

Table of Contents

State of Michigan 2015 Q2 TAP Report.....	2
Region 1 TAP Report.....	24
Region 2N TAP Report.....	29
Region 2S TAP Report.....	34
Region 3 TAP Report.....	40
Region 5 TAP Report.....	45
Region 6 TAP Report.....	50
Region 7 TAP Report.....	55
Region 8 TAP Report.....	60

State of Michigan
2015 Q2 Aggregate TAP Report

Michigan Department of Health and Human Services
Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit



The Michigan Department of Health and Human Services (MDHHS) Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit began including the new targeted assessment for prevention (TAP) reports in the 2014 annual statewide aggregate report. Beginning with the 2015 Quarter 1 report, individual TAP reports are provided quarterly.

This report shows modules and locations where the State of Michigan either needs to focus additional prevention efforts or is excelling in infection prevention. The table presents a cumulative attributable difference (CAD) determined using the HHS target standardized infection ratios (SIRs) for each module. Numbers in red show how many infections the state needs to prevent quarterly in order to reach the HHS target SIR. Numbers in green show the number of infections prevented beyond what was expected for the state according to the HHS target SIR. Corresponding SIRs for each module and location type are provided as well.

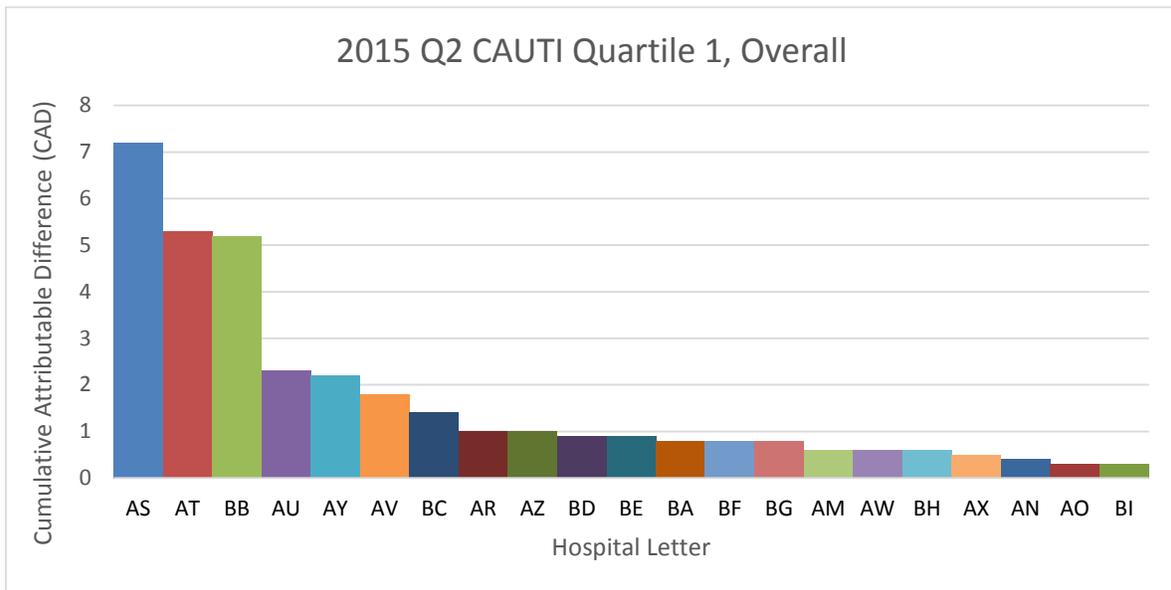
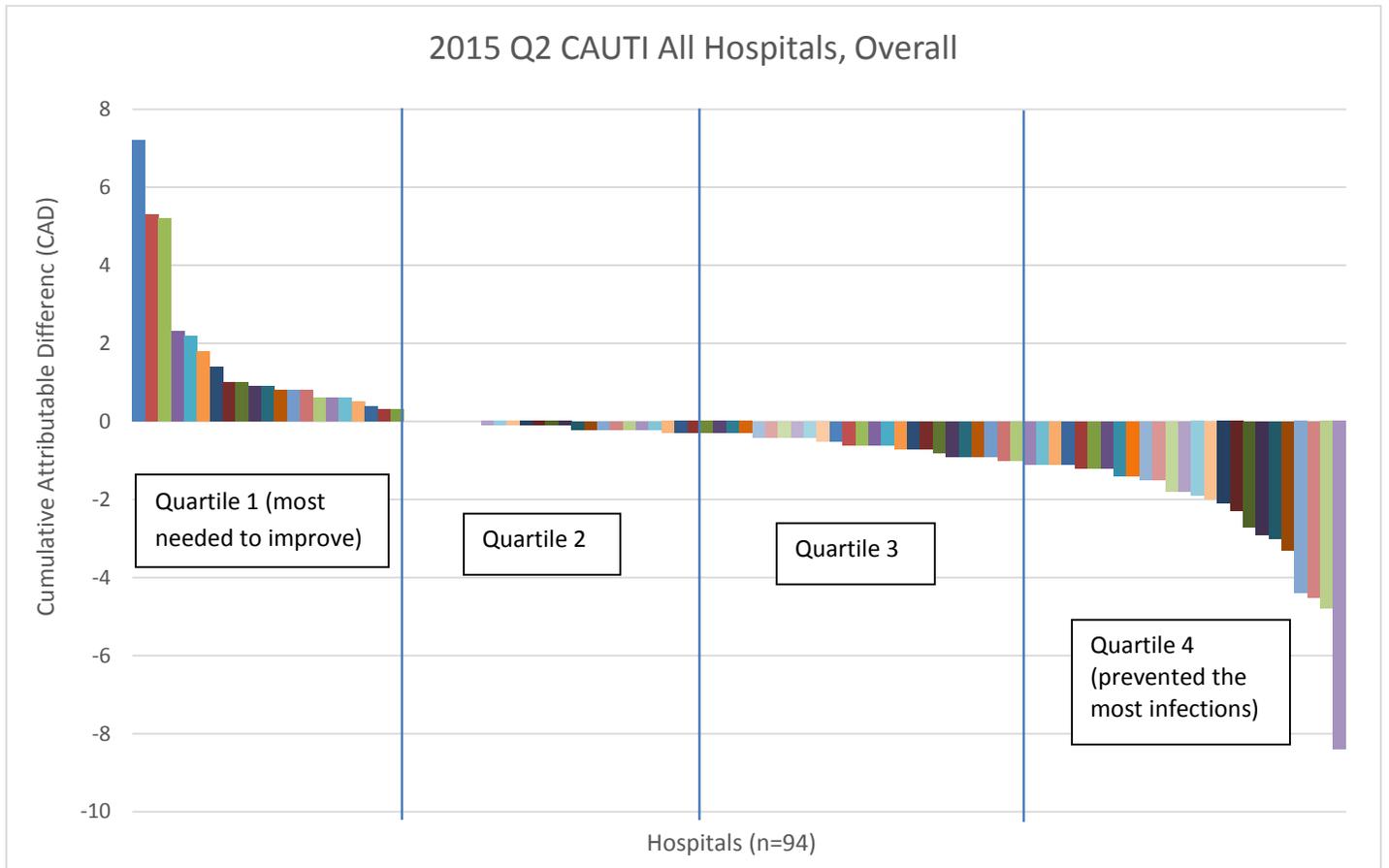
2015 Q2 Targeted Assessment for Prevention Report						
NHSN Module	Number of Facilities ¹	Location	SIR ²	Significant (Y/N) ³	CAD ⁴	Prevented or Need to Prevent
CAUTI	94	All	0.6	Y	-42.8	Prevented
	79	ICU	0.7	----	-12.5	Prevented
	83	Ward	0.5	----	-30.3	Prevented
CLABSI	92	All	0.5	Y	-4.3	Prevented
	60	ICU	0.5	----	-2.4	Prevented
	59	Ward	0.5	----	3.6	Need to Prevent
CDI	15	NICU	0.2	----	-5.6	Prevented
	91	Facility-wide	0.83	Y	124.7	Need to Prevent
	91	Facility-wide	0.94	N	15.6	Need to Prevent
SSI COLO	87	----	1.11	N	27.7	Need to Prevent
SSI HYST	87	----	0.91	N	3.4	Need to Prevent

¹Note: facilities in which an SIR could not be calculated with a CAD of 0 were excluded from this table
²SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or other variables. An SIR of 1 can be interpreted as having the same number of events as 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.
³Significant (Y/N). A Y indicates that, based on the p-value and 95% Confidence Interval (CI), the SIR is statistically significantly different than 1. An N indicates that, based on the p-value and 95% CI, the SIR is not statistically significantly different than 1 (expected). Significance testing was only performed on overall SIRs, not location-specific.
⁴CAD=Cumulative Attributable Difference. The number of infections that your hospital either needs to prevent to meet the HHS target or has prevented beyond the HHS target.
HHS CAUTI Target SIR = 0.75, HHS CLABSI Target SIR = 0.5, HHS CDI Target SIR = 0.7, HHS MRSA bacteremia Target SIR = 0.75, HHS SSI Target SIR = 0.75

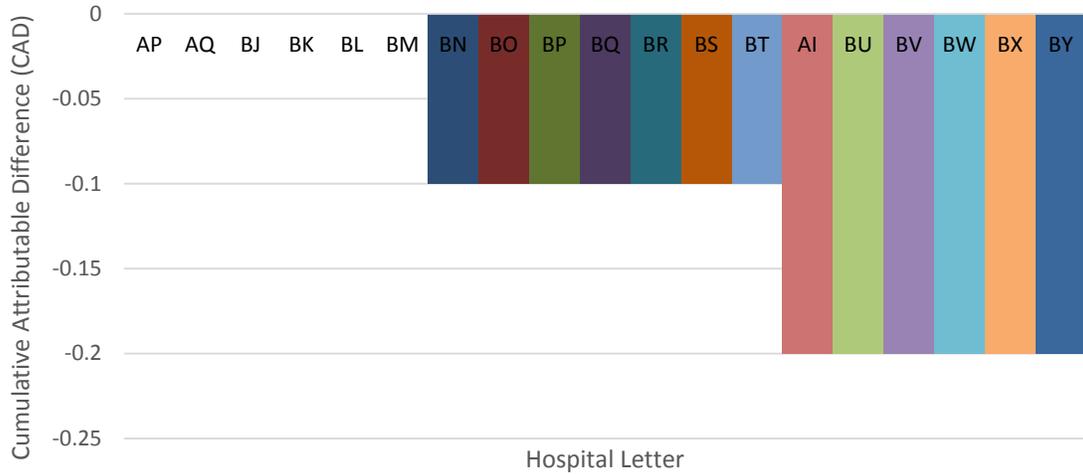
Bar graphs containing CAD values from all letter-coded SHARP-participating hospitals by module and location are available below. These graphs allow each facility to view their rank within each module and location compared to all other SHARP-participating facilities. Note: facilities in which an SIR could not be calculated with a CAD of 0 were excluded from the bar graphs. Each participating facility will receive an individual, password-protected TAP report containing their letter. Letters are re-assigned each quarter. Aggregate reports are also available for each emergency preparedness region below.

Please contact Allie Murad at murada@michigan.gov with questions, comments, or suggestions. All aggregate reports are posted at www.michigan.gov/hai.

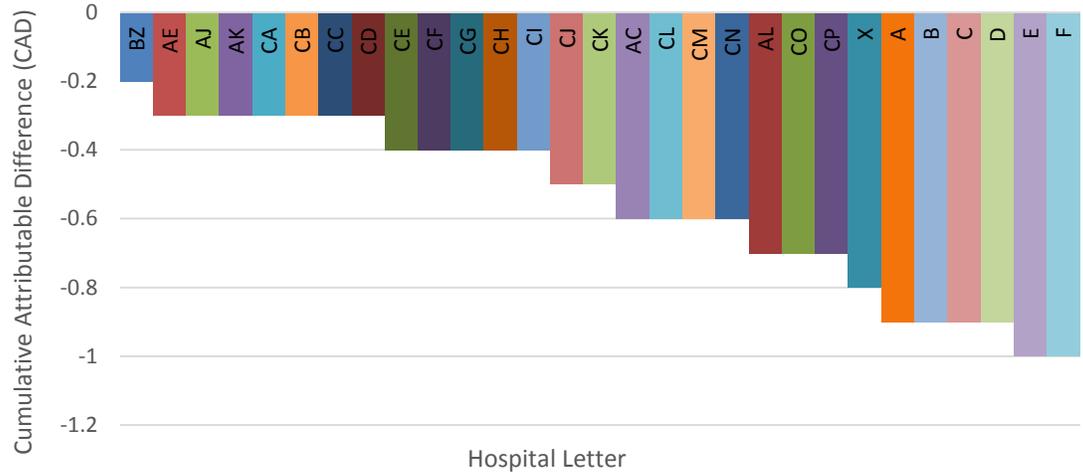
Bar Graphs



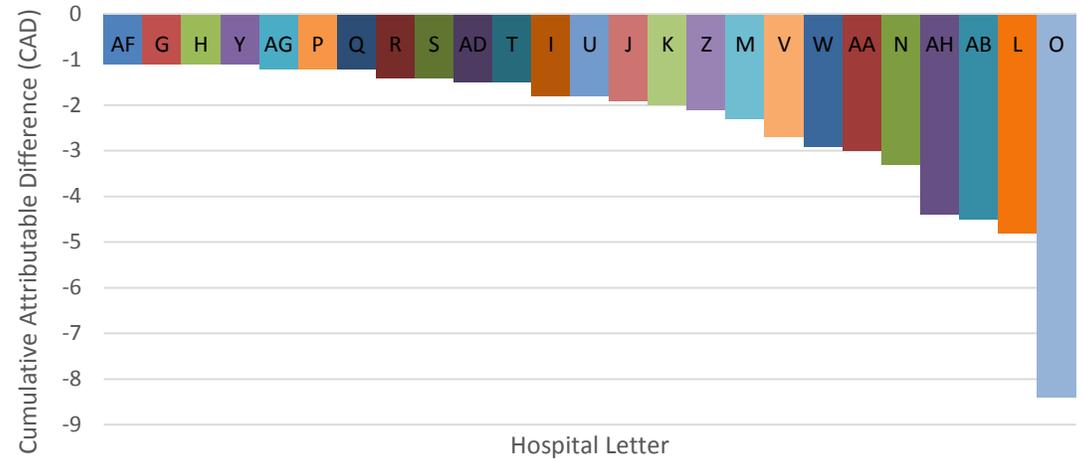
2015 Q2 CAUTI Quartile 2, Overall



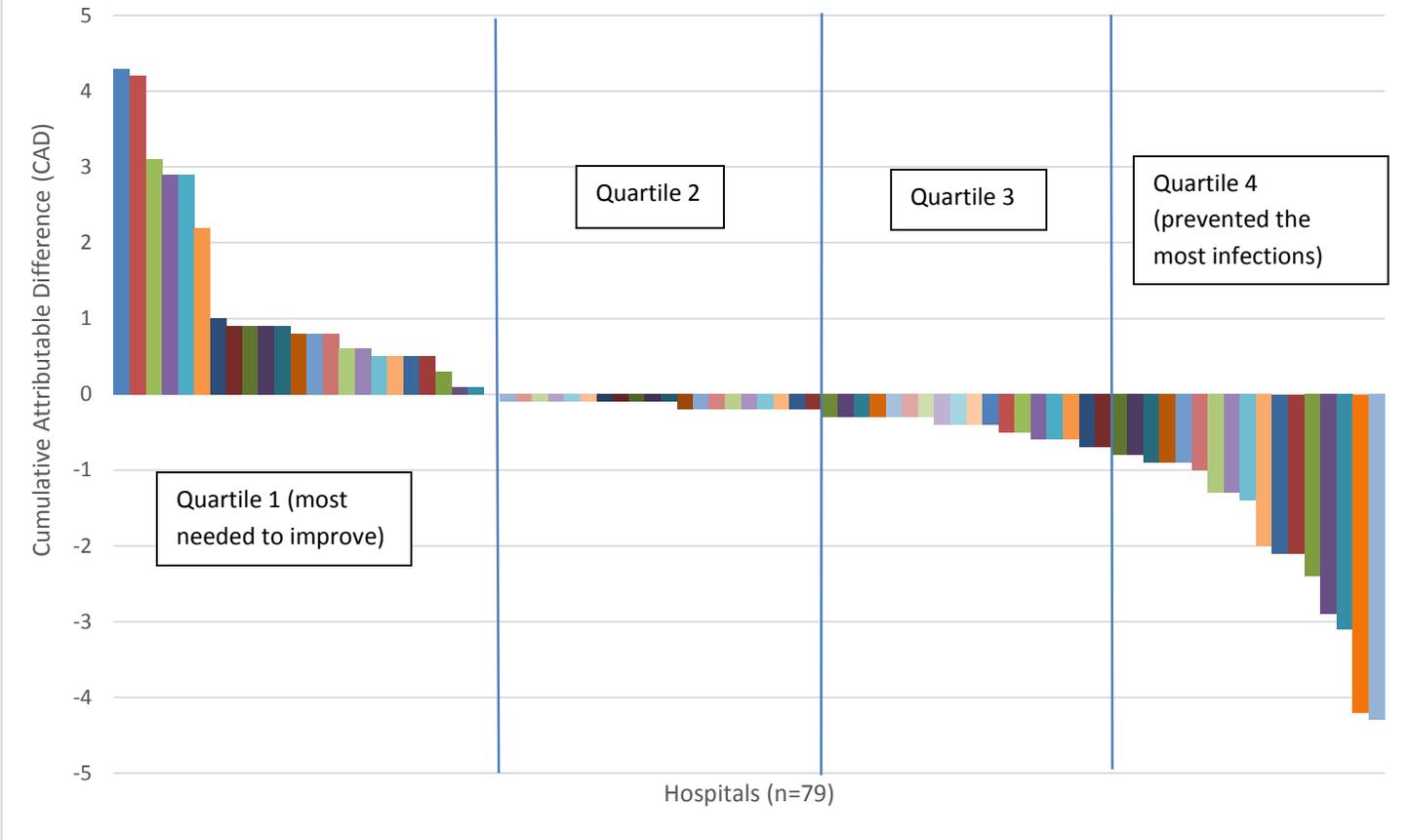
2015 Q2 CAUTI Quartile 3, Overall



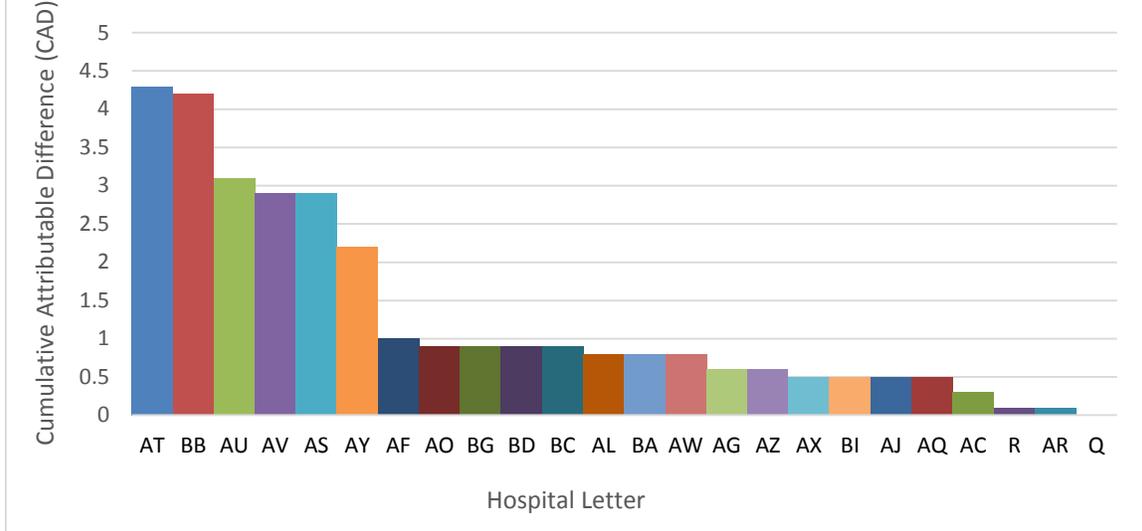
2015 Q2 CAUTI Quartile 4, Overall



2015 Q2 CAUTI All Hospitals, ICU



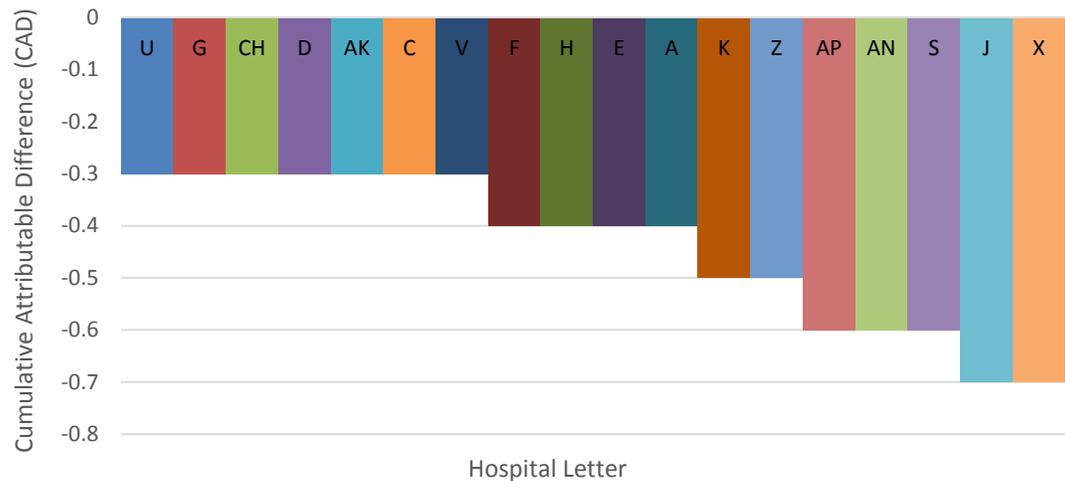
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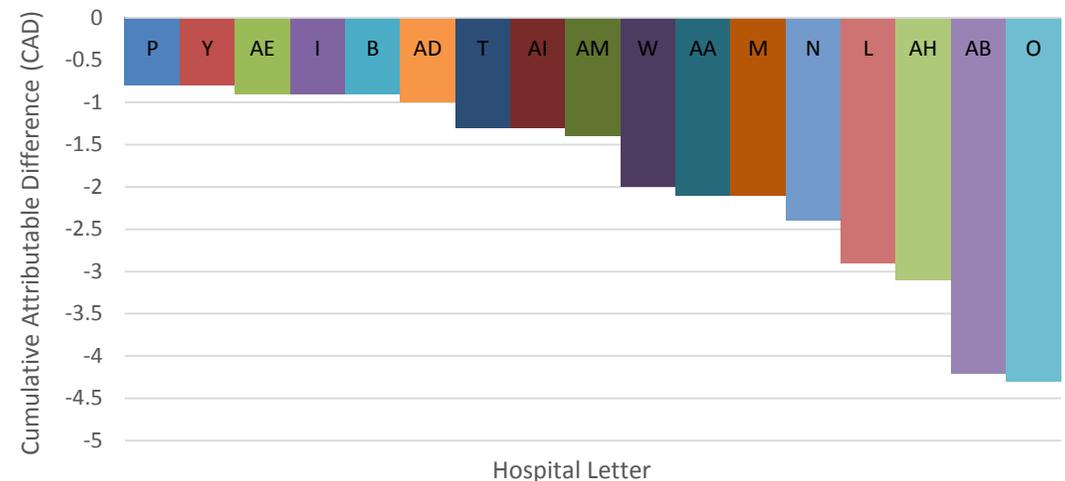
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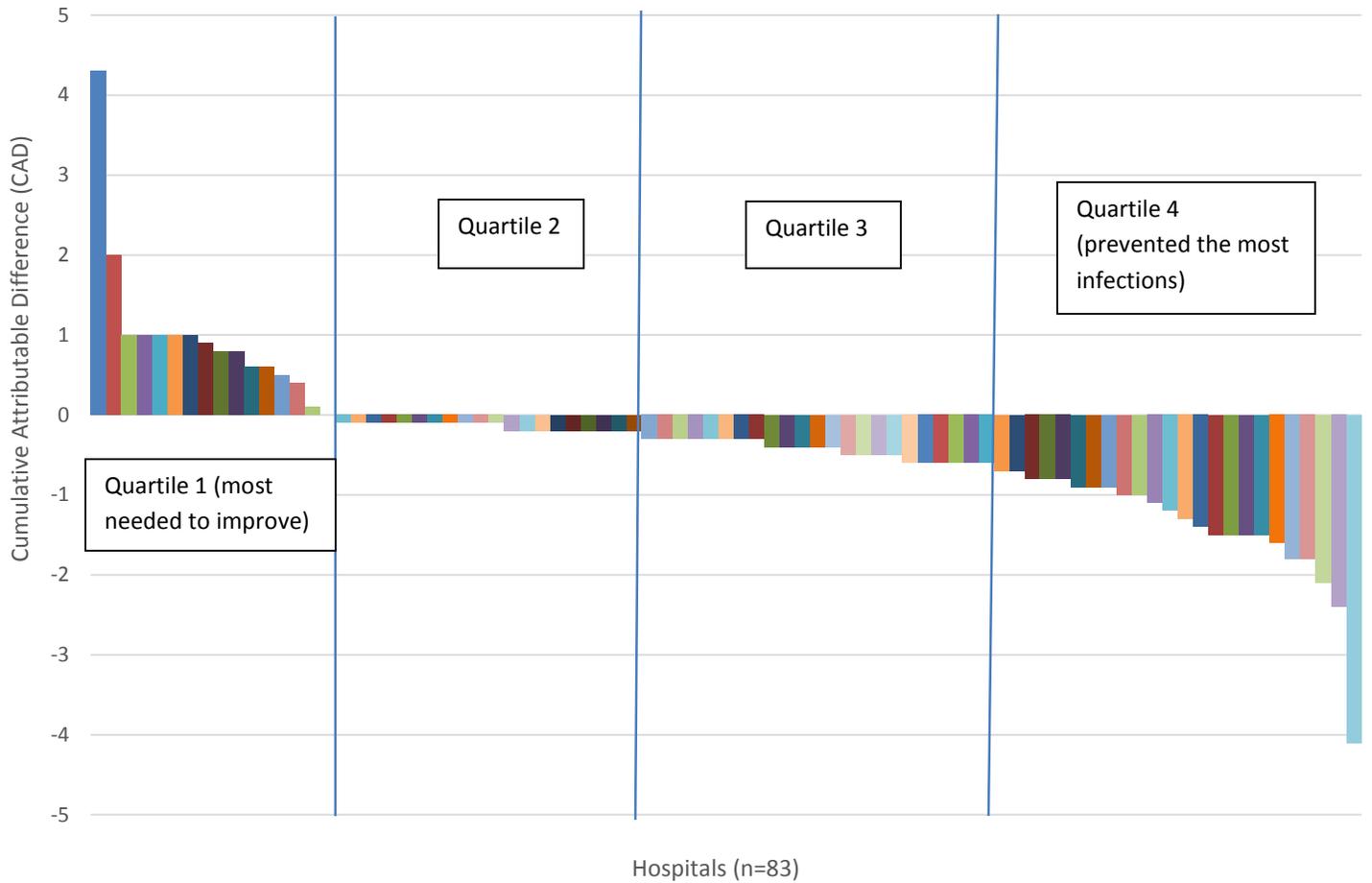
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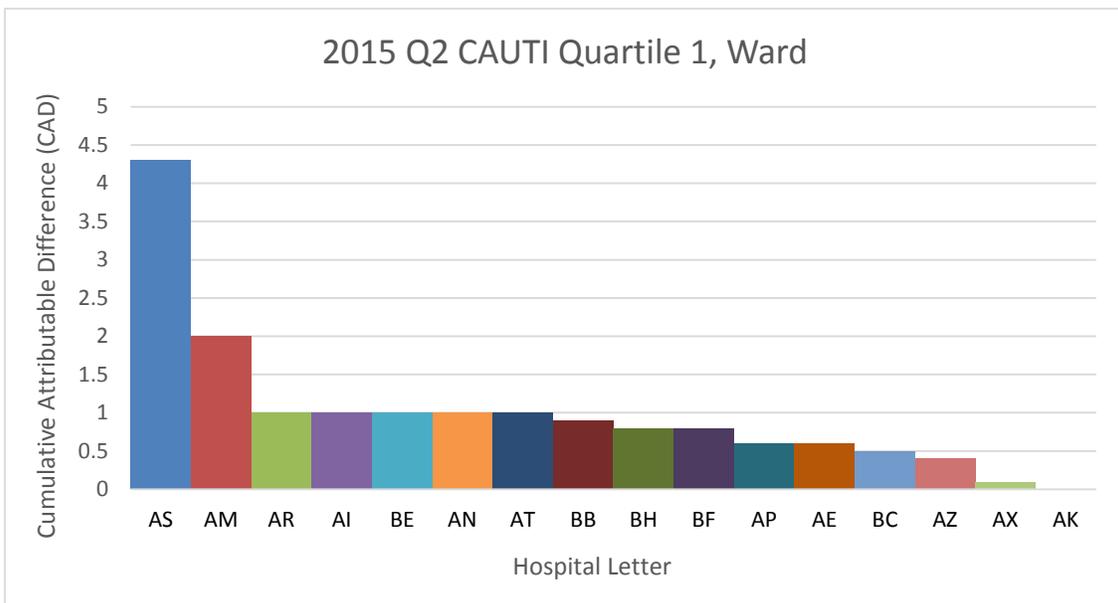
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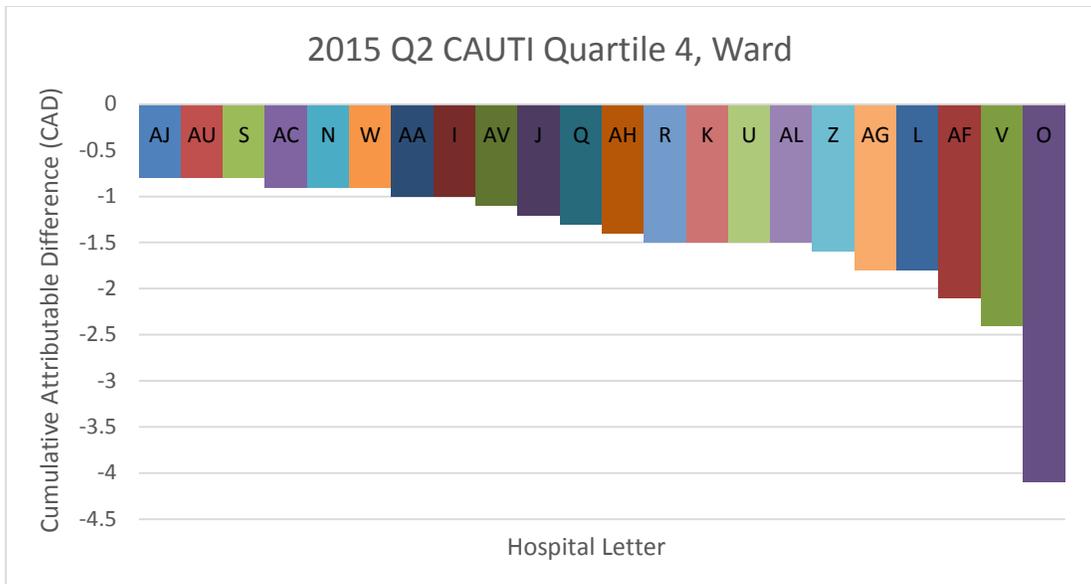
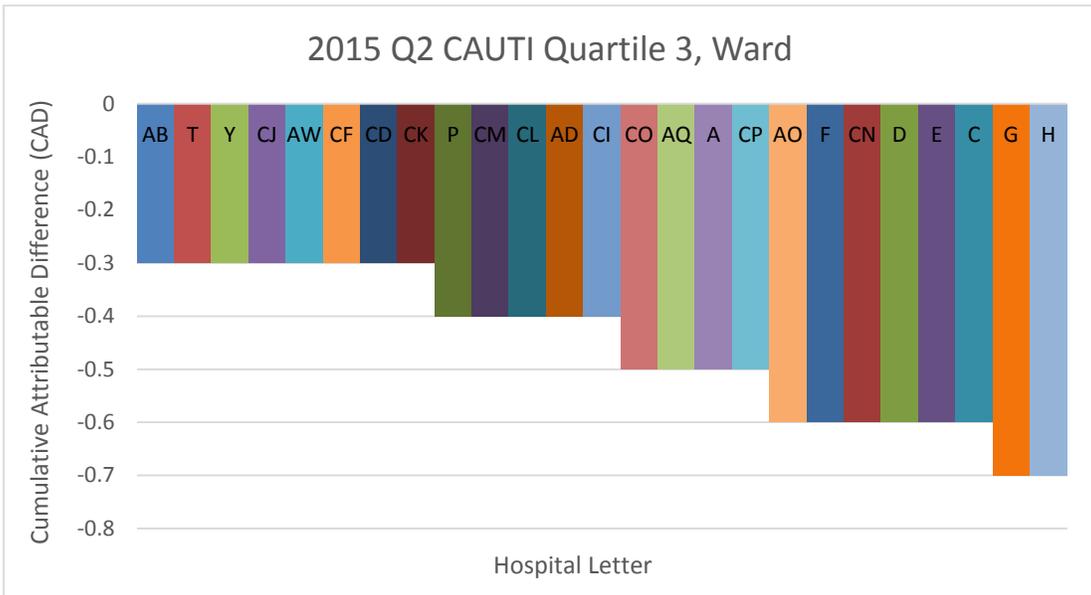
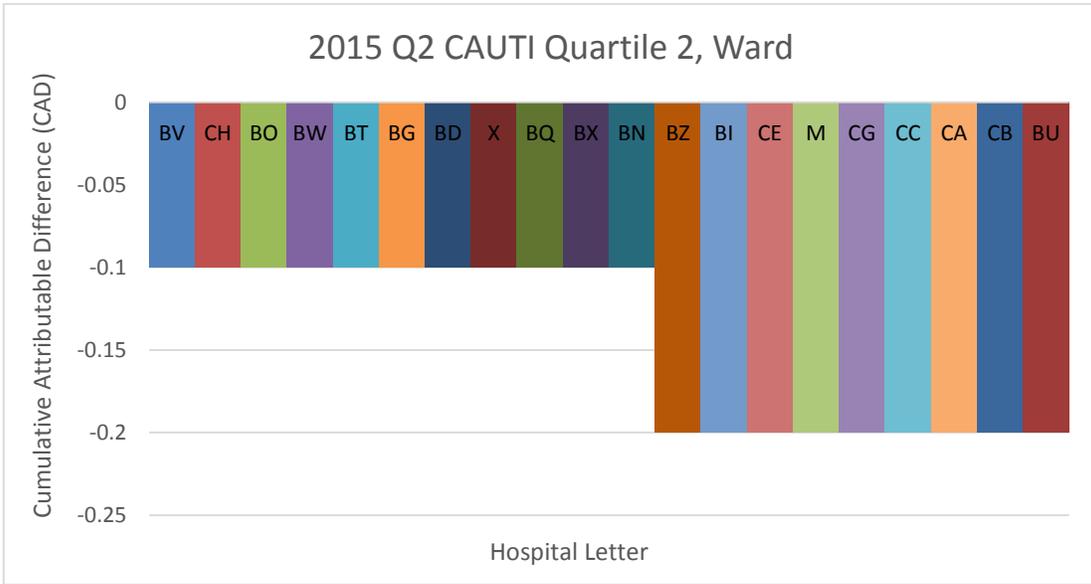


2015 Q2 CAUTI All Hospitals, Ward

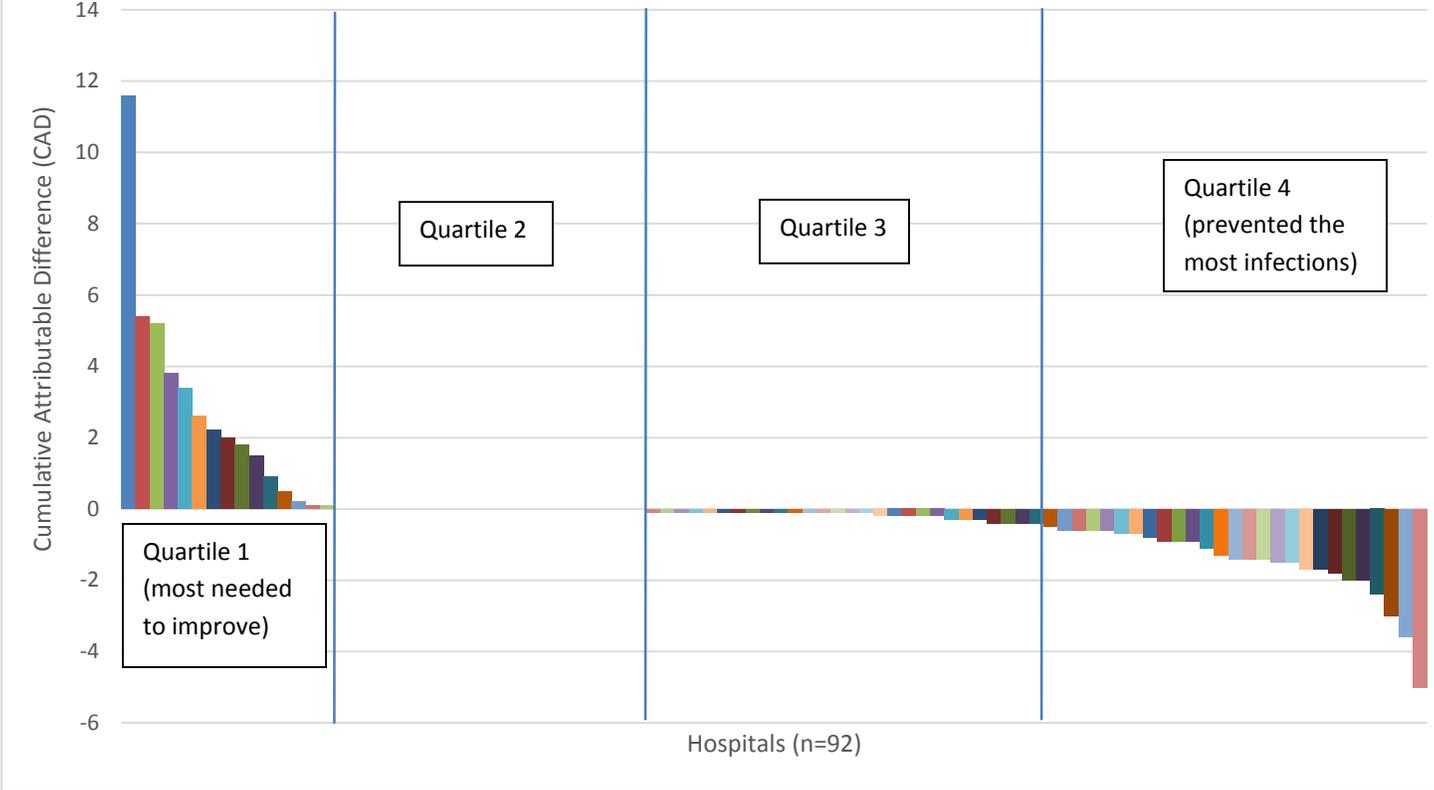


2015 Q2 CAUTI Quartile 1, Ward

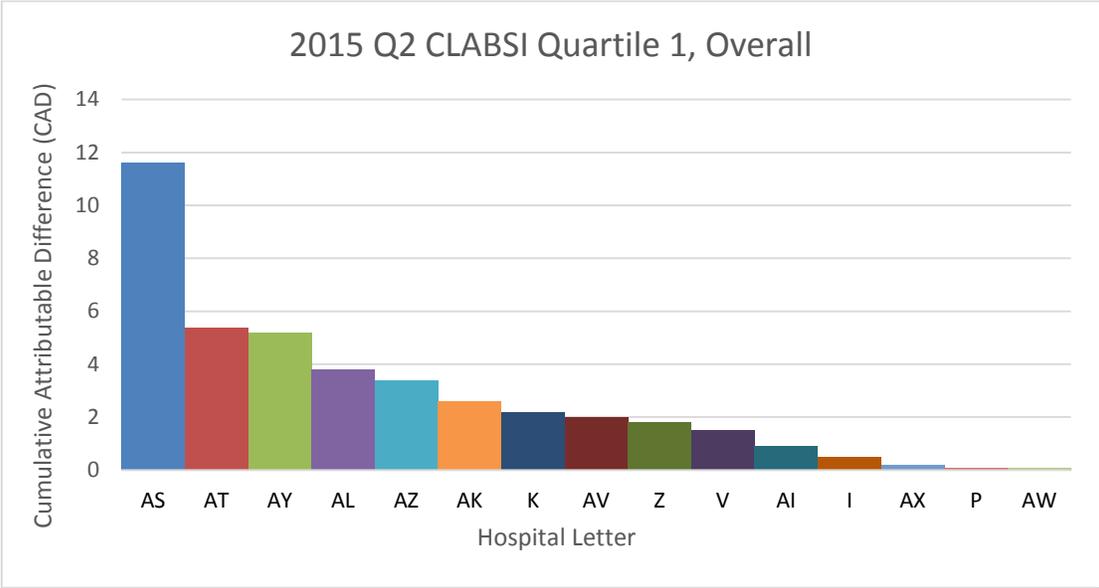




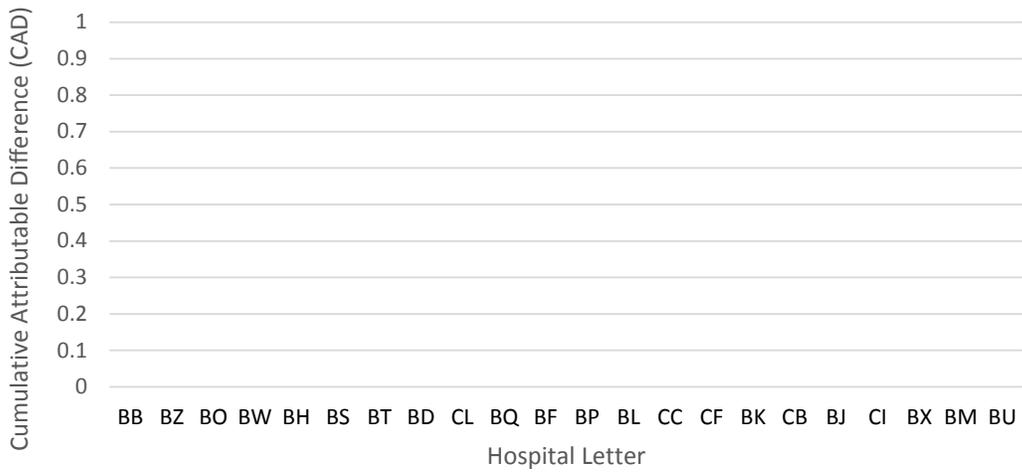
2015 Q2 CLABSI All Hospitals, Overall



2015 Q2 CLABSI Quartile 1, Overall



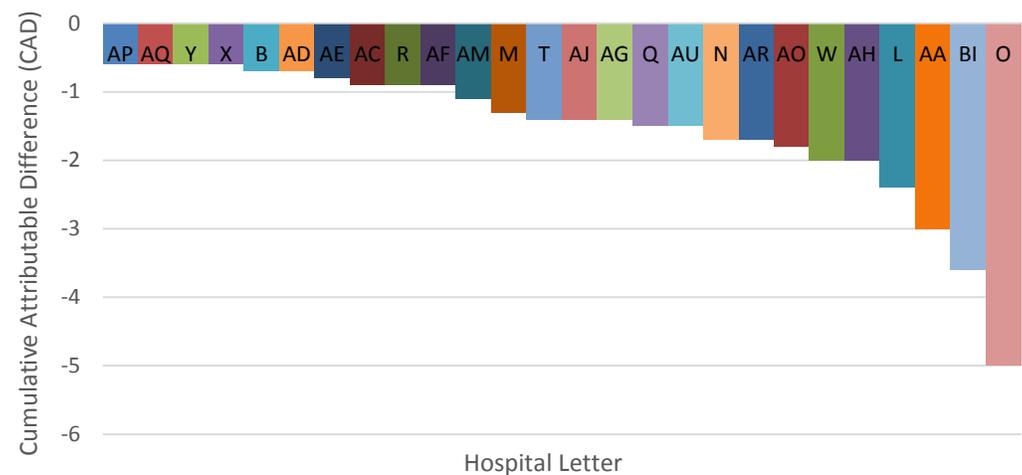
2015 Q2 CLABSI Quartile 2, Overall

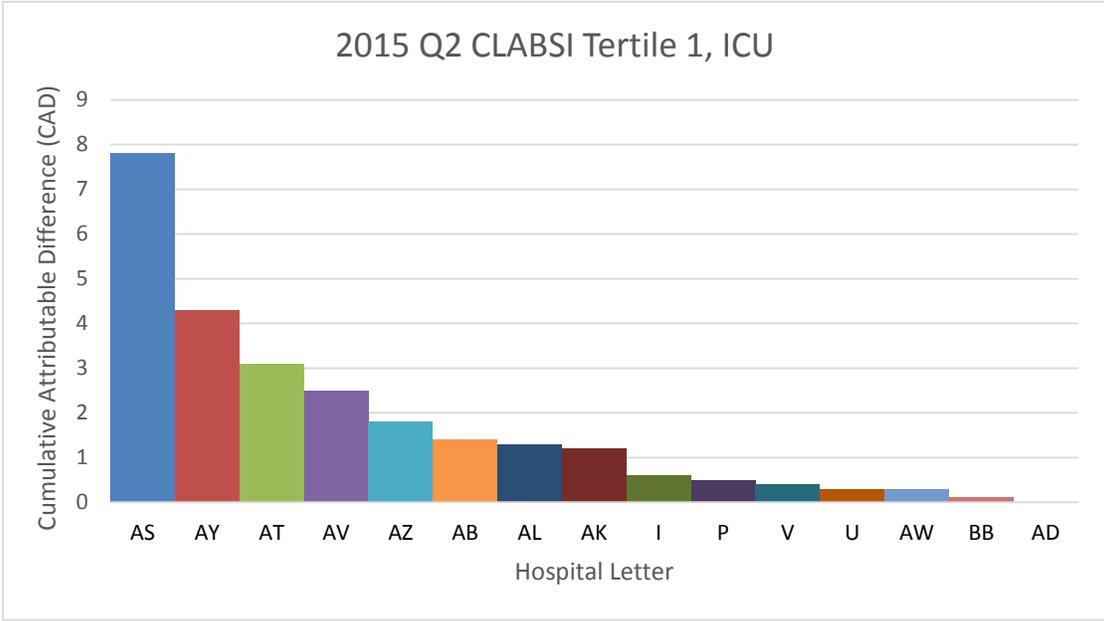
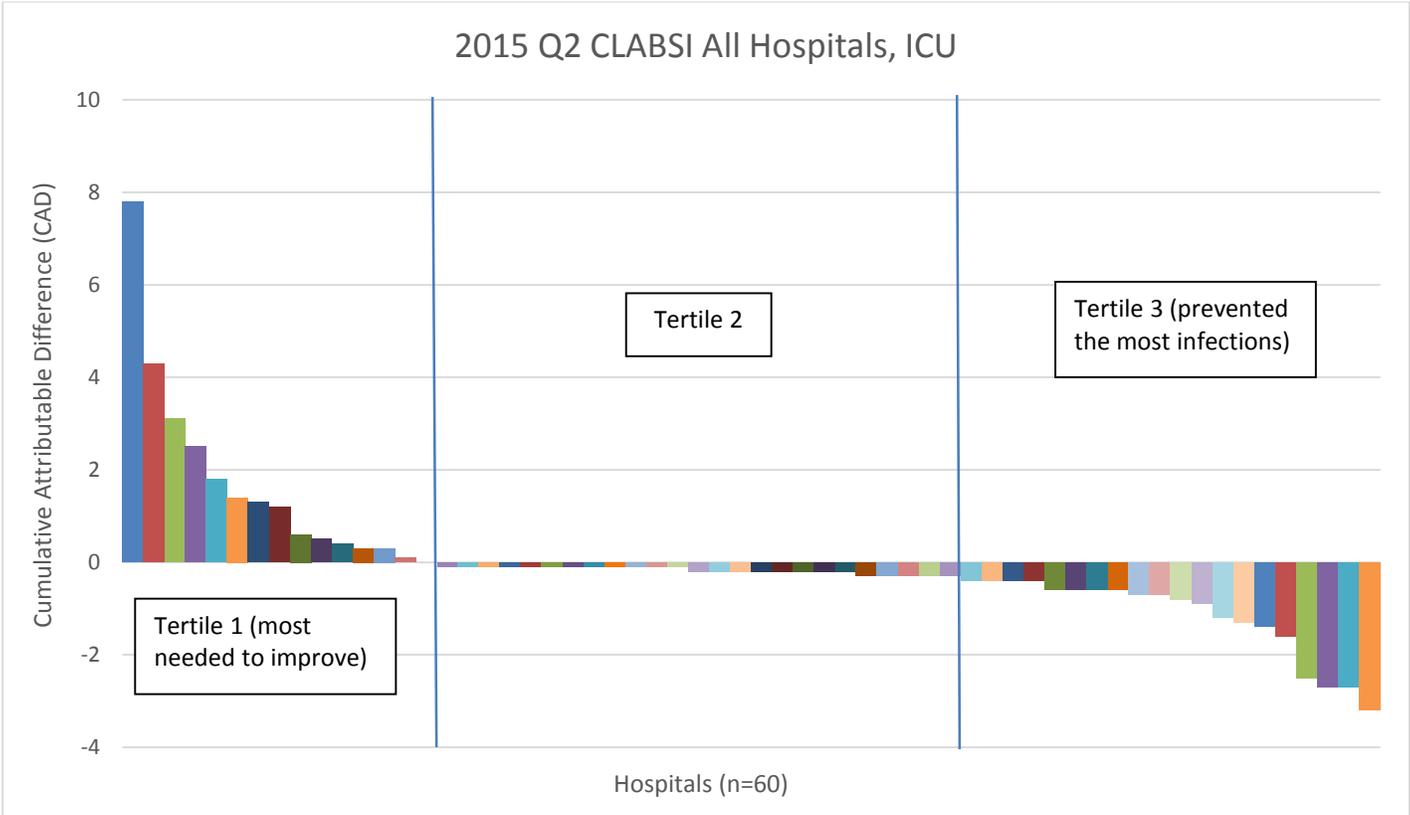


2015 Q2 CLABSI Quartile 3, Overall

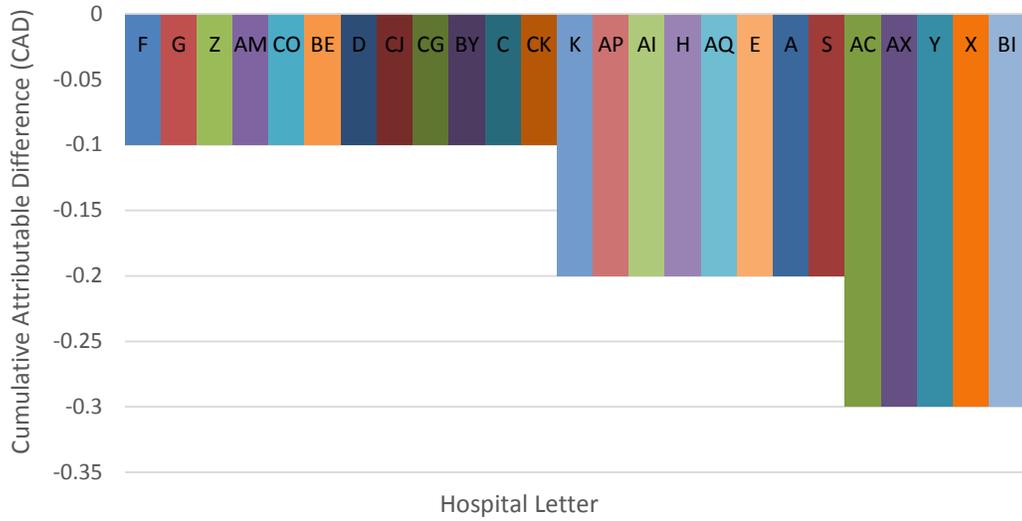


2015 Q2 CLABSI Quartile 4, Overall

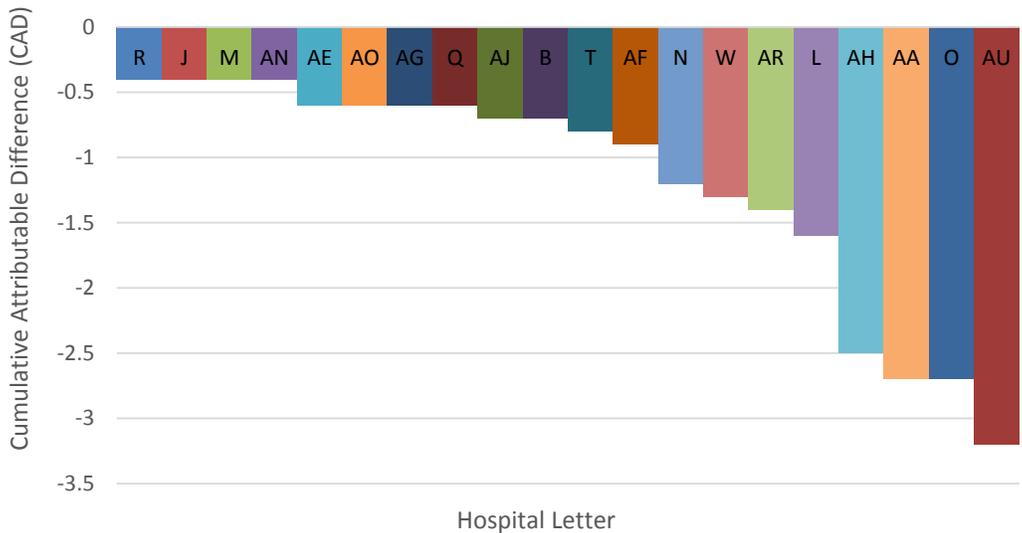




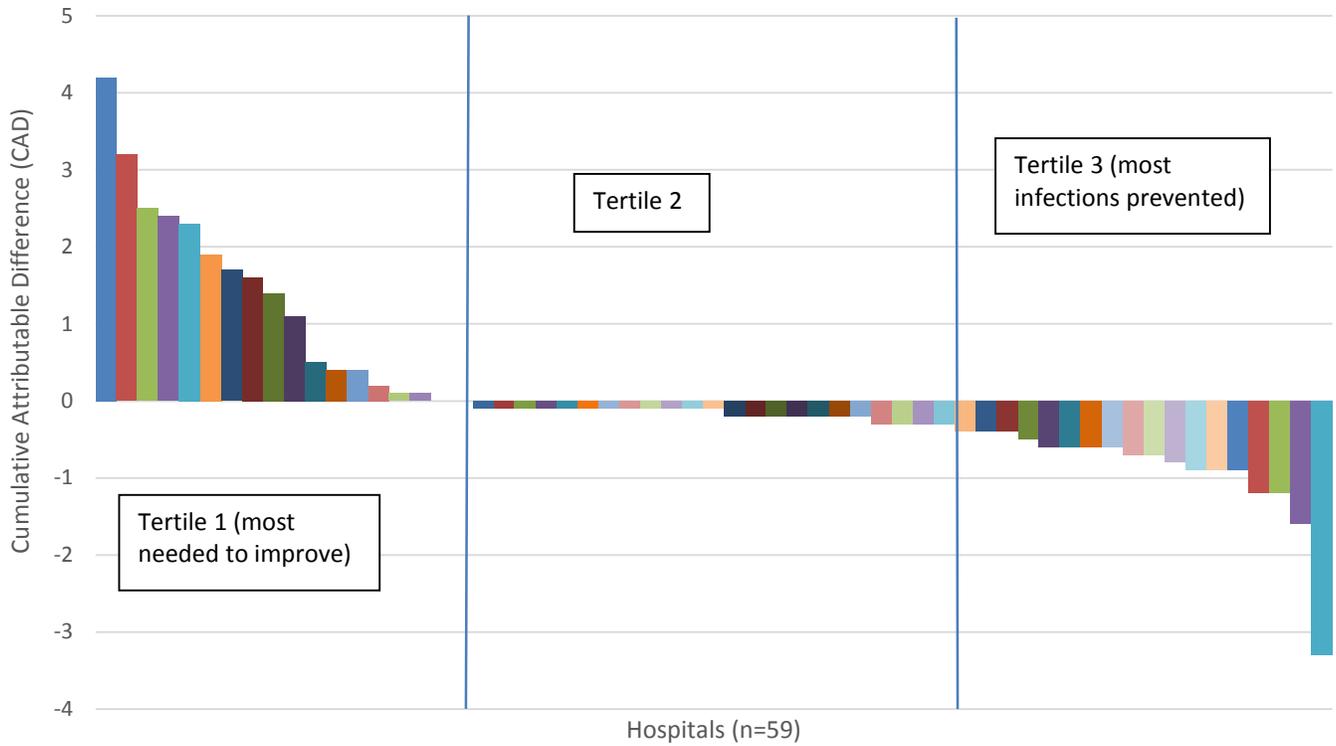
2015 Q2 CLABSI Tertile 2, ICU



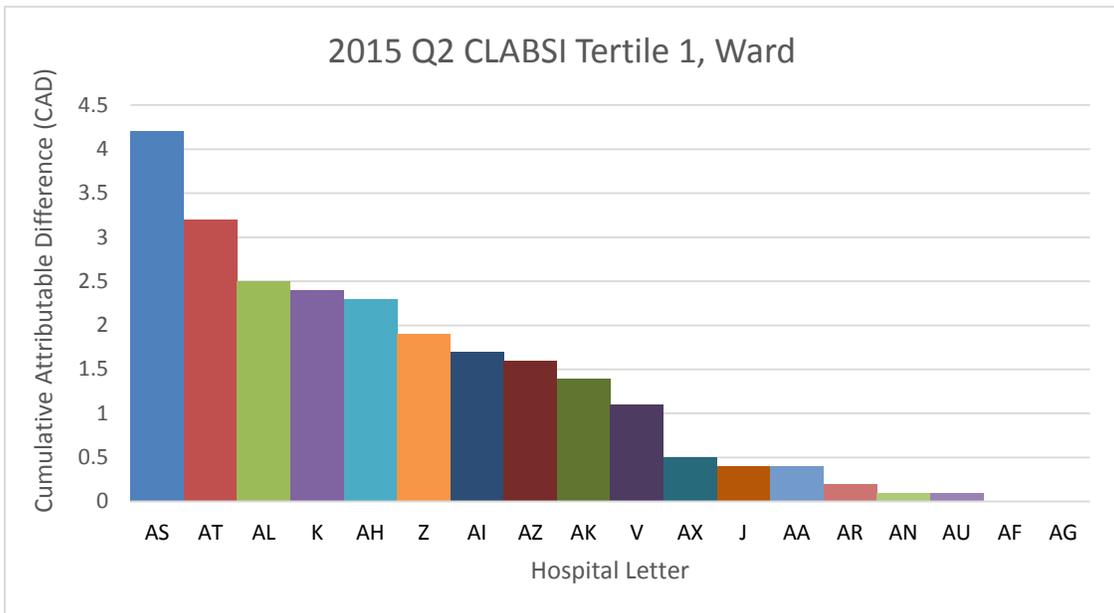
2015 Q2 CLABSI Tertile 3, ICU



2015 Q2 CLABSI All Hospitals, Ward



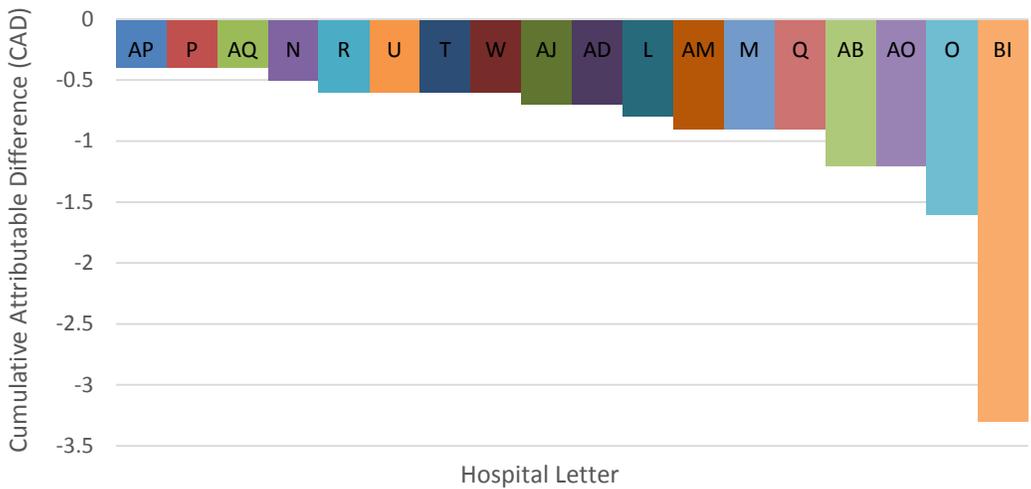
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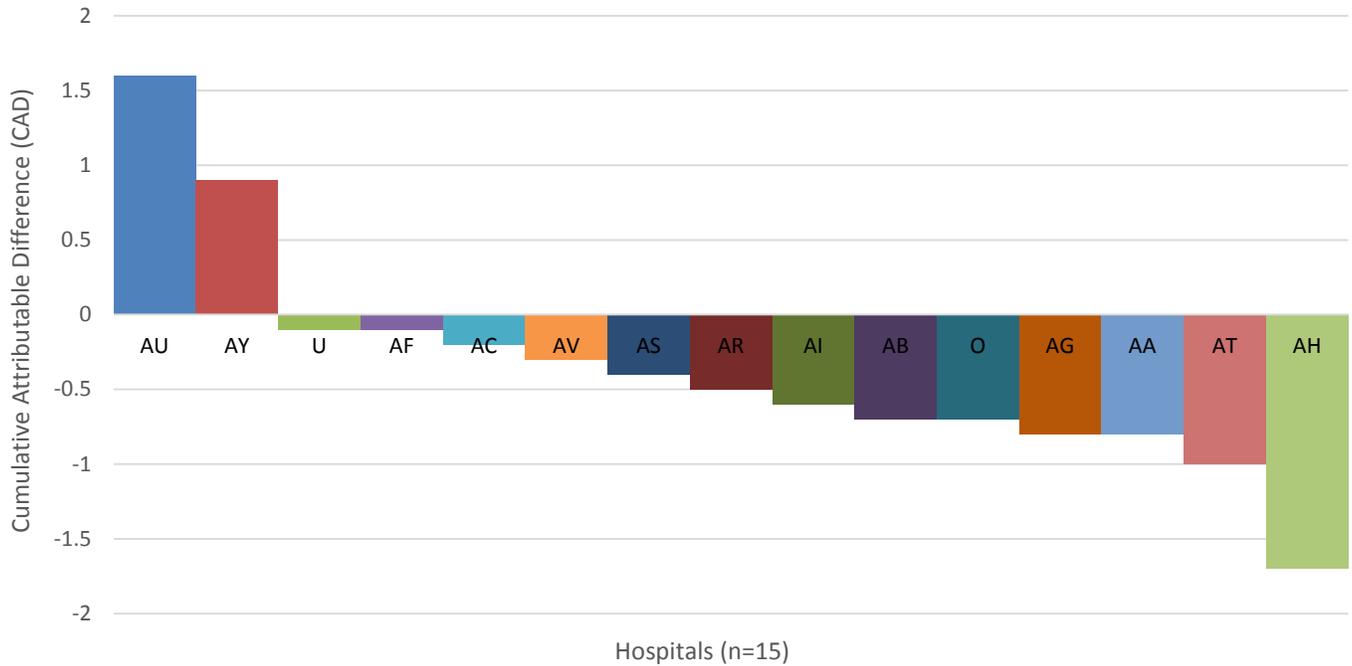
2015 Q2 CLABSI Tertile 2, Ward



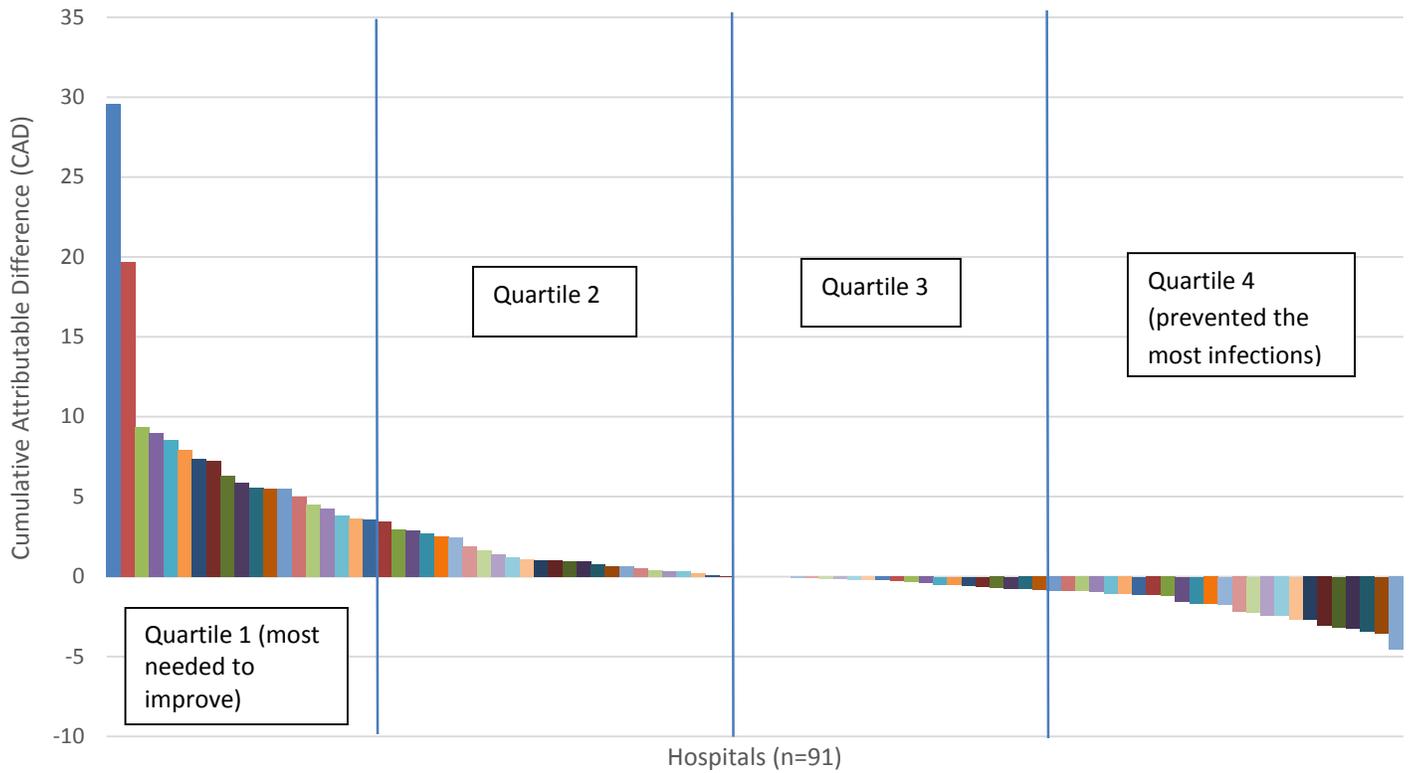
2015 Q2 CLABSI Tertile 3, Ward



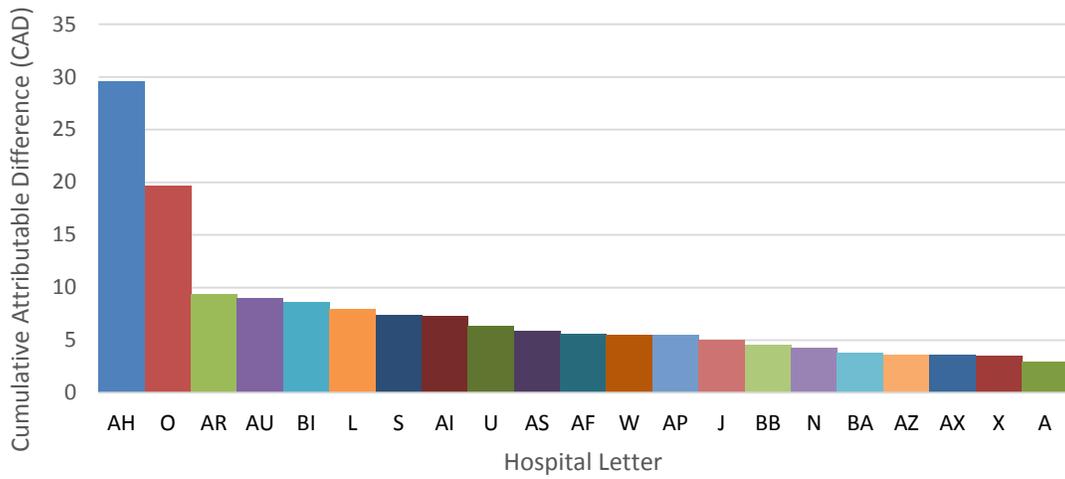
2015 Q2 CLABSI All Hospitals, NICU



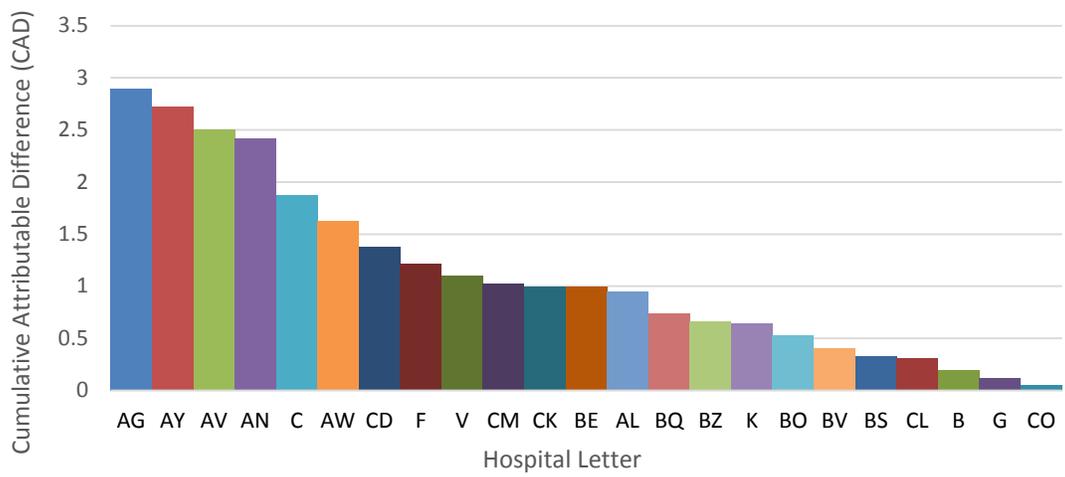
2015 Q2 C.diff LabID All Hospitals, Facility-Wide Inpatient



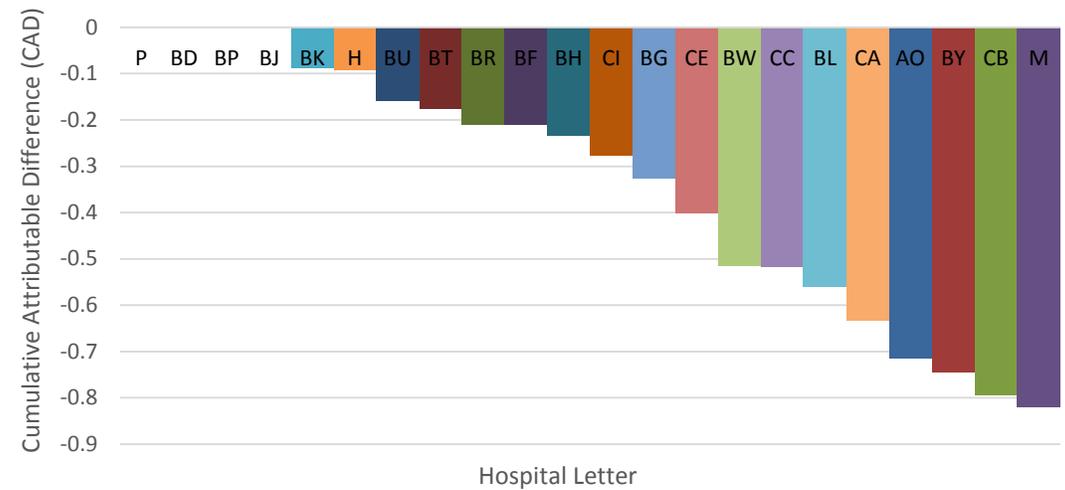
2015 Q2 C.diff LabID Quartile 1, Facility-Wide Inpatient



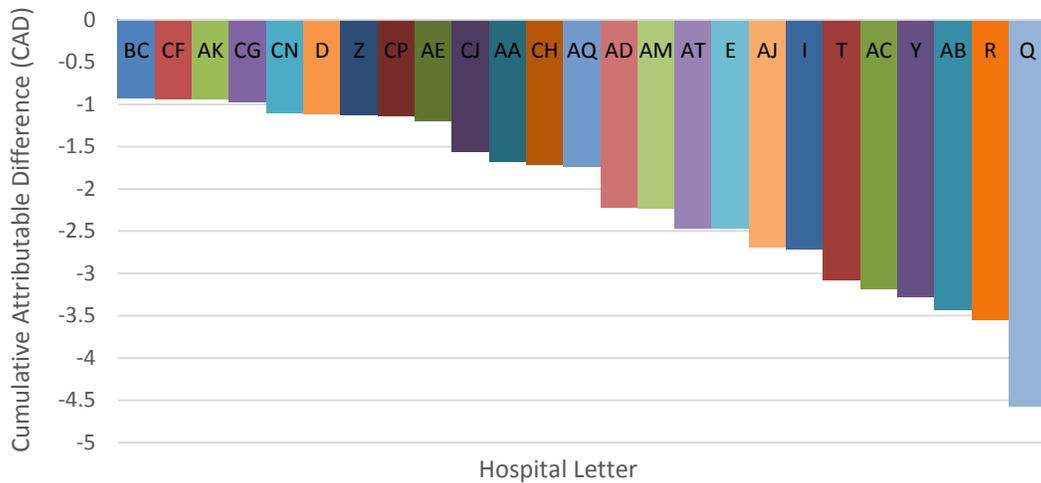
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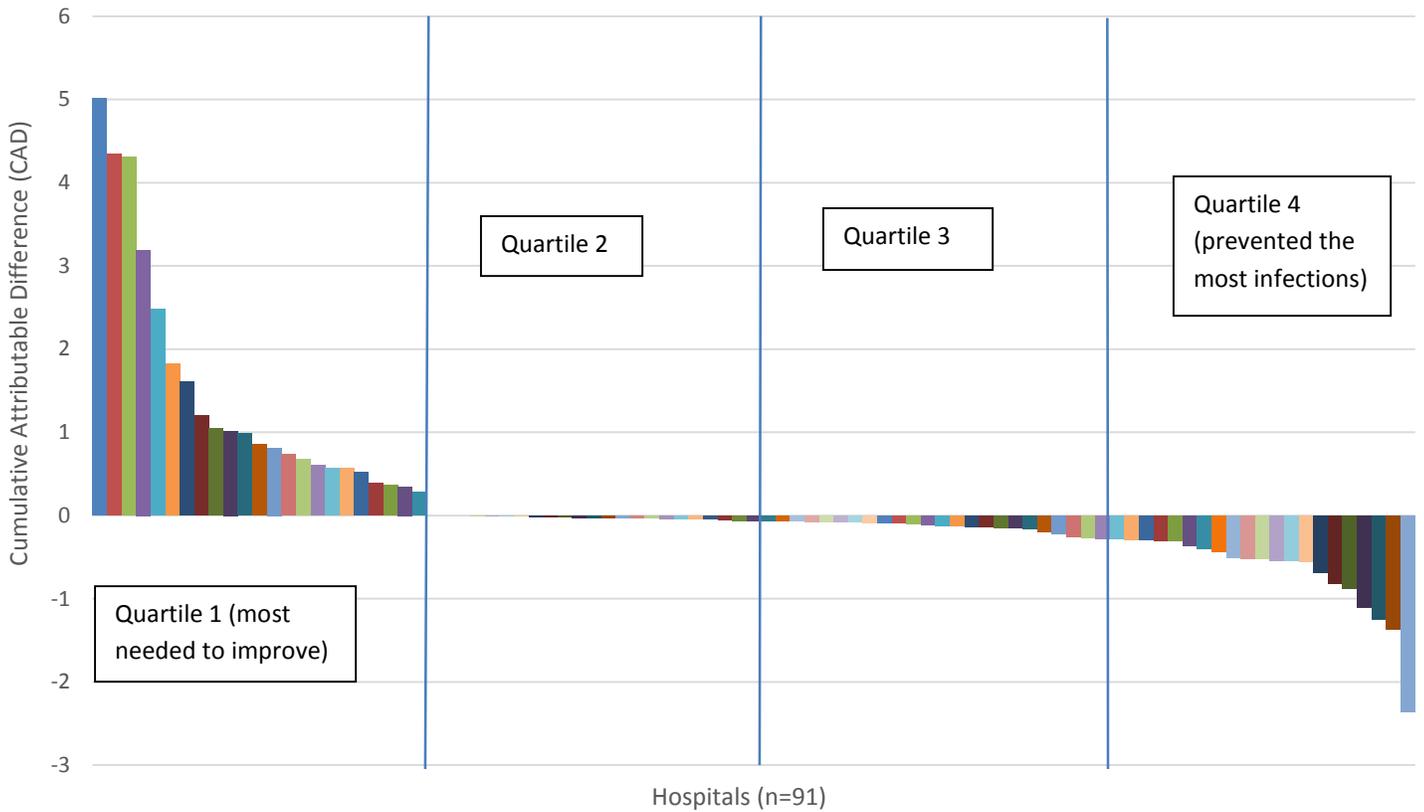
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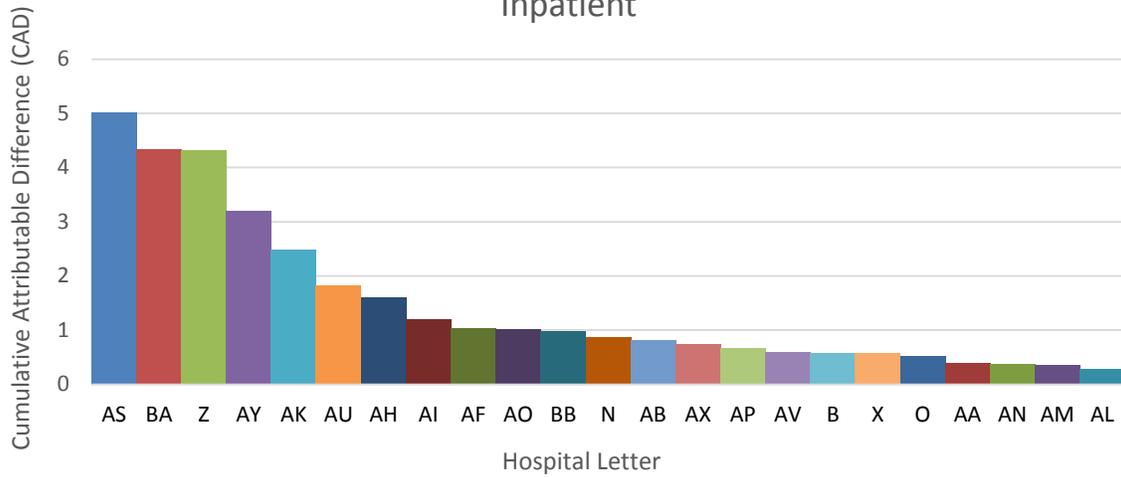
2015 Q2 C.diff LabID Quartile 4, Facility-Wide Inpatient



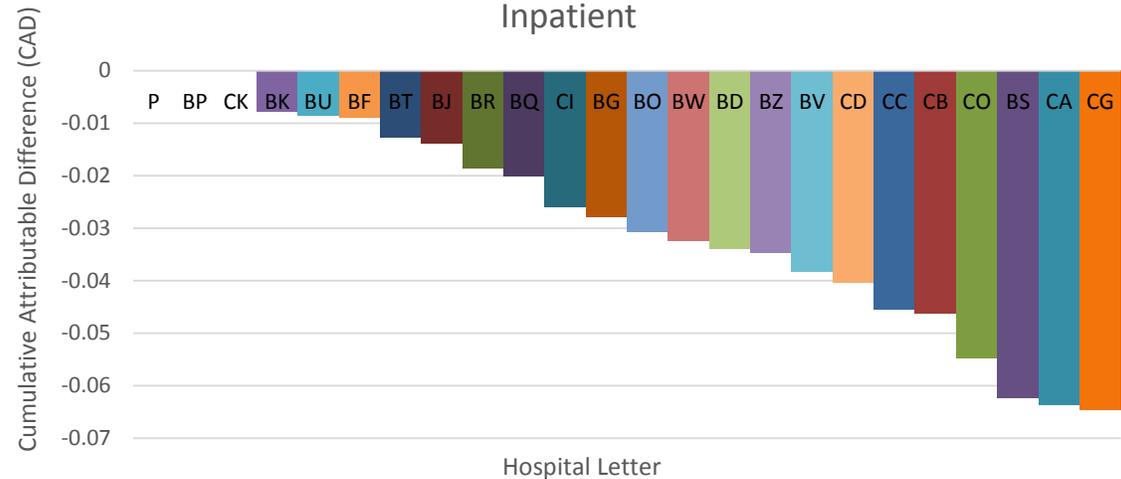
2015 Q2 MRSA bacteremia LabID All Hospitals, Facility-Wide Inpatient



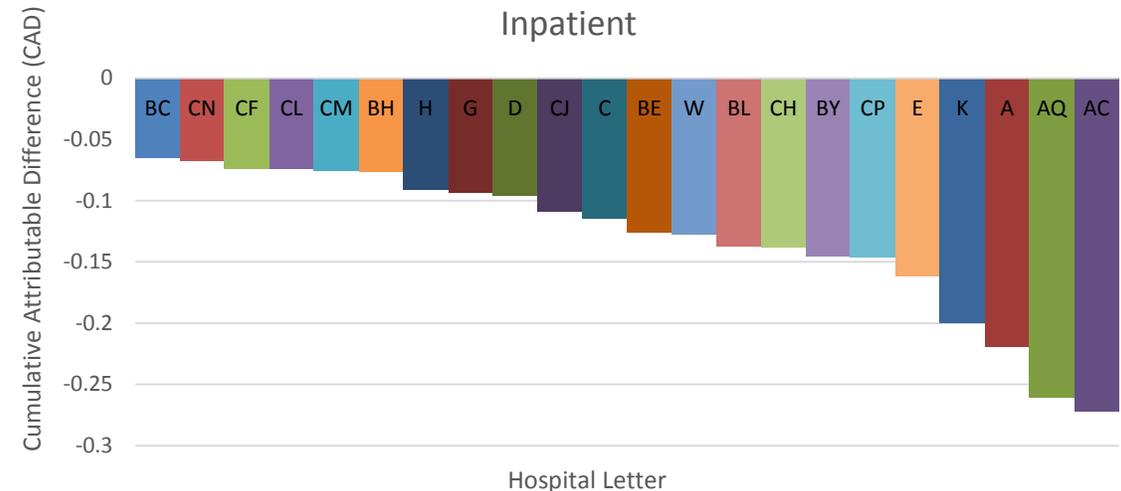
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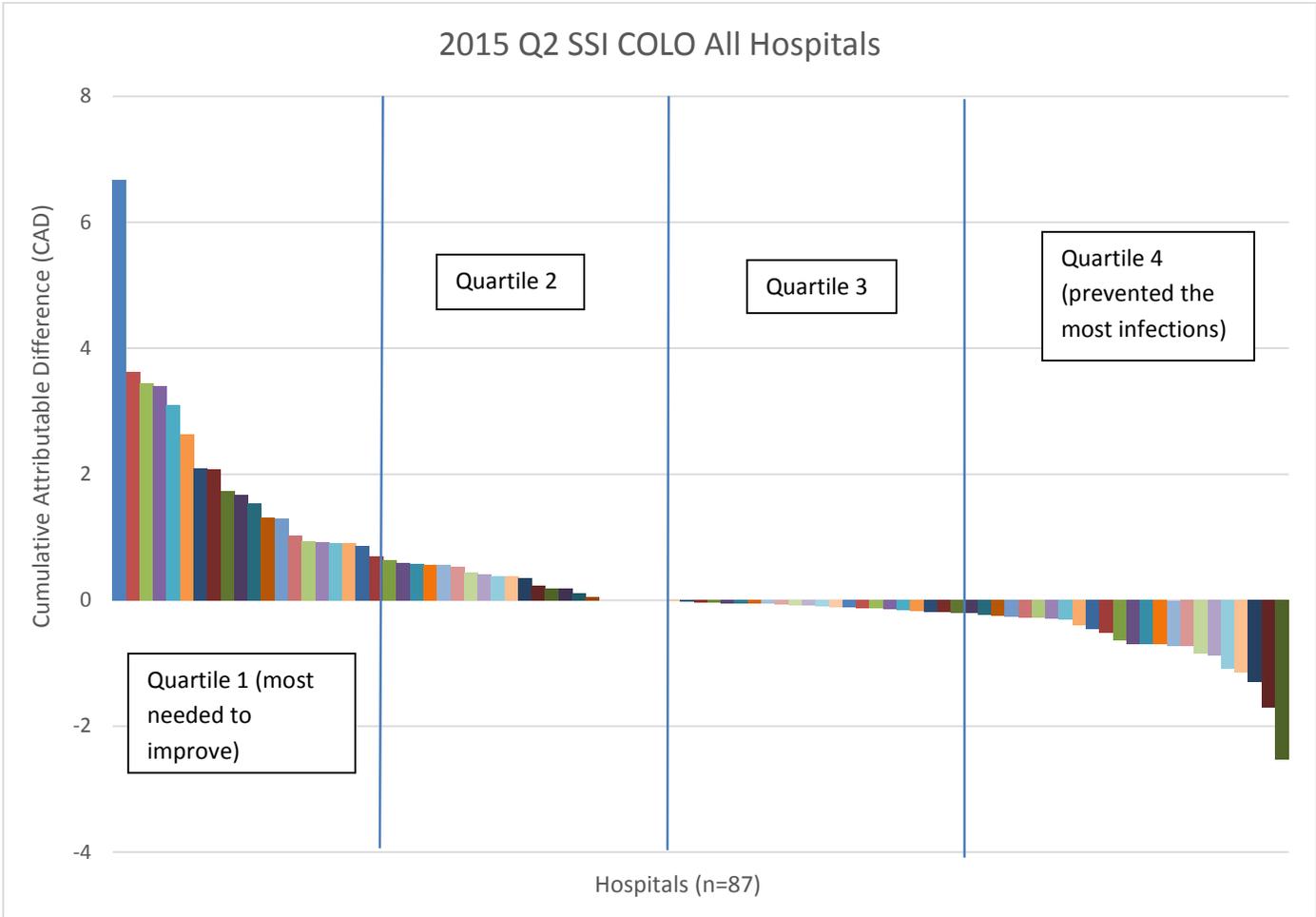
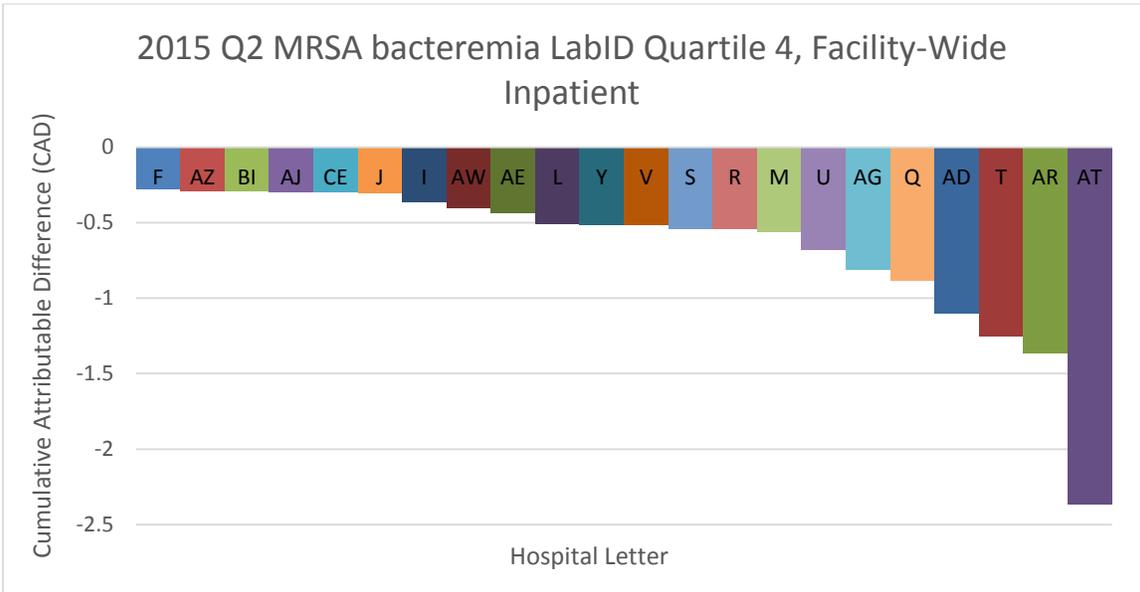


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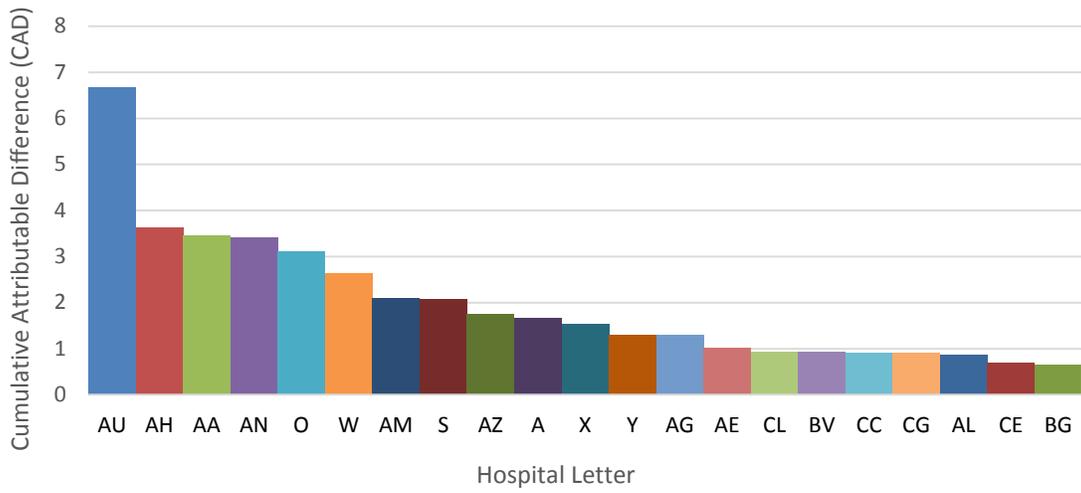


2015 Q2 MRSA bacteremia LabID Quartile 3, Facility-Wide Inpatient

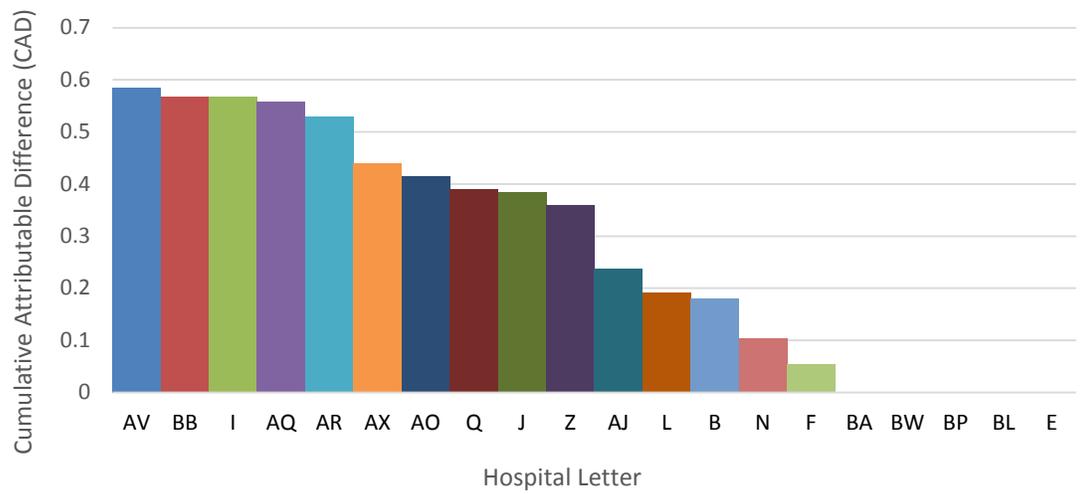




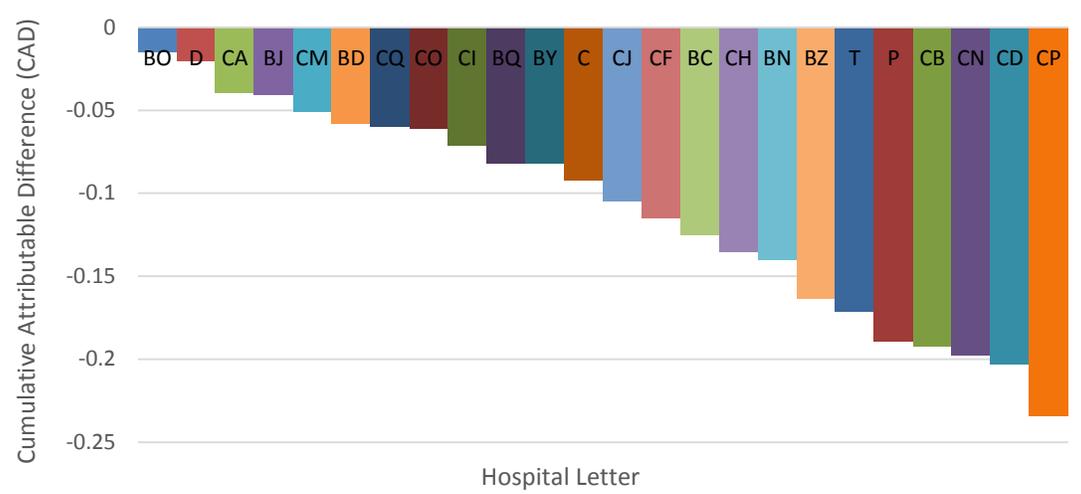
2015 Q2 SSI COLO Quartile 1

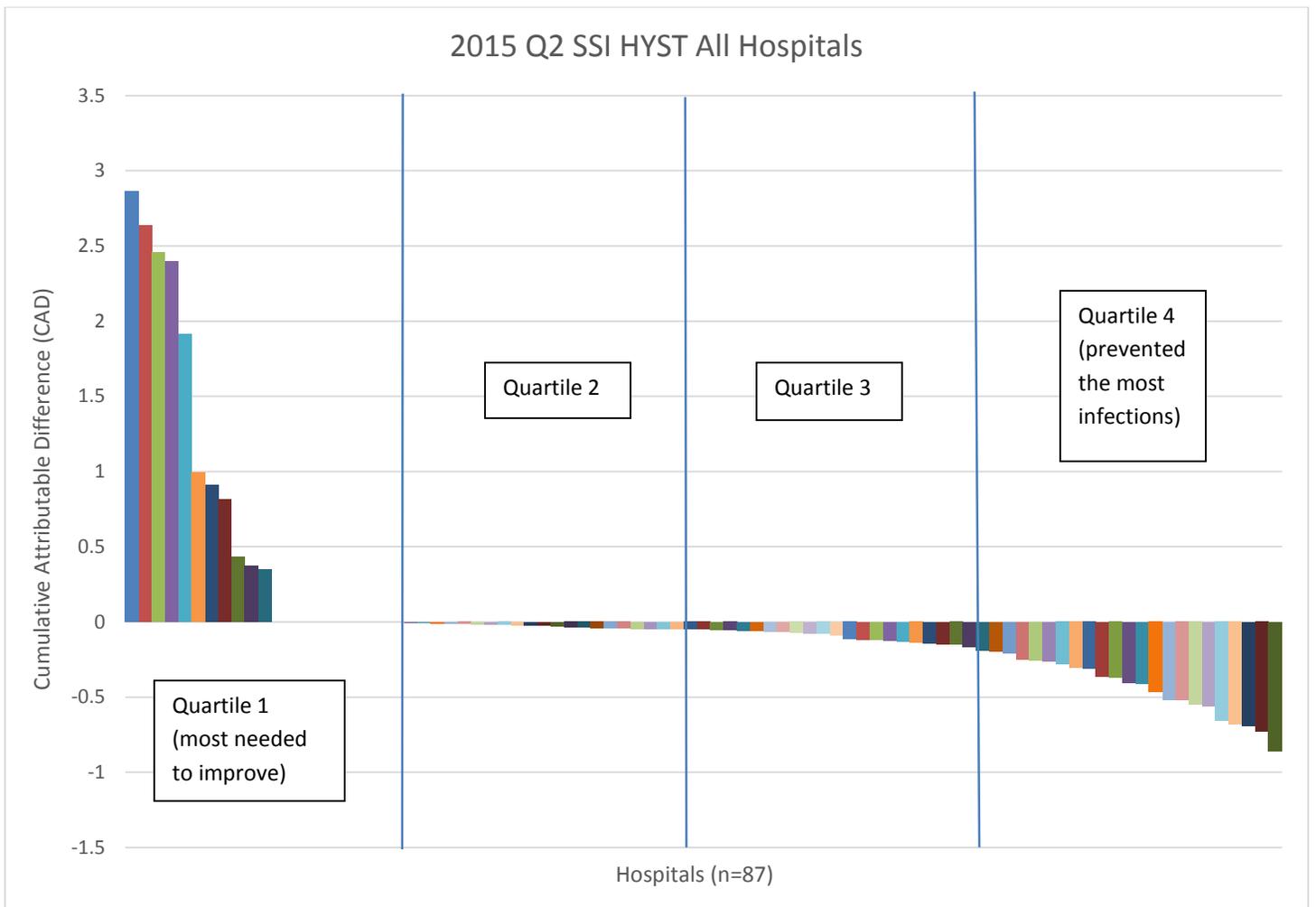
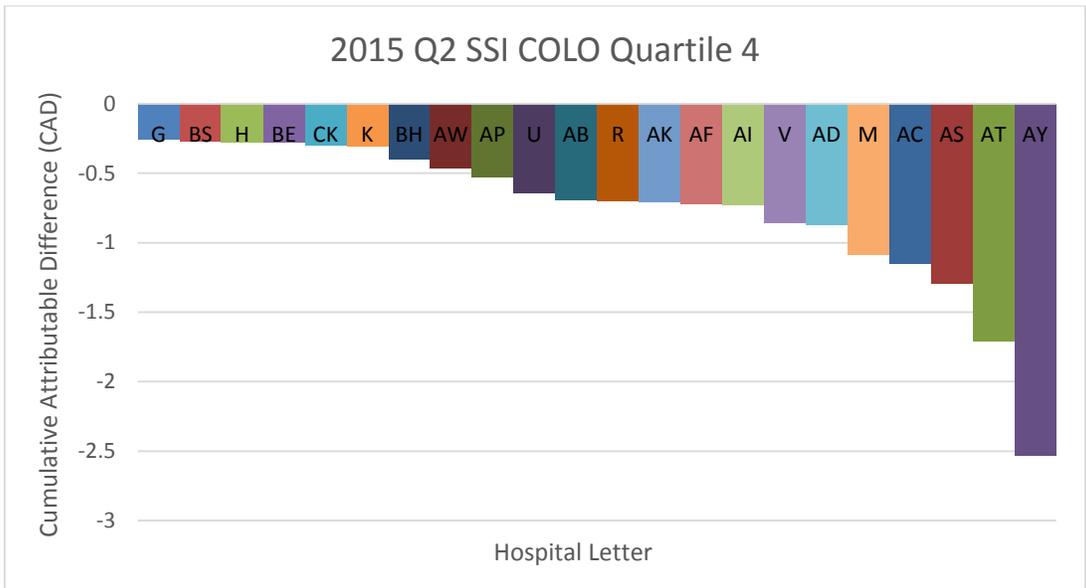


2015 Q2 SSI COLO Quartile 2

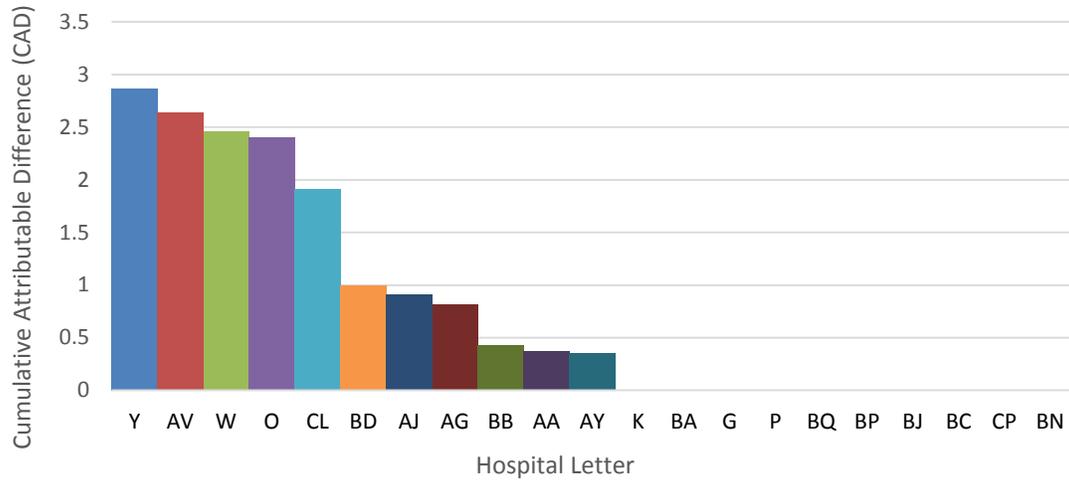


2015 Q2 SSI COLO Quartile 3





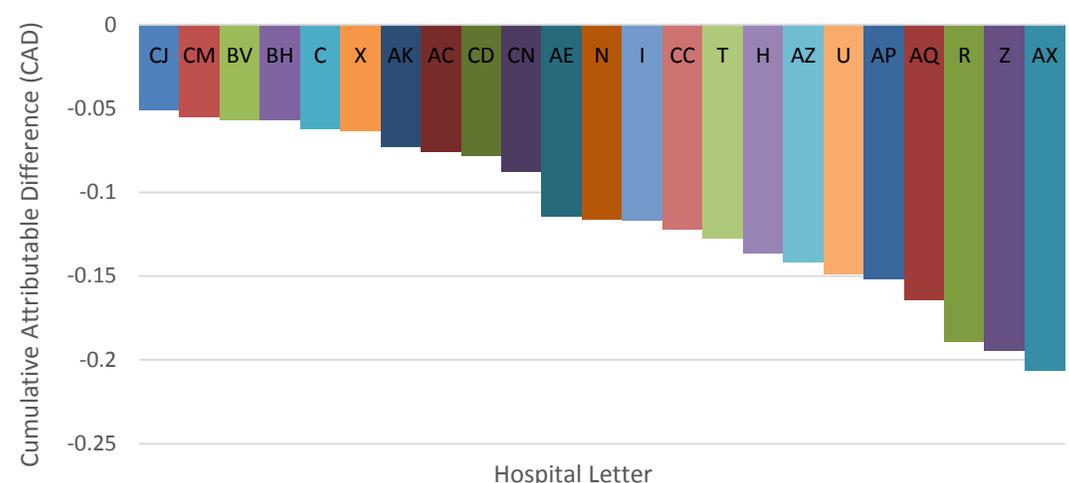
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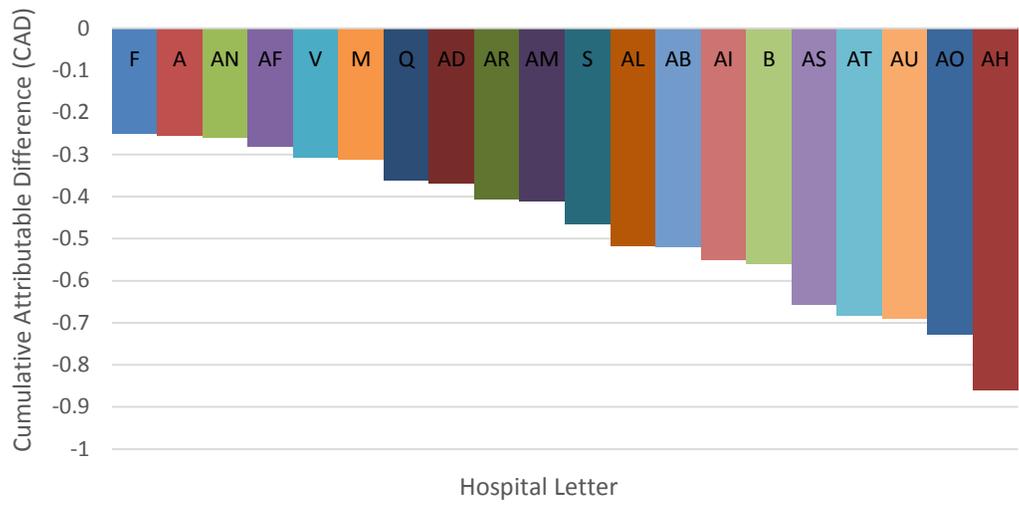
2015 Q2 SSI HYST Quartile 2



2015 Q2 SSI HYST Quartile 3



2015 Q2 SSI HYST Quartile 4

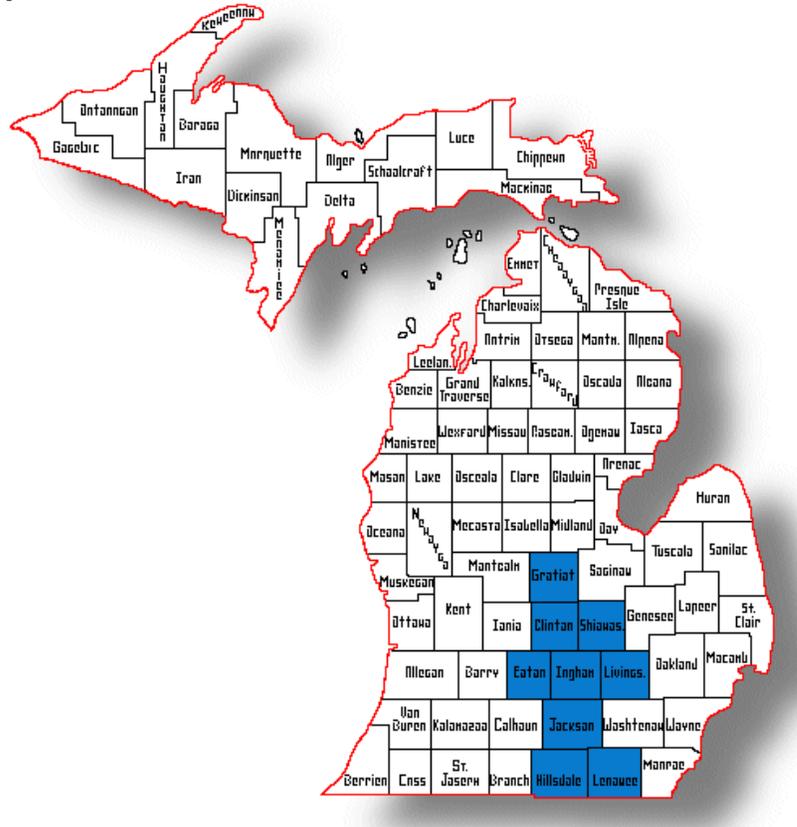


Michigan Region 1
2015 Q2 Aggregate TAP Report

Michigan Department of Health and Human Services
 Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit



● - Region 1



The Michigan Department of Health and Human Services (MDHHS) Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit began including the new targeted assessment for prevention (TAP) reports in the 2014 annual statewide aggregate report. Beginning with the 2015 Quarter 1 report, individual, regional, and statewide TAP reports are provided quarterly.

This report shows modules and locations where the specified region either needs to focus additional prevention efforts, or is excelling in infection prevention. The table presents a cumulative attributable difference (CAD) determined using the HHS target standardized infection ratios (SIRs) for each module. Numbers in red show how many infections the region needs to prevent quarterly in order to reach the HHS target SIR. Numbers in green show the number of infections prevented beyond what was expected for the region according to the HHS target SIR. A corresponding SIR for each module and location are provided as well.

Bar graphs containing CAD values from all letter-coded SHARP-participating hospitals in the region by module and location are available below. These graphs allow each facility in the region to view their rank within each module and location compared to other nearby facilities. Hospital letters are provided in password-protected individual TAP reports. Letters are re-assigned each quarter. A CAD greater than zero indicates the number of infections a facility needs to prevent to achieve the HHS Target SIR for that module. A number less than zero indicates the number of infections a facility prevented beyond what was expected based on the HHS Target SIR.

2015 Q2 Targeted Assessment for Prevention Report

NHSN Module	Number of Facilities	Location	SIR ¹	Significant (Y/N) ²	CAD ³	Prevented or Need to Prevent
CAUTI	11	All	0.3	N	-9.5	Prevented
	9	ICU	0.3	----	-5.6	Prevented
	11	Ward	0.4	----	-3.9	Prevented
CLABSI	10	All	0.1	N	-7.0	Prevented
	8	ICU	0.1	----	-4.2	Prevented
	7	Ward	0.2	----	-2.0	Prevented
	<5	NICU	----	----	----	----
CDI	10	Facility-wide	0.628	Y	-5.14	Prevented
MRSA Bac	10	Facility-wide	0.491	N	-1.59	Prevented
SSI COLO	10	----	0.994	N	1.47	Need to Prevent
SSI HYST	10	----	0.46	N	-0.63	Prevented

¹SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or other variables. An SIR of 1 can be interpreted as having the same number of events as 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.

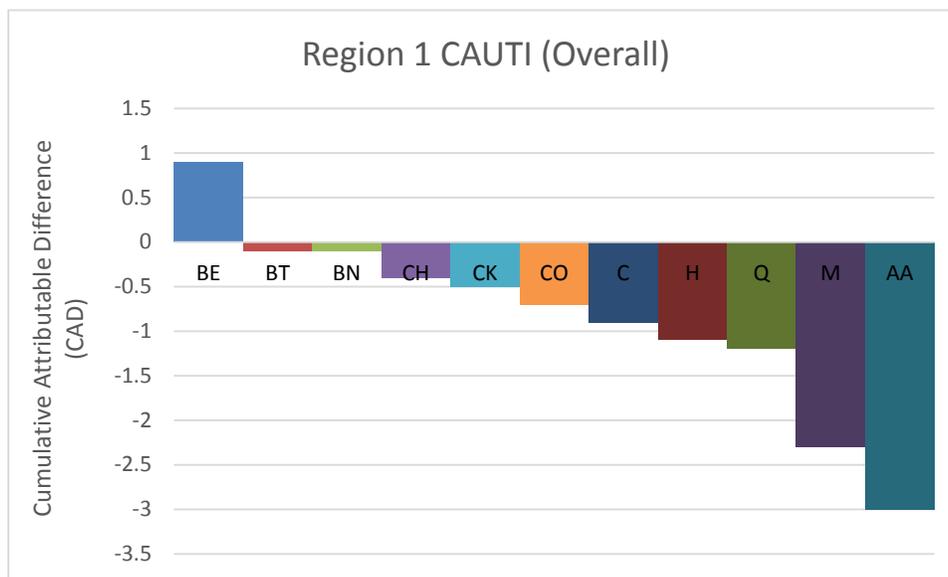
²Significant (Y/N). A Y indicates that, based on the p-value and 95% Confidence Interval (CI), the SIR is statistically significantly different than 1. An N indicates that, based on the p-value and 95% CI, the SIR is not statistically significantly different than 1 (expected). Significance testing was only performed on overall SIRs, not location-specific.

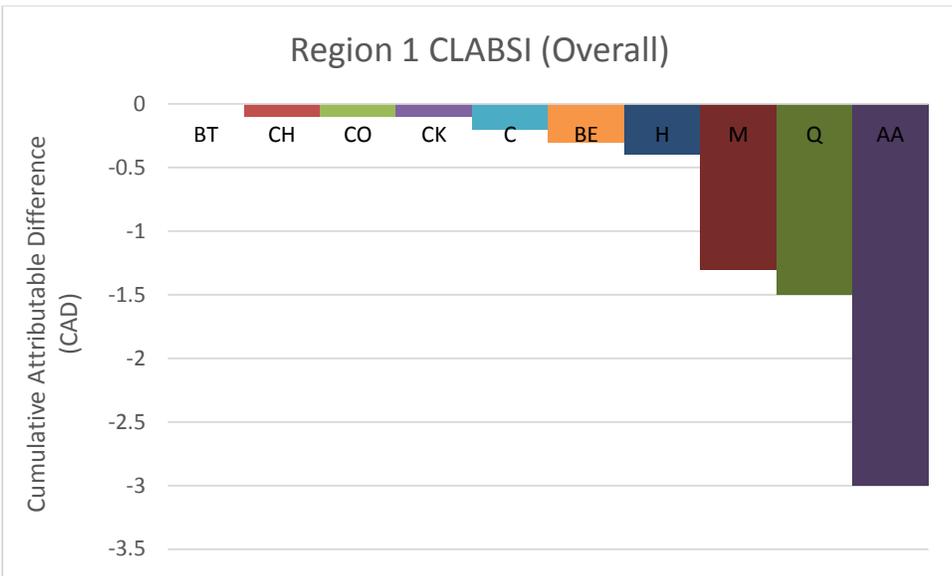
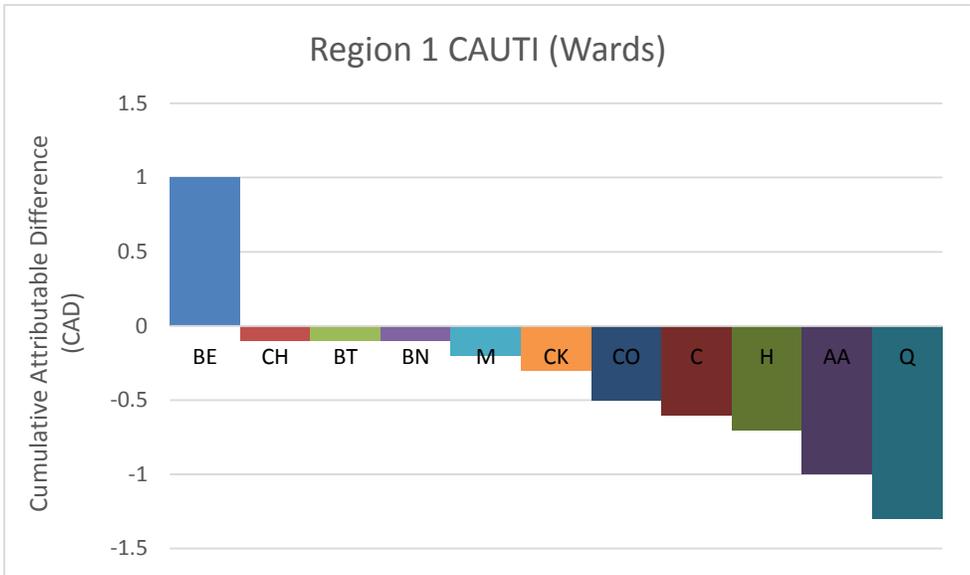
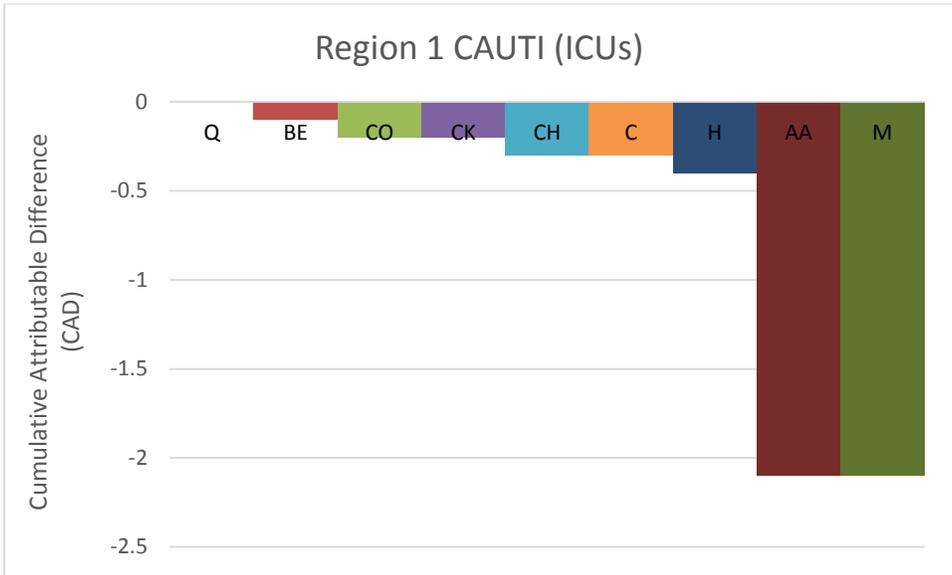
³CAD=Cumulative Attributable Difference. The number of infections that the region either needs to prevent to meet the HHS target or has prevented beyond the HHS target.

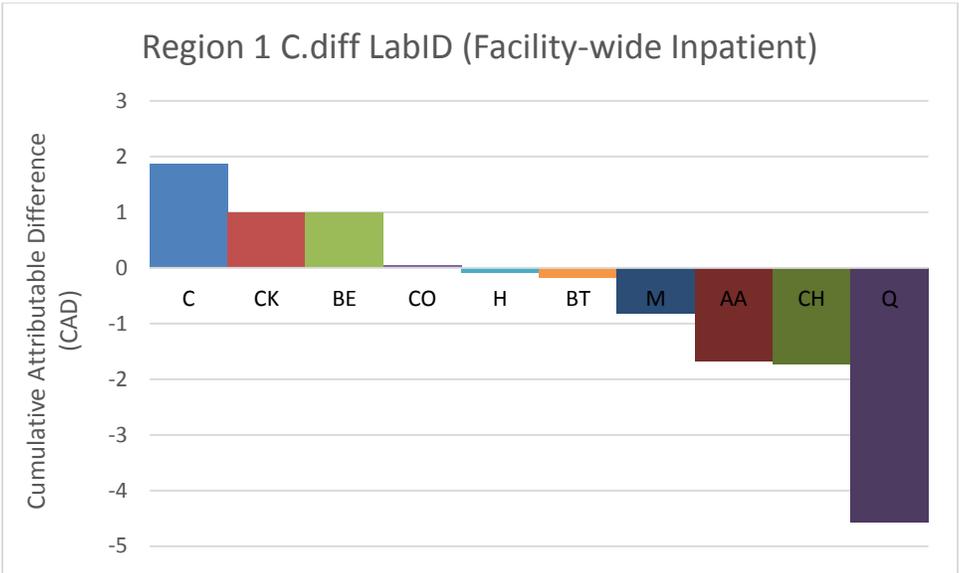
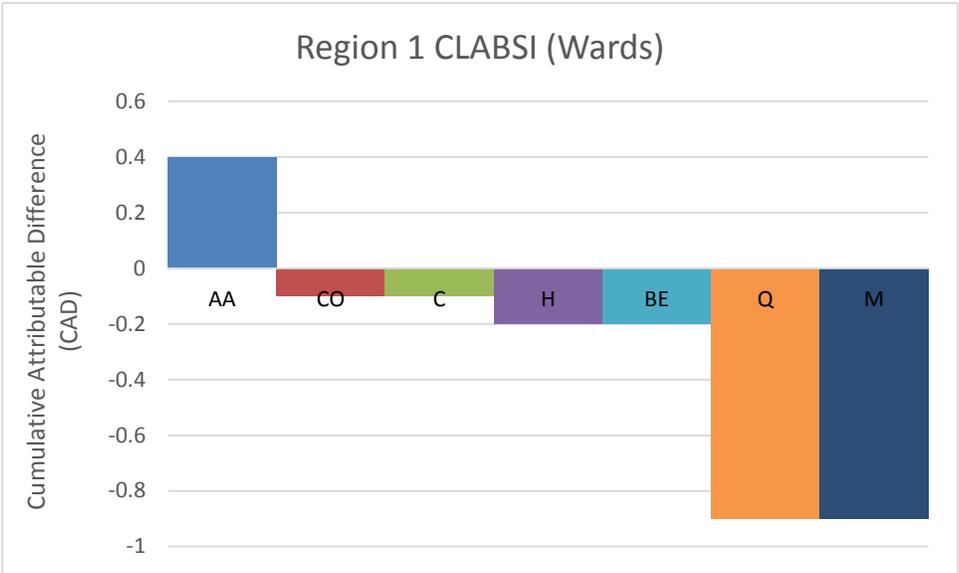
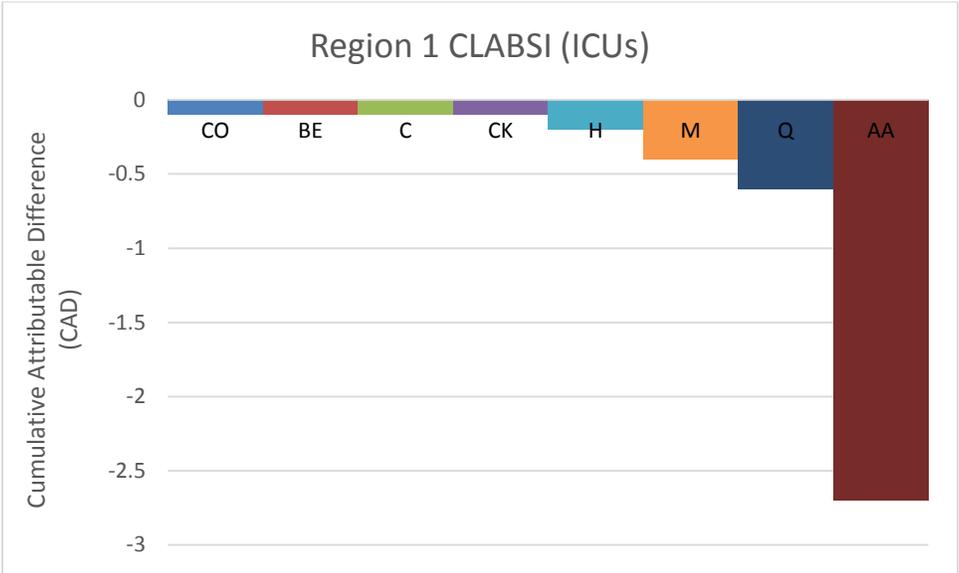
HHS CAUTI Target SIR = 0.75, HHS CLABSI Target SIR = 0.5, HHS CDI Target SIR = 0.7, HHS MRSA bacteremia Target SIR = 0.75, HHS SSI Target SIR = 0.75

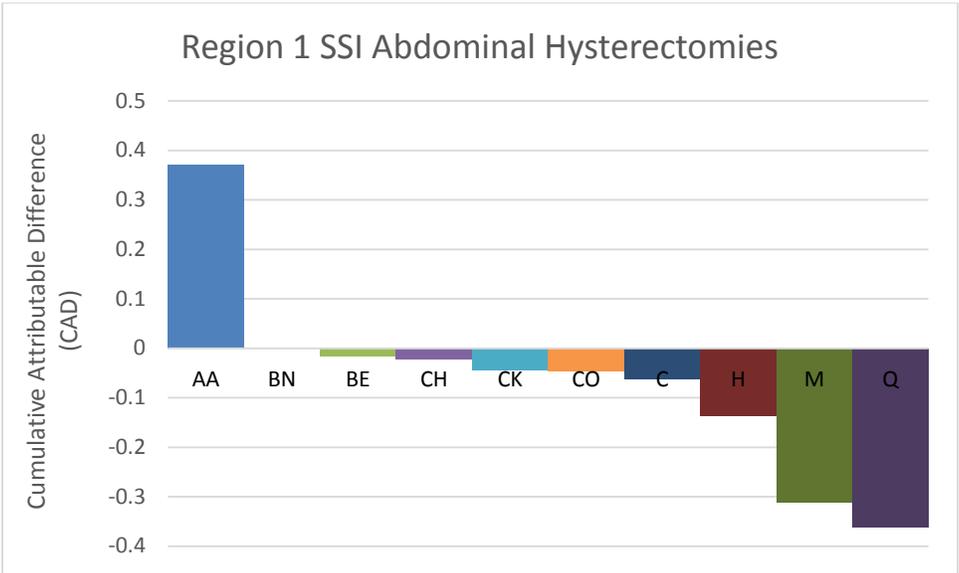
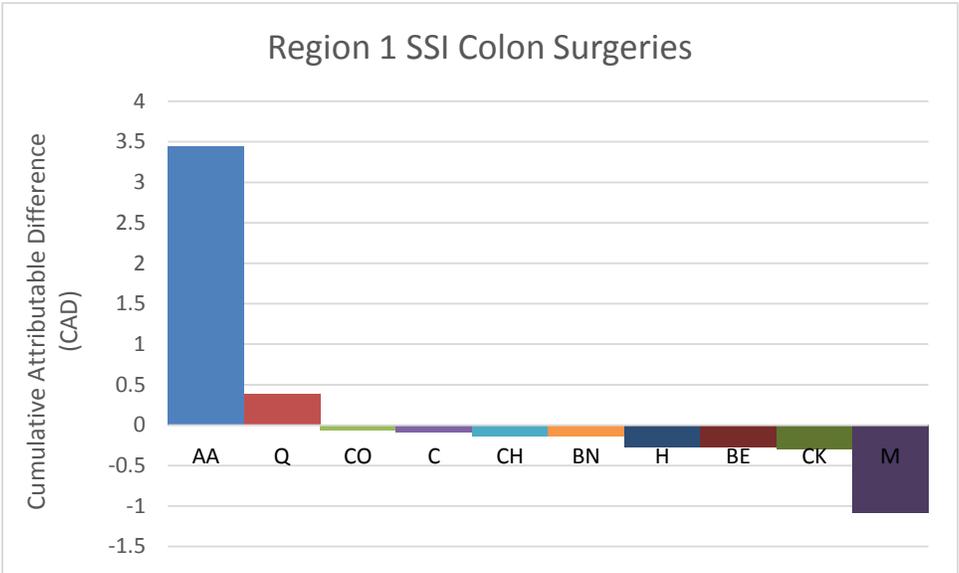
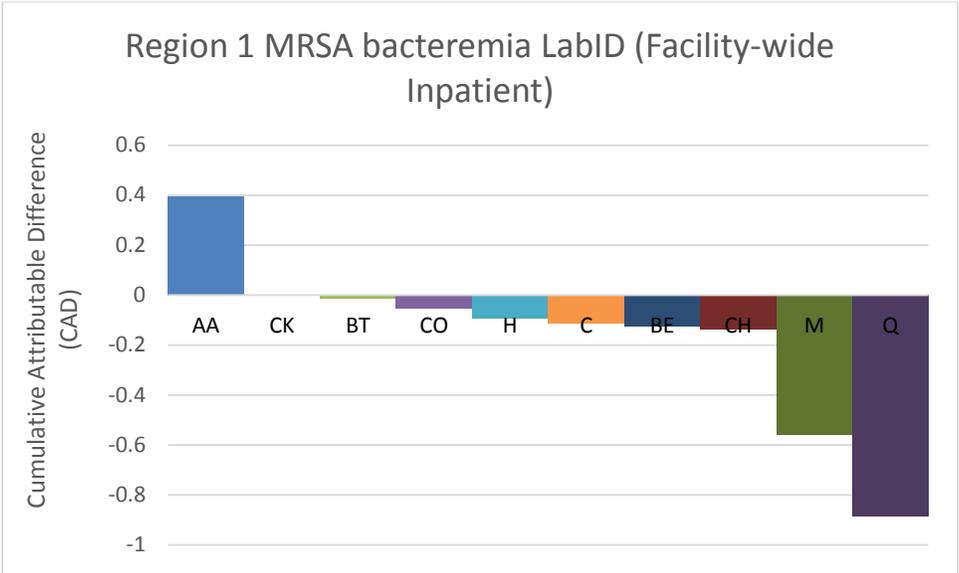
Please contact Allie Murad at murada@michigan.gov with questions, comments, or suggestions. All aggregate reports are posted at www.michigan.gov/hai.

Bar Graphs









Michigan Region 2N
2015 Q2 Aggregate TAP Report

Michigan Department of Health and Human Services
 Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit



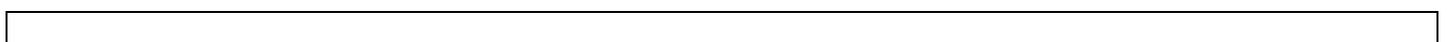
● - Region 2N



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2015 Q2 Targeted Assessment for Prevention Report

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	14	ICU	0.7	----	-3.9	Prevented
	12	Ward	0.5	----	-7.6	Prevented
CLABSI	14	All	0.8	N	15.3	Need to Prevent
	12	ICU	0.8	----	7.9	Need to Prevent
	10	Ward	0.8	----	7.0	Need to Prevent
	<5	NICU	----	----	----	----
CDI	14	Facility-wide	0.755	Y	14.89	Need to Prevent
MRSA Bac	14	Facility-wide	1.251	N	11.21	Need to Prevent
SSI COLO	14	----	0.582	N	-3.18	Prevented
SSI HYST	14	----	0.761	N	0.057	Need to Prevent

¹SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or other variables. An SIR of 1 can be interpreted as having the same number of events as 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.

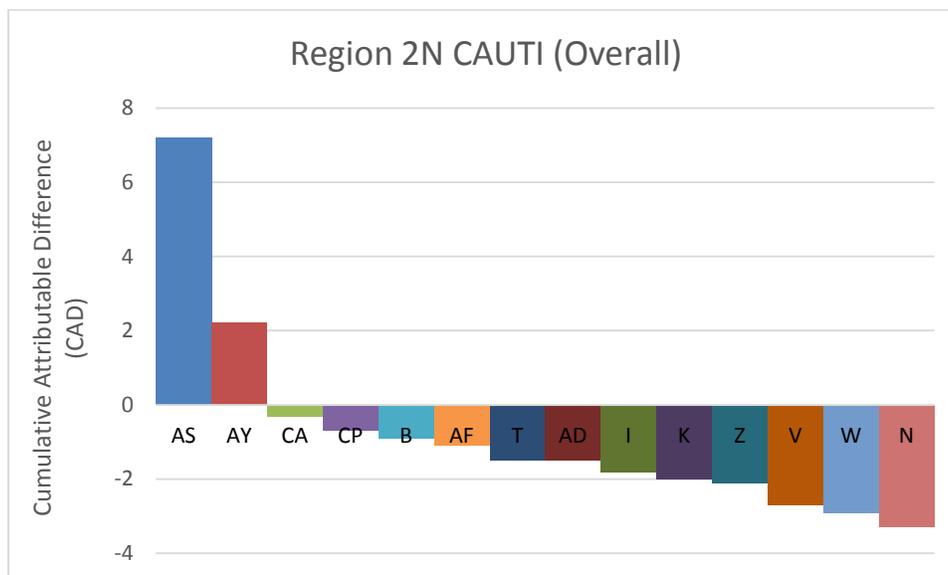
²Significant (Y/N). A Y indicates that, based on the p-value and 95% Confidence Interval (CI), the SIR is statistically significantly different than 1. An N indicates that, based on the p-value and 95% CI, the SIR is not statistically significantly different than 1 (expected). Significance testing was only performed on overall SIRs, not location-specific.

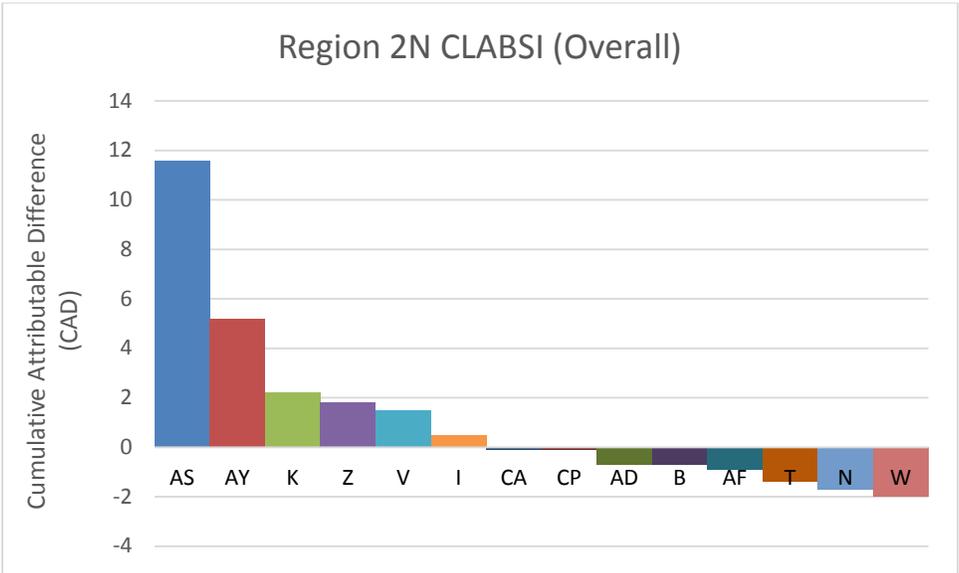
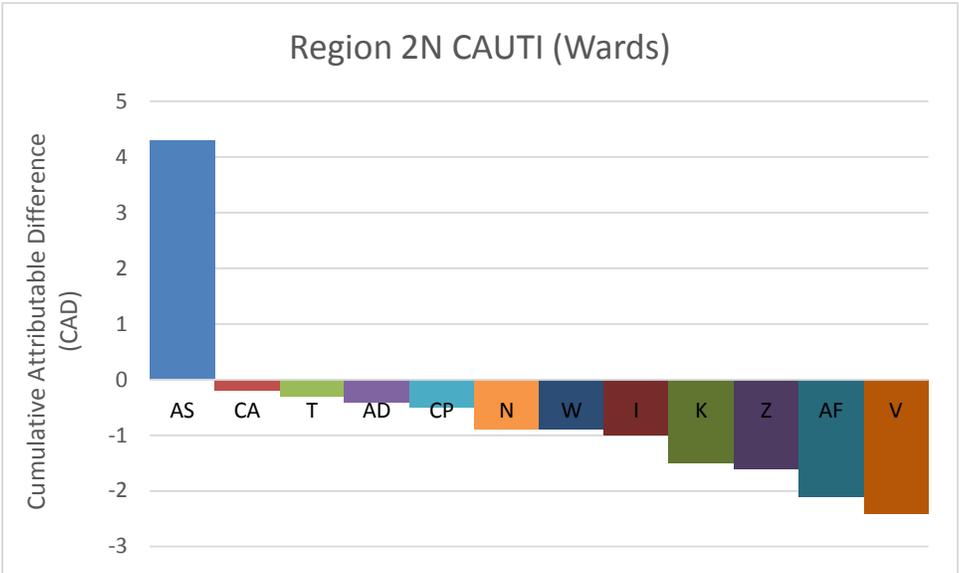
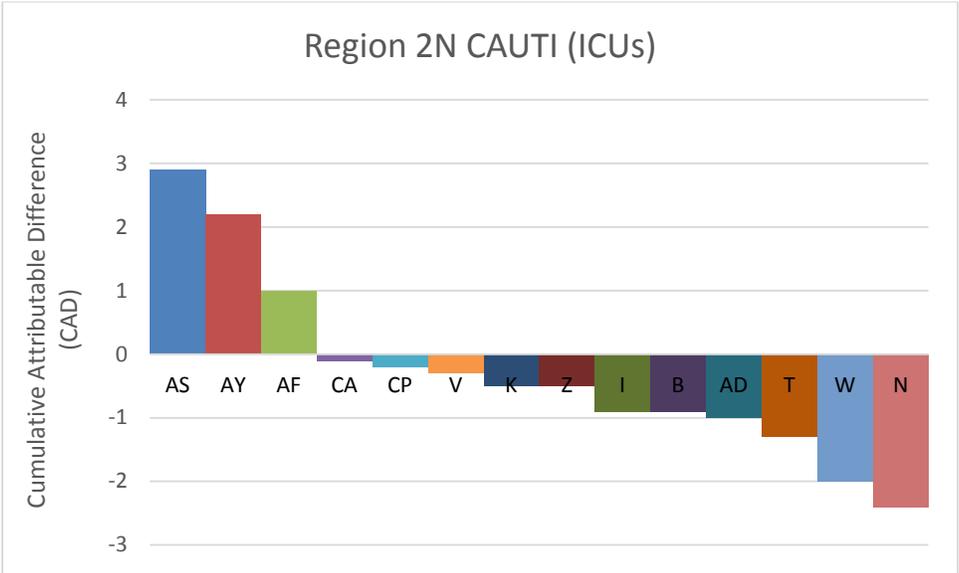
³CAD=Cumulative Attributable Difference. The number of infections that the region either needs to prevent to meet the HHS target or has prevented beyond the HHS target.

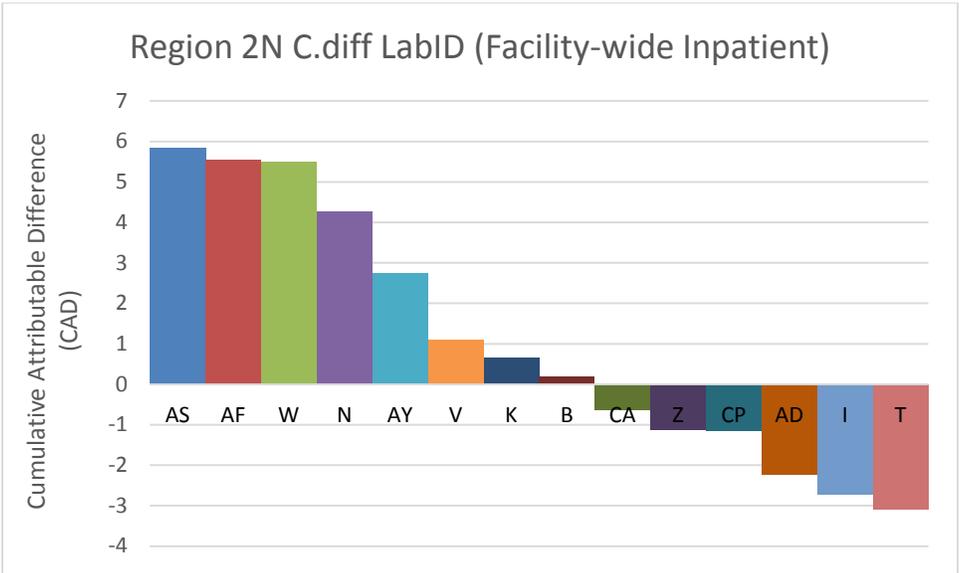
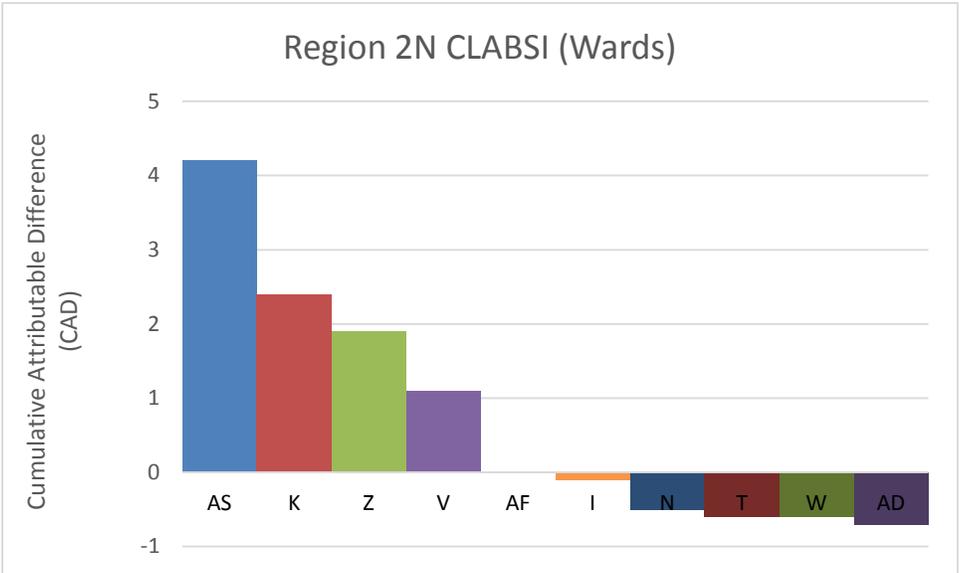
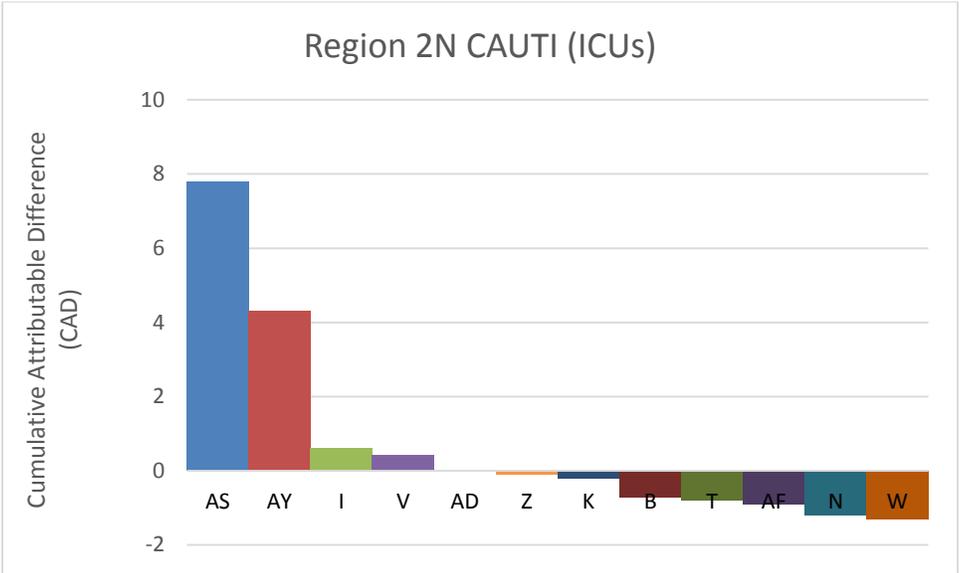
HHS CAUTI Target SIR = 0.75, HHS CLABSI Target SIR = 0.5, HHS CDI Target SIR = 0.7, HHS MRSA bacteremia Target SIR = 0.75, HHS SSI Target SIR = 0.75

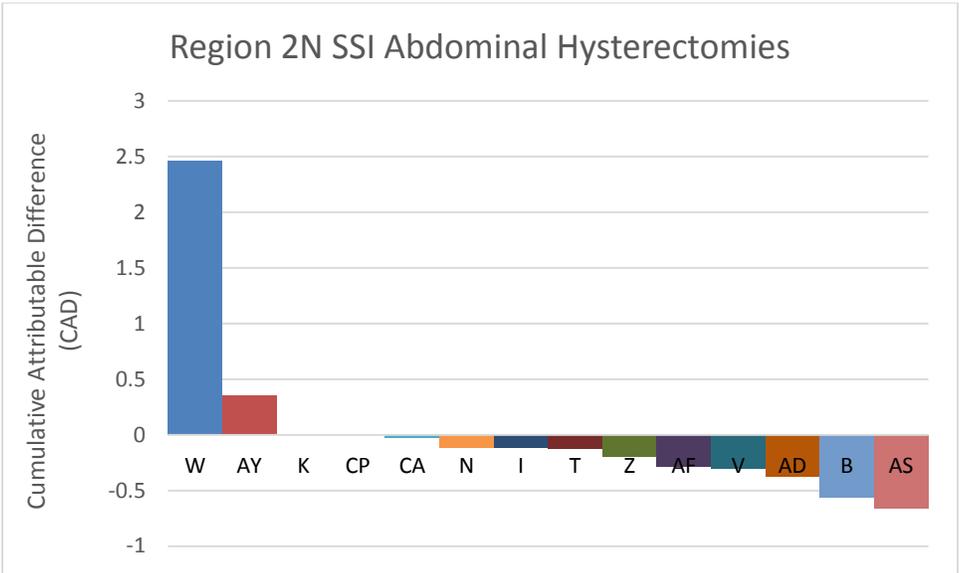
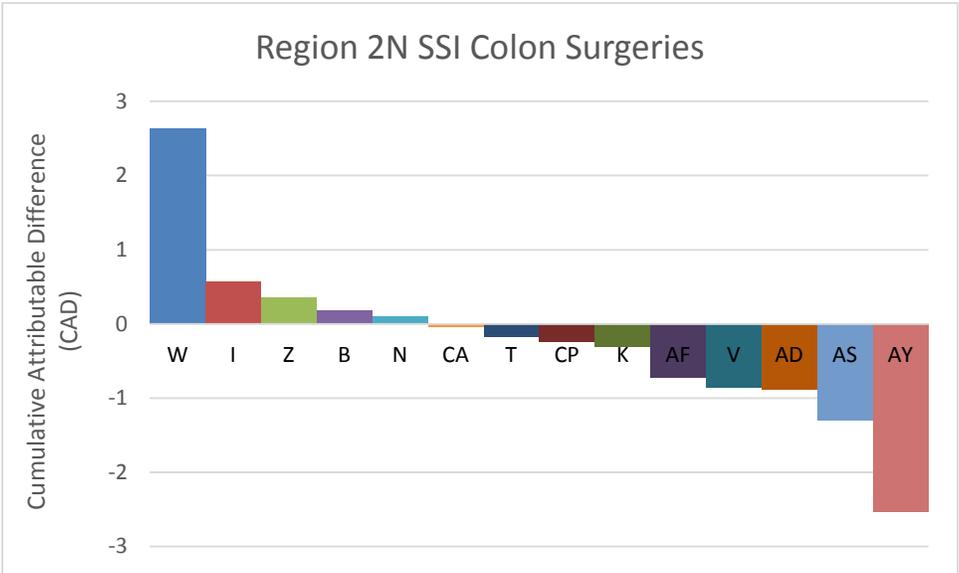
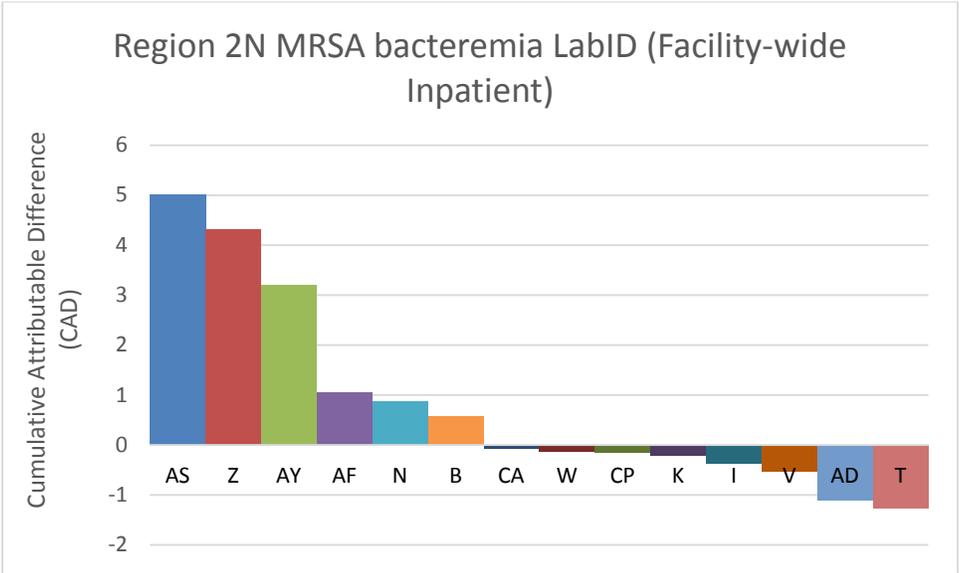
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Bar Graphs









Michigan Region 2S
2015 Q2 Aggregate TAP Report

Michigan Department of Health and Human Services
 Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit



● - Region 2S



The Michigan Department of Health and Human Services (MDHHS) Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit began including the new targeted assessment for prevention (TAP) reports in the 2014 annual statewide aggregate report. Beginning with the 2015 Quarter 1 report, individual, regional, and statewide TAP reports are provided quarterly.

This report shows modules and locations where the specified region either needs to focus additional prevention efforts, or is excelling in infection prevention. The table presents a cumulative attributable difference (CAD) determined using the HHS target standardized infection ratios (SIRs) for each module. Numbers in red show how many infections the region needs to prevent quarterly in order to reach the HHS target SIR. Numbers in green show the number of infections prevented beyond what was expected for the region according to the HHS target SIR. A corresponding SIR for each module and location are provided as well.

Bar graphs containing CAD values from all letter-coded SHARP-participating hospitals in the region by module and location are available below. These graphs allow each facility in the region to view their rank within each module and location compared to other nearby facilities. Hospital letters are provided in password-protected individual TAP reports. Letters are re-assigned each quarter. A CAD greater than zero indicates the number of infections a facility needs to prevent to achieve the HHS Target SIR for that module. A number less than zero indicates the number of infections a facility prevented beyond what was expected based on the HHS Target SIR.



2015 Q2 Targeted Assessment for Prevention Report

NHSN Module	Number of Facilities	Location	SIR ¹	Significant (Y/N) ²	CAD ³	Prevented or Need to Prevent
CAUTI	16	All	0.7	N	-5.8	Prevented
	16	ICU	0.7	----	-4.0	Prevented
	15	Ward	0.7	----	-1.7	Prevented
CLABSI	15	All	0.5	N	-1.0	Prevented
	14	ICU	0.5	----	0.7	Need to Prevent
	15	Ward	0.6	----	2.9	Need to Prevent
	5	NICU	0.0	----	-4.6	Prevented
CDI	16	Facility-wide	0.931	N	66.99	Need to Prevent
MRSA Bac	16	Facility-wide	0.853	N	2.65	Need to Prevent
SSI COLO	15	----	1.258	N	10.10	Need to Prevent
SSI HYST	15	----	0	Y	-4.51	Prevented

¹SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or other variables. An SIR of 1 can be interpreted as having the same number of events as 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.

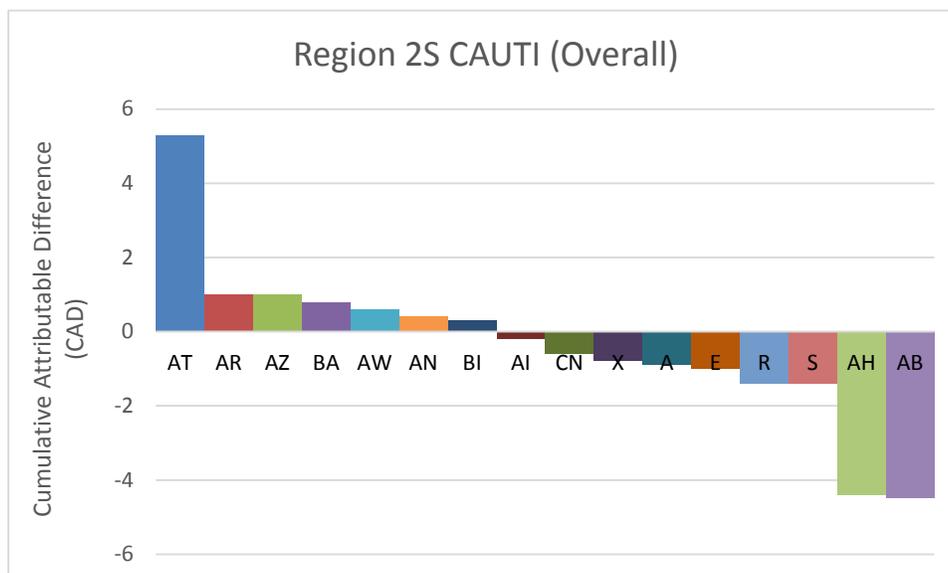
²Significant (Y/N). A Y indicates that, based on the p-value and 95% Confidence Interval (CI), the SIR is statistically significantly different than 1. An N indicates that, based on the p-value and 95% CI, the SIR is not statistically significantly different than 1 (expected). Significance testing was only performed on overall SIRs, not location-specific.

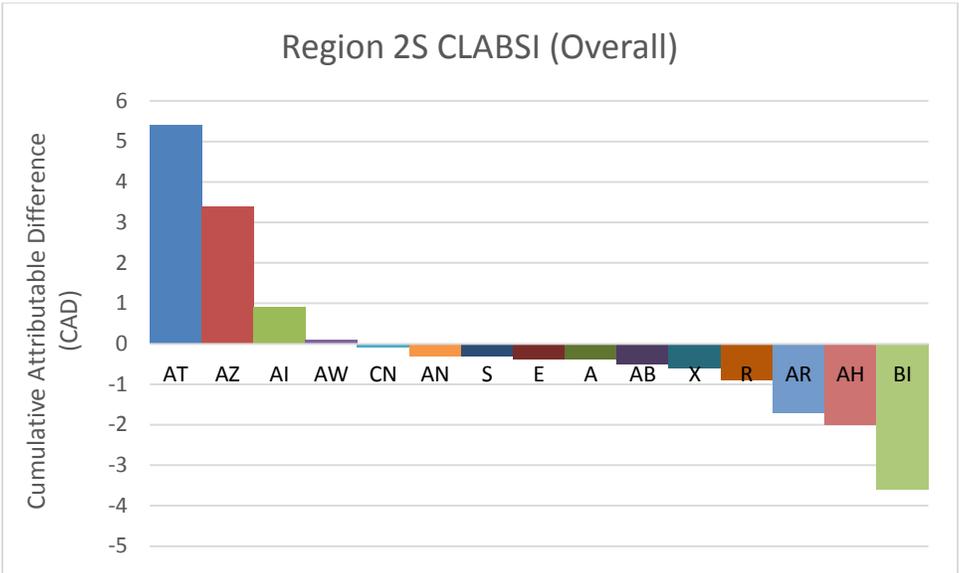
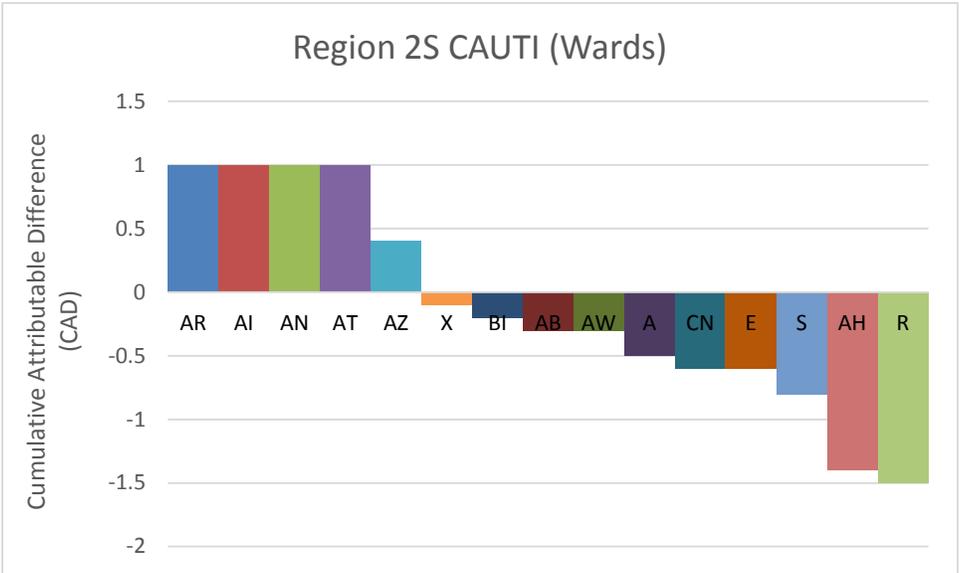
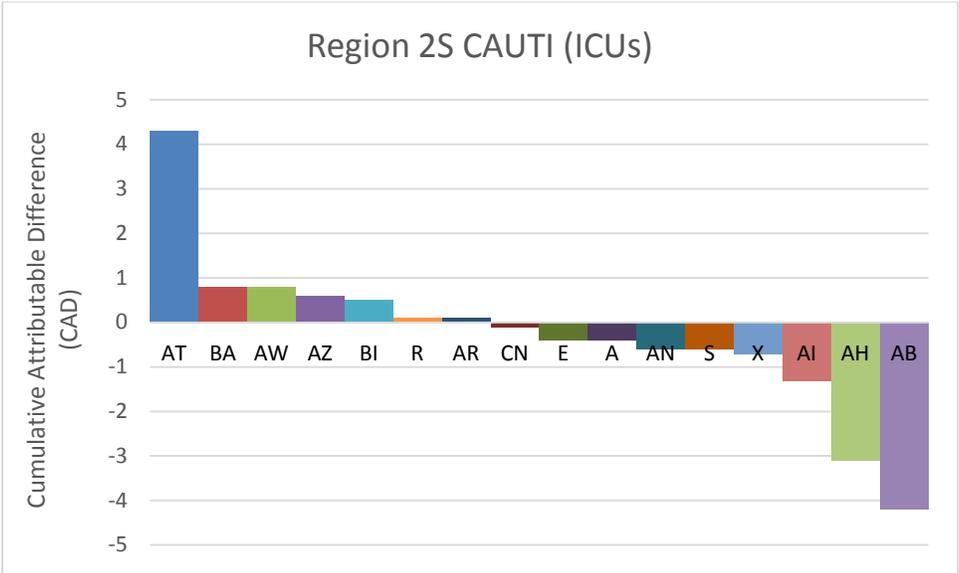
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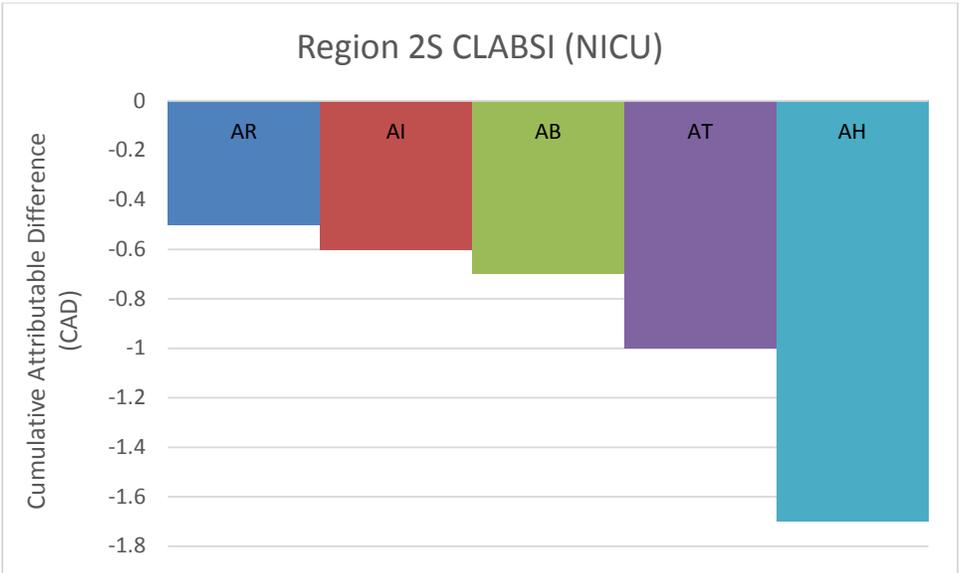
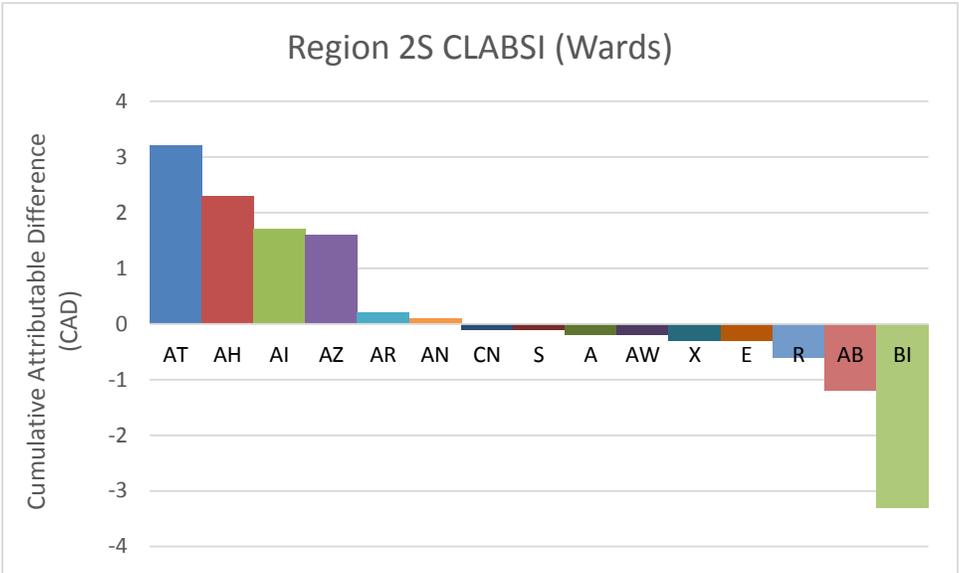
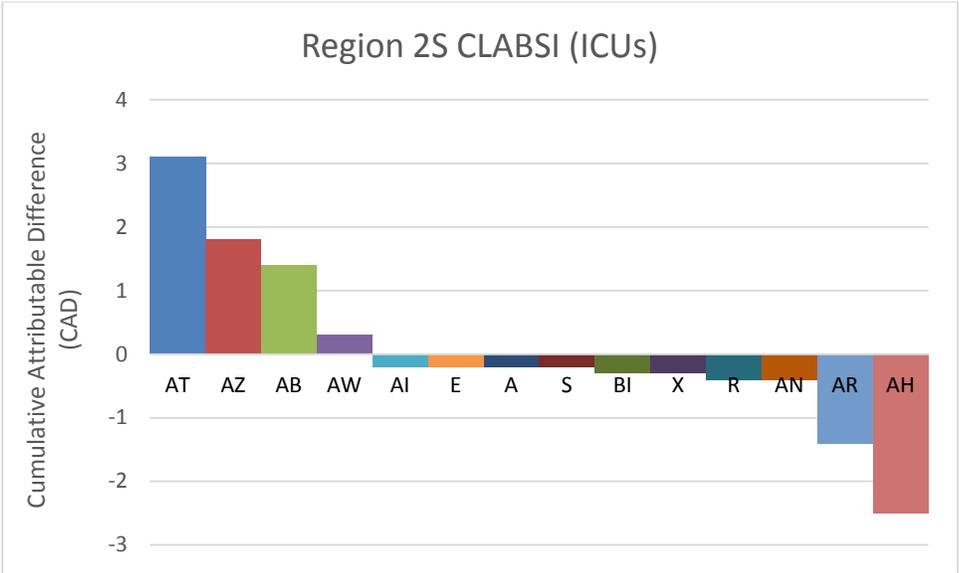
HHS CAUTI Target SIR = 0.75, HHS CLABSI Target SIR = 0.5, HHS CDI Target SIR = 0.7, HHS MRSA bacteremia Target SIR = 0.75, HHS SSI Target SIR = 0.75

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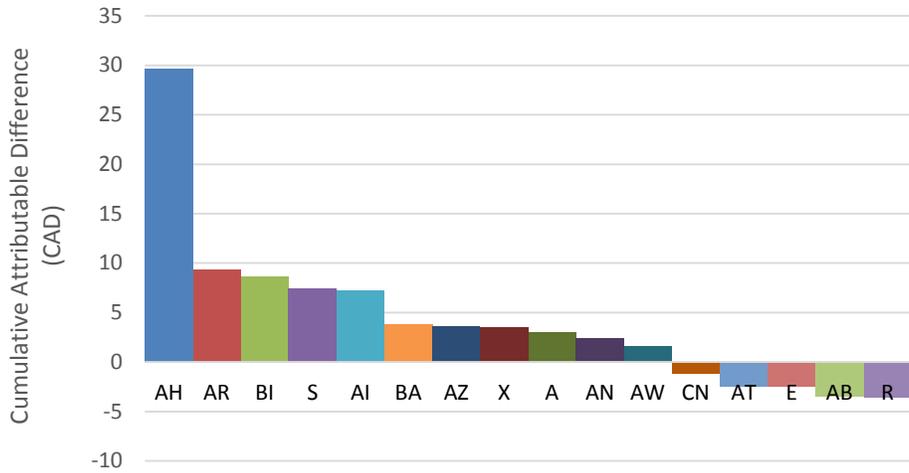
Bar Graphs



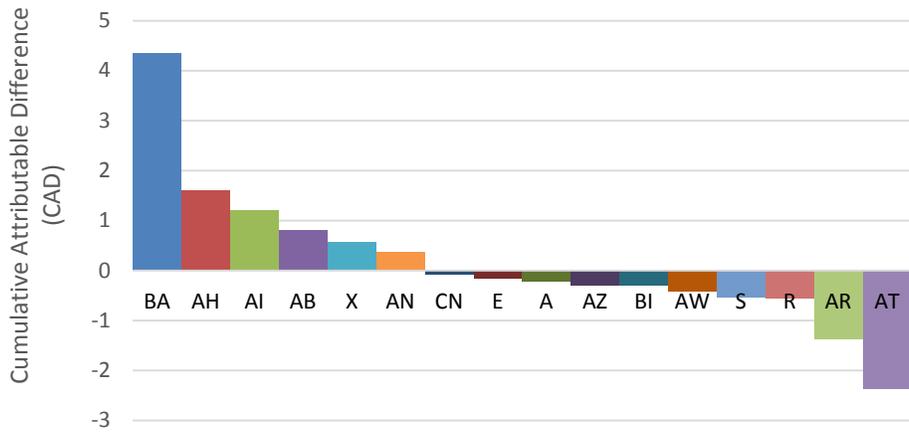




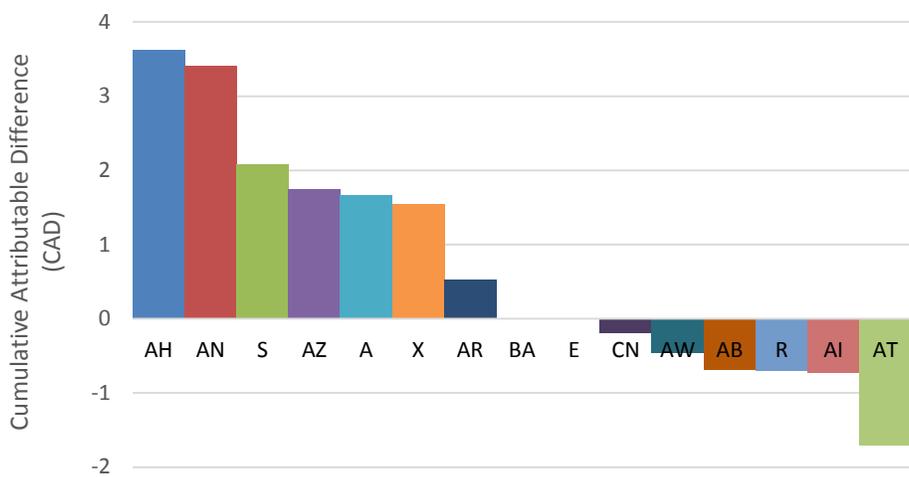
Region 2S C.diff LabID (Facility-wide Inpatient)



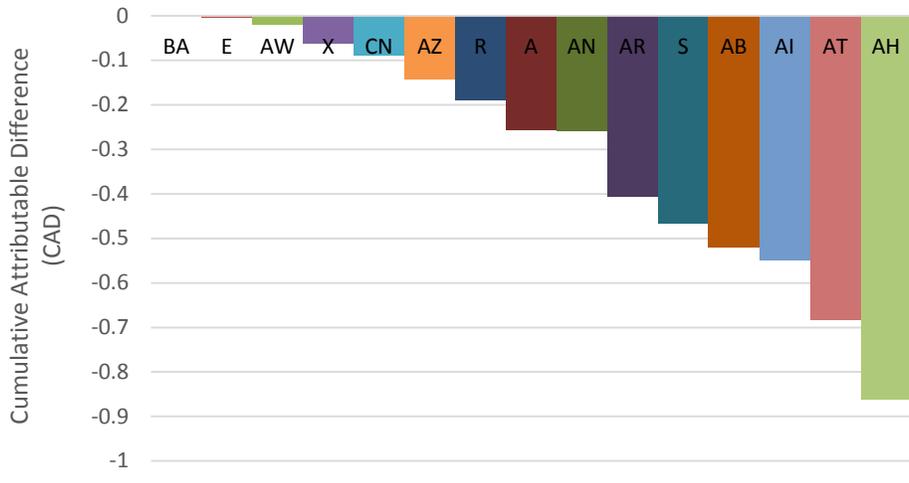
Region 2S MRSA bacteremia LabID (Facility-wide Inpatient)



Region 2S SSI Colon Surgeries



Region 2S SSI Abdominal Hysterectomies



2015 Q2 Targeted Assessment for Prevention Report

NHSN Module	Number of Facilities	Location	SIR ¹	Significant (Y/N) ²	CAD ³	Prevented or Need to Prevent
CAUTI	14	All	0.7	N	-4.6	Prevented
	12	ICU	0.8	----	2.6	Need to Prevent
	12	Ward	0.5	----	-7.2	Prevented
CLABSI	14	All	0.3	N	-7.4	Prevented
	9	ICU	0.4	----	-2.3	Prevented
	10	Ward	0.3	----	-4.0	Prevented
	<5	NICU	----	----	----	----
CDI	14	Facility-wide	0.913	N	24.03	Need to Prevent
MRSA Bac	14	Facility-wide	1.25	N	5.573	Need to Prevent
SSI COLO	12	----	1.211	N	4.951	Need to Prevent
SSI HYST	12	----	2.115	N	5.163	Need to Prevent

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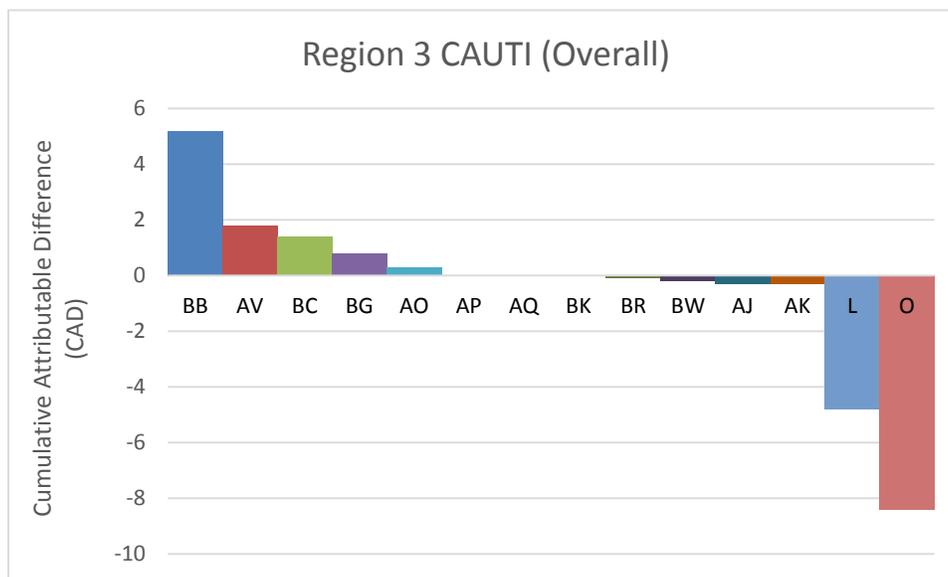
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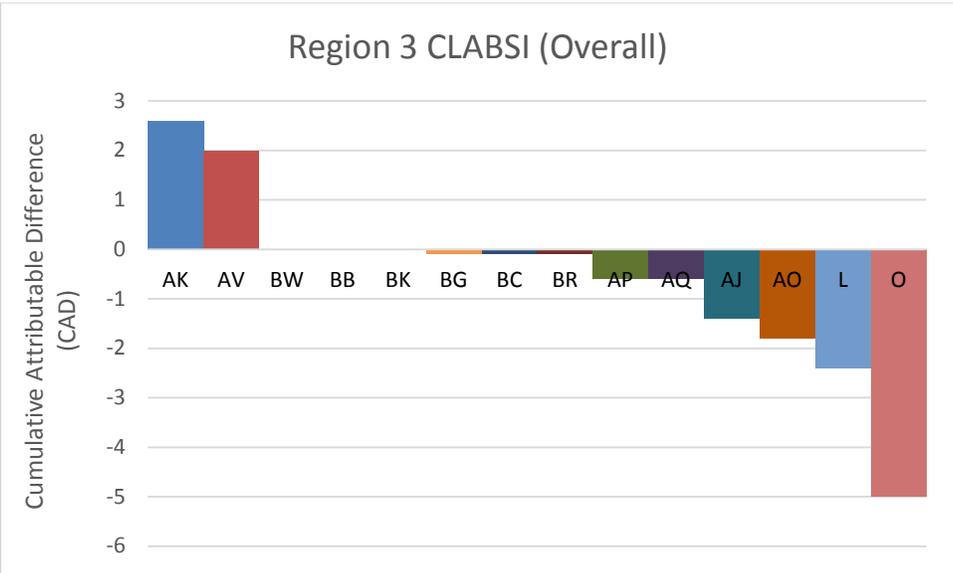
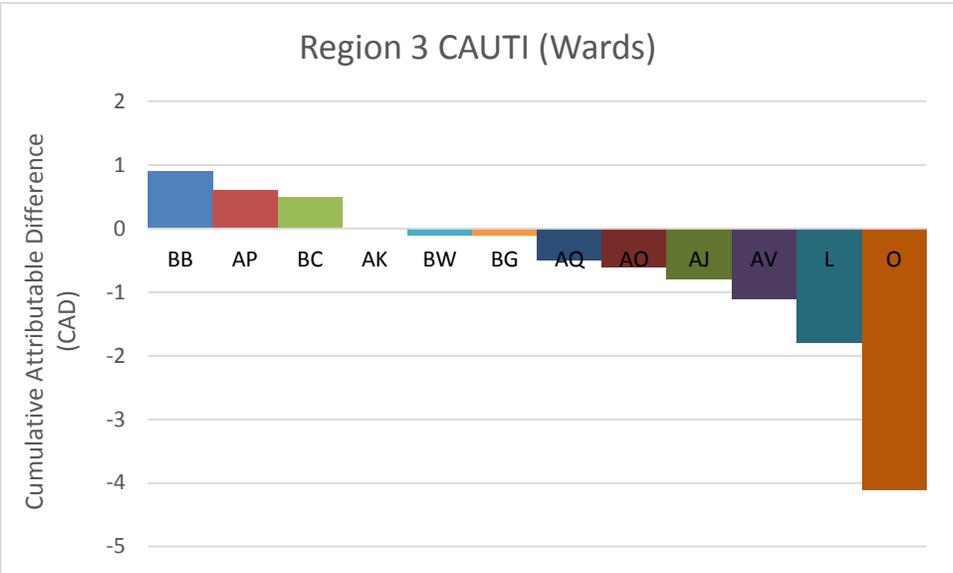
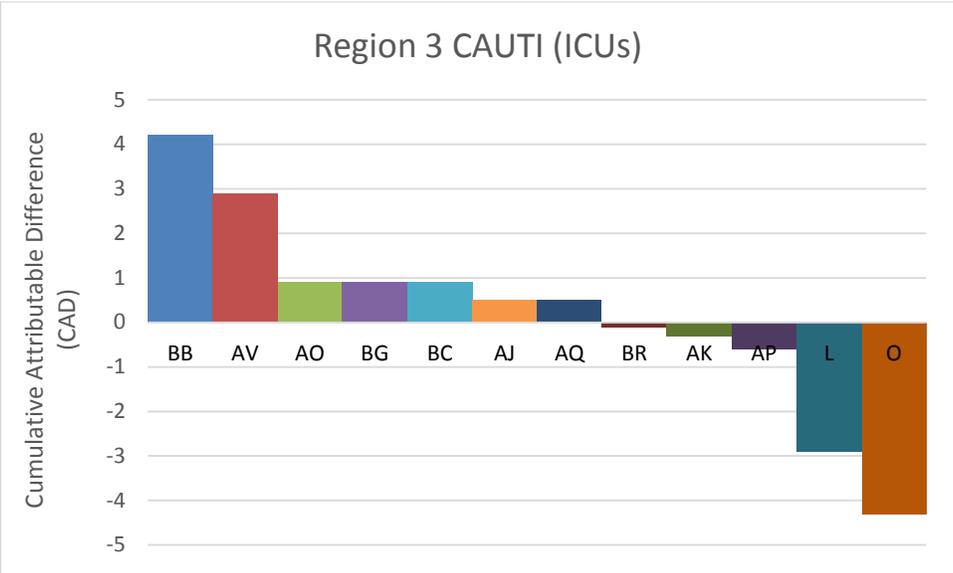
³CAD=Cumulative Attributable Difference. The number of infections that the region either needs to prevent to meet the HHS target or has prevented beyond the HHS target.

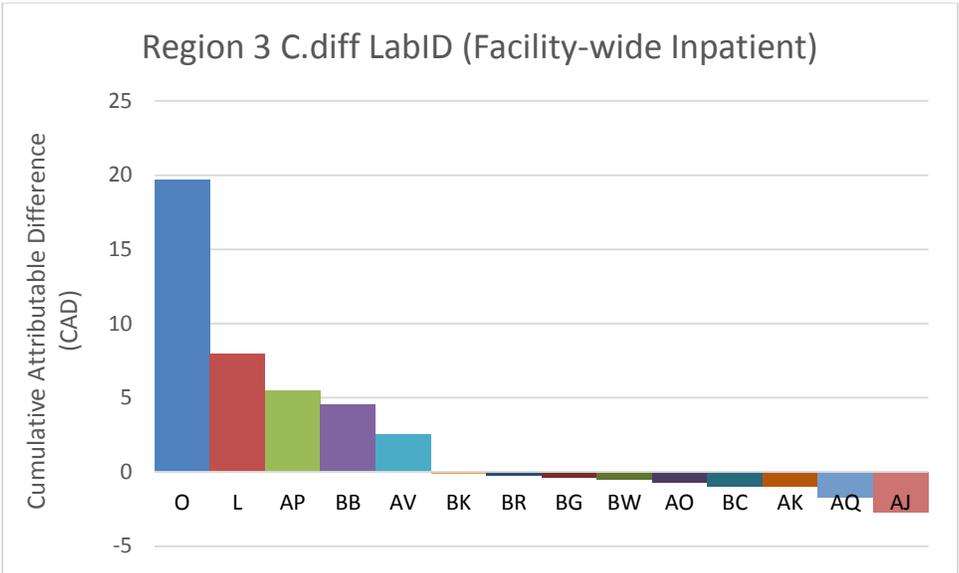
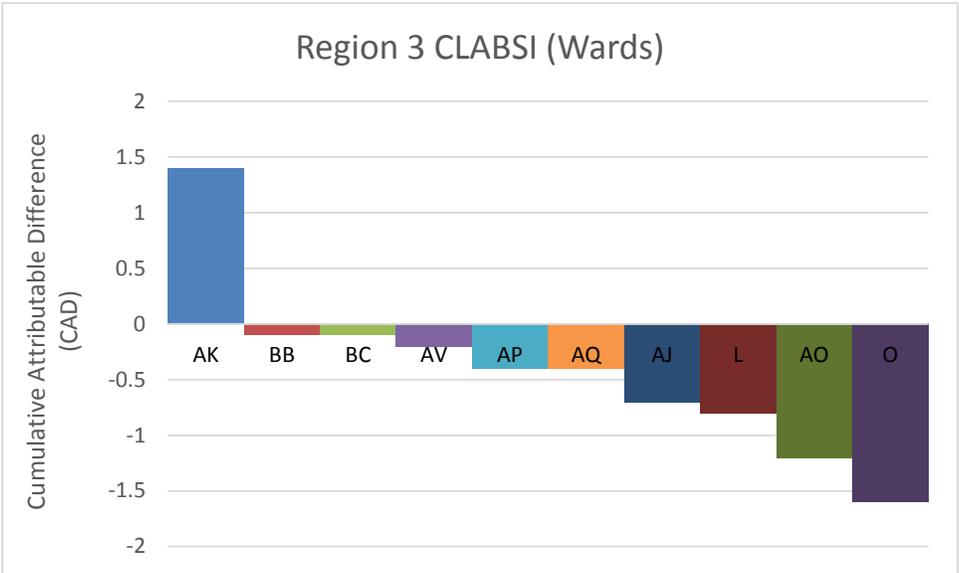
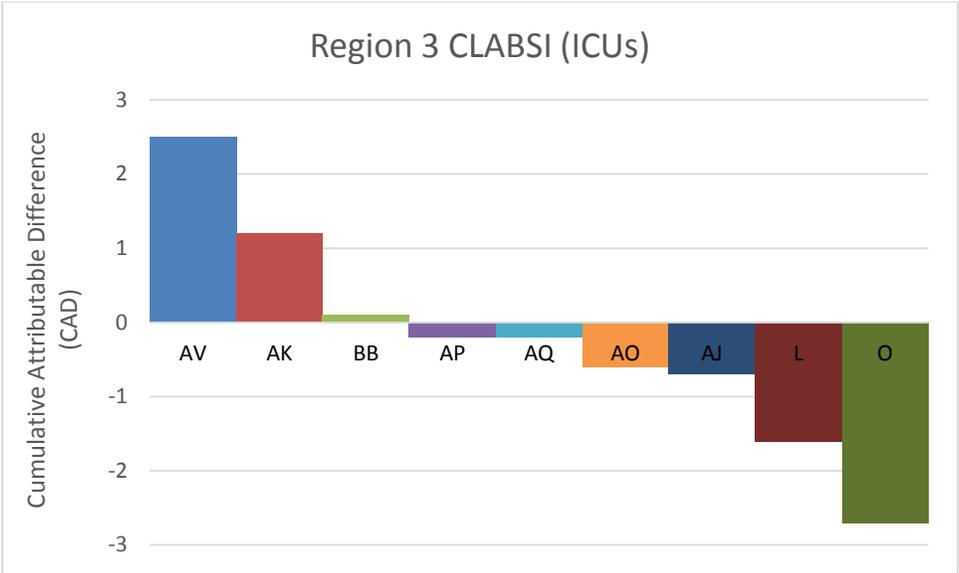
HHS CAUTI Target SIR = 0.75, HHS CLABSI Target SIR = 0.5, HHS CDI Target SIR = 0.7, HHS MRSA bacteremia Target SIR = 0.75, HHS SSI Target SIR = 0.75

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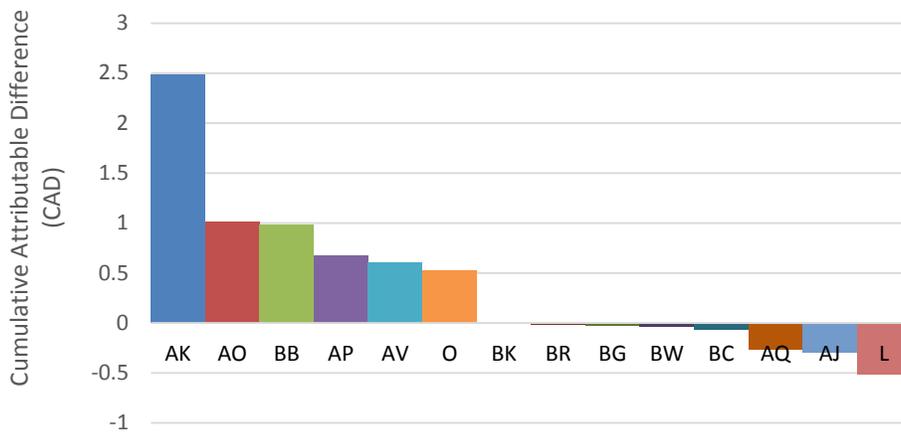
Bar Graphs



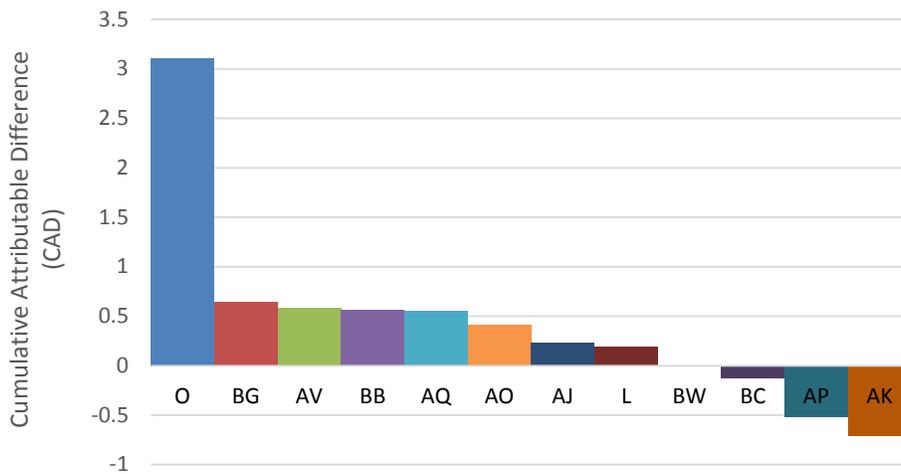




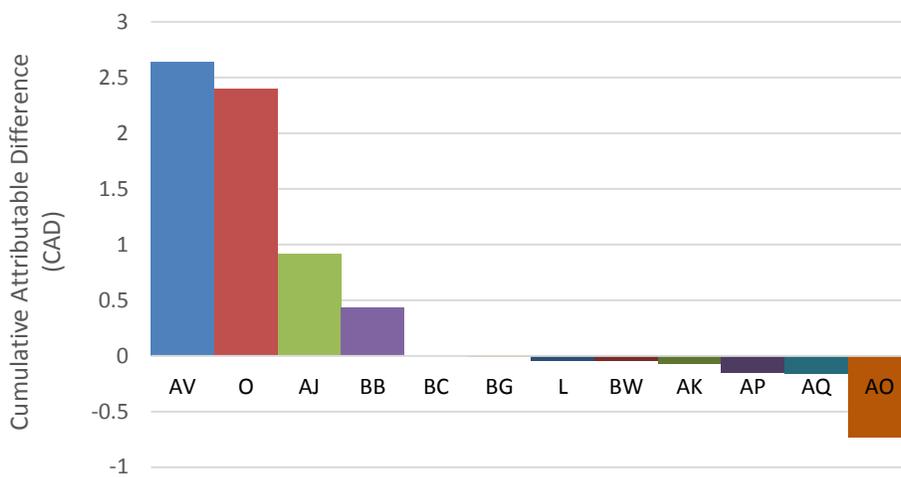
Region 3 MRSA bacteremia LabID (Facility-wide Inpatient)



Region 3 SSI Colon Surgeries

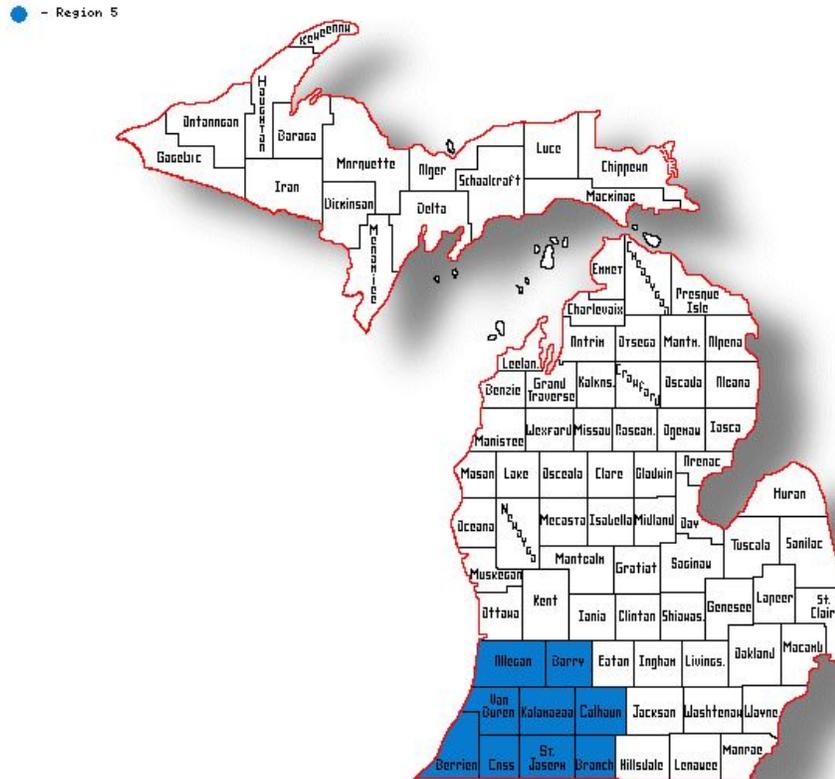


Region 3 SSI Abdominal Hysterectomies



Michigan Region 5
2015 Q2 Aggregate TAP Report

Michigan Department of Health and Human Services
 Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit



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2015 Q2 Targeted Assessment for Prevention Report

NHSN Module	Number of Facilities	Location	SIR ¹	Significant (Y/N) ²	CAD ³	Prevented or Need to Prevent
CAUTI	11	All	0.6	N	-2.2	Prevented
	6	ICU	0.6	----	-1.6	Prevented
	9	Ward	0.7	----	-0.6	Prevented
CLABSI	11	All	0.3	N	-3.3	Prevented
	5	ICU	0.3	----	-1.7	Prevented
	5	Ward	0.4	----	-0.8	Prevented
	<5	NICU	----	----	----	----
CDI	10	Facility-wide	0.737	Y	2.02	Need to Prevent
MRSA Bac	10	Facility-wide	0.655	N	-0.44	Prevented
SSI COLO	9	----	1.632	N	5.40	Need to Prevent
SSI HYST	9	----	2.04	N	1.90	Need to Prevent

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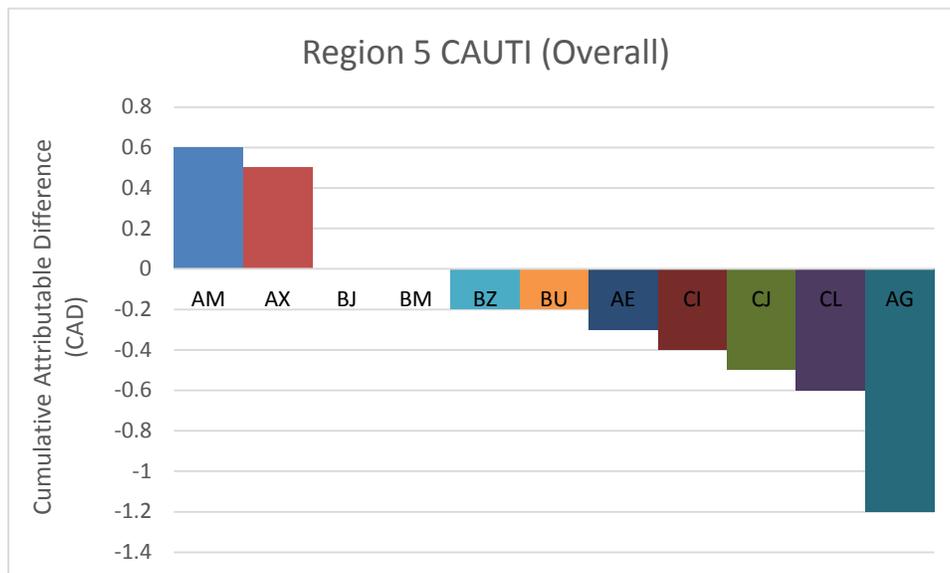
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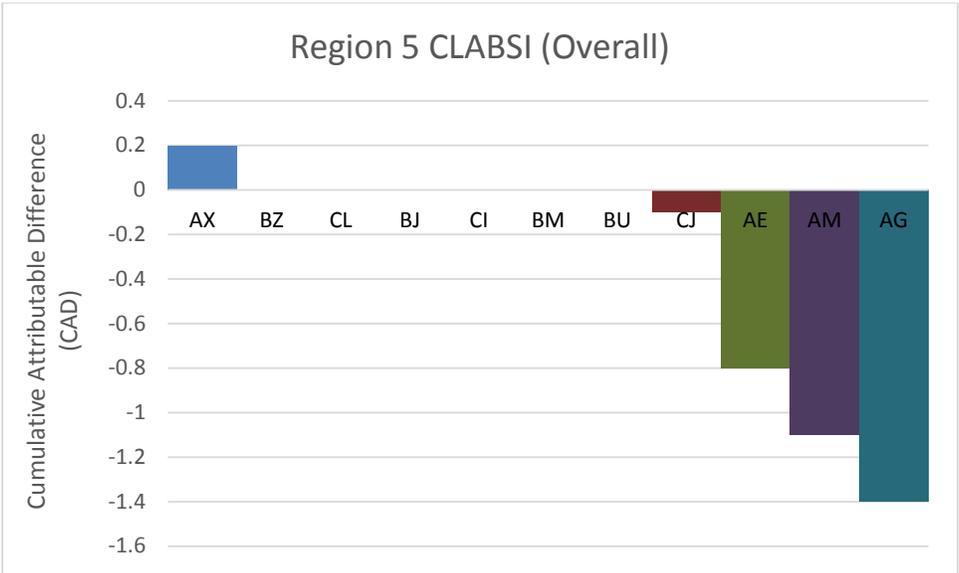
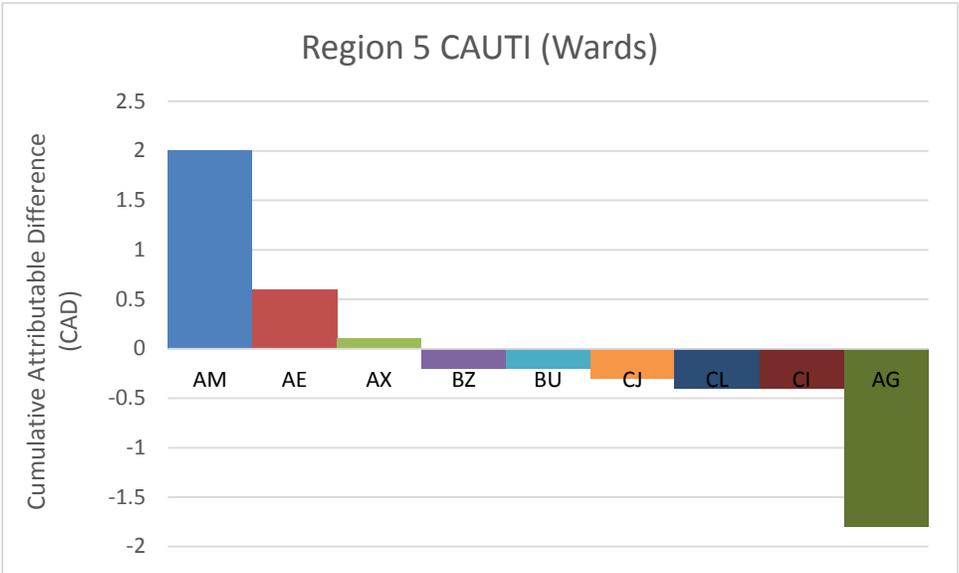
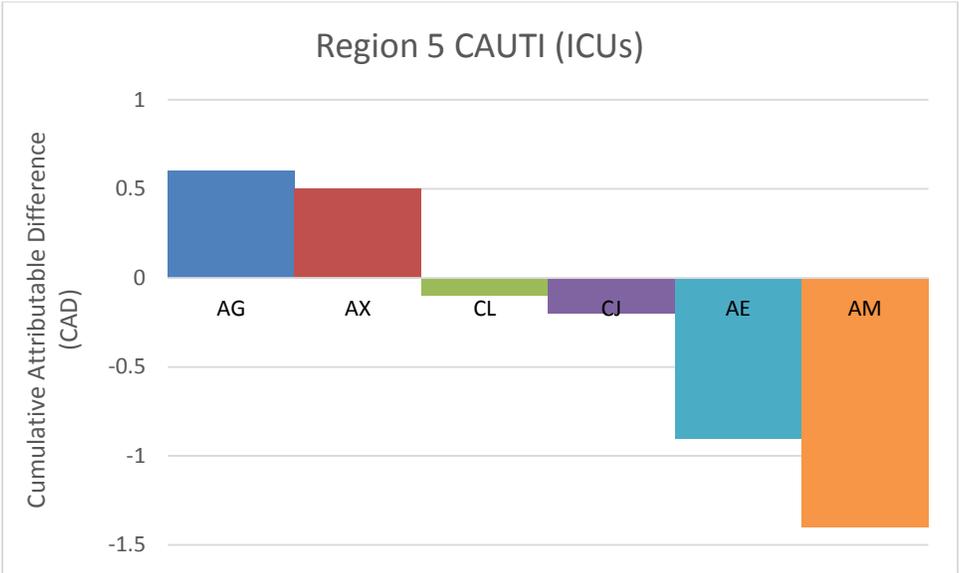
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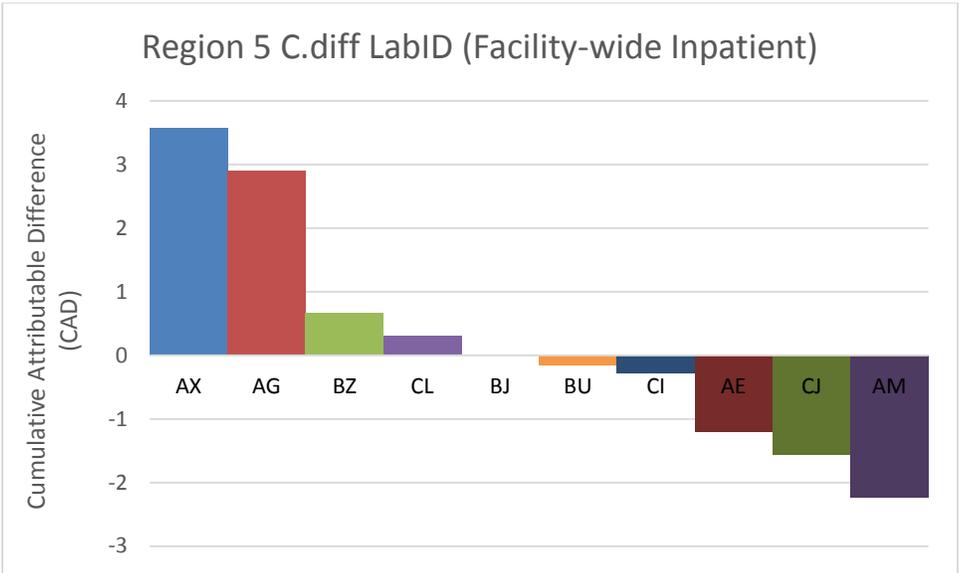
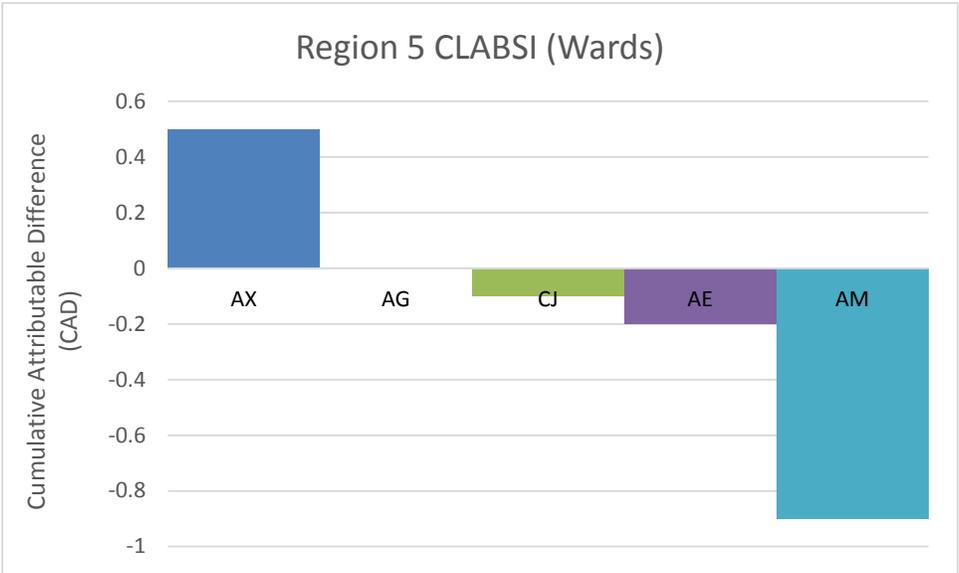
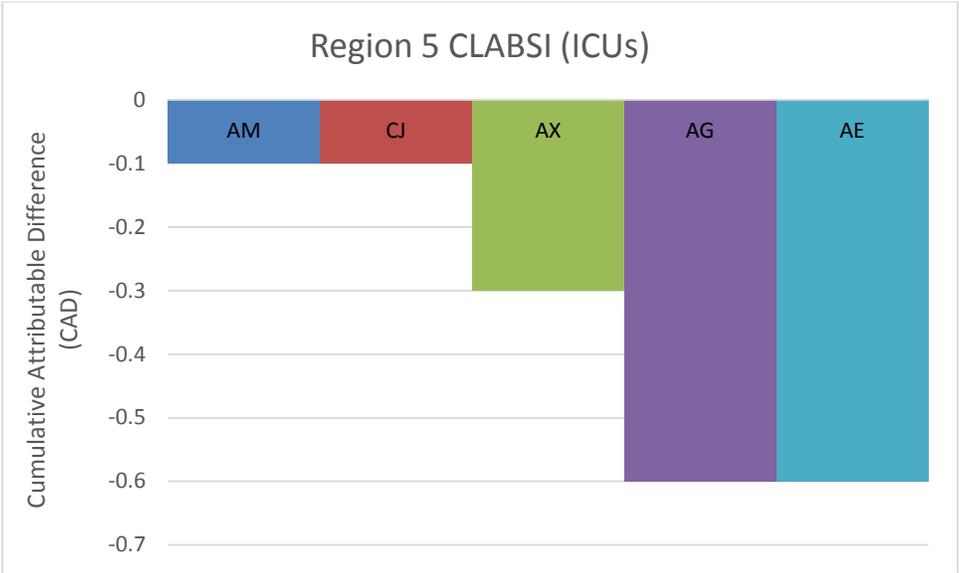
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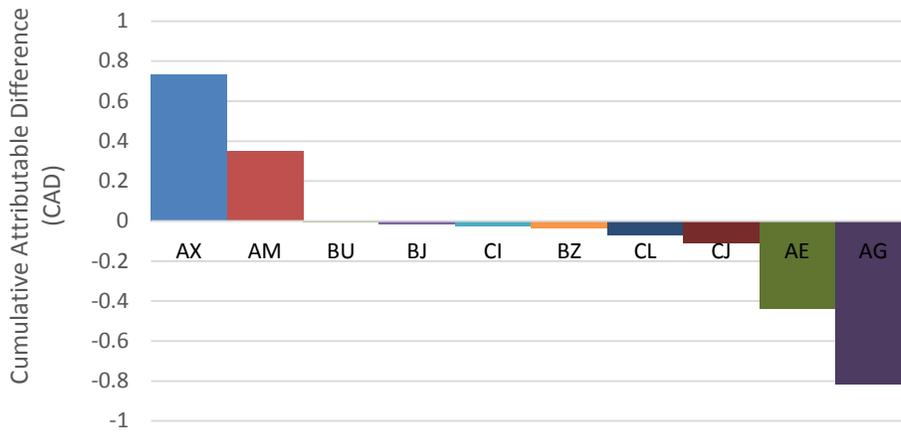
Bar Graphs



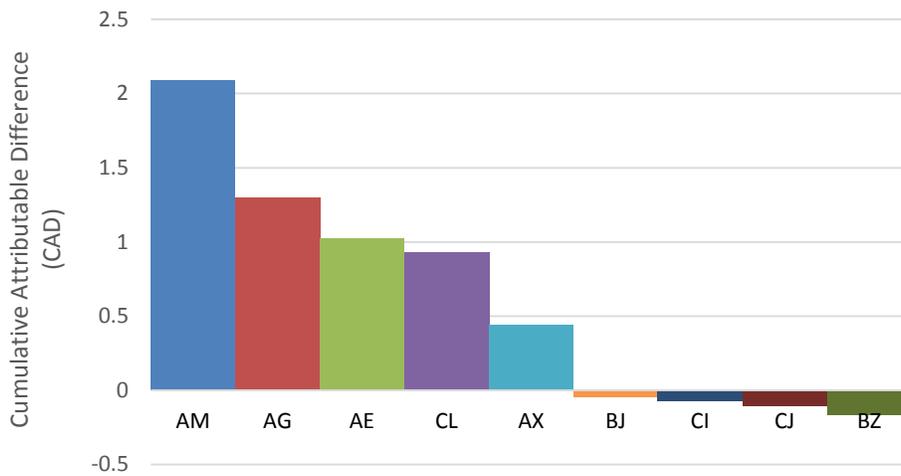




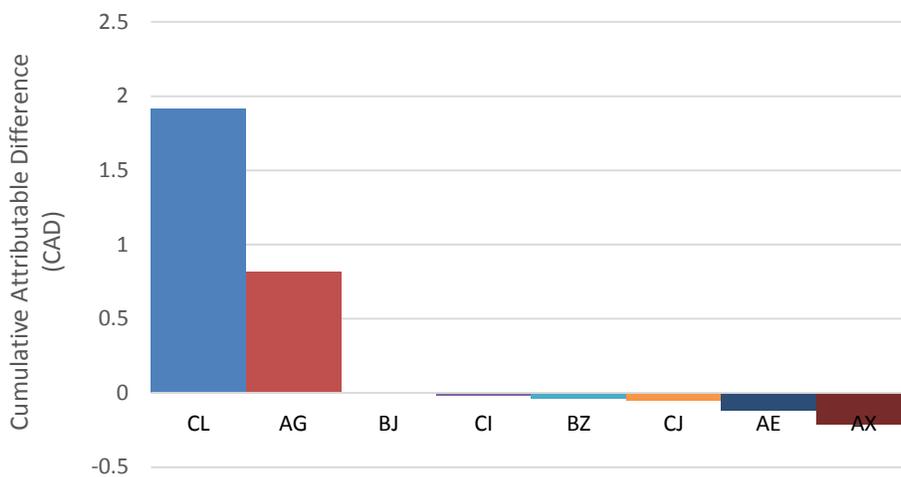
Region 5 MRSA bacteremia LabID (Facility-wide Inpatient)



Region 5 SSI Colon Surgeries

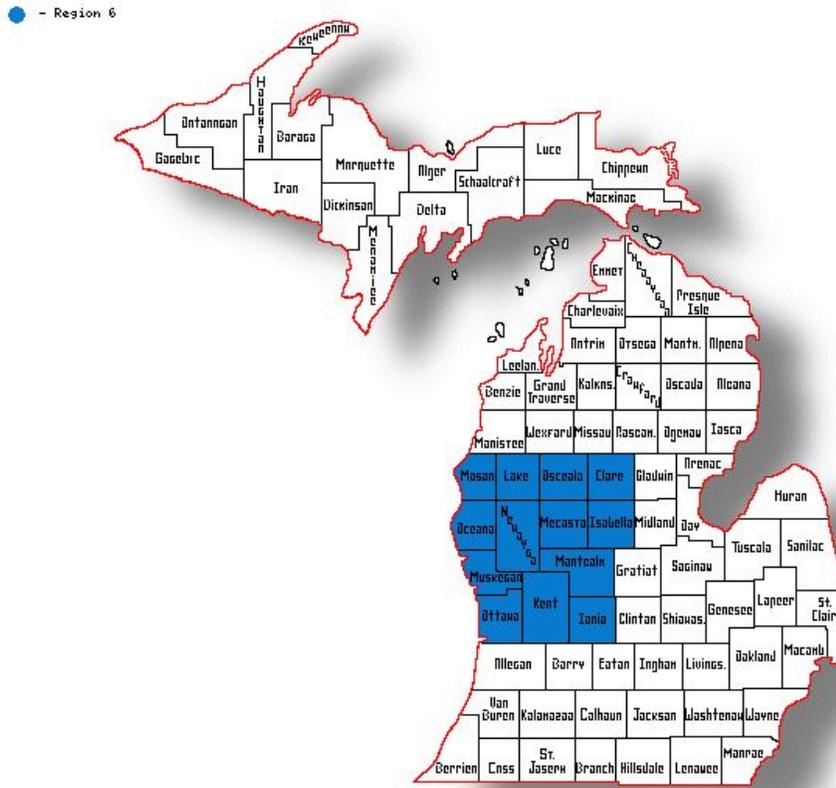


Region 5 SSI Abdominal Hysterectomies



Michigan Region 6
2015 Q2 Aggregate TAP Report

Michigan Department of Health and Human Services
 Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit



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2015 Q2 Targeted Assessment for Prevention Report

NHSN Module	Number of Facilities	Location	SIR ¹	Significant (Y/N) ²	CAD ³	Prevented or Need to Prevent
CAUTI	16	All	0.6	N	-2.7	Prevented
	12	ICU	0.8	----	0.9	Need to Prevent
	12	Ward	0.3	----	-3.6	Prevented
CLABSI	16	All	0.4	N	-3.1	Prevented
	7	ICU	0.3	----	-3.0	Prevented
	7	Ward	0.3	----	-1.5	Prevented
	<5	NICU	----	----	----	----
CDI	16	Facility-wide	0.819	N	11.44	Need to Prevent
MRSA Bac	16	Facility-wide	0.692	N	-0.5	Prevented
SSI COLO	15	----	1.765	Y	9.20	Need to Prevent
SSI HYST	15	----	1.939	N	2.45	Need to Prevent

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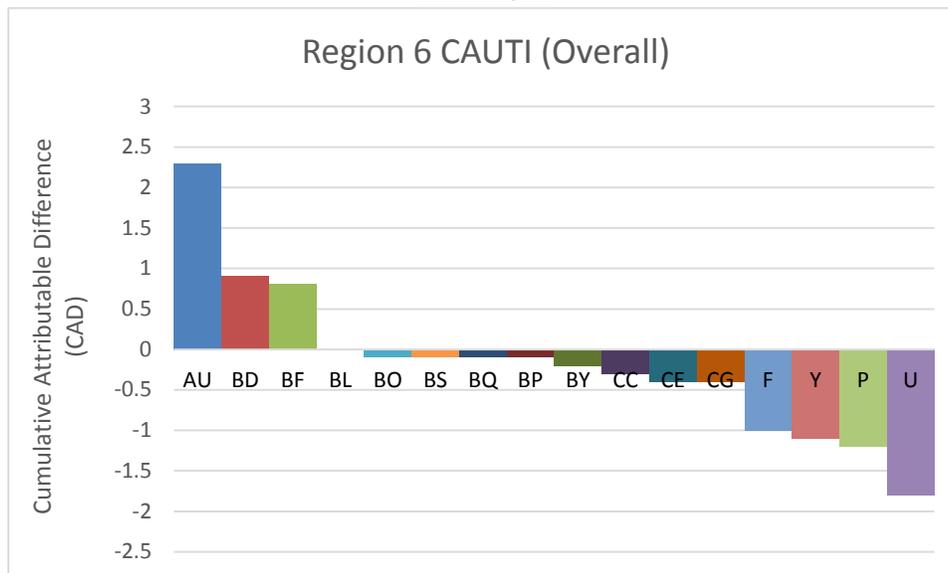
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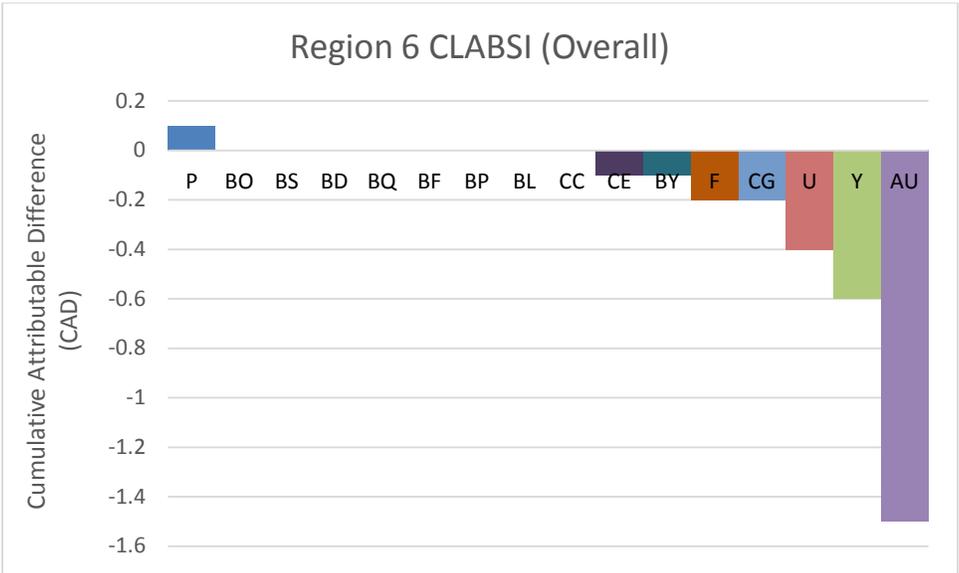
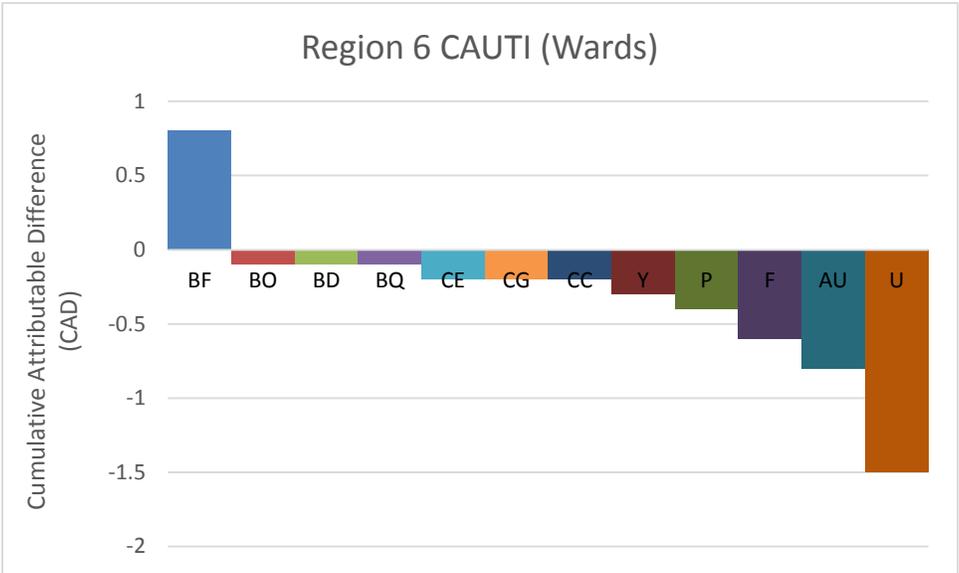
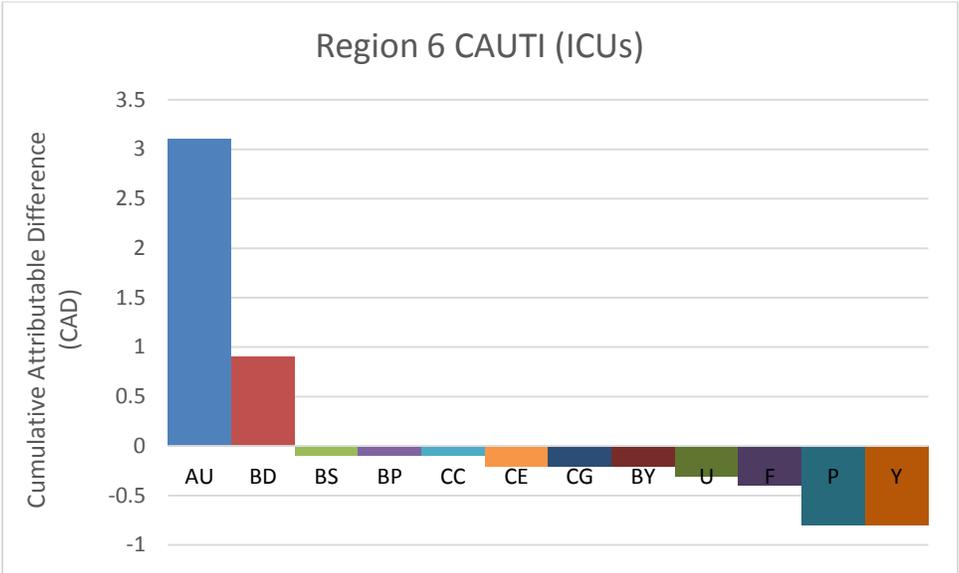
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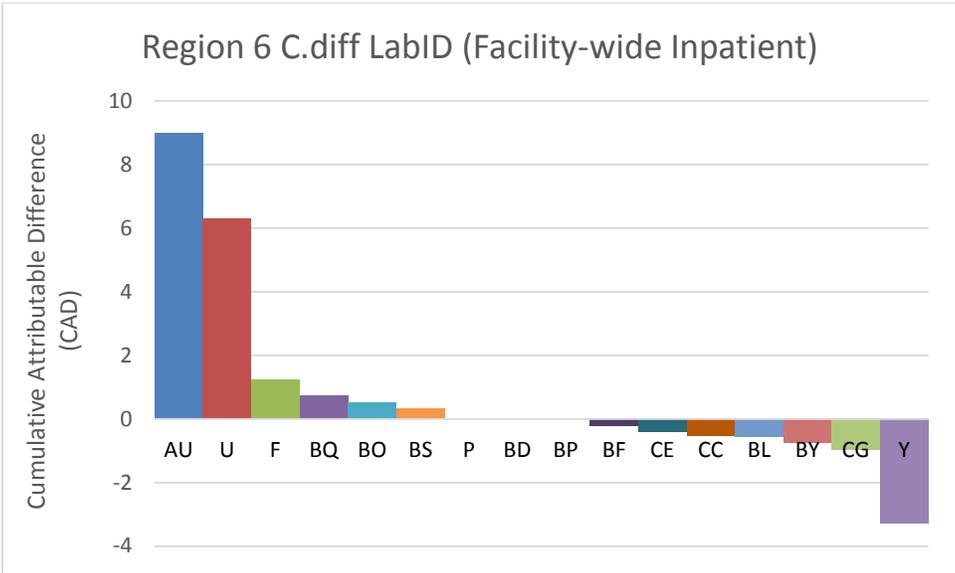
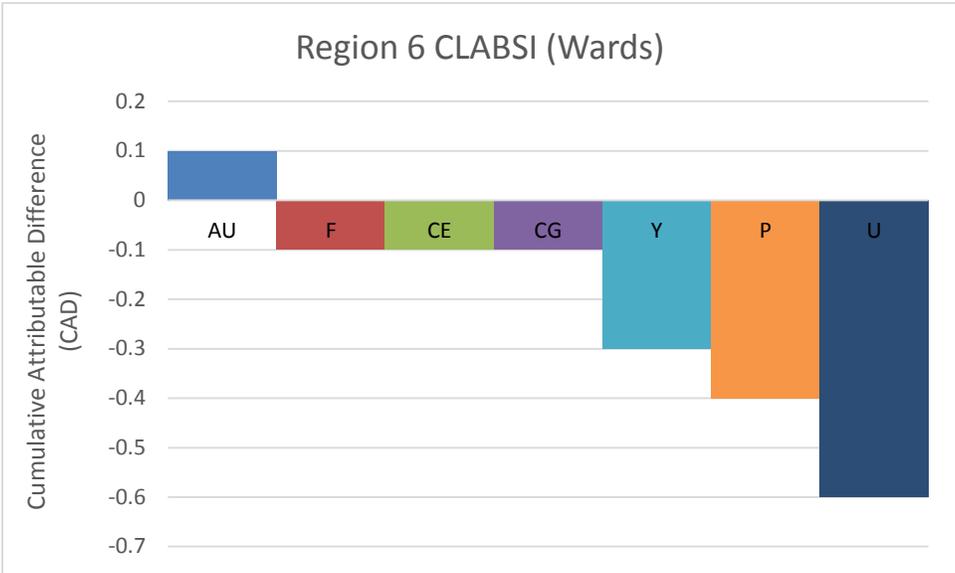
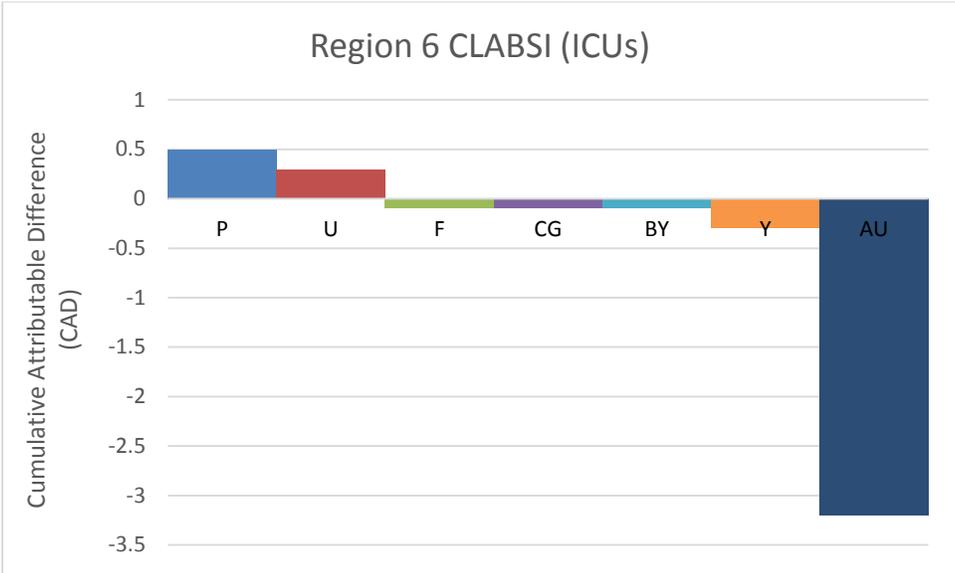
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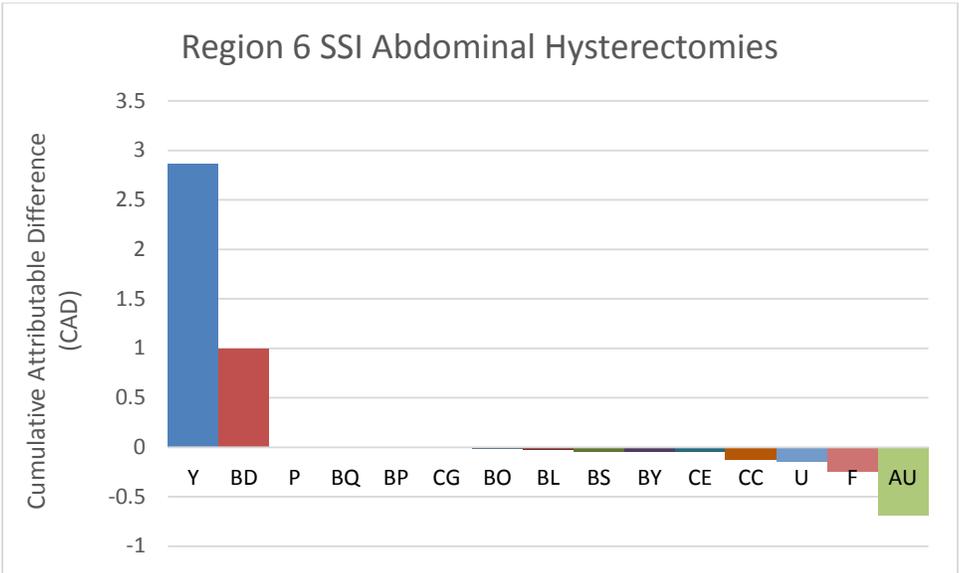
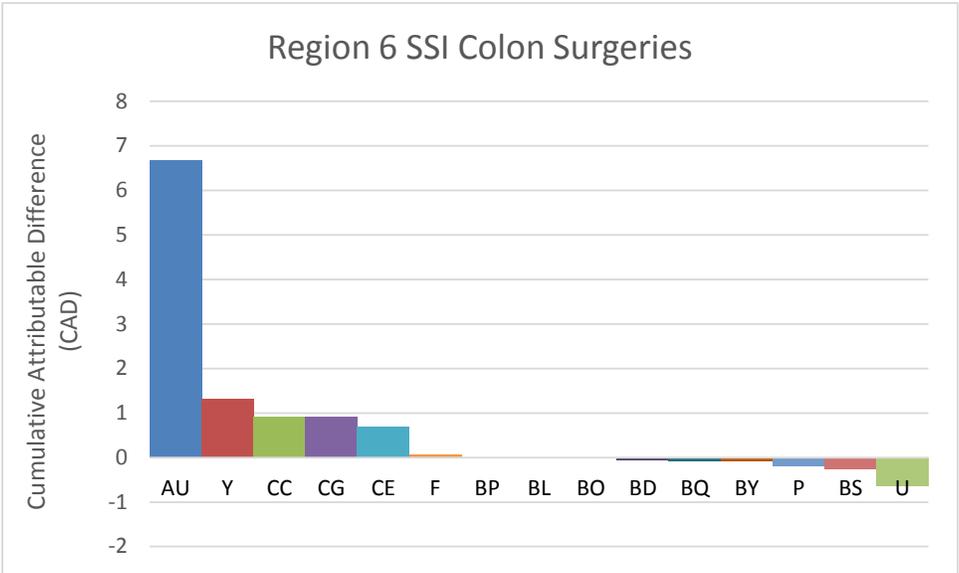
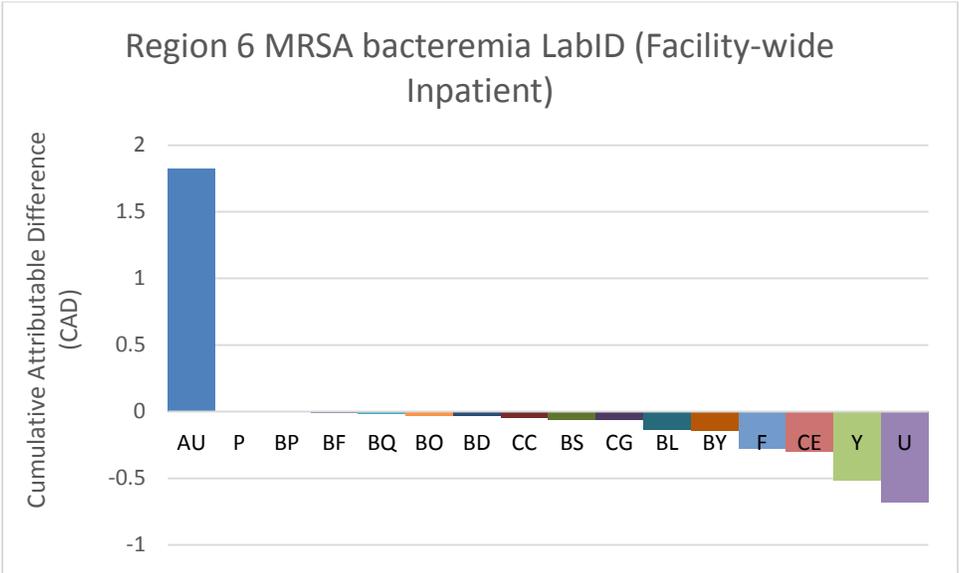
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Bar Graphs









2015 Q2 Targeted Assessment for Prevention Report

NHSN Module	Number of Facilities	Location	SIR ¹	Significant (Y/N) ²	CAD ³	Prevented or Need to Prevent
CAUTI	7	All	0.4	N	-4.2	Prevented
	6	ICU	0.6	----	-0.6	Prevented
	7	Ward	0.4	----	-3.6	Prevented
CLABSI	7	All	1		3.4	Need to Prevent
	<5	ICU	----	----	----	----
	<5	Ward	----	----	----	----
	<5	NICU	----	----	----	----
CDI	7	Facility-wide	0.904	N	7.442	Need to Prevent
MRSA Bac	7	Facility-wide	0.553	N	-0.36	Prevented
SSI COLO	7	----	0.787	N	0.14	Need to Prevent
SSI HYST	7	----	0	N	-0.79	Prevented

¹SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or other variables. An SIR of 1 can be interpreted as having the same number of events as 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.

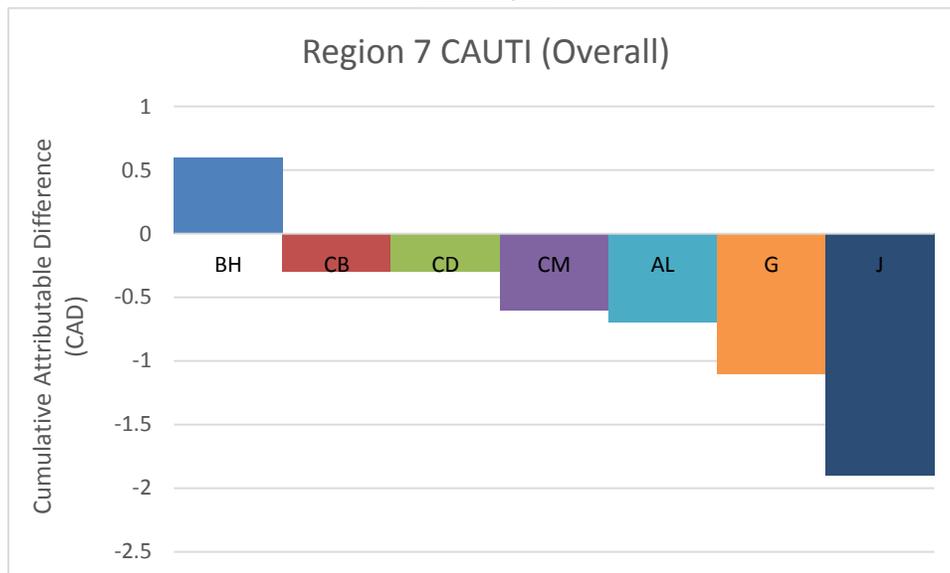
²Significant (Y/N). A Y indicates that, based on the p-value and 95% Confidence Interval (CI), the SIR is statistically significantly different than 1. An N indicates that, based on the p-value and 95% CI, the SIR is not statistically significantly different than 1 (expected). Significance testing was only performed on overall SIRs, not location-specific.

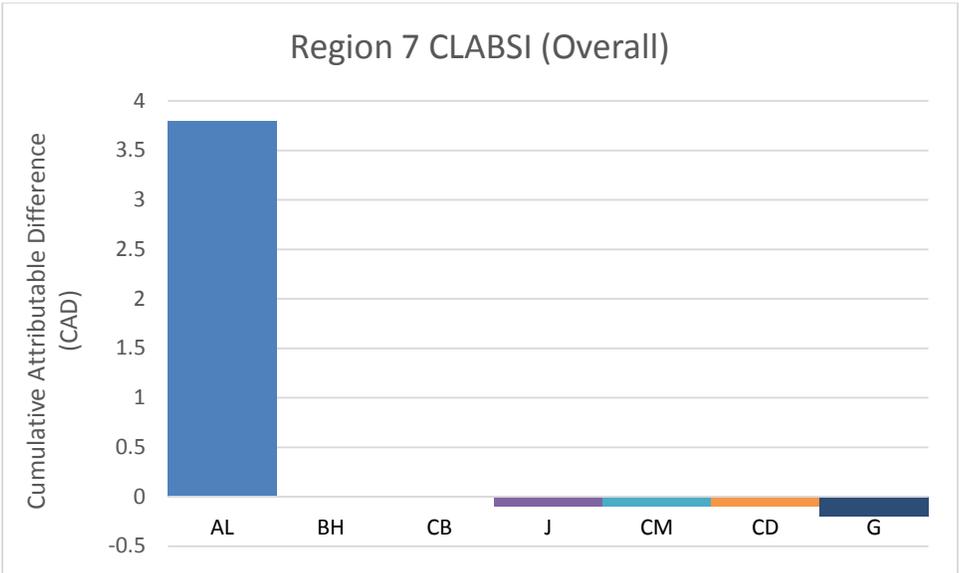
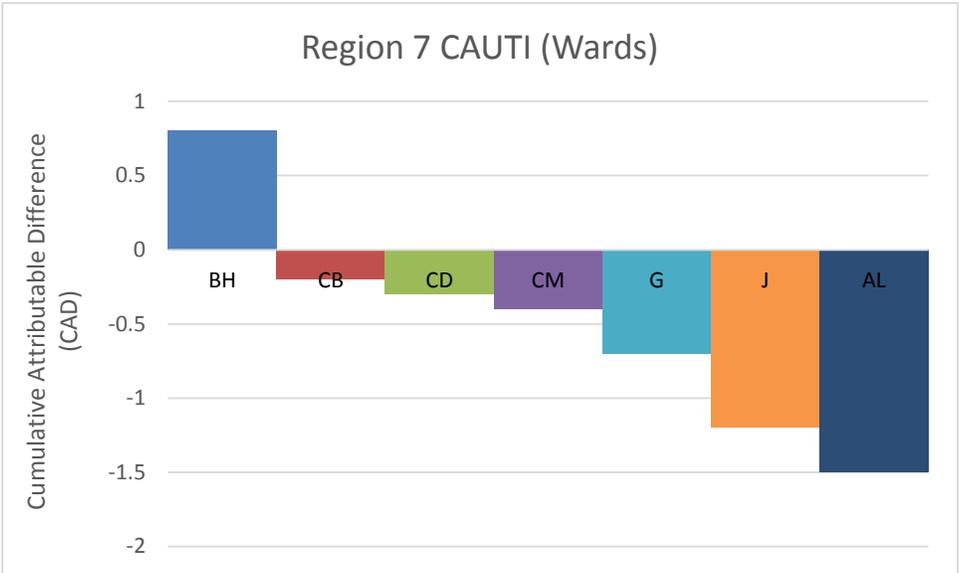
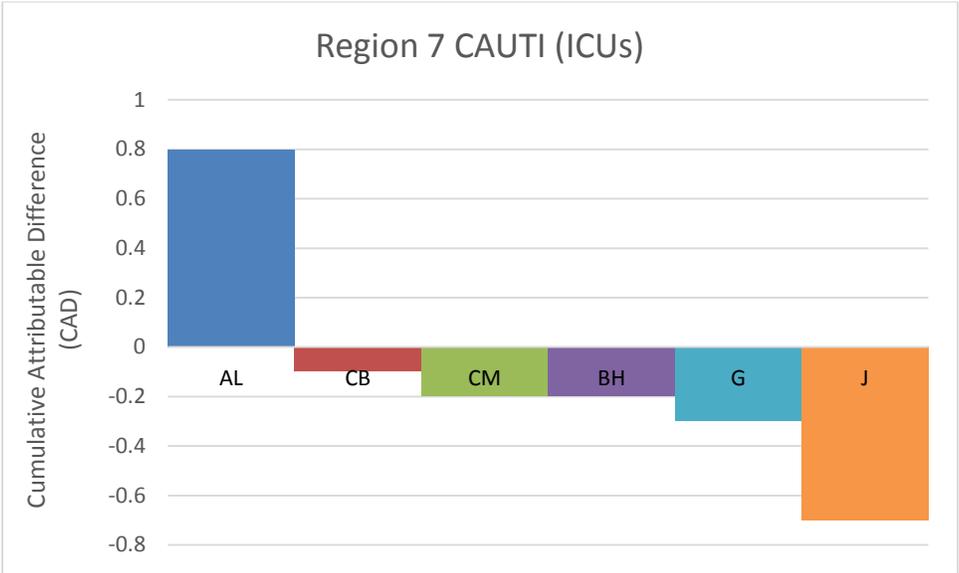
³CAD=Cumulative Attributable Difference. The number of infections that the region either needs to prevent to meet the HHS target or has prevented beyond the HHS target.

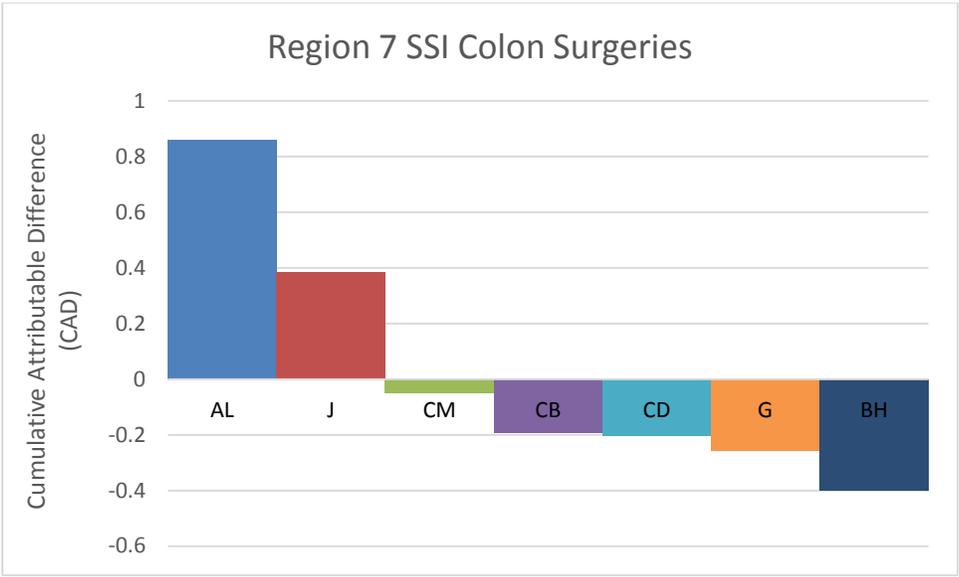
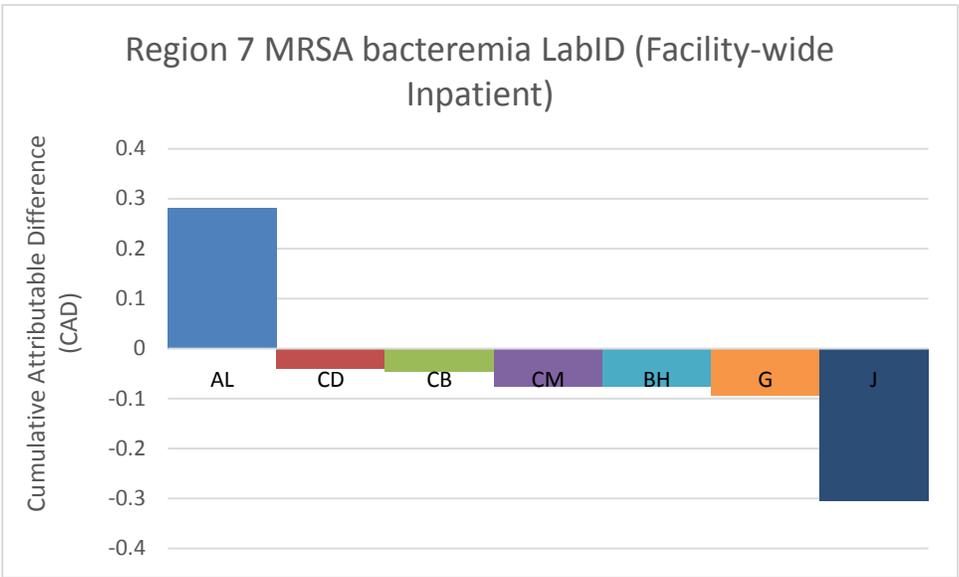
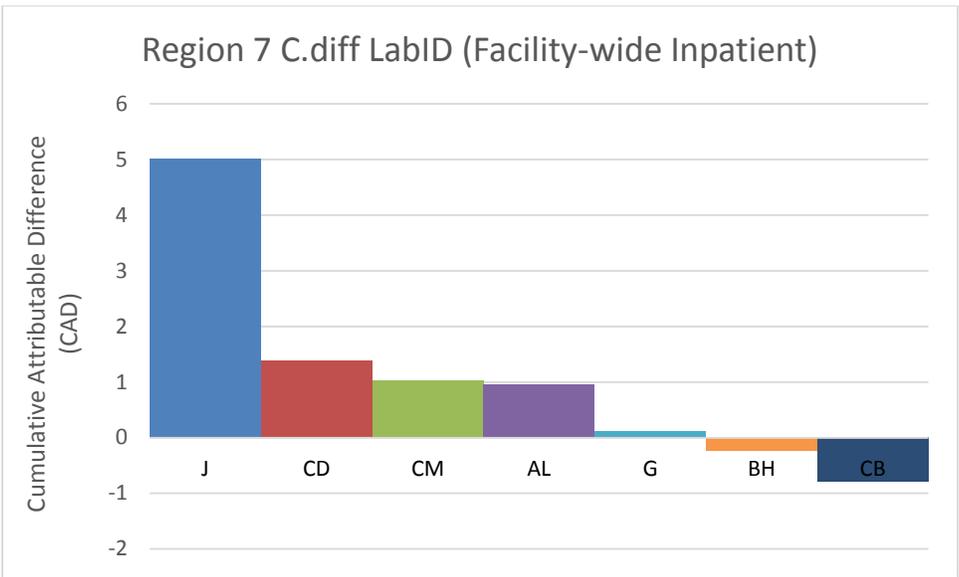
HHS CAUTI Target SIR = 0.75, HHS CLABSI Target SIR = 0.5, HHS CDI Target SIR = 0.7, HHS MRSA bacteremia Target SIR = 0.75, HHS SSI Target SIR = 0.75

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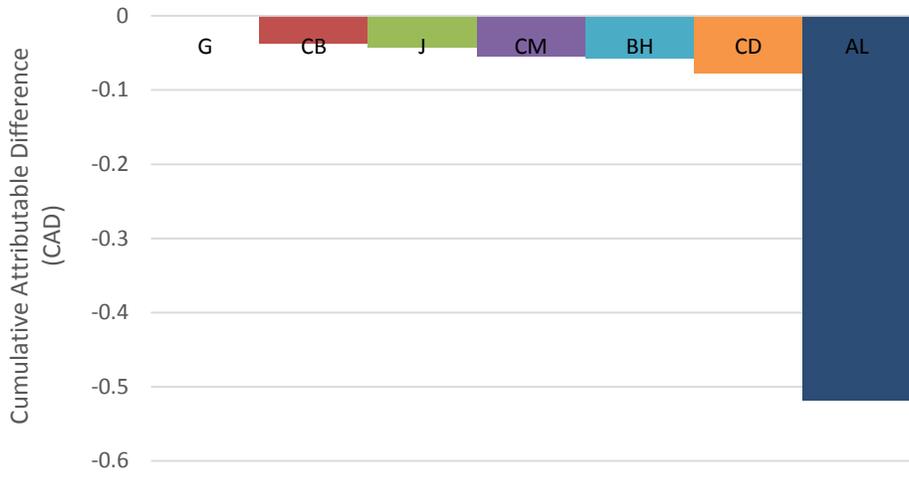
Bar Graphs







Region 7 SSI Abdominal Hysterectomies



NHSN Module	Number of Facilities	Location	SIR ¹	Significant (Y/N) ²	CAD ³	Prevented or Need to Prevent
CAUTI	5	All	0.2	N	-2.3	Prevented
	<5	ICU	----	----	----	----
	5	Ward	0.0	----	-2.1	Prevented
CLABSI	5	All	0	N	-1.2	Prevented
	<5	ICU	----	----	----	----
	<5	Ward	----	----	----	----
	<5	NICU	----	----	----	----
CDI	<5	Facility-wide	----	----	----	----
MRSA Bac	<5	Facility-wide	----	----	----	----
SSI COLO	5	----	0.527	N	-0.42	Prevented
SSI HYST	5	----	----	----	-0.22	Prevented

¹SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or other variables. An SIR of 1 can be interpreted as having the same number of events as 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.

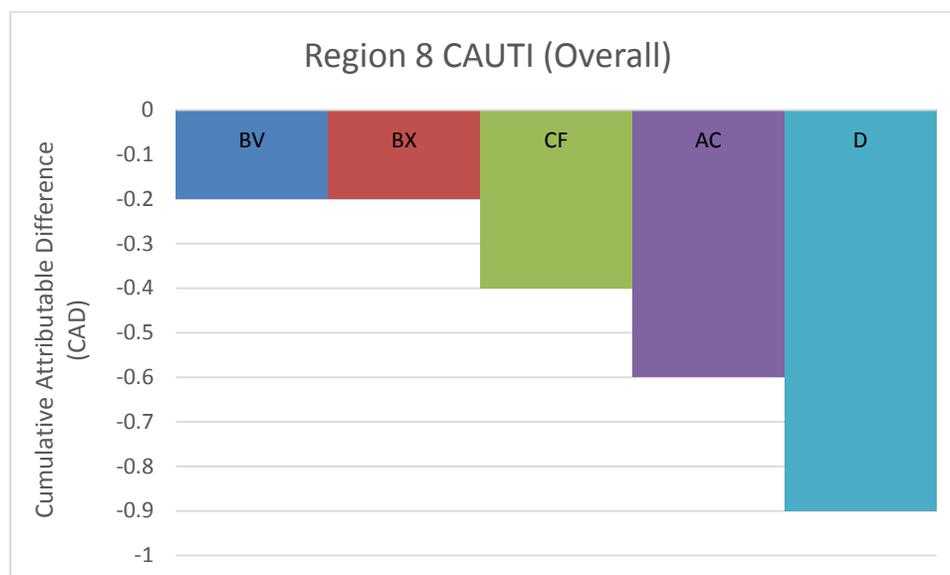
²Significant (Y/N). A Y indicates that, based on the p-value and 95% Confidence Interval (CI), the SIR is statistically significantly different than 1. An N indicates that, based on the p-value and 95% CI, the SIR is not statistically significantly different than 1 (expected). Significance testing was only performed on overall SIRs, not location-specific.

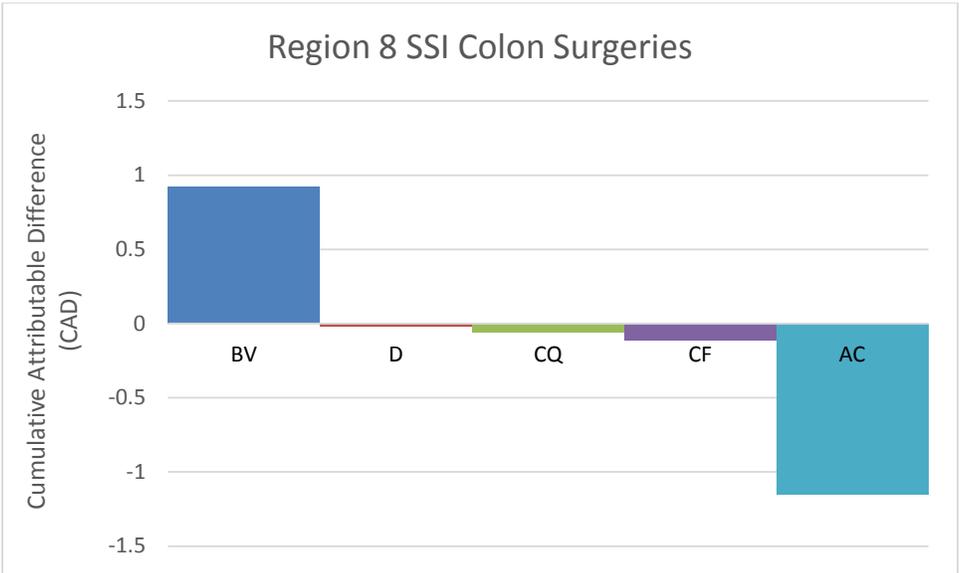
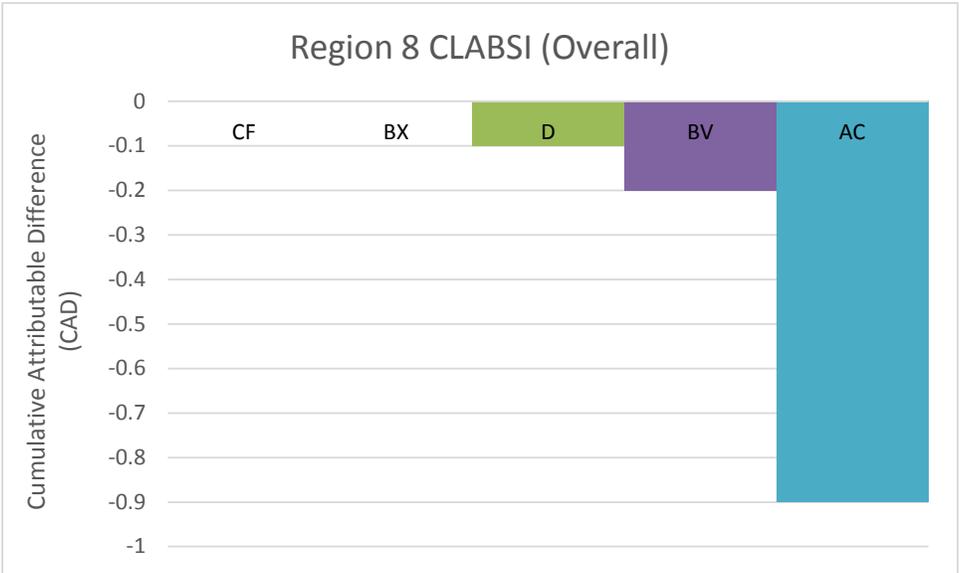
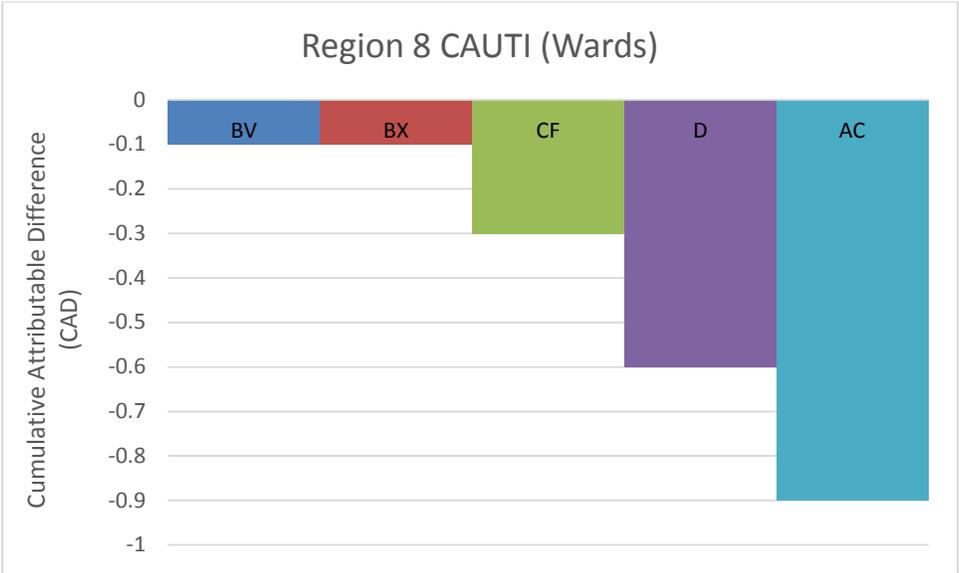
³CAD=Cumulative Attributable Difference. The number of infections that the region either needs to prevent to meet the HHS target or has prevented beyond the HHS target.

HHS CAUTI Target SIR = 0.75, HHS CLABSI Target SIR = 0.5, HHS CDI Target SIR = 0.7, HHS MRSA bacteremia Target SIR = 0.75, HHS SSI Target SIR = 0.75

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Bar Graphs





Region 8 SSI Abdominal Hysterectomies

