## Standardized Infection Ratios (SIRs) for NHSN Modules

<table>
<thead>
<tr>
<th>Infection Type</th>
<th>MI Hosp</th>
<th>MI CMS Obs</th>
<th>MI CMS Pred</th>
<th>MI CMS SIR</th>
<th>MI CMS SIR 95% CI</th>
<th>MI Hosp</th>
<th>MI CMS Obs</th>
<th>MI CMS Pred</th>
<th>MI CMS SIR</th>
<th>MI CMS SIR 95% CI</th>
<th>MI CMS SIR 95% Cl</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI&lt;sup&gt;1&lt;/sup&gt;</td>
<td>84</td>
<td>246</td>
<td>180.048</td>
<td><strong>1.366</strong></td>
<td>&lt;0.0001</td>
<td>1.203, 1.545</td>
<td>Acute (80)</td>
<td>246</td>
<td>179.823</td>
<td><strong>1.368</strong></td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>CLABSI&lt;sup&gt;10&lt;/sup&gt;</td>
<td>82</td>
<td>62</td>
<td>161.518</td>
<td><strong>0.384</strong></td>
<td>&lt;0.0001</td>
<td>0.297, 0.489</td>
<td>Acute (78)</td>
<td>62</td>
<td>161.428</td>
<td><strong>0.384</strong></td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>ICU&lt;sup&gt;11&lt;/sup&gt;</td>
<td>82</td>
<td>59</td>
<td>144.084</td>
<td><strong>0.409</strong></td>
<td>&lt;0.0001</td>
<td>0.315, 0.525</td>
<td>Acute (78)</td>
<td>59</td>
<td>143.994</td>
<td><strong>0.410</strong></td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>NICU&lt;sup&gt;12&lt;/sup&gt;</td>
<td>17</td>
<td>3</td>
<td>17.434</td>
<td><strong>0.172</strong></td>
<td>&lt;0.0001</td>
<td>0.044, 0.468</td>
<td>Acute (17)</td>
<td>3</td>
<td>17.434</td>
<td><strong>0.172</strong></td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>SSI COLO&lt;sup&gt;13&lt;/sup&gt;</td>
<td>85</td>
<td>89</td>
<td>74.512</td>
<td><strong>1.194</strong></td>
<td>0.1000</td>
<td>0.965, 1.463</td>
<td>Acute (79)</td>
<td>88</td>
<td>74.342</td>
<td><strong>1.184</strong></td>
<td>0.1200</td>
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<tr>
<td>SSI HYST&lt;sup&gt;14&lt;/sup&gt;</td>
<td>84</td>
<td>14</td>
<td>17.611</td>
<td>0.795</td>
<td>0.3980</td>
<td>0.453, 1.302</td>
<td>Acute (79)</td>
<td>14</td>
<td>17.561</td>
<td>0.797</td>
<td>0.4050</td>
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<tr>
<td>MRSA Bac LabID&lt;sup&gt;15&lt;/sup&gt;</td>
<td>83</td>
<td>97</td>
<td>90.433</td>
<td>1.073</td>
<td>0.4847</td>
<td>0.875, 1.303</td>
<td>Acute (79)</td>
<td>97</td>
<td>90.346</td>
<td>1.074</td>
<td>0.4789</td>
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<tr>
<td>CDI LabID&lt;sup&gt;16&lt;/sup&gt;</td>
<td>82</td>
<td>900</td>
<td>909.144</td>
<td><strong>0.990</strong></td>
<td>0.7783</td>
<td>0.927, 1.056</td>
<td>Acute (79)</td>
<td>900</td>
<td>908.098</td>
<td><strong>0.991</strong></td>
<td>0.8050</td>
</tr>
</tbody>
</table>

### Michigan Data for CMS Reporting
1. Elements currently required for acute care facilities only
2. Michigan Hospitals: the total number of hospitals sharing data with the SHARP Unit for each infection type
3. Michigan Observed: Number of infections reported during the time frame overall for each module.
4. Michigan Predicted: The overall number of infections predicted based on the type of hospital unit(s) under surveillance.
5. Michigan SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or procedure. An SIR of 1 can be interpreted as having the same number of events that were predicted. An SIR that is between 0 and 1 represents fewer events than predicted, while an SIR of greater than 1 represents more events than predicted (respectively).
6. MI Hosp<sup>2</sup>: Number of Michigan hospitals sharing data with the SHARP Unit for each infection type.
7. MI CMS Obs<sup>3</sup>: Michigan Observed: Number of infections reported during the time frame overall for each module.
8. MI CMS Pred<sup>4</sup>: Michigan Predicted: The overall number of infections predicted based on the type of hospital unit(s) under surveillance.
9. MI CMS SIR<sup>5</sup>: Michigan SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or procedure. An SIR of 1 can be interpreted as having the same number of events that were predicted. An SIR that is between 0 and 1 represents fewer events than predicted, while an SIR of greater than 1 represents more events than predicted (respectively).
10. **p-value**: An SIR p-value of <0.05 is considered significantly different than expected. It can show either significantly more infections (if the SIR is greater than 1 and the p-value is <0.05) or significantly fewer (if the SIR is less than 1 and the p-value is <0.05).
11. Michigan 95% CI: 95% confidence interval around the SIR estimate. A 95% CI indicates that 95% of the time, the actual SIR will fall within this interval.
12. Number of Michigan hospitals sharing data with the SHARP Unit. Acute care hospitals fulfill requirements set by the Center for Medicare and Medicaid Services (CMS). CAH: Critical Access Hospital. CAHs currently have no reporting requirements for CMS.
13. Catheter-Associated Urinary Tract Infection, 14Central Line-Associated Blood Stream Infection, 15ICU: CLABSI(s) from ICU-only, 16NICU: CLABSI(s) from NICU-only, 17Surgical Site Infection – Colon Surgery, 18Surgical Site Infection – Abdominal Hysterectomy, 19MRSA BacLabID: Inpatient facility-wide MRSA bacteremia Laboratory-Identified Event, 20CDI LabID: Inpatient facility-wide *Clostridium difficile* Laboratory-Identified Events

This report includes Michigan NHSN data for the first quarter of the 2014 calendar year. It demonstrates aggregate results from all data provided by Michigan hospitals to the MDHHS SHARP Unit, as well as the subset of that data which are reported to the Centers for Medicare & Medicaid Services (CMS) to fulfill reporting requirements. Comprehensive Michigan Aggregate HAI Surveillance Reports can be found at [www.michigan.gov/hai](http://www.michigan.gov/hai).
Standardized Infection Ratios (SIRs) for NHSN Modules: All Data and CMS-Required Elements

This table provides Standardized Infection Ratios (SIRs) for the six modules required by CMS in 2014, and displays both Michigan’s aggregate quarterly and a subset of CMS-required data (required for acute care only) by facility type. CMS-required SIRs include adult, pediatric, and neonatal intensive care unit (ICU) data for CLABSIs and adult and pediatric ICU data for CAUTIs from acute care hospitals. CMS SSIs include only deep incisional primary and organ/space SSIs with an event date within 30 days of the procedures and use only age and American Society of Anesthesiologists (ASA) score to determine risk for colon surgeries (COLO) and abdominal hysterectomies (HYST) from acute care hospitals. CMS-required SIRs include MRSA bacteremia facility-wide Laboratory-identified data (only healthcare facility-onset events included) and Clostridium difficile facility-wide Laboratory-identified data (only healthcare facility-onset events included). Descriptions of terms used in the tables can be found in the table footnotes in the report.

Graphs Comparing SIR to Baseline

SIR graphs display a comparison of the Michigan Overall SIR and the Michigan CMS SIR to the National Baseline (0%). The percentage listed on each bar shows the percent difference each respective SIR is from the national baseline. National baseline data were collected in 2006-2008 for CLABSI and SSI, 2009 for CAUTI, and 2011 for CDI and MRSA. New baseline data for all modules will be collected in 2015.
**Michigan Quarterly Overall SIR Trends**

SIR trend graphs show Michigan Overall SIRs quarterly, when three or more data points are available. Each SIR is surrounded by its 95% confidence interval, and a reference line of 1 is provided. These trend graphs compare SIRs to 1 (baseline) as well as the previous quarter.

**CAUTI Standardized Infection Ratios**

* = Significantly different from 1  
** = Significantly different from previous report  

**Time Period**

- 2012 Q1  
- 2012 Q2*  
- 2012 Q3*  
- 2012 Q4  
- 2013 Q1*  
- 2013 Q2*  
- 2013 Q3*  
- 2013 Q4*  
- 2014 Q1*
CLABSI Standardized Infection Ratios

SSI COLO Standardized Infection Ratios

SSI HYST Standardized Infection Ratios

* = Significantly different from 1
** = Significantly different from previous report
Conclusions

This report compiled Michigan HAI data voluntarily shared via NHSN with the MDHHS SHARP Unit for the 2014 Quarter 1 reporting period. This highlight sheet presents a new format that will replace the formal quarterly reports. Semi-Annual and Annual reports will still be provided following a more traditional format.

Note that these data from participating hospitals have not been validated. Validation studies will be conducted as additional funding becomes available. This report contains data from many more facilities than in previous reports. Data will continue to become more reliable as additional Michigan hospitals participate in this surveillance initiative.

Please contact Allison Murad at MuradA@michigan.gov or at 517-335-8199 with any questions, comments, or suggestions regarding this report.