

Healthcare-Associated Infections (HAI) Annual Report

July 2024



colorado.gov/cdphe/hai

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About this report

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Disclosure Law (C.R.S. 25-3-601-607) and is the 16th annual report published by the Colorado Department of Public Health and Environment. The report presents information about healthcare-associated infections (HAI) reporting requirements, processes and limitations, functions of implementing the disclosure law, and HAI data submitted by Colorado healthcare facilities on catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), *Clostridioides difficile (C. difficile)* infections, dialysis-related infections, and surgical site infections (SSIs). The report contains new HAI data from Jan. 1-Dec. 31, 2023, with a comparison to 2022.

Executive summary

Healthcare-associated infections (HAIs) are infections that patients get while being treated for other conditions in a hospital or other health care setting. About 3% of patients in U.S. hospitals have a HAI, according to a mulitstate survey of hospitals conducted in 2015. HAIs can lead to additional treatment and cause pain, suffering, and death. HAIs are preventable.

This report contains 2023 rates of HAIs that Colorado health care facilities report to the Colorado Department of Public Health and Environment (CDPHE) via the National Healthcare Safety Network (NHSN). It includes infections associated with urinary catheters, central lines, dialysis, and surgeries. It also includes hospital-onset *Clostridioides difficile* (*C. difficile*) infections. Rates of HAIs reported are compared to those from 2022.

The HAI rates in this report are standardized to account for facility and patient characteristics. They are compared to a national baseline in the form of a Standardized Infection Ratio (SIR). This report does not have information on all HAIs, but Coloradans can use it as one indicator of healthcare quality. Health care facilities can use the data to target their infection prevention efforts.

CDPHE works to reduce HAIs in Colorado through:

- Tracking and publishing HAI data
- Guiding and assisting facilities on best practices for infection control
- Validating HAI data
- Observing facility practices
- Working with partners on patient safety

More information about HAIs is available on <u>CDPHE's webpage</u>.

Key findings

In 2023, overall rates of the following conditions were lower (better) than the national baseline:

- Catheter-associated urinary tract infections in acute care hospitals overall and in adult and pediatric critical care units and inpatient wards (<u>Table 4</u>)
- Central-line associated bloodstream infections in acute care hospitals overall, in adult and pediatric critical care units and inpatient and wards, and neonatal critical care units (Table 5)
- *Clostridioides difficile* infections in acute care hospitals, inpatient rehabilitation facilities, and long-term acute care hospitals (<u>Table 6</u>)
- Surgical site infections following outpatient knee replacement surgeries in acute care hospitals (<u>Table 9</u>)
- Surgical site infections following hernia repair surgeries in ambulatory surgery centers (<u>Table 12</u>)

Overall rates of the following conditions were higher (worse) than the national baseline:

- Surgical site infections following inpatient breast surgeries in acute care hospitals (Table 8)
- Surgical site infections following outpatient abdominal hysterectomies in acute care hospitals (<u>Table 9</u>)
- Surgical site infections following knee replacement surgeries in ambulatory surgery centers (<u>Table 12</u>)

In 2023, overall rates of the following conditions were lower (better) than the rates from 2022:

- Central line-associated bloodstream infections in acute care hospitals (Table 5)
- Surgical site infections following inpatient hip replacement surgeries in acute care hospitals (<u>Table 8</u>)

Overall rates for other conditions were similar to the national baseline and rates from 2022 or rate comparisons were not available. Facility-specific rates of HAIs are presented in detail.

Introduction

Healthcare-associated infections (HAIs) are infections that patients get during treatment for other conditions within a health care setting. HAIs included in this report include infections associated with urinary catheters (tubes placed in the bladder), central lines (catheters/tubes placed in veins for treatment infusions), *Clostridioides difficile* (a bacteria found in health care settings), dialysis treatment, and surgeries. HAIs can be devastating to patients and families. About 3% of patients in U.S. hospitals have a HAI, according to a multistate survey of hospitals conducted in 2015.¹⁻² They can cause significant financial burden due to additional treatments, procedures, and lost wages, as well as pain, suffering, and death. Recognizing the seriousness of HAIs, Colorado passed the HAI Disclosure Law in 2006, which was revised and updated in 2016 (Section 25-3-601-607, C.R.S.).³ Administrative changes in 2016 included a change in reporting time frame from fiscal to calendar year and a change in the annual report submission date to the Colorado General Assembly from January 15 to July 15 of each year. Changes in 2016 also included a change to the definition of health care facility to include "all state licensed or certified facilities submitting data to the National Healthcare Safety Network (NHSN)."⁴ This definition currently includes acute care hospitals, critical access hospitals, long-term acute care hospitals, inpatient rehabilitation facilities, ambulatory surgery centers, and dialysis facilities. It may also include additional facility types as they report to NHSN. These facility types are required to report designated HAI data as a condition of state licensure. Methicillin-resistant Staphylococcus aureus is reported per a Board of Health requirement and not included in this report.

The disclosure law mandates certain health care facilities report their HAI data to the Colorado Department of Public Health and Environment (CDPHE) through the National

Healthcare Safety Network (NHSN), a national web-based surveillance and reporting system managed by Centers for Disease Control and Prevention (CDC).³⁻⁴ The use of NHSN improves the validity of reported HAI data because facilities must use standard definitions and reporting rules. Reporting consistency allows CDPHE to compare Colorado facility HAI data to a national baseline.

The report presents information about HAI reporting requirements, processes, and limitations; the disclosure law; and data submitted by Colorado health care facilities on catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), hospital-onset *Clostridioides difficile (C. difficile)* infections, dialysis-related infections, and selected surgical site infections (SSIs). Healthcare facilities submitted infection data from 2023. HAI infection rates are compared to the national baseline and Colorado rates from 2022. A glossary of terms is available in **Appendix A**.

Healthcare-associated infections disclosure law

Implementing Colorado's healthcare-associated infections disclosure law involves four main functions³:

- 1. Appointment of a Healthcare-Associated Infections Advisory Committee.
- 2. Selection of conditions to be reported.
- 3. Oversight of data entered into the National Healthcare Safety Network.
- 4. Public reporting of results by facility.

Healthcare-Associated Infections Advisory Committee

Colorado's disclosure law requires CDPHE's executive director to appoint an 11-member Healthcare-Associated Infections Advisory Committee with the following composition:

- One representative from an urban hospital.
- One representative from a rural hospital.
- One board-certified or board-eligible physician licensed in Colorado who is affiliated with a Colorado hospital or medical school and an active member of a national organization specializing in healthcare epidemiology or infection control.
- Four infection control practitioners (one from a stand-alone ambulatory surgery center, one certified in infection control and epidemiology, one from a long-term care setting, and one other health care professional).
- One medical statistician or clinical microbiologist with an advanced degree.
- One representative from a health consumer organization.
- One representative from a health insurer.
- One purchaser of health insurance.

Current members

Current members (2024)

- Sara Colvard, MSN
- Chase Currie, MPH, CIC
- Jennifer Dougan, CIC
- Michelle Graves, RN
- Erin Minnerath, MSPH, CIC
- David Pflueger, MBA, Chair
- Larissa Pisney, MD
- Emma Stein, MPH
- Carolyn Valdez, MS
- Monica VanBuskirk, MBA
- William Wright, MD, Co-Chair

Past member (2023)

• Christine Lentz, BS, MBA

Role of the advisory committee

The primary role of the advisory committee is to provide oversight and guidance to the Department for the collection, analysis, and publication of HAI data from health facilities according to C.R.S. 25-3-601-607.

Selection of clinical metrics

The current reporting metrics include infections related to urinary catheters, central lines, *Clostridioides difficile* (*C. difficile*), outpatient dialysis treatment, and surgeries (Table 1).⁵ Urinary catheters are tubes placed in the bladder to facilitate urination. Central lines are tubes placed in a vein to infuse fluids or medications. These devices can cause catheter-associated urinary tract infections (CAUTIs) and central line-associated bloodstream infections (CLABSIs), respectively. *C. difficile*

infection is a diarrheal disease that generally occurs in patients prescribed antibiotics and exposed to a health care setting. Dialysis-related infections include bloodstream infections related to the vascular access site. Dialysis patients are at high risk for infection due to frequent hospitalizations and weakened immune systems. Surgeries for which surgical site infections (SSIs) are reported were selected based on their high volume and risk for infection.

In selecting metrics, the following factors were considered:⁶

- Impact Extent to which the infection affects the patient or family (disability, mortality, and economic costs).
- Improvability Extent to which reporting infection improves practice to prevent the infection.
- Frequency How often the infection occurs.
- Feasibility Ability for the data to be collected with minimal burden on the facilities.
- Functionality Extent to which the data are accurate and the intended audience (patients, care providers, and hospital administrators) can understand and apply the results.

Table 1. Colorado healthcare-associated infection reporting metrics				
Facility type	Reported HAI	Reporting hospital unit(s)		
Acute care hospitals	 Breast surgical site infections (SSIs) Colon SSIs Hip replacement SSIs Knee replacement SSIs Abdominal hysterectomy SSIs 	Inpatient and attached outpatient operating rooms		

Table 1. Colorado healthca	Table 1. Colorado healthcare-associated infection reporting metrics				
Facility type	Reported HAI	Reporting hospital unit(s)			
	• Central	Adult and pediatric critical care units, medical, surgical, and medical-surgical wards			
	line-associated bloodstream infections (CLABSIs)	Neonatal critical care units level II/III, III, and IV Inpatient rehabilitation wards			
	 Catheter-associated urinary tract infections (CAUTIs) 	Adult and pediatric critical care units, medical, surgical, and medical-surgical wards			
Clostridioides difficile infections		Facility-wide inpatient			
Critical access hospitals	 Breast SSIs Colon SSIs Hip replacement SSIs Knee replacement SSIs Abdominal hysterectomy SSIs 	Inpatient and outpatient operating rooms			
	 CLABSIs 	Adult and pediatric critical care units Neonatal critical care units			

Table 1. Colorado healthcare-associated infection reporting metrics				
Facility type	Reported HAI	Reporting hospital unit(s)		
		level II/III, III, and IV		
Pediatric hospitals	 CLABSIs 	Neonatal critical care units level II/III, III, and IV		
	CLABSIs	All bedded inpatient locations		
Long-term acute care hospitals	• CAUTIs	All bedded inpatient locations		
	 Clostridioides difficile infections 	Facility-wide inpatient		
	CLABSIs	All bedded inpatient locations		
Inpatient rehabilitation facilities (freestanding)	CAUTIs	All bedded inpatient locations		
	Clostridioides difficile infections	Facility-wide inpatient		
Ambulatory surgery centers	 Breast SSIs Hernia repair SSIs Hip replacement SSIs Knee replacement SSIs 	All outpatient operating rooms		
Outpatient dialysis facilities	• Dialysis events	All outpatient facilities		

Oversight and validation of data

Colorado's health care facilities grant the Department access to data entered into NHSN, allowing CDPHE to monitor, analyze, and produce public reports. NHSN maintains stringent policies and rules to ensure data security, integrity, and confidentiality in strict accordance with federal laws.

Colorado's HAI disclosure law requires health care facilities to report HAI data on a quarterly basis. The Department provides guidance and technical assistance to ensure the timely and accurate reporting of data. CDPHE also performs systematic monitoring and selected validation of the HAI data submitted, which allows for the identification and correction of incomplete and incorrectly entered data. The Department completed data validation studies for abdominal hysterectomies in acute care hospitals (2016), CLABSIs in long-term acute care hospitals and inpatient rehabilitation facilities (2018), dialysis-related infections (2018), CAUTIs in acute care hospitals (2024), and SSIs following colon surgeries in acute care hospitals (2024). The HAI disclosure law also specifies requirements for health care facility employees who collect and report HAI data.³ The reporter must be certified in infection control and epidemiology, or become certified within six months after becoming eligible to take the certification test as recommended by the Certification Board of Infection Control and Epidemiology, Inc., or its successor. These certification requirements do not apply to staff in hospitals with 50 or fewer beds, dialysis facilities, ambulatory surgery centers, or long-term care facilities.

Participating facilities

In 2023, 53 acute care hospitals, 20 critical access hospitals, one pediatric hospital, six long-term acute care hospitals, seven inpatient rehabilitation facilities, 24 ambulatory surgery centers, and 77 dialysis facilities reported healthcare-associated infection (HAI) data into the NHSN. **Table 2** shows the number of hospitals that report catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), and *C. difficile* infections by type of care unit. **Table 3** lists reportable surgical procedures and the numbers of hospitals and ambulatory surgery centers that reported them. Facility types are defined in **Appendix B**.

Table 2. Health care facilities and units reporting catheter-associated urinary tract infections, central line-associated bloodstream infections, and *C. difficile* infections – Colorado, 2023

	Number of facilities			
Facility type/unit	Catheter-associated urinary tract infections	Central line-associated bloodstream infections	C. difficile infections	
Acute care hospitals	53	53	53	
Adult and pediatric critical	45 45		_	

Table 2. Health care facilities and units reporting catheter-associated urinary
tract infections, central line-associated bloodstream infections, and C. difficile
infections – Colorado, 2023

	Number of facilities			
Facility type/unit	Catheter-associated urinary tract infections	Central line-associated bloodstream infections	C. <i>difficile</i> infections	
care units in acute care hospitals				
Level II/III, III, and IV neonatal critical care units in acute care hospitals	_	17	_	
Wards in acute care hospitals	51 51		_	
Inpatient rehabilitation wards in acute care hospitals	—	10	—	

Table 2. Health care facilities and units reporting catheter-associated urinary tract infections, central line-associated bloodstream infections, and *C. difficile* infections – Colorado, 2023

	Number of facilities			
Facility type/unit	Catheter-associated urinary tract infections	Central line-associated bloodstream infections	C. difficile infections	
Critical access hospitals, critical care units	_	4	_	
Inpatient rehabilitation facilities	7	7	7	
Long-term acute care hospitals			6	
Pediatric hospitals	itric hospitals — 1		—	

-, Facility type does not report these conditions.

Table 3. Health care facilities reporting surgical site infections by procedure type – Colorado, 2023

Procedure type	Number of acute care hospitals access hospitals				Number of ambulatory surgery centers
Abdominal hysterectomy	52	20	_		
Breast surgery	51	19	22		
Colon surgery	Colon surgery 52 19		_		
Hernia surgery	_	_	22		
Hip replacement	p replacement 51 20		_		
Knee replacement	51	20	24		

-, Facility type does not report these conditions. Ambulatory surgery centers report surgical site infections following hip replacement surgeries, but these data were not available for the HAI Annual Report in 2024.

Healthcare-associated infections in the report

Catheter-associated urinary tract infections (CAUTIs)

A CAUTI is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney where an indwelling urinary catheter (tube) was in place for more than two consecutive days.⁷⁻⁸ The most important risk factor for CAUTI is prolonged use of a urinary catheter. In September 2021, the HAI Advisory Committee voted to include CAUTIs on adult and pediatric critical care units and selected wards (medical, surgical, and medical/surgical) within acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities in the HAI annual report.⁵ The denominator for the rates of CAUTI in this report is the number of catheter-days reported by the health care facility. The number of catheter-days is the total number of days a catheter was in place for patients in the unit during the reporting period (for example, if three patients each had a catheter for 10 days, the number of catheter-days is 30).⁷

Central line-associated bloodstream infections (CLABSIs)

A CLABSI is a laboratory-confirmed infection of the blood where a central line is in place for more than two consecutive days.^{7,9} A central line is an intravascular catheter (tube) that terminates at or close to the heart, or in one of the large blood vessels of the body, and is used for infusion, withdrawal of blood, or hemodynamic monitoring. The most important risk factor for CLABSI is prolonged use of an intravascular catheter. Based on the high incidence and potential severity of CLABSIs, in 2017, the HAI Advisory Committee voted to add CLABSI in wards to Colorado reporting requirements for acute care hospitals (critical access hospitals and stand-alone children's hospitals exempt) for data collected since 2015. In 2019, the committee voted to include these data in the 2019 annual report. CLABSIs are reportable in acute

care hospitals, critical care units in critical access hospitals, neonatal critical care units in pediatric hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities.⁵ The denominator for the rates of CLABSI in this report is the number of central-line days reported by the health care facility. The number of central line-days is the total number of days a central line was in place for patients in the unit during the reporting period (for example, if three patients each had a central line for 10 days, the number of central line-days is 30).⁷

Clostridioides difficile (C. difficile) infections

Clostridioides difficile (C. difficile) is a bacterium that causes diarrhea and inflammation of the colon and, in some cases, sepsis and death.¹⁰ The most important risk factor for *C. difficile* is antibiotic use and exposure to *C. difficile* spores. Patients can get *C. difficile* during an inpatient stay in a health care facility, but also in outpatient health care settings or the community. In 2015, the HAI Advisory Committee voted to add C. difficile to Colorado reporting requirements for acute care hospitals (critical access hospitals and stand-alone children's hospitals are exempt), long-term acute care hospitals, and inpatient rehabilitation facilities.⁵ Acute care hospitals reported data collected since 2013, while long-term acute care hospitals and inpatient rehabilitation facilities reported data collected since 2015. These health care facilities report laboratory tests positive for *C. difficile* from clinical samples collected from inpatients. This report only includes health care facility-onset C. difficile infection, including cases identified from specimens collected more than three days after admission to the facility (i.e., on or after day four), excluding duplicates.⁷ The denominator for the rates of *C. difficile* in this report is the number of patient-days reported by the health care facility. The number of patient-days is the total number of days a patient was admitted during the reporting period (for example, if three patients each were admitted for 10 days, the number of patient-days is 30).⁷

Access-related bloodstream infections (ARBSIs)

Dialysis is a medical treatment for people with kidney failure or kidneys that do not work properly. A vein access, also known as a vascular access, moves blood between a patient's body and the dialysis machine during hemodialysis treatments. Types of vascular access include an arteriovenous (AV) fistula (an access created by joining an artery and vein, typically in the arm), a graft (an access created when doctors put in a tube that connects an artery and vein), and a central line catheter (designed for short-term use). Infection can occur when a germ enters the bloodstream through or around the vascular access.¹¹ An ARBSI is defined by the presence of a microorganism identified in a blood culture with the suspected source of infection reported to be the vascular access site or uncertain.¹² Surveillance for dialysis-related infections in Colorado occurs within outpatient dialysis facilities only and excludes peritoneal and home dialysis. The outpatient dialysis facilities may be dedicated stand-alone facilities, hospital-based, or affiliated units. Reporting of dialysis-related infections began in March 2010. The denominator for the rates of ARBSI in this report is the number of patient-months reported by the health care facility. The number of patient-months is the total number of months a patient received dialysis at the center (for example, if three patients each received dialysis for 10 months, the number of patient-months is 30).¹² Rates of ARBSI are not risk-adjusted (i.e., the rate does not account for differences in facility or patient characteristics). Comparisons to the national baseline are not available.

Surgical site infections (SSIs)

A SSI is an infection that occurs after surgery in the part of the body where the surgery took place. SSIs can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material.¹³ Surgical procedures required for SSI reporting are selected based on several factors: (1) volume of surgeries performed, (2) variety of facilities at which the surgeries are performed, and (3) association with increased

SSIs. The surgeries monitored for SSI in Colorado include: breast (acute care hospitals, critical access hospitals, and ambulatory surgery centers), colon (acute care and critical access hospitals), hernia repairs (ambulatory surgery centers), hip replacement (acute care hospitals, critical access hospitals, and ambulatory surgery centers), abdominal hysterectomies (acute care and critical access hospitals), and knee replacements (acute care hospitals, critical access hospitals, and ambulatory surgery centers).⁵ The HAI Advisory Committee voted to remove SSIs following abdominal and vaginal hysterectomies in ambulatory surgery centers from the list of reportable conditions included in the Colorado HAI Annual Report in 2022, beginning with 2021 data. This was due to the lack of an ability to risk-adjust rates through NHSN and because the low number of procedures led to suppression of most data. SSIs in pediatric patients were removed from the HAI annual report in 2019 because infection rates were not risk-adjusted.

Surgeries are performed as either inpatient or outpatient procedures. Surgical procedures and SSIs reported in Colorado include only adult patients (at least 18 years old) for acute care and critical access hospitals. Surgical procedures reported by ambulatory surgery centers include patients of all ages. However, only adult data are presented in this report for ambulatory surgery centers, as current NHSN analysis only includes adult patients. The denominator for the rates of SSI in this report is the number of procedures reported by the health care facility.

Breast surgeries

Breast surgeries involve at least one incision to the patient's skin. Acute care hospitals, critical access hospitals, and ambulatory surgery centers report SSIs following breast procedures.⁵ There are 36 types of breast procedures that are reportable into NHSN and include an open biopsy of the breast, local excision of a lesion of the breast, insertion and removal of breast implants, and radical mastectomies, among others. Breast surgeries are monitored for 30 days for superficial SSIs and 90 days for all other SSIs.⁷ Rates of SSI following breast surgery are

presented by facility type and inpatient versus outpatient status. NHSN defines an inpatient operative procedure as a procedure on a patient whose date of admission to the health care facility and date of discharge are different calendar days. An outpatient operative procedure occurs when a patient is admitted and discharged on the same calendar day.⁷

Colon surgeries

Colon procedures involve surgery of the large intestine. Because the intestines have bacteria, colon surgeries have a high risk for contamination and infection. Colon surgeries are monitored for 30 days for all SSIs.⁷ All colon surgeries at acute care and critical access hospitals are reportable through NHSN to the State of Colorado.⁵ Data are presented by facility type and inpatient versus outpatient status. NHSN defines an inpatient operative procedure as a procedure on a patient whose date of admission to the health care facility and date of discharge are different calendar days. An outpatient operative procedure occurs when a patient is admitted and discharged on the same calendar day.⁷

Hernia surgeries

A hernia surgery involves the repair of a hernia, which is a bulging of internal organs or tissues that protrude through an abnormal opening in the muscle wall. Hernia procedures reportable to NHSN include inguinal, femoral, umbilical, or anterior abdominal wall repairs. Hernia repairs are monitored for 30 days for superficial SSIs and 90 days for all other SSIs.⁷ SSIs following hernia repairs are reportable by ambulatory surgery centers.⁵ An outpatient operative procedure occurs when a patient is admitted and discharged on the same calendar day.⁷

Hip replacement surgeries

A total or partial hip replacement is a surgery for people with severe hip damage or pain related to chronic osteoarthritis, rheumatoid arthritis, or other degenerative processes involving the hip joint. Hip replacements are monitored for 30 days for superficial SSIs and 90 days for all other SSIs.⁷ SSIs following hip replacement surgeries are reportable by acute care hospitals, critical access hospitals, and ambulatory surgery centers.⁵ Data are presented by facility type and inpatient versus outpatient status. NHSN defines an inpatient operative procedure as a procedure on a patient whose date of admission to the health care facility and the date of discharge are different calendar days. An outpatient operative procedure occurs when a patient is admitted and discharged on the same calendar day.⁷

Hysterectomies

A hysterectomy is a surgery to remove the uterus. An abdominal hysterectomy is performed using an incision in the abdomen. Abdominal hysterectomies are monitored for 30 days for all SSIs.⁷ SSIs following abdominal hysterectomies are reportable by acute care and critical access hospitals.

Knee replacement surgeries

A total or partial knee replacement is a surgery for people with severe knee damage and pain related to osteoarthritis, rheumatoid arthritis, or traumatic arthritis. Knee replacements are monitored for 30 days for a superficial SSI and 90 days for all other SSIs.⁷ SSIs following knee replacement surgeries are reportable by acute care hospitals, critical access hospitals, and ambulatory surgery centers.⁵ Data are presented by facility type and inpatient versus outpatient status. NHSN defines an inpatient operative procedure as a procedure on a patient whose date of admission to the health care facility and the date of discharge are different calendar days. An outpatient operative procedure occurs when a patient is admitted and discharged on the same calendar day.⁷

Interpreting the data

This report presents various forms of data: Infection counts and rates from all Colorado facilities combined (aggregate data), infection counts and rates for each individual facility (facility-specific data), and for some conditions, infection counts and rates from units within a facility (unit-specific data).

Counts and denominators

Tables include the number of infections and a denominator. Depending on the type of infection, the denominator may include catheter- or central line-days (for CAUTIs and CLABSIs), patient-days (for *C. difficile*), patient-months (for ARBSIs), or number of surgeries (for SSIs). Catheter- and central line-days are measures of the number of patients with these devices multiplied by the number of days that the devices were in place. Patient-days is a measure of the number of patients multiplied by the number of patients multiplied by the number of patients multiplied by the number of patients by the number of patients is a similar measure, multiplying the number of patients by the number of months of care.

National comparisons

National comparisons are shown for conditions and facility types, when available through NHSN. National comparisons use standardized infection ratios (SIRs) to compare the rate of infections reported by the health care facility to the expected rate of infections for U.S. facilities with similar characteristics and/or patients.¹⁴ A test of statistical significance describes the probability of observing a similar or greater difference between the infection rate and national baseline rate even if, in truth, the rates were the same (i.e., a statistically significant difference versus a difference due to chance). This is described in greater detail in **Appendix C**.

Interpretation of the SIR¹⁴

• If the SIR is less than one and the difference is statistically significant, the

facility has significantly fewer HAIs than expected and is designated as "better" than the national baseline.

- If the difference is statistically significant and the SIR is greater than one, the facility has significantly more infections than predicted and is designated as "worse" than the national baseline.
- If there is no significant difference between the facility's observed and predicted number of infections, regardless of the SIR, the facility is designated as "not significant" (similar to or not significantly different from the national baseline).

If the SIR is not available

For dialysis ARBSIs, unadjusted observed rates are presented. This is because SIRs are not available. SIRs were not available for any condition where the predicted number of infections was less than one.

Data suppression

To protect patient privacy, some data were suppressed. For CAUTI, data were suppressed if fewer than 50 catheter-days were reported in the calendar year. For CLABSI, data were suppressed if fewer than 50 central line-days were reported in the calendar year. For *C. difficile* infection, data were suppressed if the facility had fewer than 50 patient-days in the calendar year. For SSI, data were suppressed if fewer than 20 procedures were reported in the calendar year.

Considerations and limitations

Use caution when drawing conclusions from these data for multiple reasons. For one, direct comparisons between facilities may not provide the most accurate assessment because infection rates are influenced by the types of patients treated. Facilities that treat higher volumes of severely ill patients may have higher infection rates regardless of their prevention efforts. While the NHSN system provides the best risk

adjustment possible to account for this, at present, by using the SIR, there always will be patient risk factors that cannot be measured (e.g., patient ability to heal, smoking cessation days, severe suppression of the immune system) that contribute to infection risk. Additionally, a calculated SIR is not available for all conditions. Therefore, apply additional caution when interpreting a comparison of rates that are not adjusted for risk.

Second, rates may be influenced by differences in how facilities detect infections. CDC subject matter experts develop the NHSN surveillance manuals. Although the definitions and criteria are updated yearly, they can be challenging to apply to patients with complicated medical histories. Additionally, facilities use different surveillance techniques to find infections. Some infection preventionists have more resources for surveillance and may subsequently find and report more infections than other facilities. In those cases, higher infection rates may be based on better surveillance practices rather than poor infection control practices. Ambulatory surgery centers traditionally report lower numbers of SSIs than hospitals, which may be due, in part, to reduced opportunity to conduct post-surgical follow-up with patients and surgeons.

Third, facilities report their own data. Standardized reporting definitions reduce bias related to self-report. However, it can be challenging for facilities to identify all infections consistently using reporting definitions. Although data validation studies have been completed in past years for selected HAIs, validation is not performed on every infection, nor on every condition reported each year.

Finally, the COVID-19 pandemic was associated with national increases in rates of HAIs in 2020 that persisted into 2021.¹⁵ The U.S. has shown signs of recovery and demonstrated progress in preventing HAIs since then.² The persisting effects of COVID-19 on HAI rates in Colorado are not clear.

Conclusions regarding health care quality should be made in conjunction with other quality indicators. Consult with providers, health care facilities, health insurance

carriers, health care websites from reputable sources, and with loved ones before deciding where to receive care. Facilities should use the data in this report to target and improve infection prevention efforts. The public should use the data to make informed health care decisions. Colorado state-level data

Catheter-associated urinary tract infections (CAUTIs)

Overall rates of catheter-associated urinary tract infection (CAUTI) in acute care hospitals were lower (better) than the national baseline in 2023. Rates of CAUTI in adult and pediatric critical care units and inpatient wards in acute care hospitals were lower (better) than the national baseline. Rates of CAUTI in long-term acute care hospitals and inpatient rehabilitation facilities were similar to (not significantly different from) the national baseline. Rates of CAUTI in all facility types were similar to (not significantly different from) rates from 2022 (**Table 4**).

Facility or unit type	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
Acute care hospitals	208,821	131	0.51	Better	NS
Acute care hospitals, adult and pediatric critical care units	110,391	63	0.40	Better	NS
Acute care hospitals, adult and pediatric inpatient wards	98,430	68	0.70	Better	NS

Table 4. Catheter-associated urinary tract infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Table 4. Catheter-associated urinary tract infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility or unit type	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
Inpatient rehabilitation facilities	5,150	5	0.72	NS	NS
Long-term acute care hospitals	25,363	53	0.98	NS	NS

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

Central line-associated bloodstream infections (CLABSIs)

Rates of central line-associated bloodstream infection (CLABSI) in acute care hospitals were lower (better) than the national baseline in 2023 overall and in adult and pediatric critical care units, inpatient wards, and neonatal critical care units. Rates of CLABSI in inpatient rehabilitation wards, neonatal critical care units within freestanding pediatric hospitals, and inpatient rehabilitation facilities were similar to (not significantly different from) the national baseline in 2023. Rates of CLABSI in critical access hospitals and long-term acute care hospitals were not available (**Table 5**).

Overall rates of CLABSI in acute care hospitals were lower (better) than rates from 2022. Rates of CLABSI in adult and pediatric critical care units, wards, inpatient rehabilitation wards, and neonatal critical care units within acute care hospitals, and neonatal critical care units within freestanding pediatric hospitals were similar to (not significantly different from) rates from 2022. Comparison to rates from 2022 was not available for critical care units within critical access hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities (**Table 5**).

Table 5. Central line-associated bloodstream infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2023 - Dec. 31, 2023					
Facility or unit type	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022
Acute care hospitals	230,419	114	0.52	Better	Better

Table 5. Central line-associated bloodstream infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2023 - Dec. 31, 2023					
Facility or unit type	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022
Acute care hospitals, adult and pediatric critical care units	107,374	68	0.62	Better	NS
Acute care hospitals, adult and pediatric inpatient wards	113,566	42	0.43	Better	NS
Acute care hospitals, inpatient rehabilitation wards	4,809	1	0.39	NS	NS
Acute care hospitals, neonatal critical care units	9,479	4	0.30	Better	NS

Table 5. Central line-associated bloodstream infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2023 - Dec. 31, 2023					
Facility or unit type	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022
Critical access hospitals, critical care units	99	1	N/A	N/A	N/A
Freestanding pediatric hospitals, neonatal critical care units	5,380	5	0.77	NS	NS
Long-term acute care hospitals	89,208	16	N/A	N/A	N/A
Inpatient rehabilitation facilities	5,962	0	0	NS	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the predicted number of infections was fewer than one. Comparison to the rate from 2022 was not

available if the rates from 2022 and 2023 were both zero. A SIR for long-term acute care hospitals was not available in NHSN.

Clostridioides difficile (C. difficile) infections

Rates of *C. difficile* infection in acute care hospitals, inpatient rehabilitation facilities, and long-term acute care hospitals were lower (better) than the national baseline in 2023. Rates of *C. difficile* infection in all facility types were similar to (not significantly different from) rates from 2022 (Table 6).

Table 6. <i>Clostridioides difficile</i> infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility or unit type	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022		
Acute care hospitals	1,856,313	421	0.40	Better	NS		
Inpatient rehabilitation facilities	73,191	8	0.28	Better	NS		
Long-term acute care hospitals	102,312	32	0.35	Better	NS		

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

Access-related bloodstream infections (ARBSIs)

In 2023, the rate of access-related bloodstream infection (ARBSI) was 0.22 per 100 person-months (Table 7). A pooled national rate was not available for comparison. In 2022, the rate of ARBSI was 0.21 per 100 person-months. Risk adjustment using the standardized infection ratio (SIR) and statistical testing to compare rates were not available.

Table 7. Access-related bloodstream infections in outpatient dialysis facilities —
Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility/unit type	Number of patient-months	Number of infections	Infection rate	National comparison
Outpatient dialysis facilities	44,548	100	0.22	N/A

Infection rate is per 100 person-months

N/A, not available. Standardized infection ratios (ratio of observed to predicted infection rates) and rate comparisons were not available in NHSN.

Surgical site infections (SSIs)

In 2023, in acute care hospitals, the rate of surgical site infection (SSI) following inpatient breast surgery was higher (worse) than the national baseline. Rates of SSI following inpatient abdominal hysterectomy and colon, hip replacement, and knee replacement surgeries were similar to (not significantly different from) the national baseline. The rate of SSI following inpatient hip replacement surgery was lower (better) than the rate from 2022. Rates of SSI following other surgery types were similar to (not significantly different from) rates from 2022 (**Table 8**).

In 2023, in acute care hospitals, the rate of SSI following outpatient knee replacement surgery was lower (better) than the national baseline. The rate of SSI following outpatient abdominal hysterectomy was higher (worse) than the national baseline. The rate of SSI following outpatient breast surgery was similar to (not significantly different from) the national baseline. Rates of SSI following outpatient abdominal hysterectom, as well as breast and knee replacement surgeries, were similar to (not significantly different from) rates from 2022 (Table 9).

In critical access hospitals, rates of SSI in 2023 were similar to (not significantly different from) the national baseline for inpatient abdominal hysterectomy, colon surgery, hip replacement surgery, and knee replacement surgery. The rate of SSI following inpatient breast surgery was suppressed. Rates of SSI following abdominal hysterectomy and colon, hip replacement, and knee replacement surgeries were similar to (not significantly different from) rates from 2022. Comparison to the rate from 2022 was not available for inpatient breast surgery (**Table 10**).

Rates of SSI following outpatient abdominal hysterectomy and breast, hip replacement, and knee replacement surgeries in critical access hospitals were not available in 2023. The rate of SSI following outpatient colon surgeries was suppressed. Comparison of rates to those from 2022 was not available (Table 11).

In ambulatory surgery centers, the rate of SSI in 2023 following hernia surgery was lower (better) than the national baseline. The rate of SSI following knee replacement surgery was higher (worse) than the national baseline. The rate of SSI following breast surgery was similar to (not significantly different from) the national baseline. Rates of SSI following breast, hernia, and knee replacement surgeries were similar to (not significantly different from) rates from 2022 (**Table 12**). Surgical site infection data for hip replacement surgery was not available from NHSN.

Table 8. Surgical site infections following inpatient surgeries in acute care hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Procedure type	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Abdominal hysterectomy	4,395	71	1.15	NS	NS	
Breast surgery	3,224	81	1.44	Worse	NS	
Colon surgery	5,216	246	0.97	NS	NS	
Hip replacement	9,096	87	0.94	NS	Better	
Knee replacement	12,241	82	1.10	NS	NS	

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

Table 9. Surgical site infections following outpatient surgeries in acute care hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

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Procedure type	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Abdominal hysterectomy	5,135	50	2.21	Worse	NS
Breast surgery	11,026	70	0.99	NS	NS
Colon surgery	57	1	N/A	N/A	N/A
Hip replacement	3,373	18	1.64	N/A	N/A
Knee replacement	6,128	24	0.67	Better	NS

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the predicted number of infections was fewer than one.

Table 10. Surgical site infections following inpatient surgeries in critical access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Procedure type	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Abdominal hysterectomy	61	0	0.00	NS	N/A
Breast surgery	3	_	_	N/A	N/A
Colon surgery	92	3	0.82	NS	NS
Hip replacement	417	4	1.00	NS	NS
Knee replacement	831	5	0.98	NS	NS

SIR, standardized infection ratio (ratio of observed to predicted infection rates) –, suppressed. Counts and rates of infection were suppressed if the number of

procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. Rate comparisons were not available for suppressed data.

Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Table 11. Surgical site infections following outpatient surgeries in critical access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Procedure type	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Abdominal hysterectomy	37	0	N/A	N/A	N/A
Breast surgery	67	1	N/A	N/A	N/A
Colon surgery	9	_	_	N/A	N/A
Hip replacement	99	0	N/A	N/A	N/A
Knee replacement	168	1	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) –, suppressed. Counts and rates of infection were suppressed if the number of procedures was fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the predicted number of infections was fewer than one. Rate comparisons were not available for suppressed data.

Analysis includes adult patients aged 18 years or older.

Table 12. Surgical site infections in ambulatory surgery centers — Colorado, Jan.1, 2023 - Dec. 31, 2023

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Procedure type	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Breast surgery	5,086	19	1.25	NS	NS
Hernia surgery	4,139	2	0.23	Better	NS
Hip replacement	N/A	N/A	N/A	N/A	N/A
Knee replacement	3,947	11	4.83	Worse	NS

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. Surgical site infection data for hip replacement surgeries were not available in NHSN.

Colorado facility-specific data

Catheter-associated urinary tract infections (CAUTIs)

Acute care hospitals

Fifty-three acute care hospitals reported CAUTI data in 2023 (**Table 13**). Eight acute care hospitals reported a rate of CAUTI that was better (lower) than the national baseline. Twenty-five acute care hospitals reported a rate of CAUTI that was similar to (not statistically different from) the national baseline. Rates of CAUTI were suppressed or not available for the remaining acute care hospitals, thus comparisons to the national baseline were not possible. The rate of CAUTI in one acute care hospital was lower (better) than the rate from 2022. Rates of CAUTI in 28 acute care hospitals were similar to (not significantly different from) rates from 2022. Comparison to the rate of CAUTI from 2022 was not available for the remaining acute care hospitals.

Forty-five acute care hospitals reported CAUTI data from adult and pediatric critical care units. Fifty-one reported CAUTI data from adult and pediatric inpatient wards (Table 14). Five acute care hospitals reported a rate of CAUTI on critical care units that was lower (better) than the national baseline. One reported a rate of CAUTI on critical care units that was higher (worse) than the national baseline. Twenty reported a rate of CAUTI on critical care units that was similar to (not significantly different from) the national baseline. One acute care hospital reported a rate of CAUTI on wards that was similar to (not significantly different from) the national baseline. The national baseline. Twenty-four reported a rate of CAUTI on wards that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining acute care hospitals, thus comparison to the national baseline was not possible. Twenty-one acute care hospitals reported a rate of CAUTI on critical care units that was similar to (not significantly different from) the rate of CAUTI on critical care units that was similar to (not significantly different from) the national baseline. Twenty-one acute care hospitals reported a rate of CAUTI on critical care units that was similar to (not significantly different from) the national baseline was not possible. Twenty-one acute care hospitals reported a rate of CAUTI on critical care units that was similar to (not significantly different from) the rate of CAUTI on critical care units that was similar to (not significantly different from) the rate of CAUTI on critical care units that was similar to (not significantly different from) the rate from 2022. Twenty reported a rate of CAUTI

on wards that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of CAUTI from 2022 was not available for the remaining facilities.

Table 13. Catheter-associated urinary tract infections in acute care hospitals -

Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022	
AdventHealth Avista	1,492	0	0.00	NS	N/A	
AdventHealth Castle Rock	1,854	2	1.57	NS	NS	
AdventHealth Littleton	4,039	3	0.87	NS	NS	
AdventHealth Parker	4,215	3	1.00	NS	NS	
AdventHealth Porter	4,194	2	0.48	NS	NS	
Animas Surgical Hospital LLC	65	0	N/A	N/A	N/A	
Banner Fort Collins Medical Center	523	0	N/A	N/A	N/A	

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
Banner McKee Medical Center	1,063	1	N/A	N/A	N/A
Banner North Colorado Medical Center	4,876	4	0.65	NS	NS
Centennial Hospital	183	0	N/A	N/A	N/A
Centura Mercy Hospital	2,071	1	0.63	NS	NS
Centura St. Anthony Hospital	14,830	6	0.26	Better	NS
Centura St. Anthony North Hospital	4,688	2	0.43	NS	NS
Centura St. Anthony Summit Hospital	286	0	N/A	N/A	N/A

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
Centura St. Elizabeth Hospital	333	1	N/A	N/A	N/A
Centura St. Mary-Corwin Hospital	479	0	N/A	N/A	N/A
Community Hospital	1,054	0	N/A	N/A	N/A
Delta County Memorial Hospital	885	2	N/A	N/A	N/A
Denver Health Medical Center	9,964	11	0.74	NS	NS
Foothills Hospital	4,367	1	0.33	NS	NS
Intermountain Health Good Samaritan Hospital	4,881	6	1.44	NS	NS

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
Intermountain Health Platte Valley Hospital	1,032	0	N/A	N/A	N/A
Longmont United Hospital	596	0	N/A	N/A	N/A
Longs Peak Hospital	2,927	1	0.66	NS	NS
Lutheran Medical Center	5,551	4	0.69	NS	NS
Medical Center of the Rockies	6,442	7	1.51	NS	NS
Memorial Health System	12,832	10	0.56	Better	NS
Memorial Hospital North	2,632	1	0.38	NS	NS
Montrose Regional Health	1,423	0	N/A	N/A	N/A
National Jewish Health	0	_	_	N/A	N/A

Table 13.	Catheter-associated urinary tract infections in acute care hospitals –
Colorado,	Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
North Suburban Medical Center	1,747	2	1.14	NS	NS
OrthoColorado Hospital at St. Anthony Medical Campus	795	0	N/A	N/A	N/A
Parkview Medical Center Inc.	11,371	6	0.41	Better	NS
Penrose Hospital	10,816	5	0.36	Better	NS
Poudre Valley Hospital	3,360	0	0.00	Better	N/A
Presbyterian/ St. Luke's Medical Center	2,584	1	0.30	NS	NS
Rose Medical Center	1,684	1	0.48	NS	NS
Saint Joseph	6,103	2	0.26	Better	NS

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
Hospital					
San Luis Valley Health	866	1	N/A	N/A	N/A
Sky Ridge Medical Center	4,880	3	0.50	NS	NS
St. Francis Medical Center	4,102	0	0.00	Better	N/A
St. Mary's Medical Center	9,808	6	0.49	NS	NS
Sterling Regional Medcenter	506	0	N/A	N/A	N/A
Swedish Medical Center	7,904	8	0.55	NS	NS
The Medical Center of Aurora	6,009	7	0.93	NS	NS
UCHealth Broomfield Hospital	163	0	N/A	N/A	N/A

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
UCHealth Grandview Hospital	57	0	N/A	N/A	N/A
UCHealth Greeley Hospital	2,303	4	2.54	NS	NS
UCHealth Highlands Ranch Hospital	3,724	1	0.39	NS	Better
UCHealth Yampa Valley Medical Center	175	1	N/A	N/A	N/A
University of Colorado Hospital	27,153	15	0.32	Better	NS
Vail Health Hospital	769	0	N/A	N/A	N/A
Valley View Hospital Association	2,165	0	0.00	NS	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of catheter-days was fewer than 50.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
AdventHealth	Adult and pediatric critical care	474	0	N/A	N/A	N/A	
Avista	Adult and pediatric inpatient wards	1,018	0	N/A	N/A	N/A	
AdventHealth	Adult and pediatric critical care	791	0	N/A	N/A	N/A	
Castle Rock	Adult and pediatric inpatient wards	1,063	2	N/A	N/A	N/A	
AdventHealth	Adult and pediatric critical care	2,240	1	0.50	NS	NS	
Littleton	Adult and pediatric inpatient wards	1,799	2	1.39	NS	NS	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
AdventHealth	Adult and pediatric critical care	2,213	1	0.62	NS	NS		
Parker	Adult and pediatric inpatient wards	2,002	2	1.45	NS	NS		
AdventHealth	Adult and pediatric critical care	2,866	1	0.34	NS	NS		
Porter	Adult and pediatric inpatient wards	1,328	1	0.78	NS	NS		
Animas Surgical Hospital LLC	Adult and pediatric inpatient wards	65	0	N/A	N/A	N/A		
Banner Fort Collins Medical Center	Adult and pediatric inpatient wards	523	0	N/A	N/A	N/A		

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
Banner McKee Medical Center	Adult and pediatric inpatient wards	1,063	1	N/A	N/A	N/A	
Banner North	Adult and pediatric critical care	1,948	2	0.79	NS	NS	
Colorado Medical Center	Adult and pediatric inpatient wards	2,928	2	0.56	NS	NS	
Centennial	Adult and pediatric critical care	0	_	_	N/A	N/A	
Hospital	Adult and pediatric inpatient wards	183	0	N/A	N/A	N/A	
Centura Mercy Hospital	Adult and pediatric critical care	1,350	0	0.00	NS	N/A	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	721	1	N/A	N/A	N/A	
Centura St. Anthony	Adult and pediatric critical care	8,497	3	0.17	Better	NS	
Hospital	Adult and pediatric inpatient wards	6,333	3	0.52	NS	NS	
Centura St. Anthony North	Adult and pediatric critical care	1,978	1	0.48	NS	NS	
Hospital	Adult and pediatric inpatient wards	2,710	1	0.39	NS	NS	
Centura St. Anthony Summit Hospital	Adult and pediatric inpatient wards	286	0	N/A	N/A	N/A	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
Centura St. Elizabeth	Adult and pediatric critical care	26	_	—	N/A	N/A	
Hospital	Adult and pediatric inpatient wards	307	1	N/A	N/A	N/A	
Centura St. Mary-Corwin Hospital	Adult and pediatric critical care	479	0	N/A	N/A	N/A	
Community	Adult and pediatric critical care	528	0	N/A	N/A	N/A	
Hospital	Adult and pediatric inpatient wards	526	0	N/A	N/A	N/A	
Delta County Memorial Hospital	Adult and pediatric critical care	349	0	N/A	N/A	N/A	

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Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
	Adult and pediatric inpatient wards	536	2	N/A	N/A	N/A		
Denver Health	Adult and pediatric critical care	4,699	5	0.57	NS	NS		
Medical Center	Adult and pediatric inpatient wards	5,265	6	0.98	NS	NS		
Foothills	Adult and pediatric critical care	2,006	1	0.68	NS	NS		
Hospital	Adult and pediatric inpatient wards	2,361	0	0.00	NS	N/A		
Intermountain Health Good Samaritan Hospital	Adult and pediatric critical care	1,745	5	3.20	Worse	NS		

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Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	3,136	1	0.38	NS	NS	
Intermountain Health Platte	Adult and pediatric critical care	605	0	N/A	N/A	N/A	
Valley Hospital	Adult and pediatric inpatient wards	427	0	N/A	N/A	N/A	
Longmont United Hospital	Adult and pediatric critical care	596	0	N/A	N/A	N/A	
Longs Peak Hospital	Adult and pediatric critical care	1,211	0	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	1,716	1	N/A	N/A	N/A	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
Lutheran	Adult and pediatric critical care	2,235	2	0.68	NS	NS	
Medical Center	Adult and pediatric inpatient wards	3,316	2	0.70	NS	NS	
Medical Center	Adult and pediatric critical care	3,869	4	1.41	NS	NS	
of the Rockies	Adult and pediatric inpatient wards	2,573	3	1.66	NS	NS	
Memorial	Adult and pediatric critical care	7,697	5	0.42	Better	NS	
Health System	Adult and pediatric inpatient wards	5,135	5	0.81	NS	NS	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
Memorial Hospital North	Adult and pediatric critical care	925	1	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	1,707	0	0.00	NS	N/A	
Montrose Regional Health	Adult and pediatric critical care	612	0	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	811	0	N/A	N/A	N/A	
National Jewish Health	Adult and pediatric inpatient wards	0	_	_	N/A	N/A	
North Suburban Medical Center		860	2	N/A	N/A	N/A	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	887	0	N/A	N/A	N/A	
OrthoColorado Hospital at St. Anthony Medical Campus	Adult and pediatric inpatient wards	795	0	N/A	N/A	N/A	
Parkview Medical Center	Adult and pediatric critical care	6,121	2	0.21	Better	NS	
Inc.	Adult and pediatric inpatient wards	5,250	4	0.79	NS	NS	
Penrose Hospital	Adult and pediatric critical care	5,683	2	0.27	Better	NS	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	5,133	3	0.47	NS	NS	
Poudre Valley Hospital	Adult and pediatric critical care	1,104	0	0.00	NS	N/A	
	Adult and pediatric inpatient wards	2,256	0	0.00	NS	N/A	
Presbyterian/ St. Luke's	Adult and pediatric critical care	1,881	0	0.00	NS	N/A	
Medical Center	Adult and pediatric inpatient wards	703	1	N/A	N/A	N/A	
Rose Medical Center	Adult and pediatric critical care	781	0	0.00	NS	N/A	

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Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	903	1	0.95	NS	NS	
Saint Joseph Hospital	Adult and pediatric critical care	3,318	1	0.23	NS	NS	
	Adult and pediatric inpatient wards	2,785	1	0.30	NS	NS	
San Luis Valley Health	Adult and pediatric critical care	318	0	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	548	1	N/A	N/A	N/A	
Sky Ridge Medical Center	Adult and pediatric critical care	2,469	1	0.31	NS	NS	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	2,411	2	0.72	NS	NS	
St. Francis Medical Center	Adult and pediatric critical care	1,479	0	0.00	NS	N/A	
	Adult and pediatric inpatient wards	2,623	0	0.00	Better	N/A	
St. Mary's Medical Center	Adult and pediatric critical care	4,376	2	0.35	NS	NS	
	Adult and pediatric inpatient wards	5,432	4	0.61	NS	NS	
Sterling Regional Medcenter	Adult and pediatric critical care	104	0	N/A	N/A	N/A	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	402	0	N/A	N/A	N/A	
Swedish Medical Center	Adult and pediatric critical care	6,211	8	0.65	NS	NS	
	Adult and pediatric inpatient wards	1,693	0	0.00	NS	N/A	
The Medical Center of Aurora	Adult and pediatric critical care	3,847	5	1.00	NS	NS	
	Adult and pediatric inpatient wards	2,162	2	0.80	NS	NS	
UCHealth Broomfield Hospital	Adult and pediatric inpatient wards	163	0	N/A	N/A	N/A	

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Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
UCHealth Grandview Hospital	Adult and pediatric critical care	0	_	—	N/A	N/A	
	Adult and pediatric inpatient wards	57	0	N/A	N/A	N/A	
UCHealth Greeley Hospital	Adult and pediatric critical care	889	0	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	1,414	4	N/A	N/A	N/A	
UCHealth Highlands Ranch Hospital	Adult and pediatric critical care	1,603	1	0.85	NS	NS	
	Adult and pediatric inpatient wards	2,121	0	0.00	NS	N/A	

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
UCHealth Yampa Valley Medical Center	Adult and pediatric inpatient wards	175	1	N/A	N/A	N/A	
University of Colorado Hospital	Adult and pediatric critical care	18,518	7	0.19	Better	NS	
	Adult and pediatric inpatient wards	8,635	8	0.76	NS	NS	
Vail Health Hospital	Adult and pediatric critical care	201	0	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	568	0	N/A	N/A	N/A	
Valley View Hospital Association	Adult and pediatric critical care	689	0	N/A	N/A	N/A	

			-	_	-	
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022
	Adult and pediatric inpatient wards	1,476	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of catheter-days was fewer than 50.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Inpatient rehabilitation facilities

Seven inpatient rehabilitation facilities reported CAUTI data in 2023 (**Table 15**). Four facilities reported a rate of CAUTI that was similar to (not significantly different from) the national baseline. Rates were not available for three facilities, thus comparison to the national baseline was not possible. Three inpatient rehabilitation facilities reported a rate of CAUTI that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of CAUTI from 2022 was not available for four facilities.

Table 15. Catheter-associated urinary tract infections in inpatient rehabilitationfacilities – Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
Denver Regional Rehabilitation Hospital	471	0	N/A	N/A	N/A
Encompass Health Rehabilitation Hospital of Colorado Springs	1,264	2	1.47	NS	NS
Encompass Health Rehabilitation	1,164	1	0.56	NS	NS

Table 15. Catheter-associated urinary tract infections in inpatient rehabilitation facilities — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
Hospital of Littleton					
Northern Colorado Rehabilitation Hospital	1,072	1	0.86	NS	NS
Reunion Rehabilitation Hospital	744	0	0.00	NS	N/A
Spalding Rehabilitation Hospital	334	1	N/A	N/A	N/A
Spalding Rehabilitation Hospital at PSL Medical Center	101	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Long-term acute care hospitals

Six long-term acute care hospitals reported CAUTI data in 2023 (Table 16). One long-term acute care hospital reported a rate of CAUTI that was lower (better) than the national baseline. One reported a rate that was higher (worse) than the national baseline. Rates of CAUTI were similar to (not significantly different from) the national baseline in four long-term acute care hospitals. Five long-term acute care hospitals reported a rate of CAUTI that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of CAUTI from 2022 was not available for one long-term acute care hospital.

hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022			
Craig Hospital	8,169	30	1.74	Worse	NS			
Kindred Hospital Aurora	2,093	1	0.27	NS	NS			
Kindred Hospital Denver	3,630	9	1.17	NS	NS			
Northern Colorado Long Term Acute Hospital	2,143	0	0.00	Better	N/A			

Table 16. Catheter-associated urinary tract infections in long-term acute carehospitals – Colorado, Jan. 1, 2023 - Dec. 31, 2023

Table 16. Catheter-associated urinary tract infections in long-term acute care hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

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Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2022
PAM Specialty Hospital of Denver	7,584	9	0.56	NS	NS
Vibra Hospital of Denver	1,744	4	0.86	NS	NS

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Central line-associated bloodstream infections (CLABSIs)

Acute care hospitals

Fifty-three acute care hospitals and one freestanding children's hospital reported CLABSI data in 2023 (**Table 17**). Eleven acute care hospitals reported a rate of CLABSI that was lower (better) than the national baseline. Twenty acute care hospitals and a freestanding children's hospital reported a rate of CLABSI that was similar to (not significantly different from) the national baseline. Rates of CLABSI for the remaining acute care hospitals were suppressed or not available, thus comparison to the national baseline was not possible. One acute care hospital reported a rate of CLABSI that was lower (better) than the rate from 2022. Twenty-six acute care hospitals reported a rate CLABSI that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of CLABSI from 2022 was not available for the remaining acute care hospitals.

In 2023, 45 acute care hospitals reported CLABSI data on adult and pediatric critical care units, 51 reported CLABSI data on adult and pediatric inpatient wards, 22 reported CLABSI data on neonatal critical care units, and 10 reported CLABSI data on inpatient rehabilitation wards. A freestanding pediatric hospital reported CLABSI data on neonatal critical care units (Table 18). Two acute care hospitals reported a rate of CLABSI on adult and pediatric critical care units that was lower (better) than the national baseline. Twenty-six reported a rate that was similar to (not significantly different from) the national baseline. Two acute care hospitals reported a rate of CLABSI on adult and pediatric inpatient wards that was lower (better) than the national baseline. Twenty-five reported a rate that was similar to (not significantly different from) the national baseline. Four acute care hospitals and a freestanding children's hospital reported a rate of CLABSI on neonatal critical care units baseline. Four acute care hospitals and a freestanding children's hospital reported a rate of CLABSI on neonatal critical care units that was

similar to (not significantly different from) the national baseline. Rates for the remaining hospitals and units, including inpatient rehabilitation wards, were suppressed or not available, thus comparison to the national baseline was not possible. Twenty-nine acute care hospitals reported a rate of CLABSI on adult and pediatric critical care units that was similar to (not significantly different from) the rate from 2022. Twenty reported a rate of CLABSI on adult and pediatric inpatient wards that was similar to (not significantly different from) the rate from 2022. Four acute care hospitals and a freestanding children's hospital reported a rate of CLABSI on neonatal critical care units that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of CLABSI from 2022 was not available for the remaining facilities and units.

Table 17. Central line-associated bloodstream infections in acute care hospitals,

excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of central line-days	Number of infections	SIR National comparison		Comparison to 2022		
AdventHealth Avista	995	0	N/A	N/A	N/A		
AdventHealth Castle Rock	1,624	0	0.00	NS	N/A		
AdventHealth Littleton	3,637	0	0.00	Better	N/A		
AdventHealth Parker	4,334	0	0.00	Better	N/A		

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022		
AdventHealth Porter	6,086	1	0.17	Better	NS		
Animas Surgical Hospital LLC	19	_	_	N/A	N/A		
Banner Fort Collins Medical Center	386	0	N/A	N/A	N/A		
Banner McKee Medical Center	454	0	N/A	N/A	N/A		
Banner North Colorado Medical Center	4,784	1	0.20	Better	NS		
Centennial Hospital	70	0	N/A	N/A	N/A		
Centura Mercy Hospital	2,473	2	0.98	NS	NS		
Centura St. Anthony Hospital	14,897	6	0.43	Better	NS		

excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022		
Centura St. Anthony North Hospital	4,851	2	0.46	NS	NS		
Centura St. Anthony Summit Hospital	116	0	N/A	N/A	N/A		
Centura St. Elizabeth Hospital	77	0	N/A	N/A	N/A		
Centura St. Mary-Corwin Hospital	355	0	N/A	N/A	N/A		
Children's Hospital Colorado	5,380	5	0.77	NS	NS		
Community Hospital	1,535	1	N/A	N/A N/A			
Delta County Memorial	518	0	N/A	N/A	N/A		

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023 Number of Comparison Number of National Facility name central SIR infections to 2022 comparison line-days Hospital Denver Health 5 0.47 9,819 NS NS Medical Center Foothills 3,891 6 2.19 NS NS Hospital Intermountain Health Good 0.83 5,279 3 NS NS Samaritan Hospital Intermountain Health Platte 1,197 1 N/A N/A N/A Valley Hospital Longmont 613 N/A N/A N/A 1 United Hospital Longs Peak 4,170 1 0.39 NS NS Hospital Lutheran 6,025 0 0.00 Better N/A Medical Center 11,103 5 NS 0.64 NS Medical Center

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022
of the Rockies					
Memorial Health System	14,340	10	0.66	NS	NS
Memorial Hospital North	2,811	1	0.40	NS	NS
Montrose Regional Health	991	0	N/A	N/A	N/A
National Jewish Health	246	0	N/A	N/A	N/A
North Suburban Medical Center	1.879	3	1.73	NS	NS
OrthoColorado Hospital at St. Anthony Medical Campus	56	0	N/A	N/A	N/A
Parkview Medical Center Inc.	6,048	1	0.18	Better	NS

excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022		
Penrose Hospital	9,633	4	0.40	Better	NS		
Poudre Valley Hospital	7,250	1	0.14	Better	NS		
Presbyterian/ St. Luke's Medical Center	8,962	3	0.27	Better	Better		
Rose Medical Center	2,417	1	0.39	NS	NS		
Saint Joseph Hospital	9,278	5	0.47	NS	NS		
San Luis Valley Health	455	0	N/A	N/A	N/A		
Sky Ridge Medical Center	4,977	5	0.96	NS	NS		
St. Francis Medical Center	3,566	2	0.49	NS	NS		
St. Mary's	8,694	5	0.55	NS	NS		

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards – Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022
Medical Center					
Sterling Regional Medcenter	168	0	N/A	N/A	N/A
Swedish Medical Center	7,286	1	0.13	Better	NS
The Medical Center of Aurora	7,188	5	0.64	NS	NS
UCHealth Broomfield Hospital	669	0	N/A	N/A	N/A
UCHealth Grandview Hospital	29	_	_	N/A	N/A
UCHealth Greeley Hospital	3,333	0	0.00	NS	N/A
UCHealth	4,737	2	0.61	NS	NS

excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Number of central line-days	Number of infections	SIR	R ·	Comparison to 2022			
Highlands Ranch Hospital								
UCHealth Yampa Valley Medical Center	192	0	N/A	N/A	N/A			
University of Colorado Hospital	34,553	30	0.80	NS	NS			
Vail Health Hospital	368	0	N/A	N/A	N/A			
Valley View Hospital Association	985	0	N/A	N/A	N/A			

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2023 - Dec. 31, 2023

SIR, standardized infection ratio (ratio of observed to predicted infection rates)
–, suppressed. Counts and rates were suppressed if the number of central line-days was fewer than 50.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from

2022 and 2023 were both zero.

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023									
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022			
	Adult and pediatric critical care	434	0	N/A	N/A	N/A			
AdventHealth Avista	Adult and pediatric inpatient wards	404	0	N/A	N/A	N/A			
	Neonatal critical care	157	0	N/A	N/A	N/A			
	Adult and pediatric critical care	730	0	N/A	N/A	N/A			
AdventHealth Castle Rock	Adult and pediatric inpatient wards	876	0	N/A	N/A	N/A			
	Neonatal critical care	18	_	_	N/A	N/A			
AdventHealth Littleton	Adult and pediatric critical care	2,101	0	0.00	NS	N/A			

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
	Adult and pediatric inpatient wards	1,378	0	0.00	NS	N/A		
	Neonatal critical care	158	0	N/A	N/A	N/A		
	Adult and pediatric critical care	2,016	0	0.00	NS	N/A		
AdventHealth Parker	Adult and pediatric inpatient wards	2,253	0	0.00	NS	N/A		
	Neonatal critical care	65	0	N/A	N/A	N/A		
AdventHealth Porter	Adult and pediatric critical care	3,990	1	0.25	NS	NS		
	Adult and pediatric inpatient wards	2,096	0	0.00	NS	N/A		

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
Animas Surgical Hospital LLC	Adult and pediatric inpatient wards	19	_	_	N/A	N/A	
Banner Fort Collins Medical Center	Adult and pediatric inpatient wards	386	0	N/A	N/A	N/A	
Banner McKee Medical Center	Adult and pediatric inpatient wards	454	0	N/A	N/A	N/A	
Banner North Colorado	Adult and pediatric critical care	1,821	0	0.00	NS	N/A	
Medical Center	Adult and pediatric inpatient wards	2,963	1	0.35	NS	NS	
Centennial Hospital	Adult and pediatric critical care	0	_	_	N/A	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	70	0	N/A	N/A	N/A	
Centura Mercy Hospital	Adult and pediatric critical care	1,487	2	1.54	NS	NS	
	Adult and pediatric inpatient wards	986	0	N/A	N/A	N/A	
	Adult and pediatric critical care	7,139	4	0.56	NS	NS	
Centura St. Anthony Hospital	Adult and pediatric inpatient wards	7,758	2	0.30	Better	NS	
	Inpatient rehabilitation ward	928	0	N/A	N/A	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
Centura St. Anthony North Hospital	Adult and pediatric critical care	1,954	1	0.52	NS	NS	
	Adult and pediatric inpatient wards	2,845	1	0.42	NS	NS	
	Neonatal critical care	52	0	N/A	N/A	N/A	
Centura St. Anthony Summit Hospital	Adult and pediatric inpatient wards	116	0	N/A	N/A	N/A	
Centura St. Elizabeth Hospital	Adult and pediatric critical care	20	_	_	N/A	N/A	
	Adult and pediatric inpatient wards	57	0	N/A	N/A	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
Centura St. Mary-Corwin Hospital	Adult and pediatric critical care	355	0	N/A	N/A	N/A		
Children's Hospital Colorado	Neonatal critical care	5,380	5	0.77	NS	NS		
Community Hospital	Adult and pediatric critical care	559	1	N/A	N/A	N/A		
	Adult and pediatric inpatient wards	976	0	N/A	N/A	N/A		
Delta County Memorial Hospital	Adult and pediatric critical care	272	0	N/A	N/A	N/A		
	Adult and pediatric inpatient wards	246	0	N/A	N/A	N/A		

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
	Adult and pediatric critical care	3,190	3	0.75	NS	NS		
Denver Health Medical Center	Adult and pediatric inpatient wards	5,914	2	0.35	NS	NS		
	Neonatal critical care	715	0	N/A	N/A	N/A		
Foothills Hospital	Adult and pediatric critical care	1,953	3	2.04	NS	NS		
	Adult and pediatric inpatient wards	1,938	3	2.38	NS	NS		
Intermountain Health Good Samaritan Hospital	Adult and pediatric critical care	1,685	1	0.79	NS	NS		

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric inpatient wards	3,594	2	0.86	NS	NS	
Intermountain Health Platte Valley Hospital	Adult and pediatric critical care	573	0	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	624	1	N/A	N/A	N/A	
Longmont United Hospital	Adult and pediatric critical care	611	1	N/A	N/A	N/A	
	Neonatal critical care	2	_	_	N/A	N/A	
Longs Peak Hospital	Adult and pediatric critical care	1,548	0	0.00	NS	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
	Adult and pediatric inpatient wards	2,622	1	0.66	NS	NS		
	Adult and pediatric critical care	2,564	0	0.00	NS	N/A		
Lutheran Medical Center	Adult and pediatric inpatient wards	3,429	0	0.00	NS	N/A		
	Neonatal critical care	32	_	_	N/A	N/A		
Medical Center of the Rockies	Adult and pediatric critical care	5,811	3	0.69	NS	NS		
	Adult and pediatric inpatient wards	5,292	2	0.58	NS	NS		

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
Memorial	Adult and pediatric critical care	7,347	6	0.72	NS	NS		
	Adult and pediatric inpatient wards	6,851	4	0.60	NS	NS		
Health System	Neonatal critical care	142	0	N/A	N/A	N/A		
	Inpatient rehabilitation ward	503	1	N/A	N/A	N/A		
Memorial Hospital North	Adult and pediatric critical care	817	0	N/A	N/A	N/A		
	Adult and pediatric inpatient wards	1,994	1	0.59	NS	NS		

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
	Adult and pediatric critical care	393	0	N/A	N/A	N/A		
Montrose Regional Health	Adult and pediatric inpatient wards	598	0	N/A	N/A	N/A		
	Inpatient rehabilitation ward	58	0	N/A	N/A	N/A		
National Jewish Health	Adult and pediatric inpatient wards	246	0	N/A	N/A	N/A		
North Suburban Medical Center	Adult and pediatric critical care	1,116	1	0.91	NS	NS		
	Adult and pediatric inpatient wards	763	2	N/A	N/A	N/A		

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
OrthoColorado Hospital at St. Anthony Medical Campus	Adult and pediatric inpatient wards	56	0	N/A	N/A	N/A	
	Adult and pediatric critical care	2,918	1	0.34	NS	NS	
Parkview Medical Center Inc.	Adult and pediatric inpatient wards	3,130	0	0.00	NS	N/A	
	Inpatient rehabilitation ward	435	0	N/A	N/A	N/A	
Penrose Hospital	Adult and pediatric critical care	4,388	4	0.81	NS	NS	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023								
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022		
	Adult and pediatric inpatient wards	5,245	0	0.00	Better	N/A		
	Adult and pediatric critical care	1,835	0	0.00	NS	N/A		
Poudre Valley Hospital	Adult and pediatric inpatient wards	4,926	1	0.21	NS	NS		
	Neonatal critical care	489	0	N/A	N/A	N/A		
	Inpatient rehabilitation ward	296	0	N/A	N/A	N/A		
Presbyterian/ St. Luke's Medical Center	Adult and pediatric critical care	3,660	0	0.00	Better	N/A		

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022
	Adult and pediatric inpatient wards	2,245	1	0.45	NS	NS
	Neonatal critical care	3,057	2	0.46	NS	NS
	Adult and pediatric critical care	959	0	0.00	NS	N/A
Rose Medical Center	Adult and pediatric inpatient wards	1,320	1	0.78	NS	NS
	Neonatal critical care	138	0	N/A	N/A	N/A
	Adult and pediatric critical care	3,240	3	0.82	NS	NS
Saint Joseph Hospital	Adult and pediatric inpatient wards	4,343	1	0.24	NS	NS

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022
	Neonatal critical care	1,695	1	0.37	NS	NS
San Luis Valley Health	Adult and pediatric critical care	181	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	274	0	N/A	N/A	N/A
Sky Ridge Medical Center	Adult and pediatric critical care	2,152	3	1.24	NS	NS
	Adult and pediatric inpatient wards	2,745	2	0.75	NS	NS
	Neonatal critical care	80	0	N/A	N/A	N/A
	Inpatient rehabilitation ward	149	0	N/A	N/A	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Adult and pediatric critical care	870	0	N/A	N/A	N/A	
St. Francis Medical Center	Adult and pediatric inpatient wards	1,794	1	0.57	NS	NS	
	Neonatal critical care	902	1	0.73	NS	NS	
	Inpatient rehabilitation ward	658	0	N/A	N/A	N/A	
	Adult and pediatric critical care	3,336	2	0.53	NS	NS	
St. Mary's Medical Center	Adult and pediatric inpatient wards	5,073	3	0.61	NS	NS	
	Neonatal critical care	285	0	N/A	N/A	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	Inpatient rehabilitation ward	455	0	N/A	N/A	N/A	
Sterling Regional Medcenter	Adult and pediatric critical care	63	0	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	105	0	N/A	N/A	N/A	
	Adult and pediatric critical care	5,292	1	0.17	Better	NS	
Swedish Medical Center	Adult and pediatric inpatient wards	1,983	0	0.00	NS	N/A	
	Neonatal critical care	11	_	_	N/A	N/A	
	Inpatient rehabilitation	730	0	N/A	N/A	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
	ward						
	Adult and pediatric critical care	4,852	4	0.73	NS	NS	
The Medical Center of Aurora	Adult and pediatric inpatient wards	2,320	1	0.44	NS	NS	
	Neonatal critical care	16	_	_	N/A	N/A	
UCHealth Broomfield Hospital	Adult and pediatric inpatient wards	669	0	N/A	N/A	N/A	
UCHealth Grandview Hospital	Adult and pediatric critical care	0	_	_	N/A	N/A	
	Adult and pediatric inpatient wards	29	_	_	N/A	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022	
UCHealth Greeley	Adult and pediatric critical care	1,127	0	N/A	N/A	N/A	
Hospital	Adult and pediatric inpatient wards	2,206	0	0.00	NS	N/A	
	Adult and pediatric critical care	1,660	1	0.80	NS	NS	
UCHealth Highlands Ranch Hospital	Adult and pediatric inpatient wards	3,069	1	0.50	NS	NS	
	Neonatal critical care	8	_	_	N/A	N/A	
UCHealth Yampa Valley Medical Center	Adult and pediatric inpatient wards	169	0	N/A	N/A	N/A	
	Neonatal critical care	23	_	_	N/A	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Unit type	Number of catheter-	Number of infections	SIR	National comparis on	Comparis on to 2022	
University of Colorado	Adult and pediatric critical care	19,837	22	0.98	NS	NS	
	Adult and pediatric inpatient wards	13,282	8	0.62	NS	NS	
Hospital	Neonatal critical care	1,434	0	0.00	NS	N/A	
	Inpatient rehabilitation ward	597	0	N/A	N/A	N/A	
Vail Health Hospital	Adult and pediatric critical care	50	0	N/A	N/A	N/A	
	Adult and pediatric inpatient wards	318	0	N/A	N/A	N/A	

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2023 - Dec. 31, 2023

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Facility name	Unit type	Number of catheter- days	Number of infections	SIR	National comparis on	Comparis on to 2022
Valley View Hospital Association	Adult and pediatric critical care	468	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	517	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of central line-days was fewer than 50.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Critical access hospitals

In 2023, four critical access hospitals reported CLABSI data from critical care units (**Table 19**). Rates of CLABSI were suppressed. Therefore, comparisons to the national baseline were not possible.

Table 19. Central line-associated bloodstream infections on critical care units in critical access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022		
Arkansas Valley Regional Medical Center	26	_	_	N/A	N/A		
Aspen Valley Hospital	7	_	_	N/A	N/A		
Heart of the Rockies Regional Medical Center	45	_	_	N/A	N/A		
Southwest Memorial Hospital	21	_	_	N/A	N/A		

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of central line-days was fewer than 50.

N/A, not available. Rate comparisons were not available for suppressed data.

Inpatient rehabilitation facilities

Seven inpatient rehabilitation facilities reported CLABSI data in 2023 (**Table 20**). There were no CLABSIs reported. Rates of CLABSI were not available, so comparisons to the national baseline or to rates from 2022 were not possible.

Table 20. Central line-associated bloodstream infections in stand-alone inpatient rehabilitation facilities — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022		
Denver Regional Rehabilitation Hospital	629	0	N/A	N/A	N/A		
Encompass Health Rehabilitation Hospital of Colorado Springs	704	0	N/A	N/A	N/A		
Encompass Health Rehabilitation Hospital of Littleton	1,221	0	N/A	N/A	N/A		

Table 20. Central line-associated bloodstream infections in stand-alone inpatient rehabilitation facilities – Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022
Northern Colorado Rehabilitation Hospital	1,523	0	N/A	N/A	N/A
Reunion Rehabilitation Hospital	719	0	N/A	N/A	N/A
Spalding Rehabilitation Hospital	608	0	N/A	N/A	N/A
Spalding Rehabilitation Hospital at PSL Medical Center	558	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one.

Long-term acute care hospitals

Six long-term acute care hospitals reported CLABSI data in 2023 (**Table 21**). Three reported a rate of CLABSI that was lower (better) than the national baseline. Two reported a rate of CLABSI that was similar to (not significantly different from) the national baseline. One rate was not available, thus comparison to the national baseline was not possible. Three long-term acute care hospitals reported a rate of CLABSI that was similar to (not significantly different from) the rate from 2022. Comparison to the CLABSI rate from 2022 was not available for three long-term acute care hospitals.

Table 21. Central line-associated bloodstream infections in long-term acute care hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022
Craig Hospital	1,221	0	N/A	N/A	N/A
Kindred Hospital Aurora	3,077	0	0.00	NS	NS
Kindred Hospital Denver	3,341	0	0.00	Better	N/A
Northern Colorado Long Term Acute Hospital	2,960	0	0.00	NS	N/A

Table 21. Central line-associated bloodstream infections in long-term acute care hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2022
PAM Specialty Hospital of Denver	6,634	2	0.24	Better	NS
Vibra Hospital of Denver	5,069	2	0.30	Better	NS

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Clostridioides difficile (*C. difficile*) infections

Acute care hospitals

Fifty-three acute care hospitals reported *C. difficile* data in 2023 (**Table 22**). Of these, 33 reported a rate of *C. difficile* infection that was lower (better) than the national baseline. Thirteen acute care hospitals reported a rate of infection that was similar to (not significantly different from) the national baseline. Rates of *C. difficile* infection for remaining acute care hospitals were not available, so comparisons to the national baseline were not possible. One acute care hospital reported a rate of *C. difficile* infection that was lower (better) than the rate from 2022. Thirty-seven acute care hospitals reported a rate of *C. difficile* infection that was similar to (not significantly different from) the rate from 2022. Thirty-seven acute care hospitals reported a rate of *C. difficile* infection that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of *C. difficile* infection from 2022 was not available for the remaining acute care hospitals.

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
AdventHealth Avista	12,281	1	0.20	NS	NS
AdventHealth Castle Rock	15,458	1	0.13	Better	NS
AdventHealth	40,127	5	0.30	Better	NS

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Littleton					
AdventHealth Parker	35,018	1	0.07	Better	Better
AdventHealth Porter	40,588	8	0.45	Better	NS
Animas Surgical Hospital LLC	1,097	0	N/A	N/A	N/A
Banner Fort Collins Medical Center	3,987	0	0.00	NS	N/A
Banner McKee Medical Center	8,667	3	0.73	NS	NS
Banner North Colorado Medical Center	39,299	10	0.46	Better	NS
Centennial Hospital	2,322	0	N/A	N/A	N/A
Centura Mercy Hospital	16,967	0	0.00	Better	N/A

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Centura St. Anthony Hospital	74,046	17	0.45	Better	NS
Centura St. Anthony North Hospital	31,162	3	0.24	Better	NS
Centura St. Anthony Summit Hospital	4,091	0	0.00	NS	N/A
Centura St. Elizabeth Hospital	2,708	3	N/A	N/A	N/A
Centura St. Mary-Corwin Hospital	9,342	2	0.67	NS	NS
Community Hospital	9,842	2	0.50	NS	NS
Delta County Memorial	4,869	0	0.00	NS	N/A

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Hospital					
Denver Health Medical Center	98,368	44	0.55	Better	NS
Foothills Hospital	32,897	4	0.32	Better	NS
Intermountain Health Good Samaritan Hospital	47,573	12	0.56	Better	NS
Intermountain Health Platte Valley Hospital	14,392	0	0.00	Better	N/A
Longmont United Hospital	9,573	0	0.00	Better	N/A
Longs Peak Hospital	21,552	4	0.29	Better	NS
Lutheran Medical Center	64,194	9	0.31	Better	NS
Medical Center of the Rockies	50,687	13	0.38	Better	NS

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Memorial Health System	109,294	26	0.39	Better	NS
Memorial Hospital North	32,726	7	0.41	Better	NS
Montrose Regional Health	6,686	1	0.20	Better	NS
National Jewish Health	307	0	N/A	N/A	N/A
North Suburban Medical Center	29,999	5	0.35	Better	NS
OrthoColorado Hospital at St. Anthony Medical Campus	2,298	1	N/A	N/A	N/A
Parkview Medical Center, Inc.	81,320	60	0.96	NS	NS
Penrose Hospital	64,901	5	0.14	Better	NS

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Poudre Valley Hospital	51,905	6	0.17	Better	NS
Presbyterian/ St. Luke's Medical Center	58,656	13	0.44	Better	NS
Rose Medical Center	35,341	2	0.10	Better	NS
Saint Joseph Hospital	75,948	16	0.45	Better	NS
San Luis Valley Health	5,300	3	0.81	NS	NS
Sky Ridge Medical Center	58,337	6	0.22	Better	NS
St. Francis Medical Center	41,445	4	0.20	Better	NS
St. Mary's Medical Center	65,332	6	0.20	Better	NS
Sterling Regional	2,465	0	N/A	N/A	N/A

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Medcenter					
Swedish Medical Center	93,774	18	0.34	Better	NS
The Medical Center of Aurora	59,123	9	0.25	Better	NS
UCHealth Broomfield Hospital	2,567	0	0.00	NS	N/A
UCHealth Grandview Hospital	1,339	0	N/A	N/A	N/A
UCHealth Greeley Hospital	18,334	5	0.34	Better	NS
UCHealth Highlands Ranch Hospital	29,153	8	0.39	Better	NS
UCHealth Yampa Valley	4,225	0	0.00	NS	N/A

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Medical Center					
University of Colorado Hospital	216,762	65	0.39	Better	NS
Vail Health Hospital	6,502	3	0.71	NS	NS
Valley View Hospital Association	11,167	10	1.86	NS	NS

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Inpatient rehabilitation facilities

Seven inpatient rehabilitation facilities reported *C. difficile* data in 2023 (**Table 23**). Two facilities reported a rate of *C. difficile* infection that was lower (better) than the national baseline. The remaining facilities reported rates that were similar to (not significantly different from) the national baseline. Four inpatient rehabilitation facilities reported a rate of *C. difficile* infection that was similar to (not significantly different from) the national baseline that was similar to (not significantly different from) the rate from 2022. Comparison to the rate from 2022 was not available for three facilities.

Table 23. *Clostridioides difficile* infections in inpatient rehabilitation facilities — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Denver Regional Rehabilitation Hospital	9,405	1	0.24	NS	NS
Encompass Health Rehabilitation Hospital of Colorado Springs	14,568	2	0.36	NS	NS
Encompass Health Rehabilitation	14,945	3	0.58	NS	NS

Table 23. *Clostridioides difficile* infections in inpatient rehabilitation facilities — Colorado, Jan. 1, 2023 - Dec. 31, 2023

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Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Hospital of Littleton					
Northern Colorado Rehabilitation Hospital	14,224	0	0.00	Better	N/A
Reunion Rehabilitation Hospital	9,318	0	0.00	Better	N/A
Spalding Rehabilitation Hospital	8,180	2	0.59	NS	NS
Spalding Rehabilitation Hospital at PSL Medical Center		0	0.00	NS	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Long-term acute care hospitals

Six long-term acute care hospitals reported *C. difficile* data in 2023 (**Table 24**). Of these, five reported a rate of *C. difficile* infection that was lower (better) than the national baseline. One reported a rate that was similar to (not significantly different from) the national baseline. Five long-term acute care hospitals reported a rate of *C. difficile* infection that was similar to (not significantly different from) 2022. Comparison to the rate of *C. difficile* infection from 2022 was not available for one long-term acute care hospital.

Facility name	Number of patient-days	SIR SIR		National comparison	Comparison to 2022
Craig Hospital	29,290	8	0.38	Better	NS
Kindred Hospital Aurora	12,560	4	0.32	Better	NS
Kindred Hospital Denver	17,530	15	0.69	NS	NS
Northern Colorado Long Term Acute Hospital	6,817	0	0.00	Better	N/A
PAM Specialty Hospital of	20,509	3	0.20	Better	NS

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2022
Denver					
Vibra Hospital of Denver	15,606	2	0.16	Better	NS

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Dialysis-related infections

Access-related bloodstream infections (ARBSIs)

Seventy-seven outpatient dialysis facilities reported rates of ARBSI in 2023 (Table 25). Standardized infection ratios for ARBSIs were not available in NHSN. Therefore, comparison to the national baseline was not possible.

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2023 - Dec. 31, 2023					
Facility name	Number of patient-months	Number of infections	Infection rate	National comparison	
Alamosa Dialysis	551	1	0.18	N/A	
Arvada Dialysis Center	336	0	0.00	N/A	
Aurora Dialysis Center	1,410	2	0.14	N/A	
Black Canyon Dialysis	291	1	0.34	N/A	
Boulder Dialysis Center	271	0	0.00	N/A	
Brighton Dialysis	557	1	0.18	N/A	

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Children's Hospital Colorado Kidney Center	117	4	3.42	N/A
Commerce City Dialysis	581	1	0.17	N/A
Cortez Dialysis Center	682	1	0.15	N/A
Denver Dialysis Center	695	0	0.00	N/A
Denver Reception and Diagnostic Center Auxiliary	249	0	0.00	N/A
Dialysis Clinic Inc. Grand Junction	445	0	0.00	N/A
Dialysis Clinic Inc. Montrose	313	0	0.00	N/A

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Durango Dialysis Center	342	0	0.00	N/A
East Aurora Dialysis	826	2	0.24	N/A
Englewood Dialysis Center	642	0	0.00	N/A
Fort Collins Dialysis	192	1	0.52	N/A
Fresenius Kidney Care Northeast Denver	726	1	0.14	N/A
Fresenius Medical Care Canon City Dialysis	340	0	0.00	N/A
Fresenius Medical Care East Denver Dialysis	1,238	2	0.16	N/A

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Fresenius Medical Care Fort Collins Dialysis	815	3	0.37	N/A
Fresenius Medical Care Greeley Dialysis	738	1	0.14	N/A
Fresenius Medical Care La Junta Dialysis	392	1	0.26	N/A
Fresenius Medical Care Lamar Dialysis	305	0	0.00	N/A
Fresenius Medical Care Loveland Dialysis	654	1	0.15	N/A
Fresenius Medical Care North Greeley Dialysis	673	1	0.15	N/A

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Fresenius Medical Care Pavilion Dialysis	1,017	1	0.10	N/A
Fresenius Medical Care Pueblo Dialysis	554	0	0.00	N/A
Fresenius Medical Care Pueblo South Dialysis	671	0	0.00	N/A
Fresenius Medical Care Pueblo West Dialysis	347	0	0.00	N/A
Fresenius Medical Care Rocky Mountain Dialysis	679	0	0.00	N/A
Fresenius Medical Care South Denver	612	0	0.00	N/A

Table 25. Access-related bloodstream infections in outpatient dialysis facilities –
Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Dialysis				
Fresenius Medical Care Stapleton Dialysis	829	0	0.00	N/A
Fresenius Medical Care Walsenburg Dialysis	325	2	0.62	N/A
Fresenius Medical Care West Hampden Dialysis	589	0	0.00	N/A
Grand Junction Dialysis Center	738	1	0.14	N/A
Greeley Dialysis	450	0	0.00	N/A
Heart of the Rockies Regional Dialysis Center	33	0	0.00	N/A

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Kidney Center of Arvada	827	1	0.12	N/A
Kidney Center of Bear Creek LLC	608	0	0.00	N/A
Kidney Center of Frederick	301	3	1.00	N/A
Kidney Center of Lafayette	726	5	0.69	N/A
Kidney Center of Lakewood	613	0	0.00	N/A
Kidney Center of Longmont	818	0	0.00	N/A
Kidney Center of Northridge	716	3	0.42	N/A
Kidney Center of Westminster	1,112	3	0.27	N/A
Kidney Center of Wheat Ridge	344	0	0.00	N/A

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Kidney Center of the Rockies LLC	163	2	1.23	N/A
Lakewood Crossing Dialysis Center	350	0	0.00	N/A
Lakewood Dialysis Center	847	1 0.12		N/A
Liberty Dialysis - Colorado Springs Central	1,083	3	0.28	N/A
Liberty Dialysis - Colorado Springs North	689	3	0.44	N/A
Liberty Dialysis - Colorado Springs South	Colorado 740 1 0.14		0.14	N/A
Liberty Dialysis - Colorado Springs West	544	3	0.55	N/A

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Littleton Dialysis Center	682	0	0.00	N/A
Lonetree Dialysis Center	340	0	0.00	N/A
Longmont Dialysis Center	197	0	0.00	N/A
Loveland Central Dialysis	281	0	0.00	N/A
Lowry Dialysis Center	892	9	1.01	N/A
Mesa County Dialysis	403	2	0.50	N/A
Montbello Dialysis	578	2	0.35	N/A
North Colorado Springs Dialysis	496	1	0.20	N/A
North Metro Dialysis Center	707	1	0.14	N/A

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison		
Northeastern Colorado Dialysis	551	3	0.54	N/A		
Parker Dialysis Center	641	1	0.16	N/A		
Parker Kidney Center LLC	650	5	0.77	N/A		
Pikes Peak Dialysis Center Inc.	1,391	7	0.50	N/A		
Platte Valley Dialysis	704	1	0.14	N/A		
Red Hawk Dialysis	242	0	0.00	N/A		
Sable Dialysis	1,189	5	0.42	N/A		
Southwest Denver Dialysis	189	1	0.53	N/A		
Thornton Dialysis Center	1,139	6	0.53	N/A		

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
U.S. Renal Care Lone Tree Dialysis	111	0	0.00	N/A
U.S. Renal Care Altitude Dialysis	378	0	0.00	N/A
U.S. Renal Care Pueblo Dialysis	535	0	0.00	N/A
West Lakewood Dialysis	546	0	0.00	N/A

Infection rate is per 100 patient-months.

N/A, not available. SIRs and rate comparisons were not available in NHSN.

Surgical site infections (SSIs)

Breast surgery

Acute care hospitals

Fifty-one acute care hospitals reported performing inpatient breast surgeries in 2023 (**Table 26**). Of these, three reported a rate of SSI following inpatient breast surgery that was higher (worse) than the national baseline. Eighteen acute care hospitals reported a rate that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining acute care hospitals, thus comparisons to the national baseline were not possible. One acute care hospital reported a rate of SSI following inpatient breast surgery that was higher (worse) than the rate from 2022. Nineteen reported a rate that was similar to (not significantly different) from the rate from 2022. Comparison to the rate from 2022 was not available for the remaining acute care hospitals.

Forty-nine acute care hospitals reported performing outpatient breast surgeries in 2023 (**Table 27**). Of these, two reported a rate of SSI following outpatient breast surgery that was lower (better). One reported a rate that was higher (worse) than the national baseline. Fifteen acute care hospitals reported a rate that was similar to (not statistically different from) the national baseline. Rates were suppressed or not available for the remaining acute care hospitals, so comparisons to the national baseline were not possible. Fourteen acute care hospitals reported a rate of SSI following outpatient breast surgery that was similar to (not significantly different from) the rate from 2022. Comparison to the rate from 2022 was not available for the remaining acute care hospitals.

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
AdventHealth Avista	119	1	0.72	NS	NS
AdventHealth Castle Rock	56	0	N/A	N/A	N/A
AdventHealth Littleton	3	_	_	N/A	N/A
AdventHealth Parker	43	0	N/A	N/A	N/A
AdventHealth Porter	11	_	_	N/A	N/A
Animas Surgical Hospital LLC	4	_	_	N/A	N/A
Banner Fort Collins Medical Center	0	-	Ι	N/A	N/A
Banner McKee Medical Center	29	2	N/A	N/A	N/A
Banner North Colorado Medical Center	42	1	0.95	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
Centennial Hospital	0	0	_	N/A	N/A		
Centura Mercy Hospital	59	5	4.43	Worse	NS		
Centura St. Anthony Hospital	48	0	0.00	NS	N/A		
Centura St. Anthony North Hospital	11	_	_	N/A	NS		
Centura St. Anthony Summit Hospital	1	_	_	N/A	N/A		
Centura St. Elizabeth Hospital	0	_	_	N/A	N/A		
Centura St. Mary-Corwin Hospital	31	1	N/A	N/A	N/A		

Facility name	Number of	Number of	SIR	National	Comparison
racinty name	procedures	infections	SIK	comparison	to 2022
Community Hospital	67	2	N/A	N/A	N/A
Delta County Memorial Hospital	6	_	_	N/A	N/A
Denver Health Medical Center	64	1	0.62	NS	NS
Foothills Hospital	87	2	1.96	NS	NS
Intermountain Health Good Samaritan Hospital	99	1	0.74	NS	NS
Intermountain Health Platte Valley Hospital	2	_	_	N/A	N/A
Longmont United Hospital	61	0	0.00	NS	N/A
Longs Peak Hospital	75	1	0.89	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
Lutheran Medical Center	81	2	1.64	NS	NS		
Medical Center of the Rockies	67	2	1.86	NS	NS		
Memorial Health System	73	3	1.67	NS	NS		
Memorial Hospital North	336	11	2.33	Worse	NS		
Montrose Regional Health	5	_	_	N/A	N/A		
North Suburban Medical Center	8	_	_	N/A	N/A		
Parkview Medical Center Inc.	35	2	N/A	N/A	N/A		
Penrose Hospital	8	_	_	N/A	N/A		
Poudre Valley Hospital	164	5	2.30	NS	NS		

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Presbyterian/ St. Luke's Medical Center	22	0	N/A	N/A	N/A	
Rose Medical Center	151	0	0.00	NS	N/A	
Saint Joseph Hospital	223	12	2.93	Worse	Worse	
San Luis Valley Health	0	_	_	N/A	N/A	
Sky Ridge Medical Center	228	4	0.96	NS	NS	
St. Francis Medical Center	117	3	1.02	NS	NS	
St. Mary's Medical Center	22	1	N/A	N/A	NS	
Sterling Regional Medcenter	7	_	_	N/A	N/A	
Swedish Medical Center	75	1	0.88	NS	NS	

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
The Medical Center of Aurora	13	_	_	N/A	N/A
UCHealth Broomfield Hospital	0	_	_	N/A	N/A
UCHealth Grandview Hospital	0	_	_	N/A	N/A
UCHealth Greeley Hospital	28	0	N/A	N/A	N/A
UCHealth Highlands Ranch Hospital	143	2	0.81	NS	NS
UCHealth Yampa Valley Medical Center	10	_	_	N/A	N/A
University of Colorado Hospital	453	14	1.53	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Vail Health Hospital	0	_	-	N/A	N/A
Valley View Hospital Association	37	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
AdventHealth Avista	1,035	0	0.00	Better	N/A		
AdventHealth Castle Rock	293	0	0.00	NS	N/A		
AdventHealth Littleton	260	0	0.00	NS	N/A		
AdventHealth Parker	220	0	0.00	NS	N/A		
AdventHealth Porter	25	0	N/A	N/A	N/A		
Animas Surgical Hospital LLC	56	1	N/A	N/A	N/A		
Banner Fort Collins Medical Center	8	_	_	N/A	N/A		
Banner McKee Medical Center	191	0	0.00	NS	N/A		
Banner North Colorado Medical Center	184	1	0.75	NS	NS		

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centennial Hospital	16	-	-	N/A	N/A
Centura Mercy Hospital	132	0	N/A	N/A	N/A
Centura St. Anthony Hospital	111	1	N/A	N/A	N/A
Centura St. Anthony North Hospital	136	0	0.00	NS	N/A
Centura St. Anthony Summit Hospital	18	_	_	N/A	N/A
Centura St. Elizabeth Hospital	3	_	_	N/A	N/A
Centura St. Mary-Corwin Hospital	87	1	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Community Hospital	58	1	N/A	N/A	N/A
Delta County Memorial Hospital	31	0	N/A	N/A	N/A
Denver Health Medical Center	286	1	0.30	NS	NS
Foothills Hospital	68	1	N/A	N/A	N/A
Intermountain Health Good Samaritan Hospital	189	3	2.87	NS	NS
Intermountain Health Platte Valley Hospital	72	0	N/A	N/A	N/A
Longmont United Hospital	117	0	N/A	N/A	N/A
Longs Peak Hospital	66	1	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Lutheran Medical Center	410	4	1.81	NS	NS
Medical Center of the Rockies	179	2	N/A	N/A	N/A
Memorial Health System	137	1	N/A	N/A	N/A
Memorial Hospital North	1,015	9	1.79	NS	NS
Montrose Regional Health	30	0	N/A	N/A	N/A
North Suburban Medical Center	59	0	N/A	N/A	N/A
Parkview Medical Center Inc.	88	4	N/A	N/A	N/A
Penrose Hospital	41	0	N/A	N/A	N/A
Poudre Valley Hospital	398	8	3.58	Worse	NS

	Number of	Number of	Number of National Compariso				
Facility name	procedures	infections	SIR	comparison	to 2022		
Presbyterian/ St. Luke's Medical Center	118	1	N/A	N/A	NS		
Rose Medical Center	1,766	2	0.17	Better	NS		
Saint Joseph Hospital	231	3	1.77	NS	NS		
San Luis Valley Health	8	_	_	N/A	N/A		
Sky Ridge Medical Center	312	5	2.16	NS	NS		
St. Francis Medical Center	322	2	0.77	NS	NS		
St. Mary's Medical Center	87	1	N/A	N/A	N/A		
Sterling Regional Medcenter	5	_	_	N/A	N/A		
Swedish Medical Center	107	0	N/A	N/A	N/A		

Table 27. Surgical site infections following outpatient breast surgeries in acute
care hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
The Medical Center of Aurora	53	0	N/A	N/A	N/A
UCHealth Greeley Hospital	61	0	N/A	N/A	N/A
UCHealth Highlands Ranch Hospital	871	6	1.02	NS	NS
UCHealth Yampa Valley Medical Center	34	0	N/A	N/A	N/A
University of Colorado Hospital	914	10	1.55	NS	NS
Vail Health Hospital	10	_	_	N/A	NS
Valley View Hospital Association	108	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Critical access hospitals

Nineteen critical access hospitals reported inpatient breast surgeries in 2023 (**Table 28**). Rates of SSI following inpatient breast surgeries were suppressed for all. Comparisons to the national baseline and rate of SSI following inpatient breast surgery in 2022 were not available.

Twelve critical access hospitals reported outpatient breast surgeries in 2023 (**Table 29**). Rates of SSI following outpatient breast surgeries were suppressed or not available for all. Comparisons to the national baseline and rate of SSI following outpatient breast surgery in 2022 were not available.

Table 28. Surgical site infections following inpatient breast surgeries in critical access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Aspen Valley Hospital	0	_	_	N/A	N/A	
East Morgan County Hospital	1	_	_	N/A	N/A	
Estes Park Medical Center	0	_	_	N/A	N/A	
Family Health West Hospital	0	_	_	N/A	N/A	
Grand River Medical Center	0	_	_	N/A	N/A	

Table 28. Surgical site infections following inpatient breast surgeries in critical
access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

	Number of Number of National Co				Comparison
Facility name	procedures	infections	SIR	comparison	to 2022
Gunnison Valley Hospital	0	_	_	N/A	N/A
Heart of the Rockies Regional Medical Center	1	_	_	N/A	N/A
Memorial Hospital	0	_	_	N/A	N/A
Middle Park Medical Center	0	_	_	N/A	N/A
Pagosa Springs Medical Center	0	_	_	N/A	N/A
Pioneers Medical Center	0	_	_	N/A	N/A
Prowers Medical Center	0	_	_	N/A	N/A
Rio Grande Hospital	0	_	_	N/A	N/A
Southwest Memorial	1	_	_	N/A	N/A

Table 28. S	urgical site infections following inpatient breast surgeries in critical
access hosp	oitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Hospital					
Spanish Peaks Regional Health Center	0	_	_	N/A	N/A
St. Thomas More Hospital	0	_	_	N/A	N/A
UCHealth Pikes Peak Regional Hospital	0	_	_	N/A	N/A
Wray Community District Hospital	0	_	_	N/A	N/A
Yuma District Hospital	0	_	_	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. Rate comparisons were not available for suppressed data.

			,		
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Aspen Valley Hospital	22	0	N/A	N/A	N/A
East Morgan County Hospital	6	_	_	N/A	N/A
Estes Park Medical Center	1	_	_	N/A	N/A
Family Health West Hospital	6	_	_	N/A	N/A
Grand River Medical Center	5	_	_	N/A	N/A
Gunnison Valley Hospital	2	_	_	N/A	N/A
Heart of the Rockies Regional Medical Center	12	_	_	N/A	N/A
Memorial Hospital	1	_	_	N/A	N/A
Middle Park Medical Center	2	_	_	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Southwest Memorial Hospital	7	Ι	_	N/A	N/A
Spanish Peaks Regional Health Center	1	Ι	_	N/A	N/A
Wray Community District Hospital	2	_	_	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Ambulatory surgery centers

Twenty-two ambulatory surgery centers reported performing breast surgeries in 2023 (**Table 30**). One reported a rate of SSI following breast surgery that was higher (worse) than the national baseline. Five reported a rate that was similar to (not significantly different from) the national baseline. Rates for the remaining ambulatory surgery centers were suppressed or not available, thus comparisons to the national baseline were not possible. Five ambulatory surgery centers reported a rate of SSI following breast surgery that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following breast surgery from 2022 was not available for the remaining facilities.

Table 30. Surgical site infections following breast surgeries in ambulatory surgery

centers – Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Arkansas Valley Surgery Center	1	_	_	N/A	N/A	
Ascent Surgery Center LLC	354	0	N/A	N/A	N/A	
Audubon ASC at St. Francis	106	0	N/A	N/A	N/A	
Audubon Ambulatory Surgery Center	44	0	N/A	N/A	N/A	

centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Table 30. Surgical site infections following breast surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Black Canyon Surgical Center LLC	10	_	_	N/A	N/A
Canyon View Surgery Center	2	_	_	N/A	N/A
Centrum Surgery Center Ltd.	577	0	0.00	NS	N/A
Coal Creek Ambulatory Surgery Center	28	0	N/A	N/A	N/A
Crown Point Surgery Center	204	1	N/A	N/A	N/A
Foothills Surgery Center, LLC	58	0	N/A	N/A	N/A
Grand Valley Surgical Center LLC	481	3	1.99	NS	NS
Harmony Surgery Center	630	1	0.42	NS	NS

Table 30. Surgical site infections following breast surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
LLC					
Insight Surgery Center LLC	180	0	N/A	N/A	N/A
Kaiser Permanente Ambulatory Surgery Center Lone Tree	471	4	3.09	NS	NS
Kaiser Permanente Ambulatory Surgery Center	677	8	3.72	Worse	NS
Midtown Surgical Center	55	1	N/A	N/A	N/A
Mountain Vista Orthopaedic Surgery Center LLC	110	0	N/A	N/A	N/A
Park Meadows Outpatient Surgery	660	1	0.48	NS	NS

Table 30. Surgical site infections following breast surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Red Rocks Surgery Center	118	0	N/A	N/A	N/A
Rose Surgical Center	68	0	N/A	N/A	N/A
Sky Ridge Surgical Center	164	0	N/A	N/A	N/A
Surgery Center at Kissing Camels LLC	88	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Colon surgery

Acute care hospitals

Fifty-two acute care hospitals reported performing inpatient colon surgeries in 2023 (**Table 31**). Of these, three reported a rate of SSI following colon surgery that was lower (better) than the national baseline. Two reported a rate that was higher (worse) than the national baseline. Thirty-five reported a rate that was similar to (not significantly different from) the national baseline. Rates of SSIs were suppressed or not available for the remaining acute care hospitals, so comparison to the national baseline was not possible. One acute care hospital reported a rate of SSI following inpatient colon surgery that was higher (worse) than the rate from 2022. Thirty-three reported a rate that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following inpatient colon surgery was not available for the remaining acute care hospitals.

Eighteen acute care hospitals reported outpatient colon surgeries in 2023 (**Table 32**). One infection was reported. Rates of SSIs were suppressed or not available for all, and comparisons to the national baseline were not possible. Comparison to the rate of SSI following outpatient colon surgery in 2022 was not available.

Table 31. Surgical site infections following inpatient colon surgeries in acute care hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
AdventHealth Avista	43	0	0.00	NS	N/A		
AdventHealth Castle Rock	42	1	0.60	NS	NS		

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Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
AdventHealth Littleton	79	4	0.98	NS	NS
AdventHealth Parker	94	3	0.72	NS	NS
AdventHealth Porter	47	0	0.00	NS	N/A
Animas Surgical Hospital LLC	1	_	_	N/A	N/A
Banner Fort Collins Medical Center	27	2	1.76	NS	NS
Banner McKee Medical Center	47	1	0.53	NS	NS
Banner North Colorado Medical Center	112	9	1.68	NS	NS
Centennial Hospital	5	_	_	N/A	N/A
Centura Mercy Hospital	54	0	0.00	NS	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centura St. Anthony Hospital	264	3	0.27	Better	NS
Centura St. Anthony North Hospital	61	4	1.33	NS	NS
Centura St. Anthony Summit Hospital	23	0	0.00	NS	N/A
Centura St. Elizabeth Hospital	0	_	_	N/A	N/A
Centura St. Mary-Corwin Hospital	63	1	0.36	NS	NS
Community Hospital	71	7	2.32	Worse	NS
Delta County Memorial Hospital	38	0	0.00	NS	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Denver Health Medical Center	104	7	0.99	NS	NS	
Foothills Hospital	107	8	2.85	Worse	NS	
Intermountain Health Good Samaritan Hospital	230	16	1.48	NS	NS	
Intermountain Health Platte Valley Hospital	37	2	1.05	NS	NS	
Longmont United Hospital	18	_	_	N/A	N/A	
Longs Peak Hospital	98	5	1.20	NS	NS	
Lutheran Medical Center	106	4	0.74	NS	NS	
Medical Center of the Rockies	162	6	0.83	NS	NS	
Memorial	285	20	1.35	NS	NS	

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Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Health System					
Memorial Hospital North	107	6	1.22	NS	NS
Montrose Regional Health	37	1	0.79	NS	NS
North Suburban Medical Center	45	3	1.20	NS	NS
OrthoColorado Hospital at St. Anthony Medical Campus	0	_	_	N/A	N/A
Parkview Medical Center Inc.	100	8	1.60	NS	NS
Penrose Hospital	231	4	0.37	Better	NS
Poudre Valley Hospital	163	8	1.14	NS	NS
Presbyterian/	111	6	1.03	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
St. Luke's						
Medical Center						
Rose Medical Center	119	3	0.69	NS	NS	
Saint Joseph Hospital	269	15	1.00	NS	NS	
San Luis Valley Health	16	_	_	N/A	N/A	
Sky Ridge Medical Center	310	15	0.97	NS	Worse	
St. Francis Medical Center	90	1	0.25	NS	NS	
St. Mary's Medical Center	220	9	0.76	NS	NS	
Sterling Regional Medcenter	5	_	_	N/A	N/A	
Swedish Medical Center	245	0	0.00	Better	N/A	

Facility name	Number of	Number of	SIR	National	Comparison
	procedures	infections		comparison	to 2022
The Medical					
Center of Aurora	118	6	1.18	NS	NS
UCHealth					
Broomfield Hospital	0	_	_	N/A	N/A
UCHealth					
Grandview Hospital	0	—	—	N/A	N/A
UCHealth		_			
Greeley Hospital	112	5	1.12	NS	NS
UCHealth	<i></i>				
Highlands Ranch Hospital	67	4	1.20	NS	NS
UCHealth					
Yampa Valley Medical Center	16	_	_	N/A	N/A
University of		10			
Colorado Hospital	574	42	1.09	NS	NS

		-		-	
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Vail Health Hospital	19	_	_	N/A	N/A
Valley View Hospital Association	24	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. Rate comparisons were not available for suppressed data.

Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

	Number of	Number of		National	Comparison
Facility name	procedures	infections	SIR	National comparison	Comparison to 2022
AdventHealth Parker	1	_	_	N/A	N/A
AdventHealth Porter	1	_	_	N/A	N/A
Banner McKee Medical Center	1	_	_	N/A	N/A
Banner North Colorado Medical Center	1	_	_	N/A	N/A
Centura St. Anthony North Hospital	1	_	_	N/A	N/A
Foothills Hospital	6	_	_	N/A	N/A
Memorial Health System	1	_	_	N/A	N/A
North Suburban Medical Center	1	_	_	N/A	N/A
Parkview Medical Center	1	_	—	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Inc.						
Penrose Hospital	1	_	_	N/A	N/A	
Presbyterian/ St. Luke's Medical Center	7	_	_	N/A	N/A	
Saint Joseph Hospital	1	_	_	N/A	N/A	
Sky Ridge Medical Center	5	_	_	N/A	N/A	
St. Francis Medical Center	2	-	_	N/A	N/A	
St. Mary's Medical Center	2	Ι	_	N/A	N/A	
Swedish Medical Center	23	0	N/A	N/A	N/A	
Vail Health Hospital	1	_	_	N/A	N/A	
Valley View Hospital	1	—	—	N/A	N/A	

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Association					

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Critical access hospitals

Nineteen critical access hospitals reported performing inpatient colon surgeries in 2023 (**Table 33**). One critical access hospital reported a rate of SSI following inpatient colon surgery that was similar to (not significantly different from) the national baseline. Rates of SSIs were suppressed for the remaining critical access hospitals, thus comparisons to the national baseline were not possible. Comparison to the rate of SSI following inpatient colon surgeries in 2022 was not available.

Two critical access hospitals reported performing outpatient colon surgeries in 2023 (**Table 34**). Rates of SSIs following outpatient colon surgeries were suppressed for both critical access hospitals. Comparisons to the national baseline and rates from 2022 were not possible.

Table 33. Surgical site infections following inpatient colon surgeries in criticalaccess hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
Aspen Valley Hospital	6	_	_	N/A	N/A		
East Morgan County Hospital	0	_	_	N/A	N/A		
Estes Park Medical Center	0	_	_	N/A	N/A		
Grand River Medical Center	5	_	_	N/A	N/A		

Table 33. Surgical site infections following inpatient colon surgeries in critical access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
Gunnison Valley Hospital	3	_	_	N/A	N/A		
Heart of the Rockies Regional Medical Center	15	_	_	N/A	N/A		
Memorial Hospital	6	_	_	N/A	N/A		
Middle Park Medical Center	2	_	_	N/A	N/A		
Mt. San Rafael Hospital	0	_	_	N/A	N/A		
Pagosa Springs Medical Center	0	_	_	N/A	N/A		
Pioneers Medical Center	0	_	_	N/A	N/A		
Prowers Medical Center	1	_	_	N/A	N/A		
Rio Grande Hospital	0	_	_	N/A	N/A		

_	Table 33. Surgical site infections following inpatient colon surgeries in critical access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023							
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022			
Southwest Memorial Hospital	11	_	_	N/A	N/A			
Spanish Peaks Regional Health Center	11	_	_	N/A	N/A			
St. Thomas More Hospital	23	0	0	NS	N/A			
St. Vincent General Hospital District	0	_	_	N/A	N/A			
UCHealth Pikes Peak Regional Hospital	6	_	_	N/A	N/A			
Wray Community District Hospital	3	_	_	N/A	N/A			

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20. NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. Rate comparisons were not available for suppressed data.

Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Table 34. Surgical site infections following outpatient colon surgeries in critical access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Gunnison Valley Hospital	1	0	_	N/A	N/A
Southwest Memorial Hospital	8	0	_	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. Rate comparisons were not available for suppressed data.

Hernia repair surgery

Ambulatory surgery centers

Twenty-two ambulatory surgery centers reported performing hernia repair surgeries in 2023 (**Table 35**). Two reported a rate of SSI following hernia repair surgery that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining ambulatory surgery centers, so comparisons to the national baseline were not possible. One ambulatory surgery center reported a rate of SSI following hernia repair surgery that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following hernia repairs on to the remaining facilities.

Table 35. Surgical site infections following hernia repair surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023									
Facility name	Number of procedures	Number of Number of National Comparison							
Arkansas Valley Surgery Center	119	0	N/A	N/A	N/A				
Audubon ASC at St. Francis	273	0	N/A	N/A	N/A				
Black Canyon Surgical Center LLC	47	0	N/A	N/A	N/A				
Canyon View Surgery Center	12	_	_	N/A	N/A				

Table 35. Surgical site infections following hernia repair surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centrum Surgery Center Ltd.	21	0	N/A	N/A	N/A
Clear Creek Surgery Center LLC	675	0	0.00	NS	N/A
Crown Point Surgery Center	82	0	N/A	N/A	N/A
Denver Surgery Center	143	0	N/A	N/A	N/A
Foothills Surgery Center LLC	265	0	N/A	N/A	N/A
Grand Valley Surgical Center LLC	124	0	N/A	N/A	N/A
Harmony Surgery Center LLC	503	0	N/A	N/A	N/A
Insight Surgery Center LLC	9	_	_	N/A	N/A

Table 35. Surgical site infections following hernia repair surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Kaiser Permanente Ambulatory Surgery Center Lone Tree	396	1	N/A	N/A	N/A
Kaiser Permanente Ambulatory Surgery Center	615	1	0.74	NS	NS
Midtown Surgical Center	53	0	N/A	N/A	N/A
Mile High Surgicenter LLC	36	0	N/A	N/A	N/A
Mountain Vista Orthopaedic Surgery Center LLC	53	0	N/A	N/A	N/A
Peak One Surgery Center LLC	9	_	_	N/A	N/A
Red Rocks	122	0	N/A	N/A	N/A

Table 35. Surgical site infections following hernia repair surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Surgery Center					
Rocky Mountain Surgery Center LLC	287	0	N/A	N/A	N/A
Rose Surgical Center	225	0	N/A	N/A	N/A
Sky Ridge Surgical Center	70	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Hip replacement surgery

Acute care hospitals

Fifty-one acute care hospitals reported performing inpatient hip replacement surgeries in 2023 (**Table 36**). Of these, two acute care hospitals reported a rate of SSI following hip replacement surgery that was higher (worse) than the national baseline. Thirty-one reported a rate that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining acute care hospitals, thus comparisons to the national baseline were not possible. One acute care hospital reported a rate of SSI following inpatient hip replacement surgery that was lower (better) than the rate from 2022. Twenty-five acute care hospitals reported a rate that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following inpatient hip replacement surgery was not available for the remaining acute care hospitals.

Forty-five acute care hospitals reported outpatient hip replacement surgeries in 2023 (**Table 37**). Of these, three reported a rate of SSI following outpatient hip replacement surgery that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining facilities, so comparison to the national baseline was not possible. Two acute care hospitals reported a rate of SSI following outpatient hip replacement surgery that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following outpatient hip replacement surgery was not possible for the remaining acute care hospitals.

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
AdventHealth Avista	71	0	N/A	N/A	N/A
AdventHealth Castle Rock	111	0	0.00	NS	N/A
AdventHealth Littleton	185	0	0.00	NS	N/A
AdventHealth Parker	152	2	1.17	NS	NS
AdventHealth Porter	324	1	0.31	NS	NS
Animas Surgical Hospital LLC	185	0	0.00	NS	N/A
Banner Fort Collins Medical Center	65	0	N/A	N/A	N/A
Banner McKee Medical Center	52	0	N/A	N/A	N/A
Banner North Colorado Medical Center	139	2	0.94	NS	NS

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Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centennial Hospital	102	0	N/A	N/A	N/A
Centura Mercy Hospital	167	0	0.00	NS	N/A
Centura St. Anthony Hospital	135	1	0.51	NS	NS
Centura St. Anthony North Hospital	186	0	0.00	NS	N/A
Centura St. Anthony Summit Hospital	33	0	N/A	N/A	N/A
Centura St. Elizabeth Hospital	13	_	_	N/A	N/A
Centura St. Mary-Corwin Hospital	203	1	0.39	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Community Hospital	149	1	0.56	NS	NS
Delta County Memorial Hospital	67	_	_	N/A	N/A
Denver Health Medical Center	112	1	0.50	NS	NS
Foothills Hospital	383	4	1.67	NS	NS
Intermountain Health Good Samaritan Hospital	266	4	1.53	NS	NS
Intermountain Health Platte Valley Hospital	86	0	N/A	N/A	N/A
Longmont United Hospital	79	2	N/A	N/A	N/A
Longs Peak Hospital	118	2	1.94	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Lutheran Medical Center	184	1	0.43	NS	NS
Medical Center of the Rockies	307	4	1.69	NS	NS
Memorial Health System	112	2	1.23	NS	NS
Memorial Hospital North	229	0	0.00	NS	N/A
Montrose Regional Health	118	1	N/A	N/A	N/A
North Suburban Medical Center	49	0	N/A	N/A	N/A
OrthoColorado Hospital at St. Anthony Medical Campus	404	2	0.75	NS	NS
Parkview Medical Center Inc.	107	2	1.66	NS	NS
Penrose	194	1	0.52	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Hospital					
Poudre Valley Hospital	428	2	0.52	NS	Better
Presbyterian/ St. Luke's Medical Center	169	5	2.36	NS	NS
Rose Medical Center	239	0	0.00	NS	N/A
Saint Joseph Hospital	219	3	1.05	NS	NS
San Luis Valley Health	33	0	N/A	N/A	N/A
Sky Ridge Medical Center	565	5	0.78	NS	NS
St. Francis Medical Center	602	5	0.81	NS	NS
St. Mary's Medical Center	179	2	0.86	NS	NS
Sterling Regional	23	0	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Medcenter					
Swedish Medical Center	287	8	2.38	Worse	NS
The Medical Center of Aurora	182	2	0.94	NS	NS
UCHealth Broomfield Hospital	87	4	N/A	N/A	N/A
UCHealth Grandview Hospital	357	2	0.73	NS	NS
UCHealth Greeley Hospital	28	1	N/A	N/A	N/A
UCHealth Highlands Ranch Hospital	84	0	N/A	N/A	N/A
UCHealth Yampa Valley Medical Center	79	1	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
University of Colorado Hospital	345	12	2.60	Worse	NS
Valley View Hospital Association	103	1	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

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Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
AdventHealth Avista	22	0	N/A	N/A	N/A
AdventHealth Castle Rock	29	0	N/A	N/A	N/A
AdventHealth Littleton	43	1	N/A	N/A	N/A
AdventHealth Parker	37	1	N/A	N/A	N/A
AdventHealth Porter	193	0	N/A	N/A	N/A
Banner Fort Collins Medical Center	27	0	N/A	N/A	N/A
Banner McKee Medical Center	19	_	_	N/A	N/A
Banner North Colorado Medical Center	1	_	_	N/A	N/A
Centennial Hospital	87	0	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centura Mercy Hospital	41	1	N/A	N/A	N/A
Centura St. Anthony Hospital	2	_	_	N/A	N/A
Centura St. Anthony North Hospital	183	0	N/A	N/A	N/A
Centura St. Elizabeth Hospital	2	_	_	N/A	N/A
Centura St. Mary-Corwin Hospital	2	_	_	N/A	N/A
Community Hospital	144	3	N/A	N/A	N/A
Denver Health Medical Center	83	0	0.00	NS	N/A
Foothills Hospital	161	1	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Intermountain Health Good Samaritan Hospital	262	0	N/A	N/A	N/A	
Intermountain Health Platte Valley Hospital	1	_	_	N/A	N/A	
Longmont United Hospital	19	_	_	N/A	N/A	
Longs Peak Hospital	51	1	N/A	N/A	N/A	
Lutheran Medical Center	57	0	N/A	N/A	N/A	
Medical Center of the Rockies	4	_	_	N/A	N/A	
Memorial Hospital North	1	_	_	N/A	N/A	
Montrose Regional Health	2	_	_	N/A	N/A	
North Suburban	8	_	_	N/A	N/A	

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Medical Center					
OrthoColorado Hospital at St. Anthony Medical Campus	305	0	N/A	N/A	N/A
Penrose Hospital	8	_	_	N/A	N/A
Poudre Valley Hospital	74	0	N/A	N/A	N/A
Presbyterian/ St. Luke's Medical Center	11	_	_	N/A	N/A
Rose Medical Center	33	0	N/A	N/A	N/A
Saint Joseph Hospital	163	0	N/A	N/A	N/A
San Luis Valley Health	9	_	_	N/A	N/A
Sky Ridge Medical Center	499	1	0.77	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
St. Francis Medical Center	21	1	N/A	N/A	N/A
St. Mary's Medical Center	178	2	N/A	N/A	N/A
Swedish Medical Center	61	0	N/A	N/A	N/A
The Medical Center of Aurora	80	1	N/A	N/A	N/A
UCHealth Broomfield Hospital	29	0	N/A	N/A	N/A
UCHealth Grandview Hospital	13	_	_	N/A	N/A
UCHealth Highlands Ranch Hospital	144	1	N/A	N/A	N/A
UCHealth Yampa Valley Medical Center	45	0	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
University of Colorado Hospital	159	1	0.63	NS	NS
Vail Health Hospital	25	1	N/A	N/A	N/A
Valley View Hospital Association	35	1	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Critical access hospitals

Twenty critical access hospitals reported performing inpatient hip replacement surgeries in 2023 (**Table 38**). Rates of SSI following inpatient hip replacement surgery were suppressed or not available for all, and comparisons to the national baseline or to the rates from 2022 were not possible.

Four critical access hospitals reported outpatient hip replacement surgeries in 2023 (**Table 39**). Rates of SSI following outpatient hip replacement surgery were suppressed or not available for all, and comparisons to the national baseline were not possible.

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Arkansas Valley Regional Medical Center	15	_	_	N/A	N/A
Aspen Valley Hospital	49	0	N/A	N/A	N/A
East Morgan County Hospital	0	_	_	N/A	N/A
Estes Park Medical Center	16	_	_	N/A	N/A
Family Health West Hospital	30	1	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Grand River Medical Center	12	_	_	N/A	N/A
Gunnison Valley Hospital	7	_	_	N/A	N/A
Heart of the Rockies Regional Medical Center	63	0	N/A	N/A	N/A
Memorial Hospital	12	_	_	N/A	N/A
Middle Park Medical Center	6	_	_	N/A	N/A
Mt. San Rafael Hospital	2	_	_	N/A	N/A
Pagosa Springs Medical Center	17	_	_	N/A	N/A
Pioneers Medical Center	46	0	N/A	N/A	N/A
Prowers Medical Center	8	_	_	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Rio Grande Hospital	0	_	_	N/A	N/A
Southwest Memorial Hospital	18	_	_	N/A	N/A
St. Thomas More Hospital	74	1	N/A	N/A	N/A
UCHealth Pikes Peak Regional Hospital	2	_	_	N/A	N/A
Wray Community District Hospital	32	1	N/A	N/A	N/A
Yuma District Hospital	8	_	_	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Aspen Valley Hospital	52	0	N/A	N/A	N/A
Gunnison Valley Hospital	27	0	N/A	N/A	N/A
Heart of the Rockies Regional Medical Center	2	_	_	N/A	N/A
Southwest Memorial Hospital	18	_	_	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Ambulatory surgery centers

At the time of this report, data for SSIs following hip replacement surgeries in ambulatory surgery centers was not available from NHSN.

Abdominal hysterectomies

Acute care hospitals

Fifty-two acute care hospitals reported performing inpatient abdominal hysterectomies in 2023 (**Table 40**). Of these, one acute care hospital reported a rate of SSI following inpatient abdominal hysterectomy that was higher (worse) than the national baseline. Eighteen reported a rate that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining acute care hospitals, and comparisons to the national baseline were not possible. Fifteen acute care hospitals reported a rate of SSI following inpatient abdominal hysterectomy that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following inpatient abdominal hysterectomy for the remaining acute care hospitals for the remaining inpatient abdominal hysterectomy that was similar to (not significantly different from) the rate from 2022 was not available for the remaining acute care hospitals.

Forty-three acute care hospitals reported outpatient abdominal hysterectomies in 2023 (Table 41). Of these, three acute care hospitals reported a rate that was higher (worse) than the national baseline. Three reported a rate that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining facilities, and comparisons to the national baseline were not possible. Six acute care hospitals reported a rate of SSI following outpatient abdominal hysterectomy that was similar to (not significantly different from) the rate of SSI following outpatient from 2022. Comparison to the rate of SSI following outpatient abdominal hysterectomy was not available for the remaining acute care hospitals.

	Number of	Number of		National	Comparison
Facility name	procedures	infections	SIR	comparison	to 2022
AdventHealth Avista	75	1	N/A	N/A	N/A
AdventHealth Castle Rock	49	0	N/A	N/A	N/A
AdventHealth Littleton	90	0	N/A	N/A	N/A
AdventHealth Parker	160	2	1.62	NS	NS
AdventHealth Porter	61	0	0.00	NS	N/A
Animas Surgical Hospital LLC	56	0	N/A	N/A	N/A
Banner Fort Collins Medical Center	14	_	—	N/A	N/A
Banner McKee Medical Center	34	0	N/A	N/A	N/A
Banner North Colorado Medical Center	45	0	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centennial Hospital	1	_	_	N/A	N/A
Centura Mercy Hospital	82	0	N/A	N/A	N/A
Centura St. Anthony Hospital	8	_	_	N/A	N/A
Centura St. Anthony North Hospital	114	1	0.87	NS	NS
Centura St. Anthony Summit Hospital	56	0	N/A	N/A	N/A
Centura St. Elizabeth Hospital	8	_	_	N/A	N/A
Centura St. Mary-Corwin Hospital	0	_	_	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Community Hospital	106	1	0.49	NS	NS
Delta County Memorial Hospital	0	_	_	N/A	N/A
Denver Health Medical Center	67	0	0.00	NS	N/A
Foothills Hospital	93	1	0.75	NS	NS
Intermountain Health Good Samaritan Hospital	11	_	_	N/A	N/A
Intermountain Health Platte Valley Hospital	55	1	0.69	NS	NS
Longmont United Hospital	15	_	_	N/A	N/A
Longs Peak Hospital	63	4	N/A	N/A	N/A

Facility name	Number of		SIR	National	Comparison
	procedures	infections		comparison	to 2022
Lutheran Medical Center	78	0	0.00	NS	N/A
Medical Center of the Rockies	45	2	N/A	N/A	N/A
Memorial Health System	468	14	2.77	Worse	NS
Memorial Hospital North	337	7	2.14	NS	NS
Montrose Regional Health	16	—	_	N/A	N/A
North Suburban Medical Center	100	1	0.97	NS	NS
OrthoColorado Hospital at St. Anthony Medical Campus	0	_	—	N/A	N/A
Parkview Medical Center Inc.	51	2	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Penrose Hospital	3	_	_	N/A	N/A
Poudre Valley Hospital	65	2	N/A	N/A	N/A
Presbyterian/ St. Luke's Medical Center	88	1	0.80	NS	NS
Rose Medical Center	118	0	0.00	NS	N/A
Saint Joseph Hospital	158	4	0.91	NS	NS
San Luis Valley Health	2	_	_	N/A	N/A
Sky Ridge Medical Center	409	8	2.06	NS	NS
St. Francis Medical Center	306	1	0.29	NS	NS
St. Mary's Medical Center	97	3	1.69	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Sterling Regional Medical Center	0	_	_	N/A	N/A
Swedish Medical Center	280	2	0.64	NS	NS
The Medical Center of Aurora	15	_	_	N/A	N/A
UCHealth Broomfield Hospital	0	_	_	N/A	N/A
UCHealth Grandview Hospital	0	_	_	N/A	N/A
UCHealth Greeley Hospital	19	_	_	N/A	N/A
UCHealth Highlands Ranch Hospital	62	0	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
UCHealth Yampa Valley Medical Center	11	_	l	N/A	N/A
University of Colorado Hospital	367	11	1.16	NS	NS
Vail Health Hospital	2	_	—	N/A	N/A
Valley View Hospital Association	35	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
AdventHealth Avista	96	0	N/A	N/A	N/A
AdventHealth Castle Rock	6	_	_	N/A	N/A
AdventHealth Littleton	172	0	N/A	N/A	N/A
AdventHealth Parker	26	0	N/A	N/A	N/A
AdventHealth Porter	192	0	N/A	N/A	N/A
Banner Fort Collins Medical Center	54	0	N/A	N/A	N/A
Banner McKee Medical Center	105	0	N/A	N/A	N/A
Banner North Colorado Medical Center	143	1	N/A	N/A	N/A
Centennial Hospital	6	_	_	N/A	N/A

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Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centura Mercy Hospital	33	0	N/A	N/A	N/A
Centura St. Anthony Hospital	7	_	_	N/A	N/A
Centura St. Anthony North Hospital	30	0	N/A	N/A	N/A
Centura St. Anthony Summit Hospital	11	_	_	N/A	N/A
Centura St. Elizabeth Hospital	4	_	_	N/A	N/A
Community Hospital	92	1	N/A	N/A	N/A
Denver Health Medical Center	65	0	N/A	N/A	N/A
Foothills Hospital	74	3	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Intermountain Health Good Samaritan Hospital	51	0	N/A	N/A	N/A
Intermountain Health Platte Valley Hospital	36	0	N/A	N/A	N/A
Longmont United Hospital	41	0	N/A	N/A	N/A
Longs Peak Hospital	239	6	N/A	N/A	N/A
Lutheran Medical Center	219	0	N/A	N/A	N/A
Medical Center of the Rockies	323	5	4.55	Worse	NS
Memorial Health System	86	0	N/A	N/A	N/A
Memorial Hospital North	321	6	5.15	Worse	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Montrose Regional Health	162	0	N/A	N/A	N/A
North Suburban Medical Center	79	0	N/A	N/A	N/A
Parkview Medical Center Inc.	102	1	N/A	N/A	N/A
Poudre Valley Hospital	171	1	N/A	N/A	N/A
Presbyterian/ St. Luke's Medical Center	21	0	N/A	N/A	N/A
Rose Medical Center	266	2	1.86	NS	NS
Saint Joseph Hospital	336	2	0.97	NS	NS
San Luis Valley Health	38	2	N/A	N/A	N/A
Sky Ridge Medical Center	265	3	2.20	NS	NS

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Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
St. Francis Medical Center	54	0	N/A	N/A	N/A
St. Mary's Medical Center	209	3	N/A	N/A	N/A
Swedish Medical Center	128	1	N/A	N/A	N/A
The Medical Center of Aurora	45	0	N/A	N/A	N/A
UCHealth Greeley Hospital	217	4	N/A	N/A	N/A
UCHealth Highlands Ranch Hospital	157	2	N/A	N/A	N/A
UCHealth Yampa Valley Medical Center	69	0	N/A	N/A	N/A
University of Colorado Hospital	375	7	2.84	Worse	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Vail Health Hospital	9	_	_	N/A	N/A	

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Critical access hospitals

Twenty critical access hospitals reported performing inpatient abdominal hysterectomies in 2023 (**Table 42**). Rates of SSI following inpatient abdominal hysterectomy were suppressed or not available for all, and comparisons to the national baseline and to the rates from 2022 were not possible.

Three critical access hospitals reported outpatient abdominal hysterectomies in 2023 (**Table 43**). Rates of SSI following outpatient abdominal hysterectomy were suppressed or not available for all, and comparisons to the national baseline and to rates from 2022 were not possible.

critical access nospitals – Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Arkansas Valley Regional Medical Center	0	-	_	N/A	N/A	
Aspen Valley Hospital	2	_	_	N/A	N/A	
East Morgan County Hospital	1	_	_	N/A	N/A	
Estes Park Medical Center	1	_	_	N/A	N/A	

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Family Health West Hospital	0	_	_	N/A	N/A
Grand River Medical Center	2	_	_	N/A	N/A
Gunnison Valley Hospital	3	_	_	N/A	N/A
Heart of the Rockies Regional Medical Center	6	_	_	N/A	N/A
Memorial Hospital	0	_	_	N/A	N/A
Middle Park Medical Center	0	_	_	N/A	N/A
Mt. San Rafael Hospital	0	_	_	N/A	N/A
Pagosa Springs Medical Center	0	_	_	N/A	N/A
Pioneers Medical Center	0	_	_	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Prowers Medical Center	1	_	_	N/A	N/A
Rio Grande Hospital	0	_	_	N/A	N/A
Southwest Memorial Hospital	0	_	_	N/A	N/A
St. Thomas More Hospital	33	0	N/A	N/A	N/A
St. Vincent General Hospital District	0	_	_	N/A	N/A
UCHealth Pikes Peak Regional Hospital	3	_	_	N/A	N/A
Wray Community District Hospital	9	_	_	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Table 43. Surgical site infections following outpatient abdominal hysterectomies in critical access hospitals — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Gunnison Valley Hospital	2	Ι	_	N/A	N/A
UCHealth Pikes Peak Regional Hospital	20	0	N/A	N/A	N/A
Wray Community District Hospital	15	_	_	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Knee replacement surgeries

Acute care hospitals

Fifty-one acute care hospitals reported performing inpatient knee replacement surgeries in 2023 (**Table 44**). Of these, two reported a rate of SSI following inpatient knee replacement surgery that was higher (worse) than the national baseline, and 25 reported a rate that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining acute care hospitals, and comparisons to the national baseline were not possible. Twenty-two acute care hospitals reported a rate of SSI following knee replacement surgery that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following inpatient knee replacement surgery from 2022 was not available for the remaining facilities.

Forty-six acute care hospitals reported outpatient knee replacement surgeries in 2023 (**Table 45**). Of these, two acute care hospitals reported a rate of SSI following outpatient knee replacement surgery that was lower (better) than the national baseline. Ten reported a rate that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining acute care hospitals and comparison to the national baseline was not possible. Eight acute care hospitals reported a rate of SSI following outpatient knee replacement surgery that was similar to (not significantly different from) the rate of SSI following outpatient knee replacement surgery that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following outpatient knee replacement surgery was not available for the remaining facilities.

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
AdventHealth Avista	93	1	N/A	N/A	N/A
AdventHealth Castle Rock	150	0	0.00	NS	N/A
AdventHealth Littleton	273	2	1.32	NS	NS
AdventHealth Parker	161	0	N/A	N/A	N/A
AdventHealth Porter	473	0	0.00	NS	N/A
Animas Surgical Hospital LLC	310	2	1.43	NS	NS
Banner Fort Collins Medical Center	129	2	N/A	N/A	N/A
Banner McKee Medical Center	108	0	N/A	N/A	N/A
Banner North Colorado Medical Center	250	2	0.80	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centennial Hospital	151	0	N/A	N/A	N/A
Centura Mercy Hospital	168	0	N/A	N/A	N/A
Centura St. Anthony Hospital	30	1	N/A	N/A	N/A
Centura St. Anthony North Hospital	279	2	0.86	NS	NS
Centura St. Anthony Summit Hospital	13	_	_	N/A	N/A
Centura St. Elizabeth Hospital	32	0	N/A	N/A	N/A
Centura St. Mary-Corwin Hospital	299	1	0.42	NS	NS

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Community Hospital	195	1	0.80	NS	NS
Delta County Memorial Hospital	145	1	N/A	N/A	N/A
Denver Health Medical Center	101	0	0.00	NS	N/A
Foothills Hospital	490	6	3.33	Worse	NS
Intermountain Health Good Samaritan Hospital	336	2	1.25	NS	NS
Intermountain Health Platte Valley Hospital	201	1	N/A	N/A	N/A
Longmont United Hospital	109	0	N/A	N/A	N/A
Longs Peak Hospital	134	2	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Lutheran Medical Center	70	0	N/A	N/A	N/A
Medical Center of the Rockies	290	3	2.16	NS	NS
Memorial Health System	21	2	N/A	N/A	N/A
Memorial Hospital North	282	1	0.55	NS	NS
Montrose Regional Health	198	0	0.00	NS	N/A
North Suburban Medical Center	10	_	_	N/A	N/A
OrthoColorado Hospital at St. Anthony Medical Campus	934	4	0.94	NS	NS
Parkview Medical Center Inc.	156	0	0.00	NS	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Penrose Hospital	280	1	0.56	NS	NS
Poudre Valley Hospital	823	6	1.39	NS	NS
Presbyterian/ St. Luke's Medical Center	218	4	1.96	NS	NS
Rose Medical Center	456	2	0.76	NS	NS
Saint Joseph Hospital	343	6	2.82	Worse	NS
San Luis Valley Health	72	0	N/A	N/A	N/A
Sky Ridge Medical Center	676	6	1.01	NS	NS
St. Francis Medical Center	835	2	0.36	NS	NS
St. Mary's Medical Center	111	2	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Sterling Regional MedIcal Center	44	2	N/A	N/A	N/A
Swedish Medical Center	182	3	1.95	NS	NS
The Medical Center of Aurora	126	2	1.92	NS	NS
UCHealth Broomfield Hospital	122	2	N/A	N/A	N/A
UCHealth Grandview Hospital	712	4	1.29	NS	NS
UCHealth Greeley Hospital	3	_	_	N/A	N/A
UCHealth Highlands Ranch Hospital	112	1	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
UCHealth Yampa Valley Medical Center	100	0	N/A	N/A	N/A
University of Colorado Hospital	314	2	0.79	NS	NS
Valley View Hospital Association	121	1	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
AdventHealth Avista	90	0	N/A	N/A	N/A	
AdventHealth Castle Rock	70	0	N/A	N/A	N/A	
AdventHealth Littleton	134	0	N/A	N/A	N/A	
AdventHealth Parker	121	0	N/A	N/A	N/A	
AdventHealth Porter	330	0	0.00	Better	N/A	
Animas Surgical Hospital LLC	9	_	_	N/A	N/A	
Banner Fort Collins Medical Center	47	1	N/A	N/A	N/A	
Banner McKee Medical Center	29	0	N/A	N/A	N/A	
Banner North Colorado Medical Center	2	_	_	N/A	N/A	

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Centennial Hospital	178	0	0.00	NS	N/A
Centura Mercy Hospital	68	0	N/A	N/A	N/A
Centura St. Anthony Hospital	2	_	_	N/A	N/A
Centura St. Anthony North Hospital	416	3	0.79	NS	NS
Centura St. Mary-Corwin Hospital	28	0	N/A	N/A	N/A
Community Hospital	149	0	N/A	N/A	N/A
Delta County Memorial Hospital	8	_	_	N/A	N/A
Denver Health Medical Center	192	0	0.00	NS	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
Foothills Hospital	256	1	N/A	N/A	N/A		
Intermountain Health Good Samaritan Hospital	489	0	N/A	N/A	N/A		
Intermountain Health Platte Valley Hospital	5	_	_	N/A	N/A		
Longmont United Hospital	52	0	N/A	N/A	N/A		
Longs Peak Hospital	86	1	N/A	N/A	N/A		
Lutheran Medical Center	73	1	N/A	N/A	N/A		
Medical Center of the Rockies	2	_	_	N/A	N/A		
Memorial Hospital North	1	_	_	N/A	N/A		

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
Montrose Regional Health	6	_	_	N/A	N/A		
North Suburban Medical Center	8	_	_	N/A	N/A		
OrthoColorado Hospital at St. Anthony Medical Campus	736	1	0.71	NS	NS		
Parkview Medical Center Inc.	2	_	_	N/A	N/A		
Penrose Hospital	4	_	_	N/A	N/A		
Poudre Valley Hospital	129	3	2.73	NS	NS		
Presbyterian/ St. Luke's Medical Center	12	_	_	N/A	N/A		
Rose Medical Center	50	1	N/A	N/A	N/A		

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Saint Joseph Hospital	395	0	0.00	Better	N/A
San Luis Valley Health	46	1	N/A	N/A	N/A
Sky Ridge Medical Center	728	3	0.48	NS	NS
St. Francis Medical Center	52	0	N/A	N/A	N/A
St. Mary's Medical Center	274	1	0.44	NS	NS
Swedish Medical Center	134	1	0.83	NS	NS
The Medical Center of Aurora	158	1	0.64	NS	NS
UCHealth Broomfield Hospital	41	1	N/A	N/A	N/A
UCHealth Grandview	25	1	N/A	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Hospital						
UCHealth Highlands Ranch Hospital	247	1	N/A	N/A	N/A	
UCHealth Yampa Valley Medical Center	32	0	N/A	N/A	N/A	
University of Colorado Hospital	123	1	0.81	NS	NS	
Valley View Hospital Association	89	0	N/A	N/A	N/A	

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data. Comparison to the rate from 2022 was not available if the rates from 2022 and 2023 were both zero.

Critical access hospitals

Twenty critical access hospitals reported performing inpatient knee replacement surgeries in 2023 (**Table 46**). One critical access hospital reported a rate of SSI following inpatient knee replacement surgery that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining acute care hospitals, thus comparisons to the national baseline were not possible. One acute care hospital reported a rate of SSI following inpatient knee replacement surgery that was similar to (not significantly different from) the rate from 2022. Comparison to the rate of SSI following inpatient knee replacement surgery in 2022 was not available for the remaining facilities.

Thirteen critical access hospitals reported outpatient knee replacement surgeries in 2023 (**Table 47**). Rates of SSI following outpatient knee replacement surgery were suppressed or not available for all. Comparisons to the national baseline or to rates from 2022 were not possible.

	•	•	•	•	
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Arkansas Valley Regional Medical Center	33	0	N/A	N/A	N/A
Aspen Valley Hospital	112	1	N/A	N/A	N/A
East Morgan County Hospital	0	_	_	N/A	N/A

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022		
Estes Park Medical Center	11	_	Ι	N/A	N/A		
Family Health West Hospital	54	0	N/A	N/A	N/A		
Grand River Medical Center	12	_	_	N/A	N/A		
Gunnison Valley Hospital	9	_	_	N/A	N/A		
Heart of the Rockies Regional Medical Center	77	0	N/A	N/A	N/A		
Memorial Hospital	11	_	_	N/A	N/A		
Middle Park Medical Center	8	_	_	N/A	N/A		
Mt. San Rafael Hospital	31	0	N/A	N/A	N/A		
Pagosa Springs Medical Center	27	2	N/A	N/A	N/A		

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Pioneers Medical Center	196	1	0.66	NS	NS
Prowers Medical Center	23	0	N/A	N/A	N/A
Rio Grande Hospital	1	_	_	N/A	N/A
Southwest Memorial Hospital	10	_	_	N/A	N/A
St. Thomas More Hospital	116	1	N/A	N/A	N/A
UCHealth Pikes Peak Regional Hospital	18	_	_	N/A	N/A
Wray Community District Hospital	76	0	N/A	N/A	N/A
Yuma District Hospital	6	_	_	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

-, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

NS, not significant. The rate is similar to (not significantly different from) the comparator.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Table 47. Surgical site infections following outpatient knee replacement surgeriesin critical access hospitals – Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Arkansas Valley Regional Medical Center	1	_	_	N/A	N/A	
Aspen Valley Hospital	36	0	N/A	N/A	N/A	
Family Health West Hospital	1	_	_	N/A	N/A	
Gunnison Valley Hospital	22	0	N/A	N/A	N/A	
Heart of the Rockies Regional Medical Center	2	_	_	N/A	N/A	

• • • •			·			
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Melissa Memorial Hospital	5	_	_	N/A	N/A	
Memorial Hospital	1	_	_	N/A	N/A	
Middle Park Medical Center	2	_	_	N/A	N/A	
Pagosa Springs Medical Center	11	_	_	N/A	N/A	
Pioneers Medical Center	7	_	_	N/A	N/A	
Rio Grande Hospital	20	0	N/A	N/A	N/A	
Southwest Memorial Hospital	55	0	N/A	N/A	N/A	
St. Thomas More Hospital	5	_	_	N/A	N/A	

SIR, standardized infection ratio (ratio of observed to predicted infection rates)

 $-,\ suppressed.$ Counts and rates were suppressed if the number of procedures was

fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

Ambulatory surgery centers

Twenty-four ambulatory surgery centers reported performing knee replacement surgeries in 2023 (**Table 48**). Rates of SSI following knee replacement surgery were suppressed or not available for all, thus comparisons to the national baseline and to rates from 2022 were not possible.

Table 48. Surgical site infections following knee replacement surgeries inambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023						
Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Audubon ASC at St. Francis	153	0	N/A	N/A	N/A	
Audubon Ambulatory Surgery Center	39	0	N/A	N/A	N/A	
Black Canyon Surgical Center LLC	2	_	_	N/A	N/A	
Boulder Surgery Center	124	1	N/A	N/A	N/A	
Canyon View Surgery Center	23	0	N/A	N/A	N/A	
Castle Rock Surgicenter LLC	154	0	N/A	N/A	N/A	

Table 48. Surgical site infections following knee replacem	ent surgeries in
ambulatory surgery centers — Colorado, Jan. 1, 2023 - De	ec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022	
Crown Point Surgery Center	95	0	N/A	N/A	N/A	
Denver Surgery Center	206	0	N/A	N/A	N/A	
Dillon Surgery Center	86	0	N/A	N/A	N/A	
Flatirons Surgery Center LLC	6	_	_	N/A	N/A	
Kaiser Permanente Ambulatory Surgery Center Lone Tree	409	0	N/A	N/A	N/A	
Lincoln Surgery Center LLC	66	4	N/A	N/A	N/A	
Loveland Surgery Center	1	_	_	N/A	N/A	
Midtown Surgical Center	57	0	N/A	N/A	N/A	

Tab	e 48. Surgical site infections following knee replacement surgeries in	
amb	ulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023	

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Mountain Vista Orthopaedic Surgery Center LLC	9	_	_	N/A	N/A
OCC Surgery Center at Inverness	601	1	N/A	N/A	N/A
OCR Fort Collins Surgery Center	359	0	N/A	N/A	N/A
OCR Loveland Surgery Center	788	3	N/A	N/A	N/A
Orthopaedic and Spine Center of Southern Colorado	221	0	N/A	N/A	N/A
Rocky Mountain Surgery Center LLC	150	1	N/A	N/A	N/A

Table 48. Surgical site infections following knee replacement surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2023 - Dec. 31, 2023

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2022
Rose Surgical Center	27	0	N/A	N/A	N/A
Surgical Center of the Rockies	65	0	N/A	N/A	N/A
Vail Valley Surgery Center	3	_	_	N/A	N/A
Vail Valley Surgery Center Edwards	303	0	N/A	N/A	N/A

SIR, standardized infection ratio (ratio of observed to predicted infection rates) -, suppressed. Counts and rates were suppressed if the number of procedures was fewer than 20.

N/A, not available. SIRs and rate comparisons were not available if the number of predicted infections was fewer than one. Rate comparisons were not available for suppressed data.

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Appendix A

Glossary of terms and abbreviations

Access-related bloodstream infection (ARBSI): The presence of bacteria in the blood and verified by culture with the source identified as the vascular access site or is unknown.

Bloodstream infection (BSI): An infection of the blood identified by a positive culture in NHSN.

Catheter-associated urinary tract infection (CAUTI): A urinary tract infection associated with the use of a urinary catheter, symptoms and signs of infection, and a positive urine culture.

Catheter-days: A count of days a urinary catheter is in patients over time.

Central line: An intravenous catheter (flexible tube) that ends at or close to the heart or in one of the great vessels. A central line may be non-tunneled (travels directly from the skin entry site to a vein) or tunneled (travels a distance under the skin from the point of insertion before entering a vein).

Central line-associated bloodstream infection (CLABSI): A primary bloodstream infection (BSI) in a patient that had a central line within the 48-hour period before the development of the BSI.

Central line-days (device days): A count of days a central line is in place over time.

Critical care unit: A nursing care area that provides intensive observation, diagnosis, and therapeutic procedures for adults and/or children who are critically ill.

Dialysis event: An event for a dialysis patient involving any one of three possible scenarios: 1) intravenous (IV) antimicrobial start, 2) a positive blood culture, and 3) pus, redness, or increased swelling at the vascular access site. Dialysis event

reporting only applies to outpatient facilities.

Fascia: A thin layer of connective tissue covering, supporting, or connecting the muscles or inner organs of the body.

Great vessel: Based on NHSN criteria for reporting CLABSI, the following are considered great vessels: aorta, pulmonary artery, superior vena cava, inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, common iliac veins, common femoral veins, and in neonates, the umbilical artery and vein.

Healthcare-associated infection (HAI): An infection of a patient that occurs in a health care setting which was not present or incubating at the time of admission.

Hip replacement surgery: An elective procedure for people with severe hip damage or pain related to chronic osteoarthritis, rheumatoid arthritis, or other degenerative processes involving the hip joint. Involves placement of an implant.

Implant: A nonhuman-derived object, material, or tissue that is permanently placed in a patient during an operation. Examples include heart valves, metal rods, mesh, wires, screws, cements, hip replacements, and other devices.

Infection preventionist (IP): A health care professional who has special training in infection prevention.

Inpatient: A patient whose date of admission to a health care facility and date of discharge are different calendar days.

Intravenous (IV) antimicrobial start: A start of intravenous (IV) antibiotics or antifungals administered in a reporting outpatient dialysis facility, regardless of the reason for administration and regardless of the duration of treatment. A start is defined as a single outpatient dose or first outpatient dose of a course.

Knee replacement surgery: An elective procedure for people with severe knee damage and pain related to osteoarthritis, rheumatoid arthritis, and traumatic

arthritis. Involves placement of an implant.

Local access site infection (LASI): Pus, redness, or swelling of the vascular access site and an ARBSI is not present.

National baseline: The number of predicted infections calculated using a model developed in 2015 from national data in order to account for differences in facility characteristics and patient populations. The national baseline allows facilities to compare observed counts of infection to counts of infections from facilities with similar characteristics in the form of a risk-adjusted rate known as the standardized infection ratio (SIR).

National Healthcare Safety Network (NHSN): A secure, internet-based public health surveillance (monitoring and reporting) system managed by Centers for Disease Control and Prevention's Division of Healthcare Quality Promotion.

NHSN operative procedure: A procedure that meets the following criteria: 1) performed on a patient who is a NHSN inpatient or outpatient, 2) takes place during an operation where at least one incision is made through the skin or mucous membrane, or entry is through an existing incision, and 3) included in the NHSN operative procedure categories.

NHSN reportable surgical procedure: An operation that takes place in an operating room and where at least one incision is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure, and is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping.

Neonate: An infant younger than or up to 30 days old.

Neonatal critical care unit (NCCU): Patient care area providing care to critically ill neonates.

Outpatient: Patient whose date of admission to the facility and date of discharge are the same calendar day.

Patient-days: The total number of inpatients for a particular unit determined at the same time each day for every day of the month, recorded as a total sum for the month.

Rate: An expression of the frequency with which an event occurs among a defined population and specific time-period.

Risk: The probability that an adverse event will occur (e.g., that a person will be affected by, or die from, an illness, injury, or other health condition within a specified time or age span).

Risk adjustment: Estimate of risk that accounts for differences in facility characteristics and/or patient populations, enabling hospital comparisons.

Risk-adjusted rate: Rate of infection that accounts for differences in patient populations and/or hospital characteristics between hospitals. Risk adjustment is accomplished by comparing an actual (observed) rate to the rate that is expected based on national data from similar patient populations and/or hospital characteristics.

Risk factor: An aspect of personal behavior/lifestyle, environmental exposure, or hereditary characteristic associated with an increased occurrence of a disease, injury, or other health condition.

Standardized infection ratio (SIR): A risk-adjusted summary measure that accounts for the type of procedure and risk category. The SIR compares the actual number of HAIs reported to the number that would be predicted for a facility with similar characteristics and/or patient population (i.e., the national baseline). A SIR greater than 1.0 indicates that more HAIs were observed than predicted. Conversely, an SIR less than 1.0 indicates that fewer HAIs were observed than predicted.

Surgical site infection (SSI): Infections that are directly related to an operative procedure. Some SSIs are minor and only involve the skin or subcutaneous tissue.

Other SSIs may be deeper and more serious.

- Superficial incision infection: only the top layers of the skin (e.g., skin and subcutaneous tissue)
- Deep incision infection: deeper soft tissues (e.g., fascia and muscle layers)
- Organ space infection: any part of the body deeper than the fascial/muscle layers that is opened or manipulated during the operative procedure.

Urinary catheter: A tube placed in the bladder to help with urination.

Validation: A method of assessing the completeness and accuracy of reported HAI data.

Vascular access infection: An infection that is either a local access infection or access-related bloodstream infection .

Appendix B

Facility types

Certain health care facility types in Colorado must report healthcare-associated infections by Colorado law (CRS 25-3-601-607). A detailed list of the current reportable conditions can be found on <u>CDPHE's website</u> under "HAI Reportable Conditions."

Acute care hospitals: Facilities that primarily provide inpatient services, including diagnostic, therapeutic, or rehabilitation services. Details on acute care hospital reporting is available on <u>CDC's acute care hospital NHSN webpage</u>.

Ambulatory surgery center: A facility which operates exclusively for providing surgical services to patients not requiring hospitalization. Details on ambulatory surgery center reporting can be found on <u>CDC's ambulatory surgery center NHSN</u> webpage.

Critical access hospital: A designation given to certain rural hospitals by the Centers for Medicare and Medicaid Services (CMS) to reduce financial vulnerability and improve access to health care by keeping essential services in rural communities. A critical access hospital must have 25 or fewer acute care inpatient beds, be more than 35 miles from another hospital, maintain an average length of stay of 96 hours or less for acute care patients, and provide 24/7 emergency care services. Details on critical access hospital reporting can be on <u>CDC's critical access hospital NHSN</u> webpage.

Dialysis facility: A facility which operates exclusively to provide dialysis services to patients not requiring hospitalization. Details on dialysis facility reporting are on <u>CDC's Dialysis Component NHSN webpage</u>.

Inpatient rehabilitation facility: Inpatient rehabilitation facilities and inpatient

rehabilitation wards in hospitals care for patients who have lost function due to an injury or medical condition. Details on inpatient rehabilitation facility reporting are on <u>CDC's inpatient rehabilitation facility NHSN webpage</u>.

Long-term acute care hospital: A specialty care hospital that cares for patients with serious medical conditions that require intense, special treatment for long periods of time (an average length of stay is 25 days). Details on long-term acute care hospital reporting are on <u>CDC's long-term acute care hospital NHSN webpage</u>.

Appendix C

Standardized infection ratio

The standardized infection ratio (SIR) is a risk-adjusted summary measure used throughout this report.¹⁴ The SIR compares the actual number of healthcare-associated infections (HAIs) reported to the number that would be predicted, given the standard population (i.e., National Healthcare Safety Network [NHSN], or national baseline). The SIR accounts for several risk factors that influence infection rates. The number of predicted infections is calculated based on a statistical model developed from 2015 national HAI aggregate data.

The SIR is a ratio of the number of observed infections divided by the number of predicted infections. A SIR greater than 1.0 indicates that more infections were observed than predicted (i.e., the rate is higher [worse] than the national baseline). Conversely, an SIR less than 1.0 indicates that fewer infections were observed than predicted (i.e., the rate is lower [better] than the national baseline). A statistical test determines the probability that the observed value of the SIR, or one more extreme, is a "chance finding" when in truth there is no difference between the number of observed and predicted infections. When the statistical test indicates a probability greater than 5% that the true value of the SIR is actually 1.0 regardless of the calculated value, the SIR is reported to be similar to (not significantly different from) the national baseline or "not significant."

For some conditions, SIRs are not available. This report presents crude rates for these conditions that are not adjusted for characteristics of the facility and/or patient population that may influence differences in rates between facilities. For this reason, interpret crude rates of infection with caution. For a more detailed explanation of how the SIR is calculated, see <u>NHSN's Guide to the SIR</u>.¹⁴

Crude rates

Crude rates are reported when risk-adjusted rates (i.e., SIR) are not available through NHSN. Examples include ARBSIs and SSIs following hip replacement surgery in ambulatory surgery centers.