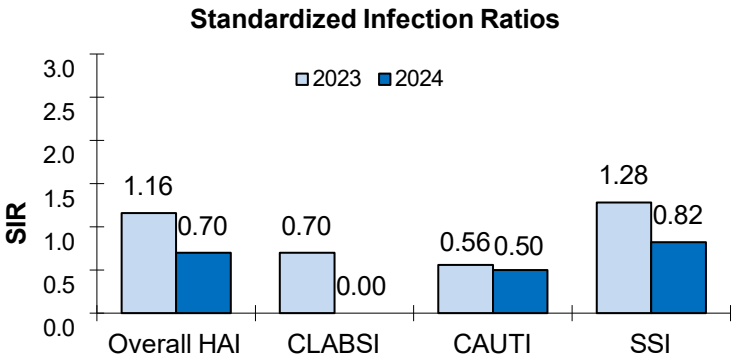
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

Advanced copy



ELLIOT HOSPITAL
Manchester, NH
Not-for-Profit, Acute Care
# of Admissions: 20,714
# of Beds: 298
# of ICU Beds: 42
# of Patient Days: 92,878

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	11	15.67	0.70	0.23	Similar
CLABSI	0	1.54	0.00	0.21	Similar
CAUTI	1	1.99	0.50	0.55	Similar
SSI	10	12.14	0.82	0.56	Similar
CABG	Facility did not perform this procedure in 2024				
COLO	5	6.27	0.80	0.65	Similar
HYST	2	2.37	0.84	0.55	Similar
KPRO	3	3.50	0.86	0.86	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1,778	0.0	0.8	Similar

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

Birthweight Category	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
BW Category A	0	76	0.0	2.1	Similar
BW Category B	0	149	0.0	1.3	Similar
BW Category C	0	313	0.0	0.8	Similar
BW Category D	0	234	0.0	0.6	Similar
BW Category E	1	371	2.7	0.7	Similar

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	2,216	0.5	1.7	Similar

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

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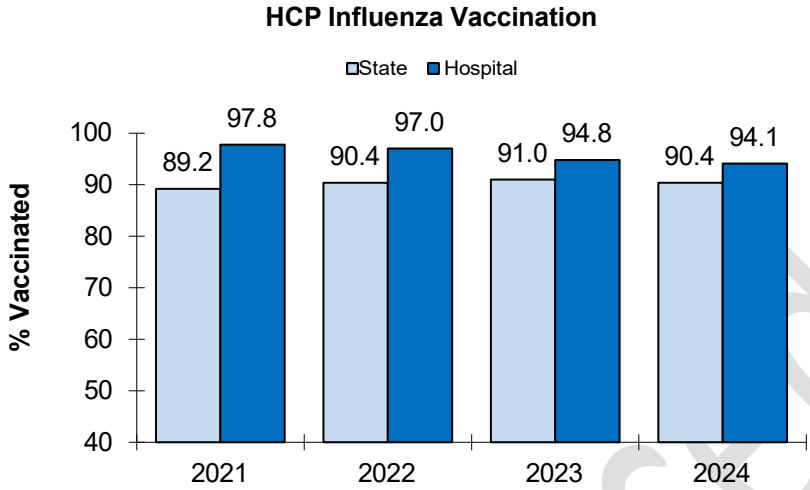
ELLIOT HOSPITAL
Manchester, NH
Not-for-Profit, Acute Care
# of Admissions: 20,714
# of Beds: 298
# of ICU Beds: 42
# of Patient Days: 92,878

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	94.1	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
12	27.97	0.43	0.00	Lower

DATA NOTES:

•The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

•In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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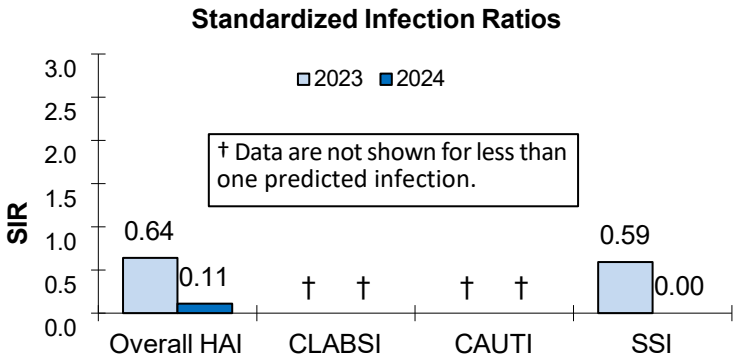
EXETER HOSPITAL
Exeter, NH
Not-for-Profit, Acute Care
# of Admissions: 6,011
# of Beds: 100
# of ICU Beds: 10
# of Patient Days: 27,244

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	1	9.24	0.11	0.00	Lower
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	0	8.08	0.00	0.00	Lower
CABG	Facility did not perform this procedure in 2024				
COLO	0	6.75	0.00	0.00	Lower
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	591	0.0	0.8	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	977	1.0	1.3	Similar

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

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

Advanced Copy

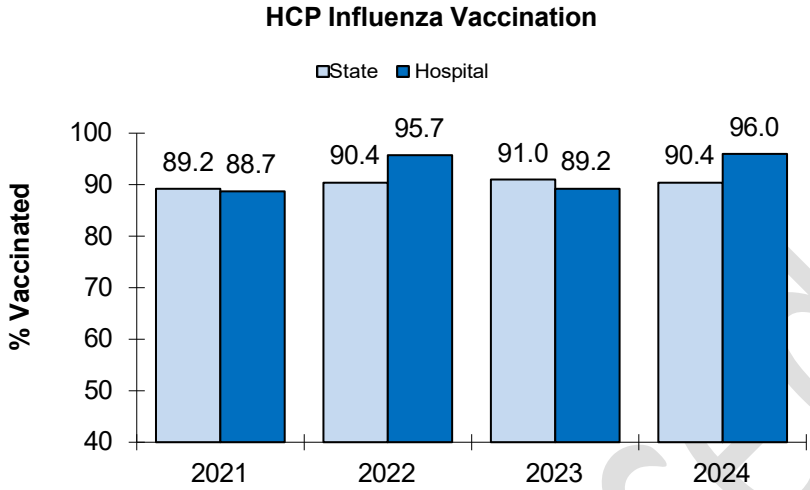


EXETER HOSPITAL
Exeter, NH
Not-for-Profit, Acute Care
# of Admissions: 6,011
# of Beds: 100
# of ICU Beds: 10
# of Patient Days: 27,244

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	96.0	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
4	10.42	0.38	0.03	Lower

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data pre-sented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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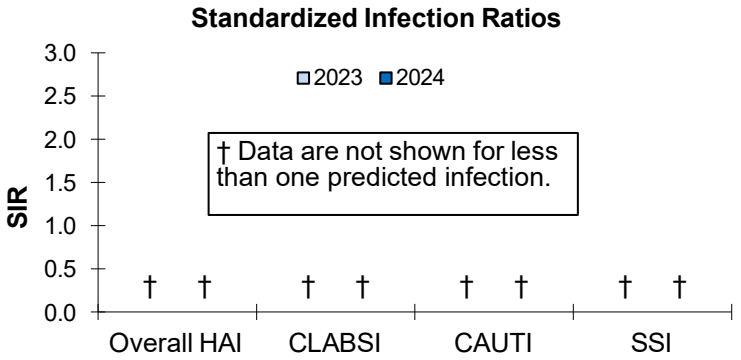
FRSIBIE MEMORIAL HOSPITAL
Rochester, NH
For-Profit, Acute Care
# of Admissions: 1,049
# of Beds: 30
# of ICU Beds: 6
# of Patient Days: 6,666

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	Facility did not perform this procedure in 2024				

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	107	0.0	1.3	Similar

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

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

Advance Copy



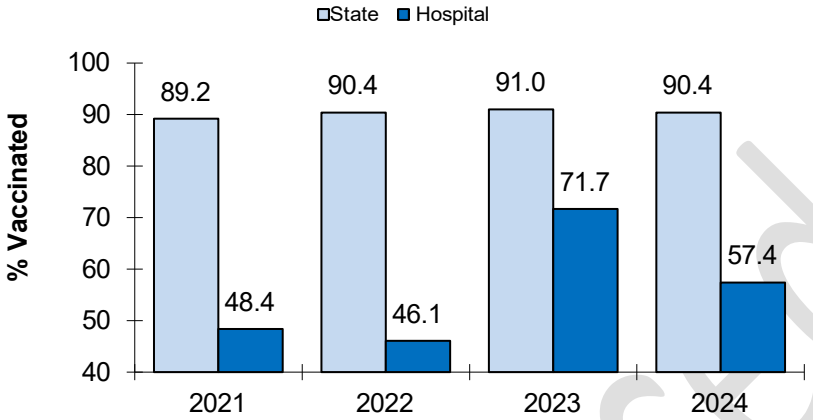
FRISBIE MEMORIAL HOSPITAL
Rochester, NH
For-Profit, Acute Care
# of Admissions: 1,049
# of Beds: 30
# of ICU Beds: 6
# of Patient Days: 6,666

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	57.4	90.4	Lower

HCP Influenza Vaccination



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
0	1.29	0.00	0.28	Similar

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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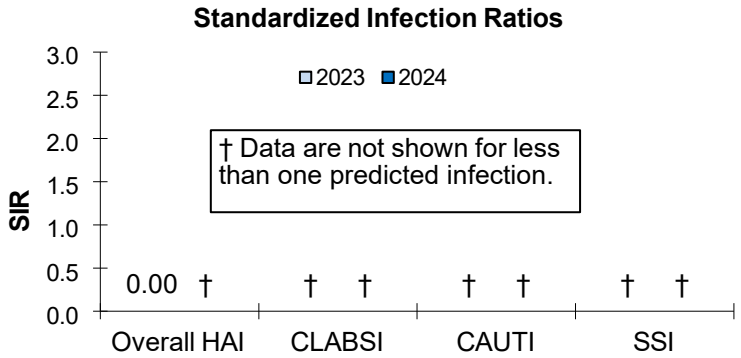
HUGGINS HOSPITAL
Wolfeboro, NH
Not-for-Profit, Critical Access
# of Admissions: 907
# of Beds: 25
# of ICU Beds: 4
# of Patient Days: 5,642

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO	†	†	†	†	†
HYST	Facility did not perform this procedure in 2024				
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	66	0.0	0.5	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	124	0.0	0.7	Similar

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

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

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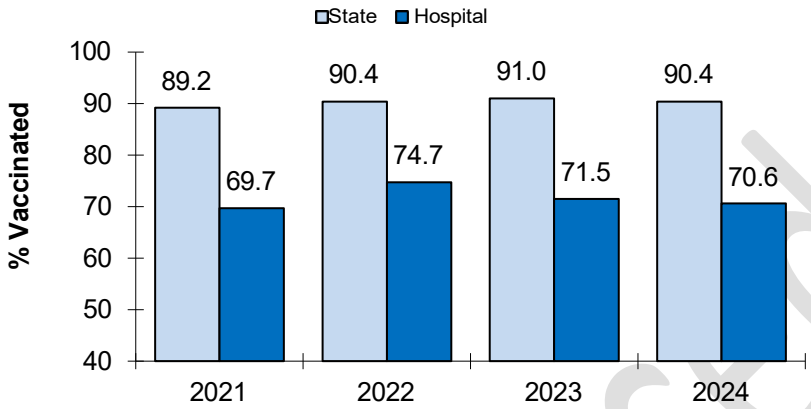
HUGGINS HOSPITAL
Wolfeboro, NH
Not-for-Profit, Critical Access
# of Admissions: 907
# of Beds: 25
# of ICU Beds: 4
# of Patient Days: 5,642

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	70.6	90.4	Lower

HCP Influenza Vaccination



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
Did Not Report	Did Not Report	Did Not Report	Did Not Report

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
2	2.55	0.78	0.81	Similar

DATA NOTES:

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

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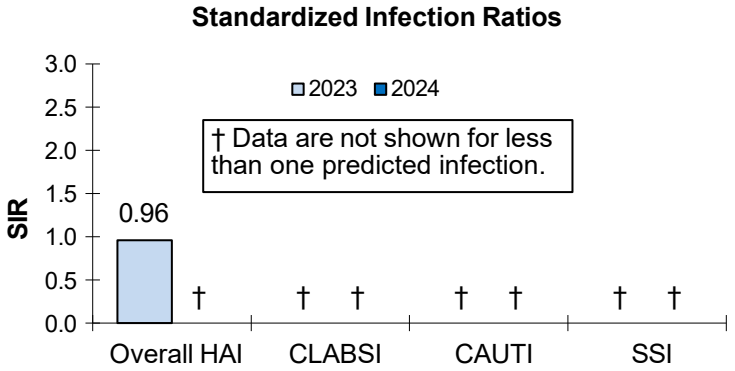
LITTLETON REGIONAL
Littleton, NH
Not-for-Profit, Critical Access
# of Admissions: 984
# of Beds: 25
# of ICU Beds: 5
# of Patient Days: 2,687

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	125	0.0	0.7	Similar

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

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

Advanced Copy



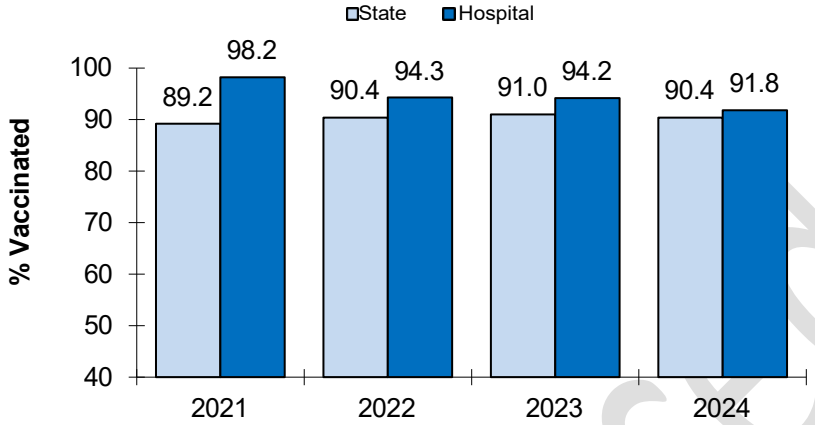
LITTLETON REGIONAL
Littleton, NH
Not-for-Profit, Critical Access
# of Admissions: 984
# of Beds: 25
# of ICU Beds: 5
# of Patient Days: 2,687

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	91.8	90.4	Similar

HCP Influenza Vaccination



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
2	1.07	1.88	0.38	Similar

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

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

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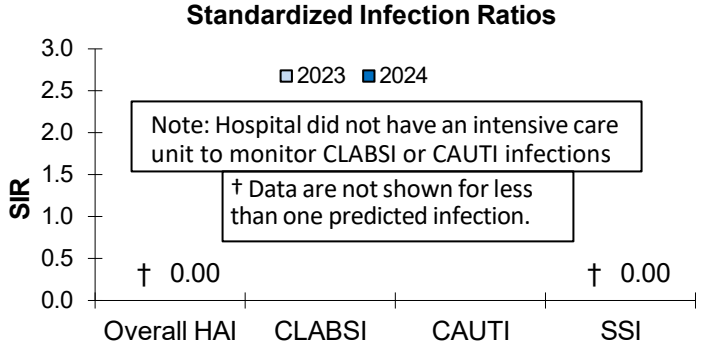
MONADNOCK COMMUNITY HOSPITAL
Peterborough, NH
Not-for-Profit, Critical Access
# of Admissions: 1,448
# of Beds: 25
# of ICU Beds: 0
# of Patient Days: 3,785

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	0	1.16	0.00	0.31	Similar
CLABSI	No ICU to monitor infections				
CAUTI					
SSI	0	1.16	0.00	0.31	Similar
CABG	Facility did not perform this procedure in 2024				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

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

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

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

Accepted Copy

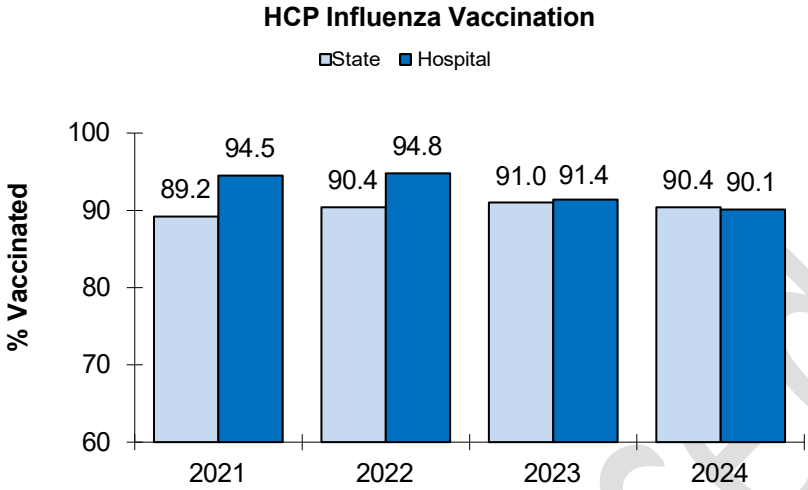


MONADNOCK COMMUNITY HOSPITAL
Peterborough, NH
Not-for-Profit, Critical Access
# of Admissions: 1,448
# of Beds: 25
# of ICU Beds: 0
# of Patient Days: 3,785

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	90.1	90.4	Similar



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
2	1.30	1.54	0.52	Similar

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

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• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

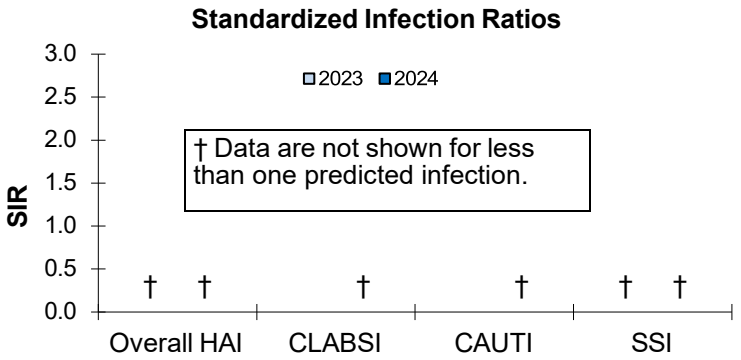
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

Advanced copy



NEW LONDON HOSPITAL
New London, NH
Not-for-Profit, Critical Access
# of Admissions: 1,853
# of Beds: 25
# of ICU Beds: 0
# of Patient Days: 6,538

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO	†	†	†	†	†
HYST	Facility did not perform this procedure in 2024				
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
†	†	†	†	†	†

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
†	†	†	†	†	†

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

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

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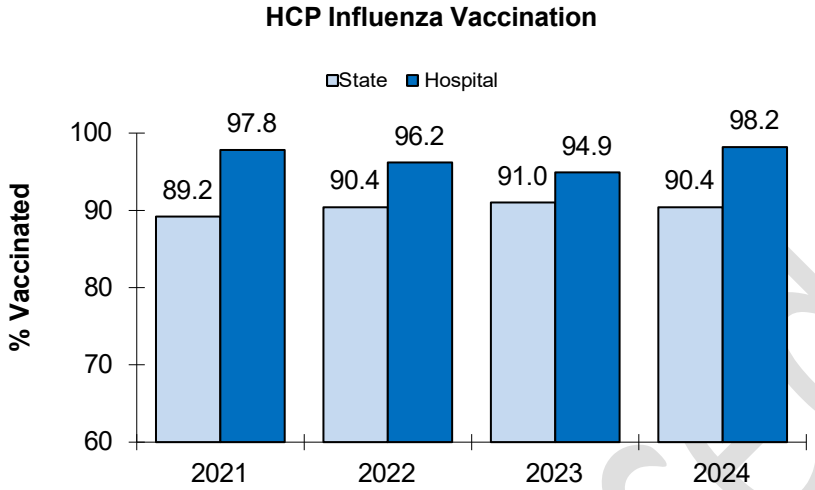
NEW LONDON HOSPITAL
New London, NH
Not-for-Profit, Critical Access
# of Admissions: 1,853
# of Beds: 25
# of ICU Beds: 0
# of Patient Days: 6,538

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	98.2	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio	P-Value	Comparison to Predicted
4	2.52	1.59	0.36	Similar

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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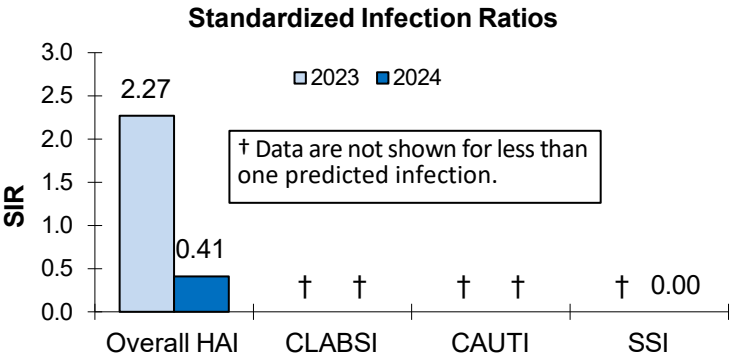
PARKLAND MEDICAL CENTER
Derry, NH
For-Profit, Acute Care
# of Admissions: 4,767
# of Beds: 59
# of ICU Beds: 6
# of Patient Days: 20,806

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	1	2.47	0.41	0.38	Similar
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	0	1.56	0.00	0.21	Similar
CABG	Facility did not perform this procedure in 2024				
COLO	0	1.52	0.00	0.22	Similar
HYST	Facility did not perform this procedure in 2024				
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Medical ICU	0	462	0.0	1.1	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Medical ICU	1	1,065	0.9	2.0	Similar

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

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

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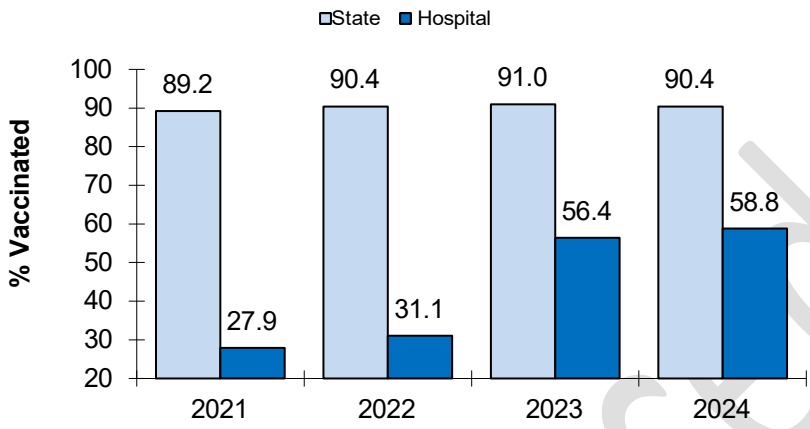
PARKLAND MEDICAL CENTER
Derry, NH
For-Profit, Acute Care
# of Admissions: 4,767
# of Beds: 59
# of ICU Beds: 6
# of Patient Days: 20,806

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	58.8	90.4	Lower

HCP Influenza Vaccination



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
0	5.24	0.00	0.01	Lower

DATA NOTES:

•The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

•In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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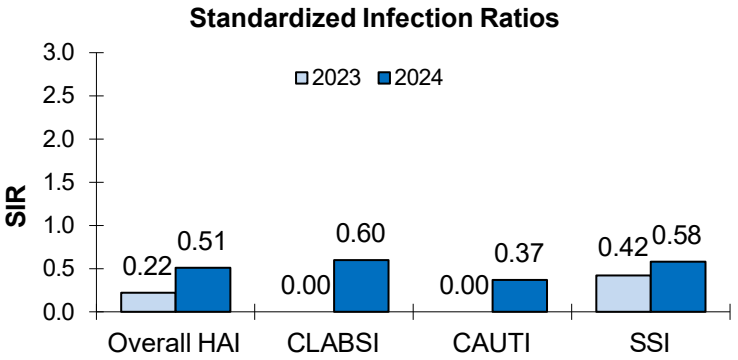
PORTSMOUTH REGIONAL
Portsmouth, NH
For-Profit, Acute Care
# of Admissions: 8,257
# of Beds: 240
# of ICU Beds: 25
# of Patient Days: 58,210

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	8	15.72	0.51	0.04	Similar
CLABSI	2	3.34	0.60	0.51	Similar
CAUTI	2	5.45	0.37	0.12	Similar
SSI	4	6.93	0.58	0.27	Similar
CABG	1	2.65	0.38	0.33	Similar
COLO	2	3.65	0.55	0.42	Similar
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	2	2,958	0.7	1.1	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	2	4,187	0.5	2.7	Lower

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

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

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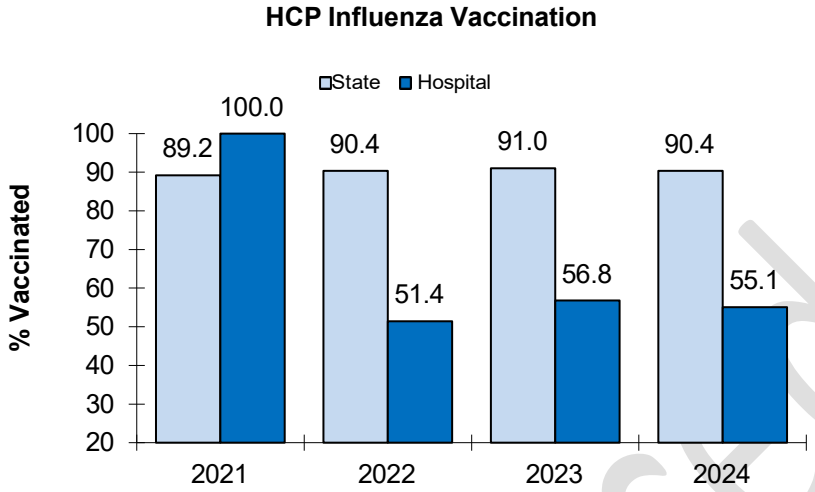
PORTSMOUTH REGIONAL
Portsmouth, NH
For-Profit, Acute Care
# of Admissions: 8,257
# of Beds: 240
# of ICU Beds: 25
# of Patient Days: 58,210

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	55.1	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
4	22.16	0.18	0.00	Lower

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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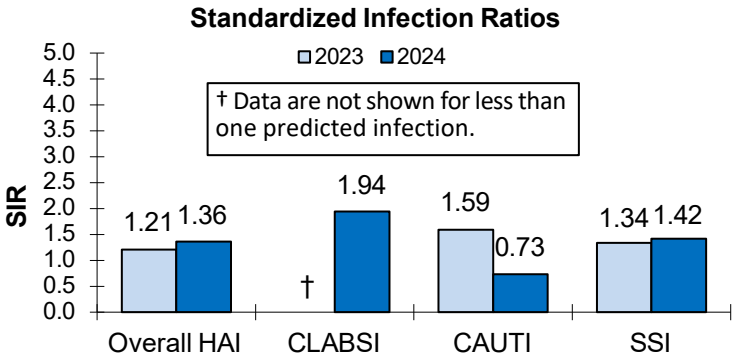
SOUTHERN NH MEDICAL
Nashua, NH
Not-for-Profit, Acute Care
# of Admissions: 8,479
# of Beds: 188
# of ICU Beds: 17
# of Patient Days: 28,272

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	10	7.33	1.36	0.33	Similar
CLABSI	2	1.03	1.94	0.36	Similar
CAUTI	1	1.37	0.73	0.85	Similar
SSI	7	4.93	1.42	0.35	Similar
CABG	Facility did not perform this procedure in 2024				
COLO	5	3.27	1.53	0.34	Similar
HYST	†	†	†	†	†
KPRO	1	1.02	0.98	0.91	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	2	1,176	1.7	0.8	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	1	1,647	0.6	1.7	Similar

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

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

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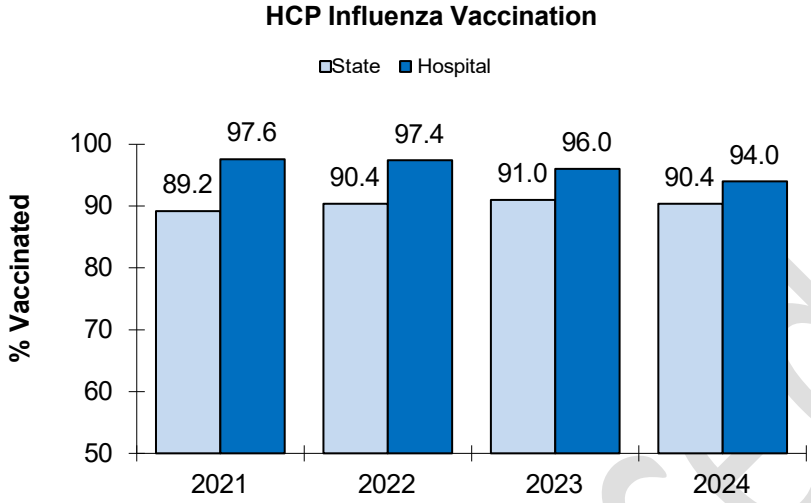
SOUTHERN NH MEDICAL
Nashua, NH
Not-for-Profit, Acute Care
# of Admissions: 8,479
# of Beds: 188
# of ICU Beds: 17
# of Patient Days: 28,272

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	94.0	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
7	20.22	0.35	0.00	Lower

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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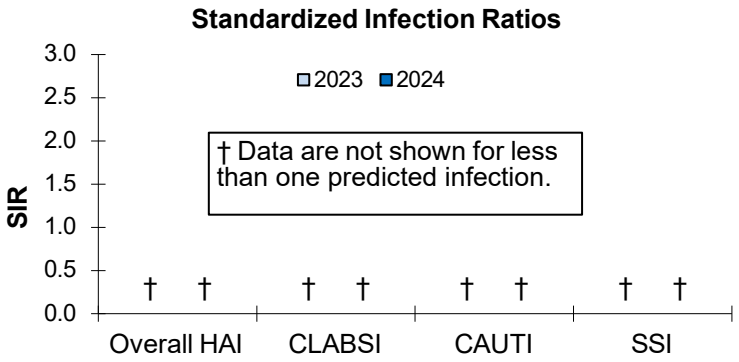
SPEARE MEMORIAL HOSPITAL
Plymouth, NH
Not-for-Profit, Critical Access
# of Admissions: 2,238
# of Beds: 25
# of ICU Beds: 4
# of Patient Days: 4,674



2024 HAI DATA REPORT

STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	135	0.0	0.7	Similar

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

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

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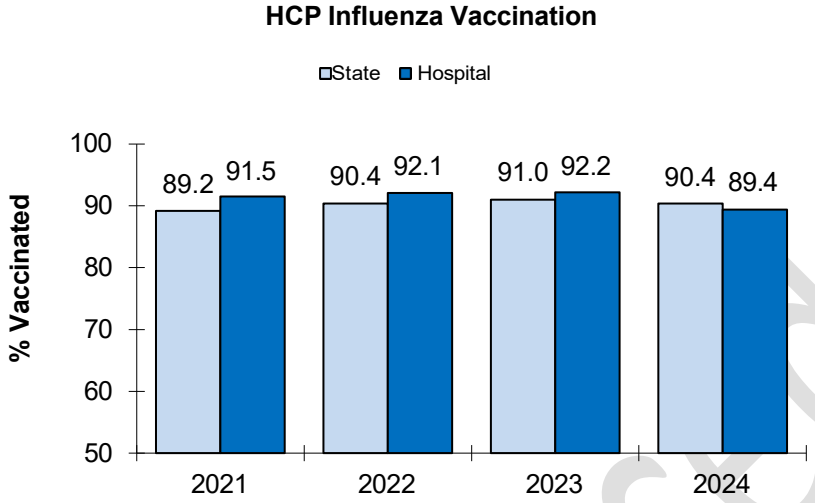
SPEARE MEMORIAL HOSPITAL
Plymouth, NH
Not-for-Profit, Critical Access
# of Admissions: 2,238
# of Beds: 25
# of ICU Beds: 4
# of Patient Days: 4,674
2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	89.4	90.4	Similar



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
2	1.97	1.02	0.90	Similar

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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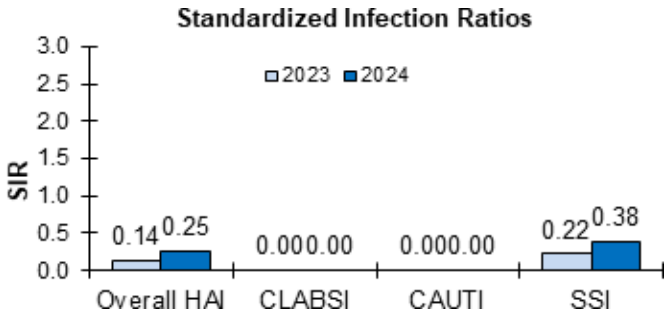
ST JOSEPH HOSPITAL
Nashua, NH
Not-for-Profit, Acute Care
# of Admissions: 6,508
# of Beds: 208
# of ICU Beds: 10
# of Patient Days: 33,667

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	2	7.87	0.25	0.02	Lower
CLABSI	0	1.17	0.00	0.31	Similar
CAUTI	0	1.46	0.00	0.23	Similar
SSI	2	5.25	0.38	0.14	Similar
CABG	Facility did not perform this procedure in 2024				
COLO	1	3.39	0.30	0.18	Similar
HYST	†	†	†	†	†
KPRO	1	1.42	0.71	0.83	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1,189	0.0	1.1	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1,372	0.0	2.7	Lower

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

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

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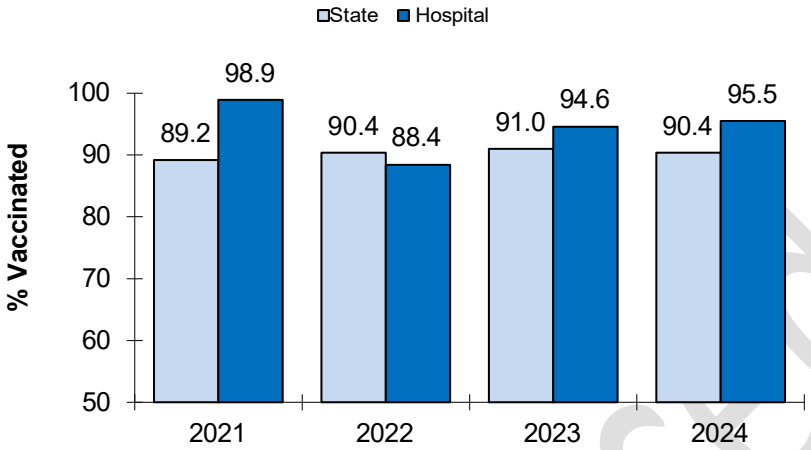
ST JOSEPH HOSPITAL
Nashua, NH
Not-for-Profit, Acute Care
# of Admissions: 6,508
# of Beds: 208
# of ICU Beds: 10
# of Patient Days: 33,667

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	95.5	90.4	Higher

HCP Influenza Vaccination



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
3	12.39	0.24	0.02	Lower

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

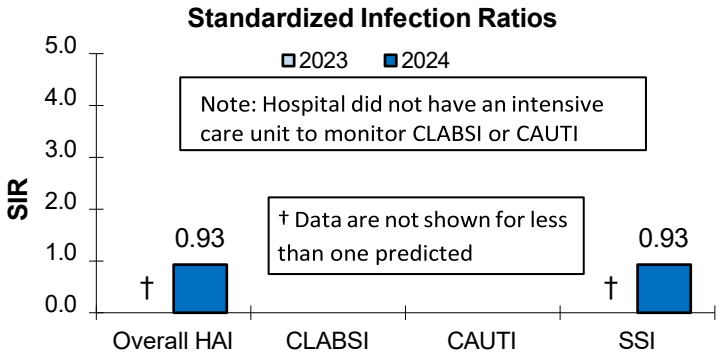
HAI: Healthcare-associated infection CLABSI: Central line-associated bloodstream infection CAUTI: Catheter-associated urinary tract infection SSI: Surgical site infection COLO: Colon procedure HYST: Abdominal hysterectomy CABG: Coronary artery bypass graft KPRO: Knee arthroplasty

Advanced copy



THE MEMORIAL HOSPITAL
North Conway, NH
Not-for-Profit, Critical Access
# of Admissions: 2,535
# of Beds: 25
# of ICU Beds: 4
# of Patient Days: 7,708

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	1	1.07	0.93	0.95	Similar
CLABSI	No ICU to monitor Infections				
CAUTI	No ICU to monitor Infections				
SSI	1	1.07	0.93	0.95	Similar
CABG	Facility did not perform this procedure in 2024				
COLO	†	†	†	†	†
HYST	†	†	†	†	†
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

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

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

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

Archived Copy

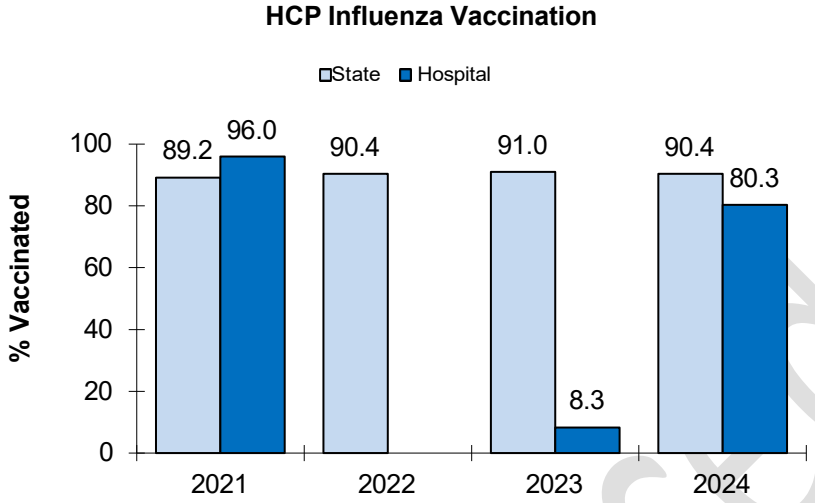


THE MEMORIAL HOSPITAL
North Conway, NH
Not-for-Profit, Critical Access
# of Admissions: 2,535
# of Beds: 25
# of ICU Beds: 4
# of Patient Days: 7,708

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	80.3	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
0	3.06	0.00	0.047	Lower

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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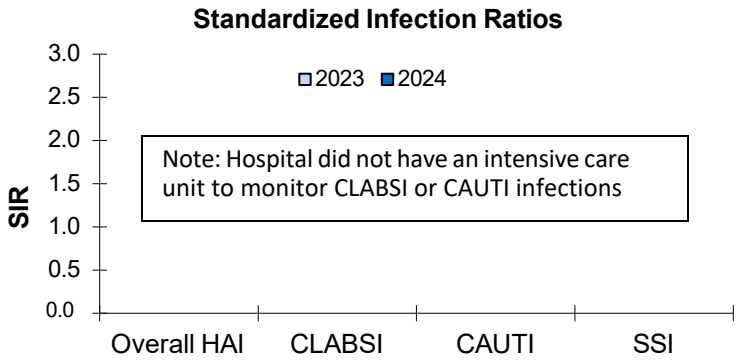
UPPER CONNECTICUT VALLEY
Colebrook, NH
Not-for-Profit, Critical Access
# of Admissions: 195
# of Beds: 12
# of ICU Beds: 0
# of Patient Days: 984

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	Facility did not report any data contributing to an SIR during this period				
CLABSI	No ICU to monitor infections				
CAUTI					
SSI	Facility did not perform this procedure in 2024				
CABG					
COLO					
HYST					
KPRO					

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

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

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

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

Archived

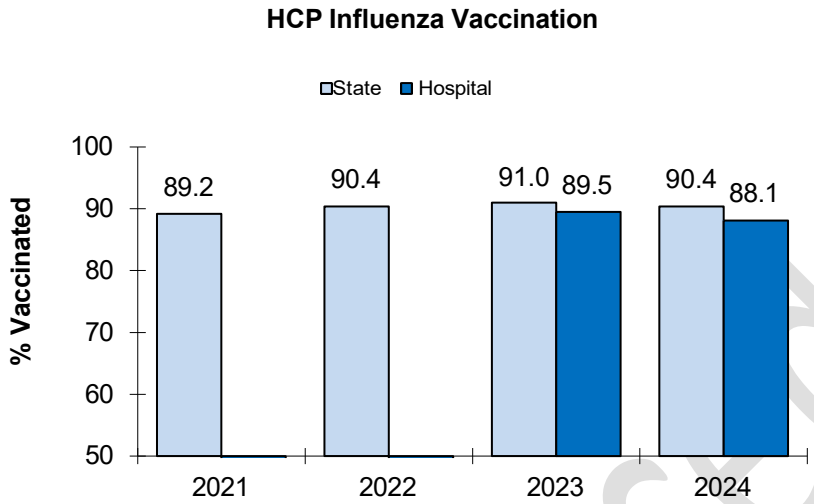


UPPER CONNECTICUT VALLEY
Colebrook, NH
Not-for-Profit, Critical Access
# of Admissions: 195
# of Beds: 12
# of ICU Beds: 0
# of Patient Days: 984

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	88.1	90.4	Similar



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Did not report for 2024				

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

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• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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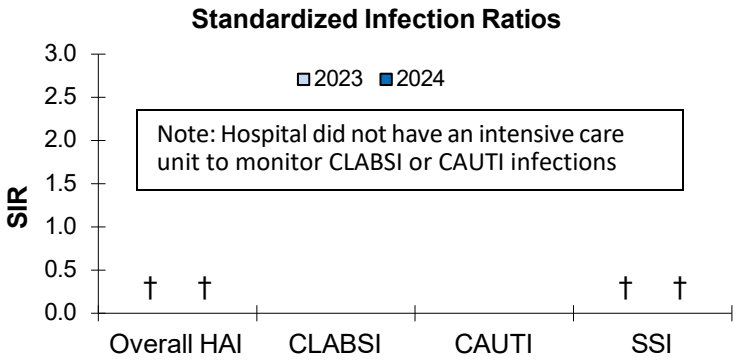
VALLEY REGIONAL
Claremont, NH
Not-for-Profit, Critical Access
# of Admissions: 709
# of Beds: 25
# of ICU Beds: 0
# of Patient Days: 3,777

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	No ICU to monitor infections				
CAUTI					
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO					
HYST					
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

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

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

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

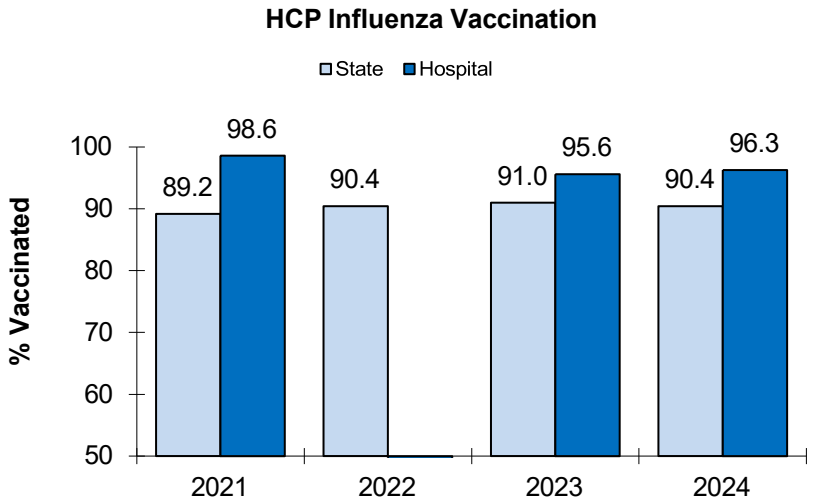
Accepted Copy



VALLEY REGIONAL
Claremont, NH
Not-for-Profit, Critical Access
# of Admissions: 709
# of Beds: 25
# of ICU Beds: 0
# of Patient Days: 3,777
2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	96.3	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
Did not report for 2024.			

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
†	†	†	†	†

DATA NOTES:

•The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

•In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

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

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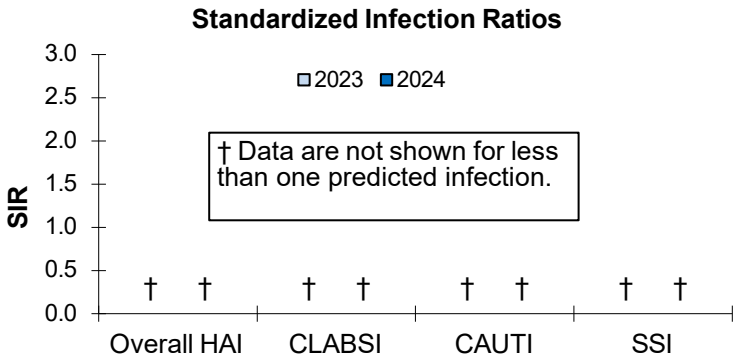
WEEKS MEDICAL CENTER
Lancaster, NH
Not-for-Profit, Critical Access
# of Admissions: 580
# of Beds: 25
# of ICU Beds: 3
# of Patient Days: 3,240

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	95% Confidence Interval	Comparison to Predicted
Overall HAI	†	†	†	†	†
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	†	†	†	†	†
CABG	Facility did not perform this procedure in 2024				
COLO					
HYST					
KPRO	†	†	†	†	†

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

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

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

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

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

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

Advanced Copy

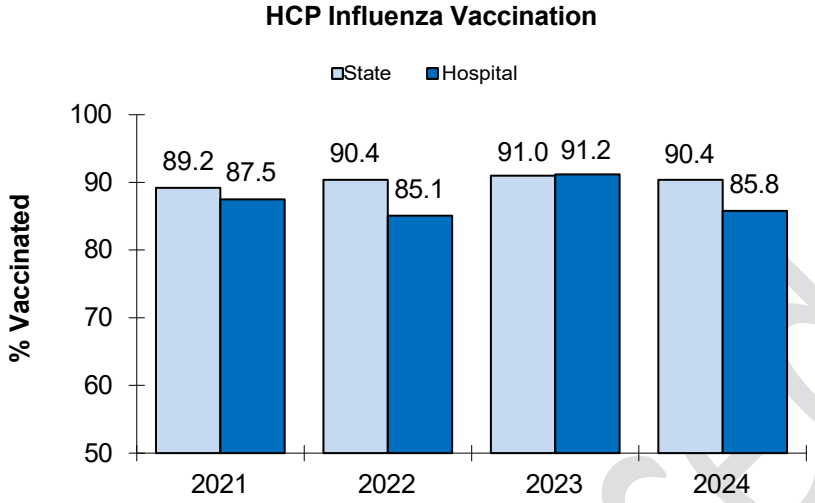


WEEKS MEDICAL CENTER
Lancaster, NH
Not-for-Profit, Critical Access
# of Admissions: 580
# of Beds: 25
# of ICU Beds: 3
# of Patient Days: 3,240

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	85.8	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Did not report for 2024.				

DATA NOTES:

• The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

• In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

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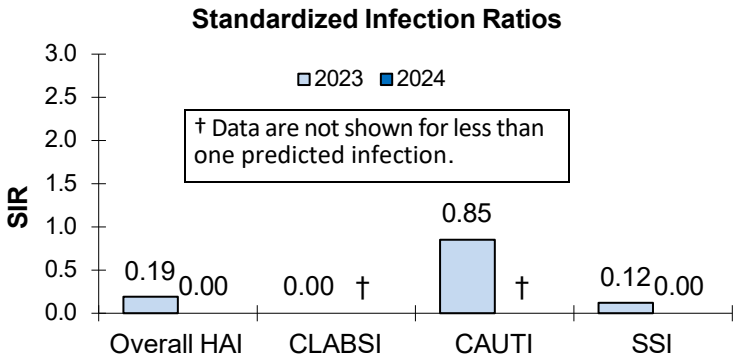
WENTWORTH-DOUGLASS
Dover, NH
Not-for-Profit, Acute Care
# of Admissions: 11,039
# of Beds: 164
# of ICU Beds: 17
# of Patient Days: 43,874

2024 HAI DATA REPORT



STANDARDIZED INFECTION RATIO (SIR)

Measure	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Overall HAI	0	10.98	0.00	0.00	Lower
CLABSI	†	†	†	†	†
CAUTI	†	†	†	†	†
SSI	0	9.10	0.00	0.00	Lower
CABG	Facility did not perform this procedure in 2024				
COLO	0	6.33	0.00	0.00	Lower
HYST	0	1.05	0.00	0.20	Similar
KPRO	0	1.73	0.00	0.20	Similar

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION RATES

Type of Unit	Number of Infections	Number of Central-Line Days	Rate per 1,000 Central-Line Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1,248	0.0	0.8	Similar

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

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

CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES

Type of Unit	Number of Infections	Number of Catheter Days	Rate per 1,000 Catheter Days	National Rate	Comparison to National Rate
Med/Surg ICU	0	1,276	0.0	1.7	Similar

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

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

Advanced Copy

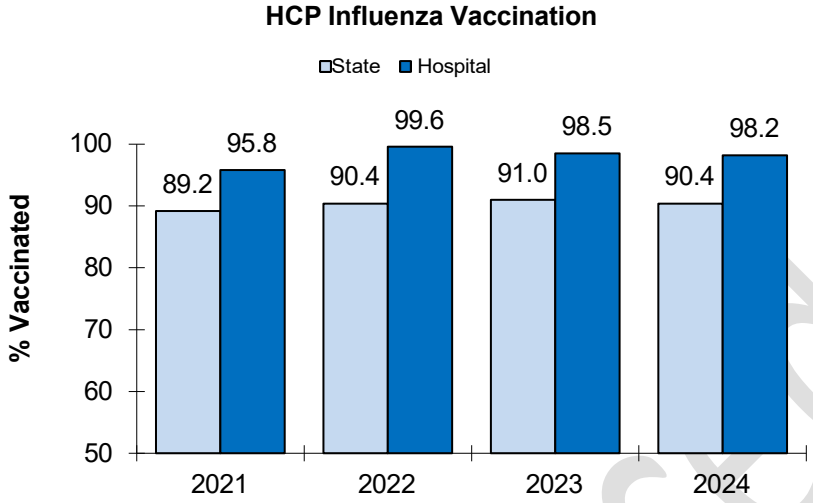


WENTWORTH-DOUGLASS
Dover, NH
Not-for-Profit, Acute Care
# of Admissions: 11,039
# of Beds: 164
# of ICU Beds: 17
# of Patient Days: 43,874

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	98.2	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
8	20.19	0.40	0.00	Lower

DATA NOTES:

•The 2024 central line-associated blood stream infections (CLABSI), surgical site infections (SSI) and catheter-associated urinary tract infections (CAUTI) data presented in this report have not been validated and must be interpreted with the understanding that in general there are both under- and over-reporting of infections.

•In New Hampshire in 2024, CLABSI were monitored in all intensive care units (including pediatric and neonatal units) and not in other inpatient locations. CAUTI were monitored in all intensive care units (including pediatric units and excluding neonatal ICU) and not in other inpatient locations.

• Hospitals do not use a standard method of post-discharge surveillance to identify infections once a patient has been discharged. This poses a challenge for data interpretation, because a higher SSI rate (for example) at a given hospital may represent either poor infection prevention practices or, conversely, a better system for identifying infections.

• SSI reporting requires not only reporting of infections but also detailed information on every patient who underwent the procedure being monitored. As such, DHHS has elected to monitor a subset of procedures based on national recommendations since it would not be feasible for hospitals to report information on every patient receiving a surgical procedure due to the burden of reporting.

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

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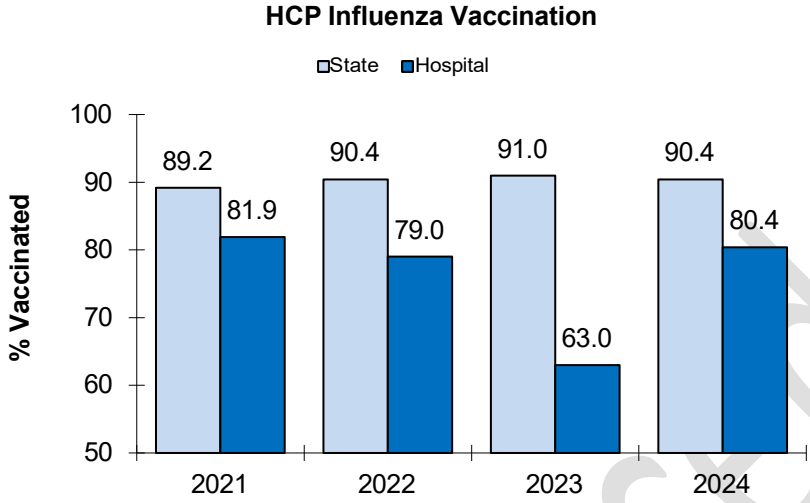
ENCOMPASS REHABILITATION HOSPITAL
Concord, NH
Corporate
# of Admissions: -
# of Beds: 50
# of ICU Beds: -
# of Patient Days: -
2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	80.4	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
Did not report for 2024			

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
5	5.44	0.92	0.91	Similar

DATA NOTES:

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

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

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

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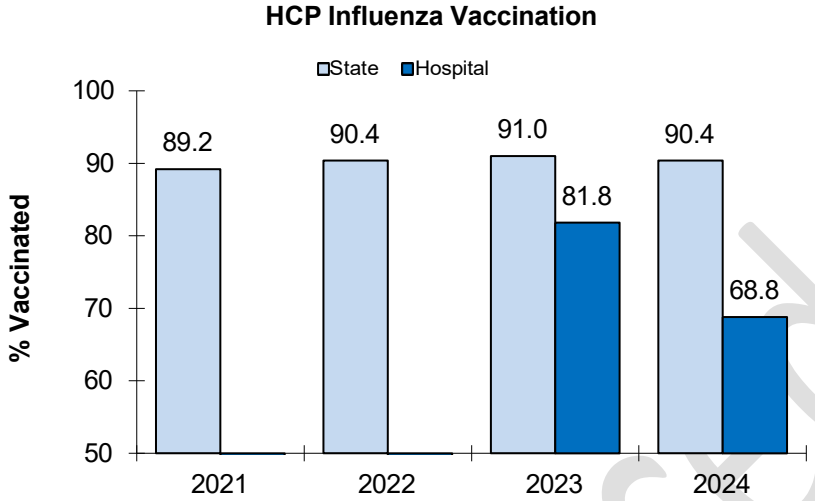
HAMPSTEAD HOSPITAL
Hampstead, NH
Private
# of Admissions: -
# of Beds: 111
# of ICU Beds: -
# of Patient Days: -

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	68.6	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

Policy	Exemptions Allowed in Policy	Requirements for Unvaccinated HCP With Accepted Exemption	Consequences for Unvaccinated HCP Without Accepted Exemption
Did not report for 2024			

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Did not report for 2024				

DATA NOTES:

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

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

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

Advanced copy

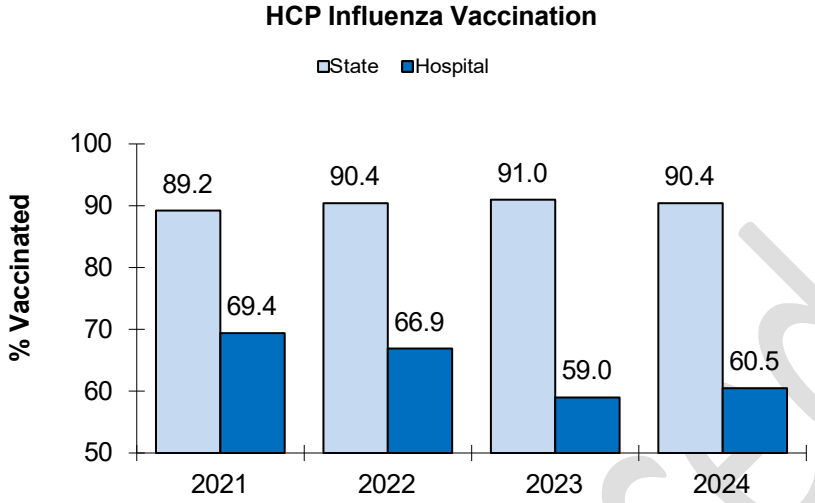


NEW HAMPSHIRE HOSPITAL
Concord, NH
State-operated
# of Admissions: -
# of Beds: 168
# of ICU Beds: -
# of Patient Days: -

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	60.5	90.4	Lower



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
Did not report for 2024				

DATA NOTES:

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

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

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

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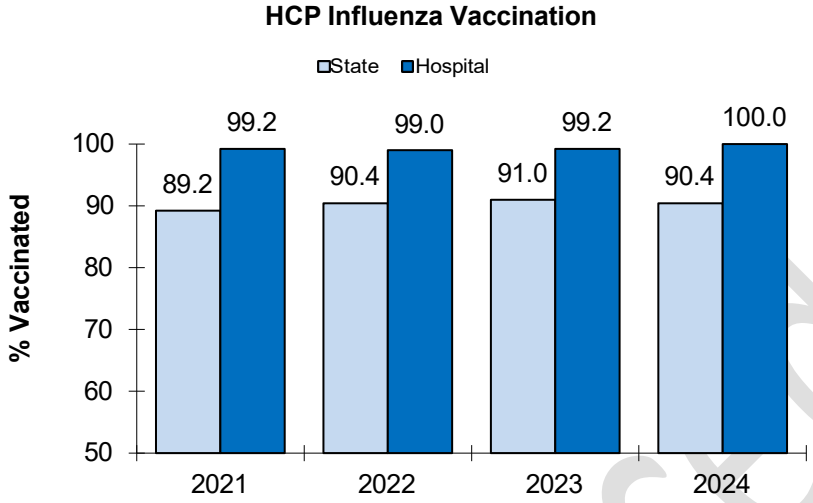
NORTHEAST REHABILITATION HOSPITAL, THE ELLIOT
Manchester, NH
For-Profit
# of Admissions: -
# of Beds: 15
# of ICU Beds: -
# of Patient Days: -

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	100.0	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
1	1.82	0.00	0.16	Similar

DATA NOTES:

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

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

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

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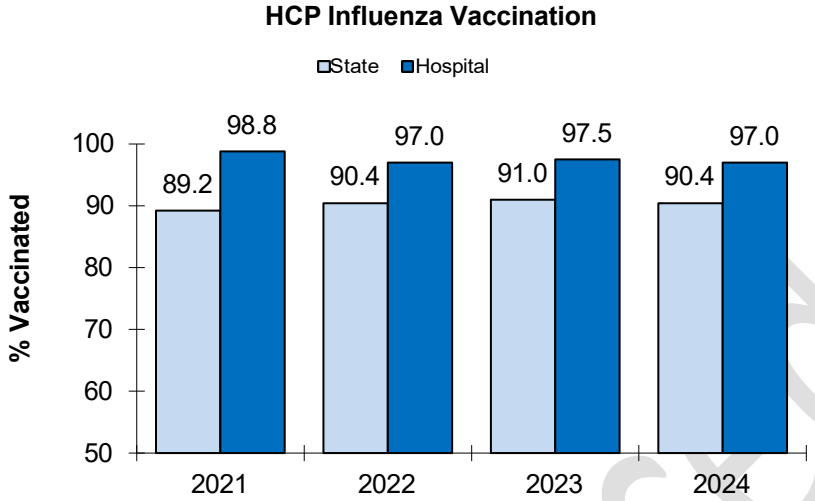
NORTHEAST REHABILITATION HOSPITAL, SALEM
Salem, NH
Network
# of Admissions: -
# of Beds: 67
# of ICU Beds: -
# of Patient Days: -

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	97.0	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
3	5.76	0.35	0.10	Similar

DATA NOTES:

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

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

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

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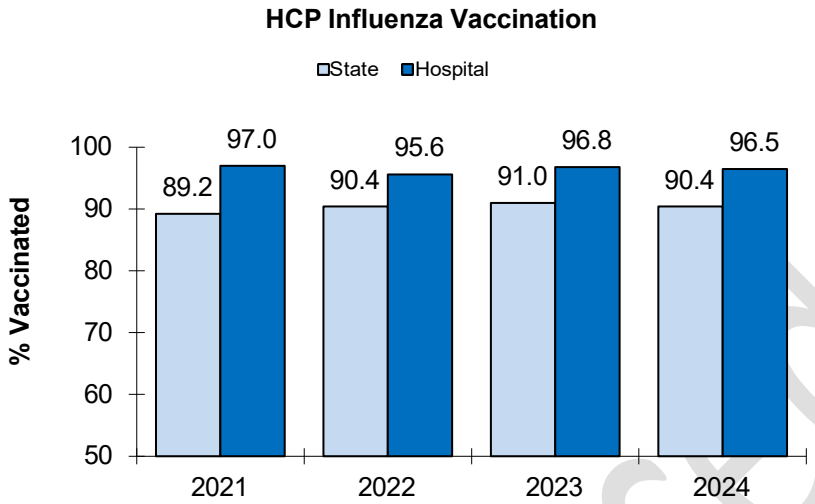
NORTHEAST REHABILITATION HOSPITAL, SNHMC
Nashua, NH
Network
# of Admissions: -
# of Beds: 20
# of ICU Beds: -
# of Patient Days: -

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	96.5	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
0	1.84	0.00	0.16	Similar

DATA NOTES:

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

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

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

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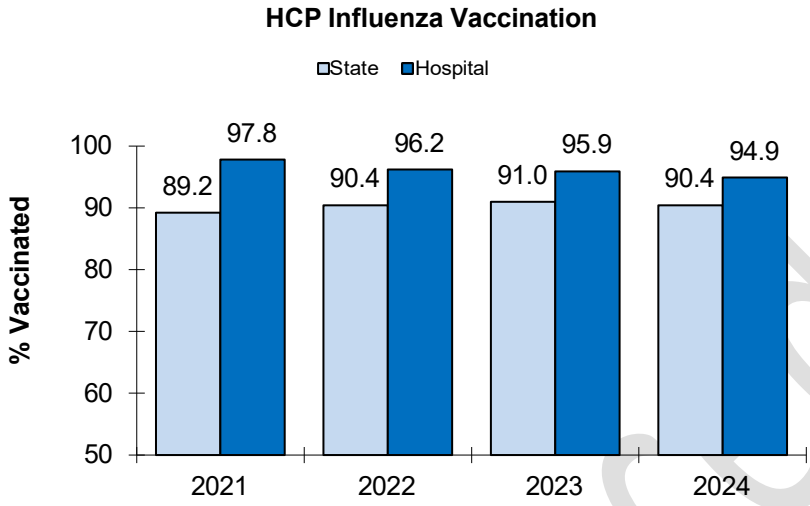
NORTHEAST REHABILITATION HOSPITAL, PEASE
Portsmouth, NH
Network
# of Admissions: -
# of Beds: 33
# of ICU Beds: -
# of Patient Days: -

2024 HAI DATA REPORT

PROCESS MEASURES

Measure	Percent Vaccinated	State Coverage	Comparison to State Coverage
HCP Influenza Vaccination	94.9	90.4	Higher



INFLUENZA VACCINATION POLICIES, 2024-2025 INFLUENZA SEASON

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

CLOSTRIDIOIDES DIFFICILE INFECTIONS STANDARDIZED INFECTION RATIO

Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	P-Value	Comparison to Predicted
0	2.30	0.00	0.10	Similar

DATA NOTES:

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

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

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

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APPENDIX 1: Technical Notes

1. The majority of data in this report were extracted from NHSN on 09/11/2025. Additional influenza vaccination data were obtained through surveying facilities; the same date range was used for both the survey and NHSN reports. Changes or new infections reported by hospitals after this date may not be reflected in this report.
2. Rate data were appropriately risk-adjusted according to standard NHSN recommendations. Rates were only presented if appropriately risk-adjusted as follows:
    a. CLABSI: rate data must be broken down and aggregated only by the same type of unit.
    b. CAUTI: rate data must be broken down and aggregated only by the same type of unit.
    c. SSI: In accordance with CDC recommendations and changes to NHSN methodology beginning in 2010, rates are no longer presented.
3. Rates for any grouping were not presented if data were insufficient to generate a stable rate.
    a. CLABSI: there must be at least 50 central line days in the denominator to present a rate.
    b. CAUTI: there must be at least 50 catheter days in the denominator to present a rate.
    c. SSI: in accordance with CDC recommendations and changes to NHSN methodology beginning in 2010, rates are no longer presented.
4. SIR for any grouping were not presented if less than one infection was predicted.
5. All confidence intervals presented in this report are 95% confidence intervals. A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Because we can never obtain a hospital's true "population" data (e.g., all patients for all time), we use statistical procedures to "estimate" various measurements using "sample" data. Since estimates have "variability" we use 95% confidence limits to describe the variability around the estimate. The confidence interval gives us the range within which the TRUE value will fall 95% of the time, assuming that the sample data are reflective of the true population. If the confidence intervals for the two rates overlap, then it is reasonably possible that the REAL rates are not different from one another.
6. Statistical significance is affected by sample size. If a value is almost or just barely significant, just a few additional observations can push significance one way or the other.

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Standardized Infection Ratios

7. Calculating a SIR: The SIR is the number of observed infections divided by the number of predicted infections based on most recent national data. In order to calculate an SIR, it is recommended that there be at least one predicted infection. See Appendix 3 for more information on the SIR.
8. Interpreting a SIR: The resulting SIR is a comparison between the number of observed infections and the number predicted.
    a. An SIR of 1.0 means that exactly the same number of infections was observed as was predicted.
    b. An SIR of less than one means that fewer infections were observed than was predicted (for example, SIR = 0.70 would be interpreted as 30% fewer infections observed than predicted).
    c. An SIR of more than one means that fewer infections were observed than were predicted (for example, SIR = 1.30 would be interpreted as 30% more infections observed than predicted).
9. Calculating a corresponding confidence interval for a SIR: All hospital-specific SIR and corresponding confidence intervals in this report were generated directly by NHSN using statistical methods similar to those described in Liddell FD. Simple exact analysis of the standardized mortality ratio. *Journal of Epidemiology and Community Health*, 1984; 38:85-88.[xi]
10. Interpreting a SIR confidence interval: A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a SIR). Confidence intervals can be used to assess whether differences in the number of observed and predicted infections is statistically significant (different or similar).
    a. For confidence intervals that contain the value 1.0, the observed number of infections will be considered "Similar" to the predicted number of infections based on national data (e.g., 0.27–1.49).
    b. For confidence intervals that are lower than and do not contain the value 1.0, the observed number of infections will be considered "Lower" than the predicted number of infections based on national data (e.g., 0.13–0.74).
    c. For confidence intervals that are higher than and do not contain the value 1.0, the observed number of infections will be considered "Higher" than the predicted number of infections based on national data (e.g., 1.09–2.63).

Infection Rates

11. Calculating a CLABSI rate: CLABSI rates are presented as the number of infections per 1,000 central line days.

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

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

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

Process Measure Percentages

~~15.~~14. Calculating an influenza vaccination percentage: Influenza vaccination percentages are presented as the number of HCP vaccinated divided by the total number of HCP expressed as a percent.

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

~~16.~~15. Calculating a corresponding confidence interval for an influenza vaccination percentage: Confidence intervals calculated for influenza vaccination data presented in this report are mid-p exact 95% confidence intervals, which were calculated using a statistical software program. In prior reports, confidence intervals for influenza vaccination data were Wald normal approximation 95% confidence intervals, however the method of calculating these confidence intervals were changed due to the addition of several hospitals with small numbers of HCP.

~~17.~~16. Interpreting a proportion confidence interval for central line insertion and vaccination data: A confidence interval is a measure of certainty (usually with 95% confidence) of an estimate (such as a percentage). Confidence intervals can be used to assess whether differences in the percentages observed for each group (for example, hospital versus state) is statistically significant.
    a. Confidence intervals that overlap the state confidence interval are considered "Similar" to the overall state percentage.
    b. Confidence intervals that are lower than and do not overlap the state confidence interval are considered "Lower" than the overall state percentage.
    c. Confidence intervals that are higher than and do not overlap the state confidence interval are considered "Higher" than the overall state percentage.

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

1. Background information (facility and survey respondent)
2. How many patients were admitted to your hospital between October 1, 2024 and March 31, 2025? Include all patients that were admitted to your facility during this period, even if they were admitted or moved during the influenza season.
   2a. Total number of patient admissions
   2b. Total number of patient admissions excluding readmissions
3. How many of the patients admitted to your facility between October 1, 2024 and March 31, 2025 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 patients that received the 2024-25 vaccine product, even if administered prior to October 1, 2024.
   3a. Total number of patients immunized against influenza for the 2024-25 season
   3b. Total number of patients not immunized against influenza for the 2024-25 season
4. How many of the patients admitted to your facility between October 1, 2024 and March 31, 2025 had ever received a pneumococcal disease vaccination (at your facility or elsewhere)?
5. How many HCP worked or volunteered in your facility for at least one working day between October 1, 2024 and March 31, 2025?
6. 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.
   6a. Total number of HCP immunized against influenza for the 2024-25 season
   6b. Total number of HCP not immunized against influenza for the 2024-25 season
7. 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 contraindication, religious, other (e.g., personal/philosophical), unknown?
8. Does your facility have a seasonal influenza vaccination policy? Such a policy means that the facility requires all or some portion of HCPs working at that facility to receive a seasonal influenza vaccine. If NO, skip to item 13.
   8a. Yes, there is a policy currently in place
   8b. No, but we are considering a policy
   8c. No, and we are not considering a policy
   8d. Other
9. If your facility has a seasonal influenza vaccination policy, what reasons for exemption are acceptable (medical, religious, personal/philosophical, other)? Check all that apply.
10. If your facility has a seasonal influenza vaccination policy, what do you require of unvaccinated HCP with an acceptable reason for exemption (wear a mask, receive verbal and/or written education, other)? Check all that apply.

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11. If your facility has a seasonal influenza vaccination policy, what are the potential consequences for unvaccinated HCP without an acceptable reason for exemption (wear a mask, progressive discipline potentially including termination, receive verbal and/or written education, other)? Check all that apply.
12. If your facility has a seasonal influenza vaccination policy, how many people were terminated, suspended, resigned, or dismissed as a result of noncompliance with the policy during the 2024-25 influenza season (terminated, temporarily suspended, resigned, dismissed permanently)?
13. Does your facility offer the high-dose influenza vaccine?
14. Please enter any comments you would like to share.

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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.[xi] Several metrics are based on the science employed in NHSN. While national aggregate CLABSI data are published in the annual NHSN reports, these rates must be stratified by types of locations to be risk-adjusted. This scientifically sound risk-adjustment strategy creates a practical challenge to summarizing this information nationally, regionally, or even for an individual healthcare facility. For instance, when comparing CLABSI rates, there may be quite a number of different types of locations for which a CLABSI rate could be reported. This raises the need for a way to combine CLABSI rate data across locations.

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

Risk Group Stratifier	Observed CLABSI Rates			NHSN CLABSI Rates for 2017 (Standard Population)		
Location Type	#CLABSI	#Central line-days	CLABSI rate*	#CLABSI	#Central line-days	CLABSI rate*
ICU	170	100,000	1.7	1200	600,000	2.0
WARD	58	58,000	1.0	600	400,000	1.5

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

95% CI = (0.628 , 0.989)

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

In the table above, there are two strata to illustrate risk-adjustment by location type for which national data exist from NHSN. The SIR calculation is based on dividing the total number of observed CLABSI events by a "predicted" number using the CLABSI rates from the standard population. This "predicted" number is calculated by multiplying the national CLABSI rate from the standard population by the observed number of central line days for each stratum, which can also be understood as a prediction or projection. If the observed data represented a follow-up period, such as 2017, one would state that an SIR of 0.79 indicates that there was a 21% reduction in CLABSI overall for the nation, region, or facility.

The SIR concept and calculation is completely based on the underlying CLABSI rate data that exist across a potentially large group of strata. Thus, the SIR provides a single metric for performing comparisons rather than attempting to perform multiple comparisons across many strata which makes the task cumbersome.

The SIR concept and calculation can be applied equitably to other HAI metrics. This is especially true for HAI metrics for which national data are available and reasonably precise using a measurement system such as the NHSN. The SIR calculation methods differ in the risk group stratification only.

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

$\text{logit}(\underline{p}) = \alpha + \beta 1X1 + \beta 2X2 + \beta 3X3 + \beta 4X4$
**For these risk factors, if present = 1; if not = 0*

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

Detailed descriptions of the SIR in NHSN are available at:
https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

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

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

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

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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.
   - 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.

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What You Can Do to Help Prevent a Catheter-Associated Bloodstream Infection

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

What Hospitals Do to Prevent Catheter-Associated Bloodstream Infections

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

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

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

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

What Hospitals Do to Prevent Catheter-Associated Urinary Tract Infections

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

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

What You Can Do to Help Prevent Surgical Site Infections

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- You may have some of your hair removed immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur, however you should not be shaved with a razor. Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.
- After your surgery, make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.

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- Family and friends who visit you should not touch the surgical wound or dressings and prevent pets from coming into contact with your wound.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to do so.
- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital. If you do develop an infection at the hospital, be sure to ask what type of infection you have, whether you need antibiotics for it, what steps you should take to prevent it from spreading and make plans for follow up care for the infection.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

What Hospitals Do to Prevent Surgical Site Infections

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

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

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

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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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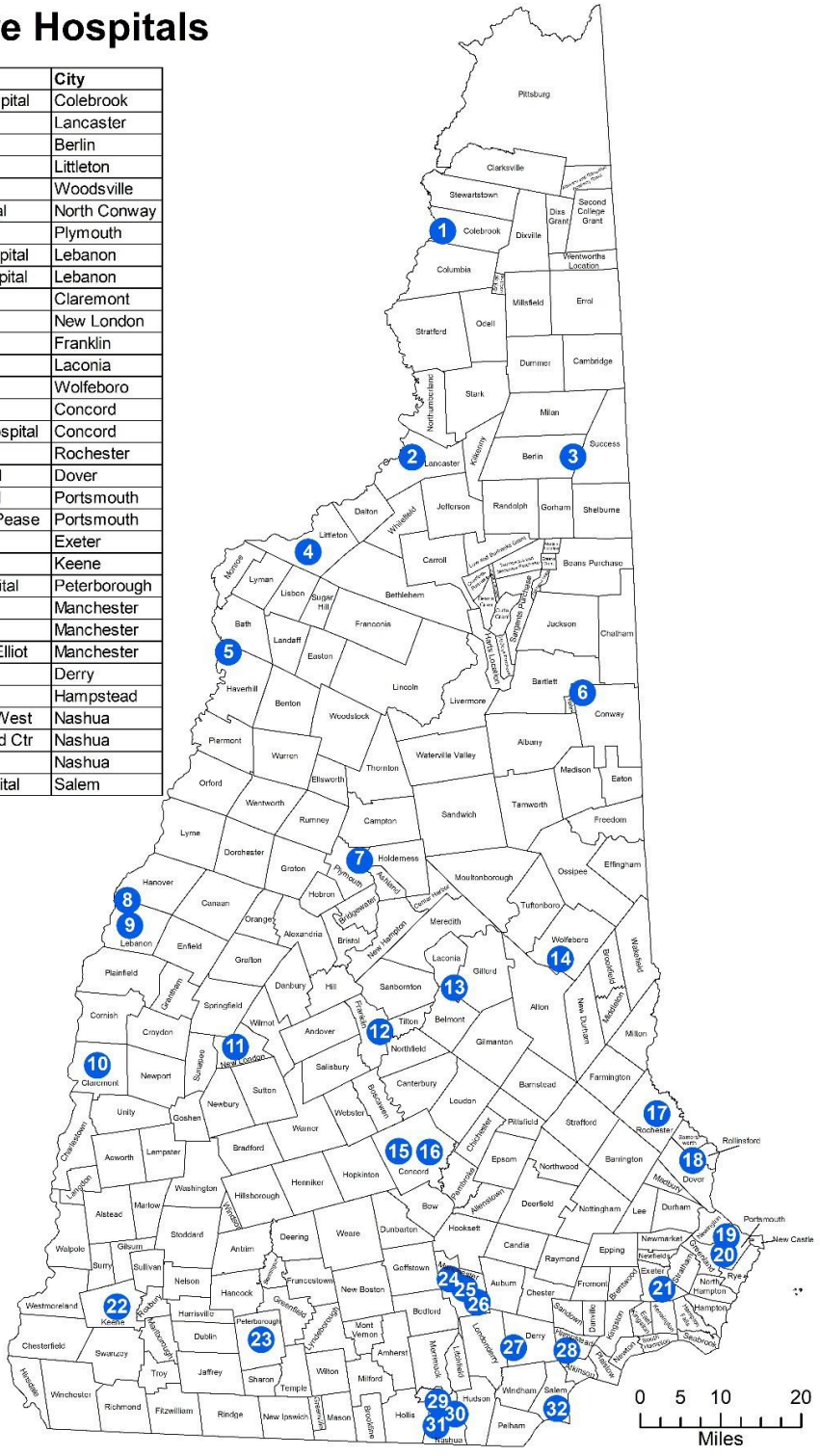
APPENDIX 5: Map of New Hampshire Hospitals, 2024

New Hampshire Hospitals

Map #	Hospital	City
1	Upper Connecticut Valley Hospital	Colebrook
2	Weeks Medical Center	Lancaster
3	Androscoggin Valley Hospital	Berlin
4	Littleton Regional Hospital	Littleton
5	Cottage Hospital	Woodsville
6	MaineHealth Memorial Hospital	North Conway
7	Speare Memorial Hospital	Plymouth
8	Mary Hitchcock Memorial Hospital	Lebanon
9	Alice Peck Day Memorial Hospital	Lebanon
10	Valley Regional Hospital	Claremont
11	New London Hospital	New London
12	Concord Hospital - Franklin	Franklin
13	Concord Hospital - Laconia	Laconia
14	Huggins Hospital	Wolfeboro
15	Concord Hospital	Concord
16	Encompass Health Rehab Hospital	Concord
17	Frisbie Memorial Hospital	Rochester
18	Wentworth-Douglass Hospital	Dover
19	Portsmouth Regional Hospital	Portsmouth
20	Northeast Rehab Hospital at Pease	Portsmouth
21	Exeter Hospital	Exeter
22	Cheshire Medical Center	Keene
23	Monadnock Community Hospital	Peterborough
24	Catholic Medical Center	Manchester
25	Elliot Hospital	Manchester
26	Northeast Rehab Hospital at Elliot	Manchester
27	Parkland Medical Center	Derry
28	Hampstead Hospital	Hampstead
29	Northeast Rehab at SNHMC West	Nashua
30	Southern New Hampshire Med Ctr	Nashua
31	St Joseph Hospital	Nashua
32	Northeast Rehabilitation Hospital	Salem



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

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